



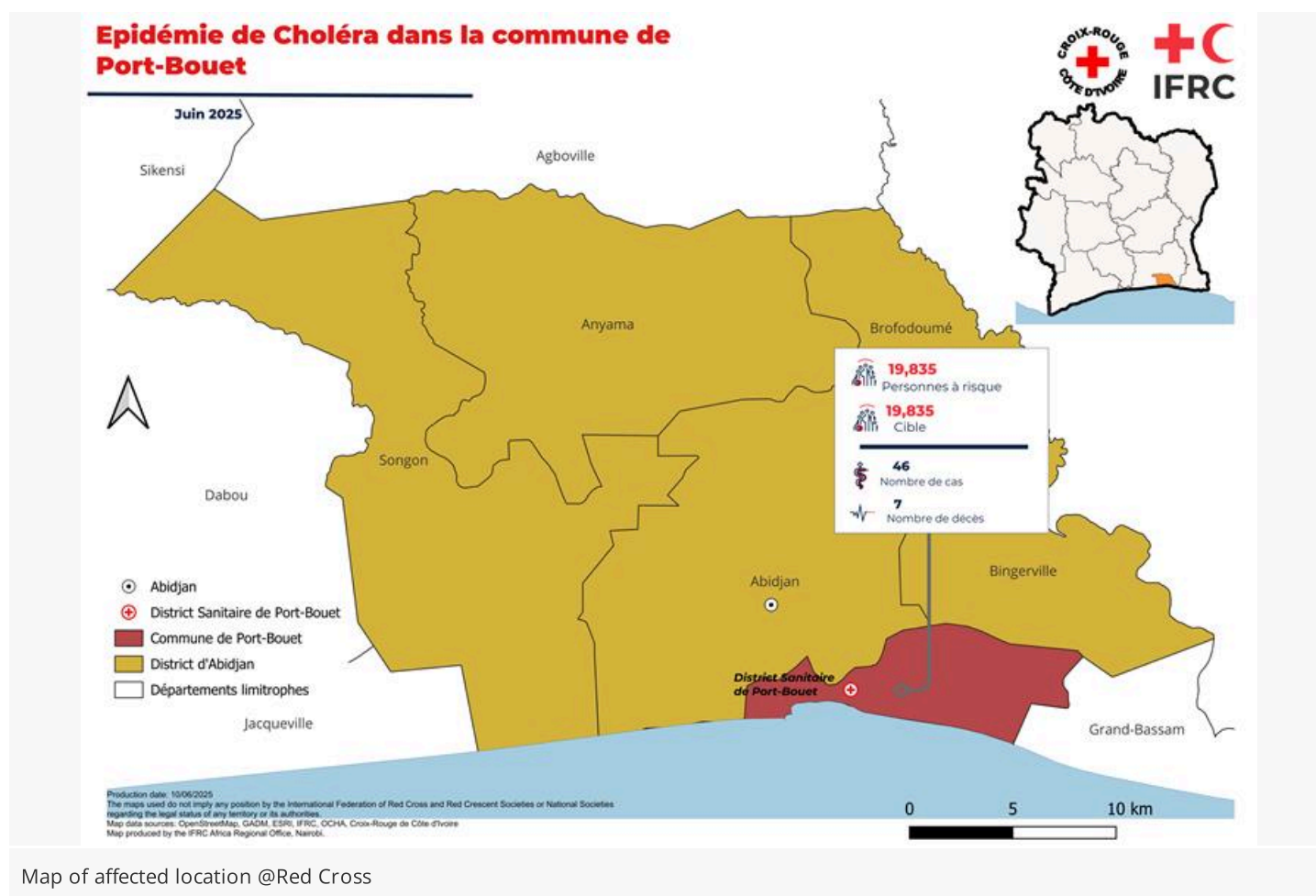
Distribution of chlorine bottles to the Health centre

Appeal: <b>MDRCI018</b>	Country: <b>Côte d'Ivoire</b>	Hazard: <b>Epidemic</b>	Type of DREF: <b>Response</b>
Crisis Category: <b>Yellow</b>	Event Onset: <b>Slow</b>	DREF Allocation: <b>CHF 159,915</b>	
Glide Number: <b>-</b>	People Affected: <b>19,835 people</b>	People Targeted: <b>19,835 people</b>	
Operation Start Date: <b>16-06-2025</b>	Operation Timeframe: <b>4 months</b>	Operation End Date: <b>31-10-2025</b>	DREF Published: <b>17-06-2025</b>
Targeted Regions: <b>District Autonome D'Abidjan</b>			

# Description of the Event

## Date when the trigger was met

25-05-2025



Map of affected location @Red Cross

## What happened, where and when?

On 05 June 2025, the Ministry of Health officially declared the cholera outbreak. This first outbreak in the past 15 years has arisen at the very start of the rainy season—a known aggravating factor that increases the spread of stagnant water and waterborne pathogens. Without rapid control, the outbreak could easily spread to other vulnerable urban areas of Abidjan.

Since 25 May 2025, cases of severe acute diarrhea accompanied by vomiting and abdominal cramps have been reported in Ako Brakré, an isolated neighborhood within the Port-Bouët/Vridi health district, located in the Abidjan 2 health region. The initial cases, all from the same highly vulnerable community, emerged in an environment marked by the complete absence of latrines, open defecation into rudimentary latrines built on stilts over water, the direct discharge of human waste into the lagoon, consumption of contaminated water, and poor waste management. Laboratory analysis confirmed the presence of *Vibrio cholerae*, leading to the declaration of the outbreak on 5 June 2025.

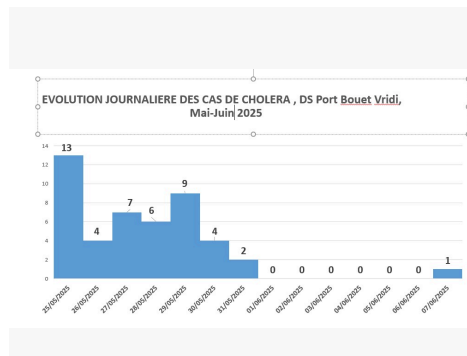
As of 9 June, 46 confirmed cases have been recorded, including 7 deaths. All age groups have been affected. Ako Brakré, home to approximately 19,835 residents, presents numerous risk factors: it is not connected to the public water network, lacks formal sanitation systems, is prone to flooding, and is densely populated. The trend of the outbreak marks a concerning turning point, highlighting persistent vulnerabilities in access to safe drinking water, sanitation, and hygiene in certain urban areas.



CRCI installing handwashing in the health center of Vridi Ako Braké @CRCI



CRCI providing items to the health center in Vridi Ako, Braké @CRCI



@epi-data MoH Cote d'Ivoire

## Scope and Scale

Since the start of the first cases, the epicenter of the outbreak remains Ako Brakré. This locality is an informal settlement of approximately 19,835 residents, mainly migrants, located in the Port-Bouët/Vridi district of Abidjan. Due to its coastal location, the area serves as a hub for transient populations from neighboring countries such as Ghana, Togo, Benin, Liberia, and Sierra Leone. The community has also been affected by previous cholera outbreaks in 2011 and 2012, making it a known hotspot. This community is not connected to the public water supply, lacks basic sanitation infrastructure, and is highly flood prone. The neighborhood is composed mainly of fishing families and migrants from West African countries such as Ghana, Togo, Benin, Liberia, and Sierra Leone. The population's high mobility, low health literacy, and limited access to healthcare increase the risk of both intra- and inter-urban spread. Furthermore, health and hygiene knowledge within the community is low. High levels of mistrust toward health authorities and response actors, combined with fear and stigma surrounding the disease, have fueled rumors and misinformation about cholera prevention, transmission, and treatment. Additionally, concerns about care provided in health facilities have further contributed to community hesitation and resistance.

As of 09 June, 46 confirmed cases have been recorded, including 7 deaths and this could escalate further considering the gaps in the existing facilities and services: environmental parameters in the area and the upcoming rains. The cholera outbreak in Côte d'Ivoire is expected to produce significant negative impacts on public health, livelihoods, and the overall well-being of already vulnerable communities. The most immediate threat is to human life, as evidenced by the current case fatality rate (7 deaths out of 46 confirmed cases as of 9 June 2025). The speed of transmission, combined with poor access to clean water, makes this a high-risk emergency with the potential for rapid escalation in densely populated urban settings.

Children under five, the elderly, pregnant women, and persons with disabilities are particularly susceptible to the severe effects of cholera due to their reduced immunity and limited access to care. Additionally, migrants and internally displaced persons (IDPs) face higher exposure and lower ability to access clean water or seek timely treatment. The stigma surrounding cholera also leads to underreporting and delayed care-seeking behavior, further compounding the risk for these groups.

Livelihoods are expected to suffer due to the disruption of local markets, reduced economic activity among fishing households, and increased household health costs. Basic infrastructure—including informal latrines and waste disposal systems—is already fragile and will likely deteriorate further with the progression of the rainy season. The flooding of contaminated areas may facilitate wider environmental exposure and degradation.

This is the first confirmed cholera outbreak in Côte d'Ivoire in over 15 years. However, Ako Brakré was among the most severely affected areas and outbreak drivers during the last major outbreaks in 2011 and 2012. Those outbreaks similarly originated in informal, flood-prone settlements with poor sanitation and later spread to other parts of Abidjan. These past events demonstrated how quickly the situation can escalate if not contained early, particularly during the rainy season when stagnant water accelerates the spread of *Vibrio cholerae*.

In summary, the combination of fragile infrastructure, high population density, poor sanitation, and community mistrust toward the health system places Ako Brakré and similar neighborhoods at high risk. If not addressed promptly, the outbreak may spread across the city and affect thousands more, particularly among the most vulnerable.

## Previous Operations

Has a similar event affected the same area(s) in the last 3 years?

No

Did it affect the same population group?	-
Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-

**If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:**

-

#### **Lessons learned:**

The Côte d'Ivoire Red Cross (CRCI) drew several operational and organizational learnings from its response to the 2022 floods. These lessons are now being applied to this cholera outbreak declared in June 2025 in the vulnerable neighborhood of Ako Brakré, within the Port-Bouët/Vridi health district of Abidjan.

Key lessons integrated to this intervention:

##### **1. Strengthening emergency logistics:**

Emergency logistics procedures were put in place to avoid critical delays in the delivery of supplies, as experienced during the 2022 DREF. Logistics planning has been reinforced, and Standard Operating Procedures (SOPs) for procurement are now in effect, ensuring smoother and more compliant operations.

##### **2. Updated contingency planning:**

Contingency plans have been revised to better anticipate and respond to epidemics, particularly in contexts worsened by the rainy season. These plans enable faster mobilization of local teams and more coordinated use of resources.

##### **3. Improved targeting and community participation:**

One of the weaknesses identified in 2022 was the beneficiary targeting process. In response, CRCI has institutionalized the involvement of local committees in beneficiary selection, ensuring greater transparency, acceptance, and relevance of interventions.

##### **4. Enhanced coordination with partners:**

Coordination with health authorities and humanitarian partners has been strengthened at both local and national levels. Structured coordination mechanisms are in place to ensure complementary actions, reduce duplication, and reinforce community-based epidemiological surveillance.

##### **5. Improved financial management:**

Standardized checklists have been developed to facilitate both technical and financial justification of activities. This allows for better monitoring, increased transparency, and stronger compliance with donor requirements.

##### **6. Integrated and context-adapted approach:**

Building on the findings from 2022, CRCI is deploying a response tailored to the specific realities of Ako Brakré, which includes:

- WASH interventions (water, hygiene, and sanitation).
- Community engagement and accountability (CEA) activities to counter misinformation and strengthen public trust.
- Psychosocial support.
- Volunteer mobilization for community-based action.

Given the high population density and multiple risk factors in the area—including a large migrant and fishing population, transboundary movement, and a history of cholera—this situation demands a rapid, multisectoral, and coordinated response. Thanks to internal improvements and strengthened preparedness mechanisms put in place since 2022, the Côte d'Ivoire Red Cross is now better equipped to manage such public health emergencies.



Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?

No

## Current National Society Actions

### Start date of National Society actions

29-05-2025

Water, Sanitation And Hygiene	On 3 June, before the official confirmation of the cholera outbreak, the Côte d'Ivoire Red Cross carried out an initial distribution in response to the first reported cases of acute watery diarrhea. As part of this rapid intervention, WASH kits were provided to the Ako Brakré Health Center. The kits included: 120 bottles of 12L bleach, 10 packs of 50 surgical masks, 5 pairs of household gloves, 10 bags of 1kg laundry detergent, and 24 bottles of hand sanitizer.
Protection, Gender And Inclusion	A rapid assessment was conducted to identify the most marginalized or at-risk persons, as well as to understand community knowledge, practices, behaviors, and cultural and social values. Efforts were made to ensure data disaggregation to improve the effectiveness of the response. Data protection systems and a culture of confidentiality have been emphasized across all activities.
Coordination	Regular internal coordination meetings are organized between IFRC, Netherlands Red Cross and IFRC. External coordination meetings were also organized with key stakeholders involved in the operation, including MSF, One Health, the National Institute of Public Health (INHP), the Ministry of Health's Communication Directorate, and community representatives.
Assessment	<p>On Wednesday, 28 May 2025, the Côte d'Ivoire Red Cross deployed a team to conduct an initial Health and WASH needs assessment in response to the emerging cholera outbreak. The assessment team was composed of the WASH Assistant Coordinator, the Monitoring and Evaluation Officer, and four trained NDRT volunteers from the local branches of Abobo and Port-Bouët. They were accompanied by the One Health Officer from the Directorate General of Health.</p> <p>The team visited the Ako Brakré Rural Health Center, where they met with the Chief Nurse and his team to better understand the local context and assess immediate needs related to water, sanitation, hygiene, and healthcare service capacity.</p>
Activation Of Contingency Plans	A contingency plan for epidemic response, including cholera, has been developed. Preparedness actions are being implemented, and the planned activities are outlined in this Cholera DREF. This contingency has now been activated.

## IFRC Network Actions Related To The Current Event

Secretariat	<p>The IFRC Niamey Country Cluster Delegation is providing close support to the Ivory Coast Red Cross through various technical staff, including a Programme Manager, Health Coordinator, PMER, NSD, and Finance specialists. While the IFRC also maintains an office in Ivory Coast, some staff have recently completed their missions. A Finance Officer remains in place and is actively supporting the National Society to strengthen its financial management systems.</p> <p>For this operation, the IFRC is delivering technical guidance and coordination support. Human resources have been deployed to assist the National Society in conducting the initial assessment and launching the response. At the onset of the operation, the IFRC deployed its Health Focal Point and is continuing to provide remote technical support</p>
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	<p>through other colleagues.</p> <p>To ensure effective implementation of the DREF operation, the IFRC will deploy an operations Manager surge for a period of three months and a Public Health in Emergencies surge for two months.</p>
<b>Participating National Societies</b>	<p>The Netherlands Red Cross (NLRC) is providing technical and financial support to the CRCI with a focus on preparedness with the ongoing Response Preparedness (RP3) project. This project allows strengthening CRCI's response capacities with a focus on auxiliary role, logistics, cash preparedness, health in emergencies and emergency response teams. Through this project, a Crisis Modifier fund is made available for quick response to crises and disasters.</p> <p>Following the cholera alert, CRCI submitted a request to activate the Crisis Modifier and use 49,999€ to support immediate response activities. This request is approved, and activities are already ongoing, with technical support from the Country Representative and the regional Response Preparedness Advisor, currently in country. The main activities with Netherlands RC are trainings for 50 volunteers on BTIT, sensitization activities for 2 months and procurement of WASH kits. The team mobilised and trained under this funding will be integrated and coordinated as part of a unified response effort to more effectively address the cholera threat.</p>

## ICRC Actions Related To The Current Event

<p>The ICRC provides support to the Ivory Coast Red Cross (CRCI) through its regional delegation based in Abidjan, which covers Côte d'Ivoire, Guinea, Ghana, Togo, and Benin. This support is primarily focused on operations assisting displaced populations and host communities in the northern regions of the country. Additionally, the ICRC contributes to strengthening local branches, enhancing communication capacities, and supporting security management in emergency contexts.</p>
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## Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	Yes
<b>National authorities</b>	<p>The Ministry of Health plays a central role in the cholera response. It is responsible for case investigation, laboratory confirmation, case management, and the official reporting of cases at national and international levels. The Ministry leads the overall coordination of the health response and ensures alignment with national protocols and international standards.</p> <p>The One Health platform contributes to the response by supporting the investigation of cases, particularly through a multisectoral approach that includes animal health and environmental surveillance, aiming to identify and address the broader determinants of the outbreak. The Ivory Coast Red Cross (CRCI) is working in coordination with the Ministry of Health. It is actively involved in the development of the national response plan and the updating of prevention and awareness messages to be disseminated in high-risk communities.</p> <p>Since the beginning of the outbreak, CRCI has been closely collaborating with the Ministry of Health through established health coordination mechanisms. The National Society's support has been formally requested by the health authorities, which fully justifies the use of the DREF mechanism.</p>
<b>UN or other actors</b>	<p>WHO, UNICEF, and MSF are actively engaged in the cholera response alongside national authorities and the Ivory Coast Red Cross. These organizations are supporting key components of the response, including surveillance, case management, risk communication, and WASH interventions.</p>

### Are there major coordination mechanism in place?

Coordination meetings with WHO, MSF, and other operational partners on the ground are organized.

This joint effort is designed to prevent duplication, strengthen the overall effectiveness of the response, and maximize impact for the communities most at risk.

## Needs (Gaps) Identified



### Health

Reported cases and death with symptom of acute watery diarrhea started on 25 May 2025 in Ako Brakré. In the first few days following the emergence of initial suspected cases, seven community deaths were recorded—each showing classic cholera symptoms such as severe acute diarrhea, vomiting, and abdominal cramps. Samples were sent to the laboratory, but confirmation of *Vibrio cholerae* took over a week. By 31 May, 45 of these cases were already reported. The Ministry of Health officially declared the outbreak on 5 June 2025.

As of June 09 2025, 46 confirmed cases and 7 deaths reported, all in Ako Braké, meaning Since 31.05.2025, the number of cases reported by health centers has unexpectedly declined. Based on the trend of the outbreak, the time between the data consolidation and mortality rate, there is an indication of potential undermined scale of the outbreak at community level. There could be a gap in information about what is happening at the community level, raising concerns about underreporting and undetected transmission. Given the number of community deaths, it is highly likely that cases are more widespread than current data suggests. There is an urgent need to deploy volunteers for active community surveillance and to gather timely information on the true scale and spread of the disease.

Ako Braké is a flood-prone neighborhood in Port-Bouët/Vridi, Abidjan. It is a highly vulnerable community of 19,835 residents. As of the time of this planning, all cases are within this hotspot, but risk to spread across all Abidjan and other locations is high because the fishing families and migrants constituting the majority of Aka Braké are quite mobile. Abidjan being the capital further spread will significantly worsen the situation. This risk of escalation is higher with the ongoing rainy season but could definitely worsen as we approach to the peak of floods and further deterioration of environmental conditions. Expected in July.

This marks the first outbreak in the past 15 years. Because of that and based on NS observation, there is a clear gap in knowledge from communities. At the community level, there is a strong need for clear, accessible, and trustworthy information about cholera symptoms, transmission, prevention and timely seeking of treatment for those sick. Low awareness and widespread misinformation continue to hinder the adoption of safe hygiene practices. Communities also need support through the provision of hygiene kits, targeted awareness campaigns, and the establishment of oral rehydration points, particularly in areas with limited access to healthcare.

Health workers have identified critical needs in early case detection, case management, contact tracing, and community-level surveillance. Health facilities are facing shortages of essential supplies such as oral rehydration salts, IV fluids, and disinfectants, hampering their ability to respond effectively.

Finally, training needs have been identified for both health workers and volunteers to ensure they are equipped with the necessary knowledge and tools to respond effectively. This includes training on cholera transmission, household-level risk assessment, and effective health messaging. The time since the last outbreak also indicates that in general, capacity need to be re-assessed and strengthen from CRCI.



### Water, Sanitation And Hygiene

Poor hygiene conditions, contaminated water sources, and the onset of the rainy season significantly increase the need of enhancing WASH conditions and strengthen community prevention and good practices to stop the transmission.

With the rainy season now underway, there is an additional and significant risk of increased stagnant water, which can serve as a breeding ground for waterborne pathogens such as *Vibrio cholerae*. The accumulation of stagnant water creates favorable conditions for cholera bacteria to thrive and spread, particularly in areas lacking proper drainage or waste management. As a result, there is a heightened risk that cholera cases may increase again in the coming weeks if control measures are not rapidly intensified and extended to at-risk neighborhoods. Without urgent intervention, transmission could extend beyond currently affected households and spill over into neighboring urban areas. The situation in Ako Brakré is marked by critical gaps in access to safe water, sanitation, and hygiene, which are accelerating the rapid spread of cholera. The community, home to nearly 20,000 people, is not connected to the national potable water network. Households rely on shallow wells situated near the sea and lagoon—sources highly vulnerable to contamination. This unsafe



water supply poses a direct threat to public health and significantly increases the risk of cholera transmission.

Hygiene practices in the community are precarious and limited. Most households lack basic handwashing facilities, and open defecation is widespread due to insufficient latrines. In many cases, simple toilets are built on stilts over water bodies, leading to direct discharge of human waste into the environment. These unsanitary conditions are compounded by poor solid waste management: household waste is often disposed of in open, informal dumps, encouraging the proliferation of flies and creating a favorable environment for the transmission of diarrheal diseases.

During the rapid needs assessment, the community has clearly expressed the need for immediate support in several key areas. There is an urgent demand for access to safe drinking water, particularly through the provision of household water treatment products such as Aquatabs (100,000 tablets) and chlorine (100 cartons of 12° chlorine and 5 drums of HTH). The establishment of temporary community water points or emergency water trucking is also required to ensure safe water availability in the short term.

In terms of hygiene, the population requires at least 3,000 handwashing kits (consisting of buckets with taps and soap), alongside 50 disinfection kits (including sprayers and protective equipment) to allow for proper household and community-level sanitation. The lack of sanitation infrastructure is a particularly urgent concern: nearly all households are without functional latrines, creating an immediate need for the deployment of mobile or emergency latrines to mitigate environmental contamination.

Furthermore, vulnerable groups especially children, pregnant women, the elderly, and displaced persons—are disproportionately affected due to reduced mobility and access to care. Overcrowding, high population density, and the onset of the rainy season are aggravating factors that contribute to the increased spread and severity of cholera cases.



## Community Engagement And Accountability

In Ako Brakré, the response to the cholera outbreak must address significant gaps in community engagement and access to reliable information. The population has expressed a strong need for communication approaches that are inclusive, culturally appropriate, and adapted to the different languages of the area. The community highlighted the importance of having messages translated into local languages and disseminated through trusted and familiar channels, including community leaders and traditional communicators.

There is also a clear lack of access to trustworthy information, which contributes to the spread of rumors and misinformation, undermining prevention and response efforts. This creates a pressing need for reliable, accessible communication systems that foster mutual trust and facilitate two-way dialogue between responders and the community.

The community has emphasized the need to be involved in the response process, to ensure that interventions reflect their realities and concerns. In particular, local leaders have requested the active involvement of all ethnic and cultural groups in awareness-raising and decision-making processes, to ensure equitable representation and relevance of messages.

Populations also expressed the need for dedicated mechanisms to voice their concerns and receive feedback, and for greater clarity on cholera transmission and prevention, tailored to their level of understanding. Women, children, the elderly, and people with disabilities are among the groups that require specific attention in how messages are delivered and how infrastructure is designed, to ensure dignity, safety, and accessibility.

Lastly, the community has called for advocacy with authorities to address structural vulnerabilities, particularly the lack of connection to basic water and sanitation infrastructure, which they see as essential to long-term resilience and risk reduction.



## Environment Sustainability

The cholera outbreak response in vulnerable neighborhoods such as Vridi highlights critical environmental needs. The widespread use of single-use plastic materials, the absence of proper waste management systems for distributed items (e.g. packaging, leftover disinfectants), and the risk of soil and groundwater contamination from improperly dosed chemicals present significant ecological concerns.

Key environmental needs identified include:

- The use of durable or biodegradable WASH materials to reduce environmental impact.
- Safe and responsible waste management for items distributed during the response, particularly plastic packaging and disinfectant residues.





- The use of approved and environmentally safe disinfection products, applied in appropriate doses to avoid environmental contamination.
- Community awareness on the protection of water resources and sustainable household waste management, especially in high-risk informal settlements.

These needs point to the importance of an environmentally conscious response that not only addresses immediate health risks but also promotes sustainable hygiene and sanitation practices.

## Any identified gaps/limitations in the assessment

The assessment highlights several gaps and limitations, including unmet needs in sectors such as shelter and mental health, particularly for displaced households and communities in unsanitary conditions. There are shortages of hygiene supplies, trained personnel, and funding, which constrain the scale and speed of the response. Operational challenges, such as difficult access to Ako Brakré due to its lagoon geography and seasonal flooding, further delay interventions. Coordination at the local level remains uneven, with gaps in planning and information sharing among actors. Additionally, the specific needs of vulnerable groups such as the elderly, persons with disabilities, and single-parent households may not have been fully captured during the initial assessment.

[Assessment Report](#)

# Operational Strategy

## Overall objective of the operation

To contain the spread of cholera in the most affected areas, initially Ako Brakré, of Abidjan by strengthening early detection, promoting hygiene, safe water practices and risk communication to 19,835 persons, and supporting community-based health prevention and community-based case management for the coming four months.

## Operation strategy rationale

In response to the outbreak, the launch of a DREF operation will allow the Ivory Coast Red Cross (CRCI) to rapidly scale up its actions and provide timely, complementary support to national cholera control efforts. This operation aims to contain the epidemic during its early stages, reduce transmission risks, and protect the most vulnerable populations. The intervention will focus on three priority sectors: Health, Water, Sanitation and Hygiene (WASH), and Community Engagement and Accountability (CEA). Activities will be implemented over a four-month period, targeting the most affected neighborhoods of Port-Bouët and other high-risk areas within Abidjan.

To operationalize the response, 50 volunteers will be mobilized and trained, working under the supervision of experienced field coordinators. These community-based volunteers will do the cholera response through the Branch Transmission Intervention Teams, conduct a series of door-to-door activities designed to halt the spread of the disease and raise awareness at the household level. Their responsibilities will include:

- Needs assessment and analysis of root causes in affected households. During household visits, volunteers apply a rapid risk assessment tool to evaluate key factors such as access to clean water, water storage practices, availability and condition of latrines, and general hygiene, particularly in kitchens. Public spaces like markets, schools, and health centers are also assessed to identify broader community risks. Based on these findings, tailored hygiene promotion and WASH interventions will be implemented.
- Identification and referral of suspected cholera cases to nearby health facilities to support early case management and reduce mortality.
- Disinfection of affected households, including proper handling and treatment of contaminated surfaces and materials to interrupt household-level transmission.
- Health and hygiene promotion, with key messages on handwashing, safe water storage, food hygiene, and early care-seeking behavior.
- Possibly establishment of Oral Rehydration Points (ORPs) at the community level, especially in areas where health services may be overwhelmed or inaccessible. These points will provide immediate care and reduce complications due to dehydration.

This localized, volunteer-led approach strengthens early detection of cases, disrupts transmission chains, and promotes community ownership of prevention measures. Volunteers will receive targeted training on cholera prevention, emergency response protocols, risk communication, and data collection. Additionally, capacity-building sessions will be organized for CRCI staff and supervisors to ensure quality implementation, accountability, and sustained impact throughout the four-month response period. The fifty volunteers will do



the community-based health activities during a period of 8 weeks: with 3 mobilizations per week.

Building on lessons learned from past operations, the operational and technical structure aimed to mitigate potential challenges and ensure an effective response. These arrangements will strengthen rapid logistics, enhance partner coordination, and enable dedicated staffing to support the delivery and monitoring of the proposed intervention. The operation will mobilise a total of 50 volunteers, supported by two surge personnel, with additional monitoring and oversight from the IFRC Country Cluster Delegation (CCD). The National Society will contribute to the staffing component through dedicated salary support for key personnel. Furthermore, given the extended period without a major cholera outbreak in the country, there is a recognized need for robust technical oversight from IFRC to ensure that interventions are aligned with international standards and reflect best practices in cholera response.

## Targeting Strategy

### Who will be targeted through this operation?

The intervention will focus on the population within the Ako Brakré health area, estimated at 19,835 inhabitants (Source: DCPEV). Priority will be given to individuals at highest risk of cholera infection and complications. This includes:

- Confirmed cholera cases and their close contacts, who require immediate follow-up, monitoring, and access to hygiene and treatment support.
- Fishing communities, who live in close proximity to contaminated water sources and often lack adequate access to sanitation and safe water.
- Pregnant women, young children, and elderly persons, who are particularly vulnerable to severe dehydration and complications due to cholera.
- Households in areas with overcrowding, poor sanitation, and unsafe drinking water, which present high transmission risks.

This targeted approach ensures that the response prioritizes both direct and indirect risk factors, while paying particular attention to the needs of vulnerable groups and those living in the most affected environments.

### Explain the selection criteria for the targeted population

The targeting strategy focuses on those most at risk of cholera infection, severe illness, and further transmission. This includes:

- Confirmed cases and their contacts, who are the most immediate risk for spreading the disease.
- Fishing communities, living near contaminated water sources with limited access to sanitation and health services.
- Vulnerable groups such as pregnant women, young children, and the elderly, who face a higher risk of severe complications and mortality due to weaker immunity or underlying conditions.
- Households in overcrowded and unsanitary areas, where open defecation, unsafe water, and poor waste management significantly increase transmission risks.

This logic ensures that the response is lifesaving, risk-driven, and focused on the most exposed and vulnerable populations.

## Total Targeted Population

Women	6,942	Rural	-
Girls (under 18)	3,967	Urban	-
Men	4,958	People with disabilities (estimated)	-
Boys (under 18)	3,967		
Total targeted population	19,835		

# 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?	No
Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	No

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

Risk	Mitigation action
Drowning risk (main access route via the lagoon).	Provision of life jackets
The rainy season can not only accelerate the spread of the epidemic by promoting the stagnation of contaminated water, but also make certain areas difficult to access, thereby complicating response operations.	Awareness-raising on hygiene and sanitation measures
Risk of non-acceptance of cholera prevention measures and public health information, which may hinder community adherence and reduce the effectiveness of response efforts.	Strengthen community engagement through culturally appropriate messaging, involve local leaders and trusted communicators, and establish feedback mechanisms to ensure community concerns are heard and addressed.
Stigma associated with cholera may lead affected individuals or families to hide symptoms, avoid seeking treatment, or resist community interventions, increasing the risk of further transmission.	<p>Integrate anti-stigma messaging into all communication and awareness campaigns.</p> <p>Involve community leaders and health workers in promoting solidarity and understanding.</p> <ul style="list-style-type: none"> <li>- Ensure confidentiality and dignity in case management and contact tracing.</li> <li>- Highlight recovery stories and facts to reduce fear and misinformation.</li> </ul>
The context of the upcoming elections may affect the operational environment, including shifts in local priorities, effects on community gatherings, or reduced availability of public officials and community leaders, which could delay or complicate response activities.	Engage early with local authorities and community leaders to align activities with the electoral calendar, ensure flexibility in implementation timelines, and prioritize low-visibility, community-led approaches that maintain neutrality and avoid interference with the electoral process.

Please indicate any security and safety concerns for this operation:

The operation is not expected to face major security threats, but localized risks such as petty crime, health hazards, and limited access due to seasonal flooding may impact the safety of personnel, volunteers, and affected communities. To mitigate these risks, standard security protocols will be followed, including regular briefings, coordination with local authorities, and basic safety measures to protect staff and volunteers in the field.

Has the child safeguarding risk analysis assessment been completed?	No
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# Planned Intervention



**Budget:** CHF 27,911

**Targeted Persons:** 19,835

## Indicators

Title	Target
Number of volunteers trained on ECV-BTIT	50
Number of trainers trained in ECV- BTIT	25
People reached through sensitization activities by community volunteers	19,835

## Priority Actions

- ECV-BTIT Training of Trainers.
- Training of 50 additional volunteers from neighboring districts on cholera prevention and ORP.
- Follow-up of contact persons.
- Early detection of cases, provision of ORS and referral.
- Activation of ORP if needed.
- Coordination with health structures and collection of community-level data.



## Water, Sanitation And Hygiene

**Budget:** CHF 38,692

**Targeted Persons:** 1,900

## Indicators

Title	Target
Number of wash kits purchased and distributed	100
Beneficiaries benefited from 2 latrine blocks	50
Latrine blocks constructed	2
People reached with hand-washing demonstration	1,900
Households disinfected with BTIT approach	150
Water points treated	40

## Priority Actions

- Purchase of WASH kits.
- Distribution of kits.
- Construction of two blocks of 2 latrines.
- Water treatment at home and at source.
- Hand-washing demonstrations in public places.
- CAP survey.







## Protection, Gender And Inclusion

**Budget:** CHF 0

**Targeted Persons:** 19,835

### Indicators

Title	Target
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### Priority Actions

- The minimum standards of protection, Gender and Inclusion will be integrated to the targeting approach, the consideration of priority groups, vulnerabilities.
- The NS will also establish safe referral pathways with health facilities and map available case management structures.



## Community Engagement And Accountability

**Budget:** CHF 10,830

**Targeted Persons:** 19,835

### Indicators

Title	Target
Volunteers trained on CEA during the BTIT training	50
People reached with Door-to-door outreach, focus group discussions in markets, transport stations, and schools.	19,835
Feedback system put in place	1
Feedback collected	300
% of feedback treated and integrated in the response	80
Community meetings held	16

### Priority Actions

- Risk communication and community engagement for awareness raising will be achieved for at all the at risk communities through:
- Door-to-door outreach, focus group discussions on markets, transport stations, and schools.
- Activation of Feedback Mechanisms and integration of feedback data to inform RCCE. NS will ensure the Reactivation of CRCI's community feedback system using a confidential hotline, community meetings, and regular group discussions with key segments, including newly formed committees. CRCI will also ensure collection and analysis of community feedback is frequent for effective intervention that address the rumors and perception in real time.
- 50 volunteers cover under this DREF will be trained on feedback collection, CEA minimum consideration, rumor management/community feedback mechanism.

- CEA Coordination promoted: Collaborate with the Risk Communication and Community Engagement (RCCE) working group and the One Health platform to align cholera response messaging and activities.

Inclusive Participation: Establish participatory approaches that ensure all community groups and representatives can engage in planning and decision-making related to the response. This will pass through the set-up of the following actions as the CEA activities:

- Regular and strengthen communication on response activities, selection criteria, targeting, distribution mechanisms, timelines, and eligibility with the communities for both the direct distributions and the choice of groups where activities may be prioritised.

- Multilingual Messaging: Record and disseminate messages in the five most spoken local languages.
- Promotional Materials: Produce and distribute visibility and awareness tools including bibs, T-shirts, caps, CRCI stickers, and megaphone batteries.
- Knowledge, Attitudes and Practices (KAP) Survey: Conduct a KAP survey to better tailor messaging and interventions.
- Media Engagement: Organize interactive radio shows and produce and broadcast cholera awareness radio spots.
- Community Engagement: Work with women, children (including those with disabilities), their organizations, and community leaders to disseminate culturally sensitive health messages that leave no one behind.
- Support Work: Ensure the full involvement of women and girls, including those with disabilities and their organizations, in all awareness-raising activities. This includes ensuring they have access to accurate cholera information and safe referral pathways.
- Non-Stigmatizing Public Health Messaging: Ensure that messages are delivered without wording that could be perceived as blaming or targeting specific groups.
- Inclusive Public Messaging: Ensure messages clearly state that anyone can be affected by cholera and avoid associating the disease with specific communities. Messages should be developed in collaboration with women, children, persons with disabilities, and their representative groups.



## Secretariat Services

**Budget:** CHF 48,664

**Targeted Persons:** 5

### Indicators

Title	Target
Logistics support mission to increase capacity of Ivory Coast RC	1
Deployment of Surge (Operations and PHiE)	2
Support mission of PMER to increase reporting capacity	1
Support to the lessons learnt workshop	1

### Priority Actions

In alignment with NS, the IFRC support to this operation follows a structure to ensure coordinated, efficient, and well-monitored implementation. The following activities are planned:

- Set-up in-country team for both operational, technical and coordination oversight.
- Support mission from operation and PMER for delegation quality and accountability oversight. At least one PMER missions to increase capacity on planning, reporting, monitoring and evaluation. Support mission of Operations Manager to strengthen operational capacity of Ivory Coast RC.
- Strengthen the logistics capacity of Ivory Coast through a support mission.
- Ensure regular financial monitoring and quality check from the respective sectors and support services. Coordination meetings and work sessions planned on monthly basis.

During the various mission and the work sessions, the delegation and in-country team will take opportunity to continuously strengthen NS capacity on various previous learnt challenges. The Operations team, the surges and the support services that will be mobilised will cover the following:

- Operational management made of surges and operation manager will support in the planning, coordination and monitoring of activities in the field, including volunteer mobilization, logistics and monitoring the execution of interventions.
- Financial management and monitoring will be covered by the finance focal point of the delegation in country. The role will ensure compliance and timely follow-up on financial procedures, management of allocated funds, quality assurance of expenditure and compliance with accountability requirements.
- PMER will coordinate the data management and reporting. Support in collecting, analyzing and consolidating data, and drafting progress and final reports for donors and partners.





**Budget:** CHF 20,250

**Targeted Persons:** 70

## Indicators

Title	Target
Volunteers trained, equipped and insured	50
Session to strengthen Ivory Coast RC on PMER, Logistics, Finance and Operational Management	4
Volunteers briefing on safety and security and protection against cholera	5
Staff of CRCI and NDRT's on EPiC	20
# of lesson learnt workshop	1

## Priority Actions

- Strengthen and consolidate Red Cross Cote d'Ivoire structures and capacity at national and local levels, including volunteers, and build capacity in key technical areas and support functions.
- Capacity-building for the Port-Bouët local committee and community volunteers.
- Organization of orientation and training sessions for CRCI volunteers on key topics, including first aid and volunteering in emergencies.
- Organization of planning/evaluation meetings with volunteers at local and head office level to share progress and identify gaps that can help decision-making/improve response.
- Ensure a multi-sectoral efficiency by coordinating the team deployed for the various activities to be the most efficient possible.
- Building on past lessons, the IFRC and National Society have established structures to strengthen logistics, enhance coordination, and ensure dedicated staffing for effective delivery and monitoring of the intervention.
- Volunteer insurance and safety management.
- Organize a lesson learnt workshop that is coordinated with branches.

## About Support Services

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

20 staff and 100 volunteers will be engaged by the National Society in their overall cholera response, of which 50 trained and supported under this DREF and 20 staffs. The volunteers, trained in cholera prevention, risk communication, rumor tracking, and community-based surveillance (PROC), will lead awareness activities, conduct door-to-door outreach, monitor contacts, and support early detection efforts in affected communities. The staff will include health and WASH specialists, PGI and CEA focal points, logistics and finance officers, and branch coordinators. Key leadership will be provided by the National Society's Operations Coordinator, supported by a CEA Coordinator, WASH Officer, and a Health Coordinator, ensuring technical guidance, coordination, and supervision throughout the response. Additional support will come from IFRC surge personnel and the Country Cluster Delegation in Abidjan.

### 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 volunteer team reflects a strong degree of gender, age, and cultural diversity, in alignment with the communities being served. The operation includes both men and women volunteers, as well as youth and adults, many of whom are from the target areas and speak



local languages. This helps ensure culturally sensitive and trusted engagement with affected populations.

To address this, CEA and PGI training is being provided to all volunteers to promote inclusive practices and strengthen their ability to respond equitably to the needs.

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

Considering the challenges with Ivory Coast Red Cross to respond to this outbreak the National Society requests two surge to support them in the mission. Surge personnel will be deployed to provide technical and operational support throughout the cholera response operation. One Operations Manager will be deployed and one Public Health in Emergencies surge.

These profiles are essential outbreak coordination and provision of technical support. They will work in close collaboration with the National Society to support the planning, implementation, and monitoring of activities, while also providing capacity building and technical guidance to staff and volunteers at national and branch levels.

Their responsibilities will include:

- Supporting the design and rollout of the health and WASH strategy for effective cholera containment.
- Enhancing the integration of PGI and CEA across community-based interventions.
- Strengthening feedback mechanisms and two-way communication with affected communities.
- Facilitating data-informed decision-making and ensuring compliance with quality standards.
- Contributing to coordination efforts with Movement and non-Movement partners to ensure a harmonized response.

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

Procurement for this operation will be primarily managed by the National Society, in close coordination with the IFRC Country Cluster Delegation in Abidjan and the IFRC Regional Office, as needed. The procurement will involve local suppliers, particularly for hygiene kits, medical supplies, visibility materials, and communication tools, to ensure timely distribution and support the local economy.

## **How will this operation be monitored?**

The operation will be monitored through a comprehensive system combining field-level monitoring by the National Society with technical oversight from the IFRC. A designated PMER (Planning, Monitoring, Evaluation, and Reporting) focal point within the National Society will coordinate routine tracking of activities and progress, working closely with sector leads for Health, WASH, CEA, and PGI. Standardized tools and reporting templates will be used to collect quantitative and qualitative data, ensuring accurate and timely monitoring at community level.

Progress will be measured against clear indicators and milestones, including the number of people reached with cholera prevention messaging, hygiene kits distributed, volunteer deployments, and community feedback received and acted upon. Regular internal reviews and updates will support adaptive management and accountability to affected populations.

The IFRC Country Cluster Delegation in Abidjan will provide technical support and conduct monitoring visits, including joint field missions where possible. Additional support may be provided through surge deployments if required. A post-distribution monitoring exercise and a lesson learned workshop will be conducted to evaluate the overall impact and inform future operations. Monitoring findings will guide ongoing decision-making and ensure the quality and relevance of the response throughout the operation.

## **Please briefly explain the National Societies communication strategy for this operation**

The National Society's communication strategy for this operation focuses on ensuring transparent, inclusive, and community-driven messaging throughout the response. It aims to build trust, combat misinformation, and promote lifesaving behaviors through multi-channel communication, including door-to-door outreach, radio broadcasts, printed materials, and megaphone announcements in local languages.

A strong emphasis is placed on Community Engagement and Accountability (CEA), with feedback mechanisms—such as hotlines, community meetings, and focus group discussions—used to listen to community concerns and adapt messaging accordingly. The communication strategy also includes coordination with local media and visibility for the Red Cross, ensuring that messages are consistent, culturally appropriate, and accessible to all, including vulnerable groups.





Internally, the strategy supports regular updates and coordination among staff, volunteers, and partners to maintain coherence and responsiveness across all components of the operation.



# Budget Overview



## DREF OPERATION

MDRCI018 - CROIX ROUGE COTE D'IVOIRE  
DREF CHOLERA

Operating Budget

<b>Planned Operations</b>	<b>82,467</b>
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	29,725
Water, Sanitation & Hygiene	41,207
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	11,534
Environmental Sustainability	0
<b>Enabling Approaches</b>	<b>77,448</b>
Coordination and Partnerships	4,054
Secretariat Services	52,378
National Society Strengthening	21,016
<b>TOTAL BUDGET</b>	<b>159,915</b>

*all amounts in Swiss Francs (CHF)*



# Contact Information

For further information, specifically related to this operation please contact:

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[Click here for the reference](#)

