



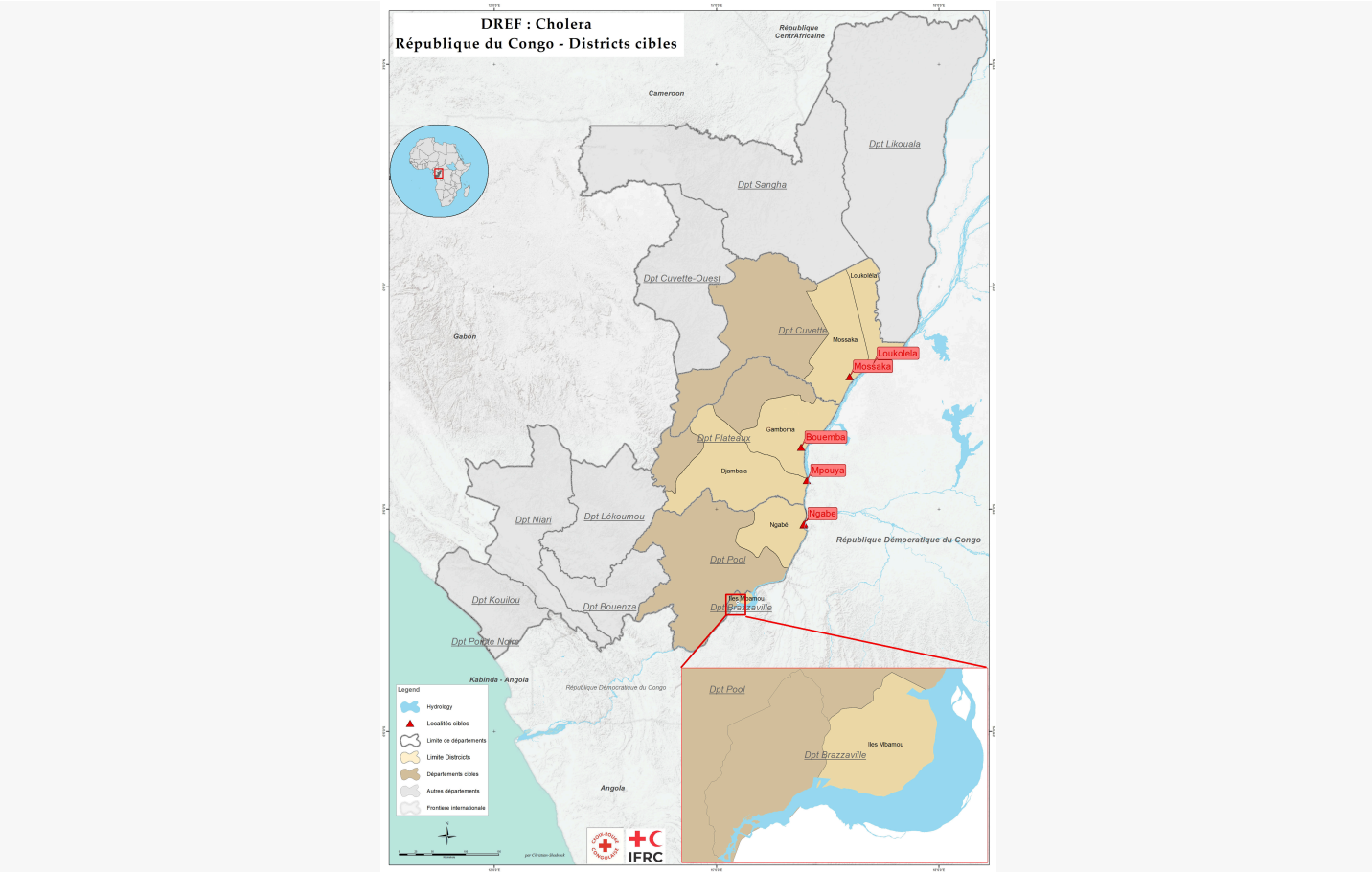
Working session in Mbamou organized by the Ministry of Health

Appeal: MDRCG025	Country: Congo	Hazard: Epidemic	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Slow	DREF Allocation: CHF 431,534	
Glide Number: -	People at Risk: 150,000 people	People Targeted: 15,000 people	
Operation Start Date: 04-08-2025	Operation Timeframe: 4 months	Operation End Date: 31-12-2025	DREF Published: 11-08-2025
Targeted Regions: Brazzaville			

Description of the Event

Date when the trigger was met

26-07-2025



Targeted Areas

What happened, where and when?

The Ministry of Health was informed on July 10, 2025 of the appearance of several cases of diarrhea in the health district of Ile de Mbamou, Brazzaville department, clinically accompanied by the following signs: Fever, vomiting, emission of liquid stools. The Ministry of Health, in collaboration with WHO, deployed a team for a thorough investigation. After sampling and analysis of 3 samples at the Laboratoire National de Santé Publique in Brazzaville, 2 were found to be positive for *Vibrio cholerae* serogroup and 1 for Ogawa serotype.

Following this situation, the Ministry of Health and Population declared a cholera epidemic on 26 /07/2025, and urged the population to contact the health services in the event of a suspected case. To date, 103 suspected cases, including 12 probable cases (all deceased), and 3 confirmed cases have been recorded.



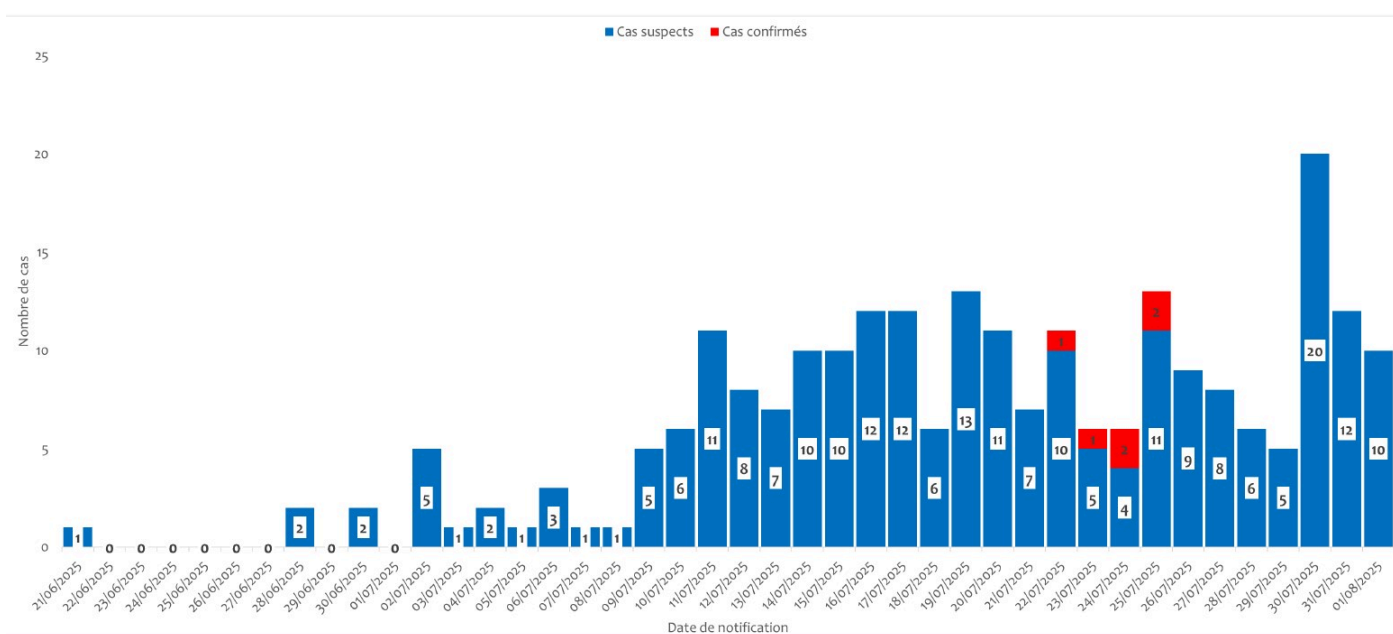


Figure 1 : Répartition des cas confirmés et suspects de choléra du 21 juin au 01 août 2025 en République du Congo.

Evolution of cases from June 21 to August 1, 2025

Scope and Scale

Brazzaville, like many other cities and countries in Africa, has been hit by a cholera epidemic. The epidemic facing Congo Brazzaville today is part of a regional context marked by the resurgence of cholera in neighboring countries, notably Angola, with cases confirmed in Kabinda province, and the Democratic Republic of Congo, with cases confirmed in Kinshasa and Equateur province.

A cholera epidemic in the DRC would have serious consequences for Congo, given the close links between the two countries and shared vulnerabilities, including population movements, porous borders, fragile health systems and precarious sanitary conditions. Brazzaville and Kinshasa are twin cities separated by the Congo River. Population movements between the two cities are frequent, facilitating the spread of cholera.

The currently known situation for the period from June 21 to July 31, 2025, can be summarized as follows:

- On June 23, 2025, notification of the index case (deceased) in the village of Sinoa, Ile-Mbamou health district, Brazzaville department.
- July 25, 2025: confirmation of 2 positive cases of *Vibrio cholerae* serogroup and 1 positive case of Ogawa serotype by the Brazzaville national public health laboratory.
- July 26, 2025, declaration of cholera epidemic by the Minister of Health and Population.
- July 30, 2025, 3 cases are confirmed in the same district of Ile Mbamou in the Brazzaville department.
- A total of 220 cases have been notified in 2 departments, Brazzaville and Congo Oubangui, with 24 deaths, representing a case-fatality rate of 10.9%. Not all cases have been confirmed by a laboratory test, due to a lack of sampling kits.

The epicenter of the disease is the le de mbamou in the Brazzaville department, with a total of 188 suspected cases (including 6 confirmed cases) and 13 deaths, for a case-fatality rate of 7.8%, followed by the Congo-Oubangui department, with a total of 32 cases and 11 deaths, for a case-fatality rate of 34%. The Congo Oubangui department has the highest case-fatality rate.

The two SITREPs show that the symptoms of the index case began on June 21, 2025. On average, 5 suspected cholera cases are recorded per day. The dates July 14 and July 19, 2025 showed the highest number of cases, 15 and 16 respectively.

The most common age range is 15 to 24 (20.0%), followed by 50 and over (16.8%). The average age of cases is 29.8 years, with the youngest case at 6 months and the oldest at 82 years. Children under 5 accounted for 11.8%. In terms of case-fatality, the highest rate was observed in the 25-29 age group (19.0%), followed by the 15-24 age group (15.9%). Among children under 5, the fatality rate was 3.8%. Men are also more frequent in the 24-24 and 30-39 age brackets. For women, the most frequent age groups are 15 to 24 and 50 and over.

In addition to the fact that cholera is not endemic in the Congo, several other factors are likely to rapidly worsen the situation.

In a meeting held by the Ministry of Health and Population with its partners, several major challenges were identified requiring external support.

These challenges include

- Support for health personnel involved in the response;



- Weak local diagnostic capacity;
- Lack of treatment centers for cholera cases;
- Mobilizing funds to support the response;
- Capacity building in case management, community-based surveillance, infection prevention and control, risk communication and community engagement and drinking water supply.

Thus, in view of all the above-mentioned challenges and in order to cope with the emergency, the Ministry of Health and Population, in collaboration with other ministerial sectors, is updating its response plan and is counting on the support of technical and financial partners, including the Red Cross, in order to respond effectively to this epidemic.

Source Name	Source Link
1. MINISTERE DE LA SANTE ET DE LA POPULATION DELA REPUBLIQUE DU CONGO	https://sante.gouv.cg/declaration-de-lepidemie-de-cholera-dans-le-district-sanitaire-de-lile-mbamou-departement-de-brazzaville/#:~:text=Le%20minist%C3%A8re%20de%20la%20sant%C3%A9,L'%C3%A9mission%20des%20selles%20liquides.

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:

- Disseminating the DREF plan to branches helps them prepare for the response.
- Good collaboration with local health authorities contributes to the success of our actions.
- In remote areas, volunteer rotation is sometimes difficult. This problem was also highlighted at previous epidemic preparedness meetings. It was considered crucial to train a slightly higher number of volunteers to ensure support during rotations.
- Close collaboration with the Ministry of Health ensured that the last cholera operation ran smoothly, and that they were involved in the activities.
- The knowledge acquired during EPiC training has enabled CRC volunteers to respond simultaneously to all water-borne diseases, with the exception of cholera, salmonellosis and shigellosis. This will also enable them to combat other diarrheal diseases present in the region.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	No
What was the risk level for Child Safeguarding Risk Analysis?:	<p>Analysis of the risks associated with flooding in Brazzaville, with particular reference to child protection, reveals a high level of risk. Children are particularly vulnerable because of limited mobility and difficulty in understanding the dangers. Rapid urbanization, soil sealing and the lack of adequate infrastructure for rainwater management exacerbate the risk.</p> <p>Indeed, children are more likely to drown, be injured or contract water-related diseases in the event of flooding.</p> <p>Urban expansion without proper planning has led to the</p>



occupation of potentially dangerous areas, increasing the vulnerability of the population, including children.

Current National Society Actions

Start date of National Society actions

15-07-25

Water, Sanitation And Hygiene	<ul style="list-style-type: none">- Distribution of aqua tabs to 500 households.- Raising awareness of good hygiene practices, 9,100 people reached.
Community Engagement And Accountability	To reduce the immediate risk of cholera transmission in affected communities by adopting a community-based approach to cholera prevention and control activities. Red Cross volunteers on Mbamou Island raise awareness of good hygiene practices.
Coordination	The Congolese Red Cross is a member of the Emergency Public Health Operations Coordination Committee, and takes part in meetings organized by the Ministry of Health and its partners.

IFRC Network Actions Related To The Current Event

Secretariat	The Congolese Red Cross benefits from the technical support of the IFRC delegation based in the DRC for the planning and implementation of activities.
Participating National Societies	No PNS is present in the country at the moment.

ICRC Actions Related To The Current Event

The ICRC has an office in Kinshasa and is monitoring the situation closely, but no action has yet been taken.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<ul style="list-style-type: none">- The Ministry deployed a multidisciplinary team for a thorough investigation.- Epidemic management unit set up at national and departmental levels.- The Ministry ensures the availability of health services to care for cholera sufferers, with the mobilization of medical teams.- The Ministry works closely with WHO and other partners to strengthen the fight against cholera.- Material and human resources are being mobilized to support efforts to combat the epidemic.
UN or other actors	<ul style="list-style-type: none">- WHO is stepping up cholera surveillance, notably by deploying rapid response teams to affected areas, carrying out epidemiological surveys and training health personnel in case management.- Vaccination campaigns are currently being planned by WHO, with doses of oral cholera vaccine (OCV) to be distributed in at-risk areas.- WHO is supporting capacity-building in the health sector, notably by providing medical equipment and training health personnel in cholera case management.

- WHO promotes coordination between the various players involved in the fight against cholera, including UN agencies, ministries, non-governmental organizations and the private sector.

Are there major coordination mechanism in place?

A coordination mechanism exists at all levels, in collaboration with the United Nations system.

Daily coordination meetings (two a day) are organized at departmental level, in which the Red Cross participates.

Needs (Gaps) Identified



Health

The first case of cholera in Brazzaville has not been specifically dated in the available information. However, the Ministry received an alert of suspected cholera cases in the health district of Île Mbamou, Brazzaville department, on July 10, 2025. As of July 16, 2025, the Ministry reports 103 cases and 12 deaths. In addition, the Democratic Republic of Congo has seen a resurgence of cholera, with more than 35,000 cases reported in 2025, including a confirmed spread in the capital, Kinshasa, according to the Emirati News Agency (WAM).

Among the critical factors that increase the likelihood of the situation escalating, NS can highlight:

- The capacity of health services in Brazzaville and surrounding departments. There are fewer health facilities capable of treating cases. There is also a shortage of logistical and human resources in the health sector, especially given the high population density.

Existing health facilities are overwhelmed, as there are few of them in the affected area, and they are saturated with cholera and non-cholera patients. Demonstration sessions on how to prepare home-made ORS need to be organized in the communities and they need to be directed to the structures that can provide them. This would enable them to manage urgent cases of dehydration while waiting to be treated by health facilities.

- The region is prone to flooding and the rainy season is approaching.
- There is a lack of capacity (logistics and existing structures) for care and epidemiological surveillance in health facilities.
- Reluctance to visit health centers. These suspected cases stay at home, moving freely from one place to another, creating a high risk of the disease spreading within the community and to neighboring towns. This also explains the rapid spread of the disease in Brazzaville, which is likely to continue.



Water, Sanitation And Hygiene

In general, like other cholera-affected areas, there are major WASH (water, sanitation and hygiene) needs to combat the epidemic. These needs include access to drinking water, improved sanitation (toilets, wastewater management), and reinforced hygiene measures, such as hand-washing and waste management.

There are urgent hygiene and sanitation needs.

Populations have limited access to drinking water, with a clear risk of water-borne and fecal-borne diseases.

The daily situation of the Congolese people in terms of drinking water supply is deplorable, to say the least.

The lack of water points in certain areas of Brazzaville forces residents to resort to river water, which is one of the main sources of water-borne and faecal-buccal diseases.

With the rainy season approaching, there is therefore a risk of contamination of water sources (wells and rivers in most localities) and mass displacement of populations in the event of flooding, which could also give rise to a major upsurge in cases of water-borne diseases.

Transmission to other cities is also an important issue. The main communication routes between Brazzaville, Kinshasa and other departments of the country should be checked and hand-washing facilities set up. All the more so as the checkpoints are also an opportunity to sell food and drink to the various flows of people entering and leaving Brazzaville.



Protection, Gender And Inclusion

There is also an increased risk of exposure to cholera for people with disabilities, child- or women-headed households, and also of violence, discrimination and abuse. With constraints/barriers in accessing WASH services, cholera prevention kits and materials, including

information, certain age, gender and disability groups are at increased risk of violence, mainly sexual, exclusion and discrimination in accessing cholera prevention and response programs and services. It is therefore necessary to ensure that AIP is taken into account in the response to cholera, in order to reduce the risk of violence, exclusion and discrimination against certain groups, as well as to respond to the cases that will be recorded during the activities. People with disabilities, child- or female-headed households, etc. are at greater risk.



Community Engagement And Accountability

In this context of cholera emergency, it is also necessary to intensify community involvement and participation around the following essential elements to prevent and control the epidemic:

- Decontamination of outbreaks.
- Early identification of suspected cholera cases, and follow-up of all contacts, thanks to the community's understanding and cooperation in raising the alarm in the event of suspected cases.
- The government could organize a vaccination campaign for people at high risk, although to date there are still no vaccines available for the campaign and communities must be prepared to adhere to vaccination when the time comes.
- Transferring people with possible symptoms of cholera and other epidemics to a specialized treatment center.

At this early stage, the aim is to ensure that communities know the signs and symptoms of cholera, have the information they need to report suspected cases to the treatment center, and take preventive measures to protect themselves and stop the spread of the disease, including helping to share alerts of suspected deaths in the community.

Any identified gaps/limitations in the assessment

The initial assessment has not been carried out by the Red Cross. The SITREPs have not yet been shared by the Ministry since the declaration of the epidemic. The WHO and the Ministry have not yet released the report of their investigation. This limits access to certain important information.

Despite the declaration of the epidemic, the Congolese Red Cross has not been able to carry out this detailed assessment, which will complement the information provided by the Ministry of Health. A detailed needs assessment will be carried out at the start of the operation, providing primary data on water, sanitation and hygiene, early returns and community understanding, as well as mapping of health services.

Operational Strategy

Overall objective of the operation

This DREF operation aims to support the response to the cholera epidemic on Mbamou Island, in the Brazzaville department and in the Congo Oubangui area, while carrying out prevention activities in the departments of Loukoléla, Mossaka, Ngabé, Mpouya and Bouemba. Over the next four months, key interventions will be implemented in the fields of health, water, hygiene and sanitation (WASH), as well as risk communication and community engagement (RCCE), to curb the spread of the disease and improve case management.

Operation strategy rationale

NS's strategy is to combat the cholera epidemic.

NS's response capacity through this DREF will be deployed to help reduce cholera transmission. Reinforce hygiene promotion and teach community members to prepare homemade ORS as the main support for case management at community level.

The intervention will be carried out according to the following strategy:

1) Capacity-building for volunteers is essential to create a workforce for surveillance and case detection, epidemic control and hygiene promotion, which are essential to the response but also to preparedness. 200 volunteers will be trained and deployed for 4 months, 3 days a week. Volunteers and the branch will also be briefed on personal protection measures. To this end, the provision of personal protective equipment and training in its use are very important. Volunteers who are mobilized will participate.

2) Reduce the risk of transmission

- Strengthen surveillance in health centers and communities, with their full participation (identification, alerts, contact follow-up).

The surveillance system set up under the leadership of the WHO, the Ministry of Health and the SN will help improve the system at community level. The WHO draws up a list of contacts and, based on these lists, volunteers will monitor these contacts. Based on the



community definition of cases, volunteers will also report alerts and participate in case investigation under the lead of the health authorities.

3) Case management at community level will be ensured through:

- Stocks of ORS which will be purchased and made available at handwashing points only in ile mbamou, supplied as needed and managed by volunteers in coordination with the Ministry of Health, which will provide dedicated community health workers.
 - Volunteers will be trained in oral rehydration therapy and home-made ORS solutions, and in turn will cascade training to the communities.
 - The SN will organize demonstration sessions for households on the use of ORS, using some of the purchased stock. Advice will be given on where to obtain ORS at the various SN pharmacies and washing points. Efforts will also be made to involve communities in door-to-door visits to families, and group discussions with women and young people on homemade rehydration solutions, storage and administration.
 - Psycho-social support will be provided to affected communities and patients.
 - Door-to-door awareness-raising will be organized in the community:
- Volunteers have already been deployed to disseminate awareness messages aligned with those of the Ministry of Health. They will continue to work in collaboration with the community relays (Ministry of Health team) to disseminate prevention messages.

Certain WASH interventions will also help interrupt disease transmission, including :

- supporting the distribution of household detergents/disinfectants to communities where suspected and confirmed cases have been reported.
- improving WASH conditions by setting up and monitoring hand-washing facilities in public spaces and health centers.
- providing drinking water to households through the distribution of Aquatabs and treatment containers (jerrycans).
- The SN will organize demonstration sessions for households on how to use the various products distributed, water treatment with Aquatabs tablets and how to use disinfectants correctly.
- Human resources will be deployed to ensure systematic monitoring of handwashing facilities at all entry points to the affected towns/localities in order to sensitize and mobilize communities on the importance of WASH practices such as handwashing, food hygiene, personal hygiene and environmental hygiene.
- Systematic monitoring of handwashing facilities will be closely monitored at all entry points to the affected city/locality in order to sensitize and mobilize communities.

4) Coordination

All SN interventions will be carried out in close coordination with the Ministry and other partners. The CRC will participate in all coordination meetings organized as part of this response. .

Targeting Strategy

[Targeting Strategy Supporting Document](#)

Who will be targeted through this operation?

The target areas will be the affected island of Mbamou, Loukelela, Mossaka, Ngabé, Mpouya and Buemba, which are at risk due to their proximity to the DRC. A total of 150,000 people (25,000 households) will be targeted, 10% of whom will receive humanitarian aid to improve their water, hygiene and sanitation (WASH) conditions and sanitation facilities. This represents 15,000 people (2,500 households).

Explain the selection criteria for the targeted population

The choice of sites and targets is guided by the evolution of the epidemic and the Ministry's declaration. Thus, the SN's priority is the cholera-affected areas of Mbamou, but the targeting also takes into account other areas surrounding and close to the DRC, notably Loukolela, Mossaka, Ngabé, Mpouya and Buemba.



Total Targeted Population

Women	5,400	Rural	31%
Girls (under 18)	3,600	Urban	69%
Men	3,600	People with disabilities (estimated)	18%
Boys (under 18)	2,400		
Total targeted population	15,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	No
Does your National Society have prevention of sexual exploitation and abuse policy?	No
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
Sexual Exploitation and Abuse during door-to-door awareness campaigns.	The SN will implement prevention, training and follow-up measures. This includes raising team awareness, establishing clear protocols, and creating reporting and response mechanisms adapted to local specificities.
Rain season	NS will intensify its actions to prevent the situation worsening before the floods and the usual access difficulties.
The epidemic is spreading to areas outside the island of Mbamou, as well as to surrounding towns. The health system is overwhelmed by the increase in cases. This situation is leading to saturation of the health system, with an increase in cases and deaths; the epidemic is becoming difficult to control. Collaboration between communities and personnel involved in the response, both at community level and in health centers, is inadequate.	The CRC will update its action plan to expand the area of implementation through a second DREF allocation or an emergency appeal. The SN will continue to monitor the situation, ready to step up its response with the support of the IFRC delegation.

Please indicate any security and safety concerns for this operation:

Security risks in the departments concerned are moderate. However, certain measures will be taken to reduce the risk of violence or road hazards.

To reduce the risk of Red Cross Red Crescent staff becoming victims of crime, violence or road hazards, active risk mitigation measures must be adopted. Safety training and briefings will be provided to all teams prior to deployment to ensure their safety. Standard safety



protocols concerning general standards, cultural sensitivity and a general code of conduct will be put in place. Minimum safety requirements will be strictly observed.

Has the child safeguarding risk analysis assessment been completed?

No

Planned Intervention



Budget: CHF 50,192

Targeted Persons: 15,000

Indicators

Title	Target
# of people (disaggregated by sex, age and disability) affected by the cholera response.	15,000
# of volunteers and supervisors trained in epidemic control and community-based surveillance (CBS)	200
% of community-based surveillance (CBS) alerts responded to by public health action within 48 hours.	80
# of active CBS volunteers	200
# of contacts identified	500
% of contacts referred and tested for cholera with volunteer support	100
% of contacts investigated within 24 hours	80
# of staff (disaggregated by gender, age and disability) and volunteers trained in Community Involvement and Accountability (CEA) and CREC.	200
# of people (disaggregated by gender, age and disability) reached by risk communication and community engagement activities (in support of health and hygiene promotion)	15,000
% of respondents who say they received useful and usable information.	80

Priority Actions

- A detailed needs assessment will be carried out prior to the intervention, covering all sectors including health. 40 CRC volunteers will be trained and mobilized for this purpose. To facilitate the analysis of evaluation data, this will be carried out via Kobo.
- Epidemic response training for volunteers (Epic).
- Training of a group of volunteers in the Kobo approach, as data will be collected using this survey application to map cholera outbreaks in communities using telephones. This training will be combined with CAP assessment training.
- Training volunteers in community case management (preparation and administration of ORS, assessment of dehydration levels and appropriate referral of cases).
- Support for ORS distribution and awareness-raising sessions on ORS in affected communities in Mbamou only.
- Active case-finding at household and community level.
- Follow-up of case contacts at household and community level, detection and referral of cases to the nearest health facilities; Surveillance at the main entry points to the city of Brazza.
- Volunteers will be deployed at checkpoints with Ministry staff to assist entry points with temperature control and the provision of hand-washing facilities.



- Support the distribution of ORS at various handwashing points, with the agreement of the Ministry of Health.
- Organize household demonstration sessions on the use of ORS, using part of the stocks purchased.
- Training of 200 volunteers at CREC as part of Epic training, 20 per district.
- Health promotion campaigns on cholera and other infectious diseases under control in the affected area, water-borne diseases, hygiene promotion, using various communication channels (interpersonal home visits, mass media via local radio stations, awareness campaigns in public places, places of worship, markets, schools).



Water, Sanitation And Hygiene

Budget: CHF 215,644

Targeted Persons: 15,000

Indicators

Title	Target
# of people (disaggregated by sex, age and disability) reached by WASH actions as part of the Cholera response	15,000
# of people (disaggregated by gender, age and disability) benefiting from effective water treatment materials and promotional activities (2,500 households)	3,750
# of communities/sites benefiting from WASH actions (including handwashing facilities) as part of emergency response (Cholera response)	100
# of households benefiting from environmental sanitation activities implemented (target of 30 sanitation campaigns organized)	2,500
# of volunteers trained in IPC	200

Priority Actions

- Training of 200 volunteers in IPC.
- Distribution of hand-washing devices at Brazzaville entry points, at health center entrances, in communities reporting cases.
- Organization of sanitation campaigns to encourage environmental clean-up in affected communities.
- Supported community hygiene and disinfection by distributing bottles of disinfectant to 2,145 households.
- Hygiene promotion campaign focusing on handwashing in markets, schools and other public places. This includes handwashing and environmental hygiene promotion, drinking water treatment demonstrations and disinfectant use demonstrations.
 - Distribution of aqua tabs to 2, 145 households for 3 months. Beneficiary households trained in the use, dosage and storage of water treatment products before the actual distribution; this will be done by trained volunteers.
- Distribution of jerrycans to facilitate dosing during water treatment - Hygiene promotion also targeting food and water vendors
- Guarantee the availability of soap and water for hand-washing facilities installed at entry points, and staff to monitor hand-washing.
- Post-distribution monitoring will be carried out at the end of the Operation
- The WASH team will work in close collaboration/coordination with health teams to identify groups of cases based on active lists.
- Hygiene promotion will also target food and water vendors
- the availability of soap and water for hand-washing facilities installed at entry points will be guaranteed through the volunteers in charge, who will also be responsible for monitoring hand-washing.



Protection, Gender And Inclusion

Budget: CHF 3,033

Targeted Persons: 15,000

Indicators

Title	Target
# of staff and volunteers trained in ERP and PEAS, including referrals to other services.	200

Priority Actions

- Volunteers will receive a module on the PGI minimum standards for emergency response, as well as training on PEAS for all volunteers over a two-day period.
- Protection messages will be included, focusing on reducing any stigmatization and exclusion of patients or affected communities.
- Inclusion of diversity and representation of different groups will be ensured in community engagement activities. •Volunteers will first be selected to represent the different groups, genders and areas of the community, in order to promote the inclusion and representation of targeted groups.
- During focus groups, particular attention will be paid to the inclusion of all representatives, regardless of age, gender, geographical area, religion and socio-economic characteristics.
- The SN will ensure the production/availability of child-friendly communication tools to guarantee children's access to cholera information. •



Community Engagement And Accountability

Budget: CHF 48,789

Targeted Persons: 15,000

Indicators

Title	Target
The National Society has an operational feedback mechanism for the entire organization.	1

Priority Actions

- Training of volunteers in community feedback / adaptation of existing feedback tools to the context of the operation / consultation with communities before setting up the feedback system.
- Reproduction of image boxes (60, 10 per district).
- Weekly consultation meetings with existing community platforms to share updates on operations, discuss and address concerns.



Secretariat Services

Budget: CHF 30,900

Targeted Persons: 4

Indicators

Title	Target
# of monitoring missions organized	2

Priority Actions

- Organize monthly missions to monitor activities.





Budget: CHF 82,976

Targeted Persons: 200

Indicators

Title	Target
# of kick-off meetings held	1
The National Society has a risk management framework.	1
# of monitoring missions organized	6
# of lesson-learning workshops organized	1
# of lunch meeting held	1

Priority Actions

- Organization of a kick-off meeting to plan operations with the ministry, IFRC and other partners involved in the operation.
- Deployment of 5 part-time CRC regional staff to support field activities with volunteers.
- Ensure continuous monitoring and supervision of activities.
- Purchase and distribution of protective equipment for volunteers and supervisors. Vests and bibs for the 200 volunteers involved.
- Logistical support, transportation of items and handling/storage will be managed by headquarters.
- Organize a lessons-learned workshop and exchange experiences.
- Strengthening the national company's risk management framework.

About Support Services

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

190 volunteers and 10 supervisors will be deployed on this operation.

A project coordinator and his deputy will coordinate and monitor the teams. An accountant and a PMER will also provide support for narrative and financial reporting.

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?

It is essential that a team of volunteers reflects the diversity of the community it serves, to ensure culturally appropriate and effective support.

Thus, different age groups will be represented among the volunteers and will bring varied experiences and perspectives, making the team more adaptable to the needs of the community.

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

The National Society will make purchases with the Federation's technical support and in compliance with the Federation's purchasing procedures.



How will this operation be monitored?

The IFRC delegation's PMER team, in collaboration with the Société Nationale's PMER and the Project Manager, will support the monitoring of this operation. Each week, the Project team will present an update on the progress of activities in the field and report any difficulties encountered, with a view to finding solutions. Joint SN and IFRC monitoring missions will be organized on a regular basis.

Please briefly explain the National Societies communication strategy for this operation

The Red Cross will participate in regular coordination meetings with all partners and stakeholders, during which Red Cross actions will be presented and overlaps in implementation avoided.



Budget Overview



DREF OPERATION

MDRCG047 - CROIX- ROUGE CONGOLAISE CONGO CHOLERA OUTBREAK 2025

Operating Budget

Planned Operations	317 659
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	50 192
Water, Sanitation & Hygiene	215 644
Protection, Gender and Inclusion	3 033
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	48 789
Environmental Sustainability	0
Enabling Approaches	113 876
Coordination and Partnerships	0
Secretariat Services	30 900
National Society Strengthening	82 976
TOTAL BUDGET	431 534

all amounts in Swiss Francs (CHF)



Contact Information

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

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