From village alert to health response

When the RESPECCT Early Warning System enables a rapid response to cholera

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The town of Goz Beida cut off by a wadi, July 2025. Photo credit: Issa Am Adia, Concern Worldwide

Background

Since April 2023, eastern Chad has faced a double challenge: a massive influx of refugees from Sudan (nearly 875,000 people) and growing pressure on already limited social services. The rainy season, marked by flooding and an increase in diarrhoeal diseases, has exacerbated the vulnerability of host and displaced populations.

It was in this context that the first suspected case of cholera was recorded on **13 July 2025** in the district of Chokoyane (Ouaddaï province).

On **24 July**, the presence of *Vibrio cholerae 01 Ogawa* was confirmed. By early September, there were **1,719 cases** and **114 deaths** in the provinces of Ouaddaï and Sila.

Early Warning System in the East

Chad has a national alert mechanism, **SISAAP** (Food Security Information and Early Warning System). However, its reach remains limited in remote rural areas.

That is why, through the programme for the economic and social resilience of populations in the east facing conflict and climate change in Chad – **RESPECCT**, funded by the European Union and the French Development Agency, a network of **76 Community Action Committees (CCAs)** and **8 Cantonal Action Clusters** has been set up in three provinces in the east (Ouaddaï. Wadi Fira & Sila).

These local structures act as early warning sensors: they identify early warning signs (disease, flooding, conflict, food insecurity), apply defined alert thresholds, and quickly transmit the information to the administrative and health authorities.

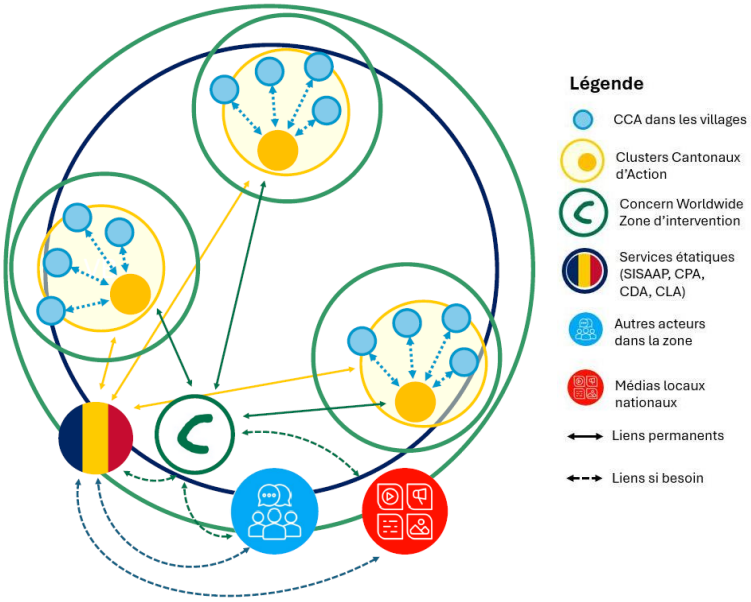

***Figure 1**: Visualisation of the SISAAP RESPECCT in eastern Chad*

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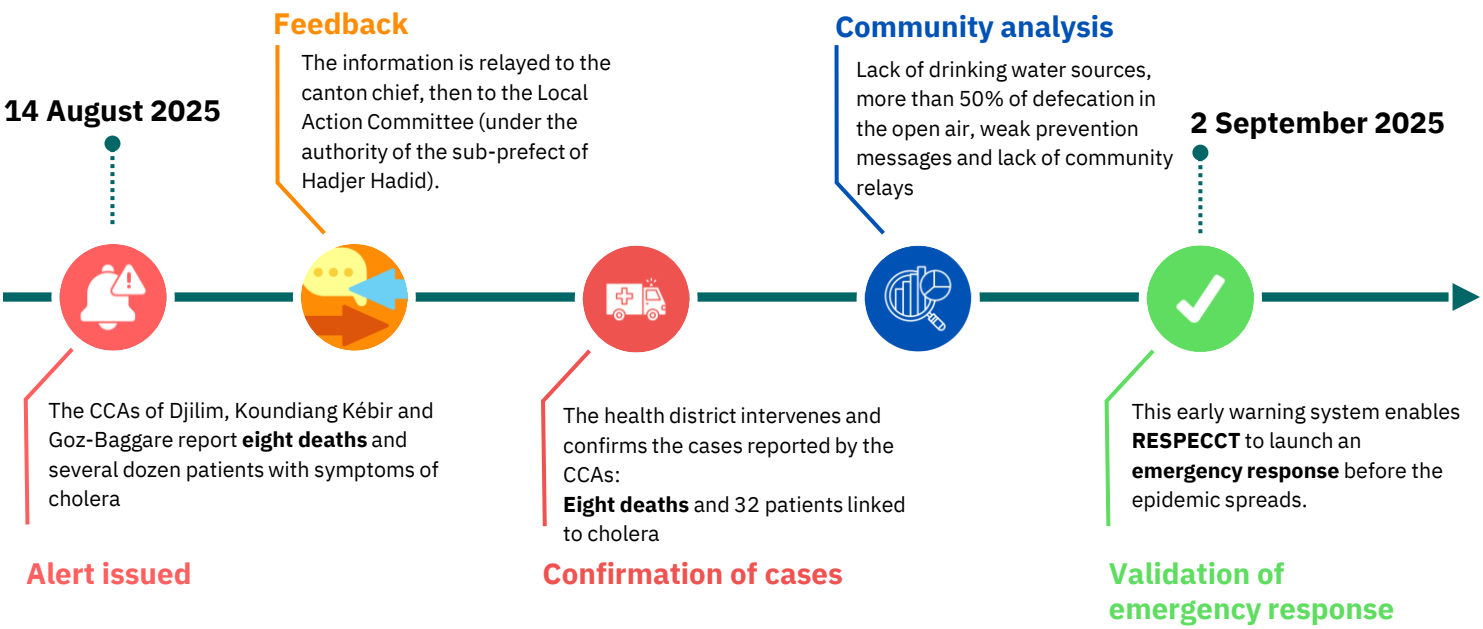
Cholera in the East: alert issued by villages



RESPECCT's response

On **2 September**, the RESPECCT programme's ***crisis modifier*** was activated, covering **30 villages,** led by **the International Rescue Committee**. The response is based on four components:

1 Surveillance and active research

- Home visits conducted by community health workers (CHWs)
- Tracking of suspected cases and analysis of origins to limit spread

2 Social mobilisation, risk communication and community engagement (RCCE)

- Involvement of religious, traditional and administrative leaders
- Targeted sessions for women, households and food vendors
- Dissemination of messages by theatre troupes and monitoring of rumours to adjust messages

3 Water, hygiene and sanitation

- Distribution of water treatment products and installation of chlorination points
- Awareness-raising on water treatment and storage, food hygiene and hand washing
- Organisation of safe and dignified burials in collaboration with village committees

4 Community-based case management

- Establishment of community rehydration posts equipped with cholera kits
- CHWs trained to monitor patients, assess hydration status and prepare oral rehydration solutions
- Referral of severe cases by ambulance to cholera treatment units (CTUs)
- CATI (*Case Area Targeted Intervention*) approach: awareness raising, disinfection and preventive treatment within a 50-metre radius of each confirmed case

A model to be promoted

This experience highlights the strength of an early warning system connected to the national SISAAP:

Accelerated alert: in just a few days, the alert issued by the CCAs triggered a response. Without this local link, the epidemic would have spread silently, making it more time-consuming and costly to control.

Targeted response: the intervention focused on the detected outbreaks, with rapid and proportionate actions. This precision reduces the spread and optimises the use of resources.

Active communities: local leaders, CHWs and village committees were at the heart of surveillance, prevention and community care, strengthening the confidence and commitment of the population.

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