Community action that stopped a cholera epidemic: RC-CATI in action

Case study: Côte d'Ivoire

Overview

In May 2025, Côte d'Ivoire confirmed its first cholera outbreak in 15 years in Vridi Ako, a coastal fishing village in Abidjan District. The outbreak continued to spread due to poor sanitation, limited access to clean water, and high population density. By October 20th 556 cases and 24 deaths had been reported across six health districts, with a case fatality rate of 4.3%.

With their existing local presence, the Red Cross of Côte d'Ivoire (CRCI) was the first organization to respond. With support from IFRC and Movement partners, they used the RC-CATI (Red Cross Red Crescent Case Area Targeted Interventions) approach combined with the country's first-ever Oral Cholera Vaccination (OCV) campaign. The response demonstrated the critical value of community-centered epidemic response—achieving earlier case detection, reduced severity of the outbreak, and growing community trust, ultimately contributing to containment in 5 of 6 affected districts.

What does RC-CATI in action look like?

RC-CATI is a community-centered approach to epidemic response. Household-level interventions, rapid risk assessment, and community engagement are emphasized to break chains of transmission. The Red Cross introduced RC-CATI to authorities and health center and community leaders, and received strong endorsement. Key actions taken as part of the RC-CATI approach included:

Household visits and risk assessment: Volunteers visited households and used a rapid risk assessment tool to evaluate water sources, sanitation facilities, and hygiene practices - enabling tailored interventions for each household.

Hygiene infrastructure and disinfection of households and public spaces: Volunteers carried out disinfection activities targeting affected households, public latrines, boats/pirogues, and motorcycle taxis to interrupt transmission in high-risk areas, and installed handwashing stations at health centres, markets and community gathering points.

Social mobilization, case finding and referral of severe cases: Volunteers conducted household and community awareness-raising activities to address misconceptions, promote preventative behaviors - and to find and refer severe cases to health facilities.

Support to the Oral Cholera Vaccine campaign: Volunteers actively supported the country's first OCV campaign with community mobilization, door-to-door outreach, sensitization and follow-up.

Photo: Moustapha Diallo/IFRC

Our achievements in numbers: June to October 2025

193 volunteers

were involved in community activities as part of RC-CATI and the OCV campaign

42 587 people

were reached through indirect social mobilization (incl. 21 590 women)

399 boats disinfected

and 81 motorcycle taxis, 271 public latrines and 304 households of cholera cases disinfected

219 people

were identified as severe cases and referred to health facilities

Integrating RC-CATI with the national OCV campaign

The 2025 cholera response in Côte d'Ivoire marked a historic milestone: the country conducted its first-ever reactive Oral Cholera Vaccination (OCV) campaign. Trained local volunteers actively participated in the OCV campaign through:

- Community mobilization and sensitization for vaccine acceptance
- Door-to-door outreach to inform households about vaccination schedules and locations
- Supporting vaccination logistics and crowd management
- Addressing rumors and misinformation about the vaccine
- Follow-up monitoring for adverse events

Feedback and evaluation data indicates that the impact of the combined RC-CATI approach and OCV campaign in Vridi Ako was significant: despite being the origin of the outbreak, the epidemic was successfully controlled and extinguished in this area.

Photo: Moustapha Diallo/IFRC

"At first, it wasn't easy. People were afraid," says Aichatou Souley, one of the trained volunteers.

"They had heard of cholera, but didn't know how to protect themselves. We had to offer more than information—we had to build trust."

"As soon as the Red Cross volunteers started their activities, patients started coming to the hospital. Thanks to the sensitization and active case search by the volunteers, the community understood the importance of coming to the health center.

And it should also be noted that thanks to the volunteers, we are able to manage cases without deaths at the treatment center because the community comes on time."

— Health Center Manager, Vridi Ako

Photo: CRCI

Challenges

1. **Resources and time for training:** RC-CATI training had not been conducted prior to the outbreak, requiring capacity building during the response.
2. **Community resistance:** Many initially attributed deaths to spiritual causes rather than cholera, fueling mistrust and misinformation.
3. **Geographic accessibility:** Difficult access to island communities via the lagoon, with patients needing to travel by pirogue (small boat) to reach treatment.
4. **Coverage and resources:** Insufficient volunteers initially to cover multiple areas; Red Cross bore significant first-responder responsibility.

Lessons learned

1. **Build capacity for response before you need it:** Training staff and volunteers in RC-CATI before outbreaks occur mean quicker action and higher impact - preventing spread and saving lives.
2. **Community engagement and building trust is vital:** Initial skepticism and rumors can be overcome through consistent, respectful interaction, culturally sensitive communication and involvement of influential community leaders.
3. **Responsive community engagement:** Combine practical demonstrations tailored to local realities with accessible feedback mechanisms to ensure interventions respond to community needs in real time.
4. **Value of integrating with OCV campaigns:** RC-CATI activities complement vaccination campaigns effectively and should be planned together from the outset.

What made the RC-CATI approach successful?

RC-CATI is a simple, low-cost and effective approach to reduce and stop cholera transmission where it starts. Volunteers who had built trust with their communities were able to change perceptions and behaviors, mobilise people to be vaccinated, refer severe cases early, and reach households that others could not with tailored support.

This locally-led action, combined with strong coordination with health authorities and integration with the OCV campaign, directly reduced cholera transmission

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