

Cholera Quick Response Guide

For Red Cross Red Crescent National Societies and IFRC supporting delegations



This document contains guidance to help National Societies determine their programmatic activities in health, WASH and MHPSS in response to cholera epidemics. Each National Society should select its cholera response activities based on a needs analysis—what are partners covering, what are the gaps—and based on its own capacities and mandate. For each activity undertaken by a National Society for cholera response, the inputs and support required indicated below should be considered. This document supports emergency response plan of action development. Detailed planning should consider sectoral guidelines and technical standards. Key performance for program and quality monitoring are available for each intervention, in Annex 1.

Minimum Health, WASH, and Coordination Capacities for Cholera response		
People		Training, Activities & Logistics
<p>NS capacities needed</p> <ul style="list-style-type: none"> • Health Coordinator (if doing health activities) • WASH Coordinator (if doing WASH activities) • Operations Manager • Logistics focal point • Finance focal point • Communications focal point • PMER focal point • CEA focal point (consults with Health and WASH) • IM (If doing community feedback, CBS, or ORP) • Staff health and MHPSS services for volunteers 	<p>IFRC suggested support</p> <ul style="list-style-type: none"> • 1 Health Coordinator or Public Health in Emergencies (PHiE) Coordinator (if large outbreak, also a deputy health coordinator) • 1 Operations Manager or field coordinator (HEOps if large epidemic or outbreak occurring in a complex environment) • WASH Coordinator or Officer (more specialised roles available) to support combined NS WASH activities • 1 Logistics surge or dedicated country office support • 1 Finance surge or dedicated country office support • 1 CEA if support needed for setting up and analyzing community feedback • 1 security if in complex setting • 1 Information Management (IM) to manage data for burials, CEA, and/or CBS 	<p>Epidemic Preparedness and Response in Communities (EPIC) or IFRC Cholera Training package form a baseline training for community-based cholera response (contact IFRC for materials)</p> <ul style="list-style-type: none"> • Plan for registration/ check-in of volunteers and incentives for activities • Plan for incentives for activities • Vests, backpacks, rain gear for volunteers • Some activities require logistics support • Regularly mentor/supervise volunteers and staff
<p>The below staffing recommendations assume that the minimum personnel outlined above are in place. Local personnel (both NS and IFRC) can be reassigned from regular duties for the duration of the emergency response. Where possible, it is indicated whether this is expected to require a full-time position. Any capacities not present or overwhelmed within the NS can be supported / supplemented by IFRC personnel, including rapid response personnel and Emergency Response Units.</p>		

Public health activities

Public health: Surveillance			
<i>Community-based surveillance (CBS)</i>			
People	Training	Key Activities	Logistics
<p>NS: As above, plus:</p> <ul style="list-style-type: none"> CBS focal point (full time / dedicated during emergency) Volunteers: 1 RCV per 30-50 households. 1 supervisor per max 25 volunteers. <p>IFRC, as above, plus:</p> <ul style="list-style-type: none"> For CBS assessment / implementation in area without existing CBS in emergencies = 1 CBS in Emergencies Coordinator OR Community-Based Surveillance public health ERU available to support implementation 	<ul style="list-style-type: none"> 3-4 days for NS trainers/ supervisors (depends on number of diseases to include in system) 2-3 days training for volunteers 	<ul style="list-style-type: none"> Rapid assessment and system design Joint supervision with MoH Regular mentoring, quality assurance and supervision by NS supervisors Link with health facilities Link with traditional healers Monthly meetings with health facilities Regular mentoring, quality assurance and supervision by supervisors 	<ul style="list-style-type: none"> Volunteer booklets (memory aids) – include list of community-case definitions and alert codes for SMS CBS technology <ul style="list-style-type: none"> Smart phones or tablets for supervisors Computer for Officers/Managers Phone credit, or paper printing for reporting SMS Eagle device if using Nyss <p>Transport</p> <ul style="list-style-type: none"> Motorbikes or bikes for supervisors
<p>Resources: CBS Assessment Tool; CBS Protocol Template; CBS training resources</p>			
<p><i>Active case finding</i> Can be combined with CBS activities or house-to-house activities (e.g. vaccination, household water treatment, CATI, some RCCE approaches) with no additional staffing required, or, where these are not active, can be implemented independently.</p>			
People	Training	Key Activities	Logistics
<p>NS:</p> <ul style="list-style-type: none"> Public health focal point (can be combined with other public health activities) Volunteers: varies <p>IFRC:</p> <ul style="list-style-type: none"> PHiE officer or coordinator can provide technical support 	<ul style="list-style-type: none"> 1 day for trainers / supervisors 0.5-day training for volunteers (can be added to other trainings for house-to-house activities) 	<ul style="list-style-type: none"> Regular mentoring, quality assurance and supervision by NS supervisors Link with referral systems Link with traditional healers Regular mentoring, quality assurance and supervision by supervisors 	<ul style="list-style-type: none"> Volunteer memory aids and line list documents – include written community case definition and referral instructions <p>Transport: Motorbikes or bikes for supervisors</p>
<p><i>Contact tracing</i></p>			

People	Training	Key Activities	Logistics
NS: <ul style="list-style-type: none"> Health Officer (part time, with other duties) Volunteers (if NS running contact tracing independently, supervision and IM structure needed)	<ul style="list-style-type: none"> Should be included in EpiC training above. More training on contact tracing protocols (1 day). Normally led by MoH or WHO, as teams are integrated. 	<ul style="list-style-type: none"> Plan for volunteer registration/ check-in and incentives for activities Regular mentoring and supervision by supervisors 	Normally integrated into MoH/WHO teams – and no need for inputs beyond incentives
Resources:			
Use national Ministry of Health guidance and training materials to ensure integration. IFRC COVID contact tracing guidance may be useful for general recommendations not specific to cholera			

Public health: Oral Cholera Vaccination (OCV)			
People	Training	Key Activities	Logistics
NS: <ul style="list-style-type: none"> Community health manager (full time during vaccination campaign) Field health supervisors Volunteers IFRC: <ul style="list-style-type: none"> Health: large outbreak, or NS with small health footprint = 1 PHiE Co or PHiE officer to prepare for an deliver campaign 	<ul style="list-style-type: none"> 1 days for NS trainers/ supervisors 1-2 day volunteers 	<ul style="list-style-type: none"> Planning and agreement with MoH on scope of support to OCV Promotion and awareness of OCV Integration of community feedback mechanism and review process. Depending on NS role in vaccination with government this may include mapping of high-risk individuals, physical vaccination, transportation of vaccines, and/or post vaccination monitoring. 	<ul style="list-style-type: none"> IEC materials Set up administration points if needed Transport <ul style="list-style-type: none"> Varies significantly depending on scope of support to MOH
Resources:			
IFRC OCV Training for Volunteers Overview , IFRC OCV field manual for volunteers , IFRC OCV training package ,			

Public health: Oral Rehydration Points (ORPs) / Community Case Management of Cholera (CCMC)			
People	Training	Key Activities	Logistics
<p>NS:</p> <ul style="list-style-type: none"> Health or WASH officer (full time during emergency) ORP focal point Field supervisors Volunteers (2-3 per ORP) <p>IFRC:</p> <ul style="list-style-type: none"> Health: large outbreak, or NS with small health footprint = 1 PHiE delegate supports all public health interventions (reports to health.co) WASH: WASH Co or Officer as needed (shared with other WASH response interventions) Community Case Management of Cholera public health ERU available to support implementation 	<ul style="list-style-type: none"> 3 days for NS trainers/ supervisors 2-3 days for volunteers <p>ERU can provide supervisor and volunteer training if deployed</p>	<ul style="list-style-type: none"> Rapid assessment and site selection Set up and quality control ORPs in line with minimum standards Provide oral rehydration therapy (ORT) / oral rehydration solution (ORS) for mild cases of dehydration Refer severe cases of dehydration to MoH / cholera treatment facilities Health and hygiene promotion on protective behaviours against cholera Demonstrate how to prepare/use ORS Report into MoH systems Integrate community feedback mechanism and review process. Supervisors regularly quality assure, mentor and supervise field activities Ensure ORP closure plans are clear and understood by all stakeholders <p>WASH inputs to ORP sites</p> <ul style="list-style-type: none"> Provide potable water Latrines including desludging if needed Drainage if needed Solid waste management Vector control if needed 	<p>Response with local materials:</p> <ul style="list-style-type: none"> ORP kits or locally procure contents <ul style="list-style-type: none"> Table, chairs, buckets, water filters, toilet slabs, simple tent or tarpaulin Oral Rehydration Salts (ORS), zinc, chlorine ORP training material IT equipment (laptop, mobile phone and credit) Vehicles for delivery and supervision
<p>Resources:</p> <p>ORP kit contents; Signs and reference cards for use in ORPs; ORP volunteer field manual; ORP operator manual; ORP job aids and checklists</p>			

Public health: Care for the Dead			
People	Training	Key Activities	Logistics
<p>NS:</p> <ul style="list-style-type: none"> Burials focal point Burial supervisors (max 1 per 4 teams) Burial teams Drivers for burial vehicles <p>IFRC:</p> <ul style="list-style-type: none"> NS with first/infrequent outbreak (limited recent experience in cholera burials) = 1 PHiE Co (with burials experience) Large or multi-centre outbreak = PHiE Co (with burials experience) 1 IM for burials data 	<p>Cholera burials ToT¹</p> <ul style="list-style-type: none"> For NS trainers – can also include MoH 2 days (2nd day focuses on training practice) <p>Cholera burials for volunteers (direct service provision)</p> <ul style="list-style-type: none"> 2 teams per session (16 volunteers) 2-3 days <p>OR</p> <p>Cholera training for traditional death workers + PPE provision</p> <ul style="list-style-type: none"> 2 teams per session (16 volunteers) 2-3 days 1-day RCCE & hygiene promotion training for volunteers who will provide support to funerals only <p>Burials delegate or health coordinator supervision is recommended until NS trainers have experience.</p>	<ul style="list-style-type: none"> Plan for selection of volunteers, including through selection by community members, and/or identify those traditionally involved in caring for the dead Plan for supervision of volunteers and incentives for activities Regular data tracking and analysis, including daily data sharing with epidemiological management team (MOH, WHO and/or others) 	<p>Response with local materials:</p> <ul style="list-style-type: none"> Leakproof body bags Absorbent pads Chlorine Cholera burial PPE <ul style="list-style-type: none"> Scrub suits or clothes that can become bleach-splattered Rubber boots Reusable rubber gloves Reusable plastic apron Reusable face shield or goggles Medical masks <p>Transport</p> <ul style="list-style-type: none"> For direct service provision: <ul style="list-style-type: none"> Vehicles for burial teams Waste management and decontamination area for vehicles For indirect service provision: <ul style="list-style-type: none"> Transportation to deliver materials to affected communities, and for supervision
<p>Resources:</p> <p>GTFCC cholera-specific guidance for care for the dead under development and will be available on the GTFCC website once produced.</p>			

¹ Generally, the burials rapid response person will train burial teams directly, especially at the beginning of an outbreak. A ToT at the beginning can cause time delays to get the teams operational. A ToT come in as a transition activity to ensure longer term capacity, or when there is a need to scale up mid-outbreak. Trainers should be pulled from experienced and well performing supervisors etc.

Integrated health and WASH activities

Integrated activities: Risk communication, health and hygiene promotion, and community engagement			
People	Training	Key Activities	Logistics
<p>NS:</p> <ul style="list-style-type: none"> Community health manager (oversees RCCE and CBS) Field health supervisors Volunteers CEA focal point CEA data analyst <p>IFRC:</p> <ul style="list-style-type: none"> Health: large or novel outbreak, or NS with small health footprint suggest surge profiles = 1 PHiE delegate (reports to health coordinator) Community Feedback: large outbreak, or NS with first outbreak or limited CEA experience in outbreaks = 1 CEA delegate, 1 CEA IM 	<p>EPiC</p> <ul style="list-style-type: none"> Base training including CBHFA, ECV, CEA and PFA basics 5 days for NS trainers/ supervisors 4 days volunteers ORP add on 2-3 days <p><i>OPTIONAL</i></p> <p>Community feedback</p> <ul style="list-style-type: none"> 2 days for NS trainers/ supervisors 1-day volunteers 	<ul style="list-style-type: none"> Health and hygiene promotion and risk communication (household visits, focus group discussions, community meetings, work with traditional/religious leaders, mobile cinema and radio programmes) Regular mentoring, quality assurance and supervision by supervisors Put in place community feedback mechanism and review process If lack of information or new cholera zone do a KAP survey 	<ul style="list-style-type: none"> IEC materials (posters, cholera images, ECV toolkits) Volunteer booklets (memory aids) Mobile cinema equipment Hygiene promotion box Smartphones or tablets for supervisors (or credit for existing phones/tablets) Computer for Officers/Managers Phone credit, or paper printing for reporting Soap for demonstrations and prizes Radio slots Vests, backpacks, rain gear for volunteers <p>Transport</p> <ul style="list-style-type: none"> Motorbikes or bikes for supervisors
<p>Resources:</p> <p>IFRC EPiC training package; IFRC Epidemic Control Toolkit cholera tools for Volunteers and Managers; The Story of Cholera education video (in many languages); UNICEF image box in English and French; RCCE Collective Service Cholera Questions Bank for community-level data collection; RCCE key message bank for cholera outbreaks; IFRC Hygiene Promotion Box; IFRC WASH guidelines for hygiene promotion in emergency operations; CEA toolkit Tool 13: CEA in Assessments; Rapid focus group discussions disease perceptions (can be adapted for cholera)</p>			

Integrated activities: Case-Area Targeted Interventions (RC-CATI)			
People	Training	Key Activities	Logistics
<p>NS:</p> <ul style="list-style-type: none"> WASH focal point (can be combined with cholera WASH tasks) Public Health focal point (can be combined with other cholera public health tasks) CATI supervisors Volunteers (2-3 volunteers per team) <p>IFRC:</p> <ul style="list-style-type: none"> WASH Officer to support NS Household Water Treatment and Safe Storage (HWTS) ERU can support part of the intervention 	<ul style="list-style-type: none"> 5 days for NS trainers/ supervisors 4 days volunteers 	<ul style="list-style-type: none"> Plan for volunteer registration/ check-in and incentives for activities Regular mentoring and supervision Simulations in recovery phase and preparedness zones 	<p>Use materials listed for the included activities:</p> <ul style="list-style-type: none"> Case-house disinfection Household water treatment Health and hygiene promotion <p>Plus addition of medical and Response Supplies:</p> <ul style="list-style-type: none"> Oral rehydration salts (ORS) Rapid diagnostic test kits (in some settings) Materials for sample collection and transport if laboratory support is feasible <p>Transport:</p> <ul style="list-style-type: none"> Transportation and fuel for intervention teams
<p>Resources:</p> <p>Unicef CATI 2020 Guidelines, IFRC CATI training materials being developed (2025-2026) please ask IFRC WASH team</p>			

Integrated activities: Infection Prevention and Control (IPC) for Health Facilities			
People	Training	Key Activities	Logistics
<p>NS:</p> <ul style="list-style-type: none"> IPC focal point (clinical background) WASH focal point IPC volunteer supervisors IPC volunteers supporting health facilities (non-technical background) <p>IFRC:</p> <ul style="list-style-type: none"> 1 IPC delegate <i>OR</i> Infection Prevention and Control public health ERU available to support 	<p>Volunteers with clinical background in order to support health facility IPC activities</p> <p>IPC training in line with national MoH standards (or WHO, whichever is strictest)</p> <ul style="list-style-type: none"> Supervisors = 4 days Volunteers = 3 days 	<ul style="list-style-type: none"> Participate in IPC forums and coordination Train health facility staff (Would NS be training Health Facility staff- Reverse is usually politically correct) Provide PPE and IPC supplies to the health facility IPC checklist (daily) and detailed weekly or monthly assessments (against standardised criteria, if available in the response)WASH installations (handwashing stations, soap, latrines) 	<ul style="list-style-type: none"> IEC materials (posters) Volunteer booklets (memory aids) IPC minimum standards, KPIs, and supervision and materials checklists IPC installations (waste management, sterilisation capacities) PPE Materials to create patient flow (screening), e.g., tarpaulins and wood

Resources:

[IPC training, job aids and checklists](#) (English and French)

WASH activities**WASH: Case-Home Disinfection**

People	Training	Key Activities	Logistics
<p>NS:</p> <ul style="list-style-type: none"> WASH focal point (full time during emergency, can be combined with other WASH activities) WASH supervisors (may be combined with other activities) Volunteers (2-3 volunteers per team) <p>IFRC:</p> <ul style="list-style-type: none"> WASH Officer to support NS (can be combined with other activities) Mass Sanitation Module 20 ERU available to support implementation (has other duties) 	<p>Should be included in EpiC training.</p> <p>Specific training on decontamination and proper PPE use:</p> <p>Supervisors: 3 days Volunteers: 2 days</p>	<ul style="list-style-type: none"> Plan for volunteer registration/ check-in and incentives for activities Regular mentoring and supervision Simulations in recovery phase and preparedness zones 	<p>Response with local materials:</p> <ul style="list-style-type: none"> 15-20L high quality chlorine sprayer (without metallic piece) and Chlorine powder (e.g., calcium hypochlorite). Verify expiry date; Protective equipment (raincoat, apron, gloves, chemical goggles, respirator mask, boots); IEC materials; Geo-referencing device (e.g., GPS, smartphone application); Phone credit; Scrub brushes, cleaning cloths, and sponges. <p>Transport:</p> <ul style="list-style-type: none"> 1 vehicle per team <p>If ERU deployed: material included</p>

Resources:

[Unicef CATI 2020 Guidelines](#); [MSF – Preparation and use of chlorine solutions](#); [ACF Cholera Toolkit – How to conduct case-home disinfection \(page 123\)](#)

WASH: Water supply rehabilitation (WSR)

People	Training	Key Activities	Logistics
<p>NS:</p> <ul style="list-style-type: none"> WASH focal point (can be combined with other activities) WASH supervisors dedicated to this activity 7-30 volunteers <p>IFRC:</p> <ul style="list-style-type: none"> WASH Co or Officer to support all combined NS WASH activities 	<p>Contact IFRC regional office for training</p> <p>ERU can provide supervisor and volunteer</p>	<ul style="list-style-type: none"> Water point rehabilitation Set up or strengthen community-based water committees HP, especially safe water chain & storage Connect to CEA (feedback mechanism) 	<p>Response with local materials:</p> <ul style="list-style-type: none"> Spare parts for pumps; Mini pool tester kit; Water testing materials; Tools (level, rope, measuring tape, distance meter, multitool, range

For feedback, suggestions, or questions, contact emergency.health@ifrc.org and reference “Cholera Response Quick Guideline Feedback”. The latest guidance and tools can be found at: <https://ifrcorg.sharepoint.com/:f/s/IFRCSharing/IgCFGNRXB4aURYTIHOmt01mlAeZhOoU6BTJc-FGFrqHvWyk?e=xrokBt>

<ul style="list-style-type: none"> Water Systems Rehabilitation ERU, WASH Module 15 ERU, and WASH Module 40 ERU available to support 	training if deployed		finder, chalk line, batteries, duct tape, flashlight); Water filter; Chlorine; PPE; Buckets; Hygiene promotion materials Transport to deliver supplies and supervise If ERUs deployed: material included
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Resources:

[IFRC Training for Community-based Volunteers Repair and Maintenance of Water Supply Systems](#); HP box see above , [WSR ERU](#)

WASH: Water purification and water points

People	Training	Key Activities	Logistics
NS: <ul style="list-style-type: none"> WASH focal point (can be combined with other WASH activities) WASH supervisors (dedicated to this activity) 7-30 volunteers (number of volunteers relate to the size of WP unit needed) IFRC <ul style="list-style-type: none"> WASH Coordinator or Officer to support all combined NS WASH activities ERUs available to support implementation: ERU WASH Module 15 (4 staff), or ERU WASH Module 40 (4-5 staff) 	Each of these have different trainings connected to the equipment provided. The kit trainings take 1 week ERU can provide supervisor and volunteer training if deployed	<ul style="list-style-type: none"> Water purification Water trucking or other distribution methods Set up and maintain water points HP especially safe water chain and storage Water quality testing Connect to CEA (feedback mechanism) 	Response with local materials: <ul style="list-style-type: none"> <i>Materials for distribution:</i> Buckets with outlet; jerrycans (food grade); water dispensing bags; body soap; plastic sheeting; chlorine tablets; water purification agent; pool testers; IEC materials on water purification <i>Materials for re-use:</i> Hygiene promotion material; water purification equipment Transport: <ul style="list-style-type: none"> 1 car for (Kits and M15), 2 cars for M40 1 water truck (if providing water) Kits available to support: <ul style="list-style-type: none"> Kit 2 (material for 2,000 people); Kit 5 (material for 5,000 people); Kit 10 (material for 10,000 people)

			If ERUs deployed: material included
Resources: Hygiene promotion material (HP-Box); Water purification equipment			

WASH: Household water treatment and safe storage (HWTS)

People	Training	Key Activities	Logistics
NS: <ul style="list-style-type: none"> WASH focal point (can be combined with other activities) WASH supervisors dedicated to this activity Volunteers for demonstration and distribution IFRC: <ul style="list-style-type: none"> WASH Co or Officer to support all combined NS WASH activities Household Water Treatment (HWTS) ERU available to support implementation 	Supervisors: 3-4 days Volunteers: 2-3 days	<ul style="list-style-type: none"> Assess viable water sources Demonstrate use of HWTS Distribute HWTS materials Promote safe water storage, other HP activities Monitor HWTS Connect to CEA (feedback mechanism) 	Response with local materials: Laboratory kit (water testing); filters, taps and tablets for home treatment; bars of neutral soap and white cloth; plastic funnels; 10 L collapsible jerry cans; IEC and hygiene promotion materials Transport: 1 dedicated car for this activity If ERUs deployed: material included
Resources: HP-Box; IFRC Del Agua Kit training facilitator notes ; IFRC Household Water Treatment & Safe Storage in Emergencies Manual ; HHWT ERU ; full specifications for materials available from IFRC WASH department.			

WASH: Latrines Rural

Build communal and household latrines

People	Training	Key Activities	Logistics
NS: <ul style="list-style-type: none"> WASH focal point (can be combined with other WASH activities) WASH supervisors (dedicated to this activity) 30 volunteers dedicated to latrine construction IFRC: <ul style="list-style-type: none"> WASH Co or Officer can be combined with other WASH activities ERUs available to support: Mass Sanitation Module 20 	The kit trainings take 1 week. Is done in peace time and comes in combination with equipment. ERU MSM20 can provide supervisor and volunteer training if deployed	<ul style="list-style-type: none"> Construct latrines Rehabilitate latrines HP, focus on excreta disposal and personal hygiene Connection to CEA (feedback mechanism) 	Response with local materials: <ul style="list-style-type: none"> Construction material; Tools; Latrine slabs/ Molds; Buckets, jerry cans; Soap; IEC materials; HP material (HP-Box) Transport: <ul style="list-style-type: none"> 1-2 Pickup trucks for construction Kits available to support: <ul style="list-style-type: none"> Kit 2 (2,000 people); Kit 5 (5,000 people); Kit 10 (10,000 people) If ERUs deployed: material included

Resources: IFRC latrine design guidelines (CLTS) ; MSM20 ERU Equipment list ; MSM20 ERU			
De-sludge and decommission latrines (communal and household)			
People	Training	Key Activities	Logistics
<p>NS:</p> <ul style="list-style-type: none"> WASH focal point (can be combined with other WASH activities) WASH supervisors (dedicated to this activity) 7 volunteers dedicated to this activity <p>IFRC:</p> <ul style="list-style-type: none"> WASH co or Officer to support NS (can be combined with other WASH activities) <p>ERUs available to support:</p> <ul style="list-style-type: none"> Mass Sanitation Module 20, Fecal Sludge Management 	<p>Each of these ERU have different trainings connected to the equipment provided by the ERUs.</p> <p>ERU can provide supervisor and volunteer training if deployed</p>	<ul style="list-style-type: none"> Decommission latrines Clean-up area HP, especially excreta disposal and personal hygiene Connect to CEA (feedback mechanism) <p>De-sludging latrines can also be done with a contractor</p>	<p>Response with local materials:</p> <ul style="list-style-type: none"> PPE (rubber elbow-length gloves, overalls, hard hats, respirator/mask, rubber boots, safety goggles); Tools (desludging pump with hose, foot valve and strainer; chlorine sprayer; shovel, plastic bucket); Unwashed lime; Plastic 40-gallon tank with sealed lid or tanker truck; 1% chlorine solution; Push cart to carry 40-gallon tanks; IEC materials; HP material (HP-Box) <p>Transport:</p> <ul style="list-style-type: none"> Vehicle to carry filled sludge transportation tanks, or tanker truck Vehicle for supervision or team movement (if not operating locally) <p>If ERUs deployed: material included</p>
Resources: BRAC Operational Guideline for Desludging ; Compendium of Sanitation Systems and Technologies ; FSM ERU			

Clinical and related activities

Clinical and Supporting Services: Patient Transfer			
People	Training	Key Activities	Logistics
<p>NS:</p> <ul style="list-style-type: none"> Emergency medical services (EMS) focal point EMS supervisors (max 1 per 4 teams) EMS teams (1 team = 3 RCV) Drivers for ambulances 	<p>Volunteers with paramedical or clinical background (ambulance profile) in order to support the transfer of sick / potentially infectious patients.</p> <p>Training in line with national MoH standards (or WHO, whichever is strictest), including IPC</p>	<ul style="list-style-type: none"> Simulations in recovery period Regular mentoring, quality assurance and supervision by supervisors Regular data tracking and analysis, including daily data sharing with epidemiological management team (MOH, WHO and/or others) MOU with MoH with clear roles and responsibilities for cholera patient transfer 	<p>Response with local materials</p> <ul style="list-style-type: none"> Same PPE needs as for treating cholera patients; chlorine; pulverisers / sprayers <p>Transport</p> <ul style="list-style-type: none"> 1 ambulance per team (special cholera ambulances are not required) Waste management and decontamination area for ambulance
Resources:			

Clinical and Supporting Services: Clinical case management (Cholera treatment units / centres)

**This can be delivered by NS with existing in-patient clinical capacities (e.g. hospitals), or through the deployment of an Emergency Hospital ERU*

People	Key Activities
<p>NS:</p> <ul style="list-style-type: none"> Existing clinical in-patient facility with all necessary staff Cholera clinical focal point with experience in cholera clinical management, to provide IPC and case management support <p>OR</p> <ul style="list-style-type: none"> Focal point for ERU liaison <p>IFRC:</p> <ul style="list-style-type: none"> 1 Health Coordinator Cholera Treatment Centre clinical ERU available to establish and run a CTC/CTU 	<p>CTC/CTU operation is only possible by National Societies with existing inpatient clinical facilities (fixed or rapid deployment hospitals). Additional technical CTC guidance is available.</p> <p>Ensure minimum capacities: IPC appropriate to cholera; case management appropriate to cholera – see national guidelines; minimum data to be shared with MOH; triage and intake; patient flow; waste management and wastewater management; care for the dead; community engagement</p> <p>CTC ERU deploys with or locally procures all necessary equipment.</p>

Resources:

[CTU-CTC evaluation form](#), [MSF CTC Guidelines](#), [READY Initiative – Setting up Cholera Treatment Facilities](#),

Mental health and psychosocial activities

MHPSS: Community-level services

People	Training	Key Activities	Logistics
<p>NS:</p> <ul style="list-style-type: none"> MHPSS focal point PSS supervisors PSS volunteers <p>IFRC:</p> <ul style="list-style-type: none"> 1 MHPSS Co (if large outbreak or NS new to PSS) 	<p>Ideally included in EpiC training.</p> <p>More training on MHPSS</p> <ul style="list-style-type: none"> Supervisors = 2 days Volunteers = 1 day 	<ul style="list-style-type: none"> Plan for incentives for activities If a call centre, plan for cost associated with upkeep of the call centre or call line Regular mentoring and supervision Referral pathway 	<p>Vests, backpacks, stationary, rain gear for volunteers</p> <p>Transport:</p> <ul style="list-style-type: none"> Bikes or motorbikes for supervisors

Resources:

[Guidance note: MHPSS in epidemics](#); [Initial and rapid assessment questions for MHPSS](#); Community-based PSS [Volunteer Manual](#) and [Facilitator Manual](#)

Annex 1: Key Performance Indicators for Cholera Response

This is a set of suggested key performance indicators (KPIs) for community-based public health and WASH operations in response to suspected or confirmed cholera outbreaks. These KPIs are aimed at supporting a structured approach to programme implementation monitoring and quality assurance. Indicators should be selected depending on: the area that is supported in a given outbreak response; specific context needs; and available capacity to conduct the corresponding monitoring activities. Suggested targets give an indication of global standards or timings for planning purposes; they should be adapted to the local context. KPIs are colour coded to answer different types of questions:

Blue indicators measure outputs to answer the question “what did we do?”
Green indicators measure the interventions’ quality to answer the questions “how well did we do it, did it work?”
Yellow indicators measure agility and adaptiveness to the cholera epidemic situation, to answer the question “were we in the right place at the right time to reduce cholera transmission and severity?”

Public health activities

Community-Based Surveillance (CBS)				
Reason	Indicator	Indicator Calculation	Target	Info from:
Quality	CBS Assessment completed		1	Assessment report
Quality	CBS Protocol/SOP developed or updated		1	CBS Protocol/ SOP
Quality	% of CBS volunteers who are active ('zero' reporting, monthly average)	Numerator: # volunteers who submitted a weekly 'zero' report Denominator: Total # CBS volunteers	100%	CBS database; volunteer register
Reach	# volunteers trained in CBS	Numerator: # male volunteers trained in CBS + # female volunteers trained in CBS	Varies	Training reports
Impact	% of outbreak cases detected via CBS system	Numerator: # confirmed/presumed cases identified via CBS system Denominator: Total # confirmed/presumed cases	Varies	IDSR records; CBS database

Quality	% of CBS 'true' alerts (match CCD)	Numerator: # alerts submitted that are confirmed to match the CCD by supervisors Denominator: Total # alerts submitted	100%	CBS database
Timeliness	% of CBS alerts acted upon by authorities within 48 hours	Numerator: # alerts investigated by MoH within 48 hours of detection Denominator: Total # alerts	100%	IDSR records; CBS database
Coverage	% of communities with coverage of active CBS Volunteers (1 Vol: <50HHs)	Numerator: # communities with a CBS volunteer Denominator: Total # communities cover by the intervention	Varies	Volunteer register
Timeliness	Time to establish CBS in affected health area	Numerator: Average delay from notification of new district or community affected to establishment of CBS activities (# days)	≤ 10 days	Epi data + project records

Contact Tracing					
Reason	Indicator	Disaggregate	Indicator Calculation	Target	Info from:
Impact	% of suspected or confirmed cases in target areas referred and captured through RCV contact tracing activities	Sex, ethnic group, age	Numerator: # confirmed/presumed cases referred through RCV contact tracing to authorities Denominator: Total # cases confirmed/presumed by authorities in target area	Varies	Contact tracing volunteer records + epi information from response
Reach	% of trained community volunteers active in contact tracing activities		Numerator: # trained volunteers submitting reports as required Denominator: # trained volunteers in contact tracing	Varies	Volunteer records
Reach	Contact tracing trainers trained	Sex, age	Total # trainers (ToT / Master trainers) trained in contact tracing	Varies	Training records
Reach	Contact tracing volunteers trained	Sex, age	# volunteers trained in contact tracing	Varies	Training records
Quality	% of targeted contacts visited/ contacted per day	Sex, ethnic group, age	Numerator: Daily # contacts visited or contacted Denominator: # contacts assigned to RC to be visited or contacted	100%	Contact tracing volunteer records
	Proportion of contacts assigned to RCRC lost to follow-up (not reachable for >2 days)		Numerator: # contacts not seen for >2 consecutive days Denominator: # contacts to follow (preferably organized by geographic region and/or type of contact)	<5%	

	Or 2x contact period if contacts are not followed daily				
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Oral Cholera Vaccine (OCV) Campaigns					
Reason	Indicator	Disaggregate	Indicator Calculation	Target	Info from:
Coverage	# volunteers trained and deployed on OCV campaign	Age, sex	Numerator: # volunteers trained and deployed on OCV campaign	Varies	Volunteer training attendance and deployment sheets
Coverage	# awareness raising activities conducted	Age, sex	Numerator: # awareness raising sessions within a given period indicating where (location and if fixed/mobile/door-to-door), when (time), how (single- or double-dose strategy) and who (target groups) can benefit from OCV campaigns.	Varies	Volunteer records. Weekly.
Outcome	Proportion of people vaccinated	Age, sex	Numerator: # people who were fully vaccinated Denominator: # people targeted by the campaign <i>Only collected by RCRC if directly administering the oral vaccine in an area without government support</i>	Varies	Vaccination campaign tally sheets/records.
Quality (equity)	Reasons stated by people belonging to target group ² but who did not receive the vaccine	Age, sex	Qualitative indicator: Reasons stated by individuals belonging to groups targeted by the OCV campaign and who, in a post-vaccination survey, indicated that they did not receive the vaccine.	100%	Post vaccination survey. One time.
Appropriateness	% of people willing to receive vaccine	Age, sex	Numerator: # people who say they are willing to receive the vaccine Denominator: Total # people surveyed	90%	Pre-vaccination acceptance survey. One time.

² Those targeted can be (verify with local authorities): (1) In response to an outbreak: Population currently affected by cholera and population highly vulnerable to an expansion of the outbreak. (2) Preventive vaccination in endemic settings: If vaccine availability is limited, only specific sub-populations at highest risk of symptomatic disease and poor outcome (e.g. pre-school or school children, pregnant women, those with HIV-infection and the elderly) can be targeted

	% of community rumours or misinformation about OCV addressed or acted upon	Age, sex	Numerator: # instances where rumours or misinformation were actioned, with communication back to the community, including adaptations to information to address hesitancy. Denominator: Total # community rumours or misinformation received through community engagement and feedback mechanisms.	N/A	Volunteer records from feedback mechanism. Weekly.
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Oral Rehydration Points (ORP) / Community Case Management of Cholera (CCMC)					
Reason	Indicator	Disaggregate	Indicator Calculation (Reference)	Target / Max	Info from:
Output	# people reached with ORP services	Sex and Age	Numerator: # ORP users	Varies	Daily tally sheets
Coverage, quality	# users per ORP	Sex, Below / above age	Numerator: # users per oral rehydration point per day	Maximum 25-30	Daily tally sheets
Coverage	# ORPs (for urban or rural areas)	NA	Numerator: # ORPs per health facility or per 10,000 people	<ul style="list-style-type: none"> Urban: 8 ORPs per health facility, or 1 ORP per 10,000 people. Rural: 1 ORP per village experiencing a cholera outbreak. Large village: within 20 minutes walking 	Project records
Quality	# people referred to next level health facility	Sex, Below / above age	Numerator: # cases referred	None	Referral sheets. Weekly.
Quality	Distance to ORPs	Health area	Numerator: Distance from populated community areas to ORP	Maximum 20-minute walk for the community	Project records
Timeliness	Time to establish ORP in affected community	Health area	Numerator: Average delay from notification of new district or community affected to establishment of ORP(s) (# days)	≤ 5 days	Epi data + project records. Measure weekly.

Effectiveness	Activity is deployed in the right locations to reduce epidemic severity and/or spread (districts with reduced access to health services, highest mortality, significant community mortality, and high transmission are prioritised).	Health area	Numerator: # districts with active transmission in which ORPs are deployed Denominator: # districts with active transmission	Varies	
		Health area	Numerator: # districts without active transmission (≥ 7 days without cases) in which ORPs are active	0	

Care for the Dead					
Reason	Indicator	Disaggregate	Indicator Calculation (Reference)	Target	Info from:
Output	# traditional death practitioners trained on cholera burials / cremations <i>(For indirect service delivery)</i>	Health area, sex, religion, ethnic group (if working in communities with significant differences in cultural practices between ethnic groups or different common religions)	Denominator: # weeks where adequate PPE (in quality and numbers) is provided to death care providers Numerator: # weeks with active transmission in provider's catchment area	Varies	Training/activity reports
Output	Number of volunteers trained on cholera burials <i>(For direct service delivery)</i>	Health area, sex, age, ethnicity & religion	Numerator: # volunteers trained	Varies	Volunteers' training attendance sheets
Output	# burials carried out or supported	Health area	Numerator A: # of cholera dead provided with safe body preparation prior to burial / cremation AND/OR Numerator B: # of cholera dead who received hygiene promotion and RCCE activities at funerals		Activity reports

Effectiveness	% of time death care teams supplied with adequate PPE <i>(For direct and indirect service delivery)</i>	Health area	Denominator: # weeks where adequate PPE (in quality and numbers) is provided to death care providers Numerator: # weeks with active transmission (new cases within the past 14 days) in provider's catchment area	100%	Weekly monitoring (phone call)
Timeliness	% of cholera dead who received on-time death care services <i>(For direct service delivery)</i>	Health area	Numerator: Total # hours elapsed between alert and safe burial/cremation completion for all cases referred to care for the dead teams in a week. Denominator: Total # cases referred to care for the dead teams in the same period	< 24 hours	Activity reports. Weekly
Effectiveness	% of deceased for which burials were successfully carried out <i>(For direct service delivery)</i>	Sex, ethnic group, age	Numerator: # cases who died and were safely buried or cremated within a given time period. Denominator: # suspect and probable cases who died within the same time period.	100%	Burials logs, epi info
Effectiveness	% funerals / mourning gatherings supported with RCCE, hand hygiene and other risk-reducing interventions	Health area	Denominator: # funerals for which RCCE and hygiene promotion were provided Numerator: # cholera deceased	>80%	Activity reports
Timeliness	Time to establish care for the dead activities in affected community	Health Area	Numerator: Average delay from notification of new district or community affected to establishment of care for the dead activities (# days)	≤ 5 days	Epi data + activity reports. Measure weekly.
Effectiveness	Care for the dead activity is deployed in the right locations to reduce epidemic severity and/or spread (districts with reduced access to health services, highest mortality, significant community mortality,	Health Area	Numerator: # districts with active transmission in which care for the dead activities are deployed Denominator: # districts with active transmission	Varies	
		Health Area	Numerator: # districts without recent active transmission (> 7 days) in which care for the dead activities are active	0	

	and high transmission are prioritised).				
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Integrated health and WASH activities

Health and Hygiene Promotion, and Risk Communication					
Reason	Indicator	Disaggregate	Indicator Calculation	Target	Info from:
People reached	# people reached with health and hygiene promotion and risk communication	Sex, age, disability	Numerator: # people reached with health promotion, hygiene promotion, or risk communication activities	Varies	RCCE / HP activity reports
Reach	# volunteers trained in risk communication, health and hygiene promotion	Sex, Age	Numerator: # volunteers trained	Varies	Volunteer training records
Reach	# community awareness raising sessions held on prevention, control methods and where to access care	Awareness raising modality	Numerator: # community awareness raising sessions within a given time period, inclusive of varied awareness raising platforms (mass community outreach, focus group discussions, radio broadcasts, door-to-door campaigns)	Varies	Project reports
Quality	% of population who correctly cite two critical times for handwashing	Sex, Age	Numerator: # persons in the target population who correctly cite two critical times for handwashing Denominator: # persons in the target population at the time the survey was conducted.	80%	RCCE/HP activity reports, & community surveys. Measure before & after intervention.
	% of households where soap and water are available for handwashing	N/A	Numerator: # affected households where soap and water are available for handwashing Denominator: # households surveyed	80%	
Effectiveness	% of population who consume water from improved water sources	Sex, Age	Numerator: # households that collect water from improved water sources Denominator: \$ of households surveyed	80%	
	% of households that store drinking water in clean and covered containers	N/A	Numerator: # households that store drinking water in clean and covered containers Denominator: # households surveyed	80%	

Effectiveness	% of carers who report that they dispose of children's excreta safely	Sex, Age	Numerator: # carers who report that they dispose of children's excreta safely Denominator: # carers surveyed	80%	RCCE/HP activity reports, & community surveys. Measure before & after intervention.
	% of households using incontinence products who report that they dispose of excreta from adult incontinence safely	N/A	Numerator: # households using incontinence products who report that they dispose of excreta from adult incontinence safely Denominator: # households that received hygiene promotion messaging on incontinence	80%	
	% of households who dispose of solid waste appropriately	N/A	Numerator: # households who dispose of solid waste appropriately Denominator: # households surveyed	80%	
	% local environments free of human and animal faeces	N/A	Numerator: # community sites visited free of human and animal faeces Denominator: # community sites visited during a given period	80%	
Quality	% of people who know at least 3 ways to avoid diarrhoea	Sex, Age	Numerator: # people that know at least three measures to prevent diarrheal diseases Denominator: # people surveyed	80%	
Effectiveness	% of people who know how to prepare ORS and / or make ORS at home	Sex, Age	Numerator: # people that know how to prepare and/or make ORS Denominator: # people surveyed	80%	
	% of people who know at least three danger signs of dehydration	Sex, Age	Numerator: # people who know at least 3 danger signs of dehydration Denominator: # people surveyed	80%	
	% of people who know where to access cholera treatment	Sex, Age	Numerator: # people who correctly identify where to access cholera treatment Denominator: # people surveyed	80%	
	% of people who say they would seek cholera treatment if they/their family had dehydration danger signs	Sex, Age	Numerator: # people who say they would seek cholera treatment (ORP or health facility) if they suspected dehydration Denominator: # people surveyed	80%	

Coverage and appropriateness of clinical services	% of people who say they are able to reach the nearest cholera facility (ORP or CTC/CTU) <i>*should be fed back to clinical teams</i>	Sex, Age	Numerator: # people who say they are able to reach the nearest cholera facility in the event of dehydration Denominator: # people surveyed	100%	Collected by HP/RCCE team but not a KPI
Timeliness	Time to establish RCCE/HP in affected community	Health Area	Numerator: Average delay from notification of new district or community affected to establishment response-oriented RCCE/HP activities (# days)	≤ 5 days	Epi data + project records. Measure weekly.
Effectiveness	Activity is deployed in the right locations to reduce epidemic severity and/or spread (districts with reduced access to health services, highest mortality, significant community mortality, and high transmission are prioritised).	Health Area	Numerator: # districts with active transmission in which response-oriented RCCE/HP promotion are deployed Denominator: # districts with active transmission	Varies	
			Numerator: # districts without active transmission (≥ 7 days without cases) in which response-oriented RCCE/HP are active	0	

Community Engagement and Accountability (CEA)

Reason	Indicator	Indicator Calculation	Target	Info from:
Appropriateness	% of community suggestions and feedback addressed or otherwise acted upon	Numerator: # instances where suggestions or feedback were actioned, with communication back to the community, e.g.: adaptations to service delivery, referral of feedback to appropriate agency, explanation of IFRC action / lack of action Denominator: # community suggestions or feedback received through community engagement and feedback mechanisms	80%	Feedback mechanism databases, operational planning reports

Case-Area Targeted Interventions (RC-CATI) and Branch Outbreak Response Teams (BORT)

Reason	Indicator	Disaggregate	Indicator Calculation (Reference)	Target	Source & frequency
Output	# volunteers trained in CATI response	Age, sex	None	Varies	Training records

Output	# CATI rings completed	Age, sex	None	Varies	Activity reports
Timeliness	Response time to CATI	Health Area	Denominator: # days between date/time of case report and date/time of CATI start Numerator: # total cases for which CATI was indicated during the same time period	≤1 day (optimal), ≤7 days (maximum)	Activity reports. Weekly
Coverage	% case / neighbour households assessed for CATI	Health Area	Denominator: # case and neighbouring HH who were assessed for CATI-related needs Numerator: # case and neighbouring households indicated or assigned to RC for CATI		
Coverage	% case / neighbouring households receiving required package (based on national CATI plans and assessed needs)	Health Area	Denominator: # case and neighbouring HH who received full CATI coverage Numerator: # case and neighbouring households indicated for CATI	≥80%	Activity reports. Weekly
Completeness	% households getting full CATI coverage ³	Health Area	Denominator: # indicated households who received all CATI activities Numerator: # indicated households for whom CATI was initiated	≥80%	Activity reports. Weekly
Effectiveness	Fewer new cases post-CATI vs. pre-CATI/or non-CATI areas	Health Area	Denominator: # new cases in RC CATI implementation area over the monitoring period Numerator: # new cases in cholera-affected health area in which CATI is not being implemented, over the same monitoring period		Activity reports. Weekly
Effectiveness	Average days from first to last case in CATI ring	Health Area	Denominator: Total # days from first to last case in CATI rings in RC-supported area over the monitoring period		Activity reports. Every 2 weeks

³ Full CATI coverage implies they have received OR already have all supplies and services prescribed in the local CATI approach. For example, if the household already has sufficient buckets, CATI is considered complete even if no buckets are distributed

			Numerator: Total # rings active in the same area during the same monitoring period		
Effectiveness	Improvement in WASH-related protective behaviours	Health Area	Denominator: # people surveyed who demonstrate protective WASH behaviours during the monitoring period Numerator: # people surveyed during the monitoring period	Varies	Survey, before and after intervention
Timeliness	Time to establish RC-CATI activities in newly affected community	Health Area	Numerator: Average delay from notification of new district or community affected to establishment of IPC activities (# days)	≤ 5 days	Epi data + activity reports. Measure weekly.
Effectiveness	RC-CATI activity is deployed in the right locations to reduce epidemic severity and/or spread.	Health Area	Numerator: # districts with active transmission in which RC-CATI activities are deployed Denominator: # districts with active transmission	Varies	
		Health Area	Numerator: # districts without recent active transmission (> 7 days without cases) in which CATI activities are active	0	

Infection Prevention and Control (IPC) In Health Facilities					
Reason	Indicator	Disaggregate	Indicator Calculation (Reference)	Target	Info from:
Output	# healthcare workers (HCW), staff and volunteers trained on IPC	Age, sex	# RC volunteers trained on IPC + # RC staff trained on IPC + # healthcare workers trained on IPC	Varies	Training records
Output	# health facilities supported with IPC interventions	Health Area	No calculation required	Varies	Activity reports
	# HCW who contracted the	Health Facility	Numerator: # HCF staff who tested positive to have the infection per unit of time ⁴ .	Declining proportion of	MoH records/ HCF records-HR records. If info is not available in the records: Interview with HCF HR or meeting with

⁴ This indicator may not be relevant for every pathogen (e.g. measles if all HCW are vaccinated). The unit of time can be weekly but might need to change for rarer infections like EVD.

Effectiveness	infection is decreased.			new infection in supports HCFs	staff during initial assessment. Weekly or other unit of time as appropriate (baseline is first week of testing)
Effectiveness	Proportion of new infections in the HCF occurring after IPC implementation	Health Facility	Numerator: # hospital acquired infection cases (starting 48hrs after admission) in the HCF reported per week ⁵	Declining proportion of new infection in supports HCFs	MoH records/ HMIS/HCF records. It may also require (randomized) calls to patient's family to ascertain start of symptoms
Effectiveness	% of hand hygiene (HH) compliance	Health Facility	Numerator: # HH done Denominator: # HH indicated	Increasing proportion. ≥90% in the final 2 visits	Method: direct observation using tool: 'HH monitoring sheet'. Weekly.
Effectiveness	Proportion of HCF staff who choose appropriate PPE	Health Facility	Numerator: # HCF staff Choose appropriate PPE Denominator: Total # HCF staff supervised	Increasing proportion. ≥90% in the final 2 visits	Method: Direct observation using tool: 'PPE use monitoring sheet'. Weekly.
Effectiveness	% of patients correctly directed by triage	Health Facility	Numerator: # patients classified under 'suspected case criteria/definition' correctly directed after screening at the entrance Denominator: # total of patients entering the HCF classified under 'suspected case criteria/definition'	Increasing proportion. ≥90% in the final 2 visits	MoH Records at triage point or <i>ad hoc</i> observation tool
Effectiveness	% of HCF personnel trained in IPC	Health facility & job description	Numerator: # staff who had at least 1 training session Denominator: total # HCF staff (clinical, laboratory, cleaning crews, administration, management)	100% by end of intervention	IPC intervention healthcare worker training records. Midway + End
Effectiveness	% of HCF ToT trained staff who	Health facility	Numerator: # ToT trained staff who gave at least 1 training session to other HCW.	≥ 2 people in PHC and ≥ 5 in secondary HCF	IPC intervention HCW training records and ToT observation records. Midway + End

⁵ This indicator can focus exclusively on the specific epidemic disease or can capture all HAIs and be disaggregated by epidemic related infection and other HAIs)

	deliver other training to HCF staff		Denominator: total # HCF staff (clinical, laboratory, cleaning crews, administrative, management)		
Effectiveness	% of time health facility supplied with adequate PPE	Health facility	Denominator: # weeks where adequate PPE (in quality and numbers) is provided to HCF staff, patients and visitors who need it Numerator: # weeks facility supported by IPC intervention	100%	Weekly monitoring using the HCF assessment tool.
Effectiveness	Supported HCF have an adequate structure to apply IPC measures		Denominator: HCF fulfils the IPC structure readiness list (including WASH infrastructure) Numerator: # HCF supported	100% at end of intervention	Method: Direct observation and group discussion. <i>Tool: 'Structure readiness list'</i>
Timeliness	Time to establish IPC activities in affected community	Health Area	Numerator: Average delay from notification of new district or community affected to establishment of IPC activities (# days)	≤ 5 days	Epi data + project records. Measure weekly.
Effectiveness	IPC activity is deployed in the right locations to reduce epidemic severity and/or spread	Health Area	Numerator: # districts with active transmission in which IPC activities are deployed Denominator: # districts with active transmission Numerator: # districts without recent active transmission (> 7 days without new cases) in which IPC activities have been started in new health facilities	Varies 0	

WASH activities

Case-Home Disinfection					
Reason	Indicator	Disaggregate	Indicator Calculation (Reference)	Target	Info from:

Output	# homes or other locations disinfected	Health Area	None	Varies	Activity reports
Output	# volunteers trained in disinfection	Age, Sex	None	Varies	Training records
Coverage	% of assigned cases for whom case-home disinfection was conducted	Sex, Age	Denominator: # cases for whom home disinfection was conducted by RC teams Numerator: # disinfections assigned to RC during an epidemiological week	80%	Activity reports. Weekly
Timeliness	Average # hours between patient admission and household disinfection	Health Area	Denominator: For each patient admitted / case identified, calculate # hours between admission/ identification & home disinfection. Sum up all the hours for all the cases. Numerator: Total # new patients/cases	<48 hours	Activity reports. Weekly
Completeness	% of cases where household disinfection, health and hygiene education, and source-based water treatment in and around the case's residence were conducted	Health Area	Denominator: # patients / cases for whom home disinfection, health and hygiene education of at-risk neighbours, and source-based water treatment were conducted Numerator: Total # patients / cases identified during an epidemiological week.	80%	Activity reports. Weekly
Timeliness	Time to establish disinfection activities in affected community	Health Area	Numerator: Average delay from notification of new district or community affected to establishment of activities (# days)	≤ 5 days	Epi data + activity reports. Measure weekly.
Effectiveness	Disinfection activity is deployed in the right locations to reduce epidemic severity and/or spread (districts with reduced access to health services, highest mortality, significant community mortality, and high transmission are prioritised).	Health Area	Numerator: # districts with active transmission in which disinfection activities are deployed Denominator: # districts with active transmission	Varies	
		Health Area	Numerator: # districts without recent active transmission (> 7 days without new cases) in which disinfection activities are active	0	

WASH: Water Supply Rehabilitation (WSR)					
Reason	Indicator	Disaggregate	Indicator Calculation (Reference)	Target	Info from:
Output	# people reached with WSR activities	Health area	None	Varies	Activity reports
Output	# volunteers trained in WSR	Age, sex	None	Varies	Training data
Outcome	% of target population that has access to sufficient safe water	Health Area	Denominator: # households in target population with access to sufficient safe water Numerator: # households in the target population	Varies	Surveys. Pre-post intervention.
Quality	% of water samples post-intervention with zero faecal coliforms	Health Area	Numerator: # water samples with zero faecal coliforms in area during a given time period Denominator: # water samples taken in area during the same time period	>95%	Weekly & monthly data collection using rapid household surveys, water quality spot-checks, direct observation
	% of samples with free residual chlorine (FRC) in the range of 0.2-2 mg/L and turbidity less than 5 NTU	Health Area	Numerator: # water samples meeting FRC standards in area during a given time period Denominator: # water samples taken in area during the same time period	>95%	
	Frequency of water supply interruptions or critical reductions in quantity		Numerator: # hours with water supply interrupted or critically reduced during monitoring period Denominator: Total # hours in monitoring period	Varies	
Coverage	Proportion of households within 500 metres or less of water collection points.	Health Area	Numerator: # households within 500 metres of water collection point Denominator: Total # households surveyed	Varies	Direct observation
Timeliness	Time to establish WSR activities in affected community	Health Area	Numerator: Average delay from notification of new district or community affected to establishment of activities (# days)	≤ 5 days	Epi data + activity reports
	WSR activity is deployed in the right locations to reduce epidemic severity and/or spread (districts with reduced access to health services, highest	Health Area	Numerator: # districts with active transmission in which WSR activities are planned or completed Denominator: # districts with active transmission (cases within the past 1 week)	Varies	Epi data + activity reports. Measure weekly.

Effectiveness	mortality, significant community mortality, and high transmission are prioritised).	Health Area	Numerator: # districts without recent active transmission (> 7 days without new cases) in which new WSR activities have started. (Note: excludes completion or follow-up of previously initiated activities.)	0	
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WASH: Water Purification & Water Points					
Reason	Indicator	Disaggregate	Indicator Calculation (Reference)	Target	Info from:
Output	# volunteers trained to deliver water purification and water points	Age, sex	None	Varies	Training records
Output	# people reached with purification and water points	Age, sex	None	Varies	Activity reports
Outcome	% of target population that has access to sufficient safe water	Health Area	Denominator: # households in target population with access to sufficient safe water Numerator: # households in the target population	Varies	Surveys. Pre-post intervention.
Quality	Quantity of safe water available per person per day	Community	Denominator: # litres of safe water available per day per community Numerator: # people in the community	>15 litres / person/ day	Activity reports
Quality	Average users per water point	Community	Numerator: # water points (pump, tap or well) in the community Denominator: # people in the community	≤ 500 people per hand pump, tap, or well	Activity reports
Timeliness	Time to establish activities in affected community	Health Area	Numerator: Average delay from notification of new district or community affected to establishment of activities (# days)	≤ 5 days	Epi data + activity reports. Measure weekly.
Effectiveness	Water purification/point activity is deployed in the right locations to reduce epidemic severity and/or	Health Area	Numerator: # districts with active transmission in which water purification activities are deployed	Varies	

	spread (districts with reduced access to health services, highest mortality, significant community mortality, and high transmission are prioritised).		Denominator: # districts with active transmission	0	
		Health Area	Numerator: # districts without recent active transmission (> 7 days without new cases) in which new water purification activities have started. (Note: excludes completion or follow-up of previously initiated activities.)		

WASH: Household Water Treatment & Safe Storage					
Reason	Indicator	Disaggregate	Indicator Calculation (Reference)	Target	Info from:
Output	# volunteers trained in HHWT	Age, sex	None	Varies	Training records
Output	# people reached with household water treatment interventions	Age, sex	None	Varies	Activity reports
Outcome	% of target population with access to sufficient safe water	Health Area	Denominator: # households in target population with access to sufficient safe water Numerator: # households in the target population	Varies	Surveys. Pre-post intervention.
Sustainability	% of people who know where to buy (or repair) the treatment methods they use.	Health Area	Denominator: # households surveyed who say they know where to buy or repair the treatment method they use Numerator: # households surveyed	Varies	Surveys
Coverage	% of people who have received training or information regarding the treatment method they use	Health Area	Denominator: # households surveyed who say they received training/information about the water treatment method they use Numerator: # households surveyed	Varies	Survey
Effectiveness	% of households practicing adequate water management, including the	Health Area	Denominator: # households in target population practicing adequate water management (including	≥70-80%	Surveys and spot-checks

	use of sufficient water storage containers		water storage that is covered, clean, and sufficient in size) Numerator: # households in the target population		
Effectiveness	% of distributed water treatment products being correctly and consistently used in households	Health Area	Denominator: # households using distributed water products correctly and consistently Numerator: # households who received products that were surveyed/checked	≥80%	Surveys and spot-checks
Quality Appropriateness	Social acceptance and ease of use of household water treatment methods (applicability, user preference).	Health Area	Denominator: # households who received distributed water products who say they are confident in their ability to improve the quality of the water they consume Numerator: # households who received products that were surveyed/checked	≥80%	Surveys and spot-checks
Timeliness	Time to establish HHWT activities in affected community	Health Area	Numerator: Average delay from notification of new district or community affected to establishment of activities (# days)	≤ 5 days	Epi data + project data. Weekly.
Effectiveness	HHWT activity is deployed in the right locations to reduce epidemic severity and/or spread (districts with reduced access to health services, highest mortality, significant community mortality, and high transmission are prioritised).	Health Area	Numerator: # districts with active transmission in which HHWT activities are deployed Denominator: # districts with active transmission	Varies	Epi data + project data. Weekly.
Effectiveness		Health Area	Numerator: # districts without recent active transmission (> 7 days without new cases) in which new household water treatment activities have started. (Note: excludes completion or follow-up of previously initiated HHWT activities.)	0	

WASH: Latrine Installation and Maintenance

Reason	Indicator (Reference)	Disaggregate	Indicator Calculation	Target	Info from:
Output	# latrines installed, constructed or maintained	Health area	None	Varies	Activity reports

Quality	# persons per latrine	Sex, Health Area	Denominator: # safe latrines available in target area Numerator: # people in target area	Short term: <50 Long term: <20	Activity reports.
Quality	Distance to latrines	Health Area	Denominator: # households > 50 metres from a safe latrine in target area Numerator: # households in target area	All	Direct observation
Appropriateness	% latrines that are accessible and safe	Health Area	Denominator: # latrines built or maintained that are accessible to children, elderly, and people with disabilities, MHM fiendly, and built in safe, well-lit locations Numerator: # latrines built or maintained	>80%	Direct observation
Appropriateness	Sex-segregated facilities provided	Health Area	Denominator: proportion of latrines designated for women and girls Numerator: proportion of catchment population that are women and girls	1male and 2 female latrines	Direct observation
Appropriateness	% latrines built with user consultation	Health Area	Denominator: # latrines that have been designed, sited, and constructed with community input, particularly from women Numerator: total # latrines built	>80%	Activity reports
Appropriateness	% latrines that are functional		Denominator: # latrines built or maintained that are functional and in use, with presence of locks, doors, privacy and ventilation Numerator: total # latrines built of maintained	>95%	Surveys, spot checks
Quality	% latrines that are clean		Denominator: # latrines observed to be clean Numerator: total # latrines checked	>75%	Spot checks
Quality	Proportion of latrines with operational handwashing facilities.		Denominator: # latrines with operational handwashing stations, with water and soap or substitute available Numerator: total # latrines checked	>95%	Spot checks
Quality	% local environments free of human and animal faeces	N/A	Numerator: # community sites visited free of human and animal faeces	80%	Direct observation

			Denominator: # community sites visited during a given period		
Quality	Community maintenance systems in place		Denominator: # of latrines built or rehabilitated handed over to households or health facilities for continued maintenance Numerator: # latrines built or rehabilitated	>80%	Activity reports
Timeliness	Time to establish latrine activities in affected community	Health Area	Numerator: Average delay from notification of new district or community affected to establishment of latrine construction/maintenance activities (# days)	≤ 5 days	Epi data + activity reports. Measure weekly.
Effectiveness	Latrine activity is deployed in the right locations to reduce epidemic severity and/or spread.	Health Area	Numerator: # districts with active transmission in which latrine construction/maintenance activities are deployed Denominator: # districts with active transmission	Varies	
			Numerator: # districts without recent active transmission (> 7 days without new cases) in which new latrine activities have started. (Note: excludes completion or follow-up of previously initiated activities.)	0	

Clinical activities

Patient Transfer Services					
Reason	Indicator	Disaggregate	Indicator Calculation	Target	Info from:
Output	People trained to safely transport cholera patients	Age, sex	# people trained on safe cholera transport	Varies	Training records
Output	Cholera patients transported	Age, sex	# suspect or confirmed cholera cases transported	Varies	Ambulance logs
Quality	Average response time	Health area, Rural/Urban	Numerator: Total # hours between patient referral/request to ambulance arrival for all requests in the monitoring period Denominator: # referrals/requests in the monitoring period	Varies. ≤1 hour urban areas ≤2 hour remote/rural	Ambulance logs (weekly)
Quality	Transfer completion rate	Health area	Numerator: # patient transfers completed to the designated CTC/CTU without critical incident or delay Denominator: # patients transferred to CTC/CTU	≥95%	Ambulance logs (weekly)
Quality	Deterioration or death during transfer	Health area, Rural/Urban	Numerator: # patients arriving at CTC/CTU without clinical deterioration (severe dehydration or death) Denominator: # transported to CTC/CTU	<10%	Ambulance logs (weekly)
Quality	Appropriate triage and referral	Health area, Rural/Urban	Numerator: # cases for whom transport met established clinical criteria and who required higher-level care Denominator: # cases transported	≥90%	Ambulance logs (weekly)
Quality	Vehicle decontamination completed and documented	Health area, Rural/Urban	Numerator: # ambulance runs where proper vehicle and equipment decontamination was documented after patient transfer in the monitoring period Denominator: # ambulance runs in the monitoring period	100%	Ambulance logs (weekly)

Quality	Crew PPE compliance	Health area, Rural/Urban	Numerator: # suspected or confirmed cholera case transfers where crew used full recommended PPE Denominator: # suspected or confirmed cholera case transfers	100%	Ambulance logs (weekly)
Appropriateness	Patient/caregiver satisfaction and safety	Health area, Rural/Urban	Numerator: # cases where feedback forms show satisfaction with the service Denominator: # cases with transport feedback forms / satisfaction survey completed	≥70%?	Patient satisfaction survey or feedback
Quality	Adverse event reporting/ documenting	Health area	Numerator: # transport-related adverse events (e.g., ambulance breakdown, exposure incident, patient death during transfer), with all incidents reviewed and corrective action tracked in the monitoring period Denominator: # transport-related adverse events in the monitoring period	100%	Ambulance logs (weekly)
Timeliness	Time to establish transfer activities in affected community	Health Area	Numerator: Average delay from notification of new district or community affected to establishment of latrine construction activities (# days)	≤ 5 days	Epi data + ambulance logs. Measure weekly.
Effectiveness	Patient transfer activity is deployed in the right locations to reduce epidemic severity and/or spread	Health Area	Numerator: # districts with active transmission in which patient transfer activities are deployed Denominator: # districts with active transmission	Varies	
			Numerator: # districts without recent active transmission (> 7 days without new cases) in which patient transfer activities are active	0	

MHPSS activities

Mental Health and Psychosocial Support					
Reason	Indicator	Disaggregate by	Indicator Calculation (Reference)	Target	Info from:
Output	# staff and volunteers trained in quality, targeted MHPSS skills / interventions	Age, Sex and Disability	Numerator: # staff & volunteers trained in quality, targeted MHPSS skills and interventions	Varies	Training records

Reach	# men, women, girls and boys who receive focused psychosocial and psychological care	Age, Sex and Disability	Numerator: # people affected by cholera, who receive focused psychological and psychosocial care, which includes: psychological first aid, linking people with psychological problems or resources and services, case management, psychological counselling, psychotherapy or other psychological interventions)	Varies	Activity reports
Reach	# peer support initiatives	Age, Sex and Disability	Numerator: # peer support initiatives, which include: self-care briefings, team well-being meetings, social media groups, shift rotations, team telephone support lines and buddy systems)	Varies	Activity reports, HR & Volunteer management reports
Coverage	% of staff and volunteers who feel supported to do their work.	Age, Sex and Disability	Numerator: # staff and volunteers who answer "Yes" to the following 3 survey questions: (1) During the last two weeks, how often did you feel upset about the emergency that you tried to avoid places, people, conversations or activities that reminded you of it (response scale: all of the time, most of the time, some of the time, a little of the time, none of the time). (2) During the last two weeks, how often were you unable to carry out essential activities for daily living because of these feelings? (response scale: all of the time, most of the time, some of the time, a little of the time, none of the time). (3) During the past two weeks have you considered stopping being a Red Cross Red Crescent volunteer (response options: Yes/ No) Denominator: # staff and volunteers working in the response who completed the survey	100%	Survey
Reach	% of households of individuals confirmed or suspected of having been affected by cholera receiving mental health and psychosocial support (may include a 'support kit')	Age, Sex and Disability	Numerator: # households of individuals confirmed or suspected of having been affected by cholera receiving MHPSS within a specific time period. Denominator: # households of individuals confirmed or suspected of having been affected by cholera within the same specified time period.	100%	Activity reports

Reach	% of individuals of communities affected by cholera receiving basic mental health and psychosocial support (including awareness raising and PFA)	Age, Sex and Disability	Numerator: # individuals engaged on basic mental health and psychosocial support activities. Denominator: # individuals in affected communities.	Varies	Activity reports
Timeliness	Time to establish MHPSS activities in affected community	Health Area	Numerator: Average delay from notification of new district or community affected to establishment of MHPSS activities (# days)	≤ 5 days	Epi data + activity reports. Measure weekly.
Effectiveness	MHPSS activity is deployed in the right locations to reduce impacts of the epidemic (prioritise districts with reduced access to health services, highest mortality, significant community mortality, and high transmission).	Health Area	Numerator: # districts with active transmission in which MHPSS activities are deployed Denominator: # districts with active transmission	Varies	

A note on disaggregation, in line with IFRC monitoring and evaluation guidelines: In general, unless requested differently by your Ministry of Health, the suggested age breakdown is <5, 5-17, 18-49, and 50+. The exception to these age categories is for case referrals (e.g. in CCMC), in which all children under 2 years (or another cut-off age for infants as determined by MoH) should be accounted for separately. Sex should be disaggregated as Female, Male, Other