

Appeal: MDRKM011	Country: Comoros	Hazard: Epidemic	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Slow	DREF Allocation: CHF 186,195	
Glide Number: -	People Affected: 330,000 people	People Targeted: 330,000 people	
Operation Start Date: 2024-02-19	Operation Timeframe: 3 months	Operation End Date: 31-05-2024	DREF Published: 20-02-2024

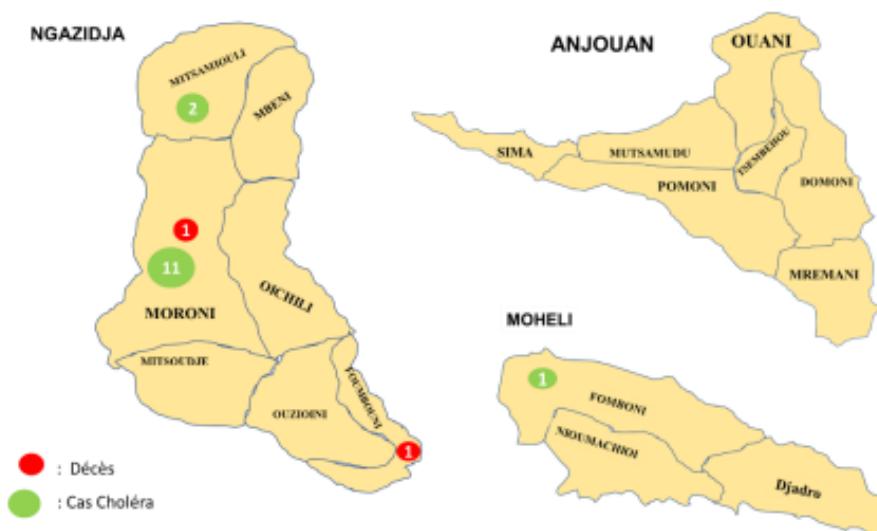
Targeted Areas: **Grande Comore (Njazidja), Anjouan (Nzwani), Moheli (Mwali)**

Description of the Event

Date when the trigger was met

2024-02-02

2.3. Répartition des cas par district



À ce jour Trois régions à haut risque de transmission de choléra ont été répertoriées à Ngazidja et une région à Mohéli à savoir respectivement le district du centre de Moroni, le district sanitaire de Mitsamihoulis, le district sanitaire de Fomboni et le district sanitaire de Fomboni.

Image 1 : Répartition des cas de choléra selon le district aux Comores, Février 2024 (N=16)

Distribution of cases across the country

What happened, where and when?

Cholera is currently on the rise in East Africa, with eight countries in the region fighting the epidemic, including Zambia, Zimbabwe, and Mozambique. Cholera is not an endemic disease in the Comoros. The most recent epidemics date back to 1999, 2002, and 2007 and were caused by imported cases. On each occasion, the authorities were able to eradicate the disease.

On Wednesday, January 31, 2024, a boat from Tanzania arrived in Moroni, the capital of the Comoros archipelago, with a person on board who had died of suspected cholera. The ship was carrying a total of 25 people, including 14 crew members and 11 passengers. Before arriving in Moroni, the ship made a stopover in Mohéli to drop off one person. Members of the crew and passengers with symptoms traveled around the town of Moroni. They went to the El Maarouf hospital but were not immediately treated due to lack of space. Some of the passengers are currently being sought by the authorities for contact tracing. A response team proceeded to disinfect the boat and its contents. The body was taken to the CHN El Maarouf mortuary. However, the protocol for a dignified and secure burial was not initially put in place.

Following confirmed tests, the Comoros Ministry of Health declared a cholera epidemic on Friday, February 2, 2024, at 8 p.m. local time. A Cholera Treatment Center (CTC) has been activated in Samba to treat cholera cases (hospital on the outskirts of Moroni). This has been confirmed by the Dar Es Alam Laboratory and reaffirmed by the Comoros Ministry of Health.

The spread of cholera is progressing steadily. The first locally transmitted cases appeared on Monday, February 5, 2024. As of February 11, a total of 33 cases were confirmed (13 being treated in the CTC, and 2 deaths registered from Grande Comores).

The Comoros Red Crescent is playing a central role in this epidemic. It is recognized as the entity with the most experience and is therefore very much in demand/expected to take part in many activities. The authorities have requested support from the Comoros Red Crescent for various activities:

- Disinfection of homes of patients and contacts.
- Raising public awareness.
- Training health staff.
- Supporting the management and cleaning of cholera treatment centres (CTCs).
- Cholera burials.



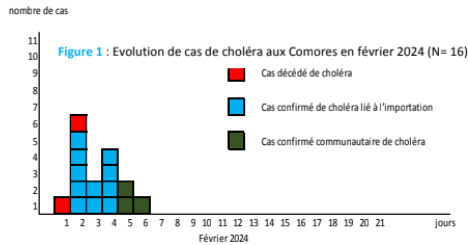
2. SITUATION ÉPIDÉMIOLOGIQUE

2.1. Répartition par type de cas

CAS TESTÉS	CAS ACTIFS	CAS GUÉRIS	CAS CONFIRMÉS	NOUVEAUX CAS
17	09	06	16	01
CAS IMPORTÉS	CAS CONTACTS	CAS AUTOCHTONES	CAS DÉCÉDÉS	TAUX DE LETALITÉ
10	03	03	02	12,5%

Epidemiologic situation as of 6 February 2024

2.2. Evolution des cas selon la date



En date du 5 février 2024, quatre jours après la déclaration de la maladie, les premiers cas du choléra communautaires (cas autochtones) ont été notifiés (figure 1).

A noter que le sexe ratio (H/F) est de 3,0 (12/4).

L'âge moyen est 34,5 ans

L'étendue est de 18 à 55

Epidemic curve

Scope and Scale

On February 5, 2024, four days after the epidemic was declared, the first cholera cases were reported. According to the provisional report from Situation Report (SitRep) number 4 of the Ministry of Health of the Union of the Comoros, dated February 6, 2024 (published on February 7, 2024), the figures were as follows: 17 tested cases, 16 confirmed, 9 active cases, 6 recovered, with 2 deaths and a case fatality rate of 12.5%.

To date, three regions at high risk of cholera transmission have been identified in Ngazidja and Moheli: Moroni, Mitsamihoulis, and Fomboni health districts. There are concerns that the outbreak will spread rapidly across the country, posing a risk to the wider population.

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:

This is the first outbreak in Comoros in over 10 years. However, the National Society (NS) has some capacity in terms of water, sanitation, and hygiene (WASH) and cholera response, especially in trained volunteers. The NS has also improved its capacities in WASH and Risk Communication and Community Engagement (RCCE) during the COVID-19 pandemic. The NS was a reference for chlorine production, disinfection/fumigation of suspected areas, dead body burials, contact tracing, etc. Due to the recent performance of the NS, its support is still highly requested. According to previous cholera outbreaks, a robust community awareness plan is needed when the outbreak coincides with the rainy season.

Current National Society Actions

Start date of National Society actions

2024-01-31



<p>Health</p>	<p>The CTC is managed by the Ministry of Health, with the National Society (NS) supporting by deploying 4 volunteers in a rotating manner to handle all hygiene-related activities (disinfection of the area, beds, materials, latrines, and sensitizing the patients' caregivers). Additionally, the CTC was installed by NS volunteers at the request of the Ministry of Health. The following activities will be conducted.</p> <ul style="list-style-type: none"> - Mobilization of 16 volunteers at the Samba cholera treatment center (CTC), with a rotation of 4 volunteers per day. - Mobilization of 5 volunteers to disinfect the households of confirmed and suspected cases. - Mobilization of the National Disaster Response Team (NDRT) Epidemics, deployed in the field to raise awareness in Ngazidja. <p>The NS is working with the authorities, supporting the Ministry of Health in setting up cholera treatment centers (CTCs) in Ngazidja and Mohéli as shown below.</p> <p>For Ngazidja:</p> <ul style="list-style-type: none"> - Provision of equipment (cots, buckets, chlorine, etc.). - Establishment of a patient reception and referral system, a patient circuit, and a handwashing system. - Training for the chief medical officers of the health districts in Ngazidja. - Training on protection protocols to reduce cholera transmission at the Directorate General of Health Services (DGSC). - Training of NS staff. <p>For Mohéli:</p> <ul style="list-style-type: none"> - Establishment of CTCs. - Refresher course for volunteers on protective measures to reduce cholera transmission. <p>For Anjouan:</p> <ul style="list-style-type: none"> - Refresher course for volunteers on protective measures to reduce cholera transmission.
<p>Water, Sanitation And Hygiene</p>	<p>Ngazidja :</p> <ul style="list-style-type: none"> - Disinfection of CTCs. - Home disinfection. - Disinfection of boats, luggage, etc. - Raising awareness of hygiene and hand washing. - Chlorine production. - Training in the use of chlorine. <p>Mohéli :</p> <ul style="list-style-type: none"> - Disinfection at the CTC site in Fomboni. - Disinfection at home. - Disinfection of boats, luggage, etc. - Production of chlorine. <p>Anjouan:</p> <ul style="list-style-type: none"> - Disinfection. - Raising awareness of barrier measures. <p>Comoros Red Crescent improved their capacities in WASH and RCCE during COVID-19. The NS was a reference to the chlore production, disinfection/fumigation of the suspected areas, dead body burials, contact tracing, etc. Due to their experience, the NS support is still highly requested by the MoH.</p>
<p>Coordination</p>	<p>Regular needs assessments and situation analyses are conducted during meetings. These gatherings allow all stakeholders to identify gaps and propose solutions. Volunteers from different zones of the country are mobilized to assess the situation and communicate, including the situation in the families of patients and contact tracing.</p> <p>Additionally, there is an assessment of logistical requirements for necessary equipment, such as cots, personal protective equipment (PPE), salt for chlorine production, chlorine</p>



	<p>production machines, and cleaning equipment.</p> <p>Furthermore, there is an identification of training needs, particularly in water, sanitation, and hygiene (WASH), as well as the management of cholera treatment centers (CTCs).</p>
Assessment	<p>Regular needs assessments and situation analyses are conducted during meetings. These meetings enable all stakeholders to identify gaps and propose solutions. Volunteers from different zones of the country are mobilized to assess the situation and communicate, including the situation in the families of patients and contact tracing.</p> <p>Assessment of logistical requirements for necessary equipment (such as cots, personal protective equipment (PPE), salt for chlorine production, chlorine production machine, cleaning equipment, etc.).</p> <p>Identification of training needs, particularly in water, sanitation, and hygiene (WASH) and the management of cholera treatment centers (CTCs).</p>

IFRC Network Actions Related To The Current Event

Secretariat	<p>The Comoros Red Crescent is supported by the IFRC through the IFRC CCD based in Antananarivo, which provides coordination, guidance and technical and financial support. Several meetings and telephone exchanges have been organized with the IFRC Delegation based in Madagascar and Nairobi. IFRC Cluster Delegation leads the coordination meetings among the Membership to ensure appropriate support to the NS.</p>
Participating National Societies	<p>The French Red Cross is present in the country. As part of this epidemic, they've been working with Comoros Red Crescent by providing:</p> <ul style="list-style-type: none"> - Technical support for the NS (participation in technical meetings, training for health staff and volunteers). - Support in organizing awareness campaigns via mobile caravans and deployment of village committees in the communities and RCCE. - Logistical support for transporting equipment and volunteers to the CTC. <p>Additionally, French Red Cross support includes 3,000 euros allocated for per diems for volunteers dispatched exclusively to Moroni for the Samba Cholera Treatment Center, for early awareness-raising sessions, and the purchase of personal protective equipment (PPE) and other hygiene equipment.</p> <p>Regional Intervention for Indian Ocean Platform (PIROI): PIROI is supporting the NS through:</p> <ul style="list-style-type: none"> • Participation in Membership coordination. • PIROI has been giving technical support to draft the DREF and is ready to support in Human resources according to the NS profile needed.

ICRC Actions Related To The Current Event

ICRC is not present in the country.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	<p>An inter-ministerial meeting was convened, chaired by the Minister of Health, with the participation of the Secretaries-General from the Ministries of Interior, Civil Service and Islamic Affairs, Education, Transport, Energy and Agriculture, and Finance. The purpose of the meeting was to inform them on the current cholera situation and to seek their collaboration in implementing measures to combat the disease. The Ministry of the</p>



	Interior is involved in the search for missing passengers using their passports and has requisitioned vehicles to support field teams. Additionally, there has been broadcasting of bandwidth messages to ORTC, the national radio, and television.
UN or other actors	UNICEF is involved in drawing up the communication plan. WHO is responsible for increasing the number of SOPs, revising the protocols, and providing technical support.

Are there major coordination mechanism in place?

The following coordination mechanisms will be in place:

- Setting up a working group at central level and on the islands of Anjouan and Mohéli.
- Holding daily meetings with partners coordinated by the Minister for Health, the Inspector General for Health or the Director General for Health at national level and in the islands by the Regional Directors for Health.
- Setting up a communications unit to provide daily updates to the islands and share the SITREPs.
- Setting up a team of health technicians comprising doctors and laboratory nurses, under the coordination of the Director of Disease Control, to look after patients, take samples and transmit results
- Identification of the OCCOPHARMA structure to supply the CTCs with medicines and medical consumables.
- Identification and training of fire-fighters to transfer cholera patients from health facilities or the community to the CTCs.
- Use of the CRCO and its network of volunteers for awareness-raising, disinfection and dignified and safe burials.

Needs (Gaps) Identified



Health

Cholera is spreading rapidly. The health issues are:

- Increased mortality.
- Saturation of the health system.
- Risk of endemicity of cholera in the Comoros.
- Export of the epidemic to neighboring islands.

The health needs identified by the CRCO are:

- Infection control training for hospital and CTC staff.
- Support for CTC management.
- Transport of patients to the CTC.
- Distribution of Oral Rehydration Solution (ORS).
- Provision of PPEs.
- Supply of medicines and medical consumables.
- Feeding of patients.
- Provision of Oral Rehydration Therapy (ORT) corners.
- Depending on how the epidemic develops, discuss with the WHO the possibility of introducing an oral cholera vaccine.
- Organize Cholera burials.
- Support contact tracing.



Water, Sanitation And Hygiene

The main focus of the fight against cholera is WASH. The CRCo has identified the following needs:

- Homes of patients and contacts.
- Disinfection of CTCs.
- Water treatment.
- Disinfection of water tanks.
- Production of chlorine solution
- Waste treatment
- Water purification
- At household level and with neighbouring households, provide soap and water treatment products.
- Disseminate EHA messages to prevent cholera.





Protection, Gender And Inclusion

PGI in any epidemic must be taken into account right from the project planning stage:

- Some populations will need support to get to the (CTC) Cholera Treatment Centre.
- Separation of patients by gender within the CTC will need to be put in place to ensure patient safety and dignity.
- The separation of patients between adults and children within the CTC will have to be put in place to ensure the safety and dignity of patients.
- People living in vulnerable neighborhoods with restricted access to water are at risk of becoming "super clusters" during the epidemic.

The health needs identified by the CRCO are:

- Identification and support for pregnant women, people with reduced mobility, the sensory disabled.
- Provision of dignity kits.



Community Engagement And Accountability

Communication during epidemics remains a key factor in any response. The CRCO has identified the need to:

- Identify at-risk populations and establish priority rapid response areas.
- Set up public awareness brigades in at-risk areas.
- Communication on rumor management (CREC).
- Collecting and processing community feedback.
- Encourage the community to pass on health promotion and cholera prevention messages and promote early treatment for diarrhea.

Any identified gaps/limitations in the assessment

The main gaps are related to communication and awareness in the communities.

Operational Strategy

Overall objective of the operation

The overall objective is to help limit the spread of the cholera epidemic in the three islands of the Union of the Comoros. This objective will be achieved by implementing health, WASH, PGI and community engagement and accountability actions that will reduce the transmission of the disease and contribute to the reduction of the lethality of the disease for 3 months. PFA and PSS will be carried out for communities and volunteers as needed.

Operation strategy rationale

Apart from medicine supplies, medical consumables and patients feeding which are covered either by the Government or the families themselves, the remaining activities remain a high priority and need to be conducted. These are:

- Infection control training for hospital and CTC staff.
- Support for CTC management.
- Distribution of Oral Rehydration Solution (ORS).
- PPE provision.
- Provision of Oral Rehydration Therapy (ORT) corners.

To meet the operation objective, the CRCO is proposing 4 areas of intervention:

- Axis 1 => Activities in communities:
 - Awareness-raising in vulnerable areas.
 - Active case finding during awareness-raising campaigns (the volunteers will be working together with the health agent of the Ministry of Health. Reports to the MoH will be shared by the health agent while volunteers will report to the NS which is a member of the coordination unit led by the MoH).
 - Assessment of community perceptions and adaptation of approaches and environmental assessment such as risk factors, identification of transmission routes.
- Axis 2 => Public space and home disinfection activities (BORT approach):
 - Training to the BORT approach.



- Disinfection of the homes of affected people and neighbors.
- Disinfection of cisterns.
- Disinfection of markets and crowded places, public transportation, boats (the risk from boats is not eliminated since there is still cholera outbreak in Tanzania (which is the source of this outbreak). It is important to continue focusing on boats and travelers). Disinfection, water treatment, food preparation, sanitation, market food vendors, water sources, etc. will all be observed to identify and block possible transmission routes as per BORT approach.

- Axis 3 => CTC/Hospital activities:

- Protection Against Infection (training of health/household staff, support for the WASH/waste circuit, support for triage/patient pathways, support for PPE management).
- Manufacture of WATSAN chlorine.
- Setting up ORT corners in the CTCs.

It is worth noting that the CTC is managed by the Ministry of Health, while the NS is only supporting with 4 volunteers in a rotational way to deal with all hygiene related activities (disinfection of the area, beds, materials, latrines and sensitize the patients' carers). The CTC has been installed by NS volunteers under the request of MoH.

- Axis 4 => Protocol of safe handling of dead bodies:

- Training of volunteers.
- Setting up the activity.
- Raising awareness.

The volunteers will be working together with the health agent of the Ministry of Health. Reports to the MoH will be shared by the health agent while volunteers will report to the NS which is a member of coordination unit led by the MoH.

Targeting Strategy

Who will be targeted through this operation?

Targeting for this operation will focus on:

- All persons infected with cholera in the Comoros.
- Contact cases.
- Communities where cases have been reported.
- Cholera Treatment Centres / hospitals and their staff.
- NS team (staff and volunteers).
- Vulnerable populations.
- The cholera patients and their families
- The entire Comorian population is affected by the control of the epidemic.

Explain the selection criteria for the targeted population

The selection of sites and targets will be guided by the evolution of the epidemic and information from the authorities' epidemiological bulletins. The National Society will prioritize affected areas, such as Moroni, Foubmouni, and surrounding areas in Ngazidja, as well as Fomboni and surrounding areas in Moheli. The National Society will also consider potential future areas that may be affected by cholera and adjust targets accordingly based on government actions to ensure a complementary response. The direct target is 330,000 people (or 55,000 households), who will be reached through sensitization activities, representing 35% of the entire population. Among these, 5,000 suspected cases are targeted for health support, while 2,300 households will undergo disinfection.

Total Targeted Population

Women	171,600	Rural	52%
Girls (under 18)	-	Urban	48%
Men	158,400	People with disabilities (estimated)	2%
Boys (under 18)	-		
Total targeted population	330,000		



Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
Health risk for the NS staff in the field	PPE / Training / Volunteer insurance.
Failure of the water and sewerage system	Support for WASH activities / Creation of chlorine by electrolysis.
Out of stock of consumables for WASH (chlorine, etc.) / Health (PPE, perfusion, etc.)	Stocks monitored by CRCO logistics and movement alerts issued as far in advance as possible.
The current rainy season brings the risk of flooding, which could exacerbate the spread of the epidemic. The risk of cyclones could slow down the implementation of the operation.	CRCO Flood Contingency Plan Hygiene awareness campaigns. Monitoring the situation.
Violence by the general public against service providers	Community awareness and communication on dispelling rumours.

Please indicate any security and safety concerns for this operation

- Post-election instability presents a risk.
- Violent events during epidemics could also increase contamination.
- Contamination of NS staff is a major risk. Infected staff can become sources of transmission in their community. Providing appropriate PPE for the tasks performed by staff, as well as training, will help to mitigate this risk.
- Stigmatization of staff involved in the cholera response (misunderstanding of the disease by the population, rumors and fears), which could lead to violence against them. This risk can be mitigated by Risk Communication and Community Engagement (RCCE).

Has the child safeguarding risk analysis assessment been completed?

No

Planned Intervention



Budget: CHF 19,694

Targeted Persons: 5,000

Indicators

Title	Target
# of people reached with health promotion activities	5,000
# of referrals from ORPs to CTC (Need basis)	0
# of people seen at ORP	135
% of cholera burials completed within in 24 hours	90



Priority Actions

- Provision of PPE to volunteers and health agents.
- Active case finding during awareness-raising activities 36 campaigns in 3 months.
- Setting up ORT corners (6 corners per 3 Cholera Treatment Centres).
- Protection against infection (training health/household staff, support for the WASH/waste management, support for triage, patient pathways, support for PPE management).
- Advocacy with the Ministry of Health for the introduction of protocols (in collaboration with other technical and financial partners).
- Training of journalists to facilitate the communication.
- Training of trainers and volunteers to the BORT approach.
- Training volunteers on cholera burials.
- Performing cholera burials.



Water, Sanitation And Hygiene

Budget: CHF 94,906

Targeted Persons: 30,000

Indicators

Title	Target
Number of homes of sick people and direct neighbours disinfected	850
Number of volunteers trained in cholera management	125
Number of people trained to cholera burial	45

Priority Actions

- Disinfection of the homes of those affected.
 - Infection control (training of health/household staff, support for the WASH/waste circuit, support for triage/patient flow, support for PPE management).
 - Procure, product and utilize the chlorine (including the purchase of hydrolysis machine).
- Beyond disinfections, there is a need to ensure that affected communities continue to consume treated drinking water at the household level. Therefore, beneficiaries will be trained on proper dosing and storage of water treatment products before actual distribution. The WASH team will work closely with health teams/agencies to identify hot spots/clusters of cases based on online list data, contextualized key transmission routes and rapid response mechanisms required. This target is linked to the health target. WASH activities are considering 5,000 persons and their families (5,000x6=30,000). However, the indirect target will also be reached through public areas, market, public transportation, etc.



Protection, Gender And Inclusion

Budget: CHF 0

Targeted Persons: 150

Indicators

Title	Target
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Priority Actions

- Briefing volunteers on PGI.
- Identification and care of people with special needs in the CTCs.
- Raising awareness of the use of dignity kits.





Community Engagement And Accountability

Budget: CHF 7,998

Targeted Persons: 330,000

Indicators

Title	Target
% of community feedback collected and addressed.	90
# of people reached through village committees	999

Priority Actions

- Raising awareness in areas where cases have been reported (how to protect oneself / when to go to the CTC / identifying and dispelling rumors).
- Raising awareness of DHS.
- Risk Communication and Community Involvement (CREC).
- Identifying and settling volunteers by village.
- Training of volunteers designated for CREC on the 3 islands.
- Reproduction of messages for posters and leaflets.
- Organization of mobile awareness-raising caravans.
- Deployment of 333 village committees, i.e. 999 people, including 3 per village committee.

NB: CEA activities are also included in WASH and Health and the target is 330,000 people (i.e.55,000 households) who will be reached by sensitization activities (35% of the entire population).



Secretariat Services

Budget: CHF 46,860

Targeted Persons: -

Indicators

Title	Target
# of IFRC monitoring missions conducted	2

Priority Actions

- Monitoring missions from IFRC.
- Lessons learned workshop.



National Society Strengthening

Budget: CHF 16,747

Targeted Persons: -

Indicators

Title	Target
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Priority Actions

- Volunteers training.
- Procurement of personal protective equipment.
- Volunteers insurance.

About Support Services

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

A total of 150 volunteers, including 3 supervisors from each island, will be mobilized and deployed in the identified zones of intervention. The main role of the volunteers is to decontaminate the Cholera Treatment Centers (CTCs), households, public and private institutions, markets, etc.; conduct burials; manage CTCs; produce chlorine; and raise community awareness. Additionally, 10 National Society (NS) staff with expertise in water, sanitation, and hygiene (WASH), health, Community Engagement and Accountability (CEA), chlorine production, and communication will be mobilized to support and coordinate the operation. At the Cluster delegation level, staff will also be available to support the operation, including the operations team, communication, Program Monitoring, Evaluation, and Reporting (PMER), Logistics, and Finance.

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

Two surges will be deployed, one for finance and one for WASH or Health depending on the NS need and capacity.

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

All the items, materials and equipment will locally be purchased by the NS based on the NS internal procedures and the IFRC support.

How will this operation be monitored?

The Comoros Red Crescent will closely monitor the operation through the executive led by the Secretary General. The Cluster delegation will maintain close contact with the National Society to ensure that the operation is proceeding smoothly, adapting to the context as needed. Weekly online meetings will continue to be organized to monitor the situation with the National Society, using monitoring tools as appropriate. At the end of the operation, a workshop will be conducted to review lessons learned, with support from the Cluster Delegation. Additionally, monthly monitoring visits by the International Federation of Red Cross and Red Crescent Societies (IFRC) have been planned, along with the deployment of 2 surge members. Weekly meetings will also be planned with the operational team in the country and IFRC, French Red Cross, and Regional Platform for the Indian Ocean (PIROI) to stay updated.

Please briefly explain the National Societies communication strategy for this operation

An appropriate communication strategy will be implemented prior to the operation, with four main objectives:

- Establish trust in the Red Cross to facilitate its actions and the care of victims.
- Enhance the visibility of the International Red Cross and Red Crescent Movement by communicating its actions, mandate, and initiatives.
- Ensure effective and regular transmission of information among Red Cross and Red Crescent actors and relevant humanitarian partner.
- Communicate the role of Comoros Red Crescent on the respect of the principle of neutrality and impartiality.

Budget Overview



DREF OPERATION

MDRCCxxx - Croissant Rouge Comorien Cholera: Réponse et préparation

Operating Budget

Planned Operations	122 588
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	19 694
Water, Sanitation & Hygiene	94 906
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	7 988
Environmental Sustainability	0
Enabling Approaches	63 607
Coordination and Partnerships	0
Secretariat Services	46 860
National Society Strengthening	16 747
TOTAL BUDGET	186 195

all amounts in Swiss Francs (CHF)



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