



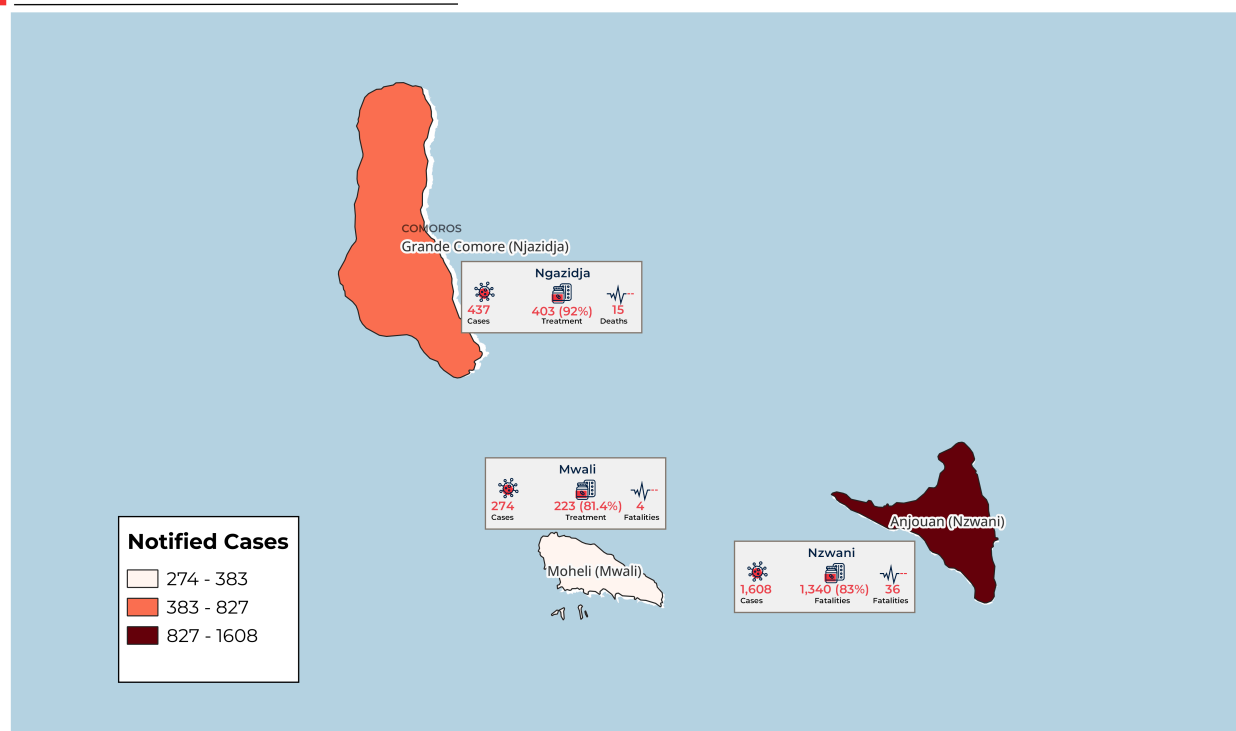
Comoros Red Crescent volunteers performing sensitization activities in a community @CoRCS, 2024

Appeal: <b>MDRKM011</b>	Total DREF Allocation: <b>CHF 685,250</b>	Crisis Category: <b>Orange</b>	Hazard: <b>Epidemic</b>
Glide Number: -	People Affected: <b>330,000 people</b>	People Targeted: <b>330,000 people</b>	
Event Onset: <b>Slow</b>	Operation Start Date: <b>19-02-2024</b>	New Operational End Date: <b>30-11-2024</b>	Total Operating Timeframe: <b>9 months</b>
Reporting Timeframe Start Date: <b>19-02-2024</b>		Reporting Timeframe End Date: <b>28-02-2025</b>	
Additional Allocation Requested: <b>499,055</b>		Targeted Areas: <b>Grande Comore (Njazidja), Anjouan (Nzwani), Moheli (Mwali)</b>	

# Description of the Event

## Comoros : Cholera Outbreak

10 May 2024



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

Map data sources: GADM.s, Comoros RC, IFRC. Map produced by: IFRC Africa Region Office, Nairobi.

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Map of the districts affected by the cholera outbreak February 1st to April 17th 2024

## Date when the trigger was met

2024-04-23

## What happened, where and when?

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

Eleven weeks after the first cholera case was confirmed, the number of cases continues to increase (with 132 cases by end of February, 655 cases by end of March and 2,319 by 21st April 2024), and the outbreak has now spread to the three islands. The Government of Comoros decided to intensify response efforts, therefore the Comoros Red Crescent Society which has been actively involved since the beginning of the outbreak, will also extend the scope of its response and operation timeframe to ensure a contribution to the epidemic response in proportion to its scale.

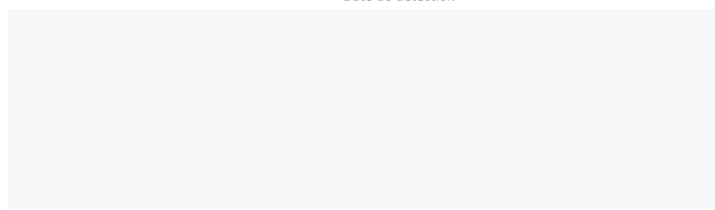
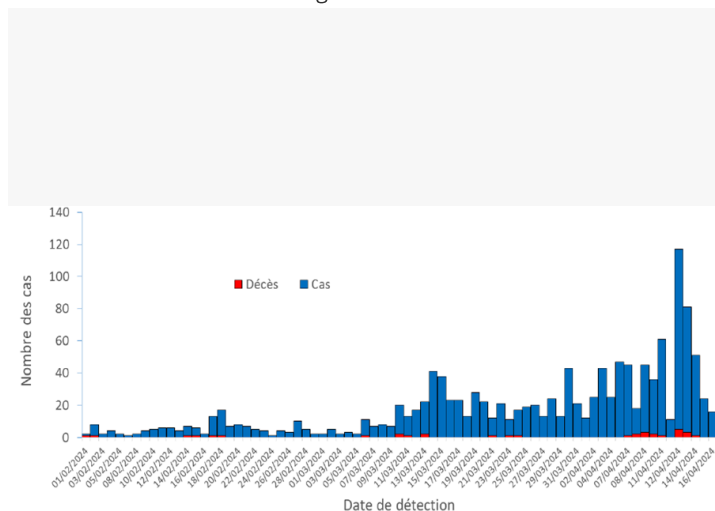
As of April 21st, a total of 2,319 cases had been reported (437 in Ngadzidja, 1608 in Ndzuani and 274 in Mweli). A total of 55 deaths had been reported by then with case fatality rate of 2.4% (3 out of 4 deaths happening in the community). It's worth noting that the islands of the Comoros are referred to interchangeably by different names. For instance, Anjouan is also known as Ndzuani.

Cholera is currently on the rise in East and South Africa, with eight countries in the region fighting the epidemic, including Zambia, Zimbabwe, and Mozambique. However, cholera is not an endemic disease in 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.

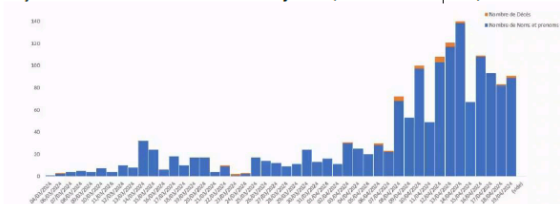
The genesis of this outbreak is linked to the suspected death of a passenger aboard a boat from Tanzania, which arrived in Moroni on January 31, 2024. The vessel carried a total of 25 individuals, including 14 crew members and 11 passengers. Prior to reaching Moroni, the boat made a stop in Moheli to disembark one person. Crew members and passengers showing symptoms traversed Moroni and sought treatment at El Maarouf hospital, where they were initially unable to receive immediate care due to limited space. Authorities are currently searching for some passengers for contact tracing purposes. A response team proceeded to disinfect the boat and its contents, while the deceased individual was taken to the mortuary at CHN El Maarouf. Initially, there was a lapse in implementing protocols for a dignified and secure burial.



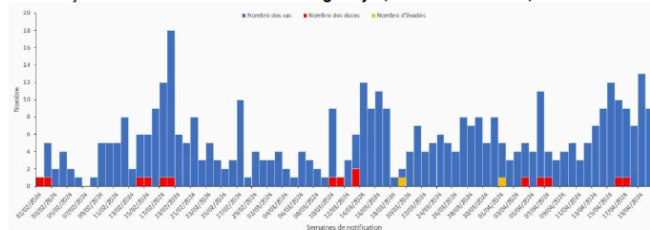
Presently, the epicenter of the outbreak is the island of Ndzuani, which accounts for 60% of the reported deaths. This area is particularly affected as the rivers supplying water to the population have been contaminated, becoming a significant source of transmission. Despite over two months of response efforts, local markets are beginning to experience shortages, with essential equipment and supplies such as HTH and cholera beds running out.



Evolution journalière des cas de Choléra à Anjouan (situation au 20 avril) :



Evolution journalière des cas de Choléra à Ngazidja (situation au 20 avril) :



Evolution journalière des cas de Choléra à Mohéli (situation au 20 avril) :

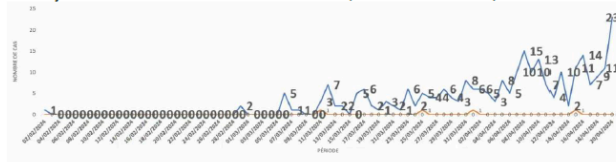


Figure 1: Epidemic curve of the Cholera outbreak in Comoros February 1st to April 17th 2024 (MOH sitrep)

Epicurve in the main hotspots

## Scope and Scale

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. The current outbreak is also attributed to an imported cases from a ship coming from Tanzania and is the most severe cholera outbreak of the past decade. The evolution of the outbreak as of now is as follow:

- 31 January 2024: a suspected death of a passenger in a boat coming from Tanzania. Ship trajectory include a stopover in Moheli to drop off one person then a final stop to Moroni, the capital of Comoros.
- 02 February 2024: the Comoros Ministry of Health declared a cholera epidemic. A Cholera Treatment Center (CTC) was 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.
- 05 February 2024: The first cholera cases were reported.
- 06 February 2024: The outbreak recorded already 17 tested cases, 16 confirmed, 9 active cases, 6 recovered, with 2 deaths and a case fatality rate of 12.5%. Information from the 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). Some of the passengers were 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.
- March to April: Cases has been increasing with more death in the the first half of april. As of April 21st, a total of 2,391 cases had been reported (437 in Ngazidja, 1,608 in Ndzuani and 274 in Mweli). A total of 55 deaths had been reported (15 in Ngazidja, 38 in Ndzuani and 4 in Mweli) with a case fatality rate of 2,4% (3 out of 4 deaths happening in the community).

To date, the three regions/islands are reporting cholera cases with high transmission since half of April. Every district on each of the 3 islands had reported cases and Ndzuani had been the hotspot for a few weeks with high community transmission. Transmission in the other 2 islands is still ongoing but at a lower intensity. There are concerns that the outbreak will spread rapidly across the country, posing a risk to the wider population.

Based on the situation in country, on 25 of March the cholera outbreak in Comoros was categorized at level orange (as per the IFRC categorization procedures). This is a change up from the earlier categorization of yellow. This outbreak remains a health challenge not only in Comoros islands but also in the neighboring islands such as in Mayotte where an imported case was reported on the 18th of March and then 4 imported cases on the 11th of April with spread to the population with a total of 26 cases reported on April 19th. With the high transmission rate in Ndzuani which is closer to Mayotte, transmission to this Island is expected to increase. Madagascar is also at risk due to the people moving from country to country. The rapid spread of the outbreak has been attributed to several factors including lack of access to safe water, contamination of water sources, limited clinical with cholera, limited knowledge of the disease in the population, community mistrust of the authorities which leads to denial of the outbreak, late consultation and community deaths.



# Summary of Changes

Are you changing the timeframe of the operation	Yes
Are you changing the operational strategy	Yes
Are you changing the target population of the operation	No
Are you changing the geographical location	No
Are you making changes to the budget	Yes
Is this a request for a second allocation	Yes
Has the forecasted event materialize?	Yes

## Please explain the summary of changes and justification:

This operation update aims to inform the stakeholders on the progress of this DREF operation since the launch on 19.02.2024 and explain some operational challenges since the official epidemic declaration.

Due to the increase of cholera cases in all islands as well as the speed in outbreak spread which makes the epidemic move from Yellow to Orange category, the NS proposes the following operational changes:

- The operation's timeframe revised to 9 months and a second allocation of CHF 499,055 to cover the response scale-up.
- Scale up and extension of the scope of activities already initiated. Mainly an extension of the institutional IPC including waste management, community disinfection, RCCE, feedback mechanism through a wider team of 250 volunteers trained and mobilized.
- Additional activities in health (Community-based Surveillance, MHPSS, ORP support) and WASH (Water treatment and distribution).

These aligned with the gaps assessed and trend of the outbreak.

- The deployment of additional emergency personnel to support the NS existing capacity and ensure a transfer of competency is sustainable. The surge personnel requested for the intervention are made of: Public Health ERU (Infection Prevention and Control and Community based Surveillance) and surge deployments (Operation Manager, CEA) and support from the CDD (Finance, Communications, CEA, PMER and Ops Coordinator). This team will coordinate with NS and reinforce the team on the ground to ensure adequate and timely intervention.

# Current National Society Actions

## Start date of National Society actions

2024-01-31

<b>Health</b>	<p>The CTC is managed by the Ministry of Health, with the National Society (NS) supporting through deployment of 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"><li>- Mobilization of 16 volunteers at the Samba cholera treatment center (CTC), with a rotation of 4 volunteers per day.</li><li>- Mobilization of 5 volunteers to disinfect the households of confirmed and suspected cases.</li><li>- Mobilization of the National Disaster Response Team (NDRT) Epidemics, deployed in the field to raise awareness in Ngazidja.</li></ul> <p>The NS is working with the authorities, supporting the Ministry of Health in setting up cholera treatment centers (CTCs) in Ngazidja and Moheli as shown below.</p> <p>For Ngazidja:</p> <ul style="list-style-type: none"><li>- Provision of equipment (cots, buckets, chlorine, etc.).</li><li>- Establishment of a patient reception and referral system, a patient circuit, and a handwashing system.</li><li>- Training for the chief medical officers of the health districts in Ngazidja.</li><li>- Training on protection protocols to reduce cholera transmission at the Directorate General of Health Services (DGSC).</li><li>- Training of NS staff.</li></ul>
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	<p>For Mohéli:</p> <ul style="list-style-type: none"> <li>- Establishment of CTCs.</li> <li>- Refresher course for volunteers on protective measures to reduce cholera transmission.</li> </ul> <p>For Anjouan:</p> <ul style="list-style-type: none"> <li>- Refresher course for volunteers on protective measures to reduce cholera transmission.</li> </ul>
<p><b>Water, Sanitation And Hygiene</b></p>	<p>Ngazidja :</p> <ul style="list-style-type: none"> <li>- Disinfection of CTCs.</li> <li>- Home disinfection.</li> <li>- Disinfection of boats, luggage, etc.</li> <li>- Raising awareness of hygiene and hand washing.</li> <li>- Chlorine production.</li> <li>- Training in the use of chlorine.</li> </ul> <p>Mohéli :</p> <ul style="list-style-type: none"> <li>- Disinfection at the CTC site in Fomboni.</li> <li>- Disinfection at home.</li> <li>- Disinfection of boats, luggage, etc.</li> <li>- Production of chlorine.</li> </ul> <p>Anjouan:</p> <ul style="list-style-type: none"> <li>- Disinfection.</li> <li>- Raising awareness of barrier measures.</li> </ul> <p>Comoros Red Crescent improved their capacities in WASH and RCCE during COVID-19. The NS was a reference to the chlorine production, disinfection/fumigation of the suspected areas, dead body burials, contact tracing, etc. Due to their experience, the NS support is still highly regarded by the MoH.</p> <p>Comoros Red Crescent teams continue to support the Ministry of Health in the response to cholera. The volunteer teams are responsible for IPC activities in the 3 Cholera Treatment Centers and are working with the Regional Health Direction to set up CATIs at community level. This is done through CTC disinfection activities, disinfection at the homes of the patients, community awareness, burials, kits distribution, training and coordination. Additional volunteers are being trained in risk communication to enable them to carry out community awareness-raising sessions. The NS support is over-needed by the Ministry of Health and other government structures.</p>
<p><b>Coordination</b></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. Additionally, there is an assessment of logistical requirements for necessary equipment, such as cots, personal protective equipment (PPE), salt for chlorine production, chlorine production machines, and cleaning equipment. 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> <p>NS is maintaining an internal and external close coordination with the respective active partners. Main coordination platforms area active and CoRCS is taking part of each. For the following activities, the coordination system involves the listed actors:</p> <ul style="list-style-type: none"> <li>- CBS: MoH, CRF delegation, Africa CDC, UNICEF, World Bank and WHO.</li> <li>- PCI: MoH, WHO, MSF delegation CRF and PIROI.</li> <li>- Three main coordination meetings for decision making were organized as of 20th April that served to the ERU and internal coordination and organizations: <ul style="list-style-type: none"> <li>o Meeting to coordinate the national response to the cholera epidemic: every day at 1.30pm.</li> <li>o Movement coordination meeting (once a week: CRCO, PIROI, CRF, ERU).</li> <li>o Partner coordination meeting (once a week: WHO sub-lead), sub-groups in the process of being set up (PCI, SBC, CREC, PEC, etc).</li> <li>o Cholera response coordination meeting at Anjouan.</li> </ul> </li> </ul>



<b>Assessment</b>	<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>
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## IFRC Network Actions Related To The Current Event

<b>Secretariat</b>	<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. In addition to what has been shared in the initial DREF operation document, ERU teams have been deployed to support the operation. The surge members with different profiles (CEA, WASH, IM, etc.) will also be deployed to support the National Society.</p>
<b>Participating National Societies</b>	<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"> <li>- Technical support for the NS (participation in technical meetings, training for health staff and volunteers).</li> <li>- Support in organizing awareness campaigns via mobile caravans and deployment of village committees in the communities and RCCE.</li> <li>- Logistical support for transporting equipment and volunteers to the CTC.</li> </ul> <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"> <li>• Participation in Membership coordination.</li> <li>• PIROI has been giving technical support to draft the DREF and is ready to support in Human resources according to the NS profile needed.</li> </ul> <p>French RC and PIROI provide technical, financial and logistic support as well. PIROI has mobilised funds to contribute to purchasing and transporting the water treatment units to be used in Anjouan.</p>

## ICRC Actions Related To The Current Event

ICRC is not present in the country.
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## Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	No
<b>National authorities</b>	<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 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.</p>



The strategy of the Ministry of Health was initially focused on building CTCs, contact tracing and proximity interventions with the CATI approach promoted by UNICEF and RCCE. More recently, the MOH has started installing triage points at the entrance of hospitals. When implemented, all 17 district health facilities in the country will have a triage point with initial oral rehydration. An Oral Rehydration Points (ORP) strategy is also being promoted now.

Approximately 800,000 vaccines are yet to be received and a vaccination campaign to be launched in coordination with active partners.

#### 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. MSF (Médecins Sans Frontière) is also supporting the CTCs.

#### Are there major coordination mechanism in place?

The following coordination mechanisms is in place:

- A working group at central level and on the islands of Anjouan and Mohéli is set up.
- 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.
- A communications unit to provide daily updates to the islands and share the SITREPs.
- 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.

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

- Community IPC including disinfection of homes of patients and contacts, schools and public places.
- Raising public awareness, risk communication and community engagement.
- Training health staff from the MOH and volunteers in cholera case management and IPC.
- Supporting the set up, management and hygiene of cholera treatment centers (CTCs) where they are currently considered the IPC lead.
- Support to triage points (IPC, procurement and supply of equipment and ORS)
- Logistics of medical equipment for CTCs including local procurement and supply to CTCs.
- Cholera safe and dignified burials.
- Participation in the UNICEF CATI approach (contact tracing and interventions in the homes and neighbors of cholera cases) where CoRC supports with RCCE and disinfection.

## Needs (Gaps) Identified



The number of cases is increasing steadily despite all combined efforts which results in high number of deaths, saturation of the health system, increased spread of the epidemic.

As of 20 April 2024, a cumulative total of 2,191 cases of cholera had been confirmed since the start of the epidemic (121 new cases from 19th to 20th April).

As of 21st April 2024, MoH SITREP indicated 2,319 cumulative suspected cases and 63 cases confirmed by culture at the El-Maarouf national reference laboratory.

- 464 new suspected cases notified between 18 and 21 April 2024.
- 1,966 patients declared cured of cholera.
- 298 patients treated at treatment sites as of 21/04/2024.
- 55 deaths recorded in total, including 10 new deaths between 18 and 21/04/2024.
- 2.4% case fatality rate.
- 24 cases per 10,000 inhabitants cumulative attack rate in the Comoros (Mwali: TA = 48; Ndzuwani: TA = 44 and Ngazidja: TA = 10)
- The island of Anjouan remains the epicentre of the epidemic, with 1,501 cumulative cases and a rapid spread (89 new cases in the same period).



- A new peak in the number of cases on the island of Moheli, with 23 new cases in the last 24 hours (update of 20th April).
- The majority of deaths are in the community. This shows a low level of access or willingness to report or referred to the health facilities. Breakdown of RDT tests in Moheli and Anjouan. Lack of cholera beds in Anjouan (local manufacture in stock). The trend could be even worst given the delay on th testing.

Main gaps include:

- Community interventions to decrease late presentation and community deaths
- Support to case management in CTCs/CTUs
- Improving IPC in health facilities especially in CTCs/CTUs/triage points
- Implementation of the ORP strategy
- Mental health and psychological support for affected persons and families as well for staff and volunteers who have been working on the response for several months now
- RCCE in CTCs, triage points and ORPs
- Provision of essential supplies such as cholera beds, lighting, etc.
- Last mile logistics



## Water, Sanitation And Hygiene

WASH is central to the response to cholera. The CRCo has identified the following needs and priority actions:

- Scale up disinfection of patient's and contact's homes.
- Reinforce Infection Prevention and control in CTCs/CTUs and triage points including waste management.
- Provide access to safe water including water treatment for Ndzuani and Mveli that have contaminated water sources, disinfection of water tanks.
- Procurement of essential consumables such as HTH and local bleach to allow production of 2% chlorine solutions.
- Disseminate EHA messages to prevent cholera.
- Ensure all deceased persons receive a safe and cholera burial and increase the acceptability of the process.



## Protection, Gender And Inclusion

Since the beginning of the outbreak, the number of cases does not reflect the demographic distribution with the 15-19 age bracket, males and some groups such as students and pregnant women over-represented in reported cases. The recent survey conducted by CoRC with support from French Red Cross also showed gender exposure factors, social impact effects, differential access to health centers and to WASH infrastructures. Needs and gaps include:

- Adaptation of interventions and messaging to take into account exposure, knowledge and access to healthcare.
- Mainstreaming PSEA.
- House visits to pregnant women and persons living with disabilities.
- Preventing and responding to a possible surge of GBV.



## Community Engagement And Accountability

Several partners are involved in RCCE including the CoRC. However, raising community awareness has been a challenge in the three islands. Mistrust, denial of the outbreak, rumors of the disease being fabricated, fears of the main CTC that was formerly a COVID-19 hospital have led to late presentation and community deaths. The recent survey conducted by CoRC with support from French Red Cross showed many challenges including limited knowledge and perception of cholera, insufficient uptake of protection measures as well as and limited knowledge of gratuity of care for cholera.

The CoRC has identified the following gaps:

- Addressing mistrust, misinformation and rumors in communities.
- Scale up sensitization activities.
- Adapt and disseminate IEC material.
- Scale up group activities.
- Mainstream the community feedback mechanism.

## 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 objective of this operation is to support the MOH to limit the spread of the cholera epidemic in the three islands of the Union of the Comoros within a timeframe of 9 months. This objective will be achieved by implementing health interventions including mental health, WASH, PGI and CEA actions that will contribute to reduce the transmission and lower the mortality of the disease.

## Operation strategy rationale

The same intervention pillars defined in the beginning of the outbreak remain a priority. The CoRC action is scaled up through this update to ensure the axis of intervention prioritized are aligned with the scale of the outbreak:

- Axis 1: Activities in communities, including Community-based Surveillance, Community Engagement and Accountability and setting up ORPs.
- Axis 2: Public space and home disinfection activities (CATI approach).
- Axis 3: CTC/Hospital activities to support disinfections and sanitations (combined health and WASH activities).
- Axis 4: Cholera Burials.
- Axis 5: Access to safe water and water treatment.

### • Axis 1 => Activities in communities:

- Awareness-raising in vulnerable areas: The risk communication needs to be strengthened to increase the prevention and curb the transmission. When the vaccination campaign is launched, NS will ensure the RCCE activities through the door to door, the printing, the mass media and group discussion are integrated for adequate social mobilization in coordination with health workers and other partners.
- 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.
- Setting up ORPs will be at two level, community level and at CTC level as ORT corners integrated to CTC. The community level ORP will be set-up in coordination with active partners. Planning specifics for the ORPs are presently being outlined in collaboration with the Ministry of Health (MoH) and Médecins Sans Frontières (MSF). Initially, a minimum of one ORP will be set up per district, commencing with Anjouan. Detailed plans and responsibilities will be soon finalized, and an update will be provided to communicate the effective ORP strategy.

With the vaccine doses coming and the ORP strategy to be detailed soon, the operation update will be issued by July 2024 and will serve to clarify the adjustments and final approach of the NS.

### • Axis 2 => Public space and home disinfection activities (CATI approach):

- Training to the CATI 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 CATI 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' careers). The CTC has been installed by NS volunteers under the request of MoH.

### • Axis 4 => Cholera burials:

- 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.

An operation update will be issued at the 6th month of implementation to inform on progress, outbreak trend and possible scenario planning for the NS.

## Targeting Strategy

### Who will be targeted through this operation?

The targeted people remain the same as for the DREF Operation document, but the activities are intensified and extended in 3 islands.

Priority target for this operation is:

- All persons infected with cholera in the Comoros and their family members.
- 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, Fombouni, 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), will be reached through sensitization activities, representing 35% of the entire population. Among them, 5,000 suspected cases are targeted for health support, while 2,300 households will undergo disinfection.

## Total Targeted Population

Women	171,600	Rural	40%
Girls (under 18)	-	Urban	60%
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
Increase of public events and social gatherings (marriage season, vacations,...)	Preparedness in case of outbreaks, prepositioning of equipment and consumables, CEA.
Health risk for the NS staff in the field	PPE, Training, Volunteer insurance, advocacy for inclusion in priority groups to vaccinate should a vaccination campaign be initiated.
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 cyclone and rainy season may bring the risk of flooding and damages, which could exacerbate the spread of the	CRCO Flood Contingency Plan Hygiene awareness campaigns. Monitoring the situation.



epidemic. The risk of cyclones could slow down the implementation of the operation.	
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 may present further risks.
- 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).
- Community mistrust/denial may lead to attacks on RCRC staff and volunteers especially when performing cholera burials in communities.

**Has the child safeguarding risk analysis assessment been completed?**

No

## Planned Intervention



**Budget:** CHF 166,962

**Targeted Persons:** 330,000

### Indicators

Title	Target	Actual
# of people reached with health promotion activities	33,000	25,856
# of referrals from ORPs to CTC (Need basis)	0	0
# of people received and supported at ORP	0	0
% of cholera burials completed within in 24 hours	90	0
# of volunteers trained in IPC	150	123
# health care facilities supported by IPC activities (CTCs/ traige points)	8	5
# health care facilities supported by IPC having received IPC equipment	10	6
# volunteers and supervisor trained in CBS	189	0
# volunteers supporting CBS	189	27
# of volunteers trained in ORP	60	0
# volunteers (or community health workers) trained in CBS that are active	180	0
# of staff and volunteers trained in PFA and self care	250	0



# of volunteers retrained in safe cholera burials	35	0
# of safe and dignified cholera burials performed (100%)	45	45
% of cholera burials completed within in 24 hours	100	100
% of cholera alerts investigated within 48hrs by MoH	100	0
# of cholera alerts raised by CRCo volunteers later confirmed as cases by MoH	0	0
# of ORP set-up or supported	7	0

## Progress Towards Outcome

### Achievements

- 25 staff and 76 volunteers have received a general training in cholera.
- 123 volunteers have been trained on IPC, focusing on disinfections and chlorine solutions production.
- 53 volunteers are focusing on CTC hygiene management and 114 in the CATI approach.
- The CoRC teams support the Ministry of Health in several aspects of the response to cholera. In that support, 59 of the above 123 volunteers trained are responsible for disinfection 24/7 in 5 CTCs and triage points (Samba, Hombo, Mweli and Mremani CTC and El Maarouf triage point). In addition, 59 volunteers and 6 staff are supporting the CATI approach in coordination with the Ministry of Health and UNICEF.
- Volunteers conduct RCCE activities in households and communities integrated with CEA. The awareness and risk communication reached 25,856 people as of 18th April.
- CBS module has been activated with assessments being completed with the ERU team support. The assessment will help understand and get the most accurate mapping of community perceptions and adaptation of approaches; environmental considerations that are risk factors and key transmission routes.

### Additional activities and actions yet to be done.

- With the support of the IFRC Public Health ERU (Infection Prevention and Control (IPC)/Community Based Surveillance (CBS) modules) that was deployed on the 5th of April, the CoRC institutional IPC capacity will be reinforced and scaled up.
- The IPC module is currently deployed in Ndzuani where the hotspot is located and has started to support the CTC at Domoni. The package of support is integrated with WASH activities and includes IPC training and supervision, provision of IPC material, set up of the CTC including circuits, water and waste management.
- The CoRC/IFRC team will continue to support other CTCs or triage points in hotspots according to previous commitments and priorities sites identified by health authorities in the 3 islands.
- A Community Based Surveillance (CBS) strategy is a high priority. CBS will be put in place in collaboration with all partners with the support of the CBS module of the IFRC PH ERU which is currently in assessment mode and expected to start activities in the week of the 29th of April.
- CoCR and IFRC have developed the CBS system that will be rolled out and will support the training of all staff and volunteers on the 3 islands. Roll out of CBS in Ndzuani will be financed by the IFRC Public Health ERU. UNICEF and Africa CDC have agreed to finance CBS on the other islands in close collaboration with CoRC and IFRC.
- ORPs will be installed in priority neighborhoods in each of the districts of Ndzuani sustaining high transmission. The strategy, roles are currently being defined with MoH and MSF. Based on the outcome of the ongoing coordination meetings, the ORP activities will be further detailed.
- The case management and cholera intervention also include a psychological support to the affected families and others family members at risk. The PFA also may also be needed for the intervention team. Hence, all staff and volunteers will be trained in psychological first aid (PFA) and self-care. In total 250 people.
- Given the mortality at community level and the stage patient are received at health facilities, there is a need to scale-up the RCCE and awareness around the disease and risk, but also the treatment and rehydration. If the vaccination campaign is launched, NS will adjust the RCCE activities to ensure adequate social mobilization is done in coordination with health workers and other partners.



## Water, Sanitation And Hygiene

**Budget:** CHF 218,304

**Targeted Persons:** 330,000

### Indicators



Title	Target	Actual
% or number of homes of infected people and direct neighbor's reported that are disinfected	10,000	7,163
Number of volunteers trained in cholera management	150	150
Number of people trained to cholera burial	30	0
# of liters of water distributed/day (m3)	80	0
# of water distribution points	10	0

## Progress Towards Outcome

Trained volunteers have been deployed to implement disinfection activities in the Cholera treatment centers as an integrated activity with health. Chlorine is produced to supply 3 CTCs that are currently supported. Disinfections have been conducted in the recovered patients' households within CATI teams (total of 7,163 households) as well as in public spaces (54 mosques, 76 schools and other public spaces). Volunteers trained for COVID-19 burials have received a brief refresher on cholera specific protection measures and have conducted burials for all deaths officially reported (45 burials). Cholera burials are not well accepted in communities.

Additional activities:

With the extension of the DREF, chlorine production and community disinfection activities will continue, the cholera burial approach will integrate CEA aspects to facilitate acceptance and volunteers conducting burials will receive a refresher training. With the support of the PH ERU, integrated activities will be conducted to support CTCs and triage points. Finally, CoRC will support safe water supply in Ndzuani where contaminated sources supply water for the population with 2 water treatment units deployed with financial, technical and logistics support from PIROI. PIROI has committed to contribute to the operation delivering 2 water treatment units to Anjouan with consumables for 1 month as well as WASH and logs support. Water Units will be maintained by CoRC with support from a WASH surge and water distributed to the population by CoRC volunteers. Depending on the evolution of the outbreak, the supply of treated water may not be sufficient and may require the deployment of more water treatment units. Two water treatment units will be purchased and installed in Ndzuani to provide safe water and prevent using water from the contaminated sources.



## Protection, Gender And Inclusion

**Budget:** CHF 8,946

**Targeted Persons:** 33,000

### Indicators

Title	Target	Actual
# of volunteers having signed the code of conduct	250	0
# of volunteers having received a PSEA briefing	250	10
# of staff and volunteers briefed on PGI in epidemics	250	10

## Progress Towards Outcome

PGI considerations are integrated transversally in other sectors. 10 staff and volunteers have been trained by French RC in "gender and epidemic". CoRC has participated in the anthropological study conducted by French RC with 6 volunteers as staff in the survey. The survey revealed gender and age differences in awareness, exposure and access to health care. Volunteers sign the code of conduct and receive a briefing on PSEA as part of their onboarding.

Additional activities:

With this extension, CoRC aims to brief all volunteers on gender and epidemics to raise awareness of increase in gender-based violence during epidemics and referral option. Volunteers will also receive a refresher briefing on PSEA. CoRC is working with French RC on awareness raising and referral to hotline in case of GBV.



Increase awareness around the potential stigma to ensure behavior and perception change. This will contribute to the referral of cases and early detection/alert.



## Community Engagement And Accountability

**Budget:** CHF 58,575

**Targeted Persons:** 33,000

### Indicators

Title	Target	Actual
% of community feedback collected and addressed.	90	0
# of people reached through village committees	999	0
% of SBD occurring without any objection from family or community	100	0

### Progress Towards Outcome

CEA is integrated transversally in all activities. At the beginning of the outbreak, CoRC has organized 1 RCCE training with 27 volunteers trained and 1 feedback training with 70 participants trained. 1 additional training has been conducted by CoRC/UNICEF for CATI teams. Activities conducted by CoRC include sensitization activities in communities and distribution of kits in the CATI approach. Volunteers also perform house visits for sensitization oriented towards cholera prevention. These volunteers also give advice on how to initiate treatment of diarrhea with homemade ORS, provide cholera hotline number and refer to health center if needed. Volunteers also perform RCCE group activities in communities and engagement of formal and informal leaders in the villages including schools. Volunteers collect feedback during RCCE activities that is transmitted to the CEA focal point at HQ level. Feedback is shared with volunteers to adapt information they provide to communities. The CEA focal point is supported by the regional focal point for feedback. In addition, CoRC distributes IEC material and has a mass communication strategy with SMS, newspaper, etc. Volunteers involved in disinfection in CTCs also deliver health promotion messaging if needed.

#### Additional activities

With this operation's extension, the NS will scale up its RCCE activities and adapt the communication strategy to the feedback that is received. The CoRC is striving to involve more the local, religious and traditional leaders and also to scale up and systematize the community feedback mechanism. The National Society will be supported by a 2 week assessment mission by the CEA focal point for the CCD planned for the 22nd of April and by a surge CEA coordinator for 2 months. CEA will also support in the Cholera Burials team and will be integrated in the training to improve acceptability. Additional needs identified by CEA CCD support will be addressed by the CEA surge whose deployment is underway.



## Secretariat Services

**Budget:** CHF 136,320

**Targeted Persons:** 266

### Indicators

Title	Target	Actual
# of IFRC monitoring missions conducted	6	4
#of surge deployed	6	6
# of coordination meeting on the intervention	4	0

### Progress Towards Outcome

The Senior Officer of Public Health in Emergencies of the Global Health and Care department was deployed in March to assess the situation and advise the NS on future actions. As the situation needs to scale up its activities and increase their scope, the NS requested HR the support of an operation manager as well as a Public Health ERU with IPC and CBS modules which have been deployed. Several profiles have been deployed through the RCRC movement various mechanism. All deployment aiming to cover an existing gaps and



address the request raised by the NS. A strong coordination is in place between the different profiles.

With the extension of the DREF, additional surge profiles in addition to the operation manager are needed to ensure the technical and operational efficiency of the intervention. This includes:

- 01 CEA officer to be deployed in early May for 3 months to implement the CEA plan of action elaborated by the IOI CCD CEA officer in collaboration with the National Society. The IOI CCD CEA officer is currently in the field supporting already the NS.
- 01 WASH coordinators to be deployed as surge for at least 2 months. The person will support all WASH activities initiated by PIROI, ERU team and the National Society.
- 01 IM to strengthen the CBS-ICT data management

Several technical support missions from the CCD and monitoring missions from the CDD.

- 2 finance support from the CCD was deployed for 2 weeks in April. Remote support to the NS from the IFRC CCD office in finance, logs, PMER, CEA and communications is also ongoing.
- 01 communication support mission from the CCD was deployed for 2 weeks in April.

A Public Health ERU with the IPC and CBS modules has been deployed in April and will be on the ground up to 4 months. The ERU will support Clinical IPC in CTCs, triage points and ORPs as well as set up and roll out a Community Based Surveillance system. The team composition is as follows:

- 1 x Team Leader.
- 1 x Public Health/Epidemiologist (CBS specialist).
- 1 x clinical IPC/WASH (focus on waste management in health facilities).
- 1 or 2x IPC clinical trainer.
- 1 x CBS-ICT data management.
- 1 x Finance/Admin.



**Budget:** CHF 96,143

**Targeted Persons:** 260

### Indicators

Title	Target	Actual
% of volunteers involved in the operation insured	250	100
# of volunteers trained and deployed	250	248
# of monitoring missions conducted and reported by the HQ	41	41
# Lessons learnt conducted and reported	1	0

### Progress Towards Outcome

The NS mobilized and trained a pool of 248 volunteers ready to be deployed in the operation.

All the volunteers have been insured and have the necessary protection and visibility equipment to allow them to implement safely the activities. As the epidemic has been reported in all the islands, the SG and his team from the HQ conducted fields mission to support, guide and orient the branches.

NS with movement partners has already Identified and mobilized the IPC and CBS pairs from the CRCo and the FRC delegation to support the ERU team in Anjouan to ensure the sustainability of actions and facilitate the handover of activities to CRCo.

- CRCo WASH Manager (in Anjouan with the team from 14 April).
- 2 CRCo CBS Managers (in Anjouan from 27 April).
- FRC CBS delegate (in Anjouan from 27 April).

At sub-regional level, they NS will also be supported by:

- WASH and Hygiene Officers, and CRCo PCI Officers to support disinfections activities.
- 3-4 midwife profile delegates from the FRC sub-delegation to accompany CBS activities.

Additional activities:

The DREF extension will require 10 staff to be mobilized to cover the supervisions, monitoring and technical aspects of some activities. This DREF will cover the cost for their assistance in the various islands and support the salary of 5 of CoRC staff that will be constant for



the 9 months. It includes WASH officer, WASH assistant, Health officer, CEA officer and finance (50%) being the key continuous support to the intervention aside from the branch supervision team.

## About Support Services

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

A total of 10 NS staff and 250 volunteers will be mobilized to support and coordinate the operation, 100 additional volunteers than initially planned.

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.

To support the scope of the intervention, at the Cluster delegation level, staff will also be made available to support the operation (operations team, communication, PMER, Logs and Finance).

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

As planned on February, the Senior Officer, Public Health in Emergencies Health and Care has been deployed to assess the situation and advise the NS. As the situation needs more action, the NS requested HR support in:

- Operation management (to be deployed as Surge all along the operation timeframe). A surge operations manager has deployed to support the implementation of the response and engagement between the ERU and NS.
- 2 finance support from the CCD was deployed for 2 weeks in April
- A communication support mission from the CCD was deployed for 2 weeks in April
- CEA (to be deployed in early May for 2 months to implement the CEA plan of action elaborated by the IOI CCD CEA officer in collaboration with the National Society). The IOI CCD CEA officer is currently in the field.
- WASH (to be deployed as a Surge and support all WASH activities initiated by PIROI, ERU team and the National Society)
- PMER/IM: to be deployed for 3 to 4 weeks through mission support to support CoRC in the reporting of the operation.

A Public Health ERU with the IPC and CBS modules has deployed in April within the operation for a duration of up to 4 months. The ERU will support Clinical IPC in CTCs, triage points and ORPs as well as set up and roll out a Community Based Surveillance system. The team composition is as follows:

- 1 x Team Leader
- 1 x Public Health/Epidemiologist (CBS specialist)
- 1 x clinical IPC/WASH (focus on waste management in health facilities)
- 1 or 2 x IPC clinical trainer
- 1 x CBS-ICT data management
- 1 x Finance/Admin

Distance support to the NS from the IFRC CCD office will be maintained regularly.

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

Procurement will be done locally when the goods are available on local markets at a competitive cost. International procurement will be done with the support of PIROI and/or with the support of IFRC CC logistics officer in alignment with IFRC's logistics standards, processes and procedure. Movement and non movement partners in country may also support with some equipment if needed and available. Support for custom clearance has been requested to authorities.

### How will this operation be monitored?

Reporting on the emergency plan of action will be carried out according to IFRC minimum standards. Monitoring visits to the affected communities will also be conducted to assess progress regularly and guide any required adjustments to the proposed response. The PMER will also undertake a daily team monitoring with CoRC staff to ensure the data quality and timely reporting.

After the operation, a final lesson learned workshop to reflect on the intervention and generate reflections on epidemic early warning early action plans, procedures, and processes for the future.

Additionally, monthly monitoring visits by the International Federation of Red Cross and Red Crescent Societies (IFRC) have been planned, along with the deployment of the surge members. Weekly meetings are also organized with the operational team in the country and IFRC, French Red Cross, and the Regional Platform for the Indian Ocean (PIROI) to keep all partners 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.

To support volunteers in their mission as well as the visibility of Red Cross actions on the ground, CoRCs through this DREF operation will procure protection and visibility items for volunteers. The NS will train journalists to support in communication through mass media (radio, TV and newspapers). IFRC CCD communications officer closely coordinates with the NS for support. She will conduct a 2 weeks field visit on the 22nd of April and propose a support plan for the rest of the operation.



# Budget Overview

International Federation of Red Cross and Red Crescent Societies

V2022.01

## DREF budget tool for National Societies

National Society

Croissant Rouge Comorien

Appeal Code

Date

MDRKM011

20/04/2024

Operation

Cholera outbreak

Currency (LC) &

Exchange Rate

CHF

1

Output Code	Description	Budget Group	Quantity	Unit	Unit Cost	Total Cost LC	Total Cost CHF
TOT_AP005	Shelter assistance to households					0.00	0.00
PO01	Shelter and Basic Household Items					0.00	0.00
TOT_AP007	Improvement of income sources					0.00	0.00
PO02	Livelihoods					0.00	0.00
TOT_AP081	Multi-purpose cash grants					0.00	0.00
PO03	Multi-purpose Cash					0.00	0.00
TOT_AP107	NS health capacity					0.00	0.00
TOT_AP108	Health services					0.00	0.00
AP109	Lunette de protection		510	150.00 unité	3.00	450.00	450.00
AP109	Combinaisons		510	60.00 unité	20.00	1,200.00	1,200.00
AP109	Tabliers caoutchouc		510	60.00 unité	38.00	2,280.00	2,280.00
AP109	Masque FFP2		510	27.00 boites	12.00	324.00	324.00
AP109	Gants feu		510	10.00 unité	38.00	380.00	380.00
AP109	Bottes		510	60.00 unité	15.00	900.00	900.00
AP109	Mouchoir en coton		510	12.00 unité	4.00	48.00	48.00
AP109	Pediluves		510	30.00 unité	38.00	1,140.00	1,140.00
AP109	Serpillières		510	150.00 unité	3.00	450.00	450.00
AP109	Mop complet		560	150.00 unité	8.00	1,200.00	1,200.00
AP109	Tenues chirurgicales en coton		560	150.00 unité	30.00	4,500.00	4,500.00
AP109	Formation volontaires_NGAZIDJA (PCI Communautaire, PFA)		680	3.00 formation	2,500.00	7,500.00	7,500.00
AP109	Formation volontaires_NWALI (PCI Communautaire, PFA)		680	3.00 formation	2,500.00	7,500.00	7,500.00
AP109	Formation volontaires_NDZUWANI (PCI Communautaire, PFA)		680	3.00 formation	2,500.00	7,500.00	7,500.00
AP109	Formation des journalistes		680	1.00 atelier	1,000.00	1,000.00	1,000.00
AP109	Dépliants affiche		710	3,000.00 unité	2.00	6,000.00	6,000.00
AP109	Impression		710	50.00 forfait	4.00	200.00	200.00
AP109	Perdiem des volontaires CREC		667	6,480.00 deployment	9.00	58,320.00	58,320.00
AP109	Perdiem volontaires PRO (7 PRO - Anjouan)		667	2,520.00 deployment	9.00	22,680.00	22,680.00
AP109	formation PRO (Anjouan)		680	1.00 formation	2,000.00	2,000.00	2,000.00
AP109	staff capacity building in health (between islands deployment costs)		680	1.00 lumpsum	10,000.00	10,000.00	10,000.00
AP109	fret local		594	1.00 lumpsum	5,000.00	5,000.00	5,000.00
AP109	Location véhicule (2 véhicules pour 9 mois)		593	270.00 jours	60.00	16,200.00	16,200.00
TOT_AP109	Health services in emergencies					156,772.00	156,772.00
PO04	Health					156,772.00	156,772.00
TOT_AP110	WASH					0.00	0.00
AP111	Gants de ménage		540	400.00 unité	3.00	1,200.00	1,200.00
AP111	Pulvérisateurs		560	80.00 unité	70.00	5,600.00	5,600.00
AP111	Seaux 10l		560	80.00 unité	4.00	320.00	320.00
AP111	Cuvettes		560	150.00 unité	4.00	600.00	600.00
AP111	Cuves 160l		560	20.00 unité	57.00	1,140.00	1,140.00
AP111	Savon liquides-nettoyage sol		570	200.00 unité	3.00	600.00	600.00
AP111	Eau de javel 250 ml		570	250.00 unité	20.00	5,000.00	5,000.00
AP111	HTH		570	1.00 lumpsum	5,000.00	5,000.00	5,000.00
AP111	Raclettes		560	150.00 unité	3.00	450.00	450.00
AP111	sacs poubelle		570	100.00 boites	10.00	1,000.00	1,000.00
AP111	Maxi wata de 60l		560	1.00 unité	5,000.00	5,000.00	5,000.00
AP111	Sel fin		560	3.00 carton	95.00	285.00	285.00
AP111	Gants d'examen		540	50.00 unité	48.00	2,400.00	2,400.00
AP111	Lits Cholera (lits picot)		540	150.00 unité	80.00	12,000.00	12,000.00
AP111	Potence		540	100.00 unité	24.00	2,400.00	2,400.00
AP111	Housses Mortuaires		540	200.00 unité	15.00	3,000.00	3,000.00
AP111	dispositifs de lavage des mains		560	40.00 unité	20.00	800.00	800.00
AP111	Solution de Rehydratation Orale		540	50.00 boites	48.00	2,400.00	2,400.00
AP111	Incinérateur d'urgence		540	1.00 forfait	285.00	285.00	285.00
AP111	Incinérateur long terme		540	1.00 forfait	1,900.00	1,900.00	1,900.00
AP111	Perdiem volontaires		667	5,000.00 deployment	9.00	45,000.00	45,000.00
AP111	Formation volontaires-NGAZIDJA		680	2.00 atelier	1,200.00	2,400.00	2,400.00
AP111	Formation volontaires-MWALI		680	2.00 atelier	1,200.00	2,400.00	2,400.00
AP111	Formation volontaires-NDZUWANI		680	2.00 atelier	1,200.00	2,400.00	2,400.00
AP111	Formation volontaires-EDS-NGAZIDJA		680	1.00 atelier	1,200.00	1,200.00	1,200.00
AP111	Formation volontaires-EDS-MWALI		680	1.00 atelier	1,200.00	1,200.00	1,200.00
AP111	Formation volontaires-EDS-NDZUWANI		680	1.00 atelier	1,200.00	1,200.00	1,200.00
AP111	staff capacity building in WASH (between islands deployment costs)		680	1.00 lumpsum	10,000.00	10,000.00	10,000.00
AP111	rampes pour UTE (10)		530	1.00 lumpsum	8,000.00	8,000.00	8,000.00
AP111	bladders (10)		530	1.00 lumpsum	15,000.00	15,000.00	15,000.00
AP111	depenses mensuelles UTE		530	2.00 lumpsum	14,000.00	28,000.00	28,000.00
AP111	Formation volontaires-NDZUWANI-utilisation et entretien UTE		680	1.00 formation	2,000.00	2,000.00	2,000.00
AP111	perdiem volontaires-NDZUWANI-distribution d'eau		680	1.00 lumpsum	4,800.00	4,800.00	4,800.00
AP111	gardiens de securite (2)		790	3.00 mois	800.00	2,400.00	2,400.00
AP111	fret local (local freight between islands)		592	1.00 lumpsum	6,000.00	6,000.00	6,000.00
AP111	Location véhicule (6 mois)		593	270.00 jours	60.00	16,200.00	16,200.00
TOT_AP111	WASH in emergencies					199,580.00	199,580.00
PO05	Water, Sanitation & Hygiene					199,580.00	199,580.00
TOT_AP114	Humanitarian values and principles					0.00	0.00
TOT_AP116	Protection/gender/inclusion services					0.00	0.00
TOT_AP117	Protection/gender/inclusion capacity					8,400.00	8,400.00
PO06	Protection, Gender and Inclusion					8,400.00	8,400.00
AP117	GI-PSEA awareness for staff at HQ level		667	1.00 lumpsum	1,200.00	1,200.00	1,200.00
AP117	PGI briefing-Ngazidja		667	1.00 lumpsum	1,200.00	1,200.00	1,200.00
AP117	PGI briefing-Ndzuani		667	2.00 lumpsum	1,200.00	2,400.00	2,400.00
AP117	PGI briefing-Mweli		667	3.00 lumpsum	1,200.00	3,600.00	3,600.00
TOT_AP115	Access to education					0.00	0.00
PO07	Education					0.00	0.00
TOT_AP112	Support to migrants and displaced					0.00	0.00
TOT_AP113	NS Migration & Displacement Capacity					0.00	0.00
PO08	Migration					0.00	0.00

Internal

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# Contact Information

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

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