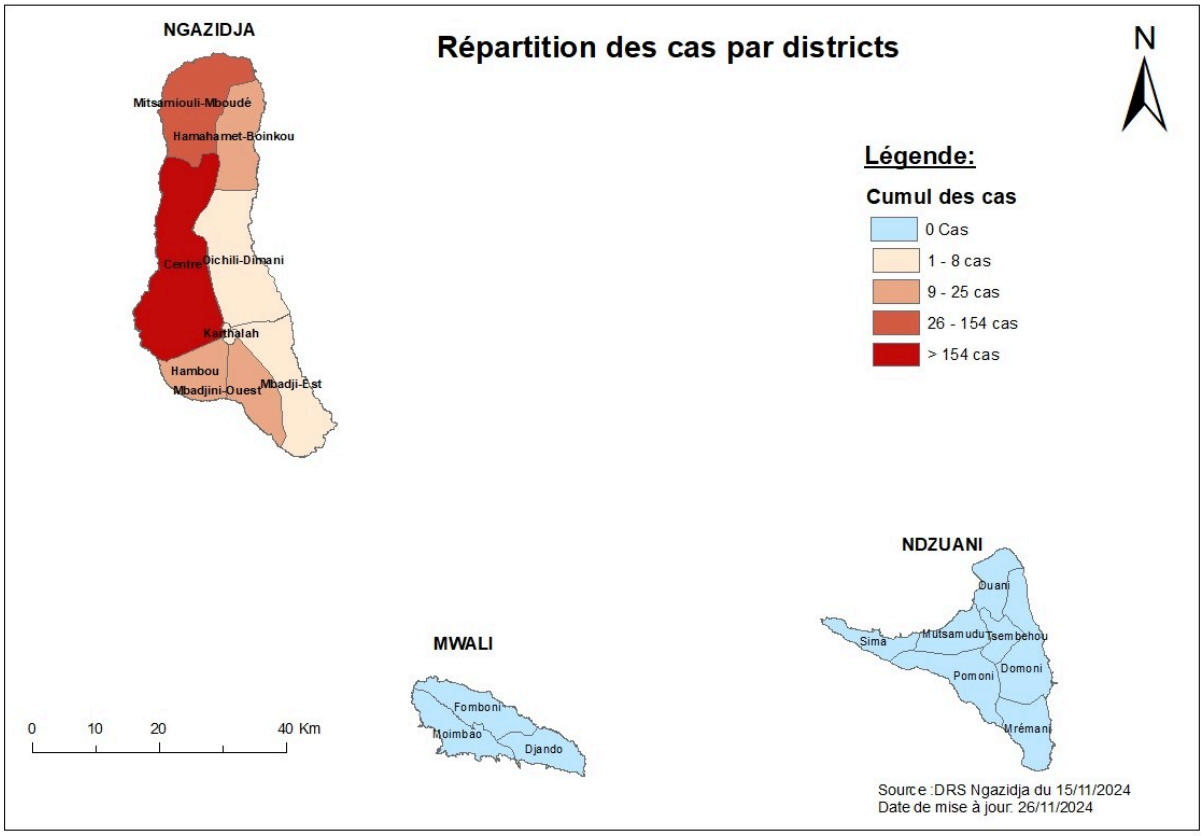
DREF Operational Update

Comoros Cholera outbreak

Appeal: **MDRKM011**	Total DREF Allocation: **CHF 685,250**	Crisis Category: Orange	Hazard: **Epidemic**
Glide Number: **-**	People Affected: **330,000 people**	People Targeted: **330,000 people**	
Event Onset: **Slow**	Operation Start Date: **19-02-2024**	New Operational End Date: **31-01-2025**	Total Operating Timeframe: **11 months**
Reporting Timeframe Start Date: **01-02-2024**		Reporting Timeframe End Date: **30-10-2024**	
Additional Allocation Requested: **0**		Targeted Areas: **Grande Comore (Njazidja), Anjouan (Nzwani), Moheli (Mwali)**	

Description of the Event



cases spread in 3 islands as of mid-november 2024

Date when the trigger was met

14-09-2024

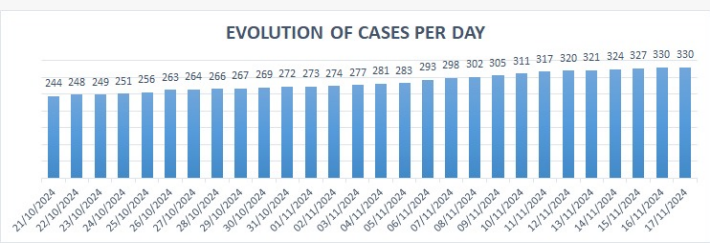
What happened, where and when?

On 14 September 2024, when the cholera outbreak that had been raging in the country since February was considered controlled, with WHO preparing an after-action review (AAR), and the NS and Delegation the lessons learned workshop, the disease reappeared in a village called Ndzaouze in the north of Grande Comores. On that day, a 58-year-old man returning from a party in Fassi felt ill and was taken to the hospital in Mitsamiouli and then to the El Marouf hospital in Moroni, where he died. He showed signs of cholera, which tests confirmed. Eight other infected people from the same area were transferred to the cholera treatment centre at Samba hospital and to Mitsamiouli the next day. DHS and CATI teams from the Comorian Red Crescent (CRCo) were called in to help with burial, disinfection and awareness-raising. In just a few weeks, the epidemiological situation on the island of Grande Comores has reached worrying proportions, with more than 200 new cases and 3 deaths. Presently, the epicenter of the outbreak is the island of Anjouan, 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 (chlorine) and cholera beds running out.

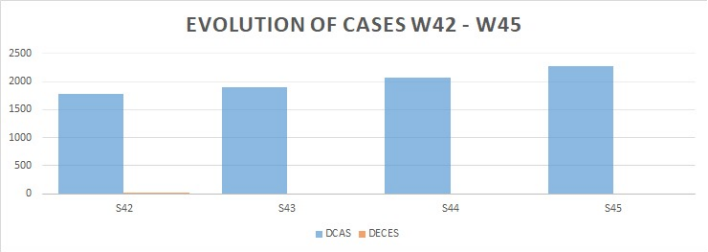
This new situation has caught all those involved off guard as they prepare to complete their capacity-building activities. In the space of a few weeks, the epidemiological situation on the island of Ngazidja has taken on worrying proportions. In less than a month, more than 200 cases were recorded in 6 of Ngazidja's 7 districts, with 3 deaths. After three months (September to November), despite the efforts of all the partners and a new vaccination campaign on the island, there were 338 cases whose homes had been disinfected, as well as those of neighbours (2,371). 41,709 awareness-raising sessions with distribution of Stop Cholera Kits. 4 cholera burials were carried out by CRCo volunteers. The government of the Comoros has therefore decided to step up its response efforts with the support of its partners. To this end, the Comoros National Red Crescent Society, which has been actively involved since the start of the epidemic, would also like to extend the scope of its response and its operating schedule from 9 to 11 months to ensure that its contribution to the response to the epidemic is commensurate with its scale.

The epidemic started when a boat from Tanzania arrived in Moroni on 31 January 2024, with a person who had died from cholera on board. The ship was carrying 25 people and had dropped a passenger in Moheli. Following confirmed tests, the Comoros Ministry of Health declared a cholera epidemic on February 2, 2024. 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 Grande Comores, 1608 in Anjouan and 274 in Moheli). 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). 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, also extended the scope of its response and operation timeframe to 9 months to ensure a contribution to the epidemic response in proportion to its scale.

On 21 July 2024, the cholera epidemic that had been raging in the Comoros, with Anjouan at its epicentre, was considered controlled. After 6 months of intense fighting, no new active or suspected cases were reported in the country and there were 10,342 cumulative cases with 149 deaths.



Cases evolution per day



Cases evolution per week

Scope and Scale

The Comoros archipelago consists mainly of 3 large islands: Grand Comores (Ngazidja), Anjouan (Ndzuani) and Mohéli (Mweli). Anjouan, which was the first epicentre of the epidemic (and the worst affected, with 126 deaths out of a total of 149 recorded), has benefited from all the attention and an exemplary response to the detriment of the other two islands. Although it is not immune to a resurgence of the epidemic, the National Society has the material and human resources to deal with a new wave. This is not the case on the other two islands. In fact, all the activities carried out on Anjouan have had little or no impact on the islands of Grande Comores and Moheli, which are geographically close and share daily commercial activities. Now that the new epidemic has broken out in Grande Comores, Moheli is particularly vulnerable and could quickly find itself in the same situation.
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.

The resurgence of the epidemic is also the result of the low coverage achieved during the first wave of vaccination. On 21 July, following a vaccination campaign organised by the Ministry of Health with the support of partners throughout the country, the figures were as follows:

- Grande Comores: 170,933 vaccinated out of a target of 431,264, a coverage of about 40%.
- Anjouan: 276,572 vaccinated out of a target of 349,174, or 79%.
- Moheli: 42,141 vaccinated out of a target of 57,457, or 73%.

In total, only 489,646 people were vaccinated out of a national target of 837,895, or 58%.

As of 31 October 2024, the epidemic was present in 6 of the 7 districts on the island of Grande Comores and raging in more than 15 localities. A total of 274 people have been affected, including 4 deaths. Despite these alarming figures, the cure rate is 66.67%. Unfortunately, the chain of contamination has not been broken, as the number of cases reported and hospitalised fluctuates because many people are unaware of the disease and have not been vaccinated. The epidemic is claiming more victims among children (62). Overall mortality remains low. Cumulative figures are as follows Grande Comores: 635 cases with 15 deaths; Anjouan with 9126 cases with 216 deaths and finally Mohéli with 581 cases and 08 deaths. Total 10342 cases and 149 deaths. A total of 10193 people cured/recovered. Based on the situation in country, on 25 of March the cholera outbreak in Comoros was categorized at level orange according to the IFRC crisis categorization. This was a change up from the initial yellow categorization, based on the number of people affected and at-risk.

This outbreak remains a health challenge not only in Comoros islands but also in the neighbouring 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 Anjouan 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.

Summary of Changes

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

Please explain the summary of changes and justification:

The national Society is requesting a two-month no-cost extension of the operation for two main reasons:

1. To continue supporting the government in the fight against cholera, following the resurgence of the epidemic, by stepping up activities in Grand Comores and Moheli. The cholera epidemic first broke out on the island of Anjouan, where the response has been intense, to the detriment of the other two islands of Grande Comores and Moheli, which have received less attention and are therefore more vulnerable now.
2. To complete activities and payments that were not made due to delays in the transfer of funds: The amount allocated to this operation has not been fully used as the third tranche, representing one third of the allocation, is still to be transferred. This disbursement could not be done on time because the national society was slow in justifying the accounting documents.

Remaining activities are:

- Strengthen the response by training and deploying new RCCE (Risk communication and community engagement) volunteers to cover the new districts affected by the epidemic in Grande Comores and launch a pre-emptive awareness campaign in Moheli.
- Ensure that oral rehydration points are automatically set up in collaboration with the regional health department to treat cases under plans A, B and C.
- Ensure infection prevention and control in communities where CTCs are established using trained volunteers.
- Assist the Ministry by providing trained volunteers to support the vaccination campaign.
- Provide the national Society with materials for awareness raising and implementation of PCI/WASH and ORP activities.

These activities, which could not be carried out on all the islands, particularly Grande Comores and Moheli, resulted in poor coverage of the National Society's activities during the second wave of the epidemic, which needs to be addressed during the two-month extension.

The delay was observed from the NS justifying the previously transferred funds, but this was due to the contextual situation. During the entire epidemic outbreak, a lot of systems were dysfunctional. For the moment, all this has been sorted out. The NS has set measures to avoid delays in justifying and the IFRC maintained an Ops manager to deal with it.

Current National Society Actions

Start date of National Society actions

31-01-2024

volunteers in disinfection activities

Health	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. - 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. 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. For Ngazidja: - Provision of equipment (coats, 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. For Mohéli: - Establishment of CTCs. - Refresher course for volunteers on protective measures to reduce cholera transmission. For Anjouan:

	- Refresher course for volunteers on protective measures to reduce cholera transmission.
Water, Sanitation And Hygiene	Ngazidja : - 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. Mohéli : - Disinfection at the CTC site in Fomboni. - Disinfection at home. - Disinfection of boats, luggage, etc. - Production of chlorine. Anjouan: - Disinfection. - Raising awareness of barrier measures. 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. 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.
Coordination	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). 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: - CBS: MoH, CRF delegation, Africa CDC, UNICEF, World Bank and WHO. - PCI: MoH, WHO, MSF delegation CRF and PIROI. - Three main coordination meetings for decision making were organized as of 20th April that served to the ERU and internal coordination and organizations: o Meeting to coordinate the national response to the cholera epidemic: every day at 1.30pm. o Movement coordination meeting (once a week: CRCo, PIROI, CRF, ERU). o Partner coordination meeting (once a week: WHO sub-lead), sub-groups in the process of being set up (PCI, SBC, CREC, PEC, etc). o Cholera response coordination meeting at Anjouan.
Assessment	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. Assessment of logistical requirements for necessary equipment (such as cots, personal protective equipment (PPE), salt for chlorine production, chlorine production machine,

	cleaning equipment, etc.). Identification of training needs, particularly in water, sanitation, and hygiene (WASH) and the management of cholera treatment centers (CTCs).

IFRC Network Actions Related To The Current Event

Secretariat	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. The IFRC maintained the support from the Operations Manager to the National Society. This included monitoring the various activities that were not carried out in time and those planned by the emergency teams that were deployed. In addition, it was necessary and important that capacity-building activities were carried out in the National Society so that it would be ready to intervene in such an emergency. The management of the operation's internal and external relations and the monitoring of the operation's budget, in collaboration with the Secretary General, were and remain the responsibility of the field team in collaboration with the IOI cluster. The IFRC preferred to maintain and extend the support from the Operations Manager to the National Society to ensure monitoring the various activities that were not carried out in time and those planned by the emergency teams that were deployed. In addition, it was necessary and important that capacity-building activities were carried out in the National Society so that it would be ready to intervene in such an emergency. The management of the operation's internal and external relations and the monitoring of the operation's budget, in collaboration with the Secretary General, were and remain the responsibility of the field team in collaboration with the IOI cluster.
Participating National Societies	The French Red Cross is present in the country. Supporting Comoros RC, the French Red Cross, in collaboration with the Canadian Red Cross, has deployed a modular ERU team to set up oral rehydration points in Anjouan, train volunteers in PCI in the CTCs and CTUs and train and deploy CBS volunteers. As part of this epidemic, French RC have been working with Comoros Red Crescent by providing: - 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. 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. Regional Intervention for Indian Ocean Platform (PIROI): PIROI is supporting the NS through: ● 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. 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. These units are kept in country for further use when new needs arise.

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	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. 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. The Ministry of Health, through its regional directorates, continues to monitor major outbreaks with epidemic potential. During the holiday season, the gateways to the regions are monitored and travellers are urged to be vaccinated. The resurgence of the epidemic on the island of Ngazidja made it difficult for authorities at the highest level to manage the operation. The regional management and partners took over. On 5 September 2024, following the meeting at the Ministry of Health in which the CoRC participated, the health authorities decided to prepare a second large-scale vaccination phase, as in July 2024. The other activities are the responsibility of the partners. Since the beginning of the epidemic in Ngazidja, meetings have been held between the CoRC and its partners. These meetings, which have become regular, allow the partners' actions to be monitored in order to achieve good results, such as the 66% cure rate.
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. For the second vague upsurging in Ngazidja, United Nations agencies, including WHO and UNICEF, have offices in the Comoros, enabling them to work with the government on a daily basis. UNICEF works in partnership with the CoRC to implement the CATI approach. Thanks to this partnership, volunteers were deployed as soon as the epidemic resumed in Ngazidja. The CoRC was provided with equipment for water purification, disinfection and the distribution of hygiene kits. As part of its support, WHO is paying for human resources (the doctors who treat cholera patients in the CTCs). It is helping the Ministry to prepare for the second campaign in Ngazidja.

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

Health

Anjouan was the first epicentre of the epidemic and the worst affected, with 126 deaths out of a total of 149 recorded. Thus, the island has benefited from the initial response. However, the activities carried out on Anjouan have had little or no impact on the islands of Grande Comores and Moheli, which are geographically close and share daily commercial activities. Now that the new epidemic has broken out in Grande Comores, Moheli is particularly vulnerable and could quickly find itself in the same situation.

As of 31 October 2024, a total of 274 people have been affected, including 4 deaths. Despite these alarming figures, the cure rate is 66.67%. 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. The resurgence of the epidemic is also the result of the low coverage achieved during the first wave of vaccination. The majority of deaths are in the community. This shows a low level of access or willingness to report or reffered to the health facilities. Breakdown of RDT tests in Moheli and Anjouan. Lack of cholera beds in Anjouan (local manufacture in stock).

This extension will support the health activities of the CoRC and protect the volunteers in their daily work, teams of volunteers trained in psychosocial first aid will also be set up to support their colleagues in the field and in the communities. The following activities will be useful to better support the Ministry of Health through its Regional Health Directorate in Ngazidja and Moheli:

- Training and deployment of volunteers to raise community awareness of preventive measures against endemic, pandemic and epidemic diseases on the three islands.
- Training volunteers to become trainers in psychosocial first aid on the three islands.
- Production of PCI image boxes for volunteer community awareness activities.

Water, Sanitation And Hygiene

WASH is central to the response to cholera. The CoRC 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 Mweli 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.

WASH activities on the two islands of Ngazidja and Moheli have been slow to get off the ground. The very first activities were carried out at the beginning of the epidemic in February 2024. These activities were eventually abandoned in favour of the island of Anjouan due to

the increasing human damage caused by the epidemic in this area. This shortcoming was taken into account in the implementation of capacity-building activities, namely the creation of disaster response teams and the training of dignified and safe burial teams.
In this second phase of the epidemic, it will be necessary to continue the WASH activities previously carried out in Anjouan, on the two islands of Grande Comores and Moheli, with the exception of the establishment of a water treatment unit in Grande Comores due to the lack of water courses in the districts. In particular, volunteers will be trained to set up Oral Rehydration Points (ORPs) and, during this phase, communities will be equipped with volunteers to provide information on ORT (Oral Rehydration Therapy).

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.

With this new outbreak upsurge, PGI aspect will be taken into consideration as volunteers have now been trained in PGI

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 rumours in communities.
- Scale up sensitization activities.
- Adapt and disseminate IEC material.
- Scale up group activities.
- Mainstream the community feedback mechanism.

Raising community awareness has been a challenge throughout the cholera response on the three islands. Setting up a feedback system has helped to overcome several problems, including denial of the disease. The CEA pillar was central to the success of the cholera vaccination campaign in the Comoros, and especially in Anjouan. All these actions need to be repeated in Ngazidja and Moheli to support the DRS's communication campaigns. The lack of awareness and denial of the disease in the target areas means that volunteers need to be mobilised to cut off the chain of infection, which is becoming increasingly widespread in Ngazidja. To this end, the following activities should be implemented in this new phase of the epidemic:

- Training and deployment of 60 additional CEA volunteers in the 7 districts of the island of Ngazidja.
- Training and deployment of 30 volunteers to collect, analyse and code community feedback.
- Ensuring the payment of back pay to CREC volunteers in Anjouan.
- Deployment of CEA volunteers previously trained in Mohéli.

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 11 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 cholera epidemic in the Comoros developed in two phases. The epicenter of the first phase was the island of Anjouan, from February to July 2024, and the second was the resurgence on the island of Grandes Comores, where the response has been evolving since September 14, 2024. The same intervention pillars defined in the beginning of the outbreak remain the best response strategy. 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 and community engagement (RCCE) needs to be strengthened to increase the prevention and curb the transmission. This is also applied during the vaccination campaign, where the NS ensures 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 work together with the health agent of the Ministry of Health. Reports to the MoH are shared by the health agent while volunteers 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 at two level: community level and at CTC level as ORT corners integrated to CTC. The community level ORP are 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 are set up per district, commencing with Anjouan and then Ngazidja.

● 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.

Initially, this operation was targeting 330,000 people from 3 islands. During the first epidemic round, the majority of activities were implemented in Anjouan Island which was epicenter, while minor activities were being implemented in the remaining islands. Activities currently being implemented for the second epidemic round in Ngazidga island should not be considered as new activities requesting new budget, rather additional activities as the DREF Plan of action had initially included this scenario in the response strategy. Therefore. the current DREF budget will cover these activities in the new areas being affected for a period of 2 months.

To help strengthen CoRC's capacity to respond effectively to epidemics, the exit strategy envisaged the transfer of equipment and technical and operational skills to CoRC. This exit strategy is divided into 5 sections. It should be noted that these actions, which have already been carried out in Anjouan, and now being applied in Ngazidja.

Section 1: RCCE materials, the image boxes and other tools such as the video projector will be stocked urgently at the CoRC from the beginning of January 2025. Some of the ORP equipment have already been received and stored as emergency stock in Anjouan. Those purchased for the resurgence of the epidemic in Ngazidja will be registered and handed over to the SN as soon as the epidemic is declared over by the Comorian government.

Section 2: Transfer of operational roles and responsibilities: Before the departure of the delegate in charge of managing cholera operations in the Comoros, operational roles and responsibilities will be devolved to the CoRC through the focal points of the Health, CEA and WASH pillars, who are already equipped through several training courses. The Secretary General of the SN will oversee the remaining activities and the implementation of the lessons learned workshop, which will take place towards the end of December 2024.

Section 3: Transfer of administrative and financial roles and responsibilities: This activity, which has been carried out by the SN since the start of the operation under the supervision of the IOI Cluster's Finance and Accounting Office, will continue until the end of the Dref's allotted time.

Section 4: Transfer of logistical roles and responsibilities: The same applies to logistics, which have been managed by the SN through its logistician service. A clear statement of equipment will be drawn up by the end of the operation and shared with the Cluster by the Ops manager. This statement will take into account equipment purchased through this operation and stored on the three islands. Equipment in use in the CTCs and ORPs will be received as soon as the end of the epidemic is declared and will be stored as emergency stock in Ngazidja.

Section 5: Transfer of management roles and responsibilities for RCCE, ORP and CTC activities: Under the direction of the Ministry of Health through its decentralized structure, the Regional Health Directorate, the closure plan for ORPs and CTCs will be based on the epidemiological situation as communicated by the State. RCCE, ORP and CTC activities will be managed by the NS focal points until the centers are officially closed. Initially, this operation was targeting 330,000 people from 3 islands. During the first epidemic round, the majority of activities were implemented in Anjouan island which was epicenter, while minor activities were being implemented in the remaining islands. The DREF will cover the new activities in the new island being affected as it has been initially planned.

Due to the duration of this epidemic, the NS is looking for long term perspectives by either developing an EAP for Epidemics or submit a project proposal related to health/epidemics.

Targeting Strategy

Who will be targeted through this operation?

The targeted people remain the same as in the beginning, 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, Foumbouni, 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, Maoulid ceremonies, back to school, etc.).	-Preparedness in case of outbreaks, prepositioning of equipment and consumables, CEA. -Activation of CATI and EDS volunteers, pre-positioning of equipment and volunteers. Intensification of communication on risks and community engagement
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 CoRC 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 epidemic. The risk of cyclones could slow down the implementation of the operation.	CoRC 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

- 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

Health

Budget: CHF 166,962
Targeted Persons: 330,000

Indicators

Title	Target	Actual
# of people reached with health promotion activities	330,000	174,747
# of referrals from ORPs to CTC (Need basis)	0	40
% of cholera burials performed (100%)	100	100
# of ORP set-up or supported	6	6
# of health facilities supported by IPC activities (CTC/triage points)	8	5
Number of people trained to cholera burial	30	30
# of AWD alerts raised by CoRC volunteers	-	40
% of AWD alerts investigated within 24 hours	80	50
% of targeted communities with active CBS reporting/volunteers	100	70

Progress Towards Outcome

Achievements
• 25 staff and 76 volunteers have received a general training on cholera.
• 123 volunteers have been trained on IPC, focusing on disinfections and chlorine solutions production.
• 53 volunteers focusing on CTC hygiene management and 114 in the CATI approach.
• The CoRC teams supported 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 out of 33,000 targeted by end of August.
• CBS module has been activated with assessments 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.
• People reached by health promotion activities (awareness of good practices) 174,747 (Ngazidga: 26,984, Anjouan: 124,221, Mohéli: 23,542).
• Creation of a community team for Community Based surveillance by MEV (200 in Ngazidja, 200 Anjouan,103 Mohéli)
• 3 out of 6 health facilities supported and provided with PCI materials
• 100% of cholera-related burials conducted in a safe and dignified manner.

Additional activities and actions :
The health pillar is the one that has suffered from many shortcomings, notably the delay in purchasing a number of items of equipment that are relevant to this new phase of the epidemic in Ngazidja. This equipment should enable the activities in the CTCs to run smoothly.
• With the support of the IFRC Public Health ERU (Infection Prevention and Control (IPC)/Community Based Surveillance (CBS) modules) that was deployed in April, the CoRC institutional IPC capacity has been reinforced and scaled up.

• The IPC module was deployed in Anjouan where the hotspot was located and also supported the CTC at Domoni. The package of support was 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 continued 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 being a high priority, the CBS has been put in place in collaboration with all partners with the support of the CBS module of the IFRC PH ERU.
• The CoCR and IFRC have developed the CBS system that was rolled out and supported the training of all staff and volunteers on the 3 islands. Roll out of CBS in Ndzuani was 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 were installed in priority neighbourhoods 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 were also developed.
• The case management and cholera intervention also including a psychological support to the affected families and others family members at risk. The PFA also were needed for the intervention team. Hence, all staff and volunteers were trained in psychological first aid (PFA) and self-care (in total 250 volunteers and staff).
• 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.

- Case management and cholera response include psychological support for affected families and other family members at risk.
- 3 training sessions on psychosocial first aid will be organised for volunteers on the three islands.
- 3 training sessions on the islands for volunteers to raise community awareness on prevention of endemic, pandemic and epidemic diseases.
- Production of 60 image boxes.
- The national company will coordinate the activities of the RCCE with the vaccination campaign in the 7 districts of Ngazidja.
- Psychosocial support for 200 people affected by the cholera epidemic.

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
# of liters of water distributed/day (m3)	80	100
# of water distribution points	10	2

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).
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.

WASH activities in Grande Comores and Mohéli have been slow to get off the ground. The very first activities were carried out at the beginning of the epidemic in February 2024. These activities were eventually abandoned in favour of the island of Anjouan because of the scale of the human damage in that area. This shortcoming has been taken into account in the implementation of capacity-building activities, namely the creation of disaster response teams.

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	200
# of volunteers having received a PSEA briefing	250	250
# 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” while 200 volunteers have signed the code of conduct. 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.

- As the PGI concept is considered to be a cross-cutting activity in all activities related to the response,
- 250 volunteers have received training on PGI during the various training sessions.
- 10 staff and volunteers were trained by the French RC in ‘gender and epidemics.
- Training of 35 CoRC staff members on PSEA and PGI.

Community Engagement And Accountability

Budget: CHF 58,575
Targeted Persons: 33,000

Indicators

Title	Target	Actual
% of community feedback collected and addressed.	90	250

# of people reached through village committees	999	500
% of cholera burials occurring without any objection from family or community	100	100

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 through 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.

Raising community awareness has been a challenge throughout the cholera response on the three islands. The introduction of a feedback system has helped to overcome a number of problems, including denial of the disease. The CEA pillar was central to the success of the cholera vaccination campaign in the Comoros, and especially in Anjouan. All these actions need to be repeated in Ngazidja and Moheli to support the DRS's communication campaigns. The lack of awareness and denial of the disease in the target areas means that additional volunteers are needed to cut the chain of contamination, which is becoming increasingly widespread in Grandes Comores.

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 needed to scale up its activities and increase their scope, the NS requested for a HR support of an operation manager as well as a Public Health ERU with IPC and CBS modules who have been deployed. Several profiles have been deployed through the RCRC movement various mechanisms. All deployment aiming to cover the existing gap and address the request raised by the NS. A strong coordination between the different profiles was put in place.

With the first DREF extension, additional surge profiles in addition to the operation manager were added to ensure the technical and operational efficiency of the intervention. In total, 6 surge profiles were deployed. This included:
• 01 CEA officer 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.
• 01 WASH coordinators deployed as surge for at least 2 months. The person supported all WASH activities initiated by PIROI, ERU team and the National Society.
Several technical support missions from the CCD and monitoring missions from the CDD.
• 2 finance support from the CCD 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.
• communication, Disaster law, NSD and PMER support missions from the CCD was deployed for 2 weeks in April and September October.

A Public Health ERU with the IPC and CBS modules was deployed in April for 4 months. The ERU supported Clinical IPC in CTCs, triage points and ORPs as well as set up and roll out a Community Based Surveillance system. The deployed team was composed 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.
For the new situation, there is no immediate need for surge deployments. The NS staff and volunteers acquired efficient competencies to allow them to maintain the required support to the Ministry of Health. The presence of the Operations manager suffices for the moment. Since the start of the operation, 4 monitoring missions have been conducted. Two are planned during this extension period as activities are finalized. Coordination forums will also be planned.

National Society Strengthening

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 missions to support, guide and orient the branches.
The NS with movement partners has already identified and mobilized the IPC and CBS pairs from the CoRC and the FRC delegation to support the ERU team in Anjouan to ensure the sustainability of actions and facilitate the handover of activities to CoRC. Hence, the following focal persons have been deployed:
▪ CoRC WASH Manager (in Anjouan with the team from 14 April).
▪ 2 CoRC 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 Officers, CoRC PCI Officers to support disinfections activities.
▪ 3-4 midwifes profile delegates from the FRC sub-delegation to accompany CBS activities.
Additional activities:

Based on the experience and capacity, the response strategy used in Anjouan, will be the same for Njazidja.
As the outbreak scaled up, the NS was obliged to deploy more staff (from 5 to 15) 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 their salary of 15 of CoRC staff that will be constant for the 11 months. This include WASH officer, WASH assistant, Health officer, health assistant, CEA officer (2), finance (2), communication, Youth and volunteers, Logs assistant, being the key continuous support to the intervention aside from the branch supervision team. In addition to the trained volunteers, this team will be efficient to provide the required services.
In every week, monitoring visits were conducted by the NS in the 3 Islands. A total of 41 monitoring visits were conducted by the NS leadership and staff.

About Support Services

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

A total of 20 NS staff (10 staff initially started and 10 more added later) and 250 volunteers are 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).

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. The Coordinator Ops and Programs for the Cluster Delegation office and the Head of Delegation conducted a monitoring visit in Comoros. Once the second vague upsurged, an operation's review has been conducted to assess the NS capacity and gaps and plan for the new response.

Please briefly explain the National Societies communication strategy for this operation

A communication strategy has been 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

IFRC

DREF OPERATION

MDRKM011 - Croissant Rouge Comorien
Cholera outbreak

Operating Budget

Planned Operations	**452 787**
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	166 962
Water, Sanitation & Hygiene	218 304
Protection, Gender and Inclusion	8 946
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	58 575
Environmental Sustainability	0
Enabling Approaches	**232 463**
Coordination and Partnerships	0
Secretariat Services	136 320
National Society Strengthening	96 143
TOTAL BUDGET	**685 250**

all amounts in Swiss Francs (CHF)

Click here to download the budget file

Contact Information

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

National Society contact: Daniel Ali Soumaili, Secrétaire général, soumaildani@gmail.com, +269 3607060

IFRC Appeal Manager: Maria Martinez, Head of IOI Country Cluster Delegation, maria.martinez@ifrc.org, +261321132624

IFRC Project Manager:
Dennis BARIYANGA, Operations and Programs Coordinator, IOI Cluster Delegation, denis.bariyanga@ifrc.org, +261321132615

IFRC focal point for the emergency:
Dennis BARIYANGA, Operations and Programs Coordinator, IOI Cluster Delegation, denis.bariyanga@ifrc.org, +261321132615

Media Contact: Susan Nzisa Mbalu, Communications Manager, susan.mbalu@ifrc.org, +254733827654

Click here for the reference