



COMOROS: CHOLERA

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The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 185 countries.

In Brief

This DREF Bulletin is being issued based on the situation described below reflecting the information available at this time. CHF 139,000 (USD 115,544 or EUR 84,550) has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to respond to the needs in this operation. This operation is expected to be implemented over 3 months, and will be completed by end of November 2007; a Final Report will be made available three months after the end of the operation. Unearmarked funds to repay DREF are encouraged.

For longer-term programmes, please refer to the Federation's Annual Appeal.

Background and current situation

A Cholera outbreak in Comoros Islands¹, which started to spread in early March 2007, has so far resulted in 23 deaths; about 1,111 cases have been recorded. Despite measures taken to ensure that the disease did not spread from Grande Comore Island to the other islands, cases have been reported in Moheli Island where some 12 cases have been confirmed. The Anjouan Island has so far remained unaffected. According to reports from the Indian Ocean Intervention Platform (PIROI²), hospital records have shown admission rates of 2.3 percent – 42 percent of them being people aged 45 years and above.

Cholera cases were largely under control in late February 2007 but picked up rapidly in July, especially in the last half of the month. On 7 August, international media reports indicated that 8 lives had been claimed since July. The number of cases within this period increased at an alarming rate despite measures taken by health authorities and the Comoros Red Crescent to contain it through community sensitization. The rate of infection has been reported at 0.4 percent, which equals 1,100 cases out of the 300,000 population in Grand Comore. Moroni District has been the most affected, with 61 percent of the confirmed cases and 32 percent of reported deaths.

Lack of appropriate hygiene measures linked to weak supply of safe potable water, crumbling sewage systems and garbage-filled streets are some of the factors that have fuelled the spread of the epidemic. In Grande Comore, the largest of the three islands in the Indian Ocean archipelago, the outbreak has also coincided with the traditional wedding season when villagers engage in communal meals. The risks involved include drinking unsafe water and eating contaminated or unclean food.

Cholera is not new to the Comoros: there were epidemics in 1975, 1998, 1999 and 2000. In 1999, an outbreak occurred on Anjouan Island where a total of 103 cases with 14 deaths were reported. Since the current outbreak started in February 2007, July and August have seen a dramatic increase in new cases. Some sensitization, education and communication efforts have been conducted by the government, in collaboration with the Comoros Red Crescent, United Nations Children's Fund (UNICEF), World Health Organization (WHO), and health non-governmental organizations. The Comoros Government has also issued control measures through public information to minimize the spread of Cholera.

¹ Comoros is an archipelago in the Indian Ocean made up of four islands (Grande Comore, Moheli, Anjouan and Mayotte). Grande Comore has the largest population (about 300,000 inhabitants).

² In French: Plateforme d'Intervention Regionale pour l'Océan Indien (PIROI).

Table 1: Reported Cholera cases in Comoros, as at 21 August 2007 (Source: PIROI)

Affected Islands	Districts	Affected villages	Cases	Deaths
Grande Comore	Moroni	Mde, Moroni and Tsidje	710	7
	Fomboni	Quartier Mouzdalifa and Midzoueni	4	0
	Foumbouni	Simamboini, Male, Pidjani and Foumbouni	112	6
	Ouzioini	Kourani ya Sima and Nyoumamilima	28	0
	Mitsamiouli	Bangoikouni, Ntsaoueni, Founga and Djomani	215	9
	Oichili	Itsinkoudi	7	0
	Mbeni	Hantsindzi	27	0
Moheli	Nioumachioi	Oualla 1 and 2, Ndremani and Nioumachio	8	1
Total			1,111	23

Red Cross and Red Crescent action

The government has tasked the Comoros Red Crescent to take the lead role in the Cholera response action. The National Society has been requested by the Ministry of Health of the Comoros Union to take up management and organization of Cholera treatment camps located in Moroni and Mitsamiouli, disinfection of people's homes and community sensitization. The National Society has mobilized 300 volunteers to effectively carry out its plan of action. Out of these, 90 have received training in handling patients and are being deployed in turns around the Cholera treatment camps to conduct food distributions, to clean and disinfect the camps, to assist medical personnel and to capture information that is necessary for shaping further courses of action – including health education. An action team is in charge of supply and treatment of water that is being used in the camps as well as overall management of sanitary facilities such as toilets.

At the request of the Comoros Red Crescent, the French Red Cross regional delegation for the Indian Ocean mobilized PIROI in order to secure necessary human and material resources to effectively address the epidemic. PIROI, in collaboration with the International Federation, has deployed its first stock of relief items, including Cholera disinfection kits. It has also provided a medical expert and a water and sanitation specialist to support the action teams from the Comoros Red Crescent in implementing the plan of action.

Proposed action

Goal: To contribute towards the reduction of Cholera outbreak in Comoros, targeting 150,000 people.

Objective: To effectively manage operations of Cholera treatment camps in Moroni and Mitsamiouli.

Planned activities:

- Train volunteers in active case identification/finding and referral, distribution of relief items and disinfection techniques.
- Keep records of daily activities within the Cholera treatment camps;
- Supervise water supply and treatment for use within the camps.

Expected results:

- The Cholera treatment camps offer effective and timely assistance to new Cholera cases;
- The Comoros Red Crescent has a functional and effective community-based Cholera surveillance system;
- Sanitation facilities within the camps are properly maintained.

Objective 2: To promote individual and environmental hygiene in order to break the transmission chain of the epidemic.

Planned activities:

- Carry out extensive disinfection of homes – including walls, floors, latrines, water points, clothing, furniture, kitchenware and beddings;
- Conduct health education on Cholera prevention and control;
- Respond to new cases through early detection, provision of oral rehydration salts (ORS) and disinfection.

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Expected results:

- Environmental and individual hygiene standards have improved;
- The population receives preventive treatment, including ORS treatment for mild diarrhoeal disease among case contacts.

Objective 3: To sensitize 150,000 people to the signs and symptoms of Cholera and encourage communities to refer cases to the nearest health centres.

Planned activities:

- Distribute information, education and communication (IEC) leaflets to the affected as well as unaffected populations;
- Use the media to reach the populations with preventive messages;
- Put up preventive messages at strategic locations such as market places, strategic roads, latrines and bathing areas so as to reinforce behavioral change.

Expected result:

- Reduced the number of new Cholera cases in the operational area.

Federation Coordination

The International Federation's Indian Ocean sub-office has been actively involved in coordination of efforts to prevent and mitigate the spread of the epidemic. The office has developed resource mobilization strategies to secure funding which would enable the Comoros Red Crescent to effectively address the outbreak. Regular information exchange has been ongoing between the Comoros Red Crescent, the French Red Cross and the Federation sub-office; the information has also been shared with the Federation Zone office in Nairobi.

A crisis committee has been set up in a bid to respond to the epidemic through active coordination. The committee is made up of the Ministry of Health for the Comoros Union and the Grand Comore Island, the Comoros Red Crescent, the French Red Cross, UNICEF and WHO. Since July 2007, the committee has been holding bi-weekly meetings to share latest information and to seek new avenues for action. Through its initiative, a multi-sector team comprising of a health specialist, a Comoros Red Crescent member, a disinfection specialist and prevention member have been conducting regular visits to affected districts to discuss with local authorities as well as civil and religious groups with a view of stimulating community participation. The first trip discussed action points with local health authorities to ensure a coordinated response. A second trip to affected communities in the Grande Comore Island was scheduled to take place starting on 29 August up to 5 September, targeting Fombouni, Ouzioini, Moindzaza, Mitsamiouli, Mbeni, Oichili and Mitsoudje districts. Apart from acting as monitoring tools, the visits are aimed at reinforcing controls put in place by the Comoros Government on communal feasts as these feasts have been identified as the quickest means through which the epidemic spreads.

The French Embassy in Moroni has contributed EUR 15,000 to support Comoros Red Crescent's activities. UNICEF has provided vehicles to facilitate disinfection and sensitization activities and has donated 900 kilogrammes of chlorine. UNICEF is also planning to produce and circulate some 14,000 posters to enhance the sensitization and awareness activities. WHO has deployed two vehicles for similar activities. The Village Hygiene Committee based in Fombouni has taken the lead role in management of the Fombouni Cholera treatment camp.

Capacity of the National Society

Due to the limited capacity of the Comoros Red Crescent, the International Federation intends to deploy its personnel to support in the implementation and reporting of the operation.

How we work

All International Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the National Society profile, please access the Federation's website at <http://www.ifrc.org>

The Federation's Global Agenda

The International Federation's activities are aligned with under a Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

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