

DREF bulletin update



International Federation
of Red Cross and Red Crescent Societies

Comoros: Cholera

DREF Operation no. MDRKM001;

Update no. 1

13 November 2007

The International Federation's DREF is a pool of un-earmarked funds to ensure that immediate funding is available in the event of an emergency. It is a flexible tool that can be used in the case of a sudden onset disaster, when the rapidity of the response is vital to saving lives, or in the case of a slow onset disaster, such as drought or food insecurity. Funds are also made available for smaller-scale emergency operations, for forgotten disasters and for disaster response preparedness activities where Emergency Appeals are either not appropriate or there is limited donor interest.

Period covered by this Update: 7 September to 25 October 2007.

Summary: CHF 139,000 was allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 7 September 2007 to respond to the needs of this operation.

A general decline in hospital admissions has been observed within the cholera treatment centres (CTCs) in Moroni and Mitsamiouli districts. Latest reports indicate that the situation in Moheli Island is stabilizing with no new deaths reported since 21 August. With close collaboration with health authorities, joint efforts between the Comoros Red Crescent and the French Red Cross have enabled the epidemic to be brought to a manageable level with no deaths reported between 11 and 25 October 2007.

This operation is expected to be implemented for 3 months, and will be completed by end of November 2007; a DREF Bulletin Final Report will be made available three months after the end of the operation.

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The situation

The cholera epidemic which started in early March 2007 in Comoros has registered a total of 1,480 cases and 29 deaths. With an increase of new infections by about 33 per cent since 7 September, the epidemic continues to affect Grande Comore and Moheli islands.

Despite the passing of the communal festive season¹, the spread of the cholera still persists in some regions of Grande Comore's Mitsamiouli District, including Bangoua-Kouni and Bouni. Mitsamiouli has recorded the highest infection rates and a cumulative caseload of 353, reflecting an increase of more than 60 per cent as from 7 September. The number of cases in Moroni District has increased by 62 as from early September.

¹ The sharp increase in cholera infection rates in August was attributed to the festive season (Ramadan and weddings) as people gathered to feast; drinking unsafe water and consuming contaminated food increased.

Table 1: Cholera epidemic in Comoros Islands (March to October 2007)²

Island	Districts	Population	Caseload	Deaths	Infection rate (per 100,000 people)	Case fatality rate (%)
Grand Comores	Moroni	143,013	772	9	142.3	1.2
	Mitsamiouli	61,116	353	11	577.6	3.1
	Mbeni	37,383	49	0	131.1	0.0
	Oichili	26,020	34	0	130.7	0.0
	Ouzioini	26,665	34	0	127.5	0.0
	Foumbouni	39,359	153	7	388.7	4.6
	Mitsoudje	24,456	34	1	139.0	2.9
Moheli	Fomboni	24,806	6	0	24.2	0.0
	Wanani	6,440	21	0	326.1	0.0
	Nioumachioi	6,054	24	1	396.4	4.166
Anjouan	7 districts	289,669	0	0	0.0	0.0
Total		684,981	1,480	29	216.1	1.959

However, a general decline in hospital admissions has been observed within the cholera treatment centres (CTCs) in Moroni and Mitsamiouli districts. Latest reports indicate that the situation in Moheli Island is stabilizing with no new deaths reported since 21 August. With close collaboration with health authorities, joint efforts between the Comoros Red Crescent³ and the French Red Cross have enabled the epidemic to be brought to a manageable level with no new deaths reported between 11-25 October.

Coordination and partnerships

The Comoros Red Crescent is a member of the taskforce team set up by the National Committee for the Fight against Cholera (CNCL)⁴ to coordinate the overall response to the epidemic. Humanitarian and government actors are represented within the taskforce. Meetings are held twice every week where situation updates on the epidemic's evolution are shared and decisions which are tailored to address the holistic control of its spread are made. Members of the taskforce and their respective roles in the operation are as shown below.

Table 3: Government, humanitarian and media agencies within the Coordination Team

Taskforce members	Contributions to the cholera control efforts
The Office of the Vice President	Health management (human and medical resources) within EI Maarouf CTC in Moroni.
Ministry of Health	Health management (human and medical resources) within the CTC in Mitsamiouli.
UNICEF	Financial support to produce IEC materials, logistics and purchase of chlorine.
World Health Organization (WHO)	Provided a vehicle to transport medical items.
National Pharmacies Board (PNAC ⁵)	Supply of Ringer Lactate, ORS and light foods.
Red Cross and Red Crescent Movement (CRC)	Management of CTCs, disinfection and community sensitization. The CRC coordinates taskforce programmes and has been requested by CNCL to deploy Ringer Lactate stocks to Anjouan.
Media Organizations	Information dissemination through radio, television and newspapers.
Additional Support	Contributions to the cholera control efforts
The French Embassy in Moroni	Increased its financial support to EUR 25,000

² Source: Weekly Epidemiologic Bulletin, Ministry of Health of the Comoros Union, 15 October 2007.

³ Comoros Red Crescent: <http://www.ifrc.org/where/country/check.asp?countryid=186>

⁴ In French: Comité National de Lutte contre le Choléra (CNCL)

⁵ Pharmacie Nationale Automomes des Comores (PNAC)

Red Cross and Red Crescent action

With close support from the International Federation, the Indian Ocean Intervention Platform (PIROI)⁶ has sent disinfection kits, each with a 16-litre capacity, necessary for the Comoros Red Crescent volunteers to conduct effective hygiene and sanitation activities. It is estimated that at least 144,800 people have benefited from the disinfection activities conducted by the volunteers since February 2007.

The medical assessment specialist and a water and sanitation (WatSan) coordinator deployed by PIROI continue to work with the Comoros Red Crescent in conducting assessments and setting up facilities to check the spread of the epidemic.

Apart from the two cholera treatment centres situated in Moroni (El Maarouf) and Mitsamiouli, the volunteers are supporting health activities within a third centre recently set up in Foubouni (in the south). A total of 1,305 cholera patients have received medical assistance at the cholera treatment centres since February 2007.

Progress towards objectives

The cholera intervention aims at ensuring effective management of the cholera treatment centres established in Moroni and Mitsamiouli, promoting individual and environmental hygiene in order to break the transmission chain of the epidemic and sensitizing 150,000 people to the signs and symptoms of cholera as well as encouraging case referral. As shown in the table 2 below, 140 Comoros Red Crescent volunteers have been deployed.

Table 2: Volunteers mobilized for cholera control

Activity areas	CTC	Disinfection	Sensitization	Media	Total
Number of volunteers mobilized per day	20	7	6	1	34
Total number of volunteers mobilized	90	10	10	30	140

Objective 1: To effectively manage operations of cholera treatment centres in Moroni and Mitsamiouli.

Progress:

A hundred and twenty Red Crescent volunteers – in addition to medical and paramedical technicians – received training on prevention, sensitization and disinfection techniques during 3 workshops conducted by the Comoros Red Crescent. Fifteen to twenty trained volunteers have been keeping watch over the CTCs on 24-hour rotation basis and another 7 volunteers, equipped with protective gear (boots, gloves and goggles) provide regular disinfection using chlorine solution. Additionally, they receive new patients, provide assistance to the health teams and patients who need to visit latrines, help with oral re-hydration salt (ORS) intake and preparing food. Three hundred and fifty four cholera patients have received medical assistance at the centres since the CRC began its intervention (24 August up to 8 October 2007).

The two cholera treatment centres are situated within hospitals but in separate buildings, where access is closely monitored by the Red Crescent volunteers. Entrances have bulletin boards that indicate the daily activities inside the observation and re-hydration wards. All persons entering and leaving the isolation camps are required to disinfect their hands and feet, including shoes. With support from PIROI, a clean and adequate water supply has been maintained at 20 litres per patient per day. In addition, latrines have been set up in Mitsamiouli and reserved for use by the patients admitted at the CTC; latrines in Moroni (El Maarouf) are being rehabilitated.

⁶ Plateform d'Intervention Régionale pour l'Océan Indien (PIROI).

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

Progress:

Six hundred and twenty four homes (10 people per household) and 339 latrines have been disinfected by Comoros Red Crescent volunteers using chlorine solution between 21 August and 15 October. More than 900 antibiotic tablets have been distributed, including 410 to people who came into contact with cholera patients, in order to prevent the spread of the disease. More than 20 Red Crescent volunteers have been equipped with protective clothing and are conducting disinfection of domestic items – such as beddings, cooking items, furniture and clothing – and surfaces, including walls, floors, latrines and water points designated for new patients arriving at the CTCs. The volunteers also continue to monitor ORS intake among the patients admitted. Through telephone and radio communication, the volunteers maintain regular contact with the CTC coordinator who informs them of new arrivals in time for them to get prepared.

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.

Progress

With support from local authorities, at least 40 Comoros Red Crescent volunteers are conducting community sensitization across areas affected by the cholera epidemic through public education, visits to homes, circulation of information, education and communication materials (IEC), and media services. By the time of reporting, 20 sensitization campaigns had already been conducted across the island benefiting 2,000 people directly and indirectly. The volunteers have approached religious leaders in mosques and Islamic schools with prevention and awareness messages to capitalize on their unique capacities to reach a wider population. During all sessions, the volunteers have been attempting to trace the origins of the epidemic and its transmission chain through epidemiological enquiry. Some 14,000 IEC materials have been printed with support from UNICEF and the volunteers have posted them strategically around the island. Six thousand pamphlets prepared by the National Society have been printed and are being distributed. An additional 400 specification sheets on preparation of chlorine solution have been produced, targeting school heads. The community sensitization interventions have helped to raise the awareness of at least 147,600 people on cholera prevention and control.

Taking advantage of the mass media, the Comoros Red Crescent has conducted at least 11 audio and video recording sessions on cholera prevention. These programmes have been aired on national radio and shown on television, with a total of 46 minutes of airtime. The first press conference was held by the National Society on 20 August 2007. One volunteer with journalism qualifications has been tasked to coordinate media relations and information broadcasting. Some 30 volunteers of the National Society have also produced a play with a message on cholera signs, symptoms and transmission agents as well as prevention through disinfection and sensitization on proper sanitation. The play has been recorded and will be dramatized on the country's television channels.

Capacity of the National Society

In addition to the medical assessment specialist and the WatSan engineer, a programme coordinator has been deployed for 3 months (5 September to 10 December 2007) to provide technical support in monitoring and evaluation and to enable the CRC implement its plan of action accordingly. An evaluation of knowledge, aptitude and practice is expected to be conducted at the end of the operation to determine the strengths, weaknesses, opportunities and threats following the extensive community sensitization campaigns.

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.

The International Federation's activities are aligned with its 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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