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Reporting period: 16 March to 14 April 2024

# Comoros Country Office

## Humanitarian Situation Report No. 3

unicef for every child

## Highlights

- Since the declaration of the cholera epidemic on 2 February 2024, and as of 14 April, Comoros has recorded **1484 positive cases of cholera and 38 deaths**, representing a **2.5% case mortality rate.**
- **Anjouan island is currently the epicentre** of the epidemic, and all three islands continue to report cholera cases. All of the country's 17 health districts have reported cases.
- **Children and adolescents make up more than 40% of cases** reported.
- Through partnership among UNICEF, the Ministry of Health, and the Comorian Red Crescent, **19 Case Area Targeted Interventions (CATI) teams** continued to intervene across the three islands to prevent further cholera transmission. These teams **reached 3300 households** with house decontamination and **stop cholera kits,** and over **10,500 individuals** via door-to-door or small group interactions.
- A **risk communication campaign was carried out ahead of Eid**, to reduce the risk of cholera transmission at celebrations. Multiple channels were used including religious preaches, national television and social media. Handwashing devices with soap were installed in over 70 mosques.
- UNICEF **installed a handwashing device with soap** at the listening and care services centre for children and women survivors of violence in Moroni.

## Situation in Numbers

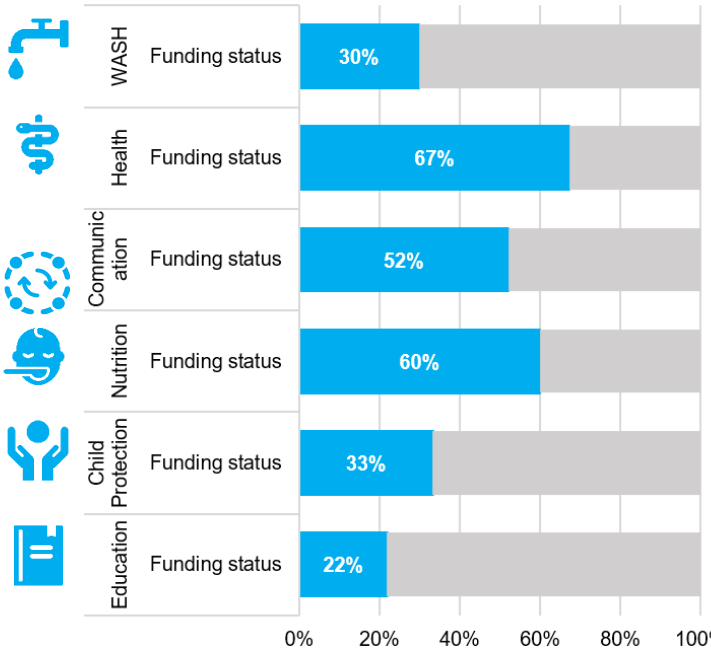
**>40%**
Of total cholera cases are children and adolescents

**1484**
Cholera cases (RdT+)

**38**
Deaths from cholera
(Government Sitrep, 15 April 2024)

**3**
Islands with active cholera cases (nationwide)

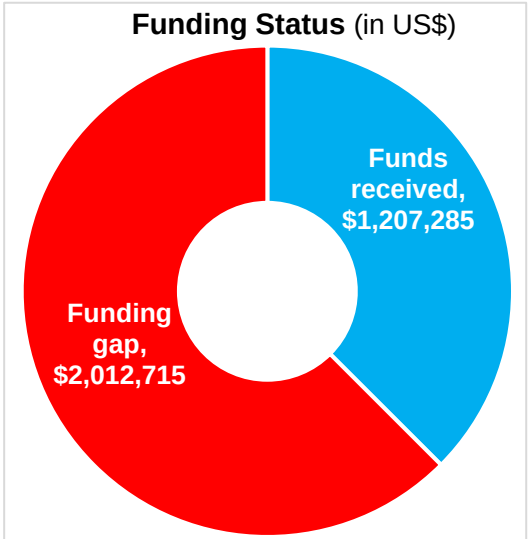
## UNICEF Response and Funding Status




*Available funding includes funds received during the current year and repurposed funds with agreement from donors.

## UNICEF Appeal 2024

**US$3.22 million**



## Funding Overview and Partnerships

UNICEF is urgently **appealing for US$3.22 million to provide life-saving response** and prevent further spread of cholera in Comoros. The UNICEF Comoros Country Office has been able to respond rapidly by drawing upon $4,603 in pre-positioned supplies; a $150,000 allocation from the Humanitarian Thematic Fund at regional level – a pooled, flexible multi-year fund supported by various donors enabling UNICEF to respond quickly to emergencies; and a $350,000 internal loan from the UNICEF Emergency Programme Fund (EPF). Additionally, the Japanese International Cooperation Agency (JICA) has agreed to UNICEF reprogramming of $300,000 from a development grant to bolster the emergency response efforts; the UNICEF German National Committee has provided $198,000; the UNICEF French National Committee $104,000; and $100,000 has been received from the UNICEF Global Health Thematic Fund (a pooled, flexible multi-year fund supported by various donors).

Despite these much-appreciated contributions, the UNICEF cholera response in Comoros is currently experiencing a **funding gap of 62%**. Further resources are urgently needed to respond to the evolving humanitarian needs across the different sectors – including Water, Sanitation and Hygiene (WASH); Health; Risk Communication and Community Engagement (RCCE); and Education. Early and rapid investment is key to slowing the spread of the epidemic and preventing further infections and deaths of children and adults across the islands of Comoros.

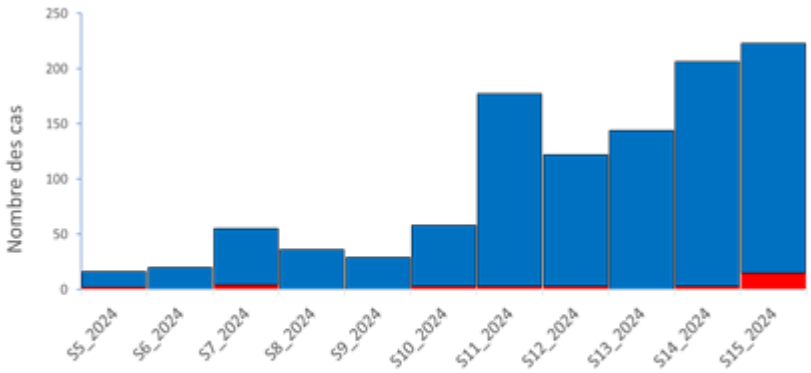
## Situation Overview & Humanitarian Needs

The cholera epidemic in the Union of Comoros was officially declared on 2 February 2024. The most recent prior outbreak of the disease on the national territory occurred in 2007.

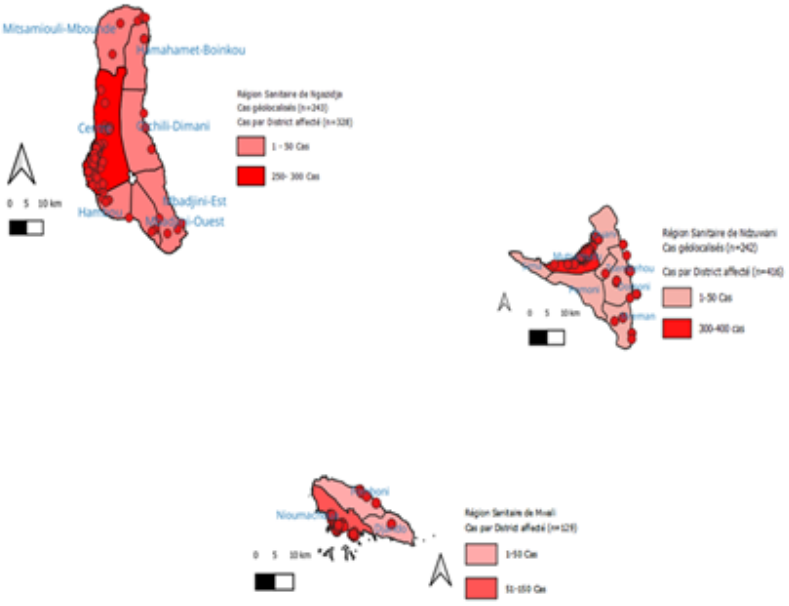
As of 14 April 2024, 1,773 suspected cases have been tested, with 1,484 testing positive in the rapid test (a positivity rate of 84%). The figure recorded thus indicates extremely high transmission intensity. Cases have been increasing for the past four weeks, with the week of 8 to 14 April (week 15) recording the highest number of cases since the start of the epidemic.

Thirty-eight deaths attributable to the disease have been reported, 31 of which happened at community level. This suggests significant denial of cholera among the population but also the need to strengthen health care coverage. Fifteen of these deaths (40%) were reported in the week of 8 to 14 April (week 15).

All three islands of Comoros continued to experience cholera transmission, with all of the country's 17 health districts having reported cases. Transmission has been relatively low in Grande Comore and Moheli during the reporting period, but very intense in Anjouan, where a new outbreak occurred in the municipality of Domoni, in addition to the Mutsamudu hotspot that remains active. There have been approximately 100 cases reported daily reached in the week of 8 to 14 April (week 15) in Anjouan. Overall, since the beginning of the epidemic, Anjouan has the highest incidence with 929 cases, followed by Grande Comore with 365 cases and Moheli with 190 cases. Anjouan also has the highest number of deaths with 22 deaths (58% of all deaths), including 19 community deaths.



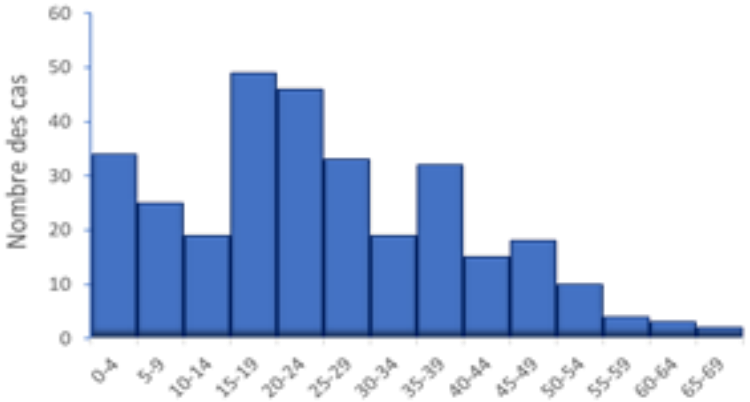

**Weekly trends in cholera cases and fatalities in Comoros.**
**Source: Government of Comoros, Ministry of Health, Situation Report No. 35**




**Geographic distribution of cholera cases in Comoros.**
**Source: Government of Comoros, Ministry of Health, Situation Report No. 35**

The community at large remains at immediate risk of contracting the disease and, consequently, further transmitting it to others. Nationally, men account for 59% of all cholera cases, and children and adolescents remain at risk, representing approximately 40% of all cases.

In Domoni (Anjouan island), according to data from the Ministry of Health, two groups of people are particularly affected: school and university students, accounting for approximately 35% of cases, as well as stay-at-home women, who represent 17% of cases.




**Age distribution of cholera cases in Comoros**
**Source: Government of Comoros, Ministry of Health, Situation Report No. 35**

This imported epidemic in the Union of Comoros has already affected the neighbouring island of Mayotte, where five cases (four laboratory confirmed) have been reported in this reporting period. There is also a risk that the epidemic spreads further in the region, for instance, to Madagascar.

In the urgent effort to control the cholera outbreak, UNICEF remains fully committed to supporting the Government of Comoros through close coordination and collaboration, enabling the necessary scaling up of efforts to address the key challenges faced.

## Summary Analysis of Programme Response

### WASH

Increased supplies capacity and monitoring allowed the **Case Area Targeted Interventions Teams** to carry out a greater number of interventions in line with the required standards. Since the beginning of the outbreak, and despite persistent logistical and organizational challenges, the CATI Teams have been able to conduct more than 80% interventions within 24 hours of suspected case notification. These mixed teams see UNICEF join forces with staff from the Ministry of Health and the Comorian Red Crescent. Across the three islands, 3,300 households affected by cholera and nearby households facing direct risk received cholera prevention kits. These households also underwent decontamination of their homes, latrines, and communal areas, while receiving awareness messages on cholera risks and hygiene promotion. Over 10,500 individuals directly benefited from the door-to-door outreach and targeted small group messages.




In the epidemic hotspots of Moi Moi and Pajé on Anjouan (Mutsamudu municipality), five manual **chlorination points** were established, designed to treat drinking water collected from the river by the local population.

The death of an individual at community level due to cholera greatly increases the risk of the disease spreading within the given community. Thus, in response to the community deaths recorded – and taking local funeral rite practices into consideration – UNICEF partnered with the Anjouan Regional Health Directorate and the Red Crescent to launch a highly responsive **training initiative on dignified and secure burials**, training and equipping morgue employees in the target communities with respective skills and tools. Plans are in place to extend these capacity-building actions across all areas with proven cholera transmission.

The Fomboni Cholera Treatment Centre (CTC) in Moheli island was evaluated to strengthen **infection prevention and control**, while hygienists in the Domoni CTC in Anjouan island received on-the-job training to immediately improve

infection prevention and control. Although these centres do not yet meet all expected standards, the minimum is being done to minimize the risk of infection in treatment centres.

## Health

The reinforcement of epidemiological surveillance remains a priority, as it is directly linked to the success of the CATI approach. In collaboration with the World Health Organization (WHO), UNICEF has proposed a **model for an acute diarrhoea registry** – compiling suspected cases at each medical care facility to ensure that no cases are missed. In a similar vein, a shared linear list will be established among all stakeholders helping to control the cholera outbreak. This list serves as a guide for the CATI approach and for multisectoral, targeted actions in hotspot areas.

**Provision of medical supplies** has continued, with three cholera treatment kits delivered to regional health authorities (two kits for Anjouan and one for Moheli). Each kit is equipped with the necessary materials to care for 100 patients, complementing those already supplied by the Government. In addition, the Minister of Health visited Anjouan jointly with UNICEF and WHO to assess the situation and encourage multisectoral action.

UNICEF also supported the Regional Health Directorate of Anjouan to **evaluate the capacity for management of cholera in Anjouan**, covering medical logistics and compliance with the treatment protocol, and jointly with the Regional Health Directorate, provided on-the-job training for the Domoni CTC health personnel to improve the quality of cholera case management.

## Risk Communication and Community Engagement

UNICEF conducted **mass media awareness-raising** in partnership with 37 community media outlets, reaching over 153,700 people with key engagement messages on cholera response. Through **direct person-to-person communication** (door-to-door, group discussions in schools, markets and other public places), more than 18,500 people were brought into contact with community health workers, villages heads, and Red Crescent volunteers. These interpersonal efforts were complemented with **digital messaging**, with 5 new pieces of content produced, featuring religious leaders and Cholera Treatment Centre workers – as part of a digital campaign which has now reached over 51,200 social media users. Special efforts focused on **risk communication ahead of Eid**, through religious preaches, national television and billboards, among other communication channels. Handwashing devices with soap were also installed in front of more than 70 mosques.

UNICEF also collaborated closely with the French Red Cross, which conducted a rapid socio-anthropological study covering the three islands, to gather direct insight into the perceptions and behaviours of community members in regard to cholera. The study was designed to allow these insights to be quickly actionable and UNICEF has already started to adapt its interventions on the ground in line with the results of the study.

## Nutrition

At the Hombo Cholera Treatment Centre on Anjouan, UNICEF put in place a **detection system to ensure that children presenting cholera symptoms are screened for malnutrition**, to enable the health care teams to apply the adapted cholera treatment, as planned in the national cholera treatment protocol. Plans to extend these actions to all cholera treatment sites are currently being developed, with special attention to the El Maarouf Hospital in Moroni which is used as a triage site prior to transferring cholera cases to the Sambakouni Cholera Treatment Centre. In addition, UNICEF sent to the Anjouan Regional Directorate of Health **four handwashing devices with soap** for health centres offering nutrition services, as a preventive measure.

## Child Protection

With cholera causing increased impact on the island of Anjouan, UNICEF, the Regional Department in charge of child protection and the Red Crescent **sensitized the 20 members of the adolescents' club** of the Mutsamudu Public High School on the issue of cholera. The activity involved an exercise with questions to assess the participants' level of awareness, and at the end, the responses showed that the adolescents, through watching awareness-raising videos on cholera and receiving tailored insight from the practitioners, had become adequately informed to be able to protect themselves and to sensitize their families and friends.

In addition, the listening and care centre for children and women survivors of violence in Moroni, Grande Comore was equipped with a **handwashing device with soap**, as a preventive measure.

### Education

In partnership with the Red Crescent, **cholera response activities for school authorities**, aimed at containing the spread of cholera in schools, continued on Grande Comore and were extended to Anjouan and Moheli. During the reporting period, 101 schools (9 in Grande Comore, 90 in Anjouan and 2 in Moheli) and 13 madrassas (in Anjouan) have been affected by cases of students infected with cholera within their homes/communities. In line with the operating procedures in place, no schools have been closed following the detection of cholera cases among students, despite pressure from local authorities. Cholera awareness-raising activities were carried out in 37 schools (6 in Grande Comore, 30 in Anjouan and 1 in Moheli) and 9 madrassas (in Anjouan), which were also disinfected and equipped with handwashing facilities and soap. This directly reached 10,500 children and indirectly impacted many more within households and local communities.

The Ministry of Education and UNICEF undertook a joint mission to Anjouan to support the Regional Education Directorate and monitor the effective implementation of the standard operating procedures (SOPs) related to cholera prevention and response in schools. Of the 56 schools that were visited, close to half had handwashing facilities with soap, 20% were engaged in activities to raise awareness about nearby street food stalls, and 47% had a water point where students could obtain drinking water and refill handwashing facilities. Additionally, UNICEF is in the process of distributing cleaning/hygiene kits to affected schools, to ensure the health and safety of children and reassure parents that they can continue sending their children to school.

### Logistics / Operations

Even prior to the cholera outbreak, Comoros faced **significant challenges**, including high costs and periodic unavailability of essential supplies, as well as unreliable air and sea transport within and between the islands of Comoros. These issues significantly complicate both regular programme implementation and the ability to address crises effectively. Operating costs thus exceed those borne by the typical UNICEF Country Programme.

The impact of such challenges has been compounded during Ramadan as the country prioritized food supplies, given its heavy dependency on imports. In addition, geopolitical events have contributed to large increases in shipping costs. The UNICEF cholera response is occurring within a particularly challenging logistical environment.

These challenges underscore the necessity for detailed planning and a robust response strategy to address the outbreak effectively. Understanding and accounting for these logistical constraints is imperative for optimizing resource allocation and ensuring swift and efficient delivery of aid and support to affected communities.

## Humanitarian Leadership, Coordination and Strategy

Further to the declaration of cholera, the Government has activated a **Coordination Committee to fight cholera**. Chaired by either the Minister or the Secretary General of the Ministry of Health, it serves as a pivotal platform for strategic planning and coordination. In addition, inter-ministerial meetings have been held to ensure collaboration among all relevant ministries, including the Ministry of Interior, the Ministry of Water, and the Ministry of Education. UNICEF is part of the Coordination Committee and has provided well-received technical contributions to the Government cholera response plan and its risk communication and community engagement plan.

UNICEF is also **working closely with the Ministry of Education** and supports its collaboration with the Ministry of Health. This collaborative effort ensures a comprehensive and integrated approach to addressing the challenges posed by cholera, particularly in the areas of education and public health.

## Human Interest Stories and External Media

UNICEF Comoros web article (French) : Aux Comores, Zakaria est soulagé que ses 3 enfants soient guéris du choléra
UNICEF Comoros video (French): Assiata a été confrontée à la dure réalité de voir 11 membres de sa famille être atteints par le choléra
UNICEF Comoros Facebook video : Découvrez comment nos équipes surmontent les obstacles naturels sur l'Ile d'Anjouan afin de protéger la santé de la population
UNICEF Comoros web page (French) : Cholera resource hub
UNICEF ESARO web article (English): UNICEF Comoros response to Cholera

El Pais newspaper article (Spanish): El cólera se multiplica en Comoras mientras parte de la población niega el brote

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## Annex A
## Funding Status*

| Sector | Requirements | Funds available | Funding gap | |
|---|---|---|---|---|
| | | | $ | % |
| WASH | 2,100,000 | 626,286 | 1,473,714 | 70% |
| Health | 350,000 | 236,000 | 114,000 | 33% |
| Communication | 510,000 | 266,000 | 244,000 | 48% |
| Nutrition | 50,000 | 30,000 | 20,000 | 40% |
| Child Protection | 30,000 | 10,000 | 20,000 | 67% |
| Education | 180,000 | 39,500 | 140,500 | 78% |
| **Total** | **3,220,000** | **1,207,786** | **2,012,214** | **62%** |

* As defined in the UNICEF Comoros Cholera Response Plan for February-July 2024, updated on 9 April 2024