This Emergency Appeal seeks a total of 2.4 million Swiss francs to enable the International Federation of Red Cross and Red Crescent Societies (IFRC) to support the Comoros Red Crescent Society (CoRC) to deliver assistance to some 20,000 people for 12 months, in Grande Comore, Moheli, and Anjouan Islands with a focus on Shelter and Household items (HH items); Community Based Health and First aid (CBHFA); Health, Water Sanitation and Hygiene (WASH); Disaster Risk Reduction (DRR) and Protection and Gender and Inclusion (PGI). Across all these interventions, IFRC will work closely with CoRC towards achieving cohesive National Society capacity strengthening in emergencies. The planned response reflects the current situation and information available at this time of the evolving operation.

The disaster and the Red Cross Red Crescent response to date

- **23rd April 2019**: Tropical Cyclone Kenneth forms in Indian Ocean with a trajectory to Comoros. CoRC started preparedness actions.


- **26th April 2019**: Initial 127,474 Swiss francs allocation from the IFRC Disaster Relief Emergency Fund (DREF) to meet the immediate shelter, WASH and health needs of 500 households. IFRC Surge Capacity deployed - Field Assessment and Coordination Team (FACT).

- **16 May 2019**: Emergency Appeal seeks 2.4 million Swiss francs to expand the immediate shelter, WASH and health needs of 20,000 people. A second DREF allocation of 172,526 Swiss francs is also granted to start activities.
The Operational Strategy

**Summary of Red Crescent response to date**
The initial CoRC response and early actions include the following:

The National Society volunteers conducted awareness activities targeting households at risk, to help them strengthen the roofs of their houses and provided early warning for appropriate preventive measures as the Tropical Cyclone Kenneth moved toward the Comoros. While the cyclone was making landfall, the following activities were conducted:

- Participation in the coordination meetings with Direction Générale de la Sécurité Civile (DGSC, ex-COSEP), OCHA and partners, with support from the IFRC and Plateforme d'Intervention Regional de l'Ocean Indien Croix Rouge Française (PIROI/CRF).
- Mobilization of 100 volunteers amongst whom 40 focusing in the north of Grande Comore and 10 in Moheli to provide early warning messaging for preparedness measures and safe evacuation.
- In Anjouan, the Secretary General of the CoRC branch participated in the local governorate crisis unit.
- Rapid needs assessments have been implemented by volunteers during the first week to ascertain the scale of the needs on the ground. The assessment team is compiling data and will inform the operational strategy, to allow the CoRC to position itself in the overall response to the current disaster.

The initial response includes emergency shelter and HH items distribution for the most vulnerable affected people in the three islands. During the initial phase shelter (two tarpaulins/households and tool kits) and HH items have been distributed to 500 households or 2,500 people. About 500 households kits have been distributed in the priority areas, identified through the multi sector assessment.

**Needs assessment and targeted communities**

**Needs analysis**
The rapid multisector assessments indicate that approximately 325,000 people have been affected. Grande Comore, Moheli, and Anjouan Islands have been impacted, with some flooded areas. Seventeen communes have been highly affected, counting 185,000 people.

**Shelter**
According to the needs assessment, 19,372 houses have reportedly been affected by winds or flooded, respectively 14,790 partially damaged, and 4,582 destroyed. Prior to landfall of cyclones, most of households at risk have been evacuated (moved out) to evacuation centres such as schools and sheltered within host families. These households are likely to stay in the evacuation centres and with host families while more durable early recovery and return strategies are put in place.

There is a need for provision of emergency shelter construction materials and alternative housing solutions, especially for families whose houses have been completely destroyed. It is also necessary to provide support, in the form of cash and or materials to improve the shelters of those whose houses have been partially destroyed. This support will be done through distribution of emergency shelter tools kits, tarpaulins and other items needed to build back better.

In addition, to the emergency shelter needs, affected families whose houses have been completely destroyed will require essential HH items, including kitchen sets, sleeping mats, lanterns, stoves etc., to ensure that at least their immediate needs are met.

Focus will be on recovery phase, proposing integrated resilience project, including Build Back Better and Safer as well as Participatory Approach for Safe Shelter Awareness (PASSA) to improve construction practices, in accordance with related Ministry and partners such as UN-habitat, Good practice for safer environment is considered.
Health
During evacuation, many people who were injured need first aid and medical care. Infectious diseases are already increasing in the aftermath of the disaster. Due to the flooding, congregation and unhygienic conditions in the shelters and in damaged houses, there is an increased risk of other outbreaks such as malaria and other diarrheal diseases. Outbreak of respiratory infections and vaccine-preventable diseases is a risk among affected people with an insufficient vaccination coverage. Psychosocial support is also needed especially for children to overcome trauma.

WASH
While the emergency response phase is ongoing, a detailed assessment will be carried out to develop a recovery strategy to restore and rehabilitate community water and sanitation facilities. At this stage, a tentative target of 1,000 households or 5,000 people will be supported with sanitation facilities at household level linked to the shelter plans and integrated among sectors. A low-cost latrine for rural and/or urban areas is to be designed with local technicians. Poor hygiene and sanitation conditions are likely to spread vector borne diseases. The operation includes hygiene promotion and distribution of mosquito nets for vector control.

In addition, 20 public schools will be supported with sanitation facilities and water tanks, teacher training, tools and materials, and awareness of children on WASH good practices. This will be done with a specific attention given to girls and ensuring child protection standards.

Disaster Risk Reduction (DRR)
People living in islands don’t have access to lead time cyclone warning to undertake preparedness actions. If there had been a community-based early warning system in place, the risk of damage to lives and belongings could have been reduced significantly. The assessment has identified needs for community-based cyclone preparedness, including an early warning and dissemination system.

Targeting of affected people
The operation will establish inclusive criteria to mitigate the risk of discrimination in the selection process. The Shelter, Health and WASH interventions focus on consideration of privacy and dignity of women, children, elderly, person with disability including appropriate design of latrines and ensuing that women and girls are engaged during assessment and programme development. Cash support will target women and child heading households to increase their self-recovery efforts and mitigate risk of Sexual and Gender Based Violence (SGBV).

Coordination and partnerships
Response coordination has been set up according to the National contingency plan with a co-lead by DGSC and OCHA. Necessary sectors have been established as per follow: Health/Nutrition, Education/Protection, Food security/Agriculture, WASH, Shelter, Logistics. Among those, three sectors have been defined has a priority: Food security/Agriculture, Health/Nutrition, Shelter/HH items. IFRC and CoRC are active in the coordination and co-lead the Shelter/HH items cluster.

CoRC is solicited by partners to implement distributions, such as food parcels (WFP), WASH items (UNICEF) and shelter (UNDP). Discussions are ongoing.

IFRC provides support to CoRC through its Indian Ocean Islands and Djibouti Country Cluster Support Team (IOID CCST) office based in Antananarivo, Madagascar. IFRC supports organizational development and coordination between International Red Cross and Red Crescent Movement (Movement) partners, UN organizations, International NGOs and Government disaster management authorities. IFRC is in contact with the UN coordination country team to ensure coordination and synergies.

IFRC Regional Office for Africa is providing strategic guidance and technical support in developing response strategies and coordination with Movement and non-Movement partners.
Proposed Areas for intervention

The overall goal of the intervention is to assist 20,000 people affected by the Tropical Cyclone Kenneth in integrated short-term emergency response and recovery interventions of shelter, WASH, health and DRR. The national society capacity strengthening in emergency with a focus on PGI and Community Engagement and Accountability (CEA) will be overarching strategy to inform an inclusive and timely response.

While the initial response is implemented, the multi-sectors assessment will be carried out to inform an integrated recovery strategy (resilience strategy) in order to switch quickly to recovery phase and implement long-term solutions. This includes Build Back Better and Safer actions planned in integration with other sectors.

Areas of Focus

**Shelter**

People targeted: 10,000 (2,000 Households)

- Male: 5,044
- Female: 4,956

Requirements (CHF): 1,000,000

Currently 2,000 households are reported to have been affected by winds and floods following the Tropical Cyclone Kenneth. Some of these families are sheltered in evacuation centres, others seek refuge within host families. IFRC strategy in this early phase is to provide emergency shelter assistance and cash-based interventions for recovery needs. Once these needs have been met, IFRC in collaboration with CoRC will distribute 1,000 HH items (including shelter kit, kitchen set, sleeping mattresses, stoves, lantern) to the target families. In addition, the families displaced in schools will receive shelter repair assistance, enabling them to return home as soon as possible. The shelter approach will be combined with WASH and Health to create a healthy environment for reducing related risks in an integrated strategy. In order to guarantee such an approach, the IFRC and CoRC are calling for a dedicated detailed recovery assessment to be launched in May 2019.

**Proposed interventions**

- Provision of HH items (shelter kit, kitchen set, sleeping mats, stoves, lantern) to affected households based on need.
- Target displaced households with assistance for implementation of owner-driven house repairs/upgrading and reconstruction.
- Identification of location in collaboration with local authorities for building back better and safer projects, considering that the majority of the damaged houses are self-built houses, vulnerable to natural disaster and made of iron, sheet and wooden structure.
- Distribution of vouchers or cash (if not possible, in-kind) to support the development of resilient shelter and settlements recovery activities.
- Dissemination of good practices for cyclone and resistant floods housing and settlements construction.
- Further assessment on the impact to shelter in affected areas.
- Undertake post distribution monitoring and evaluation.
**Health**

People targeted: 10,000 (2,000 Households)
- Male: 5,044
- Female: 4,956

Requirements (CHF): 180,000

Considering the increased risk of communicable diseases and the breakdown of the health system in the aftermath of the disaster, the health strategy aims to respond to the immediate needs of the population by providing first aid and health promotion and responding to health hazards through the deployment of 4 mobile health units managed at community level by volunteers. The health strategy will focus on preventing water borne disease, ensure referral of victims and injured people to operational health centres and implementation of awareness campaign on health-related environmental risks. Awareness will focus on vaccine (e.g., measles, tetanus for pregnant women), malnourished children (0-59 months), chronic diseases (hypertension and diabetes), hygiene promotion and epidemic monitoring malaria is endemic in Comoros with a peak in the hot season from February to October. Regular flooding result in stagnant water that creates ideal breeding sites for mosquitoes transmitting malaria and possibly other vector borne diseases.

**Proposed interventions**
- Provision of first aid kits and promotion of health and hygiene sensitization activities.
- Procurement, installation and roll out of 4 CBH and first aid mobile unit managed (Grande Comore*2, Moheli*1, Anjouan*1).
- Develop early detection activities to refer suspected persons to appropriate health care centers.
- Conduct CBHFA activities in communities.

**Water, sanitation and hygiene**

People targeted: 10,000 people (2,000 Households)
- Male: 5,044
- Female: 4,956

Requirements (CHF): 400’000

While the emergency response phase is ongoing, a detailed strategy will be designed together with a vulnerability assessment to consolidate the recovery strategy and the beneficiary selection for the longer-term. Households affected by the cyclone have urgent hygiene needs to be addressed in priority to prevent water borne disease outbreaks. The support will target both affected families which have been displaced and hosting households (1,000 households or 5,000 people) and will focus on water tanks cleaning, latrines repairs, provision of soap for hand washing and other use, the provision of buckets and jerry cans for safe storage of water, as well as hygiene promotion through awareness raising and sanitation/ clean-up campaigns in communities after the cyclone. Access to sanitation facilities equally needs to be addressed, especially in the school facilities which are used as temporary evacuation centres.

In addition, the operation includes provision of vector control activities such as distribution of 4,000 mosquito nets for 2,000 households (1,000 affected households and 1,000 hosting families).

**Proposed interventions**
- Provide water tanks cleaning (*150) to provide safe water to 20,000 people.
- Distribute buckets and jerry cans to 1,000 affected families.
- Construct emergency toilets for 1,000 households.
- Repair damaged latrines.
- Distribute 1,000 hygiene kits to the affected communities.
- Equip toilets in evacuation centers with handwashing facilities, anal cleansing material or water and menstrual hygiene disposals.
- Procurement and distribution of 4,000 mosquito nets (2/HH) for 2,000 families.
- Engage communities on hygiene and sanitation promotion developing a proper communication plan.
Disaster Risk Reduction

People targeted: 10,000 (2,000 Households)
Male: 5,044
Female: 4,956
Requirements (CHF): 180,000

As a small island state, the Comoros is frequently affected by tropical cyclonic events that is accompanied by heavy rains and strong winds that results in overwhelming flooding. IFRC intends to leverage the response and recovery phase as an opportunity to reduce future risks. In particular, the IFRC will work with CoRC and branches in affected areas to ensure recovery efforts actively build resilience to such future events. The recovery assessment will focus on anticipating recovery activities from the relief phase and that integrated approaches across appropriate sectors are implemented, including disaster risk reduction and resilience building initiatives such as community based early warning and dissemination system safe shelter awareness, small scale WASH activities and support to primary health care system. Activities will have a strong focus on climate-smart and community-based, community-led DRR and on capacity development of the responding branches, local government departments and the communities as a relevant stakeholder.

Proposed intervention
- Develop/revise community-based risk reduction action plans.
- Implement risk reduction/ mitigation measures including green belt for wind protection.
- Establish community context specific early warning and dissemination system.
- Prepare/review a DRR contingency action plan together with communities and al key stakeholders.
- Monitor implementation of disaster risk reduction measures.

Protection, Gender and Inclusion

People targeted: 10,000 people¹
Male: 5,000
Female: 5,000
Requirements (CHF): 40,000

Women, girls, men and boys including those with disabilities are differently impacted by the cyclone and specific measures are needed to tailor assistance to meet these needs. Monitoring activities on protection issues are carried out particularly for women and children displaced in evacuation centres, where they are vulnerable to sexual and gender-biased violence and child abuse. The operation will integrate PGI minimum standards in health, WASH and shelter components and ensure briefing on the Code of Conduct and Child protection policy. IFRC, CoRC and ICRC are collaborating on restoring family links as needed.

Proposed interventions
- Collect sex and age disaggregated data to inform areas of interventions.
- Map essential service providers for protection and ensure this information is disseminated to staff and communities.
- Provide Code of Conduct and Child protection policy briefing for all staff and volunteers engaged in the operation.
- Undertake monitoring for protection issues.

¹ Question about PGI will be integrated into assessment forms and will concern all Shelter areas targeted people.
Strategies for Implementation

 Requirements (CHF): 600,000

The current strategy of CoRC and IFRC is ensuring that urgent and priority needs are met as soon as possible and that a multi sector-integrated recovery plan between shelter, health, and WASH sectors- including cash transfer programming as well as building institutional and technical capacities of CoRC in order to make the National Society better prepared for and respond to disaster, with a focus on branches as centre of resilience- will contribute to develop early warning/early action protocols for an improved resilience of targeted community at risk.

Under the strategy for Implementation, the Emergency Appeal will focus on:

1. **Strengthen National Society** mainly in targeted branches where activities are conducted to develop early warning and early action activities, anticipating climate risks. The implementation of this cyclone response will be supported by the deployment of 100 CoRC volunteers, an Operations Manager and Regional Disaster Response Teams (RDRTs) to guarantee a quality and efficient intervention and from the early stage by the deployment of 2 SURGE staff to support the emergency phase and set up a recovery strategy for the response to Tropical Cyclone Kenneth. This includes 1 IFRC delegate supported by Luxemburg Red Cross and bilateral deployment of 1 French Red Cross PIROI staff. IFRC will complete this surge support with the deployment of 2 Surge (RDRTs) with Shelter and Wash profile. The objective of these deployments is to support CoRC in assessments, coordination, planning and implementing an effective and integrated operation. Further enhance CoRC technical capacity through building skills and knowledge of CoRC staff and volunteers in the programme areas where CoRC is actively engaged. The operation includes support for the 3 islands branches delegation disaster response teams (training, refreshment, insurance, equipment and performance) and will cover the costs of technical staff and operational staff. Additional human resource capacity that may be required to scale up in areas such resource mobilization, reporting, monitoring and technical support to ensure operational effectiveness will be further discusses between IFRC, CoRC and partners.

2. **Effective International Disaster Management** to reinforce humanitarian coordination mechanism with the government and local authorities, with Movement partners and among external partners. Operational start up support (DREF) has been used for the initial response; donors are strongly encouraged to support the scaling up of the response activities to cover more affected households in the three islands in the area of Shelter, Health, and WASH and enable environment reduce risk.

3. **Influencing Others as Leading Strategic Partners** to participate in local and national level coordination platform to influence humanitarian priorities to be reflected on overall response plan. Collaboration will be established with Red Cross Red Crescent Movement and non-Movement partners for better alignment and synergies in response actions.

**Communication**
IFRC regional and Secretariat staff will support CoRC in social media coverage, development of stories, photos, videos and donor materials. Communications training for volunteers and basic equipment is needed for three branches following identification of communication focal points.

**Logistics and Supply Chain**
Under the coordination of the Regional Logistics Unit (RLU), the logistics team ensures that the supply chain structure is fully operational, enabling the setting up of logistic needs, mobilization table and pipelines. According to the local market capacities, the program urgencies and the resource available, the operations are prioritized as follow: time, availability, cost and quality.

**Community Engagement and Accountability (CEA)**
Community engagement activities are essential at all stages of the response. Transparent, clear and effective community engagement approaches are critical to ensure that community-based solutions are at the forefront of the IFRC response. Tracking the perceptions and information needs of communities ensures that households in the most affected areas have access to relevant and useful information, their questions are answered, and messaging is tailored to their current beliefs and concerns. Collective and coordinated community engagement approaches will be considered with other partners and Red Cross will be connected to the upcoming feedback.
hotline being established by the protection cluster. As only 58.8% of the population can read and write, face to face communication is highly trusted and radio is a very popular medium in rural areas to deliver key messages.

**Cash and Voucher Assistance (CVA)**
CVA is currently little developed in Comoros, considering that the market seems to be recovering quickly. Voucher, cash and in-kinds could be used during the recovery phase for reconstruction materials and livelihoods activities (restoring tools and seeds). An important component of a CVA intervention in Comoros would include strengthening the capability of the CoRC in this form of aid delivery.

**Planning, Monitoring, Evaluation and reporting (PMER)**
The PMER team work closely with IM to support data collection and analysis through Kobo Collect, ensuring compliance with expected deliverables and reporting requirements. Regular missions to guide the field on monitoring systems and activities and supporting community satisfaction surveys and baseline surveys to inform future monitoring and changes to the operational plan will be carried out by PMER Unit. Further reviews, lesson learning, Real Time Evaluations and final operational evaluations will be developed as required to capture the performance, including the successes and challenges of the operation and advice on future operational strategies.

**Information Management (IM)**
In close coordination with heads of sector and partners, IM team works to develop an efficient data collection system to facilitate a detailed analysis process and provide information critical to understand the scope and scale of emergency needs through a platform where information on emergency needs are connected to the right response.

**Organizational Development in Emergencies**
As CoRC is going through a number of reform processes since last year with a new leadership in place, the response to Tropical Cyclone Kenneth will put additional pressure on the National Society limited capacity and will demand scaling up of staffing and other organizational components. The Leadership development - through mentoring and coaching on crucial decision-making processes- is thus needed.
## Budget

**EMERGENCY APPEAL**  
*MDRKM007- Comoros – Tropical Cyclone Kenneth*  
**Funding requirements – summary**

<table>
<thead>
<tr>
<th>Area of Intervention</th>
<th>Needs in CHF</th>
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<tr>
<td>DISASTER RISK REDUCTION</td>
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<tr>
<td>SHELTER</td>
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<tr>
<td>HEALTH</td>
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<tr>
<td>WATER, SANITATION AND HYGIENE</td>
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<tr>
<td>PROTECTION, GENDER AND INCLUSION</td>
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<td>STRENGTHEN NATIONAL SOCIETIES</td>
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<td>ENSURE EFFECTIVE INTERNATIONAL DISASTER MANAGEMENT</td>
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<td>ENSURE A STRONG IFRC</td>
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<tr>
<td><strong>TOTAL FUNDING REQUIREMENTS</strong></td>
<td><strong>2,400,000</strong></td>
</tr>
</tbody>
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*Elhadj As Sy*  
Secretary General
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**How we work**

All IFRC 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 the Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere) in delivering assistance to the most vulnerable. The IFRC’s vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC’s work is guided by Strategy 2020 which puts forward three strategic aims:

- **Save lives, protect livelihoods, and strengthen recovery from disaster and crises.**
- **Enable healthy and safe living.**
- **Promote social inclusion and a culture of non-violence and peace.**