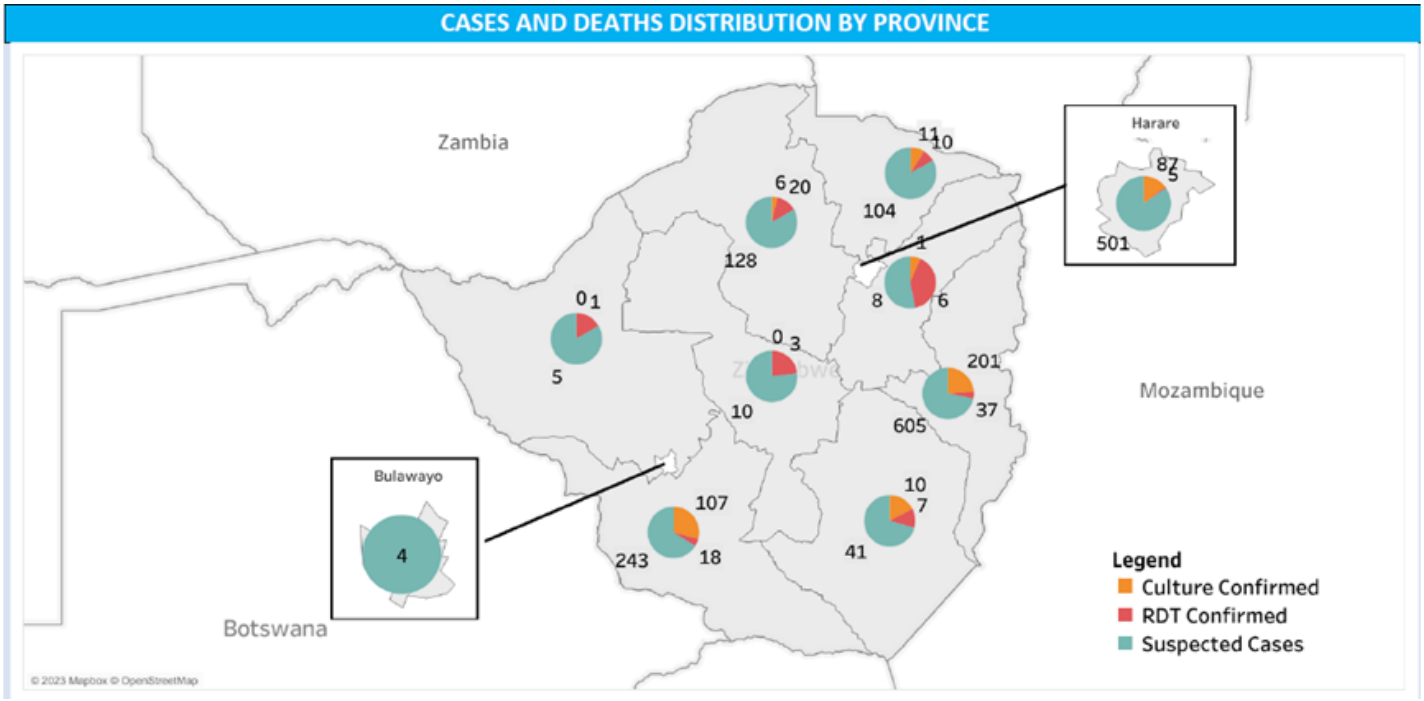
DREF OPERATION

Zimbabwe - Cholera outbreak Response

ORP orientation training

Appeal: **MDRZW021**	Country: **Zimbabwe**	Hazard: **Epidemic**	Type of DREF **Response**
Crisis Category: **Yellow**	Event Onset: **Slow**	DREF Allocation: **CHF 464,595**	
Glide Number: **XX-2014-123456-XXX**	People Affected: **837,756 people**	People Targeted: **136,257 people**	
Operation Start Date: **2023-06-15**	Operation Timeframe: **4 months**	Operation End Date: **2023-10-31**	DREF Published:
Targeted Areas:	**Manicaland, Matabeleland South**		

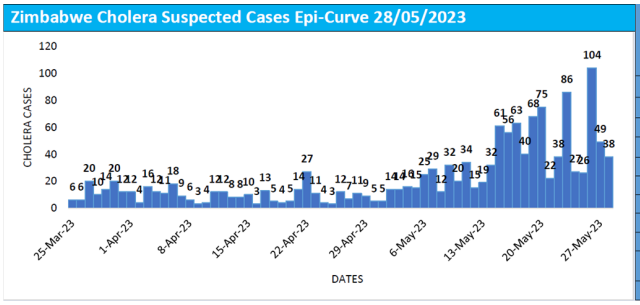
Description of the Event



Map repartition of cases and deaths distribution by Ministry of health 1st June 2023

What happened, where and when?

The cholera outbreak started on the 12th of February, in Chegutu town, which has a population of 66,258 within the Mashonaland West Province of Zimbabwe. The suspected case was confirmed by the Ministry of Health and Child Care (MoHCC) on the 15th of February while a second case was reported, again in Chegutu town on the 17th of February.This saw the Government set up a Cholera treatment centre in Chegutu. By the 26th of February, 37 suspected cholera cases with 2 confirmed positive cases and no deaths were reported in Chegutu district. As of the 18th of April 2023, there had been 579 suspected cholera cases reported, of which 102 were culture confirmed, and 9 deaths (CFR 1.6%). The situation was stable until the last SITREP of 1st June 2023 showing an ascendant curve in cases and death since late May to 1st June.The cases have now been reported from all the ten provinces of the country, without epidemiological link to each other. By the 18th of April, there had been 168 RDTs (Rapid diagnostic tests) conducted with 73/168 positive (42 % positivity) and 104/359 positive cultures (29 % positivity). Although this cholera outbreak occurred outside the rainy season, it mimicked the previous cholera outbreak of 2018 that started in the same town and spread to other hotspots within the country. To date, 17 cholera hotspot districts in the country have been severely affected and cases are on the rise. The MoHCC, through the Zimbabwe Cholera SitRep of 28 May 2023, reports a cumulative total of 1649 suspected cholera cases, 423 confirmed cases, 1528 recoveries, 11 confirmed deaths and 33 suspected deaths.



Province	Cumulative Suspected Cases(New)	Cumulative RDT+ for Screening (New)	Cumulative Culture Confirmed(New)	Cum Recovered Cases (New)	Cases (In-Care	Cum.Deaths Culture (New)	Cum. Suspected Deaths (New)
Bulawayo	4(0)	(0)	0(0)	4(0)	0	0(0)	0(0)
Harare	501(28)	5(0)	87(0)	482(24)	14	3(0)	2(0)
Manicaland	605(10)	37(0)	201(6)	545 (26)	48	4(1)	8 (1)
Mash Cent	104(0)	10(0)	11(0)	88(3)	7	2(0)	7(0)
Mash East	8(0)	6(0)	1(0)	7(0)	1	0(0)	0(0)
Mash West	128(0)	20(0)	6(0)	118(0)	3	1(0)	6(0)
Masvingo	41(0)	7(0)	10(0)	37(0)	0	1(0)	3(0)
Mat North	5(0)	1(0)	0(0)	5(0)	0	0(0)	0(0)
Mat South	243(0)	18(0)	107(0)	237(0)	3	0(0)	3(0)
Midlands	10(0)	3(0)	0(0)	5(0)	1	0(0)	4(0)
Total	1 649 (38)	107(0)	423(6)	1528(53)	77	11(1)	33 (1)

Scope and Scale

The current cholera outbreak has affected several areas across the country, expanded in all the 10 provinces. Cholera is an acute diarrheal disease that can kill within 6 hours if left untreated. Zimbabwe faces challenges to attain universal access to safe and clean drinking water, as well as adequate sanitation, especially in densely populated and unplanned settlements in urban settings as well as the rural areas. These conditions, coupled with the poor hygiene practices among citizens, has caused recurrent outbreaks of WASH (Water, Sanitation and Hygiene) related diseases.

Although cholera is endemic in Zimbabwe, the country has not had an outbreak since 2018 owing to various cholera preventive interventions being implemented within the context of the country's framework for the National Cholera Elimination 10-Year Roadmap and the Zimbabwe Multi-sectoral Cholera Elimination Plan 2018 – 2028. This outbreak may represent a wave of cholera revival that must be contained.

All districts are now affected or reported with suspected cases. Across the country, the most affected areas are informal settlements, where access to clean water and sanitation is limited. The outbreak has also spread to schools and other public institutions, posing a risk to the wider population. The cholera outbreak has caused considerable damage, including loss of life, increased burden on health services and socio-economic disruption. The outbreak has affected all age groups, with children and the elderly being the most vulnerable. Women and girls have also been disproportionately affected, as they are often responsible for caregiving and have limited access to healthcare. The affected population requires urgent access to safe water, sanitation, and hygiene facilities to prevent the spread of the disease. There is also a need for medical supplies and trained personnel to treat those infected. Community mobilization and health education are essential to raise awareness of cholera prevention measures and reduce stigma associated with the disease. The cholera outbreak has placed a significant strain on essential public services, particularly the health sector mainly the public Hospitals and clinics who have to establish different facilities (Cholera Treatment Centers) as the cholera patients cannot be admitted into conventional wards with non-cholera patients. As the outbreak took an upward spiral lately, the Zimbabwe Red Cross Society (ZRCS) has increased its efforts in mobilizing resources and working with communities and the government to provide emergency relief and support community preparedness and recovery efforts. Other actors, including international organizations and NGOs (Non-Governmental Organizations), are also providing support to those affected by the outbreak.

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	**Yes**

Did it affect the same population groups?	**No**
Did the National Society respond?	**Yes**
Did the National Society request funding from DREF for that event(s)?	**Yes**
If yes, please specify which operations	**MDRZW013 - Cholera Outbreak 2018, MDRZW018 - Measles outbreak in 2022 and several other operations including drought, tropical storms and cyclones.**

Lessons learned
Overall recommendations from the 2018 cholera response will be integrated for a better planning under this intervention. Especially on the risk communication tools and structure, the stakeholder's engagement and the pro-active adaptation to the epidemic changes. In collaboration with the Ministry of Health's Surveillance department, the National Society could explore mechanisms to strengthen Early Warning/Early Action for quicker response and ensure outbreaks are contained effectively. Community engagement and accountability could further be strengthened not to focus on monitoring but rather have a proper system for complaints and feedback with a view to improve the operation and keeping the communities at the center of activities. To continuously improve ZRCS volunteers' capacities through trainings and have a proper database to capture their various skill sets. Boost visibility of the organisation and volunteers. Improve ZRCS participation in key stakeholder meetings so as to have more say and influence in those meetings. It is important to be quick in sourcing the DREF funding. Forecast-based Financing could be a remedy to ensure the NS is not late in its response to disease outbreaks. The DREF was only released a bit later after confirmation on the 18th of September, while the cholera epidemic started on the 5th of September. Funding was received by the NS a week later. Prepositioning of response materials or having an emergency fund present to kickstart operations should always be encouraged as health emergencies need quick response.

Current National Society Actions

Activation Of Contingency Plans	The ZRCS will ensure the response is in line with the NS contingency plan. They will also raise community awareness of risks and appropriate actions through dissemination of the Public Awareness and Public Education on Disaster Risk Reduction (DRR), key messages as well as forming and training of community disaster response teams.
National Society Readiness	Cholera outbreak is a recurrent problem in Zimbabwe due to poor water and sanitation infrastructure, and the ZRCS has been actively involved in the response efforts. The ZRCS response to the cholera outbreak is part of the nationwide response led by the MoHCC. ZRCS has 50 branches and 1,300 (798 Men, 502 Women) volunteers in the targeted provinces on standby, waiting to be activated. All the branches in the affected districts have activated their action teams and volunteers in preparation for deployment for social mobilization and awareness campaigns for the control of the cholera outbreak. In terms of capacity, the ZRCS has a team of trained staff and volunteers who are available to continue with the response. The organization also has a strong financial and logistical capacity and has access to technical equipment and supplies through its network of branches and partnerships with other organizations. However, given the scale of the outbreak and the ongoing needs of affected populations, additional resources may be required to sustain the

	response in the long term. Some of the activities undertaken so far include provision of tents and manpower (volunteers trained in shelter construction) for erecting Cholera Treatment Centers, provision of Aqua tablets and water guard to communities, awareness rising through van publicity activities, and distribution of NFIs in public institutions as schools and clinics.
Assessment	The ZRCS has not yet undertaken a comprehensive needs assessment so far. Under the direction of the Planning, Monitoring, Evaluation and Reporting (PMER) department, the ZRCS will utilise the National Society's needs assessment tools to conduct a community-centred and participatory needs assessment within the identified wards in the 5 DREF operation districts. The needs assessment will further finetune programming for DREF activities in as much as it establishes the existence/ or non-existence thereof, of the Red Cross structures in the operating districts. Building upon the information already accessible from the CDC, the government, and other stakeholders working on the same, the needs assessment would also take an ZRCS inward-looking approach to create a thorough picture of the developing crisis. The ZRCS will collaborate closely with the MoHCC and local authorities in the targeted areas and at national level to ensure local government participation. To determine the needs of vulnerable groups, an all-encompassing approach will be used. Priority will be given to persons with disabilities, the mobile and vulnerable, female, and child-headed households, women, the elderly, and people with chronic illnesses. For the selection of people to be trained as information dissemination champions, the ZRCS will make use of its existing volunteer structures. Due to their advantageous placement along the nation's migratory routes, the Restoring Family Links (RFL) kiosks currently in operation will also be used.
Coordination	A multisectoral approach was adopted in the initial assessment of cholera outbreaks that are dotted throughout the country. The findings of the assessments conducted mostly in hotspot regions have been compiled nationally giving the numbers of confirmed cases. ZRCS has Provincial and District offices where they are linked to and engage closely with the government functions at those two levels and the national level.
Resource Mobilization	Zimbabwe Red cross Society is working with IFRC and Finnish Red Cross to Mobilize resources for the Cholera response.

Movement Partners Actions Related To The Current Event

IFRC	IFRC Harare Country Cluster Delegation which covers Zimbabwe, Malawi, and Zambia has been working closely with the national society providing support in planning, monitoring, and evaluation for this operation. Technical input will be provided throughout the operation, including assistance for undertaking knowledge throughout the operation. Together with the regional office, IFRC has supported ZRCS by leading a Training of Trainer event covering Oral Rehydration Therapy and support to Oral Cholera Vaccine Campaigns. The lead trainers will train volunteers from Manicaland. ZRCS has been updating the IFRC Go platform on the epidemic and has been attending coordination meetings at various levels of the government.

ICRC	Through the Red Safe kiosks operating in Zimbabwe and targeting migrant travellers along border towns, there is awareness raising about Cholera and how it can prevented and treated. This is being done in liaison with local authorities.
Participating National Societies	The Finnish/Danish Red Cross has just been awarded an ECHO HIP Cholera Elimination funding for two years and their support is earmarked for Harare where the cases have been rising daily. ZRCS is implementing this project with technical support from the Finnish/Danish team, the City of Harare Health Department and the Provincial Medical Directorate for Harare Metropolitan province which includes the dormitory towns of Ruwa, Chitungwiza and Epworth. This project will target Harare District and the DREF will play a big role in responding to the outbreak in 5 other districts.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	Informed by the country's framework for the National Cholera Elimination 10-Year Roadmap and the Zimbabwe Multi-sectoral Cholera Elimination Plan 2018 – 2028, the Government of Zimbabwe through the Ministry of Health and Child Care, is responding to the cholera outbreak in the Cholera Treatment Centers that have been established in most of the affected districts.
UN or other actors	Providing technical and financial support, including assistance with coordination and logistics.

Are there major coordination mechanisms in place?

The central government is responsible for coordinating the overall response, implementing preventive measures such as water treatment and sanitation, and providing medical treatment and support. The ZRCS continues to engage the MoHCC through coordination meetings at provincial and national levels for the cholera outbreak response. The MoHCC is the main coordinating body for all interventions in the country.
This ZRCS plan is set-up and aligned to MoH plan and requests for support on existing gaps assessed. There is also a strong coordination mechanism in place between the MoH and ZRCS in the organization of the trainings.

Needs (Gaps) Identified

Health

The escalating number of cases is breeding fear of serious cholera outbreak in Zimbabwe that mimic the 2002 and 2008 outbreaks which had high CFRs. There is a sharp increase in Cholera cases each day. Risk Communication and Community Engagement (RCCE) is a priority to help reduce the adverse effects of cholera within the communities. In Zimbabwe, the identification and management of cholera cases is lagging hence an increase in the number of cases. Thus, there is need to address this situation as soon as possible. The Zimbabwe Red Cross Society cholera response will target 136,257 people in Beitbridge Urban and Rural Districts in Matabeleland South Province, Mutare Rural, Mutare Urban and Chimanimani districts in Manicaland province.
This represents 16% of 837,756 people, the total population of the five districts in need of support and where more new cases were reported. Since vulnerability to the cholera epidemic does not discriminate on the grounds of age or gender, the DREF will target all age groups. However, more emphasis would be put on the school children, the elderly, those with disabilities, those with other ailments and the child-headed households.
On the management and actions currently set by the Government, the OCV campaign is not planned for now, but ZRCS will stand ready in case there is change of the situation. The CTU and ORT are still managed at health centers level but based on previous experience of cholera rapid escalation, there is a need to increase the capacity to support the management of ORT at community level by ensuring that in each district, there are sufficient team with competences on epidemic transmission and case management. The gap identified in the case management at this stage by the health authorities is not the established treatment centers that for the moment can absorb the cases, but the gaps in the equipment and furniture available. These needs were expressed by the local authorities.

Protection, Gender And Inclusion

In cases of most disasters, it is the female headed households, orphans, elderly persons, and people living with disabilities or chronic illnesses who are the most impacted. People with chronic diseases may lose access to medication when an outbreak like this stretches the resources at the health facilities, leaving them exposed to compounded illnesses. The planned operation will focus on the most vulnerable persons. Measures will be taken to ensure that female headed households, orphans, elderly persons, and those with disabilities or chronic illnesses are included in appropriate interventions to meet their needs. A continuous dialogue among the different stakeholders will be fostered to ensure all programmes/sectors mainstream Dignity, Access, Participation and Safety (DAPs) approach. This will be done while ensuring the Minimum Standards on Protection, Gender and Inclusion in emergencies are met based on the identified needs and priorities of humanitarian imperatives on the ground. This operation will ensure all staff and volunteers are briefed on the Code of Conduct and on prevention and response to sexual exploitation and abuse and child safeguarding as they implement Cholera interventions. It will ensure all NS, IFRC, PNS staff and volunteers involved have signed the Code of Conduct. PGI mainstreaming will be done per Minimum PGI standards in Cholera interventions while ensuring that all the data that is collected is disaggregated using SADDD.

Community Engagement And Accountability

Lack of effective RCCE/CEA to controlling and containing cholera outbreak in the communities. Identifying key-entry points such as community leaders or any other key influencers is one of the critical approaches to control cholera outbreaks. Addressing rumors and myths will also be considered and this can be addressed through setting-up of a two-way feedback mechanism. The needs assessment will comply with the PGI minimum standards. Also, the volunteers implementing the activities will be trained in PGI and CEA elements, allowing a better need assessment and passing relevant information to the communities.

Water, Sanitation And Hygiene

In Zimbabwe, access to basic water is a critical ingredient for national, social and economic development.
• Statistics on access to basic water shows that about 60% of the population accesses basic drinking water with the highest coverage being in Bulawayo at 98%, followed by Harare at 88%, and lowest in Matabeleland North and South at 51% [Government of Zimbabwe (GoZ), 2019; ZIMSTAT, 2019].

• Access to sanitation lags behind water provision in the country: About 37% of the population has access to basic sanitation facilities (GoZ, 2019; UNICEF, 2019). In urban areas sanitation access is 43% while in rural areas it is 34% (ibid). About 64% of the population has access to basic hygiene services. Urban areas average 70% and rural areas 60% (GoZ, 2019; UNICEF, 2019) The response will also target rural areas where some of the challenges include lack of maintenance of water points leading to people using river water. Some activities as artisanal mining, (where facilities are not present and lack proper hand washing, and water testing kits) represents most of the hotspots. Manicaland and Matabeleland South provinces share a porous border with Mozambique and South Africa respectively where cross-border travel is common, open defection is high and poor water and sanitation coverage, thereby pausing a greater risk of acute watery diarrhea (AWD) and cholera.

Any identified gaps/limitations in the assessment

Government request to the Red cross include:
1. Support to Rapid Response Teams and other standard response pillars activities include case management, prevention, awareness.
2. Logistic support at different provinces.
3. Facilitate risk communication, feedback collection as part of the flow of information which we then use for decision making.

Operational Strategy

Overall objective of the operation

This DREF aims at supporting 136,257 people affected by the cholera epidemic through provision of health, Water, Sanitation and Hygiene (WaSH) support in the five (5) districts across the two (2) most affected provinces of Matabeleland South (Beitbridge; Gwanda districts) and Manicaland Province (Chimanimani, Mutare urban and Mutare rural districts) for 4 months.

Specific objectives:
1. To prevent and control the spread of Cholera Outbreak at the community and facility levels in the affected districts,

interrupting the chain of transmission.
2. To facilitate improved case management of cholera outbreak at facility and community levels in the affected districts.
3. Improve basic sanitation and good hygiene practices and access to safe drinking water in cholera hotspots.

Operation strategy rationale

The Zimbabwe RCS approach in this response is to interrupt the transmission and contribute to the effort of Government in health by stopping the mortality resulted from cholera. This will be achieved through the contribution of case management of cholera at community level, active case finding and disinfection at community level, promote good hygiene and sanitation, promote positive behavior change, as well as enhancing access and the use of clean and safe water and engage local actors to play a central role on prevention and epidemic control at community level. The actions planned will be in close collaboration with the Ministry of Health and Child Care (MoHCC), Department of Civil Protection (DCP), Local Authorities and other actors such as UNICEF and WHO. This will be done by targeting hotspots and specific number of households in affected communities. The design and implementation of this operation is based on identified needs and the ones expressed by MoH as well as feedback from the targeted communities. The operation will make use of the Zimbabwe Red Cross Society volunteers supported by the Village Health Workers (VHWs). The following activities will be prioritized in this response:

A. Interruption of the chain of transmission through a coordinated approach supporting the health response and improving the WASH conditions.

1. NS will first conduct a risk assessment analysis in 5 districts to assess behavioral challenges, local cultures, customs, concerns and risk behaviors and practices of communities as well as track myths and knowledge gaps.

2. Training and mobilization of volunteers and Village Health Workers: The trainings will cover the immediate skills needed for the current response and possible further escalation.
• Training will focus on BORT, ECV, and active case finding and also provide skills in CEA, PGI that are introduced as briefing module to the package. 280 volunteers and identified 20 Village health workers that will support the activities will be trained while 84 Volunteers (6 volunteers in per ward) will be trained on the ORP.
• The training package will be delivered to equip them with skills on how to identify cases in the community, assess level of dehydration, orient on treatment of diarrhea at community level and referral of severe cases.
• A total of 280 volunteers will be engaged and coordinated in shifts between community health system strengthening in the context of the cholera outbreak and support to the CTUs and health facilities in the 5 target districts.
• Close collaboration with Village Health Workers (VHWs) 20 per ward with the following capacities:
a. with knowledge and skills to facilitate rapid risk assessment of cholera in communities,
b. who understands the households, the origin of diseases, and the treatment of cholera cases at community level,
c. able to identify potential sources of contamination and use the findings to break transmission in homes, between homes and in community-shared spaces to identify community risk of public water point contamination.

3. Epidemic Control at community level is improved with active case finding.
• ECV volunteers will be provided with tools, pocket guides for cholera and visibility materials to support disseminating cholera prevention and control messages including signs and symptoms, risk factors and prevention measures. IFRC ECV Training manual will be used.
• ZRCS will include Oral Rehydration Point (ORP) training for 84 volunteers to be prepared in case MoH is setting-up the ORP as per standard response scenario. Currently, all treatment is done at health center level.
• Active case finding will be supported by ZRCS to ensure the transmission chain is broken through a rapid identification and timely referral of cases to existing health facilities in coordination with the health services in the various districts. The case finding will be enhanced with engagement and information to the communities that will play a key role on the alert system in place. Traditional, local and community leaders and authorities will help to facilitate the work of community health workers and volunteers. ZRCS will take advantage of the home visits to pursue the identification of suspected cases based on a standard case definition. Volunteers and VHW will conduct systematic home visits to detect new suspect cases and facilitate referral mainly in rural areas. The suspected patients will be referred to the nearest health facilities.

4. Improve hygiene promotion and access to safe drinking water.
• Support WASH assessment and planning for actions with community using IFRC assessment tools (including KAP surveys, sanitary survey, Water points). The WASH assessments shall include KAP Surveys, Water point surveys to establish the WASH gaps both in knowledge and infrastructure and inform on the number of water points requiring rehabilitation. The assessments will also establish the extent of damage of the Water points. The PMER will lead in the KAP surveys while for the water points assessment the WaSH engineers from the Ministry of Lands, Agriculture, Fisheries, Water and Rural Resettlement/ Rural Infrastructure Development Agency (RIDA) with the IFRC WaSH coordinator and ZRCS WaSH specialist shall lead the assessments. This will serve as support inform to the District Water and Sanitation Sub-Committee (DWSSC).
• Train 140 (10 per ward) School Health Masters (SHMs) teachers on WASH: The action will aim at improving School-Led Total Sanitation (SLTS), whereby the SHMs shall be trained on WASH and SLTS.
• Distribute water treatment solutions: The action will ensure that chlorine/water guard for Pot-to-Pot chlorination is available in the district to ensure that households using unsafe water for drinking are treating the water at point of use.
• Provision of water purification tablets (Aquatabs) for water purification in communities, schools administrations, rural health centres mainly where more risk factors are usually observed.
• Referral and spraying of houses with identified cases at community level.

5. Support awareness raising in the communities:
Deployment of 280 volunteers to support house-to-house visits to sensitize communities on the early signs of cholera to enable early detection, educating household members in cholera prevention, case management and roles they will play in engaging households on availability and use of sanitary facilities, handling of safe drinking water and hygiene practices. Volunteers will be deployed for 3 days per week for 3 months and will be supported with meals and transport refund, where possible. These volunteers will reach 42,000 households.

6. Enhance risk communication & Community Engagement (RCCE) in the communities to play a key role in the awareness and behavior changes during this intervention. These actions will tailor the messages and channel to different audiences/community members. This will include:
• Influential local leaders and community organization structures in affected areas and their surroundings to be engaged in meetings and educational sessions to discuss with them on the current risks of cholera outbreak. The purpose is to bring to the attention of the local leaders to lead in sensitizing their communities and will include community leaders, Councilors, legislators, and religious leaders. They will be engaged in meetings across the different districts and educational sessions of at least 10 per ward= 140.
• The project will support the development of jingles tailor-made to local languages. The process of the development will engage community radio stations in the targeted districts in collaboration with the MoHCC at all levels.
• The project will then support airing of jingles in different community radios in the hotspot areas for a period of 3 months.
• Furthermore, phone-in programs will also be supported where the health professionals will engage the communities through radio to address cholera myths and misconceptions.
• The project will also conduct Van Publicity sessions (3 sessions per ward).
• Production of banners with Cholera Specific messages (4/district mounted in strategic points).

7. Conduct community engagement
• Monitoring of rumours and collection of feedback on the response. Train volunteers in feedback mechanism (20/ward).
• Volunteers collecting feedback data using paper-based form.
• Support Feedback data entry, analysis, and reporting

B. Contribute to reduce mortality with the support of case management system in place by the government at community level with the support to cover the CTU equipment gaps as per request from government.
• Procurement of equipment's as per requirements from government. This might include following availability in-country and feasibility of the rapid diagnostic test kits, reagents for culture, IV fluids.

• Ensure the protection of the team supporting the CTU with the distribution of PPE materials and supplies to support IPC and Case Management (ORS, Chlorine, gloves, gumboots, and facemasks etc.)

Targeting Strategy

Who will be targeted through this operation?

The Zimbabwe Red Cross Society cholera response will target 136,257 people in Beitbridge and Gwanda Districts in Matabeleland South Province, Mutare Rural, Mutare Urban and Chimanimani Districts in Manicaland province. This represents 16% of 837,756 people, the total population of the five districts in need of support and where more new cases were reported.

Explain the selection criteria for the targeted population

The Zimbabwe Red Cross Society cholera response will target 136,257 people in Beitbridge Urban and Rural Districts in Matabeleland South Province, Mutare Rural, Mutare Urban and Chimanimani Districts in Manicaland province. This represents 16% of 837,756 people, in the total population of the five districts in need of support and where more new cases were reported. Since vulnerability to the cholera epidemic does not discriminate on the grounds of age or gender, the DREF will target all age groups. However, more emphasis will be put on the school children, the elderly, those with disabilities, those with other ailments and the child-headed households. Awareness raising will target both children in schools as well as the community members.

Total Targeted Population

Women:	**38,152**	Rural %	Urban %
Girls (under 18):	**34,064**	**67.70 %**	**32.30 %**
Men:	**32,702**	People with disabilities (estimated %)	
Boys (under 18):	**31,339**	**7.00 %**	
Total targeted population:	**136,257**		

Risk and security considerations

Please indicate about potential operational risk for this operations and mitigation actions

Risk	Mitigation action
Since the most affected areas are both within the urban and rural settings, for the urban populations there are no major security issues and roads accessibility is good. A critical risk factor in the cholera response operation will be the availability of funds from government to support staff working in the cholera response programme.	Safety and security of the volunteers and staff engaged in the operation will be ensured by appropriate safety & amp; security measures and provision of personal protective equipment in as much as they will be refreshed on the IFRC Stay Safe 2.0 training.
Limited community participation could be experienced during the community based actions.	Effective community engagement.
Rising cost of goods and services due to inflation	Budgeting and consultation with IFRC and partners. On the same, all budgeting purposes and financial system were converted to USD instead of local currency to reduce the financial loss.

Please indicate any security and safety concerns for this operation

The situation in Zimbabwe is fluid and potentially volatile given that the national elections could be held during the time of DREF implementation. This proposal reflects the current situation on the ground; however, flexibility is required as the situation is expected to evolve due to other factors. Moreover, resources and activities may be reprogrammed based on the results of further assessments.

Planned Intervention

	Health	**Budget**	CHF 215,809
		Targeted Persons	136257
Indicators		**Target**	
Number of radio spots/jingles played for Cholera sensitization		150	
Number of rvan publicity sessions held for Cholera sensitization.		42	
Number of districts covered by assessment		5	
Number of people reached with community health messaging for Cholera		136257	
Percentage of people confirming they have received and integrated the radio messages		70	
Priority Actions:		Stop transmission. • Conduct rapid situational analysis in 5 districts to assess behavioral challenges, local cultures, customs, concerns and risk behaviors and practices of communities as well as and track myths and knowledge gaps. • Training and deployment of 280 volunteers and 20 village health workers on Epidemic Control for Volunteers (ECV), active case finding, BORT to support the response system in place by the Government through an enlargement of awareness and • 84 of these volunteers to receive the Oral Rehydration Point Training (ORP/ORT). These teams will be later ready to scale-up the case management when the MoH is setting-up the ORP based on how situation evolve. The ORT training will be included as a component to the training package for volunteers. • Support deployment of 280 volunteers for 3 months to undertake door-to-door visits to deliver targeted information on cholera, this will include prevention messages and knowledge on the disease. Volunteers will also cover messages and promotion on Infant and young child feeding IYCF activities with particular focus on continuation of breastfeeding practices and food hygiene. • Active case finding in the communities by volunteers that will be coupled to the door to door. • The house spraying conducted in the 5 districts will target the houses with identified cases as part of the WASH activities. Contribute to stop mortality on cholera cases:	

	• Procurement of laboratory equipment's (Rapid diagnostic Test kits, Reagents for Culture, IV fluids etc). • Procure and distribute PPE Materials and supplies to support IPC and case management (ORS, Chlorine, gloves, gumboots, and facemasks). • In total, 5 CTU per districts will be supported. In total 25 CTU will receive the support of the equipment.

Water, Sanitation And Hygiene

Budget	CHF 70,180
Targeted Persons	136257

Indicators	**Target**
Number of handwashing stations/tippy taps installed in schools (and in communities) if considered.	50
Number mobile cinema sessions in schools (if considered).	5
Number of teachers/patrons reached.	140
Number of schools reached with community health messaging for Cholera.	70
Number of families confirming they received hygiene material	27251
PDM (Post Distribution Monitoring) conducted	5
Number of Support Supervision	4
Priority Actions:	Improve hygiene promotion and access to safe drinking water. • Continuous assessment of water, sanitation, and hygiene situation will be carried out in targeted communities in the 5 districts - Water testing • Continuously monitor the water, sanitation and hygiene situation in targeted communities - MOHCC Representatives x 4 days a month • Procurement of Hand Wash facilities and WASH NFIs including aqua tabs for the targeted population • Conduct Post Distribution monitoring for the WASH NFIs • Door to Door Health and Hygiene Promotion, PHHE, ORT, BRT Messages - 280 Volunteers x 12 days per month x 3 months • Train 280 volunteers on PHHE- Participatory Health and Hygiene Education • Purchase of spraying equipment and product for disinfection of houses in 5 districts covering 3 months

	• Conduct spraying of chlorine in the community to interrupt cholera transmission within households

	Protection, Gender And Inclusion	**Budget**	CHF 21,326
		Targeted Persons	136257
Indicators		**Target**	
Number of volunteers engaged in decision-making processes of respective projects they implement		280	
Number of volunteers briefed on volunteers' roles and the risks they face and are aware of their rights and responsibilities		280	
Number of volunteers insured		280	
	Priority Actions:	• Hold basic training for NS staff and volunteers on addressing child protection (or integrate a session on addressing child protection in standard/sectorial trainings. • Establish a system to ensure IFRC and NS staff and volunteers sign the Code of Conduct and receive adequate briefing. • Conduct Volunteer refresher training on PGI.	

	National Society Strengthening	**Budget**	CHF 106,022
		Targeted Persons	280
Indicators		**Target**	
#of volunteers engaged and trained during this operation		280	
#of village health workers		20	
#of coordination meetings conducted with MoH and various task forces		10	
Number of supervision visits		3	
	Priority Actions:	• Volunteer duty of care will be emphasized through the appropriate management services, provision of equipment, training, and an insurance package. • Deploy a Cholera response project coordinator to lead the implementation of the response. • Joint MoH and ZRCS monitoring of the response. • Joint assessment of progress and evaluation of results.	

	• Conduct a lesson learnt workshop for the response. • Conduct a communication media profiling and engagement.

	**Secretariat Services**	**Budget**	CHF 11,829
		Targeted Persons	5
Indicators		**Target**	
	Priority Actions:	• Support to the NS • Monitoring • Technical guidance and orientation • Reporting support and feedback management.	

	**Community Engagement And Accountability**	**Budget**	CHF 39,430
		Targeted Persons	136257
Indicators		**Target**	
#TV/radio engaged		5	
Number of volunteers trained on CEA and its tools tools		280	
Percentage of feedbacks linked to protection concerns that are managed Target		100	
	Priority Actions:	The ZRCS will ensure that the already developed CEA (Community Engagement and Accountability) tools, tailored to the Zimbabwe context, are adopted, and used to collect data relevant for planning CEA approaches and activities during implementation. The tools will gather community feedback and make use of the feedback to generate ownership within the community during cholera operation. • Refresher/briefing for volunteers and NS staff to disseminate the CEA tools • Consultative meetings with communities/ group discussions aimed at discussing preferences on feedback channels and the type of questions that they would like to answer. • Feedback collection and treatment. • Conduct meeting to roll out complaint and feedback and build on existing feedback mechanisms. • Develop and share the Frequently Asked Questions (FAQ's) and use of feedback management. • Mobilized, engaged and activate media for message diffusion.	

About Support Services

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

• 280 volunteers will be engaged (20 per ward) in the cholera operation to support the various sectors. Some of the volunteers will be selected amongst the Provincial Response Team members and will support in assessments, coordination, and response.
• Supervisors will be selected among those trained by MoHCC for each activity.
• To ensure proper technical capacity is in place, a NDRT from National society with EPiC and CBS skills will be deployed for the whole duration: 4 months.
• Insurance of volunteers is covered in this operation as well as their perdiem for each deployment.
• Facilitation for the trainings will be provided by ZRCS and Ministry of Health and Child Care. This will ensure that effective response preparedness and National Society surge capacity mechanism is maintained.
• The operation will utilize staff from running projects but in districts without a running project, a project officer will be recruited.
• The overall operation will be led by National Society Director of Programs and Operations. He will be fully engaged and responsible for the operation, managing all the response team and in charge of reporting.
All the response team from volunteers, supervisors from MoH and staff from different districts will be briefed on principles, CEA and PGI guidance. Supervisors will receive RCRC fundamental volunteers briefing with CEA, PGI and movement principal basics.

Will surge personnel be deployed? Please provide the role profile needed.

No surge will be deployed.

If there is procurement, will it be done by National Society or IFRC?

Procurement will be done by the ZRCS. IFRC, working in close collaboration with the ZRCS logistics and supply chain department, will provide technical support in line with operational priorities and IFRC procedures.

How will this operation be monitored?

With the support of the IFRC PMER, the ZRCS PMER department will support the DREF operation for Cholera by providing technical inputs and support to the health department on planning, continuous monitoring, assessment results and information management. They will also support the development and implementation of assessments in this operation. Monitoring reports shall be used to make proper adjustments to the plans and inform on-going actions. IFRC will undertake three technical support visits to the National Society. At the end of the DREF, the PMER team will lead a joint lesson learnt workshop with all stakeholders to document lessons that can be incorporated in such future operations. The lessons learnt sessions will be built on the previous lessons drawn from other cholera responses and will include a two day debrief of volunteers with the branch development /National Society Development (NSD) department as well.

Please briefly explain the National Societies communication strategy for this operation.

ZRCS communication department will ensure media coverage and visibility of the operation through press articles, photos, success stories and video documentary during implementation. Information related to the operation will also be disseminated through ZRCS social media pages and through participation in Technical Working Groups (TWG).

Budget Overview

DREF OPERATION

MDRZW021 - Zimbabwe Red Cross Society
Cholera Outbreak

Operating Budget

Planned Operations	**346,744**
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	215,809
Water, Sanitation & Hygiene	70,180
Protection, Gender and Inclusion	21,326
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	39,430
Environmental Sustainability	0
Enabling Approaches	**117,851**
Coordination and Partnerships	0
Secretariat Services	11,829
National Society Strengthening	106,022
TOTAL BUDGET	**464,595**

all amounts in Swiss Francs (CHF)

Contact Information

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

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Click here for the reference