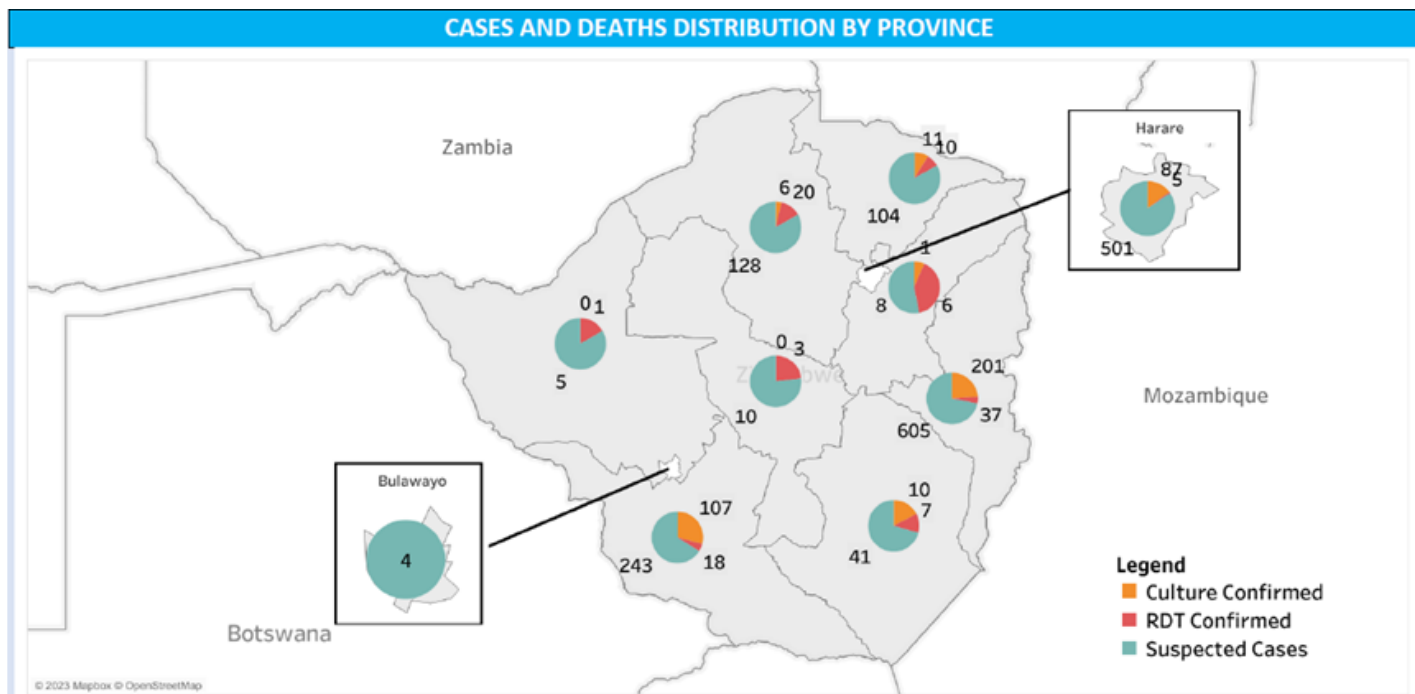




**ORP orientation training**

Appeal: <b>MDRZW021</b>	Total DREF Allocation <b>CHF 464,595</b>	Crisis Category: <b>Yellow</b>	Hazard: <b>Epidemic</b>
Glide Number:	People Affected: <b>837,756 people</b>	People Targeted: <b>141,257 people</b>	
Event Onset: <b>Slow</b>	Operation Start Date: <b>2023-06-15</b>	New Operational end date: <b>2023-12-31</b>	Total operating timeframe: <b>6 months</b>
Additional Allocation Re- quested <b>0</b>	Targeted Areas:	<b>Manicaland, Matabeleland South</b>	

# Description of the Event



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

## What happened, where and when?

Cholera outbreak in the country in 2023 started on the 12th of February 2023 in Chegutu town, Mashonaland West Province. To date suspected and confirmed cases have been reported in 41 districts in all the 10 provinces of the country since the beginning of 2023.

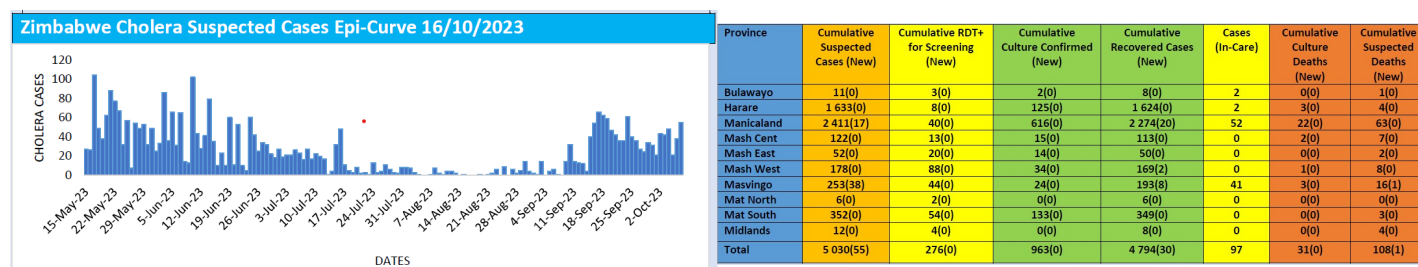
Latest SITREP from MoH on 16.10.23 shows a cumulative total of 5 030 suspected cholera cases, 31 laboratory confirmed deaths, 108 suspected cholera deaths & nine-hundred and thirty-two (932) laboratory confirmed cases were reported.

The outbreak has now spread to more than the 17 traditional cholera hotspot districts of Buhera, Chegutu, Chikomba, Chimanimani, Chipinge, Chitungwiza, Chiredzi, Harare, Gokwe North, Marondera, Mazowe, Shamva, Mutare, Murehwa, Mwenezi, Seke and Wedza. A recent upsurge on cases since October from the MoH consolidated data is in Manicaland, Mindland, Harare and a district in Matebeland. The DREF Cholera project is being implemented in Manicaland Province (Mutare Rural, Mutare Urban, and Chimanimani Districts) and Matebeland South Province (Gwanda and Beitbridge districts). To date, the following cases have been recorded in the operational provinces.

The National Society is working closely with the Ministry of Health and Child Care and other organizations responding to the cholera outbreak to ensure that their response is in line with the national response plan. The National Society is also using its network of community volunteers who will receive some training and help to respond to the outbreak.



The National Society is also working to ensure that the response is inclusive and that specific needs are taken into consideration about gender, ethnicity, age, disability, people living with HIV/AIDS, or other factors that may increase vulnerability. They are also ensuring that Sphere standards are respected in the response plan and that mechanisms are put in place to enhance transparency and accountability, such as monitoring, reviews, audits, etc. Data, information, and lessons learned from the response will be captured, analyzed, and shared with partners involved in the response and beyond.



Epi-data evolution (SITREP 16-Oct-23)

Epi-data cases per area (SITREP 16-Oct-23)

## Scope and Scale

In 2023, the first cholera outbreak was reported in February, having started in Chegutu and then spread to Harare and the rest of the country. SitRep of 28

May 2023, reported a cumulative total of 1649 suspected cholera cases, 423 confirmed cases, 1528 recoveries, 11 confirmed deaths and 33 suspected deaths. The upsurge continue until early June and has affected several areas across the country, expanded in all the 10 provinces. ZRCS provided their support to MoH plan as a contribution to the series of measures and actions priorities put in place by government and development partners.

With joint efforts, Cholera was decreasing and even declared over in some provinces/districts like Harare. However, since late September, the outbreak has been is the rise again.

On the 28th of September 2023, a cumulative total of 4 347 suspected cholera cases, 20 laboratory confirmed deaths, 103 suspected cholera deaths and nine-hundred and one (901) laboratory confirmed cases were reported.

To date suspected and confirmed cases have been reported in 41 districts in ALL the 10 provinces of the country since the beginning of 2023. As of the 16th of October 2023, a cumulative total of 5 030 suspected cholera cases, 31 laboratory confirmed deaths, 108 suspected cholera deaths & nine-hundred and thirty-two (932) laboratory confirmed cases were reported by MoH.

97 cases are hospitalized at Bikita CTC (13), Zaka (5), Chiredzi (4), Gutu (19) in Masvingo Province, Buhera (33), Chipinge (17), Mutare Rural (2) in Manicaland Province, BRIDH (2) in Harare Province and Thorngroove (2) in Bulawayo City.

Tests done: 1 544 RDT done, 275 RDT positive (17.1 % positivity) and Culture 2 877 culture done, 963 culture positive (33.1 % positivity).

Upsurge of cases lately were reported from Gutu, Buhera, Bikita, Chipinge, Chiredzi and Mutare.

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.

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.

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.

## Summary of changes

Are you changing the timeframe of the operation	<b>Yes</b>
Are you changing the operational strategy	<b>Yes</b>
Are you changing the target population of the operation	<b>Yes</b>
Are you changing the geographical location	<b>No</b>
Are you making changes to the budget	<b>Yes</b>
Is this a request for a second allocation	<b>No</b>
Has the forecasted event materialize?	<b>No</b>

### Please explain the summary of changes and justification

The DREF intervention is Matebeleland South (Gwanda and Beit Bridge) and Manicaland province (Mutare Rural, Mutare City and Chimanimani).

In recent weeks another main hotspot has emerge in the Manicaland Province, requiring to adjust the priorities for this intervention. Buhera district (in Manicaland) has recorded 432 cases as from 13 September with 32 Death recorded as of 3 October. The district is also recording an average of 35 cases and 2 Death on daily bases. Since it borders with two of DREF operation districts target, NS is extending the intervention to avert the transmission of cholera and higher surge situation in the different districts. Since September, the surge of cases in force to extend the intervention to that district and strengthen the surveillance and prevention in the current targeted districts.

With existing resources, ZRCS intend to scale-up their support to MoH to improve case management at facility level, improve community awareness on cholera prevention, mitigation and control, extend the emergency team in the field to additional 100 volunteers for at least one month in Buhera, support the joint supervision with MOHCC workers in the targeted provinces.

To meet that operational changes, this update include an extension of two months to allow the National Society



complete interventions in the five DREF districts while reviewing its response plan for the countrywide cholera outbreak that has now been confirmed to be on a steady rise.

## Current National Society Actions



Latitude: -20.948985  
 Longitude: 28.999554  
 Elevation: 976.99±2 m  
 Accuracy: 20.0 m  
 Time: 27-07-2023 12:38  
 Note: Operations Manager, Mr E Maruza giving an overview of ZRCS.

Powered by NoteCam

DREF Cholera Mat South Inception meeting, Gwanda. Photo Credit: W Makausi, PMER



Figure 1: Van Publicity Mbedzi business centre

### 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.

### 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.



<p><b>National Society Readiness</b></p>	<p>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.</p>
<p><b>Activation Of Contingency Plans</b></p>	<p>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.</p>
<p><b>Resource Mobilization</b></p>	<p>Zimbabwe Red cross Society is working with IFRC and Finnish Red Cross to Mobilize resources for the Cholera response.</p>
<p><b>Health</b></p>	<p>Through the ECHO HIP funds, ZRCS contributed to the reduction of cases in Harare districts. So far, the following activities are done?</p> <ul style="list-style-type: none"> <li>□ ZRCS conducted a knowledge, attitudes and practices (KAP) survey to build a better understanding of the cholera risk factors in the target areas regarding water collection, sanitation and hygiene. The major finding of the survey was that the underlying cholera risk factors of yesteryears still exists and remain unaddressed.</li> </ul> <p>This understanding shall be further informed by hazard mapping and sanitary risk assessments and water quality monitoring, water point inventory and data management to enhance risk elimination. These are being addressed to prevent the spread of acute watery diarrhoea and cholera within the communities.</p> <p>ZRCS trained 200 volunteers or 10 Branch outbreak Response Teams (BORT) in oral rehydration therapy and breaking of cholera transmission to support community level response.</p> <ul style="list-style-type: none"> <li>□ Following the resurgence of cholera, a rapid assessment was conducted in collaboration with CoH, to do contact tracing and assess risk of transmission to family members and neighbours. Further, the assessment identified gaps, risk factors, major transmission routes and priority needs of the communities to break transmission.</li> <li>□ In response to the cholera outbreak, ZRCS triggered/activated the Crisis Modifier.</li> </ul> <p>BORT team deployed in total (i.e 180 volunteers) in Hopley, Stoneridge, Southlea Park (3 teams) and 6 team in the Western district covering Glen View, Budiriro and Glen norah.</p>



# IFRC Network Actions Related To The Current Event

<b>Secretariat</b>	<p>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.</p> <p>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.</p>
<b>Participating National Societies</b>	<p>The Finnish/Danish Red Cross was awarded an ECHO HIP Cholera Elimination funding for two years and their support is earmarked for Harare where the cases have been rising daily since the outbreak declaration. Harare remain until now one of the most affected province.</p> <p>The project, which is broadly a preparedness project by design, aims at improving urban environmental condition through capacity building of community level structures and City of Harare to respond to cholera outbreak. The project has three focus areas which are prevention, containment and scaling up. Firstly, the project is implementing measures that prevent the spread of cholera in risk communities. Secondly, it is building the capacity of community level response structures to hold any cholera outbreaks and limit their impact on affected communities. Finally, the project is strengthening the capacity to rapidly scale up response actions at both the institutional and community level. Despite being a preparedness project, some adjustments have been made to the project to align with the current cholera outbreak. Some response activities which were earmarked for implementation in 2024 were brought forward and frontloaded to respond to the cholera outbreak.</p> <p>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. Key response actions include trainings of 9 BORT team, deployment for activities that cover KAP, provision of bucket chlorination with over 200 600 liters of water having been treated to date; and hygiene education and awareness, cholera risk communication and messaging with nearly 1890 HH having been reached.</p> <p>This ECHO project focus in Harare District and the DREF will play a big role in responding to the outbreak in 5 other districts.</p>

# ICRC Actions Related To The Current Event

ICRC support to the cholera response is through the Red Safe kiosks operating in Zimbabwe. The Kiosks activities are targeting migrant travelers 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.



# Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	Yes
<b>National authorities</b>	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.
<b>UN or other actors</b>	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



## 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.



## 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 mobilization and health education are essential to raise awareness of cholera prevention measures and reduce stigma associated with the disease.



## Health

Beitbridge Urban and Rural Districts in Matabeleland South Province, Mutare Rural, Mutare Urban and Chimanimani districts in Manicaland province were the five districts most in need of support and where more new cases were reported by then. All groups being affected, making the risk for at population in these districts. 837,756 people are leaving in these districts.

The recent surge situation in Buhera is a concern for the district but also for the Manicaland province as the district border the previous targeted districts which were part of the highest concern early in this outbreak. Case fatality rate for Buhera district is at 37% which is well above the WHO guidelines of 1%. The district recommends training of Health workers in Case Management.

Since the start of the cholera outbreak, the escalating number of cases was breeding fear of serious cholera outbreak in Zimbabwe that mimic the 2002 and 2008 outbreaks which had high CFRs.



Cholera case management at community level remain one pillar that need to be complemented. The existing resources, personnel and material is low in some districts of the targeted provinces.

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. There was a sharp increase in Cholera cases each day.

On the Government management plan, 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.

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.



## Water, Sanitation And Hygiene

In Zimbabwe, access to basic water is a critical ingredient for national, social and economic development. Rural areas are the most vulnerable to cholera as they are characterize by highest WASH 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 defecation is high and poor water and sanitation coverage, thereby pausing a greater risk of acute watery diarrhea (AWD) and cholera.

some figures to illustrate:

- 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).

## 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.



CoH has reported that no new cholera cases have been reported in the last 5 days in Harare south district. This may be attributed to the rapid response by the ZRCS through the ECHO HIP project and other partners.

## Operational Strategy

### Overall objective of the operation

This DREF aims at supporting 141,257 people affected by the cholera through provision of health, Water, Sanitation and Hygiene (WaSH) support in the five (6) 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 remain focus on interrupting the transmission and contribute to the effort of the Government in health by stopping the mortality resulting from cholera. The DREF intervention as planned initially is almost completed and remaining resources are oriented in priority to address the cholera rising in Buhera and other emerging cholera outbreak districts which were not initially part of the 5 districts targeted.

The intervention will be extended to Buhera and actions planned will be in close collaboration with the Ministry of Health and Child Care (MoHCC), the Department of Civil Protection (DCP), Local Authorities, and other actors such as UNICEF and WHO. The design and implementation of this operation are 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).

To achieve that, the ZRCS intervention as initially planned focused their contribution to MoH plan by supporting the following priorities:

- An initial risk assessment analysis in 6 districts to assess behavioral challenges, local cultures, customs, concerns, and risk behaviors and practices of communities as well as track myths and knowledge gaps. This is now extended to another district Buhera. In total 6 districts. These being the start point to inform the priority actions and main forces underlining the outbreak to ensure resources are oriented in the right way and actions efficiently contribute to community health response and prevention.
- Training and mobilization of 280 volunteers and 20 Village Health Workers to strengthen the immediate skills needed the intervention. This include the BORT, ECV, CTU, ORT. This was extended to 291 volunteers that the NS was able to mobilize and cover under this allocation.
- Improving Epidemic Control at community level with active case finding.
- Improve hygiene promotion and access to safe drinking water.
- Support awareness raising in the communities through direct messages dissemination, mass media, outreach activities and IEC material facilities.
- 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.

For the coming weeks, the following activities will be prioritized in Buhera to ensure the intervention address the



the upsurge of cases:

- Training and mobilization of volunteers and Village Health Workers: The training will cover the immediate skills needed for the current response and possible further escalation. To train 100 more volunteers in Buhera district
- Deploy 100 volunteers in Buhera district to support the above actions pillar as per the needs and challenges reported in Buhera. Deployment for one month in affected wards.
- The extension of the project scope to Buhera district started first of October and aim to scale up mainly the - The messages capacity and coverage through scaling-up the Vann Publicity and extending the volunteers deployed with additional 100.
- Increased Accessibility and provision to oral rehydration salts and other cholera treatment resources in these areas;
- Promote Water, Sanitation and Hygiene (WASH) activities in these areas such as access to clean water and proper sanitation facilities, as they are significant in Cholera prevention. Volunteers and different support to be used. ZRCS will also Mobilize community health workers and local community leaders in the areas of Buhera, Bikita to help in spreading the messages of Cholera prevention and control.
- Support case management at facility level Buhera in particular.

Aside of the above, from October to the end of the intervention, NS will maintain in the overall two targeted province some level of disease surveillance, coordination and advocacy for the cholera prevention and response in the remaining hotspots across the country.

ZRCS will keep collaborate with health departments and other partners in the surrounding districts where there are ongoing cases and especially districts of Buhera and surrounding like Bikita, since it borders with Buhera to extend the scope of the intervention project. At the same time, NS will work closely with other partners and MoH and evaluate how to Influence policy decision-makers to implement effective Cholera intervention programs in these areas.

Some effort will continue in resource Mobilization to seek additional funding and resource support to expand the geographical coverage of the intervention project.

## Targeting Strategy

### Who will be targeted through this operation?

The Zimbabwe Red Cross Society cholera response will target around 141,257 people in 6 districts in priority.

- 136,257 people part of initial target in 5 districts where the intervention started: 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.
- Additional 5,000 people in average in the districts of Buhera and surrounding villages.

Buhera District is included to the targeted location as it is one of the seventeen hot spots district in Manicaland where there is a sharp increase in number of cholera cases with a case rate of above 1%. NS is align the priority to Government/MoH plan and intervention, ensuring complementarity and efficiency. The additional people to be targeted in Buhera and surrounding most at risk districts follow the same coordination logic. Consultation was made with the Provincial Medical director Manicaland who requested NS services in Risk Communication and Community engagement through deployment of volunteers to conduct door-to-door visits and management of cholera cases at community level. Funding for this activity will be drawn from funds which were allocated for other WASH supplies which are being provided by other partners.

The targeting hotspots and a specific number of households in affected communities will be identified by NS and local MoH.

### Explain the selection criteria for the targeted population

The Zimbabwe Red Cross Society cholera response target is an average of 16% to 20% of the population in the targeted districts.



Since vulnerability to the cholera epidemic does not discriminate on the grounds of age or gender, the DREF target all age groups. However, more emphasis is put on the school children, the elderly, those with disabilities, those with other ailments and the child-headed households. Awareness raising priorities as well the households with the above specific groups and the groups with the worst wash conditions or existing vulnerabilities.

The behavior assessment has also guided that analysis on priority areas and group and help orient the messages to the group that most needed it or would be able to contribute to strengthen the message at community level. For example: specific group representative, women to cascade to children, religious leaders, children in schools, schools offices, etc

## Total Targeted Population

Women:	40,652	Rural %	Urban %
Girls (under 18):	34,364	67.70 %	32.30 %
Men:	34,702	People with disabilities (estimated %)	
Boys (under 18):	31,539	7.00 %	
Total targeted population:	141,257		

## Risk and security considerations

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

Risk	Mitigation action
3. Volatile context to engage and gather communities because of the elections, and any gathering may be misjudged as a political gathering.	<ul style="list-style-type: none"> <li>Continued engagement with different district stakeholders and clarifying the purpose of every activity that may be deemed necessary.</li> <li>ZRCS will closely monitor the socio-political situation in the country and any potential security incidents or tensions that could be identified will be reported and information will be shared with the team at different levels of the intervention.</li> </ul>
4. Limited community participation could be experienced during the community-based actions.	<ul style="list-style-type: none"> <li>Effective community engagement</li> </ul>
1. There are pockets of people, especially in Manicaland Province from the Apostolic Sect who do not seek medical assistance due to their religious beliefs. And to testify this the cholera outbreak cases spiked soon after the Marange annual gathering and the index cases were traced back to the gathering and to the members of the Apostolic Sect	<ul style="list-style-type: none"> <li>ZRCS will work closely with MoHCC and will get guidance as the ministry will engage the affected Apostolic Sect members. ZRCS will also utilize its network of volunteers (including members of these sects) in the communities and stakeholders and will utilize such strongholds to reach these religious groups. Social mobilization and Risk Communication and Community Engagement (RCCE) shall be an ongoing process to increase vaccine take-up</li> </ul>
Limited access to facilities during supervisions and activities in some wards. Most of the communities/wards we work in do not have	Where such exists, it's mainly at district service centres which are far way from the communities ZRCS implement our activities hence the NS accommodation policy becomes a cost effective strategy for providing services




formal accommodation from which contractual agreements can be entered into as a service provider.	to communities with minimal travel to Town centres just to access standard accommodation services.
2. High mobile population especially on the border district of intervention (Beitbridge) and the porous border in Manicaland which increases the spread of the Cholera outbreak	Continued monitoring, surveillance, and reporting of cases by volunteers trained.

**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


	<b>Protection, Gender And Inclusion</b>	<b>Budget</b>		CHF 21,326
		<b>Targeted Persons</b>		141257
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>		
Number of volunteers insured	391	291		
Number of volunteers briefed on volunteers' roles and the risks they face and are aware of their rights and responsibilities	391	291		
Number of volunteers engaged in decision-making processes of respective projects they implement	391	291		
<b>Progress Towards Outcome</b>				
PGI Code of Contact volunteer training for Manicaland and Beitbridge District done				

	<b>National Society Strengthening</b>	<b>Budget</b>		CHF 106,022
		<b>Targeted Persons</b>		391
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>		
Number of supervision visits	3	3		
#of coordination meetings conducted with MoH and various task forces	10	9		
#of village health workers	20	20		
#of volunteers engaged and trained during this operation	391	291		
<b>Progress Towards Outcome</b>				
<ul style="list-style-type: none"> <li>Stakeholder engagement Ongoing and it's being done at different levels, national, provincial, and district levels and the activity to be extended to Buhera District</li> <li>Support and supervision visit ongoing</li> </ul>				
Challenges and adjustments made so far include the following:				
<ul style="list-style-type: none"> <li>Delay on fund reception: ZRCS completed a rapid assessment instead of the more detailed initially planned to</li> </ul>				



catch-up on the delay of the intervention.

- The delay on the start of the intervention require adjustment of the beginning of the procurement. By the time it started, ZRCS has to reprioritized with the local authorities the items needed considering the others partners assistance at community and health facility level. For instance, procurement WASH supplies were delayed due to other partners who are also supporting the same institutions and CTC with the same supplies.

	<b>Secretariat Services</b>	<b>Budget</b>	CHF 11,829
		<b>Targeted Persons</b>	5

### Progress Towards Outcome

Continuous support to NS throughout the implementation of the operation.

	<b>Community Engagement And Accountability</b>	<b>Budget</b>	CHF 39,430
		<b>Targeted Persons</b>	141257

Indicators	Target	Actual
Percentage of feedbacks linked to protection concerns that are managed Target	100	
Number of volunteers trained on CEA and its tools tools	391	291
#TV/radio engaged	5	

### Progress Towards Outcome

Volunteer training on CEA has been completed in both provinces.

CEA orientation of volunteers on feedback mechanism is soon to be completed.

Focal point from HQ and NDRT in branches are managing for now the feedbacks and by the PDM and post-evaluation, the volunteers briefed will be supporting the feedback system as well.

	<b>Health</b>	<b>Budget</b>	CHF 215,809
		<b>Targeted Persons</b>	141257

Indicators	Target	Actual
Percentage of people confirming they have received and integrated the radio messages	70	



Number of people reached with community health messaging for Cholera	200000	171000
Number of districts covered by assessment	5	5
Number of van publicity sessions held for Cholera sensitization.	42	32
Number of radio spots/jingles played for Cholera sensitization	150	90
Health rapid assessment carried out in targeted locations	1	1

### Progress Towards Outcome

The activity has already started in the five (5) districts covered by the Cholera project. The key achievements can be summarized as follow:

- A rapid assessment targeting MOHCC, WASH sectors committees and other partners identified. The main aim of the assessment was to identify gaps and challenges regarding cholera response and control. NS opt for this assessment with a rapid approach considering the time of funds reception Instead of a full perception survey. During the rapid assessment ZRCS branches consolidated the results that provided key information on knowledge, practice and attitudes of the targeted population. The result of KAP survey in Harare also provide some key learnings that were useful in the response approach and orientations of volunteers in the targeted provinces.
- 291 volunteers were trained in volunteer training on ECV, BORT. 84 of them also trained in Beitbridge and Mutare Rural districts in ORP under this operation.
- A total of 364 Volunteers (280 + 84 Volunteers) were deployed to support ORT. Both recent trained and existing capacity.
- 32 van publicity sessions have been conducted against a target of 42. This activity is still ongoing and to be extended to the new district.
- IEC has been distributed to all districts Cholera posters, banners and pocket guides distributed. 5000 posters used in public spaces, schools, during houses sensitization.
- On the distribution of material for MoH CTU or health centers, ZRCS coordination platform at local level identified the priorities of at least 7000 IV Fluids and 50 Lab reagents. 3500 IV are already provided and 50 Lab reagents as well.

	<b>Water, Sanitation And Hygiene</b>	<b>Budget</b>	CHF 70,180
		<b>Targeted Persons</b>	141257
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>	
Number of Support Supervision	4	3	
PDM (Post Distribution Monitoring) conducted	5	1	
	27251		



Number of families confirming they received hygiene material		
Number of schools reached with community health messaging for Cholera.	70	48
Number of teachers/patrons reached.	140	48
Number mobile cinema sessions in schools (if considered).	5	1
Number of handwashing stations/tippy taps installed in schools (and in communities) if considered.	50	

### Progress Towards Outcome

- The procurement of WASH Materials has already started in consultation with MoHCC and coordination with partners to avoid duplication of activities.
- Procurement of PPE clothing is completed and team deployed to support MoH Chlorination.
- Continuous water quality monitoring - 237 samples were collected and analyzed to assess the areas with the highest risk of water borne disease and worst water quality.
- 48 School health coordinators trained against a target of 100.

On WASH the only outstanding activity which is underway is the procurement of WASH consumables which was guided by assessment from districts to avoid duplication of activities. There are some other partners who are also responding to cholera using Case Area Target interventions (CATI) Approaches and they are providing NFI and also procurement of disinfectants. The distribution of the WASH items was slightly delayed to coordinate with these partners and ensure no duplication is made.

For procurement of hand sanitizers, this was not finally prioritized by the MoHCC.



# About Support Services

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

- 391 volunteers to be engaged (20 per ward) in the cholera operation to support the various sectors. Some of the volunteers was selected amongst the Provincial Response Team members and supported in assessments, coordination, and response. 291 already engaged in the intervention and additional 100 to be mobilized and deployed to cover actions in Buhera.

- 364 deployed for the ORP/ORT

- All engaged in awareness and messages in the community and at facility level.

- Supervisors are 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 are deployed for the whole duration: 4 months.

- Insurance of volunteers is covered in this operation as well as their per diem for each deployment.

- Facilitation for the trainings were provided by ZRCS and Ministry of Health and Child Care.

The ZRCS personnel strategy aim to ensure that effective response preparedness and National Society surge capacity mechanism is maintained. For all the intervention, priority was given to existing resources. The project management and monitoring rely on the Staff from running projects to be mobilized and activated but in districts without a running project, a project officer was recruited. The overall operation was 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 are briefed on principles, CEA and PGI guidance as well as RCRC fundamental. Same for volunteers.

## **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 were completed be done by the ZRCS.

IFRC, working in close collaboration with the ZRCS logistics and supply chain department, supported for necessary technical guidance 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).



# Contact Information

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

- **National Society contact:** Ernest Maruza, Operations Manager, emaruza@redcrosszim.org.zw, +263773606905
- **IFRC Appeal Manager:** John Roche, Head of Delegation, john.roche@ifrc.org, +263772128648
- **IFRC Project Manager:** Vivianne Kibon, Operations Coordinator, Vivianne.KIBON@ifrc.org, +265986803234
- **IFRC focal point for the emergency:**  
Vivianne Kibon, Operations Coordinator, Vivianne.KIBON@ifrc.org, +265986803234
- **Media Contact:** Kimu Sitambule, Communications Manager, kims@redcrosszim.org.zw, +263712517264
- **For Performance and Accountability support (planning, monitoring, evaluation, and reporting enquiries)** IFRC Regional Office for Africa Beatrice Atieno OKEYO, Head of PMER & QA, beatrice.okeyo@ifrc.org, Phone: +254 721 486953

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