

Emergency appeal No: MDRZW021 Emergency appeal launched¹: 10/11/2023. Operational Strategy published²: 19/12/2023	Glide EP-2023-000105-ZWE	No:
Operation update #1 Date of issue: 26/01/2024	Timeframe covered by this update: From 10/11/2023 to 08/01/2024	
Operation timeframe: 10 months (10/11/2023 - 31/08/2024)	Number of people being assisted: 550,455	
Funding requirements (CHF): CHF 2 million through the IFRC Emergency Appeal CHF 3 million Federation-wide	DREF amount allocated: CHF 500,000	

To date, this Emergency Appeal, which seeks CHF 3,000,000 (Federation wide and 2 million IFRC Secretariat ask), is 9 percent funded. Further funding contributions are needed to enable the Zimbabwe Red Cross Society, to continue with the response efforts of and provide humanitarian assistance and protection to people affected by the cholera outbreak.



ORP volunteers explaining the process they go through from when a patient arrives to the time, they are referred to a CTC or discharged after treatment. Photo Credit IFRC

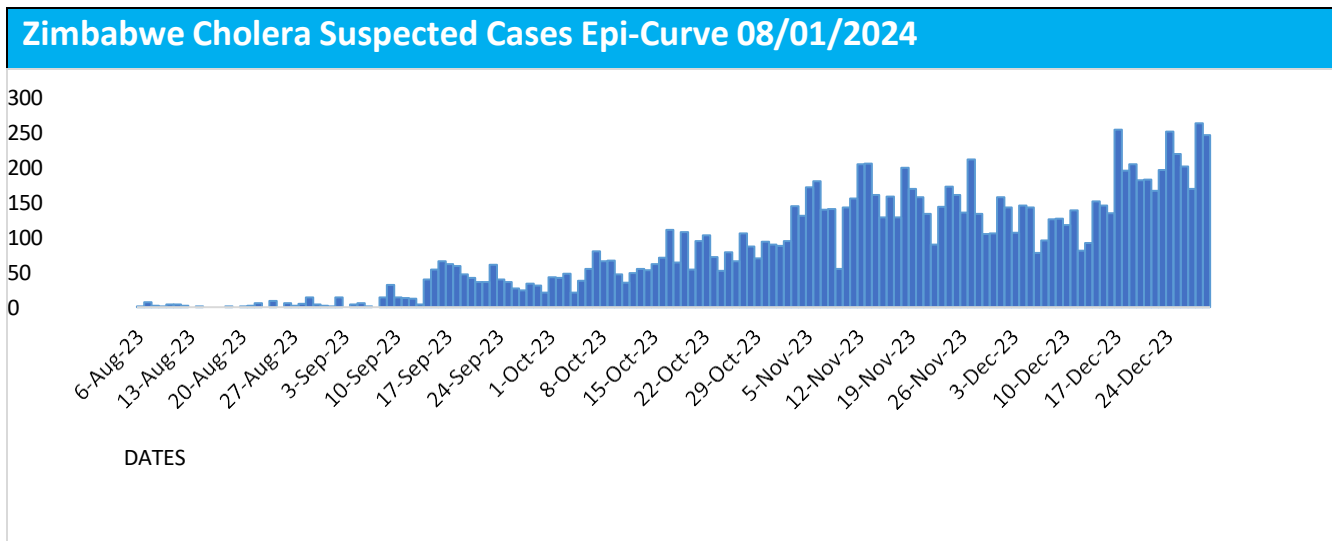
¹ <https://adore.ifrc.org/Download.aspx?FileId=760810>

² <https://adore.ifrc.org/Download.aspx?FileId=779900>

SITUATION ANALYSIS

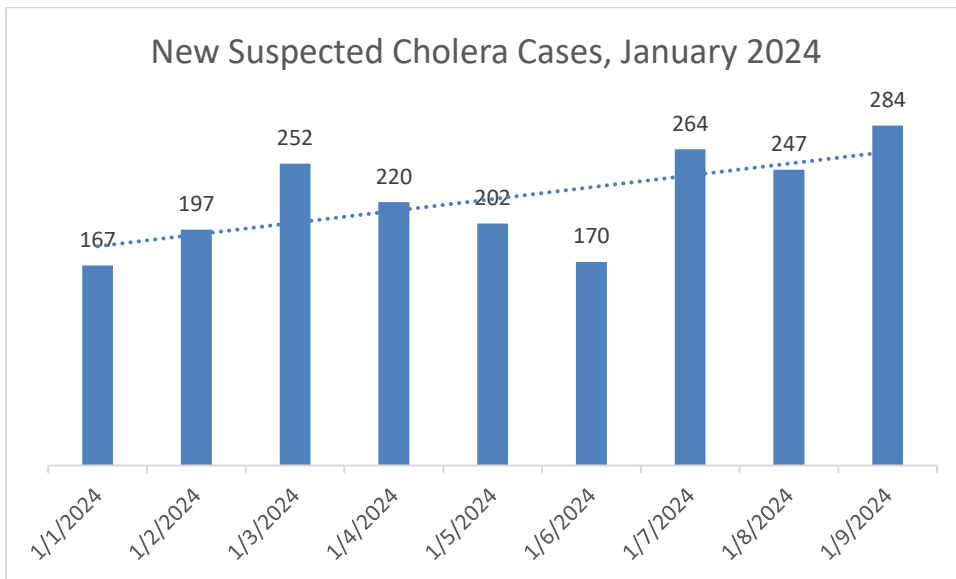
Description of the crisis

The cholera outbreak in Zimbabwe started on the 12th of February 2023 in Chegutu town, Mashonaland West Province. In the month of December 2023, according to the [Sunday Mail Newspaper](#) of 31 December 2023, cholera had claimed 66 lives, a steep increase from the 49 reported in November. The situation is worsening by the day as cases arising from all the festive session celebrations start to manifest. The Ministry of Health release the below Epi curve of suspected cases which shows a steady increase of cases in December going into January. In January of 2024 there have been new outbreaks reported in [Glendale](#) Growth point of Mashonaland Central, in Marondera, in Uzumba (UMP), in Kuwadzana and in Chiredzi District of Masvingo Province which the National Society is responding to with limited resources.



The capacity of the Ministry of Health and Childcare has been stretched due to the high number of admissions, strained human resources to manage the growing caseload, and lack of cholera supplies, including disinfection liquids, to stop the transmission. There is a disrupted community health care system where primary health care - which is responsible for ensuring that community members adhere to water, sanitation, and hygiene practices - is overwhelmed. Active case findings and surveillance have been challenged, compounded by inadequate logistical supplies. There is a need to mobilize and train more volunteers to support tasks shifting from medical personnel to volunteers, as well as support in increasing the awareness of risks and treatment.

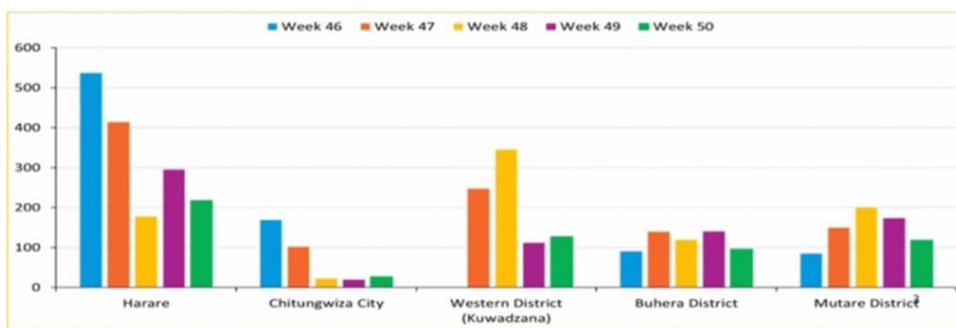
Analysis based on the six situation reports from the Ministry of Health covering the first weeks of January there are an average of 222 new cases every day.



The latest SITREP from the Ministry of Health as of 8th of January 2024 indicated that suspected and confirmed cases have been reported in 57 districts out of 64 districts in all the 10 provinces of the country since the beginning of 2023.

- As of the 3rd of January 2024, a cumulative total of 16,274 suspected cholera cases, 67 laboratory confirmed deaths, 292 suspected cholera deaths & 1,869 laboratory confirmed cases and 15,612 recoveries were reported.
- 67 Confirmed deaths and 292 suspected deaths Case Fatality Rate (2.2%).
- 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.

The epidemiological situation as of the 27th of December showed the most affected areas (both in terms of cumulative and recent reports) as follows:



About 80% cases are coming from Harare & Manicaland (Mutare & Buhera districts) BUT

- Rains have started and some people already evacuated.
- The Christmas season with a lot of community / family gathering / population movements.
- Massive apostolic gathering took place in Zvipiripiri (Mutare Rural)

The National Society is working closely with the Ministry of Health and Childcare and other organizations responding to the cholera outbreak to ensure that their response is in line with the national response plan. To this date, seven (7) ORPs were set up and efforts to provide water and sanitation were made.

The situation has been exacerbated by torrential rains over the Christmas holiday period. In Harare, heavy rains on the night of December 21, 2023, led to severe flooding in the districts of Budiriro and Kuwadzana. The Civil Protection

agency urgently requested National Society (NS) support for evacuating affected residents. The situation resulted in formation of an evacuation and shelter centre where the following was observed:

- By December 23, 17 households (99 people) had volunteered to move Budiro 3 Primary school evacuation Centre.
- By 26 December thirteen (13) households, comprising 52 people (32 children and 20 adults), had moved, and are currently housed at the evacuation centre.
- Essential supplies such as blankets, tarpaulins, toilet facilities, and Non-Food Items (NFIs) were provided by the Zimbabwe Red Cross, with the Civil Protection Department providing food and Oxfam contributing NFIs.
- Some individuals returned home due to insufficient food, highlighting a critical need for sustained food supply. A roster for cooking and toilet cleaning has been established, but more cleaning materials are needed.
- There is a lack of privacy in the housing arrangements as 10 or more people are accommodated in each classroom. Tarpaulins are currently used as bed mats/mattresses as there currently the Red Cross has no stocks of mattresses.
- After the visit an ORP was set up in the flood affected area of Budiro with ECHO funding.

With the el Nino phenomenon currently affecting the country, the cholera situation, and the current flash flooding, against a country facing economic challenges which are preventing service delivery, the anticipation is that the situation will continue to deteriorate as the months go by.



ORP volunteers demonstrate how to use a water purifier. Photo credit: IFRC

Summary of response

Overview of the host National Society and ongoing response

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, analysed, and shared with partners involved in the response and beyond.

With the launch of the Emergency Appeal was launched which aims to contribute to the Government of Zimbabwe's Cholera Response Plan in controlling and reducing the cholera outbreak thereby reducing morbidity and mortality, reaching at least 550,455 people from November 2023 to August 2024 the following activities have been taking place.

Activity Conducted	Status of Implementation
Coordination meetings	Ongoing
Operations Assessment	Completed
WASH Assessment	Completed in Mutare and yet to start in Buhera.
ORPs Set-up	7 ORPs have been set up,3 in Harare and 4 in Manicaland Province.
Borehole rehabilitation	1 borehole has been rehabilitated
Distribution of NFIs, including, aqua tabs, water guard, soap, and other cleaning material	ongoing

A total of seven (7) Oral Rehydration Points (ORPs) have been step-up. Three of these having been set up in Harare (Glen View, Hopley and Budiriro) with support from Finnish Red Cross under the DG ECHO funded cholera preparedness project as part of the Federation wide approach. Then four (4) were strategically placed in Mutare District, with three in Zvipiripiri and one in Chiadzwa. These locations in Mutare district were chosen based on the presence of trained volunteers conducting door-to-door cholera awareness sensitization.

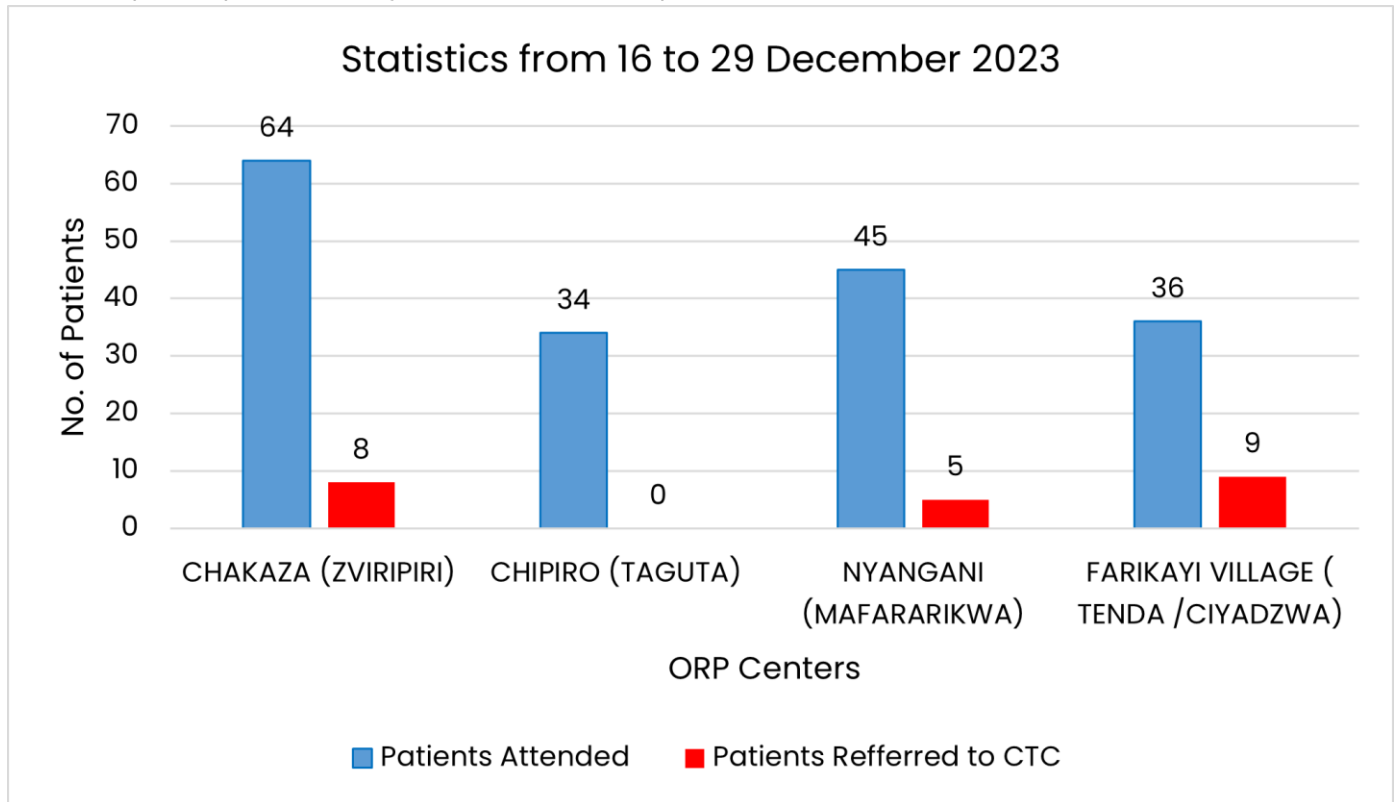
Thirty-four volunteers, a mix of trained individuals and new recruits from the community, are now involved in operating these ORPs in Mutare after training. ZRCS instructors conducted one-day refresher training for all volunteers, followed by a monitoring day to observe and assess their teaching effectiveness.

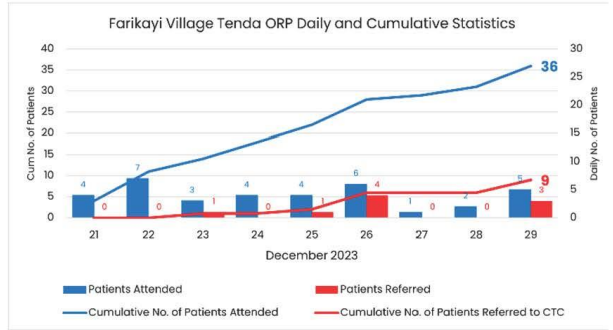
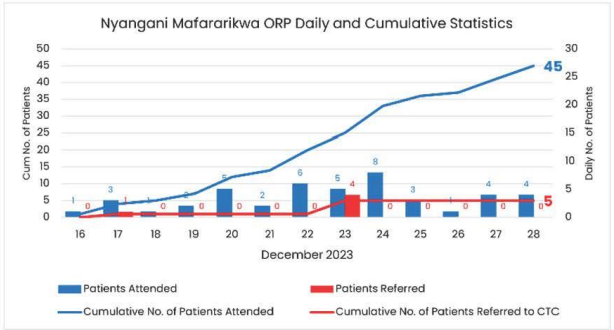
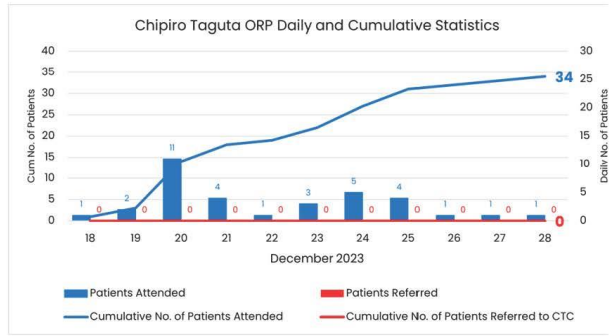
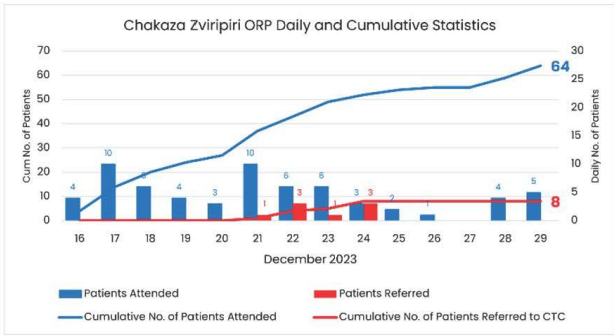
Identification of ORP locations involved collaboration with main clinics, environmental health officers, and community leaders. Selection criteria included a reliable water source and community acceptance. The WSR ERU Team Leader ensured water accessibility. Community engagement was prioritized by recruiting volunteers from the same communities, fostering participation and adaptation to local contexts. In Zvipiripiri, where a significant number of cases originated from the initially, ORP implementation was tailored to the unique needs of the Apostolic faith group, resulting in increased community engagement.

Despite the remote placement of ORPs, up to 29th December they recorded 179 cases and referred 22 individuals to clinics through an established referral system. Notably, communities actively contributed to the referral system cost in one instance, while two communities volunteered to construct latrines for free. This exemplifies growing community interest, with individuals expressing a desire to join as volunteers to contribute to the protection of others.

Overall, the ORP strategy demonstrates effective community engagement and adaptation to local dynamics, enhancing cholera awareness and response efforts.

In Harare ZRCS is implementing a DG ECHO funded 2-year long cholera preparedness project. The project has trained 20 trainers (ToT) and 200 volunteers in the BORT approach. Following the resurgence of cholera cases BORT teams have been deployed in Harare South (Hopley, Soutlea Park and Stoneridge) and Harare West (Budiro and Glenview) to do targeted household visits to increase community awareness of cholera and to identify actions that can be taken at household level that will interrupt transmission. Three (3) ORPs have been set up in Harare; Hopley, Glen View and Budiro upon request from City of Harare Health Department.'





Needs analysis.

Needs analysis.

The forecasted El Nino-induced drought will cause further water scarcity complicating the situation. Cholera caseloads reported thus far are higher than the 2018/19 outbreak with fears of a comparable situation to the major outbreak of 2008/9. In the most likely scenario, WHO/UNICEF estimates an attack rate of 0.3 resulting in 38,763 cases by February 2024, if current interventions do not halt transmission, noting that cholera attack rates are typically higher in urban and peri-urban areas than in rural settings.

Based on the updated assessment data, the following needs have been identified:

- Social mobilization: There is a need for personnel to assist in social mobilization efforts, as well as training for village health workers/volunteers on how to share information on cholera prevention.
- Community-based surveillance: Strengthening community surveillance through sensitization of Village Health Workers/Volunteers, and village heads is needed to better track the spread of the disease.
- Risk Communication and Community Engagement: Behaviour change communication is needed to tackle hygiene promotion.
- Logistical support for MoHCC cholera response teams: Vehicles, fuel, and other logistics are needed to support the campaigns and Social Mobilization exercises.
- Distribution of hygiene kits: WASH NFIs are needed to support hygiene in households and help prevent the spread of the disease.
- The Zimbabwe Red Cross Society (ZRCS) is planning to support the vaccination campaign when they become available.

Operational risk assessment

Considering the persistent rainfall, a risk analysis reveals the potential implications for continued cholera outbreaks in particularly in some districts of Harare, Manicaland, Mashonaland East, Mashonaland Central and Matabeleland South provinces as well as other parts of the country. The pre-existing precarious cholera situation in these regions, characterized by fluctuating new cases, is exacerbated by the latest wet spell. While the rains have contributed to an overall improvement in water availability, their dual impact is evident, particularly in the filling up of unprotected water sources.

The heightened water levels pose a significant threat to the Water, Sanitation, and Hygiene (WASH) situation, with a foreseen deterioration in areas where unprotected water sources predominate. Historical data indicates that such episodes during this phase of the rainfall season typically leads to an upsurge in diarrheal diseases due to an augmented reliance on contaminated water from unprotected sources. Consequently, regions already reporting cholera cases are expected to experience a worsening of the situation.

The specific anticipated risks associated with this cholera outbreak are as follows:

1. Risk: Rapid Spread of Disease

- *Description:* Cholera's highly contagious nature poses a risk of rapid spread, particularly in areas with poor sanitation.
- *Mitigation:* Implementation of hygiene education programs aimed at minimizing disease transmission. This involves educating individuals on the importance of handwashing, using clean drinking water, and proper food preparation.

2. Risk: Poor Access to Medical Care

- *Description:* Insufficient medical facilities and resources may result in delayed treatment, leading to increased fatalities.

- *Mitigation:* Deployment of mobile health clinics or temporary treatment centres in outbreak areas to ensure that all affected individuals have timely access to healthcare facilities.

3. Risk: Misinformation and Public Panic

- *Description:* Lack of accurate information may cause public panic, potentially exacerbating the disease due to improper practices.
- *Mitigation:* Dissemination of correct information about the disease, its causes, symptoms, prevention measures, and available treatment options. Utilization of all communication channels, including social media, radio, and television, to ensure widespread awareness and understanding.



Volunteers setting up an Oral Dehydration Point in the Mazoe district. Photo credit: IFRC

A. OPERATIONAL STRATEGY

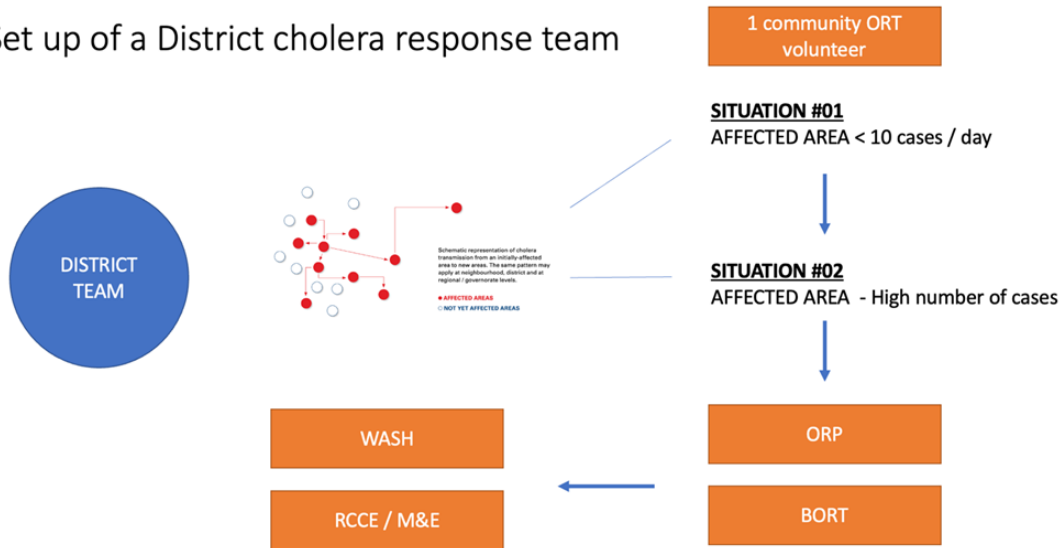
Update on the strategy

The response remains in alignment with the published Operations Strategy³. The National Society and IFRC operations and technical teams continue to monitor the needs analysis and prioritise accordingly with the resources made available to ensure the greatest impact in an effective and efficient way.

³ <https://adore.ifrc.org/Download.aspx?FileId=779900>

The Operational Strategy has been updated to include the establishment of “cholera District teams” in each of the affected district, with a specific structure for heavily affected and moderately affected communities. In highly impacted areas, the setup involves an Oral Rehydration Point (ORP) team comprising 4 volunteers, operating in two shifts (morning and afternoon) due to the limited daily working hours of volunteers. The ORP team, responsible for a 12-hour operational period, is complemented by a BORT team of 2 volunteers, a WASH team of 2 volunteers, and an RCCE team of 2 volunteers. The volunteers report in the local government structures through the Environmental health officers.

Set up of a District cholera response team




For moderately affected communities (approximately 5 communities around one ORP), the arrangement includes 2 volunteers per community and an additional 10 volunteers around operational sites. This results in a total of 20 volunteers per day per operational site (ORP plus 5 surrounding communities) or 100 volunteers per district if considering 5 ORPs per district. The revised estimated budget for an operation team for one district over three months is \$95,000. This budget is based on scenario assumptions, including 5 ORP sites per district, with approximately 5 villages around each ORP reporting fewer cases. The assumption is that each ORP reports 20 cases per day, and each Community Oral Rehydration Therapy (ORT) volunteer identifies 1 case per day through active case finding.



Chlorine that is used to disinfect the Oral Rehydration Point. Photo credit: IFRC

B. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

	Health & Care	Female > 18:	Female < 18:
		Male > 18:	Male < 18:
Objective:	<i>Ensure safe drinking water, proper sanitation, and adequate hygiene awareness of the communities during relief and recovery phases of the Emergency Operation, through community and organizational interventions</i>		
Indicator	Actual	Target	
Volunteers in affected communities trained in cholera response including cholera messaging, ORT, BORT, and OCV	291	900	
ORPs and BORT established in the targeted communities.	4	40	
People seen at ORPs, disaggregated by sex and age	201	TBD	

Severe cases referred to CTCs/CTUs	22	TBD
Households in the target communities sensitized on cholera through door-to-door visits on cholera awareness, increased risk perception, health-seeking behaviours, and prevention.	60%	90%
Additional volunteers trained in epidemic control (Epidemic Preparedness in Communities (EPIC), Epidemic Control for Volunteers (ECV)) and in BORT operations.	155	500
Alerts being generated through simplified Community Based Surveillance (CBS)		TBD
Target population was reached with social mobilization and RCCE activities	60%	80%
Complaints and feedback responded to by the National Society	75%	95%
Dialogue sessions on cholera prevention and treatment conducted with assured two-way dialogue for production of community action plans	15	100
Community road shows in hotspots and schools	32	100
Volunteers supported to carry out regular activities are issued a pocket guide	539	900
Public Referrals made for MHPSS (Mental Health and Psychosocial Support).	0	500
First responders/health workers trained on basic psychological first aid (PFA)	0	50
Staff/volunteers who benefited from activities focused on well-being teams	0	150
Cholera burials completed that were requested of ZRCS	40%	>90%

Sectoral Update

Case management

For the community health interventions, the team engaged the community and the local health authorities. Together in this partnership, it was realized that some community members had difficulties accessing health care due to several reasons including cost and travelling time. With the cholera outbreak it was seen necessary to erect ORP within the communities and support with training of volunteers to manage the ORPs. The community volunteers were also taught how to link up with the health care centres and ensure the intervention is communicated to the health centre.

Some of the challenges that the health care centres are facing include but not limited to: -

- Lack of transportation for patients.
- Lack of adequate water supply and sanitation.
- Resistance from some community members to seek health.
- Other economic factors including livelihood, prohibiting the people from prioritizing health.

Risk Communication and Community Engagement (RCCE)


- Currently the RCCE pillar has been activated and both government and partners have started coordinating on activities and meeting regularly.
- The RCCE pillar is using the same structure which was formed during the COVID19 and has evolved following several public health emergencies and disasters in the last 3 years.

- It was noted the standard RCCE subgroups have not been activated which will enable MoH to look into all RCCE priorities at the same time ongoing i.e
 - Risk communication system.
 - Internal communication and stakeholder coordination.
 - Public communication.
 - Community engagement.
 - Dynamic listening.
 - Verifying the source and accuracy of information or rumours.
 - Identifying and understanding the facts.
 - Engaging with the affected populations to provide verified information.
- The coordination at national level is very much pronounced and there is evidence MoH is making efforts to make sure pillar meetings adds value to the response.
- Subnation coordination is still work in progress and this is a good opportunity to support the government as Collective Service.

Recommendations

- Support MoH to set up RCCE sub working groups.
- Work with both MoH and partners to develop Sub working group ToRs and promote their activation especially at national level.
- Train Cholera hot spot district on basic RCCE and RCCE coordination structure ToRs.
- Strengthen the Inter agency Community Feedback Mechanisms which is MoH led.

The ZRCS in both the urban and rural areas is doing door to door cholera risk communication, messaging, and alert dissemination through volunteers. Community leaders help with community engagement in institutions like schools and churches. ZRCS is also using hailers for public address at common places like markets. The volunteers are also using IEC materials like factsheets distributed at ORPs.

	Water, Sanitation and Hygiene	Female > 18:	Female < 18:
		Male > 18:	Male < 18:
Objective:	<i>Ensure safe drinking water, proper sanitation, and adequate hygiene awareness of the communities during relief and recovery phases of the Emergency Operation, through community and organizational interventions</i>		
Indicator	Actual	Target	
Households using safe drinking water in targeted high-risk communities (FRC>0,2 mg/L)	40%	100%	
Households with appropriate knowledge about cholera and health/hygiene protective behaviours	50%	90%	
ORPs have access to adequate water and sanitation services	40%	100%	
Water points rehabilitated or upgraded and providing access to safe water supply for the affected communities	1	70	

Households reached with key messages to promote personal and community hygiene	60%	80%
Solar water pumps in health facilities and schools in affected communities rehabilitated	0	5
Volunteers trained in Household Water Treatment and Safe Storage	539	900
Households in the affected communities were provided with 1 percent stock solution for pot-to-pot chlorination	20%	75%
Temporary sanitation facilities such as latrines, bath shelters, and handwashing facilities constructed and maintained in CTUs	10	20
Households in the target communities sensitized on cholera through door-to-door visits	70%	95%
Sanitation promotion activities conducted in communities and institutions on latrine use and management, proper waste disposal	75	150

Sectorial update

The ZRCS requested support through the Water Supply rehabilitation (WSR), which activated a team leader and was in country to lead the assessments to determine the need for a full ERU, WSR. An assessment was made in Mutare rural and initial findings indicated that the water and sanitation coverage was low, and the walking distances were high. Most of the existing handpumps were already repaired by another NGO. There were some existing boreholes drilled but not equipped and, in some CTCs, the water supplies were erratic. There is an urgent need to provide water in CTCs and some communities to reduce the walking and disease burden.

Several meetings took place including:


- Briefing with the ZRCS HQ (Headquarters) management.
- Briefing with Manicaland provincial team of the Red Cross.
- Meeting with the district water department.
- Meeting with Harare city council (various departments).


The challenges that the WASH sector is facing, especially in cholera hotspots, indirectly linked to the absence of adequate water supply and proper waste management and hygiene promotion. Further engagements are planned for January 2024, however the WSR has its limited scope to which it proposes to: -

- Rehabilitate existing water points.
- Solarize some water schemes.
- Drilling of new boreholes.
- Provision of water and sanitation in ORPs.
- Supporting the City of Harare with baseline survey.
- Supporting with water demand management and ensure science is used for decision making.
- Assess some of the WASH facilities and develop long-term proposal to allow fundraising.
- Advocate for other relevant ERU like the household water treatment.

WASH activities are ongoing and progress will be included in the upcoming updates.


		Female > 18:	Female < 18:
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	Protection, Gender, and Inclusion	Male > 18:	Male < 18:
Objective: <i>Communities identify the needs of the most at risk and particularly disadvantaged and marginalized groups, due to inequality, discrimination and other non-respect of their human rights and address their distinct needs</i>			
Indicator		Actual	Target
Target population reached by PGI activities.		52%	90%
Staff and volunteers oriented on the code of conduct, Prevention of Sexual Exploitation and Abuse (PSEA) and Child Safeguarding		100%	100%
Volunteers trained to identify women, men, girls and boys requiring MHPSS after being discharged from CTUs		0%	96%
Sectorial update			
<ul style="list-style-type: none"> The operation has been ensuring the promotion and participation of both men <i>and</i> women, including persons with disabilities, and persons of different age groups, in cholera awareness activities. Volunteers are drawn from Village Health workers who are predominately females. The operation has been ensuring the prevention of stigmatization of victims of the disease and their families especially in the areas where religion plays a large role. ZRCS will advocate for clear separation of genders in CTUs, adequate lighting around CTUs at night and gender disaggregation in data. 			

	Community Engagement and Accountability		
Objective:			
Indicator		Actual	Target
TV and radio campaigns		0	5
Volunteers trained on CEA and its tools.		280	280
Feedback linked to protection concerns that are managed in accordance with IFRC policy and standards		-	100%
Sectorial update			
In Mutare, a Community Feedback Mechanism (CFM) has been set up, and information is being collected through this channel. Currently, there are community feedback meetings, and suggestion boxes at health facilities in place.			


Additionally, 280 RCCE volunteers have been trained on CEA tools for collecting feedback from the community. The RCCE officer who starts in January 2024 will be charged with analysing the information from the CFM. To date, the RCCE volunteers have reached out to 171,000 people. Activities are ongoing and progress will be captured in the coming updates.

Enabling approaches

	<h3>National Society Strengthening</h3>		
Objective:			
Indicator	Actual	Target	
Staff trained on Protection of Sexual Exploitation and Abuse (PSEA)	80%	100%	
National Society have assessed their capacity at HQ and branch level and identified areas for improvement.	0	1	
National Society has been reached by support that is aligned with National Society Development compact principles.	Yes	Yes	
Volunteers working on the project with health, accident, and death compensation.	Partially done	100%	
Sectorial update			
<p>At the beginning of the operation volunteers and staff were trained on PSEA. For volunteers it was part of the volunteer training under the Appeal. As more volunteers are trained this component will be included for new identified regions. All the HQ staff and provincial of the NS were trained on PSEA at the being of the Appeal. But in January new staff have been recruited and need to be trained on PSEA.</p>			
<p>The National Society has a volunteer insurance scheme, and the National Society notifies the volunteers through PGI training. The NS will embark on an exercise to provide full documentation of the insurance to the volunteers and properly educating the volunteers in terms of how to claim and what is covered by the insurance.</p>			
<p>National Society development activities in terms of legal, ethical, and financial foundations, systems, human resources, structures, competencies and capacities to plan and perform will started in January 2024. Work is currently ongoing in terms of coordinating with ZRCS on opportunities for capacity building of staff for strengthening their auxiliary, advocacy, and humanitarian diplomacy, particularly in public health emergency preparedness and response for future operations.</p>			

	<h3>Coordination and Partnerships</h3>		
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Objective:		
Indicator	Actual	Target
Coordination platforms where ZRCS takes a leading role and provides critical data.	12	10
External partnerships supporting ZRCS in the response established.	3	6
Regular coordination mechanism is in place ensuring alignment and coordination with all Movement partners and local and international partners.	8	6
Sectorial update		
<p>An EOC (Emergency Operations Center) has been set up and meetings per pillar of the response are being held weekly. The Pillar Team leaders meeting has been held twice over the Holiday period.</p> <p>Coordination in Manicaland is with DMO / DHEO, Mercy Corps and MSF (Medicine Sans Frontiers) (Buhera). There are ongoing discussions with UNICEF (United Nations Children's Fund) to collaborate on standard ORP trainings across the country and support in NFIs and supplies for ORP points. WHO (World Health Organization) has also been supporting the with some supplies for the ORP points.</p>		

	Secretariat Services	
Objective:		
Indicator	Actual	Target
Global and regional surge.	3	7
Federation-wide reporting set up by PMER.	0	1
Risk register set up, mitigation measures identified and monitored once per month.	1	1
Sectorial update		
<p>At the reporting period, the surge on the ground had reduced from three people to one person (Ops Manager) and a long-term WASH Coordinator. The operation had an Operations Manager, A PHiE Coordinator and a WSR Team Leader and RCCE coordinator conducting assessments as part of the Surge team as well as WASH coordinator from the cluster team.</p> <p>In the second week of January, six (6) of the targeted seven (7) surge profiles will be in place. The Surge PMER was stood down, and the IM Coordinator will be working on the federation wide reporting tools. A risk register for the operation has been started and is being monitored.</p>		

C. FUNDING

As of 5 January 2024, the multi-lateral Appeal is currently 9% funded (CHF 190,687) through donations generously contributed Red Cross Red Crescent partners and their back donors. The contribution list can be found [here](#).

The table below shows the funding to the Federation wide appeal as well as the DREF loan given to the operation at the being of the Appeal.

Donor	Modality/ Area of Intervention	Counties	Pledge (CHF)	Remarks
Bi lateral and Domestic				
Finnish Red Cross- ECHO Crisis Modifier	Health & WASH	Harare Province	Euro 69,916	Ongoing
		Sub total		
Multilateral IFRC Secretariat				
DREF loan	Health & WASH		CHF500.000	Ongoing
British Red Cross	Health & WASH		CHF103.363	Ongoing
Japanese Red Cross	Health & WASH		CHF30.012	Ongoing
The Canadian Red Cross Society (from Canadian Gvt)	Health & WASH		CHF57.313	Ongoing
Swiss Red Cross*				
		Sub total	CHF690.688	
Federation Wide				
		Total	CHF756.631	

*The is supporting the operation with 15 ORPs and financial resources to support the establishment and running of the ORPs for two months.

Contact information

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

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Reference documents



Click here for:

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- [Operational Strategy](#)

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.