OPERATION UPDATE

Zimbabwe| Cholera Outbreak

Emergency appeal №: MDRZW021 **Emergency appeal launched:** 10/11/2023. **Operational Strategy published:** 19/12/2023	**Glide №:** **EP-2023-000105-ZWE**
Operation update #2 **Date of issue:** 11/02/2024	**Timeframe covered by this update:** From 10/11/2023 to 18/01/2024
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

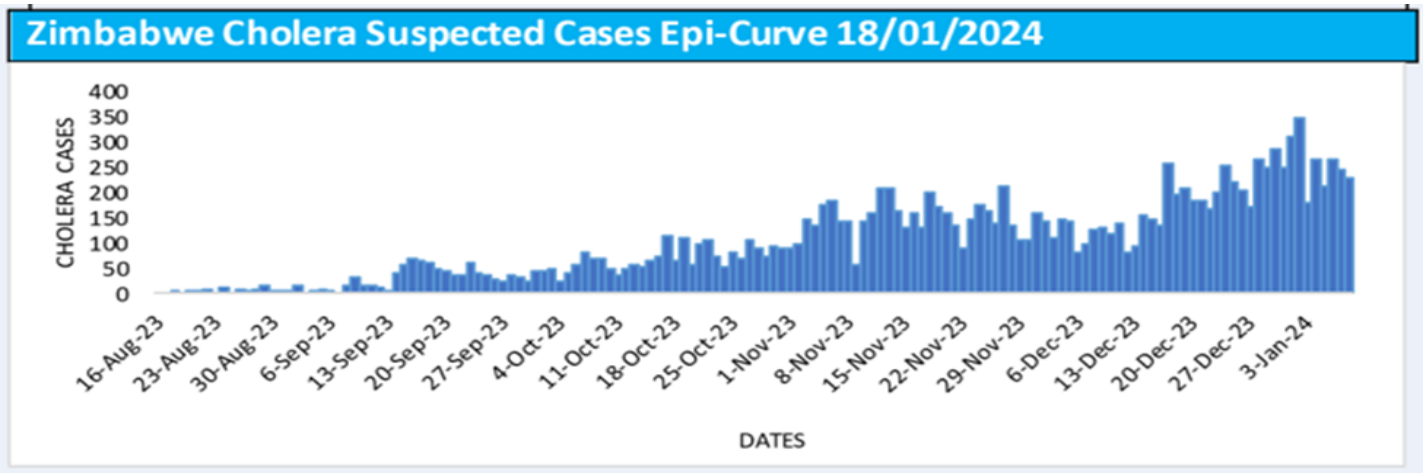
To date, this Emergency Appeal, which seeks CHF 3,000,000 (Federation wide and 2 million IFRC Secretariat ask), is 39 percent funded. Further funding contributions are needed to enable the Zimbabwe Red Cross Society, with support from IFRC, to continue with the response efforts by providing humanitarian assistance and protecting the people affected by the cholera outbreak. Zimbabwe continue to register new cases in new districts increasing the humanitarian needs hence Zimbabwe Government call for the Zimbabwe Red Cross to increase scale and scope of its cholera response.

Woman who visited the Oral Rehydration Point washes her hands after she leaves. Photo Credit IFRC

A. SITUATION ANALYSIS

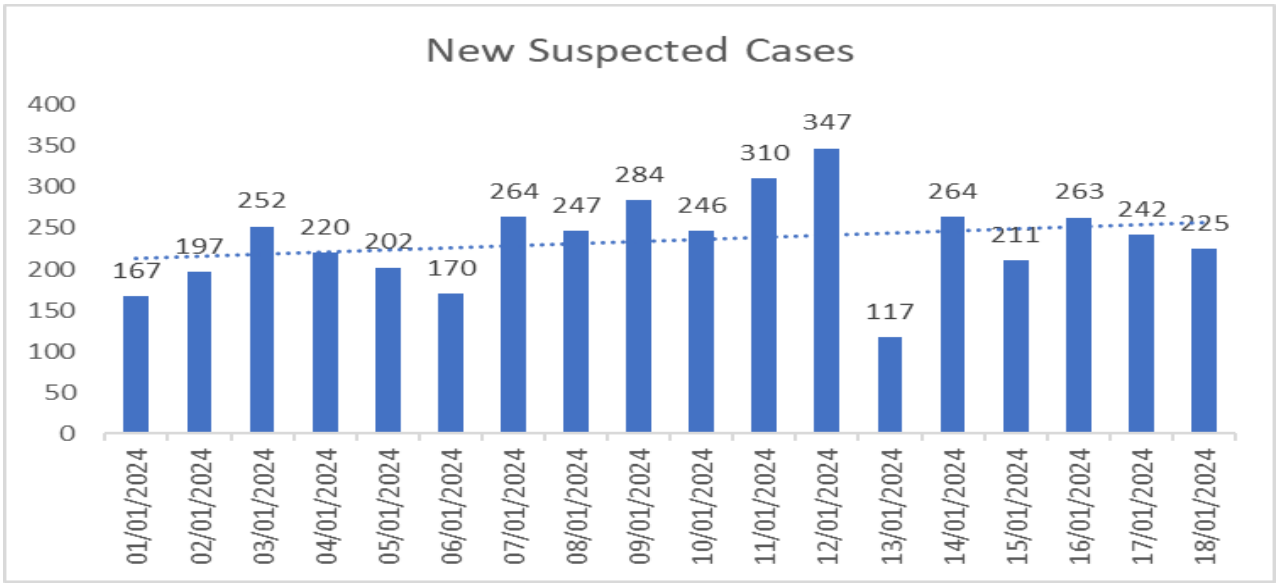
Description of the crisis

The cholera outbreak in Zimbabwe started on the 12th of February 2023 in Chegutu town, Mashonaland West Province. 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 Chiredzi District of Masvingo Province, in Glendale Growth point of Mashonaland Central, in Marondera, in Uzumba (UMP), in Kuwadzana, in Mazoe and in Chitungwiza, Kuwadzana which the National Society is responding to with limited resources.



The capacity of the Ministry of Health and Childcare has been over 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, increase community mobilisation and engagement to enhance the awareness of risks, promote early health treatment seeking behaviour and promote hygiene and sanitation practices.

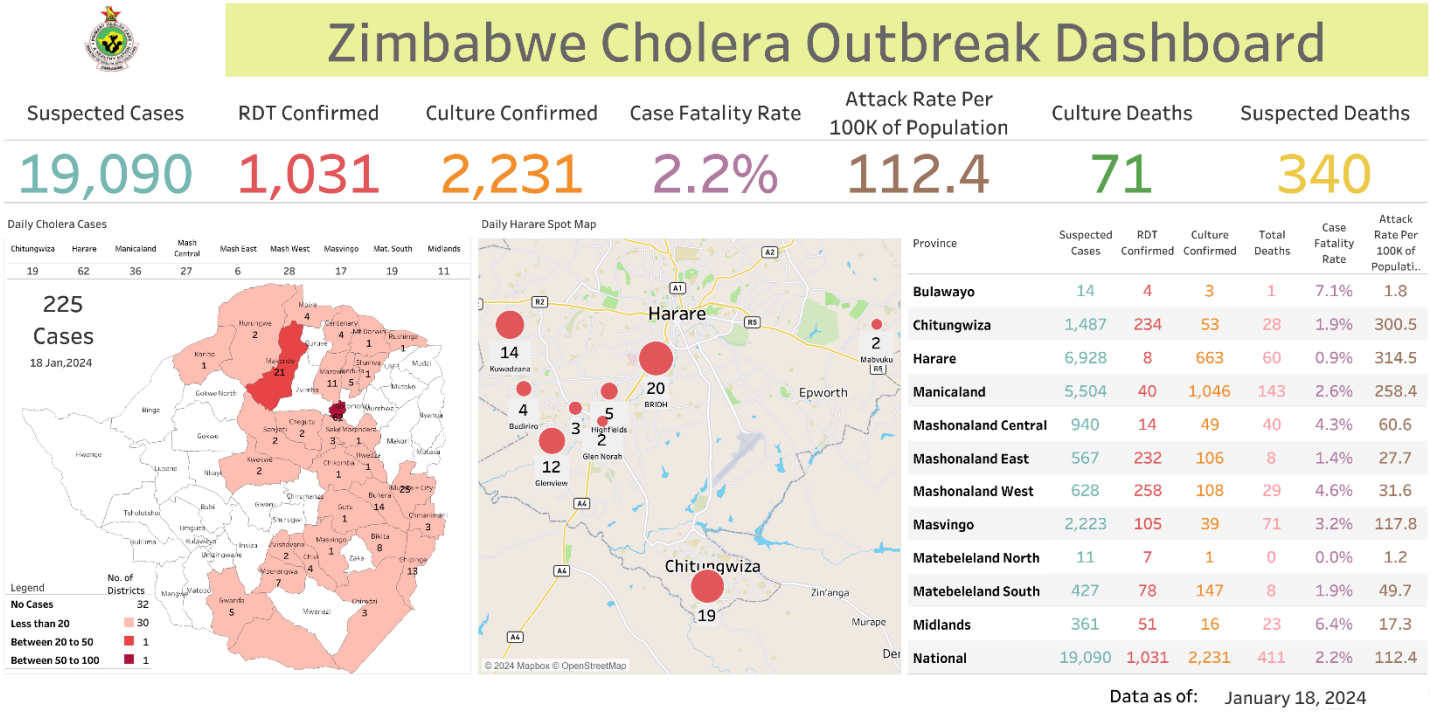
Analysis based on the eighteen situation reports from the Ministry of Health covering the first weeks of January indicate an average of 235 new cases every day which is a very bad indictor of the overall fight against the outbreak. The table below shows new cases registered of the month of January 2024.



The latest SITREP from the Ministry of Health as of 20th January 2024 indicated that suspected and confirmed cases have been reported in 60 districts out of 64 districts in all the 10 provinces of the country.

- As of 20th January 2024, a cumulative total of 19,477 suspected cholera cases, 71 laboratory confirmed deaths, 350 suspected cholera deaths and 2,252 laboratory confirmed cases.
- 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 Ministry of health with support from WHO is maintaining a dashboard with key epidemiological figures. Below is a sample of the dashboard as of 19th January, 2024.



Zimbabwe Cholera Outbreak Dashboard – MCO Cholera Update by MOHCC Zimbabwe

It is important to note that about 50% cases are coming from Harare and Manicaland (Mutare and Buhera districts). IFRC and Finish Red Cross are supporting the activities of the Zimbabwe Red Cross in these highly affected areas and beyond.

- During the reporting time rains continue to fall, leaving the vulnerable population at risk of accessing contaminated water from shallow wells.
- Intermittent supply of electricity continue to impact on the continuity of supply of safe drinking water as some of the water sources rely on the grid the sustain water supply.
- Several districts are reporting many recorded cases per day including Mazowe, Glendale and Chiredzi where the National Society is responding.
- With the El Nino phenomenon currently affecting the country, the exposure to food insecurity is increasing the risk and acerbating the cholera situation, the current flash flooding being reported in some areas in the country is another risk factor compounded by economic challenges which are preventing service delivery, the anticipation is that the situation will continue to deteriorate as the months go by.

The National Society is working closely with the Ministry of Health and Childcare, World Health Organisation, MSF, UNICEF, CDC and other organizations responding to the cholera outbreak to ensure that their response is in line with the national response plan and build synergies with other actors supporting the response. Internally, Zimbabwe Red Cross continues to collaborate with the IFRC and the Finish Red Cross Society. To this date the National Society has made tremendous contribution to the overall response where, nine (9) ORPs have been set up, 2 CTC establishment supported, Distribution of IPC and Case management supplies provided to different CTCs, logistical support to targeted districts in terms of fuel and MOHCC staff up keep has been provided to sustain service continuity in CTCs, training and deployment of volunteers in different communities done, induction of Provincial Health Leadership on the ORP approach and its significance has also been done as well as participation in different level coordination meetings

Summary of response

Overview of the host National Society and ongoing response

The National Society has a network of community volunteers who have received training and are engaged in this outbreak response. The volunteers are being supported by staff who have been hired by Zimbabwe Red Cross to support the operation. IFRC has increased capacity in ZRCS team with Surge capacities in Public Health, WASH, RCCE and Information Management. The Finish Red Cross is supporting ZRCS the Cholera response in the City of Harare with support from its ongoing ECHO DG Preparedness Project.

The National Society is also working to ensure that the response is inclusive and that specific needs are taken into consideration about community engagement and accountability (CEA), risk communication and community engagement (RCCE), protection, 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.

The table below provides an account of the achievements made in the reporting period.

Activity Conducted	Status of Implementation
Coordination meetings	Attended a number of coordination meetings with different stakeholders at different levels such as:- 1. Operational coordination meeting with Zimbabwe Red Cross 2. Coordination meeting Finish Red Cross Delegate 3. IFRC Internal Operation meeting

	4. Case Management Meeting 5. Partners call led by WHO 6. Partners meetings with the Norwegian Red Cross related to Cash for Household water supply and Health cash related interventions
Initial WASH Assessment	1 Initial WASH assessment was done in Chiredzi. A follow up detailed assessment has been planned
ORPs Set-up	9 ORPS have been set up, 3 in Harare Province, 4 in Manicaland Province, 1 in Chiredzi district and 1 in Mazowe district
Training of volunteers.	Training of volunteers in cholera control, prevention, community case management and community mobilisation.
Deployment of Trained Volunteers	Trained volunteers were deployed to support ORPs and CTCs
Cholera Treatment Centre (CTC)	Two CTCs have been provided to the Ministry of Health in Chiredzi and in Marondera Districts.
Borehole rehabilitation	1 borehole has been rehabilitated
Distribution of NFIs, including, aqua tabs, water guard, soap, and other cleaning material	ZRCS supported the ministry of health in the provision of IPC materials and case management supplies in different CTCs and ORP centres

IFRC delegate checks the water quality of a household. Photo Credit IFRC

Needs analysis

Needs analysis

The forecasted El Nino-induced drought will cause further water scarcity complicating the situation. On the other hand, the rains which have started in most of the areas in the country is a risk factor which can result in increased transmission of the disease. 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 end of February 2024, if current interventions do not halt transmission, the risk of the outbreak spreading to most areas 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.
- RCCE: 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.
- Intensify pot to chlorination.
- Improve safe water supply in high-risk areas.
- The ZRCS is planning to support the cholera vaccination campaign when they become available.

ZRCS volunteer giving ORS to a woman who does not feel well. Photo Credit IFRC

Operational risk assessment

Considering the persistent rainfall, a risk analysis reveals the potential implication for continued cholera outbreaks across the country with high probability in Harare, Manicaland, Mashonaland East, Mashonaland Central and Matabeleland South provinces as well as other parts of the country which have poor safe water supply and poor sanitation coverage.

The persistent rains are likely to cause mobility problems as most of the roads might be impassable. ZRCS will ensure the use of 4 x4 vehicles and increase capacity building of the volunteers and the health workers in IPC and disease surveillance as measures to mitigation the anticipated operational risks. If the cases increase beyond the current trends, there is high probability the community health workers might be affected which can result in reducing the community efforts of breaking the transmission.

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 promotion programs aimed at minimizing disease transmission. This involves providing information about 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 providing support to health facilities especially in infection control and prevention (WASH), setting up community based ORPs and support timely referrals.
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.

OPERATIONAL STRATEGY

Update on the strategy

The response remains in alignment with the published Operations Strategy[1]. The National Society and IFRC operations and technical teams continue to monitor the needs analysis and prioritise the actions accordingly with the resources made available to ensure the greatest impact in an effective and efficient way.

- The focus of the National Society is to break the transmission, Community Engagement, Community Case management, OCV through community mobilisation, disease surveillance and promotion of WASH interventions.
- The ZRCS will provide support in improving case management of cholera at the community and facility levels through the procurement of case management supplies and lab reagents and setting up Oral Rehydration Points and Cholera Treatment Units in support of local authorities (Rural District Health& City Health Department)
- Strengthen coordination, information management, and extending technical support to the Ministry of Health and Childcare (at City Health Department and rural health centre) through cholera Emergency Response Units and technical surge capacity.

[1] https://adore.ifrc.org/Download.aspx?FileId=779900

The Operational Strategy has been updated to include: -

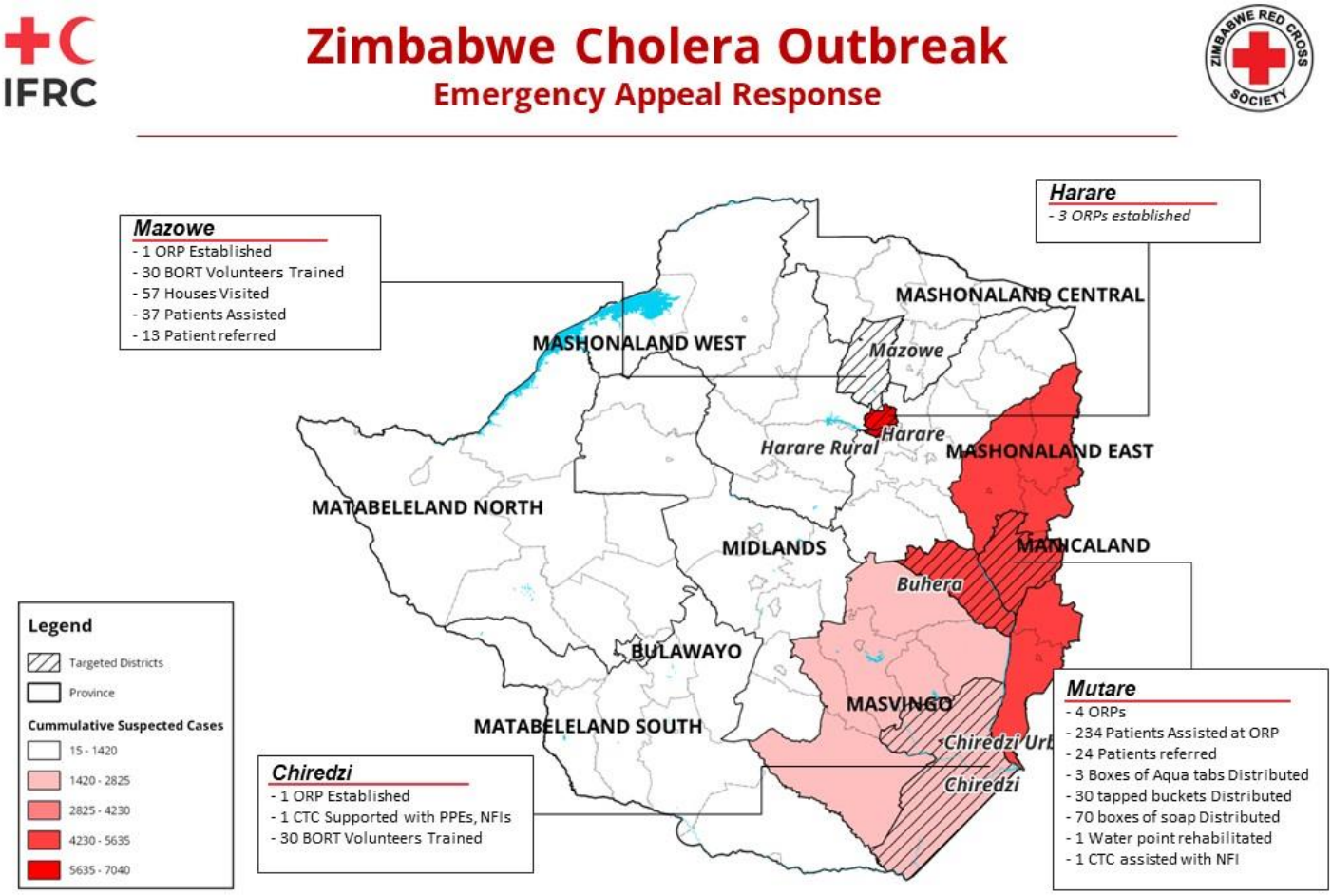
1. **The establishment of "cholera District teams**" in each affected district, with a specific structure for heavily affected and moderately affected communities. This structure will be responsible for quick activation of the district level response especially in areas registering significant cases within a short period of time.
2. **Community Surveillance, referral System and logistical support to Ministry of health authorities:** The action will support intensified community surveillance, referral system for patients from the communities to the ORP and CTCs if need be.
3. **Setting up of ZRCS Cholera Response team:** Based on the frequent requests to support areas with rapid increase in registered cases within a short period in specific locations, ZRCS intends to have a team which can be activated to support such needs. The activation will be based on the request submitted by the Ministry of health for ZRCS to set an ORP or support the establishment of CTCs which will have to be approved by the ZRCS Senior Management. This will enable the National Society to put an agile cholera response while sustaining the current areas where the action is being carried out.
4. **Cash and Voucher Assistance:** Based on the high levels of contamination in cities and other urban areas and the fact that Government does not allow drilling of boreholes in such areas, ZRCS plans to integrate CVA approach to the WASH and Health services where conditional cash services can be used to delivery some services. This shall be guided by market assessments.

Woman gets information on cholera and how to treat it by ZRCS volunteer. Photo Credit IFRC

B. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

The section below provides a summary of the achievements done in the reporting period presented in dashboard.



	Health & Care (*Mental Health and psychosocial support / Community Health / Medical Services)*	Female > 18:	Female < 18:
		Male > 18:	Male < 18:

Objective:	*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*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Volunteers in affected communities trained in cholera response including cholera messaging, ORT, BORT, and OCV	539	900

	ORPs and BORT established in the targeted communities.	7	40
	People seen at ORPs, disaggregated by sex and age	319	TBD
	Severe cases referred to CTCs/CTUs	65%	90%
	Households in the target communities sensitized on cholera through door-to-door visits on cholera awareness, increased risk perception, health-seeking behaviours, and prevention.	65%	90%
	Additional volunteers trained in epidemic control (Epidemic Preparedness in Communities (EPIC), Epidemic Control for Volunteers (ECV)) and in BORT operations	229	500
	Alerts being generated through simplified Community Based Surveillance (CBS)		TBD
	Target population was reached with social mobilization and RCCE activities	65%	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	37	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	0	150
	Cholera burials completed that were requested of ZRCS teams	40%	>90%

For the community health interventions, the team managed to engage 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.

Coordination meetings: Case Management: several coordination meetings were done to enhance the integration of the ZRCS activities as well as sharing the contributions of the national Society to the overall cholera response. Some of the notable meetings include Public Health Coordination Meeting where strategies related to the public health interventions such as OCV plan, coordination gaps and areas needing supported were shared: Partners meeting was held where all partners shared what they have in support of the Zimbabwe cholera response as well gaps needing more attention identified. Internal coordination meetings were done to review performance of the appeal and plan on how to improve the overall response with the National Society as well as PNS/donor engagement meetings with the Finnish Red Cross on how to coordinate the Appeal and give out of the Fed-Wide approach to the response, the meeting also discussed on how to standardise the ORPs and other response approaches and other PNS such as Norwegian Red Cross, Germany Red Cross, Swiss Red Cross and Netherlands Red Cross Society regarding their support both technical and financial to the response. At Provincial level and district level, ZRCS conducted several entry and operational meetings where their Operational strategy was shared, ORP approach discussed, and collaboration issues discussed as well.

A volunteer demonstrating Infection Prevention control in Mazowe

ORPs Set-up: 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. These locations were selected based on the request by Ministry of health upon the areas registering more cases. ZRCS ensured the presence of trained volunteers to support the ORP and conducting door-to-door cholera awareness sensitization. Identification of specific 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 ensured water accessibility. Community engagement was prioritized by recruiting volunteers from the same communities, fostering participation and adaptation to local contexts and a total of 539 volunteers were trained to support management of the ORPs and community mobilisation in the surrounding communities.

Training of volunteers: Training of volunteers in cholera control, prevention, community case management and community mobilisation where a total of 539 volunteers were trained and deployed to support their own communities. Some volunteers are supporting day to day management of the ORP centres.

Cholera Treatment Centre (CTC): The use of CTC has been highly promoted by the ministry of health in order to reduce congestion in health facilities as well as to easily manage and observe Cholera Treatment Protocols. ZRCS has supported the establishment of two in Chiredzi and in Marondera Districts through the provision of tents, IPC supplies, Case management supplies and logistical support to ensure sustainability of the CTCs. The Ministry of

health is responsible for the day-to-day management of the centre. ZRCS has also supported to strengthen the referral systems from the community to the ORP, and CTCs where need be.

Distribution of NFIs: ZRCS has also supported the different districts with the procurement and distribution of aqua tabs, water guard, soap, cleaning materials, protective gear for health personnel supporting CTCs among others.

	**Water, Sanitation and Hygiene**	Female > 18:	Female < 18:
		Male > 18:	Male < 18:
Objective:	*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*		
Key indicators:	**Indicator**	**Actual**	**Target**
	Households using safe drinking water in targeted high-risk communities (FRC>0,2 mg/L)	60%	100%
	Households with appropriate knowledge about cholera and health/hygiene protective behaviours	65%	90%
	ORPs have access to adequate water and sanitation services	50%	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	65%	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

The ZRCS requested the support of the Household Water Treatment (HHWT) Emergency Response Unit (ERU) where a team lead will be deployed to assess the needs for household water treatment whilst working with the Water Supply Rehabilitation (WSR) Team leader. The deployment is ongoing. The WSR ERU Team Leader is on the ground and has started procurement of hand pump spare parts to allow for quick fixes on the ground. Assessment information from Chiredzi indicates the need to install a pump quickly and then later support the piped networks. Reports of contaminated water sources especially in the urban contexts remain a major issue where borehole drilling is not a final solution unless inline chlorination and or household water treatment is conducted. Access to sanitation remains a challenge and the plan is to engage volunteers to work to work on awareness raising. Some rural populations continue to practice open defecation and in urban context the challenge remains to be blocked sewer systems, uncollected garbage etc. The NRC is planning to inject a cash component for water and discussions are yet to be finalized on how this will be done.

Initial WASH assessment was done in Chiredzi where the water supply system was found to be not functional which made the people to draw water from contaminated open well. The WSR and IFRC Emergency WASH coordinator has been deployed to carry detailed assessment and intervene the situation as the area is continuously registering more cases. Trained volunteers continue to provide sanitation and hygiene promotion activities about cholera and health/hygiene protective behaviours. 1 water point was rehabilitated providing access to safe water supply for the affected communities, temporary sanitation facilities such as latrines, bath shelters, and handwashing facilities constructed and maintained in CTUs while households in the affected communities were provided with 1 percent stock solution for pot-to-pot chlorination as the volunteer target communities sensitized on cholera through door-to-door visits.

	Protection, Gender and Inclusion	Female > 18:	Female < 18:
		Male > 18:	Male < 18:
Objective:	*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*		
Key indicators:	**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%

- The operation has been ensuring the promotion and participation of both men and 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 people affected by the disease and their families especially in the areas where religion plays a large role.
- ZRCS has being supporting the ministry of health to ensure the separation of genders in CTUs. In view of this most of the CTU centers have separate tents for male and female patients. ZRCS has also supported the

CTUs to ensure that patients have adequate lighting around CTUs at night and also promoted the compilation of disaggregation in data.

Community Engagement and Accountability

Objective:			
Key indicators:	**Indicator**	**Actual**	**Target**
	TV and radio campaigns	0	5
	Volunteers trained on CEA and its tools.	291	900
	Feedback linked to protection concerns that are managed in accordance with IFRC policy and standards	-	100%

- 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 Covid-19 response and has evolved following several public health emergencies and disasters in the last 3 years.
- It was noted that the standard RCCE subgroups have not been activated which will enable MoH to investigate 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 add value to the response.
- Subnational coordination is still work in progress and this is a good opportunity to support the government as Collective Service.

Recommendations:

- Support MoH 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.

In Mutare, a Community Feedback Mechanism (CFM) has been set up, and information is pouring in. Currently, there are community feedback meetings, and suggestion boxes at health facilities are in place. The RCCE volunteers have a tool 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.

Enabling approaches

National Society Strengthening

Objective:

Key indicators:	**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%

Volunteers and staff supporting the operation were trained on PSEA. As more volunteers are trained, this component will be included for new identified regions. ZRCS will continue to train new staff that have been recruited.

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.

National Society development activities in terms of legal, ethical and financial foundations, systems, human resources, structures, competencies and capacities to plan and perform 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.

Coordination and Partnerships

Objective:

	Indicator	Actual	Target
Key indicators:	Coordination platforms where ZRCS takes a leading role and provides critical data.	12	10
	External partnerships supporting ZRCS in the response established.	3	10
	Regular coordination mechanism is in place ensuring alignment and coordination with all Movement partners and local and international partners.	8	6

An EOC (Emergency Operations Centre) has been set up and meetings per pillar of the response are being held weekly. The Pillar Team leaders meeting has been held every week during the reporting period.

Coordination in Manicaland is with DMO/DHEO (District Medical Office), Mercy Corps and MSF (Medicine Sans Frontiers) (Buhera) has produced good results which has seen different organisations working together and updating the 4W matrix which are helping proper resource and partner allocation in the areas. 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 (Word Health Organization) has also been supporting the with some supplies for the ORP points.

Secretariat Services

Objective:

	Indicator	Actual	Target
Key indicators:	Global and regional surge	6	7
	Federation-wide reporting set up by PMER.	0	1
	Risk register set up, mitigation measures identified and monitored once per month.	1	1

At the end of the reporting period, the full surge team had hit the ground running. The team is composed of is composed of:

1. Operations Manager
2. Cluster Emergency WASH Coordinator (long term Staff)
3. WSR Team Leader
4. IM Coordinator
5. PHiE Coordinator
6. PHiE Officer
7. RCCE Coordinator (supporting remotely)
8. Alert has been sent out for a ERU WASH Household Water Treatment

IM Coordinator has started working structuring data and developing digital tools for data collection and automated analysis.

C. FUNDING

Include summary of current financial status: income and expenditure

As of 12 February 2024, the multi-lateral Appeal is currently 55% funded 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 beginning of the Appeal.

Federation-wide coverage of project associated with this OP	Amount Raised (CHF)	Funding Gap (CHF)	Coverage %
Total bilateral contributions to FW Appeal	65,214	934,786	7%
Total IFRC hard pledges + in kind + soft pledges	1,102,704	897,296	55%
Total FW contribution (bilateral + IFRC)	**1,167,918**	**1,832,082**	**39%**

HARD (CASH) PLEDGES			
Donor	**Back donor**	**Cash Pledge#**	**Amount in CHF**
Canadian Red Cross	Canadian Govt		57,802
Japanese Red Cross			30,012
British Red Cross			318,472
ECHO			144,611
Monaco Redcross			9,339
Netherlands Red Cross	Netherlands Govt		94,477
Norwegian Red Cross	Norwegian Govt		107,382
Swiss Red Cross			100,137
Total			**862,232**

In-kind			
Donor	**Back Donor**	**Cash Pledge#**	**Amount in CHF**
Swiss Red Cross			24,106
Total			**24,106**

SOFT PLEDGES (confirmed but not yet registered)			
Donor	**Back Donor**	**Cash Pledge#**	**Amount in CHF**
British Red Cross	FCDO		216,366
Total			**216,366**

The Swiss Red Cross 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:

In the Zimbabwe Red Cross Society National Society

- **Secretary General - Elias** Hwenga; email: eliash@redcrosszim.org.zw
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For In-Kind donations and Mobilization table support:

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For Performance and Accountability support (planning, monitoring, evaluation, and reporting enquiries:

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Reference documents

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Click here for:

- Previous Appeals and updates
- Operational Strategy