

SIMPLIFIED EARLY ACTION PROTOCOL ACTIVATION

Zimbabwe | Cholera

11 Feb 2026

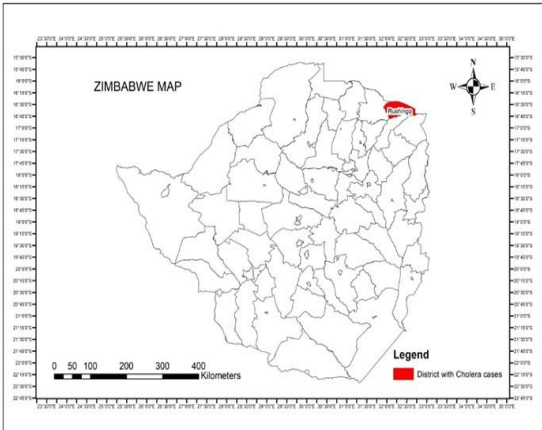


Figure 1: ZRCS Case Area Targeted Interventions CATI training of Trainers in Harare, Photo by Zimbabwe Red Cross Society

EAP №: sEAP2025ZB02	Operation №: MDRZW026	EAP approved: 16/10/1025	EAP revised timeframe: 16/10/2025 - 31/08/2026
Trigger date: 11/02/2026	Early action lead time: 1 month	Early action timeframe: 6 Months	

Budget: 115,501 CHF
To assist: 61,780 people

EARLY ACTION PROTOCOL ACTIVATION



Activation Overview

The Zimbabwe Red Cross Society (ZRCS) has activated its simplified Early Action Protocol for cholera following confirmed local transmission in Rushinga District. As of 10 February 2026, 15 cholera cases and three locally transmitted cases have been reported and are being managed at Marymount CTC. The outbreak represents a spillover from the ongoing cholera epidemic in Mozambique, driven by porous cross-border movement linked to informal gold panning. The hazard is already impacting communities, with an immediate risk of further spread to border areas and urban hotspots, including Harare.

Trigger monitoring was based on the Ministry of Health and Child Care surveillance data confirming local transmission. Trigger 1 was met and formally activated on 10 February 2026, enabling the initiation of early actions. Early actions will focus on Rushinga District (including border communities and affected wards) and identified cholera hotspot areas in Harare. Planned interventions include RC-CATI activities, hygiene promotion, and chlorination of high-risk water points. Actions will be implemented over an initial operational period of up to six months, in line with the sEAP timeframe.


Early actions will prioritize communities at the highest risk of cholera transmission in Rushinga District and selected hotspot suburbs in Harare. Targeting will focus on households in areas with confirmed local transmission, border communities with high cross-border mobility, and densely populated urban settlements with known WASH vulnerabilities.

The primary target groups include households surrounding confirmed cases, users of high-risk communal water points, and vulnerable populations such as children, older persons, and people with disabilities. RC-CATI teams will implement household-level and community-level interventions, including hygiene promotion, safe water practices, and rapid risk reduction measures.

Approximately 300 trained volunteers will support outreach activities, including reoriented volunteers in Harare and trained teams in Rushinga. Targeting will remain flexible and guided by ongoing surveillance data and rapid risk assessments in coordination with district health authorities. This approach ensures that early actions are concentrated in priority transmission zones to interrupt spread and protect at-risk populations.

Early Action Overview

PLANNED OPERATIONS

 Health & Care	Female:	1,108	28,725 CHF
	Male:	1,024	AP Code: 109
Indicator:	<ol style="list-style-type: none"> # of people trained in ORP approach (198F 184M) # of people covered by Oral Rehydration Points (910F 840M) 		
Priority Early Actions:	<ol style="list-style-type: none"> Deployment of the Surge Team to target district: The Surge Team will be deployed immediately to the affected district outside of Harare to conduct rapid assessments in areas with suspected cases in coordination with CoHHD and MoHCC. The team will be composed of national RRT members and BORT 		

Trainer of Trainers, who will support district-level structures in investigating cases. The teams will be equipped to support rapid assessments, including RDT kits to allow for quick confirmation of results.



Water, Sanitation and Hygiene

Female:	16,250	43,128 CHF
Male:	15,000	AP Code: 111

Indicator:




1. # of people with access to improved water quality. (16,250F 15,000M)
2. Number of people reached with cholera messaging to reduce spread (14,560F 13,440M)

Priority Early Actions:

1. **Activation meeting:** chaired by ZRCS Operations Director including ZRCS, PNS and IFRC. The meeting will define and agree the scope of interventions and initiate the deployment of the surge team and initiate Early Actions in Harare.
2. **Rapid assessment of FCR:** Following the activation of the protocol and deployment of the national Surge Team to the affected district, sEAP will initiate actions in Harare to identify and improve water quality in the target hotspots. This will be conducted through a rapid assessment of communal water points to gauge the presence of FCR at water points.
3. **Point of collection and point of use chlorination:** Based on the data gathered by the rapid assessment, the sEAP will activate its framework contract with water quality services providers to improve access to chlorinated water in targeted areas through the distribution of inline chlorinator recharge tablets and the installment of inline chlorination points where necessary. In line chlorinator tablets will provide >1 month of treated water at community points which will be further enhanced through the targeted distribution of household water treatment products during Phase 2 BORT deployments. The protocol will support the installation of 25 inline chlorinators which will benefit 250 households at an average of 5 persons each, providing improved chlorination to 31,250 beneficiaries.
4. **Increased community level assessments:** Volunteers will support the CoHHD to conduct rapid community level assessments to identify environmental hazards in the target areas, for example sewer bursts and other sources of contamination to improve targeting. This will inform BORT messaging and deployments.
5. **BORT orientation/refresher training and simulation exercises:** 300 ZRCS volunteers have been trained in the BORT approach in Harare since 2023 and all these volunteers have participated in BORT/ ORP deployments to cholera. In order to strengthen these teams and their collaboration with stakeholders the protocol will support targeted refresher trainings.
6. **Targeted BORT deployment in Harare:** Based on the anticipation of cases in the hotspot areas and the information

generated by the community level surveillance the sEAP will deploy BORT members to provide anticipatory RCCE and promote the adoption of protective behaviors and practices to reduce the chances of cholera outbreak. The Protocol will support two deployments (5 days each) in Rural areas which report outbreaks, in preparation for additional DREF/ EA funding. Based on previous interventions the BORT deployments can reach 5,600 households, or 28,000 beneficiaries.

Enabling approaches

 Coordination and Partnerships	Female:	4	3,196 CHF
	Male:	4	AP Code: 118, 119, 127, 128
Priority Early Actions:	Engagement with external partners During the readiness phase of the project ZRCS will maintain regular coordination meetings regarding Anticipatory Action through the AA WG with representatives of the IFRC and PNS's. The AA WG meetings are currently scheduled to be held monthly chaired by ZRCS and will serve as a platform for the discussion of: 1) Validation and Initiation of the protocol 2) Planning and implementation of the readiness activities 3) Monitoring, activation and submission of activations 4) Coordination and the development of supplemental actions (DREF/ EA)		
 Secretariat Services	Female:	N/A	9,861 CHF
	Male:	N/A	AP Code: 122
Priority Early Actions:	<ol style="list-style-type: none"> 1. Bank Charges 2. Contribution of Salary to CCD Ops Mgt 1. Travel costs for cluster supervision 		
 National Society Strengthening	Female:	N/A	30,591CHF
	Male:	N/A	AP Code: 124,125,126
Priority Early Actions:	<ol style="list-style-type: none"> 1. Cholera Preparedness Project Coordinator 50%: The project coordinator will guide the activation process, ensuring that required data is shared from the target districts, notifications 		

are developed and submitted and that planning, funding and implementation of interventions are conducted according to the agreed schedule of the sEAP.

- 2. Mobile District Field Officer 100%:** During an activation, the NS will allocate a DFO to support the assessments, trainings and activities under the early action segments. The DFO will need to be allocated to the protocol rapidly to ensure that actions are implemented according to the planned schedule.
- 3. Finance Assistant 40%:** The Finance assistant will support all financial processes during the activation period.
- 4. PMER Officer 20%:** The PMER officer will support monitoring of all project activities following an activation, ensuring the protocol achieves its set goals and objectives

Contact information

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

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Reference



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