SIMPLIFIED EARLY ACTION PROTOCOL
OPERATIONS UPDATE #1

Zimbabwe | Cholera

24 April 2026

Figure 1: Volunteer Deployment, Harare. Photographer; Dorika, DFO, ZRCS

sEAP №: **sEAP2025ZB02**	Operation №: **MDRZW026**	sEAP approved: **16/10/2025**
sEAP approved: **16/10/2025**	Early action timeframe: **6 Months**	Timeframe covered by this update **16/10/2025 – 16/04/2026**

Budget: 108,450 CHF
To assist: 61,780 people

SIMPLIFIED EARLY ACTION PROTOCOL

Summary of revisions to the operation

The ongoing implementation of the Cholera simplified Early Action Protocol (sEAP) has necessitated adaptive revisions to better align early warning outputs with timely response actions. While the overall geographical scope remains unchanged, operational focus has been intensified in high-risk urban hotspots, particularly Glen View and Budiriro, where recent water quality testing under Phase 1 confirmed borehole contamination. This has prompted a refinement in targeting, prioritizing populations reliant on communal water points with elevated contamination risk. In response, ZRCS deployed volunteers to conduct bucket chlorination at thirteen communal water points as an immediate risk reduction measure, reaching vulnerable households dependent on these sources. This intervention reflects a shift in activities and intervention strategy under phase 1, introducing contamination control measures earlier than originally prescribed, while longer-term solutions, specifically the installation of inline chlorinators under a framework agreement, are being pursued. The framework agreement was activated with the activation of trigger 1/phase 1. This operational adjustment has highlighted a critical gap in the sequencing of the sEAP. While sanitary surveys and water quality testing are appropriately covered under Phase 1, the resources required for contamination control are only accessible under Phase 2, creating a delay between risk identification and mitigation. To manage this, bucket chlorination was implemented for ten days as an interim measure but was suspended effective 10 April 2026 pending further guidance. The experience suggests a likely oversight in the protocol design and the revision of the trigger 2 and the activities under each trigger should be revised to ensure that chlorination is done in the same phase as the testing, for the next iteration of the protocol.

Figure 2: Volunteer bucket chlorination in Budiriro, Photographer: Tadiwanashe, ZCS Communications

Key Achievements

1. Rapid activation of early actions in high-risk areas
    - The sEAP was operationalised following activation of Trigger 1/Phase 1, with the response intensified in high-risk urban hotspots, particularly Glen View and Budiriro.
2. Water quality risks identified and acted upon
    - Water quality testing confirmed borehole contamination in the targeted areas.
    - This evidence was used to refine targeting towards communities dependent on contaminated communal water points.
3. Emergency bucket chlorination implemented
    - ZRCS volunteers conducted bucket chlorination at 13 communal water points, providing an immediate risk-reduction measure for households relying on these sources. 21,240 people were reached with safe water supply.
    - The intervention was implemented for 10 days as an interim measure while longer-term water treatment solutions were being pursued.
4. Early action strategy adapted to emerging risks
    - The operation demonstrated flexibility by introducing contamination-control measures earlier than originally prescribed under Phase 1, rather than waiting for Trigger 2.

- This provided practical lessons on the need for more flexible trigger mechanisms and overlapping phases in the sEAP.

5. Longer-term water treatment solution initiated
    - A framework agreement for inline chlorinators was activated following Trigger 1/Phase 1.
    - The operation began pursuing installation of inline chlorinators at contaminated boreholes as a more sustainable solution to water contamination.
6. Strengthened water quality monitoring
    - Continued water testing and sanitary surveillance were identified as priority actions to monitor contamination, assess intervention effectiveness and guide expansion to other high-risk sites.
7. Community engagement and cholera prevention strengthened
    - The operation incorporated targeted RC-CATI to strengthen community awareness on safe water handling, hygiene and the appropriate use of chlorinated water.

Important operational learning generated

- The implementation identified a critical gap in the sequencing of the sEAP: water contamination could be identified under Phase 1, while resources for immediate contamination control were only available under Phase 2.
- This generated a clear recommendation to revise the trigger and implementation logic so that life-saving WASH interventions can be activated immediately when significant public health risks are detected.
- No cholera cases were recorded in Harare, representing a shift from historical epidemiological trends in which cholera outbreaks elsewhere in the country have typically spread to or culminated in Harare.

We seek to revise the original budget to clearly illustrate the fund reallocations. Using the Phase 2 budget to conduct the necessary activities described in the budget below:

Dates:	Apr-26						
TOTAL BUDGET							1730
Project: IFRC Cholera Simplified Early Action Protocol				Unit of Measurement	Units	Unit Cost (USD)	Total
PROJECT COSTS	Frequency	Units	Quantity				
CHOLERA RESPONSE IN HARARE							
Activity: Bucket chlorination- Volunteer orientation and deployment							
Participants refreshments on orientation day		Days	1	Persons	26	5	130
Volunteer allowances		Days	5	Persons	26	10	1300
Volunteer bus fare + trainers - for those from far		Days	1	Persons	10	3	30
Healthcare EHTs-Facilitators		Days	3	Persons	3	30	270
Sub-Total							1730
Activity: Installation of inline chlorinators in Harare							
Fix & supply (Contractor)		Water points	30	Unit	1	567	17010
Volunteer allowances		Days	5	Persons	4	10	200
Stakeholder support- EHTs		Days	5	Persons	2	30	300
Sub-Total							17510
GRAND TOTAL							19240

Early Action Overview

PLANNED OPERATIONS

Health & Care	Female > 18:	Female < 18: **1,108**	**26,971 CHF**
	Male > 18:	Male < 18: **1,024**	AP Code: **107,108, 109**
Indicator:	1. # of people trained in ORP approach (198F 184M) 2. # of people covered by Oral Rehydration Points (910F 840M)		
Priority Early Actions:	**1.** 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 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 > 18:	Female < 18: 16,250	**42,416CHF**
	Male > 18:	Male < 18: **15,000**	AP Code: AP111
Indicator:	Number of people with access to improved water quality.		
	Number of people reached with cholera messaging to reduce spread		
Priority Early Actions:	**1. Accelerated installation of inline chlorinators:** Fast-track procurement, installation, and commissioning of inline chlorinators at all contaminated boreholes as a sustainable, long-term water treatment solution. **2. Enhanced water quality monitoring:** Continue regular water testing and sanitary surveillance to track contamination levels, assess intervention effectiveness, and guide scale-up to additional high-risk sites where necessary. 3. **Targeted RC CATI:** Intensify community awareness on safe water handling, hygiene practices, and the purpose and correct use of chlorinated water to improve acceptance and compliance. **4. Strengthening coordination with local authorities:** Engage city health departments and WASH stakeholders to align interventions, support installation of chlorination systems, and ensure sustainability through shared ownership.		

Enabling approaches

Coordination and Partnerships	Female > 18:	Female < 18: 4	**1,081CHF**
	Male > 18:	Male < 18: 4	AP Code: **118, 119, 127, 128**
Priority Early Actions:	1. ***Development of DREF submission package:*** Informed by the activation of phase two early actions (confirmation of cases in Harare) ZRCS will call a meeting to inform the IFRC of their intention to develop a DREF which will address outbreaks which occur outside of Harare. The DREF document will be informed by the findings of the mobile Surge Teams deployments in additional districts and will leverage the existing prepositioned stocks. The DREF document will support the sustained interventions which will be required as a result of a multi- district cholera outbreak. 2. ***Lessons learned workshop:*** Following the completion of the Early Actions the ZRCS AA Working Group will host a lesson learned workshop which will assess the effectiveness and appropriateness of the trigger and actions undertaken in the EAP and will support resubmission and informing lessons for the development of a full EAP.		
Achievements under Early Actions	The Technical Working Group has been active and engaged supporting the review of the SEAP from the triggering process and the changes that have occurred in the activation phase		

Secretariat Services	Female > 18:	Female < 18: **N/A**	**9,259 CHF**
	Male > 18:	Male < 18: N/A	AP Code: **122**
Priority Early Actions:	1. Bank Charges. 2. Contribution of Salary to CCD Ops Mgt. 3.Travel costs for cluster supervision.		
Achievements under Early Actions	The CCD has continued with technical and supervisory support to the NS in the execution and review of the SEAP. The CCD is part of the technical working group and has even linked the NS to several platforms to showcase lessons in the execution of the SEAP like the IFRC Cholera TWG and the health monthly meetings		

National Society Strengthening	Female > 18:	Female < 18: **N/A**	**28,723 CHF**
	Male > 18:	Male < 18: N/A	AP Code: **124,125,126**
Priority Early Actions:	**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, training 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

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Reference
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