SIMPLIFIED EARLY ACTION PROTOCOL
OPERATIONS UPDATE #2

Zimbabwe | Cholera

22 May 2026

Figure 1: Newly installed inline chlorinator in Glen-View, Harare, Zimbabwe, Photographer: Dorika Madzingamiri, DFO, ZRCS

sEAP №: **sEAP2025ZB02**	Operation №: **MDRZW026**	sEAP approved: **16/10/2025**
sEAP approved: **16/10/1025**	Early action timeframe: **6 Month**	Timeframe covered by this update: **16/10/2025-22/05/2026**

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

SIMPLIFIED EARLY ACTION PROTOCOL

Summary of revisions to the operation

The proposed revision to the Cholera Simplified Early Action Protocol (sEAP) expands the ongoing cholera anticipatory action operation beyond the initial activation areas of Rushinga, Nyanga, and Harare Metropolitan Province to include Zvishavane town in Midlands Province following the reporting of three cholera cases on 15 May 2026. Two cases were laboratory confirmed while one case was confirmed through Rapid Diagnostic Test (RDT). Preliminary investigations by the Ministry of Health and Child Care (MoHCC) linked the outbreak to prolonged water shortages in the town and possible exposure to contaminated food from informal food vendors operating within densely populated communities. Although the reported cases are currently limited and linked to one household in Mandava high-density suburb (Ward 3), the MoHCC continues to classify the area as high risk for further transmission due to significant underlying vulnerabilities. Mandava Ward 3 falls within priority index 8 of the Priority Areas for Multisectoral Interventions (PAMIS), indicating high mean annual cholera incidence and high persistence. Zvishavane District has five wards classified under PAMI priority index 8 and five wards under priority index 7, highlighting the district's elevated cholera risk profile and susceptibility to rapid outbreak escalation.

The district also presents several contextual risk factors that increase the likelihood of wider transmission if preparedness and early interventions are delayed. Zvishavane is surrounded by artisanal mining settlements characterized by high population mobility, overcrowding, intermittent access to safe water, and widespread informal food vending. Water supply in high-density suburbs remains inconsistent, forcing many households to rely on unsafe alternative water sources, including shallow wells and boreholes. In addition, the MoHCC reports persistent sanitation challenges and open defecation practices in some affected communities. As shown in Fig 2, during the 2023/2024 cholera outbreak, by 17 June 2024, Zvishavane had recorded 232 suspected cholera cases and 14 suspected deaths with a CFR of 6.1%, with transmission largely associated with artisanal mining and densely populated urban communities.

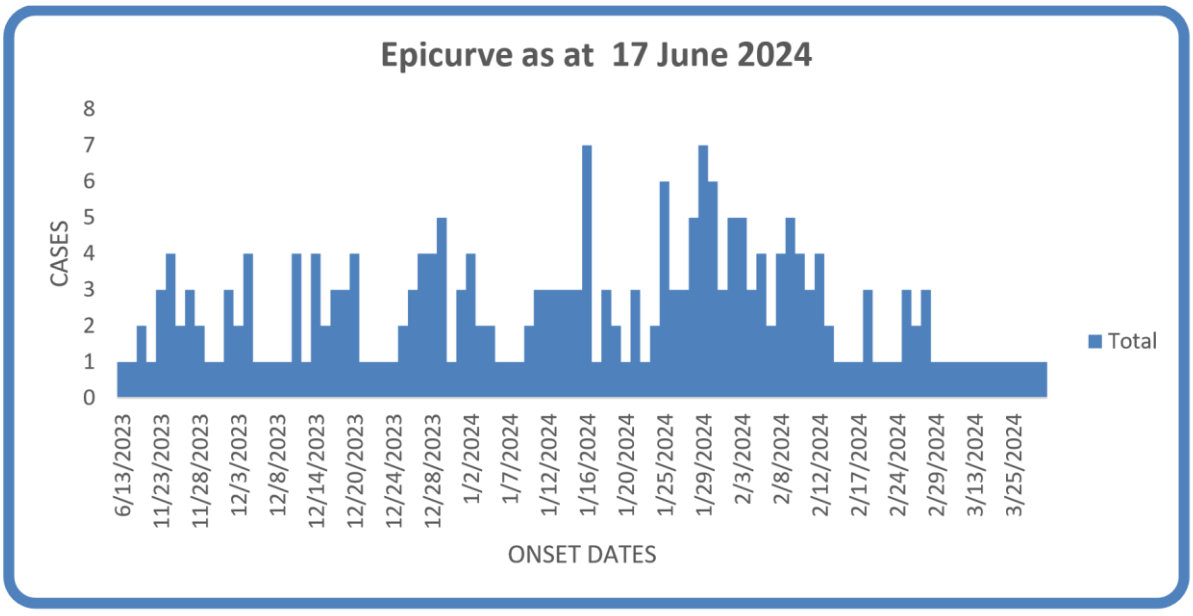

Figure 1 : Mandava cholera epicurve, June 2024

Mandava is also a traditional diarrhoea hotspot as shown in figure 2 and 3

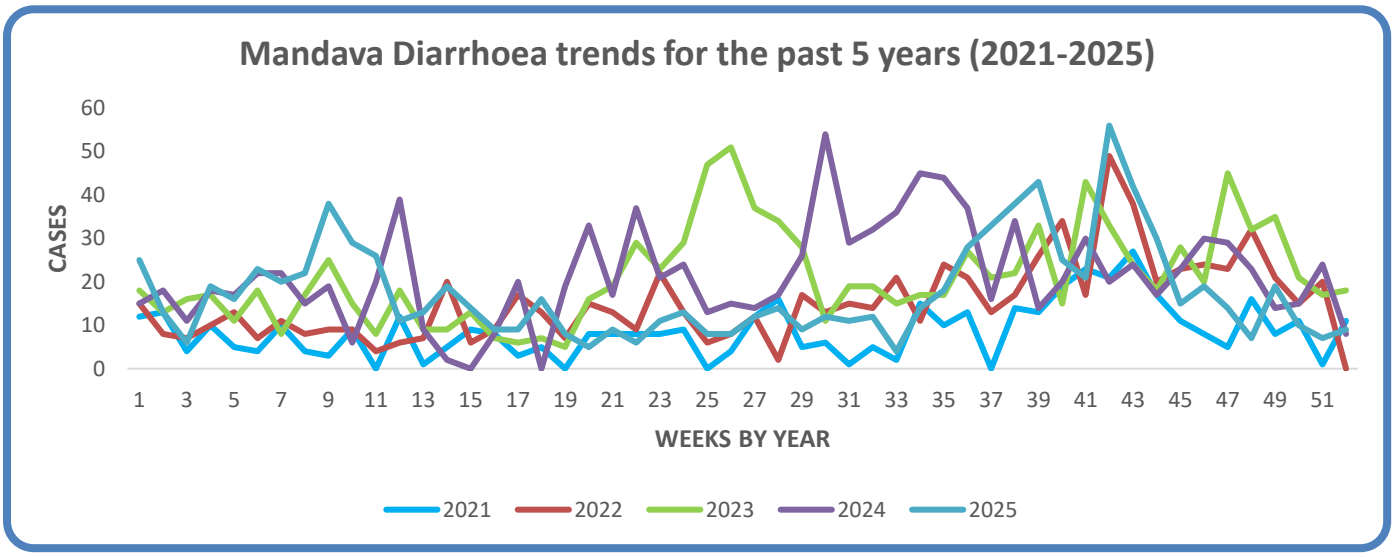

Figure 2: Mandava Diarrhoea trends for the past 5 years (2021-2025)

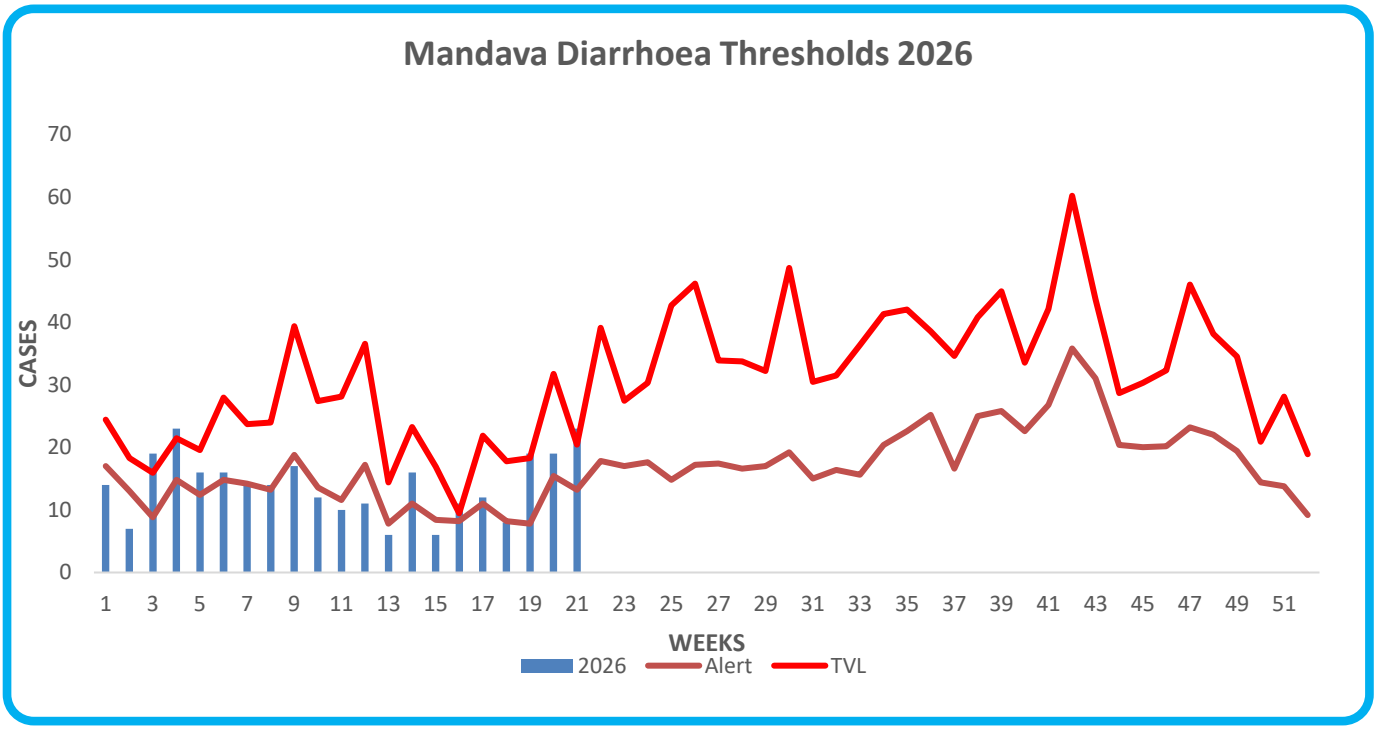

Figure 3: Mandava diarrhoea 2026 trend analysis

The 2026 diarrhoea trend analysis shows that cases have already crossed both the Alert and Threshold Value Line (TVL), indicating that an outbreak is likely occurring, immediate public health action is required, and rapid response teams may be activated. These historical outbreak trends, combined with current vulnerabilities and mobility patterns, increase the probability of rapid amplification should additional cases emerge.

On 28 May, MoHCC reported one more suspected cholera case from Mandava suburb. While no further confirmed transmission has been reported, the current outbreak represents an important early warning signal requiring localized preparedness and anticipatory action to reduce the likelihood of escalation. Zimbabwe has previously experienced rapid cholera escalation in settings where community preparedness, risk communication, and early containment measures were delayed. The proposed intervention therefore seeks to strengthen community-level readiness, reinforce surveillance and early alert systems, and establish localized volunteer response capacity before wider transmission occurs. It aims to establish a more localized and sustainable frontline RC-CATI presence capable of supporting early alert systems, community engagement, hygiene promotion, and rapid response should additional cases emerge. The proposed interventions are aligned with the priority needs identified by the MoHCC and recommendations from the ZRCS Extended Anticipatory Action Technical Working Group (AATWG) meeting held on

18 May 2026 and will complement ongoing MoHCC-led preparedness and response efforts. Operations update 2 requested a waiver to use phase 2 resources and flexibility of the sEAP to respond should cholera outbreaks continue to occur outside Harare without activation of the second trigger.

On 20 May 2026, the ZRCS received a request for support from the MoHCC to complement ongoing preparedness and response efforts in Zvishavane District, including strengthening community preparedness, surveillance support, risk communication and community engagement, coordination, and health facility readiness. ZRCS therefore seeks operational flexibility under the cholera sEAP to support low-level anticipatory and preparedness actions aimed at reducing the risk of outbreak escalation.

*Figure 4: Installation of inline chlorinators in Budiriro and Glen view, Harare, Zimbabwe, Photographer: Dorika Madzingmiri, DFO**

The revision introduces a package where Zimbabwe Red Cross Society (ZRCS) proposes to implement low-level anticipatory and preparedness interventions in Zvishavane District under the cholera sEAP in coordination with the Ministry of Health and Child Care (MoHCC) and local authorities. Specifically, the proposed interventions seek to:

- Participation in coordination meetings and preparedness planning with the Ministry of Health and Child Care (MoHCC) and Zvishavane local authorities;
- Recruitment and training of 40 Red Cross volunteers on RC-CATI, including door-to-door hygiene promotion, handwashing awareness, safe water handling, food hygiene promotion, and sensitization on early health-seeking behaviour in high-risk communities and community engagement;
- Deployment of trained volunteers for two weeks to conduct door-to-door hygiene promotion, food safety awareness, handwashing promotion, and community sensitization on early health-seeking behaviour;
- Support for sanitary surveys and water quality monitoring at communal water points;
- Promotion of household water treatment and safe water storage practices;
- Assessment and prepositioning of cholera response non-food items (NFIs) and stock management to facilitate rapid scale-up if the outbreak worsens.
- Support MoHCC-led preparedness strengthening for frontline healthcare workers on cholera surveillance, early detection, infection prevention and control (IPC), reporting procedures, and case management readiness;
- ZRCS will continue to ensure coordination with MoHCC and adherence to operational accountability and reporting requirements throughout implementation of the proposed anticipatory and preparedness interventions.

Key Achievements

1. Consolidation and expansion of early action in high-risk areas

- Building on the successful Phase 1 implementation in Rushinga and Nyanga reported in Operations Update 2, ZRCS continued anticipatory and early response actions across Harare Metropolitan Province, Rushinga and Nyanga.
- The interventions strengthened the systems established through the previous updates, particularly early detection, community engagement, containment and operational readiness.
- The experience demonstrated the value of maintaining community-level preparedness beyond the initial outbreak response period.

2. RC-CATI capacity strengthened and institutionalized

- Building on the 56 volunteers trained in Rushinga and 105 in Nyanga during the earlier phase, ZRCS further strengthened RC-CATI capacity through Trainer of Trainers sessions for 15 participants in Rushinga and 30 in Nyanga.
- The trained personnel supported the continued development of community-based capacity in surveillance, household hygiene promotion, safe water handling, referral pathways and risk communication.
- This progression strengthened the sustainability of the volunteer capacity established during the earlier operations and increased readiness for rapid community-level action.

3. Essential cholera response supplies prepositioned for rapid action

- Building on the operational learning from Operations Update 2 regarding the need for timely access to response resources, ZRCS prepositioned two ORP kits, one in Rushinga and one in Nyanga.
- Additional supplies, including ORS sachets, Aqua Tabs and HTH chlorine, were also prepositioned.
- This strengthened local readiness and reduced potential delays in accessing essential supplies should new cases emerge.

4. Coordination and cross-border preparedness strengthened

- Building on the coordination established during the earlier response in the Mozambique-bordering districts, ZRCS participated in two district coordination meetings and three cross-border coordination meetings.
- The meetings brought together MoHCC, Mozambique Red Cross and IFRC, strengthening information sharing, preparedness and coordination for potential cross-border transmission.
- This reinforced the importance of coordinated preparedness identified through the earlier Phase 1 experience.

5. Community-level cholera prevention significantly expanded in Harare

- Building on the surveillance and preparedness approach used in Rushinga and Nyanga, ZRCS deployed 25 RC-CATI volunteers from cholera hotspot communities in Harare to conduct bucket chlorination, household hygiene promotion and community risk awareness activities for 10 days.
- The interventions reached approximately 4,248 households, representing about 21,240 people.
- This represented a significant expansion of the community-based approach from targeted border and rural preparedness to large-scale household-level prevention in urban cholera hotspots.

6. Water-quality risks identified to inform targeted preventive action

- Building on the risk identification and surveillance work under previous updates, ZRCS conducted sanitary surveys and water-quality testing at 33 communal water points in Harare.
- 25 water points tested positive for E. coli and/or total coliforms, providing important evidence of potential public health risks.
- The findings enabled ZRCS and partners to identify priority water points for corrective measures and strengthened the link between risk assessment, early action and WASH intervention.

7. Water treatment infrastructure strengthened

- Following the identification of water-quality risks, ZRCS installed 10 inline chlorinators at communal water points in Budiriro and Glen-View.
- Chlorine tablets were also replaced at 15 water points in Harare South.
- These interventions translated the water-quality assessment findings into concrete preventive measures, strengthening access to safer water and reducing potential cholera transmission risks.

8. Operational readiness strengthened for potential outbreak escalation

- The combined achievements from the successive operations strengthened a more comprehensive preparedness system comprising trained community volunteers, community surveillance, risk communication, WASH risk monitoring, water treatment infrastructure and prepositioned response supplies.
- The experience from Rushinga and Nyanga, together with the expanded interventions in Harare, strengthened ZRCS's capacity to rapidly identify risks and initiate localized preventive action.
- These achievements also built on the operational learning from Operations Update 2 regarding the need for flexibility in the sEAP, demonstrating the importance of having resources, trained personnel and response mechanisms in place before transmission escalates.

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: **1**6,250	**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: N/A	**1,081CHF**
	Male > 18:	Male < 18: N/A	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: **4**	**9,259 CHF**
	Male > 18:	Male < 18: 3	AP Code: **122**
Priority Early Actions:	1. Bank Charges. 2. Contribution of Salary to CCD Ops Management. 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: **190**	**28,723 CHF**
	Male > 18:	Male < 18: 190	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, 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:

In the Zimbabwe Red Cross Society

- **Secretary General** Elias Hwenga, hwengae@redcrosszim.org.zw, +263786524206
- **Operational coordination:** Mathias Begede, Operations Director, begedem@redcrosszim.org.zw, +263773217888

In the IFRC

- **IFRC Regional Office:** Kwan Ho Lam; email: KWANHO.LAM@ifrc.org , DCC Manager
- **IFRC Country Cluster Support Team:** Vivianne Jepkoech Kibon, Operations Coordinator, vivianne.kibon@ifrc.org , +263776138832

Reference

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