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Emergency Plan of Action (EPoA)
Zimbabwe: Cholera Outbreak

International Federation of Red Cross and Red Crescent Societies

DREF N° MDRZW013 / PZW032	**Glide No. EP-2018-000150-ZWE**
Date of issue: 18 September 2018	**Expected timeframe: 3 months**
Operation start date: 18 September 2018	**Operation end date: 18 December 2018**
Category allocated to the of the disaster or crisis: Yellow	
IFRC Focal Point: Nicolas Boyrie, Southern Africa Cluster DM Coordinator	**National Society Focal Point:** Karikoga Kutadzaushe, Zimbabwe Red Cross, Operations Director.
DREF allocated: CHF 208,367	
• **Total number of people affected: 3,766 suspected cases and 25 deaths *(as per 14 September – WHO Sitrep)*** • **Total number of people living in the affected area: 250,000 people** • **Total number of people at high risk of contamination: 100,000 people** • **Total population of Harare: 2,253,747 people**	**Number of people to be assisted: 15,000 people (3,000 HH)**
Host National Society presence: Zimbabwe Red Cross (ZRCS) with at least 17 000 volunteers, is present in the eight (10) Provinces of the country with 62 sub-regional branches	
Red Cross Red Crescent Movement partners actively involved in the operation: IFRC, ICRC British, Finnish, and Danish Red Cross	
Other partner organizations actively involved in the operation: Oxfam, UNICEF, WHO, MSF, Care International, Harare City Council, MoHCC, National Civil Protection	

A. Situation analysis

Description of the disaster

On 5 September 2018, 25 patients were admitted at Beatrice Infectious Disease Hospital (BRIDH Harare) presenting with diarrhoea and vomiting. Ten (10) patients were referred from Harare Central Hospital and the other 15 used various modes of transport to BRIDH. Most cases came from Glen View 8, 3, Budiriro 1 and 2. A 25-year-old woman who was brought in collapsed and died on the same day, 5th of September 2018. A sample from the woman was tested positive for ***V. cholera, Ogawa***. All the patients had typical cholera symptoms like excessive vomiting and diarrhoea with rice watery stools and dehydration. On 6 September 2018, 11 cases were confirmed by Rapid Diagnostic Test (RDT) to be positive of ***Vibrio cholera***. The Minister of Health and Child Care (MoHCC) visited BRIDH on the same day. With this information at hand, the MoHCC declared officially a cholera outbreak in Harare City.

During the night of 5 September 2018, more patients were admitted. By early morning of 6 September 2018, 39 stool samples were taken for culture and sensitivity, and of these, 17 were confirmed positive for ***Vibrio cholera type Ogawa*** species. The affected areas are reliant on borehole water for drinking and domestic use, which according to health authorities is suspected to be the source of contamination due to poor water supply, poor hygiene and poor waste disposal.

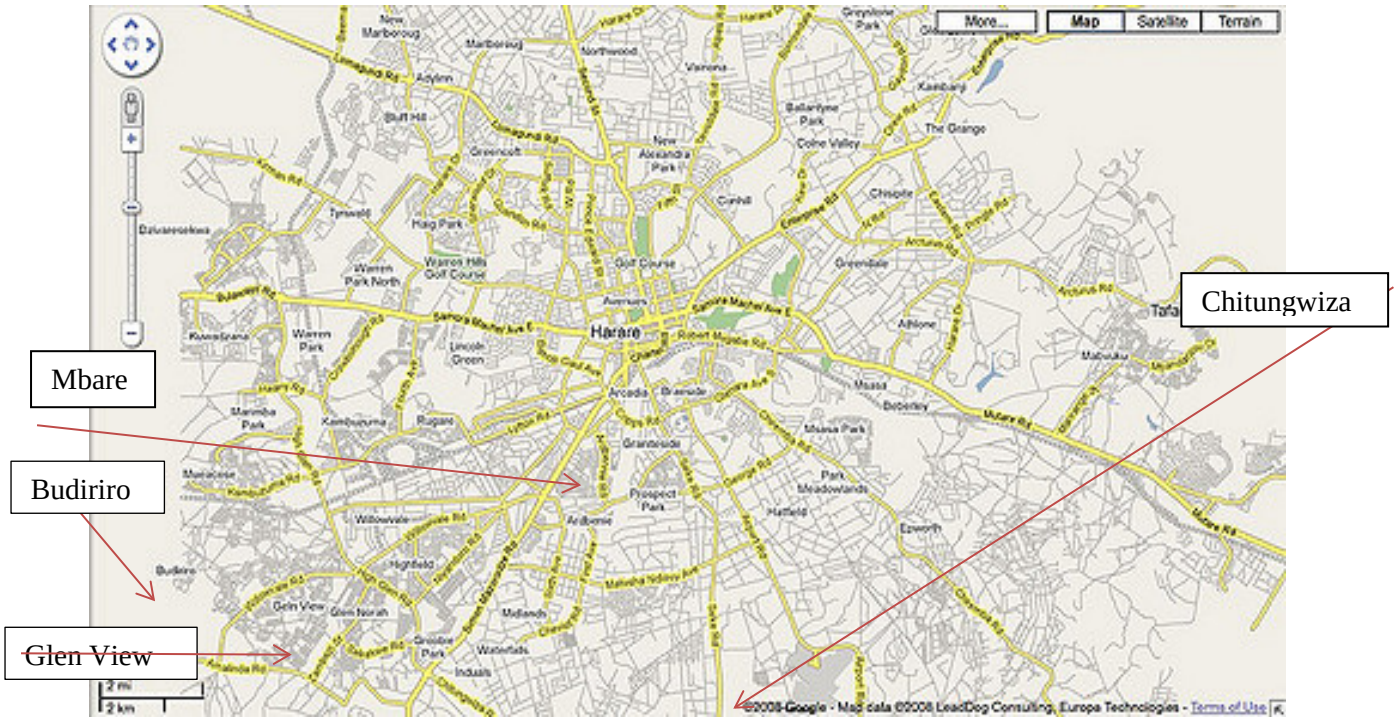

Figure 1. Map of Harare showing areas at high risk (source: Google maps)

At an emergency meeting comprising of national civil protection committee members held at the National Crisis Centre on 10 September 2018, health experts from the Ministry of Health and Child Care warned that the cholera outbreak could blowout and have devastating consequences if adequate measures to contain it were not scaled up. The total population at risk in Harare City is estimated at some 2.25 million people according to MoHCC report. The same report also shows that 1,046 cholera cases have been recorded and the trend indicates that the number of cases is growing at an exponential rate. Due to mobility of the population, there are fears that the outbreak could affect other neighbouring suburbs or spread to other parts of the country. Already, suspected cholera cases have been reported in other Harare suburbs such as Mabvuku, Southley Park, Ashdown Park, Main way Meadows, Mbare, New Canaan and parts of Chitungwiza.

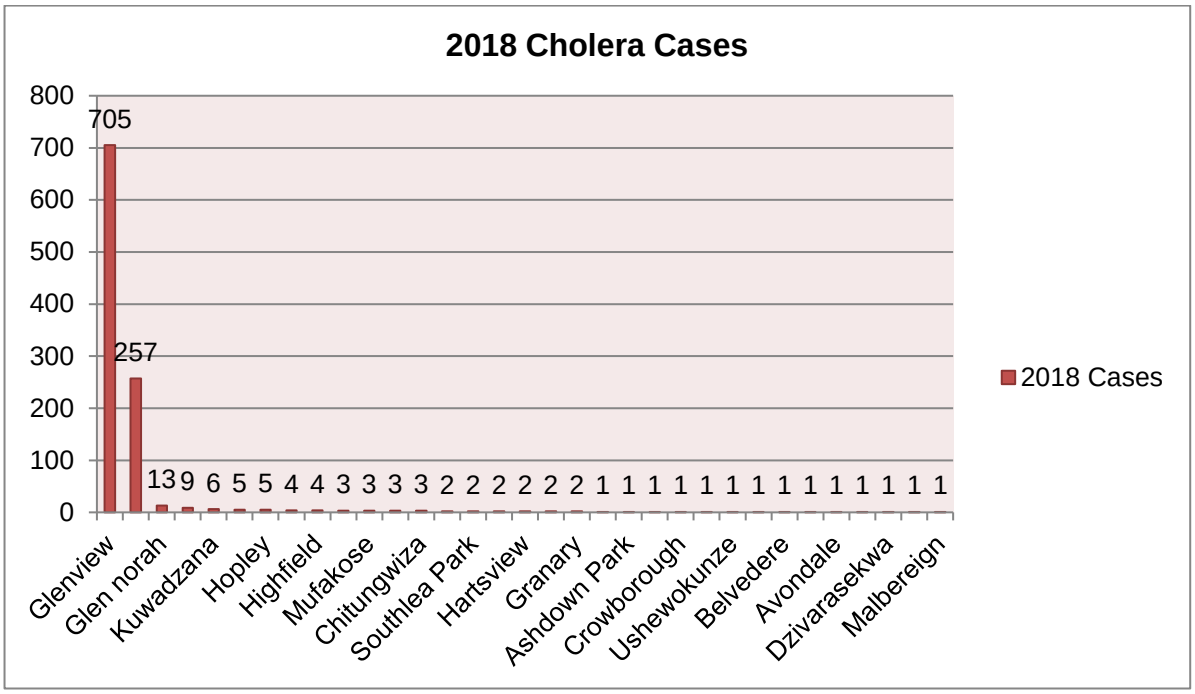

Figure 2: Distribution of Cholera cases by suburb, Harare 1 to 9 September 2018, (Source SITREP: MOHCC 10.09.18)

To note, as of 14 September, WHO announced that the total death toll had been increased to 25 deaths with 3766 suspected cases.

Other provinces such as Midlands, Manicaland, Masvingo and Mashonaland Central have also reported sporadic cases of cholera — all of which have since been traced back to Harare. In Gokwe North, five cases

were reported — all involving members of one family —, who had travelled to Harare and have been isolated for treatment. Although only five cases have been reported, since Midlands is at the centre of the country geographically, there is high risk of the disease spreading to other provinces.

To date, statistics show that the 25 – 35 age group is severely affected, although infants remain at greatest risk.

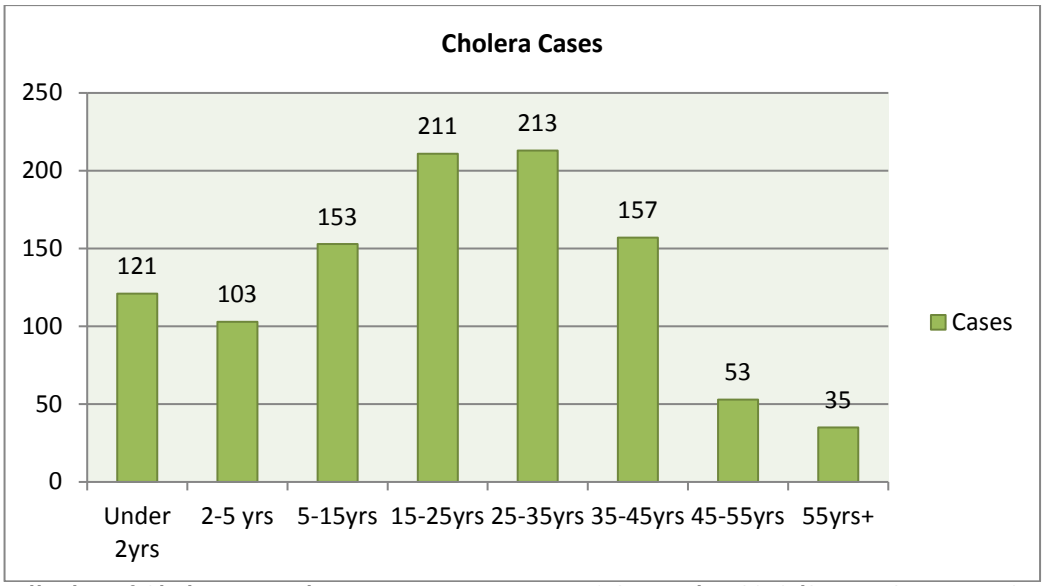

Figure 3: Distribution of Cholera cases by age group, Harare 1 to 9 September 2018 (Source SITREP: MOHCC 10.09.18)

What makes the potential humanitarian situation more complex is that most of the areas affected such as Harare and Midlands, have suffered a dual outbreak of both cholera and typhoid in recent weeks which has claimed many lives. Furthermore, the outbreak started in an urban area with high density and high mobility population.

This is the second major cholera outbreak in a decade, following the cholera outbreak that began in November 2008 and recorded a cumulative total of 98,592 cases and 4,288 deaths by 31 July 2009. Although the 2008 cholera outbreak started in Chitungwiza, Budiriro recorded the highest number with 855 cases reported by December 2008. Budiriro has remained a hotspot and experiences recurrent dual outbreaks of cholera and typhoid in recent years. Comparing the statistics, the recent outbreak is potentially far more serious than it was in 2008.The number of cases recorded between August and December 2008 was 1,224, while this year, only in the first week of September 2018, 1,046 cases have been recorded. The graph below shows the number of cholera cases recorded in 2008 and 2018.

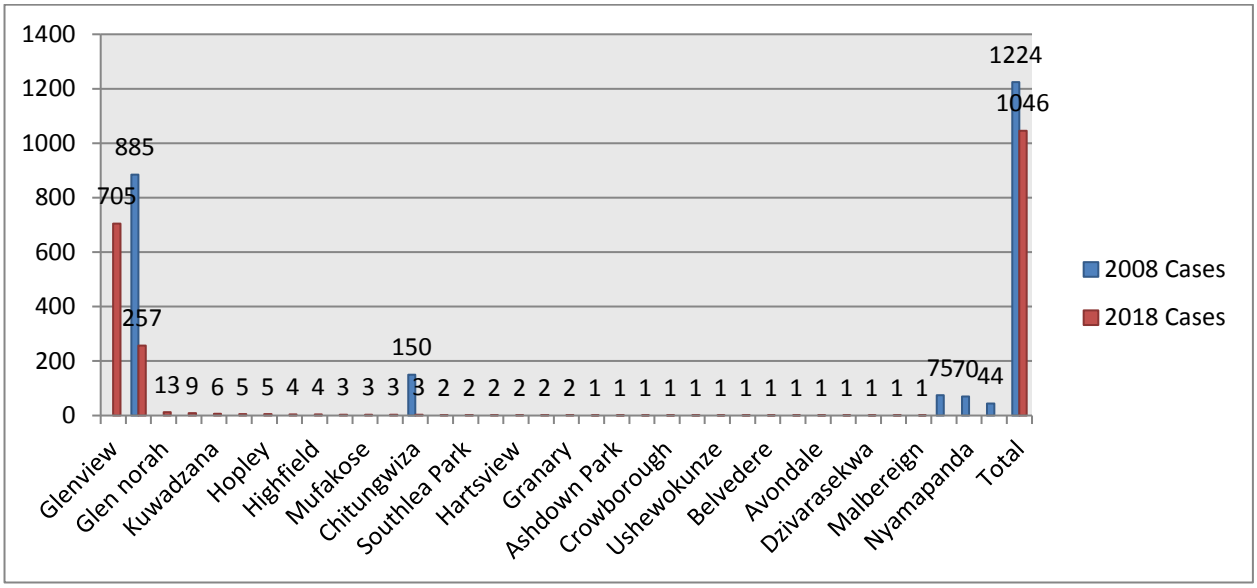

Figure 4: Distribution of Cholera cases August – December 2008 and 1 to 9 September 2018 in Harare. Source SITREP: MOHCC 10.09.18)

A loose case definition which includes all age groups is being used. This includes any person who presents with acute diarrhoea with or without vomiting, resides in, has visited Glen view or Budiriro as from 5 September 2018 is a suspected cholera case. The case definition in the guideline limits a suspect to be two years and above. However, an 18 months baby was admitted at BRIDH.

Summary of the current response

Overview of Host National Society

The Zimbabwe Red Cross Society (ZRCS) is fully involved in responding to all the epidemic outbreaks in the country. ZRCS is organised into two main structures: The Executive Secretariat, which includes programmes on integrated disaster management, resilience, organisational development, health and the Support Services, which comprises Administration, Finance, Logistic, and the Governance.

ZRCS is present in all the ten provinces of the country with eight (8) provincial committees and 62 sub-regional (district) branches. It counts at least 17,000 volunteers nationwide. In the affected regions, provincial ZRCS structures are present comprising approximately 1,500 volunteers. The volunteers in this part of the country have knowledge of cholera because the 2008 Cholera epidemic outbreak erupted in the same area. This 2008 epidemic spread across the whole country. The cholera outbreak began in November 2008 and recorded a cumulative total of 98,592 cases and 4,288 deaths by 31 July 2009. Harare, together with the Manicaland, Midlands and Mashonaland West Provinces were prioritized after being identified as the worst affected. Zimbabwe Red Cross Society (ZRCS) supported by the International Federation of Red Cross and Red Crescent (IFRC) through its Country Representation office in Harare, and with the technical support of the emergency response units (ERUs) reached over one million people throughout the country. The areas of focus included the provision of non-food relief, health and care services, safe water and sanitation facilities and technical support to national health services. The operation was a joint effort of various stakeholders, which enhanced the response capacity of the National Society. The operation was scaled-down in April 2009 when the cholera cases started decreasing, whilst focus was shifted to medium- and long-term activities on recovery and rehabilitation. Some of the volunteers who were involved in this operation are still within the structures and their knowledge of the disease and experience will be valuable in managing the current cholera outbreak.

In addition, the National Society (NS) has experience in managing DREF and Emergency Appeal (EA) operations and has a good understanding of IFRC tools and procedures. For the last 12 months, ZRCS has been involved in a large-scale operation on first aid coverage during the election period in Zimbabwe. Currently, ZRCS has long term integrated disaster resilience project in five districts aiming to prevent epidemic diseases and to conduct nutrition and WASH activities.

In 2008, the Zimbabwe Red Cross Society implemented a Cholera DREF operation worth CHF 203,302 (USD 177,556 or EUR 139,248) targeting some 100,000 beneficiaries. The two months DREF was upgraded to an Appeal in December 2018 targeting to raise CHF 10,170,233 (USD 9.2m or EUR 6.6m) but only 48% was covered. 1 million beneficiaries were reached against a target of 1.5 million beneficiaries.

Since 5 September 2018, when the information on the Cholera outbreak was shared by the City of Harare and the Ministry of Health, the Director of the Civil Protection (DCP) requested the support of the Red Cross in the response to this epidemic. The ZRCS has been taking part in the crisis meeting chaired by the DCP on the strategic response plan for this outbreak. As part of the initial response, the ZRCS has deployed 40 volunteers from its roster of community disaster response team. During the on-going coordination meetings to which ZRCS was represented in the WASH and Health Promotions sub committees, the following gaps were presented:

- ✓ Rapid assessment/ situation analysis to determine the predisposing factors for appropriate messaging
- ✓ Community stakeholder sensitization meetings
- ✓ House to house hygiene promotion, point of use water treatment
- ✓ Active case finding and referral to clinic
- ✓ Street campaigns
- ✓ Road shows
- ✓ School health promotion – teachers and students
- ✓ Health education – churches, crèches, market places, public transports, industrial areas
- ✓ IEC material distribution
- ✓ NFI distribution- water guard, aqua tabs, tapped buckets, soap

Overview of Red Cross Red Crescent Movement in country

ZRCS has activated its internal emergency response mechanism and an operation meeting was held internally. All ZRCS Provincial structures have been put on high alert. Community disaster response team members in Harare have

been activated through the roster system. An emergency steering committee involving Movement partners was held and minutes and updates shared.
The IFRC is providing assistance through its Southern Africa Country Cluster Support Team (CCST) and Africa Region Offices. From the onset of the disaster, contacts were established with Nairobi Regional Office and regular updates on the situation and activities shared. An alert was issued on 5 September 2018 using the IFRC Disaster Management Information System (DMIS), and the Operational Strategy Call was held with colleagues at regional level on 10 September 2018. Through these discussions and the NS' own assessment, it was decided that the ZRCS submits a DREF request.

The Southern Africa CCST DM desk (located in Zimbabwe), in collaboration with the Zimbabwe Red Cross Society, continues to attend the crisis meetings chaired by the DCP on the strategic response plan for Cholera outbreak.

The British, Finnish and Danish Red Cross Societies are partner National Societies of the ZRCS, with a presence in Harare. In response to the current outbreak, the British Red Cross has provided ZRCS with support to kickstart the response.

The Finnish and Danish Red Cross are currently looking how they could support ZRCS bilaterally in complement of this DREF operation.

Movement Coordination meetings are held on a regular basis to improve collaboration and seek, where necessary, synergies that will have a positive impact on activities implemented for the affected population.

Overview of non-RCRC actors in country

On 6 September, a District Health Executive meeting was convened in Glenview to strategize on the response. Following the meeting, the City Council of Harare has activated its rapid response teams comprising case management, health promotion and epidemiology surveillance, water and sanitation and hygiene. Harare Water Department is clearing blockages and ensuring safe water supplies are available in affected areas. The Provincial Health Executive also convened a meeting at the same time. It was agreed that nurses should be hired at a locum basis to strengthen the response. On 7 September 2018, a meeting was held with partners, during which thematic committees were formed. This includes case management, WASH, Health and Hygiene Promotion, surveillance and laboratory and logistics committees.

An emergency meeting of national civil protection members was held on 10 September 2018 at the National Crisis Centre. As a follow up to this meeting, the government activated its National Response Mechanism. The national response taskforce comprises representatives from the Ministries of Health and Child Care, Local Government, Public Works and National Housing, Defence and War Veterans and the Department of Civil Protection, local authorities and other inter-agency representatives. The Ministry of Health and Child Care is coordinating the national response, while the City of Harare's health department is coordinating on the outbreak in Harare. Some of the action points from the meeting are:

- To open more cholera treatment centres (CTCs) and recruit more trained staff
- To reinforce epidemiological surveillance with daily reports on new cases in affected areas.
- To pre-position cholera treatment kits in high risk areas.
- To deploy treatment products in the affected health centres,
- To hold regular stakeholders' meetings of civil protection members
- To carry out the distribution of Aqua tabs to the population for the treatment of water at household level;
- To increase community-based awareness raising to the population on the symptoms of cholera through the existing communication channels,
- To increase community-based awareness raising to the population on the use of health services;
- To disseminate communication on cholera outbreak through radio stations, TV and bulk SMS.

Based on the above, *Médecins sans frontières* (MSF) has established a CTC at Glen View Polyclinic. The centre is continuously assessing patients, observing and administering IV fluids to milder cases. The severe ones are referred to BRIDH. UNICEF and Oxfam have also distributed NFIs such as buckets, soap, and Aqua tabs for approximately 5,000 households.

All boreholes in Tichagarika area in Glen View have been decommissioned by Harare Water Authorities after bacteria causing cholera and typhoid were found.

The Humanitarian Country Team held an extraordinary meeting on 13th September to gather all stakeholders and donor involved in the response to present a Consolidated Cholera Response Plan. ZRCS and IFRC attended the meeting and presented ongoing Red Cross activities.

In terms of operation coordination, WHO has the lead on the health sector and UNICEF has the lead on WASH. As at 13th September, the estimated gap to cover the Consolidated Cholera Response Plan is estimated at $740,000 for WASH activities and $1,400,000 for Health.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

Stakeholder meetings held between 1 and 10 September 2018, highlight the extent and trends of the outbreaks. DCP coordination meetings at the national level have helped to outline the gaps that required partners attention and for coordinated response to the outbreak. Key among these gaps identified at the last cluster meetings include:

- Inadequate access to basic social services in the areas where the outbreak occurred;
- Inadequate funding and logistic/supplies for rapid response to the outbreak;
- Inadequate coordination between the Health Cluster and the Ministry of Public Health;
- Inadequate community-based surveillance in place for early waring information to assist investigations and responses;
- Insufficient capacity of staff in case management;
- Need to scale up WASH interventions to increase common access to safe water.

This DREF operation will contribute to addressing some of these gaps so as to effectively respond to the outbreak. The operation will target about 15,000 people (3,000 households) in the affected and at-risk areas. The outbreak, which was initially located in small pockets at the beginning, now appears to be extending to other provinces. The target population is derived from areas that have no other organization providing the much-needed support.

Targeting

According to the Ministry of Health and Child Care, the total population at risk in Harare is 2,253,747 people or approximately 450,749 households. The population of the affected areas is estimated at 250,000 people (or 50,000 households) out of which 100,000 people (or 20,000 households) are exposed to high risk of contamination to cholera. This DREF operation will be targeting 15,000 people (3,000 HH) in the four affected areas of Harare (refer to fig 1), based on the limited or insufficient response interventions engaged this far in the areas.

As regards geographical targeting, this DREF operation will focus on areas selected in coordination with the National Civil Protection Committee to avoid gaps and overlaps – they include Budirio, Glen View, Chitungwiza and Mbare suburbs of Harare, where the outbreak originated (see Figure 6 below).

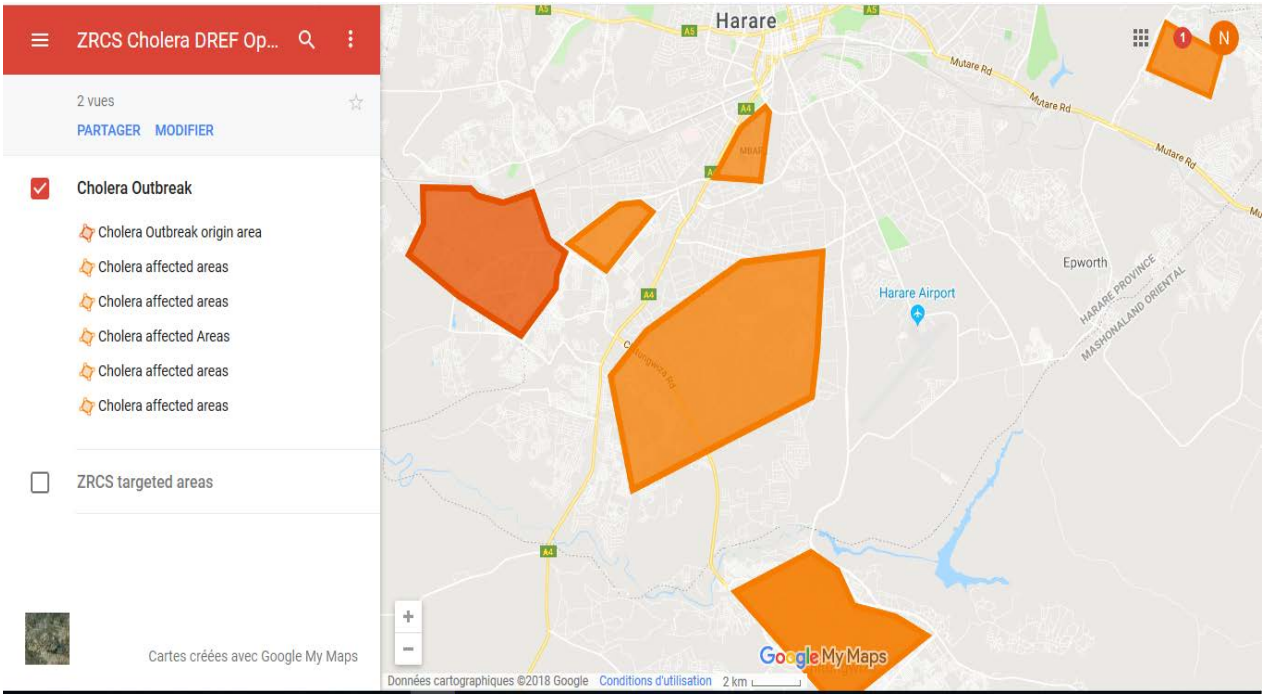

Figure 5. Map of Harare showing Cholera outbreak origin area and affected areas (source: Google my maps)

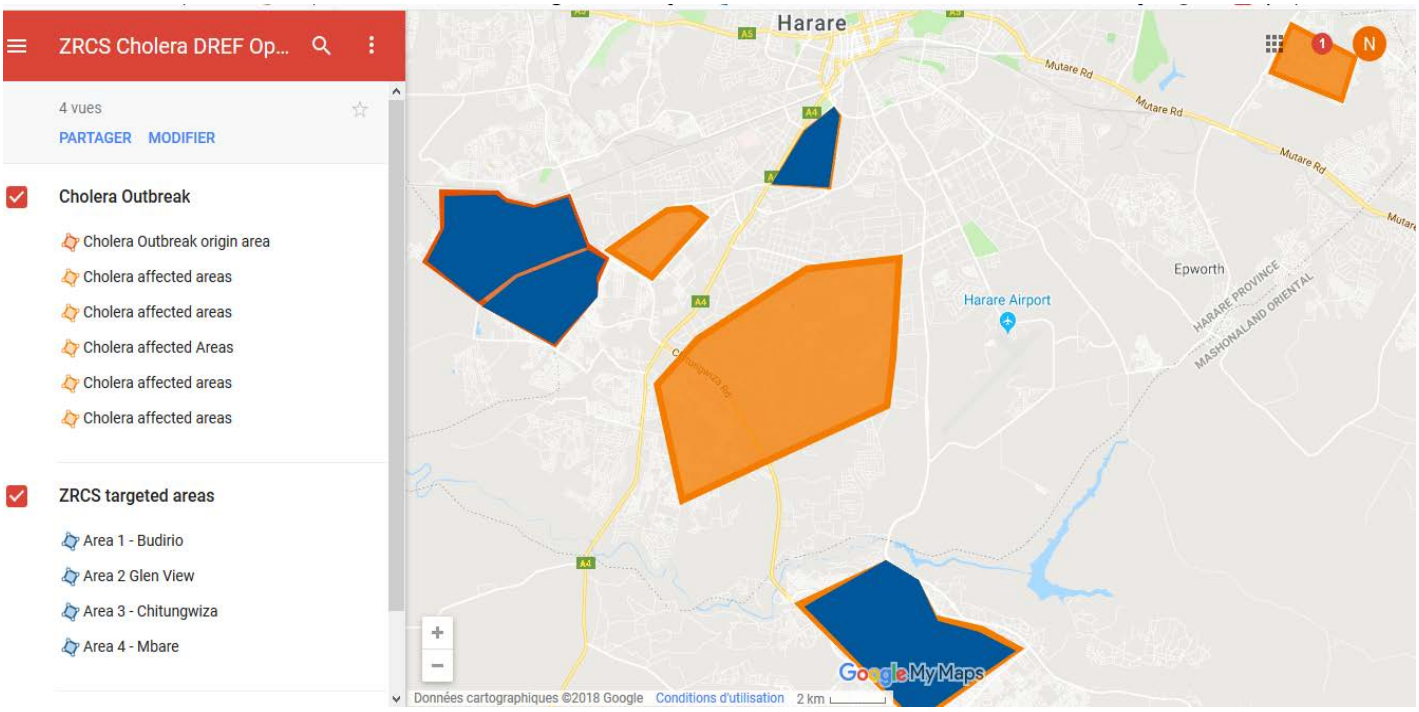

Figure 6. Map of Harare showing Cholera affected areas and ZRCS targeted areas (source: Google my maps)

Scenario planning

With the onset of the rainy season coming in six weeks, the outbreak is likely to be exacerbated as the rains will start. A population of more than 2,253,747 persons living in the urban areas of Harare are highly vulnerable to cholera. High risk communities include those living in Harare suburbs with limited or no access to water and sanitation services, people utilising public facilities including open markets, schools, religious institutions, and people who attend social gatherings such as weddings, funerals and those dining in restaurants are particularly vulnerable. It is important to add that as of 12 September 2018, Harare City Council has banned all public gatherings until further notice.

Best case scenario	Worst case scenario

The cholera outbreak is contained within the affected districts and no further spreads to other districts/provinces is recorded as a result of good coordination among stakeholders and authorities, of increased social mobilization activities, improved access to safe drinking water and promotion of safer hygiene practices.	The cholera outbreak quickly spreads to other areas of Harare and even to other Regions of Zimbabwe leading to increased case load as well as very high case fatality rates.
ZRCS response: The implementation of this DREF operation is finalized. ZRCS, in coordination with National Authorities and other stakeholders, expand the intervention to other areas of Harare. ZRCS mobilizes Branch' volunteers in other districts of Zimbabwe in prevention of the cholera spread. ZRCS mobilizes more financial resources among Movement partners to increase the coverage of the operation.	**ZRCS response:** Revision of the current DREF operation through an Operations update to widen the scope of intervention, with possible change of strategy, increased timeframe, HR deployed and possibly a request for a second allocation or consult with partners to scale up operation through an application for an Emergency Appeal.

Operation Risk Assessment

There is high risk that if the outbreak continues until the rainy seasons, more cases will be recorded. Besides poor drainage networks in the affected areas; there is generally weakness of community-based surveillance of disease information.

Community perception of water treated with chlorine or Aqua tabs could equally affect the successful implementation of planned interventions under this DREF operation. Generally, the community has some hesitation in drinking water treated with Aqua tabs with the complaint that the natural taste is lost. Sustained community sensitization in weighing heavily on the derived benefits from chlorinated water would help change perception to water treated with chlorine or Aqua tabs.

To counter some of these externalities, the proposed action will include community engagement and accountability mechanisms. Continuous feedback, through ZRCS volunteers, will be collected and analysed in order to improve service delivery to the target beneficiaries. A help desk will be set up to provide information on what we are doing and to also give the community an opportunity to ask questions and contribute to project activities in ways that help meet the humanitarian needs.

Coordination

The coordination of the response activities among National Authorities and main stakeholders (UN, INGOs, ZRCS) was activated last week through two main mechanisms, the National Civil Protection Committee and the UN clusters (WASH and Health). ZRCS is taking part in both coordination mechanisms and this EPoA has been developed to complement the proposed National Consolidated Action Plan in order to avoid gaps and overlaps.

As all partners are still in the early stage of the response, the number of activities ongoing is still limited and more partners will join the response with specific assigned roles in the coming weeks.

Area	Role / Implementation status	Responsible
Coordination	- MoH Setup Civil Protection Committee for National Partners Coordination - WHO and UNICEF activated Health and WASH clusters under the coordination of the Humanitarian Country Team (HCT) to coordinate partners and support response activities - Consolidated Response Plan developed by Civil Protection Committee and UN Clusters	MoHCC, HCT, UNICEF, WHO
Surveillance	- Epidemic surveillance and case load monitoring ongoing at Health Centres and CTC level	WHO, MoHCC
WASH	- Sewage system cleaning - Cleaning and disinfection of water system - Water trucking	Harare water Department, UNICEF, Oxfam

Risk communication, social mobilization and community engagement	Actions carried out: - Run informative radio spots on the Cholera outbreak - Press conference with the media	UNICEF, WHO, ZRCS
Case management	- Establish Cholera Treatment Centres (CTC) - Provide support to health facilities in case management	MoHCC, WHO, MSF
Logistics	- Establish logistics chain, identify stocks and gaps,	MoH, WHO, UNICEF

B. Operational strategy[1]

Overall Operational objective:

This DREF operation aims at implementing lifesaving interventions including improved surveillance for early case detection, timely response and effective case management to curb the rising trend of the current outbreak and contribute to preventing further outbreaks of cholera in the target population. Through a combination of strategies such as improved surveillance, timely alerts and responses, soft WASH activities, case referral and sustained social mobilization by ZRCS volunteers, the National Society could contribute significantly to controlling outbreaks and promote healthy living among the target population.

Proposed strategy

The proposed strategy, in accordance with the IFRC's response and preparedness strategy for epidemic countries in the region, aims at supporting the ZRCS through staff and volunteer training, awareness raising, dissemination of information, production of education and communication materials, community-based epidemiological surveillance, communication of key messages for the preparedness and prevention of Cholera epidemic outbreaks. In addition, through this operation, ZRCS intends to conduct social mobilisation to reduce the risk of further spread of cholera, as well as improve prevention activities, in collaboration with the MoHCC. To reach the at-risk population, ZRCS will continue to utilize its network of existing of community volunteers to establish community-based treatment Oral Rehydration Points (ORP). The below activities a planned will thus be implemented with respect to WHO and Sphere standards and aim to reach the following goals:

- Refresher training of 120 volunteers, 20 supervisors and 60 community leaders on Participatory Health and Hygiene Education (PHHE), including some Community Engagement and Accountability (CEA) components and the Epidemic Control for Volunteers (ECV) manual, specifically linked to the risks related to cholera outbreaks (two-days training). ZRCS volunteers will receive training on knowledge of the disease, the signs and symptoms, the transmission risk factors, actions for suspected cases, prevention and control measures.

- Social mobilization will be conducted in the affected areas – especially in Budiriro, Glen View, Chitungwiza, Mbare, where 80 ZRCS volunteers of the trained 120 will be mobilized for a total of 36 days (3 days per week for 12 weeks) throughout the DREF implementation to conduct door to door campaigns and mass media awareness sessions, using megaphones and distributing information, education and communication (IEC) materials in public places (churches, mosques and schools). These volunteers will also collect feedback and track community perceptions and rumours about cholera and the response. Some 16 supervisors (composed of surge staff and experienced volunteers) will manage 16 teams of 5 volunteers. These teams of volunteers will aim to reach all targeted 15,000 people through door-to-door and community meetings.

- Community-based surveillance (CBS) including monitoring/referral by volunteers at community level, as well as participation by the ZRCS in information/coordination meetings. Of the trained 120 volunteers, 40 volunteers will be dedicated to this activity for 36 days (3 days per week x 12 weeks) throughout the entire DREF implementation period. A CBS refresher training will be provided by MoHCC as ZRCS volunteers are already trained. Some 4 supervisors will manage the 4 teams of 10 volunteers dedicated to this activity. Volunteers will ensure to set up / enhance 8 community monitoring committees for cholera surveillance in the 4 targeted areas (2 per area).

[1] The plan should be prepared by the National Society, with support from the Secretariat technical departments and support services.

- As concerns community-based management, ZRCS will set up eight (8) ORPs for the community-based management of cholera especially in the four affected areas (2 per target area) where there are no health facilities, for the distribution of household water treatment (Aqua tabs / Water guard) for at least 3,000 affected families and the most at-risk people. These ORPs will also serve for the distribution of ORS. The 40 volunteers and 4 supervisors engaged in CBS will at the same time, be engaged in managing the ORPs and ensure referral of suspected cases to the health facilities. The CBS and ORP management will be conducted implementation areas assigned for NS response (also DREF implementation areas as shown in *Figure 6* above), under the lead of UNICEF (for WASH) and WHO (health) as agreed during the coordination meeting on 13 September.

    - To enable the set-up of the above mentioned ORP points, 8 ORP kits shall be procured, to serve at least 800 patients (1 ORP kit can serve 100 patients). Please see content of ORP kit here. As regards the distribution of ORS, they will be provided to each case detected at the ORPs. The treatment for each suspected case is 2 sachets per day for 7 days (14 sachet per case). Since one ORP aims at covering 100 patients, the need is estimated at 11,200 sachets in total.

    - For water purification, some 270,000 Aqua tabs/water guard (67 mg for 10L of water) will be purchased and distributed to 3,000 most at-risk households (90tabs/HH) who do not have access to potable water to be used within three (3) months. The ZRCS volunteers will demonstrate the use of Aqua tabs and ensure follow-up of residual chlorine at residential level. ZRCS will not be engaged in water testing as this is being done by Government analysts.

- The four (4) Health Centres in the affected areas will be provided with 8 tins (45kg each) calcium hypochlorite (HTH) for the preparation of chlorine solutions for different uses (disinfection of vomit surfaces, faeces, urine and other biological fluids). The HTH will be distributed 2 per health centre. In addition, one tent will be procured for each of the health centres (that is an overall 4 tents) as the need requires to support influx of patients.

- As a contribution to improving hygiene and sanitation, 40 backpack sprayers will be procured for the treatment of eight (8) community/public latrines and 240 household latrines (to be done by the CBS volunteers when referring cases).

- Community engagement in the response will be ensured by training social mobilization volunteers on how to collect feedback, including rumours and complaints, from the communities. This information will be used to update messages and social mobilization approaches. A help desk will be established in the community where people can ask questions, provide suggestions and feedback or make complaints. The helpdesk will be managed by volunteers.

- Provision of 3,000 WASH related NFI kits to the most vulnerable households (soap (5 per household), buckets with lids (1 per household) and jerry cans (1 per household)). An additional 100 pieces of soap will be procured for training purposes. All distribution will be coordinated under the lead of UNICEF (WASH lead agency to avoid gaps and duplications).

- Reproduction of IEC materials with key messages on cholera put in place by the Ministry of Health and Child Care for community-based awareness sessions (40 image boxes for door-to-door and focus groups discussions. Thus, some 1,000 posters to be posted in public places such as markets, Churches, Health Centres and schools, and 3,000 leaflets for the distribution to family members both in Shona and English. Messaging campaign through social media (Facebook, Twitter…), radio broadcast and road shows will also be used to raise awareness on cholera amongst the population.

- Production of 100 hand washing devices which will be positioned at health centres, ORPs and other public places with chlorinated water for hand disinfection. Volunteers will demonstrate hand washing techniques with soap.

- Carry out 48 sessions on hygiene promotion in the 4 targeted areas (1 session per week per target area for a period of 3 months). This activity will be conducted by the 20 social mobilization volunteers and 4 supervisors (trained on PHHE) in coordination with other stakeholders to avoid gaps and duplication and will use the IEC materials provided. These volunteers will equally be in charge demonstration sessions on safe use of water treatment products and handwashing techniques, as well as disinfection of 240 latrines in strategic locations including schools, homes, health centres and public places.

- Purchase 140 personal protective equipment (PPE) for distribution to 120 volunteers and 20 supervisors including masks, work suits, boots, hand disinfectant and hand gloves to prevent contamination of volunteers by the disease.

Operational Support Services

Human Resources
The Provincial Red Cross office of Mashonaland Central will deploy 120 community volunteers and 20 supervisors for the implementation of this operation. Further, the office will monitor the daily activities of volunteers in the field. At the Zimbabwe Red Cross Society national headquarter, one DM Coordinator, one DM Officer, one Health and Social services Coordinator, one Communication Officer, one Logistic Officer and a Finance Assistant will be dedicated for the management of this operation.

At IFRC level, the Regional DM Coordinator, who is in-country, will work closely with the NS. He will assist ZRCS team for an effective and efficient implementation of the operation, specifically on the PHHE, ECV training, mobilization of volunteers as well as monitoring and reporting of activities. The overall activities will be coordinated by ZRCS Operations Director.

Logistics and supply chain

Procurement: To ensure that immediate needs within the operation are met, most items will be procured locally in accordance with the agreed ZRCS and IFRC logistics standards. Any items within the Cluster preparedness stocks situated in the ZRCS warehouse can be utilised and replenished via this DREF operation. Specific medical item needs will be purchased internationally as per IFRC policy.

Warehouse: Warehousing plays a significant role in this operation. The National Society will use their national warehouse to store items in advance of response activities.

Transport and fleet needs: Vehicle fuel and maintenance costs have been budgeted for two (2) four-wheel drive vehicles which will be rented through the IFRC leasing system for the period of three months to support the implementation of the operation. The fund for the leasing of vehicle will be supported by the operation.

The IFRC fleet officer based in Harare will be available to support any logistics requirements.

Communications

- The NS will rope in its Humanitarian Ambassador and Popular musician, Alick Macheso, to assist with road shows where key messages will be shared.
- During the DREF operation, visibility of the work of ZRCS volunteers will be strengthened by the production of 150 T-shirts and 150 caps, 150 bibs, which will be distributed to ZRCS volunteers deployed on this operation and to NHQ staff involved in the implementation of the activities planned.
- Proper documentation and reporting to allow for lessons learnt will be ensured as well.
- The NS, through its communication unit, will provide regular updates on the operation for use by both the NS and IFRC digital, social media resources as well as media, print and radio broadcasts. These updates will enable IFRC to prepare and share progress reports.
- Communication and community awareness will focus on decreasing fear, raising awareness on the transmission methods and raising the alertness of communities for an appropriate response. Key stakeholder groups and opinion leaders (councillors, religious leaders, vendors, community leaders and teachers) will be targeted as change agents for social mobilisation and communication activities.

Security

The security environment across Zimbabwe remains stable and secure. The finalisation of the election period and prevailing calm across the country provides for an enabling environment to concentrate on addressing the cholera situation. The appointment and swearing-in of Cabinet Ministers, including the new Minister of Health and Child Care ensures structure in addressing the Cholera outbreak holistically.

Planning, monitoring, evaluation, & reporting (PMER)

- Monitoring of activities implementation rate and indicators and reporting of the DREF operation will be supported by the PMER department.

- Brief weekly updates will be provided to the IFRC on the general progress of the operation by NS PMER person, and regular monitoring reports will provide detailed indicator tracking.

- The PMER will assist in providing on-going monitoring report from the NS local branches, with the support from the NHQ DM department level, and he/she will work in close cooperation with the IFRC CCST and Regional offices to monitor the progress of the DREF operation and provide necessary technical expertise.

- A lesson learnt workshop will also be conducted to review the implementation and a report will be produced for learning and planning of future operations.

Administration and Finance

The NS Operations team will work closely with the NS finance department, which will ensure the proper use of financial resources in accordance with conditions for DREF. Management of financial resources will be carried out according to the procedures of the NS and DREF Guidelines. Supervision will be ensured through the IFRC Country Office Finance and coordination Unit.

Detailed Operational Plan

Health

People targeted: 15,000 people (3,000 households)
Male: 7,200
Female: 7,800
Requirements (CHF): 96,080

P&B Output Code	**Health Outcome 1: Vulnerable people's health and dignity are improved through increased access to appropriate health services.**	• *% of people with access to appropriate health services (Target: 100%)*
	Health Output 1.1: Communities are provided by NS with services to identify and reduce health risks	• *# of people reached by the NS with services to reduce health risks (Target: 15,000 people)* • *# of assessments conducted (Target: 2)* • *# of volunteers trained on the ECV / cholera control (Target: 120 volunteers and 20 Supervisors)* • *# of community leaders trained on the ECV / cholera control (Target:60 community leaders)* • *# of volunteers retrained on the CBS by MoHCC (Target: 40 volunteers and 4 Supervisors)* • *# of IEC material produced (Target: 40 image boxes, 1,000 posters and 3,000 leaflets)* • *# of visibility material produced and distributed to volunteers and NS staff (Target: 150 T-shirts, 150 caps and 150 bibs)* • *# of tents procured and distributed to HCs for isolation of affected cases (Target:4 tents (1 per health centre)* • *# of volunteers and supervisors trained on the use of ORP and ORS (Target: 120 volunteers and 20 supervisors)*

								• *# of monitoring missions conducted (Target:12 (3 per month))* • *# of lesson learnt workshop organised (Target:1)*								
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Continuous assessment and reporting of the evolving situation and spread of disease	■	■	■	■	■	■	■	■	■	■	■	■				
AP021	Organize training on cholera outbreak management, (including a CEA component) utilizing the Epidemic Control Manual for Volunteers in coordination with the MoHCC, using IFRC manuals for volunteers (including early detection and referrals of cholera cases) (Target: 120 volunteers and 20 supervisors).	■	■	■													
AP021	Organize training on cholera outbreak management utilizing the epidemic control manual for volunteers in coordination with the MoHCC, using IFRC manuals for community leaders (religious leaders, vendors, traditional healers) (Target: 60 community leaders)	■	■	■													
AP021	Conduct CBS refresher training for 40 volunteers and 4 supervisors in coordination with MoHCC	■	■	■													
AP021	Reproduce assorted IEC materials (image boxes, posters, flyers, etc.) with key messages on cholera outbreak, printed and distributed to enhance positive behaviour change (Target: 40 images boxes, 1,000 posters and 3,000 leaflets)	■	■	■													
AP021	Production of visibility material (Target: 150 T-shirts, 150 caps and 150 volunteer bibs)	■	■	■													
AP021	Support the affected health centres with one tent per health centre to help in case management (Target: 4 tents)				■	■	■	■									
AP021	Train 120 volunteers and 20 supervisors on the use of ORP and ORS kits	■	■	■													
AP021	Provide insurance for 140 volunteers	■	■	■													
AP021	Conduct 12 monitoring and reporting of activities (3 per month)	■	■	■	■	■	■	■	■	■	■	■					
AP021	Organise a lesson learnt workshop on Cholera outbreak									■	■	■					
P&B Output Code	**Health Output 1.2: Communities are supported by the NS to effectively detect and respond to infectious diseases outbreak**																
								• *# of ORS procured and distributed (Target:11,200)* • *# of people reached with ORS (Target: 800 patients)* • *# of volunteers deployed to high risk areas (Target:120 volunteers and 20 supervisors)* • *# of ORPs set up (Target: 8)*									

								• *# of people served at ORPs (Target: 800 people)* • *# of radio broadcasts (Target: 90)* • *# of road shows conducted (Target: 12 road shows)* • *% of community feedback or complaints responded to through the help desk (Target: 80%)*								
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP022	Establish community helpdesk																
AP022	Procure 8 ORP kits for 4 target areas (2 per target area)																
AP022	Procure and distribute 11,200 ORS sachets for at least 800 patients identified in 8 ORPs																
AP022	Support Radio broadcasting using community radios in the affected areas (the dissemination of cholera messages 2 twice per day in two community radios for three months) (Target: 90 broadcasts).																
AP022	Conduct 12 road shows (1 per week for three months) in the target area.																
AP022	Monitoring and reporting on activities																
P&B Output Code	**Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population**							• *# of people reached with community-based awareness sessions. Target: 15,000 people)* • *# of information and coordination meetings held (target: 12)* • *# of community monitoring committees set up/enhanced for cholera surveillance (Target:8)* • *# of volunteers actively reporting surveillance cases (Target: 40 volunteers)* • *Case fatality rate (CFR) change* • *% of suspected cases identified and referred to the treatment centres (Target:100%)*								
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP011	Participate in information and coordination meetings with authorities (Target:12)																

AP011	Set up / enhance 8 community monitoring committees for cholera surveillance in the 4 targeted areas (2 per area)															
AP011	Epidemiological control and monitoring through community disease surveillance.															
AP011	Referral of suspected cases															
AP011	Monitoring and reporting on activities															

Water, sanitation and hygiene

People targeted: 15,000 people
Male: 7,200
Female: 7,800
Requirements (CHF): 67,530

P&B Output Code	**WASH Outcome1: Vulnerable people have increased access to appropriate and sustainable water, sanitation and hygiene services**	• *% of reduction of cholera cases in the target areas (Target: 0 case)*
	WASH Output 1.1: Communities are provided by NS with improved access to safe water	• *# of hygiene promotion and awareness sessions conducted (Target: 48 sessions)* • *# of people who have access to potable water (Target: 15,000 people)* • *# of people reached with water purification tablets (Target: 15,000 people)* • *# of people reached with chlorine solutions (Target:15,000 people)* • *# of HTH procured and distributed to health centres (Target:8 tins)* • *# of latrines treated/disinfected (Target: 240 latrines)* • *# of key hand washing moments demonstration sessions conducted (Target: 3,000)*

								• *# of safe water treatment use sessions held (Target: 144)* • *Quantity of WASH related NFIs procured and distributed (Target: Soap: 15100, bucket with lids: 3,000, Jerry can: 3,000, Backpack sprayer: 40)*								
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP026	Organise hygiene promotion and awareness sessions on cholera including handwashing techniques, safe use of water, etc. 1 time per week for 3 months and use feedback to inform messages and approaches (Target: 48 sessions)			■	■	■	■	■	■	■	■	■	■				
AP026	Procure and distribute 270,000 tablets of Aqua tab / water guard for water purification at home	■	■	■	■	■	■	■	■								
AP026	Procure and distribute 8 tins of 45 kg of Calcium hypochlorite (HTH) to be distributed to 4 targeted health centres (2 per HC) for the preparation of chlorine solutions for different uses (disinfection of vomit surfaces, faeces, urine and other biological fluids).	■	■	■	■	■	■										
AP026	Treat and disinfect 240 strategic latrines in schools, homes, health centres etc. (5 latrines per HP session)			■	■	■	■	■	■	■	■	■	■				
AP026	Support schools with hand washing points, water treatment product and latrine disinfection products							■	■	■	■	■	■				
AP026	Procure and distribute 15,100 pieces of soap (15,000 for the distribution to 3,000 households (5 per household) and 100 for hand washing demonstration sessions)	■	■	■	■												
AP026	Procure and distribute 140 personal protective equipment (PPE) work suits, gloves, masks, boots	■	■	■	■												
AP026	Procure and distribute 3,000 buckets with lids (1 per HH)	■	■	■	■												
AP026	Procure and distribute 3,000 jerry cans (1 per HH)	■	■	■	■												
AP026	Purchase 40 backpack sprayers for the disinfection of latrines	■	■	■	■												
AP026	Ensure the transportation of the WASH related items to the distribution sites.				■	■	■	■	■	■	■	■	■				
AP026	Monitoring and reporting	■	■	■	■	■	■	■	■	■	■	■	■				

Budget

The overall amount requested for this operation is CHF 208,367 as detailed in attached budget.

DREF OPERATION

MDRZW013 : Zimbabwe Cholera Outbreak 18/09/2018

	Budget Group	DREF grant budget
501	Shelter - Transitional	2,000
530	Water, Sanitation & Hygiene	55,730
540	Medical & First Aid	5,200
560	Utensils & Tools	5,000
	Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	**67,930**
592	Distribution & Monitoring	10,300
593	Transport & Vehicle Costs	10,530
	Total LOGISTICS, TRANSPORT AND STORAGE	**20,830**
662	National Society Staff	1,800
667	Volunteers	68,130
	Total PERSONNEL	**69,930**
680	Workshops & Training	10,180
	Total WORKSHOP & TRAINING	**10,180**
700	Travel	3,000
710	Information & Public Relations	17,780
730	Office Costs	2,250
740	Communications	2,400
760	Financial Charges	1,350
	Total GENERAL EXPENDITURES	**26,780**
599	Programme and Supplementary Services Recovery	12,717
	Total INDIRECT COSTS	**12,717**
	TOTAL BUDGET	**208,367**

MINISTRY OF LOCAL GOVERNMENT, PUBLIC WORKS AND NATIONAL HOUSING

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DEPARTMENT OF CIVIL PROTECTION

Ref: YCP/18

Date: 11th September 2018

The Secretary General

Zimbabwe Red Cross

Subject: Request for Assistance: Cholera outbreak: Harare City and other parts of the country

The Secretary General will be aware of the cholera outbreak in Harare and other parts of the country. Resource mobilisation efforts are underway to ensure that the outbreak is timely brought under control. It is against this background that a request is being made to Zimbabwe Red Cross for assistance with volunteers at cholera treatment centres. Other assistance is as outlined on the attachment.

Your assistance on this matter is appreciated.

S. Ndlovu

For Director Civil Protection

MINISTRY OF LOCAL GOVERNMENT
DIRECTOR
CIVIL PROTECTION
11 SEP 2018
P BAG 7706, CAUSEWAY
ZIMBABWE

Contact information

Reference documents

Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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

For Zimbabwe Red Cross National Society

- **Secretary General:** Maxwell Phiri email: maxwellm@redcrosszim.org.zw
- phone:+263 04 333158
- **Operations Director:** Karikoga Kutadzaushe, email: kk@redcrosszim.org.zw

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For IFRC Geneva

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For IFRC Resource Mobilization and Pledges support:

IFRC Africa Regional Office for Resource Mobilization and Pledge:

- Kentaro Nagazumi, Head of Partnership and Resource Development, phone: +254 202 835 155; email: kentaro.nagazumi@ifrc.org;

For In-Kind donations and Mobilization table support:

IFRC Africa Regional Office for Logistics Unit:

- RISHI Ramrakha, Head of Africa Regional Logistics Unit; phone: +254 733 888 022; email: rishi.ramrakha@ifrc.org;

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

IFRC Africa Regional Office:

- Fiona Gatere, PMER Coordinator, phone: +254 780 771 139; email. fiona.gatere@ifrc.org

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere**) in delivering assistance to the most vulnerable. 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.

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Saving lives, changing minds.

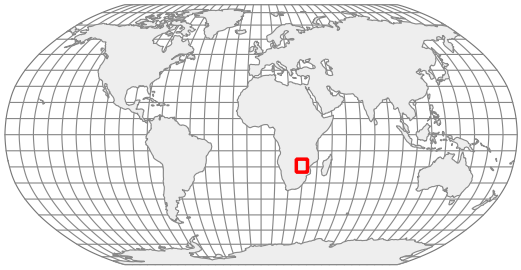
The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace

International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

Zimbabwe: Cholera

13 September 2018 • EP-2018-000150-ZWE



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.
Map data sources: IFRC, GADM. Map produced by: IFRC Africa Regional Office, Nairobi.

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