

Zuboumbia

WASH response for population movement and floods.

Document for participants

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1. THE COUNTRY: Zuboumbia

The Republic of Zuboumbia is located on the mainland of Adria. This is the Zuboumbia flag (left).

Key country data can be found in the table below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Population** | The population is 169 million people.The urban population has continued to grow, reflecting the country’s ongoing urbanization trend. 64.81 million people reside in urban areas. | | | | | |
| **Date** | **Density** | **Men** | **Women** | **Population** |  |
| 2020 | 1328 people per km2 | 86 M | 83 M | 169.000.000 |
| **Capital** | Lumbara Is a megacity, and has a population of 10.2 million residents as of 2020 | | | | | |
| **Currency** | Zuboumbian Dollar (ZMD) Exchange rate 1 ZMD = 0.11973 € / 1 € = 7.95146 ZMD | | | | | |
| **Airports** | International airport in Lumbara, domestic airports Sao Zumba, Eveneg, Panzaria | | | | | |
| **Economic basis** | Zuboumbia is a lower-middle-income country in Adria and, with a population of 173 million, is the eighth most densely populated country globally. Zuboumbia has one of the fastest growing economies in Adria, with a gross domestic product growth rate of 7·2% in 2020, and the country ranks second in Adria in terms of gender parity (World Economic Forum), with women as head of state, leader of the opposition party, and speaker of the parliament. | | | | | |
| **Climate** | Subtropical in the center-north and tropical in the south. There is a pleasantly warm, sunny winter, slightly cooler in the north and warmer in the south, then there is a short, hot spring between March and May, and a long rainy season from June to December due to the summer monsoon. | | | | | |
| **Natural hazards** | In the rainy season, flooding is frequent, especially in the valleys and nearby the rivers. Landslides also occur in areas with increased deforestation. Because of its location, it is exposed to the risk of hurricanes and tropical storms, although they do not occur intensely and frequently. | | | | | |
| **Health profile** | Despite attaining notable progress on most health indicators for the Sustainable Development Goals, Zuboumbia has a high prevalence of diarrhoea, tuberculosis, malaria, and other infectious diseases.  Although the risk factors for infectious diseases, such as insufficient sanitation, are still a threat, the increasing pattern of sedentary lifestyles and unhealthy diets among the population of is adding to the burden of non-communicable diseases.  Zuboumbia is considered a cholera endemic country. Not all the country is susceptible to outbreaks, but it is mainly concentrated around lakes and rivers in the fishing villages. It is also a country with a high incidence of malaria, with a mortality rate of 40% in children under 5 years of age. There are sporadic outbreaks of dengue fever and leptospirosis after rains or flooding.  The high incidence of diarrhoea in children under 5 and the high incidence of malaria in the country cause many people in the 0-5 age group to suffer from severe malnutrition.  Major infectious diseases: degree of risk: high (2020): **food or waterborne diseases:** bacterial and protozoal diarrhoea, hepatitis A and E, and typhoid fever, **vector borne diseases**: dengue fever and malaria are high risks in some locations, **water contact diseases:** leptospirosis, **animal contact diseases**: rabies | | | | | |
| **Disabilities and diversity** | The population of persons with disabilities is approximately 2.8% of the total population, which translates to 4.7 million individuals. Among them, 2.6 million are male, and 2.1 million are female. [These figures were revealed in the National Survey of Persons with Disabilities (NSPD) conducted by the Zuboumbia Bureau of Statistics (ZBS)](https://www.tbsnews.net/bangladesh/28-total-population-have-disabilities-bbs-558590).The survey highlights the importance of addressing various challenges faced by people with disabilities, including issues related to accessibility, stigmatization, and discrimination. | | | | | |
| **Education** | The average number of years in school is 10. In the Village schooling is lower compared to the urban areas. | | | | | |
| **Map** |  | | | | | |

1. THE NATIONAL SOCIETY: Zuboumbian Red Cross Society

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| --- | --- | --- | --- |
| **Official Name** | Zuboumbian Red Cross Society (ZRCS) | | |
| **Foundation** | 1968, member of IFRC since 1970 | | |
| **Mission** | The Zuboumbian Red Cross Society (ZRCS) mission statement is ‘to mobilise the power of humanity for improving the lives of the vulnerable in Zuboumbia’. The Society’s main goals are set out in its framework for development cooperation. It is now implementing its strategic plan 2020– 25, which focuses on programme delivery and financial consolidation. Close cooperation with the authorities is one of the main elements in the Society’s strategic plan. It has a positive image with the population, largely through its disaster relief and health programmes. *[See the section on NS main programs for more information.]*  It works in the areas of Health, Water, Sanitation and Hygiene, Disaster Preparedness, Relief and Livelihoods, with uneven implementation across the territory for each of the areas. There is also the presence of ZR Youth, with its own activities and activities associated with the previous sectors. | | |
| **Constituency** | Legal status: constitution was adopted by an Act of Parliament in 1968. It was approved by the ICRC the following year and became a member of the International Federation in 1970.  It is the largest voluntary organisation in the country with Branches in all 29 provinces. There is a National Council based at the ZRCS’s Headquarters in the capital Lumbara.  In 2020, ZRCS has 44,000 male, 28,000 female and 7, 000 youth members. They are usually recruited as staff in relief operations. Women are underrepresented in all parts of the Society, and that includes Branch Secretaries (24 out of 29 are men). The National Youth Council now has a representative on the central governing board. | | |
| **Leadership** | The Society is governed by a National Council led by the President, and a central governing board which comprises a chairperson, a vice chairperson, a treasurer, two youth members, three women representatives, four external advisers with specific skills and expertise and nine regional representatives representing the Branches. The Governing Board meets quarterly and is responsible for policy formulation. It reports to the national council yearly. Governing boards exist in each branch and are responsible for branch activities. The Secretary-General is responsible for the overall day-to-day management of the organisation, although the President, who has a medical background, has strong contacts with the government, particularly the Ministry of Health, and plays an important role. | | |
| **Resources** | The ZRCS’s total income in 2023 was CHF 1.1 million. The main sources of income were from participating National Societies, the International Federation, the ICRC and a few local sources. Some funding (10%) external to the Movement been developing in recent years, including some funding of Longonian refugee programmes by the UNHCR. The Society is now on a firm footing financially and is annually audited by a major international auditing company. The Society continues to rely heavily on external funding, although some modest progress can be seen in local fundraising. | | |
| **Human Resources** | The ZRCS has 105 employees: 41 at headquarters and the remainder in the Branches. The National Society has cut staff in recent years and is now able to retain professional staff within a streamlined structure. Many departments, for example youth and information, rely heavily on volunteers who receive a modest daily allowance.  Branches vary in size significantly with perhaps only 1 staff member in some of the remoter rayons, while the major cities there is a stronger base, with up to 10 staff. | | |
| **Volunteering** | Country total | 80.000 | The volunteer base is estimated around 80,000 with a strong community base in the major cities, covering the different areas of intervention. Some of them are active on a regular basis, some are disengaged, and some collaborate sporadically on the basis of specific needs, especially those linked to Relief. |
| Youth | 20.000 | Volunteers are regularly involved in health programmes, sometimes with distributions. There are ZRCS volunteers although they do not have specific activities. There is a group of people who are not currently active but have been active volunteers. They are all multidisciplinary volunteers, who participate in the activities of the different sectors indistinctly. The volunteer base is stronger in the major cities. |
| Panzaria province | 500 | 200 are in Panzaria, 210 in Navoria and 90 in Cosme Villages. All of them have been trained in Red Cross and Red Crescent Principals and in First Aid. In Cosme Villages they are strong in community-based health interventions and in community engagement, 85% of the volunteers are women. In Navoria 45% are women and 55% are men, and from the total 60% are in the age between 16-35. In Panzaria the 200 volunteers are not that active, the most active group, around 20 people, are working in the warehouse. |
| **Staff** | Country total | 105 | 41 at the head office, the rest spread over the districts, varying between 1-10 employees. |
|  | Panzaria province | 5 | Based at the headquarters in Panzaria city are 3 : provincial Secretary, Finance and a community health officer. 1 livelihood officer in Cosme region and 1 new recruitment PGI officer working in the informal refugees caps from Cosme. |
| **NS Cash experience** | ZRCS have relatively recent experience in cash and voucher assistance (CVA) and have been trained in CVA. ZRCS have been involved in multi-purpose-cash relief and livelihoods programs via electronic cash, but not in all regions. | | |
| **Warehouses** | | The National Society has 3 warehouses (Lumbara – main, Takoro and Panzaria) where emergency stocks are maintained. | |
| **Volunteer management** | | ZRCS have a volunteer policy and updated volunteer register. The volunteers receive initial training in the statutes and principles of the movement. | |
| **National society main programs** | | **Disaster Risk Reduction**: Zuboumbia has experienced major disasters frequently, including regular flooding and landslides. ZRCS has an important role in terms of disaster response within the national disaster plan, and regularly responds particularly in the provision of emergency relief (including through CVA), livelihoods, and preparedness. The National Society is a member of the government’s national disaster committee.  **Health** programs are implemented using the Community based health and first aid (CBHFA) approach, mainly focusing in dengue, malaria and other endemic diseases like cholera and leptospirosis. Through its branch structure and volunteer base at the community level, they work as well in first aid awareness and vaccination campaigns. The National Society work hand in hand with the Ministry of Health staff at national and provincial level.  **WASH** is part of the Health department and since 2010 has been integrated into the ZRCS’s Strategic Plan. The main WASH activities are water point construction and rehabilitation, household water treatment, handwashing facilities, school, health center and household latrine construction (with CLTS approach) and hygiene promotion (with PHAST). The volunteers’ trainings (PHAST and CLTS) where done in 2015 to several staff and volunteers from the provinces together with the Ministry of Water Works. | |

1. PANZARIA PROVINCE BEFORE THE FLOODS

**Panzaria city** is the capital of Panzaria province, with a population of nearly 1.6 million people. Government offices, 2 hospitals, 2 public and 1 private clinic, universities and medical college, some pharmaceutical industries, textile industries and the [Panzaria Inland Water Transport Authority](https://en.wikipedia.org/wiki/Bangladesh_Inland_Water_Transport_Authority)'s head office are all located in Panzaria city. Panzaria city has a small airport with regular domestic flights.

**Navoria** is the second major city in Panzaria province that lies on the banks of the Iregua river and Lola Lake. Navoria has a population of 380,000 inhabitants and approximately 76.000 families according to the latest census (2020). The city has all basic services, markets, shops, and a banking system. There are several health centres and a hospital. The main income of the city is the fish industry from the lake and agriculture mainly rice plantation. Navoria is connected by road to Panzaria city and also [has a River Port](https://en.wikipedia.org/wiki/Port_of_Barisal).

**Cosme villages** have a population of 16.000 people, who are mainly women, elders, and children, as the young men go to Panzaria and Navoria for long periods of time to work. Many of the elders speak only their local languages. The main source of income is farming, mainly rice and fishing. In the area there is only one health post, which has intermittent opening hours due to the difficulty of access.

**Population movement:**

Since September 2023, many thousands of refugees have moved from neighboring country Longon due to the civil war. Many large informal settlement camps have formed in Zuboumbia with makeshift shelters developing. Minimum support is provided by the Government and other organizations.

Many refugees settled in **Cosme region** (bordering with Longon), with approx. 60.000 people in 3 informal settlements. The population size is now generally stable. The **informal refugee camps** have been established between the villages and rice paddies in a low-lying flood-prone area.

A map of a town

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Detailed map Panzaria October 2023 Population movement

1. THE DISASTER: Population movement and floods

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**Floods:**

Torrential rains started in Dec 2023 throughout the country, leading to rivers and dams overflowing and widespread flooding in central and southern parts of Zuboumbia. A total of 8 provinces have been affected. Zuboumbia’s National Disaster Management Institute (ZNDMI) indicates that around 1.5 million people have been affected to date in the whole country. More than 600 people are confirmed dead, around 1.500 have been injured and more than 260.000 houses have been destroyed or severely damaged. 300 people are reported missing. There is extensive damage to infrastructure such as roads and bridges. The most affected province is Panzaria, with the flooding exacerbating the existing challenges with the ongoing population movement. The damage in areas where access has been possible is:

**Damage report - preliminary figures** (Source: Zuboumbia government authorities):

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Panzaria province has been severely affected. In addition to the heavy floods, several landslides have affected villages and cities. Navoria city and Cosme Region are the most affected areas. No major damage has been reported in Panzaria city.

In **Navoria** city 275 people are confirmed dead, 50 missing, and 700 injured. 250.000 have lost their livelihoods. 58,000 residents are estimated to be affected with badly damaged or destroyed housing.

These people are currently accommodated in community halls, churches, and schools. Others are staying with relatives and neighbors (estimated to be approx. 18.000 people). The government's plan is to set up 2 evacuation centers to accommodate the families.

Therehave been reports of damage to the main water treatment plant, which serves not only Navoria city but also a wider catchment area including the Cosme villages. The areas on the outskirts of the city are the most affected. The central commercial area has been less affected and there is talk of reopening the markets, both food and produce.

**In the Cosme region** an estimated 80 people are dead, 10 missing, and 130 injured. 600 houses have been destroyed and an estimated 8.000 people have lost their livelihoods. Flooding has destroyed roads and made vehicle access very difficult.

In **the Informal Refugee camps**, there is no clear reports of damage or estimates of the affected population. However as the camps are located in flooded areas the Government has requested continuing support to the 60.000 refugees.

A map of water with houses and arrows

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1. THE RESPONSE: The Red Cross Movement

The Zuboumbian Red Cross Society mobilised its teams from the first moment of the emergency, collaborating with the authorities in activities such as warning the population, first aid and referrals to health centres, monitoring river flooding, supporting preventive evacuations and providing non-food items, and reinforcing its emergency stock in the warehouses in Panzaria.

3 HQ staff from Lumbara were temporary deployed to Navoria to support emergency coordination (1 Operations Coordinator, 1 public health surge coordinator and 1 PSS officer). There were 3 staff already based in Panzaria city (1 Provincial Secretary, 1 admin & finance officer, 1 livelihood officer, 1 CBHFA officer. 1 Livelihoods Officer and 1 PGI Officer are based in Cosme, working with ICRC in the informal refugee camps.

***Summary of the NS staff and volunteers in each location:***

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Panzaria** | **Navoria city** | **Cosme region** |
| **Staff** | 1 Provincial secretary  1 admin & finance officer  1 project officer CBHFA  3 HQ emergency staff deployed (1 Operations coordinator, 1 public health surge coordinator and 1 PSS officer) |  | 1 PGI officer working with ICRC in the refugee’s camp.  1 project officer livelihood |
| **Volunteers** | 200 – Panzaria HQ  500 – total province | 210 | 90 |

***IFRC membership***

IFRC provided technical support to ZRCS for rapid assessment, communication, resource mobilization, design, and implementation of the response, in close coordination with other Red Cross Red Crescent Movement partners such as the Camerian Red Cross, Mandavian Red Cross and Saneke Red Cross and the ICRC. ICRC has presence in the country, although it maintains close communication with the National Society, which it is supporting in developing its capacity in restoring family links for the Longon refugees from its regional office in Lumbara.

IFRC is planning to launch an Emergency Appeal. The operation will most probably include activities in the sectors of Shelter, Livelihoods, Health and PSS, and Water, Sanitation and Hygiene.

Given the level of needs, **IFRC have requested the following Rapid Response Profiles** to support the Zuboumbian RCS.

* **1 x CVA Coordinator:** for 3 months, although shorter availability will be considered, based in Navoria with travel to Cosme.
* **1 x WASH Coordinator:** for 3 months, although shorter availability will be considered, based in Panzaria city.
* **1 X HHWTS ERU – TL**: initial deployment of a Team Leader to Navoria to support the National Society and delegation to assess and determine the further resources to be deployed. Based on the assessment findings the configuration of the ERU i.e., equipment and team composition will be confirmed.
* **1 x ERU WASH Water Supply and Rehabilitation (WSR) TL** initial deployment of a Team Leader to Navoria and Cosme to support the National Society and delegation to assess and determine the further resources to be deployed. Based on the assessment findings the configuration of the ERU i.e., equipment and team composition will be confirmed.
* **2 X Hygiene Promotion Officers** for 3 months Navoria and Cosme region.
* **1 X Logistics ERU for 3 months**. Team members to split between Panzaria and Cosme region.
* **1 X Water Module 15 ERU** to Cosme
* **1 X Mass Sanitation Module 20 ERU** to Navoria
* **1 X FSM ERU:** Refugees camps in Cosme

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**Coordination:**

National and international organizations based in Zuboumbia have started relief operations. Several organizations without offices in Zuboumbia are deploying experts into the country to assist with their operations.

The UN Office for the Coordination and Humanitarian Affairs (OCHA) have taken the lead in coordinating UN agencies, non-governmental organizations (NGOs) and international organizations for which the cluster approach has been activated in Panzaria city.

The WASH cluster is led by UNICEF and the Health cluster by Ministry of Health. The Shelter and Protection clusters have also been activated. The defense authorities are providing the 2 evacuation centers in Navoria city. WSI, a local NGO, is in charge of sanitation and hygiene promotion. The main organisations working in WASH are OXFAM, World Vision, UNHCR, and IOM.

**Facilitadores**

1. **LOGIC AND SEQUENCE: Rationale for what is happening.**

|  |  |  |
| --- | --- | --- |
|  | **Sequence** | **Objectives/Rationale** |
| **What happened** | **Population movement + floods**  **A white and red text on a blue background  Description automatically generated** | |
| **When / timing** | **A screenshot of a white and black text  Description automatically generated** | |
| **Stage1**  **March 2024** | **IFRC issues a Rapid Response alert for a preliminary assessment of the situation:**  **2 hygiene promotion officers will be deployed to both areas of intervention:**  **1. Navoria (barrio South and 2 evacuation centres)**  **2. Cosme region (villages and informal refugee settlements)** | **Understand magnitude of the operation, understanding my HP role, What I am supposed to do?**  **Which internal and external stakeholders are in my geographical area. With whom we need to coordinate with?**  **Which are the potential public health risks for WASH?** |
| **Stage 2**  **April 2024** | **To assess the possible support strategy, we need assess the situation. They consider that it is a much better strategy to deploy stand-alone hygiene promotion teams instead of additional ERUs, which was initially considered.** | **This gives us 2 ‘separate’ work scenarios (interesting to split the groups of participants and be able to compare/analyse):  1. Navoria city – peri urban slum with seasonal workers in fishing industry, vulnerable to cholera, urban peri-urban context with 58.000 affected population. 2 evacuation centers will be opened by the Government.**  **2. Cosme villages: 3.000 people affected + 60.000 Informal settlement low lying flood prone area, Logon refugees from neighbouring country, many women/girls/elderly – challenging with latrine construction/maintenance, solid waste and vector borne diseases**  **Assessment and plan of action** |
| **Stage 3**  **(Injects and more information throughout the training, at each step)** | **An outbreak of cholera is reported  in the Navoria and Cosme region. The health authorities ask the NS for their WASH team to assess the situation and see if they can help. A cholera CCMC is requested and**  **PGI injects – protection, disabilities, coordinating with local organisations.**  **MHM/ incontinence**  **CVA – market assessment for hygiene items** | **These injects will allow us to readapt the Action Plan considering issues of inclusion (people with disabilities), environmental management and reorganise the hygiene promotion approach as necessary.**  **SEE SEPARATE SPREADSHEET FOR INJECTS FOR EACH SESSION** |

**From here is not reviewed**

1. **National Society and government preliminary situation report**
2. **Most affected geographical areas requested support by the government of Zuboumbia.**

|  |  |  |
| --- | --- | --- |
| **Working areas for the WASH teams** | **Navoria Barrio South** | **Cosme region villages and the informal settlement of refugees from the neighbouring country** |
| **This area is about 65 km from Panzaria.**  **Peri-Urban area Barrio South 58.000 approx. 7.600 families (landslide and floods )** | **This area is about 70 Km from Navoria and 135 KM from Panzaria.**  **Cosme region is a low-lying area were rice is grow, however may years in raining season the area gets floods. The villagers are use to this floods and normally they have 2 houses one in the low lying and other in when rain start they move to the it however this year landslides that normally has Flooding adding to the current situation with the informal refugees settlement makes a difficulties with sanitation, solid waste** |
| **Destroys houses and infrastructure, including municipal water treatment plant and sewage treatment plant. There is concern that general insecurity will increase and also that outbreaks of diseases common in these contexts, such as diarrhoea or cholera, will begin.** | **The breakdown of the Navoria plant leaves them without supply. They are limited in purchases by the inaccessibility of trucks, the dispersion of the villages and the complex orography.** |
| **Displaced Persons camps are set up In Navoria,people stay in their homes. Drinking water is bought from vendors who come from Panzaria. Surrounding settlements (e.g. Barrio South ) are fishing villages with seasonal workers – vulnerable to cholera outbreak** | **People start to use water from surface sources of the Iregua River** |
| **Area of intervention of the Hygiene Promotion Team The IFRC deploys the ERUs here** | **Potential for inject or adapting for other trainings (e.g. MSM, M15..) Area of intervention of the Hygiene Promotion Team** |
|  |  |  |
| **Affected** | **38,000 inhabitants affected by the landslide.**  **20.000 Refugees camp in peripherical area of the city** | **All the inhabitants of the area. Estimated to be around 7,000 - 9,000 people (dispersion and inaccessibility make it difficult to have updated censuses). The area is particularly vulnerable because of the large number of children, elderly people and single women.** |
| **Particularly vulnerable persons** | **Inhabitants of the Barrio South . It is made up of seasonal  workers (June-January). Persons with disabilities (landmine victims), the elderly and children** |
|  |  |  |
| **Role of the Zuboumbian Red Cross** | **Regular PAB activities, small incident support and basic assistance to extremely vulnerable groups. No usual activity in the area.  However, in the event of a typhoid outbreak, the Ministry of Health is requesting support from the NS through its WASH Teams deployed in Mayrit, in case they can assist in the identification of typhoid outbreaks.** | **Mobile clinic (4X4) with food supplements** |
|  |  |  |
| **Other agencies in the area** | **UNICEF: is cooperating with the two main schools in the area in a long-term programme. UNICEF, OCHA and WFP are expanding risk communication and community engagement activities, focusing on  cholera prevention, maternal and child health and child protection, among others.[[1]](#footnote-2)** | **Religious brotherhood based in the area: they are largely responsible for the education of children in these villages.** |
| **Gender future: local organisation focused on women's empowerment and awareness-raising against sexual and gender-based violence).** | **WSI: in charge of sanitation and hygiene promotion, they are one of the few organisations that have included this settlement in their work programmes. It is a local organisation.** |

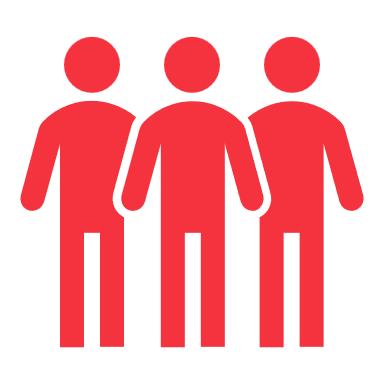
1. **Assessment data for Navoria and Cosme region**

|  |  |  |
| --- | --- | --- |
| **SCENARIO** | **Navoria** | |
| **Barrio South peri urban area affected by the landslide and floods.**  **2 \* Evacuation centers peripherical area (Barrio)** | |
|  |  |  |
| **AFFECTED POPULATION** | **The whole city (380,000 inhabitants) 76.000 families according to the latest census (2020). Affected zone from the landslide and floods nearby the lake and rivers = Barrio South total population 75.000 inhabitant.**  **Affected population 58,000** | |
| **POPULATION PROFILE** | **Average household distribution above country = 8 per household. Significant number of men working in the fish processing industry from Cosme region.** | |
| **Functional diversity: don't know** | |
| **VULNERABILITIES** | **Lack of social network among seasonal workers and habitants from the area** | |
| **Lack of regular income** | |
| **Some population with low knowledge of hygiene care/practices** | |
|
| **CAPACITIES** | **Urban environment with only partially affected marketplace** | |
| **TRANSPORTS** | **Good connection to the capital / 65 KM from Panzaria** | |
| **ECONOMIC PROFILE** | **The city has all basic services, markets, shops, and a banking system.** | |
| **WORK** | **The main income of the city is the fish industry from the lake and agriculture mainly rice plantation, seasonal fishing workers, fishing processing workers, Rice plantations and rice industry.** | |
| **Renters: women are at home all day (kitchens, shopping, and can be accessed at any time).** | |
| **COMMUNICATIONS** | **Beside of the main road to Panzaria ,** [**Navoria has a River Port**](https://en.wikipedia.org/wiki/Port_of_Barisal)**.**  **Almost everyone with a mobile phone and a network.** | |
| **HEALTH** | **There are several health centres and a hospital, although with few specialities.** | |
| **EDUCATION** | **Education: varied** | |
| **Several schools (up to secondary)** | |
| **LANGUAGE** | **Diverse** | |
| **BELIEFS** | **Religious diversity. Respectful coexistence, but with strong adherence to each of its precepts.** | |
| **WATER SITUATION before disaster** | **Water distribution network covering 60% of the population (peripheral areas without access to the network). 20 % population access to water: hand pumps, wells or water vendors.** | |
| **SANITATION SITUATION**  **before disaster** | **Prior to the damaged, only 30% of houses connected to the sewage system.**  **Though peripheral areas have some kind of family latrines, they do not connect to the system. Some have simple unimproved pit latrines while some others have it goes directly to the drainage channel and then to the river. Untreated wastewater goes directly to the river.** | |
| **HYGIENE**  **Before disaster** | **No information** | |
| **POST-DISASTER SITUATION** | **The water distribution network is being maintained, but there is a failure in the water treatment plant and untreated water is being distributed.**  **[Institutional WASH** | |
| **Contamination of groundwater accessed by pumps [Periphery].**  **Households** | |
| **Some cases of diarrhoea** | |
| **They can buy water, but it has become more expensive, and this means spending 15% of their salary.** | |
| **WASH HABITS** | **Some households boiled it, but in principle there is no established treatment habit (it was not needed and now it is not known that it was needed). Seasonal workers do not know treatment techniques from their area of origin (e.g. filtering, boiling, etc.). People who are originally from there, don’t know… and are not used to drinking treated water (taste).**  **Although several languages coexist, everyone understands Zuboumbian.It has a water purification plant and there is a high level of piped water, although many peripheral areas are not reached, being supplied by wells and hand pumps; in these cases, some households boil water, but this is not a constant or uniform practice in all households. In the city center there is an improved sanitation system connected to sewers. In the surrounding towns made up of seasonal workers, there are many family latrines which are usually simple pits (unimproved). has a good connection with the provincial capital Communications are good and everyone has a mobile phone, with similar use by men and women.. There are many informal markets due to being a major fishing area. Cholera outbreaks (those that are confirmed) have been mainly located in this area in the past due to poor hygiene in the markets. Many cases of diarrhoea have also been localised in the peripheral areas where water is often contaminated by seepage from latrines during rains or floods.**  **Navoria Injects**  **The settlements are semi-informal, and there are large challenges with solid waste and space. There is no functioning system for collecting and disposing of waste and many people burn rubbish or it piles up in the riverbed and other drains, exacerbating flooding and providing breeding grounds for mosquitos and rats.**  **Water is mainly distributed in trucks by UNICEF, and there are several boreholes with manual hand pumps. The paths to these water access points are often rocky and muddy. Latrines are monitored by UNICEF however there is no cleaning committee or way to maintain the latrines, and women are known to avoid using them. Desludging is tricky due to space limitations and weak soil (many collapsed pits) and there are many non-functional latrines.**  **Many people have fled to Panzaria because of the contamination of the usual water sources and have stayed in the informal settlement on the periphery. Some areas of the Refugees informal settlement (60.000 ) have been affected by the lakes and rivers has flooded the area. T had no regular water supply as it was distributed by UNICEF in trucks. There was no good sanitation management, few latrines in number and no committee to clean or manage them, and women used them rarely during the day and almost never at night because of insecurity. Hygiene products for these people were distributed by WSI and there are now problems of supply until the markets reopen.**  **Add sanitation**  **Add MHM**  **Add handwashing** | |
| **EXCRETA MANAGEMENT** | **The sanitation treatment station has been affected.**  **Improved sanitation system in general, although there are more family latrines in the peripheral area. To expand, including more details for Barrio South** | |
| **WASTE MANAGEMENT** | **Organised by the municipality at the head of the municipality level. Here it takes a little longer To expand, including more details for Barrio Bajo** | |
|  |  |  |
| **PLANS OF OTHER ACTORS** | **UNICEF: Wash** | |
| **MUNICIPALITY > Plant Arrangement** | |
| **Local Organisation working: sexual and gender-based violence (prevention) [Think about looking for synergy with this organisation: put in the Action Plan. Badly inserted so that they have to look at it].** | |

**Market conditions relevant to Navoria:**

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| **Existence of commerce, services, and banking system (including ATMs)** |
| **Shops with quality products** |
| **NFIs and chemicals** |
| **Good connection to the capital, although some of the main access roads have been damaged and need to be repaired as soon as possible.** |
| **Education: varied (seasonal workers lower level)** |
| **After the disaster, they can buy water, but it has become more expensive, and this means spending 15 per cent of their salary.** |
| **Lack of regular income** |
| **Almost everyone with a mobile phone and a network.** |
| **Average household distribution according to country. Significant number of men working in industry and returning home at weekends.** |
| **They don't have much training in cash issues, but they prefer it, because it saves them money.** |
| **Seasonal workers have little availability for distributions (they are free one day a week) and it is also a bit embarrassing for them. They prefer to organise their own time and go for it when they feel like it.** |
| **Navoria has an almost new industrial area, with unused warehouses, but in good condition.** |
| **The market in the country is regulated. It is very restrictive as regards imports into Zuboumbia.** |
| **In Navoria there is a union of traders and several agri-food cooperatives. It also has some important wholesalers.** |

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| **SCENARIO** | **Cosme Region** | |
| **Scattered villages on the low lining flood area and refuggees camps** | |
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| **AFFECTED POPULATION** | **16,000 people dispersed (census not updated) in small villages founded from the expropriation of land from their inhabitants: the state gave them plots of land in this area in exchange; the young people were born here but not the older ones, many of whom only keep the original language of their communities of origin (relatively isolated and self-sufficient).** | |
| **POPULATION PROFILE** | **Older people, women and children because the young men go to the head of the municipality to make a living in the fish processing industry, which is active from June to January (although some do return at weekends).** | |
| **Functional diversity: don't know** | |
| **VULNERABILITIES** | **Age (older or younger)** | |
| **Isolation** | |
| **Lack of language skills in part of the population (some of the elderly only speak native languages and cannot read and write).** | |
|
| **CAPACITIES** | **Social network and cohesion** | |
| **TRANSPORTS** | **Irregular public transport. Now access difficulties** | |
| **ECONOMIC PROFILE** | **Agro-livestock farmers. Trade at the head of the municipality. Markets 2 days a week + Informal trade** | |
| **WORK** | **Older none. Women agriculture/livestock (small livestock) . Rice plantations and fishing.** | |
|
| **COMMUNICATIONS** | **A lot without a mobile phone and not everywhere you have a network. Here the radio works** | |
| **HEALTH** | **Rural houses with consultation x days a week. Lissu there is only one health post, which has intermittent opening hours due to the difficulty of access.** | |
| **EDUCATION** | **Education: basic levels or no education** | |
| **1 small school every 2 villages/rural teacher, small groups mixed ages. Primary education only** | |
| **LANGUAGE** | **Older some only vernacular languages. Many of the elders speak only their original languages.** | |
| **BELIEFS** | **Religious diversity tb** | |
| **WATER SITUATION** | **Pre-emergency water sources (boreholes and manual wells)** | **Spring, crystal clear (pre-emergency)** |
|
|
| **Source after emergency** | **Tanks** |
| **River Iregua** |
| **SANITATION SITUATION** | **X** | **X** |
| **HYGIENE** | **X** | **X** |
| **POST-DISASTER SITUATION** | **The pre-emergency water catchment has been damaged.** | |
| **Preventive intervention (difficulty of access to health care, and on top of that a rather old population).** | |
| **Unable to buy water: access difficulties and no water market** | |
| **WASH HABITS** | **Water that is not treated (because spring water is used) but is always protected. Fairly hygienic food and water practices.**  **Add sanitation**  **Add MHM**  **Add handwashing** | |
| **EXCRETA MANAGEMENT** | **Family latrines**  **To expand, including more details for Barrio Bajo** | |
| **WASTE MANAGEMENT** | **No waste management system. It is burned. Remainder: compost/pigs** | |
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| **PLANS OF OTHER ACTORS** | **Red Cross: community-by-community mobile operations** | |
| **Pastoral missions (involved in education)** | |

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**Market conditions relevant to Cosme:**

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| **Agro-livestock farmers. Trade in the head of the municipality. Markets 2 days + Informal trade** |
| **Variable quality products flea market** |
| **Market with NFIs. Irregular now. Head-end suppliers. More expensive (because of the cost of carrying it).** |
| **Irregular public transport** |
| **Education: basic levels or no education** |
| **Unable to buy water: access difficulties and no water market** |
| **Isolation** |
| **Many people without a mobile phone and not everywhere there is a network. Here the radio works** |
| **Older people, women and children because young people have gone to the city or to the head of the municipality to make a living.** |
| **Assemblies: not familiar with cash (no ATMs, no phone, and hard to get to). Once cash, but unconditional, and then in the market they got what they wanted and needed.** |
| **\*\* Recall that there is a previous NS relief/health response** |
| **The region has an unused community warehouse that has not been severely damaged.** |
| **The market in the country is regulated. It is very restrictive as regards imports into Zuboumbia.** |
| **Retailers abound in the region.** |

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| **SCENARIO** | **Cosme region** | |
| **Informal settlement refugee settlement low-lying flood prone area** | |
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| **AFFECTED POPULATION** | |  |  |  |  | | --- | --- | --- | --- | |  |  | **Affected without shelter** | **Affected without Water** | | **Camp A** | **20,000 (400 families)** | **1.800** | **20.000** | | **Camp B** | **23,500 (300 families)** | **2.600** | **23** | | **Camp C** | **17,500 (450 families)** | **0** |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | |
| **POPULATION PROFILE** | **Peripheral settlement (5,000 Persons +/-)**  **Persons from neighbouring countries, who have been at war for years. Any families and young single men – mixed with women and girls who are displaced from the Cosme rregion.** | |
| **The settlements are very poor, makeshift wooden houses, some tarpaulins that they have managed to get, sheet metal roofing, tarpaulin sealing.** | |
| **VULNERABILITIES** | **Poor state of shelters and overcrowding** | |
| **Inadequate public health infrastructure** | |
| **Already weakened state of the population especially children and the elderly who have recently travelled some distance.**  **Significant disabled population (amputees, etc.)** | |
|
| **CAPACITIES** | **Clear internal hierarchy, with group leaders.** | |
| **TRANSPORTS** | **Foot and bike, local minibus vans to transport people and goods to larger markets and Panzaria** | |
| **ECONOMIC PROFILE** | **Informal jobs and living from day to day (what they earn in one day they need for that day) makes it difficult to participate in training activities.** | |
| **WORK** | **No work permit, working informally. High level of demotivation and disaffection. Not connected with national level.** | |
|
| **COMMUNICATIONS** | **Most people have a secondary education**  **Mobile phones: Women use it less than men. People like interpersonal communication and events with loudspeakers, singing and dancing are popular and draw a large number of people.**  **Disconnected from the rest of the capital but networked with each other.** | |
| **HEALTH** | **Throughout the affected areas, the incidence of diarrhoea (Acute Watery Diarrhoea) and dengue is expected to increase dramatically. Due to water scarcity there are also outbreaks of skin infections.** | |
| **EDUCATION** |  | |
|  | |
| **LANGUAGE** | **Refugees from neighbouring country prefer to speak their own language. Older IDPs from Cosme region mainly speak their local language but understand some Zuboumbian.** | |
| **BELIEFS** |  | |
| **WATER SITUATION** | **Unprotected sources, or water trucked from Panzaria. Quality of existing wells is not known.** | **Between open defecation and flooding, sources have become contaminated.**  **Lack of water due to intermittent supply and increased cost/no availability of trucked water from Panzaria**  **WSI are doing a study investigating the quality of drinking water is underway and results should be available soon.** |
| **SANITATION SITUATION** | **Latrines have been constructed by local NGOs, some close to tube-wells and, occasionally, shallow wells with pumps. Latrines are often of inadequate capacity and they will fill quickly. A local company has been funded by the government to desludge though many facilities haven’t been designed to allow for easy waste removal.** | |
| **HYGIENE** |  |  |
| **POST-DISASTER SITUATION** | **Dirt, waterlogging, children, dogs eating rubbish everywhere, etc.** | |
| **Muddy and poor accessibility** | |
|  | |
| **WASH HABITS** | **Poor knowledge of hygiene and hygienic conditions.**  **Open defecation**  **Poor knowledge of context including regulations, institutions, safe water sources**  **Add on culture, preferences, beliefs etc.** | |
| **EXCRETA MANAGEMENT** |  | |
| **WASTE MANAGEMENT** | **Huge waste and vector management problem** | |
|  |  |  |
| **PLANS OF OTHER ACTORS** | **WSI are the only actor in the area: they are in charge of sanitation and hygiene promotion, they are one of the few organisations that have included this settlement in their work programmes. It is a local organisation.**  **Sphere disaggregated data provided by WSI – not including anything on incontinence or MHM preferences, washing/drying/disposal** | |
| **Add local or international disability or elderly focussed organisation eg. HelpAge** | |



1. Cyclone Idai data in Mozambique [↑](#footnote-ref-2)