

Zuboumbia

WASH response for population movement and floods.

Document for facilitators.

Last version 26.04.2024 working on progress, please adapt to your context.

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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

**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" \o "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

Description automatically generated

Detailed map Panzaria October 2023 Population movement

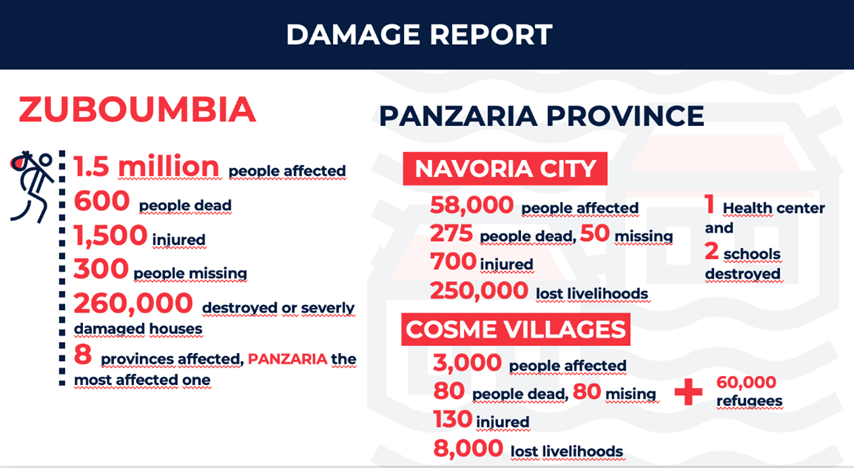
1. THE DISASTER: Population movement and floods

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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):



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 some 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

Description automatically generated

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 |

A map of a town

Description automatically generated

***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

A white board with red and blue text

Description automatically generated

**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.

LOGIC AND SEQUENCE: Rationale for what is happening.

|  |  |  |
| --- | --- | --- |
|  | **Sequence** | **Objectives/Rationale** |
| **What happened** | Population movement + floods | |
| **When / timing** |  | |
| **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 evacuations 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 team leader is requested. Market assesstment.  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  PGI injects – protection, disabilities, coordinating with local organisations.  MHM/ incontinence  CVA – market assessment for hygiene items |

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 )  2 evacuation centers are set up by the govt | This area is about **70 Km from Navoria and 135 KM from Panzaria.**  Cosme region is a low-lying area where rice is grow, this year, landslides have caused more flooding than usual, which adding to the complex refugees situation in Cosme. They're having challenge with sanitation and solid waste |
| Destroys houses and infrastructure, including municipal water treatment plant and sewage treatment plant. People are worried that the overall lack of safety might grow, and there's also a fear that diseases like diarrhea or cholera, which often happen in these situations, might start spreading. | 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.  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** |  |  |
|  |  |  |
| **Role of the Zuboumbian Red Cross** | Regular First Aid activities, small incident support and basic assistance to extremely vulnerable groups. No usual long term project in the area.  However, in the event of a cholera outbreak, the Ministry of Health is requesting support. | Support to the Health Post sometimes 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) | **OXFAM** with water trucking and distribution.  IOM is more in the control of the migration routes in the borders  UNHCR in charge of the three refugee informal camps in Cosme |
| **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

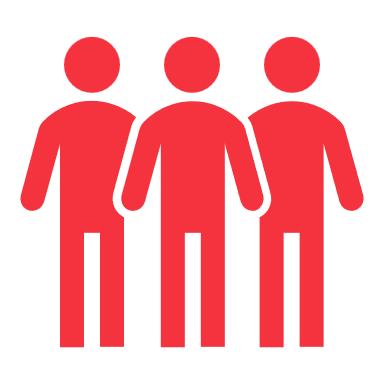
|  |  |  |
| --- | --- | --- |
| **SCENARIO** | **Navoria** | |
| **Barrio South peri urban area affected by the landslide and floods.**  **2 \* Evacuation centers peripherical area (Barrio)** | |
|  |  |  |
| **AFFECTED POPULATION** | The whole city (380,000 inhabitants) 76.000 families according to 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 = 5 per household. | |
| 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 city** | |
| **ECONOMIC PROFILE** | The city has all basic services, markets, shops, and a banking system. | |
| **INCOME** | 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. | |
| **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 | |
| **Working areas for the WASH teams** | Peri-Urban area Barrio South  18.000 people approx. 3.600 families reallocated from the homes accommodated in community halls churches and schools and others staying with relatives and neighbors ( approx. 18.000 people )  40.000 people approx 8.000 families in 2 civil protection evacuation centres | |
| **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. Some population can buy water that is distributed by trucks, but it has become more expensive, and this means spending 15% of their salary. | |
| **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 or lake. Untreated wastewater goes directly to the river.  There have been large challenges with solid waste and space. There is no full functioning system for collecting and disposing of waste. | |
| **HYGIENE**  **Before disaster** | No information | |
| **WATER POST-DISASTER SITUATION** | The water distribution network is affected. And many of the Water pumps are inaccessible or contaminated by groundwater accessed by pumps. | |
| **WASH HABITS /Hygiene promotion** | Although several languages coexist in urban area, 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.  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).  **Many people have moved to the evacuation centres because of the destruction of the houses.**  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 Water municipality, and there are several boreholes with manual hand pumps in the process of rehabilitation.  Some Latrines are monitored by 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. | |
| **EXCRETA MANAGEMENT**  **After disaster** | The sanitation treatment station has been affected.  Improved sanitation system in general has been affected, although there are more family latrines in the peripheral area. To expand, including more details for Barrio South | |
| **WASTE MANAGEMENT**  **After disaster** | 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 | |
| **Public health concerns related to WASH** | Some cases of acute water diarrhoea, not sure if is cholera | |
|  |  |  |
| **PLANS OF OTHER ACTORS** | The Defense authorities will provide: 8.000 family tents and water trucking to only one evacuation center.  World vision Water distribution for 2.000 families in evacuation centers and | |
| MUNICIPALITY Water treatment plant and providing support to families who stazd in barrio south | |
| Clean hands local organization distributing hygiene kits in the evacuation center | |



Market conditions relevant to Navoria:

|  |
| --- |
| 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. Navoria also [has a River Port](https://en.wikipedia.org/wiki/Port_of_Barisal). |
| 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 5. 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 refuggee 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. Two organizations working in the area WSI and ZRC, ZRC supports the health post and sometimes with food supplies. | |
| **TRANSPORTS** | Irregular public transport. Roads are complex and just one paved. | |
| **ECONOMIC PROFILE** | Agro-livestock farmers, fishing and rice field workers. Trade at the head of the municipality. Markets 2 days a week + Informal trade. Mostly subsistence economy. | |
| **WORK** | Older none. Women agriculture/livestock (small livestock) . Rice plantations and fishing. | |
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| **COMMUNICATIONS** | A lot without a mobile phone and not everywhere you have a network. Here the radio works | |
| **HEALTH** | There is only one health post, which has intermittent opening hours due to the difficulty of access. Some people in the community act as health focal points assisting others in minor issues. | |
| **EDUCATION** | Education: basic levels or no education | |
| 1 small school every 2 villages/rural teacher, small groups mixed ages. Primary education only | |
| **LANGUAGE** | Many of the elders speak only their original languages. Women learned fast to communicate in the national language for trade purposes. | |
| **WATER SITUATION**  **Before disaster** | 3 villages have water that comes from the treatment plant in Navoria, but the service is not regular, so when there is water, people form the village use it, but when not, they go to the other water sources.  Water sources in different villages: boreholes, manual wells, springs, and river Iregua  Some households boil the water but is not an established treatment habit in the villages. | |
| **SANITATION SITUATION**  **Before disaster** | Exist latrines at household level and community latrines in the villages. The community ones are being emptied by the women and children in the community. There is no information about the latrine status in the households. | |
| **HYGIENE**  **Before disaster** | There is not much information, we know people understand the importance of soap and they see it as a precious item. When it is available, or they can get some in the market they keep it for personal hygiene and for washing clothes. | |
| **WATER post disaster** | The villages that were connected to the Navoria water treatment plant are now disconnected. All Cosme Region is using surface water to drink. The surface water we assume it as contaminated and the people don’t have habits to treat the water. No chemicals available in the market. | |
| **WASH HABITS/HYGIENE PROMOTION post disaster** | there are many contrasts in behaviour in different villages. We know that older people are very much supported by the communities but not from the hygiene side, but more on issues of food, loneliness etc. Personal hygiene is more of a private matter. However, after the floods the markets are not fully functional and there are problems to have personal hygiene and cleaning materials. Women have reported that many of the older people do not want to go out of the house and attribute this to a lack of hygiene. Women and girls complain about the lack of menstrual hygiene products, with adolescent girls preferring disposable pads and women preferring washable ones. There is no information from all villages. We know that hand washing is not a priority, as soap is something very precious, it is reserved for bathing and for cleaning the house and clothes. Women work a lot in the rice fields, with cattle, and they want to keep their clothes clean. Religion does not seem to have any influence on hygiene habits. As there were no established methods of water treatment, there were no established methods of safe water storage. | |
| **EXCRETA MANAGEMENT/SANITATION post disaster** | Some families express that their latrines are flooded, and they don’t want to use it. Open defecation is highly present in some villages. Some, have designated some areas for it to try to control the spread. | |
| **WASTE MANAGEMENT post disaster** | Waste is being accumulated as they have difficulties to burn it. Waste is being spread around the streets of the villages during the floods. | |
| **PUBLIC HEALTH CONCERNS** | With water being contaminated we can expect an increase of diarrheal cases potential cholera; vector borne diseases due to stagnant water; increase of malnutrition due to persistent diarrhoea; skin diseases like scabies or trachoma due to a lack of hygiene. | |
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| **PLANS OF OTHER ACTORS** | OXFAM might support with water trucking as helping the refugee camps | |
| WSI presence in the refugee camps could potentially help the villages with hygiene items | |



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 refugee camps 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** | People coming from Longon due to war. 56% are man and 44% are women, from them, 35% are children. Not huge present of old people, most are under 55 years old. Approximate 10% of women are pregnant and 15% have some type of physical disability (amputations, loss of partial vision, etc.), mental disability is unknown. Presence of 3 ethnic groups with strong differences in between them. There are three ethnics existing, they are distributed like this in the camps: Camp A is 90% of the ethnic 1. Camp B is 25% ethnic 1, 35% ethnic 2 and 40% ethnic 3; Camp C is 70% ethnic 2 and 30% ethnic 3. | |
| **VULNERABILITIES** | Mental health problems, violence, overcrowding | |
| Inadequate WASH conditions | |
| Overcrowded area and inside the tents. | |
|
| **CAPACITIES** | Clear internal hierarchy in the ethnics, with group leaders. | |
| **TRANSPORTS** | Foot | |
| **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** | 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** | Ethnic 1 and 3 have primary and secondary education. Ethnic 2 one has low level of education. | |
| **LANGUAGE** | Just two of the ethnics can communicate with people from Zuboumbia, the less educated ethnic just communicate in their native language. | |
| **WATER SITUATION** | OXFAM started to do water trucking in September but after the floodings the deliveries are irregular and population don’t know when to expect it. Population has started to use surface water accumulated in different places to drink. All that water is supposed to be contaminated. | |
| **SANITATION SITUATION** | 250 latrines have been constructed by WSI, those are being emptied manually with some groups in the camps lead by WSI. 150 in camp A; 130 in camp B and 10 in camp C. In camp C also WSI constructed trench. Protective equipment was provided for desludging in the three camps. After the floods the latrines are being compromised and are overflooding. The protective equipment is not arriving anymore. | |
| **WASH HABITS/HYGIENE PROMOTION** | Huge differences in hygiene practices in between the camps.  Ethnic 1 are used to treat water, normally boiling and then using safe storage. They are well aware of hand hygiene practices but they prefer to use ash instead of soap. Menstruation is a taboo in this community so women can struggle to get materials in the area.  Ethnic 2 normally has piped water to their houses so they are not used to household water treatment methods but they could accept it. They are very concerned about latrines being shared as they are not used and they are preferring to do open defecation in the camp as they see it as safer. They practise food and hand hygiene in a regular basis when soap is available. Pads and tampons are a normal method for menstrual management.  Ethnic 3 is used to filter water and sometimes boiling. They are refusing medical treatments and they will only accept traditional healers of their community. They don’t believe in diseases that can come from poor WASH conditions. Menstruation is managed in secret but in between women, it’s unknown what methods they are using. | |
| **WASTE MANAGEMENT** | No waste management in any of the 3 camps. Some people are organizing to move some of the waste to certain areas outside of the camps but close to the rice fields. | |
| **PUBLIC HEALTH CONCERNS** | Gender Based violence, mental health, diarrhoea, skin diseases, respiratory problems, urinary infections, vector borne diseases. | |
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| **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 the informal camps in their work programmes. It is a local organisation.  OXFAM wants to return to water trucking and they want to explore the water treatment at community level.  IOM is getting more detailed profiles on the prople on the move to make previsions of arrivals and profiles.  UNHCR wants to increase security In the camps as violence is expected to escalate in the following days due to shortage of materials and food. | |



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