



Zimbabwe

Cholera Outbreak Response Situation Report (Jan 2024)

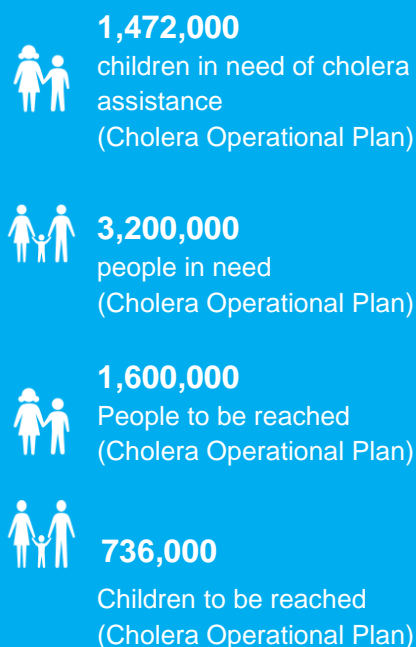


Reporting Period: 20 December 2023 to 5 January 2024

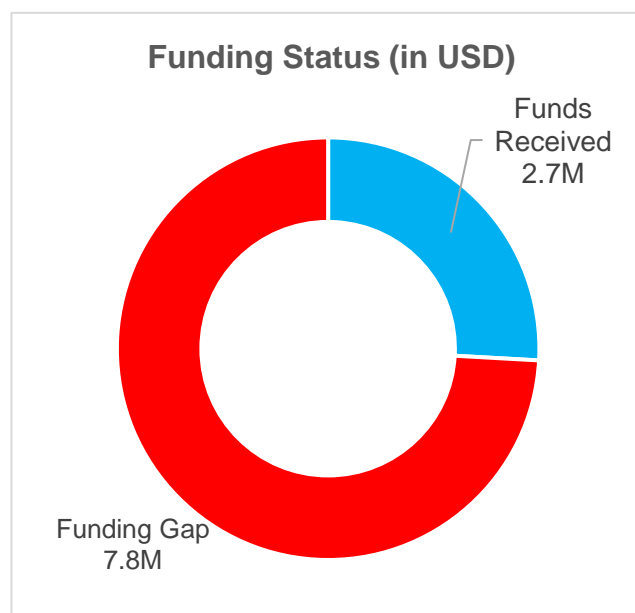
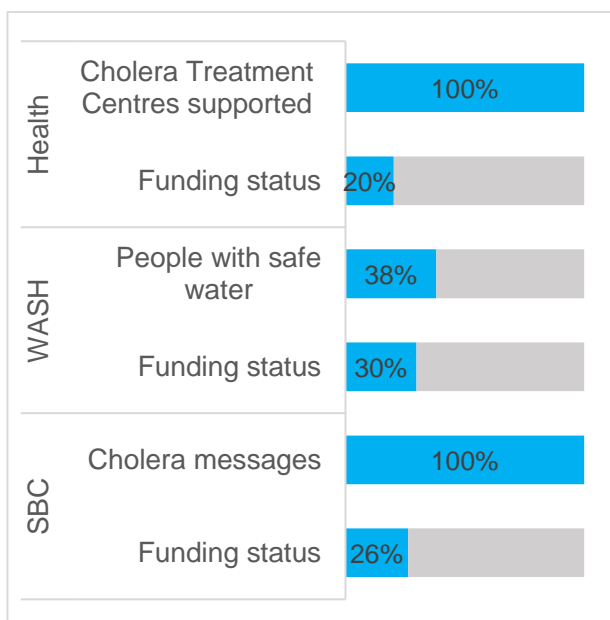
Highlights

- Since the onset of the outbreak and as of 5 January 2024, 15,571 cumulative cholera cases, 67 confirmed deaths and 280 suspected deaths have been reported from 57 out of 63 districts across the 10 provinces.
- An increase in cases has been noted over the festive periods exacerbated by population movements during the festive period and the onset of the rainy season.
- Single dose reactive OCV application has been submitted by the Country, and immunization campaign preparations commenced led by the Government with support from UNICEF and WHO.
- The OCV campaign is targeting 2.2 million people in 195 wards of 29 high risk districts in 8 provinces.
- UNICEF and partners have reached 164,013 people with critical hygiene supplies including 75,446 children.

Situation in Zimbabwe



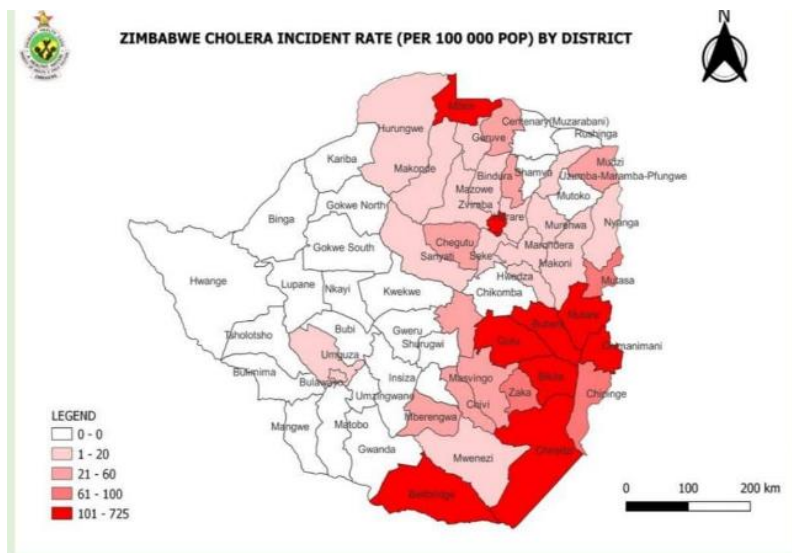
UNICEF's Response and Funding Status



Since the onset of the outbreak, UNICEF and partners are supporting the Government of Zimbabwe (GoZ) to provide multi-sectoral interventions to affected and at-risk populations in key pillars of Coordination and leadership, WASH/ IPC, case management, surveillance, RCCE, with cross cutting support for Supply, HR, GBV/PSEA and partnerships.

UNICEF is appealing for \$10.5 million, to respond to the cholera outbreak. The funding is to enable UNICEF to provide critical humanitarian assistance to 3 million people including 1.5 million children in the cholera epicentres of the country's ten provinces. UNICEF Zimbabwe Country Office has received a total of US \$ 2.7 million (35 per cent of the total cholera response funding requirement) from various donors that include ECHO, UNOCHA, Centre for Disease Control (CDC), Health Resilience Fund (HRF) donors i.e FCDO, EU and Ireland, and UNICEF Global Humanitarian Thematic Funds as well as in-kind support from private sector partners such as Alliance Media & JCDecaux for digital billboards.

Situation Overview & Humanitarian Needs



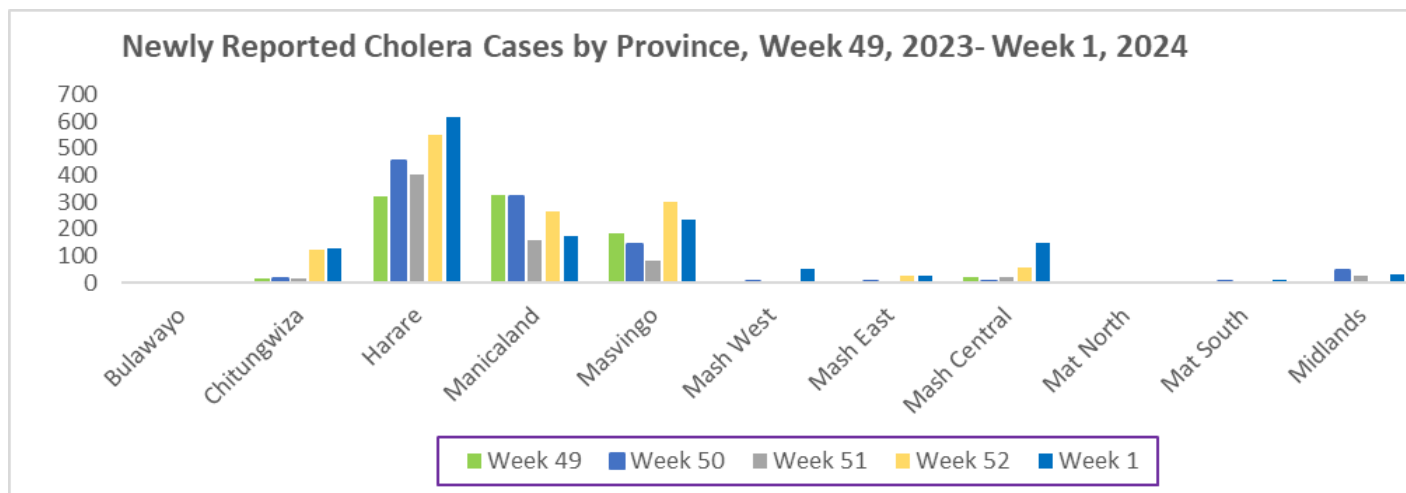
As of 05 January 2024, a total of 15,571 cholera cases, and 347 deaths with a CFR of 2.2 per cent have been reported from 57 districts.

A surge in cholera cases was noted during the festive season with an 85% increase in new cases reported per week, from 770 new cases reported the week before Christmas, and 1,423 new cases reported during the last week of 2023. Most of the cholera cases have been reported from Harare, Manicaland and Chitungwiza Provinces, contributing 78% of the national case load.

An increase in cases has also been noted in Masvingo, Mashonaland Central and Mashonaland West Provinces from the beginning of 2024. Increased mobility of the population during the festive season as well as the rains during the period

has contributed to the increase in cholera cases and the spread to more districts.

Children, women of childbearing age, religious decliners, illegal miners, and famers in rural settings are high-risk groups identified during the reporting period. Fifty one percent (51%) of the cumulative cholera cases are women while 16 % are children under 5 years of age.



Key factors driving cholera transmission include the continued low access to safe water, inappropriate sanitation and IPC, health system challenges (staff attrition, capacity, access, and quality issues), unsafe burial practices, waning immunity from last OCV campaign in 2019, multiple disease outbreaks (polio, measles), and limited funding among UN agencies and partners to scale up response.

The country has entered its rainy season, that late in December 2023 contributing to the increased number of cases. In addition, subregional population movements and large gatherings for economic, cultural, and religious reasons amidst

ongoing cholera outbreaks across neighbouring countries (Zambia, Malawi, Mozambique) present continued risks for cross-border transmission, especially with the holiday season.

While the rains have increased the risk of flood and water contamination due to sewer runoff and seepage, the forecasted El Nino-induced drought will cause further water scarcity with household resulting to unsafe water sources and water rationing for sanitation, complicating the situation.

Cholera caseloads reported have exceeded the 10 730 cases reported in the 2018/19 cholera outbreak, with fears of a similar situation as the major outbreak of 2008/9. In the most likely scenario, WHO/UNICEF estimate an attack rate of 0.3 resulting in 38,763 cases by February 2024, if current interventions do not halt transmission, noting that cholera attack rates are typically higher in urban and peri-urban areas than in rural settings.

Summary Analysis of Programme Response

Water, Sanitation and Hygiene (WASH)

Over the past weeks, UNICEF's partners Oxfam and Mercy Corps supported and mobilized community health volunteers to conduct door-to-door outreach to raise awareness on cholera and safe water management at household level. Through a mix of the CATIS and blanket distribution approaches, 3,438 bottles of household water treatment chemicals were provided in Harare (3,614) and Mutare Rural (357) increasing access to safe water to 14,629 people. UNICEF continues to support water quality monitoring in high-risk communities while partners and community health volunteers have been engaged to monitor free residual chlorine in Harare and continue to promote household water treatment among communities.

During the reporting period, in Harare, 15 household wells and 40 boreholes were tested. Results indicated all wells and 31 of the 40 boreholes had unsatisfactory levels of faecal matter. Contamination of underground water is attributed to sewer runoff and seepage and dilapidated infrastructure, which is being exacerbated by the ongoing rains. UNICEF observed a general decrease in household water treatment practise from 51% to 40% during the week. In response to a gap in IEC materials to promote household water treatment, UNICEF is actively supporting the development of new posters and flip charts to be used at the community level.

UNICEF continued to co-lead the WASH pillar meeting and convened the WASH sector meetings.



Figure 1: UNICEF supported 660 households in the cholera hotspots of Budiro and Glenview suburbs in Harare affected by flooding with critical WASH supplies (bucket with tap, water treatment chemical, soap and plastic jerry-can). And passed messages on cholera prevention to communities in Chitungwiza through road show campaigns.

Social Behaviour Change (SBC) Community Engagement & Accountability

Based on a comprehensive analysis of behavioural and socio-cultural drivers of cholera in 2023, an integrated National SBC RCCE strategy was developed to guide sustained sanitation and hygiene promotion interventions. UNICEF continues to co-lead weekly RCCE Meetings and support with coordination of partners.

To ensure families and communities in Zimbabwe have access to key information about cholera prevention and control, UNICEF collaborating with partners successfully implemented the festive season campaign strategy and related information, education, and communication (IEC) materials were widely disseminated.

Key interventions included the production and dissemination of jingles broadcasted on 1 national and 3 community radio stations reaching approximately 2,960,361 people, development of E-posters, banners for the social media campaign and roadshows in hot-spots areas. Six voice endorsements on cholera prevention behaviours messages were recorded from 6 Interfaith (religious and traditional) leaders and broadcasted through multi-media channels; radio, roadshows, street hailing and public transport.

Trained Behaviour Change facilitators engaged 3,200 households on safe water practices (boiling/chlorination). Seventy markets, twenty workplaces and bus terminuses were visited by roadshow teams, reaching 250,000 and 380,000 people respectively, and demonstration were conducted on proper hand washing techniques and safe water practises.

In preparation for schools re-opening UNICEF, in collaboration with the Ministry of Primary and Secondary Education, developed [RCCE action plan for cholera outbreak in schools](#), which includes age-appropriate key messages for learners and school staff.

Cumulatively, 4.45 million people have been reached with lifesaving messaging through mass media, community and social media platforms, 1,1 million with access to established accountable mechanisms and 2070 community local actors have to date been capacitated on cholera preventive behaviours.



Figure 2 Community Roadshow Outreach

Health

The UNICEF health team participated in all the response pillar meetings which include coordination, case management, surveillance, vaccination, medicines and logistics, and Infection Prevention and Control (IPC). Orders for 60,000 litres of ringers' lactate, 60,000 infusion sets, 26 high performance tents, 8,000 paediatric burettes and 47,000 ORS/ zinc have been placed.

Additional orders that were in the pipeline are expected to be delivered together with the recently placed orders using air freight and are expected in country from the week beginning 15 January 2024. A total of 53 bottles of 5litres sodium hypochlorite was dispatched through Oxfam to the City of Harare for IPC in the CTCs.



Figure 3. Community ORP in Chiadzwa operated by community health volunteers with support from UNICEF and Mercy Corps



Figure 4. MoHCC, UNICEF and WHO site visit to the CTC at Chidzwa Health Center

A tent was released to Chitungwiza Central Hospital CTC to replace the one that had been damaged by the heavy rains. As part of the UNICEF action plan to scale up set up of at least 100 ORPs (oral rehydration points) in affected districts, UNICEF Country Office supported the establishment of a further four (4) oral rehydration points (ORPs) in Manicaland bringing the total to fourteen (14). Meanwhile, three (3) new ORPs were established in Kuwadzana in Harare with a target of reaching 10 ORPs. Through Mercy Corps, contingency stocks were distributed to Manicaland Province. Environmental Health Practitioners were supported with fuel and commodities for monitoring a gathering in as well as contact tracing resulting in 53 contacts traced in Mutare District.

On 5 January 2024, UNICEF/WHO supported the MOHCC to review the oral cholera vaccine (OCV) request following recommendations from ICG, resulting in an upward review of the OCV doses request from 1.9 million doses to 2,414,306 doses. The OCV campaign is targeting 195 wards from 29 high risk districts in 8 provinces. The reactive single dose OCV campaign has been scheduled for 22 January 2024 with UNICEF country team supporting preparations.

Nutrition

UNICEF in partnership with MoHCC, City of Harare, Oxfam, Mercy Corps and Christian care conducted mass MUAC screening for children aged below 5 years at hygiene kit distributions and at CTCs/CTUs in Harare, Mashonaland East, Masvingo and Manicaland provinces. Only 5 children (1.8%) out of a total of 271 were identified with moderate wasting and referred for appropriate treatment. A total of 122 caregivers were reached with infant and young child feeding (IYCF) messages on the importance of continuing breastfeeding during cholera. Further, over 50 people were reached with nutrition messages in the context of cholera in Manicaland province.

CROSS-CUTTING

GBV, PSEA and MHPSS

PSEA training for 43 Ministry of Health and Child-Care Front-Line Workers (28 Females and 15 Males) in Cholera response for Chitungwiza Central Hospital has been conducted by UNICEF. The training highlighted the importance of them ensuring that their contact with beneficiaries does not result in violation of the clients' human rights. They were requested to refer any clients from the affected communities who reported on GBV and SEA to the local referral organisations whose contacts were shared. A concern was raised that some of the toll-free numbers for reporting child rights violations and GBV lack efficiency. On checking with some of the partners they network connectivity challenges and the waiting time involved when one calls at a time another client is engaged.

Human Interest Stories and External Media

Stories can be found on UNICEF's website and social media channels:

UNICEF Zimbabwe stories: <https://www.unicef.org/zimbabwe/stories>

UNICEF Zimbabwe Social Media: [Facebook](#), [Twitter](#), [LinkedIn](#)

Who to contact for further information: Dr. Tajudeen Oyewale
Representative
Zimbabwe
+263 242 703941/2 Ext2100
Email: toyewale@unicef.org

Dr Alex Adjagba
Chief Health & Nutrition
Zimbabwe
+263-772 124 260/Ext 2100
Email: aadjagba@unicef.org

Ms. Rosewiter Mazivofa
Emergency Specialist
Zimbabwe
+263-779 363 345
Email: rmazivofa@unicef.org

Annex A Summary of Programme Results

Sector	Nov 2023 to March 2024 target	Total results		Change since last report		Overall progress
		05-Jan		▲▼—		
Health						
# of CTCs reached with supplies for case management*	30	Total	52	12	▲	>100%
Number of frontline health care workers trained on cholera case management, IPC within CTCs/CTUs and surveillance	750	Health workers	141	-	—	19%
Number of Village Health Volunteers (VHWs) trained on surveillance, IPC and case management (for our ORPs)	4,000	Community Health Workers	-	-	—	0%
# of people vaccinated against Cholera***	2,414,306	Female	-	-	—	0%
		Male	-			
		Total	-			
# of women and children accessing cholera health services with UNICEF support*	10,000	Female	6,392	-	—	>100%
		Male	6,141			
		Total	12,533			
# of active district RRTs receiving UNICEF support*	30	Total	37	-	—	100%
# of established ORPs	80	Total	72	24	▲	90%
WASH						
# of people accessing a sufficient quantity of safe water for drinking and domestic needs	500,000	Female	100,101	-	—	38%
		Male	90,459			
		PLWD*	35			
		Total	190,595			
# people reached with hygiene messages	1,000,000	Female	96,506	7,938	▲	18%
		Male	87,874			
		PLWD*	-			
		Total	184,380			
# of people reached with critical WASH supplies	250,000	Female	71,708	26,077	▲	66%
		Male	92,170			
		PLWD*	135			
		Total	164,013			
# of people reached with CATI/CLUSTI	50,000	Total	-	-	—	31%
# of water samples collected and analyzed	3,000	Total	463	55	▲	15%
SBC						
# of people reached with messages cholera on prevention and access to services*	3,000,000	Female	2,283,459	-	—	>100%
		Male	2,116,541			
		Total	4,400,000			
# of people with access to established accountability mechanisms*	300,000	Female	-	-	—	100%
		Male	-			
		Total	1,095,000			
# of community local actors capacitated on cholera RCCE (disaggregation by type of training)*	3,000	Total	2,070	-	—	69%

* Indicator target under review to reflect recent change in the outbreak

** New indicator

*** Target modified to reflect new focus and to respond to scale of the outbreak

Annex B

Funding Status

UNICEF is grateful to the Health Resilience Fund (HRF) funded by UK/FCDO, EU and Ireland which approved the reprogramming of \$1.5M to support the cholera response. This funding has been committed to support WASH, Health, and SBC activities in affected districts. This grant reduces the funding gap to 74% as shown in the table below.

A new approval of USD 2.6 Million for UNCERF has been received and under processing for the response. This will be reflected in the funding status after fund receipt.

Sector	Requirements for 2023	Funds Received	Total Available	Funding Gap	Funding gap %
Health	3 800 000	769 820,00	769 820,00	3 030 180	80%
WASH	5 500 000	1 633 000	1 633 000	3 867 000	70%
SBC	1 200 000	315 000,00	315 000,00	885 000	74%
Total	10 500 000	2 717 820	2 717 820	7 782 180	74%