



Zimbabwe

Cholera Outbreak Response Situation Report

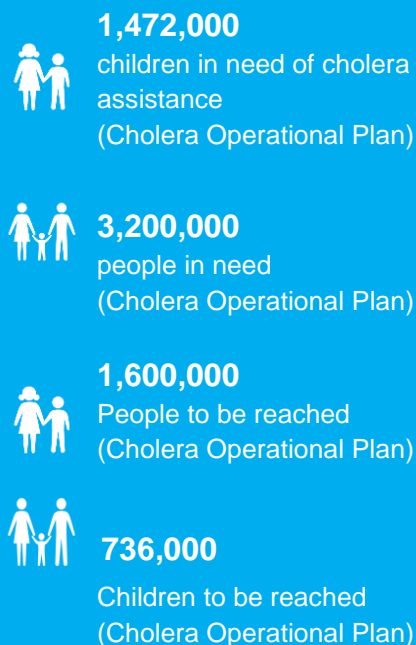


Reporting Period: 6 January 2024 to 31 January 2024

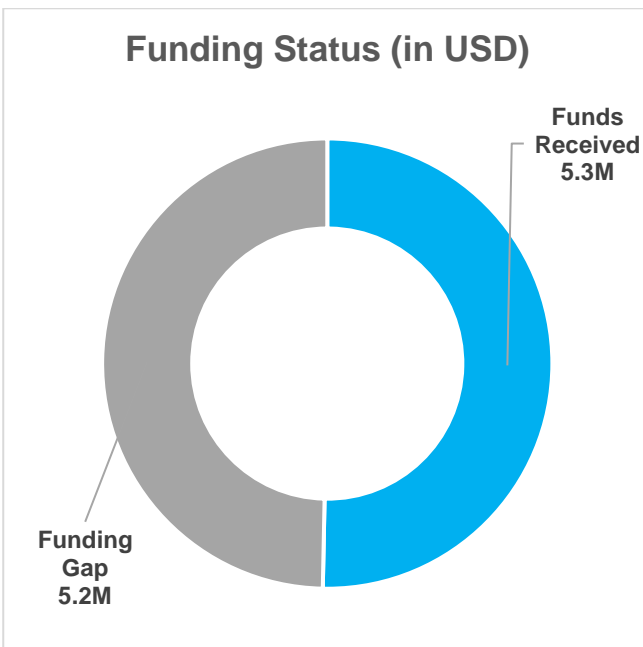
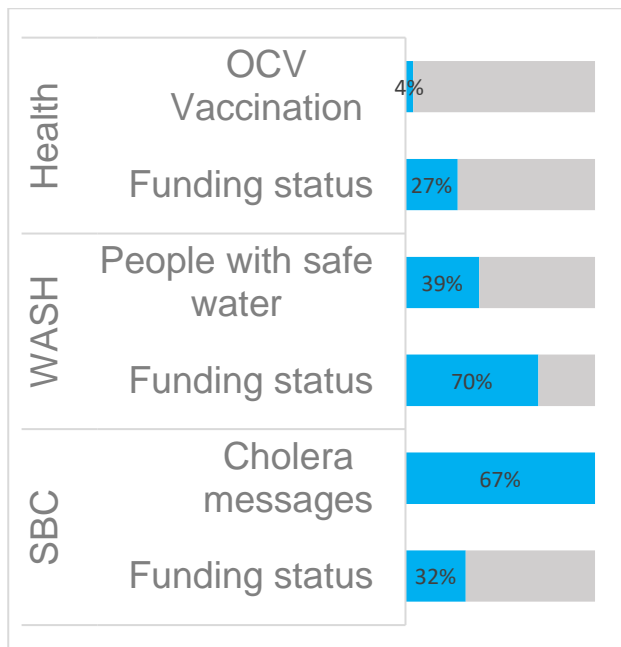
Highlights

- As of 31 January 2024, a total of 21,835 cholera cases, 71 confirmed deaths and 416 suspected deaths have been reported from 61 districts across all 10 provinces.
- Of the cumulative cholera cases, approximately 31 per cent are children aged below 15 years, and 14 per cent are children aged below 5 years of age.
- The country received ICG approval for 2.3 million OCV doses targeting eligible population aged one year and above in 160 wards within 24 high risk districts in 7 provinces.
- A total of 465,401 people including 246,058 children aged below fifteen years have received the OCV single dose reactive vaccine since the campaign was launched on 29 January 2024.
- UNICEF and partners have reached 260,437 people with critical hygiene supplies including 101,405 children.
- An estimated 2,960,361 people have been reached with risk communication and community engagement activities.

Situation in Zimbabwe



UNICEF's Response and Funding Status



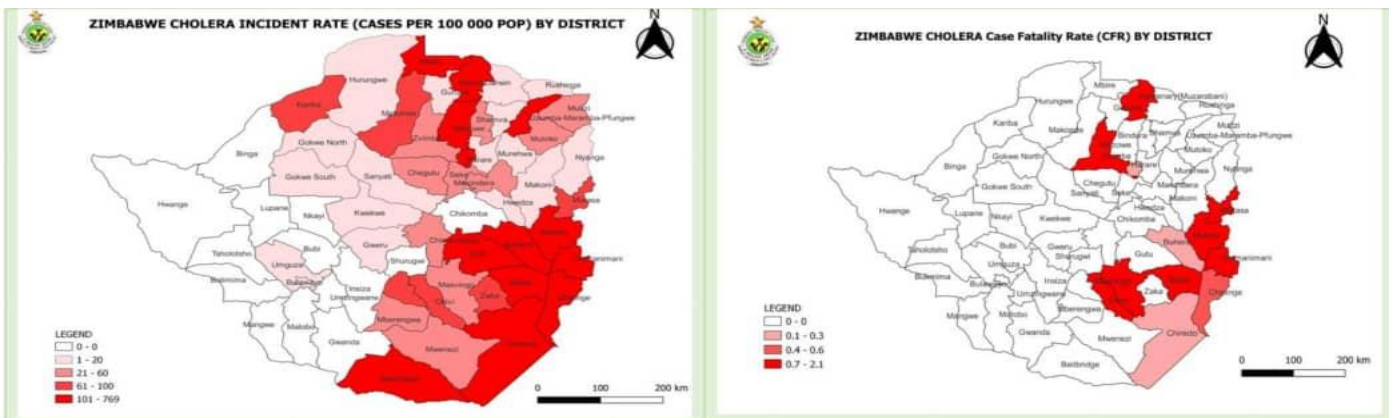
Funding Overview and Partnerships

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, Risk Communication and Community Engagement (RCCE), with cross cutting support for Supply, Human Resources, Gender-based Violence and Prevention of sexual exploitation and abuse (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 1.6 million people including 736,000 children in the cholera epicentres of the country's ten provinces. UNICEF Zimbabwe Country Office has received a total of US \$ 5.2 million (50 per cent of the total cholera response funding requirement) thanks to the generous support from various donors that include the European Civil Protection and Humanitarian Aid Operations (ECHO), UNOCHA-Central Emergency Response Fund (CERF), Japan, Centre for Disease Control (CDC), Health Resilience Fund (HRF) donors i.e., UK for Development, the European Union (EU) and Ireland, and UNICEF Global Humanitarian Thematic Funds, and in-kind support from private sector partners such as Alliance Media & JCDecaux for digital billboards, and Cash-In-Kind logistics support for commodities from Universal Postal Services (UPS). The Country Office has also received UNICEF Emergency Preparedness Fund (EPF) to enable scale up of humanitarian assistance.

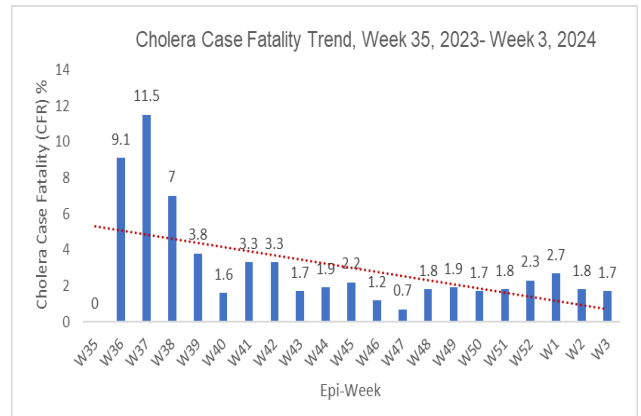
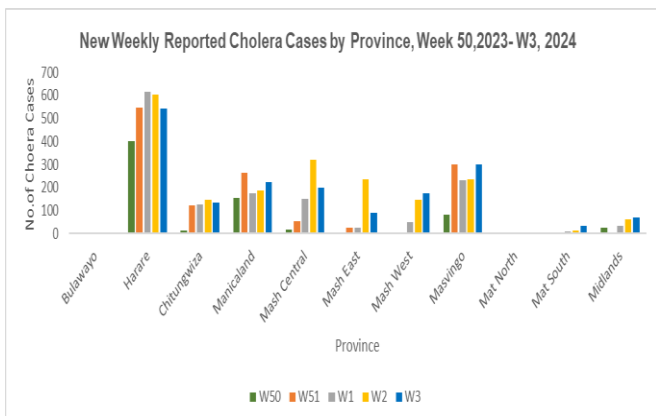
Situation Overview & Humanitarian Needs

By 31 January 2024, a total of 21,835 cholera cases, and 487 deaths with a case fatality rate (CFR) of 2.2 per cent have been reported from 60 districts.



Source: Ministry of Health and Childcare Weekly Sitrep, 20 January 2024

An upward trend in week-by-week cholera cases continues being seen from epi-week 50, 2023 to epi-week 3, 2024. Most cholera cases continue being reported from Harare, Masvingo, Manicaland and Chitungwiza Provinces contributing 84 per cent of the national case load.



There was continued increase in cases in Mashonaland Central, Mashonaland West and Mashonaland East Provinces from the beginning of 2024 related to the increased mobility of the population during the festive season as well as the rainy season. Week by week cholera case fatality has been gradually declining from September 2023 to week 3, 2024.

Children, women of childbearing age, religious decliners, illegal miners, and farmers in rural settings continue being high-risk groups with fifty two percent (52 per cent) of the cumulative cholera cases being women while 14 per cent are children under 5 years of age.

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

The country entered its rainy season late in December 2023 contributing to an 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.

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, Christian Care and Mercy Corps supported and mobilized community health volunteers to conduct door-to-door and street outreach to raise awareness on cholera, handwashing, and safe water management. A total of 71,363 people (37,333 Males and 34,030 females) were reached with key hygiene messages in Harare, Manicaland and Masvingo Province. Through a mix of the case area targeted interventions (CATIS) and blanket distribution approach, a total of 6,119 critical hygiene items comprised of a bottle of water guard, soap and information, education, and communication (IEC) material were distributed to 66,911 people (31,426 males and 35,485 females) in Harare and Manicaland Province. The items assist in improving handwashing and water chlorination which are key activities in curbing the spread of cholera. Schools in Harare and Manicaland and Chitungwiza received a total of 1,240 critical hygiene kits to promote hygiene, and this was augmented by training of 48 school health coordinators on health and hygiene issues.

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. UNICEF observed a general increase in household water treatment practise from 40 per cent to 81 per cent during the past 2 weeks out of 597 free residual chlorine (FRC) tests conducted. UNICEF continued to co-lead the WASH pillar meeting and convened the WASH sector meetings.



UNICEF distributed 1240 hygiene kits to schools in Harare, Manicaland and Masvingo to support handwashing which is key in curbing cholera. Photo Credits: UNICEF

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 Social Behaviour Change (SBC) Risk Communication and Community Engagement (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 (BCF) 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 demonstrations 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, 5 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 3,000 community local actors have to date been capacitated on cholera preventive behaviours.



Community Roadshow Outreach in Mutare Rural, Photo Credit Apostolic Women Empowerment Trust (AWET)



The UNICEF health team participated in all the response pillar meetings which include coordination, case management, surveillance, vaccination, medicines and logistics, and IPC. The following commodities were delivered through chartered Cash-In-Kind (CIK) plane to address shortages in case management supplies.

| Item | Quantity |
|---|----------|
| Sterile IV infusion giving set,sterile,s.u. | 75,000 |
| ORS fl.1Lx2+ Zinc 20mg 10tabs.kit/PAC | 47,000 |
| Infusion giving set,w/burette,ster,s.u. | 8,000 |
| Compound Sodium Lactate 1L bot/BOX-10 | 6,000 |
| Ciprofloxacin 250mg tabs PAC/1x10 | 4,000 |
| Cannula IV short 22G, ster, disp, BOX-50 | 1,000 |
| Cannula IV short 20G, ster, disp, BOX-50 | 1,000 |
| Azithromycin 250mg tablets/PAC-6 | 1,000 |

These commodities will go a long way in addressing the shortage of case management commodities that has been experienced in the response. Additional commodities are expected on another shipment of commodities (high performance tents and body bags) is expected by 30 January 2024. Three (3) tents were released to Seke District (Kunaka Rural Hospital) and Mazowe District for the setting up of cholera treat centres (CTCs). As part of the UNICEF action plan to scale up establishment of at least 100 oral rehydration points (ORP) in affected districts, UNICEF supported the establishment of a further six (6) oral rehydration points (ORPs) in Chipinge District.



Nyamadzawo ORP, Mutare District. Photo Credit: Mercy Corps/2024

Oral Cholera Vaccination

Following approval of the country's application to the International Coordinating Group (ICG) for 2.3 million OCV doses UNICEF is facilitating the delivery of vaccines in-country as available in the global stockpile. As of 31 January 2024, a total of 892,286 doses of OCV have been received in the country.

UNICEF in collaboration with WHO and other partners are supporting the implementation of single-dose reactive National OCV Campaigns that commenced on 29 January 2024 targeting 2,303,248 persons aged 1 year and above in 160 wards within 24 high risk districts, in 7 provinces.

As of 1 February 2024, a total of 465,401 (20%) of the target population have been vaccinated, including 246,058 children under fifteen years in campaigns that are underway in Harare (Western district), Masvingo, Mashonaland West, Mashonaland Central and Midlands. Females account for 55% (255,647) of the reported vaccinated population. Campaigns in the rural provinces are picking up as vaccines arrive and uptake so far has been positive although data transmission is slow from the remote areas. So far, 53% of the received 892,286 OCV doses have already been administered and campaigns are still on-going especially in rural locations that started the campaign later although it is picking up. A second batch of OCV vaccines is expected to arrive in the country on 2 February 2024 for campaigns in the remaining districts of Harare, Chitungwiza, Manicaland and Mashonaland East.

UNICEF will continue to support the ongoing campaign through planning and coordination, vaccine distribution, advocacy, communication, social mobilisation, monitoring and supervision. A post-vaccination coverage survey is planned once the campaigns are completed. UNICEF continues to engage communities in the remaining provinces in preparation for campaigns that will be start on receipt of additional vaccines.

OCV Cumulative Vaccinations as of 1 February 2023

| PROVINCES | Total Vaccinated 12– 59 months | | Total Vaccinated 5yrs – 14yrs | | Total Vaccinated 15yrs – 17yrs | | Total Vaccinated 18yrs – 59yrs | | Total Vaccinated 60yrs + | | Total |
|---------------------|-----------------------------------|---------------|----------------------------------|---------------|-----------------------------------|---------------|-----------------------------------|---------------|-----------------------------|---------------|----------------|
| | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
| Harare | 13,202 | 15,687 | 30,287 | 32,325 | 6,889 | 8,385 | 23,674 | 40,295 | 3,796 | 5,248 | 179,788 |
| Mashonaland Central | 4,054 | 3,884 | 14,825 | 15,746 | 3,199 | 3,491 | 11,134 | 15,620 | 1,226 | 1,899 | 75,078 |
| Midlands | 2,385 | 2,480 | 5,773 | 5,825 | 983 | 1,112 | 10,189 | 10,070 | 662 | 897 | 40,376 |
| Masvingo | 7,820 | 8,156 | 40,477 | 42,063 | 7,838 | 7,466 | 16,189 | 27,532 | 3,715 | 5,442 | 166,698 |
| Mashonaland West | 234 | 181 | 306 | 348 | 320 | 339 | 541 | 1,096 | 36 | 60 | 3,461 |
| Total | 27,695 | 30,388 | 91,668 | 96,307 | 19,229 | 20,793 | 61,727 | 94,613 | 9,435 | 13,546 | 465,401 |

Nutrition

UNICEF in partnership with the Ministry of Health and Child Care, City of Harare, and Oxfam, conducted mass Mid upper arm circumference (MUAC) screening for children aged below five years at hygiene kit distributions and at CTCs/CTUs in Harare where a total of 70 children (31 boys and 39 girls) were screened using the Middle Upper Arm Circumference for wasting and none were identified with wasting. A total of 89 caregivers were reached with infant and young child feeding (IYCF) messages on the importance of continuing breastfeeding during cholera in Harare, Chitungwiza, Mashonaland central, Manicaland and Masvingo. Furthermore, about 30 people were reached with nutrition messages in the context of cholera in Manicaland province.

CROSS-CUTTING

Gender-based Violence (GBV), Prevention of sexual exploitation and abuse (PSEA) and Mental health and psychosocial support (MHPSS)

During the period under review, the UNICEF/WHO Cholera response Accountability framework was updated to include PSEA. From December to mid-January, Musasa has received 1010 GBV cases, 145 of them being sexual assaults and 119 being rape cases. Musasa also offered survivor/ victim needed support directly and through referrals and this resulted in 1010 clients obtaining counselling services, 254 obtained Legal services support, 161 obtained medical support, 383 obtained safe shelter services and 219 were referred for police services. UNICEF's Cholera implementing partners conducted PSEA community sensitisations in the Cholera areas reaching 1194 (340 males, 854 females) people in Manicaland province. Of these, 189 were partner staff (121 males, 68 females) and 1005 were community members (340 males, 854 females).

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 | Target | Total results | | Change since last report | | Overall progress |
|---|-----------|--------------------------|-----------|--------------------------|---|------------------|
| | | 31 Jan 2024 | | ▲ ▼ ▬ | | |
| Health | | | | | | |
| # of CTCs reached with supplies for case management | 60 | Total | 54 | — | — | 90% |
| Number of frontline health care workers trained on cholera case management, IPC within CTCs/CTUs and surveillance | 1,500 | Health workers | 632 | — | — | 42% |
| Number of Village Health Volunteers (VHWs) trained on surveillance, IPC and case management (for our ORPs) | 4,000 | Community Health Workers | 1,637 | 652 | ▲ | 41% |
| # of people vaccinated against Cholera | 2,303,248 | Female | 255,647 | 465,401 | ▲ | 20% |
| | | Male | 209,754 | | | |
| | | Total | 465,401 | | | |
| # of women and children accessing cholera health services with UNICEF support | 38,000 | Female | 11,354 | 9,302 | ▲ | 57% |
| | | Male | 10,480 | | | |
| | | Total | 21,835 | | | |
| # of active district RRTs receiving UNICEF support | 40 | Total | 37 | — | — | 93% |
| # of established ORPs | 100 | Total | 90 | — | — | 90% |
| WASH | | | | | | |
| # of people accessing a sufficient quantity of safe water for drinking and domestic needs | 600,000 | Female | 123,593 | 41,365 | ▲ | 39% |
| | | Male | 109,843 | | | |
| | | PLWD* | 35 | | | |
| | | Total | 233,471 | | | |
| # people reached with hygiene messages | 1,000,000 | Female | 137,958 | 71,363 | ▲ | 27% |
| | | Male | 133,333 | | | |
| | | PLWD* | - | | | |
| | | Total | 271,291 | | | |
| # of people reached with critical WASH supplies | 750,000 | Female | 122,541 | 66,911 | ▲ | 35% |
| | | Male | 137,761 | | | |
| | | PLWD* | 135 | | | |
| | | Total | 260,437 | | | |
| # of water samples collected and analyzed | 3,000 | Total | 1,183 | 597 | ▲ | 39% |
| SBC | | | | | | |
| # of people reached with messages cholera on prevention and access to services | 7,500,000 | Female | 2,600,000 | 596,713 | ▲ | 67% |
| | | Male | 2,400,000 | | | |
| | | Total | 5,000,000 | | | |
| # of people with access to established accountability mechanisms | 1,500,000 | Female | - | — | — | 73% |
| | | Male | - | | | |
| | | Total | 1,095,882 | | | |
| # of community local actors capacitated on cholera RCCE (disaggregation by type of training) | 5,000 | Total | 3,000 | — | — | 60% |

***Targets adjusted based on the evolving cholera situation

Annex B

Funding Status

| Sector | Requirements | Funds Received | Total Available | Funding Gap | Funding gap % |
|--------------|-------------------|------------------|------------------|------------------|---------------|
| Health | 3 800 000 | 1 044 820 | 1 044 820,00 | 2 755 180 | 73% |
| WASH | 5 500 000 | 3 856 000 | 3 856 000 | 1 644 000 | 30% |
| SBC | 1 200 000 | 382 500,00 | 382 500,00 | 817 500 | 68% |
| Total | 10 500 000 | 5 283 320 | 5 283 320 | 5 216 680 | 50% |