



Zimbabwe

Cholera Outbreak Response Situation Report No.4







Reporting Period: 17 February 2024 to 1 March 2024

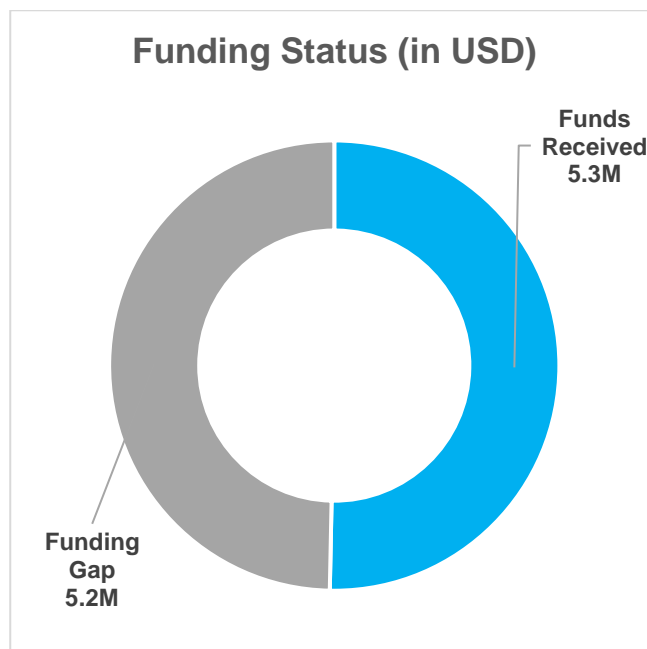
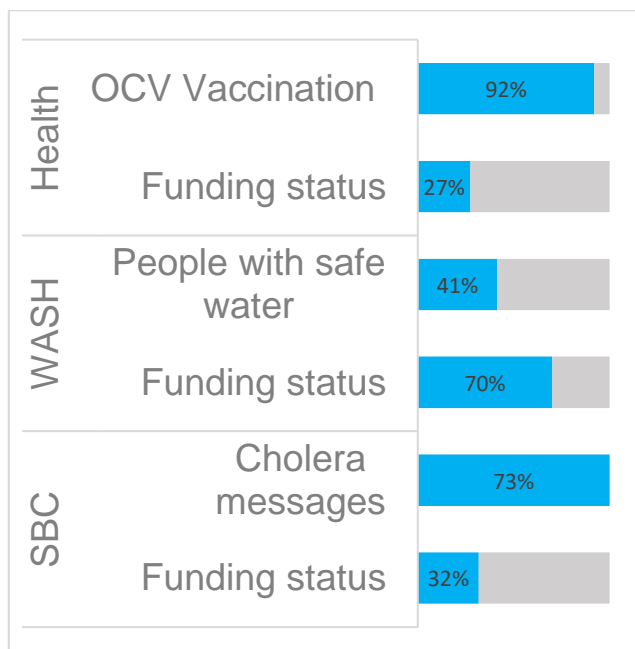
Highlights

- As of 29 February 2024, a total of 26,708 cholera cases and 569 cholera deaths have been reported from 62 districts across all 10 provinces.
- Of the cumulative cholera cases, approximately 31 percent are children aged below 15 years, and 14 percent are children under five years.
- A total of 2,121,784 people (92 percent of the target) received the OCV single dose reactive vaccine as of the end of the campaign 24 February 2024.
- UNICEF and partners have reached 269 653 people including 122,280 children with critical hygiene supplies including.
- An estimated 5,5 million people have been reached with risk communication and community engagement activities.

Situation in Zimbabwe

- 
1,472,000
 children in need of cholera assistance
 (Cholera Operational Plan)
- 
3,200,000
 people in need
 (Cholera Operational Plan)
- 
1,600,000
 People to be reached
 (Cholera Operational Plan)
- 
736,000
 Children to be reached
 (Cholera Operational Plan)

UNICEF's Response and Funding Status



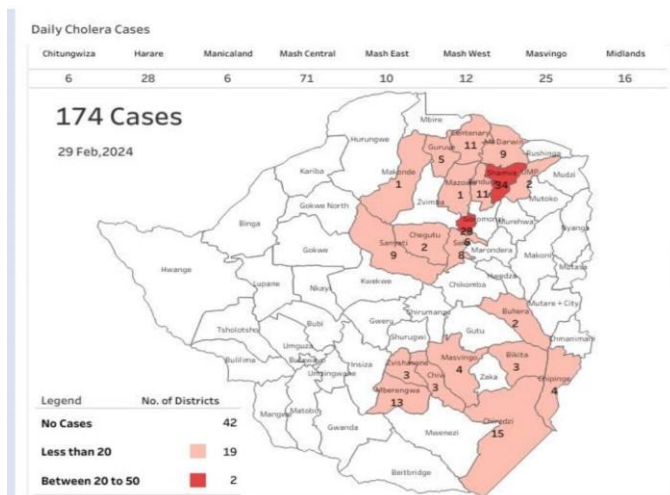
Funding Overview and Partnerships

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.

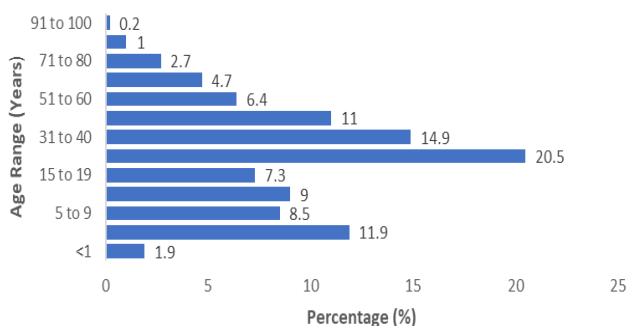
UNICEF is appealing for \$10.5 million, to respond to the cholera outbreak. The funding is to enable UNICEF to provide critical humanitarian assistance to 1.6 million people including 736,000 children in the cholera epicentres of the country's ten provinces. UNICEF Zimbabwe Country Office has received 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

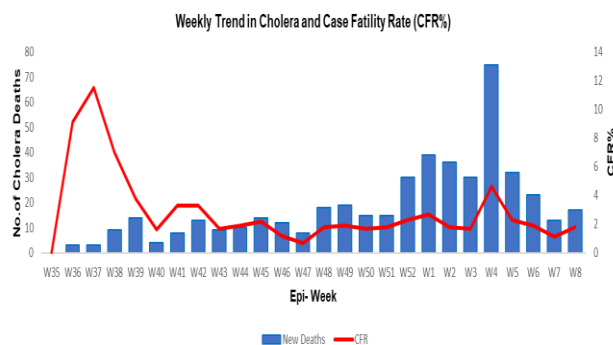
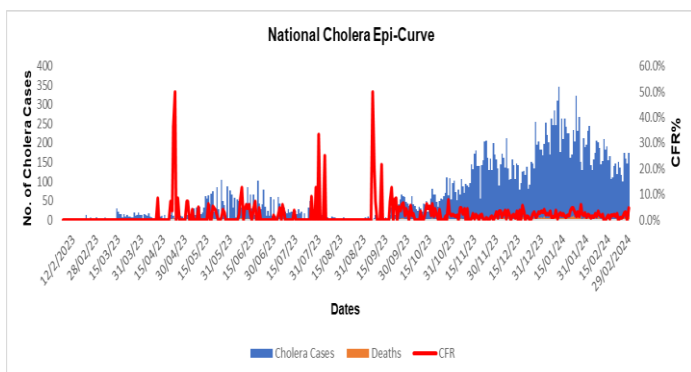
As of 29 February 2024, a total of 26,708 cholera cases, and 569 deaths with a cumulative case fatality rate (CFR) of 2.1 per cent, have been reported from 62 districts across the 10 provinces in the country. Of the cumulative cholera cases reported, 31 per cent are children aged below 15years and 14 per cent are children under five years.



Distribution of Cholera Cases by Age Group, 23 February 2024



Following a peak in cases during the festive period into the beginning of the year, cases have been declining as seen in the national epi curve. Cholera case fatality (CFR%) has started to decline with CFR as of 29 February 2024 at 2.1 per cent.



Majority of cholera cases were reported from Harare, Mashonaland Central, Masvingo and Manicaland Provinces. Of concern is Mashonaland Central province cholera trends which continue to increase. The province has the highest number of active districts while having a very mobile population between Harare Province (epicentre). Centenary, Mt Darwin and Mbire districts border Mozambique with affected communities in the border districts undertaking farming activities in Mozambique during the day and returning at the end of the day, posing a risk for cross border transmission.

Children, women of childbearing age, religious decliners, artisanal miners, and farmers in rural settings continue being high-risk groups with fifty one percent (51 per cent) of the cumulative cholera cases being women while 14 per cent are children under five years.

Key factors driving cholera transmission include the continued low access to safe water and inadequate sanitation. Inappropriate 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, have contributed to the challenges in the cholera response.

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 increased the risk of flood and water contamination due to sewer runoff and seepage the confirmed El Nino-induced drought will cause further water scarcity within households, resulting in use of unsafe water sources and water rationing for sanitation further complicating the situation.

Summary Analysis of Programme Response



Water, Sanitation and Hygiene (WASH)

UNICEF continues to co-lead the WASH sector pillar, analysing response gaps and coordinating partners to effectively support government efforts. During the reporting period, three meetings were convened, and UNICEF supported the training of WASH sector partners in information management and emergency WASH service delivery.

To improve access to safe water, 10,225 people gained access through the installation of 13 inline chlorinators at water points in Harare, distribution of household water treatment chemicals in Harare, and the repair of 14 water points in Chivi (4), Kadoma (2), Makonde (7), and Mwenezi (1). To ensure proper use of household water treatment chemicals, free residual chlorine (FRC) testing in Harare showed that only 62 per cent of the 103 tested household water samples had the recommended chlorine level (FRC \geq 0.5 mg/L). Community health volunteers continue to raise awareness and conduct demonstrations on household water treatment to promote the practice.

Through partners, UNICEF reached 95,423 people, including 25,844 learners in five provinces (Harare, Manicaland, Masvingo, Mashonaland West, and Mashonaland Central provinces) with hygiene messages through door-to-door and street outreach by community health volunteers and through school health clubs. Messages focused on cholera prevention through handwashing at key times, food hygiene, and household water treatment. Street sessions also included demonstrations on handwashing and how to use household water treatment chemicals.

Eighty community health workers in cholera hotspot areas of Mbire, Mt. Darwin, Shamva, and Kadoma districts were trained on cholera community infection, prevention, and control (IPC) strategies, household case management, and surveillance.

UNICEF reached 5,391 people from 1,348 households with critical hygiene supplies, including soap, water guard, information, education, and communication materials (IEC), using targeted interventions.

A total of 15 CTCs in 13 districts, namely Masvingo (7) and Midlands (6), were supported with IPC materials, which include squatting slabs, water quality testing pool testers, water purifiers, sodium hypochlorite, soap, water guard, and IEC materials.

Social Behaviour Change (SBC) Community Engagement & Accountability

UNICEF remains a co-lead of the Risk Communication and Community Engagement (RCCE) pillar, providing technical leadership to the implementation of the Cholera RCCE strategy. During the reporting period UNICEF prioritised RCCE support to Mashonaland Central, Mashonaland West, Matabeleland North, and Midlands provinces.

A risk mapping exercise conducted in four districts in Mashonaland Central identified the following at risk groups and behaviours that increase their risk of contracting cholera:

- Communities who stay along the main rivers, who rely on water from sand abstraction points.
- Young boys who swim in contaminated water bodies and ingest unsafe water.
- Out of school children staying in overcrowded farming compounds that use pit latrines and water from shallow open wells.
- Male artisanal miners and those who work in informal sector environment with no WASH facilities.

The risk mapping information has informed development of tailored messaging and strategies to address low risk perception, motivate adoption of cholera preventive behaviours. To address the risky behaviours and promote individual and community agency to prevent cholera, UNICEF supported screening of a story of cholera video in 15 schools reaching 7,000 learners and led to development of child-led campaigns to control the outbreak.

Cumulatively, 5.5 million people have been reached with lifesaving messaging through mass media, community, and social media platforms, 1,2 million have been provided with access to established accountable mechanisms and 3,050 community local actors have to date been capacitated on cholera preventive and vaccination behaviours.



Community Engagement Highlights



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). UNICEF is the lead for the medicines and logistics pillar under Health. During the reporting period, UNICEF dispatched commodities to

Mashonaland Central province through NatPharm in response to increase in cholera cases in the province. A total of seven high performance tents were dispatched to Mashonaland Central Province (6) and Manicaland Province (1) respectively, thus increasing the number of UNICEF supported CTCs to more than 23 in Mashonaland Central Province. Additional commodities and equipment have been ordered and these include the following:

- Ringer's lactate
- Oral rehydration salts
- Cholera beds
- IPC commodities
- High performance tents

Capacity building for both facilities based and community-based health workers in case management, IPC and the ORP strategy is ongoing. During the reporting period, 110 community-based health workers have been trained in IPC, case management and the setting up and running of ORPs across Masvingo and Mashonaland Central Provinces. A total of 17 facility-based health workers were also trained in IPC and case management in Harare Province. Additionally, UNICEF supported the establishment of an additional nine Oral Rehydration Points (ORPs) in Mashonaland Central Province.



Integrated cholera IPC and case management training of village health workers, Masvingo Province. Photo Credit: Christian Care/2024



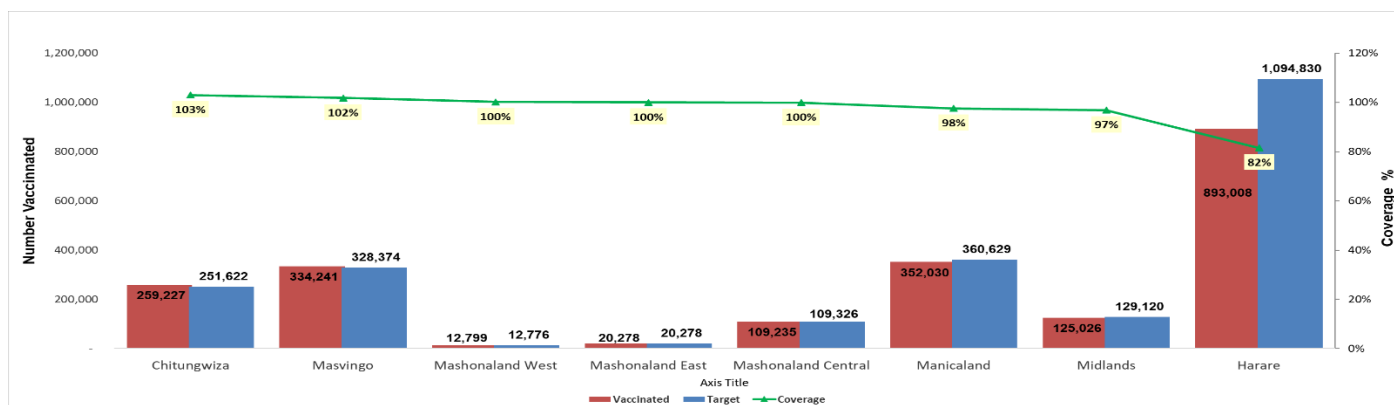
Cholera Treatment Centre being establishment at Kapembere Clinic, Centenary Distrct. Photo Credit: Farai Chikupe /UNICEF/ 2024

Oral Cholera Vaccination

The country received 100 per cent of the International Coordinating Group (ICG) approved 2.3 million OCV doses by 17 February 2024.

UNICEF in collaboration with WHO and other Health partners supported the implementation of the single-dose reactive National OCV Campaigns led by the MOHCC. As of 26 February 2024, a total of 2,121,784 people, 92 per cent of the targeted 2.3 million people, have been vaccinated.

Zimbabwe Oral Cholera Vaccine Coverage, 2024



Fifty eight percent of those vaccinated are children below 18 years and 13 per cent are children under five years. More females (55 per cent) than males were vaccinated including among the below 18 years of age. UNICEF is providing technical and financial support for a scheduled OCV post-vaccination coverage survey to be conducted in March 2024.

Nutrition

During the period under review UNICEF in partnership with Ministry of Health and Child Care conducted some sensitisation meetings in Makoni, Mutoko and Mudzi districts on intensifying Middle Upper Arm Circumference (MUAC) screening in the nutrition emergency districts including integration of cholera and nutrition response activities. Information education and communication materials on treatment of children with cholera and severe acute malnutrition and importance continuing breastfeeding during cholera were distributed to Makoni district during the sensitisation meetings. UNICEF continues to work with MOHCC, OXFAM, Mercy Corps, Christian Care and WHH to ensure that children admitted with cholera at CTCs are MUAC screened for wasting as well as providing nutrition messaging to pregnant and lactating women on the importance of breastfeeding during cholera. A total of 258 children were MUAC screened for wasting at hygiene kit distribution points and at CTCs in Glenview and Kuwadzana and one child was identified with severe wasting while 43 caregivers were reached with nutrition messages on breastfeeding. In Masvingo province main streaming of nutrition messages is done during cholera and health hygiene awareness sessions in the community and at health facilities.

CROSS-CUTTING

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

Accountability to Affected Population (AAP) feedback mechanisms refreshers, PSEA sensitisations and trainings were conducted to the UNICEF cholera response implementing partners in partnership with Ministry of Health and Child Care (MoHCC). Sensitisations and risk mitigation activities were undertaken through Child Protection/ GBV implementing partners. SBC Cholera messaging has also incorporated PSEA sensitisations bringing the reach to 358,675 people (204,445 female; 154,230 male). A PSEA training of trainers for MoHCC senior management comprising Deputy Directors and Senior Managers by UNICEF and WHO has been scheduled.

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](#)

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Annex A Summary of Programme Results

Sector	Target	Total results		Change since last report		Overall progress
		01-Mar		▲ ▼ ▬		
Health						
# of CTCs reached with supplies for case management	200	Total	119	22	▲	60%
Number of frontline health care workers trained on cholera case management, IPC within CTCs/CTUs and surveillance	1 500	Health workers	649	17	▲	43%
Number of Village Health Volunteers (VHWs) trained on surveillance, IPC and case management (for our ORPs)	4 000	Community Health Workers	1 779	110	▲	44%
# of people vaccinated against Cholera	2 303 248	Female	1 103 328	15 940	▲	92%
		Male	1 018 456			
		Total	2 121 784			
# of women and children accessing cholera health services with UNICEF support	22 800	Female	8 552	3 600	▲	71%
		Male	7 581			
		Total	16 133			
# of active district RRTs receiving UNICEF support	63	Total	50	-	▬	79%
# of established ORPs	100	Total	99	9	▲	99%
WASH						
# of people accessing a sufficient quantity of safe water for drinking and domestic needs	600 000	Female	131 845	2 645	▲	41%
		Male	116 465			
		PLWD*	35			
		Total	248 345			
# people reached with hygiene messages	1 000 000	Female	235 924	95 423	▲	45%
		Male	209 411			
		PLWD*	-			
		Total	445 335			
# of people reached with critical WASH supplies	750 000	Female	127 697	5 391	▲	36%
		Male	141 821			
		PLWD*	135			
		Total	269 653			
# of water samples collected and analyzed	3 000	Total	1 781	111	▲	59%
SBC						
# of people reached with messages cholera on prevention and access to services	7 500 000	Female	2 901 650	3 109	▲	73%
		Male	2 601 860			
		Total	5 506 619			
# of people with access to established accountability mechanisms	1 500 000	Female	-	80	▲	82%
		Male	-			
		Total	1 228 941			

# of community local actors capacitated on cholera RCCE (disaggregation by type of training)	5 000	Total	3 050	50	▲	61%
PSEA						
# of people reached with PSEA messages	1 000 000	Female	204 445	358 675	▲	36%
		Male	154 230			
		PLWD*	-			
		Total	358 675			

***Targets adjusted based on the evolving cholera situation

*PLWD reached in WASH included in the total reach

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%