



Reporting Period: 16 March- 12 April, 2024

Zimbabwe

Cholera Outbreak Response

Situation Report No.6



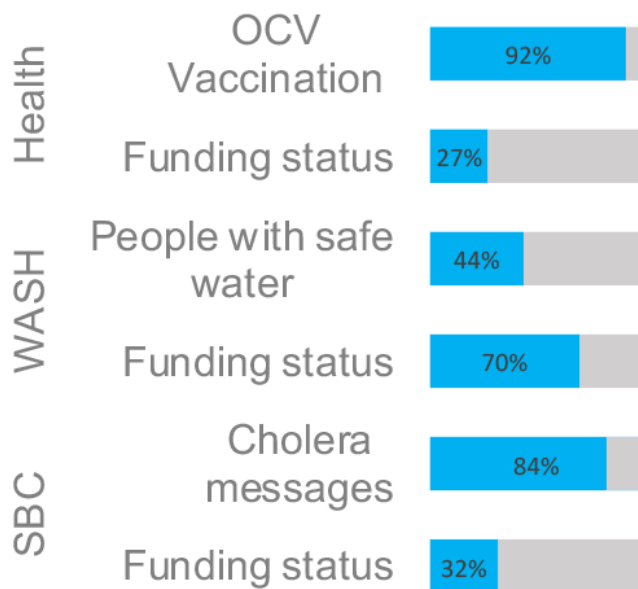
Highlights

- As of 11 April 2024, a total of 31,705 cholera cases, and 683 deaths with a cumulative case fatality rate (CFR) of 2.2 per cent, have been reported from 63 districts across the 10 provinces.
- Of the cumulative cholera cases, approximately 31 per cent are children aged below 15 years, and 14 per cent are children under five years.
- UNICEF and partners supported the Government in training of 110 facility based frontline workers, including clinicians (nurses and doctors) and environmental health practitioners. The training was on case management, infection, prevention, and control (IPC) and setting up of cholera treatment centres / units (CTC/U's).
- UNICEF and partners have reached 263,697 people, including 121,301 children with safe water for drinking and domestic needs.
- An estimated 6,3 million people have been reached with risk communication and community engagement activities.

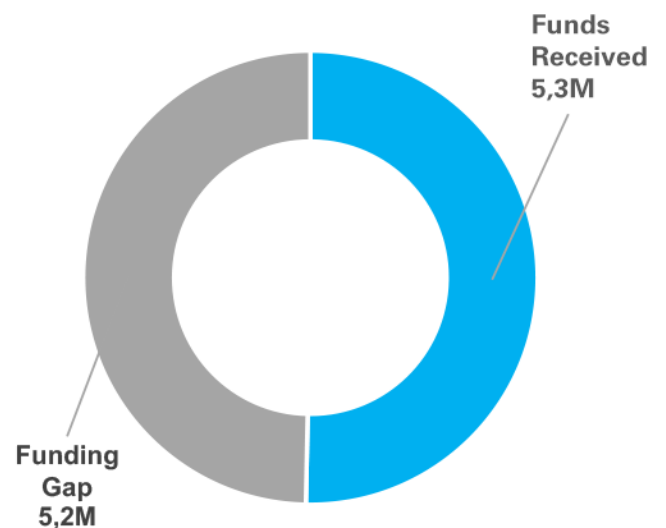
Situation in Numbers



UNICEF's Response and Funding Status



Funding Status (in USD)



Funding Overview and Partnerships

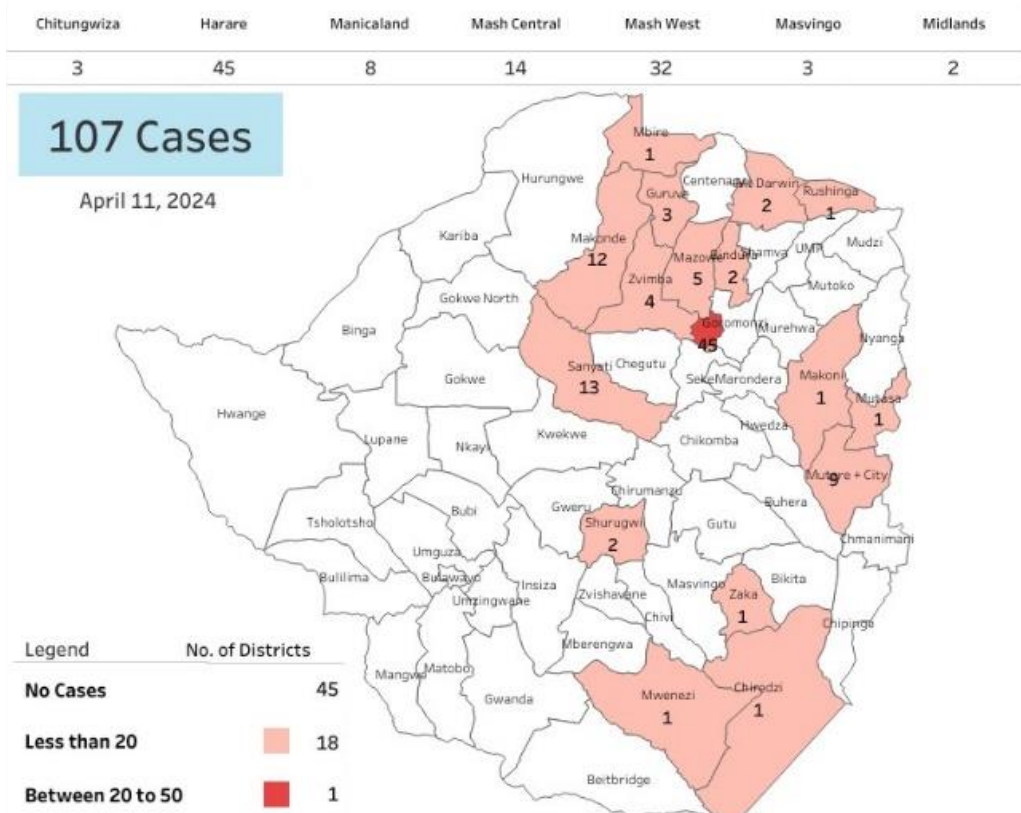
Since the onset of the cholera outbreak, UNICEF and partners have been supporting the Government of Zimbabwe (GoZ) in providing multi-sectoral interventions to affected and at-risk populations. These interventions focus on key pillars of coordination and leadership, water, sanitation and hygiene and infection, prevention and control (WASH/ IPC), case management, surveillance and Risk Communication and Community Engagement (RCCE). In addition, there is cross cutting support for supply/procurement, human resources, gender-based violence and prevention of sexual exploitation and abuse (GBV/PSEA) and partnerships.

UNICEF Zimbabwe is appealing for US\$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 10 provinces. So far, UNICEF Zimbabwe has received a total of US\$ 5.2 million (50 per cent of the total cholera response funding requirement). The funding has been received with thanks to the generous support from various donors including the European Civil Protection and Humanitarian Aid Operations (ECHO), United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA)-Central Emergency Response Fund (CERF), Japan, Centre for Disease Control (CDC), the Health Resilience Fund (HRF) funded by the European Union, the Governments of Ireland and the United Kingdom and Gavi, the Vaccine Alliance, and UNICEF Global Humanitarian Thematic Funds. Additionally, private sector partners such as Alliance Media & JCDecaux for digital billboards have provided valuable in-kind support, while Universal Postal Services (UPS) have provided essential cash-in-kind logistics support for commodities. The Country Office also received US\$ 2.5 million UNICEF Emergency Preparedness Fund (EPF) to enable scale up of humanitarian assistance.

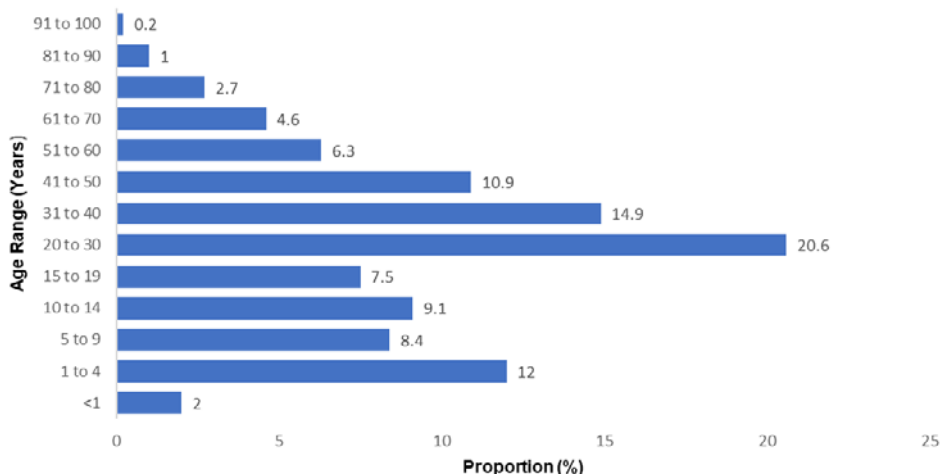
Situation Overview & Humanitarian Needs

As of 11 April 2024, a total of 31,705 cholera cases, and 683 deaths with a cumulative case fatality rate (CFR) of 2.2 per cent, have been reported from 63 districts across the 10 provinces in the country. Of the cumulative cholera cases reported, 31 per cent are children aged below 15 years and 14 per cent are children under five years.

Daily Cholera Cases

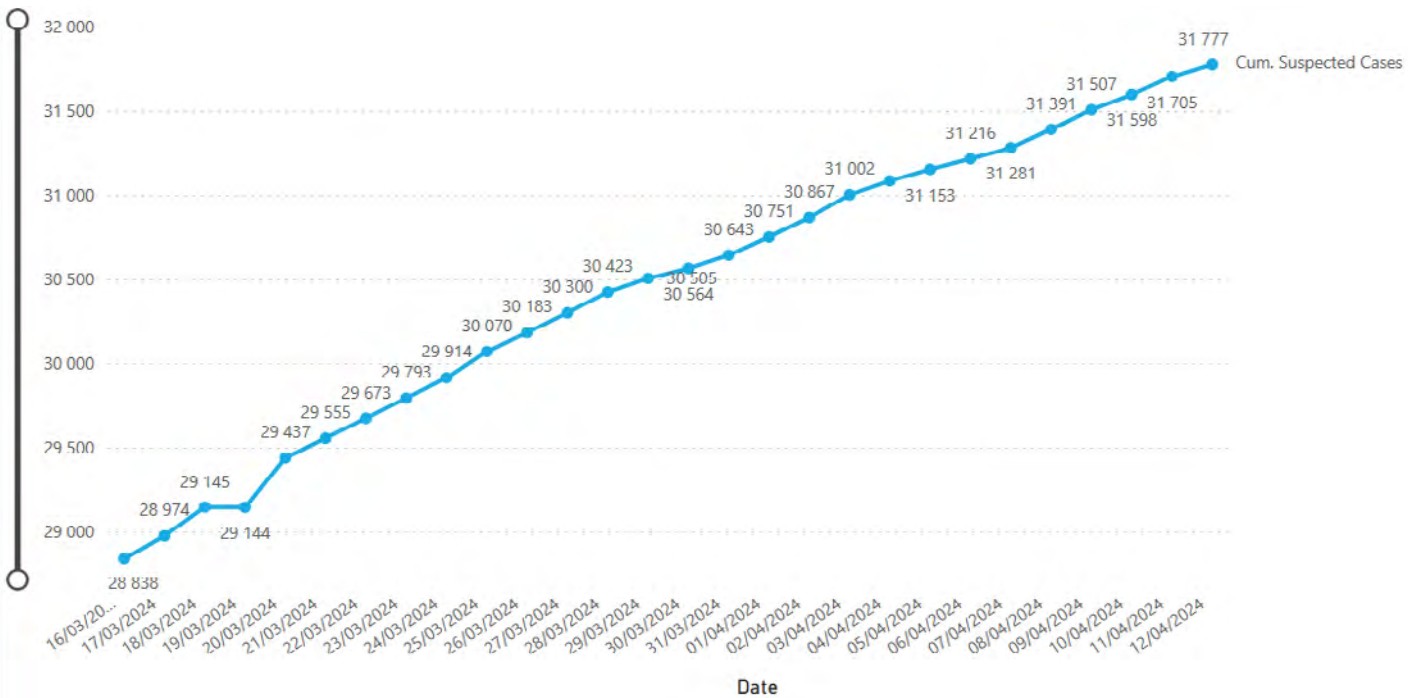


Distribution of Cholera Cases by Age Group, 05 April 2024 (N=26,043)



A continued decline in cholera cases has generally been noted in the country, even following the Easter period, with the cumulative cholera attack rate highest in Chitungwiza and in Harare, Manicaland and Mashonaland Central Provinces. Cumulative cholera case fatality (CFR) has declined from a high of 2.8 per cent at the beginning of the outbreak in February 2023 to 2.2 per cent.

Cholera Outbreak - Situation Trend per Province



During the reporting period, the highest number of cholera cases were reported in Mashonaland Central, Mashonaland West and Harare Provinces. There was a concern of a spike in cases during Easter holidays, stemming from the observation that religious gatherings have been among some superspreader events in the past. Mobility of the population during the holidays also posed a risk of transmission.

Children, women of childbearing age, religious decliners, artisanal miners, and farmers in rural settings continue being high-risk groups with 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 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, multiple disease outbreaks (polio), and limited funding among United Nations (UN) agencies and partners to scale up the 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. The El Niño-induced drought will cause further water scarcity within households, resulting in use of unsafe water sources and water rationing for sanitation further compounding the cholera outbreak situation.

Summary Analysis of Programme Response



Water, Sanitation and Hygiene (WASH)

UNICEF continues to co-lead the WASH sector, analysing response gaps and coordinating partners to effectively support Government efforts. During the reporting period, two meetings were convened with the WASH partners. UNICEF in collaboration with the Government co-led the development of the sector WASH El Niño Response plan.

To improve access to safe water, UNICEF and implementing partners provided 9,490 people, including 2,373 children with safe water through the rehabilitation of nine boreholes in Masvingo Province. To ensure proper use of household water treatment chemicals, UNICEF conducted free residual chlorine (FRC) testing surveys in Harare which showed that 83 per cent of the sampled water 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 within households. UNICEF also distributed 85 free residual chlorine testing comparators and tablet reagents to strengthen testing of chlorine levels in communities.

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UNICEF reached 170,600 people, including 17,560 learners in seven provinces (Harare, Manicaland, Masvingo, Mashonaland West, Midlands, Matabeleland North, and Mashonaland Central) with hygiene messages at schools, markets and through various inter-communication methods, including door-to-door, radio talk shows, roadshows, health clubs and street outreach. Messages on cholera prevention through household water treatment, handwashing at key times and food hygiene. Additionally, through door-to-door sessions conducted by community health workers, positive hygiene practises were enforced through demonstrations on handwashing and how to use household water treatment chemicals.

Furthermore, using targeted interventions, UNICEF reached 15,108 people with critical hygiene supplies, comprising soap, Waterguard (water treatment solution), information, education, and communication materials (IEC), and water containers (20-litre bucket with tap and jerry can). UNICEF also pre-positioned 27,000 critical hygiene kits in nine provinces to ensure households in hotspot areas have hygiene consumables (soap and Waterguard) for three months (April to June 2024). Chlorine Treatment Centres (CTCs) were also supported with various infection, prevention, and control (IPC) materials including cleaning materials.

Social Behaviour Change (SBC) Community Engagement & Accountability

UNICEF continues to play a pivotal role as co-lead of the Risk Communication and Community Engagement (RCCE) pillar, offering technical guidance for the implementation of the Cholera RCCE strategy. In this reporting period, UNICEF has prioritised RCCE support in several provinces, namely Mashonaland Central, Mashonaland East, West and Central, Matabeleland North, and Midlands.

In collaboration with partners and the Ministry of Health and Child Care (MoHCC) provincial and district teams, UNICEF conducted community rapid assessments to gain insights into health-seeking behaviours, particularly in Mashonaland West, covering areas such as Sanyati, Makonde, Kariba, and Chegutu. In each district, interviews were done with thirty (30) households and three (3) health facilities per district. Key findings highlighted challenges such as limited access to water and sanitation services, insufficient knowledge about preparing salt and sugar solution (SSS) or oral rehydration solution (ORS) and managing cholera at home before seeking medical assistance. Based on these findings, UNICEF will prioritise advocacy and community engagement to address behavioural and social drivers of the cholera outbreak, particularly poor sanitation practices (open defecation, suboptimal solid waste management and environmental contamination due to frequent sewer bursts). Additionally, UNICEF and partners utilised a network of community volunteers to demonstrate the preparation of SSS or ORS, reaching 3,500 families (equivalent to 17,500 individuals including 8,050 children). Illustration materials on preparing SSS or ORS were also distributed.



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Furthermore, UNICEF, in partnership with Apostolic Women Empowerment Trust (AWET) and World Vision, facilitated community dialogues in six hotspot districts of Sanyati, Shamva, Shurugwi, Zvimba, Kariba, and Hurungwe. The community dialogues engaged approximately 1,500 individuals (765 females; 735 males). Discussions revealed community reservations regarding interventions that restrict gatherings during funerals due to the cultural significance of mourning practices. Moving forward, UNICEF and partners remain committed to promoting open dialogue and collaboration with community leaders and religious figures to find solutions that respect cultural practices while prioritising public health. In preparation for the Easter holiday, UNICEF conducted advocacy meetings with 80 religious leaders representing Christian, Moslem and African Traditional religions. A key outcome of the meetings was the Declaration from the faith leaders to institute cholera prevention measures during all gatherings.

Cumulatively, UNICEF has reached 6,3 million people out of the targeted 7.5 million with lifesaving messaging through mass media, community, and social media platforms. Additionally, 1.37 million people have accessed established accountable mechanisms, and 3,395 community local actors have been capacitated on cholera prevention and vaccination behaviours.



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UNICEF continued to participate in all the response pillar meetings which include coordination, case management, surveillance, vaccination, medicines and logistics, and infection, prevention and control (IPC). UNICEF also continued to lead the medicines and logistics pillar under Health. The strategy included the prepositioning of commodities and equipment for setting up Oral Rehydration Points (ORPs) and supporting day to day running of cholera treatment centres.

Capacity building for both facility based and community-based health workers in case management, IPC, surveillance and the ORP strategy is ongoing. During the reporting period, a total of 223 community-based health workers were trained in IPC, case management, community-based surveillance and the setting up and running of ORPs in Mashonaland Central and West Provinces. Additionally, a total of 110 facility based frontline workers were trained in case management, IPC and the setting up of cholera treatment centres/units (CTC/U's). The trained cadres include clinicians (nurses and doctors) and environmental health practitioners. The cadres were drawn from six districts in Matebeleland North and Bulawayo Provinces.

A total of 122 cholera treatment centres across all the 10 provinces in the country were reached with supplies and equipment to support case management while 111 ORPs were set up since the outbreak began in February 2023. The supplies contributed to the reduction of the case fatality rate from a high of 2.8 per cent to the current one of 2.2 per cent. Additionally, UNICEF directly supported 54 District Rapid Response Teams (RRTs) with both financial and material support for coordination and surveillance activities. The support has enabled districts to respond to the outbreaks within 24 hours and support coordination activities.

Oral Cholera Vaccination (OCV)

Following a first round of targeted oral cholera vaccine (OCV) which reached 2,126,378 people (92 per cent of target) UNICEF, in collaboration with WHO and other health partners, is supporting the MoHCC to submit a second OCV application to the International Coordinating Group. The application is for the cholera hotspot districts excluded in the first OCV campaign. UNICEF is providing financial and technical support to the post-OCV vaccination survey.



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Nutrition

UNICEF in collaboration with the Ministry of Health and Child Care (MoHCC) continues to support integration of nutrition messaging in cholera through information, education and communication (IEC) materials on breastfeeding and treatment of children with cholera and severe wasting. Additionally, UNICEF continues to work with OXFAM, Mercy Corps, Christian Care, Welthungerhilfe (WHH) and Africa Ahead to ensure that children admitted with cholera at cholera treatment centres are Mid-Upper Arm Circumference (MUAC) screened for wasting. A total of 219 children (6 –59 months) were MUAC screened for wasting at hygiene kit distribution points and at cholera treatment centres in Harare and two children were identified with severe wasting and referred for appropriate treatment during the reporting period. In Masvingo Province, 25 village health workers were trained in integration of nutrition with cholera response. Furthermore, UNICEF supported the distribution of nutrition IEC materials in Chiredzi and Bikita districts in Masvingo Province.

CROSS-CUTTING

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

UNICEF in collaboration with WHO conducted a prevention of sexual exploitation and abuse (PSEA) training for the Ministry of Health and Child Care (MoHCC) Deputy Directors and senior managers. Participants included 40 people (13 females, 27 males). An important outcome of the training is that the MoHCC will develop its own PSEA policy to guide its work and commitment to providing public health services and creating workplace environments that are free from sexual exploitation and abuse. The PSEA sensitisations in the cholera response has cumulatively reached 526,375 people (292,303 females; 234,072 males). During the reporting period, 100 per cent of the identified cases received quality services from UNICEF through its implementing partner. UNICEF

in partnership with Musasa Project continues to provide Mental Health and Psychosocial Support (MHPSS) to survivors of gender-based violence. Through the Safe Schools Programme managed by the UNICEF Child Protection section, over 6,000 guidance and counselling teachers were trained on how to identify, and support affected learners who require MHPSS.

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 infor-
mation:

Dr Nicholas Alipui
Representative ad interim
Zimbabwe
+263 242 703941/2 Ext2100
Email: nalipui@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
		12-Apr		▲▼—		
Health						
# of CTCs reached with supplies for case management	150	Total	122	2	▲	81%
Number of frontline health care workers trained on cholera case management, IPC within CTCs/CTUs and surveillance	1,500	Health workers	1,576	223	▲	105%
Number of Village Health Volunteers (VHWs) trained on surveillance, IPC and case management (for our ORPs)	4,000	Community Health Workers	2,521	115	▲	63%
# of people vaccinated against Cholera	2,303,248	Female	1,176,288	-	—	92%
		Male	950,090			
		Total	2,126,378			
# of women and children accessing cholera health services with UNICEF support	22,800	Female	13,267	-	—	91%
		Male	7,581			
		Total	20,848			
# of active district RRTs receiving UNICEF support	63	Total	63	11	▲	100%
# of established ORPs	200	Total	114	3	▲	57%
WASH						
# of people accessing a sufficient quantity of safe water for drinking and domestic needs	600,000	Female	145,385	9,490	▲	45%
		Male	125,655			
		PLWD*	35			
		Total	271,075			
# people reached with hygiene messages	1,000,000	Female	2	170,660	▲	75%
		Male	-			
		PLWD*	-			
		Total	747,166			
# of people reached with critical WASH supplies	750,000	Female	146,781	15,108	▲	41%
		Male	157,177			
		PLWD*	135			
		Total	304,093			
# of water samples collected and analyzed	3,000	Total	2,202	167	▲	73%

SBC						
# of people reached with messages cholera on prevention and access to services	7,500,000	Female	3,232,947	373,754	▲	84%
		Male	3,089,292			
		Total	6,322,239			
# of people with access to established accountability mechanisms	1,500,000	Female	-	2,282	▲	92%
		Male	-			
		Total	1,375,244			
# of community local actors capacitated on cholera RCCE (disaggregation by type of training)	5,000	Total	-	-	▬	61%
PSEA						
# of people reached with PSEA messages	1,000,000	Female	296,423	31,397	▲	53%
		Male	237,294			
		PLWD*	-			
		Total	533,717			

***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	2,755,180	73%
WASH	5,500,000	3,856,000	3,856,000	1,644,000	30%
SBC	1,200,000	382,500	382,500	817,500	68%
Total	10,500,000	5,283,320	5,283,320	5,216,680	50%