

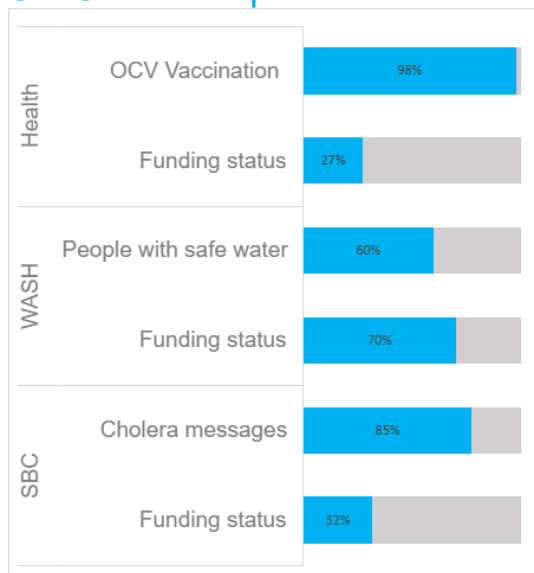


Reporting Period from May 11-31, 2024

Highlights

- As of 31 May 2024, a total of 34,373 cholera cases, and 716 deaths with a cumulative case fatality rate (CFR) of 2.1 per cent, have been reported from 63 districts across the 10 provinces.
- Of the cumulative cholera cases, approximately 31 per cent are children below 15 years, and 13 per cent are children under five years.
- The overall trend of new cholera cases continued to show a decline. Notably, the case fatality rate has declined to 0.8 per cent in the current reporting period from 0.9 per cent reported in the previous report.
- Limited access to safe water and insufficient sanitation facilities remain key determinants driving cholera transmission in Zimbabwe.
- UNICEF reached 53,644 people with safe water for drinking and domestic needs, including 8,047 children.
- UNICEF reached 6.4 million people with lifesaving messaging through mass media, community, and social media platforms.
- One dose reactive Oral Cholera Vaccine (OCV) campaign in Sanyati District conducted from 23-29 May, with a total of 178,579 people reached (68 per cent).

UNICEF's Response and Funding Status



Funding Status (in USD)



Zimbabwe

Cholera Outbreak Response Situation Report No.9

unicef 
for every child

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)

Funding Overview and Partnerships

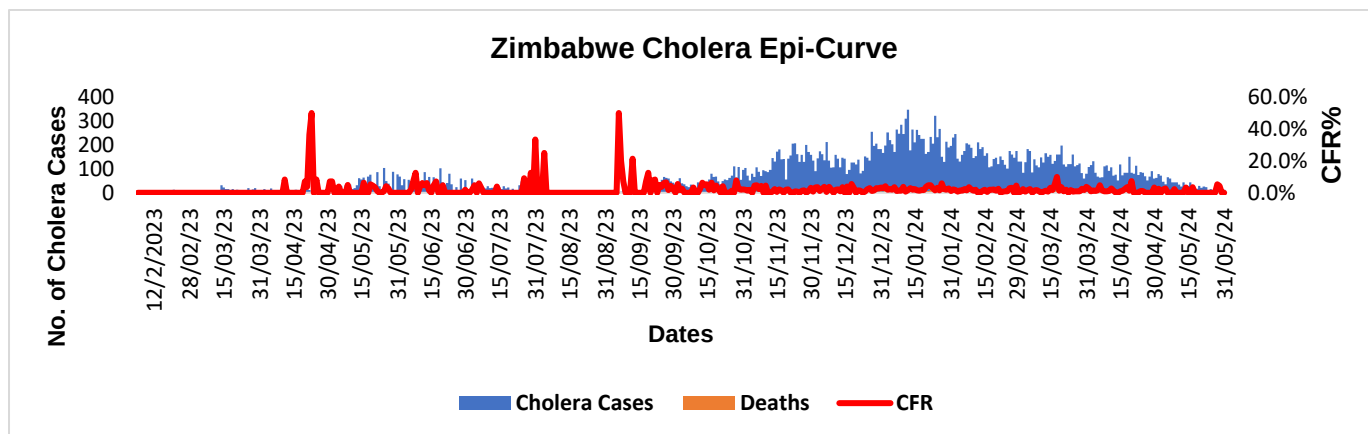
Since the onset of the cholera outbreak on 12 February 2023, UNICEF and partners have been supporting the Government of Zimbabwe (GoZ) in providing multi-sectoral interventions to the affected and at-risk populations. These interventions focus on key pillars of coordination and leadership, Water, Sanitation 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 will 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), the Government of Japan, Centers for Disease Control and Prevention (CDC), the Health Resilience Fund (HRF) funded by the European Union, the Governments of Ireland and the United Kingdom and Gavi, the Vaccine Alliance, as well as UNICEF Global Humanitarian Thematic Funds. Additionally, private sector partners, Alliance Media and JCDecaux have provided valuable in-kind support in the form of digital billboards, while Universal Postal Services (UPS) have provided essential cash-in-kind logistics support for commodities. UNICEF Zimbabwe also received US\$2.5 million UNICEF Emergency Preparedness Fund (EPF) to enable scale up of humanitarian assistance.

Situation Overview and Humanitarian Needs

As of 31 May 2024, a total of 34,373 cholera cases, and 716 deaths were reported, with a cumulative case fatality rate (CFR) of 2.1 per cent. Among the cumulative cholera cases reported, 50 per cent are women, 31 per cent are children below 15 years and 13 per cent are children under five years. Notably, the overall trend of new cholera cases continued to decline with case fatality rate declining to 0.8 per cent for the current reporting period compared to the 0.9 per cent in the previous reporting period.

Mashonaland West Province accounted for most of the cases (mainly from Sanyati District), proportionally contributing 56 per cent of the total reported cases. Despite Sanyati District reporting the highest number of cases, Mashonaland West Province saw a 16 percent decrease in cases, with a case fatality rate of zero during the reporting period.



Children, women of child-bearing age, religious decliners, artisanal miners, and farmers in rural settings continue being high-risk population groups.

Low access to safe water and insufficient sanitation remain a major driver of ongoing cholera transmission, requiring large capital investments. The situation is projected to worsen with the slow onset of the El Niño induced drought effects, potentially resulting in an increase in diarrheal diseases including cholera.

Subregional population movements and large gatherings for economic, cultural, and religious reasons amidst ongoing cholera outbreaks across countries in the region, namely Zambia, Malawi and Mozambique present continued risks for cross-border transmission.

Summary Analysis of Programme Response



Water, Sanitation and Hygiene (WASH)

UNICEF in collaboration with implementing partners reached during the reporting period 53,644 people, including 8,047 children, with safe water through the rehabilitation of 12 boreholes (one in Harare and 11 in Masvingo Province), as well as a solar-powered piped water scheme in Budiriro, Harare. In Kadoma City, 16,400 litres of

© UNICEF/2024/ a solar piped water scheme in Budiriro, Harare



water were treated at a bucket chlorination site. UNICEF continues to support water quality monitoring and 53 samples were collected in Harare, (35) Bikita (8), Chiredzi (2) and Hwange (8) of which 11 samples were non-satisfactory. The community has been supported with chlorination products and encouraged to always practise household water treatment. UNICEF supported the Government's efforts to improve access to safe water by training 24 public health engineers from eight implementing partners and nine government technical representatives from Manicaland Province, in designing and developing sustainable solar piped water schemes and risk-informed programming.

UNICEF reached 168,605 people including 25,290 children in the seven Provinces of Harare, Manicaland, Masvingo, Mashonaland West, Midlands, Matabeleland North, and Mashonaland Central with key hygiene messages on cholera prevention through various communication channels including door-to-door, radio talk shows, roadshows, community health clubs and street outreach. Messages focussed on cholera prevention through household water treatment, handwashing at key times and food hygiene. During door-to-door sessions, community health workers and volunteers conducted demonstrations on handwashing and water treatment. Additionally, 31 community health volunteers and 36 school health coordinators were trained in Hwange on Participatory Hygiene and Sanitation Education (PHHE) to promote hygiene awareness in response to the cholera outbreak.

Furthermore, UNICEF reached 11,106 people (5,664 females and 5,442 males) with critical hygiene supplies that include soap, household water treatment chemicals, water containers, Information, Education, and Communication materials (IEC). An additional 25,000 hygiene kits were dispatched to Kadoma City to enable safe hygiene practices among communities at risk. With UNICEF's support, Harare City Health Department's Rapid Response Teams (RRT) responded to 89 per cent of reported cholera cases reached during the reporting period.



Health

UNICEF continued to participate in all the response pillar meetings which include coordination, case management, surveillance, vaccination, medicines, and logistics, as well as Infection, Prevention, and Control (IPC). UNICEF continues to lead the medicines and logistics pillar under Health. Capacity building for both facility and community-based health workers in case management, IPC, surveillance, and the Oral Rehydration Points (ORPs) strategy is ongoing. During the reporting period, a total of 333 community-based and 128 facility based frontline workers were trained in case management, IPC and the setting up of cholera treatment centres/units (CTC/U's) in Mashonaland Central Province and Mashonaland West Province. The trained cadres include clinicians (nurses and doctors) and environmental health practitioners were drawn from eight districts in Mashonaland Central Province and Mhondoro-Ngezi District in Mashonaland West Province.



© UNICEF/2024/ Cholera Treatment Centre (CTC)

UNICEF reached a total of 126 cholera treatment centres and units across all the 10 provinces in the country with supplies and equipment to support case management services. Cumulatively, 124 ORPs have been set up since the outbreak began in February 2023. These include the two ORPs that were set up during the reporting period, in Nyanga District, a new hotspot area in Manicaland Province.

During the period under review, a total of 77 people received health services at six ORPs in Mashonaland West and Central Provinces. Overall, the continued support with case management, IPC training and essential commodities has contributed to the reduction of the case fatality rate to 0.8 per cent during the reporting period. Additionally, UNICEF, both directly and through its partners continued to support 54 district level RRTs with financial and material support to enhance coordination and surveillance activities. This support has enabled districts to respond to the outbreaks within 24 hours and support coordination activities.

© UNICEF/2024/Oral Cholera Vaccination, Kadoma City



UNICEF financially supported a one dose reactive OCV campaign in Sanyati District, Mashonaland West Province from 23-29 May 2024. The target population for OCV was 178,579 with a 68 per cent coverage over the seven-day campaign. During the campaign, 54 per cent of beneficiaries were below 15 years with 12 per cent being under 5 years of age.



Social Behaviour Change (SBC) Community Engagement and Accountability to Affected Population (AAP)

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. During the reporting period, UNICEF prioritised RCCE support in several provinces including Manicaland, Mashonaland Central, Mashonaland East, West and Central, Matabeleland North, and Midlands.

In partnership with Youth Advocates, under the RCCE in Schools project, UNICEF trained 312 (153 females and 159 males) Disaster Risk Management and Resilience (DRMR) champions from 155 schools and equipped them with information and skills to coordinate learner led DRMR activities in schools, guided by the DRMR toolkit.

Following the decline in cases across all hotspot districts, UNICEF and the Ministry of Health and Child Care (MoHCC) conducted community dialogues and feedback sessions reaching 200 people (110 females and 90 males). Insights and recommendations adopted by the communities focus on strategies to promote visibility and continuity of cholera preventive behaviors which includes the establishment of permanent signpost at water points to remind communities to boil/treat their water. Other adopted strategies include capacitating mass media/radio personalities to weave safe water messaging in day-to-day radio discussions and the use of the ubuntu concept¹ to encourage proper latrine construction and toilet use. Furthermore, traditional leaders will be engaged to enact and enforce by-laws on construction of latrines and continued dialogue with communities, emphasising on both safety and dignity (respecting cultural values) and prioritisation of health seeking objectors.

Cumulatively, UNICEF has reached 6.4 million people (85 per cent of the targeted population), with lifesaving messaging through mass media, community, and social media platforms. Additionally, more than 1.38 million people have accessed established accountable mechanisms, and 3,782 local community actors (1,969 females, 1,813 males) have been capacitated on cholera prevention and vaccination behaviours.

¹ Ubuntu is a philosophical concept originating from Southern Africa, emphasizing the importance of community and interconnectedness. It translates to "humanity towards others" and is often described as "I am because we are."



Nutrition

UNICEF in collaboration with the Ministry of Health and Child Care (MoHCC) continues to integrate nutrition in cholera case management training. A total of 17 frontline workers were trained on breast feeding support for pregnant and lactating mothers, mid-upper arm circumference (MUAC) screening and management of children with cholera and wasting in Bulawayo and Hwange. In Masvingo Province, 16 village health workers were trained on MUAC screening and referral for treatment of acute malnutrition in children with cholera and 361 care givers were reached with nutrition messages in Harare.

UNICEF continues its collaboration with implementing partners to ensure that all children aged 6-59 months, with cholera, admitted at cholera treatment centers underwent MUAC screening for wasting. A total of 309 children (6-59 months) were MUAC screened for wasting, at hygiene kit distribution points and at cholera treatment centers in Harare and seven children were identified with moderate acute malnutrition (MAM) and referred for appropriate treatment.



CROSS-CUTTING

Gender, Protection from Sexual Exploitation and Abuse (PSEA)

UNICEF Zimbabwe continued to work towards ensuring inclusion of Gender and Prevention of Sexual Exploitation and Abuse (PSEA) messages in its cholera outbreak response. Cumulatively, 652,414 individuals (65 per cent of target) have been reached with gender-based violence (GBV) and PSEA messages. Among these, 338,155 were females and 314,259 males. Within the review period a total of 96 Government and civil society organisations (CSOs) representatives were trained in GBV and PSEA in emergencies enhancing their capacities for the prevention and response to these issues in emergency programming. Of these participants, 35 (22 females and 13 males) were gender focal persons for the Ministry of Health and Child Care.



© UNICEF/2024 PSEA training for partners.

Mental Health and Psychosocial Support (MHPSS)

Within the context of the cholera outbreak, UNICEF has increased its child protection interventions through the collaboration with implementing partners. UNICEF has collaborated with the Regional Psychosocial Support Initiative (REPSSI) and Simukai to complement the existing national case management system. This collaboration is in addition to the ongoing interventions through UNICEF's partnership with Family Support Trust (FST) and Musasa, for provision of child protection, GBV, mental health and psychosocial support services covering Harare, Chitungwiza, Beitbridge, Bulawayo and Mutare Districts. During the period under review a total of 64 survivors (61 females and 3 males) have been reached with medical and psychosocial support services in Harare and Beitbridge clinic as well as psychosocial support, legal aid, and support to access other protection services such as protection orders provided to 77 females and 11 males in Harare.

UNICEF response in the epicentres during the reporting period



Health

UNICEF, in collaboration with Mercy Corps, supported Nyanga District following a surge in reported cases during the reporting week (between 11-31 May 2024). UNICEF's support included integrated case management and IPC training for 40 people comprising of nurses, environmental practitioners, and 117 village health workers, during the period under review. In addition, a roving doctor visited all cholera treatment centres (CTCs) set up in the district to support cholera case management and conducted cholera clinical mentorship. UNICEF supplied

two tents to set up CTCs in the artisanal miner settlements and supported case management through prepositioning of IPC commodities and logistical support (vehicle, fuel, airtime) for the district rapid response team (RRT). This comprehensive support from UNICEF, contributed to the reduction in cholera cases and deaths in Nyanga District over the two-week period (between 20-31 May 2024).

In Sanyati District, Mashonaland West Province, UNICEF through Kadoma City Administration provided financial support. This support enabled the conducting of a cholera intra-action review, provision of 15,250 ORS sachets, setting up of six ORPs, repairing of 50 damaged cholera beds, provision of case management training for 62 health care workers and training of 118 non-professionals on IPC. The support contributed to a gradual reduction in cholera cases and deaths in Sanyati District. Additionally, UNICEF provided sub-national coordination support across Health, WASH and SBC to enable multi-sectoral coherent humanitarian response that optimises resources and impartially prioritises the needs of the affected populations.



WASH

UNICEF reached 12,230 learners in 22 schools and 370 communities, in Nyanga District, around the Nyarugwe gold mining area with critical hygiene kits. During the reporting period, 1,176 people were reached through lifesaving hygiene promotion sessions in all the district's hot spot areas. These sessions were conducted in collaboration with community leaders, school development committees, and village health workers. UNICEF also supported the six established CTCs with the provision of environmental decontamination chemicals, WASH IPC materials as well as the training of 177 village health workers on WASH cholera prevention strategies.

Furthermore, UNICEF continued to support Sanyati District (Kadoma City), Mhondoro-Ngezi and Chegutu Districts with WASH response activities. This support included reinforcing the training of community health volunteers, empowering them to continue promoting good hygiene practices, and the distribution of pre-positioned critical hygiene supplies to the communities through the district rapid response teams (RRTs). During the reporting period 22,470 people were reached with case area targeted interventions (CATIs). Additionally, 96,700 people (49,317 females and 47,383 males) were reached with cholera prevention messages. These messages were delivered in 108 churches and 33 schools through public demonstrations on handwashing and the use of household water treatment chemicals. Furthermore, UNICEF reached 7,653 people (3,903 females and 3,750 males) with critical hygiene kits. UNICEF also reached 820 people (418 females and 402 males) with safe water through bucket chlorination at handpumps and supported the collection of 765 water samples, with only three per cent found unsatisfactory.



Social and Behaviour Change (SBC)

UNICEF sensitised School Development Committees (SDC) from seven schools, on the cholera preventive measures following the schools reopening which would potentially increase the cholera transmission risk. During the reporting weeks, the SDC reached 350 (186 females and 114 males) parents with tailored cholera prevention messages in Nyanga District where most cases were reported. In Mashonaland West Province, UNICEF supported demonstrations on how to make and use ORS. A total of 320 caregivers with under-five children identified through antenatal and post-natal care services in Sanyati and Hurungwe Districts participated.

Challenges/Gaps

The major challenges observed during the reporting weeks were constrained field mobility for the Rapid Response Teams (RRTs) and reduced motivation among the RRTs. The field mobility of the RRTs to provide ground level immediate follow-up of reported cases is constrained due to fuel shortages. Additionally, the prolonged outbreak and declining numbers of cholera cases has led to a reduction in motivation among RRTs. To address the challenges, UNICEF has been providing logistical support to districts to enable RRTs to follow up on cases and through intensified delivery of life-saving cholera prevention messages.

Human Interest Stories and External Media

During the reporting period stories on [Mashonaland Province cholera response](#) and activities being undertaken by [Care Groups in communities to fight both cholera and malnutrition](#) were published on the UNICEF Zimbabwe website. A [DashBoard with live data on the status of cholera](#) in the different districts of Zimbabwe was published showing the consolidated response by UNICEF and partners.

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

UNICEF Zimbabwe stories: www.unicef.org/zimbabwe

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

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Annex A: Summary of Programme Results

Sector	Target	Total results		Change since last report		Overall progress
		May 10- 2024		▲ ▼ ▬		
Health						
# of CTCs reached with supplies for case management	150	Total	126	-	▬	84%
# of frontline health care workers trained on cholera case management, IPC within CTCs/CTUs and surveillance	1,500	Health workers	2,046	128	▲	136%
# of Village Health Volunteers (VHWs) trained on surveillance, IPC and case management (for our ORPs)	4,000	Community Health Workers	3,158	333	▲	79%
# of people vaccinated against Cholera	2,303,248	Female	1,243,835	122,303	▲	98%
		Male	1,004,846			
		Total	2,248,681			
# 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	-	▬	100%
# of established ORPs	200	Total	121	1	▲	61%
WASH						
# of people accessing a sufficient quantity of safe water for drinking and domestic needs	600,000	Female	184,849	53,644	▲	57%
		Male	158,166			
		PLWD*	35			
		Total	343,050			
# of people reached with hygiene messages	1,000,000	Female	642,457	168,504	▲	112%
		Male	473,565			
		PLWD*	-			
		Total	1,116,022			
# of people reached with critical WASH supplies	750,000	Female	170,549	11,106	▲	47%
		Male	178,337			
		PLWD*	135			
		Total	349,021			
# of water samples collected and analyzed	3,000	Total	2,377	43	▲	79%
SBC						
# of people reached with messages cholera on prevention and access to services	7,500,000	Female	3,281,351	7,000	▲	85%
		Male	3,127 790			
		Total	6,409,141			
# of people with access to established accountability mechanisms	1,500,000	Female	-	1,502	▲	92%
		Male	-			
		Total	1,381,502			
# of community local actors capacitated on cholera RCCE (disaggregation by type of training)	5,000	Total	3,816	34	▲	76%
PSEA						
# of people reached with PSEA messages	1,000,000	Female	338,155	38,000	▲	65%
		Male	314,259			
		PLWD*	-			
		Total	652,414			

***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%