

REVISED EMERGENCY APPEAL

Zimbabwe, Africa | Cholera Outbreak



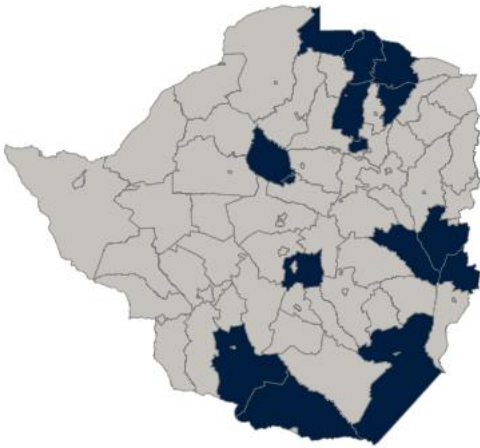
Zimbabwe Red Cross volunteers running an Oral Rehydration Point. (Source: Zimbabwe Red Cross Society)

Appeal No: MDRZW021	People to be assisted: 550,455 people	Appeal launched: 10 November 2023
Glide No: EP-2023-000105-ZWE	DREF allocation: CHF 500,000	Disaster Categorisation: Orange
Operation start date: 16 November 2023	Initial Emergency Appeal end date: 31 August 2024	Revised Appeal ends: 31 December 2024

IFRC Secretariat funding requirements: CHF 3 million
Federation-wide funding requirements: CHF 4 million¹

¹ The Federation-wide funding requirement encompasses all financial support to be directed to the Zimbabwe Red Cross Society in response to the emergency. It includes the Zimbabwe Red Cross' domestic fundraising requests and the fundraising appeals of supporting Red Cross and Red Crescent National Societies (CHF 1 million), as well as the funding requirements of the IFRC Secretariat (CHF 3 million, increased from CHF 2 million). This comprehensive approach ensures that all available resources are mobilised to address the urgent humanitarian needs of the affected communities.

Targeted Districts



SITUATION OVERVIEW

People in Zimbabwe are still struggling to cope with the ongoing cholera outbreak which is causing fear, sickness, and loss of life across much of the country.

The first cholera outbreak of 2023 started on 12 February 2023 in Chegutu town in Mashonaland West Province. To date, suspected and confirmed cases have been reported in 63 districts in all 10 provinces of the country since the beginning of 2023. As of 26 May 2024, a cumulative total of 34,276 suspected cholera cases, 87 laboratory confirmed deaths, 628 suspected cholera deaths, and 4,216 laboratory-confirmed cases were reported. The outbreak has now spread to more than the 17 traditional cholera hotspot districts of Buhera, Chegutu, Chikomba, Chimanimani, Chipinge, Chitungwiza, Chiredzi, Harare, Gokwe North, Marondera, Mazowe, Shamva, Mutare, Murehwa, Mwenezi, Seke, and Wedza. The crude mortality rate remains above 1.8%.

The outbreak has since caused panic among the entire Zimbabwean population as economic and social activities were slowed down, especially in Harare, which declared a state of emergency due to

EMERGENCY APPEAL REVISION

The cholera outbreak has been impacting Zimbabwe uninterruptedly for over 12 months, with different peaks across various regions. Despite a recent significant decrease in cholera cases, it is crucial to maintain high levels of readiness and preparedness to respond to ongoing cases. This appeal revision extends the period for strengthening prevention and response capacity from 31 August 2024 to 31 December 2024, allowing continued collaboration with communities to address the root causes of cholera, such as health awareness and behavioral changes. The funding requirement is increased from CHF 3 million to CHF 4 million (an additional CHF 1 million

the surge in cases. The health system has been overstretched by the high number of hospitalised cases, depleting most of the drugs and supplies and further straining the already overburdened hospital personnel. Grief and trauma caused by the disease have affected the sick, their guardians, as well as staff and volunteers supporting the response.

The Oral Cholera Vaccine (OCV) campaign targeted 26 districts reporting the highest numbers of cases in the country. There has also been high demand for Mental Health and Psychological First Aid due to different factors related to this cholera outbreak. Since May 2024, the trend of cholera cases in Zimbabwe has been on a downward trajectory as the interventions by all the stakeholders have started to show results. However, recurrence cannot be dismissed, and all prevention and preparedness actions must continue alongside the treatment for those affected.

Communities have demonstrated a lack of knowledge regarding preventive measures for the disease and how to support affected individuals with oral rehydration therapy, resulting in generalised stigmatisation. Cholera is not new to Zimbabwe. However, this outbreak is atypical, having continued to persist from the dry season into the current rainy season, increasing the risk of the disease spreading.

The capacity of the Ministry of Health and Childcare (MOHCC) has been stretched due to the high number of admissions, lack of human resources to manage the caseload, and lack of cholera supplies, including disinfection liquids, to stop the transmission.

There is a disrupted community health care system where primary health care – which is responsible for ensuring that community members adhere to water, sanitation, and hygiene practices – is overwhelmed. Active case findings and surveillance have been challenged, compounded by inadequate logistical supplies.

for the IFRC Secretariat). The extended timeframe and additional resources will also support communities in rebuilding their lives and livelihoods, ultimately helping them overcome one of the worst cholera crises in recent years.

TARGETING


In response to the cholera public health emergency and aligned with the Government of Zimbabwe’s Cholera Response Plan, this Emergency Appeal allows for the scale-up of activities in different geographical areas.



The districts and targeted populations were prioritised based on the increased number of cases and deaths, along with high-risk factors contributing to the occurrence of new cases. The target locations included rural areas with high caseloads, peri-urban informal settlements, and health institutions managing cholera patients in the targeted geographical areas. Targeting prioritised children under five years of age, pregnant and lactating women, religious communities, mining communities, and communities along rivers and in areas with poor WASH conditions. The Appeal has also addressed other vulnerable groups of people (e.g. disabled individuals) and those engaged in high-risk behaviour, such as artisanal miners. To prevent cross-border transmissions, health education has also been included in the strategy, targeting Chimanimani and Beitbridge.

The Appeal has scaled-up and complemented the existing operations funded through the IFRC Disaster Response Emergency Fund of CHF 464,595 in June 2023 and the ECHO HIP Fund of EUR 800,000, initially targeting seven districts: Buhera, Mutare Rural, Mutare City, Harare City, Chimanimani, Beit Bridge, and Gwanda. Over the last six months, the operation has reached twelve districts, and as the operation focuses predominantly on prevention and preparedness, the focus will be on four of the most affected districts.

PLANNED OPERATIONS

Through this Emergency Appeal, the IFRC will continue to support the Zimbabwe Red Cross Society (ZRCS) in its response to the cholera outbreak. The IFRC’s response strategy will be to contribute to supporting 550,455 people by focusing on the following areas:



	<p>Health & Care <i>Prevent and control the spread of the cholera outbreak at the community and facility levels in the affected districts, interrupting the chain of transmission:</i></p> <ul style="list-style-type: none"> • Scale-up health promotion actions to sensitise communities on the early signs of cholera and the importance of reporting any risks to relevant health authorities through a household visits approach. • Mobilise volunteers to support health workers in the early detection of new cases through active case findings and support for contact tracing. • Interrupt the transmission routes through trained volunteers, ensuring that upon identification of cholera/diarrhoea cases from affected households, thorough disinfection is carried out to reduce the risk of household transmission. • Support the working modalities of Branch Outbreak and Response Teams, whose aim is to break transmission routes targeting case households and neighbourhoods, working from health facility line lists to target case areas. • Oral Rehydration Therapy (ORT) preparedness at the branch and community level with the aim of immediately saving lives. ORT volunteers in communities (Level 1) will be able to diagnose, treat, and refer in their communities, as well as help them become better prepared for future outbreaks. • The prepositioning of Oral Rehydration Point kits and the training of volunteers (Level 2) will allow for the timely scale-up of ORT, if needed. • National Society support to Oral Cholera Vaccine (OCV) campaigns through community sensitisation and mobilisation, along with rumour management and, where practical, putting in place acceptance surveys in advance of campaigns to understand and recognise any barriers.
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	<ul style="list-style-type: none"> • Risk Communication and Community Engagement (RCCE), ensuring that communities are aware of the risk factors and can identify and quickly refer suspected cases to community health workers/health facilities/oral rehydration points; RCCE messages will be adjusted based on community feedback. • Reduction of morbidity and mortality due to cholera among children by promoting good infant and young child feeding practices, especially exclusive breastfeeding for infants under six months of age. • At the community level, ZRCS volunteers will work with environmental health technicians and village health leadership and coordination structures, including Traditional Village Leadership and Water Point Committees, which are linked respectively with the WASH sector. <p>Reduce morbidity and mortality due to cholera by supporting improved case management at the facility and community levels in the affected districts:</p> <ul style="list-style-type: none"> • The ZRCS provides support in improving case management of cholera at the community and facility levels through the procurement of case management supplies and lab reagents and setting up Oral Rehydration Points and Cholera Treatment Units. • Strengthen coordination, information management, and extending technical support to the Ministry of Health and Childcare through cholera Emergency Response Units and technical surge capacity. • Spearhead the setup of Oral Rehydration Points in hotspots to increase access to ORT. • Support the establishment of Cholera Treatment Units in hotspot areas, also reinforcing infection prevention and control protocols in Cholera Treatment Units and Oral Rehydration Points. • The ZRCS will provide tents, infection prevention and control supplies, lighting equipment, and facilitate materials for the construction of emergency temporary latrines. The ZRCS will also advocate for the establishment of gender sensitivity and multi-hazard sensitive Cholera Treatment Units.
	<p>Water, Sanitation, and Hygiene (WASH) Improvement in the availability of safe water and sanitation facilities:</p> <ul style="list-style-type: none"> • Contribute to accessing clean and portable water through the construction and rehabilitation of water points and by promoting household water treatment and safe storage. • Facilitate the construction of latrines in communities and public institutions as a hygiene promotion initiative. • Raise awareness about the dangers of open defecation and innovative ways of constructing latrines along and beside bodies of water. • Support the purification of household drinking water and improvements in household hygiene through the provision of chlorine at the household level and hygiene promotion (reduction of open defecation and increased utilisation/community construction of latrines, improvement in handwashing practices/food and water hygiene).
	<p>Community Engagement and Accountability (CEA), Protection, Gender, and Inclusion (PGI)</p> <ul style="list-style-type: none"> • The ZRCS ensures that the already developed CEA tools, tailored to the Zimbabwean context, are used to collect relevant data to plan CEA approaches and activities, gather community feedback, and make sure the feedback is used to generate ownership within the community. • Community members will be involved as much as possible in the planning stages and throughout the response to increase their ownership, sharing clear information about response activities, selection criteria, and distribution processes through community meetings, and door-to-door activities. • The ZRCS will conduct consultative meetings with communities aimed at discussing preferences on feedback channels and the type of questions that they would like to have answered.

	<ul style="list-style-type: none"> • A feedback mechanism will be implemented to get the necessary feedback from community members on issues related to the overall cholera response. This feedback will be shared on different platforms at the community, district, and national levels, including the technical and sub-technical working groups. • Frequently Asked Questions (FAQs) will be developed in collaboration with the Ministry of Health and Childcare and shared with volunteers so they can address common questions, concerns, and beliefs that are seen in the feedback data. • The operation will ensure the promotion and participation of men and women, including persons with disabilities of different age groups in cholera awareness activities. • A continuous dialogue among the different stakeholders will be encouraged to ensure that all activities mainstream the Dignity, Access, Participation and Safety (DAPS) approach making certain that minimum standards on PGI in emergencies are met. • All staff and volunteers are briefed on the Code of Conduct and the prevention and response to sexual exploitation and abuse, and child safeguarding, as they implement cholera interventions.
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Enabling approaches

The sectors outlined above will be supported and enhanced by the following enabling approaches:

	<p>Coordination and partnerships</p> <ul style="list-style-type: none"> • Coordination will be strengthened with key stakeholders: the Ministry of Health and Childcare, Civil Protection Committees, WASH Sector, Ministry of Local Government, UNICEF, WHO, MSF, and other organisations. • The actions will facilitate engagement and coordination with the Participating National Societies (PNS) and IFRC in the design of the response, leveraging the expertise and resources available through a Red Pillar approach, and ensuring alignment with relevant external actors, including the government’s policies and programmes, development actors, UN agencies, and non-governmental organisations (NGOs).
	<p>IFRC Secretariat services</p> <ul style="list-style-type: none"> • The IFRC will facilitate an effective Federation-wide response, with support from the Harare Cluster Delegation and Africa Regional Office. The IFRC will offer its expertise in managing public health epidemics through the deployment of critical functions as agreed with the National Society and will also equip the ZRCS with strong risk management and business continuity plans. • Given the risk of spread to neighbouring countries, the ZRCS and IFRC will establish regular cross-border communications, information sharing, and support, which will allow neighbouring Red Cross and Red Crescent National Societies to conduct effective readiness activities and scale-up to respond, if necessary. • Through the IFRC surge system, regional and global alerts have been issued for coordinators in WASH and public health in emergencies, and Emergency Response Units. The ZRCS has also requested Emergency Response Unit alerts for community case management of cholera (CCMC). • Humanitarian Diplomacy: A communication working group for Movement members in-country (the ZRCS, ICRC, and IFRC) will be activated and coordinated by the ZRCS, to focus on scaling-up visibility.



National Society Strengthening

- The actions will facilitate capacity building and organisational development objectives to ensure that the National Society has the necessary legal, ethical, and financial foundations, systems and structures, competencies, and capacities to plan and perform.
- The volunteer duty of care will be strengthened through phone applications for data collection and timely reporting and analysis.

The planned response reflects the current situation and is based on the information available at the time of this Emergency Appeal revision. Details of the operation will be updated through the revised Operational Strategy to be released in the coming days. The revised Operational Strategy will also provide further details on the reach of the Federation-wide appeal, which includes the response activities of all contributing Red Cross and Red Crescent National Societies, and the Federation-wide funding requirement.

After 31 December 2024, preparedness and response activities to this disaster will continue under the IFRC Network [Zimbabwe Country Plan for 2025](#). The IFRC Network Country Plans show an integrated view of ongoing emergency responses and longer-term programming tailored to the needs in the country, as well as a Federation-wide view of the country's action. This aims to streamline activities under one plan, while still ensuring that the needs of those affected by the disaster are met in an accountable and transparent way. Information will be shared in due time, should there be a need for an extension of the crisis-specific response beyond the above-mentioned timeframe.

RED CROSS RED CRESCENT FOOTPRINT IN COUNTRY

Zimbabwe Red Cross Society

Core areas of operation



Number of staff:	250
Number of volunteers:	20,000
Number of branches	168

Established by an Act of Parliament in 1981, the Zimbabwe Red Cross Society (ZRCs) is a humanitarian and developmental organisation founded on the Fundamental Principles of the Red Cross and Red Crescent Movement, and it became a member of the IFRC in 1983.

The ZRCs operates in all of the provinces in Zimbabwe, through 168 branches providing emergency response and developmental programming to vulnerable communities and individuals. The National Society maintains a large network of 20,000 volunteers to provide its services, has an extensive membership, and is supported by its staff in Harare and branch offices throughout the country. The National Society has established a successful corporate business unit, including a high school and a Red Cross clinic, which generates alternative and sustainable sources of revenue.

The ZRCs implements various programmes in different thematic areas, covering humanitarian response and community development programmes. These include:

- Health and social services programmes such as water, sanitation, and hygiene; COVID-19 preparedness and response; addressing the problem of HIV/AIDS; sexual reproductive health and rights; life skills training; and child nutrition and food projects.
- Disaster management and emergency response programmes, particularly first aid and early warning systems.
- Climate change adaptation activities, which aim to ensure food security; livelihoods protection and promotion in vulnerable communities; and building resilient communities.

IFRC Membership coordination

The IFRC Secretariat, which provides technical and financial support to the ZRCS through the IFRC Harare Country Cluster Delegation, will play an essential role in ensuring effective coordination within and outside the Movement. The PNSs in-country, the Danish Red Cross, Finnish Red Cross, and British Red Cross, have provided bilateral support to the ZRCS since the response started. All PNSs participate in the coordination meetings held in-country and are called upon to contribute their expertise to this response.

Red Cross Red Crescent Movement coordination

The IFRC Secretariat plays an essential role in ensuring effective coordination across the Movement, through the IFRC Harare Country Cluster Delegation. In this response, the IFRC and ICRC are giving advice on the overall safety and security support to Movement partners. The IFRC Harare Cluster Delegation is in regular coordination with the ICRC Country Delegation for Zimbabwe, Malawi, and Zambia. Regular meetings are held so there is strong coordination and effective technical support for the ZRCS, and complementarity, to ensure a harmonised response plan.

External coordination

The incident management system for cholera response was activated and a cholera outbreak incident manager was appointed at the Public Health Emergency Operations Centre to coordinate the outbreak response, in line with the Zimbabwe Multi-sectoral Cholera Elimination Plan. The Zimbabwean Ministry of Health coordinates daily national task force meetings for partners for this response with the participation of Red Cross Red Crescent Movement partners and other partners, including the WHO and UNICEF. Through the MOHCC's Incident Action Plan (IAP) for Cholera Response 2023, there are the following four pillars:

- Coordination Pillar led by an Incident Manager.
- The Health Operation Pillar, encompassing epi-surveillance, and which includes rapid response teams, case management and IPC, risk communication and community engagement, WASH, and vaccination and laboratory systems.
- Planning pillar, which includes information and situation reports generation, data management, visualisation, and documentation.
- Logistics Admin/Finance Pillar, which consists of support services, medical supplies, finance, and human resources.

The ZRCS continues to work in close coordination with the MOHCC and Civil Protection Committees with the main actions consisting of RCCE at the household and community levels. Some of the ongoing activities include the deployment of volunteers to provide support in active case findings; door-to-door health and hygiene education; capacity building of volunteers and community health workers on cholera prevention and control modules; and the provision of critical non-medical cholera prevention and control supplies to cholera treatment centres (CTCs). The ZRCS provides essential household items at the household level, while its support also includes CTCs where soap, gloves, gumboots, cholera beds, cholera tents, and food for patients have been donated.

According to the 5W matrix, Non-Movement Partners supported by UNICEF, including Action Against Hunger (AAH) and Oxfam, are carrying out RCCE activities and have limitations in funding and their scope of work. An analysis of the country's 5W matrix shows the presence of partners in five out of 10 provinces in the country. From the coordination meetings that are being held, there is a clear message on the need for countrywide resource mobilisation (internally and externally) and all efforts are in place to mobilise and stop the endemic situation.

Earlier this year, the ZRCS signed a USAID grant for a One WASH initiative where some communities in Mudzi will benefit from resilient water infrastructure, including hygiene practices.

Contact information

For further information, specifically related to this operation please contact:

At the Zimbabwe Red Cross Society:

- Secretary General: Elias Hwenga; email: eliash@redcrosszim.org.zw
- Operational coordination: Mathias Begede, Operations Manager; email: begedem@redcrosszim.org.zw

At the IFRC:

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- **IFRC Harare Country Cluster Delegation**
 - Head of Delegation - John Roche; email: john.roche@ifrc.org
 - Operations Coordinator - Vivianne Kibon; email: vivianne.kibon@ifrc.org
- **IFRC Geneva:** Senior Officer, Operations Coordination - Santiago Luengo; email: santiago.luengo@ifrc.org

For IFRC Resource Mobilisation and Pledges support:

Regional Head of Strategic Partnerships and Resource Mobilisation - Louise Daintrey; email: louise.daintrey@ifrc.org

For Performance and Accountability support (planning, monitoring, evaluation, and reporting enquiries)

- IFRC Regional Office for Africa Beatrice Atieno OKEYO, PMER Manager, beatrice.okeyo@ifrc.org, Phone: +254 732 404 022

For In-Kind donations and Mobilisation table support:

IFRC Africa Regional Office for Logistics Unit: Allan Kilaka Masavah, Head, Global Humanitarian Services & Supply Chain Management, Africa; email: allan.masavah@ifrc.org

Reference



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- [Link to IFRC Emergency landing page](#)
- [Previous appeals and latest reports for this emergency](#)
- [Additional information on the GO platform](#)