DREF Operation

Zimbabwe Cholera 2025

Distribution of NFIs in one of the affected areas in Mazowe

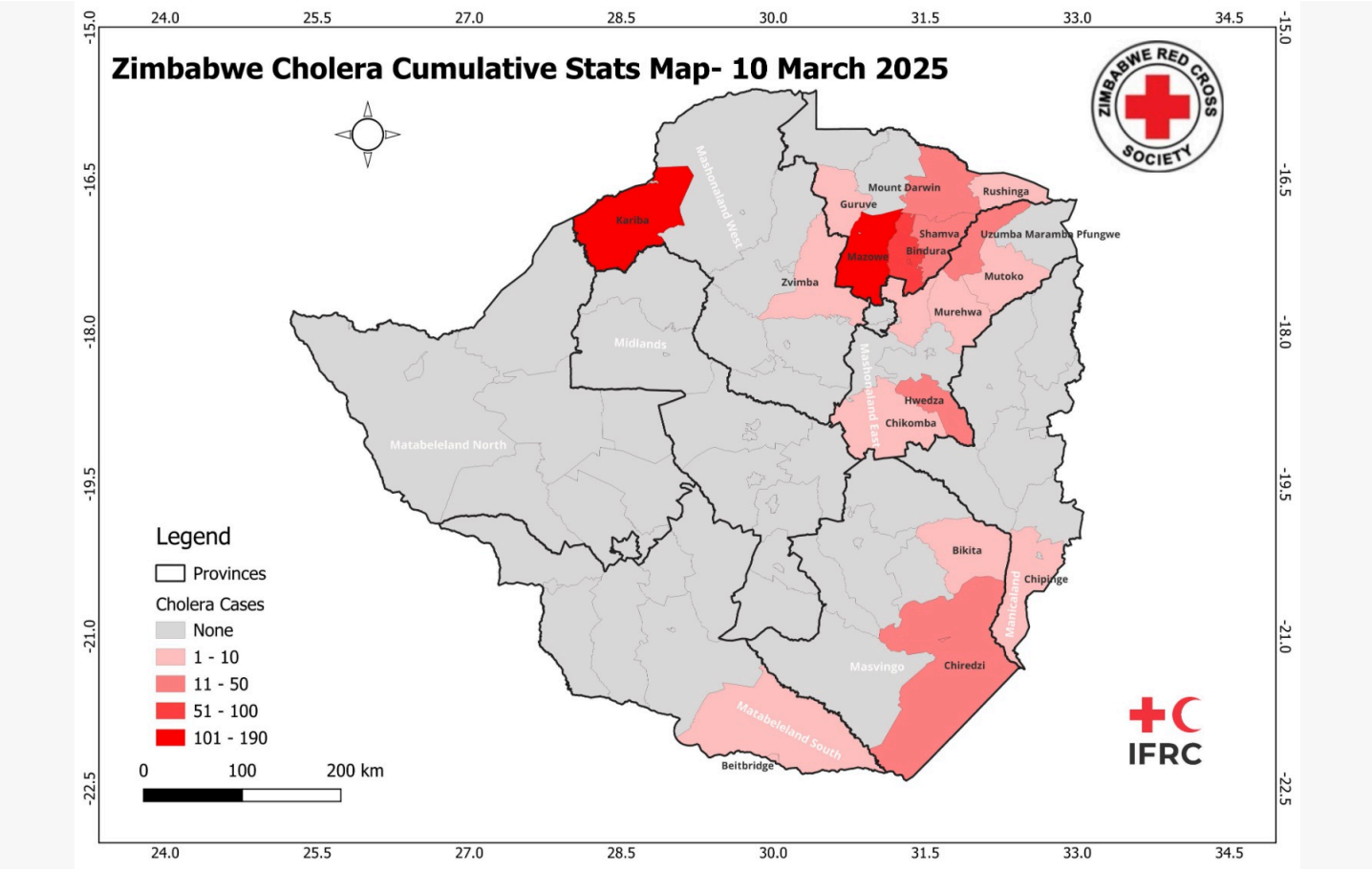
Appeal: **MDRZW024**	Country: **Zimbabwe**	Hazard: **Epidemic**	Type of DREF: **Response**
Crisis Category: Yellow	Event Onset: **Sudden**	DREF Allocation: **CHF 289,726**	
Glide Number: -	People Affected: **309,019 people**	People Targeted: **309,019 people**	
Operation Start Date: **20-03-2025**	Operation Timeframe: **5 months**	Operation End Date: **31-08-2025**	DREF Published: **21-03-2025**

Targeted Areas: **Mashonaland Central, Mashonaland East, Matabeleland South**

Description of the Event

Date of event

10-03-2025



Zimbabwe Cholera Cumulative statistics map 10 Mar 2025

What happened, where and when?

Zimbabwe has recorded a surge in cholera cases, which have reached critical levels, necessitating urgent interventions. Harare reported its first case on December 6, 2024, in the Belvedere squatter camp. The outbreak, also reported on December 19, 2024, in Mazowe District, Bindura, Kariba, Mt Darwin, Uzumba Maramba Pfungwe (UMP), Beitbridge, Chiredzi, and Hwedza, has escalated rapidly, with cumulative cases reaching 579 and 13 fatalities recorded as of March 12, 2025.

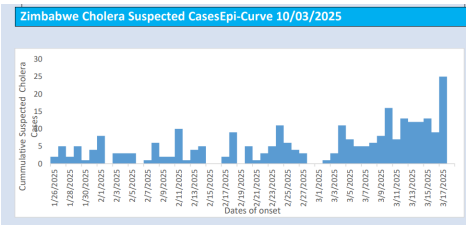
This cholera outbreak is particularly alarming due to its unprecedented spread into areas that were previously unaffected by the disease, such as Hwedza and UMP. Historically, cholera outbreaks in Zimbabwe have been concentrated in urban centers and known hotspot districts with fragile water, sanitation, and hygiene (WASH) infrastructure. However, the current outbreak has breached these traditional patterns, affecting both rural and peri-urban areas that had not previously reported cases, signaling a worrying shift in disease dynamics.

The scale of this outbreak is also significantly above normal thresholds, with case numbers rising at an accelerated rate. The widespread geographic distribution of cases, coupled with the high transmission rate, suggests deeper systemic challenges in WASH access and public health preparedness. Contributing factors include increasing pressure on already overstretched health services, erratic water supply, and limited sanitation infrastructure in newly affected areas.

The affected regions require urgent interventions, including increased access to clean water, enhanced disease surveillance, improved case management, strengthened community awareness, and intensified coordination among health authorities and response partners. Without immediate and sustained action, the outbreak could continue spreading to new areas, leading to further loss of life and an escalating public health crisis.

ZRCS staff monitoring volunteers manning an ORP in Mazowe

ZRCS staff and volunteers conducting a field assessment in Mazowe



Zimbabwe Cholera Epicurve from MoHCC 10 March 2025

Province	Cumulative Suspected Cases (New)	Cumulative RDT+ for Screening (New)	Cumulative Culture Confirmed (New)	Cumulative Recovered Cases (New)	Cases (in-Care)	Cumulative Culture Deaths (New)	Cumulative Suspected Deaths (New)
Bulawayo	0(0)	0(0)	0(0)	0(0)	0	0(0)	0(0)
Chitungwiza	0(0)	0(0)	0(0)	0(0)	0	0(0)	0(0)
Harare	3(0)	3(0)	2(0)	2(0)	0	0(0)	1(0)
Manicaland	1(0)	1(0)	1(0)	1(0)	0	0(0)	0(0)
Mash Cent	326(8)	319(9)	62(0)	302(9)	16	6(1)	2(0)
Mash East	75(17)	56(4)	23(0)	63(13)	9	3(0)	0(0)
Mash West	128(0)	68(0)	5(0)	127(0)	0	0(0)	1(0)
Masvingo	29(0)	29(0)	13(0)	29(0)	0	0(0)	0(0)
Mat North	0(0)	0(0)	0(0)	0(0)	0	0(0)	0(0)
Mat South	9(0)	9(0)	4(0)	9(0)	0	0(0)	0(0)
Midlands	0(0)	0(0)	0(0)	0(0)	0	0(0)	0(0)
Total	571(25)	485(12)	110(0)	533(22)	25	9(1)	4(0)

Cholera Cases 10 March 2025. MoHCC

Scope and Scale

The surge in cholera cases in specific hotspots like Mashonaland Central, Mashonaland West, Masvingo, Manicaland, and Harare is indicative of new and unusual patterns of disease transmission. The evolving dynamics of the outbreak, with new cases emerging over the past few months and spreading to previously unaffected areas such as Hwedza and Uzumba Maramba Pfungwe (UMP), underscore the urgent need for a timely response. This escalation in regions with weak healthcare infrastructure and limited access to basic services constitutes an emergency that necessitates a focused and multi-sectoral response.

Timeline of the Epidemic:

- November 4, 2024: The outbreak began in Gatchegatche, Kariba District, Mashonaland West Province, with sporadic suspected and confirmed cases reported.
- February 4, 2025: The outbreak in Gatchegatche was declared over after 28 days without new cases.
- As of March 11, 2025 the situation was as follows:
  - Cumulative suspected cases: 579
  - Confirmed cases: 114
  - Deaths: 13 (9 confirmed institutional, 4 suspected community deaths)
  - Recovery rate: 94% (23 cases under care)
  - Rapid diagnostic tests: 579 conducted, 493 positive (85% positivity)
  - New Cases: 8 suspected cases reported today, with 4 laboratory confirmed results.
  - Culture tests: 140 conducted, 114 positive (81% positivity)

The affected provinces are experiencing increasing morbidity and mortality, with rural communities at heightened risk due to inadequate healthcare infrastructure, weak disease surveillance, and limited access to clean water and sanitation. Below is the case Distribution :

- Mashonaland Central: 332 suspected (6 new), 62 confirmed, 308 recovered
- Mashonaland East: 75 suspected, 25 confirmed, 65 recovered
- Mashonaland West: 130 suspected (2 new), 7 confirmed, 129 recovered
- Harare: 3 suspected, 2 confirmed, 2 recovered

The reliance on unsafe water sources in these regions exacerbates the outbreak, making immediate intervention critical.

Beyond direct health effects, the cholera outbreak threatens to disrupt local economies, increase household poverty, and hinder development efforts. Farming communities in affected districts face reduced productivity due to illness, while households experience financial strain from medical expenses and lost income. The psychological toll of repeated outbreaks further degrades community well-being, increasing stress and mental health challenges.

The attack rate calculated is using the risk population of 309,019 people. An attack rate of 1.81% indicates that approximately 2 out of every 100 people at risk have developed cholera, suggesting moderate transmission. While the outbreak is spreading, it is not at an explosive rate. With 19 districts affected and sporadic cases still being reported, this attack rate underscores the need for sustained surveillance, WASH interventions, and oral cholera vaccine (OCV) campaigns to prevent further spread. Additionally, the high rapid diagnostic test (RDT) positivity rate of 85% and culture positivity rate of 81% confirm ongoing transmission, highlighting the continued emergence of cases in affected areas.

Over the past week (from March 1 to March 11, 2025), Confirmed cholera cases increased by 42.5%, from 80 to 114. Case Fatality Rate (CFR) increased from 2.0% to 2.2%. This indicates a significant rise in confirmed cases, highlighting ongoing transmission, while the CFR increase suggests a slight worsening of case severity or delays in treatment. These trends call for intensified surveillance, case management, and WASH interventions. The transmission rate was calculated using Basic Reproduction Number (is the average number of secondary

infections generated by one infected person. A rough estimate can be made using cases and recoveries, the calculated transmission rate is 0.8.

The cholera outbreak in Zimbabwe has been influenced by several critical risk factors: Limited access to clean water and poor sanitation infrastructure. The rapid spread in border areas, inadequate disease surveillance, and limited hospital capacity exacerbate the crisis.

The cholera epicurve for Zimbabwe as of 17 March 2025 illustrates the outbreak's progression, showing trends in case numbers over time. The curve helps determine whether the outbreak is point source, continuous, or propagated based on its shape. If there is a sharp rise and fall, it suggests a single exposure event, while a prolonged plateau indicates ongoing transmission, possibly through contaminated water sources. A wave-like pattern would suggest person-to-person spread. The peak of cases highlights when the outbreak was most severe, and any decline may indicate the effectiveness of interventions such as improved WASH measures, community awareness, and case management. However, if cases persist, it could suggest continued environmental contamination or gaps in response efforts. The spatial distribution of cases is also crucial in understanding whether certain high-risk areas, such as high-density settlements with poor WASH infrastructure, are driving transmission. Strengthening surveillance, reinforcing WASH interventions, and targeted community engagement remain critical in controlling the outbreak. See attached epi-curve and refer to https://public.tableau.com/app/profile/mohcc.zimbabwe/viz/WCOCholeraUpdate_/Dashboa.

Source Information

Source Name	Source Link
1. ZIMLAC REPORT	https://www.unicef.org/zimbabwe/media/11516/file/2024%20ZimLAC%20Rural%20Livelihoods%20Assessment%20Report.pdf
2. ZIMBABWE GENDER ASSESSMENT REPORT	https://documents1.worldbank.org/curated/en/099062823005513984/pdf/P179911142c466021906b1a5f4a115199d.pdf
3. UNICEF ZIM RCCE BRIEF	https://www.unicef.org/zimbabwe/media/9571/file/Cholera%20Risk%20Communications%20and%20Community%20Engagement%20(RCCE)%20BRIEF%20#1.pdf
4. Sitreps	https://drive.google.com/drive/folders/1fMQj9qs9-vMYdNjM4X2epClA4uNhnc-R
5. Mazowe Mission Report	https://docs.google.com/document/d/1LMt1TZGw9sDFj3dFkXJlpe1S_Wad1cyOBhNbWQSv40A/edit?usp=sharing
6. MOHCC response to ongoing Cholera outbreak	https://www.zbcnews.co.zw/mash-central-battles-recurring-cholera-outbreak/?fbclid=IwZXh0bgNhZW0CMTEAAR3GYM6P_Rru6gpZwKEhftXsfq2fS_RRgBDfl7YBP44OyybCuDLvux8Z25A_aem_g2J4gy57ev2kCWs8W0oiyw&sfnsn=wa
7. Cholera Sitrep dated 11 March 2025	https://zimbabweredcrosssociety-my.sharepoint.com/:b:/g/personal/moyoc_redcrosszim_org_zw/EZi9kho8bdxMuED03yVMSpMB0tJAiT8NXN9LVOR1WEJnlg?e=6IeGcG
8. Bindura Cholera assesments and training reports	https://zimbabweredcrosssociety-my.sharepoint.com/:w:/g/personal/moyoc_redcrosszim_org_zw/EdnM92aVl8JNgWI6g9gAu84B3oiwcxTIea_byeAV2vjA1g?e=hcQK0j

9. Mazowe training reports	https://zimbabweredcrosssociety-my.sharepoint.com/:w:/g/personal/moyoc_redcrosszim_org_zw/ESMArg2mobhAnXcEGYvsb9MBu2n3BYgAh593_EHMOTvgTg?e=NyFivD
10. MOHCC Zimbabwe Cholera dashboard	https://public.tableau.com/app/profile/mohcc.zimbabwe/viz/WCOCholeraUpdate_/Dashboa
11. Prepositioned Cholera appeal stocks	https://zimbabweredcrosssociety-my.sharepoint.com/:x:/g/personal/moyoc_redcrosszim_org_zw/EW_ClwkleLtNqSaSJk4xfssBe1d673LcJLVw518EfP_yPA?e=xhfEJf
12. Epi-curve	https://zimbabweredcrosssociety-my.sharepoint.com/:w:/g/personal/moyoc_redcrosszim_org_zw/EXzfg7k-CXxFo0XKA2vSzkwBVnZpxuuKyZY0rNE5oP3P3w?e=WAJMaA
13. Zimbabwe Population Census	https://www.citypopulation.de/en/zimbabwe/admin/

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	**Yes**
Did it affect the same population group?	**Yes**
Did the National Society respond?	**Yes**
Did the National Society request funding form DREF for that event(s)	**Yes**
If yes, please specify which operation	MDRZW021 MDRZW018

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

This event should not be considered recurrent due to the unique nature of the current cholera outbreak, which is now affecting multiple regions of Zimbabwe, including newly impacted areas such as Uzumba-Maramba-Pfungwe (UMP), Hwedza, and Bindura. While cholera outbreaks have occurred in the past, the current crisis is distinguished by due to the spread of cholera into both urban and rural areas, particularly regions like UMP, Hwedza, and Bindura that were previously less affected, underscores the evolving dynamics of this public health emergency. Given these factors, this outbreak is not merely a recurrent or predictable event but an escalating crisis requiring urgent, targeted, and coordinated interventions to prevent further loss of life, strengthen community resilience, and enhance disease control measures.

Lessons learned:

Lessons learned from previous operations, particularly those dealing with cholera outbreaks in Zimbabwe, have been crucial in designing the current response. Past outbreaks have underscored the importance of early detection and rapid deployment of emergency response teams to contain cholera before it spreads. Additionally, logistical bottlenecks and supply shortages encountered in previous responses have been addressed by strengthening procurement and distribution systems, ensuring that essential supplies, such as non-food items (NFIs) and personal protective equipment (PPE), are pre-positioned for swift deployment. These NFIs have been strategically stocked in warehouses across Manicaland, Harare, Mashonaland Central, Masvingo, Midlands, and Mashonaland West provinces see attached list of NFIs and prepositioned stock.

Community engagement remains a cornerstone of cholera prevention and control efforts. Lessons from earlier interventions have reinforced the need for locally driven education and awareness campaigns, ensuring that communities are equipped with the

knowledge and resources to adopt safe hygiene practices. Tailored messaging for vulnerable groups, including those in high-risk areas, is being expanded to enhance the impact of public health interventions.

Key insights from the Cholera Emergency Appeal have highlighted the importance of community-driven sanitation efforts, hygiene promotion, and the critical role of trained volunteers in conducting health education, community engagement, and surveillance activities. 1,019 volunteers were trained in Midlands, Mashonaland Central, Mashonaland west, Manicaland and Masvingo however these will not be sufficient as the current outbreak has targeted new areas in Mashonaland East and strong coordination with local health authorities and humanitarian partners has been essential for ensuring a unified and effective response. Moving forward, the current operation will build on these lessons to sustain progress through FCDO funding, reinforcing long-term cholera prevention strategies.

Under the Appeal, the deployed Water Supply and Rehabilitation (WSR) Emergency Response Unit (ERU) conducted an endline survey, which provided the following key findings:
-While water access has improved in Kadoma, excessive reliance on boreholes has led to increased breakdowns and reduced productivity, forcing community members to spend long hours queuing for water.
-In Chiadzwa, access to safe water remains a challenge due to long distances to reliable water sources, leading to continued dependence on unsafe alternatives.
-Effective management of water points (WPs) through Water Point Committees (WPCs) is essential for sustainability and ensuring continued community access to clean water.
-Survey data indicates a strong reliance on boreholes for drinking water in Chiadzwa and Kadoma, demonstrating the project's success in improving access. However, challenges remain regarding the long-term sustainability of these sources and the need for ongoing community education on safe water practices, as some residents still resort to unsafe sources in times of scarcity like in UMP and Hwedza where the community is predominantly informal mining areas without adequate water and sanitation facilities. Addressing these gaps will be critical to ensuring long-term access to safe drinking water and improving overall public health outcomes.

Current National Society Actions

Start date of National Society actions

24-12-2024

Health	The Zimbabwe Red Cross Society (ZRCS) is implementing a comprehensive, multi-sectoral approach to address the immediate challenges posed by the cholera outbreak. ZRCS is actively engaged in disease surveillance, medical treatment, and prevention efforts in collaboration with the Ministry of Health and Child Care (MoHCC) and other stakeholders. Key actions include: Training Volunteers: 72 volunteers have been trained in Mazowe, Kariba and Bindura on cholera case detection and reporting, enhancing local capacity to respond effectively. Deployment of Branch Outbreak Response Teams (BORTs): These teams are being deployed to affected areas, including Belvedere in Harare, Kariba in Mashonaland West, and Mazowe in Mashonaland Central. Establishment of Oral Rehydration Points (ORPs): ORPs are being set up in strategic locations to facilitate access to hydration solutions. Distribution of Oral Rehydration Salts (ORS): Essential supplies are being provided to support the treatment of cholera cases. Public Health Education Campaigns: Ongoing campaigns are promoting handwashing, safe water consumption, and sanitation practices to reduce infection risks. Through these efforts, ZRCS aims to mitigate the impact of the cholera outbreak and strengthen community resilience in the face of this public health crisis however there is still need for more capacitation in newly affected areas which do not have volunteer footprint capacitated to respond to Cholera like UMP and Hwedza .
Water, Sanitation And Hygiene	The Zimbabwe Red Cross Society (ZRCS) is actively addressing the ongoing cholera outbreak and other public health challenges through key Water, Sanitation, and Hygiene (WASH) interventions in Mazowe, Belvedere, and Kariba.

	Key actions include: Deployment of Community Volunteers:72 Branch Outbreak Response Teams (BORT) community volunteers have been mobilized to conduct hygiene promotion and risk communication activities, successfully reaching 6,135 individuals with cholera prevention messages, including safe water storage, handwashing, and proper sanitation practices. Establishment of Oral Rehydration Points (ORPs): 2 ORPs have been set up in high-risk areas, such as Mazowe and Bindura respectively to provide immediate care and prevent severe dehydration in cholera patients. Distribution of Essential WASH Supplies: In collaboration with local authorities and partners, the National Society is facilitating the distribution of vital WASH supplies, including soap, water purification materials, and buckets with taps to vulnerable households. Rehabilitation of Water Sources: Efforts are underway to rehabilitate and improve access to safe water sources, such as boreholes and community water points, while advocating for the repair of non-functional water supply systems to curb the spread of waterborne diseases. Regular Monitoring and Assessment: Ongoing monitoring and assessment of WASH conditions in affected communities help inform and guide response efforts, ensuring timely interventions are implemented.
Protection, Gender And Inclusion	Efforts are also being made to integrate protection measures in emergency response interventions, such as establishing safe and accessible sanitation facilities that provide privacy and security, particularly for women and girls, in overcrowded areas .Community engagement initiatives include promoting the participation of marginalized groups in decision-making processes, addressing the social stigma associated with diseases, and providing psycho-social support to affected individuals and families through 1019 trained volunteers in Mashonaland West, Midlands , Mashonaland Central Masvingo, and Mashonaland Central. Additionally, the National Society is strengthening mechanisms to prevent and respond to gender-based violence (GBV), ensuring that response teams are trained to recognize and address protection risks and that referral pathways are in place to connect survivors to appropriate support services. The NS PGI team is in the process of compiling a gender in brief for all programs in the NS. The NS conducted a rapid gender analysis in Harare, Masvingo, Matabeleland South, Mashonaland West and Manicaland. Rapid Gender Analysis (RGA) in epidemics allowed a quick snapshot on targeted approach to understanding how an outbreak disproportionately affects different genders and how existing gender inequalities shape the response and recovery efforts. RGA assisted in identifying barriers to services, risks of gender-based violence, and resource allocation issues, enabling organizations to design more inclusive, gender-sensitive interventions that ensure equitable access to resources and support for all community members during the epidemic. RGA targeted a population 5,500 people.
Community Engagement And Accountability	The Zimbabwe Red Cross Society's priority actions for Community Engagement and Accountability (CEA) focus on ensuring that affected communities in Mashonaland Central, Mashonaland West, Midlands, Masvingo, and Harare are actively involved in the response to the cholera outbreak. Their concerns, feedback, and needs are addressed effectively. Key actions include: Strengthening Two-Way Communication Channels: The National Society is enhancing communication to provide accurate, timely, and accessible health information in local languages and formats suited to different literacy levels. This includes using community radio, door-to-door visits, and mobile messaging platforms to disseminate critical information and combat misinformation through trained community volunteers. Establishment of Community Feedback Mechanisms: Mechanisms such as suggestion boxes, hotlines, and community meetings are being set up to gather input from affected populations and ensure their voices are heard in decision-making processes. Targeted Outreach Efforts: Specific outreach initiatives are being conducted to reach marginalized and vulnerable groups, including persons with disabilities, women, and residents of informal settlements like Belvedere, ensuring equal access to health services and information. Accessible Health Information: Health information is provided in multiple formats, such

	as large print, sign language, and audio, as prescribed by the Ministry of Health and Child Care.
Coordination	The Zimbabwe Red Cross Society (ZRCS) coordinates closely with the Ministry of Health and Child Care (MoHCC), local district health authorities, and other government agencies to ensure a unified approach to managing disease outbreaks. The National Society actively participates in several key groups, including the National Task Force for Disease Outbreaks, the National Expanded Program of Immunization Task Force, the Health Cluster, and the RCCE thematic working group, which includes representatives from government departments, WHO, UNICEF, and other humanitarian organizations. In the field, ZRCS collaborates with local health authorities and community leaders to tailor response activities to the specific needs of affected areas and populations. Trained 1019 volunteers and 80 health workers are mobilized through the Society's established community-based structures, facilitating rapid deployment and promoting local ownership of interventions. The ZRCS has also set up information-sharing platforms, such as the RCCE dashboard and social media channels, to keep stakeholders informed and ensure smooth coordination among all actors involved in the response. Furthermore, the National Society regularly participates in coordination meetings with UN agencies (including WHO and UNICEF), NGOs, and donors to share updates, assess response needs, and optimize resource allocation. A clear command and control structure is in place to manage operations and maintain communication across all response levels. This approach ensures that resources are efficiently mobilized, gaps are identified and addressed, and all actors work collaboratively towards the common goal of reducing disease spread and mitigating the impact on affected communities.
National Society Readiness	The Zimbabwe Red Cross Society (ZRCS) is partially prepared to respond to the ongoing cholera outbreak, leveraging its established infrastructure, trained personnel, and strong community networks across Zimbabwe. Previous experience in managing disease outbreaks, particularly cholera, has enhanced the National Society's capacity to deploy resources swiftly, mobilize volunteers, and coordinate effectively with government bodies, local health authorities, and international partners. Key aspects of ZRCS's preparedness include: Pre-Positioning of Supplies: Essential supplies, including Oral Rehydration Solution (ORS), non-food items (NFIs), dignity kits, and personal protective equipment (PPE), have been pre-positioned in Harare, Manicaland, Masvingo, and Mashonaland West. A robust logistics system is in place for quick distribution. Trained Community Volunteers: The organization has 1,019 trained community volunteers equipped with the knowledge to conduct disease surveillance and provide health education in some and not all affected areas. Unfortunatey in the newly affected areas with slightly higher than the accepted threshold of cases like Hwedza , the NS doesnt have trained volunteers. Community-Based Approaches: ZRCS's experience with community-based initiatives ensures that the response is inclusive, effectively addressing the needs of the most vulnerable and at-risk populations, including women, children, and persons with disabilities. Established Coordination Mechanisms: Active participation in national emergency response frameworks positions the National Society to lead a swift, effective, and integrated response to the current outbreak. Despite these strengths, the National Society currently lacks the financial resources necessary to adequately respond to the urgent needs of vulnerable and at-risk populations. This gap presents a significant challenge in mounting a comprehensive response to the health crisis.
Assessment	The National Society (NS) is conducting ongoing assessments in collaboration with the Ministry of Health and Child Care to monitor the cholera outbreak. These include situation reports and multi-sectoral rapid needs assessments aimed at identifying high-risk areas and populations, tracking reported cases, and evaluating the capacity of local health systems to respond effectively.

	Specific assessments have been focused in the most affected regions, including Mashonaland Central, Mashonaland East, Mashonaland West, and Harare. Geo-spatial mapping tools have been utilized to pinpoint vulnerable areas with inadequate healthcare infrastructure, such as Mazowe District in Mashonaland Central. These assessments are crucial for identifying transmission hotspots and enabling targeted interventions. At the community level, evaluations are being conducted to assess the availability of clean water, sanitation, and hygiene (WASH) facilities, which are vital for preventing cholera spread. Findings indicate that inadequate access to safe drinking water and proper sanitation continues to fuel the outbreak. Consequently, response efforts are prioritizing emergency water treatment, rehabilitation of boreholes, distribution of water purification tablets, and hygiene promotion campaigns to mitigate infection risks. Rapid health assessments are also ongoing to evaluate the effectiveness of current interventions, identify resource gaps, and provide real-time updates on emerging needs. These assessments, supported by field reports and surveillance data, facilitate adaptive programming and ensure timely decision-making to enhance the overall response. For further details, please refer to the attached reports.
Resource Mobilization	The current resource mobilization efforts by the (ZRCS) are centred on both internal and external mechanisms to ensure adequate support for the ongoing response to cholera, human anthrax, and measles outbreaks. The ZRCS has a well-established system for raising funds through local fundraising initiatives, donor partnerships, and government support. Though the NS has a comprehensive Resource Mobilisation Strategy (NS has strategic business units ie Clinic, Kiosk, Training Centre and College), the current economic situation coupled with an increase in the magnitude and frequency of disasters in Zimbabwe, has shrinked available channels for local support hence the NS is also looking for external support. This includes engaging with international donors, such as the International Federation of Red Cross and Red Crescent Societies (IFRC), Partner National Societies (PNS) e.g. Finnish Red Cross Society and Danish Red Cross Society and bilateral government donors to secure additional resources for emergency response and recovery efforts. ZRCS also leverages its strong network of corporate partners, local businesses, and philanthropic organizations to gather financial and material support, including medical supplies, water, sanitation kits, and personal protective equipment (PPE). The Finnish and Danish Red Cross Societies are currently funding the Mazowe Cholera response effort. They have unveiled a $20,000 fund and a crisis modifier of $1,300 focusing on case management and BORT. However, assessments are showing some gaps that need to be attended to, for example, in the WASH sector. The fund is focusing only on Mazowe, yet there are other districts that need response efforts.
Activation Of Contingency Plans	The activation of contingency plans has been initiated in response to the ongoing cholera outbreak in Zimbabwe. The Zimbabwe Red Cross Society (ZRCS), in coordination with the Ministry of Health and Child Care (MoHCC) and other key partners, has activated its national and regional emergency response plans specifically targeting cholera. However, the implementation of these contingency plans faces challenges due to limited financial resources. The contingency plans have been triggered through the deployment of emergency response teams and the distribution of non-food items (NFIs) despite resource constraints. Additionally, logistical and communication networks have been established to strengthen coordination among various agencies involved in the response. ZRCS has mobilized local health workers and volunteers to manage the cholera response effectively and provide psychosocial support to affected populations. The contingency plans outline clear response protocols, roles and responsibilities, and resource allocation to ensure that actions are timely, effective, and scalable in managing the cholera outbreak. This proactive approach aims to mitigate the impact of the outbreak and enhance the community's ability to cope with the evolving health crisis.

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC secretariat, provides technical and financial support to ZRCS through the Harare Country Cluster delegation. It plays an essential role in ensuring the effective coordination within and outside the movement. The technical support is also provided through the existing capacity at delegation level but also at regional level. The IFRC Secretariat has been providing support for a range of health and WASH activities that have significantly contributed to cholera prevention efforts in Zimbabwe and strengthened ZRCSs capacity to fulfil its mandate in responding to public health emergencies related to Cholera. ZRCS benefitted from a Federation wide emergency appeal to respond to the Cholera outbreak of 2023/2024. With funding from donors including the UK Foreign, Commonwealth & Development Office (FCDO), Norwegian Red Cross, the British RedCross, ECHO, Swiss Red Cross, Netherlands Red Cross, and Japanese Red Cross Society provided critical support for cholera response efforts in 12 districts of Zimbabwe reaching over 832,000 people. Through the EA, 27 Oral rehydration kits were procured, deployed and later decommissioned for subsequent use after the cases went down. The ORP kits assisted 11,000 ORP patients. The response builds on the capacity established by the Emergency Appeal (EA) in 2024, which ensures that previously established systems, resources, and expertise are leveraged for the current outbreaks. The EA significantly enhanced the National Society's operational readiness through trained rapid response teams, pre-positioned WASH and health supplies, and improved surveillance mechanisms. These resources are now being utilized in the cholera response, as well as the management of other public health threats. Moreover, the deployment of Emergency Response Units (ERUs) in 2024 provided critical technical support in case management, risk communication, and community engagement, leaving behind enhanced coordination structures and data management systems. These existing capacities facilitate a more efficient scale-up of interventions, reducing response time and ensuring continuity in outbreak control efforts.
Participating National Societies	The crisis modifier under the ECHO-funded project, implemented through the Finnish and Danish Red Cross, provided crucial support for the cholera response in October in Belvedere Harare by enabling rapid and flexible deployment of resources to affected areas. This funding facilitated the distribution of emergency WASH supplies, including water purification tablets, hygiene kits, and sanitation materials, to curb the spread of cholera in vulnerable communities. It also supported the deployment of response teams to conduct hygiene promotion, risk communication, and community engagement activities aimed at raising awareness about cholera prevention and treatment.

ICRC Actions Related To The Current Event

ICRC don't have a physical presence in Zimbabwe, however, ZRCS, partners and IFRC coordinate with the ICRC regional office in Pretoria.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	Currently, the Ministry of Health, in collaboration with the National Society, is supporting Provincial and District Health teams in Zimbabwe through several key initiatives to address the cholera outbreak. These include: -Activation of National Public Health Emergency Operation Centers and the Incident Management System. -Intensified surveillance activities, including risk assessments, outbreak investigations,

	active case searches, community surveillance, and contact tracing to identify and manage cases effectively. -Deployment of data management systems, such as the Information Management System to enhance data collection and analysis. -Enhanced Risk Communication and Community Engagement activities to raise awareness about cholera prevention and treatment in affected communities. -Advocacy and stakeholder engagement to mobilize resources and support for the response efforts. -Isolation and case management protocols, along with infection prevention and control measures, are being implemented in healthcare facilities. -National and Provincial teams have been deployed to provide on-the-ground support for responses in areas like Hwedza and UMP where Cholera is not endemic. -Cleaning of public spaces and promotion of hygiene practices to reduce the risk of cholera transmission. -Provision of chlorine to affected communities to ensure access to safe drinking water. -Early detection of cholera cases is being facilitated through Community-Based Surveillance (CBS), Event-Based Surveillance (EBS), and active case-finding systems. through local EHTs and Community health volunteers Additionally, the Ministry of Health has intensified surveillance efforts, conducted contact tracing for individuals exposed to confirmed cases, distribution of NFIs, setting up of CTCs chlorinated water sources, and disinfected homes affected by cholera. These coordinated actions which are governed through weekly National Cholera Coordination meetings aim to mitigate the spread of the outbreak and protect the health of communities across Zimbabwe.
UN or other actors	The United Nations and other humanitarian actors have been actively engaged in the response to the cholera outbreak in Zimbabwe, providing critical support across various areas. The World Health Organization (WHO) has collaborated closely with the Ministry of Health and Child Care (MoHCC) and the Zimbabwe Red Cross Society (ZRCS) to offer technical guidance, enhance disease surveillance, and coordinate health interventions. WHO has also assisted with supply chain management, ensuring the timely delivery of essential medications and sanitation materials, including Oral Rehydration Solutions (ORS) and personal protective equipment (PPE) for frontline health workers. UNICEF has played a vital role in supporting vaccination campaigns, particularly for cholera, and has been involved in health education initiatives aimed at improving hygiene practices and disease prevention in affected communities. The agency has also contributed to water, sanitation, and hygiene (WASH) interventions by ensuring that clean water supplies are made available in affected areas and by conducting safe water handling and sanitation awareness campaigns. In addition to UN agencies, non-governmental organizations (NGOs) and humanitarian organizations such as Médecins Sans Frontières (MSF) and Welthungerhilfe (WHH) have been instrumental in providing transportation, non-food items (NFIs), and mental health support in Mazowe, Bindura , UMP . They are also supporting disease surveillance and rapid response teams in rural and remote areas, where access to healthcare services is often limited.

Are there major coordination mechanism in place?

There are major coordination mechanisms in place to ensure an effective and unified response to the ongoing health crises in Zimbabwe. The ZRCS works closely with the Ministry of Health and Child Care (MoHCC) and other government agencies, as well as UN agencies (such as WHO and UNICEF), NGOs, and local authorities. ZRCS is an active participant in the National Task Force for Disease Outbreaks, National Expanded Program of Immunization Task Force, Health cluster and RCCE thematic working group which facilitates the coordination of resources, information, and response efforts across all actors. Additionally, multi-sectoral coordination meetings are held regularly to ensure that the response is well-coordinated, ensuring that resources are allocated effectively, and gaps are addressed in real-time. ZRCS also collaborates with local communities, health workers, and volunteers to ensure that interventions are culturally appropriate, context-specific, and community-driven. The use of shared communication platforms i.e. RCCE dashboard, social media platforms and regular situation updates helps to keep all stakeholders informed, promoting a cohesive and timely response across affected regions. This coordination is vital for managing the ongoing outbreaks and ensuring that the response is scalable and responsive to emerging needs.

Needs (Gaps) Identified

Health

To effectively address the ongoing cholera outbreak in Zimbabwe, it is essential to focus on several critical health needs, supported by the latest statistics from the situation report (SitRep) dated March 11, 2025. These needs are vital for mitigating the outbreak's impact and ensuring community safety.
One of the most pressing needs is strengthening outreach and community engagement. Risk Communication and Community Engagement (RCCE) efforts should be enhanced, particularly in high-risk areas such as Bindura, UMP and Hwedza. As of March 11, 2025, there were eight new suspected cases, contributing to a cumulative total of 579 suspected cases. Community awareness campaigns must be intensified to address the ongoing outbreak, especially with 23 isolated cases currently under treatment.

The shortage of trained volunteers hampers the effectiveness of Water, Sanitation, and Hygiene (WASH) interventions. Expanding the volunteer workforce is crucial to sustaining health promotion activities in affected communities. With ten new recoveries recorded, ongoing engagement is necessary to reinforce hygiene practices and prevent further infections. Deploying additional trained volunteers will enhance community-based interventions and ensure wider outreach.

Strengthening disease surveillance is critical for timely case detection and response. Currently, 493 Rapid Diagnostic Tests (RDTs) have been conducted, with an 85% positivity rate (493 positive). This high positivity rate underscores the urgent need for proactive monitoring, effective contact tracing, and strengthened reporting mechanisms to curb the spread of the disease. Without robust surveillance, new cases may go undetected, contributing to further transmission.

The availability of medical supplies remains a critical concern. There is an immediate need for additional supplies, including Oral Rehydration Solutions (ORS) and antibiotics, to manage cholera cases effectively. With 23 patients still under medical care, ensuring an adequate supply of essential treatment materials is paramount. Stockpiling and timely distribution of medical resources will improve case management and reduce cholera-related complications.

Improving access to safe water and sanitation services is fundamental in controlling the outbreak. The recent Oral Cholera Vaccine (OCV) campaign reached 4,923 people, but without sustainable improvements in water supply and hygiene, transmission risks remain high. Refurbishing water supply systems in affected communities and promoting proper hygiene practices will significantly reduce the spread of cholera and improve long-term public health resilience.

Effective health promotion requires culturally appropriate Information, Education, and Communication (IEC) materials. The lack of materials in local languages limits community understanding and engagement. Given that 19 districts have reported cases, developing and distributing culturally sensitive IEC materials will enhance health literacy and promote behavior change necessary for cholera prevention.

Local media platforms play a crucial role in disseminating health information. With cholera cases still being reported in multiple districts, increasing the use of local radio, newspapers, and social media can help reach populations with limited access to formal healthcare services. Enhancing local media communication will ensure timely updates and reinforce public awareness efforts.

Community leaders are instrumental in mobilizing populations to adopt preventive measures. Traditional and religious leaders, in particular, have strong influence and can help drive community participation in health initiatives. With 13 cumulative deaths recorded, involving these leaders in cholera response activities will foster trust and encourage adherence to public health recommendations.

To streamline health promotion efforts, there is a need for dedicated Health Promotion Focal Point Persons (HPFPP) in health facilities. With 114 confirmed cases, appointing focal points will enhance coordination, improve information flow, and ensure consistent health messaging across affected communities. These individuals will be key in reinforcing prevention and response measures at the grassroots level.

Finally, addressing population mobility is essential to prevent further transmission. High population movement, particularly in affected districts like Hwedza and Beitbridge where there is movement of truckers, increases the risk of cholera spread. Implementing mobile health units can facilitate vaccination, treatment, and hygiene promotion for transient populations. Targeted engagement strategies in high-mobility areas will strengthen outbreak control efforts and improve health outcomes.

By addressing these critical health needs, Zimbabwe can enhance its cholera response and safeguard the well-being of its communities. With a coordinated approach, sustained public health interventions, and strengthened community engagement, the country can effectively mitigate the impact of the outbreak and prevent future occurrences.

Water, Sanitation And Hygiene

Zimbabwe is currently facing a severe cholera outbreak, with 579 suspected and 114 confirmed cases as of March 11, 2025, resulting in 13 fatalities and a case fatality rate of 2.2%. The most affected province, Mashonaland Central, accounts for 332 suspected and 62 confirmed cases. The crisis is exacerbated by limited access to clean drinking water, inadequate sanitation, and poor hygiene practices, particularly in regions such as Hwedza, UMP, Kariba, Mazowe, Belvedere, and Chiredzi. Many communities rely on unprotected water sources such as wells, rivers, and streams, increasing the risk of contamination. Additionally, 40% of healthcare facilities in rural areas lack clean water and basic sanitation, severely hampering effective outbreak response efforts. In Hwedza mining areas, 49% of the population lacks proper sanitation, contributing to widespread open defecation and further contaminating water sources.

In response to the outbreak, efforts such as the recent Oral Cholera Vaccine (OCV) campaign in Glendale, Mazowe District, which reached over 4,923 people, are crucial in containing the disease. However, these measures must be complemented by sustainable interventions that address the root causes of cholera transmission. Overcrowding in temporary shelters, inadequate waste management, and safety concerns—particularly for women and children—continue to deter the use of public sanitation facilities, increasing the risk of disease spread. The strain on the healthcare system is further exacerbated by limited resources, increasing morbidity and mortality rates, especially among vulnerable populations such as children and the elderly. Without urgent action, Zimbabwe risks prolonged outbreaks and escalating public health and economic crises.

To mitigate the impact of cholera and prevent future outbreaks, a multi-sectoral approach is required. Investments in water, sanitation, and hygiene (WASH) infrastructure, including the provision of safe drinking water, improved sanitation facilities, and hygiene promotion, are essential. Strengthening healthcare facilities with access to clean water and sanitation will enhance disease response efforts and reduce cross-contamination risks. Additionally, targeted community awareness campaigns on handwashing, safe water storage, and proper waste disposal will help curb the transmission of cholera in areas like UMP and Hwedza were 56% of the population uses unsafe water sources. refer to ZIMLAC 2024 REPORT attached. Addressing these systemic challenges through coordinated efforts will not only control the current outbreak but also build long-term resilience against future health emergencies.

Protection, Gender And Inclusion

According to ZIMLAC report Gender-based violence (GBV) was reported as a shock by 2.8% of households nationally in 2024, with the highest reporting in Mash East (3.7%) and Mash West (4.0%),3.5% of households had at least one person living with a disability, highlighting the need for inclusive health strategies.
A critical need is to ensure safe access to health services. Vulnerable populations, including women, children, and persons with disabilities, must be able to access cholera treatment and vaccination without fear of violence or discrimination. For instance, in Bindura and Mazowe, where 23 cholera cases are currently in-care, establishing protective measures at health facilities can help address potential risks, ensuring that individuals feel safe when seeking medical assistance.

Moreover, health communication strategies must be gender sensitive. Messaging should address the specific needs and concerns of women and girls, particularly in high-risk areas such as Hwedza Beitbridge and UMP, which have reported new cases. This entails providing clear information on hygiene practices, disease prevention, and access to services in a way that respects cultural norms and recognizes gender roles. For example, workshops tailored for women can be organized to discuss hygienic practices and cholera prevention, ensuring that they can share knowledge within their households.

Active involvement of women and marginalized groups in community engagement initiatives is crucial for the effectiveness of outreach efforts. In Glendale, Mazowe District, where 4,923 people received the Oral Cholera Vaccine (OCV) during a four-day reactive campaign, engaging local women's groups can enhance the reach of health interventions. Their participation not only empowers these groups but also ensures that health initiatives are relevant and sensitive to the needs of all community members.

Protecting vulnerable populations is another essential aspect of the response. Special attention should be given to groups living in informal settlements, elderly individuals, and persons with disabilities. For instance, in Mashonaland Central Province, which has recorded 332 suspected cholera cases and 62 confirmed cases, providing targeted support, such as mobility aids and accessible information materials, will ensure that these individuals are included in health programs and can participate in sanitation and hygiene practices.
The cholera outbreak may also exacerbate vulnerabilities to gender-based violence (GBV). Implementing measures to monitor and respond to GBV incidents is essential, particularly in densely populated areas like Harare and Chitungwiza. Harare has recorded 3 suspected cases and 1 suspected death, emphasizing the need for protection mechanisms. According to Zimbabwe Gender assessment report 2023, Only 39% of women who have experienced GBV seek help, highlighting the need for stronger confidential reporting mechanisms. Training health workers to recognize and address signs of abuse can create an environment where victims feel safe seeking help. Establishing confidential reporting mechanisms within health facilities can also encourage individuals to come forward without fear

of stigma.
Developing culturally appropriate Information, Education, and Communication (IEC) materials is vital for effective health promotion. These materials should be accessible to all community members, including those with disabilities. For example, producing IEC materials in local languages, such as Shona and Ndebele, and ensuring they are available in formats suitable for individuals with hearing impairments will enhance their effectiveness.

Engaging community leaders, including traditional and religious figures, can further strengthen community mobilization around gender and inclusion issues. Their support is crucial in promoting equitable access to health services and resources. In districts where cholera cases are reported, such as UMP, Bindura, and Hwedza, leveraging the influence of these leaders can encourage community members to participate in health initiatives and adhere to hygiene practices.

Providing psychosocial support services to individuals affected by cholera is essential, particularly for those who may have experienced trauma or loss due to the outbreak. This support should be culturally sensitive and accessible to all, regardless of gender or background. Establishing support groups in affected areas can provide a safe space for individuals to share their experiences and receive emotional support.

Lastly, it is vital to establish mechanisms for monitoring and evaluating the effectiveness of gender and inclusion strategies within the cholera response. Collecting disaggregated data will help assess the impact of interventions on different demographic groups. For example, tracking the participation rates of women and marginalized populations in health programs can inform future strategies and resource allocation.
Zimbabwe can enhance its cholera response and ensure that all community members, particularly the most vulnerable, are supported in a manner that respects their rights and dignity.

Community Engagement And Accountability

Zimbabwe's ongoing cholera outbreak, alongside broader challenges related to climate change, has highlighted significant gaps in Community Engagement and Accountability (CEA) that hinder the effectiveness of health interventions. Many health and climate adaptation initiatives are implemented without proper consultation with affected communities, resulting in limited local ownership and engagement. This lack of involvement undermines the effectiveness of critical initiatives such as vaccination campaigns, sanitation improvements, and disease surveillance efforts.

Many health and climate adaptation initiatives are implemented without proper consultation with affected communities, resulting in limited local ownership. This lack of involvement hinders critical interventions such as vaccination campaigns, sanitation improvements, and disease surveillance. Structural barriers also exacerbate these challenges. For instance, only 35% of the population has access to safe water, while 40% still practice open defecation, significantly increasing cholera transmission risks
Health messages often fail to consider local contexts, languages, and cultural practices, leading to misunderstandings and non-compliance with health guidelines. Communities report concerns about the quality of city water and unlicensed vendors selling untreated water at busy markets, which further complicates cholera prevention efforts.
Misinformation also persists, particularly among religious sects. Some Apostolic communities, for example, resort to home remedies such as mixing Coca-Cola with salt or drinking water mixed with ash as perceived treatments for cholera.
The absence of strong community feedback mechanisms leads to a diminished sense of accountability from authorities and organizations. This gap fosters rumors and distrust, making it harder to engage communities in health initiatives. Fear of stigma also prevents timely healthcare-seeking behavior. Many cholera patients delay seeking treatment, assuming initial symptoms are mild or fearing judgment from their communities.
According to the ZRCS RGA preliminary report ,CEA gaps disproportionately impact vulnerable groups, including women, children, the elderly, persons with disabilities, and informal workers such as vendors and artisanal miners. For example, inadequate consideration of accessibility issues means that elderly individuals and persons with disabilities may struggle to use sanitation facilities, limiting their ability to practice safe hygiene.
Similarly, children in high-density suburbs like Dilibadzimu in Beitbridge frequent sewer bursts are at high risk of exposure to cholera as they play in contaminated environments. Refer to the UNICEF CEA report attached.

Any identified gaps/limitations in the assessment

Currently, there has been no formal assessment of the cholera outbreak in Zimbabwe. Information is primarily collected and disseminated through the Incident Management System (IMS) and situation reports. The National Society relies on MOHCC sitreps for guidance, which outlines scenario planning and recommended actions. To enhance the response efforts, a comprehensive assessment is planned to identify existing gaps and gain a deeper understanding of the scale and impact of the outbreak, ensuring that interventions are effectively targeted to meet the needs of affected communities.

Operational Strategy

Overall objective of the operation

This response aims at assisting 309,019 at risk people in high-risk areas including Beitbridge, Bindura Hwedza, UMP and any other emerging districts which were not covered in the previous responses by addressing the urgent health challenges posed by ongoing outbreaks of cholera, in Zimbabwe while simultaneously building long-term resilience in these stated vulnerable communities for 5 months.

The response strategy prioritizes a multi-sectoral, community-centered approach that combines emergency health interventions, risk communication, and community engagement while addressing underlying vulnerabilities related to WASH, food security, and healthcare access. By enhancing coordination among stakeholders, strengthening health infrastructure, and empowering local communities with preventive knowledge and resources, the strategy aims to contain the current outbreaks and fortify Zimbabwe's capacity to manage future public health threats effectively.

Operation strategy rationale

In response to the ongoing cholera outbreak in Zimbabwe, the Zimbabwe Red Cross Society (ZRCS) will implement a comprehensive strategy that focuses on increasing awareness of prevention and control measures, enhancing water, sanitation, and hygiene (WASH) interventions, and facilitating community engagement. This strategy will be executed in collaboration with the Ministry of Health and Child Care, local authorities, and various partners including UNICEF, WHO, IMC, WHH and community organizations. By addressing these critical areas, ZRCS aims to mitigate the impact of cholera and promote long-term health resilience in affected communities, particularly in regions such as Beitbridge, Hwedza, UMP, and Bindura.

Risk Communication and Community Engagement (RCCE):
The primary objective of the RCCE component is to raise community awareness about cholera prevention and control. To achieve this, ZRCS will deploy trained volunteers three times a week for four months to conduct door-to-door visits, distribute Information, Education, and Communication (IEC) materials, and engage in community dialogues in affected areas like . This direct engagement will help clarify misconceptions about cholera and encourage preventive behaviors. Furthermore, local media channels, including radio programs and social media platforms, will be utilized to disseminate tailored messages that resonate with diverse populations, such as truck drivers and market vendors. By organizing community events, including drama performances and roadshows, ZRCS will promote hygiene practices and cholera awareness, particularly in high-density areas like Belvedere in Harare, where the risk of transmission is elevated.

WASH Interventions:
Improving access to safe water and sanitation facilities is critical for controlling cholera transmission. ZRCS will refurbish boreholes and install handwashing stations in public places, especially in densely populated areas like Belvedere in Harare and Hwedza mining area in Mashonaland East . These interventions will not only provide immediate access to safe water but also encourage proper hygiene practices among community members. Additionally, WASH supplies, including liquid chlorine, will be distributed to households in affected communities, such as those UMP and Hwedza, accompanied by training on proper usage to ensure that families understand how to effectively treat their water. Regular water quality testing and chlorine residual monitoring will be conducted at the household level to guarantee the safety of drinking water, thereby reducing the risk of cholera transmission.BORT will be prioritized.

Oral Rehydration Points (ORPs):
To enhance case management and ensure timely access to treatment, ZRCS will establish Oral Rehydration Points (ORPs) strategically in high-burden areas, such as Bindura, Hwedza and UMP and surrounding cholera-affected districts like Beitbridge. These facilities will be prioritized near health centers to facilitate seamless referrals for severe cases. Volunteers will be trained to manage these facilities, providing education on the importance of rehydration in cholera treatment. Targeting mobile populations, such as cross-border traders and truck drivers, is vital; therefore, ORPs will be placed near truck parks and market areas to ensure that these at-risk groups have easy access to rehydration services.

Active Case Finding:
Interrupting cholera transmission at the community level is essential for controlling the outbreak. ZRCS will equip volunteers with the skills and resources necessary for active case searches and contact tracing to quickly identify and refer suspected cases. This proactive approach will enhance community awareness through health education sessions that promote early reporting of symptoms, thereby facilitating timely interventions. By reducing stigma associated with cholera, the initiative will encourage affected individuals in regions like Mashonaland Central and East to seek help without fear of discrimination.

OCV campaign support:
Currently MOHCC has not communicated any plans on OCV campaigns however in February, an OCV campaign was done in Mazowe which targeted 4200+ people therefore which justifies having a contingency plan. The cholera vaccination response strategy involves a multi-faceted approach focusing on community mobilization, risk communication, and effective vaccination support. Trained community volunteers will lead awareness campaigns, including door-to-door outreach, community meetings, and radio broadcasts, to encourage OCV uptake and counter misinformation. In parallel, information materials on cholera prevention will be distributed, and local influencers, including religious leaders and community heads, will be engaged to advocate for the vaccine. Vaccination sites will be established in high-risk areas, with logistical support provided for crowd control, registration, and post-vaccination monitoring

Community Engagement and Accountability (CEA):
To ensure that community feedback is integrated into response efforts, ZRCS will establish feedback mechanisms in all affected districts. This will allow the organization to capture community concerns and suggestions effectively. Involving community representatives from regions such as Bindura, and UMP including women's organizations and local leaders, in social mobilization campaigns will ensure that diverse perspectives are considered. This inclusive approach fosters a sense of ownership among community members and reinforces the importance of collective action in combating cholera.

Coordination and Partnerships:
Streamlining response efforts and maximizing resource utilization is critical for an effective cholera response. ZRCS will actively participate in the multi-sectoral cholera response mechanism coordinated by the MoH and ZNPHI, which will help avoid duplication of efforts. Collaborating with key partners such as WHO, UNICEF, and local NGOs will facilitate alignment of strategies and information sharing, enhancing the overall effectiveness of the response.

Monitoring and Evaluation:
Assessing the effectiveness of interventions and adapting strategies as needed is vital for sustained impact. ZRCS will conduct regular monitoring of WASH Non-Food Items (NFIs) distributed to ensure compliance and effectiveness. Data gathered from volunteers and community reports in affected areas will inform decision-making and improve operational strategies, ensuring that the response remains relevant to the evolving situation.

Psychosocial Support (PSS):
Addressing the psychological impact of cholera on affected communities is an important aspect of ZRCS's response. The organization will provide Mental Health and Psychosocial Support (MHPSS) to cholera victims and their families through trained volunteers. . By combining awareness campaigns with direct psychosocial support, ZRCS aims to encourage collective responsibility in the fight against cholera.

Conclusion
This detailed strategy aims to address the immediate needs arising from the cholera outbreak in Zimbabwe while building the capacity of communities to prevent future outbreaks. By integrating WASH interventions, community engagement, and effective coordination, ZRCS seeks to enhance the overall health outcomes for affected populations in regions such as Hwedza , UMP ,Bindura and Beitbridge , fostering resilience against cholera and other waterborne diseases. Through these concerted efforts, ZRCS is committed to improving public health and ensuring that communities have the resources and knowledge to protect themselves from cholera.

Targeting Strategy

Who will be targeted through this operation?

The target population was calculated using the population census report of UMP, Hwedza , Bindura and Beitbridge as done in the previous DREF 2023 application. The cumulative total of the 4 targeted districts is 309,019. However these are the direct beneficiaries, we cannot ignore that the DREF will target other emerging areas as the outbreak unfolds. Of the 309,019 direct people targeted, the operation will target the most vulnerable and at-risk populations affected by the ongoing cholera, outbreak in Zimbabwe.

Current outbreak trends indicate that mobile populations such artisinal miners, squatter camps, cross-border traders, and market vendors are among the most affected, with cases in other areas showing epidemiological links to hotspots like Bindura, UMP, Beitbridge and Hwedza Consequently, the response strategy will focus on individuals residing in these hotspot areas, particularly those in high-mobility zones and remote locations.

The response prioritizes vulnerable groups that face heightened exposure to cholera. Mobile communities are at increased risk due to constant travel, limited access to safe water and sanitation, and frequent interactions with unhygienic food environments. To disrupt transmission, targeted interventions, including health education, improved access to safe drinking water, and enhanced sanitation services, are essential.

Additionally, special attention will be given to hard-to-reach populations to ensure both prevention and effective case management. Vulnerable groups—such as older adults including men who are in the 48% target for men , children, with focus to 5% being persons with disabilities, and pregnant and lactating women which are part of the 52% target population of women will also be prioritized to ensure equitable access to critical health services and protection throughout the response. This approach aims to mitigate the impact of cholera and strengthen community resilience in affected districts across Zimbabwe.
- In Mashonaland Central, the intervention will prioritize communities in the districts of Bindura where cholera infections have surged.
- Cholera affected areas in Matabeleland South (Beitbridge) Mashonaland East (Hwedza, UMP), Bindura will be targeted due to their high population density and inadequate WASH infrastructure, which heighten the risk of disease transmission.

Special attention will be given to vulnerable groups, including 52% of target population being women, 30% of target population being children, 5% being persons with disabilities, and the elderly, who often face greater barriers in accessing healthcare and preventive services. The operation will also engage community leaders, health workers, and local authorities to ensure an inclusive and effective response that strengthens local capacity and resilience against future health crises.

Explain the selection criteria for the targeted population

The selection criteria for the targeted population as stated above are based on several key factors that prioritize those most at risk of infection, severe health outcomes, and barriers to accessing essential services. The primary criterion is epidemiological data, which identifies hotspot areas with high disease burden, such as districts reporting the highest number of cholera,cases, including Bindura, Hwedza, Beitbridge and UMP. Population vulnerability is another critical factor, with a focus on marginalized groups such as children under five, pregnant women, the elderly, and persons with disabilities who are more susceptible to severe health complications and have limited access to healthcare. Socio-economic conditions, including poverty levels, food insecurity, and inadequate access to clean water and sanitation, are also considered, as these factors increase exposure to waterborne and zoonotic diseases. Furthermore, geographical accessibility is taken into account, ensuring that remote and hard-to-reach communities. The selection process also prioritizes areas with weak health infrastructure and limited capacity to respond to outbreaks effectively. Lastly, the potential for community engagement and collaboration with local stakeholders is factored in to ensure sustainable and community-led interventions that enhance long-term resilience.

Total Targeted Population

Women	**148,218**	Rural	**75%**
Girls (under 18)	**11,806**	Urban	**25%**
Men	**137,218**	People with disabilities (estimated)	**5%**
Boys (under 18)	**11,777**		
Total targeted population	309,019		

Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
Disease Spread Beyond Targeted Areas	Strengthen disease surveillance and early warning systems in neighbouring districts. Conduct widespread risk communication and community engagement to promote preventive behaviours.
Increased demand for healthcare services due to multiple concurrent outbreaks may strain health facilities and personnel	Provide personal protective equipment (PPE) and mental health support for front-line workers. Establish temporary treatment centres to manage case surges efficiently.
Economic challenges and political factors may impact operational efficiency and stakeholder cooperation.	Engage with government authorities at all levels to ensure alignment with national response plans.

	Monitor the socio-political landscape and adapt strategies accordingly.

Please indicate any security and safety concerns for this operation

The political environment is stable and can allow the operation to go on smoothly. The current Mpox DREF and other projects in operation have paid volunteer insurance for all volunteers engaged. The NS addresses the security and safety of volunteers and staff, especially considering the high risk of infection in outbreak settings. If a volunteer or staff member becomes infected, there are clear protocols in place to ensure immediate medical attention, containment, and prevention of further spread. These protocols include the identification of designated healthcare facilities for treatment, rapid referral systems, and immediate isolation if required. Additionally, there is a comprehensive plan for contact tracing and monitoring of those who may have been exposed. The safety protocols also include protective equipment (PPE) requirements, proper hygiene practices, and training for staff and volunteers on infection prevention and control measures. Furthermore, psychological support and counselling services are available for staff and volunteers dealing with the stress and trauma of working in high-risk environments. It's important to confirm that these protocols are already in place, well communicated, and regularly updated in response to evolving risks.

Has the child safeguarding risk analysis assessment been completed?

No

Planned Intervention

Health

Budget: CHF 117,328
Targeted Persons: 309,019

Indicators

Title	Target
# of oral rehydration points installed.	20
# of volunteers trained and deployed to do early detection, reporting, and response to cholera outbreak	200
% of people referred by ZRCS team that received assistance in ORP	100
# of people referred from ZRCS manned ORP to CTC	-
# of people in the target communities sensitized on cholera through door-to-door visits on cholera awareness, increased risk perception, health-seeking behaviours, and prevention.	309,019
#of RCCE (Risk Communication and Community Engagement) dashboard to visualize community feedback in real time and guide evidence-based decision-making	1
# of people reached with key health messages on cholera, through at least three communication channels (radio, social media, and community meetings) Disseminated.	309,019
# of trained volunteers conduct culturally appropriate, community-led public health education sessions on cholera prevention, Sessions will be conducted twice a week.	200

Priority Actions

-Expand healthcare access by establishing 20 ORPs in hard-to-reach areas.
-Strengthen supply chain management to ensure a consistent stock of, oral rehydration solutions (ORS), and personal protective equipment (PPE).
-Establishing 20 Oral Rehydration Points (ORPs) in high-risk areas is a critical intervention to reduce cholera-related morbidity and mortality by providing timely and accessible treatment.
-Enhance disease surveillance systems by improving data collection, reporting mechanisms, and communication infrastructure, particularly in rural areas.
-Provide targeted training programs for healthcare workers to improve their ability to detect and respond to cholera cases effectively.
-Deploy 200 community health volunteers to support early detection and reporting efforts at the grassroots level. BORT teams will be deployed in areas where the health infrastructure is overwhelmed or where accessibility is limited, such as rural districts and informal settlements.
-Support vaccination campaigns as prescribed by MOHCC in targeted affected areas selected at any point in time.
-Conduct targeted community awareness campaigns on cholera symptoms, and prevention measures through workshops, radio broadcasts, and community dialogues.
-Create accessible communication platforms (e.g., community meetings, radio broadcasts, social media, and SMS updates) to provide regular information on health risks, response activities, and preventive measures.
-Ensure information is clear, accurate, and in local languages, addressing both the needs and concerns of different community groups, including women, youth, and people with disabilities. The National Society (NS) will prioritize the production of inclusive Information, Education, and Communication (IEC) materials focused on cholera, measles, and human anthrax, ensuring that these materials are culturally relevant, accessible, and tailored to the diverse needs of the population. This includes creating content in local languages and easy-to-understand formats, such as visual aids and audio messages, for communities with low literacy or those with disabilities. Special attention will be given to vulnerable groups such as women, children, the elderly, and displaced persons, ensuring that key health messages on prevention, symptoms, and treatment options are effectively communicated. Conduct culturally appropriate and community-led public health education campaigns focusing on cholera prevention (hand washing and safe water use) and human anthrax risk (avoiding consumption of sick animals).
-Utilize multiple communication channels, such as local radio, social media, and community meetings, to disseminate 64 health messages widely.
-Collaborate with local leaders, schools, and religious institutions to promote accurate health information and dispel myths. Involve community members, including vulnerable groups, in the monitoring and evaluation of the response to ensure that the actions taken are effective and responsive to local needs.
-Use participatory evaluation methods that allow communities to share their experiences and contribute to the assessment of the intervention's impact.

Water, Sanitation And Hygiene

Budget: CHF 29,426
Targeted Persons: 309,019

Indicators

Title	Target
# of boreholes rehabilitated.	10
# of schools equipped with disability and girlfriendly latrines.	4
# of people practicing safe hygiene practices and household water treatment after receiving hygiene kits and attending hygiene promotion sessions	309,019

Priority Actions

-Implement emergency water supply interventions such as rehabilitation of existing boreholes, and provision of water treatment chemicals in cholera-affected areas of 10 boreholes.
-Promote inclusive sanitation initiatives by improving latrine coverage and ensuring handwashing and proper waste disposal practices in 4 schools.
-Distribute hygiene kits, household water chlorination equipment and conduct hygiene promotion activities to reinforce safe water and

sanitation practices.
-Provide menstrual hygiene management products as part of hygiene kit distributions, ensuring that girls and women can maintain their dignity during the outbreaks.

Protection, Gender And Inclusion

Budget: CHF 19,211
Targeted Persons: 10,000

Indicators

Title	Target
# of schools equipped with inclusive hygiene promotion facilities that meet the needs of women, children, people with disabilities, and other vulnerable groups as informed by Rapid Gender Analysis (RGA).	4
# of gender-based violence (GBV) prevention and response messages disseminated into public health campaigns in cholera-affected areas	100
% increase of dis-aggregated data by gender, age, and disability across 75% of intervention sites to better understand the needs of affected populations	75

Priority Actions

One rapid gender analysis will be conducted before the start of the response in selected districts.RGA will ensure that these gendered impacts are understood and addressed, helping to design more equitable, effective interventions that reach all members of society, reduce the risk of gender-based violence, and enhance the overall resilience of affected communities.
Integrate GBV prevention and response into all public health campaigns, emphasizing the importance of protection from sexual violence and exploitation, especially in the context of displacement and health emergencies.

Develop and disseminate culturally appropriate health education materials in local languages, ensuring accessibility for women, children, people with disabilities, and elderly populations.

Promote inclusive community outreach activities that ensure marginalized and hard-to-reach groups are included, such as through home visits for people with mobility issues or those in isolated locations.

Conduct targeted awareness campaigns on safe water practices, cholera prevention, and vaccination tailored for women, children, and other vulnerable populations.

Ensure that sanitation facilities, water points, and hygiene kits are designed with the needs of women and people with disabilities in mind, providing privacy, accessibility, and safety.

Prioritize vaccination and health interventions for children under five, especially in hard-to-reach areas where access to healthcare is limited.
Disaggregate data by gender, age, disability, and other key factors to better understand the specific needs of diverse populations in affected areas.

Monitor and evaluate the effectiveness of gender-sensitive programming and ensure that protection measures are reaching the most vulnerable groups.

Incorporate feedback mechanisms that allow marginalized populations to share their concerns and experiences, ensuring that response efforts are both inclusive and adaptive to emerging needs.

Community Engagement And Accountability

Budget: CHF 34,111
Targeted Persons: 309,019

Indicators

Title	Target
# of community feedback received & responded.	-

Priority Actions

Formulation of 1 RCCE dashboard to visualize community feedback as it comes in to ensure a timely and evidence-based response.

Coordination And Partnerships

Budget: CHF 1,218
Targeted Persons: 5

Indicators

Title	Target
# of coordination meetings conducted.	3
# of donor engagement meetings attended.	3

Priority Actions

• Humanitarian Diplomacy.
• Donor engagements and funding organisations.
• Coordination of Humanitarian responses with stakeholders

Secretariat Services

Budget: CHF 20,583
Targeted Persons: 15

Indicators

Title	Target
# of field missions by IFRC	4

Priority Actions

- Harare CCD Technical and Operational support for implementation of DREF. Harare CCD Technical and Operational support will be combined with monitoring visits from operation, PMER, logistic and finance to support quality monitoring and accountability.
-Harare CCD Financial Support for the DREF.
-Harare CCD PMER support for the DREF.

- Logistic regular deployment will ensure consistency and speed on the process while supporting the alignment with IFRC standard processes.
Surge:
-The CCD will require a PHIE Coordinator surge profile to support technically.

National Society Strengthening

Budget: CHF 67,848
Targeted Persons: 200

Indicators

Title	Target
# of internal policies and frameworks review and update meetings conducted to align with international standards and best practices for humanitarian health responses	5
# of volunteers and staff trained in public health education, WASH interventions, and PGI	1
% Increase in volunteer recruitment and achieve aretention rate	15
# of coordination meetings attended with key stakeholders.	36

Priority Actions

Conduct 1 training of volunteers and staff that includes public health education, WASH interventions, and protection, gender, and inclusion (PGI) considerations.
Develop strategic fundraising initiatives to ensure long-term financial sustainability for health emergency responses, including partnerships with donors and private sector actors.

Strengthen 5 internal policies and frameworks to align with international standards and best practices for humanitarian health responses.

Strengthen volunteer recruitment, training, and retention strategies to ensure a well-prepared and motivated workforce for outbreak response and health promotion activities by 15%.

Conduct simulation exercises to test and refine emergency response protocols, ensuring readiness to scale up interventions when needed.

Strengthen collaboration with local disaster management agencies and humanitarian partners to ensure a coordinated response to complex emergencies.•
• Involve community members, including vulnerable groups, in the monitoring and evaluation of the response to ensure that the actions taken are effective and responsive to local needs.

Use participatory evaluation methods that allow communities to share their experiences and contribute to the assessment of the intervention's impact.

Maintain accurate and up-to-date documentation on all aspects of the operation, including health interventions, resource distribution, and community engagement activities.

Prepare and submit timely reports to donors, stakeholders, and government bodies, ensuring transparency and accountability.

Ensure that funds and resources are allocated efficiently and effectively, in line with the needs and priorities of the operation, and maintain transparency in the use of resources.

Facilitate coordination with key stakeholders, including local governments, health authorities, UN agencies, and NGOs, ensuring that

there is a unified approach to the response.

Support advocacy efforts to raise awareness of the ongoing outbreaks and the need for additional resources, engaging with both local and international media to highlight the impact of the crisis.

Strengthen partnerships with key actors to mobilize support for long-term recovery efforts, including resilience-building and capacity strengthening initiatives.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

The response operation involves a total of 200 volunteers and 3 staff members, who play crucial roles in implementing health interventions and supporting affected communities. Volunteers are primarily engaged in community-level activities, including conducting health promotion and hygiene awareness campaigns, supporting case detection and referral, conducting BORT and distribution of NFIs and gathering community feedback to inform response efforts. They also assist in surveillance efforts by reporting suspected cases and promoting preventive behaviors within their communities. Staff members, including PMER, finance personnel and project coordinator, provide technical oversight, manage resource distribution, coordinate with government and humanitarian partners, and ensure the efficient implementation of intervention strategies. Together, volunteers and staff work to contain the spread of cholera while strengthening community resilience through education and capacity-building initiatives.

If there is procurement, will it be done by National Society or IFRC?

Procurement for the response operation will be carried out through a collaborative approach between the National Society and the International Federation of Red Cross and Red Crescent Societies (IFRC), based on the nature and scale of the required supplies. The National Society will handle the procurement of locally available items, such as hygiene kits, oral re hydration salts (ORS), water treatment chemicals, and community-level health promotion materials. This approach will ensure timely delivery and cost-effectiveness while supporting the local economy.
The IFRC will manage the procurement of specialized or large-scale items that may not be readily available in-country, such as ORP kits. The IFRC's global procurement network will ensure compliance with international standards, cost efficiency, and timely delivery of critical supplies.

How will this operation be monitored?

The operation will be monitored through a robust multi-level monitoring and evaluation (M&E) framework that ensures real-time tracking of progress, effectiveness, and impact. Regular field visits will be conducted by National Society staff and volunteers to assess the implementation of activities, gather feedback from communities, and identify any challenges that require immediate action. Data collection tools, including surveys, checklists, and digital reporting platforms, will be utilized to track key performance indicators such as the number of people reached, supplies distributed, and cases reported. Weekly and monthly progress reports will be compiled to provide insights on achievements and gaps, enabling evidence-based decision-making. Coordination meetings with stakeholders, including government health authorities and humanitarian partners, will facilitate information sharing and ensure alignment with national response strategies. Additionally, community feedback mechanisms will be established to ensure accountability and responsiveness to the needs and concerns of affected populations. The IFRC will provide technical support and oversight to ensure compliance with international standards and best practices.

Please briefly explain the National Societies communication strategy for this operation

The National Society's communication strategy for this operation focuses on ensuring timely, accurate, and transparent information sharing with key stakeholders, including affected communities, government authorities, donors, and the general public. The strategy involves a multi-channel approach, utilizing radio broadcasts, edutainment, social media platforms, community meetings, and printed materials to disseminate life-saving health messages, prevention tips, and updates on the response efforts. It emphasizes two-way communication by establishing feedback mechanisms such as suggestion boxes, and community meetings to address concerns and adapt interventions accordingly including formulation of an RCCE dashboard. The communication efforts will also highlight the impact of the operation through human-interest stories, success cases, and progress updates to maintain donor engagement and public trust. Furthermore, collaboration with community health workers and media partners will help in countering misinformation and promoting

behaviour change messages tailored to the needs of diverse audiences, including vulnerable groups such as women, children, and persons with disabilities.

Budget Overview

IFRC

DREF OPERATION

MDRZW024 - Zimbabwe Red Cross Society
Cholera Response 2025

Operating Budget

Planned Operations	**200 076**
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	117 328
Water, Sanitation & Hygiene	29 426
Protection, Gender and Inclusion	19 211
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	34 111
Environmental Sustainability	0
Enabling Approaches	**89 650**
Coordination and Partnerships	1 218
Secretariat Services	20 583
National Society Strengthening	67 848
TOTAL BUDGET	**289 726**

all amounts in Swiss Francs (CHF)

Internal 20/03/2025 #V2022.01

[Click here to download the budget file]

Contact Information

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Click here for the reference