HEALTH CLUSTER ZIMBABWE

BULLETIN # 01
Health Partners Bulletin
15 April 2024

ZIMBABWE
CHOLERA RESPONSE

12 MILLION AT RISK

31,912 SUSPECTED CASES

31,305 DISCHARGE

597 DEATHS

1.9% CASE FATALITY RATE

KEY HIGHLIGHTS

- The cholera outbreak in Zimbabwe has gone on for more than a year placing high demands on available resources and putting at risk a population of 12 million people.
- The Government of Zimbabwe with support from health partners is responding to the outbreak with various measures which are yielding results with a general decreasing trend in number of cases.
- The emergence of new hotspots, particularly in central and northern districts, necessitates intensified interventions including improved access to clean water, sanitation, and hygiene (WASH), effective case management, risk communication and community engagement, and oral cholera vaccine.
- Collective action by all stakeholders and mobilization of resources to address the funding gaps are required more than ever to ensure containment of the cholera outbreak.

PEOPLE AFFECTED

49% MALES
51% FEMALES
4% CHILDREN <5 YEARS

HEALTH PARTNERS

23 PARTNERS
28 IMPLIMENTING PARTNERS

HEALTH FACILITIES

258 CHOLERA TREATMENT CENTRES
46 ORAL REHYDRATION POINTS

VACCINATION COVERAGE

PROVINCES TRAGETED: **8**
DISTRICTS TARGETED: **22**
NUMBER TARGETED: **2,306,955**
NUMBER REACHED: **2,121,784**

1. Overall Review

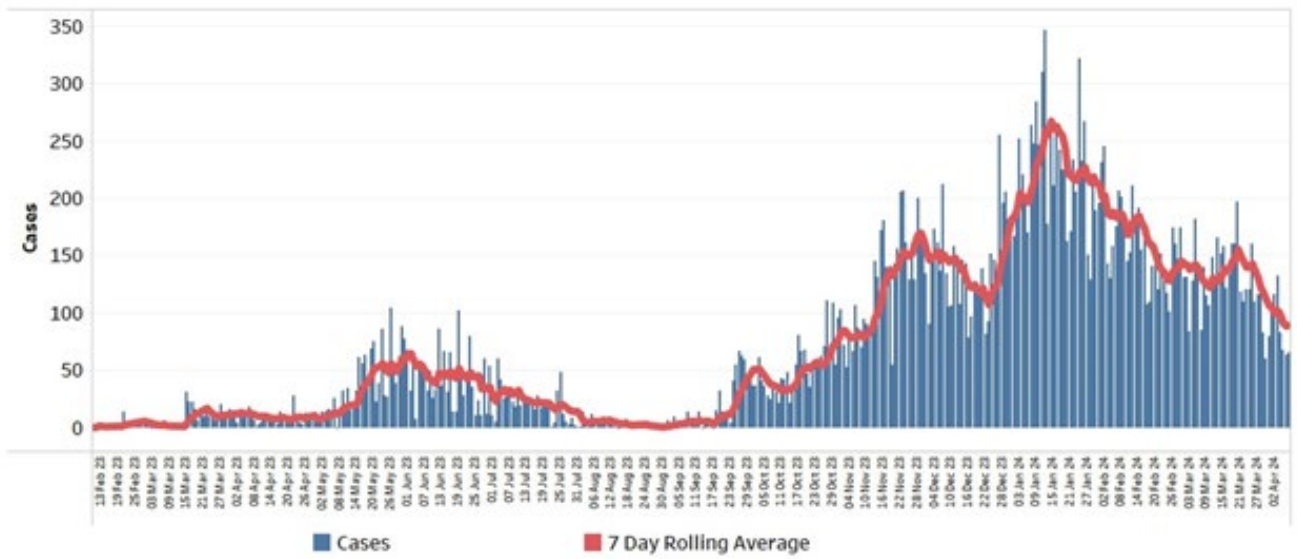
The cholera outbreak in Zimbabwe was first reported in Chegutu on 12 February 2023 and escalated into a critical public health emergency, affecting all the country's 10 provinces. As at 15 April 2024, 31,912 cases and 597 deaths had been reported, translating to a case fatality rate of 2.2%. Approximately 71% of cases have been reported from Harare, Manicaland, and Mashonaland Central Provinces.

The response strategy prioritizes robust surveillance, effective case management, and ensuring access to safe water, sanitation, and hygiene (WASH) practices. Alongside these efforts, comprehensive community education is vital. To effectively combat and control the outbreak, a united effort from partners and donors is essential. WASH interventions tailored to the most vulnerable populations are critical. This includes reinforcing water treatment, conducting regular water safety checks, promoting improved hygiene and sanitation practices, strengthening infection prevention and control in healthcare settings, and ensuring safe burial practices.

TABLE 1. SUMMARY OF CHOLERA CASES BY PROVINCE AS OF 4 APRIL 2024

PROVINCE	CUMULATIVE SUSPECTED CASES	DEATHS	CASE FATALITY RATE - SUSPECTS (%)	ATTACK RATE (PER 100,000 POPULATION)
Bulawayo	45	1	2.2%	5.7
Chitungwiza	2,209	29	1.3%	446.5
Harare	9,873	53	0.5%	448.2
Manicaland	6,377	129	2.0%	299.4
Mash Central	4,181	146	3.5%	269.6
Mash East	1,421	23	1.6%	69.4
Mash West	2,636	54	2.0%	132.5
Masvingo	3,379	102	3.0%	179.1
Mat North	300	6	2.0%	31.8
Mat South	477	3	0.6%	55.5
Midlands	1,014	51	5.0%	48.5
National	31,912	597	1.9%	187.9

FIGURE 1. EPI CURVE OF CHOLERA CASES IN ZIMBABWE, 12 FEBRUARY 2023 – 15 APRIL 2024



2. Effects of the outbreak

High mortality rate

Cholera is an acute diarrheal disease that can be fatal within hours if left untreated. The severe forms of the disease can lead to rapid dehydration and electrolyte imbalances, resulting in death.

Contagious transmission

Cholera spreads through contaminated food or water. The bacterium Vibrio cholerae can be shed in feces, potentially infecting others. Crowded living conditions and poor sanitation contribute to widespread transmission.

Health care system strain

Outbreaks can overwhelm healthcare systems, especially in resource-limited settings with limited human resources for health exacerbating the situation. This can compromise the treatment of cholera patients as well as disrupt the regular delivery of medical services for other conditions.

Malnutrition

Zimbabwe like most countries in the southern Region was heavily impacted by Elnino which led to drought. The limited availability of resources, the increased metabolic demands due to cholera, combined with decreased nutrient absorption due to diarrhea, can exacerbate malnutrition, especially in children and those already suffering from undernutrition.

Economic impact

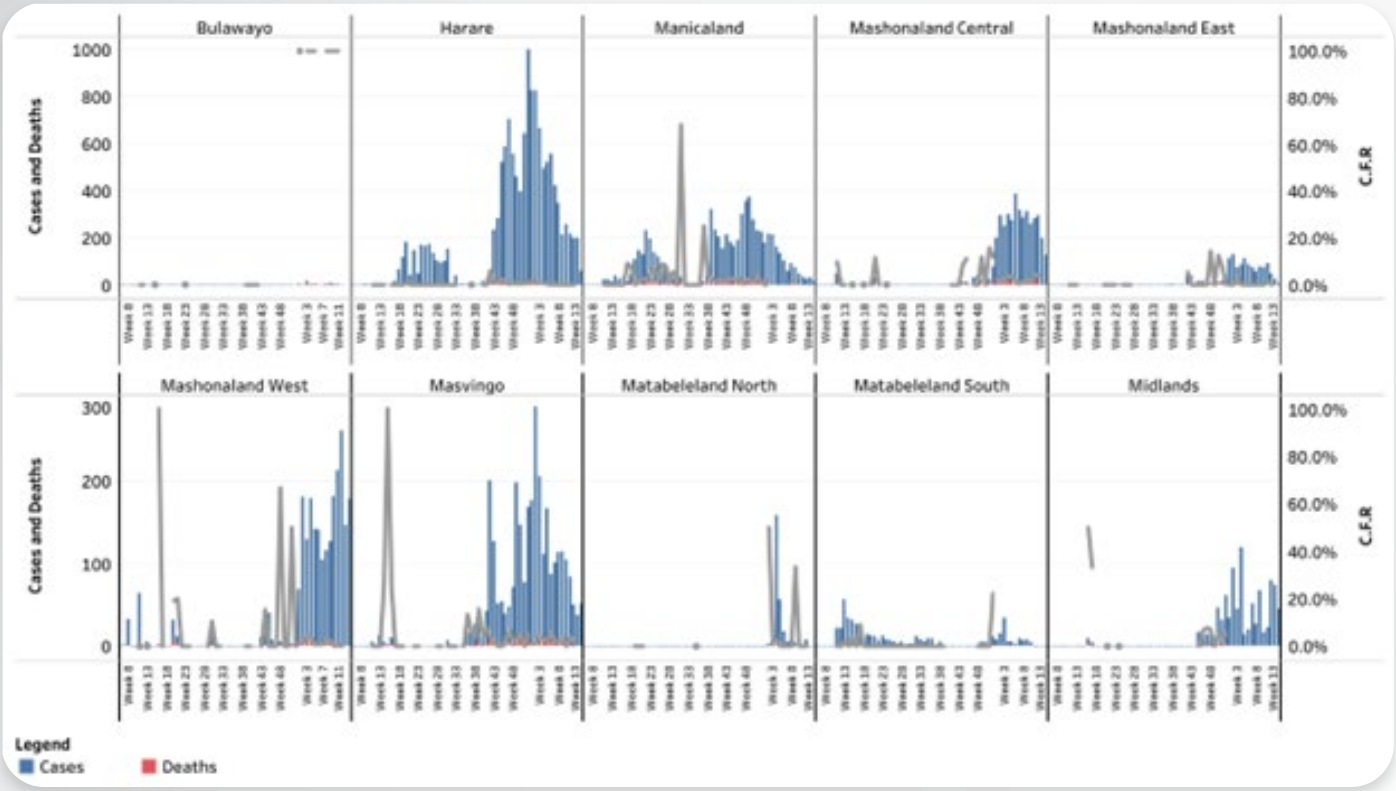
A widespread cholera outbreak can strain a community or region's economic stability. It can affect the workforce, increase healthcare costs, and discourage tourism and local commerce. The financial burden can be substantial.

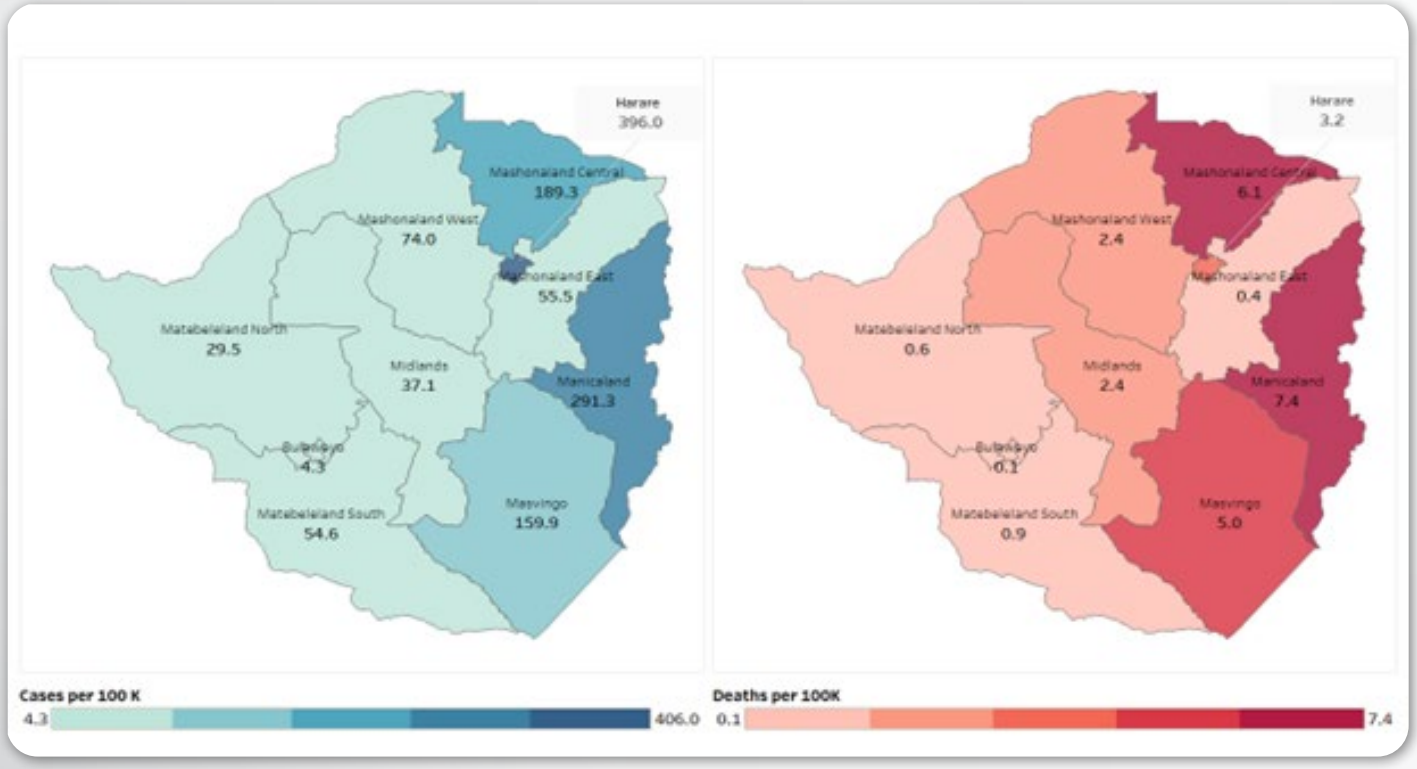
Social disruption

As the outbreak spreads, so is fear. Fear of the disease leads to social stigma and discrimination against affected individuals and communities. Additionally, daily life is disrupted, impacting education, commerce, and community interactions.

Addressing these risks requires a coordinated public health response that includes improving working conditions for health care workers, Water and Sanitation, promoting good hygiene practices, ensuring rapid treatment and rehydration for affected individuals, and strengthening health systems to handle the influx of patients.

DISTRIBUTION OF CASES BY DISTRICT WITH CFR





Cumulative Cholera cases per 100,000 per population

Cumulative Death per 100,000 population

3. PARTNERS COORDINATION

In the face of a cholera outbreak, a prompt and strategically coordinated response is paramount to safeguarding public health. To achieve this, weekly meetings were established to serve as a crucial platform for fostering a multidisciplinary response. Here, health partners, policymakers, and subject matter experts convene to collaboratively address the evolving crisis.

The established incident management system has improved efficiency, ensured optimal resource allocation, and facilitated a more unified approach to controlling the outbreak. This collaborative effort serves as a powerful testament to the effectiveness of a coordinated response in tackling public health emergencies.

Frequent Meetings

Districts like Mutare, particularly affected by the outbreak, adopted daily meetings to share critical updates and coordinate activities. This ensured real-time decision-making and a unified response.

Transparency and Partner Mapping

A clear understanding of each partner's area of focus was established. This eliminated duplication of efforts and optimized resource allocation.

Mapping Essential Resources

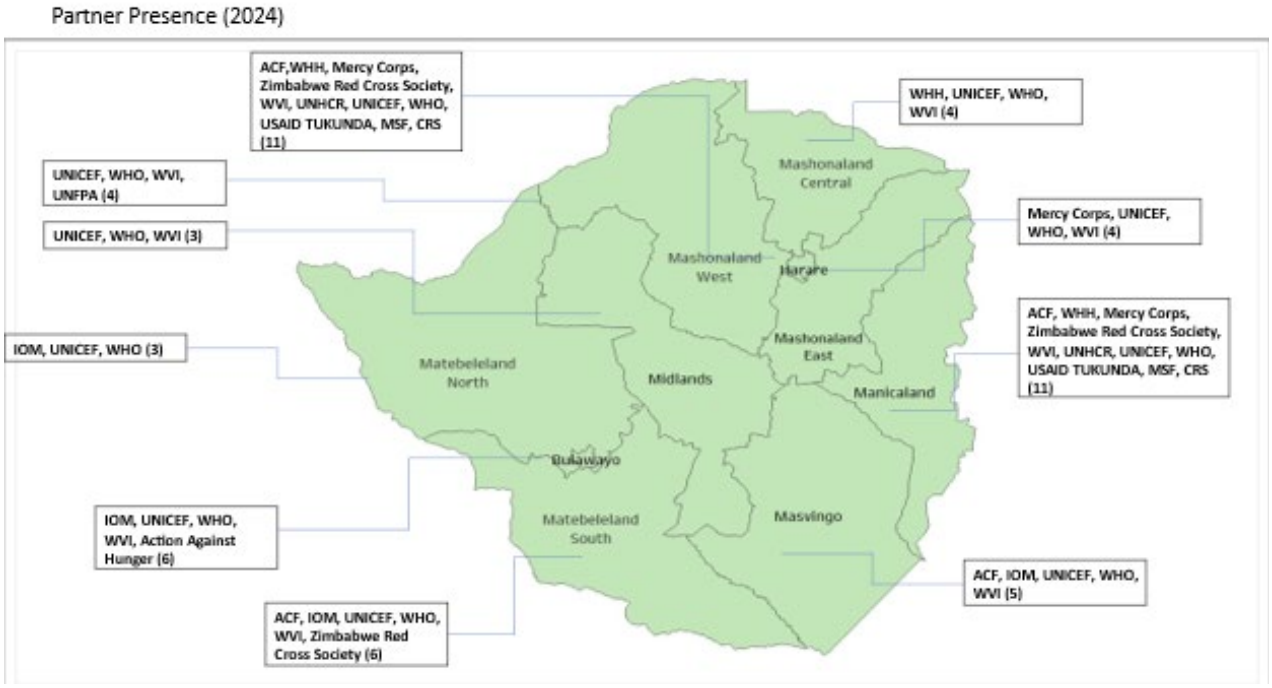
Cholera Treatment Centers (CTCs) were mapped to identify gaps and ensure efficient patient referral.

Streamlined Processes and Increased Efficiency

The 5Ws Matrix: This tool provided a comprehensive overview of the outbreak by pinpointing the Who, What, When, Where, and Why of each case. This facilitated rapid data analysis and informed targeted interventions.

Partner Mapping and Resource Mobilization: Collaborative efforts led to the identification of partners with specific skillsets and resources. This facilitated a more efficient response and maximized available resources.

PARTNERS' PRESENCE AND VARIOUS LOCATIONS IN ZIMBABWE



Collaborative surveillance

- Safe and scalable emergency care
- Protecting health workers and patients
- Health systems that can maintain essential health services during emergencies

Partner

- Africa CDC
- Higherlife
- IOM
- JPIEGO
- UNHCR
- USCDC
- WHO
- World Vision International

Community protection

- Proactive risk communication and infodemic management to inform communities and build trust
- Community engagement to co-create mass population and environmental interventions based on local contexts and customs
- Multi-sectoral action to address community concerns such as social welfare and livelihood protection

Partner

- Action Against Hunger Africa Head
- Catholic Relief Services
- ECHO
- Goal
- IOM
- MSF
- UNHCR
- Unicef (WHH, Mercy Corps, Oxfam)
- US CDC
- USAID TUKUNDA
- WHO
- World Vision International
- Zimbabwe Red Cross Society

Access to countermeasures

- Fast track R&D with pre-negotiated benefit sharing agreements
- Scalable manufacturing platforms and agreements for technology transfer
- Coordinated procurement and emergency supply chains to ensure equitable access

Partner

- Action Against Hunger
- ADRA Zimbabwe
- Care International
- CARITAS
- IMC
- MSF
- Unicef (WHH, Mercy Corps, Oxfam, Christian
- WHO
- Zimbabwe Red Cross Society

Clinical care

- Safe and scalable emergency care
- Protecting health workers and patients
- Health systems that can maintain essential health services during emergencies

Partner

- Africa CDC
- Catholic Relief Services
- EGPAF
- MSF
- Troicaire
- UNFPA
- UNHCR
- Unicef (WHH, Mercy Corps, Oxfam)
- US DCD
- UZ
- WHO
- World Vision International
- Zimbabwe Red Cross Society

Emergency Coordination

- Strengthened health emergency alert and response teams that are interoperable and rapidly deployable
- Coherent national action plans for preparedness, prevention, risk reduction and operational readiness
- Scalable health emergency response coordination through standardized and commonly applied Emergency Response Framework

Partner

- Africa CDC
- Higherlife
- UNHCR
- WHO
- World Vision International

23 Partners
28 Implementing partners

- Government
- UN Agencies
- INGO
- NGO
- Donors

Zimbabwe's 5W Partner Mapping for Cholera Response

Partner	Thematic Working Group				
	Emergency Coordination	Collaborative Surveillance	Community Protection	Safe And Scalable Care	Access to Medical Countermeasures
Action Against Hunger			■		■
ADRA Zimbabwe					■
Africa Ahead			■		
Africa CDC	■	■		■	
AWET			■		
CARE International			■		■
CARITAS					■
Catholic Relief Services			■	■	
ECHO			■		
EGPAF				■	
Goal			■		
Higherlife	■	■			
IMC					■
IOM		■	■		
JPIEGO		■			
MSF	■		■	■	■
One Africa Trust			■		
Plan International			■		
Troicaire				■	
UNFPA				■	
UNHCR	■	■	■	■	
Unicef (Oxfam, Mercy Corps, WHH)	■		■	■	
Unicef (WHH, Mercy Corps, Oxfam, Chris..					■
US CDC	■	■	■	■	
USAID TUKUNDA			■		
UZ				■	
WHO	■	■	■	■	■
World Vision International	■	■	■	■	
Zimbabwe Council of Churches			■		
Zimbabwe Red Cross Society			■	■	■
Total	8	8	19	13	9

Prevention and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH)

Preventing and responding to SEAH is one of WHO's key mandates and during the cholera response, WHO played a key role in amplifying awareness and promoting action during this year's International Women's Day which ran under the theme, "Invest in women: Accelerate progress." In collaboration with the Ministry of Women Affairs, Small and Medium Enterprises, WHO co-organized a commemoration event that celebrated the social, political, and economic achievements of women in Zimbabwe. This important event brought together UN agencies, members of parliament, and civil society organizations (CSOs) to acknowledge the crucial role women play in the country's development. A total of 238 (150F and 88M) people were reached with critical information on cholera and PRSEAH issues, while 1100 cholera posters were distributed during the commemorations. A total of 22 exhibition stands were visited by WHO team, raising awareness on cholera, distribute posters and network. 50 T-shirts with PRSEAH and cholera messages were distributed. They actively participated in raising cholera awareness by distributing informational posters and staffing exhibition booths throughout the commemorations. Additionally, WHO provided vital training to over 500 healthcare workers from the Ministry of Health and Child Care (MoHCC) and its partners, ensuring a more coordinated and effective response to the ongoing cholera outbreak.

4. OTHER THEMATIC WORKING GROUP ACTIVITIES.

a. SAFE AND SCALABLE CARE

Summary of key achievements in February 2024

- Following the national training of trainers' workshops on Case management and Infection Prevention and Control in December 2023, and in response to the sustained high CFR in selected provinces, WHO collaborated with Africa CDC and UNICEF to conduct integrated CM, IPC, and Surveillance training in Mashonaland Central, Mashonaland West, Midlands, Masvingo, and Bulawayo provinces. 320 HCWs, including clinicians, data managers, and environmental health professionals, were trained from 3rd March to 5th April 2023.
- To standardize and improve the quality of care for cholera patients, WHO has supported the MOHCC in consolidating IPC SOPs and is providing on-the-job mentorship for health workers in CTC/CTUS, printing and dissemination of over 3,500 job aides and IPC SOPs to high burden provinces and districts. In February and March, WHO supported 25 CTCs in 16 districts from Mashonaland Central, Mat North, Harare, Midlands, Mashonaland East, and Mashonaland West provinces to improve IPC standards in CTCs and mentored 52 clinicians to supervise other health workers in the CTC/Us, and 350 job aides distributed.
- Majority of CTC/CTUs are situated at health facilities, with some of the communities served being more than 20km away; hence, there are accessibility challenges because of the distance, bad road network, and lack of transport. Hence, it is essential to decentralize care for cholera patients through oral rehydration points in affected villages. Partner collaboration of WHO, ZRCS/IFRC, MSF together with MoHCC set up ORPs in 10 villages in priority districts of Hwange, Mbire, Centenary, Mazowe, and Shamva districts to support decentralization of care with over 1,230 patients seen at these ORP from January to March 2024.

Summary of Major Challenges

- The protracted outbreak (13 months) has resulted in response fatigue among healthcare workers.
- There is limited data flow from the ORPs to CTC/CTUs into the national line list, resulting in underreporting and unsure community disease burden.
- The generation and utilization of clinical data have been limited in the CTC/CTUs, underscoring the need for robust clinical data use. This has resulted in clinicians not strictly adhering to treatment guidelines, e.g., giving less fluids to patients in Plan C and IV fluids to patients with no dehydration (Plan A) who should be on oral replacement with ORS.

Planned activities

- In response to the much-needed decentralization of care, 120 ORP sets are planned for procurement from the WHO Nairobi Hub to support ORP setups in the provinces, reporting many cases in the last four weeks. These ORPs will support Community treatment of over 12,000 mild cases at the Community level.
- WHO, in collaboration with MoHCC and Provincial Medical Offices, is planning a cholera case management webinar focusing on the clinical aspects of cholera patient management, with specific emphases on fluid management and cholera in pregnancy. This webinar, which is proposed to start the second Week of April 2024, will be in four series and target clinicians in various CTC/CTUs.

b. COUNTERMEASURES AND RESEARCH.

Achievements

- Zimbabwe received a critical shipment of cholera supplies from Nairobi with a total value of $82,000. These supplies can manage 600 severe and 2,220 moderate cholera cases. They include essential treatment medications, tents, beds, hygiene supplies, and personal protective equipment for healthcare workers.

- Efforts are ongoing to map out supply needs with partners and to procure additional resources from the Nairobi Hub. This includes Oral Rehydration Point (ORP) setup kits, IPC consumables, and water treatment supplies.
- Several actions have been taken to expand cholera treatment capacity:
- Marondera Hospital's CTC unit was upgraded to accommodate 13 patients, with improved patient flow through separate triage and hospitalization areas.
- A new 6-bed CTC was established in the Tafuna mining settlement of Shamva district.
- An additional 150 beds were procured to improve capacity at existing treatment centers.
- Distributions of cholera supplies have also taken place in multiple provinces:
- Mashonaland East received enough supplies to treat 100 cases and set up an ORP.
- Mashonaland Central received supplies for 440 cases and to set up 2 ORPs.
- Matabeleland North, Midlands, Mashonaland West, and Kadoma City received supplies for 800 mild to moderate cases.
- Kadoma City and Mashonaland Central province received hygiene and sanitation supplies

Partners like MSF and IFRC were also provided with resources to establish their own treatment centers.

COMMUNITY PROTECTION

This month, Africa AHEAD, with support from UNICEF, undertook several key activities in Hwange to combat the cholera outbreak. A two-day training on effectively managing cholera outbreaks was delivered to 12 Village Health Workers (VHWs) from Hwange, empowering them to educate their communities on preventive measures. An additional 44 Non-Food Items (NFIs) were distributed, bringing the total to 341. These essential supplies have reached 220 beneficiaries (112 female, 198 male). Cumulatively, NFI distributions have benefitted 1,240 people (747 female, 513 male). Through door-to-door visits, health and hygiene promotion sessions were conducted in 255 households, reaching 1,161 individuals (712 female, 449 male). This one-on-one approach ensures critical hygiene messages are disseminated effectively within the community.

Through ADRA Zimbabwe, handwashing soap was distributed to 15 nutrition gardens in Binga district, reaching 1,356 people. Hygiene promotion sessions were integrated into meetings held across Binga, Mbire, and Muzarabani districts. This ensures widespread dissemination of critical hygiene messages within these communities. Furthermore, school health clubs in Gokwe North and Zvishavane were established, reaching a total of 16,611 learners. These clubs promote hygiene practices among students, creating positive ripples within their communities.

Christian Care, with support from UNICEF, has nearly completed (98.5%) its cholera response projects in seven districts. This coincides with a promising decline in reported cholera cases across most areas. The organization recently facilitated the distribution of essential supplies (NFIs) to a large funeral gathering (around 500 people) in Zaka district.

While the burial of a religious leader posed a potential risk, monitoring by health teams ensured no post-burial outbreaks were reported. Christian Care, along with other key stakeholders, continues to closely monitor the situation in all provincial districts. Technical assessments for planned solar-powered water schemes funded by CERF are underway, with a report expected by Thursday, April 11th, 2024. Additionally, a recent UNICEF shipment of NFIs has bolstered the provincial contingency stock.Training of 28 school health masters (23 F and 5M), training of 40 marketers from 4 market committees in Kuwadzana, and training of 22 religious leaders in Kuwadzana. 2 traditional healers also attended. 805 children in Harare province and 312 children in Midlands were screened using MUAC. Water kiosk-land alienation processes are underway. Hygiene promotion using door-to-door as well as mass awareness campaigns in Mberengwa and Shurugwi mining areas, NFI distributions (Oxfam with support from UNICEF).

- Road Shows and sharing of IEC materials in Dzivarasekwa 9 schools, reaching around 13,500 school children and approx 2,000 adults. Community-led action activities were conducted in Dzivarasekwa, reaching around 2,000 households. Hygiene monitoring was conducted in sampled Households for Dzivarasekwa and Kuwadzana, and data capturing, and analysis were in process. Support for RRT and Health information teams was conducted. Kuwadzana Poly Clinic and Rujeko Poly Clinic were supported with handwashing stations.

WHH, with support from UNICEF, has implemented a robust response program to address the cholera outbreak in Kadoma, Shamva, and Mt. Darwin districts. Four ORPs were set up: one in Kadoma serving around 195 patients and three in Shamva serving approximately 240 patients. These life-saving centers provide critical rehydration treatment to cholera patients. Training programs were conducted for community volunteers in both Kadoma (20) and Shamva (26). These volunteers play a vital role in educating their communities about preventive measures and promoting hygiene practices. Door-to-door hygiene education sessions reached an estimated 9,521 people in Kadoma and 9,306 in Shamva, ensuring widespread dissemination of critical information. Forty church health masters in Kadoma received training on cholera and hygiene, strengthening the local healthcare response. Additionally, water quality monitoring was supported in Kadoma with 39 samples collected and analyzed to identify potential contamination sources. Hygiene kits were distributed in Kadoma (57 full kits and 459 half kits), Shamva (30 full kits and 15 half kits), and Mt. Darwin (189 half kits), providing households with the necessary tools to maintain hygiene and prevent the spread of cholera.

Oral Cholera Vaccination

To stop the cholera transmission and contain the outbreak, WHO provided technical support to Zimbabwe to apply for Oral Cholera Vaccine (OCV), through the International Coordination Group (ICG) to conduct a reactive campaign in targeted areas. . ICG approved 2,303,248 doses of OCV in January 2024, and financial support of $1,492,695 was also provided to facilitate campaign implementation, thanks to GAVI, The Vaccine Alliance.

The campaign was implemented between 29 January and 22 February 2024, targeting people above 1 year, living in high-risk areas in seven provinces of Harare, Chitungwiza, Midlands, Masvingo, Manicaland, Mashonaland Central, Mashonaland East and Mashonaland West. A total of 2,126,125 were vaccinated, attaining a national coverage of 92%.

Establishment of HWFs at Shava mine in Mberengwa (Oxfam 14 March 2024, Beauty Mine, Mberengwa)

Community engagement (CATIs approach) in Mberengwa, 13 March (Oxfam)

WPC training in Kuwadzana
(IWSD , 1 February 2024 Kuwadzana community Hall, Kuwadzana)

door-to-door NFI distribution in Kuwadzana Paddock area
(IWSD, 17-19 Jan 2024, Kuwadzana Paddock)

VHW manning Pote ORP in Shamva district.
(WHH, 26 March 2024)

Training of 40 church health masters in Kadoma. (WHH, 20 March 2024)

Group presentation on the use of PHHE Tool kits in Hwange - Africa AHEAD

The EHT caught in action conducting cholera awareness with school-going children who attended the cholera awareness during a roadshow at Spinderella high-density suburb in Hwange - Africa AHEAD

d. COLLABORATIVE SURVAILLANCE

1. Taking a multi-faceted approach to data management, diagnostics, and data visualization, WHO supported various activities to promote provision of critical information for informed decision-making throughout the response.

- 48 Health Information Officers received advanced training in data management and analytics. This has led to improved daily and weekly situational reports, providing critical insights into the outbreak's evolution.
- Daily admission data is now readily available in both National and Provincial reports, enabling better resource allocation and response coordination.
- The National Line List has seen significant improvement in completeness, ensuring accurate case tracking.

2. Streamlined Data Collection and Visualization Tools:

- To streamline data collection and visualization tools, a suite of new tools were developed and deployed.
- CTC Register: Provides a centralized record of cholera treatment center patients.
- Mortality Audit Dashboard: Allows for comprehensive analysis of cholera-related deaths.
- Weekly Lab Reporting tools and Dashboard: Facilitates efficient reporting and analysis of laboratory results.
- CTC and ORP mapping tool: Offers a visual representation of treatment facilities for strategic planning.
- Water Quality Monitoring Dashboard: Enables real-time monitoring of water quality, crucial for preventing further transmission.

3. Strengthening Diagnostic Capacity:

- Data Harmonization: Streamlined data collection ensures consistency across different platforms. This includes harmonizing OCV application data and laboratory data, allowing for accurate stock management. Over 41,000 RDTs are now properly accounted for.
- Disaggregation of Deaths: Deaths are now categorized by location (community or institution),

providing valuable insights into transmission patterns.

- As part of efforts to strengthen laboratory capacity,
- 44 laboratory personnel from key hot spot laboratories across the country received training in cholera culture and Antimicrobial Susceptibility Testing (AST). This strengthens the ability to accurately diagnose cholera and identify effective treatment options.
- Supporting Nurses in Antigen RDT Testing: 986 nurses from 700 testing sites were trained in Antigen Rapid Diagnostic Testing (RDT), enabling faster identification of suspected cases and prompt treatment initiation.

Planned Activities

- Support OCV application (2nd round)
- Data Management training in new areas reporting cases.
- Site Supportive Supervision
- Improvement of line-list completion
- Rollout of cascading of IDSR guidelines
- Rollout of Rapid Response Teams training
- Cholera IAR Planning.
- Improvement in the daily sitrep

MAJOR AND COMMON CHALLENGES ACROSS ALL THEMATIC WORKING GROUP

1. Response Fatigue Among Healthcare Workers: The prolonged outbreak, spanning 13 months, has led to fatigue among healthcare workers.
2. Data Flow Challenges: Insufficient data is transferred from the Outpatient Referral Points (ORPs) to the Community Treatment Centers (CTCs) and Community Treatment Units (CTUs). Consequently, this results in underreporting and uncertainty regarding the disease burden within the community.
3. Clinical Data Utilization: The generation and utilization of clinical data remain limited in the CTCs and CTUs. This highlights the urgent need for robust clinical data use. As a consequence, clinicians sometimes deviate from treatment guidelines. For instance, they may provide fewer fluids to patients in Plan C or administer intravenous fluids to patients in Plan A (who should receive oral rehydration therapy with ORS).
4. Africa AHEAD reports that Hwange district lacks Cholera Rapid Diagnostic Test (RDT) kits for promptly testing suspected cholera cases.
5. ADRA faces resource limitations in reaching all affected communities.
6. Christian Care highlights inconsistent water quality monitoring by the Ministry of Health and Childcare (MoHCC). Additionally, critical departments within MoHCC are reluctant to share information, making it challenging to obtain district situation reports.
7. Oxfam encounters difficulties in reaching mining areas, where small-scale and illegal miners are highly mobile and often rely on traditional medicine. Limited resources, especially non-food items (NFIs), exacerbate the situation.
8. IWSD also grapples with resource constraints in reaching all affected communities.

These challenges underscore the need for collaborative efforts and resource allocation to combat the outbreak effectively.

URGENT NEEDS

- Enhance the capacity of Cholera Treatment Centers at the district and sub-district levels by bolstering human resources, supplies, and adherence to safety protocols, especially as the Heroes facility phases out, to ensure the continuation of superior care and infection prevention.
- Initiate actions to rectify documentation and data management obstacles, improving record-keeping quality and bolstering data-driven decision-making processes.
- Formulate and execute plans to optimize the logistics of the supply chain for critical items such as Oral Rehydration solutions, discharge kits, WASH cholera kits, Oral Rehydration Points, and other necessary medical supplies to guarantee their prompt and efficient distribution in response to cholera outbreaks.
- Conduct a thorough investigation to identify the underlying factors contributing to the consistently elevated Case Fatality Rate in some community and healthcare settings.
- Allocate the necessary resources promptly to enhance the capabilities of Oral Rehydration Corners, including financial investment, logistical support, and infrastructural upgrades, to improve their service delivery in cholera treatment and prevention.
- Secure sufficient financial support to bridge resource deficiencies and maintain vital operations, including procuring medical supplies, training healthcare workers, and enhancing facilities.
- Expand the engagement of collaborative partners in regions beyond Harare to achieve a more extensive and effective cholera response network throughout the impacted zones.
- Conduct an intra-action review of the present mode of response.

Direction of Progress

1. Coordination Mechanisms:

- o Establish and reinforce coordination mechanisms at the district level, facilitating collaboration among partners and ensuring a unified approach to cholera response activities.

2. Strengthening Partnerships:

- o Collaborate closely with suppliers and stakeholders to enhance coordination and efficiency within the supply chain

3. Regular Partner Mapping:

- o Maintain up-to-date partner mapping using the 5 W matrix at the provincial level.
- o These strategic actions will contribute to a more effective and comprehensive response to the cholera outbreak.

4. Infection Control Protocols:

- o Implement protocols for infection control, emphasizing proper Personal Protective Equipment (PPE) usage and adherence to hygiene practices.

5. Inventory Monitoring Systems:

- o Establish systems to monitor and track inventory levels, preventing stockouts and ensuring timely replenishment of essential supplies.

6. Financial Resource Allocation:

- o Secure financial resources to renovate, expand, and equip Outpatient Referral Centers (ORCs) to meet increased demand.

7. Infrastructure Upgrades:

- o Invest in upgrading infrastructure, including water supply systems, sanitation facilities, and physical structures, to enhance ORC capacity.

8. Broadening Impact:

- Strengthen partnerships with local organizations, community groups, and international agencies to extend the reach and impact of cholera response efforts.

Partners

Donors

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