

### Overview

Between February 2023 and July 2024, Zimbabwe experienced a major cholera outbreak primarily affecting densely populated urban areas in Harare. The outbreak spread across all 10 provinces and 62 districts, resulting in 34,549 suspected cases, 4,217 laboratory-confirmed cases, and 718 deaths (case fatality rate of 2.1%), with Harare Province—particularly western and southern districts—disproportionately affected.

Zimbabwe Red Cross Society (ZRCs), with Finnish Red Cross and DG-ECHO support, launched a comprehensive urban response using RC-CATI (Red Cross - Case Area Targeted Interventions). Working through established branch networks with trusted local volunteers, ZRCs demonstrated locally-led epidemic response—achieving early case detection, breaking transmission chains, effective community-based treatment through Oral Rehydration Points, and sustainable transitions to medium-term prevention.

### What did the response in urban settings look like?

Targeting Zimbabwe's urban cholera hotspots in Harare's western and southern districts, ZRCs combined rapid household-level interventions with community-based systems strengthening. The response was organized around four key pillars:



**Breaking transmission through RC-CATI:** Volunteers deployed around confirmed cholera cases conducted door-to-door visits to evaluate water sources, sanitation facilities, and hygiene practices. Through these visits, volunteers provided health education and household disinfection materials to break chains of transmission while actively finding and referring suspected cases to treatment.



**Providing early treatment through ORPs:** ZRCs established 67 Oral Rehydration Points at strategic locations throughout urban communities, providing immediate access to oral rehydration therapy, reducing the burden on overwhelmed health facilities, and enabling community-level treatment that saved lives.



**Addressing WASH risks:** ZRCs supported Water Management Committees with training in free residual chlorine testing, inline chlorinator installation, and sustainable fee collection mechanisms.



**Coordinating across actors:** ZRCs worked closely with Ministry of Health and Child Care (MoHCC), City of Harare (CoH), District Environmental Health Officers, and Environmental Health Technicians at multiple levels to ensure complementary activities and integrated response.



## Our achievements in numbers: May 2023 - July 2025



**300**  
**volunteers**

were mobilized across affected urban areas for cholera response activities



**683,000**  
**people**

benefitted from the Oral Rehydration Points (ORP) and BORT activities in the 15 target wards



**136**  
**members**

of water point committees were trained in testing for free residual chlorine and point of use treatment

## Rapid Response through Crisis Modifier activation

The 2023-2024 cholera response in Zimbabwe demonstrated the value of flexible, rapid-release funding mechanisms. When the outbreak began just as ZRCS was launching preparedness activities, the DG-ECHO supported Action's Crisis Modifier was immediately activated, enabling ZRCS to frontload response activities and deploy RC-CATI/ORP combinations within days.

Building on this success, ZRCS subsequently developed a simplified Early Action Protocol (sEAP) for cholera to enable even faster future responses through anticipatory action, demonstrating the Movement's commitment to continuously improving outbreak preparedness and response speed.



**“Working in Hopley during emergencies is difficult because of the overcrowding of informal settlements, which makes it easy for diarrhoeal diseases to spread. However, our training taught us to carefully engage communities in promoting safe hygiene behaviours and practices.”**

**Fortunate Chiwamba,  
Volunteer**

As the City of Harare, we value the anticipatory work of the Zimbabwe Red Cross Society, through volunteers, in acting early to prevent epidemics ahead of an outbreak. Preparing volunteers for early action is key in limiting cholera transmission in the long-term

— Mr John Manyara, Chief Environmental Health Officer, City of Harare



Photo: Finnish Red Cross



## Challenges

- 1 Urban complexity and access:** High population mobility and weak community cohesion required trusted local volunteers with established relationships and understanding of community structures.
- 2 Distance from community reduces water safety effectiveness:** Water quality testing closest to communities (Water Point Committees with pool testers) proved most effective. Centralized approaches (portable laboratory testing by technicians) rarely resulted in timely corrective action or community response.
- 3 Timely outbreak information critical for RC-CATI:** Cholera's political sensitivity delayed case reporting and line list access. Close partnerships with Ministry of Health and clinic-level staff were essential but delays in receiving outbreak information directly delayed RC-CATI deployment and response effectiveness.



## Lessons learned

- 1 Local presence enables rapid response:** Pre-existing branch structures with trained volunteers already embedded in communities meant ZRCS could respond within days. Crisis Modifier funding and subsequent simplified Early Action Protocols further improved response speed.
- 2 Community-level interventions are most effective:** Water Point Committees conducting free residual chlorine testing and RC-CATI volunteers doing door-to-door visits proved more effective and sustainable than centralized approaches like portable laboratory testing.
- 3 Transition from response to prevention requires planning:** Supporting medium-term systems like Water Point Committees with constitutions, fee collection mechanisms, and independent water quality testing created sustainable prevention capacity beyond the immediate outbreak.

### What made the RC-CATI approach successful in urban Zimbabwe?

RC-CATI's success in urban Zimbabwe demonstrated the value of trusted local volunteers breaking transmission through targeted household interventions. ZRCS is now working towards sustainability through national standardization: developing Standard Operating Procedures with government for ORP deployment and decommissioning, strengthening readiness through a simplified Early Action Protocol, and standardising RC-CATI tools to be adopted across Zimbabwe.

This locally-led, systems-oriented approach combined with strong coordination directly reduced cholera transmission and built lasting preparedness capacity.

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Visit [wash.ifrc.org](http://wash.ifrc.org) to learn more about our work

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Finnish Red Cross

