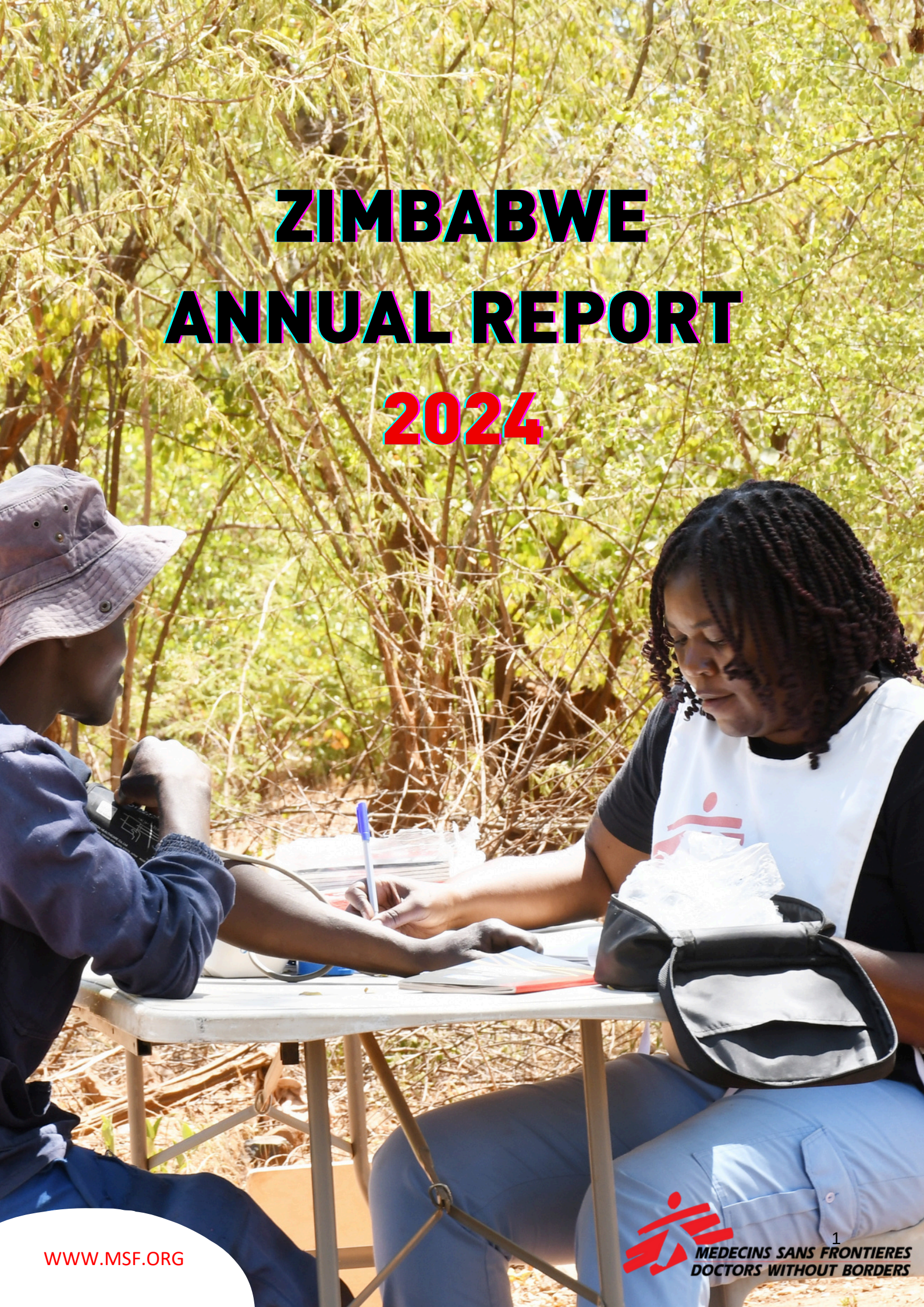
ZIMBABWE ANNUAL REPORT 2024



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CONTENTS

Acronyms

ASRH .....Adolescent Sexual and Reproductive Health
AHD ..... Advanced HIV Disease
ANC ..... Antenatal Care
ART.....Antiretroviral Therapy
ASM .....Artisanal Small-scale Miners
CTC .....Cholera Treatment Centre
CTU .....Cholera treatment unit
DSD .....Differentiated Service Delivery
EHT..... Environmental Health Technician
EPREP.....Emergency Preparedness and Response Plan
HTS..... HIV Testing Services
IPC.....Infection Prevention and Control
MoHCC.....Ministry of Health & Child Care
MHPSS.....Mental Health and Psychosocial Support
NFI.....Non-Food Items
OPD .....Outpatient Department
PRSC.....Psychiatric Rehabilitation Service Coordinator
RDT.....Rapid Diagnostic Tests
RCCE .....Risk Communication and Community Engagement
SRH .....Sexual and Reproductive Health
STI.....Sexually Transmitted Infection
TPT .....Tuberculosis Preventive Treatment

Executive Summary

Médecins Sans Frontières (MSF) is an international medical humanitarian organisation that has been working in Zimbabwe since 2000. Our mandate is to ensure that people in distress, the marginalized, and those who have difficulty accessing health services get quality medical care and support. MSF was founded on the belief that all people should have access to quality medical care regardless of gender, race, religion, creed, political affiliations and that the needs of these people outweigh respect for national boundaries. We have lived to fulfil these principles as they continue to guide our work worldwide.

The 2024 Annual Report of Médecins Sans Frontières (MSF) in Zimbabwe provides a comprehensive overview of its healthcare interventions, achievements, challenges, and recommendations focusing on three key areas: the Artisanal Small-Scale Gold Mining Basic Healthcare Project (ASGM-BHC) in Gwanda, the Adolescent Sexual and Reproductive Health (ASRH) project in Mbare, and the Cholera Outbreak Intervention. These achievements were made possible through a strong collaboration with the Ministry of Health and Child Care (MoHCC), the City of Harare, the Epworth Local Board, the municipality of Gwanda, Gwanda Rural District Council, and other Partners.

MSF continued to support Zimbabwe's MoHCC's cholera response following an outbreak that stretched from February 2023 to June 2024. MSF deployed rapid intervention teams, supporting the establishment of the Cholera Treatment Units (CTUs), case management, infection and prevention control (IPC), logistics, training of healthcare workers, risk communication and community engagement (RCCE) and provision of medical supplies. Over 34,550 suspected cases were recorded, while there were 3,964 confirmed cases and cumulative deaths totaling 719. About 1.5 million individuals were reached through health campaigns and targeted Oral Cholera Vaccination (OCV) efforts. MSF teams supported in Harare, Epworth, Mazowe, Mbire, Hwange, Shamva, Kadoma, Kariba, Sanyati and Chitungwiza.

In Gwanda, the Artisanal Small-Scale Mining Basic Health Care (ASGM-BHC) project provided essential and curative package of healthcare services through the outreach / mobile clinics to 12,078 individuals across 36 mining sites. This included 9,537 outpatient consultations for Tuberculosis (TB) and 7,540 patients screened for silicosis, including 5,005 consultations for HIV. In addition, we offered maternal and child health care, antenatal and postnatal care, and immunization programmes. Health promotion efforts engaged over 7,000 people through educational sessions, while environmental health initiatives addressed water contamination by distribution of 1,500 water guard bottles, and improved sanitation infrastructure to mitigate health risks. The project seeks to reduce morbidity and mortality rate for the vulnerable ASM population, as well as vulnerable groups of people such as sex workers and host communities in Gwanda District. Other services provided in Gwanda include: screening and care for TB, HIV, STIs, and skin conditions, family planning, chronic disease care, and other basic health care services.

In Mbare, Harare, the Adolescent Sexual Reproductive Health (SRH) project provided comprehensive sexual reproductive healthcare to adolescents and young people in Mbare and Epworth. Our services included HIV and STI testing and treatment, mental health and psychological support, family planning, counselling, and supporting young pregnant girls with booking fees to access antenatal & postnatal care from MoH facilities. We provided 8,481 consultations to adolescents and young adults. The programme also expanded mental health support, offering over 1,000 psychosocial consultations. Community outreach initiatives engaged over 10,000 youth through peer education and health promotion.

MSF believes that despite the challenges that remain, continued investment in disease prevention, infrastructure development, and stakeholder collaborations will be crucial for sustaining and expanding the impact of all healthcare programmes in the country. We remain steadfast in our commitment to providing healthcare to those who need it most, guided by universal medical ethics and the principles of impartiality and neutrality.

I would like to thank all our partners, the MoHCC, the City of Harare and the Epworth Local Board, Gwanda Rural District Council and Municipality of Gwanda, our patients, and communities who have supported MSF's work in the different places where we are providing medical care. Without their support, we would not have been able to register all the successes we have seen over the years. MSF staff have remained steadfast and have been at the core of delivering quality healthcare in the country since 2000. I want to thank them for their dedication and efforts.

Zahra Zeggani-Bec, Country Representative Zimbabwe

Artisanal Small-Scale Gold Mining Basic Healthcare project- Gwanda

** MSF nurse performs a blood pressure check on an artisanal miner during outreach activities.*

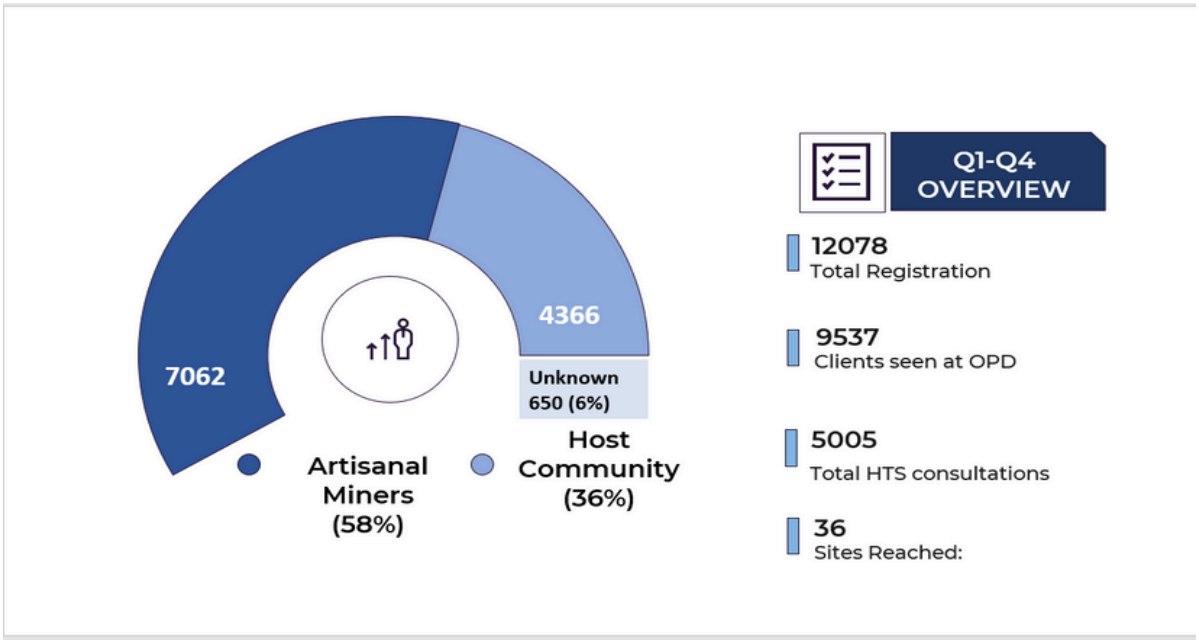
The year 2024 marked one year since the launch of the Artisanal Small-Scale Gold Mining Basic Healthcare Project (ASGM-BHC) in Gwanda District, Zimbabwe. MSF in collaboration with MOHCC initiated the project to address the critical health needs of artisanal miners (ASM) and host communities (HC) in hard-to-reach areas that face numerous health challenges, including tuberculosis (TB), HIV, sexually transmitted infections (STIs), silicosis, injuries, and poor sanitation at mining sites. The project aims to reduce morbidity and mortality among vulnerable populations by delivering essential healthcare services, promoting health education, improving environmental health conditions, and addressing risky behaviours like substance abuse, unprotected sex, and limited medical access.

Specific objectives for 2024:

- **Basic healthcare services:** Deliver OPD care, including STIs, HIV, SRH, mental health, EPI, and NCDs.
- **TB and silicosis screening:** Conduct screening, referrals, treatment, and tracing for TB and silicosis.
- **Health promotion:** Engage communities to improve self-care and sustainability of health initiatives.
- **Environmental health:** Ensure access to clean water, hygiene, and sanitation facilities, and address environmental health risks such as heavy metal intoxication.
- **Safer mining practices:** Promote safer and healthier mining practices among artisanal miners.
- **Epidemic preparedness:** Monitor and respond to epidemic outbreaks in Matabeleland South Province.

1. **Annual achievements in 2024**

Figure 1: Annual achievements overview

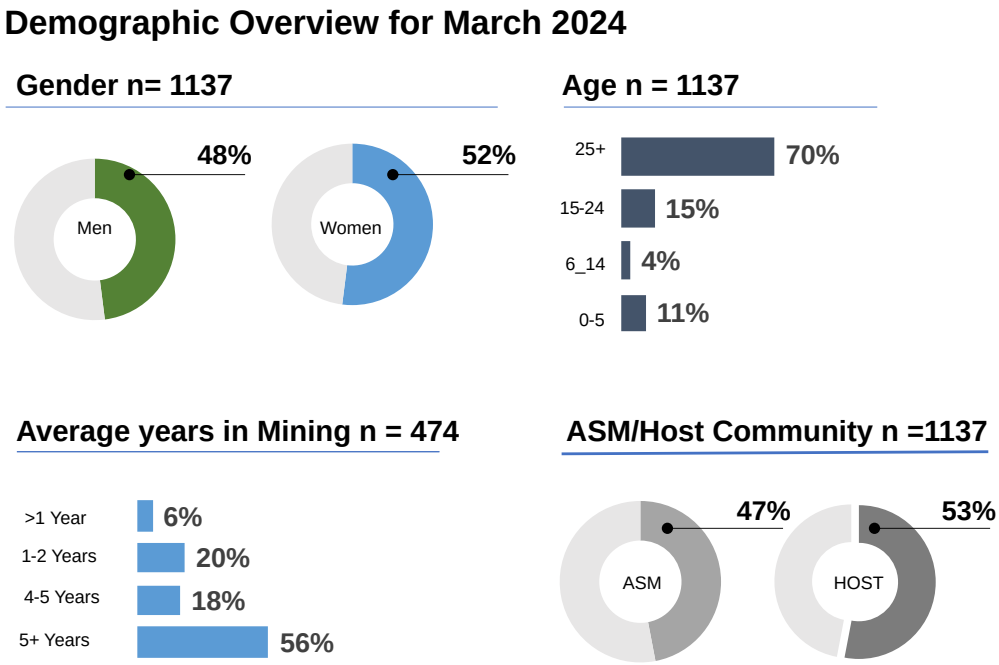


In 2024, MSF teams, reached, **12,078 clients** across **36 mining sites** in Gwanda district. This included **9,537 OPD consultations** and **5,005 HIV consultations**. Many clients were **artisanal miners (58%)**, while **36%** were from surrounding host communities. The remaining **6%** were undefined populations.

Key achievements:

- **36 mining sites** were visited, with an average of **6 visits per site**. Some sites were seasonal, while others were discontinued due to low turnout or the establishment of permanent clinics.
- **Demographic data** from March 2024 showed that **1,137 people** were reached, with **48% male** and **62% female**. **47%** were miners, and the rest were from host communities. Many clients were aged **25+ and above**, with an average age of **36** for miners and **38** for host community members. See the snapshot below.

Figure 2: Snapshot of March 2024 data to show Demographic Overview



Basic healthcare services

MSF provided a range of basic healthcare services, including Out Patient Department (OPD) care, Sexually Transmitted Infections and HIV services, Sexual and Reproductive Health, mental health, Expanded Program for Immunisation, and Non Communicable Diseases.

** MSF healthcare staff draw blood from a patient in Gwanda as part of a diagnostic procedure*

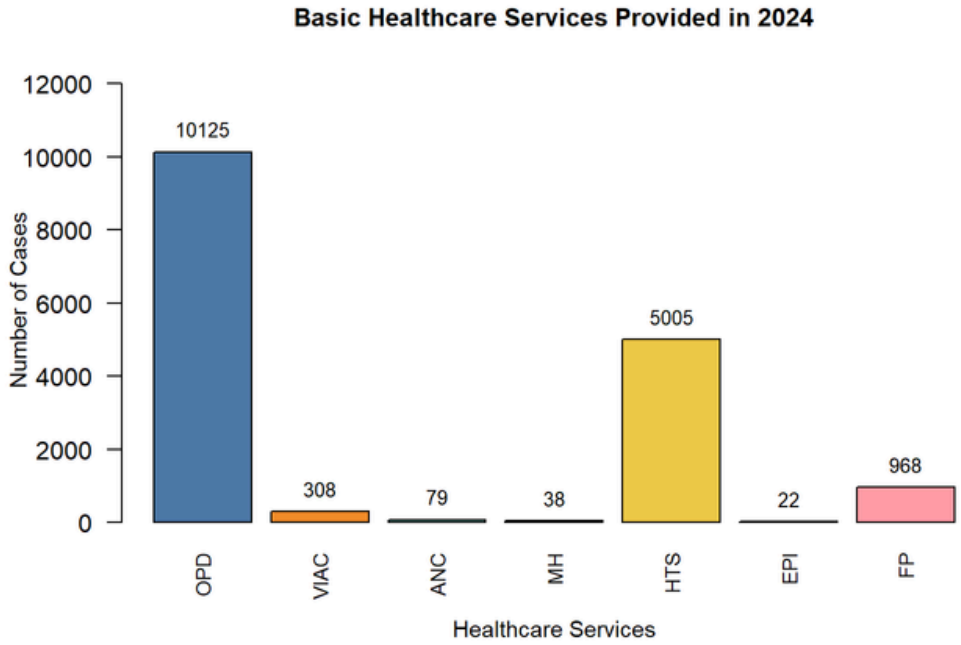
The table below summarises of the outreach services provided by MSF throughout the year. Four weeks of outreach per month were done in the first quarter and three weeks per month in the second quarter, dedicating the first week of a month to data analysis, reporting, conducting follow-up visits for patients, and continuous learning activities for staff. This explains why significantly higher numbers were reached in the first half of the year compared to last.

Table 1: Summary of the outreach services provided in 2024

ACTIVITIES	INDICATORS	Q1	Q2	Q3	Q4
Overall Reach	# of people registered at outreach	**3539**	**3637**	**2602**	**2366**
General OPD	Total OPD consultations	2686	2767	2178	1906
	# Screened for Malnutrition (% SAM)	-	147 (0%)	135 (0.7%)	153 (0%)
	# Screened for Malnutrition (% MAM)	-	147(1.4%)	135 (0%)	153 (0%)
SRH Services	Total FP Consultations (% long acting)	367(17.8%)	288 (7.3%)	173 (10.4%)	140 (2.2%)
	Total ANC consultations	26	15	22	16
	# VIAC Screened (% positive)	56 (5.4%)	122 (4.9)	69 (4.3%)	61 (1.6%)
	# Referred for LEEP / thermal ablation (% of VIAC positives)	3 (100% LEEP)	6 (100 LEEP)	3 (100% LEEP)	1 (100%)
HIV	# HIV counselling and testing conducted (% positive) on the same day	1756 (4%)	1436 (2%)	802 (3%)	1011 (3%)
	# Clients starting ART (% of all positive)	51 (72%)	22(69%)	24 (89%)	24 (83%)
STI	# STI diagnosis (% of total)	330 (10%)	212 (7.7%)	148 (7%)	127 (6.7%)
	# Partners treated	-	3	3	1

The chart below shows the main services MSF provided on outreach in 2024.

Figure 3: Basic Healthcare Services Provided in 2024



The **OPD** and **HIV Testing Services (HTS)** were the most accessed services, while **child immunisations (EPI)** and **antenatal care (ANC)** had lower turnout due to fewer children and pregnant women in mining areas.

Key findings:

- **Top 10 Conditions**: The most common conditions treated included **acute upper respiratory infections**, **generalised aches and pains**, **STIs**, and **chronic respiratory conditions**. Miners were more prone to **aches and pains** and **chronic respiratory conditions** due to their work environment, while the host community had higher rates of **hypertension** and **diabetes**.
- **Family Planning**: Family planning consultations declined throughout the year, with fewer clients opting for **long-term methods** such as **Jadelle**.
- **Cervical Cancer Screening**: **302 women** were screened for **cervical cancer** using **VIAC**, with **13 testing positive**. All positive cases were treated with **LEEP** at Gwanda Provincial Hospital.

TB and Silicosis screening, referrals, treatment and tracing

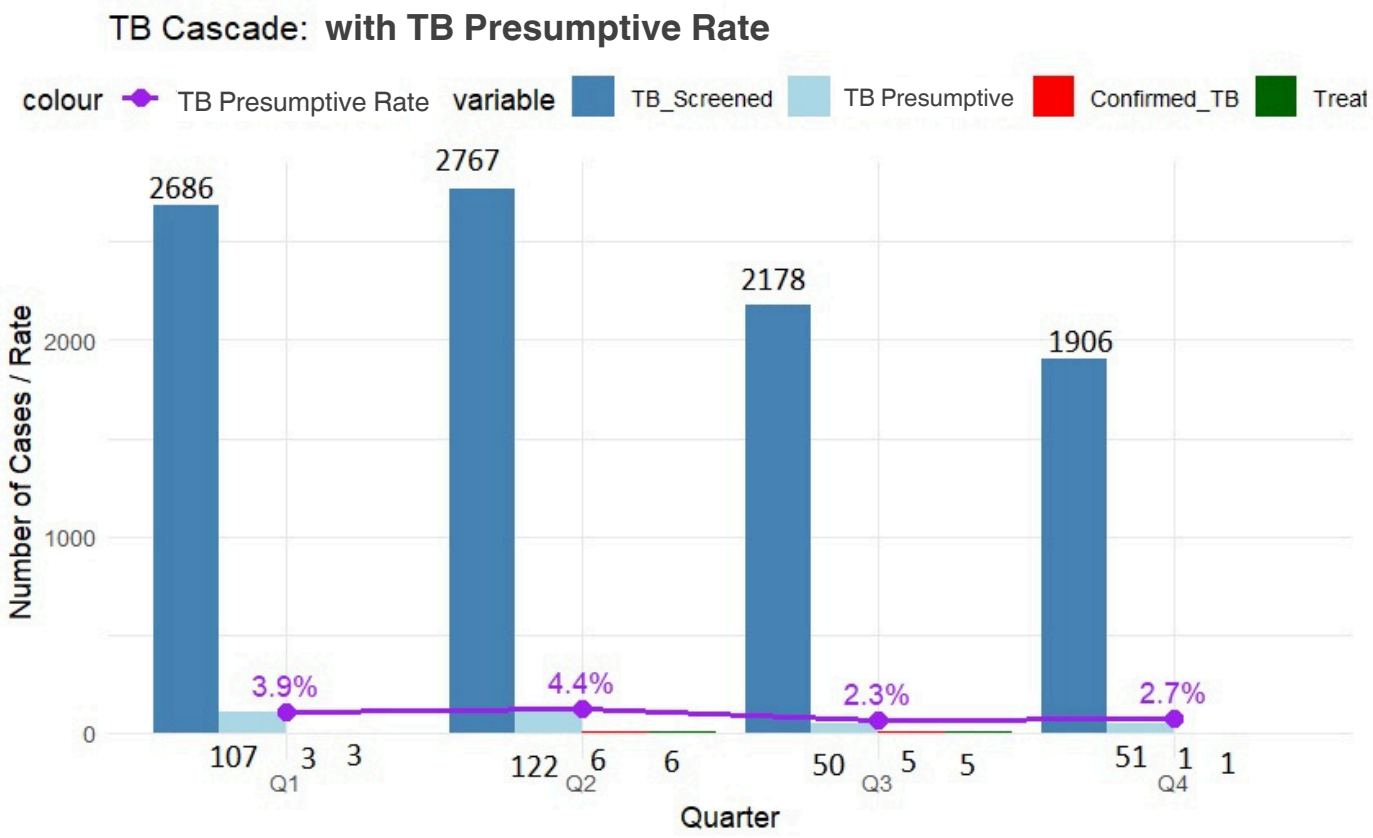
** Once diagnosed, patients receive the right medication along with patient and thorough guidance on how to take it*

Table 2: TB and Silicosis services perfomance indicators

ACTIVITIES	ER2 INDICATORS	Q1	Q2	Q3	Q4
TB/Silicosis	#Screened for TB (% presumptive)	2686(3.9%)	2767(4.4%)	2178 (2.3%)	1906 (2.7%)
	# TB Diagnosis (% started on treatment)	3 (100%)	6 (100%)	5 (100%)	1 (100%)
	#Screened for Silicosis (% presumptive)	2686(5.9%)	1569 (8%)	1718 (3.3%)	1567 (4.4%)
	# Silicosis Diagnosis (% started on TPT)	2 (100%)	4 (100%)	2 (100%)	0 (0%)
	# Of people living with HIV (PLHIV) / Silicosis who were started on TPT in the reporting period.	-	1	1	0

MSF screened all clients that visited the outreach clinic for **TB** and miners for **silicosis**. **TB presumptive cases** were high in the first two quarters, possibly due to seasonal flu or initial project adjustments. **Silicosis presumptive cases** were also high, with **8%** in Q2.

Figure 4: Annual TB Cascade



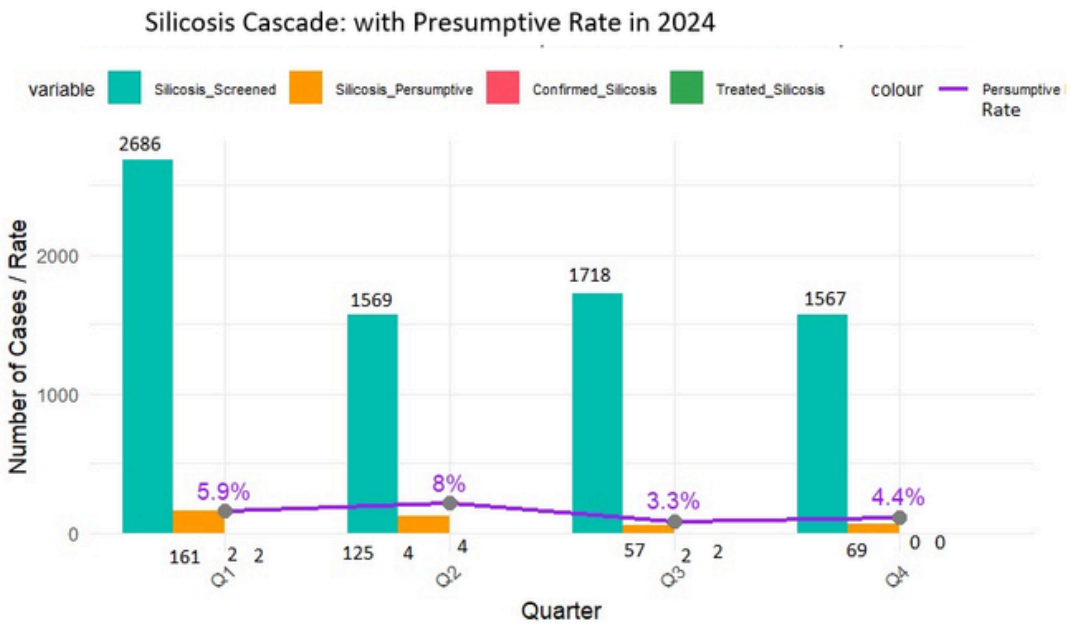
The table compares the number of presumptive TB cases (people suspected of having TB) with those who were actually screened and confirmed as TB-positive.

However, there is a significant discrepancy between the number of people screened and those who could be confirmed as TB cases. This gap occurs because:

- The available diagnostic tests for TB (sputum analysis and GeneXpert) require a sputum sample.
- Some patients cannot produce sputum, making sample collection impossible.
- As a result, these individuals are not counted as confirmed TB cases, even if they may have the disease.

This limitation affects the accuracy of confirmed TB case numbers, as not all presumptive cases can be properly tested.

Figure 5: Annual Silicosis Cascade



A chart showing Silicosis presumptive and screened cases.

Silicosis is dependent on Xray for confirmation of diagnosis hence the big gap between screened, presumptive, and confirmed cases. Many patients referred for x-ray services do not seek these services for a wide variety of different reasons.

Challenges:

- A significant gap existed between **presumptive cases** and **confirmed diagnoses**, primarily due to difficulties in collecting sputum samples and limited access to **chest X-rays**.
- MSF plans to introduce a **mobile X-ray machine** in 2025 to improve case detection.

Health promotion and community engagement

The Health Promotion (HP) teams conducted health education, service promotion, hotspot mapping, and community engagement activities throughout 2024. These activities were well received, with over 3,000 people attending more than 350 health education sessions. Also, over 150 community members have attended almost 50 community engagement sessions.

** As part of MSF's outreach, the health promoter works closely with miners to schedule visits, highlight their priority needs, and encourage active community leadership.*

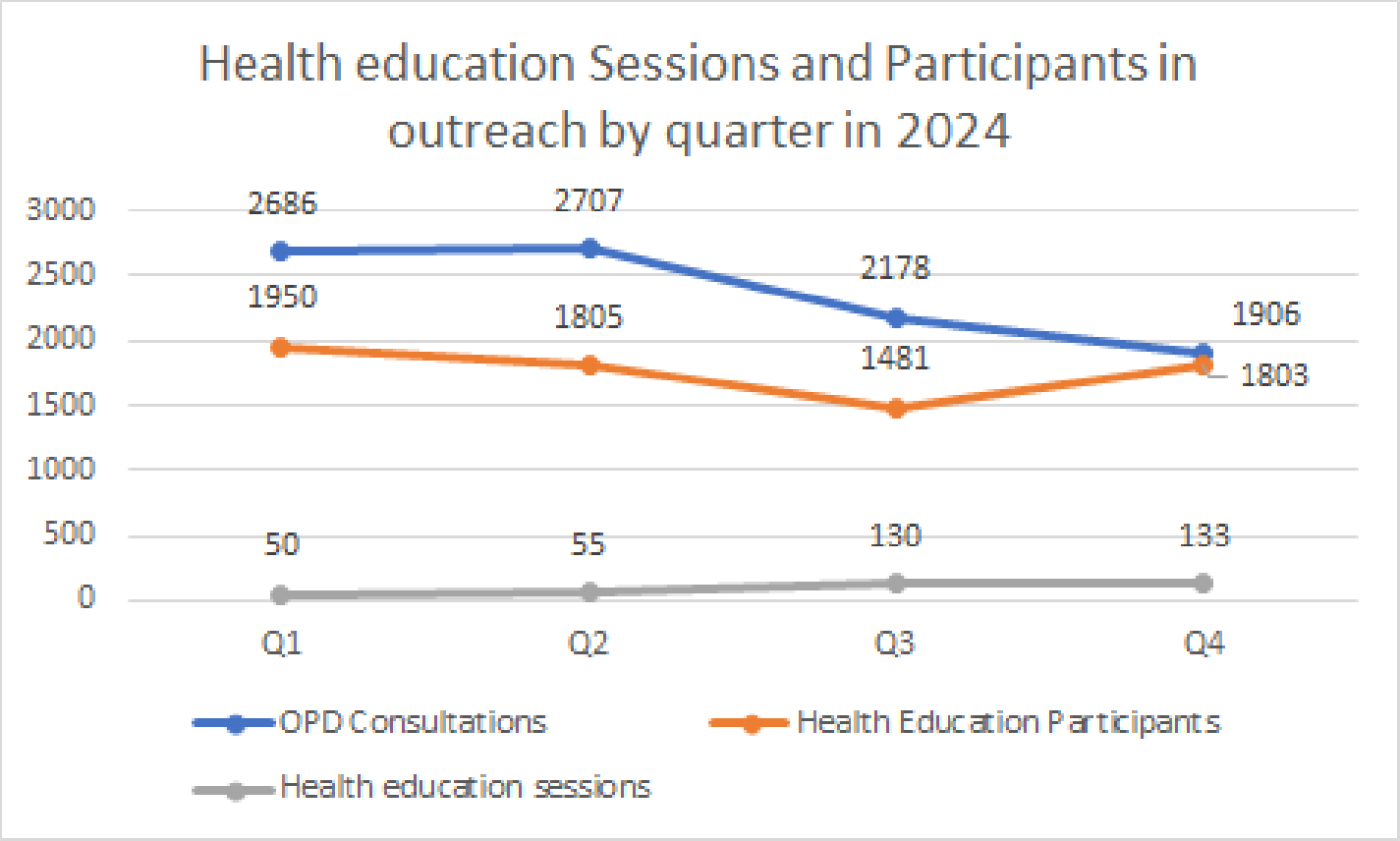
Table 3:Health promotion activities conducted

Activities	Q1	Q2	Q3	Q4
Total OPD consultations	2686	2707	2178	1906
Community Engagement Sessions (Participants)	12(46)	17(52)	18(40)	2(14)
Health Education Sessions (Participants)	50 (1950)	55 (1805)	130 (1481)	133 (1803)
% of feedback requiring attention addressed	NA	87 (63%)	21(60%)	25(33%)

Key activities:

- **Health Education**: Onsite health education sessions were conducted using **IEC materials** such as posters and fliers. Topics included **HIV prevention**, **family planning**, and **safe mining practices**.

Figure 6: 2024 Health Education Sessions and Participants

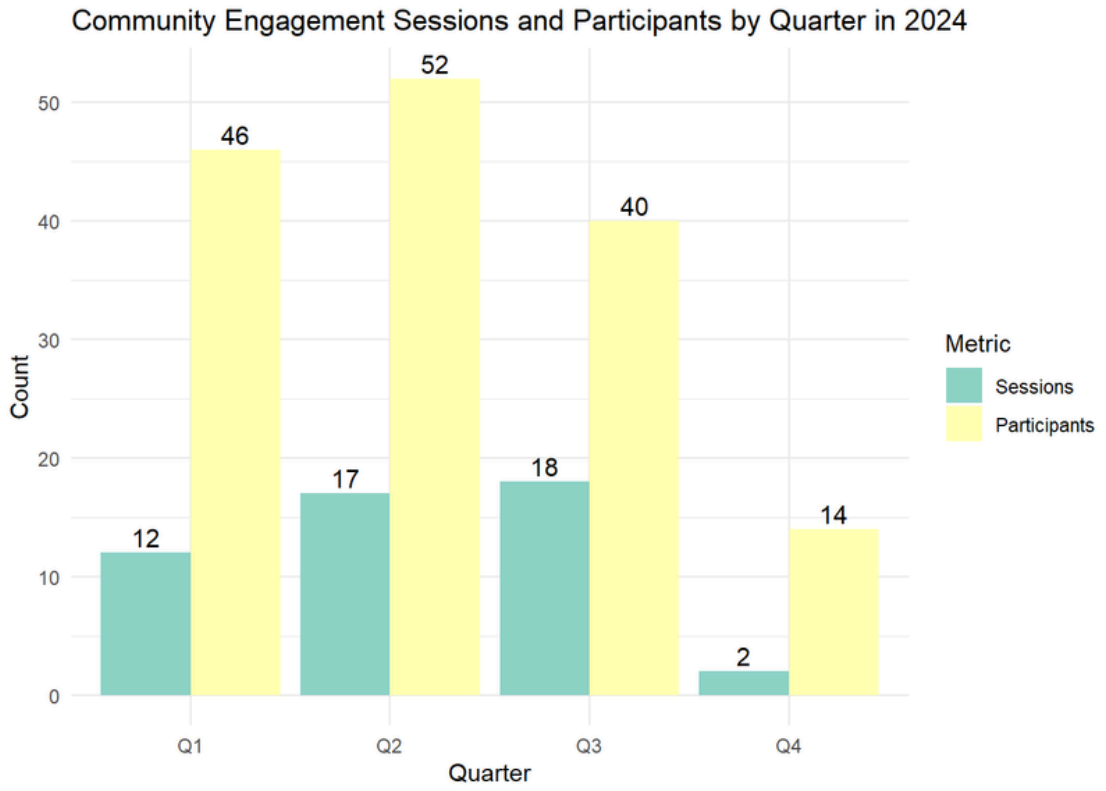


- **MSF Service Promotion:** It was done through mobilization for mobile clinic, promotion of medical services, resulting in increased uptake of services, to mention a few; VIAC, HIV testing and Family Planning.

- **Hotspot Mapping**: Continuous visits were made to identify concentrated mining areas and inform mobile clinic locations.

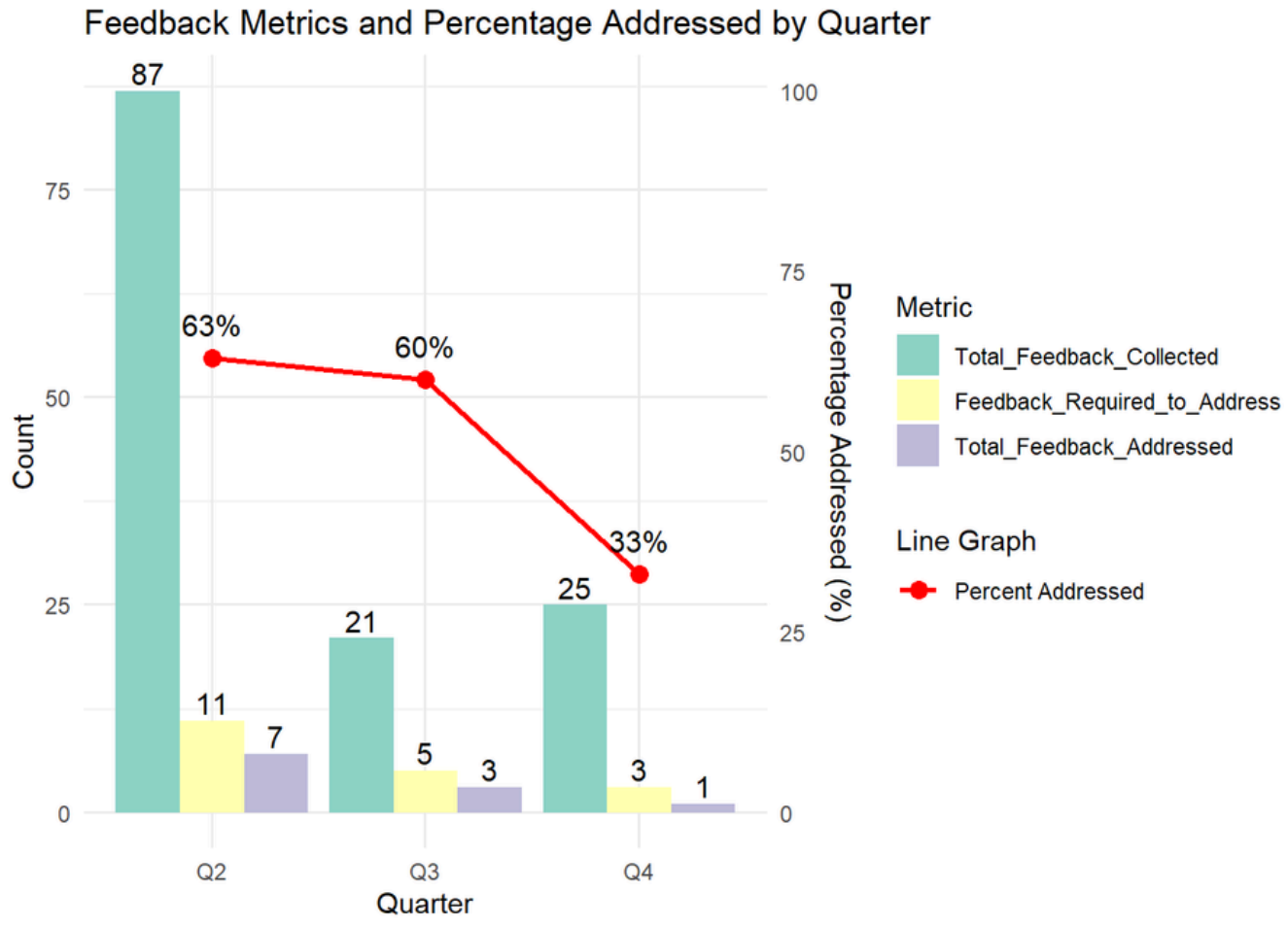
- **Community Engagement**: Meetings and dialogues were held with community leaders, mine managers, and miners to improve programme acceptance and ensure community ownership.

Figure 7: Community Engagement



- **Feedback Collection**: Feedback was collected from clients and stakeholders to address concerns and improve service quality.

Figure 8: Feedback Metrics



Environmental Health Support

The Environmental Health (EH) team supported mobile clinics by ensuring proper waste management, water quality monitoring, and WASH assessments at mining sites.

Key findings:

- **Water quality monitoring:** Tests revealed mercury and cyanide contamination in 5 water sources, 3 were contaminated with mercury and 2 were contaminated with cyanide. 1 of the 3 mercury-contaminated had values above the recommended limits by WHO standards and we advised through the manager of the mine to stop using this facility for human use and consumption. For the other 2 mercury-contaminated, the ones accessing water from the river were advised to stop and access safe water sources from nearby boreholes. The ones who were accessing contaminated borehole were advised to use another borehole which was on the leeward side while waiting for investigations and borehole diagnostics to be conducted on the contaminated borehole. Microbiological water analysis was also done, and 22 water sources tested positive for total coliforms. No E-Coli, a fecal coliform bacterium, was detected from these water sources. Miners and host community were given water guard to use for water chlorination and advised to boil water before consumption.

- **WASH assessments:** Significant gaps in sanitation infrastructure were identified, with only 12 out of 36 sites having proper toilet facilities. Miners involved in alluvial mining along the active rivers where mercury was detected are consuming water from the same source indicating a gap in safe water provision. Communities were encouraged to shun consumption of river waters and make use of nearby safe water sources.

- **EH interventions:** MSF provided temporary latrines, chlorinated water, and distributed water guard bottles to improve hygiene and sanitation. 2 commemoration events for TB and HIV and AIDS were assisted with temporary latrines to cater for attendants during the events

Phakama Clinic was assisted with an Incinerator for proper waste medical management

EH operational research:

MSF plans to conduct an Operational Research study titled "An Integrated Risk Analysis of Water Provision in an Artisanal Mining Context in Gwanda, Zimbabwe" in 2025. The study will investigate the impact of heavy chemical use in gold mining on water quality and community health.

Other achievements

- **Renovations**: Renovations were completed at **Gwanda Provincial Hospital Laboratory**

- **Health awareness events**: Events were organised to mark TB and AIDS observances, with T-shirts and water bottles distributed to promote awareness reaching about 300 people, including 45 prisoners.

Challenges

- **Data gaps:** Gaps were noted in HIV and TB follow-up databases.
- **Health-seeking behaviour**: Poor health-seeking behaviour among artisanal miners, particularly in accessing further care.
- **Shortage of INST:** A shortage of INST for HIV confirmatory testing in July 2024 affected HTS services.
- **Low uptake:** Low uptake of Sayana Press and female condoms.
- **Lack of PPE:** Miners lacked understanding of the need for personal protective equipment (PPE).

Recommendations

1. **Target high-risk areas:** Focus on areas with high HIV and STI rates for preventive services, including HIV testing, condom distribution, and health education.
2. **Strengthen data collection:** Improve data collection to document HIV treatment initiation and retention rates.
3. **Improve case detection:** Use a mobile X-ray machine to improve TB and silicosis case detection.
4. **Enhance health education:** Increase health education on family planning and PPE use.
5. **Expand feedback collection:** Use digital platforms such as email and WhatsApp for feedback collection.
6. **Intensify community engagement:** Increase engagement with artisanal miners using peer led models to improve service uptake. Continuously conduct rapid qualitative assessments to find out reasons behind poor health seeking behavior of the ASMs and come up with interventions accordingly.
7. **Collaborate with local stakeholders:** Work with local NGOs and stakeholders for an integrated approach to service delivery.
8. **Advocate for safer mining practices: Promote** the use of PPE and safe mining practices through mining associations.
9. **Improve sanitation and water access:** Prioritise improvements in sanitation infrastructure and water access at mining sites.

** The MSF team walks alongside community members and health promoter during an outreach visit to artisanal mining areas in Gwanda.*

Adolescent Sexual and Reproductive Health Project

** In Epworth, MSF supports a youth-friendly hub offering health education, HIV screening, and peer support.*

The MSF Adolescent Sexual and Reproductive Health (ASRH) project operates in the high-density suburbs of Mbare, located in the southern district of Harare, and in Epworth. These areas are characterised by high population density and significant socio-economic challenges, which contribute to the vulnerability of adolescents and young people to sexual and reproductive health (SRH) issues. In Mbare, MSF supports two City of Harare clinics: the **Mbare Adolescent Friendly Clinic** at the Mbare Polyclinic and the **Matapi Youth Hub** at the Matapi Clinic. In Epworth, MSF supports the **Epworth Youth centre**, located at the Epworth Polyclinic. These facilities are strategically placed to ensure accessibility for adolescents and young people in these communities.

Project location:

The project provides services in 3 facilities (Edith Opperman Adolescent Clinic; Matapi Youth Hub & Epworth Youth Center) and in the communities surrounding the project's locations.

The **Mbare Adolescents Friendly Clinic** is a "*fully medicalized*" facility attached to the Mbare Polyclinic (Edit Opperman polyclinic) and delivers comprehensive sexual and reproductive health services for adolescents and young adults. The clinic is nurse-led with Volunteer Peer Educators ensuring the first contact with patients. The facility offers services through a multidisciplinary team everyday including weekends and public holidays. In case of need for secondary level of care, the team refers patients to other stakeholders and partners. **The Matapi Youth Hub** is peer-led and "*less medicalized*". It serves as a safe social interaction space for adolescents and young adults where they can access internet, group health education sessions, access to information and screening and testing for HIV through Volunteer Peer Educators and Community Health Mobilizers. The site is also served by a nurse and by a social worker from the Mbare Clinic from Mondays to Fridays. In case of need, the team refers patients either to Mbare Adolescents Friendly Clinic or to other stakeholders and partners. **The Epworth Youth Centre** is peer-led and "*non medicalized*". It serves as a safe social interaction space for adolescents and young adults where they can access internet, group sessions, health education, access to information and screening and testing for HIV through Volunteer Peer Educators, Community Health Mobilizers and Health Promotion Officer. In case of need, the team refers patients to other stakeholders and partners.

General project objectives:

The overarching goal of the project is to reduce morbidity and mortality among adolescents and young people in Mbare, Epworth, and surrounding areas. This is achieved by improving access to comprehensive, adolescent-friendly health services that address their unique needs. The project aims to create a supportive environment where young people can access SRH services without stigma or discrimination.

Specific project objectives:

In 2024, the project focused on piloting a comprehensive and integrated model of care for adolescents and young people. The specific objectives included:

1. **Developing a patient-centred model of care** within MSF facilities, ensuring that services are tailored to the needs of adolescents and young people.
2. **Implementing integrated community models of care** to reach, link, and retain adolescents and young people through innovative community activities.
3. **Providing an innovative model of mental health (MH) and psychosocial support (PSS)** that is accessible and utilised by adolescents and young people.
4. **Ensuring HIV cascade interventions** effectively reach, link, and retain HIV-positive adolescents and young people in care and treatment.
5. **Offering a less medicalised model of care** that is accessible and acceptable to adolescents and young people.
6. **Increasing the availability of resources** allocated to health services for adolescents in Zimbabwe, ensuring access to free and friendly care.

Project services and activities

Services provided:

The project provides a wide range of services across three main facilities: the Mbare Adolescent Friendly Clinic**,** the Matapi Youth Hub, and the Epworth Youth Centre. Additionally, community-based activities are conducted in the surrounding areas to ensure that services reach those who may not be able to access the facilities.

Team:

The project team includes Volunteer Peer Educators, who are adolescents and young adults aged between 18 and 24. These volunteers are trained by MSF and the Zimbabwe National Family Planning Council (ZNFPC) to deliver quality services both in facilities and in the community. They play a crucial role in bridging the gap between the community and health services, ensuring that adolescents feel comfortable accessing care.

Mbare adolescent friendly clinic:

This clinic is fully medicalised and attached to the Mbare Polyclinic. It provides comprehensive sexual and reproductive health services, including family planning, STI care, HIV and TB management, mental health support, and social services. The clinic is nurse-led, with Volunteer Peer Educators ensuring the first contact with patients. Services are available every day, including weekends and public holidays. In cases where secondary care is needed, patients are referred to hospitals, other stakeholders and partners.

Matapi youth hub:

The Matapi Youth Hub is less medicalised and serves as a safe social interaction space for adolescents and young people. It offers internet access, group health education sessions, HIV testing, and information dissemination. The hub is peer-led, with support from a nurse and a social worker from the Mbare Clinic. Patients requiring medical care are referred to the Mbare Adolescent Friendly Clinic or other partners.

** An MSF nurse (first left) facilitating a peer support group session at Matapi Youth Hub in Mbare.*

** Wearing a black MSF-branded shirt, community mobilizer Ruvimbo listens as the young peer educator shares her journey from patient to advocate and calls for expanded support.*

Epworth youth centre:

The Epworth Youth Centre is non-medicalised and functions as a safe space for social interaction. It provides health education, group sessions, and HIV testing through Volunteer Peer Educators, Community Health Mobilisers, and a Health Promotion Officer. Patients in need of medical care are referred to other stakeholders and partners.

Peer-led model of care:

The **Volunteer Peer Educators** are central to the project's success. They facilitate access to health services through three main intervention areas: **facility-based activities**, **community-based activities**, and **digital engagement**. In facilities, they provide health talks, voluntary HIV counselling and testing, condom distribution, and contraception provision. In the community, they conduct outreach activities, health talks, peer-led HIV self-testing, pregnancy testing, and condom distribution. They also lead school-based life skills training and awareness campaigns, engaging adolescents in high-risk areas through hotspot mapping and social network outreach.

Community engagement:

In 2024, the project was committed to strengthening community engagement through three key initiatives:

1. **Co-creation of a patient charter:** This charter was developed collaboratively with ART clients, caregivers, key populations, healthcare workers, partner organisations, and project staff. It serves as a cornerstone for patient rights, ensuring dignity, privacy, access to quality healthcare, and a safe platform for feedback.

1. **Establishing a community feedback mechanism (CFM):** This mechanism provides multiple channels of communication (suggestion boxes, WhatsApp, SMS, and peer consultations) for individuals, especially those from vulnerable and marginalised groups, to share concerns and contribute to service improvements.

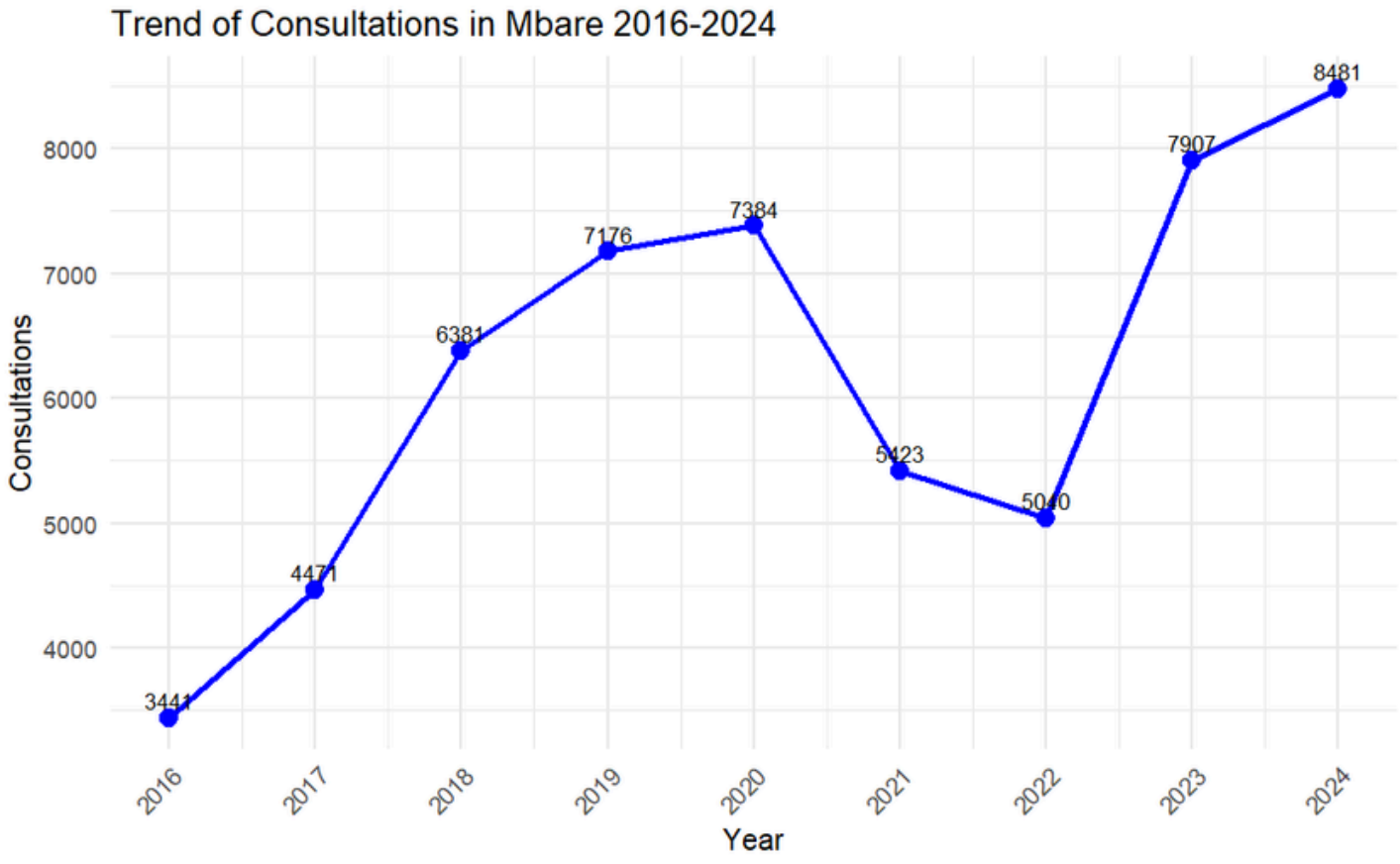
1. **Empowering adolescents through the advisory board:** The project co-developed a Standard Operating Procedure (SOP) for an Adolescents Advisory Board, giving young people a structured platform to advocate for their health needs and ensure services are responsive to their realities.

Total number of consultations:

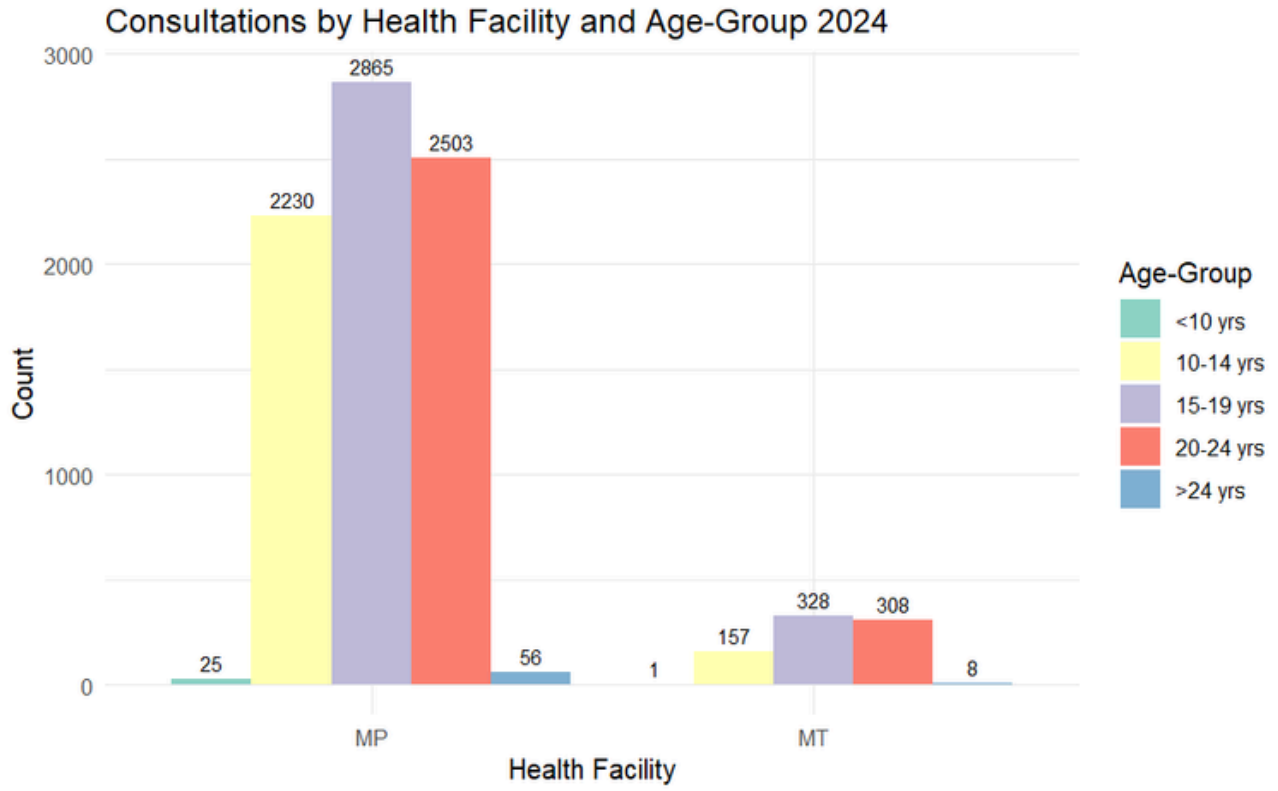
Consultations are provided in Mbare Adolescents Friendly Clinic and in Matapi Youth Hub and consist of general OPD, Family Planning & contraception, STI care, HIV and TB management, mental health, social support including support for ANC registration. Patients are also assisted when they need referral for diagnostic means (Xray, scan, etc) and for secondary level of care. The total number of consultations provided in 2024 was 8481 (as compared to 7907 in 2023).

Activities	Indicators	2023	2024
Consultations	Total number of consultations in facilities	7907	8481

The graphic below is showing that there was a general upward trend in the number of consultations since the inception of the project from 2016 to today. A dip in number of consultations was noted during the COVID-19 pandemic period that induced lockdown and movement restriction from 2020 to 2022. Since the resumption of normalcy an increase in the number of consultations has been noted with 7907 consultations in 2023 and the highest number so far of 8481 consultations in 2024.



Total number of consultations per age group in 2024



The 15-19 age group had the highest attendance, with 2,865 consultations at the Mbare Polyclinic and 328 at the Matapi Youth Hub. The project has expanded its services to include older age groups (up to 24 years) due to identified gaps, such as the need for STI treatment for partners of clients, care for survivors of sexual and gender-based violence (SGBV), and support for key populations and vulnerable young people.

Total number of consultations per gender in 2024

*Note the 'y' axis for MP and MT are different to show gender distribution more clearly.

Due to the type of services offered, the project sees more females making use of consultations. It is also noted that for STI contact tracking, male tend to prefer to seek for alternative medicine rather than come to the clinic.

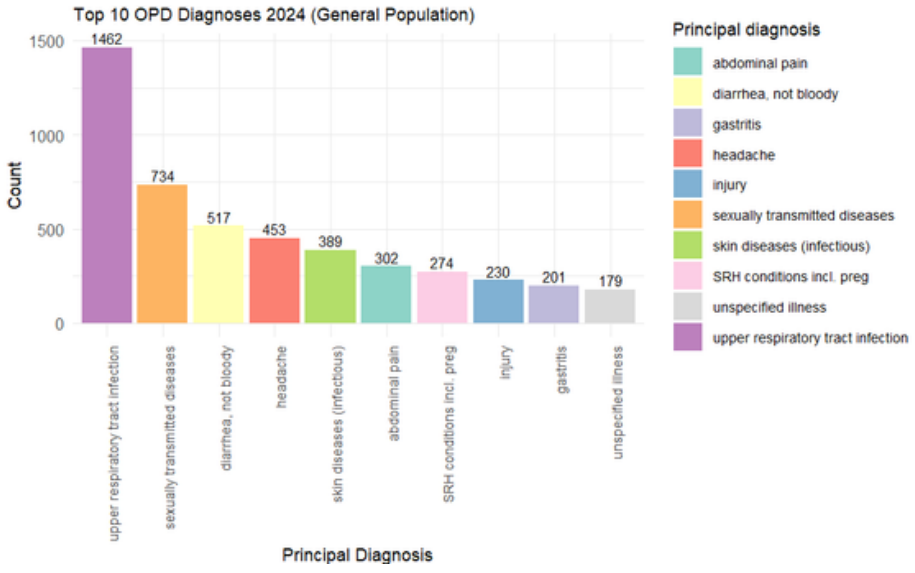
Outpatient department (OPD) consultations:

There were 7,151 OPD consultations in 2024, up from 6,040 in 2023.

Activities	Indicators	2023	2024
OPD	Total number of OPD consultations	6040	7151

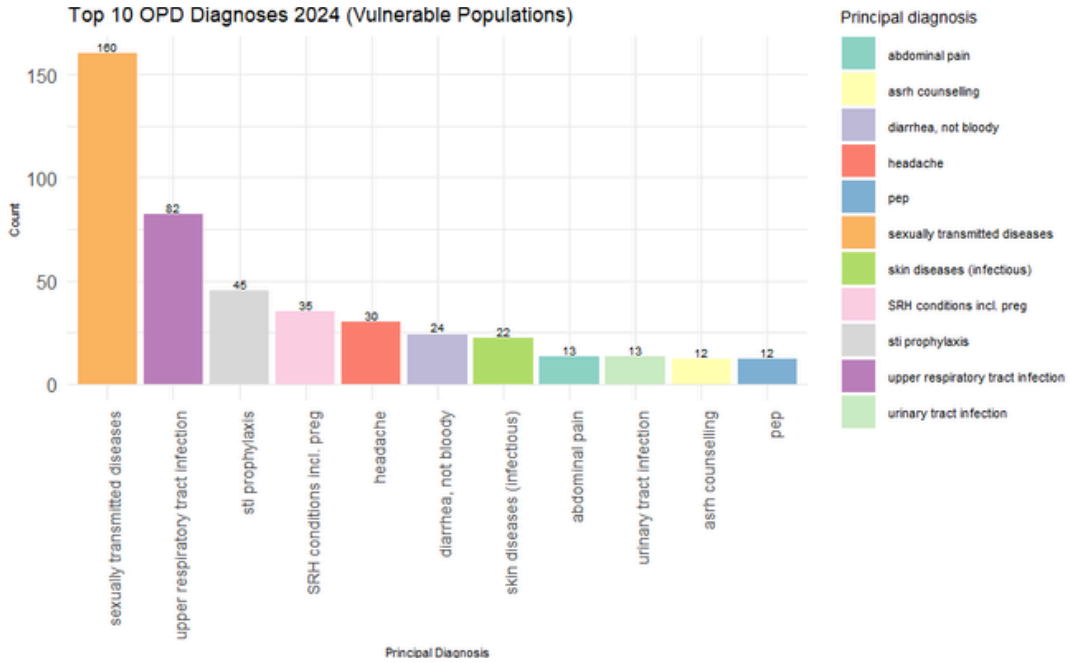
Top 10 diagnosis in general population

Upper Respiratory Infections were the most common reported diagnosis in 2024 for OPD consultations in the general population (as compared to STI as number one diagnosis in the KP & Vulnerable population, see below). STIs were a close second and worryingly high. It has to be noted that a significant number of patients required STI prophylaxis either as SGBV survivors, either victims of condom bursts, either as contacts with STI patients.



Top 10 diagnosis in vulnerable population

STIs were the most common reported diagnosis in 2024 for OPD consultations in Key and Vulnerable populations, highlighting their huge risk and the need for effective preventive interventions.



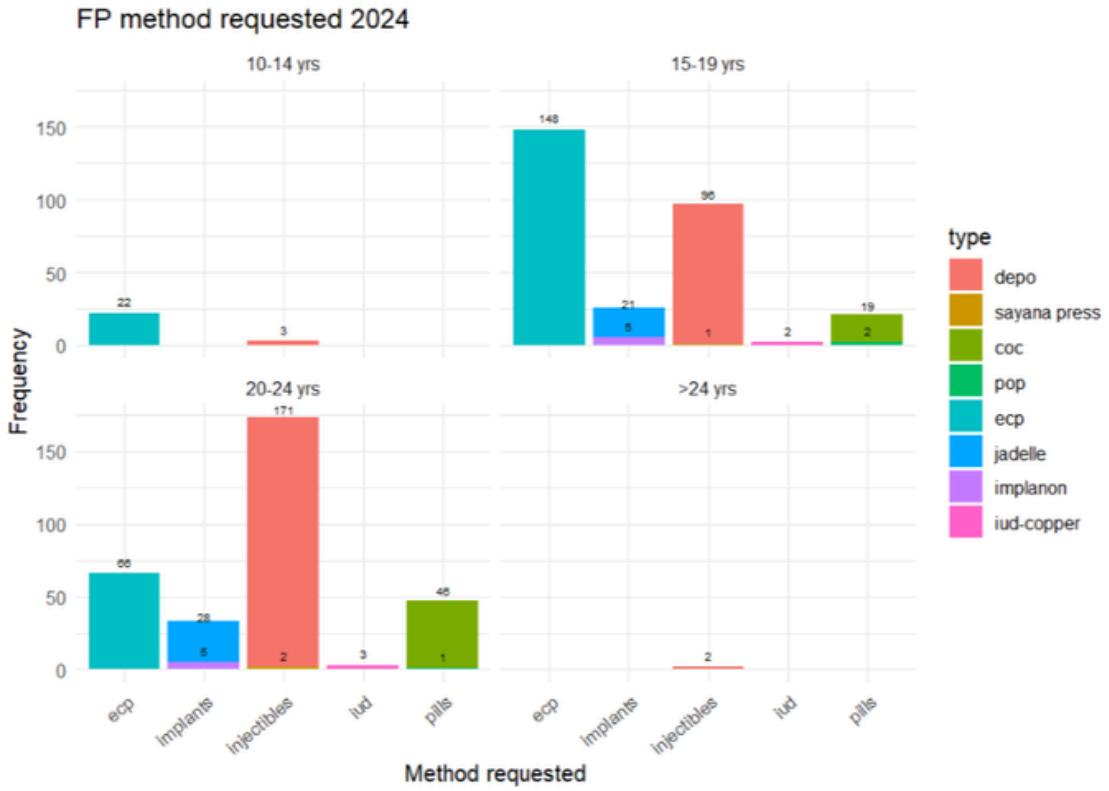
Both graphics above are showing that the most common diagnoses were upper respiratory infections and sexually transmitted infections (STIs), highlighting the need for effective preventive interventions.

Sexual and reproductive health consultations:

The project supported 787 pregnant adolescents with antenatal care (ANC) registration, a significant increase from 204 in 2023. This increase was driven by the growing need for support in Epworth, where other partners had ceased operations. The project also provided 1,738 contraceptive methods, with injectables being the most preferred.

The graph below summarises and shows the evolution of the consultations.

Activities	Indicators	2023	2024
ANC Support	Total ANC booking (Mbare/Epworth)	204	787 (295/492)
FP	Total FP provided (% Injectables)	545 (70%)	1738 (16%)
STI	STI diagnosis (% of total OPD)	1148 (19%)	872 (12%)



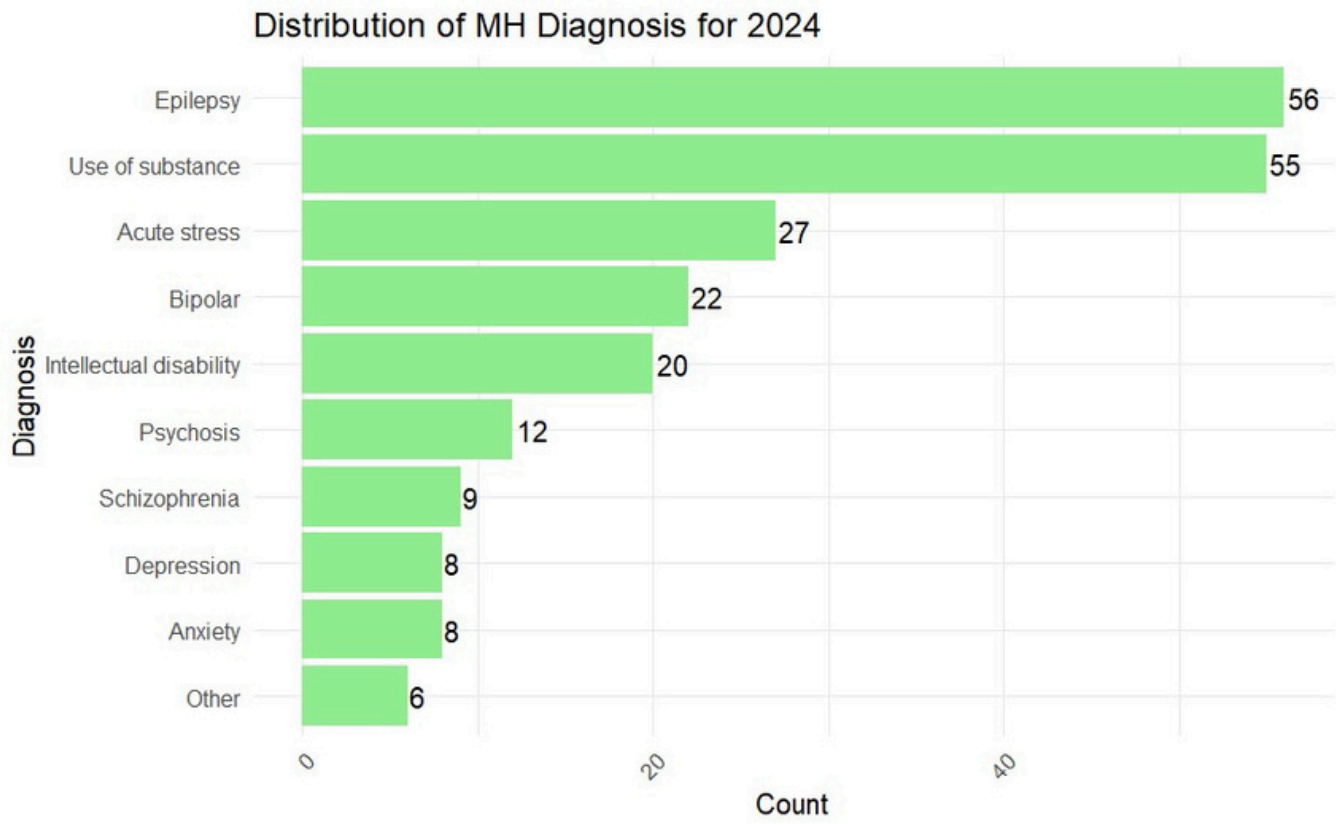
The project support adolescents and young people with various contraceptive methods: Emergency Contraceptive Pill (ECP), Contraceptive Pill (Progesterone only POC and Combined Oral contraceptive Pill COC), injectables (Depo and Sayana Press), implants (Implanon and Jadelle), IUD (Copper and Hormonal). Depo injection is the most preferred method for most age group. As Sayana Press was introduced in the project late in 2024, we hope to see an increase in uptake in the future. Despite being available and proposed, Hormonal IUD have not been chosen by any adolescent or young people.

Mental health and psychosocial support services:

In 2024, there were 238 mental health consultations, a decrease from 327 in 2023 due to a gap in the Mental Health Supervisor position. However, psychosocial support consultations increased dramatically to 1,044, up from 307 in 2023. The most common reasons for mental health consultations were epilepsy and substance use, reflecting growing concerns among adolescents and young people.

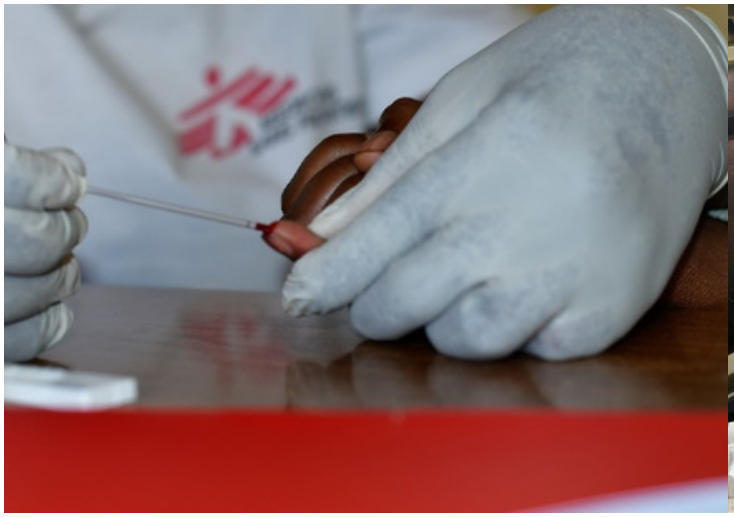
See the table below

Activities	Indicators	2023	2024
MH	Total number of MH consultations	327	238
	Number of patients needing psychotropic medication	59	57
Psychosocial Support	Number of Psychosocial supports consultations	307	1044



The most common reason for Mental Health consultation in 2024 was for Epilepsy, as per the graph above. The second reason was Use of Substance, which is a growing concern for adolescents and young people. The active cohort on psychotropic medication in 2024 was of 57 individuals.

HIV and TB management:



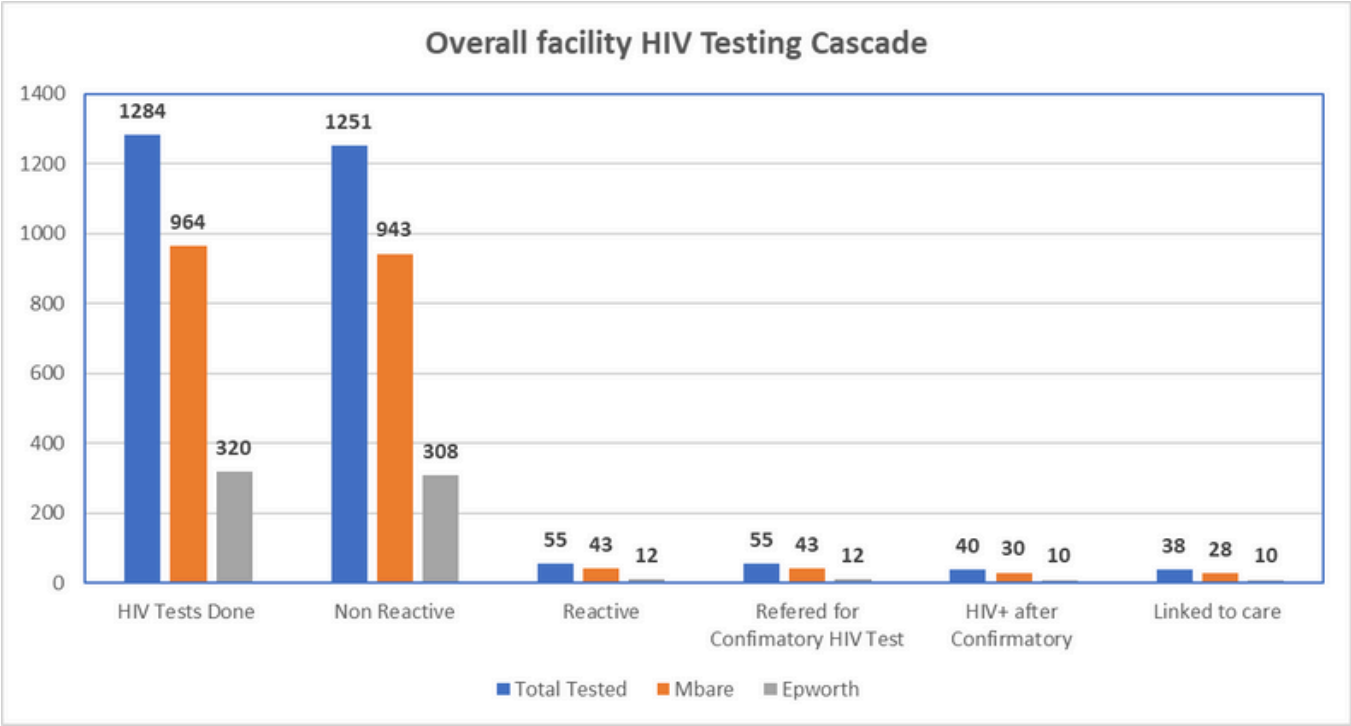
HIV screening and testing is provided at each facility (Edith Opperman Adolescent Clinic; Matapi Youth Hub & Epworth Youth Center) and communities following MOHCC guidelines.

In Edith Opperman Adolescent Clinic, the multidisciplinary team is providing HIV management and care, in collaboration with City of Harare for data collection, drug supply, etc. The team organize Adherence weeks during every school break: patients from 6 to 24 years old receive counselling, drug refill, linkage to care, TB screening, etc.

HIV self-assisted oral test are done through Volunteer Peer Educators, at both facility and community level, following MOHCC guidelines.
Regarding TB, every HIV positive individual is screened at each visit. HIV negative individuals are screened when they present with symptoms. Screening is done by nurses in Edith Opperman Adolescent Clinic using MOHCC screening tool and guidelines.

Activities	Indicators	2023	2024
	HIV self-assisted oral Test Done in Community (% Reactive)	5456 (3%)	2423 (1.6%)
	HIV self-assisted oral Test Done in Facility (% Reactive)	1407 (2.5%)	1248 (4.4 %)
	Number of patients starting ART in 2024	29	28
	Active ART cohort at the end of the reporting period	244	250

The HIV self-testing done in the community had a significant drop as it is linked to the 18 years old age of consent act which was effected in the 3rd quarter of 2024. Those below age of 18 years could not consent on their own.



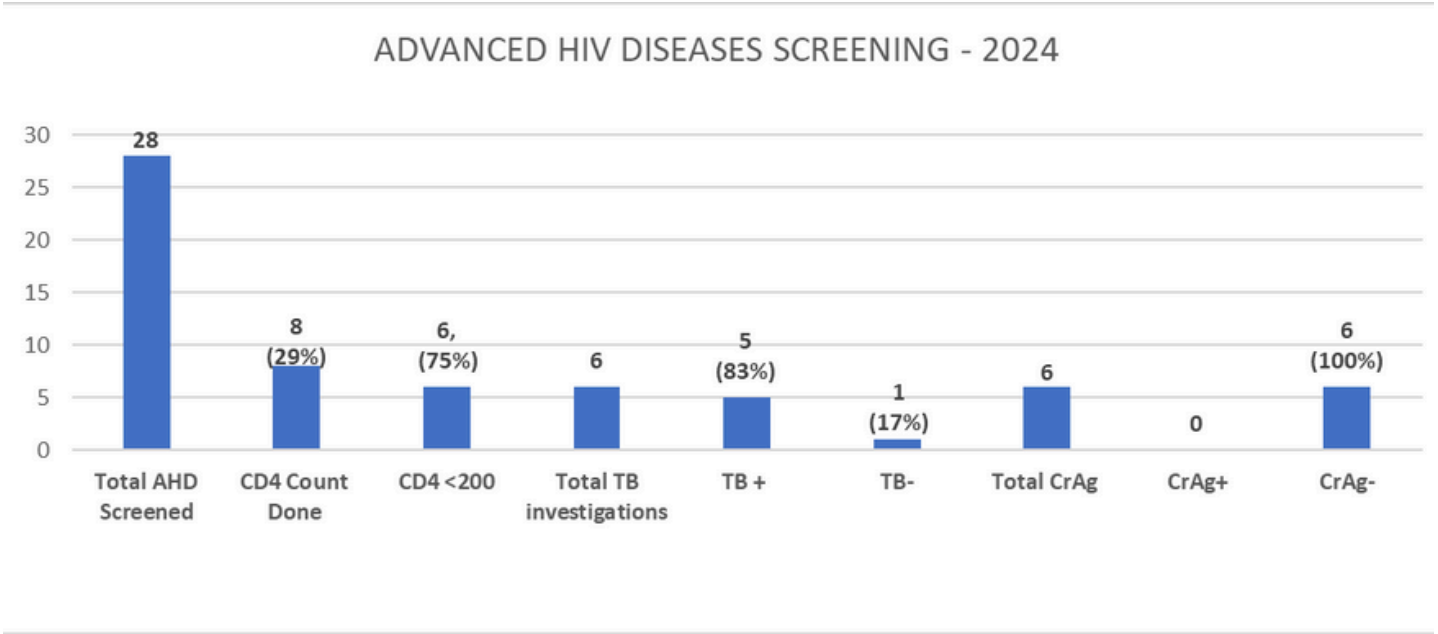
In 2024, 38 new HIV positive cases have been confirmed in the project. All of them have been referred to care, respectively 28 in Mbare Edith Opperman and 10 in Epworth. As the project is not involved with HIV care and management in Epworth, only the 28 confirmed cases have been added in the active cohort the project supports in Edith Opperman.

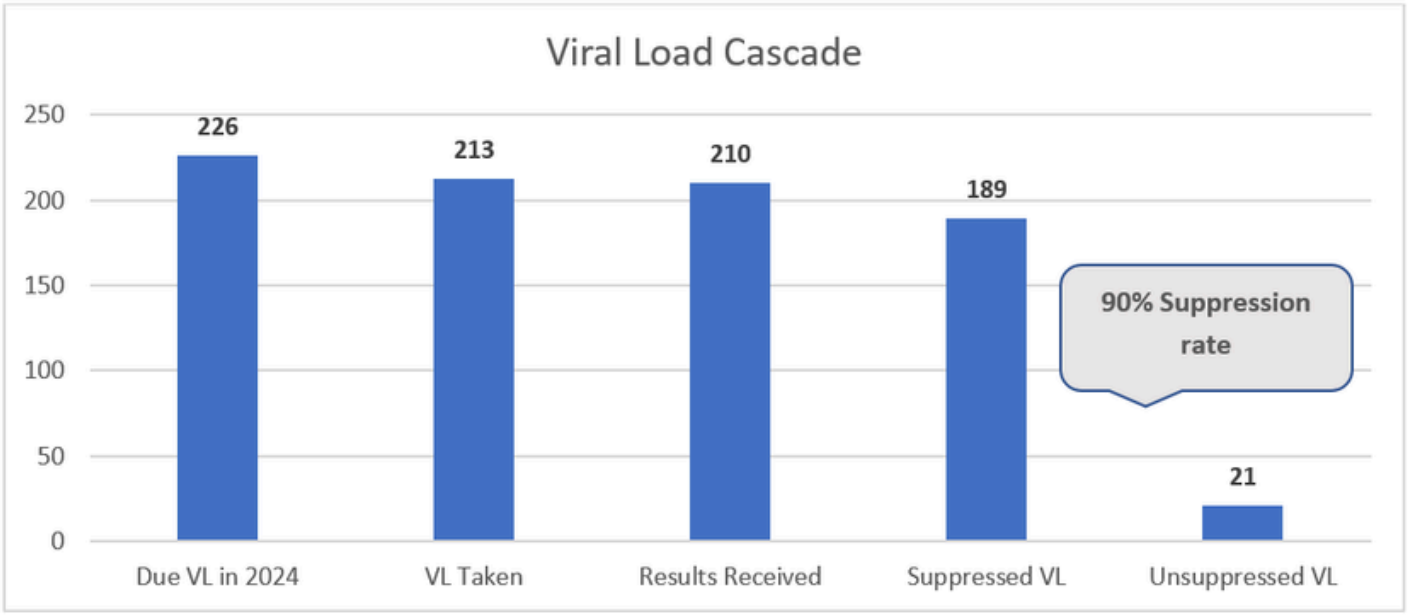
The total active ART cohort at the end of the reporting period was of 250 children, adolescents and young people aged 6 to 24 years old. During the last Adherence Week held from 9th to 13th of December 2024, 217 children, adolescents and young people participated, as per the break down per age group below. 56 caretakers also joined the Adherence Week.

Age group	6-11 years	12-15 years	16-19 years	20-24 years	**Final total**
Total number	30	41	74	72	217

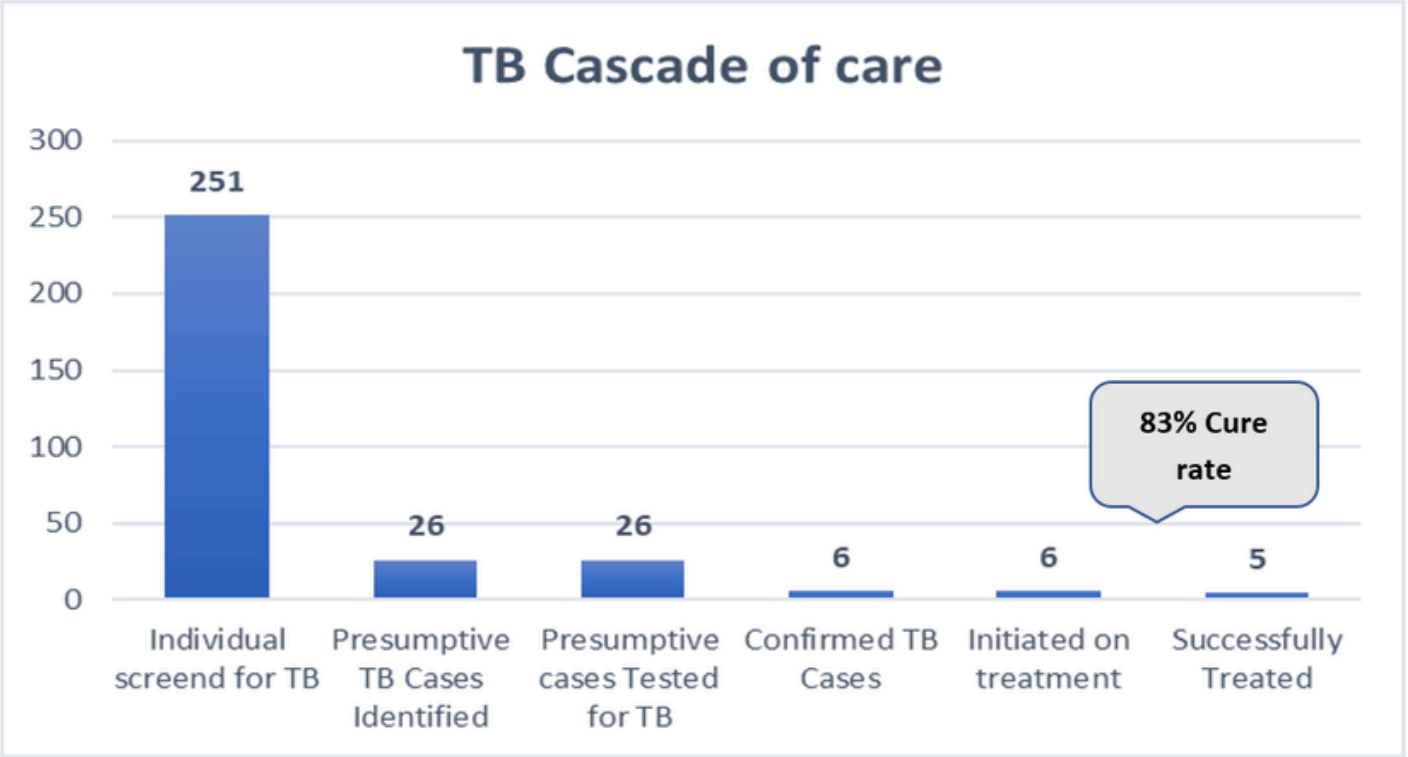
Out of the 33 children, adolescents and young people who have missed joining the Adherence Week, 17 were reached by phone call and manage to come to the clinic for refill and catching up. 17 are yet to be visited at home by the project team in January 2025.

The health education topics discussed during the Adherence Week were about adherence to treatment, weight, diet, handover of caregivers, contact details, SRH services, HPV, among others.
During the Week, 15 children, adolescents and young people also access mental health and psychosocial support consultations; and 6 families received family sessions. Issues arising were on poor adherence, lack of support systems, work demands conflicting with appointment dates, relationship issues especially regarding disclosure, educational challenges, etc. In addition, action plans for the case management was put in place. The partnership with different stakeholders was vital in ensuring wholistic service to the adolescents.
Referrals were done for transfer to PMTCT (1), transfer to adult OI (9), HPV screening and referral for vaccine to City of Harare (11). 8 children, adolescents and young people also needed Enhanced Adherence Counselling (EAC).





Viral load in the cohort of children, adolescencts and young people in the project has a suppression rate of 90%. At the time of writing this report, were pending the results for 3 samples send to BRIDH (conventional lab). 13 patients did not get that VL samples because defaulted treatment and are being followed up. Beneficiairies not VL-suppressed are booked for EAC that will take place in Januray. Manage,ent os done case by case, with some patients referred to BRIDH for second line of treatment, according to national guidelines.



Additionally, 251 patients were screened for TB, with 6 confirmed cases**.** All confirmed TB cases started treatment, and five were successfully treated.

Health promotion and volunteer peer educator activities:

Volunteer Peer Educators reached 7,921 adolescents in facilities and 11,498 in the community. The project also conducted digital health promotion, engaging 840 individuals through WhatsApp and referring 75 clients for specialised services. School Health Clubs reached 1,080 adolescents in Epworth, providing vital knowledge and resources on sexual and reproductive health.

Activities	Indicators	2023	2024
	HIV self-assisted oral Test Done in Community (% Reactive)	5456 (3%)	2423 (1.6%)
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	Number of patients starting ART in 2024	29	28
	Active ART cohort at the end of the reporting period	244	250

Teen mums club:

The project supported 327 young mothers in Epworth and 272 in Mbare through the Teen Mums Club, offering educational sessions on pregnancy, childbirth, and neonatal care. The club also alleviated financial barriers by assisting with ANC costs.

Group sessions:

The project organised 32 group sessions for key and vulnerable populations, addressing topics such as HIV, adolescent pregnancy, and mental health. These sessions provided a safe space for adolescents and young people to share experiences and receive support.

Operational research

Sexually transmitted infections (STI) study:
In 2024, MSF completed a study on the feasibility of integrating rapid diagnostic tests for STIs, such as the GeneXpert CT/NG assay and the OSOM Trichomonas Test, into the STI diagnostic algorithm at the Mbare Adolescent Corner. Preliminary results showed a high prevalence of STIs in the study population, with significant issues related to over-treatment and under-treatment. The final report is expected in the first quarter of 2025.

Annovera Vaginal Ring Clinical Trial:
The project awaited ethical approvals to begin a study on the acceptability of the Annovera vaginal ring as a contraceptive method. This study, part of a multi-site/multi-country trial, aims to assess the acceptability of Annovera compared to other contraceptive methods among women seeking family planning services.

Cabotegravir implementation study:
MSF initiated preparations for an implementation study of Cabotegravir, a long-acting injectable PrEP method. Groundwork, including staff training and protocol development, was completed in 2024, with further progress expected in 2025.

Emergency Response: How MSF responded to one of Zimbabwe's deadliest Cholera crises

** An Oral Rehidratation Point set-up and run in Mbire District, Mashonaland Central*

The year 2024, was marked by significant challenges and achievements for MSF in the country as we managed to respond to a widespread cholera outbreak that began in February 2023 and continued into the year.

Background

Cholera outbreak

Cholera, caused by the bacterium *Vibrio cholerae*, is a severe diarrheal disease transmitted through contaminated food or water. Symptoms include watery diarrhea, vomiting, and dehydration, which can lead to death if left untreated. The disease can manifest within hours to days after exposure.

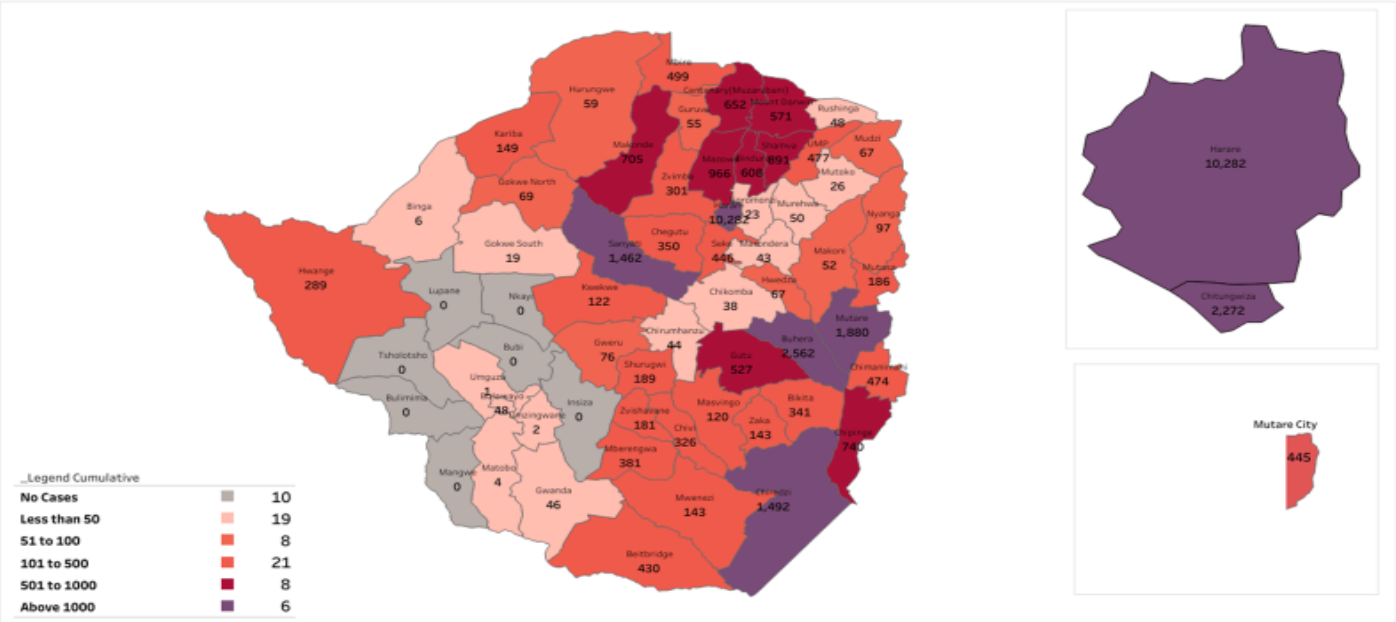
The outbreak in Zimbabwe began on 12th February 2023 in Chegutu town, Mashonaland West Province, with the index case being a male in his thirties. The disease quickly spread beyond the 17 traditional cholera hotspot districts to 63/64 districts. By the end of June 2024, Zimbabwe had recorded 34,550 suspected cases, 3,964 confirmed cases, and 719 deaths (88 culture-confirmed and 631 suspected). The case fatality rate (CFR) was 2.1%, with an attack rate of 203.5.

A second outbreak occurred in Kariba District in November 2024, shortly after the first outbreak was declared over in July 2024. This outbreak lasted three months, resulting in 128 cases and one community death before being declared over in early February 2025.

Affected areas

The cholera outbreak spread to 64 out of 65 districts across Zimbabwe's 10 provinces. Chegutu was the epicentre of the first wave, while Buhera became the epicentre of the second wave. A third wave emerged in Kariba District, specifically in the Gatche-Gatche rural area, in the last quarter of 2024.
The map provided below illustrates the caseload distribution across the affected areas, highlighting the widespread nature of the outbreak.

Zimbabwe Cumulative Cholera Cases (12 February 2023 – 05 May 2024)



*Map courtesy of MoHCC

Vulnerability factors and existing health threats

** Risk assessment at the ARDA illegal fishing camp Gatche-Gatche*

Risks in mining areas

Artisanal mining areas, such as Buhera, Chegutu, Shamva, Sanyati, and Mhondoro Ngezi, posed significant risks due to poor sanitation and limited access to clean water. The influx of miners from various regions increased the risk of cholera transmission. Communities often relied on untreated river water, exacerbating the spread of the disease.

Risk perception

Cultural and religious beliefs in some areas hindered effective cholera prevention. For example, the belief that river water is naturally clean ("mvura haina n'anga") and the practice of river bathing for religious purposes increased the risk of contamination. Apostolic sects, which constitute a significant portion of the population in areas like Buhera and Shamva, often resisted medical interventions, preferring traditional remedies.
Additionally, poor sanitation in urban areas, such as Harare and Chitungwiza, contributed to the outbreak. Issues included burst sewer pipes, uncollected refuse, and contaminated boreholes, which created ideal conditions for cholera transmission.

Aim of the intervention

The primary aim of MSF's intervention was to reduce mortality and morbidity by lowering the case fatality rate (CFR) and curbing cholera transmission. This was achieved through a coordinated response strategy in collaboration with the MoHCC and other partners.

Response strategy

Pillars of intervention
MSF's response was structured around several key pillars:

- **Case Management and Infection Prevention and Control (IPC):** Strengthening healthcare facilities and community-level case management.
- **Water, Sanitation, and Hygiene (WASH):** Improving access to clean water and sanitation facilities.
- **Risk Communication and Community Engagement (RCCE):** Educating communities on cholera prevention and promoting behaviour change.
- **Surveillance:** Data collection, analysis, and community surveillance to track the outbreak.
- **Logistics:** Ensuring the timely delivery of medical supplies and equipment.
- **Coordination:** Collaborating with MoHCC and other partners to avoid duplication of efforts.

Case management activities

MSF supported health facilities by donating medical supplies, including Ringer Lactate, giving sets, cannulas, antibiotics, and oral rehydration salts (ORS). Treatment followed MoHCC cholera guidelines and standard operating procedures (SOPs).

** Oral rehydration at a school in Gatche-Gatche*

** MSF staff is cleaning up the cholera patient facility*

Key activities included:

- Strengthening case management capacity at both facility and community levels.
- Supporting nurses in contact tracing and active case finding.
- Ensuring the availability of case management consumables.
- Training healthcare workers in cholera case management and IPC.

Districts supported in Cholera case management on-job training:

District supported	Case management and IPC on-job mentoring for Nurses	IPC mentorship to Support staff	VHW and Community Health Promoters	OCV support on vaccination
Buhera	79	90	98	135 790
Harare	178	135		
Chitungwiza	74	15		
Epworth	56	12		
Hwange Colliery	11	8		
Mbire	27	83	88	
Shamva	28	12	10	
Sanyati rural	59	138		
ZPC Kadoma	4	38	38 prison champs	
Kariba	4	8	3	3608

The greatest number of trained staff was in Harare. Harare also received classroom training for about 75 Nurses.

Support to ORPs and number of patients seen:

District	Number of suspected cases	Suspected cases referred
Buhera	266	64
Epworth	179	
Hwange	24	
Mbire	181	20
Shamva	496	74
Kariba	30	3

Shamva District reported quite a significant number of cases at the ORP because there was an ORP positioned at the Apostolic shrine.

LOG and WASH Activities

** Resident fetching water froma water bladder*

MSF implemented several WASH interventions, including:

- Designing, constructing, and managing cholera treatment facilities.
- Training stakeholders on cholera-focused WASH activities.
- Distributing non-food items (NFIs), decontaminating structures, and improving water sources.

District	CTCs set-up & managed	Toilets/Temp-orary latrines provided	Waste-zones water-zones	EHTs IPC mentorship	VHWs/ CHC/ Hygienists trained	Community leaders sensitised	Set-up of ORPs
Buhera	- 22 HFs assessment for cholera response preparedness. 38 beds donated - 17 CTUs set up - 108 Handwashing stations set-up	7	5	23 and repaired 5 motorbikes	56 hygienists 214 VHWs from 10 wards	149 from 10 wards	6 ORPs 63 community alerts attended to 92 patients referred to CTUs
Epworth	2 CTUs, 2 temporary bathrooms	2 mobile toilets	1 drum burner, 10000L water tank installed	10 Nurses	7		
Hwange	1 CTU improving standards at St Patricks		Installation of 10000L water tank with in-line chlorinator				1
Mbare	4 CTUs, 6 beds donated		2 drum burners	1 EHT and repaired 4 motorbikes	10		6
Shamva	3 CTUs		2 drum burners	1 trained	10		9
Sanyati rural	1 CTU		Connected water to prison blocks				
Kariba	1 CTU	10 blair-latrines in Irrigation area constructed		2	8	6	2

RCCE activities

MSF conducted extensive community engagement activities, including:

- Training village health workers (VHWs) and community leaders on cholera prevention.
- Distributing information, education, and communication (IEC) materials.
- Conducting roadshows, street hailing, and door-to-door campaigns to reach vulnerable populations.

RCCE activities and populations reached per District

Harare Metropolitan Province

	Chitungwiza	St Mary's	Kuwadzana	Epworth	Mbare
Trainings					
CHP/W supported (Male and Female)	00	24	17	40	00
Total CHP/W	00	00	17	40	00
Number of residence association trained/supported (e.g., Vendors Association)	00	01	58	00	00
Number of WPC training (on the job) done	08	05	35	00	00
Number of WPC review meetings conducted (M and F)	24	28	13	00	03
Number of MSF waterpoints supported in the area	00	00	8	00	03
Number of CHCs trained **Number of school health masters trained** **Number of On-job health staff trainings by department**	75 18 32	00 17 00	00 17 00	100 23 00	00 12 01
Social Mobilization and Community Engagement					
Number of IEC material distributed	6000	9000	10000	5000	4000
Number of households reached with IPC	450	1200	27	12000	36
Number of people reached through roadshows and street hailing	95 000	120 000	55000	17000	00
Number of schools reached	6	42	38	21	1
Number of contacts followed up	85	132	160	45	72
Number of index cases profiled (all these are positive cases)	386	1150	485	106	6
Number of people reached at marketplaces with IPC	950	1600	1400	7	00
Number of churches reached	77	98	175	22	00
Number of Community gatherings reached	90	175	225	27	00
Number of campaigns done at bus ranks	15	21	23	5	00
Number of NFIs distributed provided by MSF (Water guard, Aqua Tabs)	660	9000	7024	5290	00

Other districts – RCCE Activities

District	RCCE (HP)	VHWs trained	Community leaders	RCCE in Prison	Water-guard distribution
Hwange	About 10000	8			3100 plus in-line chlorination
Mbire	3600	88	142		1500
Shamva	10100	142	111		3800
Sanyati	30259	48 prison champs		4286	2500 plus in-line chlorinator
Kariba	1004	5	6		

** Risk communication and Community engagement in Mbire*

Digital health promotion: MSF's digital health promotion reached 1.5 million people, averaging 5.2 exposures per person, with positive feedback on cholera awareness.
Coordination: MSF supported outbreak response planning, partner mapping, communication support, and review meetings to improve surveillance.
Partnerships & Advocacy: MSF worked with MoHCC and other partners, preventing duplication. Advocacy led to WHO cholera kit support and improved onsite collaboration, enhancing patient care.

3 On-job mentorship in Mbire District

** Community engagement at Irrigation informal settlement in Gatche-Gatche*

Lessons learnt

Key insights

- **Urban cholera interventions:** Strong WASH interventions are essential in urban settings to prevent cholera outbreaks.
- **Community engagement:** Door-to-door campaigns by hygiene promoters and VHWs, supported by traditional leaders, are effective in reaching large populations quickly.
- **Active case finding:** Involving community members in disease surveillance improves the thoroughness and effectiveness of case detection.
- **Water and sanitation:** Access to clean water and sanitation facilities directly impacts the incidence of diarrhoeal diseases.
- **Multi-sectoral approaches:** Coordinated efforts between MoHCC, partners, and community leaders are crucial for controlling cholera in hotspot areas.

Challenges

- **Resource constraints:** Stock-outs of essential supplies, such as Ringer Lactate and ORS, hindered effective case management.
- **Staff demotivation:** High staff turnover and competing activities affected the quality of care.
- **Under-reporting:** Inconsistent data collection and under-reporting of cases led to decisions that did not reflect the reality on the ground.
- **Urban challenges:** Illegal settlements with poor WASH infrastructure posed significant risks for waterborne diseases.

** MSF nurse checking up on Cholera patient in a CTU*

Recommendations

Immediate actions

- **Improve WASH infrastructure:** Mitigating access to clean water and sanitation is critical to preventing cholera outbreaks.
- **Enhance hygiene promotion:** Combining hygiene education with emergency WASH interventions can reduce morbidity and mortality.
- **Oral Cholera Vaccination (OCV):** OCV should be considered in high-risk urban areas with unresolved water and sanitation challenges.

Long-term strategies

- **Strengthen data collection:** Investing in technologies for data capture at oral rehydration points (ORPs) can improve surveillance and response.
- **Community engagement:** Continued collaboration with community leaders and religious groups is essential for sustainable cholera prevention.
- **Logistical support:** Ensuring a steady supply of resources and strengthening partnerships with other organisations will enhance future outbreak responses.

Conclusion

MSF's response to the 2023-2024 cholera outbreak in Zimbabwe demonstrated the importance of a coordinated, multi-sectoral approach in controlling the spread of the disease. While significant progress was made in reducing mortality and morbidity, challenges such as resource constraints, under-reporting, and poor WASH infrastructure remain. The lessons learned and recommendations outlined in this report provide a roadmap for improving future cholera responses in Zimbabwe and beyond.

** MSF Health promoter doing IPC at patient homestead*

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MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS