



MDRZW018 DREF -Final Report

Zimbabwe | Measles outbreak

DREF n° MDRZW018	GLIDE n° EP-2022-000304-ZWE
Operation start date: 11 September 2022	Operation timeframe: 6 months (11 September to 31 March 2023)
Funding requirements (CHF): 260,658	
N° of people being assisted: 49 254 Children	
Red Cross Red Crescent Movement partners currently actively involved in the operation: American Red Cross, Danish Red Cross, British Red Cross, IFRC, Finish Red Cross.	
Other partner organizations actively involved in the operation: Government of Zimbabwe, World Health Organisation, Provincial and District Authorities	

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The Canadian Government contributed to replenishing the DREF for this operation. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.



Distribution of NFI kits at Nembudziya Rural Health Centre. Photo by ZRCS

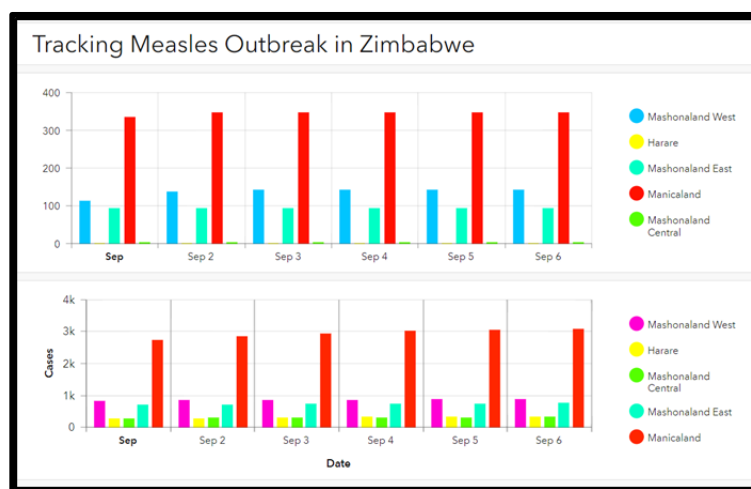
A. SITUATION ANALYSIS

Description of the disaster

From early April 2022, Zimbabwe was struck by a deadly national measles outbreak that killed more than [750 children](#) within the outbreak's first 6 months to 2 October 2022. This [outbreak raised alarm bells](#), with organizations like [UNICEF](#), Red Cross and the [WHO](#) expressing concern and activating an [emergency response strategy](#) to provide support and resources to the Government of Zimbabwe (GoZ). The first case was recorded in

Manicaland province on the 10 April 2022 in Mutasa district and by 31 August, [639 children had succumbed to the virus accumulating to 750](#) deaths by early October.

In response, the Government of Zimbabwe rolled out a nationwide emergency immunization programme targeting 95% of all children from 6-59 months and in some instances up to 15 years to attain herd immunity. Nationally, and cumulatively, around [85 %](#) of all children under the age of five were fully vaccinated against measles by 2 October 2022. From October 2022 the GoZ's focus was ramping up efforts to immunize the remaining eligible populations prioritizing those Provinces with relatively lower vaccination rates. The outbreak affected mainly those children not vaccinated against measles and the key needs of the affected population included access to vaccines, medical treatment and support for families who have lost loved ones. As the outbreak was ongoing, [it was difficult to predict specific dates and likely areas of impact, but the number of people likely to be affected was expected to continue to rise](#). Against that background, the Ministry of Health and Child Care requested support from different partners and the ZRCS responded through a DREF to support communities in two districts of Mwenezi and Gokwe North.



Province	Cases	Deaths
Bulawayo	22	0
Harare	321	1
Manicaland	3084	347
Mashonaland Central	314	2
Mashonaland East	741	92
Mashonaland West	856	141
Masvingo	411	50
Matabeleland North	112	0
Matabeleland South	68	11
Midlands	622	60

Figure 1: Vaccination status by the GoZ as of 02 October 2022 and the targeted percentage as at end of year

In Mwenezi there is high population density and this at times complicated efforts to control the spread of the disease and provide adequate care for those who were ill. Gokwe North district was also considered to be at high risk due to its location in the Midlands province, which has a high number of reported cases. Quantitative information not available, there has been some reported increased on vaccination from different sources as of March 2023, and as the UNICEF reports, in Mwenezi the Village health workers and the Volunteers penetrated the hard-to-reach areas, which saw a lot of children getting vaccinated for measles, polio, malaria and other health cases.

Summary of current response

Overview of Host National Society

From the onset of the measles outbreak in Zimbabwe early in April 2022, the ZRCS was working closely with the Ministry of Health and Child Care to ensure that their response is in line with the national response plan in as much as they were also working with other partners, including UNICEF and WHO, to coordinate efforts and ensure that the response was effective. The ZRCS, through their network of community-based volunteers, helped to mobilize communities and providing health education. The National Society made sure that the response was inclusive and that specific needs were taken into consideration in relation to gender, ethnicity, age, disability,

people living with HIV/AIDS, among other factors. By the end of the DREF operation, the ZRCS responded through the following pillars:

- Coordination with MoH
- Social mobilization for vaccination.
- Support vitamin A supplementation campaigns.
- Community-based surveillance.
- Risk Communication and Community Engagement.
- Logistical support for measles-rubella vaccination teams.
- Distribution of hygiene kits to affected families.

Coordinated with the MOHCC was maintained to organize emergency relief to relieve the suffering and promote health and welfare of the community. Through the help of the MoHCC the NS developed and submitted a DREF application to IFRC to help in administering the vaccines in the hotspot areas. The DREF was approved on 1 September 2022.

With the support of the American Red Cross and MOHCC, the NS responded to the measles outbreak through social mobilization for measles vaccination campaign in Gokwe remote areas and informal settlements of Harare. ZRCS utilized a wide network of volunteers within communities to support this response and these volunteers were recognized by the government system as a vital cog in community development and disaster response.

ZRCS participated in the coordination meetings and information sharing. The NS, as a member of the Risk Communication and Community Engagement (RCCE) working group, worked together with the Ministry of Health in designing the national response plan.

The ZRCS, with extensive experience in community social mobilization from the past epidemics and pandemics (such as Cholera, Typhoid, HIV and AIDS and COVID-19), undertook social mobilization campaigns in two of the affected districts; supporting the vaccination logistics, challenges faced by providing material and resources so that they can cover all parts of the targeted districts.

Overview of Red Cross Red Crescent Movement in country

International Federation of Red Cross and Red Crescent Societies (IFRC), through the Harare Country Cluster Delegation (HCCD), supports Zimbabwe, Zambia and Malawi in disaster and management related work. The IFRC works in close coordination with the ZRCS by providing support and assistance in areas such as emergency response, disaster preparedness, and capacity building. The Red Cross Movement (RCM) has coordination mechanisms in place, including the Emergency Operations Centre (EOC) and the Secretariat for the Movement Coordination of the Red Cross and Red Crescent (SMCC), that ensures effective and efficient coordination of the Movement's response to any crisis. The SMCC is responsible for supporting the coordination of the Movement's response and providing guidance and support to the affected.

Within the scope of this DREF, the IFRC provided support in operations, finance, logistics, planning, monitoring, and evaluation functions. Technical input from the IFRC was availed throughout the operation. ZRCS was updating the IFRC Go platform on the epidemic in as much as the IFRC was attending coordination meetings at various levels of the government.

Overview of non-RCRC actors in country

The government, through the Ministry of Health and Child Care (MoHCC), was the lead responsible for coordinating the response efforts to the Measles outbreak. The Department of Civil Protection (DCP) were also be involved in the response, providing support in areas such as logistics, transportation, and security. The United Nations (UN) and international non-governmental organizations (INGOs) were also present, providing support and assistance. Notable was the WHO and UNICEF that provided both funding and technical advice. Local NGOs such as the MsF and Care International were active in providing support and assistance to affected communities. The Government of Zimbabwe, with support from actors noted, had [achieved 85% immunization by mid-October](#) leaving a 10% gap from the 95% target. Of the [7,413 children affected by measles as of 02 October 2022, 5,600 had fully recovered](#) and the rest were being monitored by the 20th of October 2022.

Needs analysis and scenario planning.

Needs analysis.

Zimbabwe carried out a [measles situation analysis and risk assessment](#) in May/June 2022. This assessment allowed the country to categorize districts according to level of vulnerability and burden of measles in the outbreak. The districts noted as the most in need were Mutasa, Nyanga, Mutare, Chimanimani and Buhera which are in Manicaland Province. Taking from the government needs assessment, the ZRCS with support of the American Red Cross and the IFRC has further assessments that culminated in the Social Mobilization for Measles Vaccination Campaign Project which aimed at reducing morbidity and mortality due to measles disease amidst the COVID-19 pandemic, through an increase in vaccine utilization and coverage. Based on the assessment data, the following needs were identified:

- **Vaccination support:** The shortage of resources had compromised the effectiveness of the vaccination efforts, with some areas reportedly running out of vaccines. Logistical support was needed to ensure the successful roll-out of the vaccination campaign.
- **Social mobilization:** There was a need for personnel to assist in social mobilization efforts, as well as engaging and training the pre-existing MoHCC' s village health workers on how to share information on measles prevention consistent with the RCRC principles.
- **Vitamin A supplementation:** Children diagnosed with measles needed to receive two doses of vitamin A supplement at the nearest health facility.
- **Community-based surveillance:** Strengthening community surveillance through sensitization of Village Health Workers, and village heads was critically needed to better track the spread of the disease.
- **Risk Communication and Community Engagement:** Behaviour change communication was needed to tackle vaccine hesitancy and encourage vaccine uptake.
- **Logistical support for measles-rubella vaccination teams:** Vehicles, fuel and other logistics were needed to support the vaccination campaign and Social Mobilization exercises.
- **Distribution of hygiene kits:** WaSH NFIs were very critical to support good hygiene in households and help prevent the spread of the virus.
- **Food and nutrition support:** Most affected families were in dire need of food and nutrition support to aid recovery due to the food insecurity and macro-economic challenges in the country.

Operation Risk Assessment

The operation to contain the measles outbreak in Zimbabwe faced several risks which could impact its implementation. These risks and their respective mitigatory actions included:

Risks	Mitigatory actions
Vaccine hesitancy: Vaccination hesitancy remained high amongst some areas in Zimbabwe. The operation was mostly likely to be affected by negative sentiments towards vaccination in the targeted areas.	ZRCS) utilised its network of volunteers in the communities and stakeholders and utilised such strongholds to reach to these areas. Social mobilisation and Risk Communication and Community Engagement (RCCE) was ongoing process to increase vaccine take-up.
COVID-19: While cases were on the decline, the operation involved interaction with different people and preventive measures needed to be adhered to.	All personnel involved in the operation were provided with PPEs and trained on how to use them properly. Standard Operating Procedures (SOPs) on COVID-19 prevention were developed and shared with all staff and volunteers
Economic situation: Most of the population are struggling accessing descent livelihood and more exposed to disease transmission factors as well as mis information on the vaccine and the disease.	ZRCS partner with other humanitarian actors to provide food assistance to the affected population, this helped in addressing the economic challenges faced by the population.
Socio-political situation towards 2023 elections: The risk at that stage of election campaign was minimal and not so important but should be monitor by the National Society.	ZRCS closely monitor the socio-political situation in the country and any potential security incidents or tensions identified be reported and information

	shared with the team at different levels of the intervention.
Escalation of cholera transmission: Cholera is endemic in some parts of the country during the rainy season, which is usually forecasted from end October to March.	Social mobilisation messages included in the response to educate the population on how to prevent cholera transmission.

B. OPERATIONAL STRATEGY

Proposed strategy

The original proposed strategy from the DREF Measles EPoA was intended to support the MoHCC's mass vaccination campaign for measles in Mutare and Gokwe North districts to reach 50,400 children. However, following changes on the operating environment and shifting priorities for the respective provinces and MoHCC, the following requests for changes were made and approved through the publication of operations updates.

Operation Update 1:

- To change the implementation area from Manicaland to Masvingo following Ministry of Health and Child Care (MoHCC) recommendation on account of delayed implementation in Manicaland which saw the province being over-subscribed while Masvingo Province had positive need but not adequately covered.
- To revise the budget activities to reflect the needs and context of the new province (Masvingo) though without any changes to the budget total. This, bearing in mind that the original input to the budget from the MoHCC had not covered support to the volunteer training and engagement at ward level (health centre level). Equally the MoHCC has developed the implementation plan and the budget needs to support the plan, consistent with NS auxiliary role.
- To allow MOHCC vaccination teams to be given Hotel accommodation allowances according to ZRCS Policy which makes it easy for teams to go out and camp in some of the targeted remote areas where there are limited standard accommodation facilities like in Gokwe North.


Operation Update 2:

- Zimbabwe Red Cross requested the intervention timeframe to be extended until 31 March 2023 to ensure coverage of the Vaccination campaign activities that were planned in following weeks and to complete the activities which had been slowed-down due to communication challenges emanating from a previous measles report that had seen the relations between the Red Cross Movement and the MoHCC going sour.
- The DREF measles intervention in the two Districts, had seen significant increases in terms of the Mwenezi District vaccination coverage from 52.4% to 74.8% in Masvingo. For Gokwe North District, those vaccination rate before DREF was 76%, while as at 31 January 2023 it stood at 83%. Despite making such strides in vaccination rates from 76% - 83%, that still fall short of the government target of 95% and hence the request to continue with the operation.
- The MoHCC Masvingo Province has however requested Red Cross and other Partners from Masvingo to support with Round 3 of the Vaccination Campaign in Mwenezi District which they couldn't complete and ZRCS intends to commit part of the remaining funds to be reallocated to this activity implying budget revision on the current DREF balances where applicable.

Consequently, the end date of the intervention was revised from 31 January 2023 to 31 March 2023. This also gave the ZRCS the chance to entertain the MoHCC Masvingo Province's request for support to the Round 3 of the Vaccination Campaign in Mwenezi District which they couldn't complete and ZRCS had to reallocate funds to this activity. The Ministry of Health was leading technical orientation and support, while the National Society provided support in terms of facilitation and logistics costs for these trainings. The implementation of several activities was done in collaboration with the MoHCC. This coordination also came with inter-dependence. Hence, the timing of activities by the MoHCC- determined, to a greater extent, implementation and timing of DREF activities such that towards 31 January 2023, completion of activities was no longer feasible leading to a No Cost Extension through

[Operations Update #3](#). The NS worked on ensuring local government participation, keeping communities informed of operational activities and progress, including on selection criteria, support actions, managing delays, and exit, opportunities to participate in the operation and community feedback and complaints. Otherwise, the strategy in [EPoA](#) and changes in [Operations update #3](#) remained the same.

C. DETAILED OPERATIONAL PLAN

	Health People reached: 49,254. Male: 24,192 Female: 26,208	
Health Outcome 4: Transmission of diseases of epidemic potential is reduced		
Health Output 4.5: Transmission of new cases is limited through support for vaccination campaigns		
Indicators:	Target	Actual
Number of children vaccinated	50,400	49,254
Number of volunteers and community health workers engaged in social mobilization	500	795
Number of volunteers and community health workers trained in CEA	500	795
Number of volunteers and community health workers trained in vaccination process	500	795
Number of volunteers and community health workers trained in community mobilization	500	795
Number of volunteers and community health workers trained in CBS	500	795
Number of volunteers and community health workers trained in MHPSS	500	795
Number of visibility materials produced	2,000	2,000
Number of hygiene kits procured and distributed	450	450
Number of HH provided with Hygiene kit	450	450
Post distribution monitoring survey for Hygiene kits.	2	2
Health Output 4.6: Improved knowledge about public health issues among the targeted localities on measles		
Indicators:	Target	Actual
Number of videos/ documentaries, newspaper articles published	2	2
Number of media engaged for awareness messages diffusion	3	3
Health Outcome 6: The psychosocial impacts of the emergency are lessened		
Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff		
Indicators:	Target	Actual
Number of volunteers and staff attended the session on MHPSS	40	71
Number of volunteers and staff receiving MHPSS	40	0
Number of people in the communities requesting MHPSS	1000	0
Achievements		
Number of children vaccinated was 49,254 (24,192 Male; 26,208 Female). From these, the engagement of volunteers and community health workers in social mobilization exceeded the initial target of 500, with a total of 795 individuals trained (449 Female; 346 Males). This increase was driven by the Ministry of Health and Child Care's initiative to train Village Health workers, recognizing their essential role in community health.		

To amplify our reach, awareness and social mobilization efforts extended to social media platforms, facilitating broader community engagement and enhancing the visibility of NS actions. The intervention yielded 2000 visibility materials, including T-shirts, and engaged media outlets to profile and promote our work. Notably, three journalists were embedded in vaccination sites and households, where they witnessed the immunization process and documented inspiring stories of parents and community leaders acknowledging the joint efforts of the National Society and partners with the Ministry of Health and Child Care. This media exposure significantly elevated the awareness and understanding of our collective response.

To further disseminate crucial information, measles jingles were broadcast on national radio stations in both English and local languages, ensuring comprehensive coverage and comprehension. Additionally, two videos/documentaries and newspaper articles were published to communicate the impact of our efforts. These articles provide insight into our work, highlighting initiatives like the vaccination campaign in Gokwe South, and have been well-received by the public

Number of videos/ documentaries, newspaper articles published was 2 and the links are:

1. <https://www.herald.co.zw/gokwe-south-measles-outbreak-child-mortality-drops-as-government-and-its-partners-join-hands-in-the-fight/>
2. <https://www.thestandard.co.zw/standard-style/article/200003461/gokwe-intensifies-measles-elimination>
3. <https://fb.watch/ljM80vKIX6/>
4. <https://www.herald.co.zw/mwenezi-community-leaders-laud-government-partners-for-measles-vaccination-campaign/>
5. <https://www.google.com/amp/s/www.newsday.co.zw/southerneye/amp/local-news/article/200007323/mwenezi-communities-heed-vaccination-call>
6. <https://www.instagram.com/p/ComABuqtLgx/?igshid=YmMyMTA2M2Y=>
7. <https://www.zimcommunitynews.com/2023/02/14/mwenezi-headman-hails-zimbabwe-red-cross-society-gvt-hunger-response-efforts/>
8. <https://www.herald.co.zw/climate-change-mwenezi-battles-food-insecurity/>

Number of volunteers screened for, and who signed child protection policy/guidelines was not achieved on account of the National Society child protection policy that is yet to be ratified after it was developed recently. 71 volunteers and staff received MHPSS training. It is however encouraged that more focal points for MHPSS be trained within the National Society 450 Hygiene kits were also distributed during this stage 225 in each of the provinces to different marginalized groups within the communities including people with disabilities, elderly, those with albinism and child headed families.

Sensitization and Disaggregated Data: Our sensitization efforts were meticulously planned and executed to ensure widespread understanding and adherence to preventive measures. To enhance the effectiveness of these efforts, we complemented information dissemination with disaggregated data per district. This data-driven approach allowed us to customize messages and interventions based on specific district needs, locations, and demographic characteristics. The sensitization process spanned an extended period and utilized multiple channels, such as community meetings, radio broadcasts, and door-to-door visits. By consistently relaying information, we fostered community-wide awareness and understanding.

IEC Materials: The distribution of Information, Education, and Communication (IEC) materials was a crucial component of our awareness campaign. As planned, we developed and disseminated 3000 IEC materials to communities. These materials were strategically deployed through community meetings, health centres, and door-to-door visits. By making critical information accessible at various touchpoints, we maximized our reach and facilitated informed decision-making among community members.

Media Engagement and Profiling: Our collaboration with local media outlets yielded significant success in media engagement and profiling. This approach not only enhanced public trust in our efforts but also highlighted the partnership between the National Society, the Ministry of Health and Child Care, and other stakeholders. We

effectively engaged with media professionals, facilitating their visits to vaccination sites and households. This allowed them to witness the immunization process first hand and capture compelling stories from parents and community leader,

Turning to Community-Based Surveillance (CBS) activities, a comprehensive approach was adopted. People were systematically screened, and those in need were referred by the NS for further evaluation and care. This process was supported by alert systems that facilitated timely responses to potential outbreaks. Collaboration with health centres was a critical aspect of this strategy, allowing for effective coordination and swift action. This coordination also extended to existing health services, ensuring a cohesive and integrated approach to disease management.

Psychosocial support (PSS) was a cornerstone of the NS's intervention. A total of 71 volunteers and staff members received Mental Health and Psychosocial Support (MHPSS) training, equipping them to provide essential support to affected individuals. This support was particularly crucial for parents who had lost children to measles, alleviating their emotional distress and fostering resilience within the affected communities.

there have been several reports of the operation having made breakthroughs within the Apostolic religious sect where most women received the awareness information and had started [taking their children to Rural Health Centres \(RHCs\) for immunisation without the knowledge of their husbands who forbid them on religious account.](#)

In conclusion, the NS's achievements reflect not only successful numbers but also strategic collaborations, innovative approaches to communication, and a commitment to holistic community care. These accomplishments were guided by the lessons learned from this intervention and will undoubtedly shape the NS's future responses.

Challenges

- One of the major operational challenges in this intervention was the situational changes from the time the DREF was launched. The situation on the ground had evolved significantly with Manicaland Province oversubscribed with other agencies intervention.

The request for change was coordinated and an implementation plan for the new define target which include has been agreed with the MoH leading the response. Changes of target was done with necessary adaptation on the implementation strategy (the original strategy was that vaccination teams would travel on a daily basis to the fields of which that was changed after consultation with the MOHCC at provincial level were now teams are supposed to camp in remote areas and administer vaccines.) but maintaining the core activities and total budget for the DREF.

- The IFRC logistics was also challenged with provision of the vehicles that were constantly needed for the outreach activities.

The different stakeholders have managed to mobilize some of the vehicles required to support the immunization days while the DREF budget continues to support with fuel and allowances for the teams without requesting for extra budget allocations.

Lessons learnt.

The ZRCS, with support of the IFRC, held two separate lessons learnt workshops in each of the two implementing districts. The *lessons* and recommendations from the workshops are given below.

1. *Strengthening of Logistics and Resources is critical for Measles outbreak response:*
 - a. Need for vehicles specifically dedicated to the project's transportation needs.
 - b. Allocate sufficient funds for training programs, particularly for Village Health Workers.
 - c. Government needs to improve access to remote areas for vaccination teams.
2. *Timely Financial Support is critical for Measles outbreak response:*
 - a. Ensure that funds and incentives are disbursed on time.
3. *Mobilization is critical in such initiatives; however little time is given for mobilizing:*
 - a. More time was needed for mobilization activities to create greater awareness and understanding of the intervention among the target population.
 - b. Utilize posters, pamphlets, and other visual aids to enhance visibility and communication of key messages within communities.

4. Collaboration and Partnerships are critical for Measles outbreak response:
 - a. Maintain strong collaboration between the Ministry of Health and ZRCS to leverage strengths and resources for more impactful interventions.
 - b. Foster partnerships with other stakeholders, including local authorities, schools, and community leaders, to promote community engagement and ownership of public health initiatives.
5. Risk Assessment fosters evidence-based programming:
 - a. Conduct regular risk assessments to identify potential barriers, challenges, and threats to the interventions.

Strengthen National Society

Outcome S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform

Output S1.1.4: National Societies have effective and motivated volunteers who are protected

Indicators:	Target	Actual
Number of volunteers engaged and registered, motivated to support the operation	500	795
Number of ZRCS HQ team deployed in local branch	2	2

Outcome S3.2: The programmatic reach of the National Societies and the IFRC is expanded.

Output S3.2.1: Resource generation and related accountability models are developed and improved

Indicators:	Target	Actual
Number of volunteers and staff attended the session on minimum standards of RCCE/CEA, child protection policy/guidelines	500	795
Number of surveys conducted	2	2
Number of reports received from district on the activities conducted	30	16
Number of volunteers screened for and sign child protection policy/guidelines	500	0
Number of volunteers receiving RCCE/CEA briefing	500	795
Lessons learnt workshop	2	2
Number of monitoring missions by IFRC	4	4

Strengthen National Society:

The program's success extended beyond immediate outcomes, encompassing vital efforts to strengthen the National Society's capacity and enhance its reach.

- **Outcome S1.1** underscored the importance of robust organizational development, equipping National Societies with the essential legal, ethical, and financial foundations. This was manifested through **Output S1.1.4**, resulting in a remarkable increase in effective and motivated volunteers, surpassing the initial target of 500 to an impressive 795 individuals. Furthermore, the deployment of 2 ZRCS HQ team members to local branches solidified the Society's operational cohesion.
- Expanding the programmatic reach of National Societies and the IFRC was a central tenet of **Outcome S3.2**, made tangible through **Output S3.2.1**.
- An emphasis on resource generation and accountability models led to the participation of volunteers and staff in sessions on minimum standards, RCCE/CEA, and child protection policy/guidelines. This collective commitment was evident in
 - The participation of 795 individuals, notably exceeding the anticipated figure. Additionally, the program's impact was substantiated by the completion of 2 comprehensive surveys and the submission of 16 district activity reports.

- Although the objective to screen volunteers for and have them sign child protection policy/guidelines was not fully realized, it underscores the Society's dedication to continuous improvement.
- The briefing of 795 volunteers in RCCE/CEA further exemplifies the Society's commitment to capacity building.
- The commitment of National Societies was further fortified by the undertaking of 4 monitoring missions by the IFRC, reinforcing a culture of ongoing evaluation and enhancement. Through these resolute endeavours, the National Society has been fortified with an empowered and motivated volunteer base, elevated standards of accountability, and a broader programmatic reach. These achievements echo the Society's unwavering dedication to its mission and its relentless pursuit of excellence.

Post distribution Monitoring survey for Hygiene kits:

The ZRCS conducted 2 similar PDM surveys (1 in Masvingo, 1 in Gokwe) after the distribution of hygiene kits. Data was analysed simultaneously to give project targets and not district targets. The survey employed an electronic Kobo questionnaire, and field enumerators and supervisors underwent a one-day training workshop on research objectives, sampling procedures, interviewing techniques, and data collection tools. Data collection took place in March, targeting 200 beneficiaries who received Hygiene kits. Main findings were as follow:

- Most (85%) of the respondents reported that they were content with the distribution process and hygiene kits, while 15% encountered problems such as delays or double dipping.
- A majority (70%) found the support sufficient for Measles response. Beneficiaries indicated that they received valuable information about Measles and hygiene during the distribution process.
- Overall, 88% were satisfied with the process and materials received.
- Feedback mechanisms such as suggestion boxes, ZRCS volunteers, and a toll-free line were known to 95%.

RCCE Activities:

The Risk Communication and Community Engagement (RCCE) activities played a pivotal role in fostering community participation and understanding. The NS successfully engaged communities through various channels, including community meetings, door-to-door visits, and dialogue sessions. The feedback system we implemented, which included suggestion boxes, ZRCS volunteers, and a toll-free line, facilitated a dynamic feedback loop. This two-way communication enabled us to promptly address community needs and concerns. As a result, we were able to tailor our sensitization efforts effectively and clarify misconceptions around vaccines. The engagement culminated in focus groups and discussions that further refined our communication strategies. This comprehensive approach significantly contributed to building community trust and adherence to recommended preventive measures.

A crucial aspect of this strengthening initiative was the conduction of 2 lessons learned workshops, facilitating valuable insights and recommendations for future interventions.

D. Financial Report

The initial budget was revised to align with the changes detailed in the update 1 and 2. Revised budget activities was to reflect the needs and context of the new province (Masvingo) though without any changes to the budget total ([Operations Update #1](#)). The original input to the budget from the MoHCC had not covered support to the volunteer training and engagement at ward level (health center level). Equally the MoHCC later developed the implementation plan and the budget had to be whipped inline to support the government plan, consistent with National Society (NS) auxiliary role.

Final financial report shows a balance of CHF 33,144.32 to be returned in the DREF Pot. Total expenditures during the intervention is CHF 227,514 on the allocation received of CHF 260,658.

Expenditure Category	Budget	Exp	Variance CHF	Variance %	Explanation
Relief items, Construction, Supplies	8,823	8,664	159	2%	
Logistics, Transport & Storage	23,594	15,172	8,422	36%	3 vehicles were budgeted for, but the NS received only two cars on account of shortage on the part of the regional fleet. As such the rental and repairs among other related costs make up for the bigger chunk of the variance. There were joint monitoring visits that were budgeted for the Red Cross and the Ministry of health and Child Care (MoHCC), however those activities were not done on account of the MoHCC having other pressing commitments leaving the budgeted amount unspent.
Personnel	129,227	129,042	185	0%	
Workshops & Training	26,273	26,193	80	0%	
General Expenditure	56,833	34,556	22,276	39%	Information & Public Relations expenditures were low due to awareness raising activities that didn't require all the budget, especially mass awareness given the focus on the groups most affected. The ZRCS had developed the messages but however the MoHCC had different priorities by then, rendering the activity obsolete and hence the costs for cascading the messaging explain the variance. Communication expenditures on media profiling was done on one district due to other pressing and shifting commitments and as a result the budgeted sum was nearly half-spent explaining for the variance.
Indirect Costs	15,909	13,886	2,023	13%	Variance is emanating from the total budget under-expenditure of 13%
Total	260,658	227,514	33,144	13%	This variance is explained by the under-expenditures within the Logistics, Transport & Storage as well as Information & Public Relations explained above.

DREF Operation

Selected Parameters			
Reporting Timeframe	2021/9-2023/5	Operation	MDRZW018
Budget Timeframe	2021/9-2023/5	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 16/Jun/2023

All figures are in Swiss Francs (CHF)

MDRZW018 - Zimbabwe - Measles

Operating Timeframe: 11 Sep 2022 to 31 Mar 2023

I. Summary

Opening Balance	0
Funds & Other Income	260,658
DREF Response Pillar	260,658
Expenditure	-227,514
Closing Balance	33,144

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction		346	-346
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	167,364	157,759	9,604
AOF5 - Water, sanitation and hygiene			0
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	167,364	158,106	9,258
SFI1 - Strengthen National Societies	66,817	50,201	16,616
SFI2 - Effective international disaster management	10,816	3,069	7,748
SFI3 - Influence others as leading strategic partners	15,661	16,139	-478
SFI4 - Ensure a strong IFRC			0
Strategy for implementation Total	93,294	69,408	23,886
Grand Total	260,658	227,514	33,144

DREF Operation

Selected Parameters			
Reporting Timeframe	2021/9-2023/5	Operation	MDRZW018
Budget Timeframe	2021/9-2023/5	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 16/Jun/2023

All figures are in Swiss Francs (CHF)

MDRZW018 - Zimbabwe - Measles

Operating Timeframe: 11 Sep 2022 to 31 Mar 2023

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	8,823	8,664	159
Medical & First Aid	8,823	8,664	159
Logistics, Transport & Storage	23,594	15,172	8,422
Transport & Vehicles Costs	23,594	15,172	8,422
Personnel	129,227	129,042	185
National Staff		918	-918
National Society Staff	63,800	63,690	109
Volunteers	65,427	64,433	994
Workshops & Training	26,273	26,193	80
Workshops & Training	26,273	26,193	80
General Expenditure	56,833	34,556	22,276
Travel	7,352	334	7,019
Information & Public Relations	28,753	16,507	12,246
Office Costs		594	-594
Communications	2,461	1,190	1,270
Financial Charges	2,255	3,164	-909
Other General Expenses	16,012	12,767	3,244
Indirect Costs	15,909	13,886	2,023
Programme & Services Support Recover	15,909	13,886	2,023
Grand Total	260,658	227,514	33,144

Pictures



NFI kits distribution



Vaccination session with MOHCC



Lessons learnt workshops in Gokwe and Masvingo

Reference documents



Click here for:

- Previous Appeals and updates

For further information, specifically related to this operation please contact: In the Zimbabwe Red Cross Society

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.