



DREF Operation-Update

Zimbabwe | Measles outbreak

DREF n° MDRZW018	GLIDE n° EP-2022-000304-ZWE
Operation update n° 3; 31 January 2023	Timeframe covered by this update: 11 September 2022 to 24 January 2023
Operation start date: 11 September 2022	Operation timeframe: 5 months
Funding requirements (CHF): 0	DREF amount initially allocated: 260 658 CHF
N° of people being assisted: 50,400 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, FSLC, WHO	

Summary of major revisions made to emergency plan of action:

This update informs the stakeholders on the implementation since the last update in November 2022. Zimbabwe Red Cross also inform on the intervention timeframe extension until 31 March 2023 to ensure coverage of the Vaccination campaign planned in coming weeks and to complete the activities which have been slow as the National Society with IFRC support has to engage with local partners to ensure the challenges resulting from the operation update wrongly quoted by a local media weeks ago is resolved.

Since the DREF measles intervention in the two Districts, there has been significant increases in terms of the coverage in Mwenezi District from 52.4% to 74.8% in the vaccination coverage in Masvingo. The situation in the Midlands- Gokwe North District showed that the children vaccinated before RC intervention were 36,852, Vaccinated after RC intervention as 2, 940, Total vaccinated as 39,792, hence total District Coverage increased from 76% to 83%.

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.

Remaining activities to be done and others to be completed

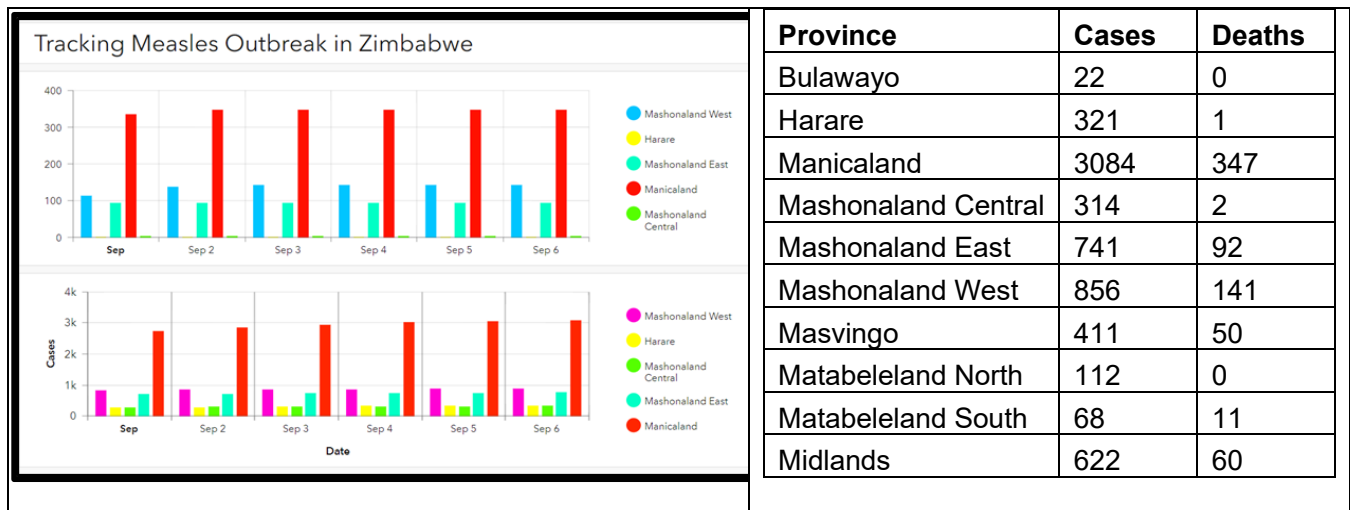
- Outstanding Vaccination team and volunteers' payments
- Campaign slots on TV and Radio.
- Volunteer Surveillance ongoing.
- Media profiling for the DREF intervention.
- Lessons learnt workshop.

In addition to the 2 months extension, 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. The extension will help to contextualize and adapt the remaining actions to the districts micro-planning for the coming weeks and will be an opportunity for the NS and IFRC to build on the Humanitarian Diplomacy engagements underway with MoHCC to create a conducive platform for the launch of the AFRICA CDC SLL project and the USAID BHA RCCE programmes, all on the COVID 19 Response.

A. SITUATION ANALYSIS

Description of the disaster

From April 2022, Zimbabwe has been affected by measles outbreak in all the country's 10 provinces with the most hit being Manicaland, Mashonaland East, Mashonaland West, and the Midlands provinces. The outbreak saw around 5,843 cases reported as of 01 September 2022. The outbreak in the form of illnesses and deaths, particularly among children under 5 years of age. The outbreak has been affecting mainly those children not vaccinated against measles and the key needs of the affected population include access to vaccines, medical treatment and support for families who have lost loved ones. As the outbreak is ongoing, it is difficult to predict specific dates and likely areas of impact, but the number of people likely to be affected is expected to continue to rise. Against this background, the Ministry of Health and Child Care requested support from different partners and the ZRCS responded through DREF to support communities in two districts, Mwenezi and Gokwe North. In Mwenezi there is high population density and this at times complicates efforts to control the spread of the disease and provide adequate care for those who are ill. Gokwe North district is also considered to be at high risk due to its location in the Midlands province, which has a high number of reported cases.



From the last [WHO epidemic report](#) on 15 January 2023, there is a total number of cumulative cases of 7 743 (include 4 580 [Recoveries on 25.09.2022](#)) with 747 death VS 6 444 Cases in September 2022. The actions of the ZRCS are improving the vaccination rate to prevent against this disease. Success of prevention in the targeted district prompt an extension of the actions to reach more people.

Summary of current response

Overview of Host National Society

The National Society is working closely with the Ministry of Health and Child Care to ensure that their response is in line with the national response plan. They are also working with other partners, including UNICEF and WHO, to coordinate efforts and ensure that the response is effective. The National Society is also using their network of community volunteers to help with the response, including by helping to mobilize communities and providing health education. The National Society is also working to ensure that the response is inclusive and that specific needs are taken into consideration in relation to gender, ethnicity, age, disability, people living with HIV/AIDS, among other factors that may increase vulnerability. They are also ensuring that Sphere standards are respected in the response plan and that mechanisms are put in place to enhance transparency and accountability, such as monitoring, reviews, audit etc. Data, information, and lessons learned from the response are being captured, analysed, and shared with partners involved in the response and beyond.

The Zimbabwe Red Cross Society have responded to the outbreak through various ways noted below:

1. Engaged the MOHCC on ways to organize emergency relief to relieve 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. Also, through technical and funding support from American Red Cross and MOHCC the NS also developed a proposal to support social mobilization for measles vaccination campaign in Gokwe remote areas and informal settlements of Harare.

2. ZRCS utilized a wide network of volunteers within communities to support response initiatives and these volunteers were recognized even within government system as a vital cog in community development and disaster response. The volunteers are instrumental in social mobilization of Red Cross activities and thus have this vital skill and recognition in the communities.
3. At district level, ZRCS participate in the coordination meetings and start information sharing internally with the support of information from committees.
4. Zimbabwe Red Cross Society as a member of the Risk Communication and Community Engagement (RCCE) working group, has been working together with the Ministry of Health in designing the response plan.
5. The ZRCS is also known for having an extensive experience in community Social Mobilization from the past epidemics and pandemics such as Cholera, Typhoid, HIV and AIDS and COVID-19. In this outbreak the NS 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) typically maintains a presence in countries where there are ongoing or potential emergencies and natural disasters. The IFRC works in close coordination with the National Society of the country, providing support and assistance in areas such as emergency response, disaster preparedness, and capacity building. The Red Cross Red Crescent Movement also has coordination mechanisms in place, such as the Emergency Operations Centre (EOC) and the Secretariat for the Movement Coordination of the Red Cross and Red Crescent (SMCC), to ensure effective and efficient coordination of the Movement's response to the crisis. The SMCC is responsible for supporting the coordination of the Movement's response and providing guidance and support to the affected National Society.

The International Federation of Red Cross and Red Crescent Societies (IFRC) provides technical support to the ZRCS through its Harare Country Cluster Delegation which covers Zimbabwe, Malawi, and Zambia. The IFRC is providing support in planning, monitoring, and evaluation of the DREF operations. Technical input is being provided throughout the operation. IFRC will support the planning and conducting of an end-term survey to measure change in attitudes and behavior in relation to measles vaccinations. The idea will be to take some inspiration from a KAP methodology and simplify it to fit in a short survey tool to be used at the end of the operation. It will serve to analyze the impact of this response and for immunization system and could be helpful for future operations. ZRCS has been updating the IFRC Go platform on the epidemic and has been attending coordination meetings at various levels of the government.

Overview of non-RCRC actors in country

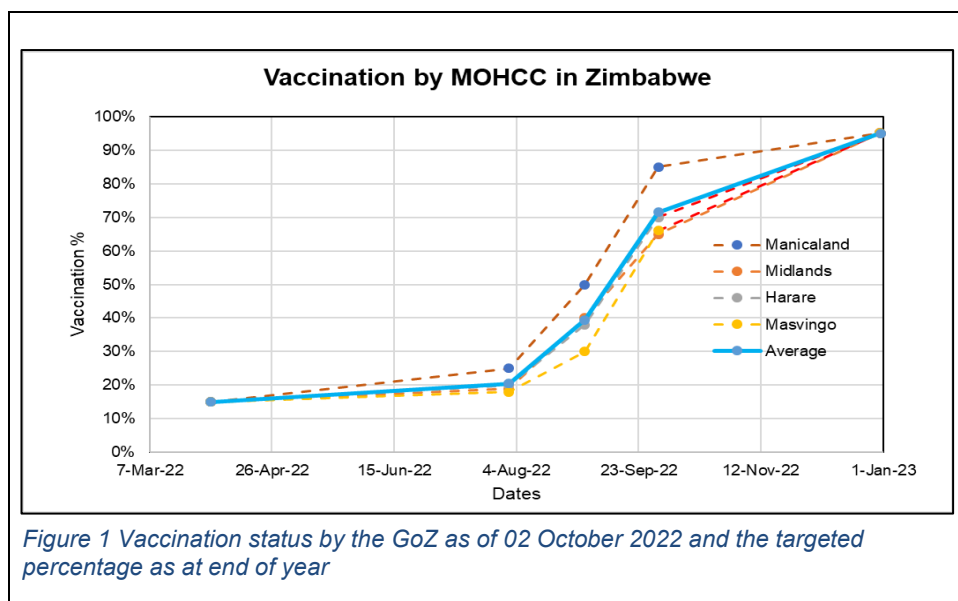
The government is the lead agency responsible for coordinating the response efforts. The Ministry of Health, in this case, is likely to be the main government agency responsible for coordinating the response to the Measles outbreak. Civil protection and defence agencies, as well as the military, may also be involved in the response, providing support in areas such as logistics and transportation, search and rescue, and security. The United Nations (UN) and international non-governmental organizations (INGOs) may also be present in the country, providing support and assistance to the government and other organizations in the response. Local NGOs may also be involved in providing support and assistance to affected communities. In emergency situations, coordination mechanisms such as clusters or government coordinating bodies are often established to ensure effective coordination among all actors involved in the response. These mechanisms are designed to enhance communication and collaboration among organizations, avoid duplication of efforts, and ensure that the most critical needs of affected communities are addressed in a timely and efficient manner. The Government of Zimbabwe (GoZ), through the Ministry of Health and Child Care (MoHCC) has instituted several initiatives to contain this measles outbreak in the country and is working with some partners. The government initiated a mass awareness campaign to curb the further spread of the disease as highlighted in the statement shared with partners by secretary for health and childcare. The statement has brought more actions or started interventions from other partners that usually support the Government response. ZRCS continues to engage the MoHCC through coordination meetings at province and national levels. The Ministry of Health and Child Care is also getting support from UNICEF, the World Health

Organisation and other partners ever since the beginning of the outbreak and they embarked on a massive nationwide measles vaccination campaign targeting children from 6 months to 59 months.

The Government of Zimbabwe through support from different humanitarian actors by mid-October had achieved 85% immunization 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 being monitored by the 20th of October 2022.

Needs analysis and scenario planning

As of September 1, 2022, the total number of confirmed cases of measles in Zimbabwe was 5,843, with 639 deaths reported.



The provinces most affected by the outbreak are Manicaland, Mashonaland East, Mashonaland West, and the Midlands, which account for 80% of the total cases reported. The outbreak has been attributed to the disruption of routine vaccination activities caused by the COVID-19 pandemic from 2020, which has increased the risk of the disease.

District	Vaccination Target % by end of Campaign	Vaccination Status % as at 21 October 2022
Mwenezi	95%	74.3%
Gokwe North	95%	83%
Average	95%	78.65%

The Government of Zimbabwe (GoZ) has implemented a number of initiatives to contain the outbreak, including extending the National Supplementary Vaccination Program to all provinces targeting children aged 6 months to 15 years, regardless of their vaccination status. However, the response efforts are facing a number of challenges, including resource shortages, logistical challenges, and personnel gaps.

Based on the updated assessment data, the following needs have been identified:

- Vaccination support: The shortage of resources has compromised the effectiveness of the vaccination efforts, with some areas reportedly running out of vaccines. Logistical support is needed to ensure the successful roll-out of the vaccination campaign.
- Social mobilization: There is a need for personnel to assist in social mobilization efforts, as well as training for village health workers on how to share information on measles prevention.
- Vitamin A supplementation: Children diagnosed with measles should 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 is needed to better track the spread of the disease.
- Risk Communication and Community Engagement: Behaviour change communication is needed to tackle vaccine hesitancy and encourage vaccine uptake.
- Logistical support for measles-rubella vaccination teams: Vehicles, fuel and other logistics are needed to support the vaccination campaign and Social Mobilization exercises.
- Distribution of hygiene kits: WASH NFIs are needed to support hygiene in households and help prevent the spread of the virus.
- Food and nutrition support: Most affected families are in dire need of food and nutrition support to aid recovery, due to the food insecurity and macro-economic challenges in the country.

The Zimbabwe Red Cross Society (ZRCS) is planning to support the vaccination campaign through covering these needs:

- Coordination meetings
- 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

ZRCS has been targeting two provinces most affected from last data: Masvingo, Mwenezi District and Gokwe North as a priority. The choice of the two districts was done jointly with the Ministry of Health which requested support there based on gaps and needs identified in the response provided so far.

Operation Risk Assessment

The operation to contain the measles outbreak in Zimbabwe is facing a number of risks which may impact its implementation. These risks include:

1. Vaccine hesitancy: Vaccination hesitancy remains high amongst some apostolic sects and this has been angered by myths developed on vaccination during the COVID-19 vaccinations. The operation is mostly likely to be affected by negative sentiments towards vaccination in the targeted areas. The high-risk areas are concentrated in Apostolic Religious Sects where they are known for shunning away vaccination programs.

Mitigation action: The Zimbabwe Red Cross Society (ZRCS) will utilise its network of volunteers (including members of these sects) in the communities and stakeholders and would utilise such strongholds to reach to these religious groups. Social mobilisation and Risk Communication and Community Engagement (RCCE) shall be an ongoing process to increase vaccine take-up.

2. COVID-19: While cases have been on the decline, the operation shall involve interaction with different people and preventive measures shall be adhered to. Personal Protective Equipment (PPE) shall be provided for all personnel involved in the operation.

Mitigation action: All personnel involved in the operation will be provided with PPEs and will be trained on how to use them properly. Standard Operating Procedures (SOPs) on COVID-19 prevention will be developed and shared with all staff and volunteers.

3. Economic situation: Most of the population who are struggling accessing to a descent livelihood are usually committed to be more exposed to disease transmission factors and subject of bad information on the vaccine and the disease.

Mitigation action: ZRCS will partner with other humanitarian actors to provide food assistance to the affected population, this will help in addressing the economic challenges faced by the population.

4. Socio-political situation towards 2023 elections: The risk at this stage of election campaign already started is not so important but should be monitor by the National Society.

Mitigation action: ZRCS will closely monitor the socio-political situation in the country and any potential security incidents or tensions that could be identified will be reported and information will be shared with the team at different levels of the intervention.

5. Raise of cholera transmission in the affected localities: Cholera is endemic in some parts of the country during the rainy season, which is usually forecasted from end October to March.

Mitigation action: Social mobilisation messages will be included in the end of the response to educate the population on how to prevent cholera transmission.

C

Proposed strategy

The proposed strategy for the DREF Measles Project in Gokwe North includes carrying out continuous needs' assessment, including taking into account gender and diversity aspects, and analysis. This is in line with the minimum standards for PGI. The strategy also includes ensuring integrated programming between sectors and ensuring local government participation. The National Society is also keeping communities informed of operational activities and progress, including on selection criteria, support available, delays, and exit. Communities are being given opportunities to participate in the operation and community feedback and complaints are being collected and acted upon. The strategy also includes promoting early recovery. In terms of the training program, the National Society is training 400 volunteers and 100 community health workers for 3 days on different themes such as the vaccination process including their specific roles in community mobilization, Community-Based Surveillance (CBS) with paper-based systems, psychosocial first aid, epidemic control for volunteers, community engagement and accountability, protection, gender and inclusion, and addressing the risk of outbreaks of vaccine-preventable diseases in the community. The Ministry of Health will lead technical orientation and support, while the National Society will provide support in terms of facilitation and logistics costs for these trainings.

Social mobilization will be done through community structures such as village/community health workers, Red Cross volunteers, traditional leaders, and ward civil protection units to mobilize people for vaccination. 12 teams from the Ministry of Health's Rapid Response team will be mobilized and deployed for intensive 2 weeks to deliver vaccination in the 2 districts under Ministry of Health leadership with National Society support. The National Society will also engage 400 volunteers and 100 community health workers in social mobilization ahead of the immunization exercise. IEC material will also be used to increase reach and vaccination knowledge and coverage. The Ministry of Health will lead in Community-Based Surveillance (CBS) for the whole outbreak response, engaging community health workers and volunteers of the National Society. 5 teams of 20 volunteers each will be deployed, each led by a volunteer supervisor as per minimum standards of CBS. 100 from the 400 volunteers will then support in disease surveillance and case follow-ups for a minimum of 4 weeks. The social mobilization campaign will be integrated with CBS, and it will be conducted as a priority in identified hotspot areas/localities. The National Society will provide logistical support for its implementation and ensure appropriate support to awareness is conducted by the team by identifying supervisors and focal points at districts and HQ level.

The proposed strategy for the Mwenezi district in Masvingo for the Measles Rubella (MR) campaign includes engaging stakeholders, raising awareness about the campaign, and ensuring stakeholder involvement. Specific objectives include understanding the rationale of the MR campaign and its benefits, informing stakeholders on the target group, dates, venue, and duration of the campaign, lobbying for stakeholders' support, and discussing potential problems and coming up with change strategies to ensure the success of the campaign. The district aims to reach a minimum of 95% of its target population of 5-14 years old through an integrated program with routine vaccination and using door-to-door, school-based, and existing meetings within the district for advocacy and mobilization strategies. The district also plans to engage MOPSE to ensure that all children are present in schools during the campaign days. Proposed solutions to challenges encountered during previous campaigns include addressing issues such as inaccessible areas due to poor

road networks, absenteeism and dismissals of children from school, and inadequate support and supervision teams.

Further assessments have been carried out in the Mwenezi district of Masvingo province to understand the specific needs of the community in relation to a measles vaccination campaign. The National Society has consulted with stakeholders such as the Ministry of Health and Child Care (MOHCC) and Ministry of Primary and Secondary Education (MOPSE) to ensure community participation and build on local capacities and knowledge. Specific needs such as gender, ethnicity, age, disability, and people living with HIV/AIDS have been taken into consideration. However, it is not specified if Sphere standards have been considered and respected in the plan. The National Society has put in place mechanisms for transparency and accountability, such as monitoring and reviews, and is capturing, analyzing, and sharing data and information with partners involved in the response and beyond. The National Society is implementing a measles vaccination project in Gokwe North and is raising awareness and understanding of the disease through door-to-door house visit campaigns. Community engagement and accountability is a way of working that recognizes and values community members as equal partners, and that when communities play an active role in designing and managing programs and operations, the outcomes are more effective and more sustainable.

As it stands, the proposed operational strategy in the Emergency Plan of Action haven't changed however following consultations with the MOHCC the plan must be adjusted to fall into the government vaccination plan. There is a high probability that some of the proposed activities will not be implemented since the Measles Vaccination Campaign by the Government of Zimbabwe will end on 30 October 2022. Below are the updates on the activities proposed in the EPoA and some of the actions done by the NS with support from American Red Cross:

ACTIVITIES

1. Stakeholder engagements and response coordination

The NS has successfully conducted two provincial inception workshops both Masvingo and Midlands provinces using DREF funds. Mwenezi District has conducted the inception workshop and the key indications are that the Measles vaccination is much lower than expected and NS has been encouraged by the GoZ to expedite its processes to support the campaign. The planned inception workshop at district level will be conducted in the next few days in Gokwe North. on the other hand, through the American Red Cross funded social mobilization for measles vaccination campaign project 3 inception meetings were held in Hopely and Southlea Park, Gokwe South and Epworth.

2. Social mobilization and support to the delivery of measles vaccination campaign

a. Training of volunteers and Community Health Workers

In Harare and Gokwe South district supervisor and volunteers were trained on Signs and Symptoms of Measles, Social Mobilization and data collection under the funding from American Red Cross as shown on the table below:

District	Supervisors	Volunteers	Data Managers
Harare	40	400	8
Gokwe South	31	310	6
Total	71	710	14

b. Increased human resource capacity for the social mobilization and delivery of measles vaccination campaign.

Through funding from American Red Cross 710 volunteers across the country have been activated to support the campaign.

c. Community-based surveillance

3. Hygiene kits distribution

The planned procurement and distribution of hygiene kits to the affected were done, stocks now in ZRCS warehouse

4. Psychosocial Support

Under this DREF the planned psychosocial support to the affected as well as the volunteers hasn't been done. The activity will complement the above activities which are also yet to be started.


5. Risk Communication and Community Engagement and accountability

Under the Social Mobilization for Measles vaccination campaign project funded by the American Red Cross standard risk communication and community engagement and accountability principles have been followed.

6. Protection, Gender, and Inclusion (PGI)

Under this operation a few or none of the PGI related activities have been done since the plan was to merge with social mobilization and awareness campaigns. The Social Mobilization for Measles vaccination campaign project funded by the American Red Cross volunteer selection criteria in Harare was dominated by females.

C. DETAILED OPERATIONAL PLAN

	Health People reached: 40,1792 (Mwenezi & Gokwe North) Male: TBA Female: TBA	
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	50400	401792
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	2000	2000
Number of hygiene kits procured and distributed	450	0
Number of HH provided with Hygiene kit	450	0
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	0
Number of media engaged for awareness messages diffusion	3	0
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
Health Outcome 7: National Society has increased capacity to manage and respond to health risks		
Health Output 7.1: The National Society and its volunteers are able to provide better, more appropriate, and higher quality emergency health services		

Indicators:	Target	Actual
Number of volunteers and staff attended the session on minimum standards	500	795
Number of volunteers screened for and sign child protection policy/guidelines	500	0
Number of volunteers receiving RCCE/CEA briefing	500	795
Progress towards outcomes		
<p>One of the major operational challenges in this intervention was the situational changes by the time the DREF was launched. The situation on the ground had evolved significantly with Manicaland Province oversubscribed with other agencies intervention. Indeed, the Government of Zimbabwe through Ministry of Health and Child Care indicated to Zimbabwe Red Cross to shift from the targeted Midland Provinces districts to Masvingo which presents important gaps resulting in an increase of cases.</p> <p>The DREF programme engagement was scaled up with the targeted Masvingo (Mwenezi District) and Midlands Province (Gokwe North District) and during the inception meetings held for the two districts, both at Provincial and District level, ZRCS and MoHCC agreed to come up with an implementation strategy and monitoring system that took into consideration the context and needs of the two Districts. 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. The current operation update ensures greenlight for the target changes which comes with budget revision to adapt the costing to the new implementation location and, 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 budget revision follows the Ministry of Health needs to enhance the response in Masvingo now targeted. See details in needs analysis section Hence, the ZRCS engaged the IFRC for a budget revision that would ensure</p> <ul style="list-style-type: none"> • Inclusion of appropriate logistic support to ensure impact and timely intervention according to the districts plans and Provincial monitoring mechanisms. Logistic implementation of activities varies according to the contexts and needs of the various MoHCC districts. • The IFRC logistics was also challenged with provision of the DREF vehicles, but 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. • Increase support to vaccination camps teams who are forced, due to distance to find a settlement near the camps. Hence, the budget revision includes for Vaccination camps teams, hotel accommodation aligned with ZRCS Policy. 		

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	0
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 lessons learnt organized	1	0
Number of monitoring missions by IFRC	4	0

Number of surveys conducted	2	2
Number of reports received from district on the activities conducted	30	9
Progress towards outcomes		
The support NS received from American Red Cross is being utilized while the NS will continue engaging the IFRC counterparts to look for practical ways to implement the activities within the set deadlines under this operation.		

D. Financial Report

Total budgets remain unchanged and adjustment in the budget as not significant, NS will use same budget for the final report. Variances will be explained based on the operational change above.

Summary budget is as follow:

International Federation of Red Cross and Red Crescent Societies all amounts in Swiss Francs (CHF)

DREF OPERATION

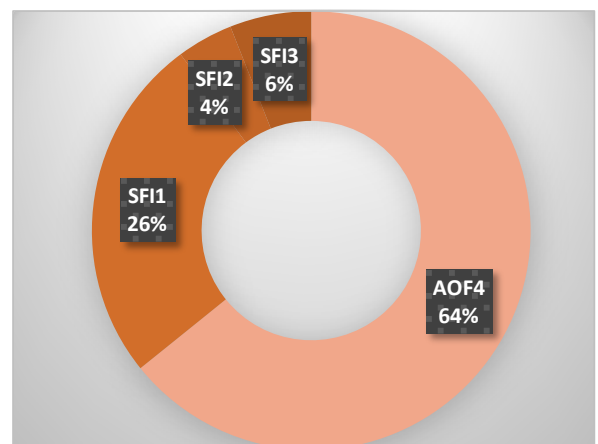
APPEAL CODE - ZIMBABWE - ZIMBABWE MEASLES IMMUNIZATION SUPPORT 09/11/2022

Budget by Resource

Budget Group	Budget
Medical & First Aid	8,823
Relief items, Construction, Supplies	8,823
Transport & Vehicles Costs	29,887
Logistics, Transport & Storage	29,887
Volunteers	100,788
Personnel	100,788
Workshops & Training	17,136
Workshops & Training	17,136
Travel	56,820
Information & Public Relations	9,343
Office Costs	833
Communications	2,853
Financial Charges	2,255
Other General Expenses	16,012
General Expenditure	88,115
DIRECT COSTS	244,749
INDIRECT COSTS	15,909
TOTAL BUDGET	260,658

Budget by Area of Intervention

AOF1	Disaster Risk Reduction	
AOF2	Shelter	
AOF3	Livelihoods and Basic Needs	
AOF4	Health	167,364
AOF5	Water, Sanitation and Hygiene	
AOF6	Protection, Gender and Inclusion	
AOF7	Migration	
SF11	Strengthen National Societies	66,817
SF12	Effective International Disaster Management	10,816
SF13	Influence others as leading strategic partners	15,661
SF14	Ensure a strong IFRC	
TOTAL		260,658



Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

For further information, specifically related to this operation please contact:

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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.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote social inclusion
and a culture of
non-violence and **peace**.