



OPERATION UPDATE

Zimbabwe | Cholera Emergency Response

Emergency appeal №: MDRZW021 Emergency appeal launched: 10/11/2023. Operational Strategy published: 19/12/2023	Glide №: EP-2023-000105-ZWE
Operation update: 6 month Date of issue: 10/06/2024	Time frame covered by this update: From 10/11/2023 to 10/05/2024
Operation timeframe: 10 months (10/11/2023 - 31/08/2024)	Number of people being assisted: 550,455 people
Funding requirements (CHF): CHF 2 million through the IFRC Emergency Appeal CHF 3 million Federation-wide	DREF amount initially allocated: CHF 500,000.00

To date, this Emergency Appeal, which seeks CHF 3,000,000, is 91 per cent funded. Further funding contributions are needed to enable Zimbabwe Redcross Society to increase its effort to build community resilience and preparedness actions in the fight against the outbreak.

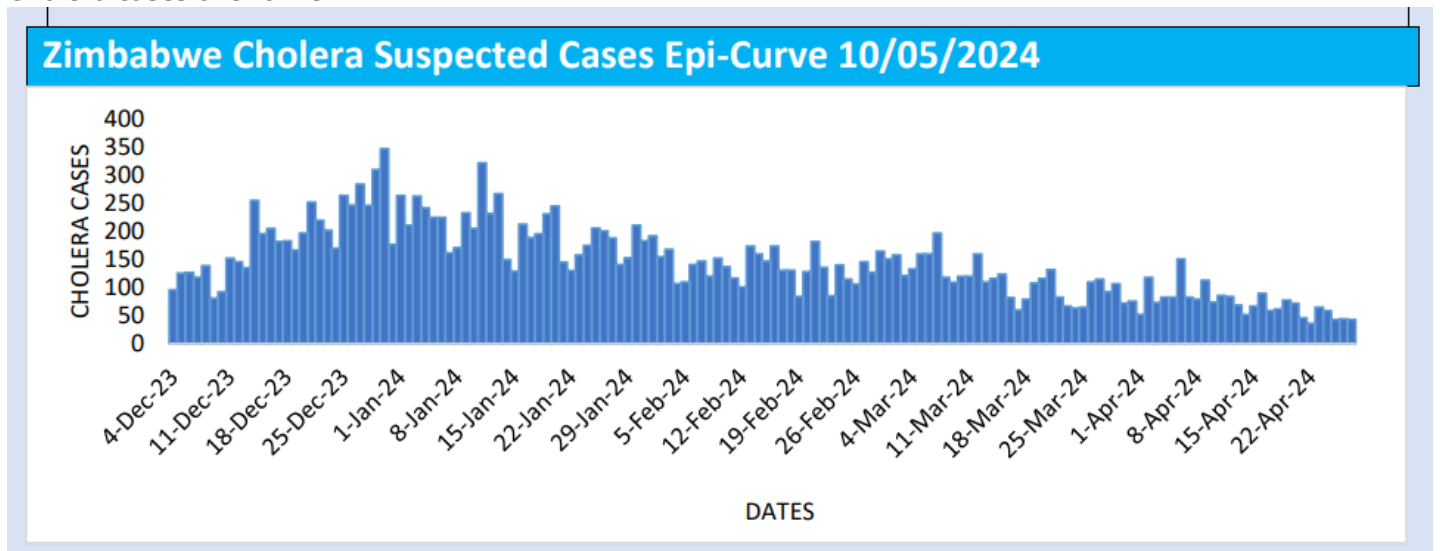


ZRCS Volunteers providing services at an ORP station.



Provincial focal persons TOT in Community Case Management of Cholera (CCMC).

Cholera cases over time



Cholera suspected cases Epi-Curve

The efforts and contributions of the Zimbabwe Redcross Society made a significant contribution to the fight in reduction of the cases. The action ensured access to safe water, sanitation, and hygiene (WASH) by drilling of boreholes, solarization, improved access to safe and clean water, distribution of NFIs, hygiene promotion and training of communities on household water treatment. Under the action supported Community Case Management activities by establishment of ORPs, Provision of Hardware WASH facility/infrastructure to support ORPs and CTCs, training of volunteers in Branch Outbreak Response (BORT), provision of Infection, Prevention and Control materials. These actions were complimented by Risk Communication and Community Engagement and Accountability approaches and complemented by robust community education efforts.

The National Society continue to work closely with the Ministry of Health, WHO, World Vision, UNICEF, CDC, and other organizations to ensure the activation of the outbreak. Internally, ZRCS continues to collaborate with IFRC, British Redcross and Finish Redcross.

To date, the Zimbabwe Red Cross Society (ZRCS), with the support of partners, has been able to contribute to the government's response as follows:

Health and Care

- Supporting the Ministry of Health and Childcare (MOHCC) in setting up **26** Oral Rehydration points (ORPs) in hot spot districts.
- **9,955** people have been assisted at the ORP stations and **1,757** clients referred to CTCs and health facilities.
- Procured three tents and donated to MOHCC to be set up as CTCs.
- Continuing door-to-door visits through **936** volunteers deployed in **12** Districts of Harare, Mutare, Beitbridge, centenary/Muzarabani, Chimanimani, Chiredzi, Gwanda, Kadoma Urban, Mazowe, Mbire and Mount Darwin **385,319** people representing **70 %** of the target population have been reached through Risk Communication and Community Engagement in districts which are being supported by MOH staff and ZRCS volunteers.
- Continued to carry out community engagement and risk communication activities around the hotspot districts.

Water, sanitation and Hygiene

- 14 existing water points have been rehabilitated with B-Type hand pumps.
- 5 existing water systems have been upgraded and mechanized with solar including setting up and training water management committees.
- Supported provision of WASH services in all the installed **26 ORPs** and 3 CTCs established.
- Successfully drilled one community water point.
- Supported the MOHCC with 30 containers of HTH of liquid chlorine.

Community Engagement and Accountability

- Procurement of **250** pieces of IEC materials, **40** hailers, **1000** bibs for volunteers, **600** golf shirts with cholera messages, and **300** volunteer bags and stationery to support their work were procured and distributed.
- TV and Radio campaigns conducted.
- Stories developed and posted on IFRC and NS social media pages10 field visits to capture photos and stories were conducted.
- **642** responses received on the RCCE Cholera Dashboard set up with support from The Collective Service, which is a partnership of IFRC, UNICEF, WHO and GOARN. This feedback has been analyzed and responded to.

Summary of response

Overview of the host National Society and ongoing response

The National Society has a network of community volunteers who have received training and are engaged in this outbreak response. The volunteers are being supported by staff who have been hired by Zimbabwe Red Cross to support the operation. IFRC has increased capacity in ZRCS team with Surge capacities in Public Health, WASH, RCCE and Information Management. The National Society has been reaching out to affected areas with Cholera prevention information dissemination to over **385,319** people through door to door, public address system, radio and television country wide. The NS has set up **26** Oral Rehydration Points (ORPs) and provide supplies for the management of the ORPs such as rehydration salts, chlorine, soap, and furniture (tables, chairs), etc. The Finish Red Cross is supporting ZRCS the Cholera response in the City of Harare with support from its ongoing ECHO DG Preparedness Project.

The National Society is also working to ensure that the response is inclusive and that specific needs are taken into consideration about community engagement and accountability (CEA), risk communication and community engagement (RCCE), protection, gender, ethnicity, age, disability, people living with HIV/AIDS, or 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, audits, etc.

Data, information, and lessons learned from the response will be captured, analysed, and shared with partners involved in the response and beyond.

In collaboration with the Ministry of Health and Childcare (MoHCC), ZRCS has been supporting the activities at several Cholera Treatment Centres through setting up of ORPs for discharged patients as they wait for transport to their respective homes as well as infection prevention for the same group of people. The NS has distributed tents to support MOHCC for set up of CTCs.

The NS has also been supporting the distribution of Chlorine through the Health authorities as well as promotion of household water treatment.

The operation team has been actively coordinating with various stakeholders at national, district, and sub- district levels through a series of meetings. The government has established clusters, such as WASH, Health, and Risk Communication and Community Engagement (RCCE), where stakeholders collaborate and share plans for the response. ZRCS/IFRC are part of these coordination forums, contributing to decisions on key interventions to avoid duplication of efforts.

Volunteers are providing RCCE activities and following up on feedback mechanisms that have been established in all the ten provinces.

Needs analysis.

The forecasted El Nino-induced drought will cause further water scarcity complicating the situation. On the other hand, the rains which have started in most of the areas in the country is a risk factor which can result in increased transmission of the disease. Cholera caseloads reported thus far are higher than the 2018/19 outbreak with fears of a comparable situation to the major outbreak of 2008/9. In the most likely scenario, WHO/UNICEF estimates an attack rate of 0.3 resulting in 38,763 cases by end of February 2024, if current interventions do not halt transmission, the risk of the outbreak spreading to most areas in urban and peri-urban areas than in rural settings.

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

- Social mobilization: There is a need for personnel to assist in social mobilization efforts, as well as training for village health workers/volunteers on how to share information on cholera prevention.
- Community-based surveillance: Strengthening community surveillance through sensitization of Village Health Workers/Volunteers, and village heads is needed to better track the spread of the disease.
- RCCE: Behaviour change communication is needed to tackle hygiene promotion. • Logistical support for MoHCC cholera response teams: Vehicles, fuel, and other logistics are needed to support the campaigns and Social Mobilization exercises.
- Distribution of hygiene kits: WASH NFIs are needed to support hygiene in households and help prevent the spread of the disease.
- Intensify pot to chlorination.
- Improve safe water supply in high-risk areas.
- The ZRCS is planning to support the cholera vaccination campaign when they become available.

Operational risk assessment

The operational risks remain consistent with those outlined in the published Operations Strategy. This is being revised to increase the funding ask to CHF 4Million and extend the operation timeframe up to 31 December 2024.

The specific anticipated risks associated with this cholera outbreak are as follows:

1. Risk: Rapid Spread of Disease

Description: Cholera's highly contagious nature poses a risk of rapid spread, particularly in areas with poor sanitation.

Mitigation: Implementation of hygiene promotion programs aimed at minimizing disease transmission. This involves providing information about importance of handwashing, using clean drinking water, and proper food preparation.

2. Risk: Poor Access to Medical Care

Description: Insufficient medical facilities and resources may result in delayed treatment, leading to increased fatalities.

Mitigation: Deployment providing support to health facilities especially in infection control and prevention (WASH), setting up community based ORPs and support timely referrals.

3. Risk: Misinformation and Public Panic

Description: Lack of accurate information may cause public panic, potentially exacerbating the disease due to improper practices.

Mitigation: Dissemination of correct information about the disease, its causes, symptoms, prevention measures, and available treatment options. Utilization of all communication channels, including social media, radio, and television, to ensure widespread awareness and understanding.

A. OPERATIONAL STRATEGY

Update on the strategy.

The Operations Strategy will be adjusted in response to changes in the Cholera trends and receipt of additional incomes. The revised strategy includes the following adjustments:

- Increase of the Funding requirement by CHF 1Million to CHF 4 million.
- Extension of the operation from 31st August to 31st December 2024.


The decision to revise this operational timeline stems from several significant challenges which were observed during the Operations review and planning meeting held in mid-March 2024 compounded by the significant drop in the cases which has necessitated the shift from focusing on response to include preparedness and community resilience building. Below is a summary of the key reasons for requesting the revision of the Operations strategy: -

1. Change in the approach to rolling out of the operations activities: The current approach is that the operation is only supporting communities where we have installed Oral Rehydration Points (ORP). This excludes other areas which are registering cases which may not triggering the deployment of an ORP because the cases are not highly concentrated in one location. The new thinking is to continue supporting communities through ORPs, communities registering cases with or without ORPs as well as all areas identified as high risk by the Ministry of Health.
2. Introduction of Cash for WASH and Cash for Health: There were more cases registered in Harare city due to poor access to WASH services where many residents are using open wells instead of piped water due to their failure to pay for piped water service fees. On the other hand, it was also observed that some referred patients from ORP to CTC were absconding the referrals due to lack of funds to pay for their transport costs to the CTCs. The proposal is to include the CVA component for WASH to help Harare City households to be able to pay for their monthly water bills contributions to the Water Management Committee for them to be accessing water from protected water sources. Regarding transport, the idea is to provide cash to be supporting referrals for patients referred from ORPs to CTCs. This will reduce the number of patients absconding the referrals in the process ensuring that they receive the rightful medication while reducing further spreading of the disease by going back home without been well treated. This approach is building on the ongoing DG ECHO funded cholera preparedness project supported by Finnish Red Cross which has been providing transport and is meanwhile scaling down its operation.
3. Scaling up of Water, Sanitation, and Hygiene (WASH) activities: All assessments including reports from the Ministry of Health are indicating that lack of access to safe drinking water sources have been the main cause of the spread of the outbreak in both rural and urban areas. Currently the operation has been focusing on provision of WASH services in areas where ORPs were installed. Moving forward the operation intends to scale up its WASH component by combining the WASH related Response activities to provision of WASH activities to reduce future risks to the outbreak.
4. Public Health Activities: Although there is a general decline in the cases being registered on daily basis, there are still some areas requiring more both response and Risk Reduction activities across all the project impact areas. The action therefore plans to continue with some health activities as well as intensifying community risk communication and community engagement activities to ensure that myths and misconceptions related to cholera are eradicated.
5. Hunger Crisis: Just like many countries in the Southern Africa, Zimbabwe was affected by the El-NINO induced drought which has now been declared a National Hunger Disaster by the President, the harvest has been low leading to many households to be food insecure as well as loss of livelihoods as most people either provide labour towards agriculture production or sale the agriculture products to have their means met. Low household food security has a direct vulnerability impact to Cholera especially among under-five children. Households whose members were admitted for some days in the cholera treatment centres are still struggling to recover from the livelihood loss encountered during those moments. The action will include cash to assist households address food security and livelihood needs to ensure that malnutrition cases are controlled and prevented as well as to sustain their livelihood means.

B. DETAILED OPERATIONAL REPORT

The following is an analysis of key interventions conducted by ZRCS across the country. The communities have been supported in different sectors with the aim of mitigating the impacts of the disease. To ensure community involvement and engagement, the CEA and RCCE plays a role on this. The following is the detailed operational plan with key achievements made.

STRATEGIC SECTORS OF INTERVENTION

	Health & Care	Female > 18: 104,036	Female < 18: 104,036	1,148,000 CHF
		Male > 18: 88,623	Male < 18: 88,624	385,319
Objectives:	1. Reduce morbidity and mortality due to cholera by ensuring early access to case management in affected areas including increased cholera awareness and risk perception and early/timely health-seeking behaviours; active case finding and community-based surveillance; early access to treatment through community ORT volunteers and ORPs; Support to referral and CTUs).			
	2. Prevent and control the spread of cholera at household and community levels to interrupt transmission, including targeted interventions at household and community levels through risk-based rapid Branch Outbreak Response Teams (BORTs).			
Key indicators			Actual	Target
# Volunteers in affected communities trained in cholera response including cholera messaging, ORT, BORT and OCV			936	900
# ORPs and BORT established in the targeted communities			26	40
# People seen at ORPs, disaggregated by sex and age			9,955	TBD
# Severe cases referred to CTCs/CTUs			1,757	TBD
# Households in the target communities sensitized on cholera through door-to-door visits on cholera awareness, increased risk perception, health-seeking behaviours, and prevention			70%	90%
# Additional volunteers trained in epidemic control (Epidemic Preparedness in Communities (EPIC), Epidemic Control for Volunteers (ECV)) and in BORT operations			610	500
# Alerts being generated through simplified Community Based Surveillance (CBS)			0	TBD
# Target population reached with social mobilization and RCCE activities			385,319	550,455
# Complaints and feedback responded to by the National Society			75%	95%
# Dialogue sessions on cholera prevention and treatment conducted with assured two-way dialogue for production of community action plans			60	100
# Community road shows in hotspots and schools			33	100
# Volunteers supported to carry out regular activities are issued a pocket guide			936	900

# Referrals made for MHPSS	150	500
# First responders/health workers trained on basic psychological first aid (PFA)	0	50
# Staff/volunteers who benefited from activities focused on well-being	0	150
# Cholera burials completed that were requested of ZRCS teams	50%	>90%

Priority actions:



ZRCS volunteers setting up an ORP.



Operation team receiving ORP kits from Swiss RC aboard free Airbus Foundation



KAP survey in Kadoma.



Community engagement in progress

Summary of Priority actions and achievements under Health

For the community health interventions, the team managed to engage the community and the local health authorities. Together in this partnership, it was realized that some community members had difficulties accessing health care due to several reasons including cost and travelling time. With the cholera outbreak it was seen necessary to erect ORP within the communities and support with training of volunteers to manage the ORPs. The community volunteers were also taught how to link up with the health care centers and ensure the intervention is communicated to the health centre.

Coordination meetings:

Case Management: several coordination meetings were done to enhance the integration of the ZRCS activities as well as sharing the contributions of the national Society to the overall cholera response. Some of the notable meetings include Public Health Coordination Meeting where strategies related to the public health

interventions such as OCV plan, coordination gaps and areas needing supported were shared: Partners meeting was held where all partners shared what they have in support of the Zimbabwe cholera response as well gaps needing more attention identified. Internal coordination meetings were done to review performance of the appeal and plan on how to improve the overall response with the National Society as well as PNS/donor engagement meetings with the Finnish Red Cross on how to coordinate the Appeal and give out of the Fed-Wide approach to the response, the meeting also discussed on how to standardize the ORPs and other response approaches and other PNS such as Norwegian Red Cross, Germany Red Cross, Swiss Red Cross and Netherlands Red Cross Society regarding their support both technical and financial to the response. At Provincial level and district level, ZRCS conducted several entry and operational meetings where their Operational strategy was shared, ORP approach discussed, and collaboration issues discussed as well.

Community Case Management -

- **26** Oral rehydration Points (ORPs) established so far with patients being assisted with Oral Rehydration Solution (ORS). **10 ORPs** were donated by **Swiss Red Cross** while **16** from **British Red Cross** with funding from the UK Government. ZRCS ensured the presence of trained volunteers to support the ORP and
- conducting door-to-door cholera awareness sensitization. Identification of specific ORP locations involved collaboration with main clinics, environmental health officers, and community leaders. Selection criteria included a reliable water source and community acceptance. The WSR ERU Team ensured water accessibility. Community engagement was prioritized by recruiting volunteers from the same communities, fostering participation and adaptation to local contexts and a total of **936** volunteers.
- were trained to support management of the ORPs and community mobilization in the surrounding communities.
- **Initial 10 ORP kits** utilized in the operation were from **Finnish RC, ECHO DG Prepositioned stock**. These were crucial while the procured ORPs were being mobilized to the country. The stock was replenished after the operation received kits from **Swiss Red Cross**.
- **9,955** ORP patients have been assisted through the established ORPs.



ZRCS Volunteers offering services at an ORP

Training of Volunteers

- With support from **Swiss Red Cross** and **British Red Cross**, raining of volunteers in cholera control, prevention, community case management and community mobilization where a total of **936** volunteers were trained and deployed to support their own communities. Some volunteers are supporting day to day management of the ORP centres. This has enhanced the capacity of volunteers to conduct hygiene awareness sessions in the community.

Risk Communication and Community Engagement (RCCE)


- **385,319** people representing **70%** of the target population have been reached through Risk Communication and Community Engagement. This was possible with funds from **British red Cross, Canadian Red Cross, Netherlands Red Cross, and Japanese Red Cross**. The National Society reached out to the affected areas with Cholera prevention information dissemination through door to door, public address system, radio and television country wide.
- **465** Households have been sensitized on cholera through door-to-door visits in their communities.
- **4** van messaging sessions and hailer messaging sessions in Kadoma, Shamva, Odzi, Chitakatira, Churu farm and Mbare have been conducted to reach larger population with hygiene promotion and health education messaging.

- **2** Radio jingles campaigns were conducted through community radio stations (Great Zimbabwe Campus Radio and Diamond FM) to reach target populations in Masvingo province and Manicaland province respectively.

Cholera Treatment Centre (CTC): The use of CTC has been highly promoted by the ministry of health in order to reduce congestion in health facilities as well as to easily manage and observe Cholera Treatment Protocols. ZRCS has supported the establishment of **three** in Chiredzi and in Marondera Districts through the provision of tents, IPC supplies, Case management supplies and logistical support to ensure sustainability of the CTCs. The Ministry of health is responsible for the day-to-day management of the centre. ZRCS has also supported to strengthen the referral systems from the community to the ORP, and CTCs where need be.

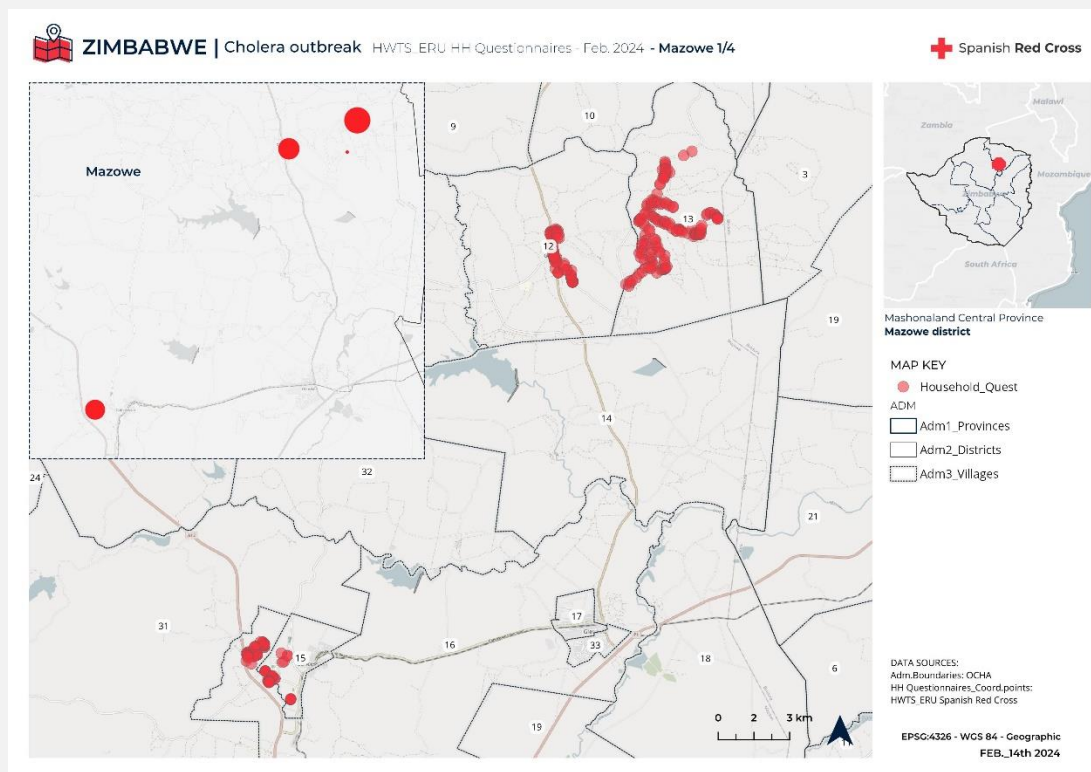
Distribution of NFIs: ZRCS has also supported the different districts with the procurement and distribution of aqua tabs, water guard, soap, cleaning materials, protective gear for health personnel supporting CTCs among others.

- **British Red Cross** with funding from **UK Government** supported procurement **30** containers of **HTH** for infection prevention in ORPs, CTCs and Health Facilities, **7000** Water guards, **10,000** bars of soap and **500** gloves.
- **British Red Cross** with funding from **UK Government** supported procurement of **200** hygiene kits, **11,000** buckets and **180** Jerricans.

	Water, Sanitation and Hygiene (WASH)	Female > 18: 104,036	Female < 18: 104,036	429,000 CHF
		Male > 18: 88,623	Male < 18: 88,624	Actual: 385,319
Objective:	Reduce the risk of cholera and other water-borne diseases through improved availability of safe water and sanitation facilities, and through good hygiene practices in cholera hotspots.			
Key indicators:			Actual	Target
Households using safe drinking water in targeted high-risk communities (FRC>0,2 mg/L)			75%	100%
Households with appropriate knowledge about cholera and health/hygiene protective behaviours			70%	90%
ORPs have access to adequate water and sanitation services			100%	100%
Water points rehabilitated or upgraded and providing access to safe water supply for the affected communities			52	70
Households reached with key messages to promote personal and community hygiene			65%	80%

Solar water pumps in health facilities and schools in affected communities rehabilitated	2	5
Volunteers trained in Household Water Treatment and Safe Storage	936	900
Households in the affected communities provided with 1 per cent stock solution for pot-to-pot chlorination	55%	75%
Temporary sanitation facilities such as latrines, bath shelters and handwashing facilities constructed and maintained in CTUs	19	20
Households in the target communities sensitized on cholera through door-to-door visits	70%	95%
Sanitation promotion activities conducted in communities and institutions on latrine use and management, proper waste disposal	105	150
Priority actions:		

The ZRCS requested the support of the Household Water Treatment (HWTS) Emergency Response Unit (ERU) where a team was deployed to assess the needs for household water treatment whilst working with the Water Supply Rehabilitation (WSR) Team leader. **Spanish RC** deployed the ERU Team leader and conducted assessments in Mazowe, Mutare and Harare Districts.



Some of the findings from the Assessment done by HWTS ERU in Mazowe District

The assessment was conducted between 26 January to 13 February 2024 in Mazowe District, Central Mashonaland in rural and urban areas near the municipality of Concession. Mazowe District was experiencing an active outbreak. The findings noted that there was an average of 120 cases over the past four weeks. There was a 37,2% increase in cases in week 4 compared to week 3.

The Norwegian RC deployed WSR ERU Team Leader has been on the ground and has started procurement of hand pump spare parts to allow for quick fixes on the ground. Assessment information from Chiredzi indicates the need to install a pump quickly and then later support the piped networks. Reports of contaminated water sources especially in the urban contexts remain a major issue where borehole drilling is not a final solution unless inline chlorination and or household water treatment is conducted. Access to sanitation remains a challenge and the plan is to engage volunteers to work to work on awareness raising. Some rural populations continue to practice open defecation and in urban context the challenge remains to be blocked sewer systems, uncollected garbage etc. The NRC is planning to inject a cash component for water and discussions are yet to be finalized on how this will be done.

Initial WASH assessment was done in Chiredzi where the water supply system was found to be not functional which made the people to draw water from contaminated open well. The WSR and IFRC Emergency WASH coordinator has been deployed to carry detailed assessment and intervene the situation as the area is continuously registering more cases. Trained volunteers continue to provide sanitation and hygiene promotion activities about cholera and health/hygiene protective behaviours. 1 water point was rehabilitated providing access to safe water supply for the affected communities, temporary sanitation facilities such as latrines, bath shelters, and handwashing facilities constructed and maintained in CTUs while households in the affected



Volunteer performing KAP survey.



Community member receiving services at an ORP.

communities were provided with 1 percent stock solution for pot-to-pot chlorination as the volunteer target communities sensitized on cholera through door-to-door visits.

The ERU scaled up its efforts including Assessments of water points at ORPs and CTCs supported by the operation, Water facilities at ORPs and CTCs, Hygiene promotion, Water quality monitoring, and Water Committee trainings.

The ERU equally deployed a Cash and Voucher delegate to support ZRCS with in country technical support in operationalizing Cash Voucher Assistance (CVA) Information Management IM outcomes in Zimbabwe and ensure templates and tools are integrated, developed, and finalized.

This came after the Operational Strategy was reviewed to include Cash and Voucher Assistance in the operation. Based on the high levels of contamination in cities and other urban areas and the fact that Government does not allow drilling of boreholes in such areas, ZRCS integrated CVA approach to the WASH and Health services where conditional cash services can be used to delivery some services. This was guided by market assessments.


WSR ERU supported an assessment of Health and WASH CVA for the Zimbabwe Cholera Response with the outcomes below:

- Mapping Health and WASH Context
- Health service coverage
- Availability of health services in Zimbabwe
- Actions taken by the ZRCS in response to the outbreak.

- Barriers (financial or other) people are facing in catchments areas to access health care and safe drinking water?
- What is covered by the Government (includes insurance or social protection schemes in country if applicable).
- Are there indirect costs (transportation, meals, accommodation, social care for family/children) that are paid or will be incurred by the person?
- Targeting Criteria and Response strategy.
 - Support to patient transportation from ORP to CTC
 - WASH: Provision of cash for water to the households around ORP through Water Committees.
- Response Analysis and Modality Options
 - CVA for Health - Support patient transportation from ORP to CTC
 - CVA for WASH

Summary of achievements under WASH


- **With support from Norwegian Red Cross through its deployed Water Supply and Rehabilitation ERU, 14** existing water points have been rehabilitated with B-Type hand pumps.
- **5** existing water systems have been upgraded and mechanized with solar including setting up and training water management committees.
- **WSR ERU** Supported provision of WASH services in all the installed **26** ORPs and **3** CTCs established.
- **WSR ERU** successfully drilled **one** community water point.

	Protection, Gender, and Inclusion (PGI)	Female > 18: 104,036	Female < 18: 104,036	18,000 CHF
		Male > 18: 88,623	Male < 18: 88,624	Actual: 385,319
Objective:	Communities can identify and respond to the distinct needs of the most vulnerable segments of society, especially disadvantaged and marginalized groups, who are subject to violence, discrimination, and exclusion.			
Key indicators:			Actual	Target
Target population reached by PGI activities			70%	90%
Staff and volunteers oriented on the code of conduct, Prevention of Sexual Exploitation and Abuse (PSEA) and Child Safeguarding			100%	100%
Volunteers trained to identify women, men, girls, and boys requiring MHPSS after being discharged from CTUs			100%	96%
Priority actions:				
<ul style="list-style-type: none"> • The operation has been ensuring the promotion and participation of both men and women, including persons with disabilities, and persons of different age groups, in cholera awareness activities. Volunteers are drawn from Village Health workers who are predominately females. • The operation has been ensuring the prevention of stigmatization of people affected by the disease and their families especially in the areas where religion plays a large role. 				

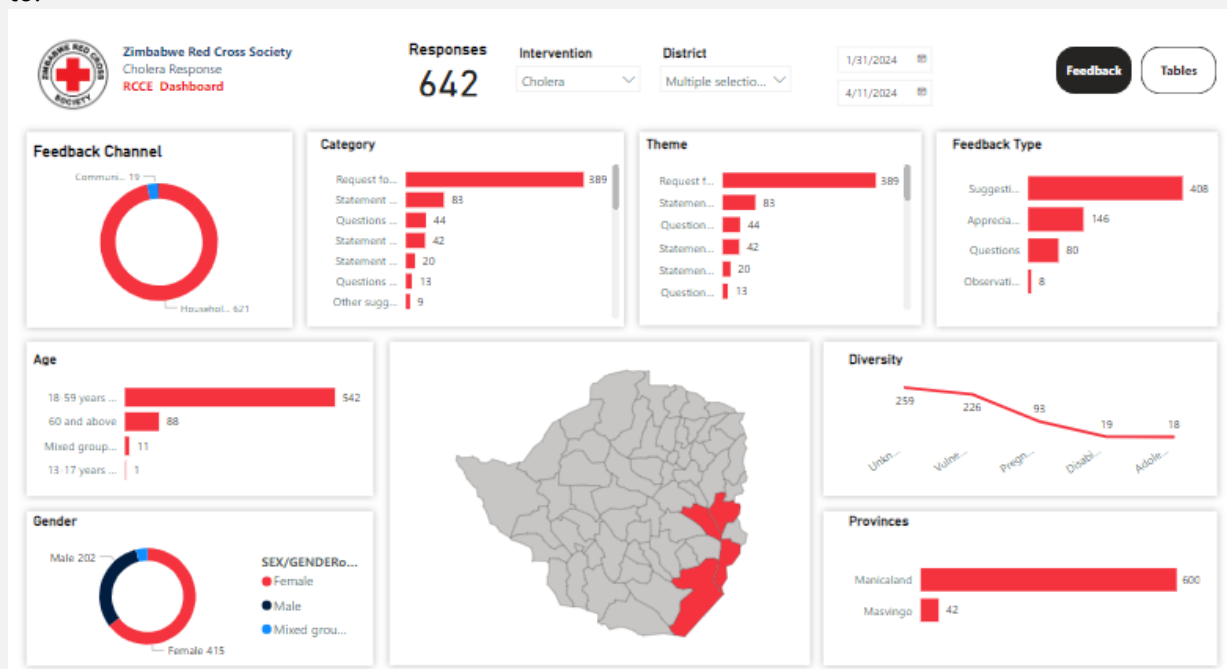
- ZRCS has been supporting the ministry of health to ensure the separation of genders in CTUs. In view of this most of the CTU centers have separate tents for male and female patients. ZRCS has also supported the 14 CTUs to ensure that patients have adequate lighting around CTUs at night and also promoted the compilation of disaggregation in data. All volunteers were trained to identify women, men, girls, and boys requiring MHPSS after being discharged from CTUs.

Summary of achievements under Protection Gender and Inclusion (PGI)


- **385,319** people representing **70%** of the target population have been reached with PGI awareness messages.
- **100%** of the staff and volunteers supporting the operation were oriented and signed the Code of Conduct

	Community Engagement and Accountability (CEA)	Female > 18: 104,036	Female < 18: 104,036	75,000 CHF
		Male > 18: 88,623	Male < 18: 88,624	Actual: 385,319
Objective:	Develop and deploy standardized approaches for community engagement and for collection and use of data to better understand community perspectives.			
Key indicators:		Actual	Target	
TV and radio campaigns		3	5	
Volunteers trained on CEA and its tools		936	900	
Feedback linked to protection concerns that are managed in accordance with IFRC policy and standards		0	100%	
Priority actions:				
<ul style="list-style-type: none"> • Currently the RCCE pillar was activated and both government and partners have started coordinating on activities and meeting regularly. • The RCCE pillar has been using the same structure which was formed during the COVID-19 response and has evolved following several public health emergencies and disasters in the last 3 years. • Standard RCCE subgroups were activated which enabled MoH to investigate all RCCE priorities i.e. <ul style="list-style-type: none"> ○ Risk communication system ○ Internal communication and stakeholder coordination ○ Public communication ○ Community engagement ○ Dynamic listening ○ Verifying the source and accuracy of information or rumours ○ Identifying and understanding the facts ○ Engaging with the affected populations to provide verified information. • The coordination at national and subnational level continued which provided a good opportunity to support the government as Collective Service. <p>The ZRCS in both the urban and rural areas is doing door to door cholera risk communication, messaging and alert dissemination through volunteers. Community leaders help with community engagement in institutions like schools and churches. ZRCS is also using hailers for public address at common places like markets. The volunteers are also using IEC materials like factsheets distributed at ORPs.</p>				
Summary of achievements community Engagement and accountability				
<ul style="list-style-type: none"> • British Red Cross with funding from UK Government supported procurement of 250 pieces of IEC materials, 40 hailers, 1000 bibs for volunteers, 600 golf shirts with cholera messages, and 300 volunteer bags and stationery to support their work were procured and distributed. • TV and Radio campaigns conducted. 				

- Stories developed and posted on IFRC and NS social media pages 10 field visits to capture photos and stories were conducted.
- **642 responses** received on the RCCE Cholera Dashboard set up with support from **The Collective Service**, which is a partnership of IFRC, UNICEF, WHO and GOARN. This feedback has been analysed and responded to.



Enabling approaches

	National Society Strengthening	147,000 CHF
Objective:	National Societies are prepared to respond effectively to epidemics/emerging crises, and their auxiliary role in providing humanitarian assistance is well defined and recognized.	
Key indicators	Actual	Target
Staff trained on Protection of Sexual Exploitation and Abuse (PSEA)	80%	100%
National Society have assessed their capacity at HQ and branch level and identified areas for improvement	0	1
National Society has been reached by support that is aligned with National Society Development compact principles	Yes	Yes
Volunteers working on the project with health, accident, and death compensation.	100%	100%
Priority actions:		
Volunteers and staff supporting the operation were trained on PSEA. As more volunteers are trained, this component will be included for new identified regions. ZRCS will continue to train new staff that have been recruited.		
The National Society has a volunteer insurance scheme, and the National Society notifies the volunteers through		


PGI training. The NS have been provided with full documentation of the insurance to all the volunteers involved in the operation and properly educated in terms of how to claim and what is covered by the insurance.

National Society development activities in terms of legal, ethical, and financial foundations, systems, human resources, structures, competencies, and capacities to plan and perform started in January 2024.

Work is currently ongoing in terms of coordinating with ZRCS on opportunities for capacity building of staff for strengthening their auxiliary, advocacy, and humanitarian diplomacy, particularly in public health emergency preparedness and response for future operations.

Summary of achievements under National Society strengthening

- Recruitment and induction of 936 volunteers on the RCRCM fundamental Principles, the roles, responsibilities, and rights of volunteers
- NS has commenced procurement of insurance coverage for **1,000** volunteers.
- Procured and distributed volunteer visibility materials to **936** volunteers

	<p>Coordination and Partnerships</p>	<p>12,000 CHF</p>
<p>Objective:</p>	<p>Technical and operational complementarity among IFRC membership, and with ICRC, enhanced through cooperation with external partners.</p>	
<p>Key indicators</p>	<p>Actual</p>	<p>Target</p>
<p>Coordination platforms where ZRCS takes a leading role and provides critical data</p>	<p>12</p>	<p>10</p>
<p>External partnerships supporting ZRCS in the response established</p>	<p>11</p>	<p>10</p>
<p>Regular coordination mechanism is in place ensuring alignment and coordination with all Movement partners and local and international partners</p>	<p>8</p>	<p>6</p>
<p>Priority actions:</p>		

An EOC (Emergency Operations Centre) has been set up and meetings per pillar of the response are being held weekly. The Pillar Team leaders meeting has been held every week during the reporting period.




ZRCS, Ministry of Health and other stakeholders in Zvirpiripiri cholera treatment centre

Coordination in Manicaland is with DMO/DHEO (District Medical Office), Mercy Corps and MSF (Medicine Sans Frontiers) (Buhera) has produced good results which has seen different organisations working together and updating the 4W matrix which are helping proper resource and partner allocation in the areas. There are ongoing discussions with UNICEF (United Nations Children's Fund) to collaborate on standard ORP trainings across the country and support in NFIs and supplies for ORP points. WHO (World Health Organization) has also been supporting the with some supplies for the ORP points.

Summary of achievements under Coordination and Partnerships

- Supported ZRCS to be present in 12 Coordination platforms where it takes a leading role and provides critical data.
- 11 External organizations established partnerships with ZRCS both traditional partners and new partners such as USAID, FCDO and Bill and Melinda Gates Foundation.
- Regular coordination mechanism is in place ensuring alignment and coordination within all movement partners and local and international partners.

	IFRC Secretariat Services	171,000 CHF	
Objective:	To ensure that IFRC is working as one organization, delivering what it promises to ZRCS and volunteers, and leveraging the strength of the communities with which they work as effectively and efficiently as possible.		
Key indicators	Actual	Target	
Global and regional surge	11	7	
Federation-wide reporting set up by PMER	1	1	
Risk register set up, mitigation measures identified and monitored once per month.	Done	Monthly	
Communications support provided - communication working group for movement members in country (ZRCS, ICRC & IFRC) will be activated and coordinated	1	1	
Priority actions:			
<p>The Cluster office led by the Head of Delegation is leading strategic support of the operation. The Operations Coordinator for the cluster leads the technical team comprising of an Operations Manager and other profiles supported under the surge profile system.</p>			
<p>There has been good surge support to the operation since it was launched, 9 different surge profiles were deployed and have helped building the capacity of the National Society in different technical, Coordination and Operation Management and leadership sectors. The operation has already put in place a Federation-Wide reporting mechanism and Risk register has constantly been reviewed to ensure risk mitigation measures are put in place where need be. Mentorship and support to the ZRCS communication team continues to be provided to ensure continuity of the same beyond the Surge support and the strengthened capacity of the ZRCS communication team is a very big added advantage to profiling the organization beyond cholera response.</p>			
Summary of achievements			
<ul style="list-style-type: none"> • Engaged 11 Global and regional surge profiles. Operations Manager 1st Rotation, Public Health in Emergencies Coordinator, Public Health in Emergencies Officer, IM Coordinator, Communications Coordinator 1st and 2nd rotation, Logistics Coordinator. Two ERUs were deployed; WSR (Team Leader, CVA Delegate, Finance and Admin Delegate) and HWTS ERU Team Leader • Federation-wide reporting set up by PMER. IM Coordinator has developed digital tools for data collection and automated analysis. • Risk register with its mitigation measures developed and submitted to relevant donors. Reviews will happen at the end of the operation. 			

Tool	Deployed by:
Surge - IFRC Operations Managers, IM Coordinator, PHie Coordinator and Officer,, Communication and Logistics	German Red Cross, Norwegian RC, Netherlands RC, Finnish RC
Water Supply Rehabilitation ERU	Norwegian Red Cross.
Household Water Treatment ERU	Spanish Red Cross: Team leader deployed for assessments and surveys

C. FUNDING

The table below provides a summary of current financial status: income and expenditure.

The multi-lateral Appeal is currently 91% funded through donations generously contributed bilateral, Red Cross Red Crescent partners and their back donors. The contribution list can be found here.

The table below shows the funding to the Federation wide appeal as well as the DREF loan given to the operation at the beginning of the Appeal.

Federation-wide coverage of project associated with this OP	Amount Raised (CHF)	Funding Gap (CHF)	Coverage %
Total bilateral contributions to FW Appeal	65,214	934,786	7%
Total IFRC hard pledges + in kind + soft pledges + DREF	2,667,718	-667,718	133%
Total FW contribution (bilateral + IFRC)	2,732,932	267,068	91%

Partner		Amount (CHF)	
No.	Multilateral Through IFRC Secretariat	CHF	CHF
1	DREF Response Pillar	500,000.00	
2	British Red Cross (from British Government*)	1,001,433.00	
3	British Red Cross (from British Government*)	214,354.00	
4	British Red Cross	104,262.00	
5	Norwegian Red Cross (from Norwegian Government*) (One pledge to be rectified)	321,461.00*	
6	European Commission - DG ECHO	144,611.00	
7	Swiss Red Cross	100,137.00	
8	The Netherlands Red Cross (from Netherlands Government*)	94,477.00	
9	United States Government - USAID (Funds Registered after report date)	90,044.00*	
10	The Canadian Red Cross Society (from Canadian Government*)	57,588.00	
11	Japanese Red Cross Society	30,012.00	
12	Red Cross of Monaco	9,339.00	

	Multilateral Sub Total	2,667,718.00	
	Bilateral to Malawi Red Cross		
1	Finnish Red Cross	65,214.00	
	Bilateral to Zimbabwe Red Cross: Sub Total	65,214.00	
	Total	2,732,932.00	

The variances in the financial report below will be addressed and will reflect properly in the subsequent reports.

Project Financial Management Report

Selected Parameters	
Year/Period	2023/6-2024/4
Project	PZW047

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Highlights

Project Highlights

2023/6-2024/4

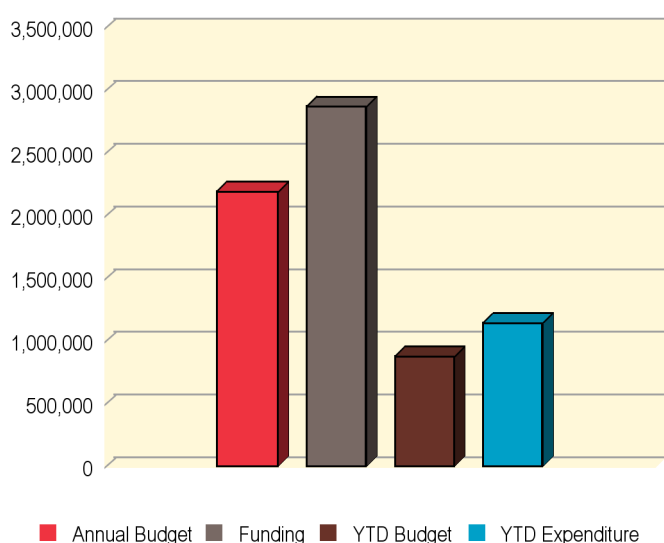
Project	PZW047 - Cholera Outbreak	Programme / Appeal	MDRZW021 - Zimbabwe - Cholera Outbreak
Region / Division	S1 - Africa	Country / Unit	S1ZWZW - Zimbabwe
Project Manager	Vivianne Jepkoech Kibon	Project Time Frame	15/06/2023 - 31/08/2024
		Status	Active

Annual Expenditure Budget (CHF)	2,193,523	Approved Expenditure Ceiling (PEAR)	2,193,523
Funding incl. Deferred Income and Opening Balance	2,872,926	Expenditure > Budget and or PEAR	0
Actual Expenditure (YTD)	1,147,192	Funding Gap vs PEAR ceiling	-
Project Closing Balance	1,635,630	Pledge Deficits	-
Deferred Income (reserved for future periods)	90,104	Outstanding Pledges	301,634
Project Funding (%)	100%	Budget Implementation (YTD)	130%

Project Expenditure vs Budget By Account Category

Expenditure Category	Actual Expenditure vs. Budget (2023/6-2024/4)					Annual Outlook (Indicative)	
	Annual Budget	YTD Budget	YTD Expenditure	YTD Variance	Annual Variance	Commitments	Annual Variance
Relief items, Construction, Supplies	967,609	419,490	115,936	303,554	851,673	-	851,673
Logistics, Transport & Storage	44,723	24,106	91,470	-67,364	-46,747	4,100	-50,847
Personnel	358,325	132,883	411,940	-279,058	-53,616	-	-53,616
Consultants & Professional Fees	5,217	2,609	0	2,609	5,217	-	5,217
Workshops & Training	12,521	10,017	48,162	-38,145	-35,641	-	-35,641
General Expenditure	655,250	230,177	112,038	118,139	543,212	-	543,212
Operational Provisions	0	0	290,757	-290,757	-290,757	-	-290,757
Indirect Costs	132,837	53,253	69,570	-16,316	63,267	-	63,267
Pledge Specific Costs	17,042	7,051	7,319	-268	9,723	5,056	4,667
Total	2,193,523	879,585	1,147,192	-267,607	1,046,331	9,156	1,037,176

Project Performance in a Nutshell



Areas to Check, Analyse and take Potential Action

1	Budget Variances	
2	Expenditure > Budget or PEAR	
3	Funding Gap vs PEAR ceiling	
4	Pledge Deficits	
5	Overdue Pledges	Check
6	Overdue Pledge Reports	Check

Explanation for above targets and checks

1	YTD Expenditure is below 80% of YTD budget
2	YTD Expenditure exceeds Annual Budget or PEAR ceiling
3	YTD Funding is below PEAR ceiling
4	Closing balance on M-codes have negative values
5	There are overdue outstanding pledges
6	There are overdue pledge reports

Project Financial Management Report

Selected Parameters	
Year/Period	2023/6-2024/4
Project	PZW047

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Project Expenditure versus Budget By Account Group

Project	PZW047 - Cholera Outbreak	Programme / Appeal	MDRZW021 - Zimbabwe - Cholera Outbreak
Region / Division	S1 - Africa	Country / Unit	S1ZWZW - Zimbabwe
Project Manager	Vivianne Jepkoech Kibon	Project Time Frame	15/06/2023 - 31/08/2024
		Status	Active

Expenditure Category / Group	Actual Expenditure vs. Budget (2023/6-2024/4)					Annual Outlook (Indicative)	
	Annual Budget	YTD Budget	YTD Expenditure	YTD Variance	Annual Variance	Commitments	Annual Variance
Shelter - Relief	30,461	30,461	21,502	8,959	8,959		8,959
Water, Sanitation & Hygiene	313,035	165,245	47,928	117,317	265,107		265,107
Medical & First Aid	595,750	216,372	46,506	169,866	549,244		549,244
Cash Disbursement	28,363	7,412	0	7,412	28,363		28,363
Relief items, Construction, Supplies	967,609	419,490	115,936	303,554	851,673		851,673
Storage	0	0	9,636	-9,636	-9,636		-9,636
Distribution & Monitoring	13,022	13,022	16,747	-3,724	-3,724		-3,724
Transport & Vehicles Costs	31,701	11,084	59,330	-48,246	-27,629	4,100	-31,729
Logistics Services	0	0	5,758	-5,758	-5,758		-5,758
Logistics, Transport & Storage	44,723	24,106	91,470	-67,364	-46,747	4,100	-50,847
International Staff	44,918	14,973	13,849	1,124	31,069		31,069
National Staff	131,736	57,353	18,100	39,253	113,636		113,636
National Society Staff	57,778	19,259	138,864	-119,605	-81,086		-81,086
Volunteers	123,894	41,298	241,127	-199,829	-117,233		-117,233
Personnel	358,325	132,883	411,940	-279,058	-53,616		-53,616
Consultants	5,217	2,609	0	2,609	5,217		5,217
Consultants & Professional Fees	5,217	2,609	0	2,609	5,217		5,217
Workshops & Training	12,521	10,017	48,162	-38,145	-35,641		-35,641
Workshops & Training	12,521	10,017	48,162	-38,145	-35,641		-35,641
Travel	37,322	12,441	8,295	4,145	29,027		29,027
Information & Public Relations	469,050	170,083	37,020	133,063	432,030		432,030
Office Costs	14,975	5,578	816	4,762	14,160		14,160
Communications	3,234	1,117	5,783	-4,666	-2,548		-2,548
Financial Charges	10,434	3,479	9,737	-6,258	697		697
Other General Expenses	120,233	37,479	39,485	-2,006	80,748		80,748
Shared Office and Services Costs	0	0	10,902	-10,902	-10,902		-10,902
General Expenditure	655,250	230,177	112,038	118,139	543,212		543,212
Operational Provisions	0	0	290,757	-290,757	-290,757		-290,757
Operational Provisions	0	0	290,757	-290,757	-290,757		-290,757
Programme & Services Support Recove	132,837	53,253	69,570	-16,316	63,267		63,267
Indirect Costs	132,837	53,253	69,570	-16,316	63,267		63,267
Pledge Earmarking Fee	17,042	7,051	5,319	1,732	11,723		11,723
Pledge Reporting Fees	0	0	2,000	-2,000	-2,000	5,056	-7,056
Pledge Specific Costs	17,042	7,051	7,319	-268	9,723	5,056	4,667
Total	2,193,523	879,585	1,147,192	-267,607	1,046,331	9,156	1,037,176

Project Financial Management Report

Selected Parameters	
Year/Period	2023/6-2024/4
Project	PZW047

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Project Expenditure versus Budget By Strategic Priorities and Enablers and Outcome

Project	PZW047 - Cholera Outbreak	Programme / Appeal	MDRZW021 - Zimbabwe - Cholera Outbreak
Region / Division	S1 - Africa	Country / Unit	AOF1.01.01 - Zimbabwe
Project Manager	Vivianne Jepkoech Kibon	Project Time Frame	15/06/2023 - 31/08/2024
		Status	Active

Strategic Priorities and Enablers / Outcome	Actual Expenditure vs. Budget (2023/6-2024/4)					Annual Outlook (Indicative)	
	Annual Budget	YTD Budget	YTD Expenditure	YTD Variance	Annual Variance	Commitments	Annual Variance
Disaster and crises response	0	0	314,520	-314,520	-314,520	5,056	-319,575
SP2 - Disasters and crises Total	0	0	314,520	-314,520	-314,520	5,056	-319,575
Health services in emergencies	867,360	402,072	463,555	-61,484	403,805		403,805
Water, Sanitation and Hygiene in emergencies	417,671	171,815	84,141	87,674	333,530		333,530
SP3 - Health and wellbeing Total	1,285,031	573,886	547,696	26,190	737,335		737,335
Protection, gender and inclusion services	14,877	4,959	0	4,959	14,877		14,877
National Society Protection, Gender and Inclusion capacity	0	0	52,804	-52,804	-52,804		-52,804
Community engagement and accountability	101,392	33,349	3,106	30,242	98,285		98,285
SP5 - Values, Power and Inclusion Total	116,269	38,308	55,910	-17,602	60,359		60,359
National Society Development	455,839	152,497	173,937	-21,441	281,902	1,550	280,352
Leadership development	34,418	11,473	0	11,473	34,418		34,418
EF7 - National Society development Total	490,257	163,969	173,937	-9,968	316,320	1,550	314,770
Influencing and humanitarian diplomacy	15,688	7,497	0	7,497	15,688		15,688
EF8 - Humanitarian diplomacy Total	15,688	7,497	0	7,497	15,688		15,688
Integrity and accountability	286,279	95,924	55,129	40,796	231,150	2,550	228,600
EF9 - Accountability and agility Total	286,279	95,924	55,129	40,796	231,150	2,550	228,600
Total	2,193,523	879,585	1,147,192	-267,607	1,046,331	9,156	1,037,176

Project Financial Management Report

Selected Parameters	
Year/Period	2023/6-2024/4
Project	PZW047

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Project Expenditure versus Budget By Strategic Priorities and Enablers, Outcome and Activity

Project	PZW047 - Cholera Outbreak	Programme / Appeal	MDRZW021 - Zimbabwe - Cholera Outbreak
Region / Division	S1 - Africa	Country / Unit	S1ZWZW - Zimbabwe
Project Manager	Vivianne Jepkoech Kibon	Project Time Frame	15/06/2023 - 31/08/2024
		Status	Active

Strategic Priorities and Enablers / Outcome / Activity	Actual Expenditure vs. Budget (2023/6-2024/4)					Annual Outlook (Indicative)	
	Annual Budget	YTD Budget	YTD Expenditure	YTD Variance	Annual Variance	Commitments	Annual Variance
A000 - No specific activity	0	0	2,000	-2,000	-2,000	5,056	-7,056
AP005 - Shelter assistance to households	0	0	312,520	-312,520	-312,520		-312,520
SP2.2 - Disaster and crises response Subtotal	0	0	314,520	-314,520	-314,520	5,056	-319,575
SP2 - Disasters and crises Total	0	0	314,520	-314,520	-314,520	5,056	-319,575
AP021 - Prep.&response to infect. outbreaks	0	0	4,526	-4,526	-4,526		-4,526
AP109 - Health services in emergencies	867,360	402,072	459,029	-56,957	408,331		408,331
SP3.3 - Health services in emergencies Subtotal	867,360	402,072	463,555	-61,484	403,805		403,805
AP111 - WASH in emergencies	417,671	171,815	84,141	87,674	333,530		333,530
SP3.5 - Water, Sanitation and Hygiene in emergencies Subtotal	417,671	171,815	84,141	87,674	333,530		333,530
SP3 - Health and wellbeing Total	1,285,031	573,886	547,696	26,190	737,335		737,335
AP116 - Protection/gender/inclusion services	14,877	4,959	0	4,959	14,877		14,877
SP5.3 - Protection, gender and inclusion services Subtotal	14,877	4,959	0	4,959	14,877		14,877
AP117 - Protection/gender/inclusion capacity	0	0	52,804	-52,804	-52,804		-52,804
SP5.4 - National Society Protection, Gender and Inclusion capacity Subtotal	0	0	52,804	-52,804	-52,804		-52,804
AP129 - Community engagement/accountability	101,392	33,349	3,106	30,242	98,285		98,285
SP5.5 - Community engagement and accountability Subtotal	101,392	33,349	3,106	30,242	98,285		98,285
SP5 - Values, Power and Inclusion Total	116,269	38,308	55,910	-17,602	60,359		60,359
AP124 - National Society Development	455,839	152,497	173,937	-21,441	281,902	1,550	280,352
EF7.1 - National Society Development Subtotal	455,839	152,497	173,937	-21,441	281,902	1,550	280,352
AP125 - Volunteering development	34,418	11,473	0	11,473	34,418		34,418
EF7.2 - Leadership development Subtotal	34,418	11,473	0	11,473	34,418		34,418
EF7 - National Society development Total	490,257	163,969	173,937	-9,968	316,320	1,550	314,770
AP119 - Influencing and hum. diplomacy	15,688	7,497	0	7,497	15,688		15,688
EF8.1 - Influencing and humanitarian diplomacy Subtotal	15,688	7,497	0	7,497	15,688		15,688
EF8 - Humanitarian diplomacy Total	15,688	7,497	0	7,497	15,688		15,688

Strategic Priorities and Enablers / Outcome / Activity	Actual Expenditure vs. Budget (2023/6-2024/4)					Annual Outlook (Indicative)	
	Annual Budget	YTD Budget	YTD Expenditure	YTD Variance	Annual Variance	Commitments	Annual Variance
AP122 - Secretariat services strengthening	286,279	95,924	55,129	40,796	231,150	2,550	228,600
EF9.1 - Integrity and accountability Subtotal	286,279	95,924	55,129	40,796	231,150	2,550	228,600
EF9 - Accountability and agility Total	286,279	95,924	55,129	40,796	231,150	2,550	228,600
Grand Total	2,193,523	879,585	1,147,192	-267,607	1,046,331	9,156	1,037,176

Project Financial Management Report

Selected Parameters	
Year/Period	2023/6-2024/4
Project	PZW047

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Project Analysis by Pledge

Project: PZW047 - Cholera Outbreak **Programme / Appeal:** MDRZW021 - Zimbabwe - Cholera Outbreak
Region / Division: S1 - Africa **Country / Unit:** S1ZWZW - Zimbabwe
Project Manager: Vivianne Jepkoech Kibon **Project Time Frame:** 15/06/2023 - 31/08/2024 **Status:** Active **2023/6-2024/4**

M-Code	Description	S	Opening Balance	Period Movement		Closing Balance	Deferred Income	Commitments	Outstanding Pledge	Overdue Pledges	Pledge timeframe		Pledge Report		
				Income	Expenditure						Start Date	End Date	Type	Due Date	
M2311084	United States Government - USA	A	0.00	0.00	0.00	0.00	90,104	-41	90,104	-	21.09.2023	30.09.2028			
M2312018	British Red Cross	A	0.00	103,438.85	-72,595.92	30,842.93	0	-2,000	0	-	10.11.2023	31.08.2024	Standard Interim Financial	10.05.2024	
													Standard Interim Narrative	10.05.2024	
													Standard Interim Financial	10.08.2024	
													Standard Interim Narrative	10.08.2024	
													Standard Final Financial	30.11.2024	
													Standard Final Narrative	30.11.2024	
M2401053	Norwegian Red Cross	A	0.00	317,840.48	-46,874.28	270,966.20	0	-2,000	211,530	212,952	1.01.2024	31.08.2024	Standard Interim Financial	1.09.2024	
	e-m. E.Pirikisi, 27.03.24: top up NOK 2,550,000, payment due date 27.03.24												Standard Interim Narrative	1.09.2024	
														Standard Final Financial	31.10.2024
														Standard Final Narrative	31.10.2024
M2401081	British Red Cross	A	0.00	215,177.42	-93,117.83	122,059.59	0	-	0	-	22.12.2023	31.03.2024			
M2401106	Swiss Red Cross	A	0.00	100,137.00	-53,424.26	46,712.74	0	-2,550	0	-	1.01.2024	31.08.2024			
M2403013	British Red Cross	A	0.00	1,001,433.38	-307,783.18	693,650.20	0	-	0	-	23.02.2024	31.12.2024	Standard Final Financial	31.03.2025	
														Standard Final Narrative	31.03.2025
M2403072	Norwegian Red Cross	A	0.00	208,769.83	0.00	208,769.83	0	-1,000	0	-	1.03.2024	31.12.2024	Standard Interim Financial	1.09.2024	
														Standard Interim Narrative	1.09.2024
														Standard Final Narrative	28.02.2025
														Standard Final Financial	20.03.2025
MDRZW021	Zimbabwe - Cholera Outbreak		0.00	836,025.24	-573,396.73	262,628.51	0	-1,565	0	-					
	Total		0.00	2,782,822.20	-1,147,192.20	1,635,630.00	90,104	-9,156	301,634	212,952					

Contact information.

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

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

At Zimbabwe Red Cross-National Society:

- Secretary General: Elias Hwenga; email: eliash@redcrosszim.org.zw
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At IFRC:

IFRC Country Delegation (or Country Cluster Delegation):

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- Operations Coordinator - Vivianne Kibon; email: vivianne.kibon@ifrc.org; +265 986 803 234

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For In-Kind donations and Mobilization table support:

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For Performance and Accountability support (planning, monitoring, evaluation, and reporting enquiries)

- IFRC Regional Head for Africa, PMER QA - Beatrice Okeyo, email: beatrice.okeyo@ifrc.org; +254 732 404022

Reference documents



Click here for:

- [MDRZW021eu1.pdf](#)
- [MDRZW021eu2 \(3\).pdf](#)

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter, and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of**

Humanitarian Action and **IFRC policies and procedures**. 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.