



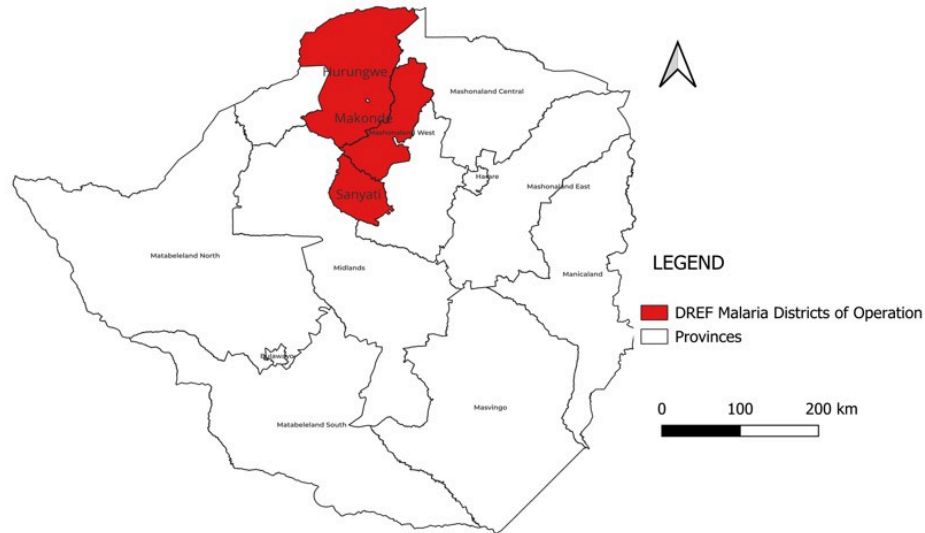
Community dialogues with miners in Makonde District

|                             |  |   |   |
|-----------------------------|--|---|---|
| Appeal:<br><b>MDRZW025</b>  | Total DREF Allocation:<br><b>CHF 192,783</b> | Crisis Category:<br><b>Yellow</b>           | Hazard:<br><b>Epidemic</b>                    |
| Glide Number:<br>-          | People Affected:<br><b>2,007,611 people</b>  | People Targeted:<br><b>1,058,321 people</b> | People Assisted:<br><b>1,194,587 people</b>   |
| Event Onset:<br><b>Slow</b> | Operation Start Date:<br><b>14-05-2025</b>   | Operational End Date:<br><b>31-10-2025</b>  | Total Operating Timeframe:<br><b>5 months</b> |

Targeted Regions: **Mashonaland West**

# Description of the Event

## ZIMBABWE DREF Malaria Districts of Operation



Production date: 25/11/2025

The maps used do not imply any position by the International Federation of Red Cross and Red Crescent Societies or National Societies regarding the legal status of any territory or its authorities.

Map data sources: ZRCS, IFRC, OCHA,

Map produced by the IFRC Harare Cluster , Office, Harare.

Internal

DREF Malaria districts of operation

## Date when the trigger was met

03-05-2025

## What happened, where and when?

The malaria outbreak resulted in increased morbidity and mortality, with 85 confirmed deaths reported as of 26 April 2025. The surge in malaria cases placed additional pressure on healthcare facilities, particularly in rural areas where resources are limited. Clinics and hospitals faced increased patient loads, leading to potential shortages in medical supplies and staff fatigue. The focus on managing the malaria outbreak diverted attention and resources from other essential health services, such as maternal and child health programs, immunizations, and management of chronic diseases. Other secondary effects include absenteeism from work among adults and from school children, affecting their academic performance and long-term educational outcomes. The outbreak also caused anxiety and stress among community members, particularly in areas with high infection rates. Fear of contracting the disease and concerns about the availability of treatment have impacted mental well-being. The province also faced a cholera outbreak, which started on the 4th of November 2024 in Kariba district.





Health Care Worker Training in Hurungwe District



Village Health Worker Training in Makonde District



Biolarviciding in Hurungwe District



Malaria larviciding, Sanyati District

## Scope and Scale

From April to early May 2025, the malaria outbreak in Mashonaland West Province showed signs of an increasing trend with active transmission in high-burden districts particularly Hurungwe, Makonde, and Sanyati.

In Zimbabwe, Malaria is endemic, but the 2025 malaria trend exceeded the seasonal threshold as early as Week 6 onward. The malaria outbreak has resulted in increased morbidity and mortality, with 47 confirmed deaths reported as of 2nd May 2025 in Mashonaland West province with overall case fatality rate of 0.33%. The malaria incidence rate in Mashonaland West province significantly increased, rising from 1.54 per 1,000 population between weeks 1-18 in 2024 to 7.66 per 1,000 during the same period in 2025. This nearly fivefold increase indicates a sharp surge in malaria transmission, suggesting possible gaps in prevention measures such as Insecticide Treated Nets (ITN) coverage, case management, vector control, or surveillance.

Mashonaland West province lies in the Zambezi lowveld. The province is in the lowveld zone(warm and humid conditions) which is an enabling environment for mosquito breeding. This condition makes the province endemic to Malaria, but it was unusual for the outbreak to happen during the winter season. According to WHO, Malaria cases in Zimbabwe start rising in the month of November to June, which coincides with the rainy season, a period typically associated with increased mosquito breeding due to stagnant water and high humidity. The La Niña-induced heavy rains contributed to the formation of more breeding sites, particularly in farming and mining zones, where night time activities without protective measures further exposed populations to mosquito bites.

Since April, malaria cases dropped during the winter season but cases have picked again since the start of the summer season. La Niña-induced rains, poor ITN coverage, and high exposure in farming and mining zones have created conditions that dramatically worsened transmission, justifying urgent intervention. Persistent hotspots and ongoing new cases show that the outbreak had not yet been fully contained by early May, especially where vector control gaps and late treatment-seeking behaviors persist, which may contribute to further surge in malaria.

The spike underscores the urgency of reinforcing coordinated response efforts, including community sensitization, timely diagnosis and treatment, and enhanced partner collaboration through platforms like provincial coordination meetings. It also highlights the need for targeted interventions in high-burden districts to contain further spread and reduce morbidity and mortality. Ministry of Health and Child Care (MoHCC) reported that the outbreak affected all cohorts, however, there was a noticeable pattern in severity among under-



fives, elderly and people with comorbidities because of their immunity suppression. The cases were higher among the rural populations because of exposure to mosquito bites in the farms and mines as well as limited access to healthcare services. The surge in malaria cases placed additional pressure on healthcare facilities, particularly in rural areas where resources are limited. Clinics and hospitals faced increased patient loads, leading to potential shortages in medical supplies and staff fatigue. The province previously faced multiple crises in the last two years, starting with El Niño-induced drought 2023-2024, Cholera, which began on 4th of November 2024, measles, anthrax, and now malaria. This put pressure on health systems, thus leading to a huge burden and gaps in healthcare management.

The focus on managing the malaria outbreak has diverted attention and resources from other essential health services, such as maternal and child health programs, immunizations, and management of chronic diseases. Other secondary effects include absenteeism from work among adults and from school going children, affecting their academic performance and long-term educational outcomes. The outbreak also caused anxiety and stress among community members, particularly in areas with high infection rates.

## Source Information

| Source Name  | Source Link   |
|--|---|
| 1. Malaria cases rise in Mashonaland West Article                        | <a href="https://www.newsday.co.zw/local-news/article/200041542/malaria-cases-rise-in-mashonaland-west">https://www.newsday.co.zw/local-news/article/200041542/malaria-cases-rise-in-mashonaland-west</a>   |
| 2. MOHCC APRIL HIGHLIGHTS REPORT   | <a href="https://www.mohcc.gov.zw/?p=7591">https://www.mohcc.gov.zw/?p=7591</a>   |
| 3. MALARIA DATA - MASHONALAND WEST                                       | <a href="https://zimbabweredcrosssociety-my.sharepoint.com/:b:/g/personal/moyoc_redcrosszim_org_zw/EWDEwJ0_1rhKvXM_ygRJAisBzXqcUjB_qV2XWeVsXyag?e=Aa5E3T">https://zimbabweredcrosssociety-my.sharepoint.com/:b:/g/personal/moyoc_redcrosszim_org_zw/EWDEwJ0_1rhKvXM_ygRJAisBzXqcUjB_qV2XWeVsXyag?e=Aa5E3T</a> |
| 4. SAFEGUARDING RISK ANALYSIS SCORE                                      | <a href="https://zimbabweredcrosssociety-my.sharepoint.com/:w:/g/personal/moyoc_redcrosszim_org_zw/Efe3hp8OYQcTcK3CtcBzmHLAD63dM2o3H5BkDrH-g?e=W5nSDa">https://zimbabweredcrosssociety-my.sharepoint.com/:w:/g/personal/moyoc_redcrosszim_org_zw/Efe3hp8OYQcTcK3CtcBzmHLAD63dM2o3H5BkDrH-g?e=W5nSDa</a>       |
| 5. Mashonaland West Malaria Outbreak! Situation Report as of 03 May 2025 | <a href="https://drive.google.com/file/d/1PQGLmvPnALXo9VVWhUfOn1GE4MELi550/view?usp=sharing">https://drive.google.com/file/d/1PQGLmvPnALXo9VVWhUfOn1GE4MELi550/view?usp=sharing</a>   |
| 6. Hurungwe District Malaria Outbreak Report, May 2025                   | <a href="https://drive.google.com/file/d/1VhHcU-dobDc6tHdytubDguJbEfrUy-BI/view?usp=sharing">https://drive.google.com/file/d/1VhHcU-dobDc6tHdytubDguJbEfrUy-BI/view?usp=sharing</a>   |

## National Society Actions

|   |    |
|---|----|
| Have the National Society conducted any intervention additionally to those part of this DREF Operation? | No |
|---|----|

## IFRC Network Actions Related To The Current Event

|             |   |
|-------------|---|
| Secretariat | <p>The IFRC secretariat provided technical and financial support to ZRCS through the Harare Country Cluster delegation. It played an essential role in ensuring the effective coordination within and outside the movement. The technical support was also provided through the existing capacity at the delegation level, but also at the regional level.</p> <p>The IFRC Secretariat has been providing support for a range of health and WASH activities that have significantly contributed to the epidemic's response, such as cholera</p> |
|-------------|---|



|  |  |
|--|--|
|  | <p>prevention efforts in Zimbabwe and strengthened ZRCS's capacity to fulfil its mandate in responding to public health emergencies. Similarly, the secretariat has provided support in development of resource mobilization tools such as the early action protocols.</p> <p>ZRCS benefited from a Federation-wide emergency appeal to respond to the Cholera outbreak of 2023/2024 and the current cholera DREF 2025. With funding from donors including the UK Foreign, Commonwealth Development Office (FCDO), Norwegian Red Cross, the British Red Cross, ECHO, Swiss Red Cross, Netherlands Red Cross, and Japanese Red Cross Society provided critical support for cholera response efforts in 12 districts of Zimbabwe reaching over 832,000 people.</p> <p>The response builds on the capacity established by the Emergency Appeal (EA) in 2024, which ensures that previously established systems, resources, and expertise are leveraged for the current outbreaks. The EA significantly enhanced the National Society's operational readiness through trained rapid response teams, pre-positioned NFIs supplies, and improved surveillance mechanisms. These capacities have been utilized in the Malaria response.</p> <p>The secretariat has provided technical capacities and tools in the development of DREFs and emergency appeal and also technical support in implementation of the DREFs. These existing capacities enable a more efficient scale-up of interventions, minimize response times, and support continuity in outbreak control effort.</p> |
| <p><b>Participating National Societies</b></p> | <p>The National Society partner, the Finnish Red Cross, had a crisis modifier under the ECHO-funded project, that is providing support for cholera and epidemic preparedness and response capacities in Zimbabwe. This funding facilitates the prepositioning of emergency WASH supplies to curb the spread of epidemics in vulnerable communities. It also supported the capacity building and deployment of response teams to conduct risk assessments and profiling, hygiene promotion, risk communication, and community engagement activities aimed at raising awareness about epidemics prevention and control.</p>  |

## ICRC Actions Related To The Current Event

ICRC does not have a physical presence in Zimbabwe, however ZRCS and IFRC coordinate with the ICRC regional office in Pretoria. Sharing of information such as SOPs, tools for operations and guidelines among the actors.

## Other Actors Actions Related To The Current Event

|   |   |
|---|---|
| <p><b>Government has requested international assistance</b></p> | <p>Yes</p>  |
| <p><b>National authorities</b></p>                              | <p>The government implemented a comprehensive response to the malaria outbreak covering RCCE, surveillance, vector control and case management. Health care workers across all districts received on-the-job orientation on malaria case management to strengthen clinical capacity. At the facility level, surveillance activities, including case notification and laboratory confirmation, were intensified. Public health officers conducted foci investigations and carried out larviciding in identified breeding sites within affected areas. Government structures also coordinated and supported logistics for malaria medical supplies to ensure the uninterrupted availability of malaria treatment commodities. Health workers in the districts informed, trained, and placed on high alert, which facilitated timely community sensitization efforts. Additionally, local authorities engaged the media and distributed Information, Education and Communication (IEC) materials to raise public awareness and promote preventive practices.</p> |
| <p><b>UN or other actors</b></p>                                | <p>Key interventions by the government included risk communication and community engagement (RCCE), including health education and awareness, malaria surveillance</p>  |



and testing, case management and treatment at local clinics, and facilitating coordination meetings.

Previously, the Global Fund supported Zimbabwe's response to malaria outbreaks by providing essential commodities such as insecticide-treated nets. It also funded indoor residual spraying campaigns in high-burden areas to reduce transmission. This support was delivered in collaboration with the Ministry of Health and Child Care and other partners to help control malaria in Zimbabwe. However, funding was depleted with the withdrawal of the USAID funding.

#### Are there major coordination mechanism in place?

Most response activities so far are coordinated by the district under the guidance of the Provincial Team and Head Office. The ZRCS is a permanent member of the national Civil Protection Committee (CPC) responsible for coordinating emergencies in the country. ZRCS participated and is still participating in the provincial malaria coordination meetings.

## Needs (Gaps) Identified

### Health

#### Vector Surveillance:

A major gap in the malaria response was the absence or weakness of vector surveillance systems. Without routine monitoring of mosquito populations, health authorities lacked critical data on species distribution, breeding sites, and seasonal patterns, making it difficult to implement targeted and timely interventions. This resulted in delayed detection of outbreaks, poorly directed insecticide spraying or net distribution, and missed opportunities to identify emerging insecticide resistance. In addition, weak surveillance often excluded community involvement in identifying breeding sites or changes in mosquito behavior, further limiting early warning capacity. As a result, planning, implementation, and evaluation of malaria control efforts were compromised, reducing their overall effectiveness. Strengthening vector surveillance was therefore essential for a more proactive and data-driven malaria response.

#### Case management:

The gaps identified were untrained staff, drug stockouts, and the absence of community case management of malaria cases in the target districts. Based on the report, training of health care workers on case management, as well as training of volunteer health workers, was recommended.

#### Vector control:

There was a shortage of larvicides and limited surveillance capacity in the target districts. The National Society supported these efforts by replenishing vector control supplies for appropriate use. In addition, its volunteers, working closely with the MoHCC, assisted in identifying mosquito breeding sites to be targeted for larviciding by the Ministry of Health. The National Society also supported the procurement of bio-larvicides.

#### Risk Communication and Community Engagement (RCCE):

Low community awareness on disease detection and prevention, especially regarding the use of ITNs, was one of the major gaps observed. Developing targeted messaging, involving miners and community leaders through MoHCC, improving IEC distribution in communities, and strengthening direct community engagement for behavior change communication were the key recommendations provided.

#### Availability of Insecticide-Treated Nets:

The Global Fund supported the MoHCC on mass and routine ITN distribution to reduce transmission before withdrawal of USAID funding. However, a gap remains as the available stock was insufficient to cover the targeted population.



### Community Engagement And Accountability

There was absence of strong community feedback mechanisms that led to a diminished sense of accountability from authorities and organizations.

This gap fostered rumors and distrust, making it difficult to engage communities in health initiatives. Fear of stigma also prevented timely healthcare-seeking behavior. Many malaria patients delayed seeking treatment, assuming initial symptoms were mild or fearing judgment from their communities. According to the ZRCS preliminary report, CEA gaps disproportionately impact vulnerable groups, including women, children, the elderly, persons with disabilities, and informal workers such as artisanal miners. In the needs assessment report, there was evidence of gaps in interventions for artisanal miners. The Zimbabwe Red Cross Society collaboratively worked with line ministries to ensure engagement of the miners and ultra-conservative religious groups to ensure their needs are addressed.





## Environment Sustainability

Environmental protection- use of government recommended bio larvicides. A one day training for the Environmental Health Technicians was conducted. This training equipped them with up-to-date knowledge and practical skills on the correct handling, dosage, and application methods of bio-larvicides, while ensuring compliance with environmental protection standards.

# Operational Strategy

## Overall objective of the operation

The IFRC-DREF operation aimed to effectively respond to malaria outbreak in order to reduce morbidity and mortality among at risk population in Hurungwe, Sanyati and Makonde districts of Mashonaland West Province and ensuring resilience of communities over five months.

## Operation strategy rationale

In response to the ongoing malaria outbreak in Zimbabwe, the National Society applied a strategy that focused on increasing awareness on prevention, detection, and response measures to enhance community engagement, advocacy and case management. The strategy was implemented in collaboration with the Ministry of Health and Child Care (MoHCC) and the Ministry of Local Government and Public Works (structures such as Chiefs, Village Heads and local leadership) and the Environmental Management Agency. The DREF operation addressed the following priority needs:

### Risk Communication and community engagement (RCCE):

This raised community awareness about malaria prevention, detection and response. It was done through dissemination of health messages using IEC materials, door-to-door outreaches, and community dialogues through community health workers and Red Cross volunteers. In addition, ward stakeholder advocacy meetings were held involving key gatekeepers to promote behaviour change and influence adoption of safe practices. Other community engagement approaches included various forms of media engagement and edutainment. This engagement promoted early health-seeking behaviors and prevention of malaria.

### Community Case management:

In Zimbabwe, trained village/community health workers conducted case management at designated village homes by conducting Rapid Diagnostic Tests (RDTs) to diagnose malaria and treat uncomplicated cases by administering artemisinin-based combination therapies (ACTs). The ZRCS supported a refresher training to VHWs/CHWs on malaria case management and reporting. The training intended to update knowledge and skills in malaria prevention and control, improve performance and efficiency, reporting of cases, enhance safety and compliance with malaria care guidelines. The operation also strengthened community-level surveillance by supporting 2-way malaria information flow between communities to health facilities.

### Community engagement and accountability (CEA):

Community feedback was integrated to enhance response efficiency and effectiveness in the target districts. The National Society had a community feedback mechanism where community feedback data from operations was collected, analysed and reported. The malaria response operation used existing mechanisms to collect data through Red Cross volunteers, analyse and report. In addition, through community engagement activities, feedback was collected and addressed.

### Psychosocial Support:

The outbreak had negative impact on the social, mental well-being of people in need. The National Society trained Red Cross Volunteers (RCV) on Psychological First Aid in the target districts. The RCVs provided the PFA sessions to the affected individuals and their families. In situations where the patients and families require advanced support, they were referred to Social Welfare department or local health facilities.

### Protection, Gender and Inclusion:

The Zimbabwe Red Cross Society values PGI. PGI was mainstreamed in Malaria response operation by working with internal capacity and government staff to provide targeted support to vulnerable groups like the people with disabilities, expectant mothers, children under 18 years among others affected by the outbreak. Inclusion of vulnerable group representation in the RCCE activities and other interventions for the response ensured their needs were addressed. To ensure that Health, RCCE (Risk Communication and Community Engagement), and CEA (Community Engagement and Accountability) interventions uphold the Dignity, Access, Participation, and Safety (DAPS) approach in line with the Minimum Standards for Protection, Gender and Inclusion (PGI) in Emergencies, the following measures were taken:

The NS ensured Dignity by engaging communities with respect and cultural sensitivity, using inclusive communication methods that reflect local norms and preferences. Activities and messaging were co-developed with community members to reflect their values and protect their sense of identity and self-worth.



To promote access, interventions were designed to be inclusive of all groups, especially marginalized and at-risk populations such as women, children, people with disabilities, and older persons. Malaria messaging was disseminated through local radio, Platinum FM, in local language understood by the majority.

The NS enhanced Participation by involving community members in the planning, design, implementation, and monitoring of activities. Feedback mechanisms such as suggestion boxes, or in-person consultations were strengthened to ensure that community voices shape decision-making.

Finally, to ensure Safety, NS conducted regular risk assessments to identify protection concerns, misinformation risks, and barriers to safe participation. All interventions integrated safeguarding measures, ensure data protection in feedback collection, and established clear referral pathways for survivors of violence or abuse.

Vector control:

The operation targeted affected districts to conduct vector control strategies such as larviciding.

Coordination and partnerships:

The National Society actively participated in the coordination meetings where the 4Ws matrix (WHERE, WHEN, WHO, WHAT) were shared to build synergies and complementarities to optimize resource use. The coordination meetings provided avenues for strategic partnership building and collaborations.

Monitoring and Evaluation:

Monitoring and Evaluation (M&E) is a core component of Zimbabwe Red Cross Society programming and operations. The Planning, Monitoring, Evaluation, and Reporting (PMER) department led continuous monitoring efforts through regular assessments, field visits by headquarters staff, reviews, and field reports. These activities aimed to ensure compliance with both organizational and donor requirements, maintain quality standards, and provide evidence-based insights to keep the operation on track and responsive to emerging needs.

## Targeting Strategy

### Explain the selection criteria for the targeted population

The selection criteria for the targeted population was guided by several key factors that prioritize individuals and communities most at risk of malaria infection, severe health outcomes, and barriers to accessing prevention and treatment services.

The primary criterion was epidemiological data, used to identify malaria hotspot areas with high disease burden, such as districts reporting the highest number of confirmed cases, including Makonde, Hurungwe and Sanyati.

Population vulnerability was also a major consideration, focusing on high-risk groups such as artisanal miners, ultra conservative religious groups, and tobacco farmers among children under five, pregnant women, the elderly, and persons with disabilities, who are more susceptible to severe complications from malaria and often face challenges accessing healthcare services due to their compromised immunity.

Geographical accessibility was another key factor, ensuring remote and hard-to-reach communities are included, especially where health infrastructure is weak and malaria surveillance and response capacity are limited.

Finally, the selection process considered the potential for effective community engagement and partnerships with local stakeholders. This ensured that interventions were community-driven, sustainable, and responsive to local needs, enhancing long-term malaria control and resilience.



# Total Assisted Population

|                           |           |                                      |      |
|---------------------------|-----------|--------------------------------------|------|
| Assisted Women            | 409,982   | Rural                                | 70%  |
| Assisted Girls (under 18) | 211,203   | Urban                                | 30%  |
| Assisted Men              | 378,445   | People with disabilities (estimated) | 7.1% |
| Assisted Boys (under 18)  | 194,957   |                                      |      |
| Total Assisted Population | 1,194,587 |                                      |      |
| Total Targeted Population | 1,058,321 |                                      |      |

## Risk and Security Considerations (including "management")

|   |     |
|---|-----|
| Does your National Society have anti-fraud and corruption policy?                   | Yes |
| Does your National Society have prevention of sexual exploitation and abuse policy? | Yes |
| Does your National Society have child protection/child safeguarding policy?         | Yes |
| Does your National Society have whistleblower protection policy?                    | Yes |
| Does your National Society have anti-sexual harassment policy?                      | Yes |

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

| Risk   | Mitigation action  |
|--|--|
| Economic challenges- the tariffs may affect supply chains for importing bio larvicides.                                  | Considered local procurement of the bio larvicide , to reduce effects of tariffs.  |
| Increased demand for healthcare services due to multiple concurrent outbreaks may strain health facilities and personnel | Provided personal protective equipment (PPE) and enhanced capacity front-line workers.<br>Provided refresher training to community health workers for effective and efficient case management. |

Please indicate any security and safety concerns for this operation:

The political environment in Zimbabwe is currently stable, creating favorable conditions for smooth implementation of the operation. Under normal procedures, the National Society notified the District Office of the President when conducting community activities to ensure coordination and the uninterrupted flow of operations.

The National Society supported the procurement of gloves for trained Community Health Workers (CHWs) conducting rapid diagnostic tests to protect them from potential infections. Face masks and other essential personal protective equipment (PPE).



The National Society also procured 35 sets of larviciding PPE (overalls, gumboots, N95 face masks and heavy-duty gloves) for Environmental Health Technicians (EHTs), to protect them as they were doing larval source management

Has the child safeguarding risk analysis assessment been completed?

Yes

# Implementation



**Budget:** CHF 118,726  
**Targeted Persons:** 1,058,321  
**Assisted Persons:** 1,194,587  
**Targeted Male:** 573,402  
**Targeted Female:** 621,185

## Indicators

| Title   | Target | Actual |
|---|--------|--------|
| # of volunteers trained on community malaria case management, testing and psychological first aid | 470    | 470    |
| # of households supported with insecticide treated nets   | 3,000  | 0      |
| # of areas supported with Foci investigations and larviciding of breeding sites                   | 30     | 33     |

## Narrative description of achievements

• A total of 470 volunteers (136 males and 334 females) received comprehensive training in malaria case management. This training aimed to equip community volunteers with the necessary skills to effectively manage malaria cases at the community level, thereby improving access to timely diagnosis and treatment, especially in remote areas.

Key objectives of this case management training included: enhancing the volunteers' ability to recognize malaria symptoms, accurately administer rapid diagnostic tests (RDTs) and refer severe cases to health facilities. Furthermore, the training integrated Psychosocial First Aid (PFA) to enable volunteers to provide initial emotional and practical support to individuals and communities affected by malaria, recognizing the psychological impact of illness and outbreaks.

• Eighty (80) 500g sachets of bio-larvicides were procured for use in three operational districts, Makonde, Sanyati and Hurungwe. The primary objective of using these larvicides was to implement an environmentally friendly and sustainable approach to vector control by targeting mosquito larvae in their breeding sites.

• Insecticide-Treated Nets (ITNs) were not procured as initially planned. This decision was made because the targeted districts indicated that they already possessed sufficient stock of ITNs. Additionally, it was observed that the intended beneficiary population expressed a lack of demand for ITNs at that specific time .

• A total of 470 volunteers received training on Epidemic Control for Volunteers (ECV) and vector control. This comprehensive training aimed to empower community volunteers with the knowledge and skills necessary to effectively respond to disease outbreaks and implement vector control measures at the community level.

• Personal Protective Equipment (PPEs) were procured to ensure the safety of personnel involved in vector control activities and community case management. Specifically, 35 sets of overalls, gloves, and gumboots were procured for Environmental Health Technicians (EHTs), providing them with essential protection during their field operations, such as larviciding and indoor residual spraying. Furthermore, 96 N95 face masks were procured for the districts, offering respiratory protection against airborne pathogens and chemical exposures. Additionally, 470 boxes of latex gloves were procured for volunteers, ensuring their safety and hygiene during community case management activities, including handling patient samples and administering treatments, thereby minimizing the risk of infection.



transmission.

- A total of 102 (56 females/ 46 males) healthcare workers, with a target of 100, were trained to enhance their capacity to effectively respond to malaria cases in their respective communities. The training aimed to equip participants with the necessary knowledge and skills to:
  - Diagnose and manage malaria cases according to national guidelines.
  - Administer appropriate treatment and manage complications.
  - Implement preventive measures and promote community awareness on malaria control.
  - Strengthen surveillance and reporting systems for timely detection and response to malaria outbreaks.
- All these interventions including radio messaging reached a total of 1,194,587 people that is 573 402 males and 621 185 females

## Lessons Learnt

•Some lessons learnt in malaria response include:

1. Importance of needs assessment: Conducting thorough needs assessments helps identify gaps and tailor training programs effectively.

## Challenges

• Challenge encountered include:

1. Inadequate initial training: Volunteers requiring comprehensive training instead of refresher courses led to increased costs and resource utilization.



## Protection, Gender And Inclusion

**Budget:** CHF 3,468

**Targeted Persons:** 1,058,321

**Assisted Persons:** 1,194,587

**Targeted Male:** 573,402

**Targeted Female:** 621,185

## Indicators

| Title  | Target | Actual |
|--|--------|--------|
| # of volunteers reached through sensitization meetings on PSEA, child safeguarding, prevention and response to SGBV and code of conduct enforcement during health response act | 470    | 470    |
| # of household supported with activities malaria control measures (e.g., distribution of mosquito nets ) are gender- and protection-sensitive                                  | 3,000  | 0      |
| # of messages developed and disseminated malaria prevention and treatment messages in accessible formats by different marginalized groups                                      | 10     | 10     |

## Narrative description of achievements

• The Malaria response reached to 99,845 (50,299 males, 49,546 females) individuals through door-to-door volunteer Risk Communication and Community Engagement (RCCE) for malaria, a small proportion were Persons with Disabilities (PWDs). Specifically, 620 males and 569 females with disabilities were reached, totaling 1,189 individuals. This figure represents approximately 1.19% of the total individuals reached through door to door volunteer efforts. While this percentage is less than 2%, the inclusion of PWDs in the RCCE efforts was a significant step towards ensuring that health information reaches all segments of the population.

Further analysis of the demographic breakdown reveals a comprehensive approach to targeting different age groups and genders within the broader population. The data showed:

Girls under 18: 22,435

Females (adult): 27,111

Boys under 18: 23,005



Men over 18: 27,294 were reached.

Apart from the door-to-door reach, in total, 1,194,587 people were reached through radio messaging.

- On PSEA, safeguarding, and SGBV prevention and response, 470 (148 males/322 females) individuals reached with training. This group included National Society Staff, Ministry of Health and Child Care (MoHCC) staff, and volunteers. The inclusion of these key personnel in training and awareness initiatives is crucial for establishing a robust protective environment within humanitarian and health programs.
- With the guidance of MoHCC, at least 10 messages were developed, and these were delivered through different platforms including a local radio from the affected districts. The ministry also developed IEC material written in local language to reach different people.

## Lessons Learnt

- Disaggregated data provides the evidence base for understanding diverse needs. Staff sensitization ensures that interventions are delivered ethically, safely, and respectfully.

## Challenges

- The volunteers trained were too few, compared to the geographical vastness of the areas to be covered. Meaning some marginalised groups were not reached through RCCE.



## Community Engagement And Accountability

**Budget:** CHF 10,034

**Targeted Persons:** 1,058,321

**Assisted Persons:** 1,194,587

**Targeted Male:** 573,402

**Targeted Female:** 621,185

## Indicators

| Title   | Target    | Actual    |
|---|-----------|-----------|
| # of community feedback received and closed                                       | 50        | 55        |
| #of community dialogues conducted based on community feedback collected           | 70        | 73        |
| # of people reached with radio sessions, radio jingles and van messaging sessions | 1,058,321 | 1,194,587 |

## Narrative description of achievements

• The Ministry of Health and Child Care with support from Zimbabwe Red Cross Society (ZRCs) undertook a significant initiative to engage communities in the fight against malaria, primarily through a series of community dialogues. A total of 73 such dialogues were successfully conducted, exceeding the initial target of 70. These dialogues were strategically distributed across three key districts: 23 in Sanyati, 27 in Hurungwe, and 23 in Makonde. The primary objective of these dialogues was to foster open discussion and understanding regarding various aspects of malaria response. This included addressing prevalent myths and misconceptions surrounding the disease, educating communities on effective prevention and treatment strategies, and encouraging active participation in malaria control efforts. The community dialogues also discussed issues around Protection Gender and Inclusion in communities. Such community-level engagement was crucial for effective public health interventions, as it allowed for the dissemination of accurate information and the identification of context-specific challenges and solutions.

• To amplify the reach and impact of their malaria response efforts, the ZRCs actively engaged with various media outlets. This strategic media engagement aimed to profile the malaria response, highlighting its successes and the positive impact it had on the affected communities. By capturing and disseminating stories of impact and success, the media played a vital role in raising public awareness, garnering support for the initiative, and potentially influencing policy decisions. Apart from this, local radio stations were also engaged to disseminate key messages to community on good practices on prevention and treatment of Malaria. In total, approximately 1,194,587 people were reached through radio messaging in the three districts, including spillage into other non-targeted areas.



• A critical component of the ZRCS's malaria response was the systematic collection and utilization of community feedback. This feedback was primarily gathered through the dedicated efforts of volunteers, who served as a direct link between the intervention and the communities it aimed to serve. A substantial volume of feedback was received, with at least 70 messages collected. Notably, a significant proportion of this feedback, approximately 60%, consisted of compliments. These compliments largely centered on the ZRCS's effective efforts to combat the spread of malaria, indicating a positive perception of their interventions within the communities. The feedback also revealed a crucial insight: communities, while appreciative of the malaria control efforts, expressed a desire for additional interventions, particularly around livelihoods support. The request for livelihoods support underscores the broader challenges faced by these communities and suggests that sustainable health outcomes often require a holistic approach that addresses underlying social and economic determinants of health.

## Lessons Learnt

Some lessons that can be learned from these activities include:

1. Community engagement is crucial: Conducting community dialogues helps build trust, gather insights, and foster ownership among community members.
2. Effective communication is key: Media engagement and community feedback mechanisms ensure that accurate information reaches the target audience, promoting awareness and understanding.
3. Feedback is essential for improvement: Collecting community feedback and closing the feedback loop demonstrates a commitment to accountability and helps refine programs.
4. Continuous engagement of government stakeholders and putting them in the forefront of malaria response is critical for sustainability and accountability.

## Challenges

Challenges included:

1. Ensuring inclusive representation: Community dialogues may not reach marginalized or hard-to-reach groups, like Persons with Disabilities, some can not even walk to community meetings hence being left out.
2. Managing expectations: Community members may have high expectations or misunderstandings about the purpose of dialogues or feedback mechanisms.
3. Maintaining open communication channels: Sustaining media engagement and feedback loops requires dedicated resources and effort.
4. Addressing power dynamics: Community dialogues may be influenced by local power structures, potentially silencing marginalized voices.
5. Health facilities in rural areas remain in far distance, making it difficult for the elderly and those with underlying conditions to access healthcare services



## Coordination And Partnerships

**Budget:** CHF 1,936

**Targeted Persons:** 20

**Assisted Persons:** 28

**Targeted Male:** 18

**Targeted Female:** 10

## Indicators

| Title                                 | Target | Actual |
|---------------------------------------|--------|--------|
| # of coordination meetings conducted. | 2      | 12     |

## Narrative description of achievements

• Development partners in the districts of operation were engaged , fostering a collaborative environment and ensuring a coordinated response to malaria. This inclusive approach facilitated the sharing of resources, expertise, and knowledge, ultimately contributing to a more effective malaria response. These included Plan International and other responders.

The coordination of humanitarian responses with stakeholders played a crucial role in the malaria response effort. At least 12 stakeholder meetings were conducted, providing a platform for collaboration and strategic planning with various government departments and development partners. The meetings were many compared to only 2 initially targeted, because there were a number of



discussion points that were supposed to be aired out. Additionally, during the planning phase, meetings were supposed to be conducted centrally, for the three supported districts, but due to budgetary constraints, each district had to conduct its coordination meeting hence the meetings rose to 12.

These meetings included:

- Inception meetings to kick-start the project and align objectives
- Closeout meetings to review progress and plan for sustainability
- Strategic planning meetings to adapt to emerging challenges and opportunities

The Ministry of Health and Child Care (MoHCC) was the main stakeholder, and their involvement ensured alignment with national health priorities. Other government departments represented included:

- District Development Coordinators (DDCs) office
- Environmental Management Agency (EMA)
- Police
- Rural Infrastructure Development Agency (RIDA)
- District Council
- Ministry of Women Affairs, Community, Small and Medium Enterprises Development

• A lessons learnt workshop was conducted with the following objectives:

1. Document key lessons learnt, best practices, and innovative approaches from the malaria response.
2. Review operational, coordination, and resource challenges encountered during the response.
3. Develop recommendations and strategic priorities for future malaria responses. In attendance were key stakeholders and these included: MoHCC different departments that is:

- Healthcare workers
- Community volunteers
- Local leadership
- District Health Executive (DHE)
- Provincial Health Executive (PHE) and
- Zimbabwe Red Cross Society (ZRCS)
- and also other district government departments. These stakeholders were drawn from the three operational districts that is Sanyati, Makonde and Hurungwe districts.

## Lessons Learnt

- Effective coordination with stakeholders, including government departments, NGOs, and community leaders, is crucial for successful project implementation.
- Flexibility and adaptability: Humanitarian responses require flexibility in planning and implementation to respond to changing contexts and needs.
- The lessons learnt during the whole project implementation that were raised during the lessons learnt workshop included:
  1. Community Engagement: Door-to-door outreach campaigns and community dialogues were found to be effective in disseminating malaria messages and improving health-seeking behavior.
  2. Training and Capacity Building: Training of Community volunteers/Village Health Workers (VHWs) on malaria case management and provision of test kits improves community-level access to healthcare. This also allows real time assistance of patients at community level.
  3. Partnerships and Coordination: Collaboration with local stakeholders, including traditional healers and community leaders, enhances project effectiveness. They assist in community mobilization and have voices respected by the communities.
  4. Logistics and Supplies: Well-scheduled training and distribution of commodities through correct channels are crucial for project success.
  5. Innovative Approaches: Use of WhatsApp groups, radio messaging, and community-based testing and treatment can improve project outcomes by reaching a wider area.
  6. Resource Challenges: Delays in disbursement of funds and lack of resources (e.g., airtime, transport) can hinder project implementation and effectiveness.
  7. Visibility and Motivation: Provision of visibility materials, allowances, and refreshments motivates Community volunteers/VHWs and enhances their performance.

## Challenges

- 1. Coordination complexities: Managing multiple stakeholders, including government departments and NGOs, can be time-consuming and complex.
- 2. Sustainability: Ensuring project sustainability beyond donor funding is a common challenge, with communities still expecting assistance beyond project life span.



**Secretariat Services**

**Budget:** CHF 16,151

**Targeted Persons:** 6

**Assisted Persons:** 6



Targeted Male: 3  
Targeted Female: 3

## Indicators

| Title                             | Target | Actual |
|-----------------------------------|--------|--------|
| # of national societies supported | 1      | 1      |

## Narrative description of achievements

### • Cluster Support Costs:

- Monitoring costs for operations, PMER, and finance, including project staff monitoring and management monitoring with MoHCC at all levels
- Ensuring effective project management and oversight

### Vehicle Lease and Other Costs:

- One vehicle rented for project activities, including service costs
- Supporting logistics and operations

### Office Supplies:

- Stationery and other office supplies procured for project use
- Ensuring smooth office operations

### Communication:

- Project visibility and awareness raised through national television airing
- Enhancing stakeholder engagement and awareness

### Surge Technical Support Costs:

- Supported by a PGI Officer, providing technical expertise and guidance
- Enhancing project implementation and response

### Operations Coordination Contribution:

- Supporting coordination and management of project activities
- Ensuring effective collaboration among stakeholders

### PMER

Supported in tools development for data collection and conducting Focus Group Discussions during PGI Assessments and Joint Monitoring Visits.

## Lessons Learnt

- National television airing was effective in raising visibility, exploring other cost-effective channels can further enhance reach
- Advance planning and procurement can help avoid delays and ensure smooth operations

## Challenges

- Coordinating with multiple stakeholders sometimes is difficult especially to agree on activity dates since most will be having their own calendar of events



## National Society Strengthening

Budget: CHF 42,469  
Targeted Persons: 470  
Assisted Persons: 470  
Targeted Male: 136  
Targeted Female: 334

## Indicators

| Title | Target | Actual |
|-------|--------|--------|
|-------|--------|--------|



|  |     |     |
|--|-----|-----|
| # of Red Cross Volunteer trained on vector control | 470 | 470 |
| # of Red Cross Volunteers trained on ECV           | 470 | 470 |

## Narrative description of achievements

- A comprehensive training program for volunteers was conducted in the three targeted districts: Makonde, Sanyati, and Hurungwe. A total of 470 volunteers, comprising 136 males and 334 females, participated in the training sessions.
- The primary objective of the training was capacity building, aimed at equipping Red Cross volunteers with the necessary knowledge and skills to effectively implement vector control and epidemic control measures in their respective communities. The training was conducted to enhance the volunteers' ability to prevent and respond to public health emergencies, with a focus on vector-borne diseases.
- The project hired a District Field Officer, with the Project Coordinator not directly funded by the Malaria DREF budget. Also a PMER Officer and Finance Assistant was covered 50% of their salary.

## Lessons Learnt

- The training sessions provided valuable lessons, including:
  - The importance of community participation in vector control and epidemic prevention
  - The need for effective communication and collaboration among stakeholders
  - The role of volunteers in promoting healthy behaviors and practices

## Challenges

- Despite the success of the training program, several challenges were encountered, including:
  - Limited resources, the volunteer training was conducted only over 2 days which were too few compared with the course content.
  - Ensuring the sustainability of volunteer efforts and community engagement



# Financial Report

## DREF Operation

FINAL FINANCIAL REPORT

| Selected Parameters |   |           |          |
|---------------------|---|-----------|----------|
| Reporting Timeframe | * | Operation | MDRZW025 |
| Budget Timeframe    | * | Budget    | APPROVED |

Prepared on 17/Mar/2026

All figures are in Swiss Francs (CHF)

### MDRZW025 - Zimbabwe - Malaria Epidemic

Operating Timeframe: 14 May 2025 to 31 Oct 2025

#### I. Summary

|                                 |                 |
|---------------------------------|-----------------|
| <b>Opening Balance</b>          | <b>0</b>        |
| <b>Funds &amp; Other Income</b> | <b>192,783</b>  |
| DREF Response Pillar            | 192,783         |
| <b>Expenditure</b>              | <b>-178,024</b> |
| <b>Closing Balance</b>          | <b>14,759</b>   |

#### II. Expenditure by area of focus / strategies for implementation

| Description   | Budget         | Expenditure    | Variance      |
|---|----------------|----------------|---------------|
| AOF1 - Disaster risk reduction                        | 11,766         |                | 11,766        |
| AOF2 - Shelter  |                |                | 0             |
| AOF3 - Livelihoods and basic needs                    |                |                | 0             |
| AOF4 - Health   | 111,480        | 115,803        | -4,323        |
| AOF5 - Water, sanitation and hygiene                  |                |                | 0             |
| AOF6 - Protection, Gender & Inclusion                 | 3,256          | 3,468          | -212          |
| AOF7 - Migration                                      |                |                | 0             |
| <b>Area of focus Total</b>                            | <b>126,502</b> | <b>119,271</b> | <b>7,231</b>  |
| SFI1 - Strengthen National Societies                  | 49,298         | 42,830         | 6,468         |
| SFI2 - Effective international disaster management    |                |                | 0             |
| SFI3 - Influence others as leading strategic partners | 1,818          | 3,569          | -1,750        |
| SFI4 - Ensure a strong IFRC                           | 15,164         | 12,355         | 2,810         |
| <b>Strategy for implementation Total</b>              | <b>66,281</b>  | <b>58,754</b>  | <b>7,527</b>  |
| <b>Grand Total</b>                                    | <b>192,783</b> | <b>178,024</b> | <b>14,759</b> |

[Click here for the complete financial report](#)

## Please explain variances (if any)

FRC-DREF allocation for this Malaria intervention was CHF 192,783. By the end of the 5-month response timeframe, the expenditures were CHF 178,024. The closing balance of CHF 14,759 will be returned to the DREF pot following the publication of this report. Variances explanations are as follows: The underspend in strengthening of the National Society is a result of savings made after the NS managed to integrate some of the personnel resources and indirect costs with other ongoing operations (Cholera DREF and MPOX response). This significantly contributed to the overall savings of CHF 14,759



# Contact Information

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

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[Click here for reference](#)



# DREF Operation

FINAL FINANCIAL REPORT

| Selected Parameters |   |           |          |
|---------------------|---|-----------|----------|
| Reporting Timeframe | * | Operation | MDRZW025 |
| Budget Timeframe    | * | Budget    | APPROVED |

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# DREF Operation

FINAL FINANCIAL REPORT

| Selected Parameters |   |           |          |
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| Budget Timeframe    | * | Budget    | APPROVED |

Prepared on 17/Mar/2026

All figures are in Swiss Francs (CHF)

## MDRZW025 - Zimbabwe - Malaria Epidemic

Operating Timeframe: 14 May 2025 to 31 Oct 2025

### III. Expenditure by budget category & group

| Description                               | Budget         | Expenditure    | Variance      |
|---|----------------|----------------|---------------|
| <b>Logistics, Transport &amp; Storage</b> | <b>8,978</b>   | <b>10,829</b>  | <b>-1,851</b> |
| Transport & Vehicles Costs                | 8,978          | 10,829         | -1,851        |
| <b>Personnel</b>                          | <b>7,438</b>   | <b>1,992</b>   | <b>5,445</b>  |
| International Staff                       | 4,132          | 899            | 3,233         |
| National Staff                            | 3,306          | 1,094          | 2,212         |
| <b>General Expenditure</b>                | <b>4,751</b>   | <b>2,179</b>   | <b>2,572</b>  |
| Travel                                    | 3,058          | 312            | 2,745         |
| Office Costs                              | 413            |                | 413           |
| Communications                            | 826            |                | 826           |
| Financial Charges                         | 454            |                | 454           |
| Shared Office and Services Costs          |                | 1,867          | -1,867        |
| <b>Contributions &amp; Transfers</b>      | <b>159,849</b> | <b>152,158</b> | <b>7,691</b>  |
| National Society Expenditure              | 159,849        | 152,158        | 7,691         |
| <b>Indirect Costs</b>                     | <b>11,766</b>  | <b>10,865</b>  | <b>901</b>    |
| Programme & Services Support Recover      | 11,766         | 10,865         | 901           |
| <b>Grand Total</b>                        | <b>192,783</b> | <b>178,024</b> | <b>14,759</b> |