DREF Operation

Zimbabwe Malaria 2025

RCV conducting household health education session to a community member in Hurungwe.

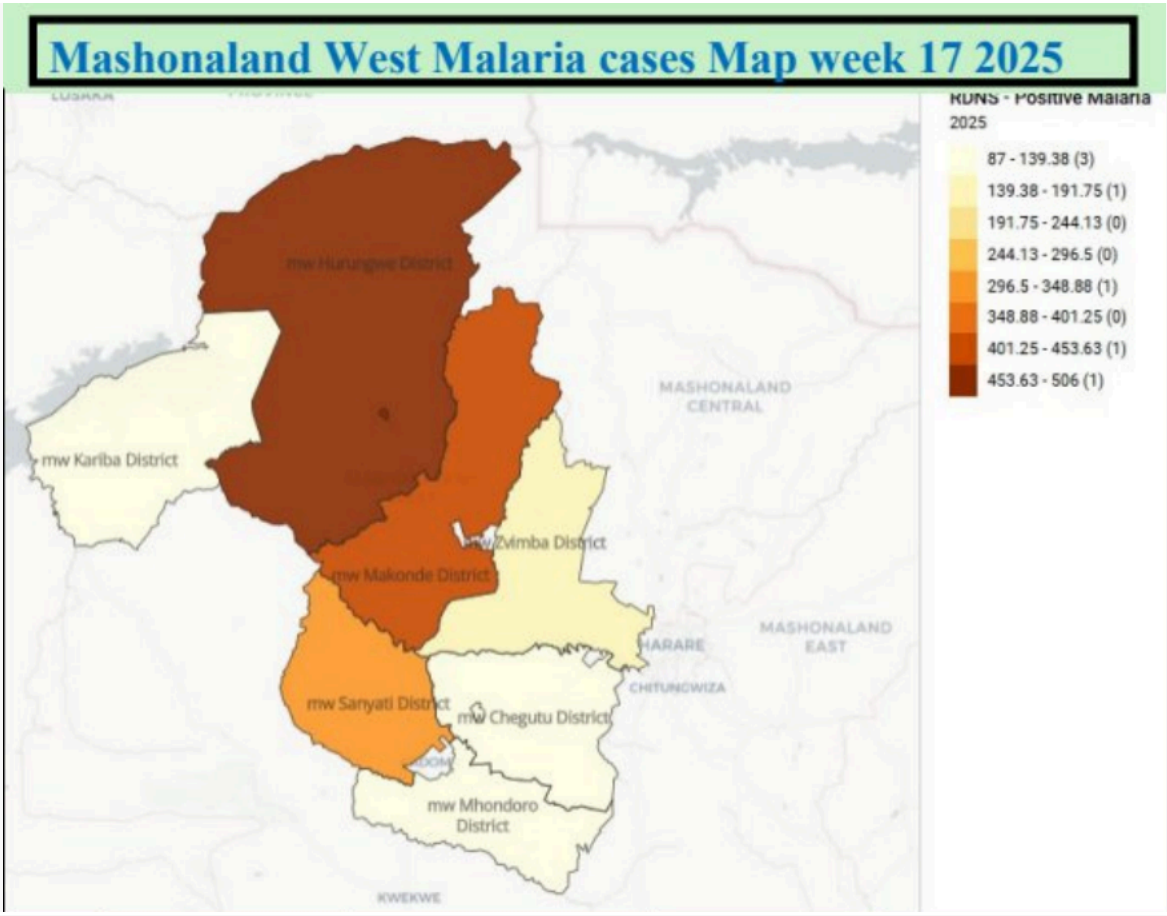
Appeal: **MDRZW025**	Country: **Zimbabwe**	Hazard: **Epidemic**	Type of DREF: **Response**
Crisis Category: **Yellow**	Event Onset: **Slow**	DREF Allocation: **CHF 192,783**	
Glide Number: **-**	People Affected: **2,007,611 people**	People Targeted: **1,058,321 people**	
Operation Start Date: **14-05-2025**	Operation Timeframe: **5 months**	Operation End Date: **31-10-2025**	DREF Published: **19-05-2025**

Targeted Regions: **Mashonaland West**

Description of the Event

Date when the trigger was met

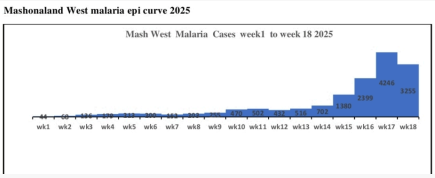
03-05-2025



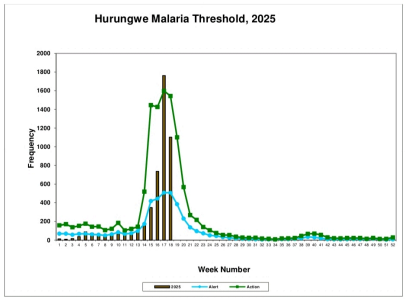
Mashonaland West province map showing distribution of malaria cases as at 3rd May 2025.

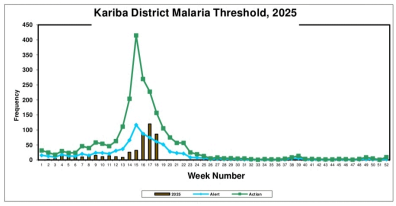
What happened, where and when?

The malaria outbreak has resulted in increased morbidity and mortality, with 85 confirmed deaths reported as of 26 April 2025. The surge in malaria cases has placed additional pressure on healthcare facilities, particularly in rural areas where resources are limited. Clinics and hospitals have faced increased patient loads, leading to potential shortages in medical supplies and staff fatigue. 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 among children, affecting their academic performance and long-term educational outcomes. The outbreak has 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 is also facing a cholera outbreak, which started on the 4th of November 2024 in Kariba district.

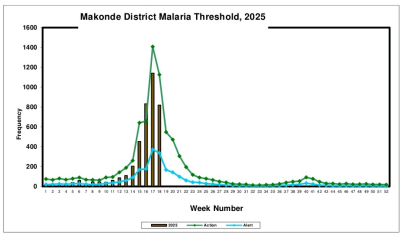


MASHONALAND WEST MALARIA EPI-CURVE 2025





HURUNGWE MALARIA THRESHOLD CURVE



MAKONDE MALARIA THRESHHOLD CURVE

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 has 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 also explain the spike on cases with the significant rain period. According to WHO, Malaria cases in Zimbabwe start rising in the month of November to June which coincides with the rain 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 nighttime activities without protective measures further exposed populations to mosquito bites.

The peak of the outbreak observed since April continue to pose a concern as of now. 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 could contribute to the trend.
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. The outbreak has affected all cohorts, however, there is a noticeable pattern in severity among under fives, pregnant women, elderly and people with comorbidities because of their immunity suppression. The cases are higher among the rural populations because of exposure to mosquito bites in the farms and mines as well as limited access to Insecticides treated nets (ITNs). The surge in malaria cases has placed additional pressure on healthcare facilities, particularly in rural areas where resources are limited. Clinics and hospitals have faced increased patient loads, leading to potential shortages in medical supplies and staff fatigue. The province has 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 has put pressure on health systems, thus leading to huge burden and experiencing 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 has also caused anxiety and stress among community members, particularly in areas with high infection rates.

Source Information

Source Name	Source Link
1. Mashonaland West Malaria Outbreak! Situation Report as of 03 May 2025	https://drive.google.com/file/d/1PQGLmvPnALXo9VVWhUfOn1GE4MELi550/view?usp=sharing
2. Hurungwe District Malaria Outbreak Report, May 2025	https://drive.google.com/file/d/1VhHcU-dobDc6tHdytubDguJbEfRUy-BI/view?usp=sharing
3. Malaria cases rise in Mashonaland West Article	https://www.newsday.co.zw/local-news/article/200041542/malaria-cases-rise-in-mashonaland-west
4. MOHCC APRIL HIGHLIGHTS REPORT	https://www.mohcc.gov.zw/?p=7591
5. MALARIA DATA - MASHONALAND WEST	https://zimbabweredcrosssociety-my.sharepoint.com/:b:/g/personal/moyoc_redcrosszim_org_zw/EWDEwJ0_1rhKvXM_ygRJAisBzXqcJUjB__qV2XWeVsXyag?e=Aa5E3T
6. SAFEGUARDING RISK ANALYSIS SCORE	https://zimbabweredcrosssociety-my.sharepoint.com/:w:/g/personal/moyoc_redcrosszim_org_zw/Efe3hp8OYQtCkQrVqnK3CtcBzmHLAD63dM2o3H5BkDrH-g?e=W5nSDa

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	**Yes**
Did it affect the same population group?	**Yes**
Did the National Society respond?	**No**
Did the National Society request funding form DREF for that event(s)	**-**
If yes, please specify which operation	-

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

-

Lessons learned:

Although the Zimbabwe Red Cross Society (ZRCS) has not implemented a malaria-specific operation in over a decade, the current response draws on key learnings from partner interventions and recent epidemic responses, particularly cholera. These insights are being integrated into the design and implementation of this DREF-supported malaria operation. For instance, in the design of the intervention pillars and for the targeting approach.

From vector control programs implemented, targeted approaches have been more impactful. Activities such as indoor residual spraying (IRS) and the distribution of long-lasting insecticide-treated nets (LLITNs) are critical component in reducing transmission. Previous experience has also highlighted the importance of early detection through strengthened surveillance and testing, which enables timely and targeted responses. These interventions will be prioritized for the most at-risk populations in high-incidence areas. This operation will also invest in community-based surveillance and rapid case detection at the household level to close existing gaps.
Effective community engagement has consistently proven to be central to promoting early treatment and behavioural change. Drawing from successful cholera operations, this malaria response will employ locally led education and risk communication efforts, tailored to reach vulnerable and mobile populations such as artisanal miners and rural farmers. Trained community volunteers will play a pivotal role in both health promotion and real-time feedback collection, ensuring that messaging is culturally relevant and impactful.

Experience from previous emergency appeals has also underscored the cost-effectiveness of case-area interventions, which concentrate resources in hotspots to optimize impact. This strategy will be applied to high-burden wards within Hurungwe, Sanyati, and Makonde districts.

Finally, lessons from recent health emergencies demonstrate that sustainable and coordinated funding—combining domestic and international sources—is essential to maintain long-term disease prevention and community resilience. Close collaboration with the Ministry of Health and Child Care and other partners will be sustained to align efforts, maximize resources, and ensure continuity beyond the DREF operation.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	**Yes**
What was the risk level for Child Safeguarding Risk Analysis?:	**The risk analysis identifies and scores several potential child protection concerns during community dialogues, assessing each by likelihood and impact. Most risks are categorized as low in likelihood and impact, suggesting a generally controlled environment, with mitigation strategies already in place. However, two risks stand out with higher concern: the psychological impact on young people (medium risk) and the public sharing of information that may compromise child privacy, which is rated high in both impact and overall risk score. These highlight the need for careful facilitation and strict data protection measures. The analysis reflects a proactive approach, emphasizing child-safe environments, volunteer vetting, inclusive participation, and safeguarding training. However, consistent implementation, especially for medium and high-risk items, is crucial to minimize harm and ensure child protection standards are upheld.**

Current National Society Actions

Start date of National Society actions

21-04-2025

Community Engagement And Accountability	The Zimbabwe Red Cross Society applies the existing IFRC CEA guidelines in its operations to address community feedback for resilience building in communities. During outbreaks or emergencies, misinformation, rumours and misconceptions around the disease might hinder the consumption of the right information. The NS has tools to collect this feedback from the communities for example through hotline number, suggestion boxes during the RCCE activities such as door to door health education, outdoor outreaches and advocacy meetings at community level.
Coordination	ZRCS coordinates closely with the MoHCC and local agencies to ensure a unified approach to respond to disease outbreaks. At the provincial level, the ZRCS is attending weekly and monthly coordination meetings with MoHCC and the Global Fund to share malaria SitReps, assess response needs and optimise resource allocation. There are clear communication structures in place and smooth coordination of interventions.
National Society Readiness	The ZRCS is prepared to respond to the ongoing outbreak leveraging on the existing network of trained Red Cross volunteers and staff in the province. In the target districts, the Savings Lives and Livelihoods (SLL), MPOX, and cholera operations that were conducted, a 184 Red Cross and community volunteers were trained on RCCE, disease surveillance, and health promotion packages. This capacity will provide key building blocks for enhancing health promotion interventions. The ZRCS has a strong community presence across the affected districts, which has earned it trust and acceptance, which will enable it to work effectively with community leaders and structures. Despite these trends, the National Society lacks financial

	resources to adequately respond to the urgent needs of vulnerable and at risk population. The National Society has a provincial warehouse in Makonde (one of the targeted district), with a capacity to store response materials, for example, the long-lasting insecticide-treated nets and other NFIs. There is a robust logistics system in place for efficient distribution. National Societies (NS) distinguish themselves by leveraging their local trust, established community presence, and grassroots approach to health interventions. Unlike other partners, NS prioritize community-based efforts, mobilizing local volunteers for continuous surveillance and real-time response. They draw on the global Red Cross/Red Crescent network for expertise and resources, focusing on vulnerable populations and ensuring that interventions are equitable and inclusive. By emphasizing preparedness and early warning systems, NS enable proactive, sustainable malaria and health responses that are community-driven, setting them apart from more reactive interventions by other partners.
Assessment	The National Society conducted a desktop review using secondary data such as SitReps to understand the situation, gaps, and priority needs. Despite efforts to ensure equitable health care, target districts continue to face significant challenges, including long distances to health facilities, poor road infrastructure, staff shortages, and limited medical supplies. These gaps hinder timely health-seeking behaviour and have contributed to avoidable deaths. Limited access to insecticide treated nets, Low community awareness on malaria prevention, negative perceptions toward the use of insecticide treated nets (ITNs) among the community members, and widespread misuse of the nets significantly increase community vulnerability to malaria. These behavioral and knowledge gaps undermine control efforts and sustain transmission. Risk communication and community engagement activities will aim at bridging knowledge, attitude, and practice gaps in the target districts.
Other	Attending provincial coordination meetings Incorporating a 4Ws (Who, What, Where, When) mapping exercise into the gap analysis will be done to significantly enhance coordination and help sharpen the strategic focus of our response. This approach will allow us to identify which partners are doing what, where, and when, thereby avoiding duplication, revealing underserved areas, and promoting more effective collaboration. To this end, we will engage relevant stakeholders to collect and compile data on their activities, locations, and timelines. The resulting 4Ws map will serve as a critical tool to guide the National Society's planning, coordination, and resource mobilization efforts.

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC secretariat provides technical and financial support to ZRCS through the Harare Country Cluster delegation. It plays an essential role in ensuring the effective coordination within and outside the movement. The technical support is also provided through the existing capacity at the delegation level, but also at the regional level. 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 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. 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. 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 can be utilized in the Malaria response. 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.
Participating National Societies	The National Society partner, the Finnish Red Cross, has 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.

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

Government has requested international assistance	Yes
National authorities	The government is conducting on job orientation on malaria case management to health care workers in all districts. Under surveillance, notification of cases and laboratory investigations are being done at facility levels while foci investigations and larviciding of breeding sites in affected areas are being conducted by public health officers. The government is currently coordinating and supporting logistics for medical supplies. Health workers in the province have been informed and alerted about the outbreak, prompting community sensitization. Media engagement and distribution of IEC materials are being conducted at the local level.
UN or other actors	Key interventions by the government include risk communication and community engagement (RCCE), including health education and awareness, malaria surveillance and testing, case management and treatment at local clinics, and facilitating coordination meetings. Currently The Global Fund is supporting Zimbabwe's response to malaria outbreaks by providing essential commodities such as insecticide-treated nets, It also funds indoor residual spraying campaigns in high-burden areas to reduce transmission. This support is delivered in collaboration with the Ministry of Health and Child Care and other partners to help control and ultimately eliminate malaria in Zimbabwe.

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. Currently, the ZRCS is participating in the provincial malaria coordination meetings.

Needs (Gaps) Identified

Health

Vector Surveillance
A major gap in the malaria response is the absence or weakness of vector surveillance systems. Without routine monitoring of mosquito populations, health authorities lack critical data on species distribution, breeding sites, and seasonal patterns, making it difficult to implement targeted and timely interventions. This can lead to delayed detection of outbreaks, poorly directed insecticide spraying or net distribution, and missed opportunities to respond to emerging insecticide resistance. Additionally, weak surveillance often excludes 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 are compromised, reducing their overall effectiveness. Strengthening vector surveillance is therefore essential for a more proactive and data-driven malaria response.

Case management
The gaps identified were untrained staff, drug stockouts, and no community case management of Malaria cases in Sanyati district. Based on the report, training of health care workers on case management and volunteer health workers is recommended.

Vector control
There is currently a shortage of larvicides and limited surveillance capacity in the target districts. The National Society can support these efforts by replenishing vector control supplies for appropriate use. In addition, its volunteers can assist in identifying mosquito breeding sites to be targeted for larviciding by the Ministry of Health. The National Society may also support the procurement of biological larvicides and the distribution of insecticide-treated nets (ITNs) to vulnerable populations

Risk Communication and Community engagement.
Low community awareness on disease detection and prevention especially on use of ITNs was one of the major gaps observed. Developing targeted messaging, involving miners & leaders by the MoHCC, improve IEC distribution in the communities and direct community engagement for behavior change communication were recommendations provided.

Availability of Insecticide treated nets:
Global Fund continues to support MOHCC on mass and routine ITN distribution to reduce transmission. However, there is still a gap as the stock available is not enough to cover the targeted population. Finally, supply chain gaps must be resolved urgently, and all efforts coordinated through existing health cluster or malaria task force structures, with regular updates shared to inform adaptive response and resource mobilization.

Community Engagement And Accountability

The absence of strong community feedback mechanisms leads to a diminished sense of accountability from authorities and organizations. This gap fosters rumors and distrust, making it harder to engage communities in health initiatives. Fear of stigma also prevents timely healthcare-seeking behavior. Many malaria patients delay seeking treatment, assuming initial symptoms are mild or fearing judgment from their communities. According to the ZRCS RGA 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 is evident of gaps in interventions for artisanal miners. The Zimbabwe Red Cross Society will collaboratively work with line ministries to ensure engagement of the miners to ensure their needs are addressed.

Environment Sustainability

Environmental protection- use of government recommended bio larvicides.

Any identified gaps/limitations in the assessment

The joint assessment was limited by the absence of entomological and environmental data, which is critical for understanding malaria transmission dynamics and evaluating vector control effectiveness. Additionally, the community perspective was underrepresented in the assessment. The report primarily reflects observations from health facilities and program staff, with limited qualitative input from affected populations. This lack of community voices may overlook key behavioural and social factors influencing treatment-seeking delays, low ITN usage, and perceptions of available health services.

Operational Strategy

Overall objective of the operation

The IFRC-DREF operation aims 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 the five months.

Operation strategy rationale

In response to the ongoing malaria outbreak in Zimbabwe, the National Society will apply a strategy that focuses on increasing awareness on prevention, detection, and response measures to enhance community engagement, advocacy and case management. The strategy will be implemented in collaboration with 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 Environmental Management Agency. The DREF operation will address the following priority needs:

Risk Communication and community engagement (RCCE)
This seeks to raise community awareness about malaria prevention, detection and response. It will be done through dissemination of health messages using IEC materials, door to door outreaches, moonlight sessions, and community dialogues through community health workers and Red Cross volunteers. In addition, ward stakeholder advocacy meetings will be held involving key gatekeepers, to promote behaviour change and influence adoption of safe practices. Other community engagement approaches will include various forms of media engagement and edutainments. This engagement will promote early health seeking behaviors and prevention of malaria.

Community Case management:
In Zimbabwe, trained village/community health workers conduct 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 will support a refresher training to the trained VHWs/CHWs on malaria case management and reporting. The training intends 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 will also strengthen community level surveillance by supporting 2-way malaria information flow between communities to health facilities.

Community engagement and accountability (CEA):
Community feedback will be integrated to enhance response efficiency and effectiveness in the target districts. The National Society has a community feedback mechanism where community feedback data from operations is collected, analysed and reported. The malaria response operation will use existing mechanism to collect data through Red Cross volunteers, analyse and report. In addition, through community engagement activities, feedback will be collected and addressed.

Psychosocial Support:
The outbreak has had negative impact on social, mental well-being of people in need. The National Society intends to train red cross volunteers on Psychological First Aid in the target districts. The RCVs will then provide the PFA sessions to the affected individuals and their families. In situations where the patients and families will require advanced support they will be referred to Social Welfare department or local health facilities.

Protection, Gender and Inclusion:
The Zimbabwe Red Cross Society values PGI. PGI will be 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 will ensure their needs are 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, we will take the following measures:

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

To promote access, interventions will be designed to be inclusive of all groups, especially marginalized and at-risk populations such as

women, children, people with disabilities, and older persons. Communication materials will be translated into local languages, use diverse formats (e.g., audio, visual, easy-to-read), and be disseminated through trusted, accessible channels.

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

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

Vector control:
The operation will target affected districts to conduct vector control strategies such as distribution of LLITNs, environmental sanitation, and larviciding. Distribution of insecticide Treated Nets will only target families with expectant mothers, and under-fives.

Coordination and partnerships:
The National Society will actively participate in the coordination meetings where the 4Ws matrix (WHERE, WHEN, WHO, WHAT) will be shared to build synergies and complementarities to optimize resource use. The coordination meetings will provide 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 will lead continuous monitoring efforts through regular assessments, field visits by headquarters staff, reviews, field reports, and post-distribution monitoring. These activities aim 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

Who will be targeted through this operation?

This operation will target the population in Makonde, Sanyati and Hurungwe districts in the Mashonaland West Province. The three districts have reported the highest cases of malaria and fatalities. The cumulative total for the three districts is 1,058,321, (males 531,791 and 526,530 females). The population is based on the 2022 census. The operation will target the most vulnerable and at-risk population affected by the ongoing outbreak.
The people in Mashonaland West depend on a number of livelihood activities such as Tobacco farming, the farmers spend nights curing tobacco leaves in the barns and deliver to their markets at night. They are exposed to mosquito bites when carrying out their livelihood activities. Artisanal mining attracts migrants across the country who sometimes conduct the mining at night and live in temporary shacks. This predisposes them to mosquito bites resulting in malaria infections.
The high cases are also attributed to the easter gatherings where people spent nights outside without insecticide-treated nets, which also contributed to the surge of malaria cases in the districts.
The districts are located in the Zambezi Valley, where high temperatures and humid conditions are experienced favoring mosquito breeding. The region also received incessant rainfall from November 2024 to March 2025 due to La Niña weather conditions. This led to the formation of stagnant water around residential areas.
Inadequate medical supplies at the local health facilities, delayed health seeking and shortage of trained staff on malaria case management, undermine effective case management, and control thus lead to high case fatalities.
Previously, during malaria peak period, distribution of the insecticide-treated nets was conducted in 6 out of 17 wards in Hurungwe district. This too contributed to the spread of malaria. The operation will target expectant mothers, under-fives and elderly in net distribution across the three districts.
The data on vulnerable groups will be obtained from link ward health facilities or the village level, where the NS will conduct beneficiary selection exercise.

Explain the selection criteria for the targeted population

The selection criteria for the targeted population are 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 is 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 is a major consideration, focusing on high-risk groups such as 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.
Socio-economic conditions are also taken into account. Communities affected by poverty, food insecurity, and inadequate access to mosquito prevention tools—such as long-lasting insecticidal nets (LLINs), and basic healthcare—are more exposed to infection and less able to recover from the disease.
Geographical accessibility is 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 considers the potential for effective community engagement and partnerships with local stakeholders. This ensures that interventions are community-driven, sustainable, and responsive to local needs, enhancing long-term malaria control and resilience.

Total Targeted Population

Women	**277,299**	Rural	**70%**
Girls (under 18)	**249,231**	Urban	**30%**
Men	**280,164**	People with disabilities (estimated)	**9.3%**
Boys (under 18)	**251,627**		
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
Increased demand for healthcare services due to multiple concurrent outbreaks may strain health facilities and personnel	Provide personal protective equipment (PPE) and mental health support for front-line workers. Provide refresher training to community health workers for effective and efficient case management.
Economic challenges- the tariffs may affect supply chains for imported insecticide treated nets.	Consider local procurement of the ITNs.

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 notifies the District Office of the President when conducting community activities to ensure coordination and the uninterrupted flow of operations.

The National Society will support 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).	
Has the child safeguarding risk analysis assessment been completed?	No

Planned Intervention

Health

Budget: CHF 118,726
Targeted Persons: 1,058,321

Indicators

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

Priority Actions

• Training of volunteers on community case management for malaria and integrate PFA
• Procurement of bio larvicides
• Procurement of ITNs for the vulnerable populations.
• Training of community volunteers on Epidemic Control for Volunteers and vector control
• Procurement of PPEs for vector control and community case management(gloves, masks)

Protection, Gender And Inclusion

Budget: CHF 3,468
Targeted Persons: 1,058,321

Indicators

Title	Target
# 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
# of household supported with activities malaria control measures (e.g., distribution of mosquito nets) are gender- and protection-sensitive	3,000
# of messages developed and disseminated malaria prevention and treatment messages in accessible formats by different marginalized groups	10

Priority Actions

• Collect and use sex-, age-, and disability-disaggregated data (SADDD) to ensure interventions target the specific needs of diverse groups affected by malaria.
•Sensitize NS staff and volunteers on PSEA, child safeguarding, prevention and response to SGBV and code of conduct enforcement during health response act.

Community Engagement And Accountability

Budget: CHF 10,034
Targeted Persons: 1,058,321

Indicators

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

Priority Actions

• Conduct community dialogues
• Media engagement
• community feedback collected and feedback loop closed

Coordination And Partnerships

Budget: CHF 1,936
Targeted Persons: 10

Indicators

Title	Target
# of coordination meetings conducted.	2

Priority Actions

Humanitarian Diplomacy is ensured.
• Donor engagements and funding organizations.
• Coordination of Humanitarian responses with stakeholder.

Secretariat Services

Budget: CHF 16,151
Targeted Persons: 1

Indicators

Title	Target
# of national societies supported	1

Priority Actions

•Cluster Support Costs - monitoring cost for ops, PMER, finance for the operation
Vehicle lease and other costs
Office Supplies
Communication
Surge Technical Support costs
Operations Coord Contribution

National Society Strengthening

Budget: CHF 42,462
Targeted Persons: 470

Indicators

Title	Target
# of Red Cross Volunteer trained on vector control	470
# of Red Cross Volunteers trained on ECV	470

Priority Actions

The budget outlines key components supporting a community-based initiative led by the Zimbabwe Red Cross Society (ZRCS), including policy dissemination and refresher training for community volunteers. Operational costs cover fuel, stationery, office rent, airtime, utilities, vehicle hire, and bank charges, ensuring smooth implementation. Human resources are partially allocated, with 50% funding for a Project Coordinator, PMER Officer, and Finance Assistant, reflecting shared roles across projects. Administrative fees are set at 7%, and a Lessons Learnt Workshop is planned to capture insights and improve future programming. The budget reflects a balanced approach to program delivery, operational support, and learning.

•Training of Red Cross Volunteers on vector control
• Training of Red cross Volunteers on Epidemic Control for Volunteers
• DREF to support salaries on Level of Effort for Project Coordinator, PMER Officer and a Finance Assistant. The same staff are supporting other Health programming for the NS including the Cholera DREF and Mpox EA.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

The response operation will engage a total of 470 volunteers a balanced number of male and female volunteers who will be deployed to respect and accommodate the cultural diversity of the target communities. including Red Cross volunteers and Community Health Workers (CHWs)alongside three staff members, all playing vital roles in delivering health interventions and supporting affected communities. CHWs and Village Health Workers (VHWs) are currently involved in community-level activities such as health promotion, environmental clean-up awareness campaigns, case detection and referral, and active case finding. Volunteers will primarily focus on community-based activities such as health promotion, environmental clean-up campaigns, case detection and management, referrals for complicated cases, distribution of insecticide-treated nets (ITNs), and collecting community feedback to guide response efforts. They will also contribute to surveillance by reporting suspected cases and encouraging preventive practices within their communities. The staff

team including personnel from Planning, Monitoring, Evaluation and Reporting (PMER), finance, and the project coordinator will provide technical guidance, oversee resource distribution, coordinate with government and humanitarian partners, and ensure the effective implementation of response strategies. Together, volunteers and staff are working to curb the spread of malaria while building community resilience through education and capacity-strengthening initiatives.

Will surge personnel be deployed? Please provide the role profile needed.

As there is a PHIE Coordinator for the Cholera DREF, the NS proposed that the coordinator supports both Cholera and the Malaria DREF. A PGI Officer is required to be deployed to support both Cholera and Malaria and general PGI matters in the country.

If there is procurement, will it be done by National Society or IFRC?

Procurement for the response operation will follow a collaborative approach between the National Society and the International Federation of Red Cross and Red Crescent Societies (IFRC), depending on the type and scale of the required items. The National Society will be responsible for procuring locally available supplies such as personal protective equipment (PPE) including face masks and gloves, knapsack sprayers, insecticide-treated nets (ITNs), and community health promotion materials. This localized procurement strategy promotes cost-effectiveness, ensures timely delivery, and supports the local economy. For items not available within the country, the IFRC will provide support through its global procurement network, ensuring adherence to international standards, competitive pricing, and prompt delivery of critical supplies.

How will this operation be monitored?

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 will lead continuous monitoring efforts through regular assessments, field visits by headquarters staff, reviews, field reports, and post-distribution monitoring. These activities aim 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. The IFRC will provide technical support for the operation and oversight role to ensure compliance to movement guidelines.

Please briefly explain the National Societies communication strategy for this operation

The National Society's communication strategy for this operation prioritizes timely, accurate, and transparent information sharing with key stakeholders, including affected communities, government authorities, donors, and the public. A multi-channel approach will be used to disseminate life-saving messages, prevention tips, and response updates through radio, edutainment, social media, community meetings, and printed materials such ZRCS newsletter and IEC. Two-way communication is central to the strategy, with feedback mechanisms such as suggestion boxes, community dialogues, and utilization of an RCCE dashboard enabling responsive and adaptive interventions. Communication efforts will also showcase the impact of the operation through human-interest stories, success narratives, and progress updates to sustain donor engagement and public trust. Collaboration with community health workers and media partners will support the fight against misinformation and promote behavior change messaging tailored to diverse and vulnerable groups, including women, children, and persons with disabilities. Coordination meetings will also serve as platforms for consistent information sharing.

Budget Overview

IFRC

DREF OPERATION

MDRZW025 - Zimbabwe Red Cross Society
Zimbabwe Malaria Response 2025

Operating Budget

Planned Operations	**132,227**
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	118,726
Water, Sanitation & Hygiene	0
Protection, Gender and Inclusion	3,468
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	10,034
Environmental Sustainability	0
Enabling Approaches	**60,556**
Coordination and Partnerships	1,936
Secretariat Services	16,151
National Society Strengthening	42,469
TOTAL BUDGET	**192,783**

all amounts in Swiss Francs (CHF)

Internal 15/05/2025 #V2022.01

Click here to download the budget file

Contact Information

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

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Click here for the reference