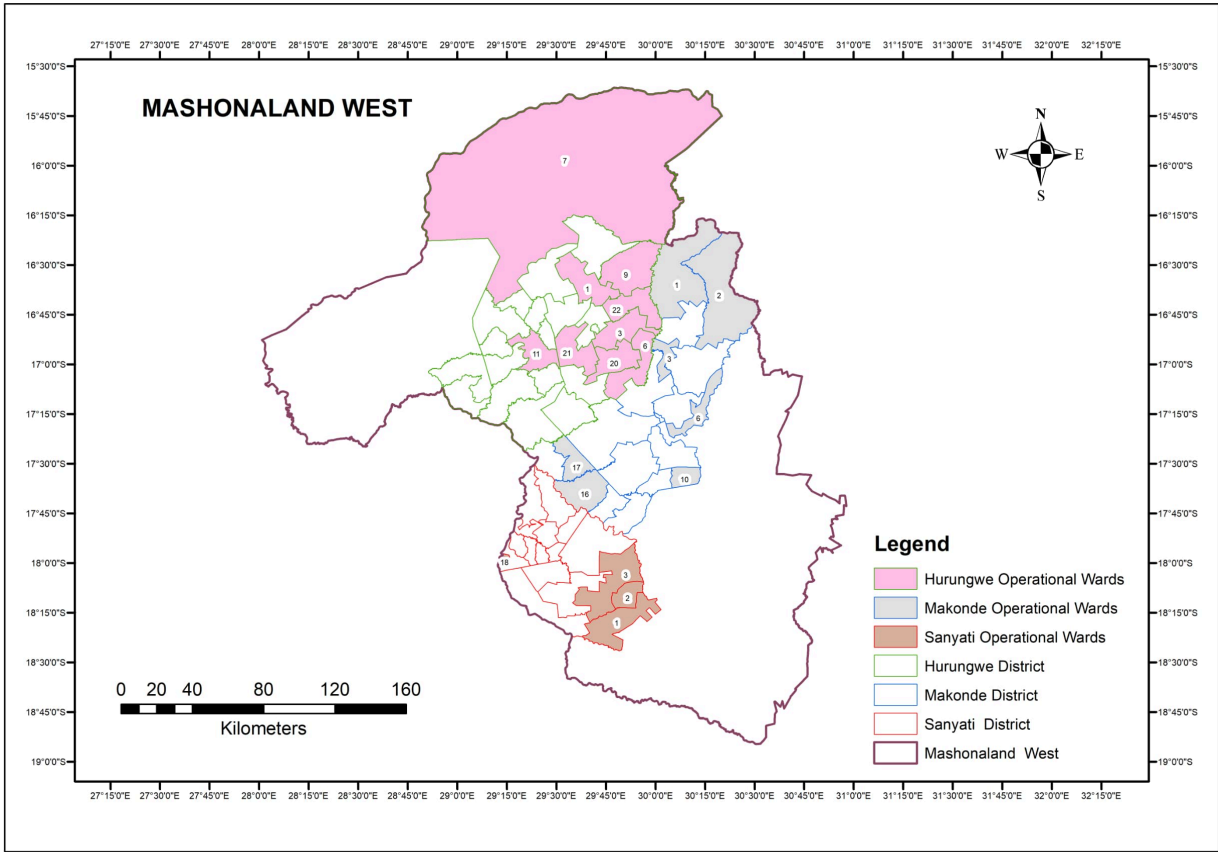




Provincial Inception Meeting for the Response

Appeal: <b>MDRZW025</b>	Total DREF Allocation: <b>CHF 192,783</b>	Crisis Category: <b>Yellow</b>	Hazard: <b>Epidemic</b>
Glide Number: <b>-</b>	People Affected: <b>2,007,611 people</b>	People Targeted: <b>1,058,321 people</b>	
Event Onset: <b>Slow</b>	Operation Start Date: <b>14-05-2025</b>	New Operational End Date: <b>31-10-2025</b>	Total Operating Timeframe: <b>5 months</b>
Reporting Timeframe Start Date: <b>14-04-2025</b>		Reporting Timeframe End Date: <b>31-10-2025</b>	
Additional Allocation Requested: <b>-</b>		Targeted Regions: <b>Mashonaland West</b>	

# Description of the Event



Map showing areas of operation by Zimbabwe Red Cross

## Date when the trigger was met

03-05-2025

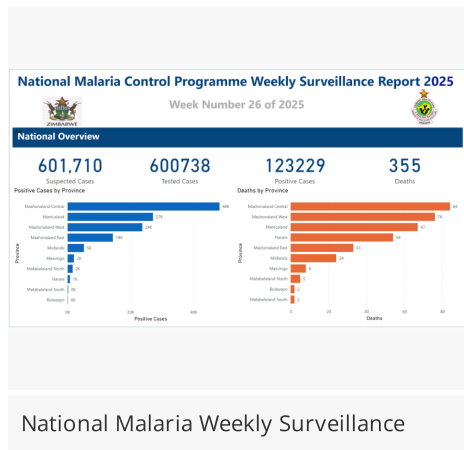
## What happened, where and when?

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.

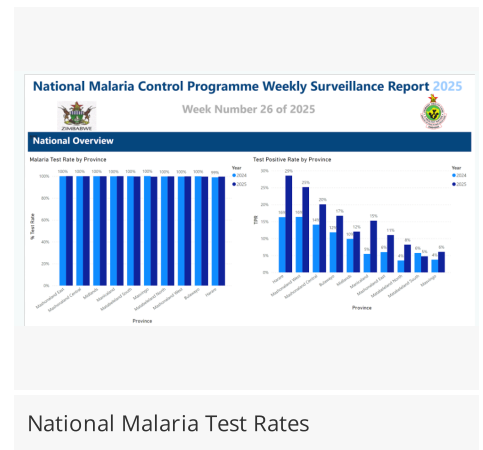




Stakeholder coordination in Sanyati District



National Malaria Weekly Surveillance



National Malaria Test Rates



Project Inception Meetings

## 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. MOHCC APRIL HIGHLIGHTS REPORT	<a href="https://www.mohcc.gov.zw/?p=7591">https://www.mohcc.gov.zw/?p=7591</a>
2. MALARIA DATA - MASHONALAND WEST	<a href="https://zimbabweredcrosssociety-my.sharepoint.com/:b:/g/personal/moyoc_redcrosszim_org_zw/EWDEwJ0_1rhKvXM_ygRJAsBzXqcUjB_qV2XWeVsXyag?e=Aa5E3T">https://zimbabweredcrosssociety-my.sharepoint.com/:b:/g/personal/moyoc_redcrosszim_org_zw/EWDEwJ0_1rhKvXM_ygRJAsBzXqcUjB_qV2XWeVsXyag?e=Aa5E3T</a>
3. SAFEGUARDING RISK ANALYSIS SCORE	<a href="https://zimbabweredcrosssociety-my.sharepoint.com/:w:/g/personal/moyoc_redcrosszim_org_zw/Ef_e3hp8OYQtCkQrVqnK3CtcBzmHLAD63dM2o3H5BkDrH-g?e=W5nSDa">https://zimbabweredcrosssociety-my.sharepoint.com/:w:/g/personal/moyoc_redcrosszim_org_zw/Ef_e3hp8OYQtCkQrVqnK3CtcBzmHLAD63dM2o3H5BkDrH-g?e=W5nSDa</a>
4. 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>
5. 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>
6. 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>

## Summary of Changes

Are you changing the timeframe of the operation	No
Are you changing the operational strategy	No
Are you changing the target population of the operation	No
Are you changing the geographical location	No
Are you making changes to the budget	No
Are you requesting an additional allocation?	No

**Please explain the summary of changes and justification:**

ZRCS requests to redirect some budget lines in the MDRZW025 Zimbabwe Malaria DREF operation to address current priorities identified by the Ministry of Health and Child Care (MoHCC). The DREF is approved on 14 May 2025, with an allocation of CHF 192,783 for a 5-month period ending 31 October 2025, and the reallocations requested below remain within the existing budget.

Justification: The reallocations are necessary in response to updated technical guidance from the MoHCC and findings from recent district planning meetings in Mashonaland West province. This request follows operational findings indicating that the three targeted districts previously focused on malaria elimination, but now face a resurgence of cases and require urgent capacity strengthening in community case management and health promotion. Most ward-level Healthcare Workers (HCWs) and Village Health Workers (VHWs) are newly appointed and have limited practical experience in malaria case management, which is urgently needed.

**Proposed Changes.**

To address these gaps, the Zimbabwe Red Cross Society proposed the following:

Increase the budget for Healthcare Worker (HCW) and Village Health Worker (VHW) training on malaria case management from CHF 11,569.88 to CHF 27,916.47 to allow a three-day training session based on MoHCC malaria case management curriculum. The original budget only covered a one-day refresher training for both HCWs and VHWs. Following consultations, the districts confirmed that the healthcare workers do not have sufficient capacity for malaria case management, having reported 75 fatalities in healthcare facilities. Currently, the VHWs are not engaged in community mobilization for malaria prevention and control due to limited funding. A total of



CHF 16,528, saved from Budget Line for door-to-door activities, originally budgeted for CHF 46,610.09 will be redirected to cover the costs of the training. The MoHCC indicated that during previous polio outreach activities, each VHW completed household door-to-door visits in 5–7 days instead of the planned 12 days, resulting in the savings.

The MoHCC confirmed that there were enough Insecticide-Treated Nets (ITNs) in the districts. Therefore, ITNs were no longer a priority. Instead, the districts requested additional bio-larvicides for vector control in the breeding sites. A total of CHF 21,000 will be redirected from the procurement of insecticide-treated nets to the procurement of bio-larvicide chemicals. The ZRCS will intensify community sensitization on use of ITNs by communities and other prevention and control measures.

The ZRCS has not implemented a malaria programme for more than 20 years; therefore, there are no IEC materials for community visibility. There is a need to procure T-shirts and bibs for community volunteers and healthcare workers and to support the reproduction of posters through support from National Malaria Programme in different languages. A total of CHF 2603.2 will be reallocated from Budget Line AP109, “Support beneficiary registration and distribution of ITNs,” since no ITNs will be procured. These adjustments will ensure the operation remains aligned with current MoHCC district-level priorities and needs, especially with the second malaria season approaching in August, when cases typically increase based on past seasonal trends.

A one day training on vector control for 40 Environmental Health Technicians (EHTs) was also identified as a key priority to ensure the effectiveness and safety of bio-larviciding activities. The EHTs will be responsible for applying bio-larvicides in mosquito breeding sites across the three districts, which is critical for reducing the mosquito population and interrupting malaria transmission. This training will equip 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. Strengthening the capacity of EHTs will help maintain high-quality vector control interventions and minimize any unintended negative impact on local ecosystems.

## IFRC Network Actions Related To The Current Event

Secretariat	<p>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.</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 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 can be 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>
Participating National Societies	<p>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.</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

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	<p>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.</p> <p>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.</p>

### 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



### 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. A one day training for the Environmental Health Technicians is required. This training will equip 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.

## 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:	
<p>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.</p> <p>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).</p>	
Has the child safeguarding risk analysis assessment been completed?	No



# Planned Intervention



**Budget:** CHF 118,726

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

**Targeted Male:** -

**Targeted Female:** -

## Indicators

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

## Progress Towards Outcome

Training of Health Care workers on Malaria Case Management & Data Tools Orientation ( 100 HCWs) is planned for last week of July to the second week of August.

Training of 470 volunteers on malaria control (case mgt; health promotion; PFA; Data Tools Orientation; PGI in Emergencies) is planned for 3rd and 4th week of August.



## Protection, Gender And Inclusion

**Budget:** CHF 3,468

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

**Targeted Male:** -

**Targeted Female:** -

## 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	0
# 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	0



## Progress Towards Outcome

Sensitization of volunteers is planned for second week of August.



## Community Engagement And Accountability

**Budget:** CHF 10,034

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

**Targeted Male:** -

**Targeted Female:** -

### Indicators

Title	Target	Actual
# of community feedback received and closed	50	0
#of community dialogues conducted based on community feedback collected	70	0
# of people reached with radio sessions, radio jingles and van messaging sessions	1,058,321	0

## Progress Towards Outcome

Workplan has been developed for the community dialogues.



## Coordination And Partnerships

**Budget:** CHF 1,936

**Targeted Persons:** 10

**Targeted Male:** -

**Targeted Female:** -

### Indicators

Title	Target	Actual
# of coordination meetings conducted.	2	4

## Progress Towards Outcome

National inception meetings done and Ministry of Health and Child Care approved rollout of activities

Launch of the Malaria Operation in Mashonaland West Province

District inception meetings completed

District Planning meetings completed



## Secretariat Services

**Budget:** CHF 16,151

**Targeted Persons:** 1





Targeted Male: -  
Targeted Female: -

## Indicators

Title	Target	Actual
# of national societies supported	1	0

## Progress Towards Outcome

Both PHIE Coordinator and PGI Officer in country are supporting the response.



## National Society Strengthening

Budget: CHF 42,469  
Targeted Persons: 470  
Targeted Male: -  
Targeted Female: -

## Indicators

Title	Target	Actual
# of Red Cross Volunteer trained on vector control	470	0
# of Red Cross Volunteers trained on ECV	470	0

## Progress Towards Outcome

Training of volunteers will start the last week of July and the whole of August.

# 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.



## **Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?**

The National Societies engages a well gender balanced and age team of volunteers who are trained to ensure inclusivity in all the operations.

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

As there was a PHIE Coordinator for the Cholera DREF, the NS proposed that the coordinator supports both Cholera and the Malaria DREF. The profile will end her mission on 21 July 2025.

A PGI Officer was deployed to support both Cholera and Malaria and general PGI matters in the country from 5th July to 3rd Sept.

## **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 as 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



## 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)*



# Contact Information

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

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[Click here for the reference](#)

