

ZIMBABWE NATIONAL CONTINGENCY PLAN

December 2012-November 2013



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1 EXECUTIVE SUMMARY

Governments and humanitarian organisations have invested time and financial resources in contingency planning but the challenge has been in establishing conclusive evidence of the relation between contingency planning and effective response. In its fulfilment of the primary role of protecting its citizens' life during disasters, Government through the Ministry of Local Government, Rural and Urban Planning's Department of Civil Protection (DCP), Government ministries, UN Agencies and various Non-Governmental Organisations (NGOs), developed a National Contingency Plan that is updated annually to reflect the evolving hazard profile of the country. This plan is part of an important disaster preparedness process which allows Government and its partners to plan for disasters with the aim of minimizing damage to property and loss of life.

The Hyogo Framework for Action 2005-2015 priorities require Governments to strengthen Disaster Risk Management (DRM) governance, risk and early warning information, disaster education, reduction of underlying risks and emergency preparedness and response. Zimbabwe has committed itself to the five priorities and related actions of the Hyogo Framework and the Southern African Development Community (SADC) DRM Strategy 2012-2015 both of which prioritise contingency planning.

The outcome of a Contingency Planning workshop held on 22 November 2012 was the prioritisation of key hazards likely to require contingency measures. These were identified as: hydro-meteorological hazards (floods and droughts), biological hazards (Gastro Intestinal Infections) and technological hazards (Road Traffic Accidents - RTAs). All identified hazards in the Contingency Plan were developed with three scenarios. For floods and drought, the most likely scenario envisages that there will be floods from December 2012. At the same time, the occurrence of drought is also high as seasonal forecasts show that the southern and western parts of the country are likely to have normal to below normal rainfall. As a result households will be affected and in both cases require assistance for a stipulated period of time.

The health cluster anticipates that the typhoid outbreak is likely to be the most prominent hazard that could result in a health related disaster given challenges in accessing potable water. As at 30 December 2012, the national cumulative figures for typhoid since October 2011 were 5,829 suspected cases, 103 confirmed cases and 6 deaths (CFR 0.1%). This outbreak, which is reported as having affected areas in and around Harare is in addition to a diarrhoeal outbreak affecting various parts of the country with 467,543 cases and 292 deaths (CFR 0.06%)¹. Most of the underlying and infrastructural challenges that caused the 2008/9 cholera outbreak have not been addressed and as a result the risk of continued outbreaks remains high.

In the case of an alert or disaster, DCP through its national, provincial and district level teams will conduct a joint assessment with partners main purpose will be to identify the circumstances existing in the affected areas and quantify the extent of damage caused by the identified hazard to people, livelihoods and infrastructure. This information will allow activation of a coordinated and effective response to the situation if required, and the initial planning of early recovery measures.

The Contingency Plan is in line with provisions of the draft National Disaster Risk Strategy which is however still awaiting finalisation. This Plan is a living document and while it will be reviewed annually, constant updates by all stakeholders will continue to be provided to address changes in the hazard, risk profile and scenarios.

¹ OCHA Humanitarian Bulletin Zimbabwe 01 – 31 December 2012

2 INTRODUCTION AND CONTEXT

Annually billions of dollars are spent worldwide to recover from natural disasters. As expensive as recovering from such disasters can be, the loss of life associated with these catastrophic events is even more devastating. Despite efforts being made by various stakeholders, these hazards have become more frequent. While it is understood that natural hazards cannot be prevented from occurring, their effects can however be mitigated through early warning systems and effective emergency preparedness, mitigation, disaster response and early recovery systems.

Disasters can negatively impede development gains while development programmes that do not mainstream DRM can potentially increase the vulnerability of communities to disasters. Preparing for disaster will not only improve the well-being of citizens, but will also enhance economic growth through protection and creation of livelihood assets thereby reducing costs associated with response and recovery.

The development of contingency plans has become a priority in many countries to ensure that populations are effectively prepared for disasters in order to reduce the number of casualties caused by the catastrophes. These plans help to establish and report a system of notification and response for disasters to ensure that no lives are lost as a result. Personal assets can also be better protected when community members are prepared.

Zimbabwe has experienced an increase in hazardous events including disease outbreaks, floods, droughts and storms. These hazards which are both of natural and human induced origins often trigger food, nutrition and health insecurity, environmental degradation, and gender inequalities. Infrastructure including roads, public buildings and dwelling houses are also damaged. On the micro level, this has resulted in more fragile and less resilient family units while on the macro level there is the opportunity cost of diverting resources to respond to these emergencies.

Evidence continues to show that disasters are likely to increase in Zimbabwe, particularly those that are weather-related. Over the last several decades, Zimbabwe has experienced warming of over 1⁰C and there is evidence that it has begun to experience more hot days than cold days. In addition, the amount of rainfall Zimbabwe receives has deviated from the multi-decadal mean on a more regular basis².

Government has the primary responsibility to protect life and property of its citizens. The soon to be passed Disaster Risk Management Bill has stipulated that 1% of the national budget be appropriated by Parliament for the purposes of addressing disaster risk management. This allocation could also include the contingency planning process which will enable the Government and its partners to anticipate and prepare for disasters. While the 2012/2013 Contingency Plan focuses on multiple hazards, there has been an agreement to prioritise them, and to limit them to only those which are likely to go beyond partners' coping capacities.

The prioritised hazards (drought/dry spells, Gastro-Intestinal Tract Infections-GTIs, floods and Road Traffic Accident -RTAs) were reached through a consensus that they were likely to cause disasters within the next twelve months. The Contingency Plan articulates what the Government through DCP and with the support of partners will do to prevent or reduce any potential adverse impacts emanating from natural and man-made hazards.

The Plan was developed through a participatory and inclusive multi-stakeholder process and aims to promote a coordinated approach to preparedness and response before, during and

² Hove, H, Echeverría, D. and Parry, J (2011) Review of Current and Planned Adaptation Action: Southern Africa, International Institute for Sustainable Development, www.adaptationpartnership.org

after emergencies. In addition, the Plan is in line with provisions of the draft National Disaster Risk Management Strategy developed in 2012 Strategic Objective 2 which focuses on strengthening national preparedness and response capacity for disaster risk management³.

Within this context the Contingency Plan aims to enhance the Government and its partners to prepare for and adequately respond to any disaster that evolve beyond the coping capacity of stakeholders. To this end the Plan is informed by a multi-sectoral broad-based collaborative approach which ensures full participation and involvement of all stakeholders concerned. To reflect the on-going transition in the country, the Contingency Plan will adopt the use of sectors in preparing and responding to disasters. In addition and for the purposes of this Plan, vulnerable populations are generally those whose lives and livelihoods are at risk as a result of the hazards envisaged and all efforts will be taken to ensure their protection.

2.1 CONTINGENCY PLAN LAYOUT

In this contingency plan, four hazards have been highlighted namely: hydro meteorological: drought/dry spells and floods, biological: GTIs and technological: RTAs. The first section provides details on risks, scenarios, planning assumptions and consequences for each of the identified hazards. The second section summarises the coordination and management systems providing details of roles and responsibilities during assessment and coordination.

The third section lays out the activities to be undertaken by different clusters of stakeholders in three major parts of the response namely: preparedness, emergency response and early recovery. The section also includes the important components of information management assessment tools. The section on activities is followed by a series of appendices including emergency stock tables, contact details and assessment tools.

2.2 OVERALL GOAL

2.2.1 Objectives

The overall objective of the National Contingency Plan is to help ensure that Government, partners and civil society mount a timely, consistent and coordinated response to anticipated hazards during the 2012–2013 planning period in order to minimise potential humanitarian consequences and initiate linkages for the early recovery of affected communities.

2.2.2 Specific Objectives

1. Prioritise and update hazards likely to cause disasters during the next 12 months.
2. Raise awareness of existing Government coordination structures and how support agencies fit in.

³ Draft Disaster Risk Management Strategy 2012-2015

3 NATIONAL RISK PROFILE AND CAPACITY ANALYSIS⁴

The hazards Zimbabwe experiences are classified into hydro-meteorological, geological, biological, technological and those related to environmental degradation. This section will however limit to those agreed and prioritised during the contingency planning workshop to include: Hydro-meteorological (floods and droughts), Epidemiological (Gastro-Intestinal Tract Infections- GTIs) and technological (RTAs). Factors to consider when prioritising these hazards included historical records, imminence and frequency, probability of occurrence, impact, geographical coverage and response capacity⁵.

3.1 HYDRO-METEOROLOGICAL HAZARDS

3.1.1 Drought

Drought is the most common hazard and accounts for six out of 10 top major disasters between 1982 and 2011 as shown in Table 1 below. Drought in Zimbabwe is linked to the warm El-Nino-Southern Oscillation (ENSO) in the Pacific Ocean, which has worsened since the 1980s. In Zimbabwe, drought occurs countrywide almost once every two years, but it is chronic in semi-arid agro-ecological regions IV and V and slowly spreading to the rest of the country because of seasonal shifts and increased dryness.

Table 1: Top Ten Natural Disasters in Zimbabwe, 1982 - 2011⁶

Disaster	Year	No. affected
Drought	2001	6,000,000
Drought	1991	5,000,000
Drought	2007	2,100,000
Drought	2010	1,680,000
Drought	1982	700,000
Epidemic	1996	500,000
Flood	2000	266,000
Epidemic	2008	98,349
Drought	1998	55,000
Flood	2001	30,000

In terms of impact, production of crops and potential livestock is reduced significantly and there is also a high risk of low nutritional status. Children, people living with HIV/AIDS and the elderly are the most at risk population. In 2002, over 6,000,000 Zimbabweans were affected by drought. Drivers of disasters triggered by droughts include: poverty and rural vulnerability; increasing water demand due to urbanization, poor soil and water management; and climate variability and change. Besides that drought poses a challenge to Zimbabwe's agriculture-based economy, it also reduces water supplies for domestic and industrial use, and for power generation affecting cities and non-agriculture sectors. Most vulnerable areas are those found in regions IV and V with women and children, single headed and child headed families likely to be most affected. Livestock and other animals, (both domestic and wildlife) are likely to be affected or lost. At the time of writing, drought was on-going, with some districts already surviving on food aid and others some parts of Matabeleland and Masvingo have had to request livestock feeding support.

⁴ This section is based on the Capacity Analysis reflected in the Draft Disaster Risk Management Strategy 2012-2015 by Dr. S.B. Manyena.

⁵ As with all contingency planning processes, the identified hazards and proposed scenarios may change as situations evolve. The identified hazards will therefore be continuously reviewed in light of their occurrence, magnitude and relevance within the planning timeframe.

⁶ Centre for Research on the Epidemiology of Disasters (CRED) 2012

3.1.2 Floods

Floods have been common in Zimbabwe and have been officially recorded over the last 100 years and occur every year. In 2000, Cyclone Eline-induced floods in the Zambezi Basin left 90 people dead, over 250,000 people affected⁷, and approximately US\$7.5 million in economic losses⁸. Floods tend to occur in the southern and northern low lying areas of Zimbabwe, paths of cyclones, in between river confluences, and downstream of major dams, which include Middle Sabi, Muzarabani, Tsholotsho, Kamativi-Confluence of Gwayi and Shangani, Malipati-Mwenezi and Bubi, Tuli-Shashe, Gokwe, While evidence shows that global vulnerability to flooding has decreased since 1990, flood risk mortality is still increasing in the Middle East and North Africa, Latin America and the Caribbean and Sub-Saharan Africa⁹ where Zimbabwe lies, indicating that growing exposure continues to outpace vulnerability reduction. Women and children, single headed and child headed families tend to be most affected population groups while homes, roads, telephone and electricity supply equipment, agricultural assets, crops, domestic and wild animals can also be washed away. Hydro-Meteorological Hazards Forecasts by the Meteorological department indicated that there will be floods in December 2012. At the same time, the occurrence of drought is also high as seasonal forecasts show that the south and western parts of the country are likely to have normal to below normal rainfall.

3.2 BIOLOGICAL HAZARDS

3.2.1 Gastro-intestinal tract infections (GTIs)

Inadequate provision of safe water, sanitation, personal hygiene practices and lack of resources to sustain awareness campaigns particularly in urban areas are some of the challenges in GTIs risk reduction. With most of the underlying and infrastructural challenges that caused the 2008/9 cholera outbreak having not been addressed, the risk of GTIs, including cholera, diarrhoea and typhoid, remains high. In addition the on-going typhoid outbreak has affected areas in and around Harare. This is compounded by the diarrhoeal outbreaks which are affecting various parts of the country and are likely to affect most parts of the country with however reduced probability in Matabeleland.

Zimbabwe has experienced cholera outbreaks since 1975 which generally occurred on a 5 - 10 year cycle. It was not until 1998 that cholera outbreaks are reported every year and the outbreaks are no longer restricted to previously known cholera risk areas. The unprecedented cholera outbreak in 2008/9, the severest on record and beyond Zimbabwe's response capacity, resulted in about 100,000 cases and 4,000 deaths being reported, and this was attributed to a breakdown in water and sanitation infrastructure in urban areas¹⁰. The risk of contracting and transmitting cholera remains high particularly through gatherings such as weddings, funerals, religious and traditional practices. Similarly, the risk of typhoid remains high. Between 10th October 2011, when a typhoid case was reported in Harare, and 6 January 2013, a total of 5,833 suspected cases and 6 deaths¹¹ were reported compared with the period 1996-2006 where 114 cases and 9 deaths were reported. The risk of outbreaks of other diarrhoeal diseases, like dysentery, remains high due to poor WASH facilities.

⁷ IRIN: ZIMBABWE: Flood emergency declared. 25 February 2000

⁸ Shumba, O. (2005) Capacity Needs Assessment for Disaster Risk Management in SADC Region: Republic of Zimbabwe Country Report Harare: Government of Zimbabwe and UNDP.

⁹ 2011 Global Assessment Report on Disaster Risk Reduction. Revealing Risk, Redefining Development

¹⁰ WHO- Cholera in Zimbabwe: Epidemiological Bulletin Number 27. Week 24 (7 to 13 June 2009)

¹¹ Ministry of Health and Child Welfare Weekly Report On Epidemic – Prone Diseases, Deaths and Public Health Events. Week Number 1 of 2013 (Week Ending 06-01-13)

3.3 TECHNOLOGICAL HAZARDS

3.3.1 RTAs

While the risk to rail, water and aviation accidents are relatively low, road traffic accidents have become a cause for concern in Zimbabwe. Although the number of accidents reduced from a peak of 60,360 in 2002 to 16,904 in 2008, there has again been a steady increase of accidents from 2008 as illustrated in Table 2 below.

Table 2: Road Traffic Accident Statistics, 2008 - 2012¹²

Year	Total Reported	Total Killed	Total injured
2008	16,904	1,149	10,427
2009	20,553	1,576	12,354
2010	26,841	1,796	14,336
2011	30,985	2,001	15,305
2012	29,423	1,987	14,527

Traffic accidents are likely to continue rising due to the increase in the number of vehicles including those in transit to neighbouring countries, deteriorating road infrastructure, non-deterrent fines for road traffic offences, lack of age limit for public transport drivers, absence of law that forces passengers in public and private vehicles to wear seat belts, high admissible alcohol content for drivers and lack of road markings, signs and traffic controlling lights.

3.4 CROSS-CUTTING ISSUES

The plan will take into account important cross cutting issues including protection, gender, children as well as People Living with HIV and AIDS (PLWHA). During emergencies these particular groups represent a substantial proportion of vulnerable and / or affected communities as they have special developmental needs which are best addressed by enhancing the capacities both at institutional and community levels.

3.5 CAPACITY ANALYSIS

Zimbabwe has potential capacities which include the availability of legal frame works and instruments. Of note is the reform of the DRM framework guided by the Hyogo Framework for Action 2005-2015. A draft DRM legislation has been developed and will replace the 1989 Civil Protection Act and will transform the whole DRM system for Zimbabwe including the equally important components of preparedness. A draft DRM policy has also been developed to ensure the implementation of the DRM legislation once it is approved by Parliament. Another notable capacity is the existence of a functional national platform with a wide cross sectional representation from Government, UN agencies as well as local and international NGOs. This is complemented by relatively functional Civil Protection Committees both at Provincial and District levels. The National Platform, in form of the National Civil Protection Committee meets regularly to create consensus on issues that require intervention. In addition, there is a dedicated Government department, the Department of Civil Protection under the Ministry of Local Government, Rural and Urban Development, which has the overall responsibility of disaster risk management.

Cooperating partners such as the UN System and NGOs (local and international) have been providing various emergency preparedness and response (EPR), assessments and early recovery assistance to the Government of Zimbabwe.

¹² Zimbabwe Traffic Safety Council

3.5.1 Drought

Zimbabwe has a relatively strong institutional and technical capacity to prevent, mitigate, prepare for, respond to and recover from drought-induced disasters. The decentralised local Government structures, including the Drought Relief and Civil Protection Committees, ensure wider stakeholders' participation. The Meteorological Office, National Early Warning Unit (NEWU), Famine Early Warning systems Network (FEWSNET), World Food Programme (WFP), Drought Monitoring Centre (DMC) and the Food and Nutrition Council in collaboration with ZIMVAC assess and monitor drought hazards and maintain early warning systems. The Agricultural Rural Extension Services (Agritex) and cooperating partners, particularly United Nations Food and Agricultural Organisation (UN-FAO), promote drought tolerant crops, grazing schemes, water harvesting, expansion of irrigation schemes and moisture conservation. There are also social support mechanisms to protect vulnerable groups through drought relief, cash transfers and food for work programmes. Some provinces and districts, for example have updated preparedness and response plans in place while others need to have plans updated.

3.5.2 Floods

The institutional and technical capacity exists to reduce the risk and impact of flood-induced disasters. The Zimbabwe National Water Authority's (ZINWA) monitors river flows, and the state of hydrology, while the Meteorological Services Department forecasts and predicts weather conditions. The Civil Protection Committees coordinates preparedness and response, mainly at the national level. Partners including UN agencies and NGOs have continuously played a key role in providing financial, material and logistical support to DCP to prepare and respond to floods.

3.5.3 Health

With regards responding to health emergencies/epidemics, the Ministry of Health and Child Welfare (MoH&CW) has established an Emergency Operating Centre (EOC) which is an evolution of the Cholera Control and Command Centre (C4) that was established during the cholera outbreak in 2008. In addition, the MoH&CW has also established Rapid Response Teams (RRTs) at National, provincial and district levels and is responsible for providing leadership and coordination on health emergencies, defining standards, policy and systems for disaster preparedness and response, monitoring disease outbreaks and assessing performance of health system during emergencies.

The MoH&CW through the Department of Epidemiology and Disease Control (EDC) has established an Immediate Disease Notification system (IDNS) which monitors thresholds of specific diseases and notifies if thresholds are surpassed. The MoH&CW remains on high alert whenever events of public health concern are reported in the region.

The capacity to prevent, mitigate, prepare and respond to GTIs includes the National Sanitation and Hygiene Strategy, WASH coordination structures such National Coordination Unit (NCU), WASH Cluster, GTI control guidelines, and mechanisms for sharing of lessons learned and availability of trained of Rapid Response Teams (RRTs). MoH&CW also adopted and adapted WHO-Integrated Disease Surveillance and Response (IDSR) principles for national public health surveillance and response systems.

3.5.4 RTAs

Zimbabwe has a relatively strong capacity to reduce road traffic accidents. The capacity to prevent road traffic accidents is led by ZRP, who are supported by Vehicle Inspection Department (VID), TSCZ, ZINARA and Central Vehicle Registry. ZRP enforces road traffic regulation and has systems for monitoring, archiving and disseminating road traffic hazards

while the VID regulates the roadworthiness of the vehicles. The Traffic Council of Zimbabwe (TSCZ) conducts awareness campaigns. In emergency preparedness and response, emergency services – ambulance, police and fire brigade, have emergency plans which are activated when an accident occurs. The emergency services are supported by the Air Force of Zimbabwe and the Zimbabwe National Army. However, there is a lack of awareness of the services the public is entitled to post accident.

There is also a mechanism and framework in place in which RTA victims are assisted. Depending on whether the accident has been declared a national disaster, the state will, through the MoLGURD and DCP, provide state assisted funerals.

4 SCENARIOS PLANNING AND ASSUMPTIONS

Three possible scenarios for the identified sectors have been developed, indicating the most likely scenario and highlighting key cross cutting issues to be considered such as HIV and AIDS, protection, environment and early recovery and gender. Focus is on how each hazard would affect various sectors in the event of a disaster. In coming up with scenarios it was important to separate the norm from disasters to enable the scenarios to cater for disasters rather than respond to a normal development activity.

Table 3: Scenarios Planning and Assumptions

Hazards →		Drought	Floods	GTIs	RTAs
Scenario and Planning Assumptions	Description	<p>Scenario 1: Increase in the food insecure population to 1.6 million (source ZIMVAC)</p> <p>Scenario 2: Improved food security in the next 12 months</p> <p>Scenario 3: Food insecurity beyond the projected 1.6 million</p>	<p>Scenario 1: Minimal localized flooding</p> <p>Scenario 2: Significant Flooding</p> <p>Scenario 3: Extensive Flooding</p>	<p>Scenario 1: Below threshold according to MoH&CW guidelines. Very few cases as evidenced by historical data</p> <p>Scenario 2: Significant outbreak</p> <p>Scenario 3: Extensive / Major Outbreak</p>	<p>Scenario 1: few cases of injuries and few fatalities -Medical staff adequate to attend to problem -adequate Ambulances and paramedical resources/personnel. -staff well prepared.</p> <p>Scenario 2: increased number of injuries and fatalities. -strain on national blood bank -inadequate personnel -inadequate drugs</p> <p>Scenario 3: - Very High injuries and fatalities. -No adequate medical personnel -Increase in the # of deaths as a result of strain on paramedical services. -Increase in exposure to HIV/AIDS</p>
	Planning Assumptions	1,6 million people assisted with food aid during the lean season. Response managed jointly by Government with assistance from partners WFP etc.	Response managed by Gvt with assistance from partners	5,000 cases affecting at least 20 districts. Response managed by Government with support from partners.	
	Planning Assumptions	Less than 1.6 million people will require food assistance. Actual figures to be confirmed by WFP.	Damage to crops maybe severe. Government will require support to respond	Disease impacting 5,000 – 20,000 people. Severe impact with periods of further spread and treatment ranging from 1-3 months. International support will be required to assist with disease containment.	

	Planning Assumptions Scenario 3:	More than the projected 1,6 million people will require food assistance. Joint Government and partner support to reach the affected households.	Outbreak of disease can be expected Government will require support to respond	Fatal disease outbreak causing loss of human life and productivity overstretching the capacity of the health services. Over 20,000 people affected. International support called in to assist.	
	Areas most likely to be affected	36 WFP Seasonal Targeted Assistance (STA) Districts in Matabeleland North and South; Masvingo; Midlands; Manicaland South; Northern Mash Central and East	Zambezi Valley (Mbire, Muzarabani); Sabi Valley (Chibuwe, Chikwalakwala); SW Matabeleland (Tsholotsho)	All provinces with limited risk in Matabeleland	<ul style="list-style-type: none"> • Major cities • Highways • Transit routes
Hazard & Risk Analysis	Probability	Almost certain: Situation to worsen up to March with a slight improvement from April-August and to worsen again from September to December	Almost Certain: Especially for the areas identified.	Almost Certain: Considering that a typhoid outbreak is already on-going with over 5,000 suspected cases.	Almost Certain
	Consequences	Moderate to Major: <ul style="list-style-type: none"> • Food shortages • Loss of livestock • Loss of livelihoods • Shortage of water • Crop failures • Outbreak of diseases e.g. cholera • School drop outs • Population movements • Negative coping mechanisms 	Moderate <ul style="list-style-type: none"> • Loss of lives • Loss of livestock • Destruction of infrastructure • Loss of livelihoods • Environmental degradation • Outbreak of diseases • Displacement 	Moderate to Major: <ul style="list-style-type: none"> • High morbidity and mortality • Increased demand for resource • Psychological trauma • Reprioritisation and redistribution of resources to the expense of routine programmes. 	Moderate <ul style="list-style-type: none"> • Loss of lives • Injuries • Disabilities • Orphaned children and other vulnerable groups
	Overall Risk	High Adequate preparedness and effective management of available resources will however considerably reduce the risk.	Moderate Adequate levels of preparedness should be in place by Government and all stakeholders to ensure effective response regardless of the scenario realized.	Moderate Adequate levels of preparedness should be in place by Government and all stakeholders to ensure effective response regardless of the scenario realized	Moderate

	Likely Triggers / EW Indicators	<ul style="list-style-type: none"> • Prolonged Mid season dry spell • Late onset of the rainy season • Erratic rains • Meteorological data • Traditional warning systems 	<ul style="list-style-type: none"> • Meteorological data • Poor drainage • Swelling rivers • Siltation in rivers • Traditional early warning systems • Opening of flood gates 	<ul style="list-style-type: none"> • Non availability of water chemicals for local authorities • Increase in diarrhoeal diseases above recommended thresholds • Confirmed case of cholera or other epidemic prone waterborne diseases • Deaths due to diarrhoea • Proportion of unattended burst pipes in residential areas • Interruptions of safe water supply. 	<ul style="list-style-type: none"> • Speed • Overloading • State of the roads • Lack of appropriate signage • Violation of speed limits • Driver fatigue • Driving competencies • Vehicle fitness
	Time Frame	September to March (Lean season)	October to April	All the time	All the time
	Sources of Information	FEWSNET Agritex Updates	Department of Meteorology, Zimbabwe National Water Authority	Ministry of health and Child Welfare- updates WHO Epidemiological Update	Zimbabwe traffic Safety Council

5 COORDINATION AND MANAGEMENT ARRANGEMENTS

5.1 OVERALL DISASTER MANAGEMENT SYSTEM IN ZIMBABWE¹³

The Government of Zimbabwe through the MoLGRUD's Department of Civil Protection (DCP) has the responsibility to coordinate the management of disasters as well as all relevant stakeholders. The execution of this co-ordination mandate is realized through the National Civil Protection Coordination Committee (NCPCC) which informs the overall framework for the promotion, coordination and execution of emergency and disaster management in Zimbabwe. Permanent members of the NCPCC are officers selected from Government Ministries/Departments, Parastatals and NGOs. Other members especially from the private sector are co-opted as dictated by circumstances. Provincial and District Administrators (PAs / DAs) are also mandated to coordinate any emergency-related activities in their respective provinces and districts through the Provincial or District Civil Protection Committees (PCPC / DCPC) and with the assistance of NGOs partners in the districts. This multi-sectoral representation ensures the liaison between local and national authorities, NGOs and the United Nations.

Central government initiates hazard reduction measures through relevant sector ministries with the local administration taking the responsibility for implementing and maintaining its effectiveness. The system uses the existing government, private and NGO organizations whose regular activities contain elements of prevention and community development. These organizations have a level of flexibility structurally, materially and technically which enables them to speedily adjust from their regular activities to undertaking protective, relief and rehabilitation measures in times of disasters in terms of intensity only without drifting from their operational principles.

A National Civil Protection Coordination Committee (NCPCC) is responsible for the execution of civil protection functions. In addition to Ministries having special responsibilities according to their specialties, members of the National Civil Protection Coordination Committees (NCPCC), Provincial Civil Protection Coordination Committees (PCPCC) and District Civil Protection Coordination Committees (DCPC) are grouped into functional sub-committees namely:-

- Food supplies and food security, chaired by Ministry of Public Service Labour and Social Welfare.
- Health, Nutrition and Welfare, chaired by MoH&CW;
- Search, Rescue and Security, chaired by Zimbabwe Republic Police;
- International Cooperation and Assistance, chaired by Ministry of Finance;

In line with priorities of the Hyogo Framework for Action (HFA), the Zimbabwe Government has committed itself to updating the legislative and policy frameworks to create a conducive environment for disaster risk reduction. The increased vulnerability of communities to persistent and emerging risks in Zimbabwe provides an opportunity for the UN and international/national partners to support a nationally-led platform and plan for emergency preparedness/disaster-risk reduction that builds national capacity. Building on the recent draft legislative and policy frameworks which are still awaiting Cabinet approval, the DCP had also developed a comprehensive strategy for Disaster Risk Management which sets the national priorities for disaster risk reduction in the country.

¹³ Civil protection policy statement - Overall disaster management system in Zimbabwe

5.2 CIVIL PROTECTION ORGANIZATION IN ZIMBABWE: OPERATIONAL STRUCTURE

	CO-ORDINATOR	CO-ORDINATOR/PLANNING COMMITTEE
NATIONAL	Minister – LGRUD + Civil Protection Directorate Secretariat	National Civil Protection Coordinating Committee (NCPCC) with a Multi-sectoral Representation
PROVINCIAL	Provincial Administrator MLGRUD	Provincial Civil Protection Planning Committee (NCPPC)
DISTRICT	District Administrator (DISTRICT) MLGRUD	District Civil Protection Planning Committee (DCPPC)

5.3 COORDINATION STRUCTURES / INSTITUTIONAL ARRANGEMENTS¹⁴

The Government of Zimbabwe through DCP and the United Nations-Humanitarian Coordinator (UN-HC) coordinates the strategic response with the involvement and collaboration of all humanitarian actors from the Government, UN and NGO community, and the private sector if possible.

¹⁴ Other structures are in existence e.g. the Environmental Health Alliance (EHA) whose partnership consists of NGOs implementing health and WASH emergency response activities within the country. Through a coordinated mechanism, these partners have strategically positioned themselves in all provinces and have ensured standardization of approaches both for health and WASH response activities.

5.3.1 United Nations Country Team (UNCT)

The UN-HC is responsible for coordinating UN emergency preparedness and response in support of the Government plan. Under the guidance of the HC, the United Nations Country Team (UNCT) is responsible for effective and efficient implementation of Inter-Agency disaster risk management activities. The UNCT allows for all UN entities with activities in Zimbabwe to work as a team in formulating common positions on strategic issues, ensuring coherence in action and advocacy.

5.3.2 Humanitarian Country Team (HCT)

The HCT remains the highest level coordination body for humanitarian non-governmental community. It sets common objectives and priorities for humanitarian action in the country. The presence of donors and NGOs in HCT forums have played a pivotal role in consolidating the views of the humanitarian community on issues related to the humanitarian reform process. OCHA acts as the secretariat of the HCT and supports the Humanitarian Coordinator (HC) in all aspects related to HCT issues.

5.3.3 Inter-Cluster Coordination

Four active clusters (Health, WASH, Food and Protection) operate in Zimbabwe and meet on a monthly basis. The Agriculture, Education, Early Recovery and Nutrition clusters have since been deactivated and activities previously carried out under these clusters will take place within relevant national coordination mechanisms such as sectors or working groups. OCHA convenes and chairs the Inter-Cluster Forum where joint inter-cluster issues are discussed.

Cross-cutting issues including gender, HIV/AIDS, environment and human rights, have been consistently highlighted in inter-cluster discussions and documents throughout the year.

5.3.4 NGO Heads of Agencies

The NGO Heads of agencies Forum meets monthly and comprises heads of participating NGOs. Its objectives are information sharing and joint advocacy on challenges in humanitarian and development action in Zimbabwe. OCHA attends the meeting to brief on the topical humanitarian issues of interest to NGOs. The participating NGOs also communicate to OCHA through this meeting on the issues that require follow up

5.4 RECOMMENDED THRESHOLD TO EFFECT THE CONTINGENCY PLAN

The National Contingency Plan will be activated by the United Nations Humanitarian Coordinator (UN-HC), in consultation with the Government of Zimbabwe (GoZ) and following the advice of the Humanitarian Country Team. The HC and GoZ will continuously evaluate and monitor the situation and with the support of UNOCHA.

5.5 ROLES AND RESPONSIBILITIES OF CLUSTER/SECTOR LEADS

The relevant Government ministry/department and their UN/NGO counterpart co-Lead Agency will lead coordinate and manage emergency preparedness and response activities before, during and after the emergency including early recovery activities. Each Cluster and Sector is responsible for ensuring that emergency preparedness and response including early recovery cascades through all structures i.e. from central level administration to provincial and district levels.

The Sector/ Cluster Lead Agency, in liaison with Co-lead Agency and concerned stakeholders, will undertake relevant assessment and or upon monitoring of indicators of

impeding hazard reaching and or exceeding the threshold inform DCP on the severity of the emergency for the declaration of emergency.

The specific roles and responsibilities of cluster/sector leads include the following:

1. To lead, coordinate and manage the activities of sector or cluster;
2. To lead, coordinate and manage the overall disaster preparedness;
3. To lead, coordinate and manage the overall disaster response and recovery effort;
4. To facilitate communication within sector or cluster and between DCP;
5. To facilitate the provision of information on early warning and emergency response and recovery between stakeholders involved in the response;
6. To coordinate joint resource mobilization effort;
7. To coordinate joint assessments in line with call-down mechanisms (triggers) which highlight when assessments should be conducted;
8. To facilitate timely and accurate information to donors, media and other interested parties on the response operation;

5.6 RESOURCE MOBILISATION¹⁵

The current legal framework stipulates the establishment of a National Civil Protection Fund which receives money from both Government and the public. The fund is applied to the development and promotion of civil protection activities throughout the country. In addition, there are NGOs who receive donor funding to implement DRR related activities with a particular focus on preparedness and response.

When the disaster exceeds national capacity to respond and the national authorities request for international assistance, the United Nations and partner NGOs will request to utilise existing response tools. Following a humanitarian crisis, humanitarian actors can immediately access funding for life-saving activities using pooled funds managed by OCHA such as Emergency Response Fund (ERF) or the Central Emergency Response Fund (CERF). The ERF is usually the first port of call for small grants not exceeding US\$250,00 for projects implemented in six months or less. Being locally based, national and International NGOs, Red Cross Movement and UN agencies can apply for funding. The CERF provides big grants to UN agencies who are expected to implement through national actors.

¹⁵ Many other donors have also been active in providing funding for emergency response. In addition partners have in place contingency plans at organizational level which enables them to tap into resources reserved for emergencies. UNICEF for e.g. has signed a Partnership Cooperation Agreement (PCA) with various WASH partners which enables them to access WASH emergency stock to support up to 5000 households at any given time. IOM also has a pipeline in place which enables it to support up to 1000 households with NFIs.

6 INFORMATION MANAGEMENT¹⁶

6.1 CURRENT ASSESSMENT MODALITIES

The Zimbabwe Vulnerability Assessment Committee (ZimVAC) has been providing national assessments on food security and livelihood vulnerability for timely and accurate early warning information. The information gathered from the ZimVAC assessments is used for programming purposes to mitigate the impact of droughts on food security and livelihoods. Using the Household Economy Approach (HEA), the ZimVAC comes up with population facing food/survival deficit; livelihood/cash deficit in the country and within a specific timeframe. The ZimVAC is comprised of multi-stakeholders from Government, the UN, NGOs and the Southern African Development Community Regional Vulnerability Assessment and Analysis (SADC RVAA).

The DCP, through its provincial and district structures has the mandate to coordinate multi-sectoral and rapid assessments at community and household levels. The data collected is then forwarded to the provincial Administrator for onward submission to DCP at national level. NGO partners operating in the district are working with the local authorities although there is no standardised data collection tool available. In order to standardise national rapid assessment tools, DCP through support of UN System, will work to activate and update a framework under which rapid assessments would be undertaken.

In the context of national contingency planning and implementation framework, assessment and analysis of emergencies/disasters will be done by multi-sectoral and multi-stakeholder teams drawn from the sectors at provincial and district level including support from the national level. National rapid assessment methodology and tools for assessing impact of hazards at community and household levels though developed will be need to be standardised to take into account all sectors.

Table 4: Summary of Observations of Current Practice

Summary of observations of current practice	
Information/data requirements	<ul style="list-style-type: none"> The humanitarian community does not have a standard form/questionnaire to assess the impact of a hazard on a community. Several Government Ministries have sector specific forms they use to assess impacts specific to their areas of interest, The ZimVAC has a standardised form administered annually to assess national vulnerabilities with specific focus on food security
Data collection	<ul style="list-style-type: none"> Data collection is done by the organisation/department/agency that is carrying out the assessment DCP at the provincial and district levels had the structures to conduct data collection (District / Provincial Administrators) There is no standardised methodology for collecting the data
Data processing	<ul style="list-style-type: none"> No common methodology exists. This is done by the agency carrying out the assessment
Data analysis	<ul style="list-style-type: none"> No common methodology exists, it is done by the agency carrying out the assessment
Dissemination	<ul style="list-style-type: none"> No common strategy exists. The agencies that would have carried out the assessment at times, hand over the results to the DCP. However, there is no clear strategy as to how the information is to be used by the wider humanitarian community.

¹⁶ A detailed Draft Information Management Strategy had been developed and is annexed to this Plan

6.2 PURPOSE OF THE ASSESSMENT¹⁷

The main purpose of national rapid assessment will be to identify the circumstances existing in the affected areas and quantify the extent of damage caused by disaster to people, their livelihoods and infrastructure. This information will allow activation of a coordinated and effective response to the situation if required, and the initial planning of early recovery measures. In particular the assessment will concentrate on the following aspects:

- Population affected disaggregated by gender, age, sex, health and social status.
- Highlight key findings by sector namely: agriculture and food security; education; health and nutrition; water, sanitation and hygiene; protection; logistics; emergency shelter and NFI; and emergency ICTs);
- Indicate how people (disaggregated by gender, age) & their livelihoods have been affected;
- Highlight contingency measures that were in place before the disaster;
- Highlight response measures already undertaken by different stakeholders;
- Highlight any response gaps that need to be filled;
- Highlight measures undertaken by affected communities to mitigate/cope with the situation;
- Highlight possible early recovery activities;
- Provide key recommendations on actions to be taken.

6.3 ACTIVATION OF ASSESSMENT MISSION

A multi-sectoral/ multi-stakeholder assessment mission will be conducted in the affected areas within 48 hours if:

- An alert has been raised by the affected.
- Information on occurrence of emergency is received from the affected areas but reports on the extent of damage and number of people affected are not forthcoming (e.g. in case of inaccessibility).

6.4 ROLES AND RESPONSIBILITIES IN MULTI-SECTORAL RAPID ASSESSMENT

The DCP has the overall responsibility for leading and coordinating joint assessment missions. In view of the present institutional capacity constraints, the DCP may delegate a particular cluster/sector lead agency to lead a Joint Assessment Mission. The assessment teams will be drawn from stakeholders/partners working in the affected areas and also include relevant Government ministries/departments, UN, NGOs, the Private and Public sectors.

An information management strategy will be developed / updated that will assist in conducting of rapid assessments. The strategy will have steps on data collection procedures, processing, analysis and dissemination using the various existing sector frameworks.

6.5 ASSESSMENT TOOLS

Assessment tools and report templates are provided in annex 1.

¹⁷ A Draft Rapid Assessment Tool and Reporting Template is annexed to this Plan. The rapid assessment tool has been developed from the original DCP tool.

6.6 RESPONSE TIMELINE FOR RAPID ONSET DISASTERS

The response outline below is generic for all rapid onset disasters of a national scale. This systematically defines key activities to be done with DCP taking leadership.

Table 5: Response Timeline for Rapid Onset Disasters

Period	Priority Action	Responsible institution	Supporting Agencies
Pre-Disaster Period	Review and update of National Contingency Plan	UNOCHA / DCP	Sector leads & stakeholders
	Carry out simulation exercises	DCP / Sector Leads	All sector stakeholders
	Ensure provincial plans are up to date and structures are in place	DCP	NCPCC ¹⁸ , sector stakeholders within provinces
	Public awareness and EW on possible hazards as determined by risk profiling	DCP	Sector leads, stakeholders & EPR Focal Points
	Mobilise necessary resources for emergency relief	DCP, UNOCHA & Sector Leads	Sector stakeholders
	Mobilise assessment teams	DCP (district and provincial) & Sector Leads	Sector stakeholders
	Pre-position humanitarian aid resources to affected areas	DCP & Sector Leads	Sector stakeholders
	Ensure availability of logistical support which can be efficiently accessed as necessary.	DCP & Sector Lead	Sector stakeholders
Imminent Disaster	Convene meeting of stakeholders/ National Platform	DCP	Sector leads, stakeholders & DRR focal points
	Review and update scenarios	DCP, UNOCHA	Sector leads
	Ensure assessment tools are in place and team members are ready		
	Update inventory of resources and where applicable preposition resources	DCP & Sector Leads	Sector stakeholders
Monitor triggers and where applicable ensure early warning information issuance	Sector Leads & DCP	Sector stakeholders	
Disaster Period	Situation and rapid assessment done	DCP (district and provincial)	Sector stakeholders
	Identification of priority sector needs	DCP (district and provincial) & Sector Leads	Sector Leads
	Sector and inter-sector coordination meetings held regularly Issue situation reports (SITREPS) and updates Provide media briefing and updates	DCP, OCHA & Sector Leads	Sector stakeholders
	Activation of response funding tools	DCP / Stakeholders	
	Delivery of humanitarian relief assistance	DCP (district and provincial) & Sector Leads	Sector stakeholders
	Monitor emergency threshold and changes	Sector Leads	Sector stakeholders & DRM Focal Points
After Disaster	Determine if other funding mechanisms are required	DCP & Sector Leads	Sector stakeholders
	Carry out post disaster assessments	DCP /Sector Leads	Sector stakeholders
	Co-ordinate & provide early recovery assistance to affected communities	DCP /Sector Leads	Sector stakeholders
	Ensure that DRM is incorporated into ER activities.	DCP /Sector Leads	Sector stakeholders

¹⁸ NCPCC includes all stakeholders (Government, local authorities, NGOs, UN Agencies etc) whose membership will be drawn from the NCPCC depending on needs.

7 PROPOSED SECTOR COORDINATION AND MANAGEMENT MECHANISM

Table 6: Proposed Sector Coordination and Management Mechanism

Cluster/Sector	Government Lead Agency	UN/ NGO Co-Lead Agency	Key Partners/ Stakeholders within Cluster / Sector
Agriculture	Ministry of Agriculture, Mechanisation and Irrigation Development	FAO	AAIZ, ACDI/VOCA, ACF, ACHM, Africare, BASILWIZI, BHASO, CADEC, CADS, CAFOD, CCARE, CHRISTIANAID, CNFA, COSV, CRS, CTDT, DAPP, DCIZ, DT, EAfrica, EFZ, EI, FACT, FAO, FCTZ, FfF, GOAL, GRM, HAZ, HELPAGE, HFG, HIZ, HOCIC, ICRAF, IRC, ISLT, JPV, Kaite, KST, LEAD, LGDA, LWC, MACOSET, Mavambo, NRC, ORAP, PLAN, Practical Action, Pro Africa, PumpAid, RoL, RUZIVO, SAFIRE, SAT, SI, SOS, Tariro, TDHIT, TDS Africa, Technoserve, Trócaire, WHH/GAA, WVI, YIPD, ZimAIED, ZRCS
Education	Ministry of Education, Sports and Culture	UNICEF/SC-UK	ACDI/VOCA, ACT, ADRA, BASILWIZI, BHASO, BUIYSAP, CADEC, CCARE, CT, DACHICARE, DCIZ, EFZ, EI, FfF, HELPAGE, HFG, HOCIC, HT, JJ, JPV, Mavambo, NRC, PLAN, Practical Action, ROKPA, TDHIT, YIPD
Food	Ministry of Labour and Social Services	WFP	AAIZ, ACDI/VOCA, ADRA, Africare, BHASO, CADEC, CARE, CCARE, CH, CONCERN, CRS, DACHICARE, EFZ, EI, FACT, GOAL, HFG, HOCIC, HWOT, ICRAF, IFRC, IOM, JPV, MCT, ORAP, OXFAMGB, PLAN, Pro Africa, PumpAid, SAFIRE, SC, TDHIT, TDS Africa, Trócaire, WVI
Health	Ministry of Health and Child Welfare	WHO	AAIZ, ACDI/VOCA, Africaid, Africare, BASILWIZI, BHASO, CADEC, CAFOD, CCARE, CH, CONTACT, CORDAID, COSV, CRS, DAPP, EFZ, EGPAF, EI, GOAL, HFG, HWOT, IMC, IOM, IRC, ISLT, JJ, Johanniter, JPV, Mavambo, MCBO, WVI, PHAPP, Mildmay, MSF OCA, MSFB, MSFS, , PSI, RDS, ROKPA, SolidarMED, Sysmed, TDHIT, Trócaire, UMCOR, UNFPA, WHO, YIPD, ZTHCA
LICI	Ministry of Small-Medium Enterprises and Cooperatives	UNDP	ACDI/VOCA, CAFOD, CCARE, CCMT, CONCERN, CRS, CSFS, DAPP, DSZT, EI, EMT, FCTZ, ICRAF, IOM, IRC, ISLT, JI, JJ, JPV, Miriro, NRC, OXFAMGB, PENYA, PumpAid, RUZIVO, SAFIRE, Trócaire, UNDP, WVI, ZCDT, ZTHCA

Cluster/Sector	Government Lead Agency	UN/ NGO Co-Lead Agency	Key Partners/ Stakeholders within Cluster / Sector
Nutrition	Ministry of Health and Child Welfare	UNICEF	AAIZ, AC, ACDI/VOCA, ACF, ACT, ADRA, Africare, BASILWIZI, BCC, BG, CADEC, CADS, CAFOD, CARE, CCARE, CCCC, CFWRZ, CGCM, CGF, CH, CHAI, CHCS, CIB, CONCERN, Connect, CPS, CRS, DACHICARE, DAPP, DCIZ, DOMCCP, DT, EI, FACHIG, FACT, FCTZ, GOAL, HFG, HIS, HKI, HOCIC, HOSS, HWAZ, HWOT, IOM, ISLT, JPV, KWA, LDS, LEAD, LGDA, LH, MAC, MACO, MACOSET, Malilangwe, MASO, Mavambo, MCT, MeDRA, MMT, MSFS, NHCT, OPHID, OXFAMGB, PCP, PFN, PHAPP, PLAN, Pro Africa, ROKPA, RUDO, SAFIRE, SAHC, SAWO, SC, SCHAT, SCOPE, SECHABA, SEVACA, SI, SOS, SUZ, TDHIT, TDS Africa, THAMASO, Tsungirirai, UNICEF, WASN, WVI, ZCDT, ZIMPRO, ZOTEH, ZRCS, Zvitambo, ZWB, ZWP
Protection		UNHCR / IOM	AAIZ, ACDI/VOCA, Africaid, Africare, BHASO, CACLAZ, CADEC, CAFOD, CCARE, CESVI, CHILDLINE, CLSZ, CONTACT, CRS, DACHICARE, DCIZ, EFZ, EI, FACT, FAEIDD, GOAL, HELPAGE, HIPO, HLTZ, HOCIC, IMC, IOM, IRC, ISLT, JJ, JPV, MACOSET, Mavambo, MeDRA, MERCYCORPS, NHZ, NRC, OXFAMGB, PYNT, ROKPA, TDHIT, TI, UMCOR, UNFPA, WEG, ZCDT, ZTHCA
WASH	Ministry of Water Resources Development and Management	UNICEF / OXFAM GB	AAIZ, ACF, ADRA, Africare, BASILWIZI, CADEC, CAFOD, CARE, CCARE, CGCM, CH, CONCERN, CTDI, DACHICARE, DAPP, DT, EFZ, EI, GCN, GOAL, HELPAGE, HFG, HOCIC, ICRAF, ICRC, IMC, IOM, IRC, ISLT, IWSD, Johanniter, LDS, LEAD, LGDA, LINKAGETRUST, Malilangwe, Medair, MERCYCORPS, MMT, OCCZIM, ORAP, OXFAMGB, PLAN, Practical Action, PSI, PumpAid, SAFIRE, SC, SWITZERLAND, UNICEF, WHH/GAA, WVI, ZCC, ZCDT, ZimAHEAD, ZIMPRO, ZRCS

ACRONYMS

AAIZ	Action Aid International Zimbabwe
ACDI/VOCA	Agricultural Cooperative Development International/Volunteers in Overseas Cooperative Assistance
ACF	Action Contre la Fiam
ACHM	Africa Centre for Holistic Management
ACT	Aids Counselling Trust
ADRA	Adventist Rural Development Services
AGRITEX	Agricultural Rural Extension Services
AIDS	Acquired Immunodeficiency Syndrome
BCC	Bulawayo City Council
BG	Batsirai Group
BHASO	Batanai HIV & AIDS Service Organisation
BUIYSAP	Bulawayo Youth Survival Alternative Project
CACLAZ	Coalition Against Child Labour in Zimbabwe
CADEC	Catholic Development Commission
CADS	Cluster Agricultural Development Services
CAFOD	Catholic Agency for Overseas Development
CCARE	Christian Care
CCCC	Cholera Command Control Centre
CCMT	The Centre for Conflict Management and Transformation
CERF	Central Emergency Response Fund
CFR	Case Fatality Rate
CFWRZ	Community Foundation for the Western Region of Zimbabwe
CGCM	Church of God in Christ Mennonite
CGF	Child and Guardian Foundation
CH	Celebration Health
CHAI	Clinton Health Access Initiative
CIB	Churches in Bulawayo
CLSZ	Christian Legal Society, Zimbabwe
CNFA	Citizens' Network for Foreign Affairs
CP	Contingency Planning
CPS	Child Protection Society
CRED	Centre for Research on the Epidemiology of Disasters
CRS	Catholic Relief Services
CSFS	Collective Self Finance Scheme
CTDT	Community Technology Development Trust
DA	District Administrator
DACHICARE	Dananai Childcare Organisation
DAPP	Development Aid from People to People
DCIZ	Disabled Children Initiative of Zimbabwe
DCP	Department of Civil Protection
DCPC	District Civil Protection Committee
DMC	Drought Monitoring Centre

DOCCP	Diocese of Mutare Community Care Program
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
DSZT	Dialogue on Shelter Zimbabwe Trust
EDC	Epidemiology and Disease Control
EFZ	Evangelical Fellowship of Zimbabwe
EGPAF	Elizabeth Glaser Paediatric AIDS Foundation
EI	Emmaus International Trust
EMT	Environmental Management Trust
ENSO	El-Nino-Southern Oscillation
EOC	Emergency Operating Centre
EPR	Emergency Preparedness and Response
ER	Early Recovery
ERF	Emergency Response Fund
EW	Early Warning
FACT	Family AIDS Counselling Trust
FAO	Food and Agriculture Organization (of the United Nations)
FCTZ	Farming Community Trust of Zimbabwe
FEWSNET	Famine early Warning Systems Network
GoZ	Government of Zimbabwe
GTI	Gastro-Intestinal Tract Infections
Gvt	Government
HAZ	HelpAge Zimbabwe
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HEA	Household Economy Approach
HFA	Hyogo Framework for Action
HFG	Help Germany
HIPO	Help Initiative People Organisation
HIS	Island Hospice Services
HIV	Human Immunodeficiency Virus
HIZ	Heifer International Zimbabwe
HKI	Helen Keller International
HLTZ	Helpline Zimbabwe
HOCIC	Hope For A Child In Christ
HOSS	Hope Orphan Support Services
HT	Habakkuk Trust
HWAZ	Hilfswerk Austria International
HWOT	Healthwatch Welfare Organisation Trust
ICRAF	International Center for Research in Agroforestry
ICT	Information and Communications Technology
IDNS	Immediate Disease Notification system
IDSR	Integrated Disease Surveillance and Response
IFRC	International Federation of the Red Cross
IMC	International Medical Corps
IOM	International Organisation for Migration

IRC	International Rescue Committee
IRIN	Integrated Regional Information Networks
ISLT	Integrated Sustainable Livelihoods Trust
JJ	Jairos Jiri Association
JPV	Jekesa Pfungwa Vulingqondo
KST	Khula Sizwe Trust
LDS	Lutheran Development Services
LGDA	Lower Guruve Development Association
LWC	Lupane Women's Centre
MACOSET	Masvingo Community Skills Empowerment
MASO	Midlands AIDS Service Organisation
MCBO	Marozva Community Based Organisation
MCT	Mashambanzou Care Trust
MEDRA	Methodist Development and Relief Agency
MMT	Mvuramanzi Trust
MoH&CW	Ministry of Health and Child Welfare
MoLGRUD	Ministry of Local Government, Rural and Urban Development
MSF	Medecins Sans Frontiers
NCPC	National Civil Protection Coordination Committee
NCU	National Coordinating Unit
NEWU	National Early Warning Unit
NFIs	Non-Food items
NGO	Non-Governmental Organisation
NHCT	National Health Care Trust Zimbabwe
NHZ	New Hope Zimbabwe
NRC	Norwegian Refugee Council
OCHA	See UN OCHA
OPHID	Organization for Public Health Interventions and Development Trust
ORAP	Organisation of Rural Associations for Progress
PA	Provincial Administrator
PCPC	Provincial Civil Protection Committee
PFN	Prison Friends Network
PHAP	Professionals in Humanitarian Assistance and Protection
PLWHA	People Living with HIV and AIDS
PSI	Population Services International
PYNT	Pacesetters Youth Network Trust
RDS	Regai Dzive Shiri
RRTs	Rapid Response Teams
RTA	Road Traffic Accident
RUDO	Rural Unity for Development Organisation
RVAA	Regional Vulnerability Assessment and Analysis
SADC	Southern African Development Community
SAHC	South African High Commission
SAT	Southern African AIDS Trust
SAWO	Streets Ahead Welfare Organisation

SCHT	Stonyhurst Children's Holiday Trust
SCOPE	Schools and Colleges Permaculture
SC-UK	Save the Children UK
SEVACA	Sesithule Vamanani Caring Association
SI	Solidarités International
STA	Seasonal Targeted Assistance
SUZ	Scripture Union Zimbabwe
TDHIT	Terre des Hommes Italy
TDS	Technology Development Services Africa
TI	Transparency International Zimbabwe
TSCZ	Traffic Safety Council of Zimbabwe
UMCOR	United Methodist Committee on Relief
UN	United Nations
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UN-HC	United Nations Humanitarian Coordinator
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Organisation for the Coordination of Humanitarian Affairs
US\$	United States Dollar
VID	Vehicle Inspection Department
WASH	Water, Sanitation and Hygiene
WASN	Women and AIDS Support Network
WEG	Women Empowerment Group
WFP	World Food Programme
WHH/GAA	Welthungerhilfe / German Agro Action
WHO	World Health Organisation
WVI	World Vision International
YIPD	Youth Initiative for Positive Development
ZCA	Zimbabwe Christian Alliance
ZCC	Zimbabwe Council of Churches
ZCDT	Zimbabwe Community Development Trust
ZIMPRO	Zimbabwe Project Trust
ZIMVAC	Zimbabwe Vulnerability Assessment Committee
ZINARA	Zimbabwe National Road Authority
ZINWA	Zimbabwe National Water Authority
ZOTEH	Zimbabwe Orphans Through Extended Hands
ZRCS	Zimbabwe Red Cross Society
ZRP	Zimbabwe Republic Police
ZTHCA	Zimbabwe Trust for Handicapped Children Association
ZWB	Zimbabwe Women's Bureau
ZWP	Zvishavane Water Project

EMERGENCY FOCAL POINTS LIST¹⁹

National Civil Protection Coordinating Committee – Government Departments			
Organisation	Name	Phone	Email
Department of Civil Protection	M Pawadyira		
Department of Civil Protection	S Ndlovu	04792478	eprzim@eprzim.co.zw
Department of Civil Protection	L Betera	0712751856	lbetera@eprzim.co.zw
Zimbabwe National Water Authority (ZINWA)	Debra Musiwa	0772712432	dmisiwa@zinwa.co.zw
Zimbabwe Republic Police (ZRP)	Supt C. Chirinda	0773686598	
Zimbabwe Republic Police	Inspector Chuma		
MoAMID - AGRITEX-NEWU	T. T. Pasipangodya	0774394272	newuzim@gmail.com
MoAMID- Livestock	M Usayi	04 706081-7	
Ministry of Labour and Social Services	Zororo Gandah	0733141338	zgandah@zimpck.co.zw
MoRIIC	Mr Hope Chifamba	04 730081-7	
Environmental Management Agency	N Nondo	0772990134	nnondo@ema.co.zw
Ministry of Health and Child Welfare	Dr Portia Manangazira	04 730081-7	
Vehicle Inspection Department	L. Masiya Chengo	0712868276	Mosoyamaxvid@yahoo.co.uk
Radiation Authority of Zimbabwe	Itayi Chishanga	0774004459	ichishanga@rpaz.co.zw
Ministry of Mines	E. Mubayiwa	0772597342	Edward@gmail.com
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Air Force of Zimbabwe	RT Murungi	0772919028	rmurungi@yahoo.com
Traffic Safety Council of Zimbabwe	S. Maziwisa		maziwisas@trafficsafety.co.zw

¹⁹ List to be finalized with DCP and all other partners.

Provincial Administrators			
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Bulawayo	Ms. K. Ncube	0712719703	nkhonzani@gmail.com
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Mashonaland Central	Mr. I. Mukamba	0772720659	rimukamba@gmail.com
Mashonaland East	Mr. Munakira	0772485963	
Mashonaland West	Ms. K. Karombe	0772854695	
Masvingo	Mr. G. Chipika	0773904409 / 039-262310	chipikag@gmail.com
Matabeleland North	Ms. L. Dhlamini	0712212824	latisodlamini@yahoo.com
Matabeleland South	Mr. M. Khumalo	0712789263	
Midlands	Ms. C. Chitiyo		
NGOs Partners			
Organisation	Name	Phone	Email
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Action Aid	Joel Musarurwa	0712642015	joel.musarurwa@actionaid.org
Action Aid	Joram Chikwanya	04 788122-5	Joram.Chikwanya@actionaid.org
Africare	T Karuma	04 443199-201	
CARE	Mark Vander Vort	0772277442	vandervort@carezimbabwe.org
Catholic Relief Services USCCB – Zimbabwe	Timothy Bishop	0772129252	timothy.bishop@crs.org
Childline	Chengetayi Nyamukapa.	0713661230	casemanager@childline.org.zw
Christian Aid	Gift Dzitiro	04 706424	
Christian Care	Ellen Jaka	0712768018	ejaka@ccare.co.zw
Elizabeth Glasier Paediatric Foundation	M Rusike	04 302144	
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