

# RESEARCH REPORT

CHALLENGES & OPPORTUNITIES  
FOR URBAN STANDARDIZED  
DISASTER RISK REDUCTION  
PROGRAMMING IN SOUTHERN  
AFRICA BY WAY OF ZIMBABWE'S  
EXAMPLE

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Views and opinions expressed are however those of the research only and do not necessarily reflect those of World Vision Zimbabwe or World Vision Germany. Neither of the two organizations nor the granting authority can be held responsible for them.

## LIST OF ACRONYMS

AGM - Annual General Meeting

CBDRM - Community Based Disaster Risk Management

CBO - Community Based Organization

CCW - Community Childcare Worker

CHWs - Community Health Workers

CPC - Civil protection Committee

DDC - District Development Coordinator

DMA - Disaster Management Authority

DP- Disaster Preparedness

DRR - Disaster Risk Reduction

DSI - District Schools Inspector

ECHO - European Civil Protection and Humanitarian Aid Operations

FBO - Faith Based Organization

GBV - Gender Based Violence

ICS - Incident command System

INGO - International Non-Governmental Organization

LCDZ - Leonard Cheshire Disability Organization

LOE - Level of Effort

LP - Liquid Petroleum Gas

MSF - Medicines San Frontiers

NGO - Non Governmental Organization

OPD - Organizations for People with Disabilities

PWD - People with Disabilities

SADC - Southern African Development Community

SAR- Southern Africa Region

SHE - Safety Health and Environment

ToR - Terms of Reference

VIDCO - Village Development Committee

WADCO - Ward Development Committee

WFP - World Food Program

WHH - Welthunger Hilfe

WVG- World Vision Germany

WVZ- World Vision Zimbabwe

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## 1. Executive Summary

This Research was commissioned by World Vision Germany to assess the functionality of Disaster Risk Reduction Civil Protection Committees structures in selected urban areas of Zimbabwe (Mutare, Harare/Epworth, and Gweru) and to establish more evidence and knowledge on gaps and opportunities for improved and regional standardized Disaster Risk Reduction Programming, based on the example of Zimbabwe. The Research was conducted between October 2023 and February 2024.

The Research used qualitative data collection methods, interviews and Focus group discussions with key DRR focal persons in each city, including Civil Protection Committee members, City Council responsible, private sector representatives, special interest groups, community members, private sector representatives, humanitarian non-profit actors and market associations. Additionally, an extensive desk review was undertaken on urban programming reviewing disaster risk management protocols in urban areas, comparing policies and laws along feasibility and functionality, similarities between cities and differentiation with rural contexts.

Key findings indicate that all disaster risk management functions in Zimbabwe are enshrined in the Civil Protection Act of 1986. CPCs have been established at National, Provincial/town/local authority levels in urban areas while CPCs in rural areas are existent from district to ward and village levels<sup>1</sup>. There is a civil protection committee at town/local authority level for the three (3) cities that were engaged by this research. The constitution of the CPCs according to the Act is the responsibility of Local Government Ministry as chair, deputized by police and critical government departments, while NGOs are also active members. This however does not include the private sector and other interest groups like women or disability groups at town CPC level. CPCs are not fulfilling their constitutional mandates due to multiple reasons that were explored in this report: The CPCs do not meet frequently which is against the provisions of the constitution, in fact, representatives said that they usually meet when there is a looming disaster. DRR plans are existing, however, as the therein required direct interaction with residents/ communities' lack, the last mile approach<sup>2</sup> remains hence dysfunctional, as communities remain unprepared towards hazards. Though the Civil Protection Act regulates the existence of community-led/residents CPCs in urban areas, called "Area Civil Protection Committees", none of the research areas had such a committee in place. Ideally the urban community committees participate in and implement DRR activities including development of DRR plans and they feed into the provincial or town CPCs. Time and resources remain a major gap as civil protection is poorly funded as is enshrined in the Act therefore affecting the implementation of plans and

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<sup>1</sup> Civil Protection organogram from national down to village level annexed.

<sup>2</sup> Last mile refers to the last step of early warning/action processes, providing services and information to the residents to be protected from expected disasters.

proper DRR planning processes. There is a lack of dedicated DRR staff across all the government departments, which hampers effective coordination and implementation of DRR strategies

Based on challenges and gaps analyzed, the research recommends the reorientation of Council/town level CPC that are in existence at town level and subsequent establishment of community/suburb based CPCs that are non-existent to better spearhead DRR activities in their specific suburbs being supported and monitored by the town level CPC. Composition of CPC members should include government extension workers, (school representatives, health representatives, social services representatives, security, private sector, interest groups, such as Organizations for People with Disabilities (OPDs), women's groups, or youth groups and formal and informal private sector associations, local NGOs. The suburb based CPCs should feed into the town DRR plans and roll out the implementation of DRR plans as preparedness and anticipatory activities. The Research concludes with a proposed systematic approach to operationalizing of the Community Based Disaster Risk Management (CBDRM) model in Urban Disaster Risk Reduction for adoption in urban DRR programming.



## 2. Introduction

There are ongoing efforts by regional and international humanitarian actors, namely the World Food Program, the European Commission/ European Civil Protection and Humanitarian Aid Operations (ECHO), the Southern African Development Community (SADC), International Non-Government-Organizations (INGOs) with focus on Disaster Risk Reduction (DRR), and respective national bodies of Civil Protection in Zimbabwe, Madagascar, Mozambique and Lesotho, to improve urban resilience on disaster. Over the past years, critical work has been done by several parties to better differentiate the specific vulnerabilities of urban populations, compared to rural contexts. In parallel, humanitarian actors brought in specific support to local and national authorities, improving their capacities in reducing risks of human and nature made hazards, i.e. through partially conducted trainings, drills, awareness and advocacy. WFP, through funding from ECHO, further supported the development of standardized but urban contextualized Disaster preparedness (DP) plans in selected urban areas in the Southern African Region (SAR), which bases on a regional attempt, emphasizing a broader and more systematic approach, to tackle DRR efforts. The second phase of WFPs program plans to operationalize developed and adapted Disaster Risk Reduction (DRR) plans in urban contexts. Zimbabwe (Harare, Mutare, and Gweru), Lesotho (Maseru), Mozambique (Pemba) and Madagascar (Antananarivo) have been selected under this multi-year intervention. World Vision has been requested to facilitate and oversee the rollout of developed/adapted plans and committed through WVZ leadership to implement and ensure the operationalization of developed and adapted functional urban preparedness protocols by Disaster Management Authorities (DMA) in Southern Africa through the rollout of standardized regional Multi-Hazards Early Warning - Early Action Framework. The goal is to ensure the nation/regional-wide adaptation of unified but locally contextualized DRR Plan uptake.

To ensure this and make best use of the WVI “Urban Community-based disaster reduction management (Urban CBDRM)”, as one applicable tool and methodology to roll out urban DP Plans, World Vision Zimbabwe and World Vision Germany (WVG) firstly seek to understand the gaps that urban Disaster Planning structures face and opportunities existing to ensure kick-off and critical continuity of DRR interventions. To adapt World Vision Zimbabwe’s (WVZ) multiplied years expertise in DRR actioning across the country most appropriately into urban setups, the organization deemed need to identify the different players, key stakeholders and their level of interaction, coordination and linkage, which is seen to be more complex and exhaustive than in rural contexts, and if existing, how relevant parties are involved or excluded from existing interventions. DP Plans and training models to be standardized and utilized successfully across the country and region, need to ensure DP structures/committees are functional, feasible for urban contexts, and standardized. The research was hence further initiated, to access the level of functionality of probably integrated protocols, plans and policies. The research and its findings

should be finally used to draft a standardized methodology to ensure regionally streamlined settings of urban disaster management committees including critical stakeholder communication matrix ready for national and probably regional rollout, ensuring last mile affected populations benefit from DP plans, standardized training models and improved readiness in urban density and most vulnerable contexts.

### 3. Background of the Research Project

World Vision Zimbabwe together with World Vision Germany conducted this research in Mutare, Harare/Epworth and Gweru towns in Zimbabwe to inform urban programming stakeholders and interventions on gaps and opportunities that hinder or promote standardized operationalization of plans and rollout models, such as the World Vision International (WVI) CBDRM model contextualized for urban areas. The research involved the WVG Senior Researcher International Programs, the Knowledge Management Coordinator and the DRR specialized Program Officer of WV Zimbabwe. The design and adoption of tools were developed by the team above. The DRR Program Officer conducted data collection in the three (3) urban areas.

### 4. Purpose of the Research

The overall goal of the Research was to assess the functionality of DRR structures in selected urban areas (Mutare, Harare/Epworth, and Gweru) in Zimbabwe and to understand the levels and reasons of (dis)functionality of rolling out DRR Plans in urban contexts. It assumed that policies, protocols, constitution and plans exist, however operational gaps have been identified in the past. The thesis was that existing structures in urban contexts might have been developed based on rural knowledge and context which is very different from the urban, much more complex context. Rollouts of DRR plans in rural setups have been proving a greater impact and achievements in the past years. This may have been revealed in urban adapted programming, though remaining less applicable to the different setups of urban environments, living compositions and structures needing more comprehensive and urban context friendly coordination measures, including stakeholder shifts, communication structures and logistics unlike the rural context. In preparation to operationalize the roll out of DRR plans in Southern Africa in cooperation with WFP under its PHASE II DRR programming, funded by ECHO, World Vision took mandate to identify gaps and opportunities to develop a Systematic Approach that considers replicable but contextualized structural recommendations for functional CPC in urban areas. Replicable standards would then allow the roll out of urban DRR management, such as World Vision International's Urban Community-Based Disaster Risk Management model.

The research had planned the following key deliverables:

- 1) Map of existing and non-existing DRR committees including the identification of re-presented interest groups.
- 2) Desk research on policies, protocols, existing structures in comparison to operational functionality
- 3) Identify relevant stakeholders and contact partners needed to ensure comprehensive information sharing and multiplier effects (local NGOs, Social Welfare, Schools, Faith-based associations, enterprise and market associations, Community Health Workers, Municipal/City Councils, etc.)
- 4) Identify gaps and opportunities to increase access for stakeholders to commit to DRR committees (considering differing society-structures, increased movement, living and day to day demands, motivational aspects)
- 5) Map of digital/ social network systems for knowledge management and virtual setting opportunities and identify entry points at urban level
- 6) Identify local partners with long-standing presence and added value to upcoming Urban DRR actions
- 7) Understand key-stakeholders (such as local and national Civil Protection Units, civil society, governmental and private institutions) position, interest, level of understanding and interlinkage to DRR in urban context as well as collecting their perspectives and suggestions for possibly rooms for improvement.
- 8) Propose systematic approach to operationalize Urban DRR plan implementation in cooperation with identified stakeholders/ draft tool development

## 5. Geographical coverage

The research was conducted in Mutare, Harare/Epworth and Gweru towns identified as urban areas, being prone to common hazards such as floods, fire, water borne diseases and cyclones. With inhabitants of 150,000 to 250,000 population figures, the three (3) selected areas provided a broader view and opportunity of comparison for cities with similar sizes. It was thirdly considered, that the community structures in Mutare, Gweru and Harare/Epworth critically differing from rural structures, which was an important criteria to ensure the research is able to identify urban specifics.

### 5.1 Mutare

Mutare is located in the eastern part of Zimbabwe in Manicaland province that borders on Mozambique. The total population of Mutare according to the Zimstat Census Report of 2022 stands at 224,802<sup>3</sup> people. Mutare is in region one (1) of the country and receives high rainfall patterns in the summer season. Mutare is located in a valley and is prone to flooding during heavy rains usually in summer, thus exposing the city to damage to infrastructure, flash floods, diseases, mudslides and displacement of people. Solid Waste management is a major challenge in Mutare just like in the majority of towns in Zimbabwe, which results in pollution of the environment and exposing residents to diseases such as cholera. Poor solid waste management has led to blockages in drainage systems, exacerbating the risk of flooding in old suburbs and areas that are informal settlements. The Local authority in Mutare (Mutare City Council) lack resources to adequately prepare for and respond to disasters, trained personnel, equipment, and financial resources. Mutare just like any other town is experiencing more frequent and intense weather events due to climate change, including droughts, floods, and cyclones<sup>4</sup>. These events have caused significant damage to infrastructure, food and water shortages. Some of the most vulnerable suburbs in Mutare include Sakubva, Chikanga, Dangamvura, Gimboki and Hobhouse.

### 5.2 Gweru

Gweru is a city located in the central part of Zimbabwe, Midlands Province. It is the fifth largest city in Zimbabwe. The total population according to the Zimstat 2022 Census Report is at 158,200<sup>5</sup>. Gweru is a flat and low-lying town making it vulnerable to flash floods from seasonal rainfall, because of poor drainage in mostly high-density suburbs, fire incidents due to overcrowding, inadequate fire safety measures, and faulty electrical systems. Chemical spillages occur since the town lies along a major road network, infrastructure failures are common, due to

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<sup>3</sup> Zimbabwe Census Report 2022

<sup>4</sup> The World Bank

<sup>5</sup> Zimbabwe Census Report 2022

aging structures, including buildings, bridges, and roads. Disease outbreaks occur as a result of overcrowding, poor sanitation, and inadequate access to clean water and traffic accidents as a result of congested roads, reckless driving, and inadequate road safety measures are further hazard factors. The most vulnerable suburbs are in Gweru are Mkoba, Senga, Mambo, Mutapa, Woodlands and Ascot. Mkoba, which is located in a low-lying area, is prone to flooding during the rainy season. Senga suburb, located near a river is prone to flooding during heavy rains. Mambo, located on the outskirts of Gweru is susceptible to wildfires during the dry season. Ascot has a high population density and inadequate infrastructure, which leads to health hazards and other risks and Nehosho, which is located near a dumpsite, which poses risks to residents' health and safety<sup>6</sup>.

### 5.3 Harare/Epworth

Epworth is a dormitory town in southeastern Harare Province of Zimbabwe. According to the Zimstat 2022 National Census report, the total population is 206,368<sup>7</sup>. The informal settlement in Epworth grew rapidly in population from the late 1970s to the 1980s without any urban planning. It is still considered the largest and poorest suburb of Harare town. It has a local authority, but it is still undergoing regular urban settlement processes. Epworth is prone to flooding from rainfall in poorly drained areas and informal settlements, fire incidents due to overcrowding and Liquid Petroleum (LP) gas explosions. Infrastructure failures due to aging, including buildings, bridges, and roads. Disease outbreaks because of overcrowding, poor sanitation, and inadequate access to clean water and traffic accidents because of congested roads, reckless driving, and inadequate road safety measures. There is no industry in Epworth as most residents work in Harare, many of them as vendors. The local authority is resource constraint, as residents do not pay for the few services that are given by the council.<sup>8</sup>

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<sup>6</sup> the United Nations Office for Disaster Risk Reduction (UNDRR)

<sup>7</sup> Zimbabwe Census Report 2022

<sup>8</sup> ZLGA. (2020). State of Local Government in Zimbabwe Report 2020. Harare: Zimbabwe Local Government Association.

## 6. Methodology

The research adopted a qualitative methodology, identifying and meeting/ interviewing direct and indirect stakeholders over the urban DRR programming and the functionality of civil protection committees at all levels in the urban setting. The research used purposive/convenient sampling in identifying research participants who are involved in DRR programming and/or having presence in the area of research through branches or projects being implemented.

The DRR Program Officer, the Knowledge Management Coordinator and the WVG Researcher International Programs developed a qualitative questionnaire that was used for data collection in phases: The first window of interviews was set physically and focusing on governmental bodies, responsible for CPC functions in respective territories, understanding the level of functionality and appropriateness of potential actions in urban contexts. These interviews were followed by a sequence of meetings with city representative stakeholders from Private Sector companies and associations as well as humanitarian non-profit organizations, which were to identify their level of inclusion, commitment and/or the availability of own preparedness measures. In the second sequence of interviews, the researchers focused on perspectives and ideas for improved CPC functionality by CPC members and other above-mentioned stakeholders. The following qualitative techniques were employed to collect data in all the three (3) areas targeted:

1. Key Informant Interviews
2. Focus Group discussions with selected Civil Protection Committees
3. Qualitative Data analysis (thematic analysis)

Additionally, a desk review of existing documentation<sup>9</sup> was conducted to guide the research and as reference and allow comparison of existing theoretical structures, tools and systems with practical functionality within the setups. A triangulation of the findings with existing literature by other players was done too.

## 7. Research participants

In Mutare, the research interviewed the Local Government Services Director who is the Manicaland provincial civil protection chair, the District Development Coordinator (DDC), the Assistant DDC, the District Economist, the Mutare City Council DRR focal person, two Department of Social Development provincial representatives, the DRR Programme Policy Officer for WFP and two local NGOs, namely SAFIRE, Leonard Cheshire Disability Zimbabwe two program

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<sup>9</sup> Annexed to this research

Coordinators, the PLAN International Coordinator and two affiliates of private sector stakeholders, such as Safety and Health personnel from Willowton Private Limited and Mutare Bottling Company. In Mutare the total number of interviewees was thirteen.

In Gweru, the research interviewed the Local Government Services Director who is the entry point into the Midlands province, the DDC, the Gweru City Council focal person, one Welthunger Hilfe (WHH) program representative, Musasa Project Officer, one representative from the National Council of the Disabled Persons in Zimbabwe, one representative from the Zimbabwe National Chamber of Commerce (the Chairperson), one Bata Shoe Company representative and the Zimbabwe Institute of Foundries chairperson. The total number of interviewees for Gweru was nine.

In Harare/Epworth, the research interviewed the Harare Provincial Local Government Services Director, the Epworth Environment Manager who is the focal person for DRR matters, the Local board engineer, and the town secretary for Epworth, program representatives from GOAL (one person), Medicines Sans Frontiers (MSF) (one person), two CHWs, two CCWs, one EHT, two council school authority representatives, the sister in charge at Epworth Poly clinic, the DSI and one representative for the following private companies in Harare (Shumba Coopers Pvt. (ltd.) Fivet Animal Health). Additionally, two market associations of vendor representatives in Mbare, the Chapter Manager for the Confederation of Zimbabwean Retailers and five FBO representatives. The total number of interviewees for Harare was twenty five making a total of forty seven for the entire research.

## 8. Findings

### 8.1 Civil Protection Governance structure

The Zimbabwe National Civil Protection Act 1986 is a legislation that establishes a civil protection organization and provides for the operation of civil protection services in times of disaster. This act established the legal framework for disaster management and response in the country. It provides for the establishment of a Civil Protection Committee (CPC) and outlines its functions, constitution, powers, and responsibilities from national to sub national (from national to: provincial, district, ward and village) levels. The Act also provides for the establishment of a fund to finance civil protection and for matters connected with or incidental to the foregoing. The Act defines civil protection as any service or measure for preparing for, guarding against or dealing with any actual or potential disaster. The Act declares civil protection provinces and areas, and appoints civil protection officers and committees at these various levels. The Act empowers the Minister of Local Government to declare a state of disaster and to issue directions for civil protection at national or government level. The Act also regulates the registration and deployment of volunteers, the requisitioning of property and services, and the compensation for losses or damages arising from civil protection activities.<sup>10</sup>

The organogram below shows a homogeneous structure that was designed to be functional in both urban and rural context with the same conditions but the research has revealed that the incident scene (being the lowest on the hierarchy) exists and is functional in rural Zimbabwe, but is yet to come into existence in urban areas where the research was undertaken. The bronze function relates to each one district CPC in rural areas. In urban areas, the town/ local authority based CPC is equivalent.

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<sup>10</sup> The Zimbabwe National Civil Protection Act 1986



**Figure 1: Organizational structure for Zimbabwe Civil Protection**

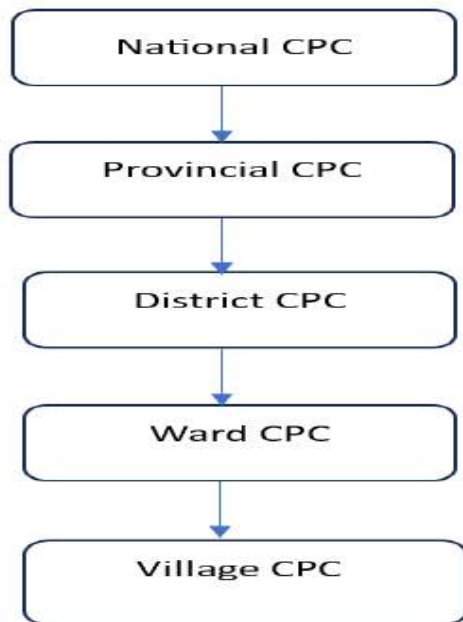


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This organizational structure above can further be represented by Fig 2 below to show its reach both in rural and urban areas. Findings have shown that CPCs in urban areas are existent at district levels representing the town or local authority level CPCs only and are yet to be established at ward and village level which represent the suburb. This is unlike in the rural context where CPCs exist up to village levels.

<sup>11</sup> The Zimbabwe National Civil Protection Act 1986

Fig 2



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## 8.2 Common hazards experienced in the past five years per town

Type of Hazard	Likelihood/ frequency of occurrence per city		
	Epworth/ Harare	Mutare	Gweru
Flash floods	Very high	High	Very High
Diseases (cholera)	Very High	Very High	High
Solid waste management	High	High	High
Road traffic accidents	Medium	Medium	Medium
Drought	Medium	Medium	High
Electrical faults/fires	Medium	Low	Medium
LP Gas explosions	Medium	Low	Low

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Above table summarizes hazards and frequency of occurrence per city as per DRR plans developed by the three urban areas.

<sup>12</sup> Zimbabwe Civil Protection Department

<sup>13</sup> Hazard map adapted from the DRR plans for Mutare, Epworth and Gweru

### 8.3 DRR entry points in urban areas

The entry point on DRR in Urban contexts is through the Provincial Directors in the three (3) towns who further refer to the District Development Coordinator (DDC) for Mutare and Gweru and Area Focal persons from Local Government for Harare respectively. The Area Focal persons in Harare (i.e. also in Bulawayo) replaced the formally existing DDC, since 2020<sup>14</sup> who chair the Civil Protection Committee (CPC) and are responsible to convene the local authority CPC membership contacts for further engagement related to Disaster Risk Reduction Information, coordination and communication. However this has not been effective as other government departments still have District heads in the districts for example District Schools Inspectors. Ward City Councilors and community based extension workers, existing in the structure of urban communities, provide the direct contact and dialogue between the District Development Coordinator (DDC) and focal person respectively assigned by the Town Secretary and Health managers in case of the three urban areas engaged. However, on the ground, coordination beyond the local authority CPC is not defined nor intentional as per the dictates of the act but coincidental, less structured and not formalized.

### 8.4 Mapping of existing and non-existing DRR committees

#### 8.4.1 Structure

From the interviews and discussions conducted, there is each one civil protection committee (CPC) existing at town level in Gweru, Mutare and Harare/Epworth representing DRR interests for their entire towns. The Civil Protection Act 1989 provides for the formation and functionality of lower level based CPCs known as “area committees” in the act which, however, none of the towns has established. It is understood by the CPC members, that these missing sub-structures cause a critical gap for coordination/ communication before, during and after disasters and hinder last mile reach out to the residents. Consequently, this leads to limited participation of communities in DRR matters that affect them.

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<sup>14</sup> The government of Zimbabwe in 2020 promoted DDCs in Harare and Bulawayo to Directors and never replaced them within the Ministry of Local Government. The ministry assigned focal persons to act as DDCs but are not DDCs.

## 8.4.2 Composition

The town or local authority level civil protection committees in the three contexts are comprised of the same participants as prescribed in the Civil Protection Act of 1989:

1. District Development Coordinator as the chairperson
2. Zimbabwe Republic Police/ Army/ Air force (security)
3. Local authorities representatives (Mutare, Gweru, Epworth City Councils)
4. Ministry of Health and Child Care
5. Ministry of Primary and Secondary Education
6. Department of Social Development
7. Department of Public Works
8. Department of Physical Planning
9. Ministry of Agriculture
10. Department of Veterinary Services
11. Meteorological Department
12. Zimbabwe Red Cross Society
13. Department of Women Affairs
14. Ministry of Information
15. Development partners/ Civil Society Organizations
16. Environment Management Agency

In accordance with the act, the CPC members comprise more than 95% of the government sector ministries, departments and parastatals that provide public services to these urban areas. Each department represents its constituency, for example the Ministry of Primary and Secondary Education (MoPSE) refers to DRR topics that affect learners and schools to the CPC and is responsible to ensure that feedback from CPC is properly disseminated to all schools (last mile).<sup>15</sup> The Ministry of Health and Child Care (MoHCC) shall ensure effective DRR and response communication from the residents to the CPC and vice versa. According to the act, the Ministry of Public Service, Labour and Social Welfare (MoPSLSW) plays a pivotal role in ensuring inclusivity and protection matters are brought to the CPCs while Women Affairs shall ensure gender equality in DRR.

NGOs are considered under the group of Development partners/ Civil Society Organizations (15) and represent special interest groups, such as people with disabilities, women and children, the elderly, and people with chronic illnesses. Practically, NGOs participate merely partially in the

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<sup>15</sup> For example, when cyclone Freddy in January 2023 was about to strike, the National CPC issued strong warnings in which the education ministry ordered schools to be closed in anticipation of the cyclone to ensure safety of all learners. The local ministry of the Government issues warning messages via traditional leadership in rural areas which are not in place for urban areas

CPC meetings and only whilst temporarily implementing DRR interventions only and stop attending when they do not have a project running. CPC members interviewed explained further that special interest group representation is not sufficient as this could be improved beyond attendance to decision making. Christian Blind Mission (CBM) International advocated at the National Civil Protection Department for the amendment of the Act and inclusion of people with special needs in 2021 but the amendment process is still pending, however, organizations continue to lobby with the policy makers for the amendment.

### 8.4.3 Protocols, Policies and DP Plans

All the three towns have DRR and contingency plans in place that have all the hazards identified and prioritized and the contingency plans of what needs to be done before, during and after a disaster (outlined under 9.1). These Plans are updated on an annual basis as prescribed by the CP Act, including stakeholder and community participation. In the case of Harare/Epworth, Mutare and Gweru, the local authority CPCs developed the plans for their entire towns on behalf of the communities that they represent. Further, the CPCs are obliged to integrate and frequently update contextualized protocols and policies provided by the National Civil Protection Department, which is usually affected by lack of resources to involve all communities. The plans are not systematically implemented across the three towns, for example, fire drills in their fire strategies have not been conducted regularly as per DRR. One participant echoed that

*‘NGOs convene us to develop and update plans yearly, it has been the norm but after that they are submitted and filed until the next review.’*

Capacity Building plans and annual work plans are recommended by the Act, however, none of the CPCs interviewed, could elaborate the implementation of the plans, except for a few INGOs that have facilitated specific trainings to the CPCs using their own budgets for example, the SCALE DP project<sup>16</sup> and WFP facilitated the updating of DRR and contingency plans in Epworth, Mutare and Gweru. WHH in Gweru has also facilitated capacity trainings to the Gweru CPC using the Zimbabwe Resilience Building Fund (ZRBF) project resources. CPCs without active development partners are not able to implement capacity plans and other DRR activities as they are reportedly resource constraint.

### 8.4.4. Functionality

The recommended frequency for the CPCs to meet is monthly, to allow for DRR planning, preparedness, resource mobilization and annual action plans to be followed based on individual

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<sup>16</sup> SCALE-DP project implemented by World Vision, WHH and CBM funded by ECHO trained CPCs on early warning and early action systems in districts that it was operating, Chipinge, Chimanimani, Buhera, Tsholotsho and Nkayi funded by ECHO.

agendas, as the Act does not provide systemic topics or guidelines. The interviews revealed that the town/local authority level CPCs are existing in all the three (3) towns, however there are no time schedules nor continuous monthly meetings; the CPC would rather come together as per need, usually when a disaster strikes or a hazard is about to strike. For example in Mutare, the CPC recently met for an emergency gathering, invited by the DDC, to plan response measures along the Cholera outbreak – this however seven months after the beginning of the outbreak in Zimbabwe in February 2023. The main reasons mentioned for non-meeting are inadequate resources, time constraints and conflicting activities. In rural contexts, financial and logistical constraints are covered by DRR focused NGOs usually facilitating the meetings with provision of allowances and refreshments, however, this was deemed not being functional in urban contexts as few organizations operate in urban areas compared to rural areas hence there are no sustainable ownership approaches according to CPC representatives engaged. Because INGOs and most local NGOs are based in Harare, their presence in CPCs in respective towns/suburbs remains temporary and along the duration of existing projects only, hence entails a high degree of fluctuation discontinuity. Additionally, KIIs revealed that for government departmental CPC members participating, there is no continuity as they are assigned to attend meetings not as permanent government representatives resulting in different people attending leading to discontinuity. In some departments there are no specific DRR focal persons that are assigned permanent attendance in the CPCs.

## 8.5 Stakeholders in urban DRR programming

### 8.5.1 Local authorities

Local authorities' representatives of the CPC, use their "extension arm" of local ward councilors being a conduit of information to and from residents and CPC via the town council to the DDC who in this case is the chairperson. These elected ward councilors are a link between town council/government and the residents. Further to the local ward councilors there are government extension workers, such as Community Health Workers (CHW), and Community Case Workers (CCW), Environment Health Technicians (EHTs), Department of Agricultural Technical Extension Services Agritex, Ministry of Women Affairs and others, who link communities with government service for example health care, national registration, psycho social support services and share critical information, from and to relevant government/local authority departments. For example Community Health Workers are trained and equipped by the city health department to follow up home based care of sick residents. Before and during disease outbreaks, such as Cholera, CHWs update the city health institutions on the number of cases in the community to influence disease preparedness and response actions. The CHWs conduct door to door campaigns on health issues within their jurisdiction. Additionally,

preparedness interventions are conducted by CHWs, i.e. promoting hygiene awareness in communities during home visits. EHTs are ward based as well and work with business associations and residents within their localities to ensure that communities and private business stakeholders do not engage in activities that can affect the environment and expose the town to epidemics. CCWs are responsible for social protection and safeguarding of vulnerable children and adults within communities. Essentially, extension workers play a dual role of giving information from service providers to residents and from the residents to the service providers as well (departments of health, social welfare etc.), however are limited to a specific target reach and topic (such as health related prevention and case management matters). Interviews with extensions arms revealed further, that the communication structure between CPC through Councilors to the CHW remain less systematically nor timely coordinated. Extension arms were less aware of the CPC, its roles and responsibilities and would hence not clearly understand their own roles within this system.

### 8.5.2 CSOs (INGOs, local NGOs, CBOs, and FBOs)

Herein referred as Civil Society Organizations (CSOs) support CPC mandates, such as DRR information sharing, using the direct contact they hold with communities/residents in their daily work. Discussions with WHH and WFP, Médecins Sans Frontiers (MSF) and Plan International showed that through DRR projects, they further provide training and community engagement activities on DRR to communities (DRR preparedness, mitigation, response, recovery and reconstruction) in the three towns targeted. WHH in Gweru has supported the training of Gweru CPC in DRR planning, preparedness, mitigation, response and improving CPC capacities towards recovery actions between 2019 and 2022. WFP has supported the three towns to develop and update DRR and contingency plans (see 9.3.3 of this document). The Zimbabwe Red Cross Society is one of the local entities with strong DP footprint in Zimbabwe, including Mutare, Gweru and Harare/Epworth and elsewhere in the country. The Zimbabwe Red Cross Society was established through an Act of Parliament in 1981 as an auxiliary to the Government of Zimbabwe's humanitarian interventions. In this case the organization focuses on disasters, climate and crises and is a permanent member of CPC from the national to sub national levels and participates in all the CPCs as per act of parliament but cannot coordinate CPC meetings<sup>17</sup> due to limited funding to address CPC capacity needs. Other local organizations are not consistent members of the CPC, though providing continuous presence in the areas and close interaction to the population and special target groups, such as PwD, women and children, however only a few of them are specialized and implement DRR programs. SAFIRE, being interviewed, as based in all three areas, stated relevant knowledge and experience in DRR programming (though mainly in rural

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<sup>17</sup> Zimbabwe Red Cross Fact Sheet 2022.

contexts), and link/mainstream DRR components with their main sector interventions livelihoods and climate adaptation projects across the country. The research engaged Leonard Cheshire, a local disability organization, with experience in inclusive urban DRR interventions. LCDZ works with OPDs and build their capacities to effectively address the needs of PwD, ensuring their rights and needs are inclusively considered in all community developments. I.e., LCDZ implemented the TORCHES project with FACT, FAWEZI with funds from Action Aid. to capacitate OPDs and grassroots structures with Disability Inclusive Disaster Risk Management skills in Masvingo, Manicaland and Midlands and linked with the district and provincial Civil Protection Committees in the three provinces.

The research interviewed FBO associations namely, Zimbabwe Council of Churches (ZCC), Evangelical Fellowship of Zimbabwe (EFZ) and Union for the Development of Apostolic Churches in Zimbabwe Africa (UDACIZA). ZCC, UDACIZA and EFZ participate in rural CPCs where they are operating and at National level in policy and strategic meetings. ZCC and EFZ have membership, schools and hospitals that participate in DRR topics especially in rural areas. Churches and schools are used as evacuation centres and hospitals respond to epidemics by providing treatments services.

### 8.5.3 Special interest groups

According to local government officials, Special interest groups (SIGs) are represented under CSOs although their interests may not be fully represented. In this research the SIGs refer to PwD, Women, youth and children issues that need to be taken into consideration in urban DRR interventions. The research interviewed Program Officer from Musasa, a local NGO in Zimbabwe, with focus on Women and GBV. In Gweru, the organization is not participating directly in CPCs but their interests are presented through the Department of Women Affairs who are a permanent member of the CPC. The ideal scenario is Musasa and other like-minded organizations have discussions with the Women Affairs Department so that related issues of concern are taken to the Gweru CPC for consideration in DRR programming. However, this according to Musasa has not been happening frequently as required due to budgetary constraints. Additionally, the research interviewed LCDZ who represent PwD and OPDs across Zimbabwe. LCDZ indicated that they do not participate directly in CPCs but like Musasa are represented by The Federation of Organizations of Disabled People in Zimbabwe (FODPZ) who represent interests of PwD and OPDs in CPC meetings. CBM since 2021 has been convening OPDs, CSOs with the national CPC lobbying for the participation of PwD in CPCs and in DRR programming at all levels in the country particularly network organizations with limited success unfortunately. This however leads to exclusion and perpetuate current gaps in urban DRR programming considering the needs of PwDs, women, children and the chronically ill populations during disasters.



## 8.5.4 Private Sector

Private Sector representatives were selected for interviews based on their presence in respective towns. As outlined under the Composition (8.1) and confirmed by interviewed private companies, they are not part of CPCs in the three (3) towns. 75% of the private companies interviewed indicated to have internal preparedness systems, such as having Safety Health Environment (SHE) departments that coordinate all security and safety issues within their companies. These companies conduct disaster preparedness activities periodically for their employees, such as drills, awareness campaigns on hazard specific activities and capacity building. 25% of interviewed Private Sector indicated to not having sufficient measures and capacities to develop and operationalize DRR plans on their own but would benefit from improved coordination and cooperation with the CPC, i.e. on how to systematically and jointly share alerts and early warnings. The private sector viewed themselves and their expertise as important stakeholder in DRR and preparedness activities; however, so far CPCs solely approach them during disasters and as means of fundraising for resources to respond to hazards. For example, Bata Shoe Company has responded with NFIs in the Woodlands flash floods in 2022 and Willowton provided soap during the COVID 19 response to schools to reduce transmission. During the cholera outbreak (2023), the same company has renovated the cholera treatment wards at Mutare Provincial Hospital. Different CPCs approached Zimbabwe National Chamber of Commerce (ZNCC) during various disasters. Zimbabwe National Chamber of Commerce is a non-profit making membership-based organization that provides services designed to support its members in business development. It is headquartered in Harare with Chapter branches in Harare, Masvingo, Mashonaland, Manicaland (Mutare), Midlands (Gweru) and Matabeleland and have membership of more than 100 private companies. The ZNCC channels disaster funding requests and support requirements from CPCs to its membership who respond as individual companies to the crisis at hand at that point in time.

In Harare, private companies like Fivet and Shumba Group interviewed are likewise not part of the CPCs, however, indicated to be individually continuously active and engaged by dealing with livestock disease outbreaks, draught and flood hazards that affect animal health. Fivet and Shumba Group, as well as the Livestock Solution Consortium (LSC)<sup>18</sup>, led by Shumba Group have branches throughout the country where they provide critical early warning information to farmers through Agritex extension workers and provide capacity building to certain topics relevant to small farmers. Just like already mentioned by other companies, they have SHE departments that lead occupational safety activities at the work place.

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<sup>18</sup> Shumba Group of Companies(Coopers Animal Health, EcoMark Ltd, Irvine's Zimbabwe, Makera Cattle Company, MC Meats and Profeeds)

Aside of these, there are numerous private sector companies that continuously support with financial resources and logistics, during crisis, and bringing in technical expertise towards “build back better”<sup>19</sup>. PPC Zimbabwe, a cement manufacturing company in Zimbabwe, i.e. have been involved in building and repairing roads and bridges after the cyclone Idai and other cyclones that have affected the country in recent years, essential for disaster response and recovery. Delta Corporation conducted social responsibility programs to communities and they collaborated with the Traffic Safety Council to promote safe driving to reduce road traffic accidents. Private companies like Unkie mine in Shurugwi promote strong corporate social responsibility programs to address disaster and response management, and i.e. retrofitted damaged schools affected by strong winds and heavy storms. In Harare, OK market Zimbabwe have been engaging in clean up campaigns to deal with solid waste management that causes serious blockages, leading floods and water borne diseases. Bank ABC donated garbage trucks to city of Harare to address waste collection challenges that have characterized most local authorities.

The Confederation of Zimbabwean Retailers (CZR) is an umbrella body for the Retail Sector and clients are the shop owners cutting across the divide from grocery shops, clothing shops, uniform retailers, hardware retailers, saloons and barbershops, cellphone retailers, accessories shops, hair pieces shops, cosmetics shops etc. CZR supported the cyclone Idai (2018) and COVID 19 response. According to the CZR Economist interviewed by this research, the confederation mobilized food and non- food items for Idai victims. For example CHOPPIES, a local grocery shop mobilized and delivered the materials to the national taskforce for distribution. During the COVID 19 response, CZR was instrumental by engaging the government for their members to operate during restrictions, which were then classified as ‘essential services’. However, the Economist interviewed by the research confirmed that CZR participate in DRR issues mainly at national level through special invited members and would not be active at sub national levels mainly due to poor coordination, but indicated strong interest to be better involved at all stages and levels of Disaster preparedness and response.

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<sup>19</sup> Sendai Framework for Disaster Risk Reduction 2015 – 2030, United Nations

## 8.6. Current gaps in and opportunities for stakeholder inclusive and comprehensive rollout of DRR activities in urban contexts

### 8.6.1. Gaps

#### 8.6.1.1 Limited coordination

Though there are a couple of relevant stakeholders involved and partly directly supporting CPC in urban setups, as outlined in 9.4, the collaboration and coordination among different government agencies, local authorities, and other stakeholders involved in DRR activities show some room for improvement. These leads to inefficiencies in disaster preparedness and response efforts, increases risks of duplications, delayed interventions, multiplied and possibly to the population contradictive information sharing. Extension arms, ward level authorities and community workers remain informed, however sometimes more coincidentally and less consequent; guidance on preparedness needs is missing, comes late or remains insufficient. For example in Epworth, CHWs indicated that they are at times post a disaster instructed to take statistics i.e. of households affected by flash floods. The feedback chain remains one sided, and misses then further information share back to the last mile/ affected communities. INGOs and UN agencies support partly based on their own funding opportunities with temporary approaches but less continuous representation as this support is usually specific and cover interest areas of their projects only which again risks duplication and hampers sustainability measures. Special interest groups are not properly coordinated to represent their interests in CPCs, though there is strong advocacy at national level to have representatives of special groups listed above in the CPCs. FBOs are important in community development as they can influence positive development but they are not organized to participate in CPCs. There is need for improved coordination so that all these critical stakeholders can participate actively in CPCs and improve DRR programming in urban areas. Private Sector partners indicated that their support has been requested and required once a disaster strike, i.e. during emergency response and their strength in preparedness including escape and evacuation plans in public spaces, such as shopping malls etc. could be considered too. Market associations for example vendors associations and CZR in Epworth and Mbare<sup>20</sup> are yet to participate in CPCs as information on DRR needs to be cascaded to their membership. They know the risks that are surrounding them but they do not know how they are connected with the CPCs and how they could contribute to effective implementation of DRR interventions in urban areas.

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<sup>20</sup> Mbare is a big vegetable market in Harare that provides farm produce to the greater Harare including Epworth, actually most of the vendors stay in Epworth.

### 8.6.1.2 Limited participation of local communities

Though mandated by the Civil Protection Act 1989, ward level civil protection committees are not existent in urban areas, which leads to non-coordinated community-isolated DRR planning, temporary awareness, and without means to listen to and factor in concerns of the last mile affected and at risk populations. This affects last mile connectedness due to limited participation of the urban communities in DRR activities that affect them unlike their rural counterparts who have functional ward and village structures that allow active participation of the communities in DRR issues. CHW may partly assist to closing the gap between CPC and the community members; however, it remains punctual and non-inclusive. The non-participation of final recipients to DRR awareness, trainings, involvement, leads to non-ownership and dependency, limiting sustainability efforts and further risking disasters. Residents, who are not included in DRR processes, have low risk perception and make decisions that affect them negatively. For example, residents dump solid waste in undesignated places that leads to blockages, floods, and underground water contamination and disease outbreaks. These cities face problems such as inadequate collection, transportation and disposal of waste, especially from the informal sector. For example, in Gweru, the city council does not have enough resources and manpower to collect waste from the informal enterprises such as markets, where large amounts of biodegradable and recyclable waste are generated daily. In Mutare, residents resort to unsustainable ways of disposing waste such as backyard incineration, burying, burning and illegal open dumps. In Epworth, poor sanitation practices such as indiscriminate dumping of household waste and lack of potable water pose serious health hazards. These practices contribute to environmental pollution and degradation, as well as the spread of diseases.

Other reasons for the low attention and participation of community members, lays within daily livelihood demands for many residents, which strongly differs from rural contexts. The pressure to work, the higher degree of movements to generate income, through vending/trading and touting in faraway areas in urban contexts, specifically Harare/Epworth as well has created a highly mobile and fluctuating population that makes it more difficult to attract, maintain and participate in DRR interventions.

### 8.6.1.3 Inconsistent or lacking Protocols, Policies and DP Plans

Though DP plans are available and generally updated (through WFP engagements with CPCs in the urban areas researched), standard operation procedures (SOP) to operationalize them remain a critical gap. There are gaps of training manuals to roll out DP plans and standardized formats, such as time schedules as well as monitoring tools to observe impact and further learning. There is no clear communication matrix that would ensure information sharing among relevant stakeholders, including business centers, civil society organizations and

health/protection/ social welfare institutions. All CPC and stakeholders interviewed, stated that such resources are missing and make it further difficult to ensure DP plans are followed up on.

#### 8.6.1.4 Financial Resources

The Zimbabwe treasury is mandated to create a civil protection fund, sufficient to implement civil protection activities at various levels in country as prescribed in the civil protection act. However, CPC members stated that they do not have sufficient resources available to fully ensure that CPC intervention costs are covered. Actually there are no funds that have disbursed to date to cater for DRR interventions in the target areas. Resultantly, this has made CPC to rely on external financial support, such as interventions conducted by CSOs and UN agencies with donors from abroad. The CPC are not capacitated to better fundraise and interlink with Private Sector companies, who might be a source of funding of DP, if the efficiency of DRR measures against response expenses<sup>21</sup> would be brought better to profit orientated entities. So far CPC request Private Sector funds only sporadically and solely for means of responding to disaster, without consistent support and hence no planning security.

#### 8.6.1.5 Limited digital usage

Since internet coverage and mobile connectivity is way better secured in the cities and consistently available, compared to rural contexts, digital measures would allow to better meet the differing and demanding living circumstances and the need to overcome higher distances in urban areas, to ensure frequent and immediate connection and information share. The CPC and other stakeholders are yet to utilize digital platforms, social network systems for improved knowledge management and virtual setting opportunities for DRR e.g. use of Zoom, Microsoft Teams, Skype etc. to conduct CPC meetings and/or ensure information share, from highest to lowest level (last mile) however, low usage is attributed to high internet data costs and this directly affects virtual opportunities for CPCs to meet.

#### 8.6.1.5 Low Implementation of DP Plans

There is limited implementation of agreed DP plans due to a number of reasons, for example limited resources to implement drills, trainings, establishment of ward based committees in urban areas.

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<sup>21</sup> Every US\$1 invested in risk reduction and prevention can save up to US\$15 in post-disaster recovery (United Nations Office for Disaster Risk Reduction: <https://www.undrr.org/our-work/our-impact>).

#### 8.6.1.6 Nonexistence of urban ward CPCs in the 3 urban areas.

There are no governance structures at ward levels as there are no urban ward based committees in the three urban areas engaged.

#### 8.6.1.7 Inconsistent participation of members

CPC members from government departments who participate in urban CPCs are not permanently assigned as they change and leave the government for greener pastures resulting in discontinuity.

### 8.7. Opportunities

#### 8.7.1. Legislation (the civil protection act of 1989)

The Civil Protection Act is in place and adhered to, describing and setting the formation of urban CPC structures at local authority levels. Further, standardized and contextualized DP plans are available, ready for rollout and trial. Since local communities and specific interest groups have not sufficiently participated in its development, it may need to be revised or adapted, once a rollout identifies further room for improvement, e.g. on improved inclusivity.

#### 8.7.2 Stakeholder Commitment

Due to overload and lacking competencies all CPC heads, showed high interest in further support and inclusion of stakeholders, which could improve the functionality of CPC actions along the Act, becoming more inclusive and comprehensive, when considering CSOs, local ward committees and private sector stakeholders.

#### 8.7.3 Local organizations

Local organizations are identified to be available and present in respective urban contexts, promising a longer standing, than INGOs and UN agencies with punctual interventions. The growing connection between the two would help improved fundraising coordination and at the same time promise higher continuity as well as bringing in local partner perspectives within their specific technical area of competency.

#### 8.7.4 Private companies and associations

Private sector stakeholders are reasonably available, committed and already partly connected to the CPC, i.e. during disaster response. Some private sectors have already established associations and are well linked and coordinated for joint approaches concerning development and business engagements. (ZNCC, LSC, Epworth/ Mbare vendors association) These linkages, associations could be used for improved “one voice” representation of private sector companies in Disaster Risk Reduction processes. Technical knowledge and often advanced systematic logistics could be an added value to better promote awareness and other preparedness measures, i.e. in drought preparations for farmers; Private Partner with existing evacuation and other DRR plans inside their companies could become ToT for those without DRR measures.

#### 8.7.5 Available virtual platforms

There are virtual options, such as platforms that can be availed to stakeholders to participate in CPCs to avoid travelling and other related costs, making use of committed telecommunication and ICT companies in the country.

#### 8.7.5 Existing Residence Associations

There are residence associations that are existing in the three urban areas that can be engaged and incorporated into the CPCs at ward level leveraging on their capacity to mobilize residents.

#### 8.7.6 Network Coverage

The three urban areas are fully covered by network service providers in Zimbabwe and can allow for internet connectivity for virtual platforms.

## 9. Conclusion and Recommendations

### 9.1 Conclusion

Zimbabwe's Civil Protection Act 1989 is partly introduced into the urban contexts researched on, as such, that Civil Protection committees at city (Harare/ Epworth and Mutare) and local authority level (Gweru) are installed, with membership according to the constitution. There would be further space to include special interest groups and local organizations under the mandatory membership of development partner and CSOs, balancing the current domination of Governmental departments, next to the constituted membership of Zimbabwe Red Cross and temporary participating INGOs.

The Civil Protection Act further stipulates monthly meetings, which are to support continuous follow-up on disaster preparedness matters, long-term and immediate actions to be discussed, agreed on and realized. The CPCs in Harare/Epworth, Gweru and Mutare however, do not meet frequently and convene solely as per need, mainly to action in emergencies.

The act regulates the establishment of community/residents/ward-based communities to enable community participation in DRR activities and ensure flow of information through the linkage between those committee leaders at ward level and the CPC lead at council level. None of the three (3) cities could avail such community-based committees, however build on connection between the city council and their "extension arms", such as ward level officers and sub-ordinated community workers, rather on a non-systematic but need-based interaction.

The Private Sector, Interest Groups, Faith-based and market associations are not considered being executive or non-executive members of the CP. All parties interviewed however play a role in Disaster Risk Reduction and Disaster Management, either partly reached out to by CPCs, to support emergency actions and/or rolling out own specific preparedness interventions individually within their institutions and economic/ social environment.

It has been identified that there are strong layers of disaster preparedness, either through existing DP plans at CPC level, expertise at private sector and INGO/ UN agency level and direct connection abilities to the last mile population through institutional staff, associations and local NGOs. However, the coordination among these stakeholders is barely existing, specifically regarding the cooperation towards disaster preparedness processes. Though virtual connectivity, internet and mobile coverage is secured in urban contexts, the participation of statute members and the interlinkage with further stakeholders is low to zero. The main reasons for the dysfunctionality of the CP act and underlying processes include:



- Misinterpretation of DRR statutes, limiting CPC responsibilities to response actions only instead of viewing them as a continuous preparedness programming (US\$1 for preparedness versus the US\$15 for response earlier highlighted)
- Generally felt over-commitment to additional tasks by members of the CPC
- lack of capacities/ knowledge and specific guidance and tools to better coordinate multiple stakeholders and ensure proper information sharing and respective actions
- no DP rollout plans, which would need the inclusion of institutional and association leads and their systematical selection beforehand
- financial constraints by low to non-allocated budgets for CPCs through the Zimbabwe treasure and “only” temporary and inconsistent funding by donors, mainly through INGOs
- Non-existence of ToR and clear roles and responsibilities exchanged and agreed on by stakeholders, which further excludes crucial partner, such as private sector entities from participation/ coordination with governmental actors.

As anticipated, the research outlined the importance of standardized structures and steps gradually being taken by Disaster Management Authorities to allow a standardized and continuous rollout of DP Plans. To ensure all members of the urban society are reached with awareness, training and skills, additional stakeholders (private sector, special interest groups) are requested to be included in CPC interventions, to then systematically identify the drip down of national DRR actions into all various areas of the communities. In the case of Harare/Epworth, Mutare and Gweru, Zimbabwe has set pre-conditions for DP rollout. However, the CPC needs to be prepared before the roll out of plans, which would include a communication structure, a well-coordinated and stipulated involvement of crucial stakeholders through improved digital connectivity, joint development of ToRs as well as clearer sharing of roles and responsibilities - internally for CPC and externally with stakeholders.

## 9.2 Recommendations

The research in three urban areas with population size of 150,000 to 250,000 inhabitants in Zimbabwe, revealed some good CPC practices as well as so far un-coordinated but individually functional DRR aspects of different stakeholders, which are seen as pre-conditional steps taken to implement and ensure the operationalization of functional urban preparedness protocols. Further structural steps should be taken from there that improve the functionality and sustainability of established committees and enable crucial coordination methods among stakeholders, before the rollout of standardized regional Multi-Hazards Early Warning - Early Action Framework, trainings, drilling and awareness along the WVI urban CBDRM model.

To ensure the standards for urban DRR programming to become likewise applicable for other urban Southern African context, it is recommended to make use of a pre-assessment developed

based on research steps taken here, which may identify individually the level of inclusive and comprehensive CPC functionality per city (annex). Once identified, the respective CPC may be coached and advised to follow-up the step-by-step guidance, which would ensure all minimum standard processes are introduced and functional to then operationalize DP plans on a continuous basis and reaching out to all last mile populations, for improved resilience to act in advance of a disaster and reduce its risks on the vulnerable residents. In order to test this, the research recommends that the step by step guide be implemented in one city in the region.

## 10. Step-by Step Guidance:

### **1) Step one - Civil Protection minimum protocols are established and or strengthened in the urban context. This includes:**

- a. Strengthen/Reorient of a CPC at city council level
- b. Set up of sub committees at suburb/ local/ward level
- c. Selection of members based on CP Act constitutional composition
- d. Ensure participation of long-standing local NGO partners, interest groups and private sector. Election/ announcement of chair and co-chair members
- e. Development of ToRs along constitutional requirements of CPC deliverables

### **2) Functionality of CPC committees (council and suburb level) are secured**

- a. Develop annual plans and meeting timelines
- b. Ensure budgets for internet/ online connectivity for data protected and low bandwidth virtual platforms to facilitate virtual engagements (i.e. Microsoft TEAMS)
- c. Ensure membership understanding of roles and responsibilities including capacity building needs are met
- d. Ensure integration of tasks as per LOE into existing Job Descriptions
- e. Prepare annual budgets for AGM and planning sessions
- f. Ensure CPC members and their roles are known by residents

### **3) Stakeholder mapping and communication matrix**

- a. Use mapping matrix to identify and capture relevant stakeholders per city.
- b. Ensure matrix includes identified most crucial/ influential partners from various sectors, such as private sector, faith-based and market associations, interest groups, private institutions (universities, schools, if not covered through Ministries)
- c. Capture representatives per stakeholder group and assign ToRs
- d. Identify options of stakeholders' participation as non-executive members
- e. Jointly develop a communication matrix, for exchange, information flow and delegation of tasks/ commitments based on ToRs
- f. Consider sub-working groups, i.e. on fundraising activities, advocacy and visibility matters

#### **4) Tools and Documents**

- a. Undergo joint review of existing DP Plans, overlaps, adaption needs, considering stakeholders and suburb level participation
- b. Develop annual calendar of DP actions and budget them
- c. Collect, store and maintain training and capacity building models
- d. Develop/ maintain digital dashboard for data and information capturing/ share
- e. Develop Monitoring and Evaluation tools to track progress

#### **5) Cooperation Agreement**

- a. Develop and agree on level of cooperation, including joint set-up of annual goals, meeting schedules, commitment of expertise (trainings, financial resources, and support on technical equipment / knowledge) based on needs and priorities set per annum at CPC level.
- b. Develop last mile population reach, identifying channels of information share along existing risk hazard mapping and stakeholders targets
- c. Ensure strategic rollout of DP plans within the reach of stakeholders as agreed on (5b)

#### **6) Rollout of DP Plans**

- a. Identify external needs for first rollout of DP plans through training, coaching and ToT of partners stated in 5c
  - b. Develop a training plan
  - c. Select partner's responsibility of timely preparation and roll out of DP plan along 5b
  - d. Review and monitor actions, potentially through external support
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