UNIVERSITY OF THE FREE STATE

An analysis of the contingency planning systems for Disaster Management Authorities in Southern Africa.

BY

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DEDICATION

This research is dedicated to my beloved wife Cicilia, and my three sons and promising scholars, Blessing Howard (jnr), Takudzwa Gift (jnr) and Tatenda Byron.

ABSTRACT

This study sought to analyse and determine the status of Contingency Planning Systems among Disaster Management Authorities in Southern Africa. This study provides a learning point for public authorities, humanitarians and other scholars on the importance of contingency planning in the field of Disaster Risk Management. This is facilitated through the distribution of this study as a soft or hard copy.

The quantitative descriptive survey research design was found to be the most suitable design for this study capable of investigating a wider geographical area in a short period of time, capturing the respondents' views on common hazards, the status of contingency planning, the frequency of reviewing the plans, as well as their capacity to engage into contingency planning.

In this study a structured questionnaire was used to reach out to all the 14 countries that are member states to the Southern Africa Development Community (SADC) and a 50% response rate was achieved, giving this study a strong platform for generalising the results. To facilitate triangulation document analysis, face-to-face interviews in Zimbabwe and telephone interviews in other countries were used to follow-up on responses provided by the respondents. One of the challenges faced was on following up on the respondents considering that the study was covering all the fourteen SADC countries. The researcher had to make follow-up using electronic mailing, phoning, faxing reminders as well as making use of a network of friends in various countries to follow-up on the researcher's behalf.

Data was tabulated, coded and analysed through spread-sheets leading to the development of frequency tables, tables, graphs and pie chats that revealed trends, patterns and other salient features. The major findings revealed that Disaster Management Authorities in Southern Africa have a clear understanding of the hazards that frequently affect their countries. On the other hand, the study revealed that 71% contingency planning capacity gap existed pointing to a fragile contingency planning status. The study reveals that 29% of the respondents did not have Disaster Management Acts. Droughts, floods and epidemics were identified as the most frequently occurring, severe and common hazards in Southern Africa which have been recurring, however besides their recurrence the study reveals that only 29% had tangible inter-agency contingency plans developed in line with the compound contingency planning format from IASC (2001:12), UNHCR (2003) and IFRC (2006) which 71% of the respondents willingness to adopt.

Major recommendation of this study includes building the contingency planning capacity for Disaster Management Authorities by promoting a culture of preparedness. In view of the study findings and conclusions further in-depth research on the effects of insufficient contingency planning at country or regional level is recommended.

ACKNOWLEDGEMENTS

"*No man is an lland, entire of it selfe; every man is a peece of the Continent, a part of the maine…"* So wrote John Donne, the great Dean of St. Paul's Cathedral in the seventeenth century, in Leedy and Ormrod (2005: iv).

My research supervisor Mr. Andries Jordaan, who devoted his time, skills, knowledge and expertise in guiding this thesis as well as providing invaluable critical support, I thank you. Inevitably, the gaps that remain in the study and any errors in this thesis remain my own responsibility.

I am indebted to the Disaster Management Authorities in Southern Africa for allowing me to conduct this study. To those not mentioned, the respondents/subjects, and key government officials who participated in this study I say sincerely, thank you.

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CHAPTER I: THE RESEARCH STUDY

1.1 Introduction

A number of disasters that have happened revealed lack of preparedness on the part of the public authorities and humanitarian organisations, mainly due to poor or insufficient or lack of contingency planning, FEWS NET (2004) and ISDR (2006). In some cases contingency plans are developed and shelved without being reviewed or simulated or tested. Where such plans exist there is little evidence of operationalisation of such documents and this leads to *"lip service"* in the area of contingency planning and responding to the victims of disasters who have the *"right to life with dignity"* SPHERE (2004) before, during and after a disaster.

There are a number of reasons why this study focuses on the effectiveness of Contingency Planning of disaster management authorities in Southern Africa. The State, public authorities and warring parties have the primary role and responsibility to provide assistance when people have lost the capacity to cope SPHERE (2004). It is, therefore, the responsibility of the government and public authorities to ensure that vulnerability and risk to hazards are reduced through well-planned, disaster preparedness interventions. They include contingency planning, dissemination of early warning, preposition of emergency stocks and capacity-building of communities to achieve disaster resilience. *When institutions lack disaster risk knowledge and there is inadequate emergency preparedness*

the following can be observed; confusion, duplication of efforts, uneconomic use of resources, unnecessary and avoidable deaths, and unsystematic disaster response, ISDR (2006). In short, *''It is better to plan when it is not needed, than not to have planned when it was*'' (DMTP 1996:8).

In Southern Africa lessons learnt from the 2000 Cyclone, Eline, revealed that there was lack of preparedness and insufficient contingency planning as compared to the 2007 floods and cyclone, Favio, that struck Mozambique and some parts of Zimbabwe (IFRC 2007). The 2007 floods were severe and cyclone, Favio, struck Mozambique's Inhambane province when there was already flooding in Tete, Manica, Zambezia and Sofala provinces. As a result of contingency planning, provision of early warning and the increased preparedness capacity, however, the impact was minimal compared to that of 2000 (IFRC 2007).

Mozambique's Disaster Management Authority, in collaboration with other government ministries, United Nations agencies, the Red Cross, Non-governmental organisations and international humanitarian organisations, had put into place some contingency plan for floods and cholera that could be activated in time. This included preposition of stocks, having clearly defined roles and responsibilities, shared information on available resources and gaps and pre-disaster deployment of human resources to support operations in accommodation areas where displaced people were housed. This resulted in

swift coordinated disaster response through the cluster approach as suggested in the (OCHA No.8 2007) situation report.

1.2 Background and orientation to the problem

The global rise in natural, human-induced and technological disasters is shocking and alarming. The World Disaster Report (2004:161) reported that,

> *"Over the past decade, the number of natural and technological disasters has inexorably climbed. From 1994 to 1998, reported disasters averaged 428 per year – from 1999 to 2003, this figure shot up by two thirds to an average 707 disaster events each year. The biggest rise was in countries of low human development, which suffered an increase of 142 per cent".*

Business continuity in organisations is lost when disasters strike due to insufficient contingency planning, while on the other hand, unnecessary lives and property are lost. At global level lessons learnt from the 26 December 2004 Indian Ocean Tsunami cannot be forgotten in relation to contingency planning and disaster preparedness as suggested by ISDR (2006:2), who argued that:

> *"Although the sudden and strong tsunami waves were clearly the initiating factor in the fatalities and damage, we now know that lack of knowledge and adequate preparation was a major cause of the extensive losses and impacts. The death of hundreds of people in the later tsunami that hit Java, Indonesia on 17 July 2006 illustrated the same problem and underlined the need to systematically address the vulnerability of populations to natural hazards".*

The above argument clearly justifies why this study was undertaken with particular focus on contingency planning of disaster management authorities since public authorities have the primary mandate of ensuring safer communities and providing humanitarian assistance to disaster victims. A number of

organisations end up in a crisis because of not planning strategically and ignoring the indicators for change that are signalled from the environment or through trends that can be historical or hypothesising the situation (ISDR 2006).

The German Committee for Disaster Reduction, in its second symposium report on Disaster Risk Reduction and Global Environmental Changes (2005:4), argues that,

> *"The current trends in cost and damage caused by natural disasters are alarming. In the period between 1990 and 1999 damage costs were more than 15 times higher (calculated in constant dollars) than they were between 1950 and 1959. While the death toll could be dropped over the last decades, the number of people affected by natural disasters has grown from 1.6 billion (1984 – 1993) to 2.6 billion (1994 – 2003)".*

The above argument shows that the number of people affected by natural disasters is increasing and hence the need to put in place contingency plans. The African continent has suffered shocks as a result of natural and human induced disasters as postulated by the IFRC (2003:3) who argued that, *"Unchecked disease, deteriorating economies, armed conflict and severe climatic conditions continue to wreak havoc on the people of Africa, destroying both lives and livelihoods".*

Most countries in the Southern African region are in the category of low human development as reflected by the human development index indicated in *Table 1:1*; hence the impact of disasters erodes development gains.

Table 1.1 Human Development indicators for ten countries in Southern Africa (UNDP 2004).

Country	Population (Millions)	GDP in USD	HIV/AIDS prevalence (%, ages 15 – 49) 2003	Life expectancy at birth (years) Female - Male	Access (%) to sustainable water sources	Adult literacy rate % Female - Male
Angola	13.2	857	3.9	41.5 – 38.8	38	n.a
Botswana	1.8	3,080	37.3	42.3 – 40.4	95	81.5 – 76.1
Lesotho	1.8	402	28.9	39.0 – 33.3	78	90.3 – 73.5
Malawi	11.9	177	14.2	38.2 – 37.5	57	48.7 – 75.5
Mozambique	18.5	195	12.2	40.0 – 36.9	57	31.4 – 62.3
Namibia	2.0	1,463	21.3	46.8 – 43.8	77	82.8 – 83.8
South Africa	44.8	2,299	24.3	51.9 – 46.0	86	85.3 – 86.7
Swaziland	1.1	1,091	38.8	36.9 – 34.4	38.8	80.0 – 82.0
Zambia	10.7	361	16.5	32.5 – 32.9	64	73.8 – 86.3
Zimbabwe	12.8	639	24.6	33.5 – 34.3	83	86.3 – 93.8

The Southern Africa region is not spared as it is prone to both natural and man-made disasters. The disaster scenario, across the region, ranges from civil strife, population movement (Refugees and Internally Displaced People), earth quakes, cyclones, flooding, droughts and epidemics with countries exhibiting varying degrees of exposure. Hazards such as cholera outbreaks, malaria, Ebola outbreak, Marburg virus, veterinary diseases, industrial/road accidents and the HIV/AIDS pandemic cut across the whole region (Chatora 2005).

Disaster response to these situations often becomes desperate due to the inadequate state of disaster preparedness through well-developed contingency plans, as well as limited response capability within governments and humanitarian organisations in the region. According to Chatora (2005) some of the gaps identified, include*:*

- Inadequate preparedness plans
- Insufficient contingency planning,

- 🕮 Delays in disaster response
- 🕮 Untrained personnel,
- 🕮 Inadequate and uncoordinated information flow
- 🕮 Poor institutional arrangements
- 🕮 Inadequate systems and procedures for disaster risk management,

It is against the above background that this study critically analyses the contingency planning systems for disaster management authorities in Southern Africa. Such contingency plans help policy and operational decision-makers to better prepare and respond to disasters, as well as putting in place policies that enhance and provide guidance in contingency planning.

1.3 Objectives of the research

The purpose of this study is to analyse and determine the status of contingency planning systems for disaster management authorities in Southern Africa. The study also aims at determining the status and identifying the added value of contingency planning by public authorities. As prime movers of disaster risk management, public authorities can use the findings and recommendations of this study in planning for disasters or emergencies that may likely affect and bring enormous impact on people's lives, their livelihoods and property. This study is anchored in the following sub-objectives:

1. To establish and determine the existing status of contingency planning within Disaster Management Authorities in Southern Africa.
2. To identify gaps that exist in the way Disaster Management Authorities plan for disasters or emergencies.
3. To establish how frequent Disaster Management Authorities review or update their contingency plans.
4. To identify and analyse the effects of insufficient contingency planning in disaster risk management.

1.4 Significance of the study

This study offers an opportunity to analyse the contingency planning systems used by public authorities in Southern Africa through a comprehensive quantitative research study. The study provides a chance to determine the status of contingency planning within public authorities, as well as identifying gaps that can be plugged by proposed recommendations that might help in improving disaster risk management in Southern Africa and beyond.

This study provides a document for institutional memory for disaster management authorities and can be used as a reference point by other scholars, or in developing similar programmes within a humanitarian field, or carrying out more in-depth research at doctoral level. This research can be used to promote *"knowledge sharing"* among different organisations, facilitated through distribution of this study as soft or hard copy.

Arroyo in (UNHCR 2003:2) argues that, *"contingency planning does not guarantee absolute preparedness but instituting prior arrangements can help alleviate the plight of disaster victims".* This argument justifies the need to seriously consider contingency planning research as a way of blending theory and practice, while at the same time contributing worth-while knowledge to the field of disaster risk management. Investing in contingency planning promotes moving from "*a culture of reaction to one that emphasis preparedness".* Governments and humanitarian organisations will benefit from this study by investing in contingency planning through scenario development based on identified hazards, risks or threats. This ensures being better prepared for a number of frequent disasters, than being caught unaware as in the following disasters in Southern Africa:

- Floods (cyclone Eline in 2000).

- Cholera outbreak in KwaZulu Natal in South Africa in 2000 and other epidemics in other Southern African countries.

- Mozambique Earthquake of a magnitude 7.5 on the Richter scale that happened on the 23rd February 2006 around 00:19am (local time). The earthquake was felt in South-eastern Zimbabwe and as far as Durban in South Africa.

- Floods in Namibia's Mariental municipality in 2006.

The findings of this study might provoke prospective researchers to pursue the area in-depth through various country-based case studies, because the area of contingency planning in disaster risk management has not been adequately investigated since most researchers have been focusing their attention on the response to disasters. Linkages between government and other humanitarian organisations in the area of contingency planning will be identified in this study, providing an opportunity for developing integrated contingency plans. This study might help in reminding public authorities of the need to review or update contingency plans, rather than keep them as shelf-outdated documents. Humanitarian accountability is an important aspect of disaster risk management (SPHERE 2004). Through this study governments can be made aware of the importance of promoting the aspect of *"humanitarian accountability"* through well-developed and tested contingency plans that help in building disaster resilient communities.

The findings and recommendations of this study might set the tone for *"good practice"* in dealing with disaster risk management in Southern Africa and globally, as well as influencing policy and practice. The study might also serve to advocate donors and public authorities in allocating resources towards contingency planning instead of responding to disasters when they happen. Resources allocated towards contingency planning, disaster mitigation measures and risk reduction might be far less when compared to resources allocated to

disaster response. Contingency planning helps organisations to think strategically through the development of best case scenario, most likely scenario and worst case scenario according to identified hazards or those that are likely to impact on vulnerable members of the community (DMTP 1996).

Based on the findings and recommendations, the study intends to provoke curriculum or programme planners and academic institutions to consider contingency planning as a subject to be taught in disaster risk management programmes offered at certificate, diploma, degree, masters and doctorate levels.

The importance of contingency planning was summarised by the United Nations Secretary General in the 14 May 2002 report entitled “Strengthening the coordination of emergency humanitarian assistance of the UN”.

> *A more effective response to natural disasters and complex humanitarian emergencies requires improved contingency planning and preparedness among the members of the Inter-Agency Standing Committee. While individual agency preparedness and contingency planning is relatively strong, integration needs to be strengthened to ensure better inter-agency planning.*

1.5 Assumptions of the study

It is assumed that subjects used in this study have a basic knowledge of disaster risk management and a working knowledge of contingency planning. Some of the assumptions are:

- Effective contingency planning begins with hazard identification, risk analysis and mapping, followed by development of scenarios using imaginary or historical information or imaging trends.

- Contingency planning enhances an organisation's capacity to prepare, reduce/mitigate, warn, and respond to disasters timely, with appropriate materials. It should have available competent and qualified human resources that are equipped with appropriate knowledge, skills and attitudes to save the lives of the most vulnerable or *"at risk communities"* and promote life with dignity.

- Contingency planning facilitates moving from *"a culture of reaction when disasters have happened, to a more of preparedness culture".*

- Without adequate contingency planning managing disasters is not systematic, can be costly, and may result in loss of unnecessary lives, as well as duplication of efforts and wastage of resources.

- Contingency planning increases humanitarian accountability by preparing, mitigating and responding to disasters through agreed benchmarks like SPHERE minimum standards.

- Contingency planning promotes the development and testing of evacuation plans.

- Influencing policy and practice is one aspect that is promoted through contingency planning.

- Failure to update or review contingency plans may result in a mismatch between the ideal scenario and the one reflected in the plan.

- Integrated planning is promoted through inter-agency contingency planning as well as having a shared vision among humanitarian agencies and public authorities.

- Resource mobilisation and advocating for disaster risk reduction is enhanced through contingency planning.

- Finally it is assumed that, *''It is better to plan when it is not needed, than not to have planned when it was necessary'',* (UNHCR 2003:14).

1.6 Delimitations of the study

This exciting study focuses on analysing the contingency planning systems for disaster management authorities in Southern Africa by confining the geographical span of the research to the Southern African Development Community (SADC) member states (Angola, Botswana, Democratic Republic of Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe). All fourteen SADC member states were

selected to take part in this study and responses were received from seven SADC member states' disaster management authorities mandated with disaster management functions at government level. This constitutes a 50% response rate for this research study.

Senior government officials, mostly at national level, participated in this study, therefore ensuring commitment to the research results as well as helping in influencing policy practice related to contingency planning. Involvement of senior government officials in this study assists in taking the contingency planning process seriously , as well as giving strategic and policy direction by following up of the implementation of the results and recommendations of this study. *Protecting and assisting populations in times of crises and engaging in the process of contingency planning is the primary responsibility of governments*, FEWS NET (2004:4) hence their involvement in this study.

This study does not focus on other government departments, pressure groups, civic groups or political parties that have nothing to do with disaster management. Because of its quantitative nature the study managed to review some of the contingency plans in countries where they existed, however, the instruments used for this study might help both humanitarian organizations and government disaster management authorities to customize the contingency planning techniques at any level.

The concerns of this study are:

- 🕮 The lack of benefits as a result of insufficient implementation of contingency planning systems.
- 🕮 The gaps that exist in the way disaster management authorities plan for emergencies including contingency planning.
- 🕮 The frequency of review or update of contingency plans, humanitarian accountability. .
- 🕮 The effects of insufficient contingency planning at all levels of implementation.

The study does not focus on political and governance systems in the sampled countries.

1.7 Limitations of the study

In carrying out any study it is critical to consider things that may block, hinder or impede the administration of a research. This included hyper-inflation that was prevailing in Zimbabwe (2006/7) where the researcher was based. This made printing and distribution of questionnaires to subjects, who could not be reached through email or fax, exorbitantly expensive. In trying to ensure that the research instrument reached the subjects, the researcher followed up by using email, faxing, normal postal system and courier services.

The expenses incurred were a hindering factor exacerbated by the hyper inflation and unstable macro economic factors. The researcher was compelled to make use of local people like friends, relatives and workmates sending them on missions to the respective countries. Documentary evidence was received and reviewed from some of the targeted countries like Malawi, Zimbabwe, as well as from the United States (UN) country office in Malawi.

The study also reviewed CRED (2007) research-based evidence on *the epidemiology of disasters in Southern African countries*, by comparing it with respondents' views on most frequent and severe hazards. This supplemented information provided by the research instrument, as well as providing an opportunity to triangulate information provided.

The research was administered during the period November 2006 – February 2007. This coincided with the occurrence of floods disasters in Angola Mozambique, Namibia and Zambia resulting in the shift of attention by the potential respondents who had to saving the lives of the floods-afflicted population. In some countries the staff turnover affected institutional memory and continuity, such that people who had acknowledged receipt of the questionnaire in 2006 were no longer in the disaster management departments in 2007 in some countries. This had a detrimental effect on the response rate and the following up.

However, besides these challenges the researcher administered a logical user-friendly questionnaire that was pilot tested. This facilitated a 50% response rate across a very wide geographical study area covering fourteen countries in Southern Africa. Mail merge and e-mail improved the administration and follow-up of the subjects achieving a response rate that facilitated a strong basis for generalising the results of this study.

In some countries responses were delayed as a result of bureaucracy like writing to the responsible minister or permanent secretaries for permission. A letter from the University of the Free State with the student identity card attached as proof, speeded up matters resulting in affirmative consideration by the respective ministers or permanent secretaries.

1.8 Research methodology

A quantitative, descriptive survey research design was used to conduct this study. This was achieved by using a structured questionnaire that was administered to disaster management authorities in fourteen countries in Southern Africa. The quantitative approach was appropriate for this study because of its ability to investigate a wider geographical area in a short period of time. Mouton (2001:53) strongly argues that an empirical study *"addresses a real-life problem".* To resolve an empirical question, we either had to collect data about *World 1* or we had to analyse existing data.

In this study the existing information was analysed, augmented by a research instrument that was able to capture existing data on contingency planning systems used by public authorities and assisted in identifying gaps that needed to be improved for more effectiveness. Emerging, or new, data was considered in this study since it fitted in very well with empirical studies. Mouton (2001:52) proposes a comparison of empirical and non-empirical studies by putting them into *World 1* and *World 2* as indicated in table 1:3 below.

Table 1:2 Empirical and non-empirical research designs

World 1 objects *(empirical question)*	**World 2 objects** *(non-empirical question)*
🕮 Physical objects (matter) 🕮 Biological organisms (living organism) and processes 🕮 Human beings (individuals and groups) 🕮 Human actions and historical events 🕮 Social interventions (programmes or systems) 🕮 Cultural objects (art or literature) and technology 🕮 Social organisations (political parties or clubs) and institutions (schools, banks or companies) 🕮 Collectives (countries, nations or cities)	🕮 Scientific concepts or notions 🕮 Scientific theories and models 🕮 Scientific methods and techniques 🕮 The body of science knowledge or literature 🕮 Scientific data or statistics 🕮 Schools of thought, philosophies or world views

Adapted from Mouton (2001:52)

Contingency planning is a social intervention programme that involves human beings which justifies the use of descriptive survey in this study. Ary, Jacobs and Razavieh (1982) agreed and concluded that; *descriptive research design is the most suitable approach for research problems concerned with the distribution of*

observable behavioural characteristics of people as they occur in a natural setting. Therefore the use of descriptive survey in this study assisted in gathering data from respondents in their natural setting as they completed the questionnaires, or responded to the telephone interview in a natural setting.

A quantitative, descriptive survey provides for a detailed and comprehensive description of contingency planning, how it is used by government institutions and examining the effects of insufficient contingency planning in disaster risk management; it also identifies how both public authorities can increase humanitarian accountability through contingency planning.

Leedy and Ormrod (2005) conclude that *surveys are excellent vehicles that can be used by researchers in measuring attitudes and perceptions prevalent in large populations.* The use of a survey approach in this study assisted in soliciting views from a geographically spaced population in seven countries. Borg and Gall (1983:404) strongly support quantitative descriptive research design when they conclude that *"… surveys account for a substantial proportion of research done in the field of education."* The survey method provides for systematic collection and processing of data which gives a logic and systematic flow of ideas, by means of a well structured research questionnaire. Questionnaires are widely used in descriptive survey research designs and *80% of the studies are based on questionnaires,* argues Daresh (1987). Mouton (2001:100) also supports the use of questionnaires by suggesting that, *"In the human sciences, 'measuring*

instrument' refers to such instruments as questionnaires, observation schedules, interviewing schedules and psychological tests".

Other scholars like Chivore (1990) and Chisi (1990) also used quantitative descriptive research design in conducting studies on Teacher Education in Post-independent Zimbabwe and the extent to which policy on technical subjects has been implemented respectively. Chatora (1996), (1998), (2002) and (2005) has extensively used quantitative research designs in carrying out the following studies:

- (1996). The effects of insufficient training policy guidelines in the design and implementation of the Zimbabwe Red Cross First Aid/Nursing curriculum, Mutare Polytechnic.

- (1998). An evaluation of the newly introduced four months Instructors' (ToT) course for Zimbabwe Red Cross, Witwatersrand University – South Africa.

- (2002). An evaluation of the Governance training programme for the Zimbabwe Red Cross Society, University of Zimbabwe in association with Zimbabwe Open University,

- (2005) A critical evaluation of the Regional Disaster Response Training programme of the International Federation of Red Cross and Red Crescent Societies in Southern Africa (2000 -2004)”.,

The above background justifies the use of a quantitative research design for this study. The study targeted all fourteen countries that are member states to Southern Africa Development Community (SADC). The fact that these countries are located in the southern part of Africa resulted in a large number of commonalities. This facilitates generalising the results of this study, because the selected countries share common borders with high chances of having common hazards.

To facilitate triangulation document analysis, telephone interviews were used. Pearson (1998) argues that triangulation is a term borrowed from the study of experimental methods and refers to any attempt to investigate a phenomenon by way of using a variety of methods to provide for rigor and cross-checking data, as well as maximizing on the strengths provided by each method used. A well-triangulated research triggers other researchers to be keen to find out whether results from one study are comparably the same as the ones carried out independently, using the same methods. If there is a strong possibility of the study being replicated, it has a good chance of proving its reliability. Webb et al. (1981:35) suggest that once, two or more independent measurement processes have confirmed a proposition, the uncertainty of its interpretation is greatly reduced.

1.9 Organisation of the dissertation

Providing a background to any discussion helps in setting the tone of the subject under discussion and provides a full view of the issues being discussed. This was the case in this chapter, which gave background to the study, stated the problem, highlighted the purpose of the study, indicated the sub-problems that are related to the problem under investigation, gave the significance of the study and the related assumptions.

The next chapter of this thesis looks at the review of related literature. The chapter discusses the theoretical and empirical perspectives of contingency planning, as well as the benefits and effects of insufficient contingency planning. The third chapter focuses on data presentation, analysis and interpretation. The final chapter of this study summarises the research problem, methodology and results of the study as well as giving conclusions drawn and recommendations made in line with the research study.

CHAPTER 2: REVIEW OF RELATED LITERATURE

2.1 Introduction

This chapter critically analyses contingency planning systems among disaster management authorities in Southern Africa by means of a study of relevant literature. The chapter commences by looking at the theoretical perspectives of contingency planning, followed by empirical evidence drawn on contingency planning. The chapter then explores the benefits of contingency planning before analysing the effects of insufficient contingency planning. Finally it concludes by summarising key issues discussed in the whole chapter.

The importance of reviewing related literature is summarised by Leedy and Ormrod (2005:79) who postulated that, *"you will probably want to consider the classic works – those ground-breaking studies that have paved way for much of the research about the topic. Such studies give an overall historical perspective and provide a context for your own efforts."*

According to Leedy (1980:64) literature review serves different purposes to the researcher, *"among others, it reveals methods of dealing with similar circumstances that may in turn reveal information which may not have existed".* Literature review helps the researcher to delineate and streamline the problem and place it in its rightful context. Another purpose is to identify and examine previous research studies or publications that have focused on contingency

planning in disaster management, emergency response or management of complex emergencies.

2.2 Contingency Planning: The theoretical perspectives

Frequency, intensity and complexity of disasters have increased over the years and have negatively affected the most vulnerable communities, retarding economic development. In some cases, however, development has also contributed to disasters and global warming, for example, through increased run-off leading to flash floods, environmental pollution and the green house effect UNDP (1992), DFID (2005) and IFRC (2004). The World Disaster Report (2004:161) concluded that; "*Over the past decade, the number of natural and technological disasters has inexorably climbed. From 1994 to 1998, reported disasters averaged 428 per year – from 1999 to 2003, this figure shot up by two thirds to an average 707 disaster events each year. The biggest rise was in countries of low human development, which suffered an increase of 142 per cent".*

Given the above challenge, contingency planning becomes critical in managing the ever increasing emergencies or disasters so as to better prepare for response, as well as putting in place some mitigation measures. This creates the desire for a deeper understanding of *contingency planning*, hence the need to clearly define the term and its associated conceptual framework.

The UNHCR handbook for emergencies (1996:5) defines contingency planning as: *"A forward planning process, in a state of uncertainty, in which scenarios and objectives are agreed, managerial and technical actions defined, and potential response systems put in place in order to prevent, or better respond to, an emergency or critical situation".* Contingency planning tallies well with strategic planning and forecasting, which give a thrust in understanding the future and planning ahead. One can simply say that futurology (the study field of the future) plays an important role in contingency planning. There is a need to observe early warning signs, to study trends, historical past, socio-economic and political indicators to be able to plan from a well informed perspective. Contingency planning pays special attention to scenario development (best case scenario, most likely scenario and worst case scenario) based on identified hazards or potential threats/emergency likely to affect an area (UNHCR 2003).

Contingency planning has been described in the above definition as a forward planning process. It does not end when the event you have been planning happens or does not happen, but it is continuous. Hence the need to continue monitoring the plan ahead as the situation evolves (UNHCR 2003). This helps to move from a culture of reaction to a culture of preparedness. The IFRC (2006:4) further argues that; *"It is often the planning process and not necessarily the plan itself that has the most value. In this regard, disaster response and contingency planning should be viewed as an ongoing activity to test the existing plan, add refinements, integrate new partners, and orient new staff and volunteers over*

time". The motto in contingency planning is; *''It is better to plan when it is not needed, than not to have planned when it was necessary''* (*UNHCR* 2003:14).

Other scholars have defined contingency planning as *"the development of a management plan that uses alternative strategies to ensure project success if specific risk events occur",* Welcom (2007). Dream Catchers (2007: Online), viewed it as, "*Planning to address unwanted occurrences that may happen at a later time",* while on the other hand, Best Price Computers (2007) defined contingency planning in line with business continuity by equating it to disaster planning when they concluded that *"disaster planning is also called contingency planning or business continuity planning and is used largely to refer to preventing data loss and recovering critical data. It overlaps with risk management".* An analysis of the four definitions above reveals some similarities that a contingency plan is a management tool based on uncertainties UNHCR (2003), Welcom (2007). On the other hand, the definition by Best Practice Computers reflects a business philosophy perspective with a bias on information technology and equating contingency planning to disaster planning in the event of the information technology collapsing, hence the need for back up strategies. The above definitions highlight the applicability of contingency planning in the humanitarian, public, business and information technology sectors.

"Without a clear contingency plan, much time will be lost in the first days of an emergency. Contingency planning builds organizational capacity and should become a foundation for operation planning and emergency response (UNHCR

2003:14). Therefore contingency planning is not just another plan that can be shelved and forgotten, but it is a *living document* that needs to be reviewed from time to time, in line with the emerging trends, threats or hazards. This means that disaster management authorities should have good institutional memories that can follow up what has been planned and redesign or update plans, rather than having offices with a high staff turn over and lack of proper handover procedures.

A review of present writing indicates that "the word *'contingency'* simply means that the emergency for which the response plan is being developed may or may not take place and *'planning'* implies that the response has to be done before the emergency event" (UNHCR 2003:10). When people are planning for trips and develop budgets, there is a budget line or item which they normally call *"contingency",* an amount that is set aside for the unplanned when it manifests and should be responded to. This suggests that contingency planning is a critical process for disaster management authorities in Southern Africa and should be given priority so as to improve the disaster management capacities in the region.

From a theoretical perspective it is crucial to identify how contingency planning differs from other planning related to disaster/emergency management or how they complement each other. *Table 2:1* below clearly shows the differences and complementarities in relation to contingency planning.

Table 2:1 Contingency planning compared with other planning

Aspects	Preparedness Planning	Contingency Planning	Operations Planning
When	Planning phase	Before emergency	During emergency
Scope	General	Time-frame specific	More specific
Involved partners	Everybody within system	People knowledgeable	People actually involved
Focus	All types	Specific/projected	Specific, actual
Planning style	Long term, Global	Specific time frame	Actual
Allocation	Estimated	Quantified	Precise
Planning level	All levels	Managerial level	Actual/field level
Time frame	Annual (1 year)	Specific (but uncertain) developing	Executed right time, fixed
Relationship	Long term	Developing	utilizing

Adapted from UNHCR (2003:13)

In *Table 2:1* above the differences between contingency planning, preparedness planning and operations planning are clearly shown. However, the above differences do not completely divorce the linkages of the three from other aspects of the disaster management continuum. Literature has already drawn a link between contingency planning and operations planning, by suggesting that *"Contingency planning and operations planning may be seen as parts of a cycle in disaster management. Contingency planning is a stage before the emergency phase. Usually some observable signals provide the impetus for contingency planning. Should the event for which you plan does occur; the assumptions made in the contingency planning are confirmed or adjusted on the outcome of the emergency rapid assessment. The planning process now changes gear and the contingency planning becomes operation planning after careful assessment of the actual situation" (*UNHCR 2003:13).

The above argument clearly indicates the synergies that are there between contingency planning and operations planning. On the other hand preparedness planning, according to the illustration in *Table 2:1* above, is identified by its features of focusing on the general scope of long-term planning that are normally done on an annual basis, built on estimates as compared to the contingency planning and operations planning that are based on quantifiable and precise units, respectively. FEWS NET (2004:1) draws a link between contingency planning and response by proposing that *"contingency planning is the process of establishing objectives, approaches and procedures to respond effectively to situations or events that are likely to occur, including identification of those events and developing likely scenarios and appropriate plans to prepare and respond to them in an effective manner".*

While *Table 2:1* above identifies differences among the typologies of planning, FEWS NET (2004) draws some linkages between contingency planning and emergency response planning; hence the two complement each other. It is further suggested that contingency planning is part of emergency preparedness since it has to take place before the actual occurrence of the disaster. The difference in preparedness planning lies in the fact that it is normally done on an annual basis using generic information of the most commonly occurring emergencies. This forms part of the organisation's futuristic and preparedness planning, while on the other hand, contingency planning is based on an imminent emergency that is likely to affect an area.

Based on the above argument by UNHCR (2003) a good contingency plan leads to the development of an operations plan. Therefore, disaster management authorities and humanitarian organisations should take contingency planning seriously as it lessens their work when disasters strike and improves co-ordination at the onset of a disaster when the operations planning is used to co-ordinate response efforts. This is supported by UNHCR (2003:14) by concluding that *"Contingency planning is a prerequisite for rapid and effective emergency response. Without prior contingency planning, much time will be lost in the first days of an emergency. Contingency planning builds organizational capacity and should become a foundation for operations planning and emergency response".* However, FEWS NET (2004:4) argues that *"government leadership in contingency planning has been less forthcoming due perhaps due to … over-emphasis on day-to-day management coupled with a reactive attitude towards disaster management, and limited human and financial resources".*

Understanding contingency planning requires in-depth literature review from various authorities. Some of them look at contingency planning in line with their organisational mandates, for example the UNHCR gives thrust to contingency planning for population movements, while health ministries focus on contingency planning for disease outbreaks and so on. CARE (2006:4) highlights that; *"Both Emergency Preparedness Planning (EPP) and Contingency Planning (CP) are scenario based planning tools used to ensure that adequate arrangements are made in anticipation of crisis".* This point to the link between emergency

preparedness planning and contingency plans which are scenario based building and predicting the anticipated before they unfold.

CARE (2006:4) agrees with the illustrations in *Table 2:1* adapted from UNHCR (2003) who suggests that; *"… Emergency preparedness planning is a tool to plan for **potential** emergencies; the contingency planning is a tool to develop a detailed plan to respond to a **specific** crisis. While EPP normally is a regular (annual) planning exercise, CP takes place at the onset of a particular emergency".* Contingency planning is developed towards addressing a specific crisis that is likely to happen, for example, a mass exodus of refugees into a neighbouring country as a result of a civil strife in their country of origin.

The focus of this discussion is on the theoretical perspectives of contingency planning which help in building a strong foundation for readers to understand the conceptual framework underlying it. Therefore it is vital to emphasise that contingency planning and preparedness planning are all based on scenario building. However, preparedness planning is more general while contingency planning is specific and it is developed in line with early warning signals that come from the interaction of human-beings and the environment. Literature has revealed that it is the interaction of the human-beings with the environment that promotes progression of vulnerability, which if combined with a hazard, results in a disaster as illustrated below (Blaikie et al 1994).

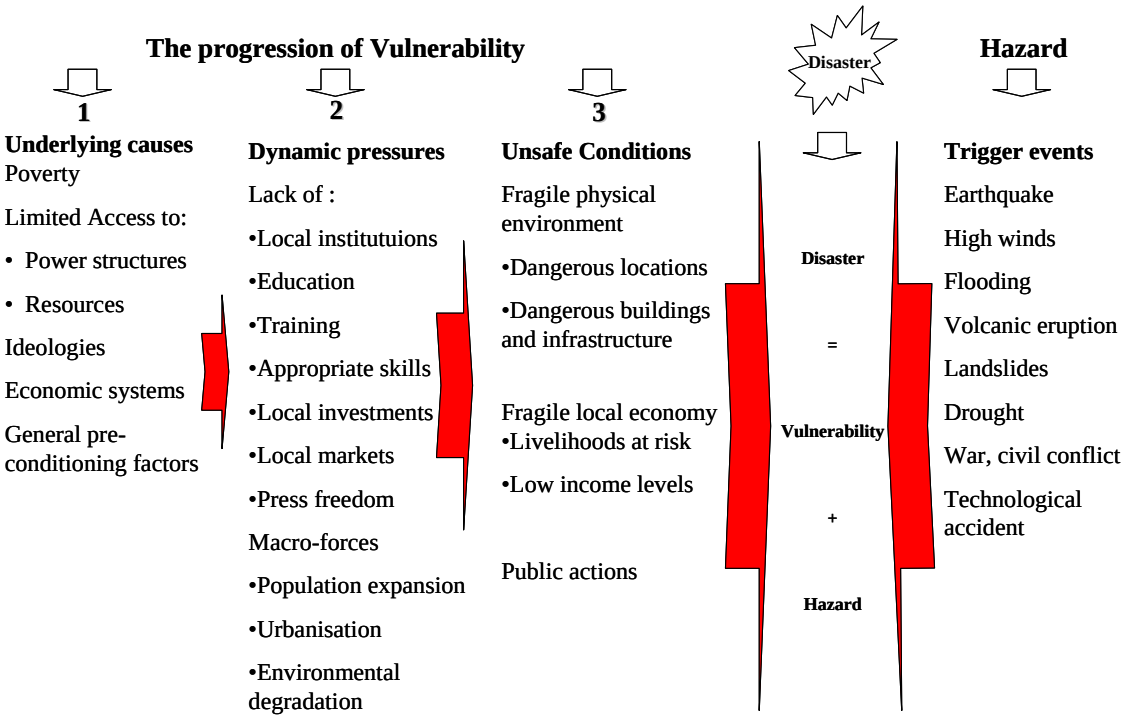


Figure 2:1 The progression of vulnerability – The Disaster Crunch Model

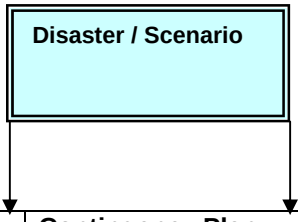
Blaikie et al (1994).

The striking feature of the above illustration in relation to contingency planning is the importance of identifying early warning signals (Blaikie et al 1994).

- Underlying causes which can be socio-economic or political.

- The dynamic pressures which are a result of lack of something, or manifesting as result of macro-forces like population expansion, or urbanisation or environmental degradation factors, coupled with trigger events that present themselves in the form of hazards that justify the need for contingency planning.

CARE (2006:4) in *Figure 2:2* below amplifies the understanding of contingency planning through an illustration that shows the major characteristics of emergency preparedness planning as compared to contingency planning.



Emergency Preparedness Plan	**Contingency Plan**
Based on potential scenario, historical data and assumptions - *hypothetical*	Based on actual unfolding scenario and real-time information
Carried out on regular basis (normally on annual basis)	Carried out in the face of an imminent, unfolding emergency
Identifies capacity gaps and defines action plans based on risk reduction actions (prevention, mitigation, preparedness, response and recovery)	Defines response strategy based on the risk reduction actions (preparedness, response and recovery) identified during scenario planning of EPP – *if this particular scenario was not considered in the EPP then it has to be developed during the contingency planning process.*
Identifies and formalizes Emergency Response Team	Focuses on response protocols – functions that the response team will perform
Intended as capacity building tool	Intended as the *emergency response operational plan*
Identifies trigger indicators	
Establishes HR, Finance, Admin, and other provisions and standards	
Integrates risk management into programming	

Figure2:2 Major characteristics of Emergency Preparedness Planning and Contingency Planning - CARE (2006:4)

Contingency planning is, therefore, a critical process for disaster managers who have a proactive mind and should be seen as an aspect that feeds into emergency response, when the contingency plan changes gear during the response to become an operations plan, hence reducing on time of crafting another plan at a time when the focus should be on saving lives. Essentially, a contingency plan is a management tool developed and used to prepare for

potential crises. (DMTP 1996). FEWS NET (2004) in its Food Security bulletin for Greater Horn of Africa strongly supports the need for contingency planning by arguing that; *"Contingency planning has proven an effective link between early warning and meaningful and timely humanitarian action. The excellent donors' response to the 2002-03 food crises in Ethiopia, at least in terms of relief food assistance, is believed to be, to a great extent, the result of good contingency and response planning that had taken place in the food sector".*

Contingency planning is not only limited to the field of disaster management. It extends to other fields: the finance sector by making projections on inflation increase and price changes; information technology through the creation of back-up strategies by establishing "*cold"* and *"hot"* sites; business through business continuity plans; management and business through strategic planning by development of 5 – 10 year strategic visionary plans; politics through scenario development followed by consequence analysis of the selected scenario (Chiduku 2007). Given these examples, it suffices to say that arguments and models put forward in this study are applicable to other fields with a flexibility of contextualising or customising the organisational needs or mandate.

Understanding contingency planning can be made simpler through an illustration of the main steps in a model of the contingency planning process. *Figure 2:3* below clearly shows the steps involved in contingency planning.

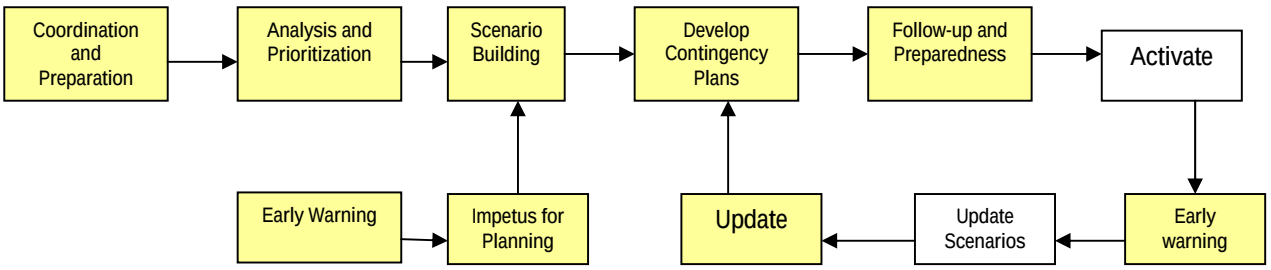


Figure 2:3 Main Steps in contingency planning -FEWS NET (2004:2)

The above illustration, *Figure 2:3,* reveals that contingency planning is a continuous process that does not end, but is updated or reviewed in line with the changes that manifest in the environment. The first and crucial step is for disaster managers and other planners to prepare and organise in a co-ordinated way. This should be followed by defining clearly the objectives and scope of contingency planning through the identification of potential participants, or key stakeholders and then assign responsibilities. The next step is to analyse, rank or prioritise what they are planning for, by focusing on the emerging crisis and how it manifests itself. Scenario building becomes important and the next step is to focus on, by studying the *best case scenario, the likely scenario and the worst case scenario.*

For the purposes of contingency planning it is always important to consider the worst case scenario and develop intervention strategies based on that. To strengthen follow-up and preparedness there is need for regular information gathering and to adjust the plan accordingly. When the crisis necessitates response, there is need to immediately activate the contingency plan by changing it into an operations plan. There is, however, need for continuous update of

scenarios based on the early warning signals and dynamic pressures *(socio-economic or political)* from the environment (UNHCR 2003). This leads to the development of another contingency plan and the cycle goes on by paying special attention to early warning signs, no matter how small they maybe in scale or score or geographical coverage. In cases of population movement there is need to monitor ethnical, religious or political signals in an area. In the case of floods/cyclones it is necessary to watch the rainfall forecast and the river levels closely to inform those in low-lying areas to move to higher ground. Contingency plans should be seen as backup strategies developed concurrently with working plans in areas that carry a very high risk. It becomes imperative to conduct a hazard/risk assessment and analysis which serves as a guide in making an informed planning (UNHCR 2003) and (DMTP 1996).

A view of present writing, indicates that contingency planning can also be understood by illustrating the steps involved in the process as proposed by UN Inter-Agency (2001:5)

Step 1: Co-ordination and planning for the contingency planning process.

Step 2: Context analysis. Scenario building and defining planning assumptions.

Step 3: Defining strategies and objectives.

Step 4: Defining management and coordination arrangements.

Step 5: Developing response plans.

Step 6: Consolidating the process and follow-up actions.

The above steps are just a summary of the steps to follow in the contingency planning process while *Figure 2:3* reflects that contingency planning is an ongoing process. The illustrations by FEWS NET (2004) and UN-IASC (2001) complement each other because they all start by emphasising co-ordination with other stakeholders, preparation and the need to follow-up. It is important to understand that it is the *process* of contingency planning that is vital, not the production of a document that is placed on a shelf and never referred to again.

Contingency planning is a component of the preparedness and response for organisations at all levels. The planning can start at agency level and later on develop into a wider inter-agency level. If this approach is taken, defining of roles and responsibilities becomes easy. However, there is need for gap analysis to identify areas that might be oversubscribed or have insufficient coverage. Testing or mock drill/simulation exercises for a contingency plan help in identifying weak areas and co-ordination gaps that need plugging in, to have better response once the crisis manifests in an emergency or disaster. Literature has already shown a strong linkage to institutional disaster planning, disaster response planning and contingency planning (IFRC 2006:5). If an organisation does not have a disaster or emergency management strategy, policies and standard procedures, the contingency or response plan does not have a solid basis. IFRC (2006:5) further suggests that the institutional level facilitates defining the general reference for humanitarian actions, based on institutional mandate. This is then followed by the second level of the disaster response plan that focuses on regional, national or local response capacity supported by the third level of contingency planning that

looks at establishing operational procedures for direct humanitarian actions. The discussion focuses on the theoretical perspectives of contingency planning and it becomes paramount to explore various views to broaden the reader's understanding of this subject.

Contingency plans are living documents and should help in capacity building organisations and should be given priority. Some critics may say that the event and the scenario you plan for, does not always present itself in the same way or will not happen at all. There is need for people to look at the benefits that come with futuristic planning and moving from a reactive approach of doing things to a more proactive approach that facilitates co-ordination and immediate emergency response.

Decision making is made easier when organisations have clearly designed and updated contingency plans. A review of literature has revealed that the structure and general design of contingency plans are, to a large extent, influenced by organisational mandates. The UNCHR's focus, however, might be on refugees and internally displaced people while UNICEF on the other hand, tends to focus on children, the WFP concentrates its focus on food, WHO gets actively involved in planning for epidemics because of its bias on health. Organisations like the Red Cross and Red Crescent clearly show their bias by being a response orientated organisation as evidenced in their (2006) publication entitled, "*Disaster Response and Contingency Planning".* Organisational bias is revealed in the

IFRC's eight-step sequence of actions that should be taken in developing ***response*** and contingency plans.

Table 2:2 Steps for Developing Response and Contingency plans

Steps	Process for disaster ***Response*** and Contingency plans
1	The first level of planning is the institutional framework which defines the general reference of humanitarian action based on institutional mandates, policies, strategies, standards and norms, and legal framework
2	Begin from the reality, risk, threats and needs (risk/threat/vulnerability/capacity analysis), determine if the disaster ***response*** plan is enough or if specific contingency plans per event or scenarios are also needed.
3	If previous plans exist, review them to identify parts that should be modified or adapted to the formats and requirements.
4	Identify available and required resources for the process of developing the disaster ***response*** and contingency plans and establish internal coordination as well as inter-sectoral and inter-institutional coordination.
5	Develop a work plan for the plan development process, including tasks, responsibilities, terms and required resources.
6	Initiate the plan's development process following the structure, contents and contingency plan check list.
7	Once the plans have been developed, processes of validation, dissemination testing (drills/simulations) and training should be carried out on its contents and scope, both internally and with other key partners.
8	Periodically update the plans to the criteria and procedures defined during the development process.

Adapted from Disaster Response and Contingency Planning Guidelines (Draft June 2006: 14), Geneva, IFRC

An analysis of *Table 2:2* above reveals that organisational mandates may influence the way theory is put across. These factors all indicate that readers should explore theory in depth before coming to conclusions. This can be seen from the IFRC's emphasis on response plans, because the organisation is viewed globally as a relief and response organisation, while the example given by UNHCR (2003) focuses more on population movement in the Philippines.

Contingency planning is part of strategic planning and should not only be limited to the field of disaster management, but all the fields including household level planning, by taking into consideration the anticipated threats and how they can be handled if they become reality. Insurances (medical, life, retirement or funeral) are examples of household level contingency planning, based on some micro-level scenarios: if one becomes sick and does not have cash at hand, the medical aid will cover the costs; if one retires and needs some income then the retirement annuity covers the person; if there is death then the funeral cover will be able to cushion the bereaved family. When developing contingency plans there is need for planners to have a shared vision, especially if it is an inter-agency plan to allow for active participation and to strike a balance with a number of stakeholders (DMTP 1996), (IASC 2001) and (IASC 2006).

Designing of a contingency plan should take into consideration developments in the humanitarian field. For example, in 2005 a ***Global "Cluster leads"*** approach was agreed on by members of the Inter-Agency Standing Committee (IASC), (IASC 2006). This approach was tested in Southern Africa in 2007 during the Mozambican floods and cyclone, Favio. Understanding the "Cluster" approach helps disaster managers in clarifying and assigning roles and responsibilities during the development of contingency and response plans (UNOCHA 2007).

Table 2:3 The Global Humanitarian Cluster Approach

Global "Cluster Leads"
(As agreed by the IASC Principals in December 2005)

Sector or Area of Activity		Global Cluster Lead
Technical areas:		
1. Nutrition		UNICEF
2. Health		WHO
3. Water and Sanitation		UNICEF
4. Emergency Shelter	*IDPs (from conflict)*	UNHCR
	Disaster situations	IFRC (Convener)*
Cross-cutting areas:		
5. Camp Coord and Management	*IDPs (from conflict)*	UNHCR
	Disaster situations	IOM
6. Protection:	*DPs (from conflict)*	UNHCR
	*Disasters/civilians affected by conflict (other than IDPs)***	*UNHCR/OHCHR/UNICEF*
7. Early Recovery		UNDP
Common service areas:		
8. Logistics		WFP
9. Emergency Telecommunications		OCHA/UNICEF/WFP

*IFRC has made a commitment to provide leadership to the broader humanitarian community in Emergency Shelter in disaster situations, to consolidate best practice, map capacity and gaps, and lead coordinated response. IFRC (International Federation of Red Cross and Red crescent Societies) has committed to being a 'convener' rather than a 'cluster lead'. In a MoU between IFRC and OCHA it was agreed that IFRC would not accept accountability obligations beyond those defined in its Constitutions and own policies and that its responsibilities would leave no room for open-ended or unlimited obligations. It has therefore not committed to being 'provider of last resort' nor is it accountable to any part of the UN system.

**UNHCR is the lead of the global Protection Cluster. However, at the country level in disaster situations or in complex emergencies without significant displacement, the three core protection-mandated agencies (UNHCR, UNICEF & OHCHR) will consult closely and, under the overall leadership of the Humanitarian or Resident Coordinator, agree which of the three will assume the role of Lead for Protection.

Source: Draft-Guidance Note on using the Cluster Approach to strengthening Humanitarian Response – 17 October 2006.

The cluster approach suggested above does not replace the inter-agency contingency planning, but helps when it comes to sectoral planning. It maximises technical speciality although this does not replace the role of public authorities, like disaster management authorities in preventing, mitigating, leading and co-ordinating relief and rehabilitation/reconstruction efforts for its citizens.

A number of contingency planning formats are proposed by different authorities. However, for the purposes of this study the following compound checklist is adopted for building on the theoretical perspectives of contingency planning.

Table 2:4 Contingency Plan checklist.

Main Heading Or Subsection	Summary of contents or purpose of this section
Cover Page	This section covers country or region, dates for CP development and update, period covered by the CP, its version number, participating agencies, level of confidentiality and background information.
Executive Summary	Summarises key issues covered in the CP for executive decision-makers focusing on the situation/crisis, CP background, CP & scenario summary, intervention strategies and plan summary, and a summary on the management and coordination arrangements.
Context Analysis & risk assessment	This section provides brief country or region background on the current situation and introduces different contingencies, the scenarios and consequences or events that may occur, their magnitude, possibility of occurrence, trends and underlying factors, as well as risk assessment of the different scenarios.
Scenario(s)	This section focuses at describing the *best case scenario, the most likely scenario and the worst case scenario.* This section unveils the different shapes that the emergency will take if it occurs. The scenarios are best described using a table and a rating scale of *bad, worse & worst,* on these items.[Description of event, impact on human lives (death, injuries, displacements), impact on housing, properties, and livelihood, impact on infrastructure and facilities, and finally the response capacities]
Overall Management & Coordination	Based on the planning assumptions in the scenarios there is need to give details on how participating agencies intend to work together by assigning roles and responsibilities, common services and coordination arrangements. Attention should be given to immediate response mechanisms, resource mobilisation, media strategy, information management and safety and security.
Strategies & Objectives	Objectives should be **S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**ime-bound,(SMART) and strategies should focus at the intervention – entry/exit/transitional strategy, role of humanitarian agencies, overall objectives, links to humanitarian principles and humanitarian law. Operational objectives should be by sector and agency contributions to operational objectives. Level of preparedness required e.g. 20,000 blanket, 4,000 tents to be stockpiled (stockpile levels, preparedness targets, equipment needed, resources (human, cash, material) on standby.
Response Plan/Activities	This section highlights the humanitarian response plan or activities that are likely to be organised or undertaken in the event of the emergency. The focus is on immediate critical reaction, outlines sectoral responses and describes how potential needs (and potential gaps) will be filled over time. Sectors to consider are protection and security, health and nutrition, water and sanitation, food provision, shelter and non-food relief items, search, rescue and family reunification, logistics and transport, public awareness, communication & reporting, emergency situation and assessment, public awareness, and population warning and notification systems. *SPHERE minimum standards and other international standards apply here as benchmarks*
Preparedness & Maintenance actions	In this section the focus is on listing actions to be taken to strengthen agencies' capacity to respond and describes the provisions for updating and maintaining the plan. Attention should be given to baseline assessments/field visits, staff training, standby arrangements, resources inventory and focal points for specific activities or responsibilities.
Annexes	The CP itself should be as concise as possible. The following annexes are not exhaustive but need to be considered (maps, registration forms, MoUs, gap identification charts, commodity matrix and specifications, budgets, agency or sectoral plans, security tree, contact details/emergency directory, communication information including frequencies, call-signs, phone numbers, mobile phone numbers, sat phone numbers etc, cluster approach matrix

Adapted from IASC (2001:12), UNHCR (2003) and IFRC (2006)

Using the above compound contingency planning checklist with contributions from UN-IASC (2001), UNHCR (2003) and IFRC (2006) disaster managers can easily be guided in developing a contingency plan. However, the checklist is just a guide and there is need to give room for flexibility and being contextual. In order to facilitate easy comprehension, the contingency plan itself should be concise.

Details can be found in the annexes. Although the design, development, context and application of a contingency plan differ from country to country or from one community to another, the fundamental functions of a contingency plan remain the same. UN-ISAC (2001:9) proposes some qualities of a good contingency plan that can be used for quality control when organisations are developing contingency plans.

Table 2:5 Qualities of a good contingency plan

A Good Contingency Plan Should:
🕮 Be comprehensive, but not too detailed.
🕮 Find a balance between flexibility and concrete plans.
🕮 Provide guidance and direction on the intention of agencies and how to proceed.
🕮 Be well-structured, easy to read, and easy to update.
🕮 Serve as layout of what will be done, by whom and by when.

Source: Inter-Agency Contingency Planning Guidelines (2001:9)

Using the above quality indicators, disaster managers should be able to design and pre-test operational contingency plans without hesitation in any context or identified hazard. A contingency plan achieved as a result of a dynamic and rigorous process will easily, when the plan changes, gear to become an operations plan, co-ordinating and collaborating with stakeholders. Literature refers to two approaches to the development of a contingency plan. The first approach is one that starts by observing early warning signals in the

environment, followed by contingency planning and then get into operations planning *(see Figure2:4)*,.The second approach is one that considers contingency planning as part of operations planning. See *(Figure 2: 5)* DMTP (1996:10).

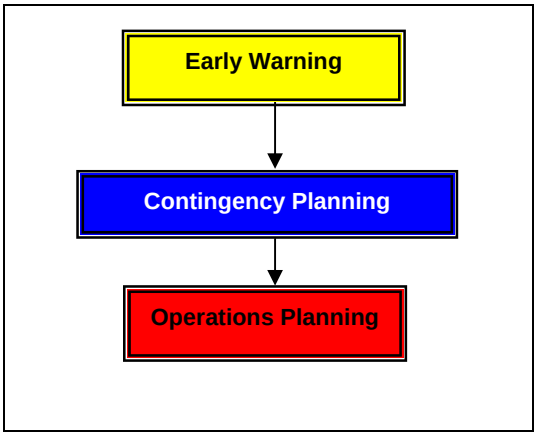


Figure 2:4 Contingency planning as a linear approach DMTP (1996:10)

The approach illustrated in *Figure 2:4* above, views contingency planning in a linear approach, while the other school of thought illustrated below views contingency planning as an integrated part of operations planning. Hence the need to see the two form a synergy and this view is supported by Niekerk (2001:32) who argued that; *"Disaster contingency planning function within the framework of disaster or emergency management, …… is a proactive as well as a reactive measure to mitigate possible disasters and prevent possible risks".*

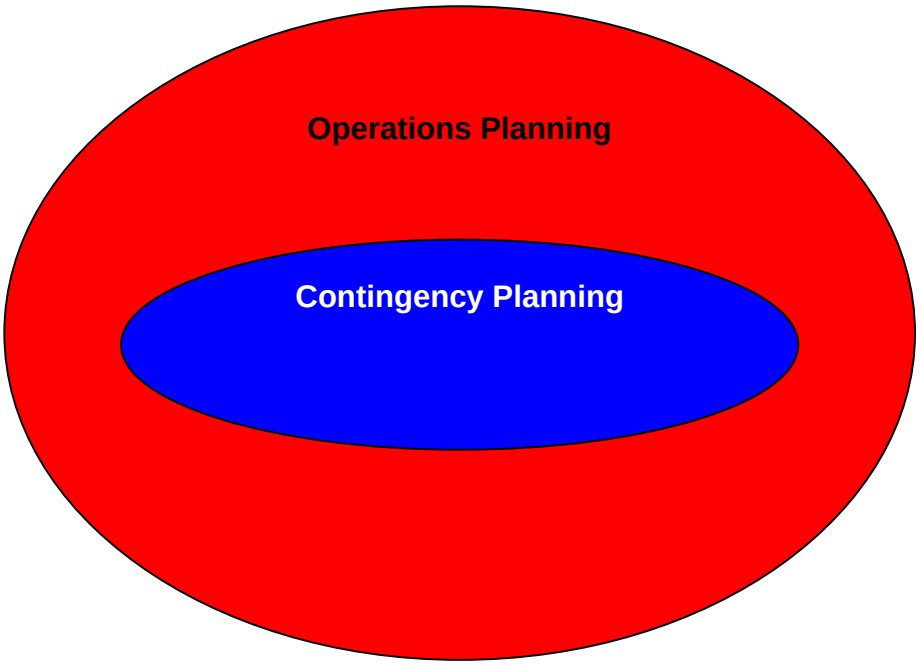


Figure 2:5 Contingency Planning –An integrated approach: DMTP (1996:10)

Whether one takes the linear or integrated approach to contingency planning, the bottom line is that it needs to be a widely consulted process that changes and develops over time with a future perspective. Hence the need for continuous update, so that it remains relevant to the ever-changing environment. Contingency planning normally takes place at managerial level, unlike preparedness planning and operations planning that take place at all levels and actual/field level respectively. By involving managers, it accelerates the level of the decision making process and ensures firm commitment to the plan of action and mobilisation of resources. This also justifies the notation that contingency planning is part of strategic planning since the latter involves managerial levels in the development of organisational mission, vision, strategic goals and implementation strategies (DMTP 1996) and (UNHCR 2003).

Literature reviewed and discussed above, supported by illustrations in *Figure 2:4* and *Figure 2:5,* justifies proposing through this study the adoption of the disaster management cycle in *Figure 2:6* below. The disaster management cycle below, adapted originally from Kotze and Holloway (1996), clearly bases contingency planning on early warning signals from the environment and linking it to operations planning when the actual disaster has happened.

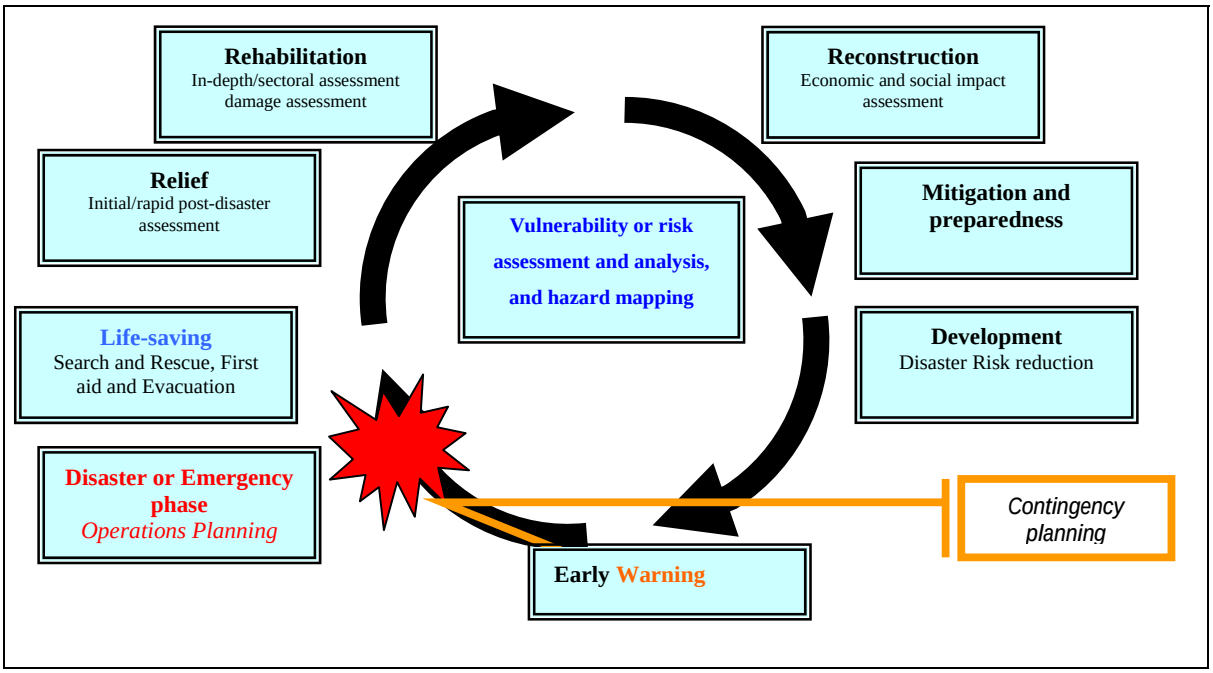


Figure: 2:6. The Disaster Management Cycle (Own Source)

The Contingency planning process should always take the *worst case scenario* for planning purposes and there is need for management commitment to the process, because of the following reasons cited by DMTP (1996:5).

- 🕮 It helps identify the standby arrangements that may be required.

- It assists rapid decision making, as it ensures the early availability of reliable information for policy makers.

- It identifies which actions can be taken during the preparedness phase of a potential emergency.

The theoretical section of this study has provided a strong foundation for readers to have a better understanding of contingency planning, but there is need to consider empirical evidence, drawn from scholarly research and practice. The next section focuses on contingency planning from an empirical perspective.

2.3 Contingency Planning: The empirical perspectives

An analysis, at Global level, reveals that private organisations are taking contingency planning seriously and as part of a business continuity plan. This is practised in countries like Japan, United Kingdom, Canada, United States of America, Australia, New Zealand, some European Countries, Russia and other developed nations so that their economy does not decline. One area which is given priority, in both the public and private sector, is the area of information technology through establishment of ***"cold"*** and ***"hot"*** sites for back-up purposes. Niekerk (2001:25) concurs with the above view by concluding that: *"In many developed countries such as the United States of America, Canada, New Zealand and Australia the focus of contingency planning is mostly aimed at the business sector to ensure business continuity".* FEMA (1997), MacIntyre (2001),

Jerome (2001), Glenn (2001) and Glen in Niekerk (2001:25) all indicated that contingency planning was an integral part of business continuity. This shows the applicability of contingency planning to a number of fields in the public or private sector, but most importantly, the humanitarian field, to alleviate human suffering and promote the right to life with dignity.

A view of recent writing revealed that following the tragic events of September 11, 2001 in the United States of America, businesses around the world started to realise the need for solid contingency planning. It is further argued that, while acts of terrorism may not be a daily occurrence in all areas of the world, there are other hazards that need to be planned for, including areas of telecommunication to facilitate effective back-up systems (Securenet 2007) The above literature suggests that disaster managers and other managers in the private sector should consider contingency planning as an integral part of their disaster management and business plans respectively.

While the focus in most developed countries is on contingency planning to ensure business continuity, paradoxically in developing and disaster prone nations in Asia, Africa and some parts of central America, contingency plans are more related to the field of disaster management. Disasters erode development and economic gains of these developing nations putting the vulnerable community at risk.

ISDR (2006:2) reported that; *"The 26 December 2004 Indian Ocean tsunami was one of the worst in living memory, causing immense suffering for millions of people".* However, post disaster reviews revealed lack of preparedness and contingency planning on both the governments and humanitarian agencies. This justifies the need for capacity building of organisations on how to develop contingency planning as well as involving them in such planning rather than paying a lip-service. ISDR (2006:2) further suggested that,

> *"Although the sudden and strong tsunami waves were clearly the initiating factor in the fatalities and damage, we now know that lack of knowledge and inadequate preparation was a major cause of the extensive losses and impacts. The deaths of hundreds of people in the later tsunami that hit Java, Indonesia on 17 July 2006 illustrated the same problem and underlined the need to systematically address the vulnerability of populations to natural hazards".*

The above argument of ISDR and arguments put forward by FEWS NET (2004) might suggest that the aspect of contingency planning has not taken root within public authorities and humanitarian agencies; hence this study might help in facilitating and provoking the minds of many into being more proactive. It is the poorest people living in the poorer and hazard prone areas of the world that are most affected by natural and human-induced hazards. DMTP (1996), IASC (2001) and UNHCR (2003) argue that early warning is an important aspect of developing contingency plans as they help in scenario development, as well as putting in place mitigation or prevention measures. However, in the case of the Indian Tsunami in 2004 early warning system was weak and not fully utilised as suggested by ISDR (2006:7) who concluded that,

"As the horror of the devastating tsunami of 26 December 2004 unfolded, the world was shocked to learn that many thousands of lives could have been saved if effective tsunami early warning systems had been in place in the region. An early warning system for tsunamis in the Pacific Ocean had been operational for decades. In the years before the disaster scientists knew of the risks of tsunami in the Indian Ocean but their concerns were largely ignored. Public and government interest in tsunamis was low".

Given the above scenario, it justifies the focus of this study on contingency planning to disaster management authorities. The key point of departure is the need for public authorities and humanitarian organisations to invest in contingency planning so that a number of lives are saved. This will see a reduction in the amount of money that is spent on emergency relief, recovery and rehabilitation/reconstruction globally.

Moving from a global perspective there is need to focus on Africa as a continent, then narrow down to Southern Africa. Contingency planning is not a new concept within the African continent; however, an analysis of available literature revealed a lack of institutionalisation, especially within the public sector (government), (FEWS NET 2004). Unlike developed nations where the private sector, public sector and humanitarian organisations take contingency planning as an important aspect of business continuity, social responsibility for citizens and an important aspect that can save lives. FEWS NET (2004:1) reported that; "*While international humanitarian organisations are increasingly carrying out contingency planning processes, government leadership has regrettably been absent in the contingency and response processes, with a few notable expectations such as Ethiopia and Kenya".* The situation in Southern Africa is not

much different from the rest of Africa, because analysis of available literature also revealed that the United Nations, the Red Cross or other International humanitarian organisations have been leading most of the contingency planning process resulting in the need for disaster management authorities to consider seriously the recommendations of this study, by increasing the contingency planning capacity of their units.

The main focus of this discussion is to look at the empirical perspectives of contingency planning. FEWS NET (2004:3) conducted an *ad hoc* survey that revealed that in the Greater Horn of Africa, targeting Burundi, Djibouti, Eritrea, Ethiopia, Kenya, Rwanda, Somalia, Southern Sudan, Tanzania and Uganda. 70% of the above countries had some form of contingency planning in varying degrees. Government participation was rated as follows; 30% non-existent, 30% weak, 20% fair, and 20% very good. Kenya and Ethiopia were the two countries that were rated very well while, Djibouti, Eritrea and Somalia had government participation in contingency planning rated as non-existent. This picture underlines the need for seriously considering institutionalising contingency planning, especially within government institutions like disaster management authorities. According to international law, governments have the primary responsibility to protect, prevent, prepare, mitigate, rehabilitate or provide reconstruction in times of disaster, while Humanitarian organisations like the United Nations, the Red Cross or Red Crescent and other Non-Governmental Organisations provide an auxiliary or complementary role (SPHERE 2004:18).

The issue of political sensitivity, especially during scenario development, in countries with political instability was cited as one of the challenges of weak government involvement by FEWS NET (2004:3) who reported that,

> *"It is felt within the international circles that involving some governments is not yet feasible because of high political sensitivity of certain issues that need to be discussed during humanitarian scenarios building. However, because the aim of the inter-agency contingency planning exercise is to support governments' efforts in disaster preparedness and response, UN agencies affirm their willingness to collaborate well with all governments when conductive conditions will be present".*

There are other factors that might be contributing to the weak involvement of governments especially in the Greater Horn of Africa which can also be applicable to Southern Africa such as:

- 🕮 An absence of an emergency planning tradition in governments

  .
- 🕮 Over-emphasis on day-to-day management coupled with a reactive attitude towards disaster management.

- 🕮 Limited human and financial resources (FEWS NET 2004:4).

All the above factors indicate that there is a need to seriously engage governments in the contingency planning process so that they can commit themselves to the process, even in difficult situations like planning for internal displacement as result of a civil strife or refugees, or a complex emergency. Planning, together with government as equal partners, increases transparency, accountability, trust among humanitarian player, easy access to the affected

population if the crisis planned for turns into reality. It may result in preventing the situation from happening after showing the impact of the scenarios through a consequence analysis. Humanitarian agencies should also aim at increasing the human resources and financial or material capacity of governments so that they can adequately prepare and respond to disasters or emergencies (FWES NET 2004).

The health sector has been doing well in terms of contingency planning. Recent examples can be drawn on how African governments prepared for “bird flue”, Avian Influenza and other notifiable animal or human diseases. For example, in 2005 and 2006 Zimbabwe’s Civil Protection Unit worked together with the ministries of agriculture, health and tourism in developing the contingency plan targeting border entry points and tourist resorts as high risk areas. Port Health was established to screen visitors coming from countries that were susceptible to the Avian influenza. Disaster management authorities should, therefore, learn from such processes and lead in developing contingency plans since their mandate includes co-ordination with other sectors as regards policy influence or development. However, in some cases disease outbreaks have happened without adequate preparation resulting in loss of lives. IRIN (2005 online) reports that 100 lives were lost in 2004 in Zambia as a result of a Cholera outbreak, while in 2006 cholera claimed a number of lives in Angola. Lack of adequate preparedness and contingency planning can also be revealed in the flooding that happened in Mariental in Namibia in 2006 and the Caprivi flooding of 2003 and 2004. In 2007 flooding in the same Caprivi area displayed a high degree of

preparedness according to a report by the Red Cross. The floods resulted in displacements of populations ranging from 6,000 – 30,000. However, besides the recurrence of the floods in Namibia, for example, no contingency plan was developed as revealed in the findings in *Table 3:14* of this study.

The IFRC reported in its Disaster Relief Emergency Fund (DREF) Bulletin of (2006) that it had put in place a contingency plan for population movements in central Africa, a result of political instability in the region. However, the report did not mention how much the government of Cameroon was involved in the development of the contingency plan in anticipation of refugees from Chad, Central African Republic and Sudan, considering that it is the host government that accords asylum seekers with refugee status. In such cases, where populations move in masses, the involvement of governments becomes of paramount importance to ensure preparedness and adequate response mechanisms.

It was reported that, *"Marondera Municipality's disaster preparedness has been rapped by residents of the town following … fire which destroyed four shops in the central business district"* (The Herald 25 April 2007). This report also highlighted that the town fire tender arrived on the scene without water while all fire hydrants, which supply water in cases of emergency, did not have water either. This incident shows the lack of preparedness and contingency planning on the part of Marondera municipality, which is part of the local government structures. If the municipality had contingency plans they could have activated

them and saved property worth millions that was gutted out before fire tenders arrived from a neighbouring municipality approximately 80 kilometres away. Literature further revealed that international organisations or UN agencies have taken the lead in the process of contingency planning in Southern Africa and other parts of the world. Examples can be drawn from FEWS NET (2004) in the Greater Horn of Africa; International Federation of the Red Cross and Red Crescent Societies (2006) focusing on population movement Central Africa; UN-WFP (1997) in Southern Africa, with a focus on drought contingency planning in anticipation of an El Nino, covering Lesotho, Malawi, Madagascar, Mozambique, Zambia and Zimbabwe. Therefore, the culture of contingency planning needs to be deeply rooted in disaster management authorities so that they can take a more *proactive* leading role in the development of contingency plans, rather than being *reactive* when early warning signals have not been detected.

Learning from past experiences of cyclone, Eline, in 2000, countries like Mozambique in Southern Africa have seen the government taking a more proactive role in heading the floods contingency planning in 2006/2007 rainfall season, (UNOCHA and IFRC 2007). The South African Broadcasting Corporation (SABC) reported on (8 February 2007) that: "*The Mozambique National Disaster Institute (INGC –government Disaster Management Authority) has launched a long term contingency plan to evacuate, rescue and offer relief aid to about 250,000 people affected by severe flooding in Mozambique"*. This example shows how some governments in Southern Africa are already taking the contingency planning process seriously and institutionalising it as a disaster

management preparedness planning tool. Southern Africa disaster management authorities made a commitment in 2000 to develop disaster management standard, operating procedures and a disaster management protocol for the region (SADC 2000:22). Another recommendation adopted by SADC governments was that: *"Member sates should be pro-active and should sensitise government officials and communities on the importance of disaster prevention or mitigation and preparedness, and a common early warning system should be adopted".* These recommendations were based on the lack of preparedness and contingency planning displayed in the early months of 2000 when the Southern Africa region was hit by cyclone, Eline, leaving many people homeless and property and infrastructure worth billions were destroyed (SADC 2000). Uncoordinated warning by member states when dam gates were opened without informing other member states resulted in river floods especially in Gaza and Buzi in Mozambique, Hoguane, Motta, Lopes and Menete (2002). This is enough justification for this study that is focusing on analysing the contingency planning systems for disaster management authorities.

Compared to cyclone, Favio, that hit Mozambique in February 2007, the level of preparedness and cyclone warning had greatly improved in member states like Mozambique, Zimbabwe, Zambia and Malawi who were likely to be affected. They were better prepared and had contingency plans in place. The realisation of investing in preparedness measures helped SADC member states to move towards a pro-active, rather than a reactive culture of managing emergencies. Besides a contemporary paradigm shift, the reality on the African continent still

needs to be improved. The impact of cyclone, Favio, was low as a result of contingency measures put in place by Disaster Management Authority for Mozambique (INGC) and humanitarian actors, like the Red Cross, to warn the public using the three-colour coded floods/cyclone warning system. This shows the benefits of contingency planning.

2.4 Benefits of Contingency planning

Governments, humanitarian agencies and the private sector should value the contingency planning process because of the benefits derived from the process (Duvenhage 2006:14) proclaims that; *"Long term strategic planning and sound decision making is based on the realization that in times of change, the future is highly unpredictable. Therefore a systematic and imaginative way of thinking ahead is crucial. One of the powerful tools of thinking ahead in a more organised manner is scenario thinking, which also prepares the mind to recognise the signals of change before they fully unfold".* To be mentally prepared leads to logical thinking in presenting ideas and facilitates swift co-ordination when emergencies happen.

UNHCR (2003:11) postulated the benefits of contingency planning by arguing that: *"A contingency plan is meant to help network and coordinate individuals, agencies and organisations to effective a rapid and effective response. Contingency planning ensures the availability of stand-by resources and provides mechanism for rapid decision-making that can shorten disaster response and*

ultimately save lives". The benefits of an inter-agency contingency planning outweigh the individual organisational benefits and allow for information sharing, as well as resource sharing, while at the same time minimising duplication and confusion amongst organisations. Contingency plans provide a reference point that can build the institutional memory of an organisation, leaving little room for knowledge and implementation gaps when staff leave organisations. The fact that a contingency plan is a living document enables it to be kept up-to-date with trends or threats that facilitate change to the plan to activate it to become an operations plan when the situation unfolds into a reality (UNHCR 2003).

Some organisations challenge the contingency planning, basing their argument on the assumption that each disaster is unique and a contingency plan is rendered useless once the disaster is over UNHCR (2003). These assumptions are often wrong or oversimplified given the number of benefits as already alluded to in the above discussion. The benefits of a contingency plan outweigh these assumptions. However, it is important to reflect on the challenges, hindrances or barriers to effective contingency planning, such as:

- 🕮 Lack of commitment
- 🕮 Failure to take note of early warning signals in the environment
- 🕮 Insufficient policy framework
- 🕮 Lack of financial and human resource capacity
- 🕮 Lack of an enabling planning environment through support from the government by giving humanitarian space to organisations.

An emergency generally embodies calamitous conditions in a short space of time that may result in loss of lives or damage of property or infrastructure, thereby eroding development gains (DFID 2005). Given the benefits of contingency planning, it makes more sense to plan when there is time rather than working in a chaotic manner when disaster strikes.

IFRC (2006:10) summarised the benefits of contingency planning by claiming that,

> *"Contingency planning helps make sure that response is coordinated because goals, strategies, roles and responsibilities are clarified in advance. Disaster response and contingency planning can also effectively help to create new relationships with agencies, organisations, NGOs, government and local actors, and to strengthen those that already exist. Relationships developed during the planning process often prove invaluable in ensuring effective response".*

During an emergency rapid and effective action is important so that lives are not lost, but all this is achieved once organisations understand the importance of pulling together in contingency planning, as well as committing to the process rather than giving it lip-service. UNHCR (2003:14) summarised the benefits of contingency planning by postulating that: *"Contingency planning builds organizational capacity and should become a foundation for operation planning and emergency response".*

2.5 Effects of insufficient contingency planning

Development gains have been lost as a result of poor contingency planning. Good disaster risk reduction happens well before the disaster strike, but also continues after a disaster, building resilience against future hazards,. (DFID 2005:2). Economic, environmental, infrastructural and human losses can be avoided or minimized if there is sufficient contingency planning. In the private sector, modern, multi-national companies need to have business continuity twenty-four hours a day, seven days a week so that they meet their customer needs, but if there is no contingency planning and incidents like the September 11, 2001 happens, without a contingency plan, the business can ground to a halt. The same applies to humanitarian organizations that can lose their credibility or donor funding as a result of poor response to a disaster, when in actual fact, this could have been improved through contingency planning.

Lessons learnt from the 26 December 2004 Indian Ocean tsunami revealed that lack of knowledge and inadequate preparation were major causes of extensive losses and impacts (ISDR 2006:2). In Zimbabwe property, worth millions of dollars, was lost in Marondera in April 2007 when the municipality fire tenders arrived at the scene without water and fire hydrants not working, The Herald (2007). In Namibia in 2003/4 aviation and automobile fuel was wasted in transporting villagers marooned in the Caprivi area, following floods. The economic losses could have been avoided if a flood contingency plan had been

in place and early warning systems established that could have allowed villagers to move to higher ground in time. *"Without a clear contingency plan, much time will be lost in the first days of an emergency" (*UNHCR 2003:14).

2.6 Summary

This chapter has provided a strong foundation for the theoretical framework for contingency planning, supported by empirical evidence. It became clear that contingency planning is a process. Therefore, the production of a document is not the end, but based on early warning signs and trigger events, the plan should be reviewed or updated to match new developments. A contingency plan helps in saving lives, property, infrastructure, the environment and ensures business continuity in the private sector.

This chapter has also shown that once a contingency plan is in place, it is easy to change it into an operations plan when the actual emergency happens, facilitating co-ordinated response in a bid to save lives and promote life with dignity. Developing a contingency plan can take place at individual organisational level or at inter-agency level. However, the collective benefits outweigh individual organisational benefits. Simultaneously, new relationships are established and existing ones strengthened through inter-agency contingency planning. The benefits and hindrances to contingency planning were also discussed in this chapter, revealing that there were more benefits than hindrances in contingency planning. The chapter concluded by looking at the effects of insufficient,

contingency where case studies from September 11, 2001 United States of American bombing on 26 December, 2004 Indian Ocean tsunami and quite a number from Southern Africa, were used as examples to show the effect of lack or poor contingency planning. The next chapter looks at data presentation, analysis and interpretation.

CHAPTER3: DATA PRESENTATION, ANALYSIS AND INTERPRETATION

3.1 Introduction

This chapter focuses on data presentation, data analysis and interpretation, facilitating building of empirical evidence for this study. A structured questionnaire was used as the key data collection instrument, supported by document analysis of existing contingency plans and other related documents including policies. The questionnaire was administered to senior government officials in all fourteen Southern Africa Development Community member states, namely Angola, Botswana, Democratic Republic of the Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe. A 50% response rate was achieved for this study, providing strong grounds for generalising the results of this study.

In line with the research problem and its sub-problems data is presented, analysed and interpreted logically, starting with the profile of respondents, followed by the policy framework of disaster management authorities. This leads to a discussion of the common hazards, followed by the status of contingency planning, linking it to the frequency of updating or reviewing these plans. This chapter also discusses the effectiveness of contingency planning and the format that can be used or adopted for this purpose by public authorities and other humanitarian organisations. Finally, the chapter concludes with a summary of the major issues discussed.

3.2 Profile of respondents

Table 3:1 below shows the total number of respondents for this study according to country.

Table 3:1 Respondents according to country

N = 12

Country	Botswana	Lesotho	Malawi	Namibia	South Africa	Swaziland	Zimbabwe	Total
Number of respondents	1	1	1	1	1	2	5	12
Percentage distribution	8.3%	8.3%	8.3%	8.3%	8.3%	16.7%	41.8%	100%

Table 3:1 above reflects that five countries scored 8.3% representation per country, while the remaining two countries, Swaziland and Zimbabwe, are represented by 16.7% and 41.8% respectively. Zimbabwe recorded the highest response rate, mainly due to its close proximity to the researcher, as it was easy to follow up on them as compared to distant respondents who were difficult to reach. In some cases letters had to be written to the permanent secretaries or other senior government officials seeking permission that allowed the respondents to complete the questionnaires representing their respective governments.

Table 3:2 below reveals that 33.3% of the respondents represent the senior management category of deputy director/chief executive and director/chief executive level. The category of disaster management officers is represented by

25% and the remaining 41.7% represents senior administrators and logisticians of disaster management authorities. The profile of the respondents represents senior management levels in government who can influence policy and practise in the field of contingency planning or disaster management in general. This again gives a strong platform for generalising the results of this study, available to governments and humanitarian organisations.

Table 3:2 Category of Respondents

N = 12

Category of respondents	No. of respondents	Percentage distribution
Directors/deputies	4	33.3%
Disaster Management officers	3	25.0%
Disaster Management Admin/logistics officers	5	41.7%
Total	12	100%

3.3 Policy framework and Institutional arrangements

There is no common title used to name disaster management authorities in Southern Africa region. *Table 3:3* below shows the various titles used in the seven countries and the location in which the unit is placed within the government structures. Only Lesotho and South Africa use the common name of *Disaster Management Authority*.

Table 3:3 Title for disaster management authorities and their locations in the government structure

N = 7

Country	Title used	Location in Government structures
Botswana	National Disaster Management office	Office of the President
Lesotho	Disaster Management Authority	Office of the Prime Minister
Malawi	Department of Poverty and Disaster Management Affairs	Office of the President & Cabinet
Namibia	Directorate of Emergency Management	Office of the Prime Minister
South Africa	Disaster Management Authority	Ministry of Provincial and Local Government
Swaziland	National Disaster Management Agency	Ministry of Regional development and Youth affairs
Zimbabwe	Civil Protection Unit	Ministry of Local Government, Public works and Development

An analysis of *Table 3:3* reveals that 57% of the disaster management authorities are located in the highest offices within the government structures like office of the President or Prime Minister. This strategic positioning is ideal as it facilitates quick decision making in the case of a disaster, as well as influencing policy and practice in emergency management. A review of most of the disaster management policies and operational procedures revealed that the President or Prime Minister declares the state of disaster, facilitating allocation of resources to assist in the relief and recovery, as well as the rehabilitation and recovery of the affected population. The table above reveals that 43% of the Disaster Management Authorities are located in the local/regional government ministry which cascades from the central government level to local level structures. This structure has it merits because of its ability to cascade to district levels. However, this can lead to bureaucracy and the *Red Tape* might delay emergency response.

The availability of a policy framework in any organisation is of paramount importance likewise the disaster management authorities should have a clear

policy framework that governs the conduct and operations of their work on a daily basis. *Table 3:4* below shows the availability of disaster management acts among the respondents.

Table 3:4 Disaster Management Act availability

N = 7

Country	**Availability of DM Act**	**Year of enactment /review**
Botswana	No	*
Lesotho	Yes	1997
Malawi	Yes	1991 and there has been no review since enactment
Namibia	No	*
South Africa	Yes	2002
Swaziland	Yes	2005
Zimbabwe	Yes	1989, but a draft DM bill was tabled in parliament during the time of conducting this study.

Table 3:4 shows that 71% of the countries that participated in this study have a disaster management Act in place that gives mandate for their operations. However, the study findings reveal that, 29% of the Disaster Management Authorities are not established through an Act of parliament, though some policies do exist to guide the operations and conduct of the institutions. The respective countries are encouraged to have their operations grounded firmly through an Act passed in parliament. Legal mandates that are pillared on an Act of Parliament provide strong foundations for establishing disaster management policies and procedures. *Figure 3:1* below reflects availability of disaster management Acts among the seven SADC countries that form part of this study.

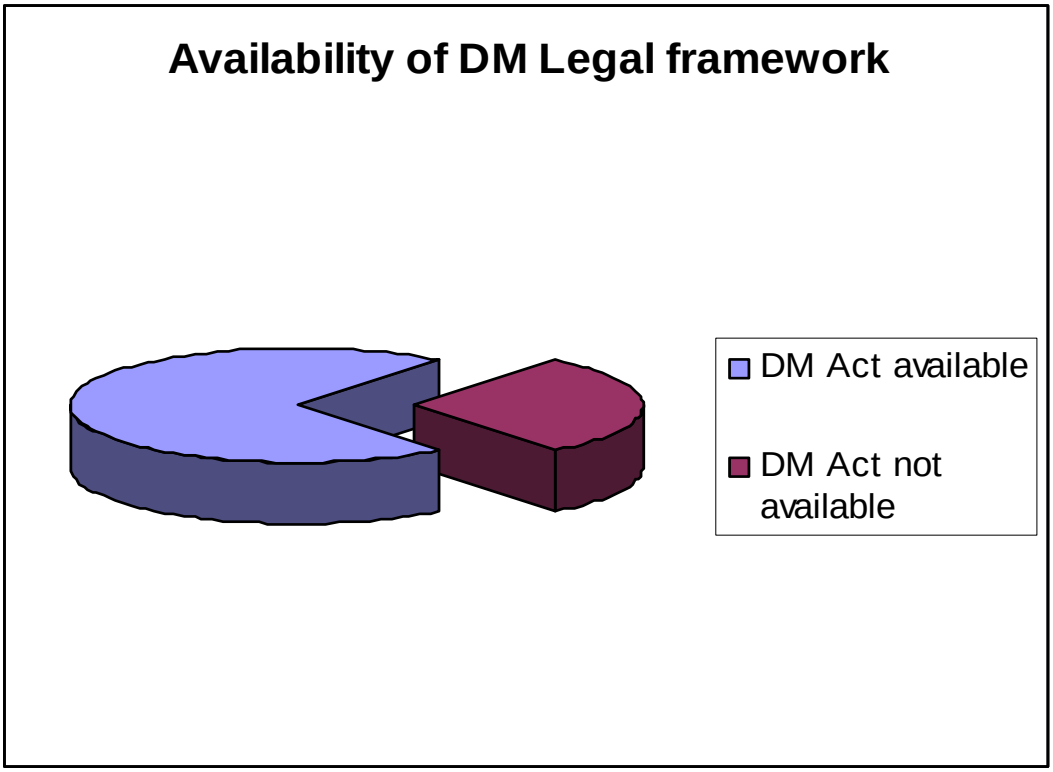


Figure 3:1 DM legal framework availability

3.4 Common Hazards

The common hazards, emergencies or disasters identified in this study are consolidated and summarised by country in *Table 3:5* below. The ranking of the most common hazards, however, is analysed according to each country to help in tallying them against the contingency plan's availability versus the highest ranking emergencies.

Common hazards, disasters or emergencies vary in frequency, intensity and magnitude from one country to another. Based on the study findings reflected in *Table 3.5* below, four major hazards were identified as frequently occurring

among the seven countries, these are floods, droughts, epidemics and transport accidents. Literature reviewed from UNOCHA and IFRC (2007) postulates that Southern Africa has been hit by major floods affecting Angola, Mozambique, Namibia and Zambia, while in 2000 several countries in Southern Africa were affected by cyclone, Eline, that resulted in major flooding. This is why all seven countries in this study rated floods as most frequently affecting them, resulting in loss and/or destruction of lives and livelihoods, as well as damaging infrastructure and retarding economic growth.

According to the IFRC (2003) five countries in Southern Africa were hard hit by a major drought during the period 2002/2003. The worst affected countries, according to the report, were Lesotho, Malawi, Swaziland, Zambia and Zimbabwe. IFRC (2006) further reports that during the period 2005/2006 the following countries were also affected by droughts, namely Lesotho, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe. These two scenarios justify the response of the seven countries that drought frequently affects their countries.

The rapid growth in the automobile industry might have contributed to an increase in transport accidents and *Table 3:5* reveals that all the countries that participated in this study are affected by this risk. It is reflected by a 100% rating. It is imperative to reduce road carnage by introduction of stiffer penalties for reckless driving, dualising roads and maintaining them. Epidemics like cholera are a major concern to some of the Southern African countries scoring a 71% in *Table 3:5* below, the same with bush fires.

Table 3:5 Common Hazards/Disasters in Southern Africa.

N = 7

Countries	**Botswana**	**Lesotho**	**Malawi**	**Namibia**	**South Africa**	**Swaziland**	**Zimbabwe**	
Common Hazards								**Score (%)**
Floods	✓	✓	✓	✓	✓	✓	✓	7 (100%)
Cyclones							✓	1 (14.3%)
Drought	✓	✓	✓	✓	✓	✓	✓	7 (100%)
Bush fire	✓			✓	✓	✓	✓	5 (71%)
Cholera		✓	✓		✓	✓	✓	5 (71%)
Earthquake					✓		✓	2 (29%)
Landslides							✓	1 (14.3%)
Transport accidents	✓	✓	✓	✓	✓	✓	✓	7 (100%)
Desertification						✓	✓	2 (29%)
War & civil strife								
Epidemics	✓				✓	✓	✓	4 (57%)
Refugees								
Infestation	✓						✓	2 (29%)
Environmental pollution	✓				✓	✓	✓	4 (57%)
Economic crisis							✓	1 (14.3%)
Stampedes							✓	1 (14.3%)
Storms/hurricanes					✓	✓		2 (29%)
Technological & industrial accidents	✓					✓	✓	3 (43%)
Heavy snowfall		✓						1 (14.3%)

Table 3:5 reflects that there are other hazards which are not common to all the countries like technological and industrial accidents which scored 43%, earthquakes, desertification, infestation and tropical storms with each scoring 29%. Cyclones, landslides, economic crises, stampedes and heavy snowfalls scored 14.3% each, rated as occurring only in one country and cannot be generalised as occurring in Southern Africa.

Hazards are rated as not occurring frequently in the seven countries that participated in this study, including war, civil strife, refugees and toxic waste. While some of these countries are hosting refugees though not in large numbers ,and with the frequency of influx limited, they still score a 0% rating on this kind of hazard. Relatively most of SADC member states are at peace and have not been experiencing any war or civil strife since the gaining of independence by South Africa in 1994, although the Democratic Republic of Congo (DRC) still experiences some civil strife. It did not respond to this study although it is a member of SADC. Refugees also received a 0% rating score, though some countries in Southern Africa are hosting a number of refugees, for example Mwange refugee camp in Zambia hosts approximately 25,000 Congolese refugees because of the insurgencies that have been happening in the country of origin (IFRC 2006). An analysis of the findings in *Table 3:5* above shows that Southern Africa Development Community should consider developing contingency plans for hazards that commonly affect member states such as floods, drought, epidemics and transport accidents, as well as promote knowledge sharing of such plans since disasters know no bounds.

The ranking of hazards, disasters or emergencies that have severely affected each country in the past five years are presented, analysed and interpreted according to each country that participated in this study. *Figure 3:2* below reflects Botswana's ranking of the five top most severe hazards/disasters or emergencies. On the rating scale five represents most severe and one representing least severe.

N = 1

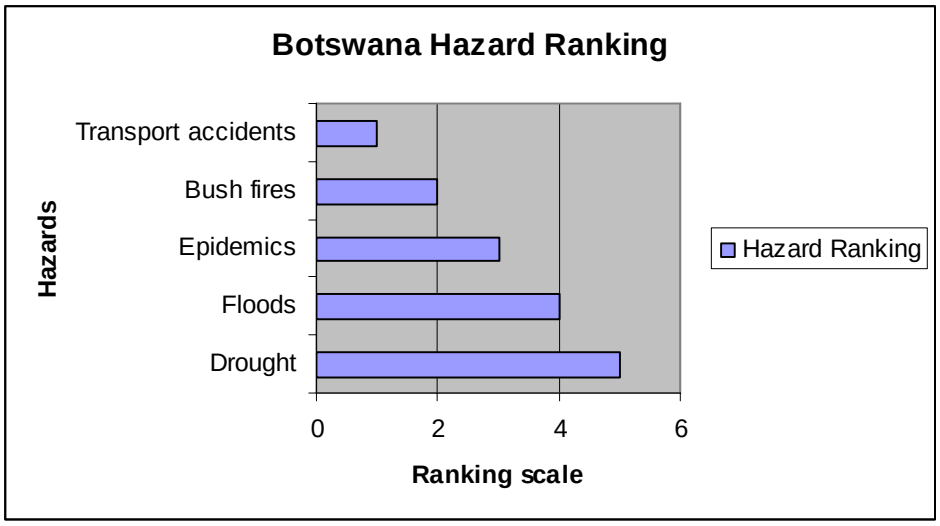


Figure 3:2 Botswana Hazard/Disaster ranking

In *Figure 3:2* above, drought was ranked the most severe hazard that has affected the country in the last five years followed by floods, epidemics, bush fires and transport accidents the least severe. Research has revealed that three of the natural hazards identified in *Figure 3:2* that most severely affected Botswana, have also been postulated by the Centre for Research on the Epidemiology of Disasters (CRED 2007) as being among the top four natural hazards that affected the country between 1965 - 2006 as reflected in *Table 3:6* below.

Table 3:6 Natural Disasters in Botswana 1965 - 2006

Summarized Table of Natural Disasters in Botswana from 1965 to 2006

	# of Events	Killed	Injured	Homeless	Affected	Total Affected	Damage US$ (000's)
Drought	5	0	0	0	1,344,900	1,344,900	3,000
Av. per event		0	0	0	268,980	268,980	600
Epidemic	2	653	0	0	36,882	36,882	0
Av. per event		327	0	0	18,441	18,441	0
Flood	5	31	7	34,000	128,236	162,243	5,050
Av. per event		6	1	6,800	25,647	32,449	1,010
Insect Infestation	1	0	0	0	0	0	0
Av. per event		0	0	0	0	0	0

Source: EM-DAT: The OFDA/CRED International Disaster Database, www.em-dat.net - Université catholique de Louvain - Brussels - Belgium

While *Table 3:6* above does not show the year in which the disaster occurs, the summary tallies well with the findings in *Figure 3:2* which also identified and ranked drought, floods and epidemics respectively as the top three most severe disasters that affected the country. Given the findings of this study reflected in *Figure 3:2* and research-based evidence from CRED (2007) there is need for Botswana to proactively develop contingency plans for hazards that have been frequently and severely affecting the country,. They have to take into consideration the historical profile, the hydro-metrological and climate change data in the case of drought and floods, while on the other hand consider the

epidemiological information for epidemics for example the recent threats of avian influenza in 2005/6 in some African countries.

Lesotho is a relatively small country surrounded by South Africa and *Figure 3:3* below identifies some of the hazards that have been ranked as most severely affecting the country in the past five years. Topping the list is drought, followed by snowfall and the last three are transport accidents, floods and cholera respectively. Literature has revealed that Lesotho was affected by drought during the following periods 2002/3 and during the period 2005/6 as suggested by IFRC (2003 and 2006). This justifies the ranking of drought as the most severe in *Figure 3:3.* Literature further suggests that of an estimated population of 2,022,331 in Lesotho (DFID 2006), the International Federation of the Red Cross in its programme update number two issued in January 2006, reported that about 27% of the population was vulnerable to drought. This further justifies the ranking of drought as the most severe hazard in that country. The Disaster Management Authorities in Lesotho need to consider seriously coming up with a drought contingency plan based on previous drought situations and also consider the anticipated increase in HIV and AIDS.

CRED (2007) identified drought, epidemics, floods and windstorms as the major disasters that have affected Lesotho from 1968 – 2001 varying in frequency and severity. However, drought according to CRED affected the highest number of people, followed by floods, then epidemics and windstorms. The World Fact Book

(2002) reported periodic droughts as a major natural hazard that frequently affects Lesotho and this supports the rating in *Figure 3:3* below.

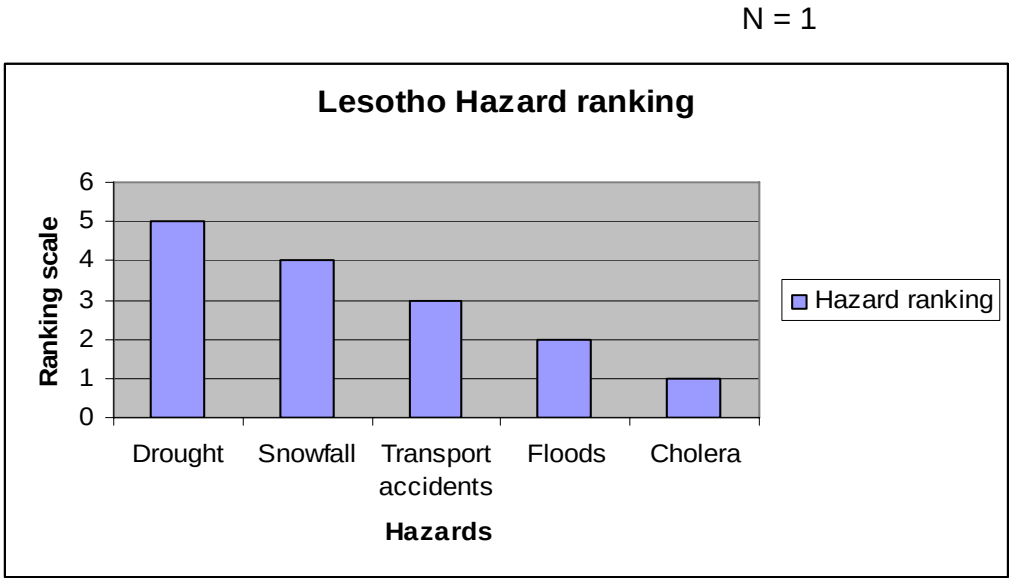


Figure 3:3 Lesotho Hazard/Disaster ranking

While snow is relatively rare in most African countries, *Figure 3:3* above shows that snow was rated as the second severest hazard in Lesotho,. According to reports of the SABC in its publication 2 August 2006, this might be attributed to the fact that in 2006 the country was affected by snow which resulted in the closing down of the borders to South Africa. , With modernisation the volume of traffic in most countries increases, but the infrastructure of roads leaves much to be desired. Transport accidents can therefore not be ruled out as contributing to the high number of fatalities.

Malawi is one of the countries rated among the least developed countries, ranked 165th on the Human Development Index in 2005 (UNDP 2005). The frequent occurrence of natural disaster erodes the development gains scored by this

country. *Figure 3: 4* below reflects the ranking provided by the DMA as the top five emergencies that affected the country in the past five years.

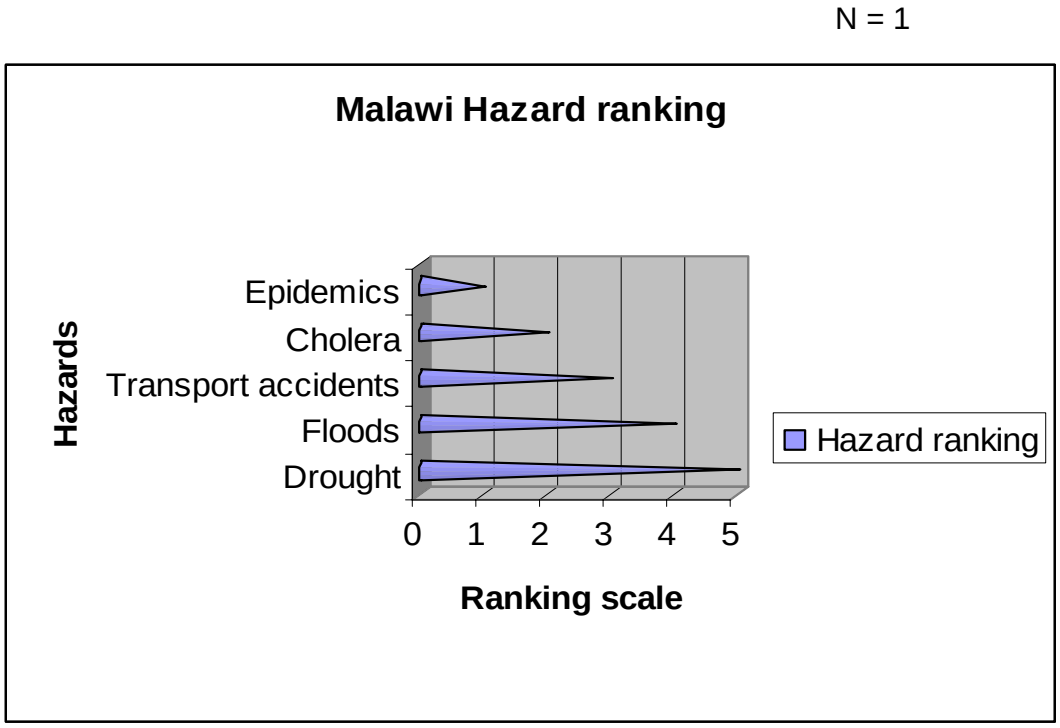


Figure 3:4 Malawi Hazard/Disaster ranking

Drought is ranked the most frequently occurring hazard that has affected the country in the past five years and this was also confirmed by reports from IFRC that indicated that during the period 2002/3 and 2005/6 Malawi suffered from recurrent droughts. The development of a floods contingency plan during the period 2006/7 shows that the country considers the frequency of floods to be a most likely occurrence, hence the need for such a plan to be in place to facilitate and co-ordinate response. *Table 3:7* below shows that the number of major floods totals up to twenty-two during the period 1967 – 2007. Floods ranked

highest in Malawi's epidemiology of disasters during the period reflected in *Table 3:7* below.

Table 3:7 Natural Disasters in Malawi 1967 - 2007

Summarized Table of Natural Disasters in Malawi from 1967 to 2007

	# of Events	Killed	Injured	Homeless	Affected	Total Affected	Damage US$ (000's)
Drought	3	0	0	0	11,229,267	11,229,267	0
Av. per event		0	0	0	3,743,089	3,743,089	0
Earthquake	1	9	100	50,000	0	50,100	28,000
Av. per event		9	100	50,000	0	50,100	28,000
Epidemic	11	1,495	0	0	46,280	46,280	0
Av. per event		136	0	0	4,207	4,207	0
Flood	22	581	0	313,000	1,390,090	1,703,090	32,489
Av. per event		26	0	14,227	63,186	77,413	1,477
Wind Storm	1	11	8	0	0	8	0
Av. per event		11	8	0	0	8	0

Source: EM-DAT: The OFDA/CRED International Disaster Database, www.em-dat.net - Université catholique de Louvain - Brussels - Belgium

Table 3:7 above shows that there were three major periods of drought recorded in the epidemiology of disasters in Malawi (CRED 2007). While the frequency can be less than that of floods that occurred about twenty-two times, the number of affected population averaged 3,743,089 compared to an average of 77,413 affected by floods. CRED (2007) also identified three of the five hazards ranked in *Figure 3:5* above, that is drought, floods and epidemics though the time frame

for *Table 3:7* dates back to 1967, as compared to the rating in *Figure 3:4* that is confined to five years only. The rating in *Figure 3:4* is based on fresh memories and data on recent disasters while *Table 3:7* provides the epidemiology of disasters over a long period in a summarised format. However, CRED (2007) also identified transport accidents as a threat to the country under technological disasters. It is therefore necessary for the country to put in place preparedness measures to reduce occurrences of such disasters.

Namibia is a sparsely populated country according to BBC (2007) and the desert occupies much of the country which makes it prone to droughts. The World Fact Book (2002) identified prolonged droughts as a major hazard for Namibia, though in *Figure 3:5* below. Drought has been ranked fourth on disasters that have severely and frequently affected Namibia in the last five years. Literature has revealed that Namibia was affected by floods in 2003/4 and in 2007 in the Caprivi area as well as in 2006 in Mariental. Localised floods affected the city, left a number of people vulnerable and resulted in relief operations by the international community for a period ranging from three to twelve months (IFRC 2003/4, 2006 and 2007).

The fact that Namibia has been affected by floods in recent years which called for international humanitarian response might have influenced the rating that saw floods being ranked as the most severe in the last five years. Drought shocks in Namibia were felt in 2005/6 resulting in the IFRC implementing a food security programme in the country. *Figure 3:5* and *Table 3:8* both identify floods and

droughts as major disasters that affected Namibia in recent years. However, *Table 3:8* further identifies epidemics as a major concern to Namibia's disaster epidemiology. Chatora (2006) profiled how polio affected Namibia in 2006 resulting in a nationwide polio vaccination campaign after some fatalities had been recorded in Windhoek's Katutura area. This therefore supports why CRED in *Table 3:8* below, profiles epidemics as a major concern.

N = 1

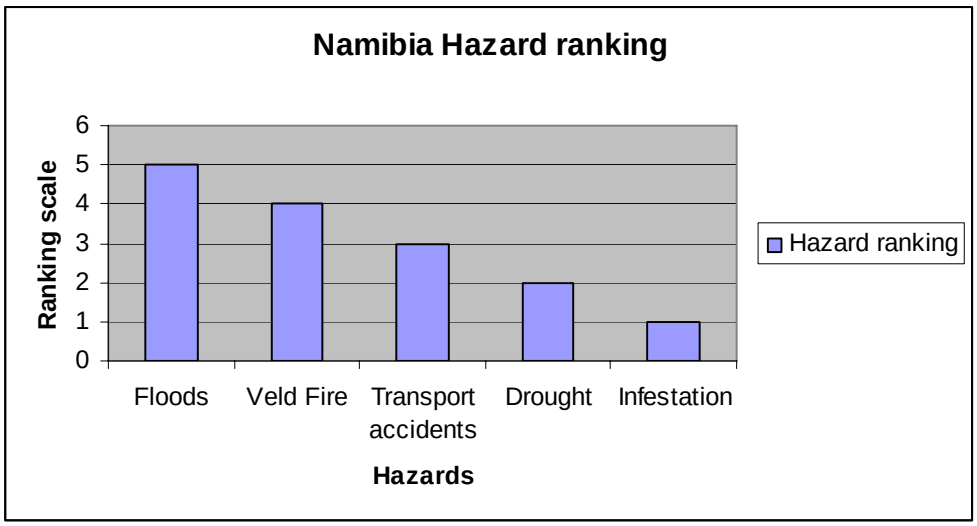


Figure 3:5 Namibia Hazard/Disaster ranking

While *Table 3:8* does not reflect transport accidents, CRED (2007) postulates that major transport accidents occurred in Namibia in 1991 and 2002. According to the findings of this study, Namibia highlighted that floods severely affected the country in the last five years. This claim was substantiated by the IFRC (2003/3, 2006 and 2007) that revealed that the Zambezi River has been bursting its banks in the Caprivi area resulting in floods that displaced over 30,000 people. These displacements resulted in the establishment of Internally Displaced Persons (IDP)

camps, as well as running humanitarian relief operations to promote and restore life with dignity to the victims. Given the above background and reflections in *Figure 3:5* and *Table 3:8,* Namibia should seriously consider investing in contingency planning for its major hazards like floods, epidemics, droughts, transport accidents and veld fires.

Table 3:8 Natural Disasters in Namibia 1982 - 2007

Summarized Table of Natural Disasters in Namibia from 1982 to 2007

	# of Events	Killed	Injured	Homeless	Affected	Total Affected	Damage US$ (000's)
Drought	4	0	0	0	438,200	438,200	2,739
Av. per event		0	0	0	109,550	109,550	685
Epidemic	5	265	0	0	12,453	12,453	0
Av. per event		53	0	0	2,491	2,491	0
Flood	7	7	0	0	64,300	64,300	8,490
Av. per vent		1	0	0	9,186	9,186	1,213

Source: EM-DAT: The OFDA/CRED International Disaster Database, www.em-dat.net - Université catholique de Louvain - Brussels - Belgium

The UNDP (2006) in its Human Development Index ranked South Africa at position 121, coupled with its susceptibility to hazards like droughts, floods, epidemics, bush fires and cholera as identified in *Figure 3:6* below, the economic gains are easily eroded, increasing the degree of vulnerability of those 'at risk'. Against a background of these challenges it is imperative for South African Disaster Management Authorities and other public sector institutions to

proactively engage in the development of contingency plans for the identified hazards in *Figure 3:6.* This will ensure operationalisation of the Disaster Management, (Act 57 of 2002), which gives momentum to prevention, mitigation and elimination of risks.

N = 1

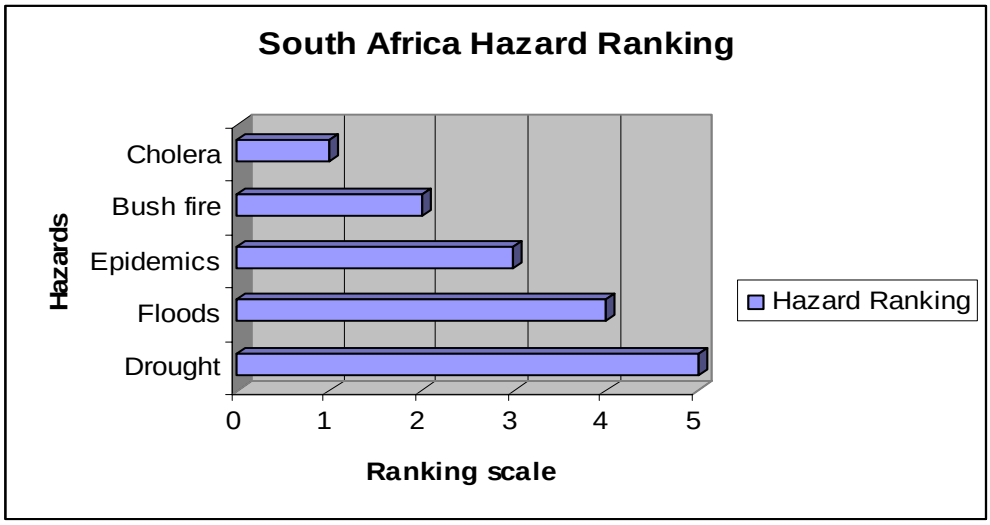


Figure 3:6 South Africa Hazard/Disaster ranking

Figure 3:6 above identifies drought as a natural disaster that severely affected South Africa in the last five years, followed by floods, epidemics, bush fires and cholera ranked last. The rating in *Figure 3:6* above tallies well with the research-based epidemiology of disasters as postulated by CRED (2007) in *Table 3:9* below. It identifies droughts, floods, wild fire and epidemics as notable disasters that affected South Africa during the period 1920 – 2006. This provides a strong platform for generalising the results of this study because the findings of the study tally well with other research-based findings documented by renowned academic institutions.

Table 3: 9 Natural Disasters in South Africa 1920 - 2006

Table of Natural Disasters in South Africa from 1920 to 2006

	# of Events	Killed	Injured	Homeless	Affected	Total Affected	Damage US$ (000's)
Drought	7	0	0	0	2,475,000	2,475,000	1,000,000
Av. per event		0	0	0	353,571	353,571	142,857
Earthquake	8	70	163	0	1,285	1,448	20,000
Av. per event		9	20	0	161	181	2,500
Epidemic	6	271	0	0	99,633	99,633	0
Av. per event		45	0	0	16,606	16,606	0
Flood	26	1,141	49	32,085	144,616	176,750	1,192,465
Av. per event		44	2	1,234	5,562	6,798	45,864
Wild Fires	7	68	505	4,250	1,000	5,755	10,000
Av.per event		10	72	607	143	822	1,429
Wind Storm	18	200	1,049	8,700	614,150	623,899	714,041
Av. per event		11	58	483	34,119	34,661	39,669

Source: EM-DAT: The OFDA/CRED International Disaster Database, www.em-dat.net - Université catholique de Louvain - Brussels - Belgium

Swaziland is one of the countries that are land-locked as it is bordered by South Africa and Mozambique. *Table 3:10* below reflects a ranking from two different respondents providing a comparative analysis. However, the findings in *Table 3:10* below shows that the two respondents agree that droughts are of major concern to the small kingdom of Swaziland. While the two respondents ranked differently the other disasters that affected Swaziland in the last five years, both

identified tropical storms, floods and epidemics as major concerns to the country. Bush fires and transport accidents are also regarded as falling in the category of the most severe and frequently occurring hazards identified separately as some of the hazards that affected Swaziland and therefore deserve ranking under the category of the most severe and frequently occurring hazards in this small land-locked kingdom country.

Table 3:10 Swaziland Hazard/disasters ranking

N = 2

Hazard/Disaster Ranking	**Respondent A**	**Respondent B**
Most severe	Drought	Drought
	Tropical storms	Epidemics
	Floods	Tropical storms
	Cholera	Transport accidents
Least severe	Bush fire	Floods

The findings of this study as reflected in *Table 3:10* above show disaster trend similarities with evidence-based research results as suggested by CRED (2007) in *Table 3:11* below. This justifies concluding that the major natural hazards common to Swaziland are drought, epidemics, floods and wind storms. According to IFRC (2005) Swaziland experienced devastating storms following heavy rains on 23 January 2005. This affected approximately 145 households in Shiselweni and 85 households in Manzini resulting in relief aid funded to the tune of CHF 35,550. IFRC (2007) further reported that on 4 and 5 February 2007, Swaziland was affected by heavy storms that resulted in the Red Cross supporting with humanitarian assistance to the vulnerable community rendered victims to the

storms. This two incidents support the rating of tropical storms as a major threat to the livelihoods of the people of Swaziland

Table 3: 11 Natural Disasters in Swaziland 1983 - 2007

Summarized Table of Natural Disasters in Swaziland from 1983 to 2007

	# of Events	Killed	Injured	Homeless	Affected	Total Affected	Damage US$ (000's)
Drought	3	500	0	0	250,000	250,000	1,739
Av. per event		167	0	0	83,333	83,333	580
Epidemic	3	142	0	0	3,677	3,677	0
Av. per event		47	0	0	1,226	1,226	0
Flood	1	0	0	0	272,000	272,000	50
Av. per event		0	0	0	272,000	272,000	50
Wind Storm	4	54	0	760	640,575	641,335	54,152
Av. per event		14	0	190	160,144	160,334	13,538

Source: EM-DAT: The OFDA/CRED International Disaster Database, www.em-dat.net - Université catholique de Louvain - Brussels - Belgium

Zimbabwe ranks 151 out of 177 on the human development index according to UNDP (2006). This puts Zimbabwe among the least developed countries and the hazards identified in *Table 3:12* and *Table 3:13* further put humanitarian pressure on a nation that is already at the bottom of the ranking of the Human Development Index. *Table 3:12* identifies and ranks hydro-meteorological disasters, like floods and drought, in the first or second position of the natural hazards that have severely and frequently affected the country in the last five years. Under technological hazards, transport is identified by 80% of the

respondents as a hazard that has caused much human suffering to the country. The other 20% of the respondents were unaware which technological disaster severely affected the country in the last five years. *Table 3:12* also reveals that 100% of the respondents agree that epidemics are a challenge to the public in Zimbabwe and they have affected the population one way or another.

Table 3:12 Zimbabwe Hazard/disasters/emergency ranking

N = 5

Hazard/Disaster Ranking	Respondent A	Respondent B	Respondent C	Respondent D	Respondent E
Most severe	Transport accidents	Transport accidents	Drought	Floods	Hydro-meteorological hazards
	Drought	Drought	Transport accidents	Drought	Technological hazards
	Floods	Epidemics	Floods	Transport accidents	Epidemics
	Lightning	Floods	Epidemics	Epidemics	Environmental pollution
Least Severe	Epidemics	Bush fires	Environmental degradation	Earthquake	Earthquakes

CRED (2007) in *Table 3:13* below identifies drought, epidemics, floods and wind storms as the major disasters that affected the country between 1975 and 2007. Based on research-based evidence from various disaster incidents recorded in the history of Zimbabwe, they are worth noting in the epidemiology of disasters. While the time period for *Table 3:12* and *Table 3:13* differs, commonalities can be identified in the major disasters that affected the country like floods, droughts and epidemics. According to the contingency plan for Zimbabwe (2006), attached to this study, these hazards have been identified and are part of the contingency plan with varying planned scenarios. Zimbabwe Disaster Management Authorities

and the Inter-Agency members should be applauded for considering drought, epidemics, floods and other emergencies in their planning scenarios for the national Inter-Agency multi-hazard 2006 contingency plan. The results of this study should be evaluated against a background of supporting practical, existing evidence that promotes synergies with the findings of this study.

Table 3: 13 Natural Disasters in Zimbabwe 1975 - 2007

Summarized Table of Natural Disasters in Zimbabwe from 1975 to 2007

	# of Events	Killed	Injured	Homeless	Affected	Total Affected	Damage US$ (000's)
Drought	3	0	0	0	5,755,000	5,755,000	2,500,000
Av. per event		0	0	0	1,918,333	1,918,333	833,333
Epidemic	13	1,874	0	0	511,350	511,350	0
Av. per event		144	0	0	39,335	39,335	0
Flood	4	121	0	66,000	248,000	314,000	276,500
Av. per event		30	0	16,500	62,000	78,500	69,125
Wind Storm	3	19	0	0	0	0	1,200
Av. per event		6	0	0	0	0	400

Source: EM-DAT: The OFDA/CRED International Disaster Database, www.em-dat.net - Université catholique de Louvain - Brussels - Belgium

Based on the findings of this study and supported by CRED's research-based epidemiology of disasters (2007), drought, floods and epidemics have been identified as hazards common to all the Southern African countries that took part in this study. Regardless of ranking, the above mentioned natural hazards were identified as major threats to the livelihoods and economic growth of SADC

countries, while transport accidents were identified as a technological hazard that concerns 100% of the countries involved. Based on these results, it can be postulated that SADC member states need to consider planning for the four hazards above, to ensure high a degree of preparedness and putting in place response plans based on the worst case scenarios. Zimbabwe and Malawi should be commented for championing the proactive emergency preparedness of states through Inter-Agency contingency planning. Examples of their contingency plans are annexed to this thesis.

3.5 Contingency planning status among Disaster Management authorities

According to the findings reflected in *Table 3:14* below, the status of contingency planning in Southern Africa is still low considering that only 57% of the countries had some form of contingency plan for certain hazards while the remaining 43% did not have any. Of the seven countries that participated in this study, only 29% (Zimbabwe and Malawi) were able to provide current, tangible and updated electronic, as well as hard copies of their contingency plans. These are annexed to this study. The remaining 71% did not provide tangible examples though some of them claimed to have something in place which could not be verified during the process of conducting this study. Against a background where countries at national level do not have contingency plans, it justifies to suggest that public authorities are paying lip service to disaster risk management. This study strongly proposes that public authorities take the contingency planning process based on the frequently occurring hazards/disasters in each state seriously.

Table 3:14 The Status of Contingency planning among DMAs in Southern Africa

N = 7

Country	CP existing	CP not existing	Comments
Botswana		**NO**	There is a draft for animal diseases. There are disaster management committees and sector ministries with portfolio responsibility
Lesotho		**NO**	Contingency plans are still being developed and the study gave an opportunity to reflect on format, content and process.
Malawi	**YES**		An Inter-Agency floods contingency plan was developed in 2006 through a participatory process. The Malawi floods CP developed in 2006 is annexed to this study.
Namibia	**YES**		There is a drought plan and a veterinary disease outbreak response plan. There is need to revisit the existing plans in line with the inter-agency contingency planning guidelines. There is no contingency plan in place for floods, besides being hit by major floods in 2003/4 & 2007 in Caprivi and in 2006 in Mariental.
South Africa	**YES**		The DMA in South Africa plays a coordinating role and CPs a developed by sector ministries e.g. drought by the department of Agriculture, CP for floods is still in draft form and for epidemics various disease specific plans do exist.
Swaziland		**NO**	The establishment of the DMA unit is still at infancy in the country. There are plans to develop some and the CP format proposed in this study will be adopted.
Zimbabwe	**YES**		A comprehensive multi-hazard Inter-agency contingency plan exits and it's annexed in this study. Plans were underway to review it in 2007 in line scenarios that have changed since its development in 2006. This is supported by operational guidelines.

Legend**:** DMA stands for Disaster Management Authority, CP stands for contingency plan.

The findings of this study on the hazards/disasters that severely affected the countries discussed in section 3:4 above and CRED's epidemiology of disasters might help the SADC member states in developing hazard specific contingency plans based on frequently occurring emergencies, or those that are about to affect each country. Learning from each other and sharing contingency plans for

the most common hazards/disasters identified and discussed in section 3:4 above, should be encouraged.

The IASC, UNHCR and IFRC compound, contingency planning format proposed in this study might help the public authorities and other humanitarian actors to develop acceptable contingency and response plans that facilitate better coordination. These include pre-positioning of stocks, mapping of high risk areas assisting in situation monitoring and emergency response, based on thresholds and early warning indicators agreed upon during the contingency planning process. Public authorities should realise that if they do not plan for emergencies they are planning to fail. This will eventually lead to uncoordinated emergency response that makes people more vulnerable, and in some case the cause of loss of lives and livelihoods.

Table 3:15 Frequency of Contingency Plan review/update

N = 7

Contingency Plan Review/Update frequency						
Country	Monthly	Quarterly	6 Months	Annually	5 Years	Comments
Botswana						Updated after a major disaster.
Lesotho						
Malawi						This in relation to floods contingency plan
Namibia						No specific period stated
South Africa						
Swaziland						
Zimbabwe						The Inter-Agency Contingency Plan developed in 2006 is reviewed as and when necessary as the situation demands according to thresholds, triggers and changes in the scenarios.

A contingency plan should be a live document that is reviewed according to the dynamics of the scenarios based on the socio-economic, political, environmental and technological changes. *Table 3:15* above reveals that the four countries agree on a 100% review of their contingency plans. However, Zimbabwe indicated that it reviews it contingency plan according to scenario changes and demands. This might be attributed to the socio-economic and political challenges which the country was experiencing at the time of conducting this study. Therefore the approach adopted by Zimbabwe of reviewing the contingency plans according to thresholds, triggers and changes in the scenarios, is recommended to disaster managers. This will enable them to be on top of the situation at any given time. Developing plans, filing them and putting them on a shelf to be forgotten about, will be of no use.

Table 3:16 Importance of contingency planning in a country

N = 12

SA	A	D	%Agreeing respondents	% Disagreeing respondents	Justification for the rating
11	1		100%		• Failing to plan is planning to fail in the whole disaster management approach. • A contingency plan is a tool that helps in identification of hazards, potential threats or emergencies and facilitates development of operational plans that assist in coordinating disaster response. • Contingency planning ensures adequate preparedness, pre-positioning of stocks, risk assessment and analysis, as well as timely & coordinated disaster response. • Helps to clarify roles and responsibilities to avoid duplication and wastage of resources. • Facilitates communication and networking among humanitarian actors and public authorities.

Legend: SA = strongly Agree, A = Agree, D = Disagree, % = Percentage

While the results of this study reveals that 43% of the respondents did not have contingency plans as reflected in *Table 3:14* above and supported by the subsequent discussion that identified contingency planning in SADC member states as weak, it is of utmost importance to strengthen it.

On the other hand, the findings in *Table 3:16* show that 100% of the respondents agree that there is necessary to have a national hazard-specific contingency planning to facilitate identification and mapping of risks or potential threats and to plan for coordinated response. Comments in *Table 3:16* above points out that contingency plans help in identifying emergency stock gaps, mobilising the required resources and pre-positioning the stocks, or enter into agreements with suppliers, for prompt response during emergencies.

Clarification of roles and responsibilities is identified as an important aspect of contingency planning. "*The benefits of contingency planning include networking and coordinating individuals, agencies and organisations to ensure adequate emergency preparedness as well as effective rapid and efficient emergency response. Contingency planning ensures the availability of stand-by resources and provides mechanism for rapid decision-making that can shorten disaster response and ultimately save lives"*, UNHCR (2003:11). This supports the justification by the respondents in *Table 3:16* above for the need for contingency planning in each country. It is a public authority responsibility which should be supported by other humanitarian actors as well as the private sector, who are affected by disasters when they lose property and work force resulting in a decline in profits.

3.6 Effectiveness of Contingency Planning

Table 3:17 below reveals the findings on the added value of contingency planning. The table reflects a 100% response agreeing to most of the items except for two items that registered an 8% and a 100% disagreement.

Table 3:17 Effectiveness of contingency planning

N = 12

Effectiveness of Contingency Planning	SA	A	D	%Agreeing respondents	% Disagreeing respondents
Contingency planning increases humanitarian accountability by public authorities	9	3		100%	
Contingency planning helps in the development of Early Warning System	11	1		100%	
Contingency planning helps in the development and testing of evacuation plans	9	3		100%	
Contingency planning helps in influencing policy and practice in disaster risk management	7	5		100%	
Contingency planning facilitates pre-positioning of emergency stocks	11	1		100%	
Contingency planning helps in identify gaps for in the disaster response mechanism	10	2		100%	
Contingency planning helps in developing disaster response standard operating procedures	10	2		100%	
Contingency planning helps in identifying skills gap and build such skills before a disaster strikes	10	2		100%	
Contingency planning helps the government to move from a ***culture of reaction to that of preparedness***	11	1		100%	
Contingency planning assists in resource mobilisation	11	1		100%	
Contingency planning promotes coordination with other government departments	11	1		100%	
Contingency planning promotes coordination with the UN agencies and international humanitarian organisations	9	3		100%	
Contingency planning promotes coordination with other NGOs	10	2		100%	
Contingency planning promotes coordination with the Media	8	3	1	92%	8%
Contingency planning promotes coordination with the public and private sector	9	3		100%	
Contingency planning helps in hazard and risk identification, analysis and mapping	11	1		100%	
Without contingency planning managing disasters is not systematic, leads to duplication of efforts, wastage of resources and result in unnecessary loss of lives	11	1		100%	
Failure to update a contingency plan results in a mismatch in the projected scenario	10	2		100%	
Contingency planning helps in the development of exit/transitional strategies	9	2	1	92%	8%
A Contingency plan is a document that you develop and file only.			12		100%

Key: SA = Strongly Agree, A = Agree, D = Disagree, % = percentage

An analysis of the items in *Table 3:17* above shows that 8% of the respondents disagreed that contingency planning promotes coordination with the media and assists in the development of exit/transitional strategies. The percentages registered in these two items are very low compared to the 92%, who agreed. When disasters strikes it is imperative to have clear messages on what the organisation is going to do in responding or mitigating the effects in an emergency. If public authorities do not have contingency plans they are caught unawares. Findings in *Table 3:16* above reveal that contingency plans help to clarify roles and responsibilities to improve coordination during emergencies.

Findings in *Table 3:17* indicated that a contingency plan should be viewed as a live document. A response rating of 100% disagreed that you could not develop a contingency plan and then file and forgets about it. The reason being that contingency planning is put in place based on risks that would be likely to affect an area and if filed then the purpose of contingency planning is defeated. IFRC (2006:4) postulates that: *"It is often the planning process and not necessarily the plan itself that has the most value. In this regard, disaster response and contingency planning should be viewed as an ongoing activity to test the existing plan, add refinements, integrate new partners, and orient new staff and volunteers over".* These views clearly show that one cannot develop a contingency plan and place it in a file, since it is necessary to continuously monitor the situation based on the thresholds set and the early warning signals that warrant changing information on the scenarios. UNHCR (2003:37) summarised the importance of reviewing, updating and making contingency

planning a live document by arguing that, *"The process of planning does not end with the formulation of contingency plans. As conditions change, the plans must be updated with new information. In virtually all cases, ongoing work is required to refine plans, policies, and procedures, especially as situations continue to evolve and change. Ongoing maintenance usually includes a review of early warning indicators, updates on actions taken by agencies, and inclusion of important amendments and additions".*

Gap analysis is an important aspect of emergency management since it facilitates planning from a well informed angle. In *Table 3:17* above the results of these findings reveal that 100% of the respondents agree that one of the added values of contingency planning is its ability to facilitate in the identification of gaps through a '*gap analysis exercise'* which leads to mobilisation of resources and pre-positioning of emergency stocks in advance of an emergency. Gap analysis also helps to identify areas of over-concentration of resources or services. Subsequently streamlining is done to avoid duplication or over stocking. Gap identification is not only limited to stocks, but extends to human resources capacity and increasing the capacity in areas that have shortfalls. The findings in *Table 3:17* above shows a score of a 100% regarding the added value of contingency plans in identifying human resources, skills gap and plugging them before the emergency strikes.

Gaining political will or commitment is an important aspect if the contingency planning process is to be institutionalised by public authorities to ensure that

resources to deal with emergencies are allocated by central government. The findings in *Table 3:17* above reflect that 100% of the respondents agreed that influencing policy and practice in disaster risk management is one aspect of the added value brought about by contingency planning. These findings are supported by UNHCR (2003:36) when they argue that, *"A formal endorsement will also encourage the authorities to take the plan seriously and participate in the monitoring of early warning and evaluate declaration of a state of calamity, when appropriate".*

Below are some of the reasons expressed by the respondents on ratings scored between 92% - 100% in most of the areas in *Table 3:17* above.

- 🕮 The study made the Disaster Management Authorities to be introspective and reflect on their contingency planning and the whole disaster risk management.

- 🕮 Contingency Planning is an important aspect to successful emergency/Disaster management, however, most Disaster Management Authorities lack capacity hence the need for external support from international humanitarian agencies, NGOs, the UN agencies and corporate sector.

- 🕮 Not all countries are geared yet for Contingency Planning since the approach has been a reactive *"fire fighting"* approach.

- 🕮 Disaster Management Authorities have used this study as a learning curve for developing Contingency Plans in line with common hazards and imminent emergencies in their countries. Sharing contingency plans with those countries that have already developed some, was recommended as one approach that could help build the capacity of disaster managements to ensure realisation of the added value of contingency planning reflected in *Table 3:17* above.

Arroyo in UNHCR (2003:2) summarised the importance of contingency planning by arguing that, *"contingency planning does not guarantee absolute preparedness but instituting prior arrangements can help alleviate the plight of disaster victims".*

Table 3:18 below summarises the findings of the effects of insufficient contingency planning. These complement the findings in *Table 3:17* already discussed. The findings in *Table 3:18* below scored between 92% and 100% in agreement with items highlighted as the effects of insufficient contingency planning. Linking the findings in the table below to the findings in *Table 3:14* above revealed that 43% of the respondents did not have contingency plans in place. Public authorities should therefore take the process of contingency planning seriously if they are to avoid the effects resulting in unsystematic and uncoordinated disaster response, loss of lives and livelihoods and duplication of efforts.

IFRC (2006:10) supports the findings in *Table 3:18* below by arguing that, *"During an actual emergency, rapid and effective action is required. This action, however, often depends on having disaster response and contingency plans, and resources in place before a disaster strikes. If appropriate action is not taken or if the response is delayed, lives will be needlessly lost".*

Table 3:18 Effects of insufficient contingency planning

N = 12

Effects of insufficient contingency planning	SA	A	D	% Agreeing respondents	% Disagreeing Respondents
Unsystematic disaster response	12			100%	
Unclear roles and responsibilities	11	1		100%	
Lack of humanitarian accountability	9	2	1	92%	8%
Uncoordinated disaster response efforts	11		1	92%	8%
Loss of lives due to untimely response to a disaster	9	3		100%	
Weak hazard/risk identification, analysis and mapping	9	3		100%	
Lack of sufficient preparedness measures put in place	9	3		100%	
Duplication of efforts and functions among different players leading to wastage of resources	10	2		100%	
Failure to meet disaster response minimum standards (SPHERE)	8	3	1	92%	8%

Key: SA = Strongly Agree, A = Agree, D = Disagree, % = percentage

Table 3:18 above indicates that 92% of the respondents agreed that one of the effects of insufficient contingency planning is the failure to meet disaster response bench marks according to the minimum standards of SPHERE in disaster response, while 8% of the respondents disagreed with this view. It should be acknowledged that SPHERE is not a policing document, but humanitarian agencies should strive to achieve these and other international

recognised standards. SPHERE's minimum standards provide good reference during the development of sectoral emergency response planning, help in gap analysis and guide in the development of, curricular to capacity, human resources based on gaps identified during the contingency planning process.

Table 3:19 below describes the multi-sectoral, multi-agency linkages that can be fostered through contingency planning. Reponses in the table reflect a 100% agreement that there is a need to coordinate with other organisations. This helps in plugging the gaps that can be identified through gap analysis and makes the mobilisation and ownership of resources, as well as buy-in, easier. UNHCR (2003:11) summarised the benefits of coordination by suggesting that, *the benefits of contingency planning include networking and coordinating individuals, agencies and organisations to ensure adequate emergency preparedness as well as effective rapid and efficient emergency response",* and UNDMTP (1996:26) further supports the importance of coordination by arguing that " *the benefits of an inter-agency contingency planning outweigh the individual organisation benefits and allows for information sharing as well as resource sharing, while at the same time minimising duplication and confusion among organisations".*

Table 3:19 Linkages in the contingency planning process

N = 6

	Linkages		
Organisation	**Yes**	**No**	**Description of the linkages**
Government departments	**6**		• Coordination, joint planning, resources commitment, technical sectoral support, line ministry specialist contingency planning like epidemics, drought, bush fire, toxic waste, environmental pollution, economic crisis and other hydro-metrological or technological hazards.
Non-Governmental Organisations (NGOs)	**6**		• Coordination, joint planning, resources commitment, technical sectoral support, agency mandate specialist contingency planning like health, shelter, water and sanitation, population movement, environmental pollution and other hydro-metrological or technological hazards. • Provision of all forms of transport, warehousing facilities, linkages with donors.
National Red Cross/Red Crescent society	**6**		• Coordination, according to Civil Protection Act in Zimbabwe the Red Cross and other countries is a member of the national civil protection or disaster management committee and automatically participate in the contingency planning process. • The Red Cross provides a good resource of volunteers and at Global, regional and national levels leads the Shelter cluster. Provision of all forms of transport, warehousing facilities, linkages with donors.
UN agencies	**6**		• Coordination, joint planning, resources commitment, technical sectoral support, agency mandate specialist contingency planning like health, shelter, water and sanitation, population movement, environmental pollution and other hydro-metrological or technological hazards. Provision of all forms of transport, warehousing facilities, linkages with donors.
Private sector	**6**		• Coordination, joint planning, resources commitment, technical sectoral support, resource mobilisation, provision of transport and warehousing facilities. Participating in toxic waste management, environmental pollution and transport accidents contingency planning.

The issue of coordination is an important aspect of the success of any contingency planning process as already discussed and reflected in *Table 3:19* below. UNHCR (2003:26) postulates in support of a multi-agency, well-coordinated contingency planning process by suggesting that, *"Contingency*

planning sessions however are best conducted in roundtable style. The term 'roundtable' stresses the importance of participation by many agencies as possible. Each agency has something useful to contribute to the planning activity". IFRC (2006:18) argues that, *"The most constructive planning processes are those which actively engage affiliated agencies, encourage real inter-agency planning, role designation, and problem-solving and result in plans that are useful and 'owned' by all actors".*

The findings in *Figure 3:7* reveal weak contingency planning capacity among disaster management authorities in Southern Africa with only two countries namely Zimbabwe and Malawi, constituting 29%, indicating that they have the capacity. This claim is supported by the examples of contingency plans which were sent by these countries to prove the availability of such plans and the Disaster Management Authority's capacity. However, the countries expressed the need for continuous support as government departments normally experience staff turn-over and changing from one ministry to another. Therefore based on the findings in *Figure 3:7* this study proposes the increase of the contingency planning capacity among disaster management authorities in Southern Africa by also considering countries that did not respond, but which are in the same boat.

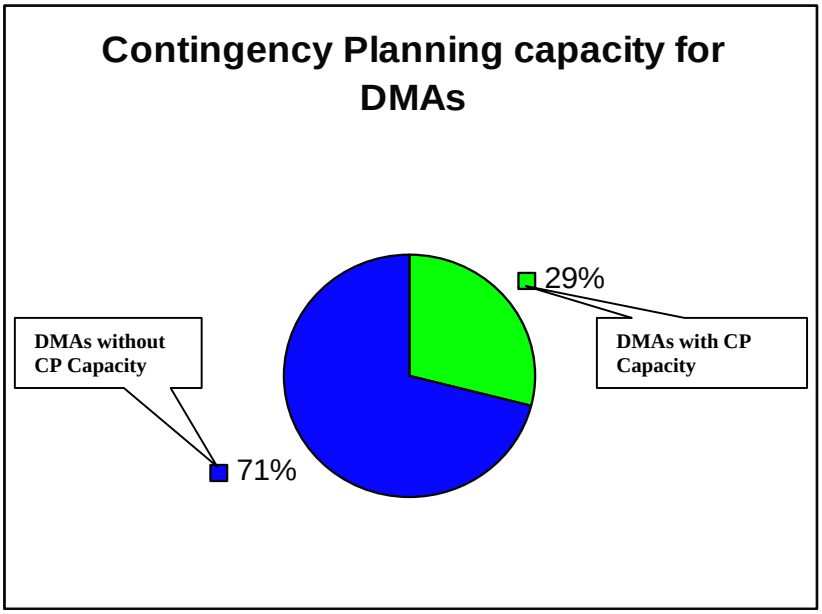


Figure 3:7 Contingency Planning capacity for Disaster Management Authorities

Increasing the contingency planning capacity of disaster management authorities helps to strengthen the disaster preparedness and response capacity of public authorities. They have the primary responsibility of providing humanitarian assistance to citizens in each country in times of need, as well as mitigating the effects of such disasters. The contingency planning capacity gap of 71% reflected in *Figure 3:7* above clearly shows the need for external support through agencies like the UN, the Red Cross Movement, Academia, NGOs and consultancy. The findings in *Table 3:20* below reveals some of the capacity gaps that are required for effective development of inter-agency contingency plans, based on identified threats or risks. These are backed up by each country's epidemiology of disasters/emergencies.

Table 3:20 Contingency Planning capacity and gaps

N = 7

Capacity Required	Yes	No	When required?
Contingency planning guidelines	5	2	Immediately in 71% of the countries, while 29% (Zimbabwe and Malawi) indicated that they were already using the Inter-Agency CP guidelines as reflected in their contingency plans annexed to this study.
Technical expertise in CP	4	3	Immediately in 5 countries that have low CP capacity. Namibia had just human resources support through UNDP & UNV
Financial resources	7		Immediately.

All the countries expressed the need for financial support to effectively conduct the contingency planning process which requires injection of human, material and financial support. This request is justifiable considering that most of the countries are categorised under less developed countries with a GDP ranging between USD 177 – USD3, 080 with Malawi being the lowest and Botswana the highest respectively. Human Development Report (UNDP) (2004:139 –250). Namibia indicated that it has already benefited from UNDP/UNV human resources technical support through secondment of disaster management to the government's Emergency Management directorate. The same can be extended to other countries that have equally weak capacities in the area of contingency planning, or disaster risk management in general.

3.7 The Contingency Planning Format

This study was the ideal opportunity to share an example of an inter-agency contingency planning format with disaster management authorities. The results of the study indicate that they appreciated the format because some of them did not

have one, or were using different unsynchronised versions. The inter-agency compound format discussed under *Table 2:4* in chapter 2 has been proposed for adoption.

Table 3: 21 Views on adopting the contingency planning format

N = 7

Views on adopting proposed Contingency Planning format	**Percentage score %**
Countries willing to adopt proposed CP format with amendment	**29%**
Countries willing to adopt proposed CP format	**71%**

Table 3:21 reveals that only 29% (Malawi and Zimbabwe) indicated that they could adopt with amendments because they were already using almost similar Inter-agency guidelines proposed through IASC (2001) and UNHCR (2003). The remaining 71% indicated that they were willing to adopt the proposed format since some of them did not have one in place, or varying formats were in use.

The high percentage of adopting the proposed format as reflected in *Table 3:21* might be attributed to the disaster management authorities' weak capacity as identified in *Figure 3:7* above. Adopting the proposed format in this study should be done with flexibility, allowing for the uniqueness of each individual country and the varying contexts. The proposed format will then act as a guide that can be customised.

3:8 Summary

This chapter has looked at data presentation, its analysis and interpretations. The data was presented in the form of tables, graphs and pie charts supported by narrative descriptions of the data that was submitted as comments or justification for ratings by the respondents of this study. The data was discussed under the following headings to facilitate smooth flow of the discussion:

- 🕮 Profile of respondents
- 🕮 Policy framework and institutional arrangements
- 🕮 Common hazards
- 🕮 Contingency planning status among Disaster Management Authorities
- 🕮 Effectiveness of contingency planning
- 🕮 The contingency planning format

The major findings discussed in this chapter revealed that there was weak contingency planning capacity among disaster management authorities. The discussion in this chapter also found out that the status and culture of contingency planning was still inadequate, hence the need to improve it facilitating a more proactive emergency preparedness culture among humanitarian actors. Droughts, floods and epidemics were identified as the major and most common hazards of the SADC region. This view was based on the findings of this study and supported by research from CRED (2007) on the epidemiology of disasters in the participating countries. The chapter concluded by

looking at the proposed compound contingency planning format with findings revealing that 71% of the respondents agreed to adopt the proposed format, while 29% indicated that they could adopt with amendments since they were already using formats similar to the one proposed in this study. The high percentage of countries that are willing to adopt might be attributed to the weak contingency planning status among disaster management authorities, as already discussed. The next and final chapter encompasses a summary of the study, conclusions and recommendations.

CHAPTER 4: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

4.1 Introduction

This is final chapter of the study whose focus has been the critical analysis of the contingency planning systems for Disaster Management Authorities in Southern Africa. The chapter provides a summary of the major findings, conclusions and recommendations of the study based on the research problem, purpose of the study, research design and methodology, instruments used for collection of the data, the sampled population and problems faced during the study.

4.2 Summary

The present study was concerned with critical analysis in determining the status of the contingency planning systems for Disaster Management Authorities in Southern Africa. The investigation sought to establish the existing status of contingency planning and identify gaps in the system of public authorities. A quantitative, descriptive, survey research design was found to be most appropriate for this study since it was capable of investigating a wider geographical area in a short period of time, capturing the respondents' views on common hazards, the status of contingency planning, the frequency of reviewing the plans, as well as their capacity to engage in contingency planning.

A structured questionnaire was mailed electronically and through the ordinary postage system to all fourteen countries who are member states to the Southern

Africa Development Community (SADC). A 50% response rate was achieved giving this study a strong platform for generalising the results. To facilitate triangulation, document analysis, face-to-face interviews in Zimbabwe and telephonic interviews in other countries and a network of friends were used to follow up on responses received. This proved to be one of the challenges faced, considering that the study covered fourteen countries of SADC.

The major findings of the study were as follows:

- The Disaster Management Authorities in Southern Africa have a clear understanding of hazards that frequently affect their respective countries. This is complemented by a ranking of the most severe disasters that tallied well with research-based evidence provided by CRED (2007) on the epidemiology of disasters on each of the participating countries.

- Droughts, floods and epidemics were identified as the major and most common hazards that affect most countries in Southern Africa.

- The status of contingency planning in Southern Africa is still weak. The study further revealed that only 29% was able to provide tangible examples of contingency plans that were developed in line with the Inter-agency approach and format.

- The frequency of contingency plan review/update varied from monthly to annually. Socio-economic, political and environmental dynamic pressures

were cited as contributing to the need for reviews in line with scenario changes or early warning signals based on the monitoring thresholds for each emergency planned for.

- Unsystematic, uncoordinated emergency response, loss of lives and livelihoods, duplication of efforts and functions among humanitarian actors, were identified as the major effects of insufficient contingency planning. This might eventually lead to wastage of resources Insufficient hazard/risk identification, analysis and mapping are some of the other effects

- A contingency planning capacity gap of 71% existed, among the Disaster Management Authorities that needs to be plugged for effective disaster risk management to take place in Southern Africa.

4.3 Conclusions

In the study it was found that only 29% of the respondents had tangible evidence to show that they had contingency plans in place. They were supplied as part of the responses and are provided as annexes to this study. A 71% contingency planning capacity gap existed among Disaster Management Authorities in Southern Africa. This revealed a fragile contingency planning system among public authorities who should be taking the lead when co-ordinating the development of inter-agency contingency plans. Besides the fact that Disaster Management Authorities revealed a clear understanding of hazards that frequently affect them, they proved to have a weak proactive culture of engaging

in contingency planning. They preferred a reactive *'fire fighting'* culture in managing disasters as confirmed by the absence of contingency plans of 43% of the countries that participated in this study.

It is clear that 71% of the respondents lack the capacity to engage in the process of contingency planning and need external support in the form of consultancy or secondments in terms of human resources. The study further established that besides lack of human resources and technical capacity, 100% indicated that they needed financial support to engage in such a process. It would require funding and procurement of emergency stocks for rapid on-set of disasters and the establishment of strategic gain reserves in the case of droughts. This is because most of the countries are rated among the least developed countries and rank lowly on the UNDP Human Development Index.

The study concluded that the frequency of reviewing contingency plans varied from a monthly to an annual basis. This implies that the socio-economic, political and environmental pressures, as well evolving dynamic changes in the scenarios, determine the frequency of review to ensure that the contingency plan remains contextually relevant.

The study confirmed the following as being the major effects of insufficient contingency planning:

- Unsystematic or uncoordinated emergency response that might result in unnecessary loss of lives and/or livelihoods

- Duplication of efforts and functions among humanitarian actors that might result in wastage of resources

- Frail hazard/risk identification, analysis and mapping that might result in using more of a reactive approach to emergency response than simply turning the *contingency plan* into a *response plan* and facilitate better disaster response that reduces eroding of the development gains by countries.

It was apparent that drought, floods and epidemics are the most frequently occurring and severe disasters that affect Southern Africa. Therefore SADC member states should prioritised these in contingency planning and consider peer sharing plans as part of building each other's capacity. The study further revealed that Disaster Management Authorities in Southern Africa have a clear understanding of the hazards that frequently and severely affect their countries. This knowledge was cross validated by CRED's (2007) research-based evidence on the epidemiology of disasters for each of the countries that participated in this study.

It was established that 29% of the Disaster Management Authorities did not have a legal mandate in the form of an *Act of Parliament* to support their existence and

guide their operations. This confirms the argument put forward in this study that disaster management is normally given lip-service until a disaster strikes and then public authorities start to react by declaring a state of emergency to facilitate external support. This could have been avoided if a country had clear disaster management laws complemented by effective contingency planning.

Finally, research showed that 71% of the respondents were willing to adopt the proposed contingency planning format, while the remaining 29% indicated that they were willing to adopt with amendments since they were using similar inter-agency guidelines in the development of their contingency plans. This implies that various formats existed and there was not a systematic approach in use. It only confirms the weak contingency planning capacity that was identified to exist among Disaster Management Authorities.

4.4 Recommendations

Based on the findings of this study the researcher is justified in proposing the following recommendations:

- The study reveals that contingency planning capacity gaps still exit among Disaster Management Authorities in Southern Africa, therefore capacity building programmes are recommended to facilitate a shift from a *reactive fire fighting* approach to a more *proactive culture* in disaster risk management. This could be achieved through consultancy, secondment of staff, working with the academia through participatory action research or

organising regional (SADC) or country level participatory contingency planning programmes.

- The study reveals that drought, floods and epidemics are the major hazards common in Southern Africa, and therefore it is recommended that priority should be given to developing contingency plans for these recurrent disasters which have been affecting the SADC region frequently.

- The study reveals that 29% of the respondents were operating without legal mandate given through an Act of Parliament; it is therefore recommended that these countries should engage in the process of developing Disaster Management Acts. Existing legal instruments from other SADC countries can be used as reference and then contextualised to the needs of the country and legal parameters.

- Other findings of this study revealed that 71% of the respondents were willing to adopt the compound contingency planning format proposed by this study, so it is recommended that this format should be adopted for use by Disaster Management Authorities and other humanitarian actors in crafting inter-agency contingency plans.

- In view of the above conclusions, further in-depth research on the effects of insufficient contingency planning with a regional or country level focus is recommended.

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APPENDIX A

Glossary of Terms: Conceptualising key Terminology underlying the study

Contingency planning: *The UNHCR handbook for emergencies (1996:5) defines contingency planning as: "A forward planning process, in a state of uncertainty, in which scenarios and objectives are agreed, managerial and technical actions defined, and potential response systems put in place in order to prevent, or better respond to, an emergency or critical situation".* This thesis adopts this definition with a particular emphasis on scenario development (best case scenario, most likely scenario and worst case scenario) based on identified hazards or potential threats/emergency likely to affect an area.

The UNHCR (2003:13) argue that contingency planning is not *preparedness planning or operations planning* but there is a relationship because in line with the disaster management continuum, contingency planning takes place before the emergency in the preparedness phase and a contingency plan can be transformed into an operational plan during the emergency phase.

Disaster: *A serious disruption of the functioning of a community or society causing widespread human, material, economic or environmental losses which exceed the ability of the affected community or society to cope using its own resources*, ISDR (2004).

The ISDR (2002:25) further proposes that a *disaster is a function of the risk process. It results from the combination of hazards, conditions of vulnerability,*

and insufficient capacity or measures to reduce the potential negative consequences of risk. The definition by ISDR (2002) is illustrated by SPHERE (2004:3) as follows;

The risk equation

Hazard x Vulnerability – Capacity = Risk	
Hazard	Potential threat to humans and their welfare
X	
Vulnerability	Exposure and susceptibility to loss of life or dignity
-	
Capacity	Available and potential resources
=	
Risk	Probability of disaster occurrence
Disaster	Realisation of a risk

Adapted from Sphere project module 4 (2004:3) Sphere and disaster preparedness.

Strydom (2005) in DIM602 notes further argued that the disaster risk equation could be explained as;

$$\frac{\text{Hazard} \times \text{Vulnerability}}{\text{Manageability}} = \text{Risk}$$

For the purposes of this thesis the definition by Kotze and Holloway (1996) is used as the basis for discussion because of its emphasis on the inability of the community to cope using their own resources hence the need for external support, that can be achieved if disaster management authorities and humanitarian organisations have clearly tabulated contingency plans that show projected needs and gaps.

Disaster management, disaster risk reduction and disaster risk management are vital terms that need amplifying for the purposes of this thesis because this study makes extensive use of them inter-changeably, it is therefore important to define the three terms as well as identify similarities among the three terms.

Disaster Risk Management: *The systematic process of using administrative decisions, organization, operational skills and capacities to implement policies, strategies and coping capacities of the society and communities to lessen the impacts of natural hazards and related environmental and technological disasters. This comprises all forms of activities, including structural and non-structural measures to avoid (prevention) or to limit (mitigation and preparedness) adverse effects of hazards,* ISDR (2004).

Disaster Risk Reduction: ISDR (2004) defines disaster risk reduction as, *The conceptual framework of elements considered with the possibilities to minimize vulnerabilities and disaster risks throughout a society, to avoid (prevention) or to*

limit (mitigation and preparedness) the adverse impacts of hazards, within the broad context of sustainable development.

ISDR, (2002:23) propose that: *the disaster risk reduction framework is composed of the following fields of action;*

- *Risk awareness and assessment including hazard analysis and vulnerability/capacity analysis;*
- *Knowledge development including education, training, research and information;*
- *Public commitment and institutional frameworks, including organisational, policy, legislation and community action;*
- *Application of measures including environmental management, land-use and urban planning, protection of critical facilities, application of science and technology, partnership and networking, and financial instruments;*
- *Early warning systems including forecasting, dissemination of warnings, preparedness measures and reaction capacities.*

Disaster risk reduction entails measures to curb disaster losses by addressing hazards and people's vulnerability to them. Good disaster risk reduction happens well before the disaster strikes, but also continues after a disaster thereby building community resilience to future hazards, DFID (2005:2).

Disaster Risk Management: This is the systematic and analytic management process of organisational as well as administrative decisions, operational skills

and responsibilities of applying policies, strategies and practices for disaster risk reduction. The thrust is on minimising vulnerabilities, increasing community's coping capacity, while at the same time limiting the adverse effects of hazards.

Disaster Management: A collective term encompassing all aspects of planning for and responding to disasters, including both pre- and post-disaster activities. It may refer to the management of both the risks and consequences of disasters, Kotze and Holloway (1996:3). Disaster management can be further elaborated as a term that encompasses all the aspects of the disaster continuum covering vulnerability and capacity assessment, preparedness, relief, recovery, risk mapping, reconstruction, risk reduction, rehabilitation, development, and prevention. *Disaster Risk Reduction (DRR), Disaster Risk Management (DRM) and Disaster Management (DM) have similarities because they all focus at building resilience to future hazards,* DFID (2005:2).

Emergency: UNHCR (2003:38) defined an emergency as, *"any situation in which the life or well-being of community will be threatened unless immediate and appropriate action is taken, and which demands an extraordinary response and exceptional measures".* On the other hand the term complex emergency is used, which refer to "a form of man-made emergency in which the cause of the emergency as well as the assistance to the afflicted is complicated by intense levels of political considerations. For the purposes of this thesis an emergency or complex emergency simply refers to a disastrous situation that renders the

community to be unable to cope with the situation hence the need for external support.

Early Warning: This is the process of information gathering and policy analysis to allow the prediction of developing crises and action either to prevent them or their effects, UNHCR (2003:38). In this study early warning simply refers to the signals that are presented before an emergency or disaster happens, and the help in developing and designing of contingency plans, hence the need to closely monitor them. ISDR (2004) defined Early Warning as; *the provision of timely and effective information, through identified institutions, that allows individuals exposed to a hazard to take action to avoid or reduce their risk and prepare for effective response. Early warning systems include a chain of concerns, namely: understanding and mapping the hazard; monitoring and forecasting impending events; processing and disseminating understandable warnings to political authorities and the population, and undertaking appropriate and timely actions in response to the warnings.*

Emergency: UNHCR (2003:38) defined an emergency as, *"any situation in which the life or well-being of community will be threatened unless immediate and appropriate action is taken, and which demands an extraordinary response and exceptional measures".* ISDR (2004) describes emergency management therefore as; *the organization and management of resources and responsibilities for dealing with all aspects of emergencies, in particularly preparedness, response and rehabilitation. Emergency management involves plans, structures*

and arrangements established to engage the normal endeavours of government, voluntary and private agencies in a comprehensive and coordinated way to respond to the whole spectrum of emergency needs. This is also known as disaster management.

Hazard: A number of scholars defined hazard from a natural or human-induced perspective. Kotze and Holloway (1996:4) defined it as; *A rare or extreme natural or human made event that threatens to adversely affect human life, property or activity to the extent of causing a disaster. A hazard is a natural or human-made phenomenon, which may cause physical damage, economic losses, or threaten human life and well-being if it occurs in an area of human settlement, agricultural or industrial activity.* ISDR (2004) defined a hazard as; *"A potentially damaging physical event, phenomenon or human activity that may cause the loss of life or injury, property damage, social and economic disruption or environmental degradation",* while hazard analysis is; *Identification, studies and monitoring of any hazard to determine its potential, origin, characteristics and behaviour.*

Hazards can be single, sequential or combined in their origin and effects. Each hazard is characterised by its location, intensity, frequency and probability, ISDR (2004). A hazard therefore is a potential threat to humans and their welfare, once identified it should be reduced or prevented so that lives are not lost. Contingency planning can be used to mitigate the effects of a potential hazard.

Hazard assessment: Kotze and Holloway (1996:4) viewed hazard assessment as,

> *The process of estimating, for defined areas, the probabilities of the occurrence of potentially-damaging phenomena of given magnitudes within a specified period of time. Hazard assessment involves analysis of formal and informal historical records, and skilled interpretation of existing topographical, geological, geomorphologic, hydrological and land-use maps, as well as analysis of social and economic and political conditions.*

In this study hazard assessment is a process of profiling the hazards that common in a given geographical area.

Humanitarian organisation: This is an organisation that focuses at improving the livelihood of the people by complementing government efforts by rendering its services without discrimination on the grounds of race, gender, religion, creed or nationality. Such organisations normally uphold the principles of humanity, neutrality, impartiality and independence. *Own source.*

Public Authorities: This refers to government institutions, represented at central or local government levels. In this study public authorities refer to those institutions responsible for assisting people afflicted by disasters through provision of relief assistance, designing and implementing policies, and mobilising resources that can be used in case of an emergency.

Risk: Risk is defined as *the expected losses (lives lost, persons injured, damage to property, and disruption of economic activity or livelihood) caused by a particular phenomenon. Risk is a function of probability of particular occurrences and losses each would cause*, Kotze and Holloway (1996:5). Risk assessment or analysis is therefore a method to determine the nature and extent of risk by analysing potential hazards and evaluating existing conditions of vulnerability that could pose a potential threat or harm to people, property, livelihoods and the environment on which they depend, ISDR (2004).

SADC: Refers to member states of the Southern Africa Development Community (SADC) in the form of governments.

Vulnerability: ISDR (2004) defines vulnerability as *the conditions determined by physical, social, economic, and environmental factors or processes, which increase the susceptibility of a community to the impact of hazards.* SPHERE (2004), views vulnerability as *the extent to which an individual, family, sub-group, structure, community or society or geographical area is likely to be damaged by the impact of hazard or disaster. Vulnerability can be summarised as exposure and susceptibility to loss of life or dignity.*

APPENDIX B

CONTINGENCY PLANNING QUESTIONNAIRE FOR DISASTER MANAGEMENT AUTHORITIES

Research Questionnaire

Administered to Disaster Management Authorities at National level.

I am currently carrying out a study on the effectiveness of Disaster Contingency Planning in Southern Africa. Your open feedback will be highly appreciated. All answers and information provided shall be kept strictly confidential.

Write your answers in the spaces provided, or put an **X** in the appropriate space provided.

Angola	Botswana	DR Congo	Lesotho	Madagascar	Malawi	Mauritius
Mozambique	Namibia	South Africa	Swaziland	Tanzania	Zambia	Zimbabwe

SECTION A: ORGANISATIONAL INFORMATION

1. Your position in the organisation
   a) Director/Chief executive officer ☐
   b) Deputy director/Chief executive officer ☐
   c) Other specify……..

2. Title of your Disaster Management Authority in your country
   Please Specify: ……

3. Government Ministry in which it is located
   Please specify: ……

4. Do you have a Disaster Management Act in place
   Yes ☐ **No** ☐

5. If yes, when was it last reviewed

SECTION: B – COMMON HAZARDS AND EXISTANCE OF CONTINGENCY PLANNING

6. Which disasters/hazards frequently affect your country?

Hazard/Disaster	**Tick**	**Hazard/Disaster**	**Tick**
Floods		Cyclones	
Drought		Bush fire	
Cholera		Earthquake	
Toxic waste		Landslides	
Transport accidents		Desertification	
War and civil strife		Epidemics	
Refugees		Infestation	
Environmental pollution		Volcanic eruption	
Economic crisis		stampedes	
Tropical storm and hurricanes		Technological and industrial accidents	
Others please indicate			

7. In the past five years which of the above have severely affected your country? Write the five in the space provided ranking them from most severe to least severe. **1 = most severe, 5 = least severe**

Hazard/Disaster		**Ranking**
	1	Most severe
	2	
	3	
	4	
	5	Least severe

8. Does your organisation have a contingency plan in place for any of the hazards/disasters identified in **Question 7** above?

	Ranking	**Existence of a contingency plan**	
		Yes	**No**
1	Most severe		
2			
3			
4			
5	Least severe		

(If the Contingency Plans exist please provide an electronic or hard copy in your response)

9. If your answer to the above question was **NO**, What systems have you put in place in case of a disaster?

……

……

……**10**.

How frequent do you update your contingency plan? (Tick appropriate box)

Frequency of update	**Tick appropriate box**
Monthly	
Quarterly	
Six month basis	
Yearly	
Five-year basis	
Other specify	

11. Do you think it is important to have a national disaster contingency plan in place in your country?

Strongly agree	**Agree**	**Disagree**	**Justification of your rating**

12. What are the effects of insufficient contingency planning in an organisation? Please rate your views in the appropriate boxes below.

Effects of insufficient contingency planning	**Strongly agree**	**Agree**	**Disagree**
Unsystematic disaster response			
Unclear roles and responsibilities			
Lack of humanitarian accountability			
Uncoordinated disaster response efforts			
Loss of lives due to untimely response to a disaster			
Weak hazard/risk identification, analysis and mapping			
Lack of sufficient preparedness measures put in place			
Duplication of efforts and functions among different players leading to wastage of resources			

Failure to meet disaster response minimum standards (SPHERE)			
Other specify			

SECTION: C – EFFECTIVENESS OF CONTINGENCY PLANNING

13. Please rate the value addition of a disaster contingency plan to your organisation by putting an **X** in the spaces provided.

SA = Strongly Agree, **A** = Agree, **D** = Disagree

	SA	**A**	**D**
Contingency planning increases humanitarian accountability by public authorities			
Contingency planning helps in the development of Early Warning System			
Contingency planning helps in the development and testing of evacuation plans			
Contingency planning helps in influencing policy and practice in disaster risk management			
Contingency planning facilitates pre-positioning of emergency stocks			
Contingency planning helps in identify gaps for in the disaster response mechanism			
Contingency planning helps in developing disaster response standard operating procedures			
Contingency planning helps in identifying skills gap and build such skills before a disaster strikes			
Contingency planning helps the government to move from a ***culture of reaction to that of preparedness***			
Contingency planning assists in resource mobilisation			
Contingency planning promotes coordination with other government departments			
Contingency planning promotes coordination with the UN agencies			
Contingency planning promotes coordination with other NGOs			
Contingency planning promotes coordination with the Media			
Contingency planning promotes coordination with the public and private sector			
Contingency planning helps in hazard and risk identification, analysis and mapping			

Without contingency planning managing disasters is not systematic, leads to duplication of efforts, wastage of resources and result in unnecessary loss of lives			
Failure to update a contingency plan results in a mismatch in the projected scenario			
Contingency planning helps in the development of exit/transitional strategies			
A Contingency plan is a document that you develop and file only.			

14. Any comments on your rating of the above

15. Does your contingency planning link with the following organisations and in what areas?

Please tick and comment in the appropriate space provided

	Linkages		
Organisation	**Yes**	**No**	**Description of the linkages**
Other Government departments			
Non-Governmental Organisations (NGOs)			
National Red Cross Society			

UN agencies			
Private Sector			

16. Do you think your organisation has enough disaster contingency planning capacity?

Yes ☐ **No** ☐

17. What capacity to you require to effectively implement a sound contingency planning in your organisations.

Capacity required	**Yes**	**No**	**When?**
Contingency planning guidelines			
Financial resources			
Experts in Contingency planning			

Section: D - Contingency Plan Format

18. Is this the current contingency planning format being used by your organisation?

Place an **X** in the appropriate box.

Yes	No	To some extend	Willing to adopt the format	Willing to adopt the format with amendments

1. Context analysis and Risk assessment
2. Scenarios: best case scenario, most likely scenario, worse case scenario (plan according to the worse case scenario)
3. Anticipated humanitarian needs
4. Early warning indicators & trigger events
5. Role and mandate of the Disaster Management Authority in priority sectors (define priority sectors; for each hazard you are planning for; Search and rescue, registration, First Aid, Food, Health, Tracing, Shelter, Water & Sanitation, coordination, evacuations, etc.)
6. Disaster Management Authority capacity analysis and identification of gaps
7. Plan of Action (What? How? When? By whom?) + Exit strategy
8. Time frame (48 hours, 1 week, 1 month, 3 months…)
9. Coordination (Who is responsible, how coordination will be done?)
10. Operational arrangements with other partners for resource mobilization (access to Food, Logistics; Telecom, Warehouse, Health centres, etc...)

11. Cross-border arrangements (with other governments or SADC member states)

12. Activation mechanisms/procedures

13. Procedures to update the plan (simulation exercises?)

14. Annexes

- Useful maps / risk maps
- Deployment procedures
- Contact list of key persons (Government, UN, NGOs & Red Cross)
- Security regulations
- Code of conduct
- Budget & Funding plan (if any)
- Meta data (brief summary on the status of the CP) – front page
- Media policy and regulations

- ✓ 1 page maxi per theme/component
- ✓ 13 pages maxi + Annexes

Comments on the format

Any other comments

Thank you for your time and cooperation.

Please kindly return the completed questionnaire by e-mail to gift.chatora@ifrc.org or fax to +263 4 708784 or post to Box HR 8228, Harare, Zimbabwe or Courier to 42 Bates Street, Milton Park, Harare, Zimbabwe. For any Clarification please get in touch with the researcher (Gift Chatora) on +263 4 720315 – 6 or +263 4 705166 – 7 Mobile +263 91370 776

APPENDIX C: LETTER TO RESPONDENTS

DiMTEC
DISASTER MANAGEMENT TRAINING AND EDUCATION PROGRAMME FOR AFRICA

Researcher: **Gift Chatora**
2004203754
DIM791

BLOEMFONTEIN

P.O. Box 339
9300
South Africa

19 November 2006

Dear Sir/Madam

I am currently carrying out a study on the effectiveness of Disaster Contingency Planning in Southern Africa with a special focus on government disaster/emergency management departments. I am kindly requesting you to complete the attached **questionnaire** and return **by e-mail to gift.chatora@ifrc.org or fax to +263 4 708784 or post to Box HR 8228, Harare, Zimbabwe or Courier to 42**

Bates Street, Milton Park, Harare, Zimbabwe. **For any Clarification please get in touch with the researcher (Gift Chatora) on +263 4 720315 – 6 or +263 4 705166 – 7 Mobile +263 91 370 776**

You can distribute more copies to your workmates within your department/unit who can also complete and return the completed questionnaire by the 30th of November 2006. The final results of this study will be shared with you once the research has been completed.

Looking forward to your feedback,

Gift Chatora

Researcher DIM791 (2006)

APPENDIX D: LETTER TO PERMANENT SECRETARY

DiMTEC
DISASTER MANAGEMENT TRAINING AND EDUCATION PROGRAMME FOR AFRICA

Researcher: **Gift Chatora**
2004203754
DIM791

BLOEMFONTEIN

P.O. Box 339
9300
South Africa

19 November 2006

The Permanent Secretary

Ministry of Local Government and Public Works

Private Bag 7706

Causeway

Harare

RE: Disaster Contingency Planning Research

I am currently carrying out a study on the effectiveness of Disaster Contingency Planning in Southern Africa with a special focus on government disaster/emergency management departments. I will highly appreciate if the Civil

Protection Unit (CPU-Zimbabwe) can take part in this study by completing the attached **questionnaire** and return **by e-mail to gift.chatora@ifrc.org or fax to +263 4 708784 or post to Box HR 8228, Harare, Zimbabwe or Courier to 42 Bates Street, Milton Park, Harare, Zimbabwe. For any Clarification please get in touch with the researcher (Gift Chatora) on +263 4 720315 – 6 or +263 4 705166 – 7**

Mobile +263 91 370 776

To date responses have already been received from Disaster Management Authorities of Botswana, Lesotho and South Africa. The last day for receiving responses has been set for 4th December 2006. The final results of this study will be shared with you once the research has been completed.

Looking forward to your affirmative consideration of this request,

Gift Chatora

ID 07-043633-07 (Zimbabwean)

Researcher DIM791 (2006)

APPENDIX E: EXAMPLE OF AN INTER-AGENCY CONTINGENCY PLAN FOR MALAWI

Floods 2006/07

16 November 2006

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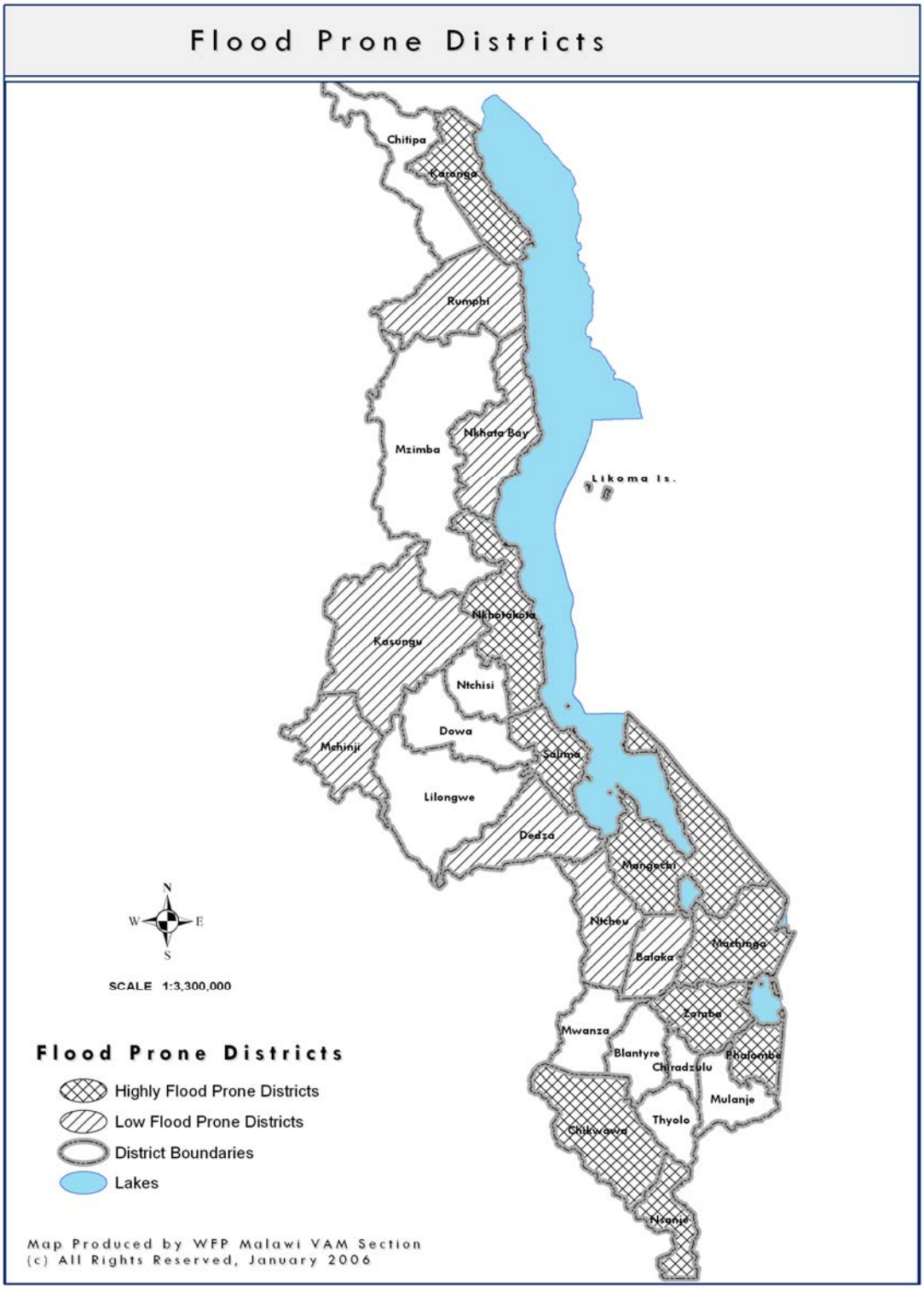
Section III: Annexes


Flood Prone Districts
Chitipa
Karonga
Rumphi
Mzimba
Nkhata Bay
Likoma Is.
Nkhotakota
Kasungu
Ntchisi
Dowa
Mchinji
Salima
Lilongwe
Dedza
Mangochi
Ntcheu
Machinga
Balaka
Zomba
Mwanza
Blantyre
Chiradzulu
Phalombe
Mulanje
Thyolo
Chikwawa
Nsanje
N
W
E
S
SCALE 1:3,300,000
Flood Prone Districts
Highly Flood Prone Districts
Low Flood Prone Districts
District Boundaries
Lakes
Map Produced by WFP Malawi VAM Section
(c) All Rights Reserved, January 2006

EXECUTIVE SUMMARY

Malawi is exposed to various types of natural hazards which have occurred with increasing frequency since 1970. The disasters frequently affect the economy and the population of Malawi, damaging livelihoods, hampering sustainable development, and in worst cases killing people. When disasters occur several human rights come under threat, including the right to a life with dignity, to an adequate standard of living including food, clothing, and housing, to quality education, and to the highest attainable standard of physical and mental health.

Given the above situation, there is a need for United Nations (UN) agencies and International Federation of Red Cross/Red Crescent (IFRC) through the Malawi Red Cross Society (MRCS) to be prepared to support the Government of Malawi (GOM) in responding to emergency situations in a coordinated, timely and appropriate manner in order to reduce the negative impacts of emergency situations. This Contingency Plan outlines the joint UN and IFRC/MRCS response to floods covering the period November 2006 to April 2007.

The Contingency plan is based on three broad scenarios:

- **Scenario 1**: Small localised flooding will occur as a result of heavy but momentary rainfall (max 2-3 days).

- **Scenario 2**: Localised flooding will occur as a result of heavy but rainfall over a longer period of time (2-3 weeks).

- **Scenario 3**: Extensive and long lasting rainfall over several months resulting in hasty rising rivers and lakes affects larger areas simultaneously across districts and borders

In a worst case scenario the UN/IFRC/MRCS may be required to assist Government in responding to the needs of more than 100,000 displaced households. Assistance would likely be needed in the following sectors: health, nutrition, food security, shelter, education, water and environmental sanitation, protection, and agriculture. Strong support to government in coordinating emergency assistance would also be required, as a large scale emergency will go beyond existing response capacity in the country.

The inter-agency strategy is to work closely with the Government of Malawi to support them in responding to the humanitarian needs ensuring the protection of the basic rights of the population. The emergency preparedness and response will build on existing activities and partnerships developed through various country programmes of co-operation (Government, UN agencies and NGOs) and additional programmes will be developed on a needs basis to support humanitarian action and post-incident rehabilitation and recovery efforts.

CONTEXT AND RISK ANALYSIS

The Interagency Contingency Plan was drafted by the UN Disaster Management Technical Working Group consisting of representatives from FAO, UNAIDS, UNDP, UNFPA, UNICEF, WFP, WHO and IFRC/MRCS, and in consultation with the Department of Poverty and Disaster Management.

Objectives

The overall objective of the UN Contingency Plan is to support the Government of Malawi in mounting a timely, consistent and coordinated response to floods in the 2006/2007 rainy season to minimise the humanitarian consequences on the population.

Hazard and Risk Analysis

Since 1940, more than 40 percent of disasters in Malawi have been caused by floods. While the impact of floods tends to be localised to flood-prone areas, the frequency of flooding in Malawi is becoming an annual episode and is mainly associated with poor land and water management and farming systems at macro and micro levels. Floods in Malawi have mainly occurred in situations of high and prolonged rainfall.

There are essentially six river basin systems in Malawi that regularly experience severe floods: the Ruo/Shire, Likangala/Thondwe, Limphasa/Luweya, Bwanje/Livulezi, Songwe and Linthipe. The catchments areas of these river systems are located in high rainfall intensity zones and they flow through areas that are topographically flat, thus

exacerbating the situation. However, the highest flood frequency has been recorded in the Lower Shire Valley. The floods in the Ruo/Shire basin have a reported return period of 4 years for moderately devastating floods and 10 years for the worst floods and usually cause the destruction of crops, and in most severe cases, loss of human life and livestock. It is estimated that 15% of the rural population live on the fringes of highly flood-risk areas, especially in the Southern part of the country.

The number of people affected by floods have ranged from 15,000 to 500,000 with an annual average of approximately 285,000. Major flooding disasters have occurred in the rainy seasons of 1996/7, 1998/9, 2000/1, and 2002/3. In 2000/2001 floods disaster as many as 14 out of the country's 28 districts were affecting by floods affecting some 500,000 people. Last rainy season in 2005/2006 close to 200,000 people were affected by floods in the period December to March in nine districts (Chikwawa, Nsanje, Mangochi, Ntcheu, Zomba, Machinga, Nkhata Bay, Salima and Karonga).

Risk Analysis

	Level	**Comments**
Probability	**Almost certain**	Flooding in Malawi is becoming an annual episode and is likely to occur, particularly in the Southern region. According to 2006/07 seasonal rainfall outlook issued by

		the Meteorological Department, a greater part of Malawi is likely to experience normal total rainfall amounts this season. However localised dry spells and flash floods are also expected to occur.
Consequences	**Moderate to Major**	Flooding is likely to cause damages in a number of flood prone areas. The extent of the damage is hard to predict. In the last decade Malawi has experienced floods annually, but to very different effect. Due the geographical location of Malawi and the sharing of the same river systems in the Southern part of the country with Mozambique, Malawi could in addition become temporary host of people fleeing from flooding in neighbouring Mozambique.
Overall Risk	*Moderate*	Adequate levels of preparedness should be in place to ensure proper response, and as such no additional support is anticipated from either UN/IFRC Regional Offices or Headquarters.
Likely Triggers		Heavy rainfall accumulating faster than soils can absorb it or rivers carry it away could lead to flooding
Timeframe		November 2006 to April 2007.

Possible Consequences

Apart from loss of human life in worst case, the main consequences of floods are destruction of houses and crops, loss of livestock, temporary food insecurity, damages to infrastructure (which can lead to inaccessibility to basic services, e.g. health clinics and schools) internal displacement, separation of children from caregivers and possible trauma and psychological distress. In particular, the water and sanitation sector is affected because of the likely disruption of the existing water distribution systems and sanitation infrastructure. Accessible water is normally contaminated by debris, chemicals, raw sewage (from destroyed sewage systems) or even decomposing animal and human bodies, which easily leads to outbreak of diseases, such as cholera.

Cholera outbreaks are a major risk factor in flood situations in Malawi because of the possible and immediate break down of water and sanitation facilities. A contributing factor affecting the spread of disease in Malawi is the chronic malnutrition that pervades most of the country. Nutrition Rehabilitation Units (NRUs) and school feeding centres are at great risk, and therefore special attention to maintain a minimum level of hygiene is needed to prevent outbreaks.

After a major cholera outbreak in 2001/02 (with more than 34,000 cases and 1,000 deaths), great efforts were put in the improvement of treatment of cholera cases (in order to reduce the case fatality rate) as well as in prevention measures. Training of

health workers, water and sanitation activities, timely pre-positioning of supplies and social mobilisation campaigns in all districts take place on an annual basis.

A constant underlying factor that contributes to trigger outbreaks of cholera is the high prevalence of HIV/AIDS in Malawi. The prevalence in the most productive age group of 15-49 years is as high as 14.4 percent. There are an estimated one million orphans in Malawi, of which close to half a million are orphaned due to AIDS. The long-term impact on households and communities is evident, as they are becoming less and less resilient and more vulnerable to shocks resulting from drought, floods and other natural disasters.

Summarised the possible consequences include:

Health/Nutrition

- Increase in communicable diseases, such as cholera, malaria, dysentery and measles and diarrhoeal diseases, acute respiratory infections, fever, eye or skin diseases, and conjunctivitis
- Increased spread of HIV/AIDS
- Destruction and/or inaccessibility to health clinics
- Loss of medical equipment and drugs
- Aggravated malnutrition due to acute food shortage, increased risk of disease including malaria, cholera and diarrhoea, reduced access to health and social services, disruption of HIV/AIDS Therapeutic and Supplementary Feeding programmes

Food Security

- Temporary aggravated acute food insecurity due to loss of household food supply, reduced access to food, displacement, and disruption of other food interventions such as HIV/AIDS school feeding programmes
- Medium term acute food insecurity due to loss of assets, loss of livelihood, loss of crop, loss of livestock, loss of coping strategy

Water and Environmental Sanitation
▪ Contamination of water sources ▪ Inadequate safe water
OVC and Child Protection
▪ Loss of life, increase of orphans ▪ Internal displacement of human and domestic animals ▪ Increased abuse and exploitation ▪ Disruption of coping mechanisms ▪ Children separated from parents and caretakers ▪ Possible trauma and psychological distress
Education
▪ Destruction of school buildings and teaching/learning materials ▪ Inaccessibility to schools ▪ Disruption of education

Infrastructure
▪ Destruction of public infrastructure (roads, bridges, power supply, communication) ▪ Temporary loss of shelter ▪ Exertion of pressure on available public institutions like Classrooms in Schools, Police Stations and Health Centres. ▪ Challenges to communal hygienic practices while occupying temporary shelter in communal institutional places.

SCENARIO AND PLANNING ASSUMPTIONS

Scenarios

- **Scenario 1**: Small localised flooding will occur as a result of heavy but momentary rainfall (max 2-3 days).

- **Scenario 2**: Localised flooding will occur as a result of heavy but rainfall over a longer period of time (2-3 weeks).

- **Scenario 3**: Extensive and long lasting rainfall over several months resulting in hasty rising rivers and lakes affects larger areas simultaneously across districts and borders.

Planning Assumptions

S.1 No severe damages to infrastructure or consequences on human beings (casualties, extraordinary outbreak of diseases, traumas, separations, etc.) and livestock will occur. The number of populations to be affected at the same time will not exceed 200 families and each occurrence will allow for quick recovery. Most emergency needs are expected to be met by families themselves (e.g. by temporarily moving in with relatives, etc.), supported by local/national government and NGOs.

No major international support will be required. In such case, the support will be limited to provision of food and relief items through government authorities to replenish immediate loss at household level. District Commissioner Offices are capable of coordinating the emergency responses with support from DoPDMA.

S.2 Flooding will cause some damages to crops and infrastructure (roads, public buildings and private dwellings) and temporarily disrupt access to basic services (health and education). Between 6,000 and 12,000 families will be affected of which 50 percent will experience temporary displacement however relatively quick recovery is expected. Limited outbreaks of diseases (measles, cholera, malaria) can be expected as a result of damages to water and sanitation facilities. Flooding will not occur concurrently in all areas over the rainy season. Internal displacement will not exceed more than 5-10 km and not last more than some 2-3 weeks.

Assistance to host communities would be required; however, the level of emergency will exceed government capacity to respond. International support will be needed, but it is anticipated that the response capacity available in-country will suffice. International assistance to government coordination might be necessary in some areas. Recovery assistance is needed beyond provision of initial assistance, e.g. seeds, reconstruction of infrastructure and schools.

S.3 The number of populations to be displaced at the same time will exceed 150,000 households, including people displaced by floods in neighbouring Mozambique, and the occurrence(s) will not allow for quick recovery. The floods will cause immediate break down of infrastructure and of water and sanitation facilities and cause extraordinary outbreaks of water-borne diseases, such as cholera affecting some 35,000 people. The floods will disrupt learning activities for some 100,000 school children and treatment of some 50,000 malnourished children < 5.

International support will be needed on large scale as the emergency will go beyond existing response capacity in the country. Support from RO and HQs is likely to be required. Internal displacement will exceed more than 5-10 km and last more than some 2-3 weeks and thus require camp management support. Strong support to government in coordinating emergency assistance would be required. UN agencies would assume their cluster responsibilities under the overall coordination of UNRCO. Massive international support for early recovery is required beyond initial response for an extended period of time, up to six months.

Vulnerability Analysis

Floods:

Located in part in catchments areas of rivers, dams and lakes, the districts of Salima, Karonga, Mangochi, Chikwawa, Nsanje, Zomba, and Machinga are the districts most vulnerable to moderate to severe floods during the rainy season. Less critical districts are: Rumphi, Phalombe, Nkhotakota, Ntcheu, Mchinji, Nkhata Bay, Dedza, Kazungu and Balaka. The populations most vulnerable are limited to those that are residing near and along rivers, lakes and in low lands.

Cholera:

The most vulnerable districts for cholera are Thyolo, Chiradzulu, Chikwawa, Nsanje, Blantyre, Balaka, Mangochi, Zomba, Nkhotakota, Salima, Lilongwe, Dedza, Mulanje, Dowa and Kazungu. The effect is more along the lake shore districts. However, during the 2005/06 season no cholera was reported in the Northern region and in some districts in the Central region despite being considered cholera prone areas. The main reason has not yet been established but is likely due to better health/hygiene education and use of chlorine.

Capacity Analysis

The Government of Malawi has inadequate financial resources available for rapid response activities. The Disaster Preparedness and Relief Act of 1991, was enacted by

the Parliament to make provision for the coordination and implementation of measures to alleviate effects of disasters. It included the establishment of a National Disaster Preparedness and Relief Fund, but in previous years resources have only been made available after a disaster has occurred delaying relief efforts considerably. While some capacity exists, the Department of Poverty and Disaster Management Affairs (DoPDMA) is significantly under resourced, in particular in terms of human resources, with currently only three staff members manning the Department.

UNDP has been providing support to the Government in strengthening national capacity to respond to floods and other emergencies. An UNDP project provides support to the DoPDMA and District Assemblies to strengthen emergency coordination, information collection and dissemination, and monitoring functions. Seven Flood Contingency Plans have been developed under the project, and District Humanitarian Affairs Officers have been trained in disaster preparedness and response planning, information management, assessment practices etc. UNDP is also supporting the Government in drafting a National Disaster Management Plan and Operations Manual scheduled for completion by end of 2006.

Despite these efforts, the Government institutions on both national, but in particular on district level under the authority of the District Commissioner's Office continue to face a number of challenges:

- Scarce financial resources for maintenance of existing protection structures

- Inadequate Early Warning and Surveillance Systems for a number of disasters, including floods, cholera, and crop pests
- Weak capacity to carry out risk assessments
- Shortage of transport and communication facilities impeding dissemination of early warning messages and the conduct of rapid assessments
- The coordination mechanisms/structures on district as well on national level are weak and lack both manpower, financial resources and technical skills in order to assume an effective leading role in coordination
- Lack of leadership and motivation in some Districts for effective emergency response
- Lack of motivation or organization skills hindering efficient information flow in disaster situations

To address some of these shortages, the UN system in Malawi has this year facilitated two workshops for DoPDMA and district staff on Disaster Management, with particular focus on vulnerability assessments and contingency planning.

Response to Cholera and other diseases

In general, most communities are aware of cholera and that poor sanitation predisposes the disease, but communities are less aware of how to prevent disease from breaking out and how to protect themselves through proper hygiene practices.

In response to Cholera and other diseases that may break out as a result of flood, the public health system is Malawi is considered inadequately equipped to ensure effective response. The planning and coordination capacity of the National Cholera Task Force is weak and inefficient. The Task Force during the 2005/06 cholera season failed to meet on regular to review the status and provide technical assistance (rapid response, surveillance, supply distribution, management of cases, etc.). Also the capacity of the Epidemiology Unit under the Ministry of Health to control and follow up on an outbreak is weak. The Unit is under resourced and needs more epidemiologists and technicians.

District Health Management Teams are tasked to ensure quality of case management and preventive activity documentation. The environmental staffs are often used to manage cholera cases at treatment facilities and are often pegged as shortage of clinical and nursing staff.

There is a lack of medical supplies in the health sector to meet demands during emergency situations and limited manpower among health staff to manage an emergency situation. In case of severe outbreak of diseases, such as cholera, the burden on the existing health facilities will exceed current capacity thus making it difficult to cope with large scale outbreaks.

EARLY WARNING AND MONITORING

Early warning indicators for flood:

- Heavy rainfall,
- Rising water level of rivers,
- Migration of people

Primary Sources of information:

The Department of Meteorological Services has in the past operated the following monitoring and early warning systems in collaboration with other government institutions:

- Flood Forecasting and Early Warning System for the lower Shire, in collaboration with the Water Department, and
- Tropical Cyclone Monitoring and Early Warning System, in collaboration with the Commission for Disaster Preparedness, Relief and Rehabilitation.

Of these systems the Tropical Cyclone are still operational, but at very low key.

Other sources include:

- Humanitarian Early Warning Service (HEWS) www.HEWSweb.org
- USAID FEWS-NET Africa Weather Hazard Benefits Assessments
- World Meteorological Organisation (WMO) www.worldweather.org
- International Research Institute for Climate Prediction (IRI) www.iri.columbia.edu
- Department of Meteorological Services of Malawi
- District Commissioner' Offices (DCOs)

- WFP Field Offices and NGO field partners

Early warning indicators for Cholera outbreaks:

- Numbers of admissions to health clinics with symptoms of diarrhoea,
- Heavy rainfall

Primary Sources of information:

- National Cholera Task Force,
- District Health Offices (DHOs),
- The Epidemiology Unit, Ministry of Health,
- World Health Organisation (WHO),
- Community leaders and NGOs working on community level

PRINCIPLES AND STRATEGIES

The Inter-Agency Contingency Plan aims to support the Government of Malawi in responding to the humanitarian needs resulting from floods. Exposure to floods may reduce access to basic rights including food, education, health services, safe housing, protection, drinking water and sanitation. This document is based on the premise that the above constitute basic human rights and these rights should be ensured also in an emergency situation.

Key strategic areas identified in the Contingency Plan are:

- Develop national capacity at all levels for emergency response.
- Pre-positioning of emergency supplies
- Surveillance and monitoring of key emergency indicators
- Intensify service delivery to avert the impact of emergencies
- Awareness rising for prevention of HIV/AIDS, cholera and malaria.
- Advocacy on issues of protection and health
- Disaster risk reduction measures integrated in early recovery interventions

UN and IFRC/MRCS Malawi's emergency preparedness and response will build on existing activities and partnerships developed through country programmes of co-operation (Government, UN agencies and NGOs) as well as on community mobilization and participation. Through this developed network of partnerships, UN and IFRC/MRCS monitors emergency situations and potential threats in an attempt to

ensure early warning and response. At the time of an emergency situation, additional programmes will be developed as needed to support humanitarian action and post-incident rehabilitation and recovery efforts within the respective cluster responsibilities. To the extent possible, non camp based assistance will be favoured over the establishment of camp sites to facilitate a quick recovery to normal life and avoid creating a pull factor for non flood affected impoverished Malawians.

To ensure a rapid emergency response in the event of floods which would exceed government capacity at the time of occurrence, UN agencies and IFRC Malawi maintains standing readiness to provide initial relief assistance according to respective core corporate commitments.

To further ensure rapid emergency response, WFP and UNICEF Malawi maintains standing contingency agreements with NGO partners in flood prone areas in case the magnitude of the emergency should exceed government capacity to respond.

CO-ORDINATION, ROLES AND RESPONSIBILITIES

The following is a summary of planned co-ordination arrangements and activities between UN agencies. IFRC and Government:

- As the ultimate coordinator of all actions involved in an emergency response, the **Government of Malawi** (GoM) holds the responsibility for disaster prevention, mitigation, preparedness, response and recovery. Emergency response is led by the **Department of Poverty and Disaster Management Affairs** (DoPDMA) assisted by the relevant line ministries. District Commissioners are mandated to coordinate any emergency related activities in their districts through the Civil Protection Committees.

- A **National Cholera Task Force** under the Ministry of Health has been established to coordinate all activities on all levels for cholera prevention and control, through which service delivery, surveillance, monitoring, information collection, analysis and dissemination are coordinated.

- The **UN Resident Coordinator** (UNRC) is responsible for coordinating the UN emergency response in chorus. Under the guidance of the UNRC, the **UN Country Team** (UNCT) is responsible for the effective and efficient implementation of inter-agency disaster management activities in Malawi. In order to fulfil this task, a **UN Disaster Management Technical Working Group** (UNDMTWG) has been formed comprising of the emergency focal

points from each UN agency and recently **International Federation of Red Cross/Malawi Red Cross Society** has joined the Technical Working Group.

- **Malawi Red Cross Society** (MRCS) is a member of the **International Federation of the Red Cross/Red Crescent** (IFRC/RC) movement. As a member the MRCS embodies the work and principles of the IFRC/RC movement. IFRC directs and channels its international assistance to victims of natural and technological disasters through national societies, in this case the Malawi Red Cross Society. IFRC acts as the official representative of its member societies and works to strengthen their capacity to carry out effective disaster preparedness, health, and social programmes. This is done through provision of financial, technical and human resource assistance.

- **The UN agencies and IFRC/MRCS** will respond to an emergency in collaboration with and through the Government of Malawi (GoM) and - if necessary - through an established network of NGO implementing partners as well.

- In accordance with UN Humanitarian Reform and the cluster directions of the Inter-Agency Standing Committee (IASC) **Cluster Lead agencies** will ensure a coordinated action among partners in their respective sectors. This responsibility requires coordination with the GoM, other agencies and NGOs to ensure that

that the needs of these sectors are addressed, that information is shared and that reporting is done accordingly. The following are the designated Cluster Leads in sectors relevant to the Contingency Plan:

- **FAO:** Agriculture
- **IFRC:** "Convener" for Emergency Shelter
- **UNICEF:** Nutrition, Child Protection, Education and Water & Sanitation.
- **UNHCR**[1]**:** Camp Management
- **UNRCO:** Coordination and Communications
- **WFP:** Food and Logistics
- **WHO:** Health

Health

Overall objective

- Increase in mortality has been prevented in areas affected by floods

Specific objectives

- Access to basic health services in the affected areas has been ensured,
- Adequate treatment capacity for cholera outbreaks is in place in all flood prone districts,
- District capacity to conduct rapid assessments within 48 hours of a disease outbreak is in place,

[1] IOM is not present in Malawi, hence UNHCR will assume the role of Cluster lead for Camp Management.

- Efficient case management of cholera, malaria, measles and other diseases associated with an emergency flood situation has been ensured.

Emergency response

1. Support and encourage the District Health Offices (DHO) in conducting rapid health assessment within 48 hours and in developing an action plan,
2. Support the National Task Force in following up on cholera affected areas in terms of funds and logistical support for in-country delivery of supplies,
3. Provision of mosquito nets and drugs for treatment of cholera, measles, malaria and other diarrhoeal diseases,
4. Advocate for the need for basic drugs for children in health centres in affected areas,
5. Assess and monitor the impact of a HIV/AIDS pandemic as an aggravating factor in the affected areas and identify appropriate responses,
6. Support social mobilisation activities on community level and development and distribution of IEC materials addressing emergency issues faced

Early recovery activities

1. Re-establish the affected health care services through provision of equipment and essential drug supplies and, if necessary, support to reconstruction of health facilities,
2. Provide tetanus toxoid with auto-disable syringes and other critical inputs such as cold-chain equipment, training and behavioural change expertise, and financial

support for advocacy and operational costs for immunisation of pregnant and lactating women

Operational constraints

- Damages to road infrastructure can hamper access to affected areas and thus jeopardize proper and timely interventions

Preparedness and capacity-building activities

Activities	By Whom	When
1. Provide drug supplies (such as ORS, Ringer's Lactate, HTH and other essential drugs) and medical equipment (such as syringes) for all health centres in districts that are most vulnerable to cholera to ensure that a standing treatment capacity of 5,000 cases is in place,	WHO/ UNICEF	November
2. Provide support and encourage that a measles vaccination and Vitamin A campaign is conducted among children under five prior to the onset of the rainy season,	UNICEF	September
3. Provide support and encourage that a national campaign on prevention and control of cholera is conducted prior to the onset of the rainy season,	UNICEF	November
4. Maintain a mapping of all health facilities in potential affected	UNICEF	Ongoing

areas to determine vulnerabilities in terms of access and possibility for damages,	UNICEF	September
5. Procure and maintain a minimum stock of contingency items for immediate distribution to prevent the health situation from exacerbating due to floods,	WHO/ UNICEF	November
6. Provide training for health workers and support orientation sessions and printing/distribution of educational materials on management of measles and cholera,	WHO/ UNICEF	Ongoing
7. Strengthen the communication system in the National Epidemics Unit to ensure timely reporting on outbreak of cholera,	WHO	Ongoing
8. Provide technical support in rapid health assessments, studies and investigation of disease outbreaks	WHO	Ongoing
9. Support the National Cholera Task Force in disease surveillance and monitoring of epidemics to ensure timely detection and response to disease outbreaks	WHO/ UNICEF	Ongoing
10. Support the National Cholera Task Force and districts in arranging post mortem workshops on cholera to ensure that experiences and lessons learned from previous season is properly incorporated into next year's preparedness plans,	WHO/ UNICEF	Ongoing
11. Support the national, district and community level coordination with particular emphasis on the National Cholera Task Force to ensure provision of quality services. This include review of its current capacity and identification of areas for improvement,		

12. Support social mobilisation activities on district and community level, which include training of extension workers, development and distribution of IEC materials addressing emergency issues to be faced,	WHO/ UNICEF	Ongoing

Responsibilities and authorities

- The National Cholera Task Force under the Ministry of Health is responsible for coordinating all activities on all levels for cholera prevention and control, through which service delivery, surveillance; monitoring, information collection, analysis and dissemination are coordinated.
- The District Epidemic Management Committee are responsible for review of district epidemic preparedness and response plans, mobilise resources and coordinate post epidemic evaluations,
- District Epidemic Rapid Response Teams are responsible for investigation, control and prep-positioning supplies,

Additional personnel requirements

- One consultant (*to be shared be with WES section*) to assist with preparedness and support to Government on management of cholera for a period of 9 months starting from October 2006.

Additional material and financial requirements

- See contingency stock (*page 43*)

Collaborative partners (Government, UN partners, NGOs, others)

UNICEF, World Health Organisation (WHO), Ministry of Health, the Epidemiology Unit, and District Health Offices,

Food

Objective:

- To provide food rations to flood affected victims.

Specific objectives:

- To prevent loss of life and maintain the nutritional status of the population affected by loss of crops and stocks of food in the flood affected areas.
- To prevent sale of productive assets amongst the flood affected communities.

Emergency response

1. Conduct coordination meeting with local government (DoPDMA) and operating NGOs in rural areas affected by floods;
2. Conduct coordination meetings with other UN agencies;
3. Conduct rapid assessment of floods affected population in need of emergency food aid;
4. Assess food requirements and stock availability;
5. Assess disruption of other food interventions such as HIV/AIDS, NRUs, therapeutic feeding units and school feeding programmes;
6. Define ration in terms of commodities and size;
7. Prepare distribution plan;
8. Set up logistics supply chain and define capacity needs; and
9. Assess warehousing needs.

Early recovery activities:

1. WFP will implemented Food for Assets and Disaster Mitigation and Response Projects emphasising on rehabilitation, creation and maintenance of community assets.
2. Work with FAO with those households who have lost their crops due to floods to engage in winter food production through Food for Assets programme.

Operational constraints

- ***Upon occurrence of a severe flood situation (scenario 3), it can be expected that people will be scattered in different places, making it difficult to identify flood affected population; and***

- Damages to road infrastructure can hamper access to affected areas and thus jeopardize proper and timely humanitarian interventions.

Preparedness activities:

Activities	By Whom	When
1. Procurement of additional stocks of food commodities (eg., maize, veg. oil, etc.) as a contingency stock for immediate distribution;	WFP	As early as November, if rains are

2. Proceed with swaps / loans of food commodities from other existing projects (CP / PRRO) to guarantee availability of commodities to flood affected population; 3. Make standing agreement with NGOs on the provision of services to be available on the ground, in case of an emergency.	WFP WFP	very heavy and continuous

Responsibilities and Authorities

- WFP is responsible for provision of food commodities, upon referral and targeting of flood affected populations by WFP and NGOs;
- Identify best delivery routes to affected areas for food and non-food items. Assist in the delivery of items for other UN agencies upon request.

Additional personnel requirements

- WFP will respond to the flood emergency without increasing number of staff. However, additional personnel may be required by operating partners on the ground and it may require WFP's financial support.

Additional material and financial requirements

- Transport costs will likely to go up under a flood scenario, impacting in the LTSH rate;
- Considering a worse case scenario, an Air Operation may be required.

Collaborative partners (Government, UN partners, NGOs, others)

DoPDMA , WFP, UN Agencies, Malawi Red Cross, World Vision, GOAL, ADRA, CPAR, CRS and Emmanuel International.

Nutrition

Overall objective

- An increase in malnutrition among children under five, lactating and pregnant women has been prevented in flood affected areas

Specific objectives

- Prevent acute moderate malnourished children under five, lactating and pregnant women from eventually deteriorating to situation of severe malnutrition,
- Severely malnourished children under five have continued access to therapeutic feeding support,

Emergency response

1. Undertake a mapping exercise to determine number of children & women and locations of NRUs and CTCs affected by flooding (damages or have become inaccessible),
2. Provide supplies and equipment for NRUs and CTCs, including therapeutic food, micronutrients and fortified foods for children, lactating and pregnant women,
3. Provide alternative space (erection of tents) for treatment of severely malnourished children, lactating and pregnant women as needed,
4. Identify needs for supplementary feeding among children under five, pregnant and lactating women in collaboration with World Food Programme (WFP),
5. Immediately protect breastfeeding by preventing general supply of powdered milk or formulas,

6. Monitor supplementary feeding, blanket feeding and the general nutritional status in the affected areas,

Early recovery activities

1. Continue to monitor the general situation on acute moderate and severe malnutrition together with NGO partners and WFP, and if needed, conduct a rapid nutritional assessment,
2. Continue to provide support to NRUs in order to maintain capacity to treat severe malnutrition

Operational constraints

- ***Upon occurrence of a severe flood situation, it can be expected that people will be scattered in different places, making it difficult to identify malnourished children and women who have been displaced,***

Preparedness and capacity-building activities

Activities	By Whom	When
1. Procurement of additional supplies and equipment as a contingency stock for immediate distribution in replacement for loss in NRUs and CTCs, 2. Map locations of NRUs, CTCs and Supplementary Feeding Centres and general food distribution points in all flood prone areas, 3. Make standing agreement with WFP on the provision of supplementary food to affected populations in case of an emergency,	UNICEF UNICEF UNICEF	September November November

Responsibilities and authorities

- The collection of information on the nutritional situation is carried out by the Health Surveillance Assistance of the Ministry of Health supported by Action Against Hunger,
- Day-to-day running and management of NRUs are under the responsibility of Ministry of Health and CHAM, whereas UNICEF will assume responsibility for procurement and distribution of equipment and medical supplies to the NRUs,
- World Food Programme (WFP) is responsible for provision of supplementary food upon referral and identification by UNICEF,

Additional personnel requirements

- None

Additional material and financial requirements

- See contingency stock (*page 45*)

Collaborative partners (Government, UN partners, NGOs, others)

Ministry of Health, World Food Programme, Action Against Hunger,

Agriculture

Overall Objective:

- Long term food insecurity due to loss of productive assets prevented in flood affected areas.

Specific Objectives:

- Facilitate provision of agricultural inputs (agricultural kits, vaccines, etc) to assist the recovery of household coping mechanisms
- District capacity to conduct rapid assessments within 48 hours of floods or flood related animal disease outbreak is in place

Emergency response:

1. Facilitate co-ordination activities/meetings with UN partners, local government, DoPDMA, NGOs in flood affected areas;
2. In collaboration with District Officials facilitate a rapid needs assessment of affected area working closely with all main actors, as identified above;
3. Advise DPDM on input requirements in affected areas.
4. Facilitate preparation and implementation of distribution plan for necessary inputs.
5. Facilitate provision of inputs e.g. seeds from MoA Crop Diversification Project currently with District Agricultural Development Offices (DADOs) in districts of Balaka, Mangochi, Zomba, Phalombe, Chikwawa, Nsanje and Mwanza.

6. FAO Malawi raises TCP project for provision of inputs as part of recovery process for affected households.
7. Support vaccination campaigns in cases of disease outbreaks

Early recovery activities:

1. Complete a post emergency evaluation to ensure that all recipients of inputs have managed to re-establish their farms

Operational constraints:

- ***A severe flood may scatter the population presenting challenges for identification and supply of inputs to recipients of affected areas;***
- Damages to road infrastructure will hamper access to affected areas and may jeopardize timely humanitarian interventions.

Preparedness activities:

PREPAREDNESS AND RESPONSE PLANS

Activities	By Whom	When
1. Communicate with district agriculture development offices to negotiate the use of seed stocks (soya, cassava, sweet potato, groundnuts) currently held. These stocks are a product of an FAO supported emergency project and can be made available for redistribution if necessary.	FAO	As early as December if rains are very heavy and continuous
2. Procurement of additional seeds/agricultural inputs as a contingency stock for immediate distribution in case of flooding	FAO	
3. Prepare stand-by agreements with government and other partners, e.g. NGO's for areas outside FAO project areas	FAO	

Responsibilities and Authorities:

- The District Agricultural Development Office is responsible for monitoring and collecting information on crop loss and livestock and poultry disease outbreaks
- Ministry of Agriculture through DoPDMA is primarily responsible for provision of agricultural inputs with support from FAO

Additional personnel requirements:

- None

Collaborative partners (Government, UN partners, NGOs, others)

DoPDMA, MoA, MoH, WFP, UN Agencies, Malawi Red Cross Society, other NGO's (World Vision, GOAL, ADRA, CPAR, CRS, Emmanuel International).

Shelter

Overall Objectives:

- To provide decent and adequate shelter to flood affected victims whose dwelling houses have been washed away.

Specific Objectives:

- To provide adequate shelter to flood affected victims.
- To provide temporary teaching and learning space to the displaced population
- To provide survival kits and other basic Non Food Items (NFIs) to the flood affected population

Emergency response activities

1. Conduct coordination meetings with local government, DoPDMA, UNICEF, IFRC/MRCS Emergency action teams and NGOs operating in the areas affected by floods.
2. In collaboration with District Officials conduct rapid assessments to assess shelter requirements
3. Prepare budgets and distribution plans.
4. Distribution of tents for temporary community habitation.
5. Distribution of tarpaulins and other construction materials for communities to construct new shelters.
6. Distribution of survival kits containing basic household assets
7. Establish camp sites for the affected population if required (**scenario 3**)

Early recovery activities

1. Sustain primary education through provision of teaching and learning space as needed while communities relocate to tents/ temporary shelters.
2. Facilitate re-construction of houses after the situation has become normal.

Operational constraints

- ***Upon occurrence of a severe flood situation (scenario 3),or other natural disasters, it can be expected that people will loose their basic shelter and assets and assemble***

in institutions with a more reliable infrastructure base like classrooms and health centres.

- Damages to road infrastructure can hamper access to affected areas and thus jeopardize proper and timely humanitarian interventions.

Preparedness activities:

Activities	By Whom	When
1. Assessment of population of flood victims most likely to require shelter.	MRCS/UNICEF	As early as November, if rains are very heavy and continuous
2. Identification, stocking and pre-positioning of tents and other NFIs for potential flood affected districts in the country for community/household level use.	MRCS/UNICEF	
3. Identification, stocking and pre-positioning of tents for potential flood affected districts in the country for sustaining education/ health service delivery at institutional level.	UNICEF	
4. Make standing agreement with NGOs on the provision of services to be available on the ground, in case of an emergency.	UNICEF	
5. Link IFRC/MRCS action teams with the NGOs on the ground which will take a lead role in distribution of NFIs.	MRCS	

Responsibilities and Authorities

- In collaboration with District Commissioners Offices, MRCS will be responsible for coordinating Shelter and NFI support in the affected areas

- MRCS in collaboration with UNICEF will identify best delivery routes and transport materials for temporary shelter and other NFIs to the affected areas.
- IFRC shall be responsible for providing technical and financial support where necessary to the MRCS
- UNICEF will provide NFIs (Survival kits) upon referral and targeting of flood affected or other natural disaster induced populations by District Teams and NGOs.

Additional personnel requirements

- MRCS and NGOs in agreement with UNICEF will utilize emergency staff in their respective institutions to do the job in collaboration with Red Cross Volunteers on the ground.
- In the worst case scenario, IFRC shall provide human resource assistance to the MRCS in the areas of Disaster Response (shelter) and Media.

Additional material and financial requirements

- Transport costs will likely to go up under a flood scenario, impacting in the LTSH rate;
- Considering a worse case scenario, an Air Operation may be required.
- IFRC shall provide Disaster Response Emergency Funding to MRCS and additional shelter materials if necessary.

Collaborative partners (Government, UN partners, NGOs, others)

MRCS, DoPDMA, IFRC, UNICEF, UN Agencies, World Vision, GOAL, ADRA, CPAR, CRS and Emmanuel International.

Camp Management

Overall objective

- To support Government of Malawi in minimising the adverse effects of internal displacement of Malawians as a result of flooding.

Specific objectives

- Preserve the family unit despite the displacement.
- Protect vulnerable groups such as women and children from exploitation and ensure that women and children enjoy their rights in the Camps.
- Ensure that displaced people have access to basic assistance (food, shelter, and clothing) so that they enjoy adequate standard of living.
- Ensure that displaced people have access to health and medical care.
- Ensure that women are involved in all activities taking place in the Camps
- Ensure that children have access to education.
- Establish a tracing system in case some children are separated from parents

Emergency response

1. Assessment team to conduct a rapid assessment of the situation to know needs of the displaced people. Assessment team to be multifunctional comprising different

stakeholders with different areas of expertise e.g. WatSan, Health, Programme, Protection, Community Services, Physical Planner

2. A site planner to be deployed to plan the Camp to ensure coordinated construction that will not bring health hazards to the Camp.
3. Ready supplies of food rations and NFIs such as blankets, kitchen sets, sleeping mats kerosene for lighting etc for distribution (local volunteers such as those from the Red Cross, World Vision, etc to be used)
4. Protection and Community Services staff to work with security personnel to ensure that the camps are secure.
5. Supplies of tents, rub halls for storage and other shelter construction materials
6. Plastic sheeting, to be stockpiled for construction of dwellings during and after the displacement.
7. Water and sanitation experts to be deployed to ensure that toilets, water points and solid waste disposal pits are rightly placed in the camp within the recommended international standards.
8. Water bladders to supply water to the displaced people, water tankers to be ready to supply water to the bladders. Water treatment (chlorination) to supply safe water to the displaced people.
9. One Rub hall to be erected to be a Health Post and another to be used as temporary classroom.
10. Another rub hall to house Camp Administration and Security personnel to provide physical protection.

Early recovery activities

1. Rehabilitation of broken down boreholes and drill new boreholes in the flood affected areas to ensure access to safe drinking water.
2. Help displaced people with reconstruction of their houses in their new settlements or original settlements.
3. Provide seeds and other farm inputs such as fertilizer and farming tools to the displaced people to enable them grow food.
4. Provide clothes, blankets and other NFIs to the people of concern to help them settle down
5. Construct toilets and rubbish disposal pits in the new settlements to ensure good hygiene.
6. Tree planting exercise in the flooded areas to revitalise the environment.

Operational constraints

- Lack of enough funds to meet the cost of materials mentioned the above.
- Poor access to the affected areas due to broken down infrastructures such as roads and bridges as a result of heavy rains. This may lead to delayed provision of the needed services.
- Delay in the provision of essential items such food and NFIs due to congested supply pipeline from the port of entry to Malawi.

Preparedness and capacity-building activities

Activities	By Whom	When
1. Procurement of NFIs for emergency	UNHCR	December 2006

Responsibilities and authorities

- UNHCR to be responsible for the distribution of NFIs through its implementing partners.
- UNHCR to work with DoPDMA and ICRC/MRCS in case there is need for tracing for separated family members.
- UNHCR to work with DoPDMA and UNICEF to ensure the protection of vulnerable groups such as women and children.
- UNHCR to work hand in hand with UNICEF to ensure that minimum standards of Health Water and Sanitation are met in the camps.
- UNHCR to work with FAO, Ministry of Agriculture and other potential donors to distribute farm in put to establish camps.
- GoM to supply most s to the displaced peoples.
- GoM to provide land of the drugs.
- IFRC/MRCS and WFP to be asked to provide tents and rub halls.

Additional personnel requirements

Water and sanitation experts, site planners, teachers and health workers to work in the Camp Health posts and schools.

Additional material and financial requirements

- Money to procure more NFIs. UNHCR procurements just enough for the number of refugees in Malawi, may not be enough to carter for a large number of displaced population.
- Rub halls and water bladders are very expensive and UNHCR may not be able to procure them.

Collaborative partners (Government, UN partners, NGOs, others)

DoPDMA, WFP, UNICEF, WHO, FAO, and IFRC/MRCS.

PREPAREDNESS AND RESPONSE PLANS

Water and Sanitation

Overall objective

- Outbreak of water-borne diseases, such as cholera, measles, malaria and other diarrhoeal diseases due to floods has been prevented

Specific objectives

- Access to safe water, hygiene education and temporary sanitation facilities has been ensured for the affected populations,
- Ensure that populations affected by flood and outbreak of diseases (especially cholera) are proper informed on behaviour practices related to water, sanitation and hygiene in the context of the emergency,

Emergency response

1. As part of the joint initial rapid assessment determine number of children & women and locations of those at risk of cholera out break among those affected by the flood
2. Provide a minimum of 15 litres of safe water per person per day to the affected populations,
3. Construction of temporary latrines (one latrine for every 20 persons) for proper sanitation for displaced people,

4. Together with District Health Offices (DHO), conduct hygiene promotion activities among the affected populations,
5. Provide necessary water and sanitation supplies and equipment including water testing kits for all institutions and chlorine/water purification tablets for decontamination and treatment of household supplies. These supplies may include HTH chlorine, water guard (could be in liquid and powder form), water guard, plastic sheeting for construction of temporally latrines; (Maluwa) bar soap for hand washing; 20 litre buckets for storage of drinking water; and H2S strips.
6. Ensure effective coordination among key partners involved in the response and provide the necessary technical support,
7. Provide spare part kits for immediate repair of water installations (such as hand pumps and shallow wells) on institutional and community level,
8. Undertake sanitary surveys of water sources and test with H2S strips to test contamination of water sources,
9. Provide water guard for chlorination of drinking water at schools and household levels,

Early recovery activities

1. Improve household capacity by providing a basic package of WASH (Water and Sanitation, Hygiene) items and train on proper use and maintenance,
2. Provide support to prepare village level action plans for restoration,

3. Provide safe water and sanitation facilities in institutions, including provision of equipment and supplies for construction and repair of water systems and latrines (including pipes, pumps, construction tools and materials),
4. Planning for long-term solid waste disposal.

Operational constraints

- Damages to road infrastructure can hamper access to affected areas and thus jeopardize proper and timely interventions,

Preparedness and capacity-building activities

Activities	By Whom	When
1. Update and maintain a mapping of water sources in the potential affected areas (flood and cholera prone areas),	UNICEF	31 Oct.
2. Identify and upgrade existing capacity of water and sanitation structures in areas that are likely to temporarily host displaced people,	UNICEF	31 Oct.
3. Ensure that all coordination structures in the area of water and sanitation are established and operational with clear definitions of roles and responsibilities to ensure an appropriate and timely response,	UNICEF	Ongoing
4. Identify appropriate partners in flood prone districts (and draw up standing agreements with NGOs as appropriate) for the scope of interventions within water & sanitation,	UNICEF	31 Oct.
5. Strengthen water and sanitation task forces at district level (including training/orientation of district staff, extension workers and local leaders),	UNICEF	Ongoing
6. Ensure that all necessary supplies, including chlorine (5 drums of 50kg per district) are procured and pre-positioned/distributed minimum one month before the onset of the rainy season, (HTH chlorine, Water guard (could be in liquid and powder form), water	UNICEF	31 Oct.

guard, plastic sheeting for construction of temporally latrines; (Maluwa) bar soap for hand washing; 20 litre buckets for storage of drinking water; and H2S strips).	UNICEF	Oct. - March
7. Train caregivers at CBCCs, NRUs, teachers in school feeding centres and communities to improve key hygiene behaviours,	UNICEF	Oct. - March
8. Provide support to undertake hygiene education using PHAST tools in communities with risk of cholera outbreaks,	UNICEF	31 Oct.
9. Agree on and implement an action plan for continued support to the National Cholera Task Force,	UNICEF	31Oct.
10. Provide training to 100 health workers annually on the use of H2S strips, sanitary surveys and on chlorination,	UNICEF	Oct. – March
11. Provide support to districts to undertake cholera awareness campaigns before and during the rainy season,	UNICEF	31 Oct.
12. Train Area Mechanics (five per TA) and Village Health & water committees (one per village) to properly operate, repair and maintain their facilities and provide tools and spare parts,	UNICEF	31 Oct.
13. Orient teachers from flood prone areas on preparedness in case of sudden influx of displaced flood victims on their school premises		

Responsibilities and authorities

- Monitoring of the water and sanitation situation will be carried out by the National Task Force on Cholera, District Environmental Health Officers (DEHO), Health Surveillance Assistants (HSA) and UNICEF. HSAs are based in the field and are following up on chlorination of water supplies, repairs of water points and regular hygiene promotion activities.

Additional personnel requirements

- One consultant (*to be shared be with Health section*) to assist with preparedness and support to Government on management of cholera for a period of 9 months starting from October 2006.

Additional material and financial requirements

- None, apart from the items listed in contingency stock (*page 43*).

Collaborative agreements (with Government, UN partners, NGOS, others)

Ministry of Water and Irrigation, Ministry of Education, Ministry of Gender, Child Welfare and Community Services, MASAF, Plan International, World Vision, Fresh Water, Inter Aide, Water Aide and Population Services International (PSI).

OVC and Child Protection

Overall objective

- Children and women are protected from exploitation, violence, abuse and neglect resulting from an emergency situation

Specific objectives

- Measures for prevention of sexual and economic abuse and exploitation of all children are in place, especially for Orphans and other Vulnerable Children (OVC) in affected areas,
- OVCs have access to basic social services and relief interventions,
- Ensure protection, care and well being of children displaced and/or separated from caregivers as a result of the emergency,
- Ensure that all governmental and non-governmental organisations (NGOs) involved in the emergency operations adhere to the Zero Tolerance Clause against children and women's sexual abuse and exploitation,
- Ensure provision of psychosocial care and support to traumatised children

Emergency response activities

1. Identify and register children displaced as a result of the flooding,
2. Provide psychosocial support to children who are traumatised by the event,
3. Ensure coordinated response to prevent abuse and exploitation of children and women and provide victim support during the emergency period,

4. Sensitise teachers and communities on prevention of abuse,

Early recovery activities

1. Support the rehabilitation of affected OVCs (reunification with their caregivers, registration and screening for appropriate assistance),
2. Continue to provide support to CBCCs, FBOs, Government and NGO partners for the care and protection of OVCs,
3. Promote and support establishment of safe spaces (havens) for children and women.

Operational constraints

- Damages to road infrastructure can hamper access to affected areas and thus jeopardize proper and timely interventions,

Preparedness and capacity-building activities

Activities	By Whom	When
1. Ensure a system is in place within the office of district social welfare for identification, registration and reunification of children displaced during an emergency situation,	UNICEF	Ongoing
2. Support establishment of sentinel sites in all flood prone districts to provide information on impact on children and women during an emergency,	UNICEF	Ongoing
3. Provide training for all humanitarian workers in prevention of sexual exploitation and abuse in flood prone districts,	UNICEF	Ongoing
4. Provide training for all child protection workers in responding to an emergency,	UNICEF	Ongoing
5. Ensure that a psychosocial capacity is in place in all flood prone areas,	UNICEF	Ongoing

Responsibilities and authorities

- The Ministry of Gender Child Welfare and Community Services is responsible for the welfare of children in Malawi. They are operational in each district. The district offices have employed a District Social Welfare Officer who mainly works with the provision of children in the district including OVCs. They keep records of OVCs and build capacity and provide technical support to Community Based Organisations and committees whose main aim is child protection.
- The Malawi Police Service has 33 victim-support units that provide support to people who are stranded, and to women and children who have been abused. The units have transit centres for those in need of shelter for one night while searching for alternative shelter. The Units can be contacted and respond fast. There are victim support units in all main police stations in each district in Malawi.
- A number of NGOs (as listed below) provide psychosocial support to children during an emergency situation; however none of them are sufficiently trained to deal with traumas.

Additional personnel requirements

- Due to lack of a psychosocial capacity to deal with traumas and absence of a system for identification, registration and reunification of displaced children, external support from RO or HQs would be required in the event of severe flooding (*scenario 3*).

Additional material and financial requirements

- None, apart from the items listed in contingency stock (*page 43*).

Collaborative partners (Government, UN partners, NGOS, others)

Ministry of Gender, Child Welfare and Community Services, Ministry of Justice, Ministry of Home Affairs, Juvenile Justice Forum, Eye of the Child, UNFPA, World Food Programme (WFP).

Education

Overall objective

- No disruptions of learning and recreational activities for school children in areas affected by floods

Specific objectives

- Provision of quality education during a flood situation has been ensured,
- Safe spaces for recreation, leisure and psychosocial support are available,
- Teachers and communities adhere to child rights and prevention of abuse,
- School feeding programme in affected areas is sustained during the emergency situation.

Emergency response activities

1. Mobilise partners and ensure a coordinated response in achievement of the above objectives,

2. Conduct rapid assessment of number and location of school children affected as well as extent of damages to school structures,
3. Distribution of school materials to the affected areas, which include text books, writing materials and tents to free up classroom space for pupils to continue learning,
4. Collaborate with World Food Programme (WFP) on school feeding for displaced school children and with OVC/CP section on protection and abuse.

Early recovery activities

1. Undertake rehabilitation and repair of school structures damaged by the flood when conditions permit,
2. Re-establish and / or sustain primary education through provision of teaching and learning materials as needed,
3. Undertake regular monitoring of the situation and ensure that children attend classes and that learning takes place,
4. Promote resumption of quality educational activities in literacy and life skills such as HIV/AIDS, prevention of sexual exploitation and abuse and hygiene.

Operational constraints

- Damages to road infrastructure can hamper access to affected areas and thus jeopardize proper and timely interventions,

- It may not be possible to initiate rehabilitation work speedily until road and site conditions become conducive.

Preparedness and capacity-building activities

Activities	By Whom	When
1. Undertake mapping exercise to determine location of districts/schools that are in risk of being affected by flood, 2. Identification, stocking and pre-positioning of tents in UNICEF warehouse and in potential affected areas as appropriate, 3. Procure school materials as wells as teaching and learning kits for quick distributions, 4. Ensure involvement of collaborating partners in preparedness activities, including information sharing and establish coordination structures, etc. as appropriate, 5. Increase the training in sensitisation of teachers and communities on prevention of abuse in all districts prone to flood,	Unicef/WFP UNICEF UNICEF UNICEF UNICEF	November November August Ongoing Ongoing

Responsibilities and authorities

- District Education Managers (DEMs) under the Ministry of Education are responsible for the provision of timely information on the effect of floods in their

respective districts. DEMs are also responsible for distribution of learning materials as well as for coordination in creating alternative and temporary spaces for classes,

- World Food Programme (WFP) is responsible for provision of school feeding upon referral and in collaboration with UNICEF,

Additional personnel requirements

- None

Additional material and financial requirements

- None, apart from the items listed in contingency stock (*page 43*).

Collaborative partners (Government, UN partners, NGOs, others)

District Education Managers (DEMs) under Ministry of Education, Ministry of Gender, Child Welfare and Community Services, World Food Programme (WFP), UNFPA and Development Partners to Education.

PREPAREDNESS AND RESPONSE PLANS

Co-ordination and Communication

Overall objective

- To facilitate appropriate coordination arrangements between Government, UN and IFRC/MRCS to respond to floods in the 2006-2007 rainy season

Specific objectives

- Facilitate communication between Government and the UNDMTWG
- Ensure regular flow of information on early warning and emergency response between stakeholders involved in response
- Coordinate joint UN resource mobilization efforts
- Ensure timely and accurate information is provided to media and other interested parties
- Coordinate revision/update of UN Contingency Plan

Emergency response activities

1. Support Government coordination efforts at national and district level, if and when required, including bringing in OCHA surge capacity support (**Scenario 2 and 3**).
2. Circulate reports and assessments on humanitarian response amongst relevant stakeholders
3. Facilitate joint UN agency resource mobilization on a needs basis (CAP/Flash Appeal)
4. If required, access OCHA stockpiles of disaster relief items or/and emergency cash grants for unanticipated life saving interventions (**Scenario 2 and 3**)

5. Provide updates on emergency response, including UN Humanitarian Situation Reports, inputs to general information bulletins RIASCO and Choices,
6. Provide reports to media upon request

Early recovery activities

1. In collaboration with UNDP, ensure disaster risk reduction is incorporated into early recovery activities.

Operational constraints

- Flood early warning systems limited
- Limited human resource and financial capacity at District Level to organise medium to large scale response to disaster
- Inadequate information/communication systems in some district commissioners offices, including limited access to computers and no access to internet
- Donor fatigue

Preparedness and capacity-building activities

Activities	By Whom	When
1. Training of District Officials in Contingency Planning 2. Agree with DoPDMA on procedures for coordination of response and information sharing 3. Circulate regional early warning bulletins	UNICEF / UNDP UNRCO UNRCO	September November November-March

Responsibilities and authorities

- Emergency response is led by the Department of Poverty and Disaster Management Affairs assisted by the relevant line ministries. District Commissioners are mandated to coordinate any emergency related activities in their respective districts through the Civil Protection Committees.
- The Department of Meteorological Services issues 10-day Rainfall Forecasts for early warning guidance.

Additional personnel requirements

- OCHA surge capacity support may be required in **Scenario 2 and 3**.

Additional material and financial requirements

- None

Collaborative partners (Government, UN partners, NGOs, others)

DoPDMA, relevant line ministries, District Commissioner's Offices, FAO, IFRC/MRCS, UNICEF, WFP, WHO, UNFPA, UNHCR, OCHA, and relevant NGO's.

ANNEX 1

SCHOOL AND HEALTH CENTRES IN FLOOD PRONE AREAS

Districts	TA's	No. of facilities
Health Centres		
Chikwawa	Chapananga	9
	Katunga	1
	Makwira	2
Mangochi	Chowe	1
	Nankumba	1
Nsanje	Chimombo	1
	Makoko	1
	Malemia	3
	Mbenje	5
	Mlolo	3
	Ndamera	3
	Tengani	3
Total		33
Schools		
Chikwawa	Chapananga	13

CONTINGENCY STOCK - NON FOOD ITEMS

Nsanje	Mlolo	17
Dedza	Kachindamoto	6
Salima	Ndindi	4
	Kambalame	1
Nkhata Bay	Makhambira	2
Total		43

Item	Unit	Quantity	Remarks
Water and Environmental Sanitation			
Chlorine	Drum	6	Each drum contains 50kg
Spare parts for repair of hand pumps	Kit	50	One pre-packed kit. Each kit contains 8 bush bearing sets (4 inner and 4 out), 4 O-rings, 4 U-seals (nit rile buckets), 11 additional rod centralisers and 70 m of nylon rope.
Water Guard	Sachet	1,000	Water purification for distribution on institutional level
Plastic sheets	Roll	50	For construction of temporary latrines
Soap	Bars	5,000	For distribution at institutions (clinics, schools,

			etc.)
Bladder for water storage		1	A bladder contains 5,000 litres of water
Basic Education			
Tents		5	Each to accommodate between 150-200 school children
School-in-a-box	Kit	300	One pre-packed kit per 80 children. Each kit contains pencils, ruler, chalk, pens, carrier bags, posters, crayons, wooden clock, flip charts, wooden cubes, measure tape, markers and scissors.
Health / Nutrition			
F-100	Pcs	MT 9	For treatment of severely malnourished children under five in NRUs
F-75	Pcs	MT 3	For treatment of severely malnourished children under five in NRUs
Plumpy Nut	Pcs	MT 10	For treatment of 1,000 severely malnourished children in CTC for 40 days
Ringer Lactate	500mls	4,000	For treatment of 200 cholera cases
ORS	Sachet	2,000	For treatment of 160 cholera cases (80%)

Cannula 24 G		20	Cholera cases (10%)
Cannula 22 G		40	Cholera Cases (20%)
Cannula 20 G		40	Cholera cases (20%)
SP	Box	1,000	For treatment of 200 Malaria cases
Mosquito nets		10,000	For malaria prevention
K-O Tab Kits	Tablet	50	For treatment of mosquito nets at NRUs
Blankets		5,000	For NRUs to provide for heating to children < 5
Tents		5	For NRUs to create additional space. Each tent to accommodate between 150-200 people.
OVC and Child Protection			
Blankets		2,000	Targeting pre-school children in CBCCs
Shelter			
Tents		34	50 people sleeper tents
Tent		92	5 people sleeper tents for families
Tarpaulins	small	5,051	
Plastic Sheets	100 m rolls	31	
Cross Sectoral			
Survival kits	Kit	3,000	One pre-packed kit per household to meet

			immediate needs. Each kit contains 2 blankets, 2 cooking pots, 2 plastic sheets, 4 cups, 4 plates, 3 sachets of water guard, 2 mosquito nets, 2 serving spoons, 12 tea spoons, 2 bars of soap, one jerry can and one bucket (10 litres)
Rub Halls		10	To be used for storage, schools, NRU's, emergency shelter etc.

Pre-positioning of NFI's and shelter material:

In order to better prepare for the response to the emergency occurring due to floods, the United Nations Children Fund (UNICEF) has embarked on a number of strategies to effectively manage the oncoming 2006-07 floods in Malawi. In order to speed up the emergency response activities, UNICEF has pre-positioned some relief items in the Government Warehouse in Ntcheu district. The stocks are aimed at flood victims in the Southern Region of the country, which is the most flood prone of the three regions. Items pre-positioned with Government include plastic buckets (11,900), table spoons (10,500), cups (4,000), sheets (250), jerry cans (8,497) and rectangular tents (4). The tents are ear marked for institutional use e.g. to be used in schools and/or clinics. These items are in addition to the NFI's mentioned in the table above, which is stocked in the UNICEF Warehouse.

In addition, sixteen districts of Dowa, Kasungu, Salima, Lilongwe, Dedza, Balaka, Zomba, Chiradzulu, Blantyre, Chikwawa, Nsanje, Thyolo, Mulanje, Phalombe, Machinga, Mangochi have had chlorine, water guard, black sheeting rolls, buckets, soap and hurricane lamps positioned in district headquarters.

MRCS's shelter contingency stocks are located in their warehouses in Lilongwe and Blantyre. Most of the stocks are presently in the Lilongwe warehouse with the exception of family tents (29 Lilongwe/63 Blantyre). The ten WFP Rub Halls are located in the WFP warehouses in Lilongwe (3) and Blantyre (7).

Food Commodities			
Maize	MT	1,724	To be determined according to number of affected households
Beans/ Pulses	MT	140	To be determined according to number of affected households
Vegetable Oil	MT	478	To be determined according to number of affected households

(by end December 2006)

Ration per Household per month:

CONTINGENCY STOCK - FOOD

⇒ MAIZE: 50Kg

⇒ BEANS / PULSES: 7.5Kg

⇒ VEG.OIL: 2 liters

Pre-positioning of food commodities:

Based on food needs for the Flood Contingency Plan, food shall be either sourced locally or regionally. The WFP Extended Delivery Points (EDPs) in Lilongwe, Liwonde and Blantyre will be used to preposition food commodities. However, depending on the location of local purchase and should the targeted areas be closer to the site of the purchase, food will be sourced on "Free Carrier" basis to enable direct deliveries. Also depending on the size of the operations and the food requirements, WFP shall establish up-to six additional EDPs in districts most heavily affected for quicker pre-positioning and distributions.

Internal transport of food will be contracted to commercial transporters through a tender process. In addition, WFP will preposition its own truck fleet where local transport market does not have the capacity to respond to needs. WFP's truck fleet shall mainly be used for short-haul deliveries to areas otherwise inaccessible to larger commercial trucks.

WFP will be able to respond to the transport and storage needs of other sister UN Agencies as well as Non-governmental organizations involved in the relief operations at full cost recovery basis. Commodities will be tracked through WFP global standardized system, Commodities Movement Processing and Analysis System (COMPAS). The additional staffing requirement and the need to establish more EDPs, the Landside Transport, Storage and Handling (LTSH) costs shall be reviewed at the onset the emergency operation.

CONTACT LIST

Name	Org./Dept.	Phone number
Government and District Officials responsible for Flood prone districts		
Mr. James Chiusiwa (Deputy Head)	DoPDMA Lilongwe	09 937 952
Mr. Gift Mafuleka	DoPDMA Lilongwe	09 205 939
Mr. Crispin Singo	DoPDMA Lilongwe	08 304 357
Mr. Simwaka	D.C. Balaka	08 870 156
Mr. Mwandira	Desk Officer Balaka	08 353 788
Mr. C.N. Makanga	D.C. Blantyre	09 947 669
Mr. C. Mphepo	Desk Officer	09 933 783

	Blantyre	
Mr. Lende	D.C. Chikwawa	08 868 416
Mrs. Kabanga	Desk Officer Chikwa	08 566 627
Mr. Solomoni	D.C. Nsanje	08 359 834
Mr. Kanyangalazai	D.C. Chiradzulu	01 693 240
Mr. Mwawembe	D.C. Chitipa	08 536 823
Mr. Gift Rapozo	D.C. Salima	09 942 370
Mr. Gondwe	D.C. Karonga	08 557 355
Mr. Dakamau	D.C. Kasungu	08 513 107
Mr. Chitawo	D.C. Mangochi	08 307 280
Mr. H.M. Phiri	D.C. Mchinji	09 351 861
Mr. Chimphepo	D.C. Mulanje	08 319 852
Mr. Kalilombe	D.C. Mwanza	08 312 157
Mr. R. Hara	D.C. Mzimba	08 399 686
Mr. Thombozi	D.C. Neno	08 561 437
Mr. Mngunda	D.C. Likoma	08 570 376
Mr. Kalemba	D.C. Lilongwe	08 838 901
Mr. A. Chibwana	D.C. Zomba	08 870 168
Mr. Makonokaya	D.C. Machinga	08 526 073

Mr. Misomali		D.C. Rumphi	08 605 921
Mr. Nkasala		D.C. Phalombe	
Mr. Chongwe		D.C. Nkhotakota	09 367 469
Mr. A.K. Phiri		D.C. Ntcheu	08 862 757
Mr. Phiri		D.C. Ntchisi	09 957 125
Mr. Nguluwe		D.C. Nkhata Bay	08 873 283
Mr. M. Jere		D.C. Dedza	09 281 156
Mr. Nsewa		D.C. Dowa	09 414 343
NGO partners present in Flood prone districts			
Vincent Moyo	Chikwawa	World Vision	08 824 190
Andy Nicholson	Nsanje	GOAL	09 930 651
Jane Jere	Karonga, Salima Rumphi, Kasungu	Malawi Red Cross Society	08 306 238
Elton Wingolo	Zomba	ADRA	09 917 179
Sylvester Kalonge	Chikwawa	CARE	08 846 315
Andrea Ambroso	Kasungu	COOPI	09 913 190
Jean Chitule	Zomba	CPAR	08 838 082

Schuyler Thorup	Chikwawa	CRS	01 622 074
Paul Jones	Machinga	Emanuel International	08 832 658
Nellie Nyang'wa	Phalombe	OXFAM	08 835 035
M. Mphande	Phalombe	Salvation Army	09 917 061
UN Disaster Management Technical Working Group			
Domenico Scalpelli (Chair)		WFP	09 964 457
Karla Hershey		WFP	09 962 494
Blessings Mwale		WFP	09 961 950
Mauricio Burtet		WFP	09 964 467
Niels Balzer		WFP	09 584 263
Birna Halldorsdottir		IFRC	09 637 817/ 08 579 413
Jane Jere		MRCS	08 306 238
Susanne Thorsbøll		UNRCO	09 966 599
Juan Ortiz		UNICEF	09 965 016
Chisomo Gunda		UNICEF	09 951 050
Ben Chandiyamba		WHO	08 862 384
Vincent Langdon-Morris		FAO	09 270 719

Caesar Kachale	FAO	08 380 777
Chikuse Fedson	UNHCR	09 933 246/ 08 394 202
Sophie Jama	UNAIDS	

ACRONYMS

CBCC	Community-Based Childcare Centre
CBO	Community Based Organisation
CERT	Centre for Education, Research and Training
CMT	Country Management Team
COMPAS	Commodities Movement Processing and Analysis System
CTC	Community Therapeutic Care
DADO	District Agricultural Development Office
DCO	District Commissioner's Office
DHO	District Health Office
DoPDMA	Department of Poverty and Disaster Management Affairs
EDP	Extended Delivery Point
EMT	Emergency Management Team
FAO	Food and Agriculture Organisation

FBO	Faith Based Organisation
GoM	Government of Malawi
IEC	Information, Education and Communication materials
IFRC	International Federation of Red Cross/Red Crescent
ITN	Insecticide Treated Nets
MASAF	Malawi Social Action Fund
MCH	Maternal and Child Health
MRCS	Malawi Red Cross Society
NFI	Non Food Item
NGO	Non-Governmental Organisation
NRU	Nutrition Rehabilitation Unit
ORS	Oral Re-hydration Salt
OVC	Orphans and other Vulnerable Children
PSI	Population Services International
SP	Sulfadox and Pyrimeth (anti-malarial drug)
UNCT	United Nations Country Team
UNDMTWG	UN Disaster Management Technical Working Group
UNFPA	United Nations Populations Fund
UNHCR	United Nations High Commissioner for Refugees
UNRCO	United Nations Resident Coordinator's Office
WES	Water and Environmental Sanitation

WFP	World Food Programme
WHO	World Health Organisation

APPENDIX F: EXAMPLE OF AN INTER-AGENCY CONTINGENCY PLAN FOR ZIMBABWE

U N I T E D N A T I O N S N A T I O N S U N I E S

INTER-AGENCY CONTINGENCY PLAN

ZIMBABWE

May 2006

Document Prepared under the leadership of the Humanitarian Coordinator, Dr. Agosthino Zacarias

And in collaboration with

The humanitarian community in country [2]

[2] Participants included relevant Government of Zimbabwe Authorities, the United Nations and a number of NGOs , please see annex for full list

Inter Agency Contingency Plan for Zimbabwe

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About this Inter Agency Contingency Plan for Zimbabwe

This Inter Agency Contingency Plan has been produced by and inter agency Team under the leadership of the Humanitarian Coordinator on the basis of (1) the outcome of the contingency planning workshop held on 07-08 February 2006 , (2) comments and inputs received to the CP draft report circulated on 20.02.2006 by OCHA; (3) discussions held in the follow up meeting on 16 March 2006 and (d) comments received to the draft CP circulated 17.03.2006, e) sectoral working group meetings defining the response plans for scenarios f) agreements to be reached by the Inter Agency Contingency Planning Working Group in early April 2006 and (g) UNCT agreement will be sought , once the draft is finalized, (h) Early warning analysis as carried out by OCHA Early Warning and Contingency Planning Unit in NY; (i) IACP Guidelines.

Harare, March 2006

Executive summary

(Summary of country situation)

Zimbabwe has experienced an increase in frequency and magnitude of disasters over the past ten years. Major disasters that affect the country are:

- Natural disasters which include drought, floods, cyclones and lightning

- Technological disasters
- Epidemiological disasters which are malaria, cholera, diarrhea, anthrax
- Other disasters : avian flu (biological) , earthquake (less frequent, possible high impact)

Other disasters that have caused pronounced negative impacts on the population and economy include HIV and AIDS and environmental degradation.

Droughts are the most common hazard in the country. The 1992 drought affected more than 10 million people and 20% of the national cattle herd and wild life was lost. Droughts are now more frequent and have been experienced in 1994/5, 2003/4 and 2004/5.

Low lying areas and major river catchments which include Save and Limpopo valley, Zambezi valley particularly Muzarabani area in Mashonaland East province are prone to **flooding**. Other river catchments that have experienced sporadic floods mostly during cyclone Eline include Mwenezi river in 2000 and 2002, Runde and Tokwe rivers in Masvingo province. The 2000 cyclone Eline induced floods caused extensive damage to infrastructure in Chipinge, Chimanimani, Mwenezi and Beitbridge as well as other North Western districts particularly Guruve and Centenary districts. Flash floods also occur due to dam

wall failures such as along the Gwai River in Matabeleland North province that affected Tsholotsho district in 2003 and 2006.

Epidemics like malaria claim more than 500 lives every year. For 2005 the reported cases of malaria for the whole year were 650 000 and 568 deaths while 38 deaths have so far been recorded for this year (2006). Cholera cases are also becoming more frequent with high fatalities. In 2005 about 516 cases were reported country wide, while figures for this year are so far 621 cases and 33 deaths. In addition, HIV and AIDS has been declared a national disaster and the death rate is currently estimated at 3000 deaths per week. This has greatly affected livelihoods and added strain on the existing minimal resources due to deepening poverty and lack of basic social services.

(Background for the contingency planning)

The Government of Zimbabwe, through the Civil Protection Unit and the United Nations agreed to a joint contingency planning exercise in order to improve overall preparedness and response planning for the various disasters Zimbabwe experiences. An inter agency process was put in place and a common workshop was held on 07-08 February 2006 with participation from GoZ, UN and a number of NGOs. Within the workshop, contingencies and scenarios were discussed; agency capacities and existing contingency plans were identified. A follow up meeting was scheduled to discuss the definition of scenarios (numbers of victims expected), strategies and objectives and define the mechanism for response

planning. Agencies were asked to provide their CPs in order to have appropriate annexes to the inter agency CP.

(Summary of contingencies and scenarios)

Three contingencies have been maintained in this plan as a matter of priority:

(a) Food insecurity/drought

(b) Epidemics (cholera, malaria, HIV/AIDs

(c) Other emergencies (avian flu, earthquake, floods, technological accident).

Context analysis and risk assessment

2.1. Current humanitarian context

Key determining factors that could strongly influence humanitarian trends in Zimbabwe are the following:

- The further deterioration of the economic situation and continued hyperinflation coupled with stagnant salaries and high unemployment that could erode existing coping mechanisms and increase overall vulnerability of the poor;
- Inadequate harvest in May/June 2006 due to lack of fertilizer, lack of rain in certain parts of the country and excessive rains in other parts;

- Inadequate electricity and fuel supply that impact negatively on the economic situation;
- Inadequate water treatment that triggers higher numbers of cholera cases and other water borne diseases;
- Arrival of birds with the H5N1 virus that could lead to an outbreak of avian flu;
- Sub regional challenges that include the triple threat HIV/AIDS, food insecurity and the declining capacity for basic social services.

2.2. Factors that could trigger Humanitarian Action

Humanitarian response would be needed, if

- Localized floods or flash floods would be experienced in the Save or Zambezi valley or in low lying areas such as Binga, Muzarabani ….
- Food security remains problematic with an insufficient harvest in May, June and possible access problems of the poor due to unaffordable prices;
- Cholera becomes more widespread; malaria is endemic and impacts heavily on rural populations throughout the country. Medical facilities and treatment are difficult to access.
- Earthquakes have recently impacted on the south eastern part of Zimbabwe (Chipinge area) and tremors were felt up

to Harare. The Avian Flu remains of concern in terms a possible widespread infection: 1000000 households are exposed to poultry in rural areas alone.

2.3. Main Constraints to Humanitarian Action

- Difficulty in accessing populations in distress ;
- Difficulty in obtaining fuel and transport for humanitarian assistance;
- Critical under funding of humanitarian operations
- Logistical constraints in terms of ineffective and inexistent telecommunication services
- Depleted stocks for IV fluids and other medicines

Contingencies and Scenarios

For the planning purpose over the next 6 months , the following contingencies have been maintained in this plan:

- Natural disasters: floods, drought, cyclones
- Epidemics: cholera, malaria, HIV/AIDs
- Other emergencies : avian flu, earthquakes, technological disasters

Contingency I: Natural disasters: floods/drought/food insecurity/ cyclones

Floods

Zimbabwe has a history of specific and recurrent natural disasters. Flooding usually takes place shortly after the rainy season starts from October to March IF rains are excessive and lead to rivers not coping with the rainfall pattern. The last major flooding occurred in 2003, when cyclone Eline hit the country.

<table>
<tr><td colspan="2">Elements of the contingency are:
The rainy season is from October to March. Rainfall is mostly a result of the Inter Tropical Convergence Zone. Highest rainfall is mostly in the highveld and Eastern Highlands with totals ranging from 800 to 1000 millimeters. Lowveld receives between 250 and 400 millimeters. During cyclone Eline figures ranged
from 800mm to above 1000mm resulting in extensive flooding in the low lying areas. Altitude is another factor promoting flooding. The lowveld has altitudes ranging between 300 and 500 metres above sea level particularly areas around Malipati in Chiredzi district and Ckikwarakwara in Beit Bridge. The areas have large and shallow rivers which include Mwenezi, Runde and Limpopo and flooding is a high probability when rains are above normal as has been predicted for most parts of the country for the 2005/6 rain season.
Main rivers like the Save and Tokwe have been silted resulting in flooding even with normal rainfall. Several settlement have been built along river valleys to utilize the alluvial soils such as in Muzarabani area along the Zambezi river, Guruve district and Chibuwe along the Save river in Chipinge district. These are also at high risk of flooding.
Individual occurrence of flash floods in areas such as along Gwai river in Tsholotsho district and Gokwe south continue to be a threat to livelihoods.</td></tr>
<tr><td>Probable Scenario</td><td>➢ loss of lives
➢ livelihood, property, infrastructure
➢ Displacement from lower to higher ground.</td></tr>
</table>

	➢ Crop destruction, ➢ food shortages ➢ Disruption of socio-economic activities i.e. school children, communication networks, hospitals ➢ 1.5 million people will need immediate assistance ➢ 500 000 people need relief assistance i.e. food, shelter
Best Case	no extreme cases of floods experienced in flood prone areas Organizations have enough resources to respond in case of floods
Worst Case	Same as most probable scenario
Preparedness Measures	Awareness raising initiatives in flood prone areas through the use of pamphlets and flyers. As well as radio broadcasting to all flood prone areas Proper and clear mapping of all flood prone areas. Proper land use planning- during the initial stages of planning and sitting of schools, houses and other infrastructure services, measures are taken to ensure that development is not in flood risk areas.
Prevention	Move settlements away from flood prone areas;
Early Warning	The Met. Office and the CPU EW mechanism will share information on developments with relevant partners
Trigger	➢ Above normal rain fall i.e. in Jan to March will have 120ml ➢ Poor drainage in rivers due to siltation ➢ types of soils (sandy soils) wash away quickly (Examples: Save valley, Gokwe area, Muzarabani

Food insecurity/ Drought

Agriculture/Drought

The 2005-06 raining season was globally very good, so no contingency to be done regarding drought. They are no drought scenarios to expect/plan before January-March 2007.

Avian Flu

Elements of the contingency are:

- It is impossible to predict where and when, or if at all, an outbreak of the Avian Influenza may occur. However, the rising concern over the H5N1 virus requires prevention and preparedness.
- If an influenza pandemic occurs, we could expect the following:
- Antiviral agents and antibiotics to treat human infections will be in short supply and will be unequally distributed. It will likely take several months or longer before any effective pandemic vaccine would become widely available.
- Vaccination of poultry is not part of the strategic policy
- The policy is culling of birds in the affected properties
- Medical facilities in Zimbabwe will be unable to respond to the needs of the UN staff and dependents.
- Due to the potentially devastating effects of the virus, a separate CP exists for the Avian Flu.

Probable Scenario	- Outbreak along riverine/water source area. - No outbreaks in commercial farms (poultry ostrich) because of stringent bio-security measures put in place by poultry producers. - If outbreak occurs, not before the southbound migration starts (October 2006)
Best case scenario	- No outbreak
Worse case scenario	- Outbreak in highly populated areas - Outbreaks in commercial farms
Preparedness	- Awareness campaign - Laboratory capacitating - Active surveillance systems in place
Early Warning	- Massive deaths of poultry and all birds.
Trigger	- Legal and illegal trade - Migratory birds - Zimbabwe is not on the main fly way.

Actions in case of emergency: culling of animals by gassing. The country was recently equipped in terms of protective clothing, laboratory capacitation and other items for an improved surveillance. AI awareness campaign is currently undertaken.

The cost would obviously depend on the scale of the emergency. This would include the cost of culling and the subsequent restocking process. In other countries international donors are paying about USD 2-3 per bird culled.

Newcastle Disease

Elements of the contingency are:

- Outbreaks of Newcastle Diseases (ND) have been recorded in 2004 in isolated parts of the country
- Failure to control the spread, outbreaks in all provinces in 2005
- Bird population recovering but new isolated outbreaks still recorded
- Number of outbreaks possibly to increase in the dry months (July-September)

Probable Scenario	- Outbreaks all over the country - The disease is not seasonal but worst times are from July to September - All areas affected (communal, commercial, urban) - All poultry population affected - Guinea fowls least affected
Best case scenario	- No outbreak or very limited
Worse case scenario	- Massive outbreaks - Huge mortality, with peaks of 80-100% of mortality in affected areas - Export to cease
Preparedness	- Vaccination - Surveillance - Awareness campaign - Lab screening facilities capacitating - Vaccine production (locally)
Early Warning	- Isolated outbreaks.
Trigger	- Lack of resources to routine vaccination - Untimely or under-reporting of outbreaks

Actions in case of emergency: scaling up of survaillence, vaccination and awareness campaign.

The cost would obviously depend on the scale of the emergency. This would include the cost of the above mentioned actions and the subsequent restocking process. In other countries international donors are paying about USD 2-3 per bird culled.

Together with DVS, FAO is going to start a nationwide programme aiming at vaccinating 11 million chickens. All communal poultry population is targeted. The cost will be about USD 300,000. This figure could be taken as a reference for future interventions.

Foot-and-Mouth Disease

Elements of the contingency are:

- Outbreaks of FMD have been on an increase since 2001
- Due to the export ban following the outbreaks, the country has not been able to exploit its 9,100 MT beef quota to the EU;
- One of the main reasons of outbreaks was the movement of animals during the implementation of the land reform
- Number of outbreaks have decreased from 200+ (2003), 75 (2004) to 12 (2005).
- The decrease is due to better control movement and vaccination campaigns.
- FMD remains a threat as there might be un- or under-reported FMD cases

Probable Scenario	- Outbreaks in all non-exporting provinces (non-Mashonaland provinces).
Best case scenario	- No outbreak (very unlikely) - Export reinstated
Worse case scenario	- Outbreaks in all provinces. - Outbreaks of disease to other species (pigs, sheep, goats) - Resumption of export to be further postponed. - Few calves deaths and abortion cases. - Dairy production slumps by 50% - Movement of livestock to be under strict control - Price of meat to greatly decrease; - 400,000 Households to have their livelihoods affected
Preparedness	- Vaccination - Surveillance - Awareness campaign - Laboratory screening facilities capacitating
Early Warning	- Confirmed FMD cases - FMD Data Base set up with regular mapping of outbreaks and vaccinations
Trigger	- Under or un-reported suspicious cases - Uncontrolled animal movements - Lack of resources for vaccination

Actions in case of emergency: scaling up of surveillance, vaccination and awareness campaign.

The cost would obviously depend on the scale of the emergency.

In 2005 FAO vaccinated 375,000 head twice. The cost was about USD 800,000. This figure could be taken as a reference for future interventions.

Cyclones

Cyclones are common during the months of February and early march. The country is experiencing an increase in the occurrence and frequency of cyclones. Cyclones that have resulted in extensive destruction of property include Cyclone Eline in 2000 with an estimated loss of US$3, 16 million and cyclone Japhet in February 2003. Other notable cyclones that have affected the country include Emily 1977, Berobia 1986 and Lissette in 1997.

Areas mostly affected by cyclones include the Southern districts of Chiredzi, Mwenezi, Zaka and Chimanimani as well as the North Eastern districts of Mudzi, Centenary and Lower Guruve.

Elements of the contingency are:
- Strong winds and heavy rainfall in most parts of the country
- Increased flooding
- Loss of lives and disturbance of livelihoods
- Destruction of property and infrastructure due to flooding
- More cases of water borne diseases such as bilharzias and malaria

Probable	Increase in cyclonic conditions

scenario	More flooding in the North East and South East of the country Communication and transport systems cut off Loss of lives in flood affected areas Destruction of infrastructure Displacement of people from low ground to high ground
Best case scenario	Minimal impact of cyclone in a restricted number of areas that are easily accessible
Worst case scenario	More cyclones recorded All provinces of the country affected No resources and personnel to respond in time Increased deaths and destruction of property and infrastructure
Preparedness measures	Early warning systems Information dissemination on community response to flooding Search and rescue equipment strategically positioned
Early Warning	Weather up dates from meteorological department Community awareness raising on dangers of cyclones and floods
Triggers	High rainfall due to cyclonic conditions

Contingency II: Epidemics: Cholera, Malaria

a) Cholera

Cholera occurs mainly in areas with limited access to water and inadequate sanitation and where basic infrastructure is deficient. Seasonal factors, such as the rainy season, contribute to this unusually high incidence of cholera. The outbreak in Zimbabwe currently reports 621 cases and 33 deaths. Fresh

cholera outbreaks have occurred in Chitungwiza and Hopley Farm but figures of reported cases and deaths are yet to be confirmed. The outbreak is on going in Epworth, Gokwe South, Kwekwe, Makoni, Chimanimani and Buhera. No more new cases have been reported for Chikomba.

In recent years cholera has become endemic in Zimbabwe, with fatality rates increasing, possibly due to poor nutritional status. The impact of an outbreak on a starving population is more devastating. (The government is facing a critical logistical capacity and manpower shortages. Urgent needs include drugs, cholera kits, camping equipment, water treatment chemicals, and logistic/delivery support

Elements of the contingency are:

- High Density areas are particularly affected (Chitungwiza , Tafara, Mabvuku, Dzivaresekwa etc.)
- the poorest part of the population and people in squalid living conditions with no access to clean water are the most vulnerable

Probable Scenario	➢ Case fatality to increase from current 6% to above 20% ➢ Morbidity to increase to approx. 1300 ➢
Best Case Scenario	➢ Cholera under control and no new cases reported
Worst Case	➢ Case fatality above 50%

Scenario	➢ Morbidity: over 3000 cases/annum
Preparedness measures	➢ Awareness raising campaigns to the public ➢ Appropriate stocks of treatment
Prevention	➢ Rehabilitation of waste water treatment plants in urban areas
Early warning	➢ 1st case reported
Trigger	➢ Rains: continue at this level until mid March ➢ Safe water supply: provision of poor quality water will continue due to lack of chemicals ➢ Sanitation: continue to be inadequate ➢ Hygiene practices: remain poor

Planning Assumptions for the probable scenario:

- If cholera remains confined to the geographical locations affected now current response adequate
- Harare water supply is intermittently treated
- Borehole rehabilitation continuous at common level
- Surveillance data is timely collected disseminated (data disaggregated by age sex)
- NOCZIM continued to supply fuel for emergency
- IACC on health continues to coordinate response and resource mobilisation.
- Medical supplies do not run out.

Planning assumptions for worst case scenario:

- More staff attrition
- Harare water supply not treated
- No borehole rehabilitation
- Breakdown of surveillance system due to inadequate resources, transport, staff
- Due to heavy rains road impassable
- Fuel not available through NOCZIM
- Medical supplies run out

Triggers for the worst case scenario:

- Heavy rains continue past/beyond March
- Water supplies (both rural & urban) worsen
- Sanitation conditions worsen (collapse of latrine due to heavy rains)
- Deterioration of environment hygiene due to non-collection of refuse and waste
- Hygiene practices worsen due to poor water quality and environment sanitation
- Community resistance to change.

Malaria

Malaria season runs from September to late April. Areas mostly affected are the low lying zones of the low veld which include Binga, Nkayi and Hwange districts in Matabeleland North, Nyaminyami and Kariba in Mashonaland west province Guruve and Mudzi in Mashonaland East, Chiredzi and Mwenezi in Masvingo province as well as Chipinge, and parts of Nyanga in Manicaland province and Gokwe district in the Midlands province. With increase in rainfall more malaria cases are recorded. Cumulative figures for the current malaria season 2005/2006 are 77 157 cases and 62 deaths. By the end of the malaria peak season last year (2005) cumulative recorded cases for the year were 658829 and 658 deaths.

Elements of the contingency are:

- Increased rainfall leading to increase in recorded malaria cases
- Inadequate drugs and chemicals for spraying in most rural areas affected by malaria
- Areas traditionally regarded as malaria free such as Kwekwe and Bulawayo record more cases
- Increase in resistance of malaria to chloroquine
- Increased mortalities
- High infant and child mortalities

Probable Scenario	- Increased cases of malaria recorded - Malaria zones extend to traditionally free areas such as Harare, Kwekwe and Gweru - Increased resistance to drugs such as chloroquine - Increased shortage of drugs in affected areas - High mortalities particularly for under fives
Best case scenario	- Indoor residual spraying in all affected areas done on time - Reduced cases of malaria in all affected areas - Drugs easily available and accessible - New drugs for resistant cases introduced - Low mortality levels less than 20 deaths per season
Preparedness	- Indoor residual spraying in affected areas - Research in drugs to counter resistant cases - Distribution of mosquito nets in affected areas - Health education on prevention
Early Warning	- Statistics on malaria trends and cases from various districts - Diagnosed and recorded deaths from clinics
Trigger	- Increased rainfall and mosquito breeding sites - Unavailability of drugs and chemicals for spraying

Groups expected to be in need of humanitarian assistance

Looking at the kind of contingencies developed, the following population groups are

particularly in need of humanitarian assistance, should the probable scenarios develop:

Scenarios:

Total affected population: 500,000 – 7,5 million people

Drought/Food insecurity

Worst Case scenario

This figure was obtained using the ZIMVAC projections for April to September 2005/2006 and finding an average. It also takes note of the issues of access, input shortages and leaching due to too much rainfall.

- Food insecure populations, due to lack of availability and accessibility of food:

  Total: **1,2 – 1,8 million people**

  Men: 230,000 Women: 249,000 Children : 720,000

  Geographical areas: Parts of Masvingo Province, Matabeleland North and South, Midlands, Mashonaland West, parts of Manicaland

Best case scenario (drought/food insecurity):

- Food insecure populations, due to lack of availability and/or accessibility of food:

  Total: 500,000

  Men: 96,000 Women: 104,000 Children: 300,000

  Geographical areas: Matabeleland North and South, Parts of Masvingo

Epidemics (Cholera, Malaria, HIV/AIDs)

Worst Case scenario

Figures are based on trends and projections made by the Ministry of Health and Child Welfare and WHO. Probable number of people affected by malaria is generally high, Cholera may increase due to lack of clean water in urban high density areas. General susceptibility to these pandemics is particularly high among the People living with HIV/AIDs.

Total : 7,5 million

Geographical areas: countrywide

Best case scenario (epidemics):

Total 2,5 million people

Geographical areas: countrywide

Other emergencies

Possible disasters considered under this scenario include earthquakes, avian flu , technological/industrial disasters. The recent tremors that Zimbabwe experienced had its epicenter some 10 kms outside the Chipinge district and measured 7,5 on the Richter scale. Most of the buildings in Zimbabwe were not built to withstand **earthquakes** of this magnitude and if the epicenter would be closer to one of the major cities, major damages , injuries and loss of lives could be expected.

Estimation of **avian flu** impact is based on the assumption tht some 1,000,000

households own poultry. The average household size in Zimbabwe 5 people, so that potentially 5,000,000 could be affected. While a slight majority of infection would occur in the rural areas, transmission into urban centres would happen rapidly.

Worst Case scenario

Total (rural): 3 million Total (urban): 2 million

Maximum displacement expected: 1,5 million people seeking either better medical assistance (avian flu) in urban centres or in search of alternative shelter around the urban centre affected (earthquake) into rural areas.

Best case scenario

Total (rural): 800,000 Total (urban): 750,000

Maximum displacement expected: 400,000

The major challenge for the humanitarian community in the various scenarios described would include:

a) the maintenance of access to targeted areas;

b) the mobilization of resources for delivering suitable assistance

c) appropriate advocacy on behalf of the victims

d) the coordination of assistance by a multiplicity of partners

e) rapid assessments of and appropriate response to the affected areas

f) difficulties to import the necessary equipment in a timely manner

5.1. Recommended Threshold to Effect the Contingency Plan

The Inter –Agency Contingency Plan will be activated by the Humanitarian Coordinator, once identified and agreed threshold are surpassed.The Humanitarian Coordinator will continuously evaluate and monitor the situation and, if deemed necessary, recommend to the UN Emergency Relief Coordinator (ERC) that an emergency be declared.

5.2. Coordination Structures

The Government of Zimbabwe and the Humanitarian Coordinator will coordinate the humanitarian strategic response with collaboration of all humanitarian actors at GoZ, UN and NGO levels.

In the event that an emergency unfolds, the Humanitarian Coordinator with the assistance of OCHA will convene strategic and information-management meetings using the below-mentioned coordination mechanisms.

Structures Presently in place

- Operational **Governmental** decentralized structures under the Ministry of Local Government and Urban Development (MLGUD), ensure the liaison between local and national authorities, NGOs, the United Nations

- The **Information/Communication Committee** formed and chaired by OCHA and composed of information officers from the various UN/NGOs agencies will be

convened. The group will provide guidelines to the press as well as to the Designated Spokes Person.

- The **UNCT** is chaired by the Resident and Humanitarian Coordinator and brings all UN agency heads together for discussion and decision making.

- The **SMT** is regularly considering security issues and meets under the chairmanship of the Designated Official with participation from all UN agencies. (tbc)

- The local level **IASC** meeting consists of all UN agencies, NGO representation, IOM, IFRC and meets under the chairmanship of the Humanitarian Coordinator biweekly.

- **Chairs of Sector Working Groups** meet bimonthly to inform on progress made vis a vis their terms of

reference. Forward plans are shared and approaches are harmonized among the different groups.

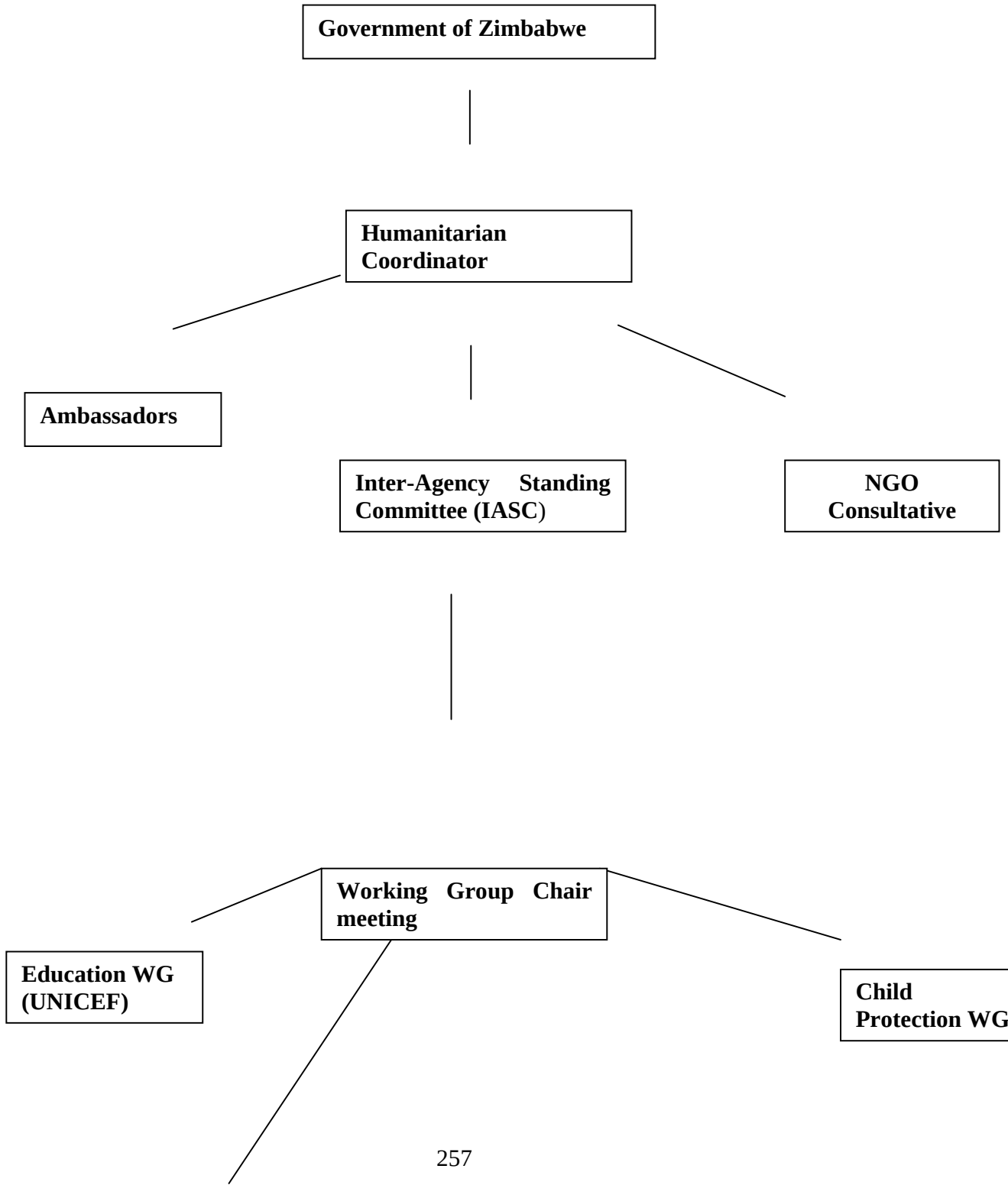
- **Sector Working Groups** Have been established for the following sectors: Water and Sanitation, Health, Agriculture, Food Aid, Education, Child Protection, Shelter and Nutrition. Lead agencies have been tasked with the preparation of regular meetings and a mechanisms for exchange (chairs of sector working groups) has been established to ensure complementarity, effectiveness and efficiency.

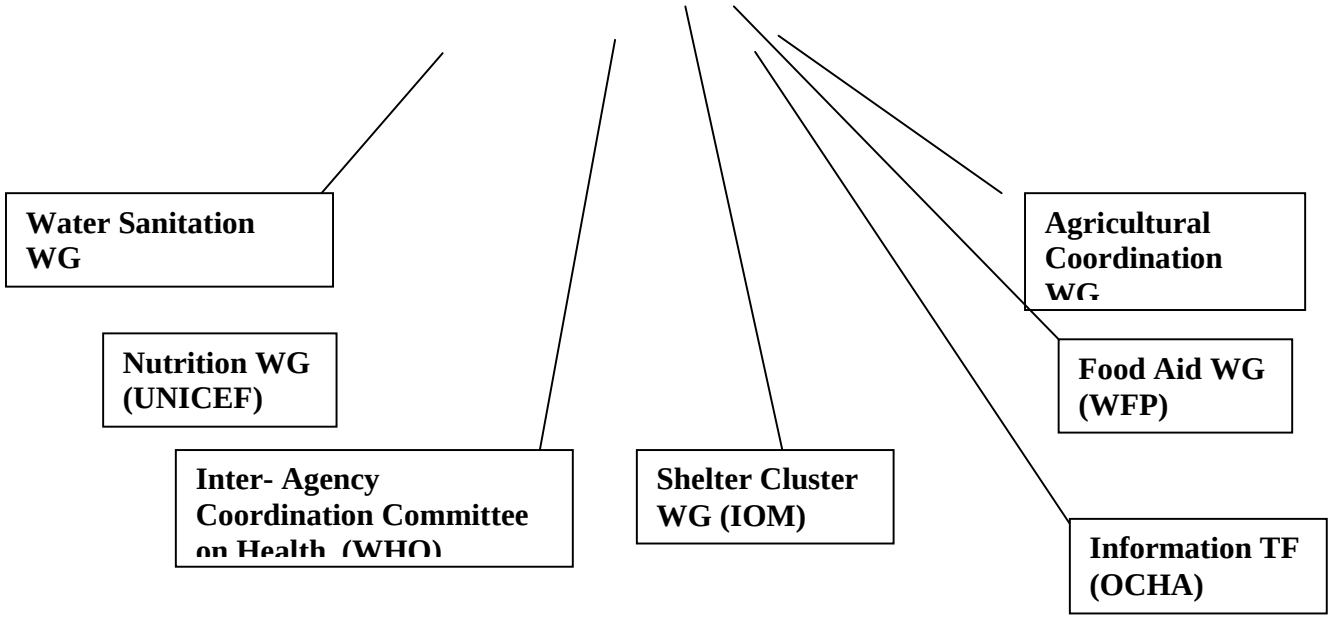
- **Donor consultative meetings** are held on a monthly basis to discuss current activities, plans, resource needs and implementation levels of projects and programmes underway under the humanitarian agenda. The Humanitarian Coordinator chairs the meetings,

- **NGO consultative meetings** are also held on a monthly basis under the chairmanship of the Humanitarian Coordinator. Issues that are of relevance to the NGOs are discussed there.

- **The** Crisis committee promotes information exchange and sharing on disasters and assessments with Civil Protection Unit and other Government agencies.

Humanitarian Coordination Mechanism





Mainstreaming:
HIV / AIDS and gender priorities have been mainstreamed in all Working Groups on the humanitarian agenda. Different Target groups (MVPs, Children etc.) are also included in all WGs

Sub Working Groups:
Some of the Working Groups have sub working groups which focus on particular aspects of the

Immediate response mechanisms

Within 24 hours

- Following the first meeting of the UNCT, the Humanitarian Coordinator will immediately seek from the Ministry of Local Government and Urban Development the designation of an official **Government Crisis Management Focal Point** for emergency management and hold immediate consultations.

- The **Field Security Officer** of the UN would update the Emergency Team regularly on security related issues.

- The subject **Inter Agency Contingency Plan** will be re-distributed to all concerned parties by OCHA and activated in case of the declaration of an emergency.

- A **press release/press briefing** will be prepared by the Office of the Humanitarian Coordinator and a code cable be sent to UN HQ.

- **UNCT** will meet to discuss internal UN measures that need to be taken.

- **SMT** will meet to discuss security implications for UN staff and preparedness measures for emergency communication.

- A **wider IASC meeting (UN/NGOs) and the donor community** will be called to discuss capacity and options to respond to the crisis. OCHA will assume the Secretariat for this committee

- A **rapid assessment** will be undertaken.

- Teleconference with NY and GVA on the evolution of the situation in order to get the spokespersons briefed for press releases and briefings.

Within 48 hours

- The **Information/Communication Committee** formed and chaired by OCHA and composed of information officers from the various UN/NGOs agencies will be convened. The group will provide guidelines to the press as well as to the Designated Spokes Persons.

- Daily meetings will take place for the SMT, UNCT and wider IASC to discuss strategy and activities undertaken and planned.

- Follow up teleconferences with NY and Geneva.

- Negotiate access to the populations in need.

Within 72 hours

- The HC will convene a meeting with decisions-makers from the **Donor community**, the Government, NGOs and the UN to inform about the evolution of the situation.

- A **press briefing** will immediately follow this meeting.

- Meetings of **Sectoral Groups** will be convened to

- The rapid assessment team will be deployed for an initial evaluation of the situation and report back within 4 days.

Within 4 Days

- The Humanitarian Coordinator will set up an **Emergency Resources Committee** composed of Program Officers and Logistic Officers from the respective UN agencies. This committee will explore ways to immediately mobilize financial, human and food/NFI resources. After 3 days of its first meeting, the Committee will meet with the UNCT to propose a set of programmatic, financial and logistics short-term responses that may be used to face the immediate needs.

- OCHA will take responsibility for convening the Resource Mobilization Committee whose aim is to develop an Inter-Agency Appeal within 15 days of the official declaration of an emergency by the President of Zimbabwe. Each agency will designate a **Flash Appeal Focal Point** to participate in the Flash Appeal Committee.

As deemed necessary

- Press briefings will be held as deemed necessary

- The HC is the UN Spokes Person but may designate an alternate should the situation so require.

- The HC is the Chief Negotiator for the UN but may designate an Alternate Negotiator if deemed necessary.

Other Arrangements

- OCHA will provide secretariat/technical support to the HC and collect and disseminate information relating to the crisis.

- In the absence of the HC, the designated HC a.i. will undertake the above responsibilities and duties until the return of the HC. If the duties of Resident Coordinator and Humanitarian Coordinator have been assigned to two different Heads of Agencies, the two agencies will confer and determine the appropriateness, timing and location for convening for the first meeting of the UNCT.

All emergency Committees established in the context of this Inter Agency Contingency Plan work closely with the Government through the CPU , and the Sectoral Groups established by the National Humanitarian Coordination Strategy.

5.3. Information Management

Under the overall guidance of the Government of Zimbabwe, Information management is supported by OCHA with the

assistance of information officers from UN humanitarian agencies and NGOs.

Agencies with an operational presence will play an important role in establishing reliable and accurate information systems needed to ensure informed decision-making.

At field level, OCHA will liaise with the NGO forum in Bulawayo and coordinate appropriate Information/Communication working groups to ensure that information is collected, shared and disseminated among key strategic partners at the local, regional and national levels.

Given the proven capacity of the Zimbabwean Red Cross to swiftly deploy teams, the UN will work closely with the Red Cross Movement to ensure proper support to Red Cross teams particularly in the area information flow.

Information flow among and between humanitarian actors is to be facilitated and daily situation reports are to be filed with the Desk officers in NY and Geneva. In addition, the WWW

matrices are to be updated as and when new developments warrant this.

5.4. Resources Mobilization Approach

While awaiting a decision concerning preparation and launch of a flash appeal- if needed - , the Crisis Committee will propose to the UNCT a set of programmatic, financial, and logistical short-term responses to face the immediate needs.

If needed and based on consultations with agencies. OCHA will take responsibility for preparing an Inter-Agency Flash Appeal within 15 days of the emergency unfolding

With the assistance of OCHA, the Humanitarian Coordinator and members of the Crisis Committee will regularly brief the donor community in country and at HQ level. OCHA will assist in preparing the briefings, track incoming funding and monitor the implementation of short term projects and funds such as CERF loans or grants.

5.5. Advocacy Strategy

The UNS bases its advocacy strategy primarily on direct interacting with focal points identified by the Government, the donor community and NGOs. The main goals of the advocacy strategy of the UN would be to enforce the Basic Principles outlined below under Strategies and Objectives and highlight the needs of the affected population.

In order to ensure clear lines of communication, the Humanitarian Coordinator and the Crisis Committee meet on an ad-hoc basis with Heads of Mission of International NGOs operating in Zimbabwe.

The national and international media will be regularly briefed on suitable actions identified by the UNCT, the Crisis Committee and in consultation with INGOs and the Red Cross Movement.

Strategies and objectives

This Inter Agency Contingency Plan will serve as a guideline for humanitarian actors that have participated in its development, i.e. GoZ, UN and NGOs.

It is designed to plan and implement an **initial response spanning over a three-month** period.

Strategic Objectives

The following strategic objectives form the basis of the interventions planned for in this Contingency Plan:

a) Provide adequate assistance and protection to people affected by the emergency;;
b) Establish adequate mechanisms to mobilize resources needed to meet the immediate, medium and long term needs of vulnerable population groups;
c) Ensure adequate security to humanitarian workers and beneficiaries.

Basic Principles

Humanitarian Principles

- The Humanitarian Charter and Minimum Standards in Disaster Response will guide the humanitarian response in Zimbabwe.
- The core response of the humanitarian intervention will assert the rights of persons to protection and assistance by following the minimum standards in **nine** key sectors: Protection; Water supply and Sanitation; Nutrition and Food Aid; Shelter and Site Planning; Health Services; Education Services; Logistic and Transport; and Security and Registration.
- The United Nations will make every effort to enforce the implementation of the Humanitarian Charter and Minimum Standards in Disaster Response.

Operational Principles

- The UN, the Government and the NGOs will set up special mechanisms to avoid sexual abuses and any other forms of exploitation against beneficiaries of assistance.

- Special attention will be devoted to separated children, orphans and single headed households.
- In responding to the emergency, the strategic and operational responses will be jointly planned and implemented by UN agencies, Government institutions and the NGO community..
- A specific set of recommended actions will be developed to assist host communities in coping with the emergency.
- Safety and security of humanitarian workers will be of the utmost concern of the UN in Zimbabwe

Sector and Agency Response Plans

This Inter Agency Contingency Plan serves as an umbrella for the following Agency Contingency plans prepared by the respective agencies in Zimbabwe:

CPU

1. National Civil Protection Plan (Generic Plan)1991
2. Flood related manual – 2000
3. High Rise Building Contingency plan – 2004
4. District & EPR plans (generic) since 1990s to date.
5. Civil Aviation Authority of Zimbabwe (EPR) updated yearly

World Vision International

NOIDPP – Nation Initial Disaster Preparedness Plan – Dec 2003

Update every six month

Community Disaster Preparedness Plan for the ADP/District – focus of Response

for the National Office

- **Food Security**
- **Water and Sanitation**

AREX

The department has in place contingency plans for the control of **migratory pests** (Armyworm, Quelea, locusts). The plans include monitoring, mobilization of resources for control, controlling and distribution of the resources.Awareness campaigns through the electronic and print media are also part of the plans. The plans also contain impact assessment activities of the control activities.

Ministry of Health and Child Welfare/WHO

There is an overall contingency plan covering all potential epidemics but specifically on:

(a) Cholera

(b) Malaria **national level**

(c) Anthrax **(d) Avian flu** Plans are updated on an annual basis as we bid for an allocation on EPR from the Ministry of Finance from the fiscus. Each hospital, province and district have their own plans specifically target risks that they are likely to face depending on their regional location
WFP • **Drought contingency plan** prepared in June 2003 as part of a regional exercise • Drought contingency plan updated September/October 2003

Leadership roles and responsibilities

While the primary responsibility of responding to a humanitarian crisis lies within the Government, the following matrix provides proposal on the sharing of leadership responsibilities between agencies. It reflects a general inter-agency consensus, but is not binding and may be subject to change.

Monitoring and screening remain the responsibilities of the Government and agencies will assist the Government based on respective mandate and agreed upon breakdown of responsibilities.

Security remains the core responsibility of the Government but agencies may assist Government security agencies when deemed necessary.

Information and communication is coordinated by OCHA with the assistance of information officers from the other UN humanitarian agencies.

Sector Response Plans

Sector	Objectives	Activities	Costs
Health	To maintain minimum basic health services to the most vulnerable populations affected by the humanitarian crisis	Procurement of emergency health kits for mobile or displaced populations Setting up of mobile health units Response to disasters with appropriate trauma kits	
	To enable the health sector to respond to cholera outbreaks in order to prevent high morbidity and mortality among targeted vulnerable populations	• Procurement of commodities to respond to current and future outbreaks • Training of health workers and communities • Community social mobilisation Production of IEC materials and control guidelines	

	To reduce morbidity and mortality due to malaria epidemics in high burden malaria districts	• Procurement and distribution of ITNs to the most vulnerable members (children under 5 and pregnant women) of the community and reduce the incidence of Malaria • Procurement and distribution of first line malaria treatment • Training of health and community based workers in case management Community and social mobilisation including community based campaigns	

	To mitigate the impact of notifiable avian influenza on human lives, the economy and other adverse effects that may result from outbreaks of the disease	• Training public health and veterinary personnel at national, provincial and district level • Procurement of equipment and material resources for possible response • Build laboratory capacity for surveillance and detection virus - rapid characterization of the new virus subtype and early detection, notification and response to additional cases • Contain the new virus within limited foci or delay spread to gain time to implement measures, including procurement of vaccines and other materials Maximize efforts to contain or delay spread, to possibly avert a pandemic, and to gain time to implement pandemic response measures	

	Total	

Sector	Objectives	Activities	Costs
Watsan	- Occurrence of epidemics and the spread of water, sanitation and hygiene related diseases prevented and controlled and the adverse effects thereof mitigated amongst vulnerable populations (poor, women, orphans, child headed households and People Living with AIDS).	• Support the prevention and control of water and sanitation related disease epidemics such as cholera and dysentery • Promote health and hygiene education including HIV AND AIDS issues and awareness amongst the most vulnerable communities and schools. • Production of IEC materials. Pre-positioning of emergency contingency supplies (Chloride of lime, water treatment tablets,H2S test vials, soap, plastic sheeting) .	

	Improved access to safe and reliable water supply, sanitation and hygiene amongst 3,500,000 vulnerable people in urban, peri-urban and rural communities including mobile vulnerable population -	Treat water supplies in targeted vulnerable communities and provide water trucking to vulnerable mobile communities in urban and peri-urban areas that are without access to water. • Support rehabilitation and repair of urban water supply and sewage systems in Bulawayo and Chitungwiza. • Support the procurement of water treatment chemicals for the City of Harare. • Construction of ecological sanitation and other temporary latrines for 20,000 mobile vulnerable populations in urban, peri-urban and rural areas. • Drill, flash, repair and rehabilitate up to 8,150 new, collapsed and broken down drinking water supply sources • Establish 700 new safe water points	

	Enhanced institutional and community capacity in monitoring and response with regard to disease outbreaks, maintenance of water points, sanitation facilities, access to safe water and hygiene during crises, with special reference to the vulnerable populations.	• Promote health and hygiene education including HIV AND AIDS issues and awareness amongst the most vulnerable communities and schools. • Promote sustainable community management of water and sanitation facilities.	

	Effective Coordinated water and sanitation humanitarian response.	• Carry out rapid water and sanitation needs assessment. • Promote a coordinated water and sanitation humanitarian response. • Hold regular working group meetings, and monitor impact of programmes. • Support advocacy activities for emergency water and sanitation response; • Collect and share information on actors and the status of water and sanitation in the country.	

Sector	Objectives	Activities	Costs

Nutrition	**Food Insecurity/Drought** 1. Monitor the food security and nutritional status to identify areas and groups at risk and appropriate interventions 2. To increase access of malnourished children to quality Selective Feeding programs 3. To reduce the mortality from severe acute malnutrition 4. To strengthen the communities ability to identify and care for malnourished children 5. Ensure a well-coordinated nutrition response that reaches the most vulnerable	1. Support Food and Nutrition Surveillance System in 23 vulnerable districts 2. Infrastructure in place to carry out rapid nutritional assessments with FNC and MoHCW in areas identified as at risk 3. Use findings from nutrition surveillance and rapid assessments to advocate for food aid and other appropriate interventions 4. Support continued implementation of the MoHCW national therapeutic feeding programme for severely malnourished children; (training, supplies, technical support) 5. Support strengthening of MoHCW monitoring of treatment of severe malnutrition (transport, tech. assistance)	

	Epidemics **(Cholera/Malaria/HIV)** 1. Monitor the food security and nutritional status to identify areas and groups at risk and appropriate interventions 2. To reduce the mortality from severe acute malnutrition 3. To strengthen the communities ability to identify and care for malnourished children 4. Strengthen nutrition aspects of HIV programming (ART, HBC, OVC, infant feeding) 5. Ensure a well-coordinated nutrition response that reaches the most vulnerable	1. Infrastructure in place to carry out rapid nutritional assessments with FNC and MoHCW in areas identified as at risk 2. Use findings from nutrition surveillance and rapid assessments to advocate for food aid and other appropriate interventions 3. Support continued implementation of the MoHCW national therapeutic feeding programme for severely malnourished children; (training, supplies, technical support) 4. Support strengthening of MoHCW monitoring of treatment of severe malnutrition (transport, tech. assistance) 5. Support MoHCW Community based nutrition care program (treatment of severe	

	Other emergencies (avian flu, earthquake, floods, technological accident) 1. Monitor the food security and nutritional status to identify areas and groups at risk and appropriate interventions 2. To reduce the mortality from severe acute malnutrition 3. To strengthen the communities ability to identify and care for malnourished children 4. Strengthen nutrition aspects of HIV programming (ART, HBC, OVC, infant feeding) 5. Ensure a well-coordinated nutrition response that reaches the most vulnerable	1. Support Food and Nutrition Surveillance System in 23 vulnerable districts 2. Infrastructure in place to carry out rapid nutritional assessments with FNC and MoHCW in areas identified as at risk 3. Use findings from nutrition surveillance and rapid assessments to advocate for food aid and other appropriate interventions 4. Support continued implementation of the MoHCW national therapeutic feeding programme for severely malnourished children; (training, supplies, technical support) 5. Support strengthening of MoHCW monitoring of treatment of severe malnutrition (transport, tech. assistance) 6. Support MoHCW Community	

	Total		

Preparedness and Maintenance Actions

Review and Update of Plan

The contingency planning process is ongoing; it does not end with the creation of a document. OCHA will, on behalf of the country team, be the steward of the planning process. Activation of the plan will take place according to early warning indicators and upon declaration of an emergency.

In view of the ever-changing situation on the ground, the planning document should be reviewed and updated every 6 months, or whenever it so warrants. Agency specific contingency plans should be included as annexes as they are completed.

Monitoring of Early Warning Indicators

All agencies and humanitarian workers are responsible for monitoring early warning indicators. The country team will, at its regular meetings, carry out a context analysis of the situation and measure any activity against early warning indicators. If the change in context warrants a revision of the contingency plan,

OCHA will convene the Inter Agency Contingency Plan Working Group for a revision of the contingency plan.

Related documents

List of agency specific Contingency Plans

Other IACP documents

1. United Nations Inter-Agency Contingency Planning Guidelines, November 15, 2001.
2. WFP Guidelines for Contingency Planning
3. WHO Managing and Preparing for Disasters, October 2000
4. UNDAF (UN Development Assistance Framework)
5. CCA (Common Country Assessment)

Annexes

Security plan

Communication

a. Zimbabwe radio frequencies
b. SATPHONE directory

UNS and INGO Zimbabwe staff lists/locations/competencies

TOR for the Humanitarian Coordinator

IASC Code of Conduct

Useful addresses and phone numbers

c. Medical services

d. Travel agents

e. Hotels

8 Emergency Response Timeframe

9 Who does what and where

10 Matrix of Roles and Responsibilities

11 Coordination Structures

12 Agency Stocks

13 Maps (Administrative Division)

f. Harare

g. Bulawayo

h. Zimbabwe

i. Regional map with all neighboring countries

14. Humanitarian Contact Directory

j. OCHA International phone numbers

k. UN Heads of Agencies

l. NGO contacts

m. UNDP Regional contacts

n. Harare Police Emergency Numbers

o. Fire Brigade

p. Ambulances

q. Embassies and Consulates