

Regional Assessment of the Sendai Framework for Disaster Risk Reduction

Zimbabwe and Zambia Case Studies

Southern Africa Federation of the Disabled (SAFOD)

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Assessment Overview

Purpose

This assessment examines disability-inclusive disaster risk reduction (DiDRR) in Zambia and Zimbabwe. It evaluates whether the Sendai Framework commitments have been operationalised in practice.

Methodology

- Desk review of global, regional, and national frameworks.
- Key informant interviews with government officials, CSOs, and OPDs.
- Focus group discussions with persons with disabilities.
- Triangulation with 2023 SAFOD/CBM Baseline Study findings.

Regional Context: Why This Matters



Growing Disaster Risks

Southern Africa faces rising disaster risks. Floods, droughts, and cyclones affect millions each year. In 2024, 167.2 million people worldwide were affected by disasters.



Higher Risks for Persons with Disabilities

Disaster mortality rates for persons with disabilities are 2-4 times higher than the general population. Early warnings don't reach them. Evacuation centres lack access. Relief supplies miss them.

Both Zambia and Zimbabwe are landlocked developing countries (LLDCs) with limited DRR financing and high dependence on international support.

The Sendai Framework: What It Requires

Four Priorities for Action

- Understanding disaster risk.
- Strengthening risk governance.
- Investing in DRR for resilience.
- Enhancing preparedness and Build Back Better.

Seven Global Targets

- A: Reduce disaster mortality.
- B: Reduce affected people.
- C: Reduce economic losses.
- D: Reduce infrastructure damage.
- E: Increase national/local DRR strategies.
- F: Enhance international cooperation.
- G: Increase early warning system access.

The Sendai Framework requires disability-inclusive, gender-responsive DRR in all phases.

Central Finding

A persistent gap exists between policy commitments and practice. Both countries have aligned national frameworks with Sendai. But implementation remains uneven. Disability inclusion is inadequately operationalised.

Desk Review: Global Progress Against Sendai Targets



Key Findings from Global Monitoring

- Target A (Mortality): Global disaster mortality fell 51% (2005-2014 to 2014-2023). This is the standout success.
- Target B (Affected People): Moving in the wrong direction. Affected people increased 104% from 2005-2014 to 2015-2024.
- Target E (Strategies): 141 countries now have national DRR strategies, up from 56 in 2015.
- Target G (Early Warning): 125 countries report having multi-hazard early warning systems, but 65 rate them as achieving only limited to moderate results.

In Africa, 60% of people still lack adequate early warning coverage.

Desk Review: Disability-Inclusive DRR Baseline

2023 SAFOD Baseline Study: Key Findings

Zambia

- No officially developed DiDRR strategies or mechanisms.
- 0% representation of persons with disabilities in DRR decision-making.
- Early warning systems not accessible.

Zimbabwe

- Stronger policy base but inconsistent implementation.
- OPD engagement mediated through intermediaries, not direct representation.
- IEC materials not developed with OPD consultation.

Shared Gaps Across Both Countries

- No disability-disaggregated disaster loss data.
- Attitudinal barriers: persons with disabilities seen as incapable of leadership.
- Cyclone Idai response did not systematically consider disability (Zimbabwe).

Priority 1: Understanding Risk – Zambia



Key Findings

- Data collection tools do not capture the full range of disabilities. For example, they identify deafness but not hard of hearing, or combined impairments.
- OPD representatives rate their involvement in risk assessment at 3 out of 10.
- Responsibility for data collection is shared but not clearly assigned, leading to weak and inconsistent systems.
- Early warning messages via SMS require someone to read them for persons with disabilities.
- No sign language, Braille, or audio format warnings available.

Participation is consultative rather than meaningful. OPDs are invited but do not influence final decisions.

Priority 1: Understanding Risk – Zimbabwe



Key Findings

- Data collection systems prioritise quantity over quality, missing how structural inequalities shape exposure.
- Disability-disaggregated data is limited and fragmented across ministries.
- Persons with disabilities are increasingly involved in risk mapping in some communities, but this depends on donor projects and active OPD presence.
- Government officials confirmed: "We are trying, but we do not yet disaggregate data."
- Sign language interpretation appears on some TV broadcasts, but warning messages remain inaccessible to persons with intellectual or psychosocial disabilities.

Participation remains inconsistent and often symbolic, lacking meaningful decision-making involvement.

Priority 1: Understanding Risk – Comparison

Shared Challenges

- Both countries lack disability-disaggregated data collection systems.
- Both have early warning systems that are not accessible to persons with disabilities.
- Both report minimal participation of persons with disabilities in risk assessment processes.
- Both face weak capacity at sub-national (district and ward) levels.

Key Differences

- Zimbabwe shows gradual improvement in OPD participation (donor-driven). Zambia reports no change since 2023 baseline.
- Zimbabwe has some sign language on TV for warnings. Zambia has none.
- Zambia quantified OPD participation at 3 out of 10. Zimbabwe described it as "increasingly involved but inconsistent."

Priority 2: Governance – Zambia



Key Findings

- Institutional framework exists: District Disaster Management Committees, Provincial Administration, and national DMMU.
- But coordination is stronger during emergencies than in planning stages.
- ZAFOD is included in consultations, but rarely has decision-making power. Participation is mostly advisory.
- Women with disabilities are not represented in DRR structures (government confirmed: "I can't recall from my experience").
- DRR is partially integrated into development planning but not fully mainstreamed.
- Persons with Disabilities Act 2012 provides legal basis but implementation faces delays.

Priority 2: Governance – Zimbabwe



Key Findings

- Relatively strong policy base: Civil Protection Act, National Disability Policy 2021, Constitution all recognise disability rights.
- Civil Protection Unit coordinates through national, provincial, district, and ward-level committees.
- Civil Protection Act is being reviewed into Disaster Risk Management Bill with OPD consultations.
- But implementation is weak, particularly at district and ward levels.
- OPDs are increasingly consulted but are not decision-makers.
- Weak inter-ministerial coordination: most ministries view DRR as Civil Protection Unit's sole responsibility.

Priority 2: Governance – Comparison

Shared Challenges

- Both countries have policy frameworks but weak implementation.
- Both include OPDs in advisory roles only, with no decision-making power.
- Both report women with disabilities are underrepresented in DRR structures.
- Both face coordination challenges: stronger during emergencies than in planning.

Key Differences

- Zimbabwe has a stronger normative framework (National Disability Policy 2021 explicitly mandates disability inclusion in DRR).
- Zimbabwe is reviewing its Civil Protection Act with OPD input. Zambia has not initiated similar reforms.
- Zimbabwe's institutional structure extends to ward level. Zambia's structure is less granular.

Priority 3: Investing in DRR – Zambia



Key Findings

- Estimated \$48.1 million allocated for disaster risk management in 2024.
- But no specific allocation exists for disability-inclusive approaches.
- All respondent categories (government, CSOs, OPDs) confirmed current investments are inadequate.
- Funding is largely reactive (emergency response) rather than preventive (preparedness).
- Biggest financing gaps: early warning systems, accessible infrastructure, disability-specific programming.

Zero dedicated budget lines for disability-inclusive approaches in DRR programming at national or sub-national level. This means disability-inclusive approaches remain project-based and donor-dependent.

Priority 3: Investing in DRR – Zimbabwe



Key Findings

- No dedicated national budget line exists for DRR at all.
- Financing is fragmented across ministries and heavily dependent on donor support.
- OPDs rarely receive direct funding for preparedness or resilience.
- When disability-focused DRR funding exists, it is project-based and ends without being absorbed into government systems.
- Persons with disabilities (especially women) face limited economic opportunities and inaccessible financial services.

Without institutionalised financing, disability inclusion depends entirely on external partners and ends when projects close.

Priority 3: Investing in DRR – Comparison

Shared Challenges (Identical Findings)

- Neither country has dedicated budget lines for disability-inclusive DRR.
- Both rely heavily on donor funding for any DiDRR activity.
- Both prioritise reactive spending (emergency response) over preventive investment (preparedness).
- Both confirmed that current DRR investments are inadequate to address disability needs.
- In both countries, OPDs rarely receive direct DRR funding.

Key Difference

- Zambia allocates \$48.1 million for general DRR (2024). Zimbabwe has no dedicated national DRR budget line at all, with financing fragmented across ministries.

Priority 4: Preparedness and Response – Zambia



Key Findings

- Early warning systems rely on SMS and radio but are not available in sign language, Braille, or simplified formats.
- Warnings are not timely for persons who need more time to evacuate.
- Persons with disabilities do not have individual preparedness plans.
- Evacuation routes and shelters are not accessible (no ramps, accessible toilets).
- COVID-19 response: information access barriers. Persons who cannot read needed others to explain messages.
- Build Back Better is the weakest area: no systematic disability accessibility requirements in recovery.

Priority 4: Preparedness and Response – Zimbabwe



Key Findings

- Progress noted: sign language interpretation appears on some TV broadcasts. Multi-channel communication frameworks in development.
- But major gaps remain: warnings still inaccessible to persons with intellectual or psychosocial disabilities.
- Rural communities face connectivity barriers.
- Evacuation centres lack ramps and accessible sanitation.
- Cyclone Idai (2019): disability was not systematically considered in response or recovery despite scale of impact.
- Build Back Better does not yet systematically integrate accessibility standards.

Priority 4: Preparedness and Response – Comparison

Shared Challenges

- Both countries: evacuation routes and shelters are not accessible.
- Both countries: persons with disabilities lack individual preparedness plans.
- Both countries: Build Back Better is the weakest area with no systematic accessibility requirements.
- Both countries: warning messages do not reach persons with intellectual or cognitive disabilities.

Key Differences

- Zimbabwe shows some progress: sign language on some TV broadcasts, CBM capacity-building. Zambia shows no equivalent progress.
- Zimbabwe is developing multi-channel communication frameworks. Zambia has not begun this work.
- Zimbabwe had major disaster experience (Cyclone Idai) that exposed gaps. Zambia's recent disasters (floods, droughts) did not trigger equivalent policy response.

Cross-Cutting Lessons: Zambia

- The policy-practice gap: Zambia has aligned frameworks but implementation is uneven.
- Participation without power: ZAFOD is consulted but lacks decision-making authority.
- The data gap: Disability-disaggregated data is absent across all systems.
- Weak capacity at sub-national levels: District and ward structures lack resources and training.
- Reactive financing: Funds go to emergency response, not preparedness.
- Accessibility barriers: Physical, communication, and attitudinal barriers persist across all systems.
- The gender-disability intersection: Women with disabilities are completely absent from DRR structures.

Cross-Cutting Lessons: Zimbabwe

- Strong policy frameworks do not automatically translate into inclusive practice.
- Disability inclusion depends on individual officials and donor projects, not systemic change.
- OPD engagement has grown since Cyclone Idai and COVID-19, but remains inconsistent.
- Disasters expose and deepen existing social inequalities.
- Weak inter-ministerial coordination means DRR is seen as Civil Protection Unit's sole responsibility.
- Community-level structures are essential but lack resources.
- Donor support is important but cannot substitute state responsibility.

Cross-Cutting Lessons: Shared Across Both Countries

These lessons apply identically to both Zambia and Zimbabwe:

- The policy-practice gap: Both have frameworks but weak implementation.
- Participation without power: OPDs are consulted but lack decision-making authority.
- The data gap: Disability-disaggregated data is absent in both countries.
- Weak capacity at sub-national levels: District and ward structures lack resources.
- Reactive financing: Both prioritise emergency response over preparedness.
- Accessibility barriers: Physical, communication, and attitudinal barriers persist.
- The gender-disability intersection: Women with disabilities face compounded exclusion in both countries.

Recommendations for Government: Zambia – Policy Level

- Mainstream DiDRR across all sectors with binding provisions in national DRR strategies.
- Establish dedicated budget lines for disability-inclusive DRR at national and sub-national levels.
- Mandate disability-disaggregated data collection in all disaster loss reporting.
- Formalise ZAFOD representation in DRR governance structures with decision-making power, not just advisory roles.
- Develop a national DiDRR strategy with measurable targets and timelines (currently none exists).
- Ensure women with disabilities are represented in DRR structures (currently 0%).

Priority: Move from consultative to decision-making OPD participation.

Recommendations for Government: Zambia – Practice Level

- Make early warning systems accessible: develop sign language, Braille, audio formats, and simplified messaging.
- Ensure evacuation routes, shelters, and relief distribution points are physically accessible (ramps, accessible toilets).
- Include persons with disabilities in post-disaster needs assessments and recovery planning.
- Train DMMU officials and first responders on disability inclusion at national, provincial, and district levels.
- Develop preparedness materials in consultation with ZAFOD and in accessible formats.
- Strengthen capacity at district level to collect disability-disaggregated data and implement inclusive approaches.

Priority: Address the rated 3 out of 10 OPD participation by building district-level capacity.

Recommendations for Government: Zimbabwe

– Policy Level

- Ensure the revised Disaster Risk Management Bill includes binding DiDRR provisions and OPD decision-making roles.
- Establish a dedicated national budget line for DRR (currently fragmented across ministries).
- Mandate disability-disaggregated data collection in all disaster loss reporting and census systems.
- Formalise FODPZ representation on the National Disaster Management Advisory Committee with decision-making power.
- Complete recruitment of District Disability Officers and ensure they report to Provincial Disability Officers with clear DRR mandates.
- Enforce accessibility standards in all Build Back Better recovery programming (as required by National Disability Policy 2021).

Recommendations for Government: Zimbabwe

– Practice Level

- Scale up sign language interpretation on TV broadcasts to all disaster warnings, not just some.
- Develop early warning systems accessible to persons with intellectual and psychosocial disabilities (simplified formats).
- Address rural connectivity barriers: ensure warnings reach remote communities through multiple channels.
- Make evacuation centres accessible (ramps, accessible sanitation, mobility aids).
- Train Civil Protection Unit officials at ward level on disability inclusion.
- Strengthen inter-ministerial coordination so DRR is not seen as Civil Protection Unit's sole responsibility.

Priority: Convert policy strength into implementation strength at district and ward levels.

Recommendations for OPDs: Zambia

Policy Level

- Intensify ZAFOD's advocacy for binding DiDRR commitments in national DRR strategies.
- Build technical capacity on DRR among ZAFOD staff and member organisations.
- Demand decision-making seats, not just advisory roles, in DMMU structures.

Practice Level

- Strengthen partnerships with district-level authorities to embed DiDRR in local plans.
- Support community-level participatory risk mapping exercises in high-exposure provinces (Copperbelt, Luapula).
- Document successful ZAFOD-DMMU engagement as evidence for scaling.
- Ensure women with disabilities are represented in all ZAFOD DRR activities.

Recommendations for OPDs: Zimbabwe

Policy Level

- Advocate for FODPZ direct representation on the National Disaster Management Advisory Committee (currently mediated).
- Engage in the Disaster Risk Management Bill review process to ensure binding DiDRR provisions.
- Leverage National Disability Policy 2021 provisions to hold government accountable for implementation.

Practice Level

- Continue participatory risk mapping at community level (building on donor-funded successes).
- Strengthen FODPZ partnerships with district and ward-level Civil Protection Units.
- Document ZAVH and QUAPAZ capacity-building success stories as models for scaling.
- Ensure women with disabilities are represented in all FODPZ DRR activities.

Recommendations: Shared Priorities for Both Countries

Government (applies to both Zambia and Zimbabwe):

- Establish dedicated budget lines for DiDRR at national and sub-national levels.
- Mandate disability-disaggregated data collection.
- Make early warning systems accessible (sign language, Braille, audio, simplified formats).
- Ensure Build Back Better integrates accessibility standards.

OPDs (applies to both ZAFOD and FODPZ):

- Move from advisory roles to decision-making participation.
- Build technical DRR capacity among staff and members.
- Support community-level participatory risk mapping.
- Ensure women with disabilities are represented in all DRR activities.

Conclusion

The normative framework for disability-inclusive DRR is well established. The problem is not the absence of frameworks. It is the consistent gap between framework and practice.

Closing this gap requires:

- Political will to operationalise commitments.
- Dedicated financing for inclusive approaches.
- Meaningful participation of persons with disabilities in all phases.
- Accountability mechanisms to track progress.

For More Information

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