
**WOMEN'S AND GIRLS' ACCESS TO WATER AND SANITATION AFTER
ENVIRONMENTAL DISASTER.
A CASE OF CYCLONE IDAI, CHIMANIMANI, ZIMBABWE**

By

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Abstract

The important issue of providing women and vulnerable groups access to water and sanitation following environmental disasters is an on-going global debate. Since women and girls are the primary users of water and sanitation, they are the most severely affected by disasters which destroy or limit their access to them. Accordingly, disaster management exercises should ensure restoring safe water and sanitation facilities to this group of users as a matter of priority. Evaluating the Zimbabwe government's response to the Cyclone Idai disaster, this research shows that it fell sadly short of its obligations under local laws (such as its 2013 Constitution and the Civil Protection Act) and binding international human rights provisions on providing water and sanitation to vulnerable women and girls in Ward 23, Chimanimani which was one of the areas hardest hit by the cyclone. I used the women's law, relational feminism and human rights approaches to obtain empirical data on the lived realities of these victims. Apart from focus group discussions which was my main data collection method, I gathered data using one-on-one interviews and personal observations. I discovered for example that as a result of the government's top-down disaster management exercise failing to provide adequate water and sanitation to women and girl victims in the area they were exposed to major health risks; that the Civil Protection Unit is not effective since it is underfunded and lacks a proper clear policy dealing with disaster management; that social and cultural norms emerged as major barriers to women and girls participating in the rehabilitation of their communities after the disaster. A major recommendation of the study is that the government should engage more of a bottom-up approach to disaster management since it engages victims who are acutely aware of the resources they need both to survive in the short term and in the rebuilding of their own communities in the in the long term. It therefore follows that as the primary users and managers of water and sanitation, women disaster victims should enjoy a primary say in this entire process. This will require amendments to the Civil Protection Act to bring it more into line with the human rights of women and girls to safe water, sanitation and good health which are provided for in the Constitution and international human rights law including CEDAW, the UN Resolution on the Right to Water and General Recommendation No. 37 on women and disasters.

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Declaration

I, Fadzai Shangwa, do hereby declare that this dissertation is my original work and has not been presented or submitted anywhere else before.

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Fadzai Shangwa

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Date

Dedication

*To my Mom and family,
Thank you for supporting, believing in me always and instilling the courage to work hard and
thrive for the best.*

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Last but not least I am thankful to my Basil Fletcher flat mates; Sakhile and Tafadzwa.

List of abbreviations and acronyms

| | |
|---------|--|
| ADRA | Adventist Development Relief Agency |
| CEDAW | Convention on the Elimination of all Forms of Discrimination Against Women |
| CESCR | Committee on Economic, Social and Cultural Rights |
| CPU | Civil Protection Unit |
| CPO | Civil Protection Office |
| CRC | Convention on the Rights of Children |
| DCP | Department of Civil Protection |
| DRM | Disaster Risk Management |
| DRR | Disaster Risk Reduction |
| GR | General Recommendation |
| ICESCR | International Covenant on Economic, Social and Cultural Rights |
| IRC | International Rescue Committee |
| MLGPWNH | Ministry Of Local Government, Public Works and National Housing |
| NCPCC | National Civil Protection Coordination Committee |
| UN | United Nations |
| UNICEF | United Nations International Children's Emergency Fund |
| WHO | World Health Organization |
| ZEWSA | Zimbabwe Emergency Water and Sanitation Project |

List of international human rights instruments

Convention on Elimination of All Forms of Discrimination Against Women (CEDAW)

Convention on the Rights of Children (CRC)

International Covenant on Economic, Social and Cultural Rights (ICESCR)

List of local legislation

Civil Protection Act

Constitution of Zimbabwe Amendment (No. 20) Act, 2013 (the Constitution)

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CHAPTER ONE

1.0 INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 Introduction

Thomas (2005) states that since 1970s the number of people affected by disaster have tripled. The majority of them are women and children in developing countries and as a result of their weak capacity to cope with the effects of such disasters they often prove devastating and unbearable. Water is a priority for life, in times of peace and disaster, and cognizant of this fact Zimbabwe has agreed to the UN Resolution that everyone has the human right to water and sanitation which was later adopted by the General Assembly on 28 July 2010.

According to the Global Water Institute (2013), water and sanitation should be one of the first priorities in disaster management and response and there has been an on-going debate concerning the pre-eminent priority that women should enjoy access to this important resource ahead of other groups of citizens. The reason for this is that after an environmental disaster water is still needed for cooking, drinking, washing and to maintain a clean home environment and the personal hygiene of family members and women who are wives and mothers are responsible for the tasks of collecting and managing water for themselves and their families. Sanitation involves the safe disposal of excreta, vector control, drainage of waste water and rain water and in the early stages of disaster management, sanitation also involves the disposal of dead bodies where an environmental disaster has occurred.

With pressure on authorities during and after disasters, it is vital to use local resources for faster and better rehabilitation or recovery of a community. So, in cases where the government lacks adequate resources to design and construct long term sophisticated water and sanitation systems, local labour might be quickly harnessed to build latrines and dig wells. When the government turns to the local population for reconstruction it is vital that its members, as beneficiaries of such action, should be consulted in accordance with humanitarian demands and global standards.

In addition, it is critical that the needs of vulnerable groups like women and cultural factors are seriously considered when crucial decisions are made concerning the location, numbers and

design of water and sanitation systems. It is a fact after environmental disasters women are particularly exposed to the risks of contracting diseases, unsafe living conditions and famine. It is important to conduct consultations with the local population because if there are any design shortcomings, problems for those living in relief camps are amplified. Therefore, Wisner and Adams (2002) postulate that women and the communities should be involved in decision making and must be consulted before water and sanitation systems are built so in order to ensure that they are as effective and sustainable as possible for the population they are required to support.

Observing that Zimbabwe has signed the UN Resolution on the Human Right to Water and Sanitation in line with its 2013 Constitution (Constitution of Zimbabwe Amendment (No. 20) Act, 2013), Hellum et al. (2015) contend that the right to water must be realized for citizens even, and particularly, after an environmental disaster in spite of the fact that the right to sanitation is not specifically provided for in the country's Constitution. In cases where disaster management plans require the curbing or restricting of water and sanitation, such provisions should make exceptions for the protection secured for women and girls by General Recommendation (GR) No.37 which requires that their rights should be protected and respected at such times. It was the abovementioned concerns surrounding women's and girls' rights to sanitation and water, especially during times of disaster, that led me to investigate the policies and laws of the Zimbabwe government and the extent to which they are actually being realized on the ground for the benefit of women and children.

1.2 Background of the study

While Zimbabwe had been experiencing a deterioration in water and sanitation services which were built using donor subsidies and state funding, the striking of Cyclone Idai worsened everything. It has meant that the ability of women and girls being able to access clean water and decent sanitation was greatly reduced after Cyclone Idai. Before the cyclone hit, ZIMSTAT (2015) reported that there was 48% rural access to water and sanitation and the rural population had the highest rate of open defecation of 43% compared to 1.1% in urban areas. With water reservoirs and sanitation facilities destroyed by Cyclone Idai, rural access to water and sanitation dropped even further. The main reasons why these services are rapidly deteriorating in Zimbabwe are due to the collapsing economy and withdrawal of donor support. According to

Nyamanhaire and Kamuzungu (2009), the maintenance and repair of water and sanitation services have virtually ceased because the government has failing to provide financial support for these services. The government's failure has reduced the availability of and access to water and sanitation and has put women's health at risk. This has forced some rural Councils who are responsible for water and sanitation management to hand over the water and sanitation point management to their communities who were expected to mobilize their own resources. The burden on women and girls were doubled because the Councils were dumping their responsibilities on the community which does not have adequate resources to improve water and sanitation services.

The government has also been failing to safeguard the rights of subordinate and vulnerable groups, especially those who are affected by disasters. In Zimbabwe there is neither a law nor policy that addresses challenges faced by internally displaced persons. The Government of Zimbabwe has also been failing to provide proactive measures after disasters because it does not offer local or international protection and this has left affected persons vulnerable to extreme dangers. Although women have significant roles to play at all stages of climate and disaster risk reduction, the fact is that these potential and important roles are ignored or not even recognized. According to Anderson and Woodrow (1989) the voices of women are unheard and largely marginalized in disaster risk recovery policy and processes of decision making yet the reality is that women and children suffer the greatest impact from almost all crisis situations. The fact remains that since Zimbabwe agreed to UN General Recommendation No. 37 on women and disasters it is obliged to take measures to respond to disasters in order to ensure that the rights of women and girls are protected and respected. In its 2013 Constitution, Zimbabwe pledged that everyone has the human right to water in terms of section 77(a) (although it fails to specifically mention sanitation) and in terms of section 17 women are entitled to participate in all spheres of Zimbabwean society on an equal basis with men.

Although these rights were given to everyone, the question is whether women and children were fully exercising them after disasters. Since Zimbabwe has signed and ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) it is required to adopt and implement the laws in the document. This means that Zimbabwe agrees to take all

appropriate measures to eliminate discrimination against women in rural areas in order to ensure that they participate in and benefit from rural development on an equal basis with men. This includes, in particular, ensuring that such women have the right to enjoy adequate living conditions, particularly in relation to housing, sanitation, electricity and water supply, transport and communications as stated in article 14(2)(h).

In addition, Zimbabwe has made a pledge to comply with the Convention on the Rights of the Child. Article 24 paragraph 2 of the Convention States parties are required to combat disease and malnutrition “through the provision of adequate nutritious foods and clean drinking water”. The International Covenant on Economic Social and Cultural Rights (ICESCR), to which Zimbabwe is also a party, also recognizes that water is a human right (Article 11). As already mentioned, Zimbabwe has also embraced and recognized this right in its Constitution.

Even though all these laws and policies exist on paper with promises and undertakings from Zimbabwe to implement them, the fact is that Zimbabwe has failed to do so even after disasters when they are of such vital importance. According to the WHO (2000), women are the ones who suffer the greatest as a result of poor water and sanitation facilities. Surveys by Zimbabwe Emergence Water and Sanitation Project (ZEWSP, 2006) reported that in south east Zimbabwe (which covers Chimanimani, Chipinge, Mutambara) most people rely on relatively unsafe water from rivers, streams, dams and unprotected springs and wells while only a few households had access to adequate sanitation. Due to the scarcity of water in rural areas women are forced to walk long distances to fetch water. As water carriers, their health is affected as they carry heavy loads of water on their heads to carry. In addition, surveys carried out in south-east Zimbabwe have shown that people were suffering from a wide range of water borne diseases including hookworm, malaria, diarrhea, typhoid fever and dysentery due to the poor water and sanitation services available to them. The wider communities in which women live have also been affected in different ways by these sicknesses as they cause children to miss or even drop out of school.

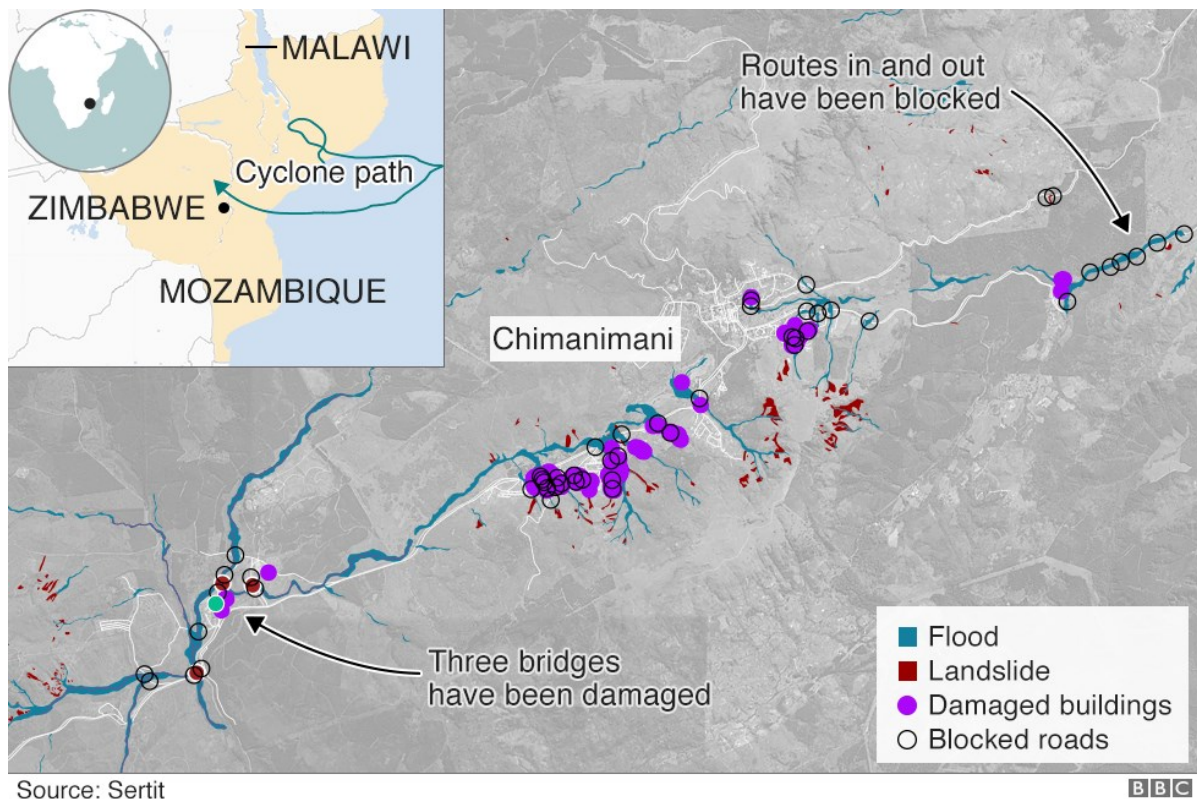
The good news is that members of rural communities have the capacity to assist in program implementation so long as they are willing to be trained as village pump mechanics and water point committee members and to participate in community organization. Hirji (2002) notes that

most of the population in Southern Africa live in rural areas where water supplies and decent sanitation are inadequate and this has been largely responsible for high rates of water borne diseases.

1.3 Location of the study

I carried out my research in Chimanimani, Ward 23 which is situated in the Manicaland province of Zimbabwe about 253km from Mutare. The main growth point of Ward 23 is Koppa to which most of the people displaced by Cyclone Idai were evacuated to and given temporary tents in which to live. I realized that it was important to conduct my research in this area because it was one of the wards affected most severely by Cyclone Idai. Figure 1 shows a map of Chimanimani and the areas affected by Cyclone Idai.

Figure 1: Map of Zimbabwe showing affected areas in Chimanimani by Cyclone Idai



I also selected this area because it suffered a massive destruction of its water reservoirs making it ideal to study for my research topic concerning water and sanitation. I saw this area as perfect for

conducting my research as it was one of the area's most affected by the Cyclone and one of most difficult to access due to the infrastructural damage it also suffered to its roads and bridges.

1.4 Statement of the problem

Zimbabwe has signed and ratified CEDAW which provides that states must eliminate discrimination against women in rural areas by allowing them to participate in rural development so that it ensures the equality of men and women. There is however a clear sign of inactive community participation in disaster management, unavailability of dedicated and adequate resources to implement disaster risk reduction programmes, centralization of power and resources. This has meant that the voices of women remain unheard on the need to improve water and sanitation services. The fact that women and girls are also failing to participate in community rehabilitation has given rise to violations of gender balance rights in that decision making powers and resources were channeled towards males as the heads of their households or wealthier community members thereby increasing inequalities for women and girls. In Zimbabwe disaster management is governed by the Civil Protection Act which provides that the Department of Civil Protection is responsible for disaster management whose spectrum of activities include prevention/mitigation of disaster risks, preparedness planning, timely early warning and responses to rehabilitate affected elements. Sadly, despite these apparently exhaustive services, women's concerns and needs are rarely addressed in the provision, design, and siting of water and sanitation facilities. This failure has exposed women and girls to the risk of contracting diseases like cholera, typhoid and bilharzias.

1.5 Research assumptions

The research was guided by the following assumptions:

- There was no adequate water and decent sanitation provided for women and girls after Cyclone Idai struck Chimanimani, Zimbabwe.
- The health of women and girls is more threatened by inadequate or no access to water and sanitation after an environmental disaster.
- Women and girls should participate in community rehabilitation and development programs after an environmental disaster.

- There were no proactive measures taken on water and sanitation for women and girls after Cyclone Idai struck Chimanimani, Zimbabwe.
- Women and girls must be involved in consultation and decision making when it comes to improving water and sanitation solutions after an environmental disaster.

1.6 Research questions

Based on the above assumptions, the following research questions were formulated:

- Was adequate water and decent sanitation provided for girls and women after Cyclone Idai struck Chimanimani, Zimbabwe?
- Is the health of women and girls threatened by inadequate or no access to water and sanitation after an environmental disaster?
- Are women and girls participating in community rehabilitation and development programs after an environmental disaster?
- Were there any proactive measures taken on water and sanitation for women and girls after Cyclone Idai struck Chimanimani, Zimbabwe?
- Should women and girls be involved in consultation and decision making when it comes to improving water and sanitation solutions after an environmental disaster?

1.7 Justification for the study

A gap has emerged in the disaster management process. This has been reflected by the failure of the government to look into the issue of water and sanitation after Cyclone Idai. I noticed that since there was a lack of monitoring during the recovery phase part of the disaster management, some important issues are overlooked. This gap in the disaster management process affected the proactive measures that were taken after Cyclone Idai struck. There is also a loop hole in the Civil Protection Act which deals with disasters. Disaster management is militarized and those responsible for its management are protected from legal action which exposes the system to the mismanagement of resources and corruption and has caused important issues to be overlooked. For example, the duty to provide access to water and sanitation was breached because resources

were corruptly looted from the disaster management programme. The fact that vital community participation is also not included in the Act has meant that important areas of concern involving people on the ground are not considered since they are not involved or consulted.

CHAPTER TWO

2.0 THEORETICAL AND METHODOLOGICAL FRAMEWORK

2.1 Introduction

The study, being women focused, was best suited to use of the women's law, relational feminism and human rights approaches. Against the background of these theoretical frameworks, the sex and gender analysis and actors and structures approaches were also employed. Focus group discussions, one-on-one interviews and observations were the primary methods of data collection. Key informants will also be discussed in this chapter. Ethical considerations also influenced the research and these included the issues of informed consent, confidentiality and honesty.

2.2 Theoretical Framework

2.2.1 *Women's law approach*

The women's law approach was used in this study because apart from embracing law as a discipline, as a theory it also encompasses perspectives from many other disciplines such as development studies, sociology and anthropology. Stang Dahl (1988) explains the methodology of women's law as traversing diverse disciplinary and pluralistic boundaries which advocates a fairly wide use of accessible materials anywhere it can be found. As a legal perspective, women's law unearths women's lives realities and it is from that angle that it investigates and interrogates the law. According to Stewart (1997), if we want to deal with the law we first have to take the lived realities of women as a starting point. That is how the women's law approach works in its aim to break away from the androcentric and conventional legal centralist approach to analyzing the law. The women's law theory was also important in this research because it necessitated a 'bottom-up' approach. Dahl (1987) postulates that the women's law theory creates a holistic picture in the sense that methods from social sciences have been co-mingled with mainstream legal methods.

In this particular research, the lived daily experiences of women were captured in response to putting the women's law approach into practice so that a contrast could be made between the *de facto* system in which rural women were positioned as a lived reality and the *de jure* system

which is currently in place. So, for example, during the research one of the questions that was asked of the women in Ward 23, Chimanimani was whether, both prior to and after Cyclone Idai, they were actually participating equally with men regarding access to water and sanitation as provided by the letter of the law. The study also investigated women's lived realities encountered on the spot on a daily basis concerning their access to water and sanitation. They were asked whether they were in fact consulted on the issue of improving such services and whether they actually participated in any decision making process which is what the customarily or publicly recognized "knowers" claimed was occurring. Stang Dahl (1987) asserts that in order to completely understand the fundamental principle at work behind laws and their impact on individual women, there has to be an understanding of the role of the law in the lives of women. During the research I discovered that while women and girls have rights on paper, they are not actually enjoying or exercising them in practice. Although Zimbabwe's Constitution provides that everyone has the right to water, the research revealed the reality that the women and girls in Ward 23, Chimanimani were not actually accessing adequate water after the disaster which means they were not fully enjoying their rights.

According to Nyamu-Musembi and Cornwall (2004) there should be a critique of the rights and law as this creates an effective tool for development because it exposes the difference between having a right which is one thing and being able to access it which may be quite another. In other words, it means that while the law can endow people with rights, those rights do not automatically become known to or enjoyed by them, meaning that they simply appear on paper and continue to exist as useless paper rights unless and until they are actually implemented by the powers that be.

In addition, I also realized while I was conducting focus group discussions and one-on-one interviews that the women and girls in Ward 23 did not have access to adequate water and decent sanitation after the disaster and I noticed how this had affected and was affecting their physical and mental health. I also learnt that women and girls are capable of providing local resources, ideas, decisions and labour as input toward improving water and sanitation facilities for themselves as well as for the development of their own communities. Their ways of coping after the disaster because of the lack of poor water and sanitation was also explored. In view of the

fact that Hellum (1995) agrees that ‘the key starting point is to take lived realities’ I realized that it was vital for me to explore if women and girls were accessing water and sanitation after the disaster so that I could come up with relevant and suitable recommendations that address the situation women and girls are facing on the ground.

Moreover, the women’s law approach helped me to interact meaningfully with the women and girls in that it made them seriously look into issues such as the ones related to my last assumption that women and girls must be involved in consultation and decision making processes when it comes to improving water and sanitation solutions after an environmental disaster. For example, I asked them if they were asked by the donors how they wanted their Blair toilets or pit latrines to be designed or where they wanted their boreholes to be sited. I also asked them what they needed their sanitary facilities to be like and the ideal, safe distance they needed them to be from their homes in order to access them safely. They said that they were never consulted or asked their opinions on the water and sanitation facilities that were being provided for them. I even also asked them whether they knew that they had the right to participate in community development after a disaster and none of them knew anything about this. These questions and their responses enabled me to understand the real position of women in Ward 23, Chimanimani versus what is contained in General Recommendation No.37 on women and disasters to which Zimbabwe has agreed to be bound. Therefore, by the end of the research I was in a position to conclude whether the state is delivering on its promises to ensure that the rights of women and girls are being protected and respected.

2.2.2 Sex and gender analysis

According to Hellum and Stewart (1998), the position and role of women in societies and law in many theories is based on a philosophy about gender and sex differences. These authors state that “sex is based on the physical distinctions between men and women, whereas gender is a social and cultural construct.” This approach tries to help society change its negative attitudes towards women and to enhance its understanding of women’s position in society and how to improve it.

During the research I managed to identify that women in society hold lower positions than men because culturally it is thought that men are born more powerful and privileged than women. I discovered from this research that some women cannot even make decisions on their own without first obtaining the approval of their husbands or the brothers of their late husbands. This affected the women to the extent that they could not make decisions or even offer solutions regarding how to improve their water and sanitation situation because culturally it is believed that women are not allowed to stand up and speak in public meetings because that is considered the exclusive privilege of men.

I collected data during the study that enabled me to have a real insight into the experiences and lives of women, the people with whom they interact and the role they play as women and the pressures they come under in religious systems, their families and in court systems.

Because our society is patriarchal, men dominate women in every sphere of women's lives although there are a few educated ones who have or are allowed to have a voice in the making of decisions regarding issues such as improving water and sanitation. In addition, during the research I identified that women and men are affected differently due to inadequate access to water and sanitation. Women are the ones who are more engaged with using water and sanitary facilities than men which means that when these services are compromised their health is therefore more at risk. A major question which comes to mind is, 'Why is it that if it is women who most frequently need and use these services, why is it the case they do not have any control or voice over them?' The issue of patriarchy manifesting itself in the unequal distribution of power over resources comes into play as we see that culture and religion also prevent women from accessing improved water and sanitation services. Quite simply, 'How can these services possibly be improved when you are not allowed to make your opinions known about them?' For example, I noticed that women in Chimanimani do not have control over the resources they use. So, when I asked one of my interviewees why she did not get a toilet built by the donors, she answered that the brother of her late husband did not give her permission to make any changes around the compound or allow her to dig a pit!

In this study I also discovered that most of the women do not know about the law or their rights to access water and sanitation even after an environmental disaster. I have also noticed that they have internalized their oppression as they accept that men are above them, in charge of them and they unwillingly accept that they make decisions for them. For example, I asked a young woman aged 34 why she did not go and take up the offer of employment to help in any way in the building of toilets made by Adventist Development Relief Agency (ADRA). She answered that such jobs are meant only for men and that even if she went there everyone would stare at her and ask why she should even come there because everyone knows that women are not allowed to be wondering around places where men are working or are gathered. Sadly, I found out that the women do not even know that it is their right to participate in community rehabilitation efforts or to be involved in decision making after a disaster.

Although the problem of poor water and sanitation services mostly affects women and girls, they feel resigned to the fact that it is proper for men to make decisions about these services because it is accepted that it is the right of men to make all major decisions. This sex and gender analysis approach has helped me to find out why women and men are affected differently by the inadequate access to water and decent sanitation. The approach also helped me to realize that there is a need to empower women and girls and create awareness especially among themselves about the rights they have to access water and sanitation. I also realized that there is also a need to build a plan on how to bridge the gap that is socially constructed which oppresses and subordinates women and girls.

2.2.3 Actors and structures approach

My assumption was that there were no proactive measures taken on water and sanitation after an environmental disaster. This assumption was based on the fact that there was no financial aid provided to rehabilitate these services. When I went into the research field I discovered that the responsible ministry for disaster management was very fragmented and that disaster management was not properly handled. I also managed to find out that there was neither a law nor policy that locally protects victims of disasters who are referred to as internally displaced persons. The actors within the Civil Protection Unit (CPU) responsible for disaster management were actually preventing the improvement of community rehabilitation by failing to coordinate some of the

activities that were capable of reducing the community's vulnerability to and building its resilience against disasters. The analysis of actors and structures starts with the very title of the Civil Protection Act itself. In 1989 the government of Zimbabwe asserted that 'civil protection' is an umbrella reference which covers the risks posed by technological, natural and human induced disasters/hazards. This term is incomplete in that it fails to address all aspects of the disaster management cycle. There are other essential terms such as mitigation, vulnerability, resilience, contingency plans and disaster risk reduction (DRR) which do not appear anywhere in the 44 sections of the Act, yet very important in building community and national resilience to disasters. As a result of these terms not appearing in the Act, the DRR focal point is neither on reducing vulnerability nor building resilience to disasters. According to Coetzee and Van Niekerk (2012) the disaster management cycle involves the pre-DRR phase of prediction, warning, preparedness, mitigation and prevention and the post-disaster recovery activities of relief, rehabilitation, recovery, reconstruction and development. This entails that there should be proactive engagement in all phases of disaster management but in Zimbabwe there is no proactive engagement.

In addition, the Civil Protection Act also provides that the Ministry of Local Government, Public Works and National Housing (MLGPWNH) is responsible for DRR issues in Zimbabwe and to this end, the Department of Civil Protection (DCP) has been formed in this Ministry. At national level, the DCP is responsible for coordination, policy making and the supervision of institutions. All functions which are essential to disaster preparedness, prevention, recovery and response through regulatory and legislative arrangements are controlled by the DCP and different agencies which operate within the affected communities. These include the ambulance, police force, emergency and medical services and all agencies which provide DRR services to the country. A top- down approach is used in DRR interventions in Zimbabwe, where key policies or decisions are made at higher levels only and are subsequently imposed downwards within the hierarchy.

During and after Cyclone Idai major decisions were made at the top and those who were on the ground were never consulted. However, during an emergency it is possible for a crisis committee to be formed at the district and provincial level to tackle the situation waiting for further instructions from the national level. This inability or failure to take DRR initiatives from this

local level closer to a disaster's victims has a greater impact on its victims. The situation also becomes worse for disaster victims when they have to wait long periods of time for resources to be released to them from the national level. Another clear indication that a top-down approach was used in response to Cyclone Idai was that the functions of the DCP director included having to establish Civil Protection Offices (CPOs) in civil protection areas and this authority was in turn empowered to direct personnel and control services and materials for the purpose of civil protection.

While DRR requires significant decentralization of both resources and powers at local level, the Civil Protection Act makes no provision for community participation, consultation and involvement; it only provides only for the functions of the civil protection assistants and their officers. Section 41 of the Act indemnifies the responsible minister, volunteers and civil protection officers in respect of any injury or loss incurred as a result of or in the course of performing their civil protection duties. This therefore means that they are immune from legal action and cannot be held liable for any death/injury/damage as a result of performing their duties. This protective provision has been abused and certain individuals have hidden behind it to loot resources which were meant for disaster victims.

For example I suspected the looting of resources when I interviewed the assistant officer of Chimanimani Rural District Council asking if they had taken any measures to improve the water and sanitation situation. He lied and said that they had water pipes at Ngorima Clinic ready to be laid out soon to provide clean and safe water for people at Koppa. When I went there, however, I could not find any sign of any pipes and I left Chimanimani having discovered that no progress had been made with any piped water project as promised. Eight months after the disaster the victims were still living in refugee camps and not one house had been built as promised which clearly proved the looting of resources meant for the disaster victims.

In addition, I found out that it is actors and structures that are themselves contributing to the failure to provide adequate water and decent sanitation after the disaster when I discovered the weakness of the Civil Protection Act which is implemented through the Civil Protection Office (CPO) and the National Civil Protection Coordination Committee (NCPCC). These concerns are

too heavily militarized in all their structures from the district to national level. This is covered by subsection 2 of part III and section 4 which provides that the CPO and NCPCC should comprise the Police Commissioner, the directors of prisons and commanders of different branches of the defense forces, for example, the Zimbabwe National Army and the Air Force of Zimbabwe, among others. The claim that the management of disasters has evolved from civil defense to civil protection is highly debatable considering the overwhelming presence of senior military personnel in these organizations.

This was evident in the response to Cyclone Idai when it could be clearly seen that the military was at the forefront of operations sharing food, clothes, sanitary wear and all sorts of other aid and they were reported to have been stealing some aid in partnership with ZANU PF. There is also evidence on social media platforms of ZANU PF trucks carrying looted aid and some women in uniform and soldiers stealing as well. There also have been reports that the soldiers were sexually abusing women and girls in exchange for the aid distributed by them. This clearly shows that there has been abuse at the highest level of command within the civil and military chains of command responsible for assisting victims in the relief operations following Cyclone Idai. The powers that were abused are conferred on the responsible authorities in terms of Part VII of the Act in terms of which section 23(1) gives civil protection officers the extraordinary power to control or take possession of property or land or anything for the purpose of dealing with a disaster.

So I found myself wondering, ‘If it makes sense that and the best disaster management experts have proved and agreed disaster victims or affected villagers should take a leading role in their communities preparing for and recovering from disasters, why was the Cyclone Idai operation so heavily militarized?’ I also came to the conclusion based on the research evidence that the disaster management operations after Cyclone Idai failed because they were militarized.

2.2.4 Relational feminism

Relational feminism was vital to this study when I tested some of its key premises and, e.g., found that the extent to which women and girls are able to access water and sanitation, control or use natural resources is firmly embedded in the social networks in which these particular women

and girls find themselves. This lines up with what Derman, Hellum and Sandvik's (2013) postulation that as we analyze how human rights are conceptualized and reach women at the grass roots level, we should acknowledge that, as assumed in the international human rights instruments, women are not only individuals but they are also deeply embedded in economic and social relationships. This applies to rural women in Africa who live in community entities such as villages where the natural resources which are the source of their livelihoods are shared. In this study the approach taken by the contributors to Derman, Hellum and Sandvik's (2013) book is adopted.

In order to come to grips with the complex struggles of power and resources that shape the relationship between international, national and local norms, they deconstruct the notion of shared community interests and thereby uncover patterns of gender and social differentiation within local communities. By exploring the existing real experiences of women and girls accessing, using water and sanitation in this study; these actors were looked at as individuals as well as members of a wider spectrum of social strata within the communities under research. I also discovered that women's voices need to be heard when it comes to water and sanitation because men lack a maternal perspective. Men lack the spirit of mothering so they are extremely unlikely to ever fully understand the experiences of women. For example, mothering involves bathing children, washing clothes, cooking and taking care of the sick and this is almost always done by women. Such duties are heavily dependent on safe and adequate water and sanitation.

Therefore, since men are so unfamiliar with these tasks they cannot be expected to truly understand the importance of accessing water and sanitation because they are not typically involved in mothering duties. So this is the reason why women need their voices to be heard in politics, economics and social spheres concerning such critical national developmental issues involving, for example, water and sanitation. Relational feminism advocates that women and men should see each other as equal partners and there should be no discrimination against them based on sex. I discovered this when I went to certain households in Gamundana. When I asked the women that I would like to interview them they said that they first had to tell and obtain authority from their husbands which showed that these women did not see themselves as being equal to their husbands and they seemed to feel that they were owned by them.

2.2.5 Human rights theory

During the research I used the human rights approach in order to determine the extent to which Zimbabwe as a state party has adhered to its international obligations under different applicable international human rights instruments to which it is bound. One of my assumptions was that the Zimbabwe government took no proactive measures on water and sanitation after Cyclone Idai struck Chimanimani. It was important to look at this because one of the states obligations is to put measures in place that protect and respect women and girls and their rights after a disaster. It was also vital to use the human's rights approach because it embraces strategies for enhancing women's enforcement of their right to access water and sanitation after disasters like Cyclone Idai strike. I identified that violations of the human right to water and sanitation are also linked to health and gender balance rights which are also guaranteed by the Zimbabwean Constitution. There is also a failure by the government to secure the rights of subordinate and vulnerable groups. I discovered further that there is no law or policy in Zimbabwe that addresses the plight of internally displaced persons. Human rights are a group of universal rights which everyone is entitled to enjoy regardless of their sex, color, sex, status and religion.

Using the human rights approach improves the chances of women and girls in their struggle to realize their right to access water and sanitation. The reason is that this theory offers them hope and confidence to make the patriarchal dominated judicial institutions work for them. Applying this theory involved critically analyzing the lives of women and girls when they accessed or attempted to access water and sanitation which then made it possible to determine whether the Zimbabwean government, actors and society are actually adhering to the requirements of international human rights standards. So, using this approach I realized that the following were relevant to the study: that disaster management plan, the Civil Protection Act, the country's 2013 Constitution, the National Water and Sanitation Policy and the laws regulating access to water and sanitation after a disaster. I also looked at how and who enforced these laws and as a result I managed to identify the gaps in the Civil Protection Act which contributed to the failure of the disaster management operation after Cyclone Idai.

I was also guided by the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) which has been signed and ratified by Zimbabwe, meaning that it ought to

adopt and implement the instrument's various provisions. By binding itself to CEDAW, Zimbabwe agrees to take all appropriate measures to eliminate discrimination against women in rural areas in order to ensure, on a basis of equality of men and women, that they participate in and benefit from rural development and, in particular, ensure to such women the right: To enjoy adequate living conditions, particularly in relation to housing, sanitation, electricity and water supply, transport and communications as stated in Article 14(2)(h). General Recommendation No 37 of CEDAW on women and disaster also guided me through the research in so far as it states that there should be the promotion of women's participation in the creation and development of communities in response to disasters and to ensure or provide measures that ensure that the rights of women and girls are respected and protected.

I was also justified in using the human rights approach because Zimbabwe has signed the UN Resolution on the Human Right to Water and Sanitation. Although the country's 2013 Constitution guarantees the right to water it does not go as far as guaranteeing the right to sanitation.

The human rights approach also enabled me to discover the relationship between access to water and sanitation and substantive gender equality. This is emphasized in General Comment No.20 on non-discrimination by the Committee on Economic, Social and Cultural Rights (CESCR). It stipulated that states have the task to immediately adopt measures that are necessary to diminish, prevent and eliminate any attitudes or conditions that are responsible for or cause *de facto* or substantive discrimination. The clause also provides that by way of an example everyone having equal access to adequate water, housing and sanitation and that by achieving this will help to overcome discrimination against women and girls or persons living in rural areas and informal settlements.

In addition, Zimbabwe has made a pledge to comply with the Convention on the Rights of the Child (CRC) and Article 24, Paragraph 2, of the Convention requires states parties to combat disease and malnutrition "through the provision of adequate nutritious foods and clean drinking water." Since the International Covenant on Economic Social and Cultural Rights (ICESCR), to which Zimbabwe is also a party, has also previously recognized that water is a human right

(Article 11 of ICESCR) has further justified my use of the human rights approach. I have managed to conclude after the research that even though all these international rights exist and Zimbabwe has promised to adhere to them, the fact is that it is failing to ensure that they are realized. To be specific in the context of this research, the government of Zimbabwe is effectively failing to facilitate access to water and sanitation after a disaster and the affected people on the ground are not aware of their rights.

2.3 Methods of data collection

Table 1 shows details of the respondents involved in the study and their gender.

2.3.1 Focus group discussions

Since my research was qualitative I used focus group discussions so that I could gain an in-depth understanding of the water and sanitation issues. Focus group discussions aim to obtain data from a purposively selected group of individuals rather than from a statistically representative sample of a wider population. Another reason why I used focus group discussions is that Chimanimani is mountainous which made it very tiring and difficult for me to do door to door interviews in all the villages. At one point I injured my knee while walking on a slippery road. I then chose to conduct focus group discussions which were organized with the help of village heads. My group discussions consisted of 10 to 15 women and I observed that many were willing to talk in groups rather than individually as some of them seem to be shy. Focus groups discussions enabled me to question whether women had sufficient access to enough water and sanitary facilities, whether they were involved in decision making after Cyclone Idai and what they hoped would be done to restore water and sanitation services.

Focus group discussions also enabled me to discover that women and girls were now being abused by soldiers due to inadequate water and sanitation and some young women had resorted to prostitution because of the hardships they were facing after the cyclone. They also enabled me to identify the health implications that were brought to bear upon women and girls in Chimanimani who were failing to access adequate water and decent sanitation. Focus group discussions have advantages in that I was able to ascertain detailed information about women's and girls' perceptions, feelings and opinions about water and sanitation. They saved me time

conducting the research and transport costs. For example, I would have had to visit one village several times if I only conducted one-on-one interviews. With focus group discussions, however, I needed to make fewer visits. For instance, I would have had to visit Jiri village many times but with focus group discussions I only had to go there three times. Focus group discussions also offered me the opportunity to clarify if it was true that disaster management was militarized and I found out that it was indeed the case. I also obtained more information relevant to the research topic as a result of the communal discussions. For instance, I found out what the water and sanitation situation was like both before and after the cyclone.

2.3.2 One-on-one interviews

During the research I conducted in-depth one-on-one interviews with women and girls in Ward 23, Chimanmani. I could not use this method frequently during my research because of the geographical difficulties posed by the landscape of the research area. The aim of the one-on-one interviews was to find out the true position of women in accessing water and sanitation in their own words or voices. Sometimes women do not like sharing in front of each other and their evidence may become unreliable. The elderly women were more available to participate in one-on-one interviews than the younger women who were always working in the fields. I also managed to discover that women and girls were not aware of their rights during these interviews.

In addition, one-on-one interviews enabled me to record the respondents' own words and it could be captured correctly for data analysis. I obtained a good response rate from one-on-one interviews and they allowed me to ask more detailed questions. For example, I asked if women were given an opportunity to participate or air their views concerning decisions when the water and sanitation facilities were designed or built. I even asked them if they had seen any improvement of these services by the government. All of them answered quite freely that they were relying on donor help alone since they had never seen their Council do anything in respect of water or sanitation either before or after the cyclone. They also complained about what they thought was being done unfairly. For example, they thought it was a mistake to give money to the male heads of families to build toilets. There had been many reported cases of the men spending this money on beer and when their wives asked for that money to use it for the purpose for which it was given they became victims of domestic violence.

Table 1: Showing respondents and their gender

| RESPONDENTS | GENDER |
|---|---------------|
| Women in the community | Female |
| Health workers | Female |
| Chimanimani Environmental Health Officer- Koppa sub-office | Female |
| Chimanimani Rural District Council Assistant Officer | Male |
| Principal Administrative Officer - Civil Protection Unit | Female |

2.3.3 Observations

I went to Budiro Club in Gamundana village where women gather to talk and educate each other about personal hygiene and cleanliness. I sat there and observed as the women were having their meeting just like what happens in ordinary village life. They encouraged each other to practice good hygiene and personal cleanliness. The group leader emphasized that people should not use bush toilets but rather build temporary ones so that human waste was not dispersed everywhere which would put people at risk of contracting diseases like dysentery, cholera and typhoid. Women were also educated to dig holes for their children to use as toilets and put small containers with water outside toilets. They were told to boil any water they collected before drinking it in order to make it safe. They also sang songs whose words encouraged and educated people to practice good hygiene. This motivated women and girls to keep their environment clean. I observed that some women and girls in this village did not attend such meetings because it was the farming season and they were busy working in the fields. Those who do not attend such meetings or clubs lack knowledge on how to improve the water and sanitation situation.

I also noticed that there has been looting of funds as the victims who should have received them had not done so and were still living in tents 8 months after the cyclone. After the Chimanimani Rural District Council Assistant Officer lied to me about the piped water scheme I also noticed other signs of dubious developments surrounding the issue of aid for Cyclone Idai victims. I

went to Chimanimani in early November and by the time I left in mid-December no action had been carried out by the government to improve water and sanitation some 8 months after the disaster. There was only a little evidence that some donors had provided some aid to the community and I observed that the government had neglected the issue of water and sanitation.

2.3.4 Key informants

I had interviews with key informants and they involved people with professional backgrounds. I managed to interview the Assistant Officer of the Chimanimani Rural District Council, the Village Health Workers for all of Ward 23, one teacher and the Principal Administrative Officer of the Civil Protection Unit. When I talked to the village health workers I manage to find out the health implications of inadequate access to water and sanitation. They also managed to provide me with statistics of how often women and girls were sick with water borne diseases. The principal administrative officer provided me with information about the Civil Protection Unit and its functions, the Civil Protection Act and the disaster management plan. Another key informant was from the Ministry Of Water, Environment and Climate Change but they disappointed me as they refused to have an interview with me and this made me suspect that they were hiding something.

The aim of these interviews was to get detailed information on how disasters are supposed to be managed, what the relevant Zimbabwean laws are and to analyze whether they are being effectively implemented and what, if any, gaps they had. This enabled me to analyze the Civil Protection Act and I found that it has weaknesses because it seems to offer no protection against the theft of resources or funds meant for disaster victims as those responsible for managing them are protected from legal action. I also discovered that disaster management was over-militarized which is why it failed to improve the water and sanitation situation for victims of Cyclone Idai. When I was also talking to the assistant officer I concluded that there is corruption in the system and the top-down approach which is being using in Zimbabwe disaster management exposes victims to many dangers. The government's negligence in providing adequate water and sanitation services both before and after the cyclone was also exposed as a result of interviewing key informants.

2.4 Ethical considerations

During my research obtaining the informed consent of the participants was a major ethical issue. The participants voluntarily, knowingly and intelligently gave their consent to be interviewed. Each and every time before I conducted any interview I asked the women and girls if they wanted to take part in the research as they were not being forced to participate. By obtaining their informed consent I protected the women and girls' right to autonomy and self-determination. This approach also protected their personal liberty, integrity and veracity. I made sure that the women and girls gave me their informed consent after assuring them of the possible benefits that would emerge from this research and one of them was that they would learn the advantages of making informed decisions.

I also observed the issue of honesty during my research with the women and girls. I honestly reported the data I obtained from the research to my supervisor, as well as the methods I used for data collection and the procedures I followed to obtain all the data I got from the field. I did not fabricate data or misuse data from the internet or previous studies or misinterpret any data. I did not deceive the women and girls as to the nature or purpose of my research. I told them honestly that it was for academic purposes only. I also assured the human resources department of the Civil Protection Unit I would bring them a hard copy of my dissertation after its completion.

I also observed the principle of confidentiality during the research. I pledged to the Ministry of Local Government and National Housing that the data I obtained from the Ministry would be kept confidential for academic purpose only. Confidentiality was also given to my respondents to whom I promised that I would never expose them for revealing the information they gave me. I also did this because the women and girls were afraid that if they were discovered to be responsible for exposing those who were guilty of stealing the aid that was meant for Cyclone Idai victims this might be find its way on to social media and expose them to beatings by ZANU PF youths in their community. I made sure that they knew that they were safe speaking to me and that whatever they said would be received in total in total confidence.

2.5 Conclusion

This chapter explained the methodologies which were used in the research, the main one being the women's law approach. This approach was complemented by others including the sex and gender analysis, actors and structures, relational feminism and human rights approaches. The methods of data collection used in the research were also discussed in this chapter. They included focus group discussions, one-on-one interviews and observations as well as in-depth discussions with key informants. This chapter also covered certain ethical principles which were observed during the research and they included informed consent, confidentiality and honesty.

CHAPTER THREE

3.0 FINDINGS: THE ESSENTIAL HUMAN RIGHT OF WOMEN AND GIRLS TO SAFE WATER AND SANITATION

3.1 Introduction

The chapter will discuss the assumption that due to inadequate water and sanitation, women's and girls' health will be put at risk. This chapter also explores the fact that women and girls were not provided with safe water and decent sanitation after Cyclone Idai struck. The fact that women's and girls' cultural and body taboos are violated by being denied access to adequate water and sanitation is also covered in this chapter. Ignorance and corruption in the system are identified as some of the reasons why women and girls were denied access adequate water and sanitation services.

3.2 Inadequate water and decent sanitation has put the health of women and girls at extremely high risk especially after Cyclone Idai

During my research it became clear that since Cycloe Idai the challenges women and girls are now facing in trying to access water and decent sanitation has become a double burden as their health is also at high risk. The women and girls in Chimanimani revealed that they are now more prone to diseases like cholera, typhoid and dysentery as they are subjected to poor sanitation. From my observations, it was clear that nothing much has been done to provide water and sanitation by the government and only a little aid had been received for these services from donors.

It was also noted that women and girls are also suffering many physical injuries as they often stumble and fall on long journeys along uneven rough mountainous roads of up to 1 km to fetch and carry water. There are reported cases of about 3 girls in different villages who have broken their ankles falling on rocks on their way back from fetching water.

Three quarters of members of the households I interviewed complained of upset stomachs due to the unclean water they are forced to drink. The people in Jiri village use the Risitu River as their main source of drinking water. It is muddy most of the time because of gold panning actives and

this has been worsened by the cyclone. Collecting drinking water from a river in which dead bodies are still being found months after Cyclone Idai is clearly not safe as it is contaminated which is why there are high rates of dysentery in villages which fetch water from this river.

The health of women and girls is more threatened by inadequate water and sanitation as they use up 40% of their nutritional daily intake whilst travelling to collect water. Women and girls carry the water in heavy 20 litre containers on their heads and by doing this more than 5 times a day damages their spines and pelvis. Most of the women also complained of back pain because they are overworked having to carry about 100 litres of water per day on their heads and they have to walk at least a kilometer to fetch it. Being forced to carry heavy loads on their heads and walking long distances to fetch water also creates future problems for women and pregnancy. Pregnant women who do such hard work are at risk of giving birth to premature babies and suffer from high blood pressure. One young pregnant girl had a miscarriage. Every day her mother-in-law had been forcing her to walk 2 km to fetch and carry 200 litres of water. Therefore, inadequate access to water has huge implications for the health of women and girls.

Inadequate water and sanitation has also caused many deaths. The village health workers whom I interviewed also indicated that the rates at which women and girls as well as young children are falling ill from dysentery is increasing. This was because they could not access basic safe water and sanitation services. The other main source of drinking water for women and girls in Chimanimani are unprotected springs and wells and they can contain dangerous chemicals, such as arsenic and fluoride, which build up naturally from the groundwater. If the drinking water becomes fluoride-rich it causes serious health problems such as dental fluorosis and crippling skeletal fluorosis and these effects are irreversible. Dental fluorosis is very common in people who live in Chimanimani because they drink water from hot springs and unprotected springs in the mountains from which, it is believed, fluoride gases are emitted. Skin lesions and cancer can also be caused by long term exposure to high levels of arsenic in drinking water. It is also believed that high levels of arsenic in drinking water can cause diabetes and cardiovascular disease. Of the elderly women in Chimanimani at least half of them were complaining of diabetes. The gases found in untreated contaminated ground water are believed to be linked to impaired cognitive development and increased deaths in young adults. Inadequate sanitation and

disposal of waste water increases the spread of resistant-antimicrobial bacteria and genes in the environment and this also increases the exposure of local people in the area to drug-resistant bacteria.

Inadequate water and sanitation has also put women and girls in Chimanimani at risk of contracting sexually transmitted diseases and HIV/AIDS. The elderly women that I had discussions with at Koppa growth point explained that South African soldiers at Koppa growth point were exchanging bottled water with young women and girls for unprotected sex. They also said that if they wanted to use one of the temporary toilets at Koppa which belongs to Nyaradzo they would have to be prepared to give sexual favors to the soldiers building the Koppa Bridge which had been destroyed by Cyclone Idai. The fact is that if the women and girl victims at Koppa had been provided with adequate and clean water and sanitation they would not be forced to take such life-threatening sexual risks simply to get a bottle of safe drinking water or to use a toilet.

Water challenges had become a heavy burden for girls who go to school as they sometimes miss morning lessons because they have to fetch water from distant places before setting out for school. Most of them do not have access to decent toilets as they were also damaged by the cyclone. Three quarters of the households in which I conducted interviews reported that they experienced upset stomachs due to the unclean water they drink and contamination from the unsafe disposal of human waste.

The women also mentioned that this problem of poor sanitation makes their lives twice as hard when a member of their family gets sick and they have the responsibility of taking care of them which also increases their exposure to infection. When I was conducting interviews I also took photographs of some of the toilets and bathrooms which are used by the women and girls of this village. Out of 50 households in Mariga village where I conducted interviews, 21 households had no toilets and they were using bush toilets which they were sharing with those who did not have any toilets. The practice of open defecation is one of the most dangerous practices as it speeds up the transmission of human-waste causing oral diseases.

The conditions of some of the toilets that I saw being used by women were unsafe and well below basic standards. I went to Gadzingo village to meet the first group of women to have discussions with them at about 9 a.m. They complained that their responsibilities are made so much more difficult by their poor water and sanitation facilities. They said in the absence of basic sanitation facilities, their cleaning responsibilities which they carry out become very hard to do. They disclosed that they are also responsible for the disposal of human waste (such as “manual scavengers”) which they perform often without adequate health protection or equipment. They also mentioned that when there is poor sanitation, children and old people become more susceptible to infection from WSS related diseases, especially diarrhea. When this happens they, the women, are the ones who usually have to take care of them. They are forced to stay home and cannot do their work to earn money to keep their families and this gives them a lot of stress.

Women experience the greatest stress of poor water and sanitation due to their multiple responsibilities and generally inferior social status. This stress weakens a woman's resistance to disease and adversely affects her ability to undertake essential economic and family activities. It was in an attempt to avoid such dangers that the government was motivated to include section 77 in its 2013 Constitution which guarantees every citizen the right to water because it is so closely linked to the health of every citizen.

After Cyclone Idai the government of Zimbabwe was supposed to observe this human right because they knew it was directly linked to the health of its helpless victims. Taken together, Zimbabwe's signing of the UN Resolution on the Human Right to Water and Sanitation and its being a party to CEDAW and the General Recommendation that during disasters women's rights are supposed to be particularly protected and respected, should have all galvanized the Zimbabwe government to vigorously act on the right to water because during the unique time of a disaster the adequate provision of water is critically linked to the good health of disaster victims. In short, the disaster management efforts in the wake of Cyclone Idai should have made the provision of safe water and sanitation a priority, especially for women and girls, in order to achieve complete community rehabilitation.

3.3 Availability of clean and safe water and sanitation provided for women and girls after Cyclone Idai

During the research I managed to identify that there is a need for safe water, sanitation and health and hygiene promotion including the distribution of NFIs. The interviews and focus group discussion I had during the research indicated that women and girls were not given chlorine pills to treat water, and that most of them were drinking water from contaminated rivers, unprotected wells and springs. There were only 2 boreholes in Ward 23 which were rehabilitated by World Vision. Most of the few people who managed to get chlorine pills feared using them because they believed that they would cause diarrhea. There were a few cases of households suffering from diarrhea after using the chlorine pills.

Women and girls also indicated that their village heads were too ignorant to approach the people who could volunteer to educate people in the community about important sanitation or hygiene principles. The respondents mentioned that they drink raw water from unprotected springs and that they were afraid to protect them because they believed that they would dry up. Another theory which emerged during the research was based on traditional myths that natural springs came from their ancestors and that nothing man-made should be brought near them, including any kind of protection. As a result, the influence of these beliefs prevented donors from putting measures in place to protect the springs and afford people access to safe and clean water.

The women and girls also indicated that since they do not have bathrooms or toilets in their homes, they bath at night anywhere around the compound and do their ablutions in the fields so that they are not seen by people. There were only a few people who benefited from the International Rescue Committee's (IRC) toilets project, but many desperate people who were in need of help were left out of the project. The village health workers also explained that the households that had the highest rates of diarrhea belonged to the apostolic sect who did not believe in seeking medical help from clinics and did not accept educational advice about hygiene. Members of this sect live in crowded compounds comprising of households of one husband with up to 6 wives and 18 children each but they do not have proper toilets in their homesteads.

During the research I also observed that of the people who collected donor aid when I was there, only a quarter of women and girls received dignity kits and this showed that they did not consider the special needs of women. Pants were only given to widows and some of them were children's pants so they could not fit into them. Chlorine pills were also given to everyone to treat water.

Only women and girls who participated in FACT clubs were given buckets and containers to store water. A quarter of girls that attended these clubs received sanitary pads and dignity kits. The top-down approach which was used by the government to implement its disaster recovery efforts neglected the special needs of women and girls after Cyclone Idai.

3.3.1 Violations of personal, marital and cultural rights to dignity, privacy and security

The women and girls who were living in refugee tents at Koppa indicated that they were suffering grievous violations of their personal and cultural dignity. The respondents indicated that they are forced to bath in the day in the open in the Risitu River when everyone can see them naked and they therefore have no privacy. They complained that they are unable to bath at night because they are afraid of being raped in the river because it is not safe to be there alone at night. All the respondents said that their dignity was being violated by being forced to bathe in the day time because people could see them bathing in the nude and this was also a violation of their cultural beliefs. One respondent said this was totally unacceptable because, she said, that our bodies are the temple of God and by being forced to bathe naked in front of people in the day time makes her feel deeply violated.

They use only one borehole which was drilled by the Council in partnership with World Vision, a donor. Women and girls also indicated that there were no temporary toilets provided for them after the cyclone and that they were having to share a public Council toilet with men. They said that the toilet is not secure as it has no roof which means that it might as well be out in the open. This they said was not such a problem for men but was very embarrassing and awkward for women and girls.

The deep personal and cultural dignity of the women and children were also grievously violated because in the full sight of people they had to crawl behind bushes to relieve themselves. In the villages people's toilets and bathrooms were destroyed by Cyclone Idai and they were left with no option but to resort to relieving themselves in the open. It is culturally unacceptable for children to see their parents or elders conducting their ablutions in public but, having had their toilets destroyed, that cultural custom was broken.

A further violation of cultural customs occurred in the wake of Cyclone Idai when many family homes were destroyed and people were forced to sleep in one room with their children. Culturally parents should not sleep in the same room as their children because they should not witness their parents being intimate. If they were to do so, this could incite incest. When Cyclone Idai struck, however, this cultural custom was violated as parents and children were forced to sleep in one room. Culturally also women are not encouraged to wear trousers but when Cyclone Idai struck and swept away people's homes and belongings they were left with no option but to break this culturally respected practice. The fact that the rights of women and girls are so seriously violated in times of disaster (as revealed above) gave rise to obligations being imposed on the state to come up with disaster management that protects and respects these very rights.

The abovementioned personal and cultural rights of women and girls were violated because the government failed to provide them adequate sanitary facilities. In its General Comment No.20 the CESCR requires that states must take measures to ensure that every individual has equal access to water and sanitation in order to remove discrimination against women and girls living in rural and informal settlements. Hence during the state's disaster management campaign after Cyclone Idai the state should have complied with this obligation so that women and girls in rural areas (Chimanimani) did not feel discriminated against. Therefore, its failure to provide safe sanitary services clearly violated their dignity both personally and culturally and forced them to break respected cultural practices.

During any disaster funds must be distributed to be used in disaster recovery efforts. Therefore, the government of Zimbabwe should have given priority to allocating funds specifically meant for water and sanitation as they are such critical life saving services, especially after a disaster.

Furthermore, the government should have properly equipped local authorities to manage the disaster at the local level because they were on the ground, closest to and most knowledgeable about the victims who so desperately needed help.

3.3.2 Ignorance and corruption in the system

During the research respondents explained that they were not accessing adequate water and sanitation because of the corrupt tendencies of their village heads. They said that those who were mostly affected by the cyclone were not benefiting from the help of donors as their village heads squandered the funds. These village heads were making sure that their relatives and girlfriends were the first to receive donor funds and they ignored their vulnerable fellow villagers who genuinely needed help.

So, for instance, they gave cement meant to build toilets for those who had none to people who already had toilets and they used the funds to build themselves houses. The IRC volunteer whom I met agreed that corrupt village heads were the problem. The IRC was working with village heads and they were the ones who provided them with the names of people in need of toilets. Therefore it was most likely these village heads who put forward false names or the names of their own relations so they would receive the aid and corruptly divert it from those who were most deserving and in need of it.

During an interview with the IRC volunteer she pointed out that the most common barrier preventing women from accessing adequate water and sanitation was ignorance. She emphasized that people were asked to dig pits for toilets and reinforce them with stones so that the donor could build toilets on top of them but many of them were not doing this. Most of them gave the foolish excuse that digging a toilet pit was too hard for them so because they failed to do it they were left out of the IRC program. The IRC volunteer said that she had also heard of instances in which villagers had sold the cement which they had been given. I was provided with the statistics of the households which were helped by the IRC to improve sanitation in Ward 23, Chimanimani.

Corruption caused the disaster management efforts to fail because such efforts were unmonitored and because of the weaknesses existing in the Civil Protection Act. They were supposed to implement a mixed model approach when they were managing the Cyclone Idai disaster. The traditional model whose process includes all the stages from mitigation, preparedness, response to recovery should not have been left out and each one of those processes or stages should have been carefully monitored to avoid corruption. The recovery phase in this case was particularly important because it entails long term actions that are taken after a disaster with the aim of restoring important infrastructure and services. This is where permanent water and sanitation services should have been restored. The manner in which Zimbabwe managed the Cyclone Idai disaster ignored how to deal with the equal distribution of resources to the affected population. Using a mixed approach would have included the integrated application of the community based management tool would have helped to make the recovery efforts a success. The fact that Cyclone Idai was of such high magnitude meant that a mixed model approach should have been implemented as crucially it would have involved the active involvement of the affected victims in the rebuilding of their communities.

Amendments should also be made to the Civil Protection Act to remove legal protection from culpable volunteers, officers and managers of disaster. This was the main reason why the disaster management of Cyclone Idai failed because those responsible for it knew that if they stole the resources meant for victims no legal action could be taken against them. Also, militarizing the disaster management efforts was where the government went wrong because it presented those from the lowest to the highest in command with the temptation to behave corruptly and sadly so many of them did. Too many of the personnel involved in the disaster management, from district to national level, work for the military. This is permitted in terms of in subsection 2 of Part III of the Act as read with section 4 which requires that the CPO and NCPCC should comprise the Police Commissioner, the directors of prisons, commanders of different branches of the defense forces for example the Zimbabwe National Army and the Air Force of Zimbabwe among others. These provisions and that granting impunity to disaster management personnel impunity gave the military the power or *carte blanche* to loot the aid without fear of being held publicly accountable for doing so and this was one of the major reasons why they failed in their disaster management efforts.

The top-down approach is used in DRR interventions in Zimbabwe, which means that key policies or decisions are made at higher levels only and are subsequently imposed downwards by the hierarchy. During and after Cyclone Idai major decisions were made at the top and those who were on the ground were never consulted. However, during an emergency a crisis committee can and should be formed at the district and provincial level to tackle the situation while they wait for further instructions from the national level. This inability or failure to take DRR initiatives at the local level has an extremely harmful impact on disaster victims (for whom time is of the essence) and they usually have to wait long a long time for those at the national level to make resources available to them.

In summary, the heavy militarization of the Cyclone Idai disaster management efforts, certain weaknesses in the Civil Protection Act as well as the failure to use the most ideal and proven models to handle the disaster management efforts led in great measure to preventing women and girls from accessing adequate water and decent sanitation after Cyclone Idai.

3.4 Conclusion

The chapter has discussed how, as a result of the government's disaster management efforts after Cyclone Idai, the women and girls in Ward 23, Chimanimani were put at risk by not being able to access adequate water and sanitation. Some of the diseases which women and girls were likely to contract were mentioned in this chapter and they included typhoid, cholera, dysentery, dental fluorosis and skeletal fluorosis. No safe water and decent sanitation available for women and girls to access after Cyclone Idai. This had been evidenced by comments from respondents that they had no toilets or bathrooms at most refugee camps and only a few boreholes were rehabilitated for them to use.

The reasons why women and girls were not able access safe and decent sanitation was as a result of corruption within the system and ignorance by the victims of Cyclone Idai. Violations of personal, marital and cultural rights to dignity, privacy and security were also some of the consequences of not providing adequate water and sanitation. This chapter also discussed suggested amendments to the Civil Protection Act to remove blanket immunity from civil and criminal action of volunteers, officers and managers of disaster. This was the main reason why the disaster management of Cyclone Idai failed because they knew that if they looted the

resources meant for the victims they would not face any legal action. The chapter has also emphasised that the state must come up with disaster management processes and practices that protect and respect the rights of women and girls.

CHAPTER FOUR

4.0 WOMEN'S PARTICIPATION IN DISASTER MANAGEMENT

4.1 Women and girls did not participate in community rehabilitation and development programs after Cyclone Idai

During the research I discovered that women and girls did not participate in community rehabilitation and development programs after Cyclone Idai. This was because the government did not use a community based approach to its disaster management exercise. During the meetings women and girls in Chimanimani complained that they also wanted to be included in decision making processes involving the development of their community. The respondents also mentioned that the village heads make some decisions without informing the villagers and without even considering their views. The women and girls feel that they should have regular meetings on what can be done to help improve their community. The respondents even suggested that they should be involved in operations to build toilets that are accessible to everyone in the community.

When I had interviews and discussions with women and girls they proved that they have the knowledge and skills to help in rehabilitating the community but the problem is that they never had the opportunity to participate in and therefore did not participate in any rehabilitation work after Cyclone Idai. They revealed that the programme of community mobilization based on the acquisition and distribution of shovels, toys, buckets and seeds to small groups of families could encourage residents to look after their homes and immediate environment. Such plans could also include establishing and managing water and sanitation.

During the discussions women and girls indicated that before expanding buildings in emergency settlements, residents should be consulted concerning ideas about the layout of huts and water supply, which may be especially important to alleviate the poor conditions of the crowded camps in which they are now living. I have also noticed that that men dominate key decision-making positions at community level in both elected and traditional positions. This had several implications for the response and recovery process of the community especially as far as it concerned water and sanitation after an environmental disaster. Women constitute 13% of the

current 9 elected representatives in local government positions. Traditional positions are normally handed down the same male line from generation to generation. The fact that women and girls are under-represented means that their voices go largely unheard or unheeded and this has the effect of reducing their participation and involvement in decision making processes. I have also observed that in affected areas a few assessments and meetings have been conducted regarding how to rebuild the community. Women and girls did not participate in these meetings because they were busy attending to their family responsibilities. For example women are usually unable to leave their homesteads to attend meetings if it means leaving behind a sick husband or mother-in-law; even having to perform domestic chores prevents women from attending meetings outside their homes or from participating in activities not related to family matters.

Socio-cultural norms are also another reason that prevented women from participating in community rehabilitation and development programs after the disaster. The strong social-cultural norms that prevail in Chimanimani prohibited women and girls from participating in any programs. For example women are not encouraged to speak in public forums because they are considered 'unholy' by some white garment churches. When I was also having discussions with women and girls they mentioned that meetings for programs were usually held at village head's homesteads (*dare*) and women are not allowed to sit there. During this crisis period men took precedence and women were not given an equal opportunity to express their concerns about water and sanitation and this was a reflection of traditional cultural practices which exclude women from being involved in the discussion and resolution of important community problems. In addition children, both boys and girls, are also not given an opportunity to participate and contribute to on-going discussions. If the disaster management personnel had adopted the community based model it could have been successful in establishing water and sanitation services.

A community-based approach could have empowered women, girls and the community to participate in designing and implementing much needed interventions based on local capacities, needs, available resources and that is where there issues of water and sanitation have been discussed and dealt with. Since community members including women are the immediate

victims of the adverse effects of a disaster, they have the best knowledge about their society such as water sources, roads, health facilities, risk areas and cultural status so it is vital to include them in disaster management. A community-based approach would also have helped the members to cope with the effects of the disaster and if the government had taken this route right from the planning stage it would have minimized the adverse impacts of the disaster for women and girls.

Also in line with the non-discrimination clauses of CEDAW, following this approach meant that women and girls wouldn't have been excluded from participating in community rehabilitation. General Recommendation No. 37 of CEDAW on women and disasters obliges states to respect and promote women's rights by ensuring that they participate in climate responses and climate-related decision making. In the disaster management of Cyclone Idai, the government was supposed to adopt the recommendation of CEDAW in order to promote and respect the rights of women. By preventing women from participating in community rehabilitation the government was violating the rights of women and girls. If women had participated in the recovery process of Cyclone Idai disaster, water and sanitation services would have been improved or provided. The recommendation is a guideline on how disasters should be managed but the government's track record so far has proved that these laws exist simply on paper. It has not effectively applied them for the benefit of people on the ground because it did not ensure the involvement of women in the participation in community rehabilitation and development after Cyclone Idai struck Chimanimani.

4.1.1 The top-down approach to disaster management

During the discussions I had with women and girls I concludee that a top-down approach was used by the government in its disaster management of Cyclone Idai. This approach to disaster recovery neglected the special attention and needs of women and girls after Cyclone Idai. For example, the issues of water and sanitation were overlooked. The things I observed when I went to a FACT donor meeting in Gadzingo Village where they were giving people aid made me conclude that decisions were made only at the top and they were as follows: (1) I observed that out of the population which was there, only a quarter of the women received dignity kits and this showed that they did not consider the special needs of women; (2) Only ten people received

cement and wire to build toilets. Pants were only given to widows and some of them were children's pants so they could not fit into them. Only women and girls who participated in FACT clubs were given buckets and containers to store water. A quarter of the girls who attended the meeting received sanitary pads and dignity kits. In other discussions I had with women and girls they insisted that they were never consulted and did not participate in decision making processes concerning the rehabilitation of their community.

The top-down approach is used by the government in its DRR interventions and this means that key policies or decisions are only made at higher levels and they are subsequently imposed downwards through the hierarchy. During and after Cyclone Idai major decisions were made at the top and those who were on the ground were never consulted. However, during an emergency it is possible, even preferable, to form a crisis committee at lower levels, such as at the district and provincial level, in order to provide immediate relief to desperate village victims while waiting for further instructions from the national level. This inability or failure to take DRR initiatives at local level closer to victims has a harmful impact on disaster victims. Situations on the ground are almost always made worse when disaster victims are forced to wait for long periods of time for resources to finally reach them after they have eventually been authorized and deployed by higher level authorities, e.g., such as those at national level.

Another clear indication that a top-down approach was used in response to Cyclone Idai is drawn from the nature of the responsibilities and functions of the DCP director who is required to establish the CPOs in civil protection areas and who is empowered to direct personnel and control services and materials for the purpose of civil protection. Nowhere in the Civil Protection Act is any specific provision made for community participation, consultation and involvement. The Act only refers to the functions of the civil protection assistants and their officers, yet effective DRR requires the significant decentralization of resources, local people and power at the local disaster level. So therefore in order to improve disaster management, the Act should be amended to incorporate community participation, consultation and involvement. Keeping the Cabinet in overall charge of all decision making should also should be reviewed to make it possible for people/experts at lower levels who may have solutions to be able to make the necessary urgent decisions and to put them into immediate operation. The structure that they

provide from national to provincial to district and lastly to community level should be followed for it will also enable women to participate in community rehabilitation.

Being a democratic country, Zimbabwe has a basic principle which holds that everyone has the right to participate in decisions that affect their personal interests as well as those which affect their employment. This clearly means that when Cyclone Idai struck everyone including women and children had the right to participate in the disaster management. Using a top-down approach the government did not include everyone in its disaster management of the Cyclone Idai disaster as all decisions were made at the top neglecting those at the bottom and this was therefore not democratic. This is how the government has also managed previous disasters.

Since the principle of participation is at the core of a human rights based approach to the development of Zimbabwe's so-called democratic society, everyone affected by Cyclone Idai should as a matter of democratic principle have been involved in the disaster management which followed. This right to participation requires that the poor must be considered as the strategic and principal actors for development which means that important decisions affecting them, e.g., those taken after a disaster, must not be made at the highest level of government where they are not personally represented. Hence the government's top-down disaster management approach violates the democratic right of local people to participate in such management. The theory of citizen participation also holds that everyone should participate in the development of their communities as this creates trust between the government and the public and a spirit of cooperation. Involving everyone in participation also gives people dignity as they realize that they are of value to their community and that they are seen and treated as equals.

The socialization theory also applies here because women were treated differently from their male counterparts as a result of the different ways they are socialized by their communities. Women are socialized to accept that men are the head of their families and that they make the major decisions in the family and that they as women are not consulted. The human rights theory states that rights must be observed, hence the General Recommendation No.37 of CEDAW on women affected by disasters states that the government should encourage women to participate in the creation and development of their communities in response to disasters and should ensure

or provide measures that respect and protect the rights of women and girls. This theory was not but should have been observed in the government's disaster management of Cyclone Idai. The actors and structures theory also helped to explain why the disaster management failed and this is because the disaster management system is male dominated so women never participated in it. The Civil Protection Act does not make community participation mandatory and this means that its structures are fragmented and incomplete as they never allowed women to participate in community rehabilitation and development.

4.2 Women and girls were not involved in consultations and decision making when it came to improving water and sanitation solutions after Cyclone Idai

4.2.1 Provision, design, and siting of water and sanitation facilities

Women's concerns and needs are rarely addressed in the provision, designing, and siting of water and sanitation facilities, as societal barriers and discriminatory practices often restrict women's involvement in decision-making regarding planning sanitation facilities, sanitation programmes and projects. During the interviews women and girls mentioned that when the IRC donor came to build toilets for people only men were employed to do the building and not one single woman was hired to do the job. The women respondents indicated that culturally they are not allowed to be near men while they are working at work. They can bring them food or water and then they must leave. Culturally the women said it is not their place culturally to give advice to men about how or where to build sanitary facilities. They said this is considered to be men's work and women are not involved in it at all.

During the discussion the women observed that when men build Blair and pit latrines they never build an incinerator for them to burn their sanitary pads except for one which they built for the girls at Risitu Mission. Some respondents explained that when they were growing up they were told that building is for men and when they went to school girls did not attend lessons on construction. Other respondents mentioned that in some households, when they build a toilet they consider that it is enough and they do not bother to build a bathroom and they seem to do so without considering that women frequently need the use of this facility more than men.

During the disaster management following Cyclone Idai, the water and sanitation facilities which were supposed to be provided should have integrated solutions for hand washing, drinking water solutions, anal cleansing and safe waste disposal. Sanitation provided should offer privacy in order to protect and preserve human dignity. For example the toilets that were being used at Koppa growth point provided no privacy as they had no rooves, so when the disaster was being managed this should have been taken into consideration. The sanitary facilities that are provided for women and girls should have made provision for menstrual hygiene and this is why women and girls should have been consulted in the provision and designing of water and sanitation facilities.

The plans of sanitation and maintenance must be managed so that they do not contaminate ground water and soil. During the implementation of water and sanitation services, environmental sustainability should be an integral part of the operation, design and maintenance of facilities. Women and girls should have been consulted in the designing of water and sanitation facilities because determining location, design and maintenance demands a process of setting priorities and ensuring participatory decision making. When designing water and sanitation in disaster management, people need to feel secure when visiting these facilities. Women and girls should not be exposed to the risk of harassment or being attacked by animals like spiders, snakes and scorpions. This means that the toilets and boreholes should not be among bushes and access routes to them must be clearly visible to the community. The water and sanitation facilities should be easily accessible during all weather conditions, including flooding and heavy rains and they should have sufficient lighting and ventilation. The toilets that were being used by victims at Koppa did not have any lighting and this put women and girls at risk of being raped or harassed.

Zimbabwe has agreed to abide by the values expounded in the International Covenant on Civil and Political Rights but during its disaster management of Cyclone Idai it violated the human right of women and girls from participating in all societal spheres including its disaster management efforts as they were not consulted during the decision making process concerning water and sanitation services. The foundations of the right to participation are anchored in and shaped by the necessity of consulting everyone in decision making which affects a situation

which impacts their interests. Therefore, because they are important members of their communities, women and girls have the right to have their voices heard and to have a role in decision making that shapes those same communities. Their voices are heard when they are consulted about developmental issues affecting their community. During the disaster management of Cyclone Idai the right of women to participate was violated as they were prohibited from participating in community rehabilitation because of the influence of cultural norms and the Civil Protection Act which does not allow for community consultation or participation in disaster management. This has led to the failure of the government to realize the need to provide water and sanitation services in disaster management.

The theory of citizen participation also states that everyone should participate in community development as it creates trust between the government and the public and a spirit of cooperation between them. Involving everyone in participation also gives individuals dignity as they realize that they are of equal value to their community. The socialization theory also applies here because women were treated differently from their male counterparts because of socialization. Women are socialized that men are the head of the families so they make major decisions hence women are not consulted when it comes to making decisions of major things. The human rights theory states that rights must be observed, hence General Recommendation No.37 of CEDAW on women and disaster states that there should be the promotion of women's participation in the creation, development of communities in response to disasters and to ensure or provide measures that ensure that the rights of women and girls are respected and protected. This means that this theory was supposed to be included in the government's approach to disaster management.

4.3 There were no proactive measures taken on water and sanitation for women and girls after Cyclone Idai

During the research I observed and heard from women and girls in Chimanimani that the government did not take proactive measures in regard to water and sanitation. They were only able to rely on donor help which was insufficient to provide everyone with access to safe water and sanitation. The cyclone created an immediate need for safe sanitation facilities and drinking water and hygiene materials. There was limited access to basic washing services and this put young children, pregnant women, people with disabilities and the elderly at risk of infectious

diseases. Cyclone Idai destroyed the communities' water distribution system. Over 200 boreholes were swept away or seriously damaged, and pumping stations were no longer functional. As a result, people lost access to sanitation facilities. In the wake of this catastrophe the government of Zimbabwe did not take measures to rehabilitate these services. The people were depending on World Vision, WHO and UNICEF who were making efforts to rehabilitate the destroyed services. They distributed purification tablets and soap to households and schools but it was not enough to meet the massive demand. The donors also promoted good hygiene and health practices by conducting educational awareness training sessions among the communities. Women and girls said that work had to be done to get latrines and wells back into working order.

During the discussions most of the women and girls indicated that they do not have access to decent toilets as they were damaged by the cyclone. They also said that most of the donors offered them things like food and clothes and only one donor, IRC, was building toilets for the people. The fact that there is only one donor with limited resources who is working on this issue means that it is unlikely that everyone's need to have access a toilet will be met. The condition of some of the toilets that I saw being used by women were unsafe and of a low standard. They also explained that the fact that sanitation facilities are not available, made their cleaning responsibilities difficult to conduct.

The disaster management of Cyclone Idai was a litmus test for Zimbabwe to show its preparedness and ability to handle environmental disasters. It has proven that its management so far has been very slow and inadequate and this has been partly due to poor funding. Another grave mistake has been the disaster management's lack of clear cut strategies and an overall detailed national policy to deal with catastrophes. These are the reasons why there has been a failure to provide effective measures to improve water and sanitation after Cyclone Idai.

The disaster management of Cyclone Idai actually compromised the essential services of water and sanitation because there is no national policy that directly deals with climate-related disasters. One of the disaster risk experts at Water Management Southern Africa stated that unless Zimbabwe follows a comprehensive strategy and policy for climate change that is fully supported by all relevant ministries its disaster management efforts will continue to fail. The

lessons learned from Cyclone Idai also proved that there was a need for data, information and skills that could improve environmental disaster management. Such data and information was important because it could have enabled people to predict the magnitude of the cyclone so that effective measures could have been taken to manage its after effects. Since Zimbabwe does not have a continuous local environmental data collection and monitoring system it is unable to make accurate predictions of cyclones and therefore its models for disaster management are inadequate.

4.3.1 Social and cultural norms as barriers preventing women from accessing sanitation facilities

There is unequal access to sanitation for women and girls due to social and cultural norms and the stigmatization attached to menstruation. Menstruating women and girls are stigmatized by many cultures which perceive them as being dirty, impure and polluted. During the discussions women and girls mentioned that due to the low priority given to menstrual hygiene by policy-makers to decisions made within families about how to spend their household budgets, many girls and women face very practical difficulties in managing their menstruation. Girls said that during their menstrual periods they fear giving off a natural yet unpleasant smell or staining their clothes and are sometimes unable to attend school because their parents do not buy them sanitary pads which forces them to use pieces of old cloths which they do not feel comfortable wearing. The women respondents said that their social or cultural norms prevent girls and women from using the same sanitation facilities as their male relatives. For instance a father-in-law cannot share the same sanitary facility with his daughter-in-law. During the discussions some respondents mentioned that they are prohibited from using household facilities on the day women and girls menstruate and they cannot enter a church. They also mentioned that menstrual hygiene management presents an enormous challenge for many adolescent girls and women because they do not have adequate sanitary facilities.

Social and cultural norms hinder women from fully exercising and enjoying their rights. For example, women and girls have the right to participate in all societal spheres but cultural norms discourage them from standing up in public, expressing their opinions and making decisions about community matters as they are expected to be concerned only with their own private

family. The application of the women's law approach based on women's lived realities exposed the existence of social and cultural norms which prevent women from accessing water and sanitation services. It was from this perspective that the law in action was investigated and interrogated and showed that Zimbabwe was failing to keep its promises to its people under CEDAW to take measures to eliminate discrimination against its women on the grounds of gender, race or social and cultural norms.

The human rights approach also showed that the human rights of women and girls were being violated because they were being discriminated against by virtue of social and cultural norms and the state was failing to take measures to prevent this. Culture and social norms discourage women from participating in public matters or making decisions that affect society and according to CEDAW, this is a violation of their human rights because it discriminates against women on the basis of their gender. It is the purpose of CEDAW to encourage all states including Zimbabwe to eliminate all such forms of gender discrimination.

4.3.2 Women and girls being more affected by inadequate water and sanitation because of gender related differences

During the research the answers that the women and girls were giving revealed that they are especially affected by inadequate sanitation because of not only gender related differences - cultural and social factors - but also because of sex-related differences - physiological factors.

Due to the natural differences between the physical make-up between women and men, they use sanitary facilities differently and relate to the issue of sanitation in their own unique way. In most societies, women are primarily responsible for the management of household water supply, sanitation and health. This includes issues around menstruation and reproductive health which require a certain minimum standard of sanitation. The respondents said that they are the ones who use water for cleaning, washing clothes, bathing themselves and their children and cooking, whereas men use less water (mainly for bathing), which means that when water is in short supply, the lives of women and girls are far more greatly affected than men.

In addition, women and girls also explained that since they need more water (especially when they are menstruating) and a toilet facility, like a nearby waste disposal bin, in which to dispose of their sanitary pads, sanitary facilities are more important to them than they are to men. Furthermore, domestic chores that are ascribed to women by culture and society (for example, disposing of the human waste of the sick and children when they are not wearing protective gloves) means that women are more exposed than men to diseases attracted by poor sanitation. The respondents added that men refuse to help them by fetching water, bathing their children, cooking or disposing of human waste as these tasks are all ascribed to women as their responsibilities and they are expected to do them.

Women and girls indicated that while it is not possible for women or girls to go for a day without bathing, men can go for about 5 days having a dry bath, which means that women and girls suffer more than men as a result of inadequate sanitation based on physiological factors over which they have no control. During the interviews women also mentioned that during menstruation, pregnancy and post-natal stages the need for adequate sanitation becomes even more critical.

Girls and women stay at home during menstruation if their schools or work places do not provide adequate WSS conditions. Other respondents mentioned that women who are pregnant usually need to urinate more often and are therefore in greater need of access to appropriate sanitation facilities.

4.3.3 Financial limitations and pressure to spend the scarce resources

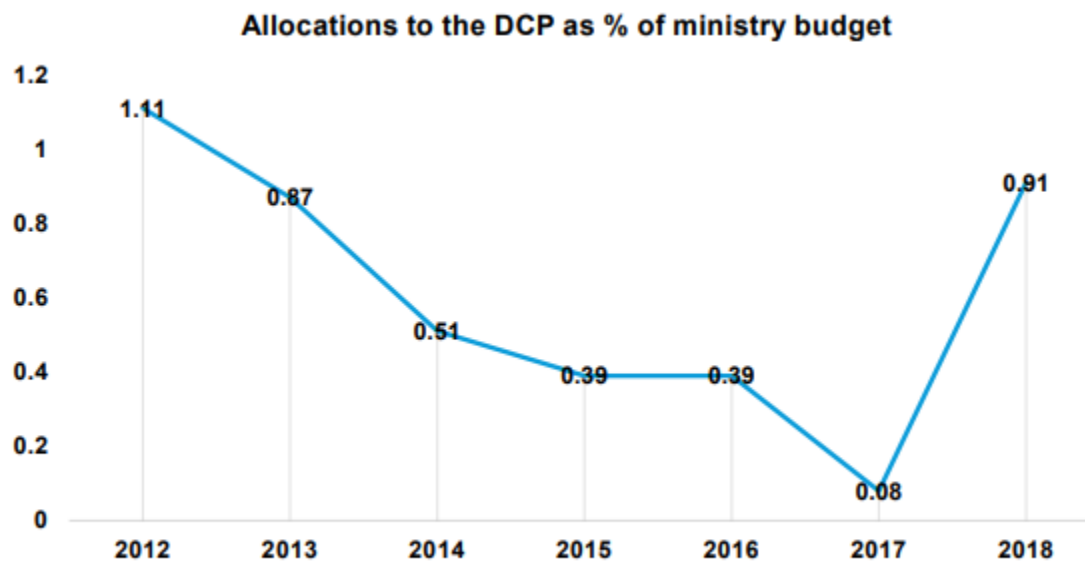
During a discussion with a member of personnel from the Chimanimani District Council he mentioned that they are working with limited government resources from which to provide water and sanitation for Cyclone Idai victims. This was the reason why the Council failed to build a toilet or provide temporary bathrooms for people who are living in the refugee tents. The Council has only been able to build one toilet with the help of ARDA before Cyclone Idai and that was the one now being used by a population of 90 who were living in the tents and it was damaged. He also mentioned that the Council has been able to hire one person to clean up the growth point but he does not clean the public toilet as that is the responsibility of its users. After Cyclone Idai

the Council could not manage to provide safe water for its victims and it was only with the help of the WHO which drilled one borehole that the people living in the tents at Koppa could get water to use. The women and girls living in the tents complained that water from that borehole turns red and muddy after it rains which makes them unsure whether it is still safe to drink.

During the discussion the assistant mentioned that the Council is planning to give people whose houses were swept away by the cyclone other residential stands at Paidamoyo Township but there are no funds to build the houses for them. The people who are living in the tents at the growth point have been there for 8 months. The Council has no health workers to promote hygiene for the people who are living in the tents. Disaster risk management is not yet mainstreamed across all sectors of society and government ministries. The government's responses to disasters are made difficult because there is no holistic approach to common plans, disaster risk assessments and programmes. Low institutional coherence and resource constraints/ lack of funding have made disasters difficult to manage. Zimbabwe is still severely under-resourced in its tasks of disaster risk assessment, planning, early warning systems and recovery processes.

As far as disaster management is concerned, Zimbabwe has not fully embraced information and communication technologies and key institutions still lack access to reliable data about risks. This situation makes it difficult for agencies to adequately inform implementers, policy makers and citizens about necessary measures to be taken during disaster management. The main problem with Zimbabwe's disaster management of Cyclone Idai was funding and that is why services such as water and sanitation were overlooked, although they should have been one of the first priorities after a disaster. Figure 2 is a distribution graph of the funds government allocated to its disaster management budget for the years 2012 to 2018 which shows just how poorly underfunded it is.

Figure 2: Graph showing the distribution of government funds for disaster management from 2012 to 2018



Source: Government of Zimbabwe 'Blue Books', 2012–2018¹⁵

The ministry responsible for local government made disaster management a key result area for Provincial and District Administrators but previously little attention was given to this important concern. Unfortunately, up to the present day resources remain inadequate and insufficient not only for the offices of the Provincial and District Administrators, but also for the Department for Civil Protection (DCP) which is mainly responsible for disaster management. The fact remains, however, that Zimbabwe is a member of human rights treaties which contain provisions requiring states to take appropriate measures with available resources to ensure that women exercise their rights to adequate food, water, sanitation, shelter and housing clothing and health services after disaster. In reality this is not happening in disaster management as the government does not allocate adequate resources to responsible sectors and neither does it take appropriate measures to ensure that women enjoy their rights. If the human rights approach had been followed in the management of the Cyclone Idai disaster the government would have allocated enough resources and funds to tackle important issues such as providing access to safe water and sanitation to the victims on the ground.

The actors and structures theory also explains that the actors here were to blame for the unsuccessful disaster management of Cyclone Idai. The actors (government) did not allocate funds to those responsible for and capable of tackling urgent issues on the ground and this has led to the violation of the human right to water and sanitation of the desperately needy women and girl victims of Cyclone Idai.

4.4 Emerging issues

4.4.1 Gender based violence and water and sanitation

Environmental disasters leave women and girls more at risk of gender based violence. The respondents said that they are forced to share toilets with 3 to 4 households because their toilets were damaged by the cyclone and sharing public toilets with men put women and girls at risk of violence and sexual assaults. For example, the people at Koppa are sharing a toilet with men and this is very risky. Other women have no one to share toilets with so they have no option but to take the risk of conducting their ablutions in the bush and this poses the same dangers for women and girls.

There are some women and girls who bathe in the river because no provision has been made for the building of temporary bathrooms at refugee camps and there are cases of some of them being stalked and who now live in fear of being raped. The respondents also mentioned that they use public facilities that are not monitored or secured and that there is a case of a mad man who tried to fondle a woman who had gone in the toilet. Zimbabwe has experienced the common phenomenon of violence against women and the girl child. In 2016 the SADC barometer reported that 68% of Zimbabwean women and girls have experienced gender based violence. Other triggers of gender based violence have been identified by the inter-agency rapid assessment such as cyclone and the response.

The potential for gender based violence increased after the cyclone as there was a noted breakdown in systems such as the police force in Chimanimani because everyone and everything had been damaged by the cyclone. The management and reporting of gender based violence cases was greatly affected and women and girls in Chimanimani emphasized that there was a need for the proper handling of gender based violence cases by the police. The women and girls

also complained that sexual reproductive health and gender based violence services were inaccessible as well as the fact that there was a lack of gender sensitive sectorial programming since most of the humanitarian and government response teams were male dominated. I also concluded that women and girls were exposed to a greater risk of gender based violence because the sanitary facilities that were provided had no adequate protection or lighting. For example there were no doors or locks on the toilets. Most of the refugee camps were sited at growth points and public spaces near beer halls and this posed a serious risk to women and it was even reported that men nearby were passing sexually abusive remarks at the women who were then becoming afraid of being raped.

The challenges to women and girls posed by the unsafe shelter provided contributed to their being exposed to gender based violence and the burden of their unpaid work intensified. Women comprised the majority of people in the disaster torn area of the cyclone who took up the offer of psycho-social support by the NGO called the Musasa Project. That organization indicated that they received and responded to 49 cases of rape/physical abuse, 26 cases of sexual abuse and 5 cases of rape which is a clear indication that Cyclone Idai exposed women and girls to gender based violence.

It also emerged from the research was the issue of food shortages since women and girls complained that food aid was not reaching them and that they were sometimes given rotten food stuffs, e.g., flour and tinned beef. Also in the wake of the cyclone some young women at Koppa resorted to prostitution in order to earn a living. At the refugee camps women and girls reported that there was lack of privacy and safe spaces. Thieves were also a major problem in the camps as the tents could not be secured from intruders and sometimes women ended up losing all the aid they were given to thieves.

4.4.2 Fear of the increase in child marriages

During the research many feared that child marriages would increase especially in this area where there was a large number of white garment apostolic churches. These churches are well known for facilitating child marriages. As a result of seriously disrupted family lives and the desperation it caused, some people who had lost their livelihoods sold their daughters for food

and some young girls got married in order to establish some security in their lives. During the discussions it was also mentioned that as a result of the disruption to the school system, fewer children attended schools and this was likely to result in forcing some girls to get married early. Some girls who lost their parents said that this would force them to get married early because it was difficult for them to go and stay with their extended families. For example one of the girls I talked to was complaining of abuse from her uncle and she said that she has decided to go and stay with her boyfriend in Chiredzi and that he had already sent her money via ecocash so that she could come and join him. Unable to continue paying school fees for their daughters as a result of losing their livelihoods, some parents were going to have to force their daughters to drop out of school and these were some of the other reasons that were contributing to an increase in child marriages.

4.4.3 Mental health issues

During the research I also discovered that mental health issues were still a challenge among Cyclone Idai victims. The women and girls mentioned that they only received help in the first two weeks but there had never been a follow up on how they were doing months later in relation to their mental health. In the refugee tents at Koppa I met an elderly man who had post traumatic disorder and he was in a very poor mental state as he kept saying that frightening visions of the cyclone still came to him whenever he tried to take a bath.

Some people complained that their children were screaming at night after the cyclone and having nightmares about the raging waters that swept their houses away. Some women and girls mentioned that they were still living in fear of the water and that whenever they saw clouds gathering in their sky their minds would go back to that horrific night when Cyclone Idai hit.

Some victims were feeling devastated and hopeless and it this was made worse for the families who had lost their breadwinners and those who were now living in child headed families. The other observed mental health challenge observed was insomnia, as many victims reported that they were failing to sleep and would spend nights awake fearing that the cyclone might return. The therapy and counseling they had received did not seem to have been sufficient and they were still in need of that kind of help.

4.5 Conclusion

This chapter has discussed the participation of women and girls in the disaster management efforts after the cyclone and the top-down approach which was used by the government. It also looked at how women and girls were affected by inadequate water and sanitation due to gender differences. The chapter emphasised that no proactive measures were taken after Cyclone Idai and that as a result women and girls were not consulted in decision making about rehabilitating their community. The reasons why women and girls were not being able to access water and sanitation was explored in this chapter. These included social and cultural norms as well as lack of financial resources within the disaster management budget. There was also a discussion of issues that emerged during the study such as the fear of a rise in child marriages, food shortages, mental health issues and lastly the gender based violence caused by water and sanitation facilities which were difficult for women and girls to access safely.

CHAPTER FIVE

5.0 CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents conclusions as they relate to each assumption. The conclusions that are drawn from the five research assumptions are as follows. The disaster management after Cyclone Idai did not prove to be a success given the fact that it overlooked the issue of water and sanitation. This has been evidenced by women and girls being unable to access adequate water and decent sanitation after Cyclone Idai struck in Chimanimani Zimbabwe. The health of women and girls came under greater threat than men and boys as a result of inadequate or no access to water and sanitation and the fact that the disaster management failed to include women and girls in the participation of their community's rehabilitation. The women and girls were not consulted in decision making and the government did not take proactive measures after Cyclone Idai. This chapter will set state the long-term recommendations which are targeted at the government of Zimbabwe as well as external stakeholders involved in disaster management.

The research was guided by the following research questions:

- Was adequate water and decent sanitation provided for girls and women after Cyclone Idai struck Chimanimani Zimbabwe?
- Is the health of women and girls threatened by inadequate or no access to water and sanitation after an environmental disaster?
- Are women and girls participating in community rehabilitation and development programs after an environmental disaster?
- Were there any proactive measures taken on water and sanitation for women and girls after Cyclone Idai struck Chimanimani Zimbabwe?
- Should women and girls be involved in consultation and decision making when it comes to improving water and sanitation solutions after an environmental disaster?

5.2 Conclusions

From the above research questions the following conclusions are drawn:

5.2.1 Provision of adequate and decent sanitation after Cyclone Idai

Given the above state of affairs it is logical to conclude that the disaster management for Cyclone Idai did not prove to be a success given the fact that it overlooked the issue of water and sanitation after the disaster. This has been evidenced by women and girls being unable to access adequate water and decent sanitation after Cyclone Idai struck Chimanimani Zimbabwe. This has been evidenced by women having to walk long distances to fetch water because their water reservoirs have not been rehabilitated after the disaster. The state of toilets that were being used by the women and girls in villages made it clear that the disaster management failed to make sanitation a priority for the desperate villagers. The refugee camps that were set up at public spaces with no toilets and being forced to use one borehole were evidence that women and girls were not accessing adequate water and sanitation after Cyclone Idai. Some women and girls being forced to get water from Risitv River which was contaminated showed that they were not accessing adequate water but when the disaster was being managed this problem ought to have been recognized, addressed and solved. The fact that some young women were giving sexual favors to South African soldiers stationed at Koppa in exchange for bottled water or to use their mobile toilet indicated that water and sanitation was not adequately accessible to them. Zimbabwe's disaster management must be reviewed as it has proved to be ineffective and poor in the area of community rehabilitation following a disaster.

5.2.2 Health risks of inadequate water and decent sanitation

In addition, I have also concluded that the health of women and girls was more threatened by inadequate or no access to water and sanitation after the Cyclone Idai disaster. The health and well being of people greatly depend on safe water and sanitation. After Cyclone Idai women and girls were at more risk of contracting contagious diseases like cholera, typhoid, dysentery and malaria because they were exposed to inadequate water and poor sanitation. The other noticeable health threats that women and girls faced were dental fluorosis and skeletal fluorosis. The women and girls were also forced to resort to prostitution at growth points in exchange for bottled water and this put them at risk of sexually transmitted diseases and HIV/AIDS because it

was reported that the soldiers were refusing to practice safe sex. The study brought to the fore that Zimbabwe's disaster management must observe the human right to water and sanitation because it is directly linked to the health and well being of people, especially women and girls. This is entirely in accordance with Zimbabwe's obligations in terms of CEDAW, the UN Resolution on the Right to Water and General Recommendation No. 37 on women and disasters.

5.2.3 Women's participation in community rehabilitation and community development after Cyclone Idai

Another conclusion is that women and girls did not participate in community rehabilitation and development programs after the Cyclone Idai disaster. This was evidenced by the disaster management's failure to include women and girls in their community's rehabilitation efforts. The management was male-dominated and also because of patriarchy and cultural norms women were prevented from participating in development and community rehabilitation. This prevented women and girls from being able to access adequate water and sanitation because their views had not been taken into account even though the evidence proved they were in greater need of these services than any other disaster victims. The Civil Protection Act's failure to make provision for vital community participation (especially of women) rendered ineffective the efforts of the disaster management as some of the community's crucial needs (e.g., safe water and sanitation for women and girls) were overlooked and neglected. The disaster management should have also used a mixed model approach so that no phase of the process was overlooked and all the needs of the victims were properly addressed. Having signed and ratified CEDAW, the government and its disaster management efforts should not have discriminated against women and girls by denying them the right to participate in their community's rehabilitation. Also the disaster management should also have followed the recommendation as a guideline in its efforts to protect and respect women and girl victims' rights during its rehabilitation efforts.

5.2.4 Proactive measures taken on water and sanitation after Cyclone Idai

There was evidence that no proactive measures were taken on water and sanitation for women and girls after Cyclone Idai struck Chimanimani, Zimbabwe. Between the under-funded disaster management efforts and inadequate donor help, women and girls failed to access adequate water and sanitation because there were insufficient resources to rehabilitate these critical services. No

proactive measures were taken because the resources and funds for Cyclone Idai victims were looted and the guilty parties were protected from legal action in terms of the Civil Protection Act. With no proper measures taken on water and sanitation after Cyclone Idai, women and girls were exposed to gender based violence. For example, lack of proper lighting of the sanitary facilities and women being forced to share the same toilets with men were proof that inadequate measure were taken by the Cyclone Idai disaster management. The location of refugee camps at growth points where women were exposed to sexual harassment from the male patrons of nearby beer halls was further proof of the lack of adequate protective measures for women and girls.

5.2.5 Decision making and consultation of women and girls in improving water and sanitation services

The last assumption was also proven correct that women and girls were not involved in consultations or decision making when it came to improving water and sanitation solutions after the environmental disaster. Prohibiting women and girls from attending meetings because of cultural norms means that they were not involved in decision making process involving the improvement of water and sanitation services. Men also took advantage of this crisis and resorted to their traditional patriarchal ways of dominating influential positions to make major decisions. Since there are only a few representatives of women and girls in the political sphere their voices often go unheard or unheeded and this could be the reason why they were never consulted in the decision making process to improve water and sanitation services. Another clear conclusion that I reached was that women and girls' inability to access water and sanitation has increased the possibility of child marriages even though this practice is quite rampant in his area. Inadequate water and sanitation has contributed to increased numbers of gender based violence cases. The mental health of people is still at stake 8 months after the disaster. This has been evidenced by the man I saw in one of the refugee camps who was suffering from post-traumatic stress disorder. Some women complained that children still scream at night and some fail to sleep because of their recurring nightmares of Cyclone Idai.

5.3 Recommendations

5.3.1 Long-term recommendations for the Government

The following long-term recommendations are made with the government of Zimbabwe in mind.

5.3.1.1 Funding of disaster management

During the research I noted that there is a need for a serious commitment to be made to the funding of disaster management. A fairer allocation of resources should be committed to this sector so that disaster management can improve.

5.3.1.2 Finalizing the disaster risk management policy

The disaster risk management organizational structures and policy need to be finalized based on the Constitution and Sendai Framework as well as other local relevant experiences. There should also be a devolved disaster risk management structure that will effectively and efficiently generate, communicate and analyze necessary disaster risk management information, allocate resources and conduct needs assessments and experiences. There is also a critical need for placing local authorities at the community level in a clear leadership role in order to coordinate disaster management on the ground and participate in inter-sector disaster risk management that makes policies and plans through evaluation and implementation. Disaster management policy needs to address the development of infrastructures and their capacity. Such policy also needs to establish sub-national centres for disaster risk management and they need to be adequately equipped so that they can respond to and inform people about disasters based on a comprehensive and on-going process of hazard profiling. In other words, a more robust and devolved disaster risk management framework should be put into effect. Locally developed recovery frameworks also need to be supported by the government and development partners because they aim at tangible and sustainable initiatives for building disaster resilience within communities. The disaster management policy should include rehabilitative efforts which focus on environmentally friendly solutions such as installing solar-powered boreholes and as well innovations which are gender responsive so that local people can be as fully involved as possible in the rebuilding of their own communities.

5.3.1.3 Investing in resilience and adaptive building measures

Women and other vulnerable groups need to be protected so there is a need to invest in resilience – building and adaptive measures. The research has shown that there should be investments in disaster risk reduction and management in the form of climate adaptation investments for key value chains, early warning systems and early action, social protection, investments for infrastructure and recovery measures for women and other particularly vulnerable groups to enable them to cope with climatic change, stress and shock.

5.3.1.4 Advocacy and lobbying

There is a need for advocacy and lobbying for women's voices to be heard and considered in participating and decision making in matters of community development after disasters. Members of Parliament and government ministers need to be actively lobbied so that they are aware of and can also participate in disaster preparedness and management.

5.3.1.5 Amendment of the Civil Protection Act

The Civil Protection Act ought to be amended to remove protection from legal action enjoyed by corrupt authorities who abuse their powers and steal resources intended for disaster victims. This will help to reduce this criminal practice. The Act also needs to be amended to involve community participation in disaster management about which the Act is currently unfortunately silent. The Act should also be amended to reduce the extent to which disaster management is militarized. Disaster management should be more a matter of civil co-operation between local authorities and citizens.

5.3.2 *Recommendations for external stakeholders*

The following recommendation is aimed at external stakeholders.

5.3.2.1 Donor support

There is a need for donors to continue supporting local disaster management efforts in view of the country's weak economy. Donors should also focus on long-term as opposed to exclusively short-term community rehabilitation.

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