DIMA CONNECT

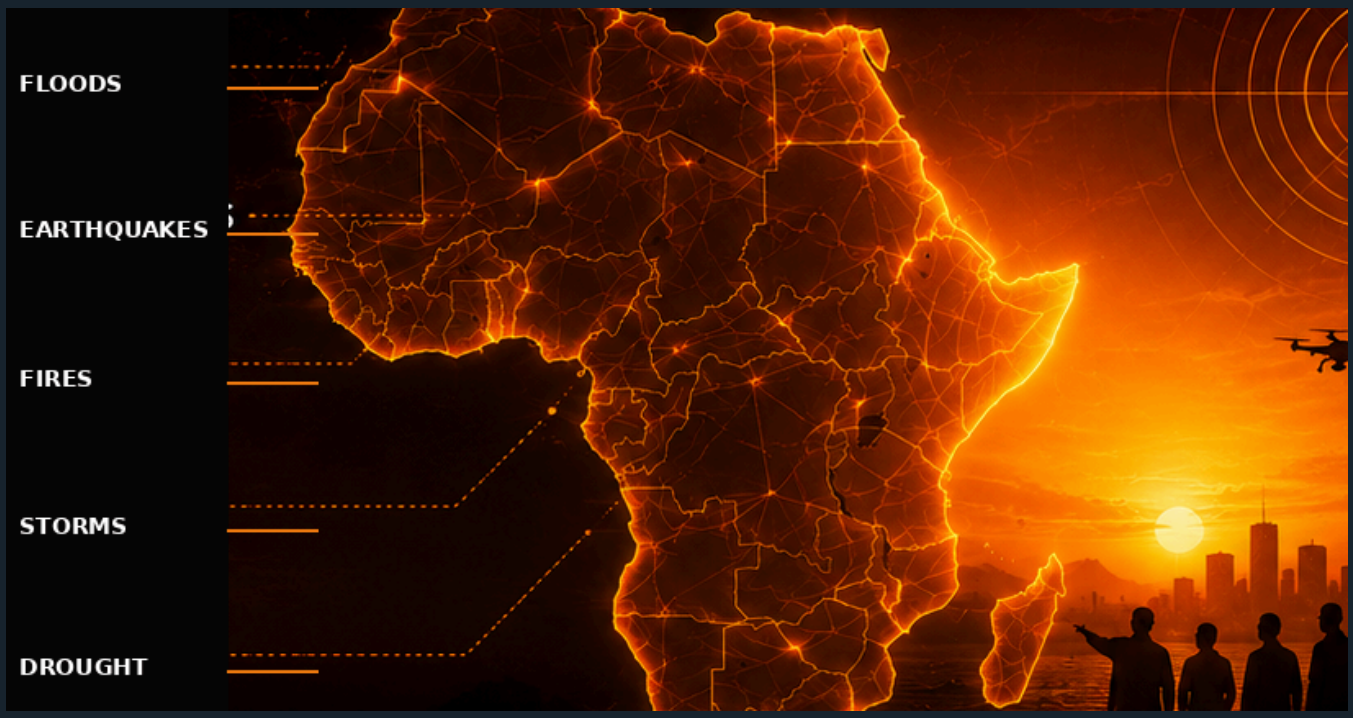
DISASTER MANAGEMENT CONNECT

Gravitazz Institute

For disaster reduction and emergency management

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DISASTER RISK INTELLIGENCE. FROM AFRICA.



FROM CONSENSUS TO ACTION

RESILIENCE STARTS AT HOME

Protecting health, lives and livelihoods

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DIMA Lens: who enables household resilience?

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SADC and IGAD: from frameworks to funded action

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The DIMA Practitioner Challenge

THE DIMA LENS

Resilience Starts at Home—but Who Makes It Possible?

The phrase “resilience starts at home” is persuasive because disasters are lived at household level. But it becomes misleading if it suggests that households alone can repair the institutions and infrastructure on which their safety depends. A family can raise its belongings above floodwater; it cannot build an urban drainage network. A farmer can adjust planting dates; she cannot guarantee irrigation or functioning market roads. A village health worker can report unusual illness; she cannot procure diagnostics for an entire district. The right question is therefore not whether households should become more resilient. It is what public and collective systems must deliver so that resilience is possible. Too often, community awareness is emphasised while the structural drivers of exposure remain untouched.

Three breaks in the chain

First, risk information is separated from decision authority. Forecasts may be technically sound, but if no ministry, district or agency has a pre-agreed trigger to spend money or relocate supplies, early warning becomes an announcement of approaching loss. Who can act, at what threshold, with which budget? Second, sectoral planning overlooks cascading consequences. Floods can interrupt transport, contaminate water, close schools, delay maternal care and undermine income. These are cascading impacts across linked services. They become systemic when failures propagate widely through interdependent systems; not every flood is systemic. Third, financial promises are confused with usable resources. A pledged fund, an approved project and cash released to a district are different things. A budget line is not evidence that drainage was cleared; an insurance policy is not evidence that affected families received assistance.

A practical accountability compact

Every resilience initiative should disclose the risks and populations prioritised, accountable institution, trigger and decision rule, money available before impact, and indicator of reduced loss. For flood-prone settlements, this means verified drainage works, tested warnings, accessible evacuation routes and continuity plans for clinics—not awareness campaigns alone. The SADC and IGAD commitments examined in this issue point in the right direction but also expose the implementation gap. The test after COP31 is whether governments can show which communities became safer, by how much, and through whose action. DIMA JUDGMENT: Resilience is experienced locally but enabled institutionally. “Starts at home” should mean the benefits arrive there—not that responsibility ends there. UP NEXT: GUEST CONTRIBUTION — Patrick Zzimula and Judith Nakate examine why frontline health workers must be central to anticipatory action. Their original two-page contribution follows without paraphrasing. Specific incident claims and figures are attributed to the authors; editorial verification remains ongoing.

GUEST CONTRIBUTION | CLIMATE AND PUBLIC HEALTH

El Niño's health cascade: why East Africa's preparedness plans need the frontline health worker

PATRICK ZZIMULA & JUDITH NAKATE | KAMPALA

Climate-related disasters do not end when floodwaters recede. Their consequences spread through health services, disease surveillance and access to treatment. In this original guest contribution, the authors explain why frontline health workers belong at the centre of preparedness.

Issue 11 of DIMA Connect traced how El Niño 2026/27 could cascade through food, water, energy and transport. This piece adds the health lens, because when East Africa turns wetter the first signs of a cascade often appear at a clinic, not a river gauge. Kampala has just had a reminder. On 11 October, overnight rain flooded the Kampala–Hoima Highway at Lubigi wetland, submerged roads around Owino and Kisenyi, and cost traders their stock. Police reported two deaths in the metropolitan area: a young man swept into a drainage trench, and a 25-year-old woman whose room was crushed by a collapsing wall. The debate since has focused on drainage, wetland encroachment and planning, and rightly so. But floods are also a health event. Two weeks on, some of the traders whose stock was destroyed were still waiting for promised compensation, and planned to camp at the Prime Minister's office from 28 October. Recovery, like preparedness, has a financing gap. Young people have been part of the city's response. Safe Youth Advocacy Network Uganda (SAYA-UG), a youth-led network working on road and water safety, has published a series of posts on the Kampala floods (lnkd.in/p/dyT5Rhgu, lnkd.in/p/duRcFXV4, lnkd.in/p/dXaxQvm9 and lnkd.in/p/dVDSSCHX), a reminder that young people often carry warnings through their communities faster than official channels.

HOW THE CASCADE REACHES HEALTH

Standing water extends mosquito breeding, and wetter seasons have historically brought malaria upsurges, including in highland districts that usually see less of it. Flooded latrines and contaminated water raise the risk of cholera, typhoid and diarrhoeal disease. Displaced families crowd together. Roads close, so clinics run short of tests, medicines and oral rehydration salts at exactly the moment demand rises. Pregnant women and children under five carry the heaviest burden: malaria in pregnancy brings anaemia, low birth weight and preventable deaths. Floods also drown people, and the risk is rarely in the preparedness plan. Uganda Police's Marine Unit handled 81 drowning incidents in 2025. In July 2026, WHO released a technical package of seven drowning prevention strategies, including flood preparedness, water-safety education and rescue and resuscitation training, and Uganda has been identified as a priority country. In Kampala this month, a young man died in a drainage trench: urban drainage is a water-safety hazard as well as an engineering one.

HEALTH SYSTEMS HAVE THEIR OWN TRIGGERS

A seasonal outlook is a planning input, not a trigger. Health systems already hold triggers of their own: malaria cases crossing epidemic thresholds in weekly DHIS2 reports, rising test positivity, cholera alerts. Anticipatory action works best when meteorological triggers and health surveillance triggers are linked, so that malaria tests and treatments, oral rehydration salts, chlorine, bed nets and antenatal supplies are prepositioned before roads are cut, not after.

THE FRONTLINE HEALTH WORKER IS THE FIRST EARLY WARNING LAYER

Village health teams and community health extension workers see fever clusters, diarrhoea and deaths days before they appear in district reports. If they know the thresholds and how to report, they become the most local early warning system a country has. The 7-1-7 target (detect a threat within seven days, notify within one, complete the early response within seven) gives preparedness plans a simple, measurable answer to DIMA's accountability test: did action happen in time? Warnings must also reach people that official channels miss. Youth groups, boda-boda riders' associations, schools and landing-site communities carry messages where radio alerts do not land. Community structures like these belong inside the plan, not beside it.

FIVE HEALTH TESTS FOR THE SEASON

1. Exposure: are health facilities, the roads that supply them, and open drainage channels on the flood and landslide maps?
2. Supplies: are malaria, cholera and maternal health commodities prepositioned before the peak rains?
3. Triggers: do community health workers and facilities know the disease thresholds and how to report against them?
4. Inclusion: are pregnant women, children, displaced households and young people prioritised in warnings and response, and are youth networks used to carry them?
5. Timeliness: is detection, notification and response measured against the 7-1-7 target?

El Niño is global in influence but local in consequence. In East Africa this season, much of that consequence will be counted in clinics. Preparedness plans that bring the frontline health worker in now will count fewer.

Patrick Zzimula is a public health consultant who trains and mentors health workers for Uganda's Ministry of Health and has served on national and district outbreak task forces. Judith Nakate is a risk communication and community engagement (RCCE) and health promotion specialist with Uganda's Ministry of Health.

zzimula@outlook.com & judithmich24@gmail.com

Editorial note: This is the authors' original contribution. Specific incident reports and figures are attributed to the authors and have not all been independently verified by DIMA Connect.

AFRICA DRR WATCH

Two Regional Decisions. One Implementation Problem.

SOUTHERN AFRICA | SADC preparedness workshop, 23 October

SADC reported validation of three instruments: the Multi-Hazard Regional Anticipatory Action Framework 2026–2030, the SHOC Regional Prepositioning Strategy and the 2026/27 Regional Multi-Hazard Contingency Plan. The resolutions are due before ministers responsible for disaster risk reduction in November. Workshop validation is not ministerial approval. SADC also reported that most planned anticipatory actions remain unfunded. This is the most consequential finding: technically coherent regional plans can still lack authority, supplies and finance. SADC called for costed contingency plans, pre-agreed triggers, pre-arranged finance and involvement of finance ministries. Decision test: Which actions are funded now, who holds the funds and how quickly can resources move when a trigger is reached?

EASTERN AFRICA | IGAD Mombasa Declaration, 30 October

IGAD member-state ministers adopted an anticipatory-action declaration calling for integration into national policy and law, decision authority for triggers, financing targets, transparent allocation and expenditure reporting, annual progress reviews and interoperable cross-border early-warning systems. It also calls for agreed protocols for priority hazards by 2027. Declarations do not automatically create budget allocations or interoperable data systems. Implementation needs named lead institutions, common

thresholds, simulations, transparent expenditure reporting and access for local actors. Decision test: By the next annual review, can each member state show an approved protocol, tested trigger, responsible agency and pre-arranged funding?

CONTINENTAL CONNECTION | From Maputo to action

October Maputo discussions reinforced African early-warning and early-action priorities. The practical challenge is alignment: continental ambition, regional protocols and national implementation must connect without creating competing reporting systems. INTELLIGENCE GAP: This edition prioritises verified decisions with immediate operational relevance. It does not claim that unreported regions had no significant developments. Sources: SADC Secretariat | IGAD Secretariat. Check official dated releases for final instruments and implementation milestones.

DIMA RISK FINANCE WATCH

When the Warning Comes, Is the Money Ready?

SADC reported that only 17% of a US$6.5 billion appeal associated with the 2023/24 El Niño response was mobilised. That figure refers to the cited appeal; it is not a measure of all African disaster finance or national preparedness spending.

A real financing instrument: African Risk Capacity

African Risk Capacity (ARC) provides an example of financing designed to make funding more predictable after severe drought. Its sovereign risk-pooling model combines exposure across participating countries and uses parametric insurance. Countries customise drought-risk models, prepare contingency plans, choose coverage parameters and pay premiums. A payout is triggered when modelled response costs cross a predefined threshold, subject to policy terms. ARC describes a target of payment within two to four weeks after the rainfall season for qualifying drought policies. But a country may have uninsured risks; a hazard may not cross the trigger; and a payout does not itself prove that affected families received timely assistance. Follow the complete financing chain

RISK Which exposure and population are covered?

STRATEGY Why insurance, contingency budgets or a combination? COVERAGE What deductible, maximum payout and premium apply? TRIGGER Which model and threshold determine eligibility? PAYOUT Was money triggered, approved and transferred? DELIVERY Which institution delivered what assistance?

REACH How many people benefited, and when?

LEARNING Did assistance reduce losses or harmful coping strategies?

DIMA INTERPRETATION: Risk transfer is one layer of financing; it cannot substitute for safer land use, water systems, social protection or health preparedness. Judge both payment timeliness and verified household outcomes. Sources: African Risk Capacity | SADC Secretariat. Financial figures should be read with their original scope and date.

GLOBAL DRR WATCH | COP31 PREVIEW

Antalya: Africa’s Implementation Test

COP31 is scheduled for Antalya, Türkiye, from 9–20 November 2026, with a World Leaders’ Summit on 11–12 November. As of this publication, negotiations have not begun: this is a preview of priorities, not a report of outcomes. For African disaster-risk institutions, the opportunity is to connect adaptation commitments to implementable programmes. Climate-action themes covering resilient cities,

infrastructure, water, agriculture, human development and finance matter only if they translate into risk-informed investment and continuity of essential services. Five issues African delegations should press

1. ADAPTATION THAT PROTECTS SERVICES

Specify clinics, water systems, schools, food systems and transport corridors at risk.

2. FINANCE THAT CAN BE ACCESSED

Separate pledges from approved programmes, disbursements and pre-disaster budget authority.

3. EARLY WARNING THAT TRIGGERS ACTION

Link forecasts to thresholds, named decision-makers and funded procedures.

4. LOCALLY LED RESILIENCE

Give communities influence and resources without shifting public responsibility onto households.

5. MEASURABLE RESULTS

Track service continuity, avoided losses, timely assistance and equity.

Dates to watch

9 November: COP31 opens. 11–12 November: World Leaders' Summit. 20 November: scheduled conference close. Confirm programme changes with the organisers before travel or participation. DIMA QUESTION: Which commitments will become funded, accountable programmes that make African households measurably safer? Official programme: UNFCCC COP31.

THE DIMA PRACTITIONER CHALLENGE

Five Questions. Five Decisions. Your Turn.

1. WHO IS RESPONSIBLE?

When a forecast indicates serious flooding, which institution can initiate protective action?

2. WHERE IS THE MONEY?

Can your institution release preparedness funds before impacts occur—or only afterwards?

3. WHO GETS THE WARNING?

How do you know vulnerable households receive, understand and can act on warnings?

4. WILL ESSENTIAL SERVICES SURVIVE?

Have hospitals, schools, water systems and critical routes been assessed for cascading disruption?

5. HOW DO WE MEASURE SUCCESS?

Can your institution demonstrate that preparedness investment reduced losses rather than merely counting activities? YOUR TURN: Which question is the greatest challenge in your country or institution? Send your perspective to info@gravitazzcontinental.com. Selected contributions may inform future editions.

Events & Learning

COP31, Antalya | 9–20 November 2026. Follow the official UNFCCC programme. SADC ministerial consideration | November 2026. Monitor approval of the preparedness instruments. IGAD follow-up: Track financing targets and protocols for priority hazards by 2027.

CONTRIBUTE TO DIMA CONNECT

We welcome original articles, field experiences, case studies and informed opinions on disaster risk management, climate resilience and humanitarian action across Africa. Suggested length: 500–800 words; longer pieces considered where justified. Send to info@gravitazzcontinental.com. Submissions undergo editorial review; publication is not guaranteed, and authors remain responsible for the accuracy of submissions.

AFRICA DRR WATCH | WEST & CENTRAL AFRICA

West Africa: data must lead to action

UNDP reported on 29 October that experts from Burkina Faso, Chad, Mali, Mauritania, Niger, Nigeria and Senegal validated national disaster-loss briefs and a regional synthesis at a workshop in Lomé. They also advanced a roadmap for impact-based early warning. These are technical milestones, not yet evidence of funded local action.

DIMA question: Who authorises protective action when impact forecasts cross administrative boundaries? UNDP source

Central Africa: Cameroon puts anticipation into practice

FAO reported on 20 October that anticipatory-action arrangements in Cameroon's Far North covered 12 municipalities, trained more than 400 stakeholders and reached approximately 159,500 people through awareness activities. Reported anticipatory cash assistance totalled FCFA 47.6 million and reached nearly 6,500 people. These are programme-reported outputs, not independently established losses averted.

DIMA question: Can local budgets sustain readiness after external financing declines? FAO source

DIMA RISK FINANCE WATCH | LAKE CHAD BASIN

On 28 October, WMO announced a five-year Adaptation Fund-financed early warning initiative for Cameroon, Niger, Nigeria, Chad and the Central African Republic. The announced grant totals US$11.67 million; projected benefits are not the same as people already reached.

Risk → floods and droughts; finance → Adaptation Fund project grant; coverage → five countries; trigger → warning protocols to be developed; payout → not an insurance payout; implementation → monitoring, forecasts, alerts and community preparedness; people reached → to be measured; learning → warning lead time, access and action.

Accountability test: Approval does not prove disbursement or resilience impact. WMO source

PRACTITIONER IMPLICATIONS | THREE TESTS

1. Governance: Early warning protocols should identify the official empowered to act, the level of government responsible for delivery and the budget line that pays for protective measures. A warning without a decision-maker is not an operational system.

2. Evidence: Distinguish people exposed, people warned, people able to act and people actually protected. These are different populations; counting messages sent or training participants cannot establish resilience outcomes.

3. Finance: Project approvals, contracted funds, cash transferred and independently verified benefits should be reported separately. The

public deserves to know what resources arrived before the shock, not merely what donors announced afterward.

PROFESSIONAL OPPORTUNITIES | 3 NOVEMBER 2026

Seven named notices • Official application links • Deadlines subject to amendments

05 NOV | SADC | DRM Strengthening in Southern Africa — end-of-project evaluation

Eligibility: Consulting firms View official notice and apply

06 NOV | SADC | National Multi-Hazard Early Warning Systems roadmaps

Eligibility: Individual consultant View official notice and apply

06 NOV | UNDP | Monitoring, Evaluation and Learning — Nigeria

Eligibility: Individual consultant View official notice and apply

09 NOV | UNDP | Climate information and early warning procedures — Guinea-Bissau

Eligibility: National consultant; reconfirm notice View official notice and apply

11 NOV | SADC | Regional Infrastructure Development Master Plan assessment

Eligibility: Consulting firms View official notice and apply

17 NOV | SADC | MHEWS capacity development for Member States

Eligibility: Consulting firms (CQS) View official notice and apply

19 NOV | UNICEF | Shock-responsive social protection framework — Zambia

Eligibility: Suppliers / firms; RFP View official notice and apply

DEADLINE AND VERIFICATION ALERT

Deadlines are as listed in the source notices and can change. The SADC roadmaps notice shows conflicting closing times (12:00 and 23:59

Botswana time); bidders should confirm directly. The Guinea-Bissau listing has not been independently re-opened in this revision, so its

date and eligibility require confirmation before application. Several deadlines are imminent: check the live notices rather than relying on

this printed summary.

CLOSING PERSPECTIVE

Climate commitments matter only when they become funded, accountable protection: reliable clinics, warnings people can act on,

accessible finance and institutions ready before disaster strikes. DIMA Connect will continue to test the distance between declarations

and delivery.

GRAVITAZZ CONTINENTAL CONSORTIUM

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info@gravitazzcontinental.com