

STAKEHOLDER WORKSHOP ON THE FOOD SITUATION IN ZIMBABWE

MAPPING A WAY FORWARD

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ABBREVIATIONS

PRF	-	Poverty Reduction Forum
UNICEF	-	United Nations Children's Fund
VAC	-	Zimbabwe National Vulnerability Assessment Committee
WFP	-	World Food Program
FAO	-	Food and Agriculture Organization
GMO	-	Genetically Modified Organisms
NGOs	-	Non Governmental Organization
ZRP	-	Zimbabwe Republic Police
GMB	-	Grain Marketing Board
PLWHA	-	People Living with HIV/AIDS
NAC	-	National Aids Councils
NANGO	-	National Association of Non Government Organizations
UNDP	-	United Nations Development Program
Zirdart	-	Zimbabwe Regional Disaster Alleviation Trust
HARP	-	Humanitarian Assistance and Recovery Program
MOHCW	-	Ministry of Health and Child Welfare
WHO	-	World Health Organizations
ZACH	-	Zimbabwe Association of Church Related Hospitals
ZES	-	Zimbabwe Economic Society

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1.0 Introduction

The One Day Workshop on the drought situation brought together stakeholders to discuss the current drought situation in Zimbabwe, assess the magnitude of the crisis and agree on the humanitarian assistance needed and putting in place a sustainable strategy for dealing with the crisis.

Opening remarks were given by Mr J. Gokova, who stood in for the Chairman of the Poverty Reduction Forum (PRF) while the coordinator of PRF Mrs. J. Kaulem, gave an overview of the workshop. Four position paper presentations followed soon after the workshop overview. Participants were then divided into three discussion groups, which went on to discuss the important issues that emerged from the presentations and the discussion during plenary sessions. The recommendations from each of these groups were further presented by the respective groups' rapporteurs for discuss and adoption by the plenary session.

Opening and Welcome Remarks - *(Mr. J. Gokova, Acting Chairman of PRF)*

Mr. Gokova gave the opening remarks on behalf of Dr. D. P. Chimanikire who was out of the country on University business. Mr. Gokova extended a warm welcome to all the participants before he invited them to introduce themselves. Soon after the introductions, he outlined the objectives of the workshop and expressed confidence that the participants gathered at the workshop would come up with recommendations that would contribute to the development of a sustainable strategy for dealing with the humanitarian crisis evolving in Zimbabwe. He wished all the participants a fruitful working day. Before he declared the workshop open, he thanked the organisers of the workshop for successfully putting together the workshop and special mention was reserved for UNICEF, without whose generous financial support the hosting of the workshop would not have been possible.

Workshop Overview – *(Mrs. J Kaulem, Coordinator of PRF)*

Mrs. J Kaulem once again welcomed the participants to the one day workshop. She told her audience that Zimbabwe was in the middle of an evolving humanitarian crisis whose main causes are:

- Policy choices and economic conditions
- Natural phenomena - drought, cyclone eline, etc

She observed that although the humanitarian crisis is evident there has not been an assessment of the magnitude of the food crisis the nation is in. Nonetheless there are emerging non-food dimensions to the food crisis which have left thousands of people very vulnerable. These are:

- HIV/AIDS
- Child Protection
- Nutrition
- Water and Sanitation, and
- Health Delivery System

Mrs. Kaulem informed the participants that the purpose of the workshop was therefore to share experiences, share strategies to mitigate the problem and to come up with an Action Plan which can be monitored and evaluated. Mrs Kaulem thanked UNICEF and the PRF secretariat for making the workshop possible and wished the participants well in their deliberations.

SECOND SESSION - PAPER PRESENTATIONS AND PLENARY SESSIONS

2.0 NGO Involvement in the Food Crisis, Challenges and Way Forward - by Mrs. P. Ndlovu of World Vision

Mrs Ndlovu gave a brief and precise background to the current situation in Zimbabwe. She noted that Zimbabwe was currently facing a complex food emergency situation which started from the traditional chronic food insecurity zones (the drier agro-ecological zones of region 4 and 5) and has now spread into the rest of the country and even to the urban areas.

She observed that the present food situation is a by product of a numbers of factors:

- The unexpected drought situation which affected production levels,
- Production shortfalls and hence inadequate carryover stocks from the 2000/2001 agricultural season
- Reduced inputs at normal planting time
- Misjudgment of the situation by relevant authorities which delayed response time
- Lack of adequate support for newly resettled farmers i.e. lack of inputs, draught power, extension services etc.
- Political and public policy issues
- A stagnant economy and worsening macroeconomic conditions

Mrs Ndlovu informed her audience that there was a regional dimension to the current problem. Preliminary maize forecasts at the end of April indicated production shortfalls in a number of countries following a prolonged drought spell. Most affected in the region are Zimbabwe, Zambia and Malawi. The region will have an anticipated shortfall of over 3 million MT which would have to be imported from outside the region. She gave facts and figures to demonstrate the precarious food insecurity situation in Zimbabwe and these are given below.

(a) Current Food Availability at the National Level

- Zimbabwe consumes approximately 2 million MT of maize annually
- The low maize harvest and low opening stocks at the start of the marketing year on 1 April 2002, means Zimbabwe will have a total maize deficit of 1.77 million MT in 2003/04 marketing year.
- After considering import commitments of 374,000MT, a potential winter maize harvest of 7,000MT and the 57,500MT that had been imported in mid May 2002, Zimbabwe has a cereal import gap of 1.4 million MT.
- At sub-national level, a total of 52 out of 57 districts are ranked as food insecure and only 5 districts are considered “food secure”.
- Of these, 40 districts are classified as “severely food insecure” with a minimum food security threshold of less than three months or less than 40 kgs per capita maize equivalent income.
- Findings of the Zimbabwe National Vulnerability Assessment Committee (VAC) indicate that from September through to November 4.5 million people (33%) of the national population will require emergency food assistance rising to 6.7 million people (49% of the population) during the most critical months from December through to March 2003.
- Over 90% of the households in Zimbabwe will rely on grain purchases this year implying that they will be susceptible to supply shortfalls should they occur. The figure has increased by 700,000 since the last major WFP/FAO Crop and Food Supply assessment that was conducted in May this year.
- The VAC’s assessment report confirms that the food crisis in Zimbabwe is more severe than previously estimated. It provides compelling evidence that urgent action beyond that of current levels is required from the Government of Zimbabwe and the international community to avert a humanitarian disaster before the main harvest in March/April 2003.

b) Current Food Access in Urban Areas

- There are clear shortages of food availability in the urban areas. Shortages are manifested by long queues for basic commodities such as maize meal, cooking oil and sugar as well as a thriving black market.
- These shortages coupled with high increases in prices have put the urban poor at a greater risk of food insecurity.
- WFP carried out Urban Vulnerability Assessments in Harare and Bulawayo. The findings of the report point to the fact that there will be need for targeting food aid in the urban areas.
- Also important to note here is that because of food shortages, even those who can afford to buy have no access.

c) **The Situation in 2002/03 Agricultural Season**

- 94% of farmers do not have seeds for the 2002/03 planting season.
- There is adequate grazing for livestock, for most parts of the country, except in the southern and central parts of Buhera district.
- The southern African Climate Outlook Conference which met in Harare in early September, indicate that there are prospects of receiving normal rainfall in 2002/03. The El Nino phenomenon which had been detected earlier on has since weakened.

2.1 NGOs Involvement

The involvement of NGOs in the distribution of food was critical to the success of the programme. Mrs Ndlovu informed the participants that, in total, there are approximately 30 NGOs distributing food throughout the country, some on a smaller scale while others on a bigger scale. She referred the participants to the List of NGOs that is with the UNDP and the section on WFP.

2.2 Challenges

Mrs. Ndlovu told the participants that to effectively tackle the humanitarian crisis faced by Zimbabwe and the region, a number of challenges would have to be overcome. She divided these into three categories:

2.2.1 National Level

- Foreign currency problems to import national requirements. Problems due to poor export performance
- Policy issues e.g. GMO, private sector involvement/GMB monopoly
- Procedures for the issuance of permits can be long and cumbersome.
- Procurement and clearance of equipment
- Government accepting GMO milled grain. The donors are only willing to supply unmilled grain. The challenge is who will pay for the milling costs.
- Inspections and governments procedures
- Political challenges
- Reports in the media on the politicization of food.

2.2.2 Organizational Challenges of NGOs

- Limited organizational capacity to plan and implement food aid programs
- Limited technical expertise, especially among local NGOs, the international NGOs can employ international experts.
- Limited experience in managing food aid programs
- Limited financial resources, international NGOs have access to some reserves from parent bodies;
- New players have been restricted by the long registration procedures.

2.2.3 Challenges of distribution

- Transportation and Logistics – Roads in some areas are difficult to access.
- Security – Escorts by police of food transport for security reasons provided by the Department of Civil Protection. However, use of ZRP tended to instill fear in the people in some areas.
- Communications – Radio problems etc.
- Selection criteria – selection becomes difficult in a situation where almost everyone is in need of food.

2.3 Way Forward/Recommendations

Mrs Ndlovu concluded her presentation by suggesting that there was need to ensure that mechanisms are put in place to facilitate the importation of additional 1,4 million MT of grain to meet aggregate requirements for 2002/03 marketing season. There should be policy shifts in terms of the monopoly of the GMB, perhaps, temporarily suspended to facilitate the private sector, NGOs and individuals to participate in food importation and local trading. This will help stabilize prices and increase availability. Consideration should be given for more flexibility in the allocation of, and the exchange rate regimes for food aid programs and related initiatives. She also highlighted the need to come up with a one- stop shop in terms of the procedures involved in applying for or acquiring permits including procurement requirements of equipment needed to be used for food aid. Government, she noted, has to take a leading role in ensuring secure, safe and fair distribution of food to vulnerable communities. NGOs should continue with food assessments in their project areas as well as play a crucial role in terms of monitoring the food security situation on the ground. Current food program should be expanded to cover more people including the urban poor.

2.4 Plenary Discussion

The audience sought to know whether there were any mechanisms to coordinate NGOs who are involved in the distribution of food aid. Mrs Ndlovu informed the participants that there was a coordinating unit within the UNDP that bring together all NGOs and other organizations that are involved in food aid distribution, including Government. This assist in the movement of information, back and forth.

It was observed that the presentation focused on food aid to meet the short-term shortage. Concern was raised on the silence on long-term solutions that guarantee long term needs e.g. drilling of boreholes, availability of seeds to farmers etc. The response was assuring. The audience was told that there are agriculture recovery programs that are already in place to address the transition from relief to recovery. These include inputs distribution and borehole drilling and promotion of small grains, particularly in the Southern region.

The Masvingo experimental winter maize program was brought into the spotlight. The participants wanted to know the extent to which the harvest from this experiment would go in meeting the current food deficit. No one present could answer this question with facts and figures, but the general perception was that the harvest would be very small compared to the shortfall.

The participants inquired on the progress that had been made with the outsourcing of service to small NGOs by the larger NGOs. Mrs Ndlovu assured the participants that subcontracting had already started and it was also a requirement that the large NGOs should sub-contract to local NGOs.

The participants noted that World Vision had successfully penetrated the rural areas and wanted the presenter to share with them the methods and approaches they employed. Mrs. Ndlovu said that her organization was already working in the rural areas and for food relief, they use the structures that already exist. They also work through local structures and leadership, such as, the Rural District Councils, District Administrators, traditional leaders etc. It is a requirement by government that food aid should be channeled through these structures. Selection of beneficiaries is done through the village and ward structures e.g. traditional leadership and councilors.

Questions were raised on the role of NGOs' involvement in food distribution, in the distribution of drugs to those who are HIV/AIDS infected. NGOs are trying to make relief programs innovative. When those who are HIV/AIDS infected get their rations, they also get drugs. This program is in its initial stages.

A number of other related issues were raised during the plenary session. The audience raised the issue of one shop window for all NGOs, the complicated permit issuance system, pulling together of resources by NGOs and coordinated importation of food aid, milling expenses and the GMO maize.

On GMO maize the meeting was informed that although the maize has of late been allowed to enter Zimbabwe, it has been resolved that the Biosafety Board would supervise the movement of maize to avoid spillage. NGOs have already come together to import food aid. There was need to simplify the permit issuance system to reflect the state of disaster that the nation is in.

A question was asked on the number of deaths from drought or hunger. World Vision responded that they had not witnessed any. Even malnutrition levels are not yet considered serious by international NGOs, although this is quite surprising.

3.0 HIV/AIDS and the Humanitarian Crisis - by Mrs P. Mujuru from UNAIDS

Mrs Mujuru passionately explained the link between food shortages and HIV Epidemic. She summed up her explanation by reading out the following citation from SAFAIDS News:

“Nutritional status and food security are key components of health and quality of life for people living with HIV/AIDS. Food shortages reduce nutrition levels, resulting in reduced immunity ... and consequently increase in the number of people who succumb to AIDS”.

She then went on to capture the seriousness of the problem through facts and figures as shown below.

HIV/AIDS Situation 1

- An estimated 700 000 people have full blown AIDS
- 2500 people are dying of AIDS every week
- 2 million people living with HIV/AIDS
- It is estimated that 60-70% of deaths among children under the age of five are attributable to HIV/AIDS
- 26-30% sexually active adults (15-49) are infected

HIV/AIDS Situation 2

- More than 700 000 living children have lost one or both parents to AIDS
- The majority of new infections are occurring in young adults, with girls and young women of 15-24 years particularly vulnerable (5 to 6 times more liable to risk of infection than boys and men of the same age)

Mrs Mujuru put HIV/AIDS in the context of the current humanitarian crisis. She noted that an estimated 6.1 million (51% of the country's population) will need humanitarian assistance for the next 18 months. About 5.9 million of these are rural people (74% rural) who will be affected by the drought, 1.9 million urban poor (51% urban) are heavily affected by the prevailing harsh economic situation. At most 69% of the 7.8 million are children between 0-14 years, 23% are aged below five years and 46% are aged 5-14 years.

The current food shortage is taking place in the context of a severe HIV/AIDS epidemic. Families already affected by HIV/AIDS are less able to cope with the famine. Coping mechanisms that saved lives ten years ago may now facilitate the spread of HIV/AIDS. The current drought unlike other droughts in the past has been aggravated by the HIV epidemic. It is widely acknowledged now that people with HIV are precipitated into AIDS if faced with poor nutrition and stress, shortening their life expectancy and diminishing their quality of life.

Mrs Mujuru informed the participants that during food crisis, affected populations adopt a variety of coping mechanisms e.g. finding additional sources of food or income, migrating, dropping out of school, engaging in hazardous work, exchanging sex for food or cash. She said that the impact of the food crisis on HIV positive people and their families can be observed through higher rates of malnutrition which is generally evident amongst adolescents and adults due to HIV. Insufficient food leads to micro-nutrient deficiencies making PLWHA more likely to succumb to opportunistic infections. Intra-familial distribution of food may also change. Children and HIV positive breast feeding mothers may be given low priority in food distribution, leading to their rapid decline.

She highlighted some factors that constrain the ability of HIV/AIDS affected people from coping with their conditions within the context of drought and food insecurity. She noted that families of people living with HIV are made vulnerable due to their diminished labour capacity. Diminished agricultural productivity and ability to work for cash may lead families to sell their assets, reduce levels of childcare and lead into a cycle of increased poverty and deprivation. The situation exposes families to more unsafe water sources which then result in increasing deaths due to diarrhea (ref. Cholera outbreaks in Zaka, Bikita). There is also need to examine whether families affected by HIV/AIDS have less access to food assistance due to limited mobility and/or stigma and discrimination. She concluded her presentation by opinionating on what needed to be done. In her opinion, there is need for Policy advocacy to lobby food distributors to mainstream HIV/AIDS into their efforts, lobby for networks of ASOs and NAC structures at District level to be involved in food distribution, lobby for keeping both girls and boys in school as long as possible to reduce their vulnerability, including sexual exploitation.

Mrs Mujuru suggested strategies to be considered to mitigate the impact of HIV/AIDS and food insecurity. These have been broken down into four:

a) Free Schooling

- There should be high level governmental advocacy for free schooling. The following should be considered:
 - Provision of lunch (or school feeding scheme) in schools and hospitals/clinics
 - Work with teachers and headmasters to follow-up on children that drop out of school.

b) Protection of women and children

- Lobby for the protection of women and children at food distribution sites to ensure that they do not suffer from violence (extortion, sexual violence, etc).
- Lobby for interventions such as the provision of low labour crop seeds in high HIV prevalence areas.
- Government departments, NGOs, Private sector involved in food distribution must work with home based care programs to reach PWAs and their families.

c) Monitoring

- Monitor the impact of the drought on increased vulnerability to HIV infection.
- Understand migration patterns and their possible links to HIV (e.g. movement of people from high to low prevalence areas , from rural to urban areas where the potential for sexual mixing increases).

d) Monitor child – headed households

- Monitor children living in child headed households or on the streets to ensure that they have access to sufficient assistance and do not resort to harmful coping mechanisms.
- Meet with parents and community leaders to motivate continued school attendance

3.1 Plenary Session

During the plenary session a number of questions were raised. Participants wanted to know how AIDS could be mainstreamed in the face of the confidentiality associated with it. Mrs Mujuru indicated that when it comes to the rural areas the issue of confidentiality is rarely upheld. Those who are chronically ill, whether from AIDS or other diseases, received free food hand outs from government. Included in this group of those who receive free food are the elderly and the disabled. The able bodied are engaged in food for work programs where they earn some income which they then use to purchase their food.

The participants asked the presenter on what was being done to serve the “window of hope”, those between the ages of 6-24 years, which was now narrowing due to HIV/AIDS. It was noted in response that a number of interventions have been initiated to address this problem. One example that was given is the support that UNAIDS gives to the Ministry of Health in order to support its youth programs. Pilot projects in Masvingo, Harare and Bulawayo were cited. A private initiative called “In God’s Arms” shields the youth, especially the orphaned or the very poor, from abuse by providing decent accommodation and necessities while they remain in the custody of their relatives. The church is used to identify those children in need. Funds are made available also for medical treatment, life skills training and technical skills.

Some participants were however of the opinion that UNAIDS should not channel funds through the Ministry of Health, but should direct the funds to those groups that work with the youth.

Concern with the sexual exploitation of children by those distributing food was raised. Mrs Mujuru informed the workshop participants that AIDS awareness programs are being taken to the food distribution points. These are in the form of drama, counseling and provision of security by the civil protection unit or the ZRP.

The success of Uganda in reversing the prevalence of new HIV/AIDS infections was seen as a sign of political commitment to fight the scourge. It was observed that although the political commitment in Zimbabwe did not take the form and content that it took in Uganda, it was shown in that Zimbabwe is probably the only country in Africa that has introduced a levy, specifically directed at combating HIV/AIDS.

4.0 Private Sector Involvement in the Food Crisis, Challenges and the Way Forward - by Mr Bara of Zimbabwe Regional Disaster Alleviation Trust

4.1 Introduction

Mr Bara informed the participants that in the aftermath of the cyclone Eline disaster, it became apparent that Zimbabwe, as a country had not invested adequately in disaster preparedness and management. The Civil Protection Unit, which is affiliated to the Ministry of Public Service, Labour and Social Service found itself unable to cope with the crisis. People's homes had been destroyed, as well as roads, schools and bridges. Thousands were left homeless and hungry, and the devastation to the environment was extensive.

Due to the political and economic situation at the time, the government was unable to cope financially with the disaster. Although international donors assisted our neighbouring countries, we were not so fortunate. A few private sector companies became involved in trying to assist those that had been affected by the cyclone. These companies worked hand in hand with the UNDP, the Civil Protection Unit, some government ministries and some non-governmental organizations. At the end of this exercise, it was clear that there was need to establish long term disaster preparedness and management mechanisms. The idea to form a Trust for this purpose was born.

PG Industries Zimbabwe Limited, for which Mr Bara is an employee, facilitated the formation and registration of the Zimbabwe Regional Disaster Alleviation Trust, whose main objectives include:

- To prevent, minimize, mitigate or alleviate natural disaster and their damaging consequences and to restore normal conditions as soon as possible after the occurrence of any disaster.
- To meet the reasonable needs of those whose lives have been affected as a result of disasters, including destruction or devastation caused to the environment or to man.
- To arrange conferences, exhibitions, seminars and meetings to educate persons to prevent or minimize and advise them on what course of action should be taken when disaster strikes.
- For instance the Trust, in collaboration with NANGO, held a food coordination meeting at the Holiday Inn on the 27th of March 2002. The recommendations, which came out of that meeting, were presented to the President of this country, in an effort to work together to alleviate the food crisis.

- To do all such things as are incidental or conducive to the attainment of the above objectives or any of them (including the establishment of administrative operational facilities and the raising of funds).

Mr Bara informed his audience that the Trust is sponsored mainly by PG Industries Zimbabwe Limited and Econet Wireless Limited. Private sector organizations and representatives thereof such as the Business Leaders forum, EMCOZ, CZI, and The Bankers Association have all put their full support behind the Trust, hence its claim to be private sector driven.

4.2 The food crisis

When the President declared the food crisis in Zimbabwe a national disaster, it immediately fell into the main object of the Zirdat Trust and mandated it to play a part in alleviating the disaster. The Zirdat Trust has mobilized resources from the private sector such as storage space for humanitarian food and transport. It is in the process of compiling countrywide directories of organizations that have storage space and transport available for the use of NGO's and other players in the humanitarian food aid business. The Trust is negotiating with the Ministry of Finance for tax incentives in favor of any organization that donates in cash or in kind to it.

An appeal for donations to procure food for those that face starvation was made by the Trust, and the response was quite good from banking institutions, for which the Trust is extremely grateful. A permit to import 600 000MT of maize and 100 000MT of cereal was granted to the Trust by the Ministry of Lands, with the following concessions allowed:

1. The use of the Forbes border post to avoid the congestion at major border posts.
2. The use of government approved inspectors
3. GMB permission to store maize meal at independent warehouses
4. Assurances that trucks conveying humanitarian food to distribution points shall be allocated security agent if required.
5. Security during the distribution process, where requested for, guaranteed.
6. Permission to sell some of the imported maize/meal provided government stipulations to ensure that price controls are complied with, and provided for humanitarian purposes.

Mr. Bara informed the participants that all the listed concessions were won after negotiations with the relevant ministries or government departments. Although the process was frustrating at times due to red tape, they were always given audience when sought and their ideas were listened to, for which they were very grateful. The biggest achievement of the Trust has been to win the concession allowing NGO's and other organizations, as long as it is for humanitarian purposes, to utilize the above mentioned permit. It is hoped that this will facilitate the quick importation of food to avert starvation.

4.3 Challenges and constraints

The current economic situation has made it very difficult to raise substantial amounts of money from the local private sector. Donations have been trickling in slowly, but the Trust still hopes that a sense of corporate social responsibility, and a sprinkling of patriotism, will work in the favor of the Trust.

Mr. Bara identified the bureaucracy and red tape involved in the process of applying for import permits as a monumental challenge. There is no booklet which sets out step by step where one should go, whom one should see and what the requirements are. The three or so ministries involved each seem unaware of the other's requirements, which adds to the frustration. The process is time consuming and likely to discourage even the most zealous donor. There is a lot of suspicion and skepticism surrounding the food crisis, from all the stakeholders (the process has been politicized). In the process of vetting organization for their suitability to be food aid players, a lot of time is lost, at the expense of the beneficiaries. There is competition, however indirect, amongst organizations trying to raise funds to alleviate the food crisis. There is also a general perception, mostly from international donors that if you are not a UN agency, or affiliated to one, you are not capable of being apolitical, transparent and accountable.

4.4 Way forward

Mr. Bara outlined a number of issues as suggestions for the way forward:

1. Having faced insurmountable challenges in raising foreign currency to purchase food for distribution for humanitarian purposes as originally intended, the Zirdat Trust has now offered the use of its permit to any organization intending to import maize/meal for humanitarian purposes.
2. The importation process should be streamlined and the procedures and requirements consolidated under one department.
3. Zimbabweans must help themselves by donating in cash, or in kind, to a humanitarian organization of their choice, to alleviate the food crisis, before looking to outsiders to do everything for them.

4. Zimbabwean corporations ought to donate sufficient funds to assist local NGO's and government to acquire and distribute food.
5. Negotiations with government must continue for permission to import maize/meal for supply at cost recovery prices.
6. Government should prioritize allocation of foreign currency to food aid players.
7. Government should consider allowing the supply of other foodstuffs to the domestic market at cost recovery prices in order to sustain the viability of corporations that are closing down.
8. There have been allegations of the politicization of the food procurement and distribution process. There is a need for all the stakeholders to abandon the combative mode, and instead focus on assisting those in need using internationally accepted *modus operandi* in humanitarian crisis.
9. The print and electronic media in Zimbabwe must abandon their polarized approach and political stances and refrain from influencing the international community not to give food aid to Zimbabwe, through biased reporting.

4.5 Conclusion

In his concluding remarks MR. Bara reminded colleagues in the private sector that they have reaped profits at one time or other from ordinary members of the public. Many still continue to do so and they cannot afford to let existing and future consumers of their goods and services perish. He observed that to those who are facing starvation, it does not really matter whether God is to blame for the drought or whether there is no food in Zimbabwe for other reasons. Everyone has a responsibility to assist those less fortunate. Corporations, government, NGO's, opposition political parties, religious and other civic institutions, and even the individual, should join hands and help alleviate the food crisis.

4.6 Plenary Discussion

After the presentation by Mr Bara the audience realized that indeed the private sector had an important role to play in alleviating the effects of the drought. They also acknowledged that they had never thought of the local private sector as a partner when they go out and look for resources.

However the participants wanted to know what the response has been from other members of the private sector to the call to support the initiative to source for food aid. Mr Bara was quick to say that the private sector players are historians and others would want to politicize the food crisis. The response has therefore been slow and cautious.

The role of banks was also raised. The purpose to which the tax on the financial sector is being put was sought. Issues that were also raised included the kind of action that is being taken to simplify the permit issuance system, and what had happened to the Strategic Grain Reserves.

On the permit system Mr. Bara told the participants that the private sector indicated to government that they were seeking a blanket permit under which a number of organizations would import the food aid as one organization. Once the food is in the country, NGOs would use their individual channels to distribute their quota in their respective geographical areas. The permit was granted.

There is a policy on Strategic Grain Reserves, which states that 500 000 tons should be kept as grain and the other 500 000 tons as cash. However it seems in Zimbabwe, the policy was not upheld hence the effect of the drought was immediately felt. Mr. Bara acknowledged that banks' response was not as expected, but they were starting, to respond, in a much more positive way.

Forex is not enough to meet all the requirements of the country e.g. fuel, electricity etc. But once the private sector is allowed to import maize and sell it at recovery rate to those who have money to buy at such rates, it is likely that they would use the foreign currency that they already have without going to government reserves. Tax concessions should also be considered for the private sector involved in maize importation.

In acknowledging the gravity of the problem facing the country participants agreed that there was an urgent need for a meeting involving the Head of State, Directors of NGOs and Chief Executives of the private sector. The purpose of the meeting would be to frankly update each other on the extent of the problem that is confronting the nation, assess the resources needs and come up with one program that deals with the crisis in a holistic way.

5.0 Health Delivery System and the Drought Situation - by Mr. T. Tembo and Mr. Kupe of World Health Organization

Mr. Kupe presented the main findings of the Rapid Needs Assessment Study for the health sector in Zimbabwe, which was carried out in 2002.

The main objective of the assessment was to guide the WHO/HARP response through identification of the health needs of the population and vulnerable groups in particular. The major findings were highlighted in point form.

5.1 Major Findings

- Patient attendance at health facilities shows a decline in the last 2 years.
- At the same time mortality has dramatically increased.
- WHO defined conditions coming among the top ten conditions – as poor diagnosis
- HIV/AIDS diagnosis laboratory based and thus distorts the disease burden picture

5.1.1 Epidemics

- The epidemic and disease control management committees were either not functional or non-existent at both district and health centre levels.
- Response to the epidemic was not prompt implying that surveillance data was not used in early detection of disease outbreaks.
- Action thresholds for epidemic prone diseases at the level of health facilities were generally not known.
- Lack of training in disease surveillance at peripheral levels.
- The peripheral staff (at field level) did not have training in epidemic preparedness and response i.e. training in recognition, investigation and control of epidemics.
- Inadequate supervision especially at health facility level.
- Shortage of drugs to respond to emergencies and epidemics
- There is no logistical support for lower level staff to carry out investigations.

5.2 Vulnerable groups and access to Health Care

5.2.1 Availability of Health Services

- 24% (2360) of posts are vacant in all provinces posts on establishment.
- Since January 2000 7% of all categories of health personnel left the health service (heavy losses were among nursing –12%, medical practitioners –13% and pharmacy – 18%)
- Staff losses that have been experienced since January 2000 amount to 7% among all categories of staff (doctors, clinical officers, nurses, environmental health officers and technicians, pharmacists, pharmaceutical technicians, midwives and health services administrators).

5.3 Availability of Service to Communities

5.3.1 Availability of health services

A population of 326,000 living in communal lands and 209,179 in new resettlements has no access to health services.

5.3.2 Use of outreach services

Outreach services have been scaled down or suspended due to lack of logistical support and finances.

5.3.3 Health Extension Workers Services

General shortage of extension workers and there is no logistical support for the few that are operational.

Generally all population groups in all districts that were assessed were vulnerable due to the general lack of access to health care services and amenities such as safe water supplies and sanitary facilities. He acknowledged that this situation was however, worse among the newly resettled population

5.4 Drugs

The assessment was done at four levels:

Provincial: The provincial data obtained during the assessment reflects that the supply of the majority of the essential drug ranges between two months to zero with a tendency towards zero in most drugs.

District Level: The range of stocks at this level was between a month and two months. This was not deemed acceptable on the basis that any institution should have at least not less than three months supply of drugs.

Mission Hospitals: This category of service providers had critical stock levels in general with Mtshabezi and Zhombe hospitals being the worst affected as they had zero stocks in the majority of the drug categories.

Rural Health Centres: The drug stock levels at this level were critically low making the rural populations vulnerable.

5.5 Recommendations

- MOHCW in partnership with WHO/HARP should strengthen coordination mechanisms by e.g. holding regular consultative meetings with NGO partners in health with the view to operate in unison to maximize efforts directed at cushioning impact of the humanitarian crisis.
- WHO/HARP to support training of peripheral health workers in order to improve disease surveillance.

- WHO/HARP should provide training of peripheral workers in epidemic preparedness and control and expertise to help out control current epidemics.
- Efforts directed at controlling diseases, should be focused at risk groups and areas.
- MOHCW should seriously look at rationalizing staff posts and improving conditions of service in order to retain the remaining staff and WHO/HARP to provide logistical support for supervision of staff at peripheral levels.
- MOHCW should work with the health partners who run primary health care services and rationalize the fee structure to ensure that vulnerable groups such as pregnant women, children and the elderly have access to free health services.
- MOHCW should examine use of extension health workers especially EHTs to reach the vulnerable population groups and WHO/HARP to provide logistical support and training of such cadres.
- WHO/HARP mobilize funds to immediately procure vital drugs, vaccines and medical supplies for all health institutions to ensure adequate cover.

5.6 Lessons learned

5.6.1 *Information Management and Use*

- Very insignificant/no data analysis and use at primary levels?
 - Very insignificant/no data analysis and use at primary levels? Implications on policy, budgeting and general resource allocation including drugs. Information not organized in a manner that would lead to immediate use. At risk areas and population groups not readily identified. Data on mortality not consolidated and is in different registers
 - Data on HIV/AIDS not captured in the current HIS.

5.6.2 *Disease Nomenclature*

- Internationally agreed disease definitions should be used to avoid ill defined conditions constituting high figures – drug use?
- Clinical definition of HIV/AIDS urgently required to enable all levels to estimate the true disease burden in their localities.

5.6.3 *Access to Health Services*

- Staff at the periphery of the health system not able to articulate the health situation appropriately and take relevant decisions – **ownership**.
- Outreach services to populations with no health facilities could be improved by fully utilizing the potential of EHT's
- VCW's and teachers handle some basic drugs why not the EHTs who could even do more?

- Staff shortages and their implications to the health delivery system – MoHCW to take steps to address the issue of staff retention – motivation, conditions of service, transport, communication, etc.

5.7 Plenary Session

Participants were worried by the occurrence of cholera during the dry season of the year, when in actual fact it is a water borne disease. Mr. Kupe was equally worried. However he told the participants that in this particular case there was a woman who had traveled to

Mozambique and contracted the disease there. The woman eventually died. This did not come to the attention of officials until the care giver to this woman had also died. It is suspected that the disease was spread through hand to hand contact.

This case of cholera outbreak occurred in Zaka and Bikita rural and Small Scale Commercial Area. There is 1% sanitation coverage and in Bikita people drink water from the canal, and the water was probably contaminated. Toilets in these areas, were destroyed by Cyclone Eline. The outbreak is therefore related to sanitation problems within these areas.

6.0 Water and Sanitation - by Ms. Sibongonkosi Ndlovu of the Institute of Water and Sanitation Development

Ms. Ndlovu started her presentation by providing a background to the current humanitarian crisis affecting Zimbabwe. She observed that in the 1999/2000 rain season, Southern Africa was significantly hit by the Cyclone Eline. In Zimbabwe, although unusually heavy rains were recorded in most parts of the country, the areas most affected by the Cyclone were in the eastern and southern districts. As a result toilets collapsed, water points were either washed away or made inaccessible, livestock and infrastructures were extensively damaged, roads and bridges were washed away, and villagers were made homeless. However, the effects are still being felt as rehabilitation initiatives have not covered all affected communities in the cyclone path. She noted that the harsh economic environment presently affecting Zimbabwe had worsened the situation. With the country's external position under pressure, aggravated by the reduced access to trade finance, the country's capacity to develop basic infrastructure including water and sanitation, broaden and productive base, create high levels of employment has been severely constrained (Reserve Bank of Zimbabwe, February 2002).

While the 1999/2000 season was affected by Cyclone Eline and subsequent floods, which flooded crops and caused a lot of stress, the 2001/2002 season was affected by the drought resulting in low crop yields. The 2001/2002 season was characterized by extremely wet conditions during the first half (October to December) particularly in the Southern areas while the period January and February recorded the largest rainfall deficits.

The land reform program has been going on since independence in 1980, but over the last 2 years this program has been intensified, and gained political and social prominence. This has resulted in families moving to new areas where in most cases, there are no safe water and sanitation facilities. Thousands of farm workers have been affected, some are still on the acquired farms, others have been resettled, while some have moved back to their rural areas. However, the exact number and movements of the affected farm workers is not well documented.

Ms. Ndlovu further observed that the current economic situation has affected the government's ability to respond to the emergency caused by the drought. Whilst priority has been given to the importation of food by the government, the provision of water and sanitation facilities to communities affected by the drought is equally important.

Ms. Ndlovu informed the participants that her presentation was based on the results of an assessment study carried out by the Institute of Water and Sanitation Development. The purpose of the study which was commissioned by U NICEF/WHO/RRV was to find out to what extent the 2000 Cyclone Eline, current drought and agrarian reforms are affecting people in Zimbabwe with particular reference to water and sanitation services.

6.1 Major findings

- A total of 451 950 people are affected by the drought in relation to water provision and 1 514 water facilities (boreholes and wells) will be required. The evaluation established that of this population 221 461 children, 26 572 orphans and 18 801 pregnant women have no access to clean water supplies as a result of the drought.
- A total of 124 524 people (of which 61 019 children, 7 323 orphans and 5180 pregnant women) are affected by inadequate sanitation facilities in the communal areas and thus 21 969 sanitation facilities are required to minimize the effects of lack of sanitary facilities.
- In districts affected by Cyclone Eline 187 water points were affected and not rehabilitated resulting in 58 968 females, 55 566 children and 6 668 orphans having no access to clean water supplies
- Cyclone Eline affected districts had a lot of 10 243 toilets destroyed and not replaced leaving 59 058 (30 710 females and 28 347 males) people with no access to proper sanitation facilities.
- The current land reform resulted in 36 483 families being resettled creating a deficit of 36 483 latrines and 230 boreholes that need to be urgently provided in these areas. Out of this population 107 256 are children (excluding orphans), 12 870 orphans and 10 128 pregnant women.
- No adequate monitoring and evaluation systems have been put in place by local authorities and central government.

6.2 Recommendations

She summarized her recommendations with respect to the effects of the cyclone, drought and the land reform program as follows:

- Reconstruct 50% of damaged household toilets (Mutare – 2244 toilets; Chimanimani 1340 toilets; Gwanda 481 toilets and Mberengwa – 432 toilets).
- Drill 1 512 boreholes and deepen 581 deep wells by priority areas. To ensure community ownership and participation, link these activities to the Public Works Program already introduced in the districts.
- Initiate a sanitation program to produce 22 500 toilets by the end of the year in all 24 districts.
- Upgrade institutional water facilities especially for clinics and schools in the communal lands. It is estimated that less than 20% of health institutions in communal areas have adequate water supplies.
- Intensify appropriate health and hygiene education in the new resettlement areas giving priority to the concept of the sanitation ladder and allowing for appropriate choices to be made depending on capacity.
- RDCs should develop the needed capacity for monitoring of development activities including water and sanitation.

6.3 Plenary Session

Participants wanted to know what sanitation meant. The presenter did not however give a clear definition of sanitation, but indicated that more can be achieved by providing sanitation than by providing water. She however lamented the low priority that sanitation always received. When priorities shift it is sanitation that suffers most. In most of the affected areas people cannot afford to meet the 60% contribution requirement for toilet construction. This is really a challenge particularly now when there is drought and the food crisis.

7.0 Task Force and Closing Remarks

7.1 Task Force

Immediately after the presentations of group recommendations, participants agreed to set up a Task Force, which would look at the recommendations made and probably refine them. The PRF was appointed as the facilitator of the Task Force. The Task Force was made up of the following Institutions:

- Zimbabwe Regional Disaster Alleviation Trust
- World Vision
- Department of Social Welfare
 - ZACH and
 - Zimbabwe Economic Society

The Task Force was given two weeks time to meet and work on the recommendations.

7.2 Closing Remarks

Mr. J. Gokova who chaired all the sessions thanked all the participants for working tirelessly to achieve the objectives set out at the beginning of the workshop. He declared the meeting close and wished the participants a safe return to their institutions and provinces.