

# Emergency Preparedness Bulletin

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## **“All for the sake of my grandchildren,” says 85-year-old Mrs Mudenda Malembu**

Mrs Mudenda is one of the old people who have borne the burden of taking care of orphans after her daughter passed away after a long illness. She stays in Chunga ward in Binga District.

“It is a difficult time to be bringing up children, especially at my age, but I am their only living relative. I get very depressed when I think of my daughter because she really cared for me and now I have to face these problems with no one to help me.” Mudenda’s daughter and son-in-law died in the years 2000 and 1999 respectively after long illnesses that left them very weak for more than a year before they died. She lost her husband in 1957 when people were relocated from Zambezi riverbanks during the construction of Lake Kariba.

Despite the high rate of infection amongst adults, AIDS deaths are seldom acknowledged in Binga. Mudenda is now caring for the four orphaned children of her daughter: Joseph Munsaka, 4 years, Lutendo Munsaka, 7 years, Trymore Munsaka, 10 years and Siphwe Munsaka, 12 years. She shares a single hut with the four children.

The soil and rainfall pattern are very poor and she is too old to till the piece of land that she has. “Even if there are normal rains, I cannot cultivate enough land to feed the children. I have a small piece of land but I can hardly till half of it by hand so only one side is prepared and planted.

“I have had a lot of problems in the last two years. Even before the drought I sometimes had to rely on handouts now and again. It was a blessing when Save the Children

started providing food.

“Sometimes we eat sadza twice a day, sometimes once a day and sometimes we go for a whole day without food. I only gather wild food when there is no mealie meal because it is so difficult to find.

“It’s really difficult but I have to do it for my grandchildren. I run around collecting wild fruits and walk long distances when all the fruits near the village are gone.”

Education for the children is also a major worry for Mrs Mudenda. “The fees for the children to go to secondary school are \$300 per year per child. I can’t afford to pay the school fees and buy books and pens for them because food has become a priority. The children should have uniforms but I can’t afford them. They only have these poor clothes to go to school and to play in. The children were sent away from school for a while because they had no books or pencils and I could not pay the fees. They have just been recalled to school by the headmaster.”

Mrs Mudenda sobbed as she narrated the death of her daughter. “It was very difficult looking after my daughter when she was ill. She was at her husband’s homestead at first but when she was very ill she came with her children and stayed with me. I had to care for her.

“I can hardly bear to think what the future holds for my grandchildren. It is only God who knows. By the time Joseph goes to school I fear I will be too weak to even collect water, but the older children will help. I am hoping the children will grow up healthy now that we have food from Save the Children.”

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## Editorial

The impact of HIV on individuals and communities is severe and establishes beyond doubt that HIV is a major development issue. Much less well recognised is the fact that HIV is also an emergency issue, not only because of the devastating effects that it is having in many communities, but also because it has become a very significant threat to life, among communities disadvantaged by emergencies.

The link between emergencies and HIV vulnerability can be seen in many ways. Humanitarian crisis and natural disasters take place in marginalised communities where rates of HIV infection are already high, which means that pre-existing risks of infection and discrimination are significant.

Another aspect of the link is that the destruction, disruption, dislocation and displacement that emergencies typically cause can exacerbate vulnerability by increasing the risk of infection. Under the pressure of disasters, sexual behaviour might change in damaging ways. Loss of livelihoods might cause people to turn to sex work, or rates of sexual abuse by aid workers might increase. The virus is surrounded by stigma and myths, some of which are taboo subjects in our cultures. This makes it difficult to provide care and support for people affected by HIV, and to look openly at strategies that will effectively reduce their vulnerability to infection. The conditions prevailing in an emergency only make these difficulties more acute.

Despite these links, agencies' emergency operations tend to focus on meeting basic needs, providing shelter and food and treating infectious diseases like measles, cholera and dysentery. HIV generally loses its priority value to seemingly more pertinent issues. In our case, food has become a priority. It is perhaps difficult to think of long-term issues when there is so much uncertainty about the immediate needs. HIV may be perceived as having to do with development, rather than being a concern for agencies responding to emergencies; or it might be understood exclusively as a health issue, to be tackled through medical responses, rather than as a symptom of the social and economic conditions generated by an emergency.

This kind of programming does not adequately acknowledge the damaging impact that emergencies can have on the incidence of, and response to, HIV/AIDS, particularly where an emergency occurs against a backdrop of already-high HIV prevalence. In failing to take HIV into account from the earliest stages of the planning and implementation of an emergency response, humanitarian agencies may unknowingly be exacerbating levels of infection.

We therefore call upon agencies to consider how the issues highlighted by HIV might inform, challenge and even reform the existing policies and practices of those responding to emergencies, regardless of whether they ever implement a specific HIV-focused programme.

## HIV/AIDS threatens the future of children

The AIDS pandemic is threatening the future of many children in poor areas such as commercial farms and marginalized communities. Many families have exhausted their coping strategies and many children have dropped out of school, whilst some are spending more time trying to find wild foods. In urban areas, some children have taken to the streets because of hunger. All of these factors have exacerbated the effects of AIDS and children's lives have been greatly affected.

Ruvimbo (*not real name*) of Dzivarasekwa Extension is the mother of two boys and a five-year-old girl. Recently, Ruvimbo's daughter took to the streets because there was no food at home. Ruvimbo is an AIDS patient and has



*Ruvimbo's son assisting with household duties*

not been feeling well for the past three years. Finding food for her children has become a serious problem especially when things are difficult even for the fit.

"As you can see, I have lost a lot of weight because of poor health. I am too weak to do anything. I can no longer afford the vegetables that I used to sell. My husband passed away four years ago and I have been struggling alone until I decided to settle here in Dzivarasekwa Extension.

"I used to work hard for my kids but now it's difficult. My eldest son is employed by a certain farmer out of Harare. My daughter just disappeared, I am told she is in the streets of Harare begging for money.

"Lameck was in grade 5 and was doing very well in class before he was taken by a certain man to work in his farm after realising that I could not afford to take care of them. I don't have food for the children and sometimes I need to sleep at the hospital, and then the children stay at home by themselves. This is how they end up in the streets.

"My children sympathise with me but they do not have much to do to help. They are very supportive towards me," she added.

Ruvimbo stays in a tiny two-roomed house in the heart of Dzivaresakwa Extension. This is a congested and poverty-stricken suburb in north western Harare. Many of the houses are poorly ventilated, and the sanitation situation is still under rehabilitation. With the current economic situation, life is becoming even worse. Those people living with and affected by the HIV/AIDS epidemic are especially at risk.

## The dream of an orphan

Despite the current problems facing the country, some children in difficult circumstances are still hopeful that their dreams will come true. Although their parents and guardians are finding it difficult to make a living, the children still maintain they have a future.



James preparing for a soccer match

The Emergency Preparedness team recently caught up with James Siachilaba who has lived with a grandmother since his parents passed away some years ago.

James is now ten years old, and is attending grade two at Mola primary school in Nyaminyami district.

Although he sometimes doesn't have food, James still says he likes school. "I just want to know everything. I

do not want to miss school, because I want to be a teacher when I grow up." Asked why he wants to be a teacher instead of other professions, James told the Emergency Preparedness team that being a teacher is the only thing he wants to be; he wants to teach young children how to behave and work hard in life to help their parents to buy food.

James likes to play soccer. "I love to play games at school, especially football. These days it has been difficult to continue playing soccer because of hunger. If I get the necessary support, I think I can become a good football player."

James' aspirations come against a background of poverty and hunger that has characterised his life since the death of his parents. He goes to school barefooted and does not have a school uniform. He has not lost hope even though life is very difficult for his grandmother. "I want to buy food, clothes and shoes for my grandmother. I have seen her struggle for me to get something to eat; therefore I feel I should help her when I grow up. My grandmother is having problems. Even when we have some food, there is not enough and I go out to play with my stomach half-empty."

After school, he helps his grandmother with the household chores such as looking for *Nkololo* (a wild root which is eaten after boiling) and *usika* (a wild fruit).

"Sometimes I gather firewood or I go fishing and bring home fish to make the 'relish' [sauce to go with the sadza]. There were times when we used to eat fish without sadza because there was no mealie meal at home. My grandmother is now too old, so after school I go to the borehole with small containers but sometimes I help by fetching firewood."

James is typical of many children whose future is bleak due to lack of resources. Being an orphan staying with an old grandmother puts his future in a difficult situation.

The majority of the people in the district have become too poor to help, especially orphans, when they cannot afford to feed their own children. Although James is still attending school, the grandmother has indicated that she is unable to raise school fees owing to non-availability of resources.

## School heads appeal for aid

Headmasters of schools in Mutorashanga have launched an appeal to organisations willing to help their pupils with food. This comes in the wake of high dropout rate and poor performance. Some pupils are reported to have fainted at school.

Most of the pupils who attend schools in the outskirts of Mutorashanga come from the nearby farming communities and there is no food aid programme in these communities.

"We are appealing for any form of food aid to help these children. Our school, Great Dyke Mine Primary School, caters for children from local farms," said Mrs. Mavindidze, the head of the school. "There is no food aid programme being implemented in these farming communities. Children are fainting in class as a result of hunger. School attendance has drastically deteriorated because of food shortages. If there is anyone willing to help these children continue with their education, we will be happy to welcome them. We have now stopped asking for school fees because we know the parents are burdened already."

The headmaster of Jester Primary School also indicated that the school is faced with a similar problem where the school enrolment has dropped down to 130 from more than 200 pupils the previous year. In a letter of appeal the head indicated that more than three-quarters of the pupils come from the surrounding farms.

"We are appealing for assistance in the form of porridge or *maheu* to feed the pupils at the school. Most of them come to school hungry and their performance has been greatly affected," said Mrs Kaseke of Jester Primary School.

## Hunger takes its toll in Mutorashanga

Hunger has begun to take its toll in Mutorashanga, a mining area in Mashonaland West along the Great Dyke Mountains.

An elderly man who has been staying alone for the past ten years is said to have died in his small house after going for more than a week without food. This happened after a Save the Children team had visited the area to finalise the registration of the beneficiaries in Sutton Mine. By virtue of his condition, he automatically qualified for the food aid programme that is running from January to April this year.

When the food aid team went to distribute food in Sutton Mine, they were told that the man had already passed away.

“When we went to Sutton Mine for community mobilisation, we saw the old man in a critical condition and we only hoped that we would find him alive on the day of food distribution. But to our surprise we were told he had already passed away,” said a Save the Children



*People queue for food after a workshop in Mutorashanga's Regent mine*

Field Officer.

Sutton Mine is one of the ghost towns left after Zimbabwe Alloys' departure from the area. About 80% of the population in this community is old; most do not have children to look after them. “Most of the people here are old and they can no longer work. Those few who are able-bodied are moving away from Sutton because there is no work in the area. We are happy to have Save the Children helping us with food. Most families had gone for many days without eating sadza,” said Mr. Phiri. “People are boiling unripe bananas and wild vegetables for their meals. This has caused a lot of health problems and some people have been taken to hospital after eating poisonous food. We just hope the programme will continue.”

The community used to survive on chrome gleaning and casual labour in the nearby commercial farms. Most of the mining companies have now stopped buying chrome because of poor international prices and the surrounding farms have scaled down their operations. This has left the community without any source of income apart from the food they are getting from Save the Children.

Save the Children is currently implementing a food aid programme in Mutorashanga targeting more than 6,500 people in the area. The programme assists a maximum of five beneficiaries per household, with a monthly ration of 10kg maize meal, 2kg sugar beans and 375ml cooking oil per person. It is expected to see the distribution of almost 300MT of maize meal, 48MT of sugar beans and almost 9000 litres of cooking oil.

## **The Story of Virginia and Mary**

Virginia Mugande and Mary Munsaka came to Lubu Ward in Binga where food was being distributed. Virginia is 15 years old and Mary is 17 years old. Virginia lives with her grandmother; both her parents passed away several years ago. Mary lives with her parents and two siblings. Neither of the girls goes to school because they

do not have money to pay fees. Mary's brother is also unable to attend school unless there is a feeding scheme.

The two girls had come to collect food rations. Virginia's grandmother could not come because of her age, whilst Mary wanted to assist her mother to carry the food. Their homestead is about seven kilometers away from the distribution point.

As soon as the officers called out their names, happiness was registered on their faces as they patiently waited their turn. Virginia was happy to be getting food after two weeks without having a good meal. “We failed to get food from the Grain Marketing Board and we are happy that finally we are going to have mealie-meal,” she said. She was very thankful that Save the Children is providing food to people like them.

Although they had walked a long way to the distribution point, they did not mind because they were now assured of a meal. “It is better to travel the long distance when you know you are going to get food. My grandmother is waiting for me to bring food and I have to help her. We are now entirely dependent on Save the Children; there are no other sources of food.”

Virginia told the Emergency Preparedness team that she had lost weight. “This food shortage has affected our health so much that we are now unable to till our fields. Drought has brought misery to our lives and we have had to sell a lot of things to raise money to buy mealie meal when it was available.”

Mary and Virginia have had to stop going to school. The future of children in this area is bleak; it will take their families a long time to recover from the effects of the current drought.

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## **Humanitarian Principles: Where do we stand?**

Zimbabwe is facing a humanitarian crisis only paralleled by the 1991-92 drought. The scale of the food crisis will be more severe. People have become poorer and their capacity to cope is under threat. High HIV rates and a significant food deficit are undermining household livelihoods. All these factors have made the humanitarian environment much more complex.

As most humanitarian agencies are on the ground implementing food aid programmes, probably it's time to check how far we are adhering to the humanitarian principles. The three principles, namely the humanitarian imperative, neutrality and impartiality should be a minimum standard for the delivery of humanitarian assistance, but a number of other important issues should also be considered for aid to be principled. They constitute the basis of any humanitarian action and relate to all agencies intervening in an emergency such as the food crisis. They should apply to agencies whatever their institutional affiliation may be. These principles ensure that victims are treated equally and with respect.

The rapid social and economic changes have made the situation worse and thus gaps and overlaps have

emerged, which means that some groups have benefited whilst others have not, especially the most vulnerable groups. Some agencies have opted for places that are accessible, snubbing remote areas, whilst it is in those areas where hunger is hitting hard.

Workshops have been held to try and address issues of humanitarian principles. Assessments can now be done to see how neutral and impartial we have been in our implementation of aid programmes. This will enable us to redraw our strategy to ensure everyone who deserves aid is covered.

There are children whose future is bleak because of hunger and others whose lives can be served if they get food. Orphans have not been spared either, they are more at risk in such situations. If we take it from that angle we will be able to see where we stand on issues of humanitarian principles, and if possible may have to revisit our operations.

Arguments have been raised as to whether agencies affiliated to religious organisations should be allowed to provide aid. Some pointed out that people who do not belong to a certain institution may not benefit, or they will be forced to join the institution in order to benefit. Whatever the case may be, the idea should be to ensure all those who deserve aid get it, especially the vulnerable groups such as orphans, AIDS patients, displaced people and those who may not have access to it for other reasons. Some distribution points are a long way from beneficiaries' homes and yet they may be too old or sick to walk long distances. How have we catered for those people? If we do not make special arrangements for them, then our intervention can be criticised.

It should be noted that selective aid can cause a lot of stress to non-beneficiaries. "I have been here watching people getting food from a religious organisation. They did not give anything to me because I do not belong to their institution," said an AIDS patient in one of the informal settlements.

It is therefore critical to re-examine these interventions to ensure that they are well coordinated, and that they adhere to humanitarian principles and address the people in real need. It is also vital that there is a shared understanding amongst all the institutions involved in humanitarian assistance.

*The Emergency Preparedness Bulletin is a monthly publication of Zimbabwe Network for Informal Settlement Action (ZINISA).*

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## Resources

SAVE The Children has an extensive resource centre with reports, papers and articles on disaster preparedness. The resource centre is situated at the offices at 10 Natal Road, Belgravia and is open from Monday to Friday 8:30 am to 4:30 pm for individuals interested in disaster preparedness and response. For more information on the resource centre contact Tapiwa Gomo at 793198/9 or 727508. You can email at [resource@scfuk.org.zw](mailto:resource@scfuk.org.zw)

Recent acquisitions include:

❖ Alex de Waal, *Famine crimes: Politics and the disaster relief industry in Africa*. Indiana University: USA, 2002

❖ Hugh, Mathew, *Children and community regeneration*. UK: Save the Children, 2000

❖ Devereux, Stephen, & Simon Maxwell, : "*Food Security in Sub-Saharan Africa*", Great Britain ITDG Publishing 2001

❖ Bill Forse, *Where there is no vet*. Great Britain, Oxfam, 1999.

❖ *Managing supplementary feeding: Introductory guidance notes*. Zimbabwe, DFID, 2002

❖ Amartya Sen, *Poverty and famines: An Essay on entitlement and development*. Clarendon Press: Great Britain, 1997

**Please note that back issues of The Emergency Preparedness Bulletin can be obtained from Save the Children Resource Centre at the above address.**

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