

# Emergency Preparedness Bulletin

*Special Edition on HIV/AIDS and Food Security*      *Issue No. 23*

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The Emergency Preparedness Bulletin is published by ZINISA which is a coalition of organisations and institutions interested in or working in peri-urban informal settlements and with vulnerable communities.

## Editorial

As Zimbabwe experiences another difficult year, with the economy declining further, an erratic start to the rainy season, and food shortages escalating in both urban and rural areas, the stories that people are telling us become ever more harrowing. A previous issue of this bulletin presented several studies conducted by a number of NGOs, indicating that poverty and the need for food were forcing young girls and boys into commercial sex. This in turn has contributed to the escalating HIV/AIDS pandemic. The current bulletin looks at some of the human stories behind these grim statistics, and looks into the link between HIV/AIDS and the worsening food security situation in the country.

Many families describe a vicious circle. Poverty, hunger and the need to sustain their families force young women into commercial sex, subject to the whims of clients who often refuse to use condoms for protection. The almost inevitable contraction of HIV/AIDS then means that a former breadwinner needs to be looked after, often by young children or older grandparents. This means less agricultural activity, less time in employment and more family resources spent on medicine and care. Children drop out of school or are forced to contribute to family survival by working long, unsocial hours that are in clear contravention of basic child protection principles. Faced with further destitution younger family members sometimes resort to the same activities that have led to the premature illness and subsequent death of their parents.

In such a context, food aid should not be seen solely as a means of preventing malnutrition, but as a resource that allows some families the freedom to be able to opt out of this vicious cycle. At a time when several million people remain excluded from food aid programmes because of a lack of funds, Save the Children (UK) would urge both the international community and the Government of Zimbabwe to keep this in mind when decisions are made about the allocation of resources. There can be no other priority more urgent in the country at present than breaking the link between poverty and the spread of HIV/AIDS.

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## Children affected by AIDS are the most vulnerable to hunger

Leaning against a tree under the burning hot afternoon sun, seven-year-old Rutendo peers towards the horizon to spot the delivery trucks bringing food in Dobola ward in Binga. Rutendo's health has been gradually deteriorating since the death of her parents two years ago and now she stays with her old grandparents whose lives are dependent on food aid from Save the Children (UK).

Mr Mudenda, Rutendo's grandfather, told The Emergency Preparedness team that they sold most of their belongings to raise money for the treatment of Rutendo's parents. "I had a lot of cattle, goats and chickens but I sold most of them so that Rutendo's parents can get medical treatment. I did my best but it failed; now I have lost my son, his wife and livestock. I am now a poor man living with four grandchildren depending on handouts."



*Rutendo rests under a tree in Dobola ward, Binga*

Rutendo told The Emergency Preparedness team that it is painful to go to bed without eating anything. The food they get from Save the Children (UK) was only meant for Rutendo and her grandparents before the other children joined the family. "We now eat one meal a day because we do not have enough food. When my parents were alive, they used to grow maize, millet and sorghum. My mother cooked porridge for me every morning before I went to school. Now I just go without eating anything because my grandmother does not have enough food for us.

"I want to continue with school. I do not care even if I go without a school uniform," said Rutendo who indicated that as long as she is allowed to attend school without paying fees, she would continue. "Some people think that if you are poor you do not go to school and you will never know many things."

At their age, Rutendo's grandparents had reached a stage where they should rely on assistance they get from their children. "My son used to take care of us and now there is no one to work in the fields. Last year I failed to plough all the fields and the harvests were very little. It was not enough for the increased family." They also lost their daughter whose three children are now under their care, a situation that has also increased the burden.



Apart from the food shortage, Mr Mudenda is also concerned about the future of Rutendo. "Rutendo is my main worry at the moment. She is too young to work yet we are getting old. Her eyes are giving her a problem. We need money to get her treated and also buy school uniforms."

Many rural communities use livestock as their coping capacity during hard times such as drought, yet the Mudenda family has already exhausted most of theirs due to the illness of their son and daughter-in-law.

Rutendo's predicament is symptomatic of the problems facing children in Zimbabwe after being orphaned by AIDS.

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## **The problems of child-headed families are far from over**

As more adults are dying of AIDS, the number of child-headed families will increase. This leaves children in difficult situations. Many organisations are still struggling to cope with these families whilst new cases are being recorded on a daily basis. Whether the answer lies with their ability to cope with the problem or reduce the number of AIDS cases, the truth is that the problem is here to stay and new strategies are now needed to face it.

Recently the Emergency Preparedness team came across a family in Trelawny headed by a 16-year-old girl who had just stopped going to school in order to work for the family. The area is generally affected by the current food crisis, which has made life more difficult for the four children.

"Our father died a year ago and our mother also passed away early 2003 after a long illness. We have been staying alone for a year now," explained Martha. "I am currently looking after three children. It has not been easy."

Since this is a commercial farming area, their survival depends largely on casual labour on the farms, but with most of them having reduced or stopped operations, it has become more difficult for the family to survive. "I used to get piece jobs in farms around this area but most of them do not hire casual workers anymore. That's how I got money to buy food for the family."

"We used to walk long distances with other adults to look for work on farms far away from here. I finally got tired. I decided to stop and look for other means to get food. I am forced to give in to men because I need food for children. But I do not go to the beer halls."

Martha indicated that she does not earn much from this and they often have one meal a day. "Sometimes I wake up in the morning to find there is no food in the house when we have slept without eating anything. This forces me to go for dangerous means of looking for food. Otherwise it's not something that I enjoy."

Save the Children (UK) and World Food Programme will be launching a food aid programme in the area which

will benefit some of these families. "We just hope that with the food that we are going to get, things are going to improve. Perhaps by the time the programme stops, we will have harvested from our small field."

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## **A gloomy future for ten-year-old Tatenda**

*By J Siamachira*

Much of HIV/AIDS attention has been on home-based care programmes, and the future and security of children of HIV/AIDS patients has not been given much attention. Several organisations in both rural and urban areas are assisting families with the management of AIDS patients, which is a noble idea.

For some patients, the worry is not so much their own welfare, but that of their children. They are faced with the pain of their deteriorating health and of seeing their children struggle to cope with life. One such person is Titus Marwizi (not his real name) of Rushinga district.

He forces a smile before finally saying, "This is a bad thing to wait for. I know I have the disease (AIDS) and I'm unable to say how I got it, but here I am, dying."

"I know my phase will pass very soon, but I am worried about the future of my child Tatenda." The thought that one day he will die and leave behind a ten-year-old child is always haunting him. "Life is already difficult for the three of us here." Titus also stays with his young sister who is taking care of Tatenda and himself, but the sister is only 13 years old.

"My child and sister depend on me and yet I can no longer work for them anymore. I am currently getting assistance from some organisations as a patient, but what will happen to my child? I have exhausted all my savings, and we are currently relying on aid." Titus lamented the absence of an older person who would assist his child after his death. "As you are aware, food has been a problem and no one is willing to have an extra person in their families. Who then will help my child?"

"My father has not been feeling well for a long time. One day he will get well and go back to work. He will buy me sweets and other good things," said a jovial Tatenda. "Auntie Chipso is no longer giving me porridge. She always say there is no mealie meal and I go and play with my friends without eating anything."

Although efforts have been made to improve the lives of people living with HIV/AIDS by providing the necessary resources, not much has been done to create safety nets for orphans in an environment where most of the families have been overwhelmed by the need to get enough food for their own families.

## Mr. Gariah takes care of his twenty-year-old daughter

**W**hen Mr. Gariah first heard about HIV/AIDS ten years ago, he never thought that the scourge would one day knock at his own door. To him, the disease was horizons away and it was only meant for the rich not poor people like him who work in the commercial farms of Trelawny near Banket in Mashonaland west.

Today he is the first to admit that the disease is there. "I am staying with my twenty-year-old daughter who is suffering from AIDS." Asked how he was so sure it was AIDS, in a world where everyone is so secretive about their status, Mr Gariah said, "From the signs and symptoms I could tell that she is suffering from AIDS."



*Mr. Gariah waits for his turn to be registered*

Besides, I was told by staff at the clinic that it is AIDS related. I have stayed with her for two years now and I am quite convinced that my daughter has the disease."

With the current economic environment, life has become difficult for Mr. Gariah, who is relying on casual labour. "My wife passed away some years ago. My daughter is bed-ridden and it is culturally unacceptable for me to bath her. I can only give her food."

Instead of concentrating on his work, the 60-year-old father is spending more time looking after his daughter. "I wake up early in the morning to prepare porridge for her before I leave for work. Instead of spending the whole day at work, I come back in the afternoon to prepare food and check how she is feeling. My time at work has been reduced. The money I earn is now little as a result of this. I used to get \$47,000 per month after having worked for the whole day, but it has gone down to \$20,000, which is very little." Mr Gariah said the properties that he accumulated during all these years were sold in order to buy medicine.

"In times of good rains, this used to be supplemented by small fields of maize. I no longer have time to work in the field. Food and medicine have become very expensive. It would have been better if the little money that I earn was used to buy food only, but I am now overstretched."

When his daughter started having abdominal pains, he thought it was one of those diarrhoeal diseases that could be easily treated. He was so hopeful that one day she

would get better and work for herself, but her health continued to deteriorate. "Had I known that it was AIDS, I would have sent her to the homes where AIDS patients are looked after. This does not mean that I do not love my daughter, but as you can see I am too old to help her."

The Emergency Preparedness team met Mr. Gariah during registration of beneficiaries for a food aid programme that will be launched by World Food Programme in conjunction with Save the Children (UK). He was one of the first people to be registered, as he had to go back home and prepare food for his daughter. "I will be happy to get food from Save the Children (UK) because at the moment I do not have much time to look for food as I am busy looking after my daughter."

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## A tough task for Mrs. Gora

By J Siamachira

**W**HEN Mrs. Maria Gora celebrated her 65<sup>th</sup> birthday in 2000, she expected that the rest of her life would be relaxed and that she would have very little to worry about.

Three years later, she is perhaps the busiest grandmother in the Magunje area of Hurungwe district in northwestern Zimbabwe. Soon after the birthday celebrations, her son, Jacob, died. He was the father of six children aged from four to seventeen years. Two months later his wife, Mavis, also died, followed by their two-year-old daughter, Ruvimbo.

All died of AIDS-related causes and their deaths shifted the responsibility of raising the surviving children to the grandmother. As for property, she has cattle, goats, several chickens and an orchard.

She said: "Before this, I had no problems, and the next moment, five children were on my lap. This was a difficult experience for me."

"At the moment, being a poor old woman living in a period of severe food shortages, where can I get food and money to look after five children?"

"I am now too old to work for these children, otherwise I am supposed to be resting and being taken care of by my children. But here I am going back to the old days of hard work."

Although Mrs. Gora has all the necessary resources required for farming, her age does not allow her to till all the land that she has. Most of it is underutilised and she has nobody to assist her. "In previous years, we used to harvest enough for the family and we sold what was left. Since the death of my son, I only managed to get four bags of maize and that is not enough for a big family of seven."

Such is the situation in many communities in Zimbabwe where the able-bodied are dying of AIDS leaving behind children and elderly people who are not capable of working to feed themselves. For Mrs. Gora, getting food has become the priority at the expense of other basic services such as education and health services for the children. "How do you expect me to think of school fees when we do not have food in the house?"

## Hunger sends young girls into prostitution

As poverty deepens in some rural communities, scores of young girls have sought refuge in smaller towns where they look for work, some of them ending up selling their bodies.

Some of the young girls are leaving their homes looking for work so that they can send food to their families. In most cases it has become difficult for them to get jobs since they have no relatives or friends to stay with whilst they look for work.

The Emergency Preparedness team visited the Back Harbour in Binga where several of these girls are staying.

"I started staying here three years ago when I was sixteen. I was the only person who could work for the family. My father is blind and old and my mother is also old. She can no longer work for the family and my brothers and sisters are still too young to help them till the land. We did not have good rains in 2000, so I decided to come here and look for a job as a domestic worker," said Linda (not her real name).

"When I got here, I was hoping to get a job but things did not work out the way I thought. I had no relatives in Binga and our home is over 100km away. The only place I could go and sleep is the Back Harbour. I joined other girls and women who visited the beer halls during the night to look for men, who could give us money. I did not choose to do this, but I need food, and the family at home was waiting for me to send them food.

"The first two years were fairly good as I could afford to send them at least 10kg of mealie-meal and other groceries after every week or two. But now with the prices going up every day, things have changed, men are no longer hiring us as they used to do. I am supplementing with casual work. Sometimes I am asked to wash clothes or clean plates for a payment. The money I am earning now is not enough for me alone, yet I am expected to send food home."

Linda told the Emergency Preparedness team that if she had other means of survival she would leave the trade as it has become dangerous and unproductive. "I do not like what I am doing but I have no choice. I can't let the family starve, I have to do something." Due to the current economic crisis and HIV/AIDS the commercial sex industry has experienced a down turn. "The trade is no longer paying enough. Our clients are either scared of AIDS or have no money to spare for us." She also indicated that she had on several occasions suffered from sexually transmitted diseases (STD) because some men insist on unprotected sex.

Asked if she was not also scared of AIDS, Linda said that she was only prepared to leave the industry if there was a choice. "I know what I am doing is dangerous and culturally unacceptable but as long there is no food at home for the children I have no choice but to make sure that I have done my best to make food available. I am their last hope. Perhaps if the food situation improves I can go home and help them in the fields."

## Disaster Highlights

### "Three hailstorms in three weeks"

The past three weeks have seen the occurrence of three hailstorms which destroyed houses and displaced several families.

A strong hailstorm destroyed four houses in Kadoma on the 26th of December. Save the Children (UK) and Civil Protection Unit (CPU) of Zimbabwe responded by providing food and emergency kits for the affected families. CPU also assisted with tents for temporary accommodation. No deaths were recorded.

More than thirteen families had their houses blown down by another storm in Makonde in Mashonaland West. The Zimbabwe Red Cross responded by providing relief materials to the affected families.

The beginning of the year was also marked by another storm that hit Madziwa in Mashonaland Central where several houses were also destroyed. By the time of preparing this issue, details of the response were still not available.

Recently there was an article in a local newspaper

on the need to strengthen early warning systems and emergency preparedness in the country. Perhaps with these few but destructive experiences, all the stakeholders in disaster management should improve their preparedness and response, bearing in mind that February and March are the most difficult months in terms of floods. How much has been done so far in Muzarabani, Eastern Highlands and other flood-prone areas to raise awareness? That's food for thought.



*This house in Kadoma was completely destroyed by a hailstorm*



## ***Forthcoming attractions!!!***

***Please note that, we will be publishing another special issue on humanitarian accountability.***

***Have we been accountable in our operations?***

***It is one of the humanitarian principles that agencies have to be accountable. The common practice has been to place emphasis on accounting to our donors, supporters and governments and other stakeholders without much attention on the people we serve.***

***We have been entrusted with resources to achieve certain objectives in accordance with certain humanitarian standards. We want to take this responsibility by inviting articles on this subject and find out what you think.***

### **Contributions**

**Articles and comments can be forwarded to The Information Officer, 10 Natal Road, Belgravia Harare or email to [resource@scfuk.org.zw](mailto:resource@scfuk.org.zw) Telephone 727508 or 793198/9. Fax 251883.**

### **SELECTED WEBSITE REFERENCES**

Regional logistics: [www.wfpregs.org](http://www.wfpregs.org), recently launched by WFP to provide information on regional logistic, technical reports, updates of food aid in the region and latest information.

Drought monitoring: [www.drought.unl.edu/](http://www.drought.unl.edu/) Contains information on drought monitoring, climatic conditions, a file with information on past events as well as information on other institutions.

Emergency Nutrition Network (ENN): [www.enonline.net](http://www.enonline.net) for current field exchange, guidelines for nutrition in emergencies and other reports.

National Drought Mitigation Center: [enso.unl.edu/ndmc](http://enso.unl.edu/ndmc). Includes general aspects about droughts, its impact, its planning and different methodologies to develop a drought management plan.

## **Resource Centre**

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

Recent acquisitions include:

Hugh, Matthew, *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.

*Management of severe malnutrition: A manual for physicians and other health workers*. Geneva: World Health Organisation, 1999.

***Please note that back issues of The Emergency Preparedness bulletin can be obtained from Save the Children Resource Centre at 10 Natal Road, Belgravia, Harare. Tel. 263-4-793198/9 or 727508. Fax. 263-4-251883.***

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