



Every Zimbabwean Free from Hunger and Malnutrition

March 2016

The impact of the El Nino induced drought in Buhera District

"I weaned my daughter, Tinevimbo, at one year four months after I had suffered from a bout of malaria and her health was never the same again", said Mai Tinevimbo of Chikuviri village in Buhera. For Mai Tinevimbo breast milk had become her daughter's most consistent 'meal' as things have gotten tough for the family due to the drought that has ravaged not only Zimbabwe but the whole Southern African region. By merely looking at Tinevimbo one would not need to be a qualified medical practitioner to diagnose that her health was not in good condition. The child looked frail and malnurished. She intemiterntly cried during the interview with the mother. Thanks to the ongoing Community Management of Acute Malnutrition (CMAM) programme, after visiting the clinic Tinevimbo was placed on a therapeutic feeding programme.

This scenario is not only unique to Chikuviri village but has become common across Buhera district. From the statistcs given by the District Nutritionist, Mr Roy Chiruvu, about 19 629 (51% of the targeted children for screening in the district) under five children were actively screened for nutrition status in February (i.e. the Ministry of Health team was going out to



Mai Tinevimbo holding Tinevimbo and in the background is the Chairperson for the District Food and Nutrition Security committee, Mr Mbonani



Roy Chiruvu, District Nutritionist, Buhera

communities to screen the children instead of waiting for them to present at a health centre) and about 7-10% (1 374-1 963 children) had global acute malnutrition (GAM). These statistics are worrisome because they surpass the national average of 5.7%, the highest to have been reached in the country. According to the recent ZimVAC Rapid Assessment 61% of Buhera district's rural population is food insecure. Although the therapeutic feeding programme is going a long way in addressing the problem, shortage of food in the households is impacting negatively on the recovery rate of the malnourished children as whole families are often seen to be sharing the therapeutic feeding package meant for the child under treatment. The El Nino induced drought has destroyed almost all agricultural related casual labour opportunities in the district which used to cushion poor families in such trying times.

According to Silindiwe Shamu, the Matron at Murambinda Mission Hospital, It is increasingly becoming very difficult to conduct nutrition education to parents of under fives admitted at the hospital knowing very well that there is nothing to cook for the child at home. "Even if you try to give them some education on feeding practices they will say there is absolutely nothing at home, they will be having one meal a day", said the Matron.







Lundie Shamu, Matron at Murambinda Mission

She also said malnourished children are presenting late at the health facility which is a cause of concern as the health of the child would have deteriorated so much. The challenge associated with giving nutrition education is not only affecting health services personnel at institutions but also the Village Health Workers (VHWs) on the ground as they also educate their clients at home on 'diatery' issues.

One village health worker, Venekai Jaravaza, from Matarauswa village said visiting clients especially on Anti-Retroviral Therapy (ART) has become a tall order for her as most of her clients are now defaulting on taking medicine due to non-availability of food in the house as most of the medication requires that one takes food first. "Worse still, to talk about diatery diversity to our clients will be a mockery as they dont have any food in the house", said Venekai. She also lamented on her case load saying she is providing this voluntary services to about six villages which are far apart hence has to walk very long distances which is a bit overwhelming.



Venekai Jaravaza, Village Health Worker, Buhera

Long distances to the nearest health centre is one challenge that has excerbated the plight of families in the district. Ndakaitei Mukarati aged 63 years has to walk for 4 hours to Buhera Rural Hospital with her 5 year old grand-daughter who was born HIV positive for check up and collection of her drugs. To make matters worse the grandchild is not attending Early Child Development (ECD) school like other children of her age because the grand mother does not have any food to give her. " My grand daughter is on HIV medication and you know that these drugs need food, so sending her to school on an empty stomach will be abusing her as chances of her fainting there are high", said Mbuya Mukarati. Cases of children not attending school because of no food in the household have become common in the district. "Hard hit families are failing to send children to school due to hunger", said Venekai, the Village health Worker for the area. Quick introduction of the school feeding programme will go a long way in mitigating against the drop in school attendance.

The water situation in the district is generally precarious as water source levels have declined. According to the District Development Fund (DDF) District Coordinator, most rivers in the district are not flowing and dams are at their lowest levels. There are 56 dams in the district, 29 of which have been adversely affected by siltation. All in all the district boasts of 1 255 water points (870 boreholes and 385 deep wells). Of the 870 boreholes 64 are not functional as they need some rehabilitation. Water levels in the functional boreholes and deep wells are said to be very low resulting in inadequate water for both domestic use and livestock watering. The critical water situation in the district has led to spontaneous outbreaks of diarrheal diseases. "There is a rise in diarrheal diseases because they have to go for long distances to fetch water to wash their hands; they don't properly follow the procedures for hand washing because they don't have the water readily available at home", said Sister Shamu, the Matron at Murambinda Mission Hospital. The District Development Fund (DDF) is incapacitated when it comes to attending to faults on the boreholes as it does not have a single vehicle at the station and relies on use of a tractor to attend to emergencies. Asked how they were dealing with the siltation problem in dams the DDF District Coordinator had this

to say, "we don't have the equipment to de-silt; for those dams that have been washed away we need resources such as cement, labour and reinforcements but these resources are hard to come by". Not having adequate water for domestic use is a recipe for disaster as diarrheal and other diseases thrive under such conditions.

Livestock has not been spared of this drought as a sizable number of cattle have been reported dead due to hunger in the district. According to the ZimVAC Rapid Assessment report 424 cattle deaths have been reported as at February 2016. This has negatively impacted on the household potential income source as some households would sell their livestock to purchase food.

A visit to Gogo Ripisai Manhonge's homestead in Buhera confirmed the importance of livestock as she had recently exchanged her turkey for a bucket of maize grain to feed her grandchildren.

Murambinda growth point has become a hive of activity with teenage girls seen loitering at odd hours trying to make ends meet but exposing themselves to the dreaded HIV/AIDS scourge. Young girls are engaging in prostitution activities just for a meal.

All hope is not lost as Government and development partners are battling to make sure that no-one dies of hunger in the district let alone the whole country. A number of mitigatory programmes are running across the district courtesy of Government and its



Ringisai Manhonge standing in front of her whole harvest from her scotched field

development partners. Evidence on the ground shows that assistance is not reaching all the needy vulnerable households due to limited resources. Reports coming from the Buhera District Food and Nutrition Committee (DFNSC) secretariat (i.e. Ministry of Health District Nutritionist) confirms such gaps. The Government drought relief programme spearheaded by the department of Social Welfare is currently running although not all targeted households are getting the 50kg bag of maize grain on a monthly basis simply because resources do not allow. More details on food distribution in the district could not be obtained as the Social Services Officers. were in the filed during the time of the visit. There are some nutrition and water and sanitation activities also being undertaken in selected wards by World Vision, Goal, China Aid and other NGOs in collaboration with the government of Zimbabwe according to information from the Buhera DFNSC.

Picture Gallery



A scotched field at a household in Buhera



This empty grannary should be having something in a normal year by this time of the year

Picture Gallery





Screening process for nutrition status for children under 5 years at Murambinda Hospital



One of the young girls partronizing Murambinda Growht Point during the night



The Communcitions Team during an interview with Buhera District Nutritionist



Even the recent rains coud not make this river flow again



Godfrey Mutizwa, UNICEF Consulatnt, interviewing a mother at Murambinda Hopsital



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