

Health standards plummet on occupied farms in Zimbabwe



PANAPRESS

Workers at Mbare Musika in Harare sort out the few maize cobs that have arrived at the marketplace from communal farmers.

About 900 000 people, consisting mainly of farm workers and their families, have been displaced by the recent take-over of white-owned commercial farms in Zimbabwe. The occupation of the farms by veteran independence fighters and “land-hungry” villagers is supported politically by the government as part of a land redistribution plan.

According to the Farm Community Trust of Zimbabwe (FCTZ) essential services at most of these farms are grinding to a halt. The farms no longer have fresh water as pipes are in disrepair and the pumps are not working. In addition, water purification chemicals are not affordable for most of the settlers. For lack of boreholes and protected wells, the villagers are using dirty water from dams and streams.

In the first week of December last year, 51 cases of cholera were reported in Bikita district. Eight people died of cholera at Angus Farm, Dewure Extension and Village 26, UNICEF reported on 1 January 2003. UNICEF responded by sending 42 000 water purification tablets and three water tankers to the affected areas, and supporting the Ministry of Health in developing a community health and hygiene education programme and a cholera awareness campaign. WHO has contributed 35 motorcycles for use by Environmental Health Technicians on disease control. The main causes of cholera, however — contaminated food and water — continue to accumulate.

“The situation is deplorable; we know the risks of waterborne diseases such as bilharzia, cholera and dysentery that we could catch, but there is really no choice,” said Saviour Sibamba, a liberation war veteran resettled at a farm in Odzi, about 30 km outside Mutare, Zimbabwe’s fourth largest city. He said that most settlers hoped the government would quickly move to provide basic sanitary facilities on the farms, now that the land acquisition process was said to be complete.

“The bush toilets, abandoned during the first decade of independence, have made a popular return as we await government and donor assistance in the construction of pit latrines,” Sibamba added. Most of the settlers cannot afford the six bags of cement required to construct a Blair toilet, as the pit latrines are commonly called. During this rainy season (November through March), raw sewage from the surrounding bushes is finding its way into the reservoirs from which the farmers draw their water for domestic consumption.

Even prior to the land reform programme, government policy had been contributing to the lack of health facilities on the farms, by discouraging the development of public infrastructure on private properties. Research conducted by FCTZ has shown that 65–89% of farm workers have to walk over 20 km to get to the nearest health facility, contrary to the government policy that no one should have to go further than 8 km to reach one.

For the majority of farm worker communities, the only contact with health services was through the Farm Health Workers (FHWs), an initiative that began as a national programme in 1990, with support from Save the Children Fund (UK). These are mainly farm community members trained in the provision of basic health care and first aid. The disruption of the farming communities has resulted in the discontinuation of this programme on most resettled farms, since it was the white commercial farmers who paid the salaries of the FHWs. Previously, each FHW covered two or more villages, consisting of about 400 people.

Four nongovernmental organizations running home-based care projects for HIV/AIDS patients on farms in Mashonaland West and Central provinces had to abandon this work in the face of the farm invasions and the violence that accompanied them. They are the Batsirai AIDS Group, the Red Cross Society of Zimbabwe, Silveira House and the FCTZ. They had been engaged in training trainers of personnel for the home-based projects. UNAIDS estimates that 33.7% of adults in Zimbabwe are infected with HIV, and that there are over 100 000 AIDS orphans on farms in the country.

The farm workers are one of the communities worst hit by the HIV/AIDS pandemic in the country, and with their displacement, prevention-oriented programmes have been largely discontinued.

The WHO country office recently reported that Zimbabwe is suffering a severe shortage of vaccines owing to chronic foreign currency shortages.

In addition, over 7 million people countrywide have no daily assurance of obtaining enough to eat. A Food Security Network survey carried out in November 2002, covering 53 districts in Zimbabwe, found a sharp rise in insecurity. Districts reporting ‘everyone’ to be facing shortages rose from 0% in September to 40% in October and 51% in November 2002.

According to the Director of Social Services in the Ministry of Public Service and Social Welfare, the World Food Programme is carrying out food relief schemes on both the resettled farms and in farm worker communities, through its 12 implementing NGO partners. ■

Innocent Sithole, *Harare*