Market Reforms, Research Policies And SADCC Food Security

Edited by
Mandivamba Rukuni
J.B. Wyckoff

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Department of Agricultural Economics and Extension
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Food Access And Nutrition Linkages: Policy Issues And Programme Options In Zimbabwe

Julia Tagwireyi

SUMMARY

The paper discusses the nature and extent of the nutrition problems facing Zimbabwe. It outlines the major causes of protein energy malnutrition, discusses current strategies to redress the situation, focuses some attention on the agricultural sector and suggests areas for possible policy review. Finally, the paper proposes a food security research agenda to increase further the current knowledge and understanding of the paradox of household food insecurity in spite of national bumper harvests and overflowing grain silos in Zimbabwe.

INTRODUCTION

Zimbabwe has made tremendous efforts to produce enough food for its people and for export. The overflowing grain silos dotted around the country are a testimony of this fact. However, in spite of this effort, many households in both urban and rural areas have limited access to food even during so-called "good harvest years". Protein energy malnutrition in children under five is unacceptably high and, generally, the provinces with food deficits, i.e., Matabeleland, tend to have the highest levels of protein energy malnutrition. (See Annexes for provincial distribution of malnutrition). Further disaggregation of data on nutritional status indicates that the following population groups have the highest levels of malnutrition in order of severity: commercial farm workers, resettlement areas, communal areas in natural regions IV and V and low income urban areas.

Whilst Zimbabwe continues to record impressive food production, this production has not necessarily been translated into increased consumption and improved...
nourishment. Many policy makers have taken high food production levels to be a proxy for nutrition improvement without assessing the extent to which this food is accessible to the majority of the people. Zimbabwe’s experience indicates the need to review the food system from production to consumption and to identify the bottlenecks in the system which prevent many households from being food secure. Food security research is beginning to shed some light in this area and should be strengthened and continued.

THE NUTRITION PROBLEM

This paper will focus mainly on protein energy malnutrition but acknowledges the existence of other micro nutrient disorders such as iodine deficiency.

Available data indicates provincial differences in the magnitude of the problem with the most food deficit provinces, Matebeleland North and South, having the highest levels of both acute and chronic malnutrition.

SOME KEY CONTRIBUTING FACTORS TO LIMITED FOOD ACCESS AND PROTEIN ENERGY MALNUTRITION

Poverty is the basic root cause of hunger and malnutrition. Seventy-five percent of the population lives in the rural areas and the majority of this group subsist on land which cannot support them throughout the year because of small plot size, poor quality soils and rainfall. Lack of access to credit for this group of people is very limited if it exists at all. The opportunity to improve the land and crop yields by obtaining loans to purchase fertilizers, etc., is not available to most of these people. In addition, over 50 percent of the rural households are headed by women as the result of male migration. This limits further access to credit and also labour available to fully utilise available land. The pattern of crop production has, therefore, had to change in order to accommodate these constraints. Often these changes have contributed to food insecurity. For example, the more drought resistant small cereal grains tend to be more labour intensive and have lower yields per acre as compared to hybrid maize. Maize however is not suitable for all areas and often the resultant yield, even in a “good” year, cannot support the family throughout the year. It has been estimated that over 40 percent of the rural farmers do not produce enough food to last from one harvest to the next.

For low income Urban families, wages have not kept pace with the cost of living. It is becoming increasingly difficult for these families to meet their nutritional requirements within their budget. Available data indicate that families in the new housing areas, where families have to build their homes, are most at risk nutritionally. Food is often competing with bricks and cement as families sacrifice food in order to get a roof over their heads.

Poor access to health care services, leading to frequent infections and disease, can also contribute to malnutrition. Most illnesses and infections reduce appetite, especially in young children in households with limited access to food, and it may
not be easy to "catch up" after an illness. Conversely, malnourished individuals also are more susceptible to infections.

The excessive work load of women can contribute to malnutrition. Not only does the work load compromise the woman's own nutritional status, but it also predisposes the new born to malnutrition. The baby may be born with a low birth weight due to its mother's excessive work load and limited food intake. Time available to the women for child care and feeding may be very limited due to excessive work, and often the important task of child feeding is left to an older sibling who may not have the appropriate feeding skills.

Drought, a permanent characteristic of a number of areas in Zimbabwe, contributes to food insecurity for many households. Some emergency relief activities have been instituted to provide interim food relief through the National Drought Relief Committee under the Chairmanship of the Ministry of Labour and Social Welfare. However there seems to be no long term plan to address the development of drought prone areas in order to minimise the impact of drought on food security and malnutrition.

Current Strategies to Address the Problem of Protein Energy Malnutrition

The Nutrition Department in the Ministry of Health was given the mandate and responsibility to plan and implement a nutrition programme for the nation. The Primary Health Care Strategy has provided the main vehicle for nutrition activities.

The Ministry of Health has realised that the nutrition problem needs the active participation of many sectors if it is to be adequately tackled. Towards this end, the Nutrition Department has initiated intersectoral collaboration for nutrition activities. Intersectoral Food and Nutrition Committees have been established at National, Provincial, District and Ward levels to plan, implement and monitor nutrition activities. This development placed nutrition on the development agenda. Further, it has brought sectors together to plan towards the solution of nutrition problems of their respective areas.

Limitation of Current Approaches to Address The Problem of Malnutrition

The fact that nutrition planning was assigned to the health sector has tended to cause the matter to be viewed primarily as a health issue. This has tended to limit the people and the range of actions which can be undertaken by the Nutrition Department.

Whilst the Nutrition Department has achieved some success in bringing sectors together on nutrition activities, this collaboration is not formalised. There is no concrete institutional framework to facilitate the coordination of intersectoral
activities in nutrition. The existing mechanism for intersectoral collaboration is the result of careful negotiations, advocacy backed by a carefully conceived nutrition project which clearly spelt out and defined the role of each sector in the project and, of course, the generous funding from SIDA to allow us to explore and further refine this concept.

The major limitation to greater achievement toward the establishment of a framework to address nutrition is the absence of a clearly defined food and nutrition policy to provide the framework to ensure that food security and nutrition is assured for the majority of people in Zimbabwe and is enshrined within overall development planning.

**Implications for Agricultural Policy**

Agricultural policies have the potential to influence nutritional status through their impact on levels of incomes realised by the groups at risk, food prices, demands on women's labour and the nutrient content of food produced. It is with this view in mind that the following issues are proposed for consideration within the framework of Agricultural Policy in Zimbabwe to address malnutrition wholistically.

1. Household Food Security, throughout the entire year, needs to be one of the clearly defined objectives of Zimbabwe Agricultural Policy. This will ensure that strategies are developed to specifically address seasonal food insecurity prevalent in many households.

2. Nutritional well being of the population should also be one of the stated objectives of Zimbabwe's Agricultural policy. The Agricultural sectors concern should go beyond production and supply. There should be concern over consumers nutritional well being, determined by the availability of a safe and nutritional food supply throughout the year.

- Dialogue began with the workshop held in June of 1990 where Health and Agriculture began integrating nutrition issues into agricultural planning.
- The ability of households to acquire the appropriate mix and amount of food adequate for their needs has implications for pricing policy for basic food commodities.
- Food Security at all levels needs to be redefined to include alternative food commodities such as legumes and oils to provide an adequate diet. The emphasis on cereals, whilst good, has somehow assumed that the rest of the nutrients required by the individual for adequate nutrition will take care of themselves. Access to these need to be planned. We cannot really boast of adequate food security even at national level when we only use cereals as the indicator. A food basket
which takes into account regional variations in diet and agro-ecological zones needs to be developed.

- The vulnerable, food insecure communities and groups need to be defined. Who they are, where they are and why they are food insecure must be known. Then appropriate intervention can be developed and targeted. The current system tends to mask the at risk groups and glosses over the problem. The available data needs to be further disaggregated, preferably by district as well as agroecological zone.

- The role of women in agriculture needs to receive active attention and clearly defined strategies need to be developed to enable women to perform their appropriate role in caring for children and preventing malnutrition.

Proposed Food Security Research Agenda

This proposed research agenda assumes that there is a mechanism for the findings of Food Security research to be fed into the appropriate agencies and utilised. Otherwise, the entire exercise will remain an academic activity for libraries, journals and Ph.Ds.

A strong mechanism for coordinating Food and nutrition activities, based on a key coordinating sector, would provide a good forum for dissemination and utilisation of relevant data. It would also facilitate coordination of research and encourage food production based on identified needs. This research agenda is based on knowledge gaps the Nutrition Department has identified and which need to be filled to enable it to plan appropriate interventions within the sphere of its operation.

1. Who are the food insecure households? What are the characteristics of these households? Is it chronic or transitory insecurity? Why are there insecure households? This information is required by geographic location, by season and by identifying nutrition vulnerable areas in commercial farming areas, resettlement areas, communal areas and urban areas.

2. What farming system will facilitate adequate food consumption by vulnerable communities throughout the year (remembering that increased food production per se will not necessarily lead to increased consumption?)

3. Define indicators which will identify the food insecure in a timely manner to facilitate remedial action.

4. Identify and promote ways to reduce the work load of women within the food system from production to consumption, thus facilitating the woman's child care and nutrition activities. Why hasn't the wealth of technology available gained universal adoption and use? Could it be that they are not as appropriate as we may think?
The proposed research agenda highlights the multidisciplinary nature of the problem and suggests the need for interdisciplinary research teams. Household food security research should bring together social scientists, agriculturalists, nutritionists, economists, etc. This wholistic approach to the research may also serve to improve the resource base for this research, since other sectors may be in a position to contribute funds and experience towards research activities.

CONCLUSION

In conclusion, the University of Zimbabwe needs to be commended for their initiative in Household Food Security Research. Useful and much needed data has been generated as the result of the Food Security Research Project. Much still remains to be done. Yet the institutionalising of this activity, in order to assure its sustainability, is not apparent. This all important area seems to be entirely in the hands of donor funded University research. Appropriate government research centres do not seem to focus much attention in this area. What will happen when Food Security Research is no longer fashionable or a priority area for donors or the University and yet many questions remain unanswered?

Some mechanism has to be identified for operationalising the research funding, methods and techniques developed by Universities at the micro level for programming applied research. In some cases it may be important to obtain National level data for planning purposes thus requiring existing government machinery to undertake the studies. What role does the University have for transferring research skills to agencies such as the C.S.O. or the Agriculture Research Services?

The need to develop a mechanism for the integration of appropriate food security research findings into policy modification and extension activities is apparent. This annual Food Security Research in Southern Africa conference serves a useful purpose in bringing the relevant sectors together. Unfortunately the framework for sustaining that dialogue does not exist. The danger is that the good efforts of this project may not find application in policy development and programme implementation of this issue is not resolved.

REFERENCES


Zimbabwe: Food Access and Nutrition Linkages

Fig. 1: Zimbabwe: Prevalence of stunting by residential area, 1985.

Source: Ministry of Health.
<table>
<thead>
<tr>
<th>Location</th>
<th>1985</th>
<th>1988</th>
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<td>Manicaland</td>
<td>35</td>
<td>37</td>
</tr>
<tr>
<td>Mashonaland Central</td>
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<td>32</td>
</tr>
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<td>Mashonaland East</td>
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<td>29</td>
</tr>
<tr>
<td>Mashonaland West</td>
<td>25</td>
<td>26</td>
</tr>
<tr>
<td>Matebeleland North</td>
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<td>20</td>
</tr>
<tr>
<td>Matebeleland South</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>Midlands</td>
<td>20</td>
<td>22</td>
</tr>
<tr>
<td>Masvingo</td>
<td>30</td>
<td>28</td>
</tr>
</tbody>
</table>

Source: Ministry of Health

Fig. 2: Zimbabwe: Provincial prevalence of stunting (Low Height-for-Age) 1985 and 1988.
Fig. 3: Percent stunted among children 3 to 60 months
Location:
1 Manicaland
2 Mashonaland Central
3 Mashonaland East
4 Mashonaland West
5 Masvingo
6 Matebelaland North
7 Matebelaland South
8 Midlands
9 Bulawayo
10 Chitungwiza
11 Harare
12 National

Source: Ministry of Health.

Fig. 4: Zimbabwe: Provincial distribution of low birth weights, 1989.
Fig. 5: Zimbabwe: Percentage Malnutrition by age, 1989

% Below the third centile (NCHS)
Fig. 6: Zimbabwe: Percentage low birth weight in communal and urban areas, 1989.