

# Community Based Monitoring and Research on food security and social welfare

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## 1. Introduction: the context for the Community Monitoring Programme (CMP)

Work on food security and economic and social wellbeing at community level in Zimbabwe needs to be framed within deeper structural causes of poverty and deepening social deficits, even while shorter term mitigatory responses are implemented. This is not unique to Zimbabwe. Within the region increasing undernutrition, slowing and some cases reversing progress on delivery on the Millenium Development Goals for nutrition, are linked to falling household and national food production and availability, as the continent has changed from being a net exporter to a net importer of agricultural products since 1980 (FAO 2002).

### 1: Nutrition and the MDG Goals

#### **Goal 1: Eradicate extreme poverty and hunger**

Malnutrition erodes human capital, reduces resilience to shocks and reduces productivity (impaired physical and mental capacity).

#### **Goal 2: Achieve universal primary education**

Malnutrition reduces mental capacity. Malnourished children are less likely to enroll in school, or more likely to enroll later. Current hunger and malnutrition reduces school performance.

#### **Goal 3: Promote gender equality and empower women**

Better-nourished girls are more likely to stay in school and to have more control over future choices.

#### **Goal 4: Reduce child mortality**

Malnutrition is directly or indirectly associated with more than 60% of all child mortality. Malnutrition is the main contributor to disease in the developing world.

#### **Goal 5: Improve maternal health**

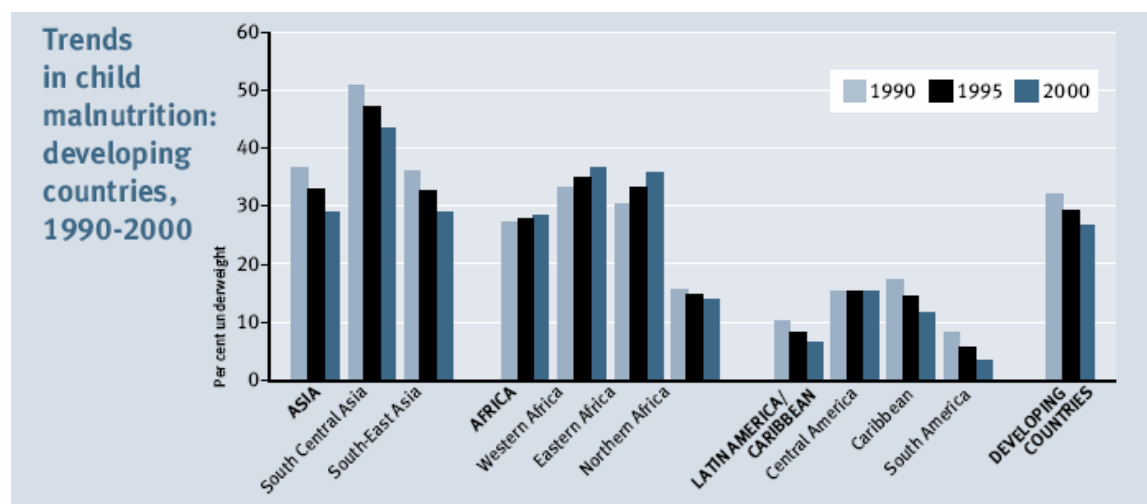
Maternal health is compromised by an anti-female bias in the allocation of food, health and care. Malnutrition is associated with most major risk factors for maternal mortality.

#### **Goal 6: Combat HIV and AIDS, malaria, and other diseases**

Malnutrition hastens onset of AIDS among those who are HIV-positive. Malnutrition weakens immunity to certain infectious diseases and contributes to their increased severity.

*(Source: ACC/SCN, 2004 in Chopra 2004)*

**Figure 1: Trends in child malnutrition in developing countries 1990-2000**



(Source: ACC/SCN, 2004 in Chopra 2004)

The structural problems underlying this negative picture in the region relate to land access, poor farming, insecure water supplies, high levels of poverty; soil degradation, with over 500mn ha affected by soil degradation since 1950, or up to 65% agricultural land; high debt burdens and unequal terms of trade, with market access restricted by price differentials caused by subsidies to US and EU farmers (SADC 2002). Added to these factors are the costs of war, violence and social conflict, non transparent public policy processes, pressures for wealth redistribution through short term speculative processes and the extent to which current policies shift the burdens of economic liberalisation reforms onto households and poor communities .

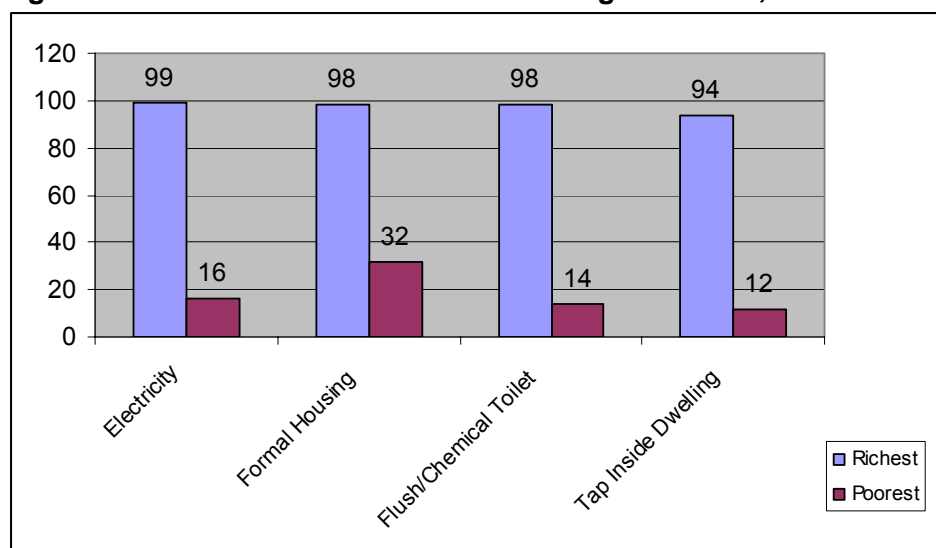
HIV/AIDS has intensified this problem, leading to what has been termed a 'new variant famine', where chronic poverty and ill health are increased reducing household mechanisms and resources for coping with illness and mortality and further undermining long term prospects for food security and household wellbeing (de Waal 2002). These factors and their impact in the region are more fully described in an EQUINET paper by Mickey Chopra and so are not repeated here (Chopra 2004).

Some of these factors have assumed significant proportions in Zimbabwe. Given the need for a longer term perspective to address these factors in a sustainable manner, the Community Monitoring Programme situates its work in the context of the major structural determinants of poverty, ill health and food insecurity, and the public policy needed to address this. In particular the CMP is informed by a model of social development that is based on securing collective social and economic rights, particularly through

- strengthened mechanisms for returns from economic development to household level and from
- public policy that secures equitable, integrated and universal social services as a means of reducing inequalities in access to basic services, building household capabilities and reducing the poverty inducing risks of household spending on social protection.

Again this is not unique to Zimbabwe. As demonstrated in Figure 2 below using evidence from South Africa, addressing such social inequalities and strengthening economic returns to households is an issue from low to higher income economies in the region.

**Figure 2: Access to basic facilities according to income, South Africa, 2000**



Source: Stats SA 2000 in Ntuli et al 2003

(Access to electricity is defined as using electricity for cooking)

In relation to food security, the CMP uses a conceptual framework of ‘food sovereignty’ to shape its work : "Food sovereignty is the right of peoples, communities, and countries to define their own agricultural, labour, fishing, food and land policies which are ecologically, socially, economically and culturally appropriate to their unique circumstances. It includes the true right to food and to produce food, which means that all people have the right to safe, nutritious and culturally appropriate food and to food-producing resources and the ability to sustain themselves and their societies." (Via Campesina 2003:2) The requirements for achieving food sovereignty are listed in *Box 2*.

**Box 2: Requirements for food sovereignty**

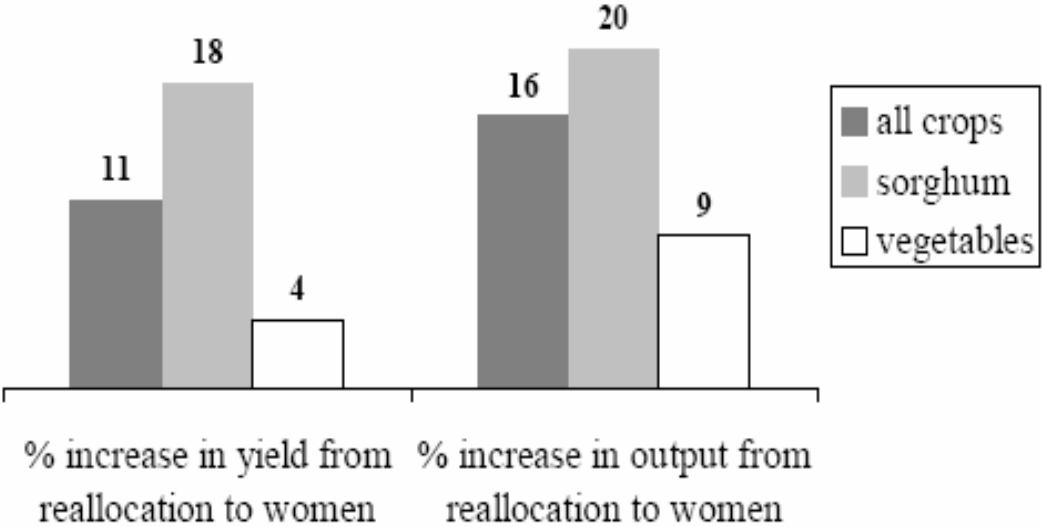
- Food sovereignty requires:
- *Prioritising* food production for domestic and local markets, based on peasant and family farmer diversified and agro-ecologically based production systems;
  - *Ensuring fair prices* for farmers, which means the power to protect internal markets from low-priced, dumped imports;
  - *Access to land, water, forests, fishing areas and other productive resources* through genuine redistribution;
  - *Recognition and promotion of women’s role* in food production and equitable access and control over productive resources combined with decision making powers;
  - *Community control over productive resources*, as opposed to corporate ownership of land, water, and genetic and other resources;

- *Protecting seeds*, the basis of food and life itself, for the free exchange and use of farmers, which means no patents on life and a moratorium on genetically modified crops; and
- *Public investment* in support of the productive activities of families, and communities, geared toward empowerment, local control and production of food for people and local markets.

(Source: Food First 2003)

This implies not simply focusing on access and availability but also access to the resources for food production and control over the institutions for trade, processing and marketing of food by national, local and low income communities. An example of the difference such control makes is shown in Figure 3 below, where simply equalizing the access to production inputs between male and female producers produced significant gains in crop yields.

**Figure 3: Effects on production of equalising production inputs between females and males at household level in Burkina Faso**



Source: Chopra 2004

This has several implications for our work in the CMP:

- We need to make visible the experience at **household** level of changing policies and conditions to raise the profile of this level in policy and planning
- We need to go beyond aggregate information to better understand how policies and practices are widening or reducing **inequalities across social groups**
- We need to focus not only on social outcomes but on factors that indicate the extent of **peoples control over the resources for health**, food security and social development
- The research and monitoring should strengthen **the voice, analysis and capacity of communities** within economic and social development.

### 3. The CMP as a form of community based and sometimes participatory inquiry

Community based participatory research (CBPR) is a growing discipline in areas such as public health, agriculture, and education, with positive outcomes on policy processes and on social outcomes. This form of inquiry is well documented in other sources and TARSC as an institution has a long history of work in both participatory and community based research in health, occupational health, employment and other fields (See for example Loewenson R, Laurell C and Hogstedt C 1994 ; Loewenson 2004)

CBPR includes work that draw research agendas from communities; frame investigation with communities; involve communities in information collection and analysis and involve communities in production and use of research products. More deeply participatory models aim to systematise community experience through a range of techniques that validate and organise the subjective experience of communities; systematise this and use it to produce new knowledge and to enable communities to reflect on and use this knowledge.

Such work has been found to

- Build partnership and co learning between academic institutions and communities to enhance mutual understanding of issues
- Integrate the knowledge gained with action at community level
- Recognise and build on the strengths and resources within the community
- Promote co-learning amongst all partners.
- Draw evidence on the many causes of health and wellbeing as perceived by communities
- Corroborate problems identified by communities with other sources, such as formal information systems and surveys.

**Community Based Monitoring** has been used as a simplified mechanism for timely and repeated assessment of changes over time and across social groups, particularly in relation to poverty and microeconomic conditions (IDRC 2003). This has been found to be particularly useful where it has gathered information on issues that usually falls out of routine monitoring systems, where it has been used to motivate local analysis and community action, and to monitor health interventions and the performance of the state. In settings as diverse as Canada, India, Uganda and Zambia it has provided independent community feedback on programmes implemented to community level and on the performance of government programmes (EMAN 2003; CARE Andhra Pradesh 2004; Manseau M, Parlee B 2003; Uganda Debt Network 2004; Taylor 1989).

This background of perspective, conceptual analysis and understanding of the value of community based and participatory approaches informed the establishment by a number of membership based civil society organisations working on social and economic issues in Zimbabwe and TARSC of the 'Community Monitoring project'. The work has been developing since 2002, and we recognise challenges and opportunities to improve on the systems to tap the many areas of value of community based and participatory work and to strengthen responses to social and economic issues at community level. We hope that this presentation and sharing of information across the region supports this.

## 4. An outline of the CMP

### *Starting as food security monitoring*

National community based non government organisations collectively cover all districts of Zimbabwe, and all types of communities<sup>1</sup>. During 2002/3 TARSC and the Fosenet monitoring group were commissioned by the NGOs in Fosenet, the national NGO Food security network, to build a system of community and NGO based monitoring of food security. The system, developed through civil society organisations, collected information from ALL districts in Zimbabwe, from sentinel sites within wards in districts. The monitoring system was initiated in July 2002 and collected and processed information monthly of an agreed set of 'indicators' within district level relating to food needs, food supply and food availability and food access. The monitoring data drew from community and NGO based monitors resident within the districts.

The system initially monitored food security and a platform of ethical principles on food distribution and access derived from international humanitarian law<sup>2</sup>, complementary to monitoring by the state, the UN, the international agencies. It produced and disseminated monthly reports to monitors, parliament, government and non government institutions. The summaries were also advertised in the media. The reports are cited and used in UN, Fewsnet and Zimvac assessments.

### *Widening to community social and economic priorities*

In July 2003, drawing from feedback from monitors and from the understanding that food security was affected by and impacted on a wider range of social and economic conditions, a wider network of civil society groups, including FOSENET agreed to widen the monitoring to build a wider civic and community based monitoring of social and economic rights. In June 2004 further work was implemented to widen the civic organization monitors and to bring more gender equity through explicit inclusion of more female monitors.

The Community Monitoring Programme was conceptualised in July 2003 building on the earlier monitoring system and the civic organisations steering the programme were widened to include those working in other areas of social and economic development. These groups all identified a need for regular monitoring from community and civic members to support their engagement with authorities on issues and to strengthen their civic outreach. The civil society groups commissioned TARSC to play the role of technical implementation and management of the programme with guidance from a steering committee of the civil society organisations.

Over time and directed by community feedback, the monitoring has thus widened to include areas proposed by communities, civil society organisations and from feedback from monitoring

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<sup>1</sup> The reference group for this includes TARSC, Fosenet, Community Working Group on Health, Civic Alliance for Social and Economic Progress, Zimbabwe United Residents Association, Media Monitoring Project of Zimbabwe, Zimbabwe Peace Project and Womens Action Group

<sup>2</sup> These included issues of impartial access to food when civilians lack essential supplies; food relief and supplies not bringing unintended political advantage, food distribution being based on need and respect for community values of solidarity, dignity and peace and of community culture.

reports, including changes in production, income and employment, market prices for essential services, the performance, cost and accessibility of health and education services, population movements, asset sales for basic needs and community mechanisms for care of vulnerable groups.

### *The monitoring system*

The monitoring system is based on about 200 sentinel sites with community level monitors who record information within their communities and report monthly on an agreed set of 'indicators'. The indicators are defined by the community groups and non government organisations, through the co-ordinating committee and through quarterly review of the monitoring with a sample of the community based monitors. Input from other organisations on issues to be monitored are fed into these review platforms.

The indicators used are checked for comparability against indicators used in government national household survey programmes and other community surveys. The system cross validates information from monitors by comparing multiple reports from sites within the same district, using evidence that is reported by more than one source. A sample of reports is also subject to an independent system of follow up investigation and validation. Wherever possible the monitoring data is cross referenced with findings from other monitoring systems and surveys, through triangulation of different sources of evidence on the same issue. Monitors are subject to repeated training and review to enhance data quality and confidentiality of data source by sentinel site is maintained.

Reports are compiled monthly showing key trends, distributional and other issues, and where feasible compared to public policies and standards and to other survey reports. Peer review is actively encouraged. The summaries of the reports are fed back to the monitors, advertised in the local media and made publicly available, including through the internet. They are reported to the relevant parliamentary committees, and to the community organisations in the programme.

### *Statistical issues*

There is still some confusion of what the reports do and do not provide in some quarters. As a form of *sentinel site surveillance* they provide an indication of the relative distribution of conditions and of changes over time. We make explicit that it is reported data and not directly measured data. The monitoring reports do not provide data on absolute levels of indicators, such as food produced. This would need to be drawn from quantitative household surveys sampled in a manner to provide this sort of evidence. The system provides information from several sites per district and not by single sites. This is based on the need for cross site validation of evidence and so specific information on location of sites is not provided. It is important for the credibility of the CMP that it has not attempted to use its evidence beyond the specific possibilities that the methodology permits.

At a system wide level, the monitoring system has been subjected to review in various technical platforms to facilitate its improvement. The system has been presented to expertise at UN, nationally and Internationally for feedback.

At the level of individual indicators and data, the methods to improve data quality noted earlier include:

- Checks for comparability against indicators used in government national household survey programmes and other community surveys.
- cross validation of information from monitors by comparing multiple reports from sites within the same district, using evidence that is reported by more than one source.
- Follow up through independent system of follow up investigation and validation
- Cross referencing where possible with findings from other monitoring systems and surveys, through triangulation of different sources of evidence on the same issue.
- Repeated monitor training and review
- Wide dissemination and encouragement of peer review of the reports

### *New developments*

Since mid 2004 the CMP has undergone selected changes based on the feedback from monitors, demand from the civil society organisations, and TARSC objectives to deepen research capacities and analysis within civil society and community level.

The monitoring of social and economic conditions is now carried out quarterly, based on a cycle of surveys in a year that allows for comparison across years of the same area. Hence the quarterly rounds cover

- i. April: Health and Education
- ii. June: Incomes and Employment
- iii. September: Production and assets

All quarterly rounds also cover food security monitoring and a common set of social and economic indicators regularly monitored in each round.

The findings of the first quarterly monitoring on Health and Education in April 2004 were presented and discussed at the Community Working Group on Health (CWGH) National meeting in early July 2004 involving district and national representatives. The CWGH is a network of civil society organisations working in health at district and national level. The issues raised by the findings, particularly of rising costs of health, led to lively debate on how to respond to the issues. Families were reported in the quarterly round to have stopped using basic commodities like toothpaste and soap because they had become unaffordable and health care services were reported to have risen in cost. The CWGH national meeting resolved to work with the CMP and TARSC to outline and measure the costs of a 'health basket' similar to the Consumer Council of Zimbabwe (CCZ) food basket. This would aim to make visible the costs of maintaining health for different Zimbabwean households. It would be accompanied by assessment of what is 'driving' the rising costs of health for households reported in the CMP quarterly reports.

The programme was used to build research skills in the district personnel in the CWGH through a TARSC 'first level research training programme'. This links skills building with mentoring and support of research in areas identified as priorities by the participants. The training programme is structured in two stages, with the first providing basic skills in research and survey methods, and support to develop research questions, field tools and protocols. The field work is then implemented and a copy of the results sent to TARSC to prepare the materials for the second stage training. This second round the training course covers analysis and reporting, working



with the data generated in the field research. Further information on the course is available from TARSC.

The TARSC/ CWGH/ CMP health basket research was carried out in 11 CWGH districts in August to November 2004. The research report was finalized in January 2005, presented to the communities and relevant authorities, generating significant national interest. A second and wider round of training and research has been initiated, and the 'costs of the health basket' will now be regularly implemented as part of the CMP with TARSC and CWGH. The evidence is being used in health budget negotiations and for discussions on access to health inputs at local and national level. As a result of the training a team of district based people in the CWGH now have basic research capacities for other research work.

Resources permitting, further work is now in preparation for research and training with a network of civil society organisations in the production sector aimed at building community based research skills and research exploring control over production resources in the informal economy. This will focus more on training in participatory methodologies and qualitative methods.

## 5. Key issues in the CMP findings and data

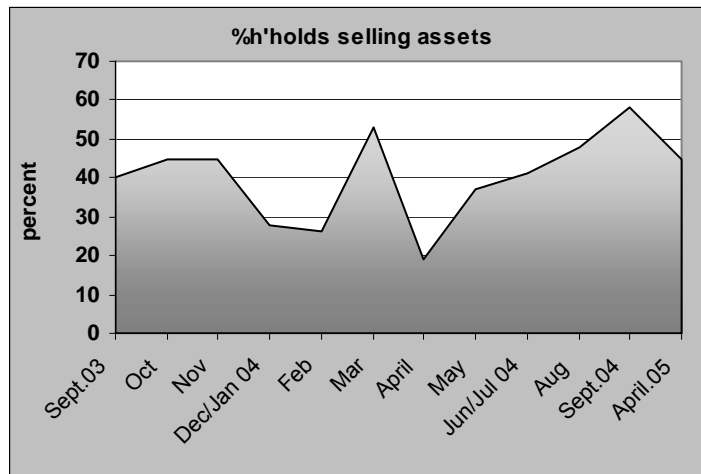
The CMP community based monitoring system has in its two major phases been in place since July 2002 and has since its inception provided 23 reports of conditions at community level. There have been some gaps in reporting during the end of year period and while systems were being reviewed. The reports have provided evidence on a range of inequalities across areas, social groups and time and in relation to policy changes and the distribution of resources to communities. The reports are available on the internet and this paper does not attempt to summarise the findings. The next section seeks rather to briefly highlight examples of how such systems can

- ♦ provide evidence of conditions at community level, not reliant on formal or facility based information systems
- ♦ provide evidence of changing conditions over time, particularly associated with changing policies
- ♦ strengthen the voice of communities on their experience and their input to services and policy.

***CBM provides timely evidence of community progress and stress, raising visibility and response to such stress.***

The CMP has, for example, provided early warning of shifts from secure into insecure forms of employment and of increases in reported household asset sales, including of productive assets, for basic consumption needs, undermining future production capacities. (See Figure 4)

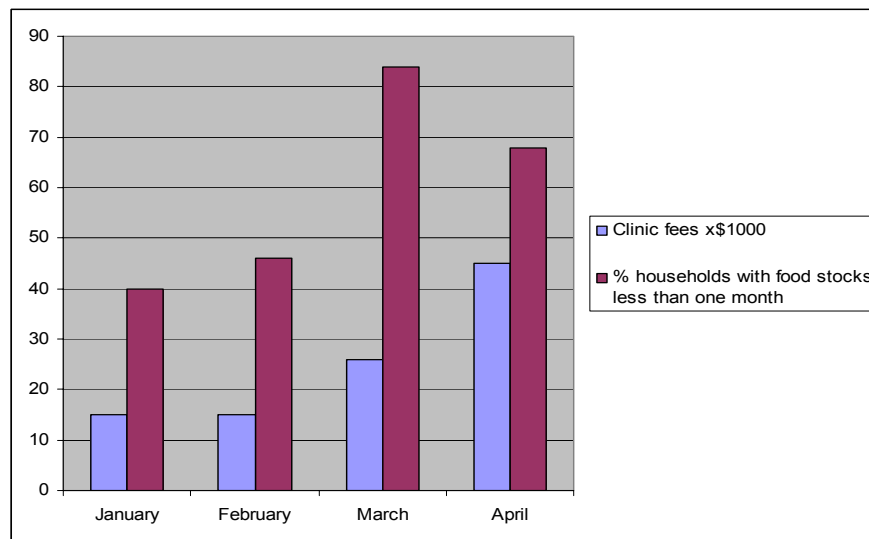
**Figure 4: Household Asset Sales September 2003 To April 2005**



Source: CMP reports September 03 to April 05  
% households an average of site estimates

This has provided timely information on household responses to cost pressures, and is complemented by evidence from the CMP of rapidly rising costs of essential goods and services through formal and informal sales of goods and services at times of falling real household incomes (See Figure 5).

**Figure 5: Clinic fees, vs household income stress, Jan-April 2004**



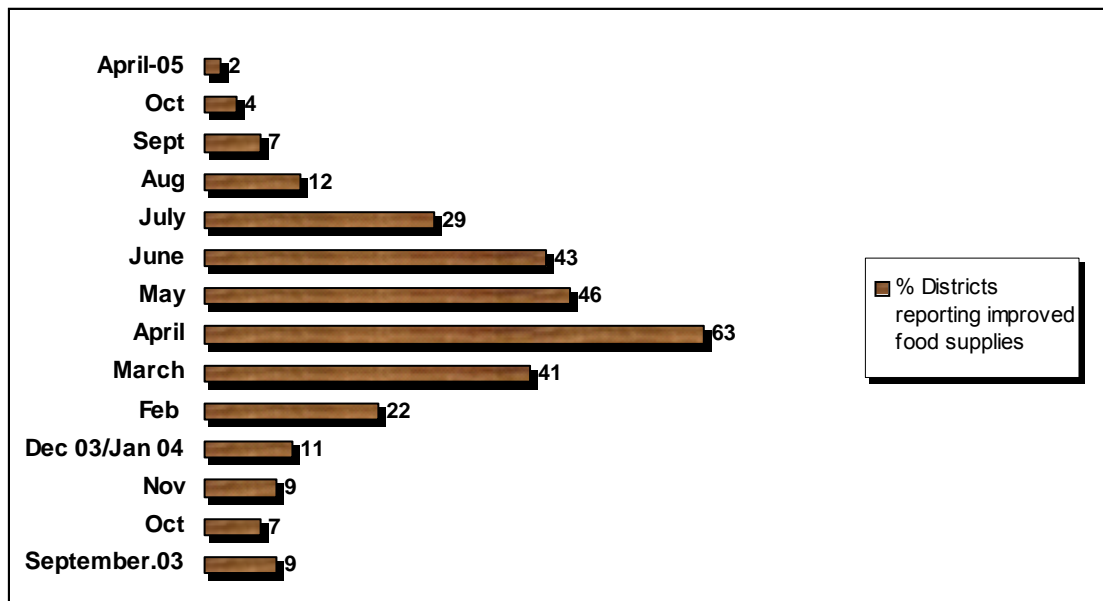
Upper limit clinic fees shown against income stress indicated by share of households with food stocks of less than one month Source CMP quarterly monitoring, June 2004

This type of evidence signals times of year when households face dual pressures of rising demand for production inputs and rising prices of these inputs (usually September–Nov and Jan–Mar). The CMP indicates how households are responding to these price

squeezes through the type of asset sales shown in Figure 4, but also through cutting expenditures on essential goods and some co-operative buying activities.

The fact that the monitoring has been underway for several years provides the possibility of comparative time trends and departures from expected patterns. Hence for example trends of food supplies reported to be improving due to early harvests in March –May are usually found, with a departure from this trend in April 05.

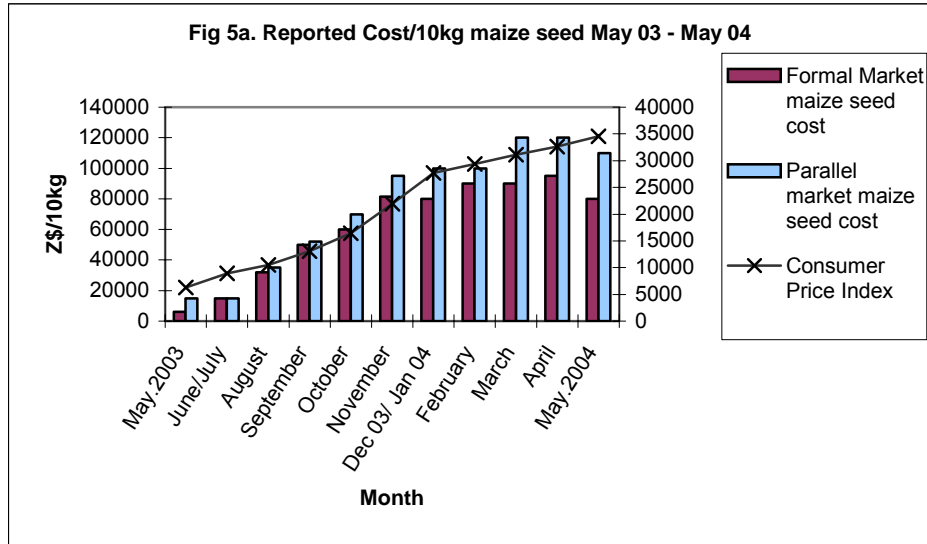
**Figure 6: Share of districts reporting improving food supplies September 2003 to April 2005**



***Monthly community based monitoring (CBM) has provided timely feedback to policy and programme intervention.***

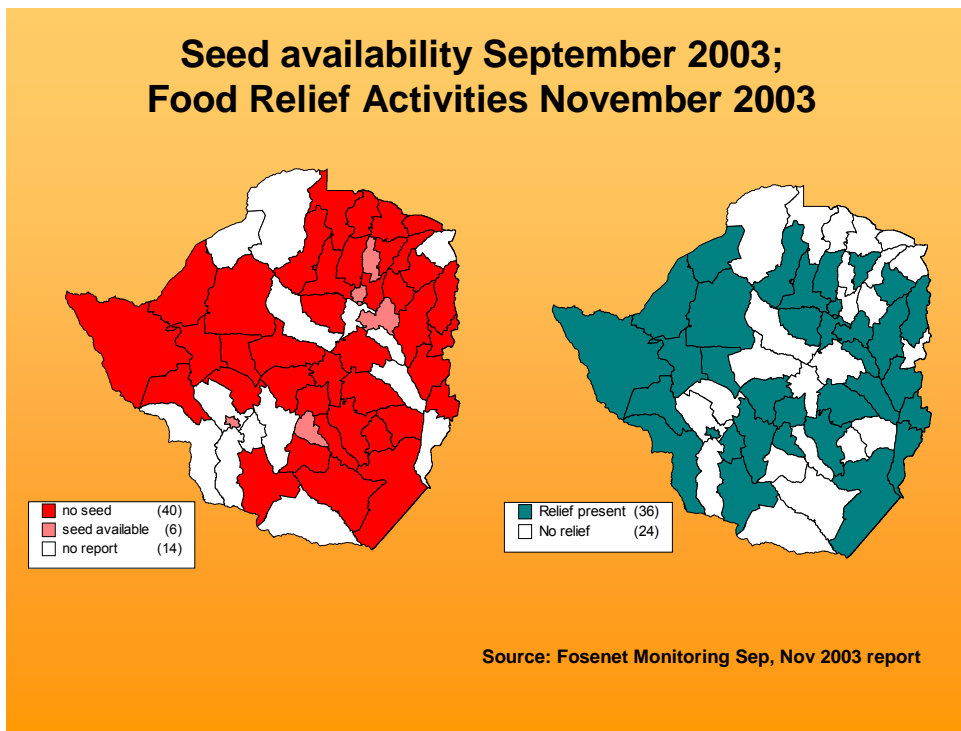
The system has been able to track changes in costs of production inputs and thus resource availability for social needs or for improved production. Hence for example significant increases in prices of production inputs at times of seasonal need for these inputs undermined uptake of these resources for production, reduced resource availability for health (at a time of rising costs as indicated above), potentially building vicious cycles of reduced productive capacities and incomes to meet future consumption needs (See Figure 7). This calls attention to policy responses to protect access to production inputs in the poorest communities. This evidence also raised critique of the design of interventions, such as of the efficiency in reaching specific vulnerable groups, or the appropriateness of food relief as the major form of social welfare assistance by international agencies in the same areas where seed availability is inadequate to sustain future production (See Figure 8)

**Figure 7:**



Source CMP quarterly monitoring, May 2004

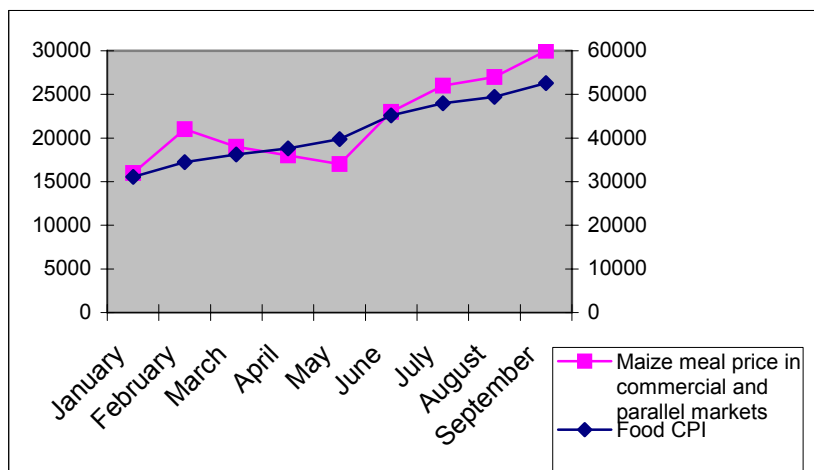
**Figure 8:**



This information is more useful when fed in a timely manner to local programme and national policy forums, as well as to meetings of the relevant civil society and service networks to identify areas for follow up action and to prioritise areas for deeper follow up research, such as the health basket research cited earlier.

**CBM can provide timely and reliable information on community level issues** Triangulation of evidence from CBM and other survey sources indicates that CBM can provide relatively accurate and more timely information on social indicators that are subject to changing distribution across geographical areas, communities and sectors. The demand for cross validation for inclusion of evidence does lead to some level of data loss. Peer review, comparison of indicators against established household and community surveys, and triangulation of monitoring evidence with other sources of evidence provides a means to compare community evidence with other data sources. Strong associations between CBM data and that of other survey sources has assisted to validate community reporting (See Figure 9).

**Figure 9: CBM maize meal prices Jan- Sep 04 vs the food Consumer Price Index**



Source: CMP January – Sep 2004, CSO 2004

**CBM can strengthen capacities within communities to understand, analyse and intervene in key issues affecting their lives.** The design and long term nature of the system and the mechanisms provided for regular review have provided opportunity for civil society organisations to be actively involved in the formulation of the problem, to identify research questions to be addressed, and to interpret and use the findings. Formal consultations and review with the community monitors has strengthened community engagement around and input to the indicators, the findings and research agenda.

**CBM can strengthen and bring evidence to community – state interactions.** Timely and reliable reporting in a form that is reasonably understandable to the community but also presents objective evidence to the authorities has widened the use of evidence on community conditions and strengthened engagement between communities and authorities.

***CBM, while not complex, requires sustained investment in capacity building, communication and in the logistics of information flow to and from communities.***

Long term processes are needed to build real community capacity and ownership over data, and this is often matched against the insecurity of resources applied to such activities. In areas of economic insecurity, there is a heightened risk of loss and turnover of monitors. This undermines the system in the areas where monitoring and evidence is most needed.

***CBM enables but does not on its own strengthen community voice or authority.*** While the control over the production of evidence at community level does strengthen community control and use of *information*, this does not necessarily lead to building new and useful *knowledge* or action, unless it is backed by processes that build reflection on the analysis of evidence, or that use reflection to propose and implement social action.

## 6. Conclusions

This paper provides evidence of potential community based tools for raising the visibility of household experience under changing policies and conditions, strengthening the use of evidence for policy engagement by civil society and building research capacities within community based and civil society organisations.

The feedback on the reports indicate that they are appreciated for providing rapid community based information that is often missing. New areas have been added, such as the community based research programme, at the demand of the community members and participating civil society organisations. TARSC is happy to share this experience with and learn from other country experiences to improve the CMP, better serve the civil society network that is fundamental to its operations and strengthen community capacities to articulate and propose options for dealing with the conditions that affect their lives.

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