

Cost of Diet

Two Cost of Diet assessments were conducted in Cereal and Low Cotton producing Communal (CLCC) and in Kariba Valley, Kariangwe Jambezi (KVKJ) livelihood zones. To ensure maximum comparability of the data with that collected in the HEA baselines, the same wards and villages were chosen for assessment, although the households targeted were different as the CoD study specifically targeted households with children between 12 months and 23 months. The seasonal calendar used for the CoD is the same as for the HEA, namely October-January (lean season), February-May (harvest) and June-September (summer). The typical family size and composition for the CoD study was also determined on the basis of HEA data and was established at 6 household members for both zones, including one 6-8 month old baby, one 7-8 year old child, one 9-11 year old child, one 12-13 year old child, one 30-59 year old moderately active lactating woman and one 30-59 year old moderately active man.

As outlined in the framework presented above, the CoD analysis requires a list of foods available locally, as well as an overview of food prices per season, in order to assess the seasonal availability and affordability of a nutritionally balanced diet. Then, in order to estimate the affordability of a nutritionally-balanced diet for various wealth groups, the CoD data needs to be compared with the income of households in the selected LZ. To this effect, for the selected CLCC and KVKJ Livelihood Zones, the total cash and food access was calculated in kcal equivalent and converted to a monetary value. This means that own crop production and food consumption from own livestock, as well as payment in kind and other food sources (i.e. gifts, wild foods) are added to the total household food and cash access amount, but food aid is deliberately

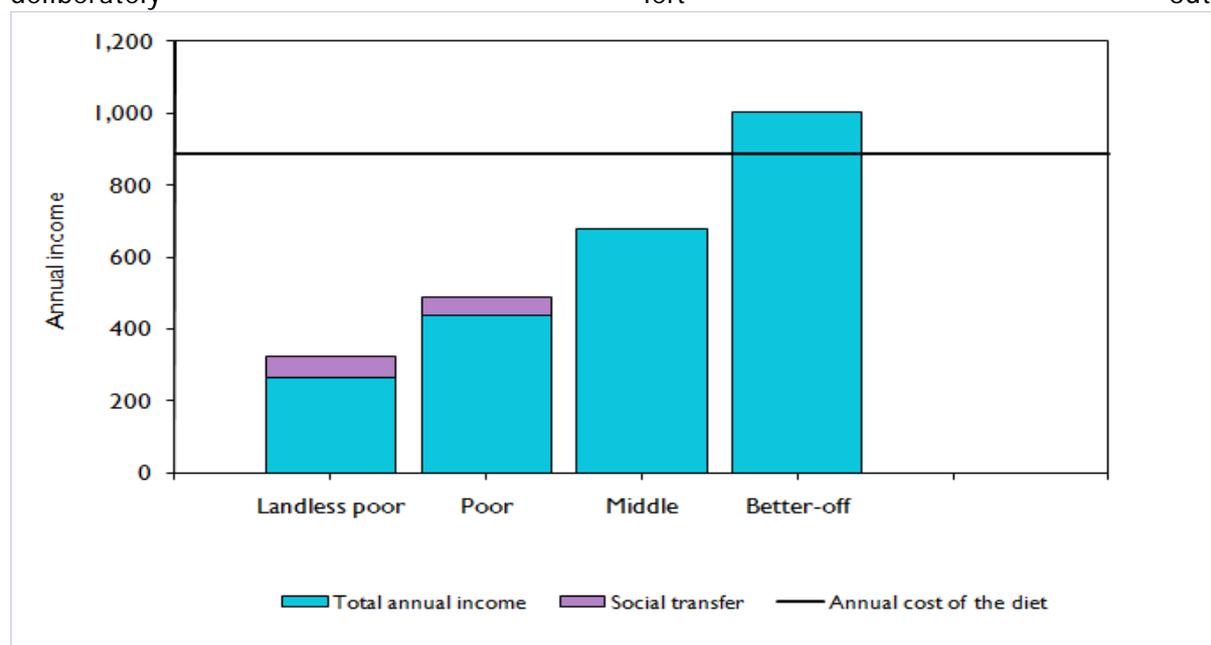


Figure 15: Affordability of diet across wealth groups – CLCC

The graph above clearly indicates that when income (food and cash access) is compared to the price of a locally available nutritionally balanced diet, only the better off wealth group (i.e. 16% of the population), are able to meet the costs of a nutritionally balanced diet. However, HEA data on food income reveals that across the zone, all wealth groups are able to meet their daily energy requirements of 2100 kcal per day, albeit with a 26% and 22% dependence on food aid for the very

poor and poor households respectively. This indicates that the challenge here is not likely to be one of acute malnutrition, but rather one of stunting, or chronic malnutrition as a result of systematic nutritional deficiencies in the diet consumed by all age groups.

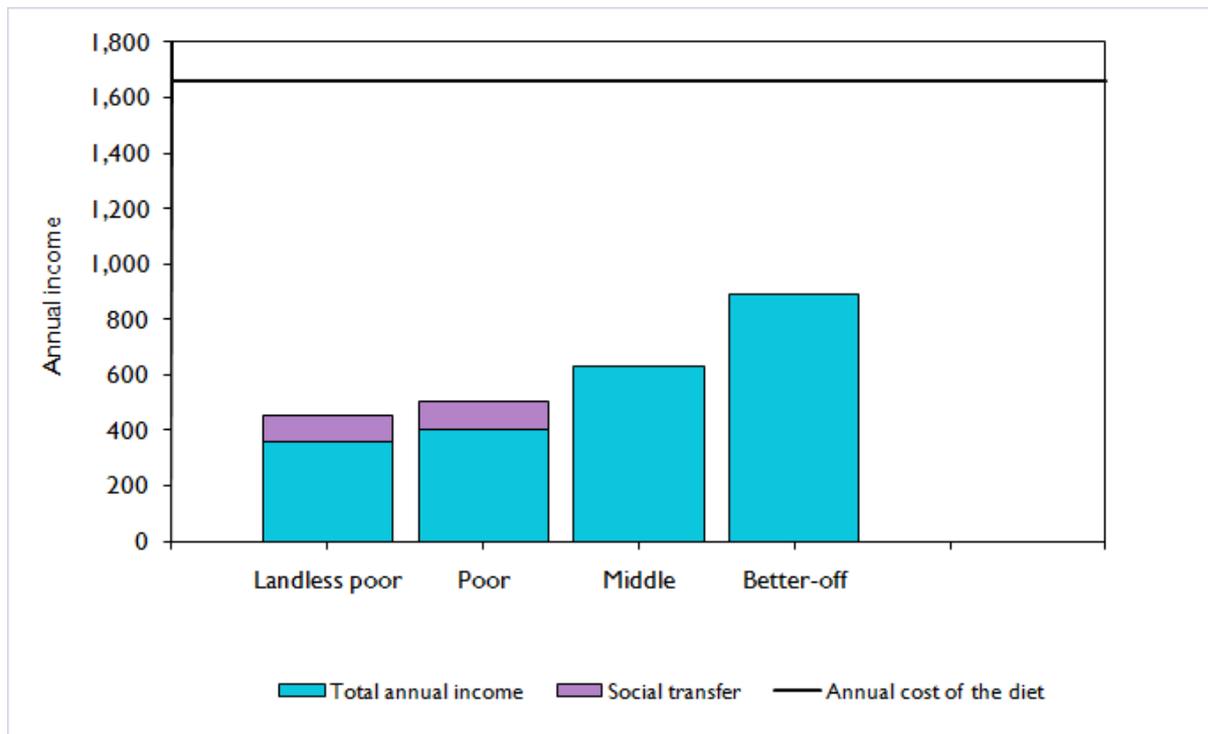


Figure 16: Affordability of diet across wealth groups - KVKJ

The situation in KVKJ is even more striking. Again, with the added support of food aid, which benefits the very poor and poor wealth groups, all households are able to meet their basic energy requirements. However, in this dry and resource-poor zone which also suffers from poor market access (hence impacting on the price of food products), a nutritionally varied diet is not affordable to any of the wealth groups in the zone, with the combined food and cash income for even the better off group still falling almost 50% short of the cost of a nutritionally balanced diet. The serious implication of these findings is that the chronic lack of reliable food sources within the zone combined with very limited purchasing power across all wealth groups clearly is likely to be associated with serious nutrition-linked consequences such as increased maternal mortality, and restricted cognitive development of children, particularly during the critical period under the age of 2.

The significant difference in the Cost of the Diet between the 2 zones can be linked to a number of factors. Firstly, there is a slight difference in the price of staple cereals, with KVKJ maize prices averaging 0.1USD more per kilogramme than in CLCC. Livestock production in the zone is also very low, and hence households are heavily reliant on markets for livestock products which in turn are more expensive than in CLCC given their relative rarity. These factors are compounded by challenges to market access in KVKJ, which impact upon the price of market products, but also their availability, which implies that in order to meet their nutritional requirements, households may need to purchase more expensive foodstuffs than had more variety been available. The combination of these factors accounts for the high reliance on food aid in this zone for both very poor and poor households, which covered the food deficit over a period of 6 months in the reference year.

Cost of Diet data needs to be disaggregated by season to provide the most accurate assessment of food and nutrient affordability all year round. In both zones analysed, household access to food is

likely to be much higher at the height of the harvest, which falls during season 2, than during seasons 3 and 1. The assumption is therefore that households will ideally preserve some of their own food production for later consumption. However, the reality is that poor and very poor households tend to sell their food surplus, often at low prices early on in the harvest, in order to rapidly access cash. As demonstrated in the graph below for CLCC, which disaggregates cash income and Cost of Diet data across seasons, whilst the poor, middle and better-off households are able to afford a nutritionally balanced diet during season 2, through consumption and sale of own production, no wealth group is able to afford a nutritionally balanced diet during seasons 1 and 3. Analysis of seasonal data for KVKJ reflects even more limited access across seasons given the higher cost of the diet and the lower reliance on own production for food income, relative to CLCC. However, the significant reliance on wild foods as a source of energy and nutrients is not taken into account in this analysis and should not be underestimated.

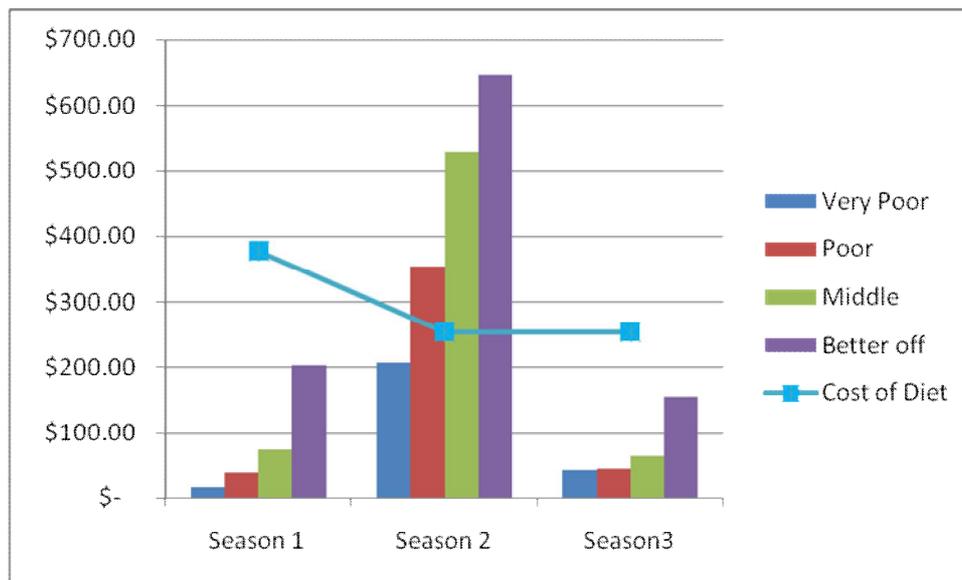


Figure 17: Affordability of diet disaggregated by season - CLCC

Another key outcome of the CoD analysis is the identification of nutrients which are particularly difficult to obtain from the foods available locally, in order to determine whether there is a need to improve availability of nutrient-rich foods (including fortified products) or to include a multiple micronutrient product in a 'nutrition-friendly' social protection package aimed at poor households. The two charts below present the 'nutrients met' in the 2 zones, in Season 1. The difference in availability of essential nutrients between KVKJ and CLCC, particularly for calcium, fat, vitamin A and vitamin B12, reflects the same challenges as identified above, namely low levels of own production of diversified crops, and difficult market access limiting the availability of varied produce on local markets.

However, these graphs assume that a household will be able to meet the costs of a minimum affordable diet which, as identified above, is not the case for the near totality of households across both livelihood zones. Therefore, Cost of Diet data should be combined with HEA outcome analysis in order to design social protection packages that simultaneously tackle both the issue of lack of access to nutritionally balanced diet, such as through targeted social transfers, and the lack of availability of nutritionally balanced diets through targeted supplementary feeding programmes providing fortified foods to meet the nutritional deficiencies identified below.

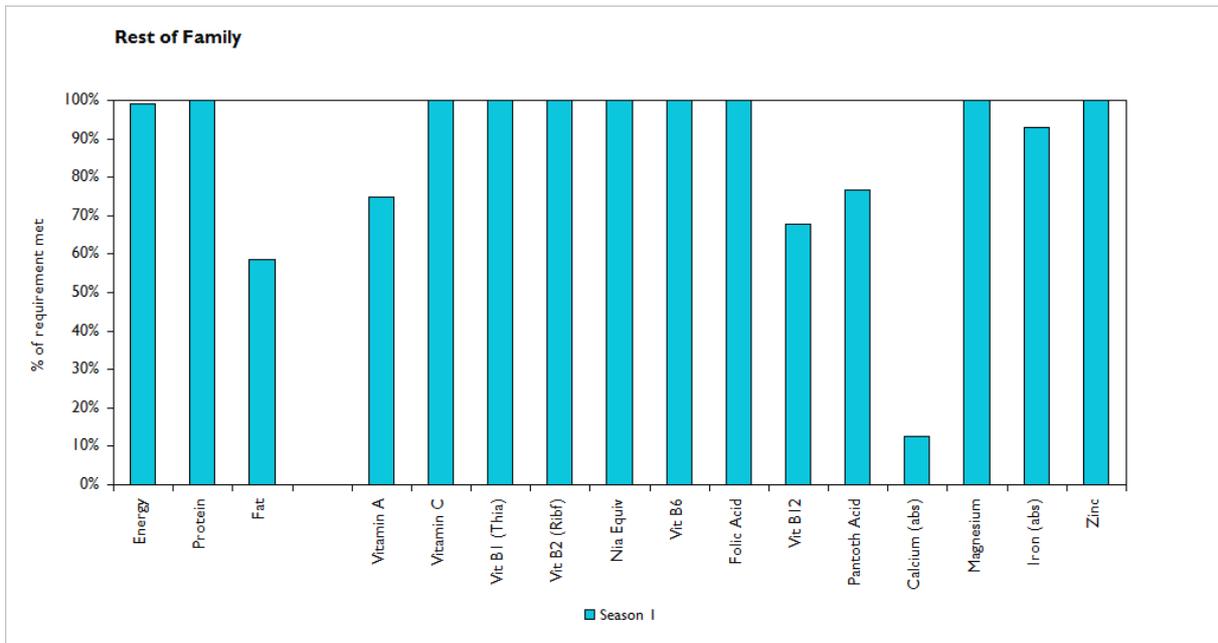


Figure 18: Percentage of household nutrient requirements met in season 1 - KVKJ

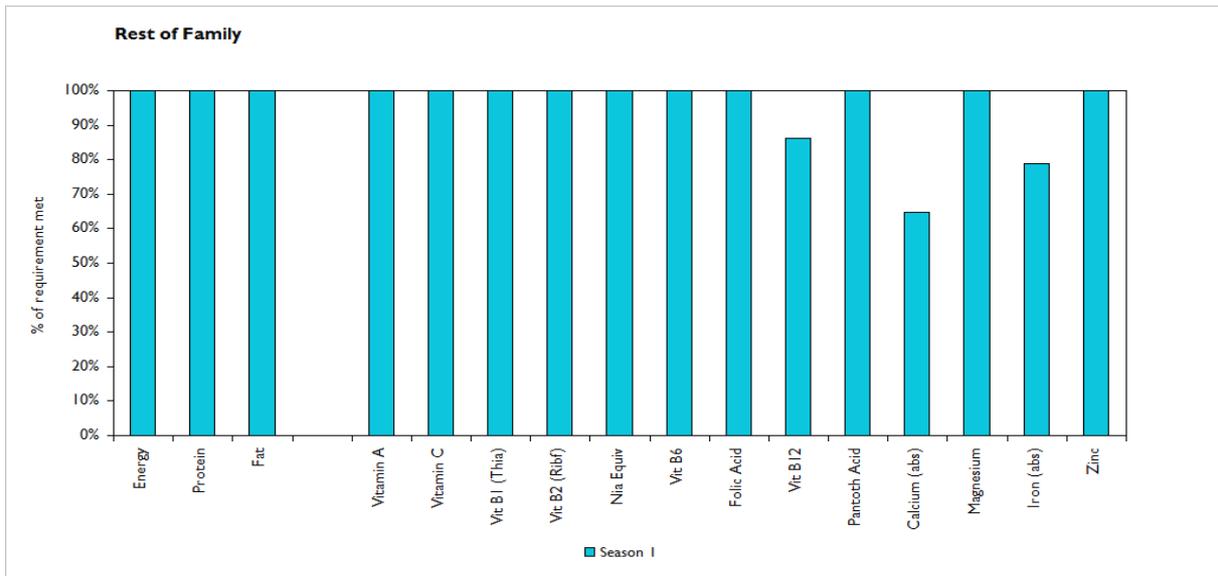


Figure 19: Percentage of household nutrient requirements met in season 1 – CLCC

