Structural adjustment: source of structural adversity. Socio-economic stress, health and child nutritional status in Zimbabwe
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Foreword and acknowledgements

This book is the result of several years of empirical work that started in early 1993. At the time I had already lived and worked in Zimbabwe for more than three years. By the time I left the country, in mid-1995, the ESAP and Health research project, of which I was the coordinator and on which a large part of this thesis is based, was about halfway completed. It has been quite an effort for me to remain involved in the project in a useful manner because of the physical distance. Thanks to several people it has proven possible to extend the duration of the project to six years. A special visit to Zimbabwe in April 2000 enabled me to collect additional information, such that this thesis now covers the period 1993 to 2000. Naturally, I have included a reflection on the historical developments in Zimbabwe prior to 1993. While this book does not cover the turbulent events since 2001, I do have the ambition that it provides a relevant background that helps explain why the country is currently in such a deplorable state.

"We should get together to write up this stuff and get it published." I remember phrases like these so well. David Sanders and Mary Bassett, co-pioneers of the empirical work, had a strong urge to disseminate our findings and contribute to the policy debate which drew so much interest not only in Zimbabwe, but worldwide. We did get together several times, in the early phases of our research work to discuss the results of our first few survey rounds among households in Chitungwiza and Murehwa district and to prepare the first few publications that came out under the Scandinavian Institute of African Studies. We came together again in 1998, when we were all based in different parts of the world, to prepare a paper presentation at an international conference in Copenhagen, which brought together scholars who had done work on structural adjustment and social change in Africa. We wrote a couple of book chapters and journal articles, and especially David, champion of community health, was tireless in presenting some of our findings in international fora. We were very much alike in that we had started this project and kept extending it out of a belief that we had a relevant cause and out of a desire to safeguard the highest possible scientific standards. But we differed in the degree of activism. At times I felt uneasy at the sight of all our unprocessed data, and I know, Mary and David, that you both felt the same. But I am happy that there is now this book that consolidates our findings.

David, when you asked me in late 1992 to join you in the new ESAP and Health research project for which you just had secured some funding, I could not have imagined that my affirmative reply would result in a PhD thesis 10 years later. I am grateful to you for starting the project, involving me in it, encouraging us to keep it alive while you were in Durban, later in Cape Town, and for your critical contributions when you came over to Harare, Kampala, Copenhagen and the Netherlands. Your perseverance has been a great support to me.
Mary, since our start in early 1993 you have put your heart and soul into this project, while at the same time you had so many other research undertakings going on alongside your teaching obligations. I have appreciated your dedication throughout the whole period and your sharpness in interpreting findings, excluding rival explanations and looking for additional evidence. I also thank you for your hospitality and thinking along with me when I came to Harare for additional data collection in May 2000.

I am indebted to my two promoters, Corlien Varkevisser and Ton Dietz. Corlien, we have known each other for a long time and I cherish the period we worked so closely together in the Joint Health Systems Research Project in Harare. Your enthusiasm and keen interest in connecting research and research findings to the practical requirements of health policy makers, programme managers, health staff and people out in the community have been a great example to me. Since you were the first to encourage me to do my PhD I had no hesitation to ask you as my promoter. You have been very supportive: you guided me scientifically, you corrected my writing style and you gave me moral support. You even made your house available for me to have an ideal place where I could work undisturbed on my thesis.

Ton, you joined Corlien as a promoter a little later and started asking critical questions which stimulated me to reconsider the theoretical framework, better justify the methodology and bring more cohesion in my write-ups. In addition, you gave me references that have enriched my analysis perspective. I have enjoyed the meetings in which we reviewed the various chapters and which gave me new ammunition each time to proceed.

The ESAP and Health research project originally fell under the Community Health Department of the University of Zimbabwe. Various people from the department have contributed to the project. Nicholas Madziwanzira kept a good oversight of all the logistics, was instrumental in translating questionnaires into Shona and did most of the computerised data entry. When I had already left Zimbabwe (in July 1995), you kept an eye on the quality and the completeness of data collection, thereby assuring the continuity of the project. Thanks for the enormous amount of work you did. Glyn Chapman coordinated the data collection in the fifth and last survey round in 1998, when both Mary and I were not based in Harare. Without you this last round would not have been possible.

I thank our five research assistants for a job well done: Margaret Chikore, Ratidzai Maplungautsi, Esnart Maponga, Deliwe Matsika and the late Engena Muzivi. All five of you worked hard to get reliable data and ensure a high follow-up rate of households. I am sure that the friendship you made with some of the respondents is in a way the best reward for all the energy you put into the study. Engena’s untimely death could have been prevented had it not been that the medical services that she required were not in operation during a doctors’ strike. Ironically, her case is a crude testimony of something that does not require several years of research.

Tonderai Katsumbe and Ruth Sono helped in facilitating the series of focus group discussions in the two study areas. Your knowledge, experience and foremost your empathy with the informants was crucial to the outcome of this piece of research.

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We received financial assistance for our fieldwork from the Nordic Africa Institute in Uppsala, Sweden, which also sponsored our participation in three international conferences on structural adjustment and social change in Africa. Peter Gibbon, coordinator of the first phase of the institute's research programme on the political and social context of structural adjustment in Africa, and his successor Adebayo Olukoshi, coordinator of the second phase, have been very supportive to our research work. Their constructive comments during the design phase and on manuscripts of some of our earlier publications (through the Nordic Africa Institute) were very useful and stimulated us to extend our study beyond the initial duration of two years. We further received a research grant from the Norwegian Embassy in Harare that enabled us to conduct the series of focus group discussions of which the results are described in Chapter 5.

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