Zimbabwe Vulnerability Assessment Committee (ZimVAC)
2020 Rural Livelihoods Assessment
Midlands Province Report

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ZIMBABWE
Vulnerability
Assessment Committee

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Foreword

The Zimbabwe Vulnerability Assessment Committee (ZimVAC) under the coordination of the Food and Nutrition Council, successfully undertook the 2020 Rural Livelihoods Assessment (RLA), the 20th since its inception. ZimVAC is a technical advisory committee comprised of representatives from Government, Development Partners, UN, NGOs, Technical Agencies and the Academia. In its endeavour to 'promote and ensure adequate food and nutrition security for all people at all times', the Government of Zimbabwe has continued to exhibit its commitment for reducing food and nutrition insecurity, poverty and improving livelihoods amongst the vulnerable populations in Zimbabwe through operationalization of Commitment 6 of the Food and Nutrition Security Policy (FNSP).

As the country is grappling with the COVID-19 pandemic, this assessment was undertaken at an opportune time as there was an increasing need to urgently collect up to date food and nutrition security data to effectively support the planning and implementation of actions in a timely and responsive manner. The findings from the RLA will also go a long way in providing local insights into the full impact of the Corona virus on food and nutrition security in this country as the spread of the virus continues to evolve differently by continent and by country. In addition, the data will be of great use to Government, development partners, programme planners and communities in the recovery from the pandemic, providing timely information and helping monitor, prepare for, and respond to COVID-19 and any similar future pandemics. Thematic areas covered in this report include the following: education, food and income sources, income levels, expenditure patterns and food security, COVID-19 and gender based violence, among other issues.

We want to applaud the ZimVAC as well as the food and nutrition security structures at both provincial and district levels for successfully carrying out the survey during this unprecedented time. In spite of the apparent risks, they exhibited great commitment towards ensuring that every Zimbabwean remains free from hunger and malnutrition. We also extend our appreciation to Government and Development Partners for the financial support and technical leadership which made the assessment a resounding success. The collaboration of the rural communities of Zimbabwe as well as the rural local authorities is sincerely appreciated. The leadership, coordination and management of the whole assessment displayed by the staff at the Food and Nutrition Council (FNC) is also greatly appreciated.

We submit this report to you for your use and reference in your invaluable work. We hope it will light your way as you search for lasting measures in addressing priority issues keeping many of our rural households vulnerable to food and nutrition insecurity.

George D. Kembo (DR.)

FNC Director/ ZimVAC Chairperson

Acknowledgements

The technical and financial support received from the following is greatly appreciated:

- Food and Nutrition Council

- Ministry of Lands, Agriculture, Water, Climate and Rural Resettlement

- Ministry Public Service, Labour and Social Welfare

- Ministry of Health and Child Care

- Ministry of Local Government and Public Works

- Ministry of Women Affairs, Community, Small and Medium Enterprise Development

- Ministry of Justice

- Chirumhanzu RDC

- Gokwe North RDC

- Gokwe South RDC

- Mberengwa RDC

- Runde RDC

- Tongogara RDC

- Vungu RDC

- Zibagwe RDC

- Cheziya High School

- National AIDS Council (NAC)

- Welthungerhilfe (WHH)

- Local Initiatives and Development Agency

- CARE International

- CARITAS

- Plan International

- Centre for Conflict Management and Transformation (CCMT)

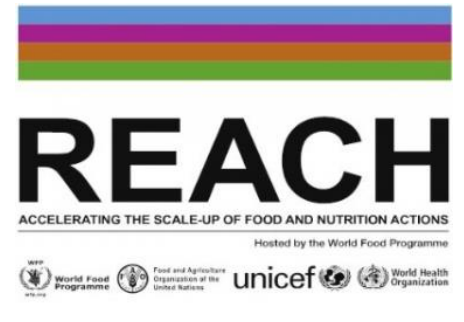- Jointed Hands Welfare Organisation

Acknowledgement of Support

ZIMBABWE

Acronyms

EA	Enumeration Area
FAW	Fall Army Worm
FNC	Food and Nutrition Council
FNSP	Food and Nutrition Security Policy
FNSIS	Food and Nutrition Security Information System
GAM	Global Acute Malnutrition
HDDS	Household Dietary Diversity Score
HHS	Household Hunger Score
NNS	National Nutrition Survey
RLA	Rural Livelihoods Assessment
SAM	Severe Acute Malnutrition
TSP	Transitional Stabilisation Programme
ZimVAC	Zimbabwe Vulnerability Assessment Committee

Background and Introduction

Zimbabwe Vulnerability Assessment Committee (ZimVAC)

ZimVAC is a consortium of Government, Development Partners, UN, NGOs, Technical Agencies and the Academia. It was established in 2002 and is led and regulated by Government. It is chaired by FNC, a department in the Office of the President and Cabinet whose mandate is to promote a multi-sectoral response to food insecurity and nutrition problems in a manner that ensures that every Zimbabwean is free from hunger and malnutrition.

ZimVAC supports Government, particularly FNC in:

- Convening and coordinating national food and nutrition security issues in Zimbabwe

- Charting a practical way forward for fulfilling legal and existing policy commitments in food and nutrition security

- Advising Government on the strategic direction in food and nutrition security

- Undertaking a "watchdog role" and supporting and facilitating action to ensure sector commitments in food and nutrition are kept on track through a number of core functions such as:

  - Undertaking food and nutrition assessments, analysis and research;

  - Promoting multi-sectoral and innovative approaches for addressing food and nutrition insecurity, and:

  - Supporting and building national capacity for food and nutrition security including at sub-national levels.

Background

- The 2020 RLA was undertaken against a continuously evolving food and nutrition security situation. The performance of the agricultural season negated by the consecutive drought, coupled with the COVID -19 pandemic have affected the livelihoods of the rural and urban population.

- COVID-19, declared a pandemic on 11 March 2020, has literally turned the world 'upside down' since it started in Wuhan, China with global reported cases of more than 21 million and more than 760, 000 deaths (14 August 2020).

- The Government of Zimbabwe, responded to the pandemic by gazetting Statutory Instrument 83 of 2020 Public Health (COVID-19 Prevention, Containment and Treatment) Order 2020, on March 27, 2020 declaring the COVID-19 crisis a "national disaster" and introduced a nationwide lockdown with the aim of slowing down the spread of COVID-19.

- The lockdown indicated that essential industries and services needed to remain open to support the health sector and ensure minimal disruption in critical goods and services. During the lockdown the public was strongly encouraged to stay in their homes and to practice social distancing, among other critical preventative measures outlined.

- Prior to the COVID-19 pandemic, food insecurity in the Southern African region was already alarmingly high, with a record 45 million food insecure people across the SADC countries. Key drivers of this food insecurity include climatic shocks (drought, flooding) and structural macro-economic and social factors.

- The risks which threaten to exacerbate the precarious food security situation through the following:

- impacts on exports, imports (supply chain of essential goods such as food, medicine and other essential supplies such as seeds and fertilizers),

- livelihoods (employment and income reduction) and fiscal pressure on the health sector.

- the downstream impact of policy interventions and regulations being implemented to control the spread of COVID-19 which will be felt at individual, household, community and national levels.

- The COVID-19 outbreak and its debilitating impacts on livelihoods will further exacerbate the situation, eroding community coping capacities and deepening food and nutrition insecurity of vulnerable households and individuals.

- Furthermore, we are likely to see an increase in the number of vulnerable people as those who typically are able to cope may find themselves struggling to meet needs given the unprecedented challenging environment.

Background

- **_Impact on Trade_**

- immediate impact of COVID-19 being realized through its impact on trade.

- Zimbabwe being hit by a drop in export revenues due to slow-down in demand and weakening of its currency.

- On the import side, Zimbabwe with high food import burden will be affected.

- The decision for lockdown is needed for reducing infection and "flattening the curve" but has far reaching effects on people and their livelihoods, especially of daily wage earners, small businesses, the informal sector and the large population already at risk because of pre-existing vulnerability conditions.

Background

- ***Impact on Programme and Supply Chain***

- Requirements to maintain social/physical distancing and travel restrictions are negatively impacting programme delivery and humanitarian and developmental activities, which threatens food and nutrition security.

- Travel restrictions and border closures are likely to delay the movement of the essential supplies such as seed and fertilizers (for the winter season) which are crucial for the preparation for the 2020/2021 planting season. This could have longer-term implications on the food security of households.

- Programmes will inherently have to depend on reduced information and evidence.

Background

- ***COVID-19 Effect on Populations***

- There is a high likelihood that urban areas are at the highest risk because of high density settlements as they are also the main entry points for international travel. The population group most affected would include the urban poor and the daily wage employees whose livelihoods are curtailed by the lockdown measures.

- The disruption of supplies of agricultural inputs is likely to affect the preparations for the next agricultural season which is very much needed to start the recovery from the back-to-back droughts that have been experienced so far and affect farmers' livelihoods.

- Markets play a major role in enhancing food and nutrition security. However, market dynamics, failures and shortcomings often weaken the desired impacts and long term effects. Furthermore, households with livelihood options such as petty trade, vending, casual labour, skilled trade and own businesses were likely to experience the most impact of no trade during the lockdown period.

Background

- Poverty continues to be one of the major underlying causes of vulnerability to food and nutrition insecurity as well as precarious livelihoods in Zimbabwe. According to the ZIMSTAT Poverty, Income, Consumption and Expenditure Survey 2017 Report, 70.5% of the population were poor whilst 29.3% were deemed extremely poor.

- The projected GDP growth rate for 2019 was -6.5% and 3% for 2020.

- Year on year inflation for May 2020 was at 785.55%.

- The Total Consumption Poverty Line (TCPL) for April 2020 was ZWL 7,425.81 which is 703.4% higher compared to the same time last year.

- The impact of poor rainfall distribution was compounded by the unaffordability of key agricultural inputs such as seed, fertilisers and herbicides. Consequently, the area planted to major crops in the 2019/20 season was lower in most areas compared to the same time in the previous season.

Introduction

- ZimVAC livelihood assessments' results continue to be an important tool for informing and guiding policies and programmes that respond to the prevailing food and nutrition security situation. To date, 20 rural and 6 urban livelihoods updates have been produced.

- ZimVAC plays a significant role in fulfilling Commitment Six, of the Food and Nutrition Security Policy (FNSP) (GoZ, 2012), in which the "Government of Zimbabwe is committed to ensuring a national integrated food and nutrition security information system that provides timely and reliable information on the food and nutrition security situation and the effectiveness of programmes and informs decision-making".

- It has become mandatory for FNC to coordinate annual livelihood updates with the technical support of ZimVAC.

Assessment Rationale

The 2020 RLA was undertaken to guide the following:

- Evidence based planning and programming.

- Early warning for early action.

- Evaluation of the socio-economic impact of the COVID-19 pandemic.

- Monitoring and reporting towards commitments made within the guiding frameworks of existing national food and nutrition policies and strategies (TSP, FNSP, Zero Hunger strategy and the SDGs.

- Development of the National Development strategy and the Food and Nutrition Security Strategy, for the next five years.

- The rapidly evolving food and nutrition security situation which was feared to be further deteriorating since the beginning of the COVID-19 crisis in Zimbabwe in April 2020 called for collection of additional and up to date FNS data.

- The current seasonal analysis could not rely on data collected in February 2020 prior to the COVID-19 crisis.

- The survey was envisioned to support the setting-up of the food and nutrition security near real time monitoring and capacitation of sub-national Food and Nutrition Security Committees.

Purpose

The overall purpose of the assessment was to provide an annual update on livelihoods in Zimbabwe's rural areas, for the purposes of informing policy formulation and programming appropriate interventions.

Objectives

The specific objectives of the assessment were:

1. To assess impact and severity of both Drought and COVID 19 on rural livelihoods.

2. To estimate the population that is likely to be food insecure in the 2020/21 consumption year, their geographic distribution and the severity of their food insecurity

3. To assess the nutrition status of children of 6 – 59 months.

4. To describe the socio-economic profiles of rural households in terms of such characteristics as their demographics, access to basic services (education, health services, protection services and water and sanitation facilities), assets, income sources, incomes and expenditure patterns, food consumption patterns and consumption coping strategies.

5. To determine the coverage (accessibility, availability and quality) of humanitarian and developmental interventions in the country.

6. To determine the effects of shocks experienced by communities on food and nutrition security.

7. To measure resilience at all levels and identify constraints to improving their resilience.

8. To identify early recovery needs in order to determine short to long term recovery strategies.

9. To assess the medium and long term (future) sources of vulnerability and risks to food and nutrition security.

Assessment Methodology

Methodology – Assessment Design
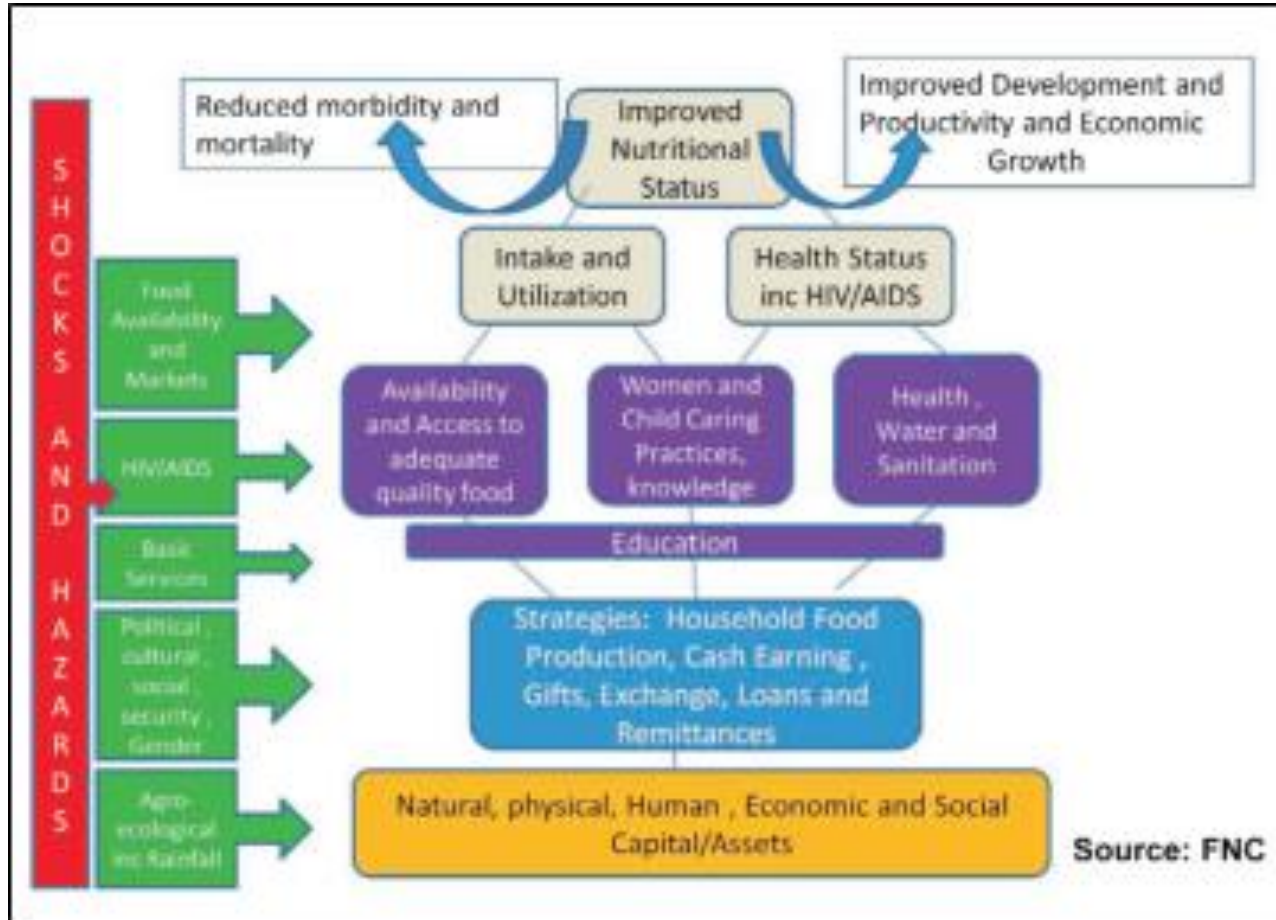
Figure 1: Food and Nutrition Conceptual Framework

- The assessment was a cross-sectional study whose design was guided and informed by the Food and Nutrition Security Conceptual framework (Figure 1), which Zimbabwe adopted in the FNSP (GoZ, 2012), and the conceptual framework on food security dimensions propounded by Jones et al. (2013) .

- The assessment was also guided and informed by the resilience framework (figure 2) so as to influence the early recovery of households affected by various shocks.

- The assessment looked at food availability and access as pillars that have confounding effects on food security as defined in the FNSP (GoZ, 2012).

- Accordingly, the assessment measured the amount of energy available to a household from all its potential sources hence the **primary sampling unit** for the assessment was the household.
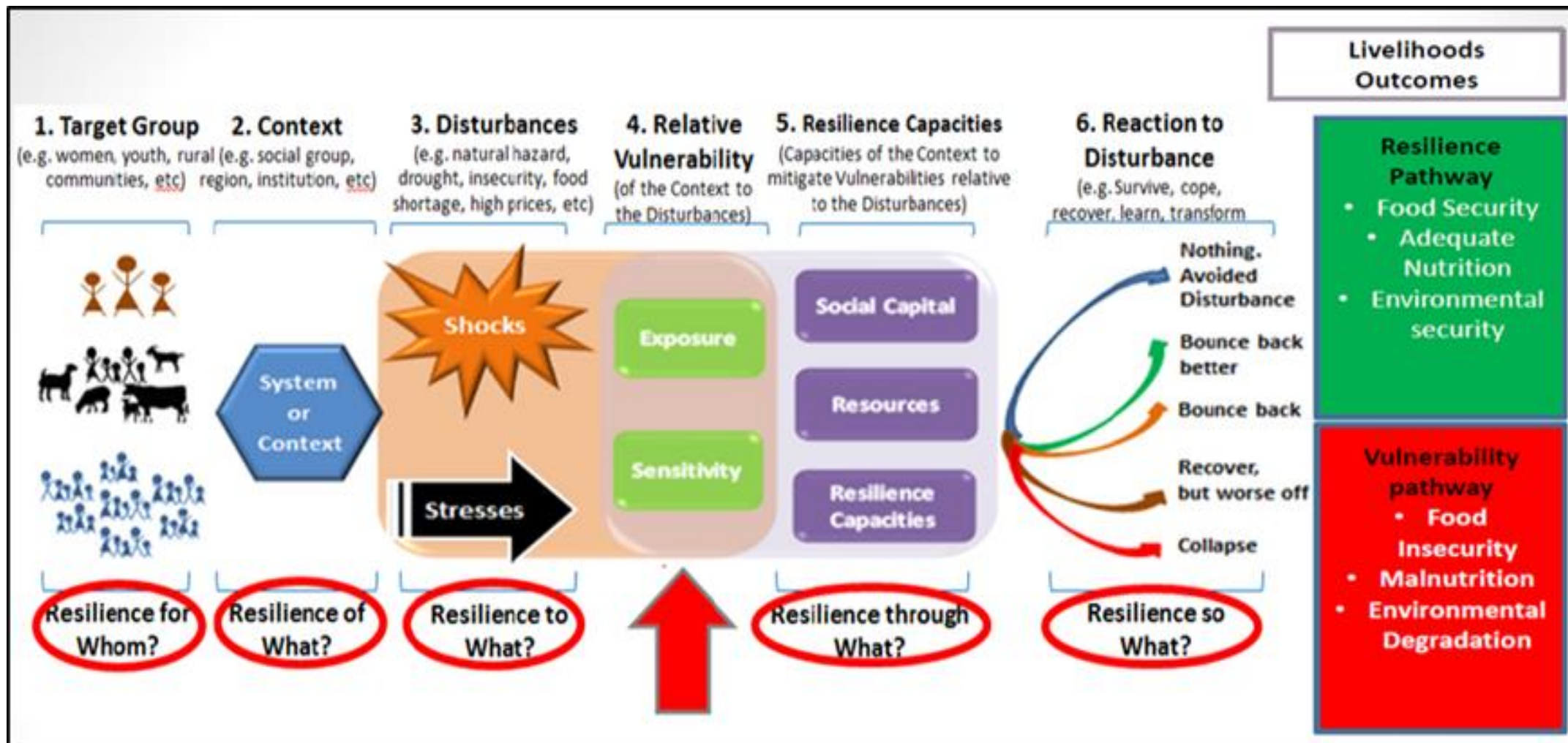
Figure 2: Zimbabwe resilience framework (UNDP Zimbabwe, 2015)

Methodology – Assessment Process

- ZimVAC, through multi-stakeholder consultations, developed an appropriate assessment design concept note and data collection tools informed by the assessment objectives.

- The primary data collection tools used in the assessment were the android–based structured household tool and the District key informant tool.

- ZimVAC national supervisors (including Provincial Agritex Extension Officers and Provincial Nutritionists) and enumerators were recruited from Government, United Nations, Technical partners and Non-Governmental Organisations. These underwent training in all aspects of the assessment. In order to minimise risk of spreading COVID-19, training for both supervisors and enumerators was done virtually.

- The Ministry of Health and Child Care was the lead ministry in the development of the Infection, Prevention and Control (IPC) guidelines for the assessment. These were used to train all enumerators and supervisors on how to practice IPC measures during the whole assessment process.

- The Ministry of Local Government, through the Provincial Development Coordinators' offices coordinated the recruitment of district level enumerators and mobilisation of provincial and district enumeration vehicles. Enumerators for the current assessment were drawn from an already existing database of those who participated in one or two previous ZimVAC assessments. Four enumerators were selected from each district for data collection.

Methodology – Assessment Process

- Primary data collection took place from 11 to 25 July, 2020. In recognising the risk of spreading COVID-19 during data collection, innovative approaches were used to collect vital information without causing any harm. The RLA was guided by global and country specific recommendations and all necessary precautions were taken to avoid potential transmission of COVID-19 between enumerators and community members. In order to reduce exposure to COVID-19 through person to person physical contact, primary caregivers were capacitated to measure their children using Mid-Upper Arm Circumference (MUAC) tapes and assessment of oedema.

- Data analysis and report writing ran from 24 August to 4 September 2020. Various secondary data sources and field observations were used to contextualise the analysis and reporting.

Methodology - Sampling and Sample Size

- Household food insecurity prevalence was used as the key indicator to determine the sample to ensure 95% confidence level of statistical representativeness at district, provincial and national level.

- The survey collected data from 20 randomly selected EAs that were enumerated in the 2019 RLA.

- A two staged cluster sampling was used and comprised of;

  - Sampling of 20 clusters per each of the 60 rural districts, denoted as EAs in this assessment, from the Zimbabwe Statistics Agency (ZIMSTAT) 2012 master sampling frame using the PPS methodology

- The second stage involved the systematic random sampling of 10 households per EA (village).

Selection of Households for the "Panel" survey: From a selected village, a list of the households that were interviewed during the 2019 survey was created and 5 households selected using systematic random sampling. Household data interviews were conducted in the sampled households.

Selection of Non-Panel Households: From the same randomly selected village a household list of non-panel households from the village head was generated and the remaining number of households (5) from the sample was identified using systematic random sampling.

- A total of 200 households were interviewed per district, bringing the total sampled households to 1593.

District	Number of Households
Chirumhanzu	197
Gokwe North	195
Gokwe South	202
Gweru	199
Kwekwe	200
Mberengwa	201
Shurugwi	200
Zvishavane	199
Total	**1593**

Methodology – Sampled Wards
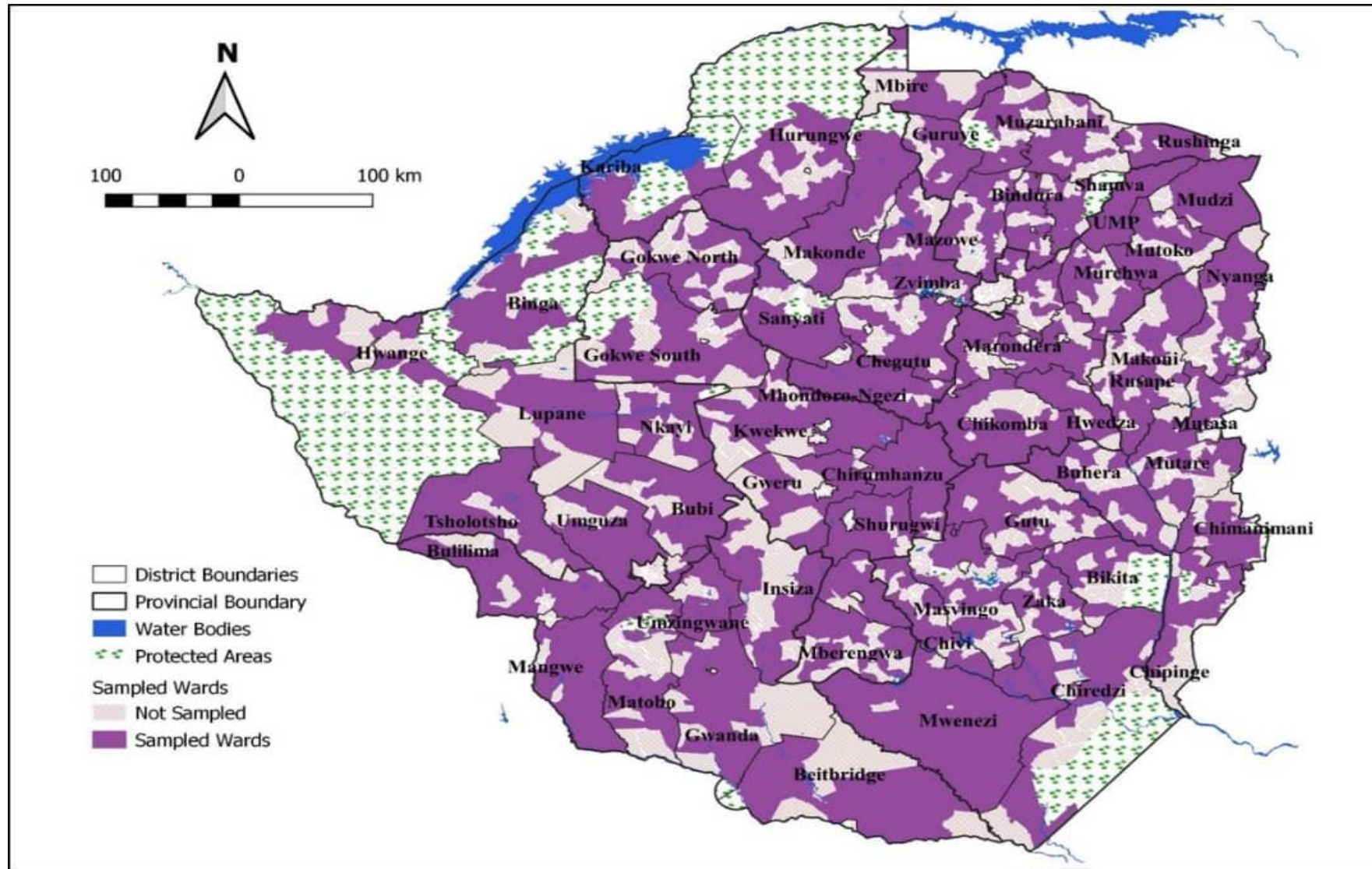
Data Preparation and Analysis

- Primary data was transcribed using CSEntry on android gadgets and using CSPro, it was consolidated and converted into SPSS, STATA and DBF datasets for:
  - Household structured interviews
  - District key informant Focus Group Discussion (transcribed in excel)

- Data cleaning and analysis were done using SPSS, STATA, ENA, Microsoft Excel and GIS packages.

- Analyses of the different thematic areas covered by the assessment were informed and guided by relevant local and international frameworks, where they exist.

- Gender as a cross cutting issue, was recognised throughout the analysis.

Technical Scope

The 2020 RLA collected and analysed information on the following thematic areas:

- Education

- Health

- WASH

- Nutrition

- Agriculture and other rural livelihoods activities

- Food Security

- Shocks and stressors

- Social Protection

- Markets

- Gender Based Violence

- COVID-19

- Linkages amongst the key sectoral and thematic areas

- Cross-cutting issues such as gender

Assessment Findings

Demographic Description of the Sample

Sex of Household Head
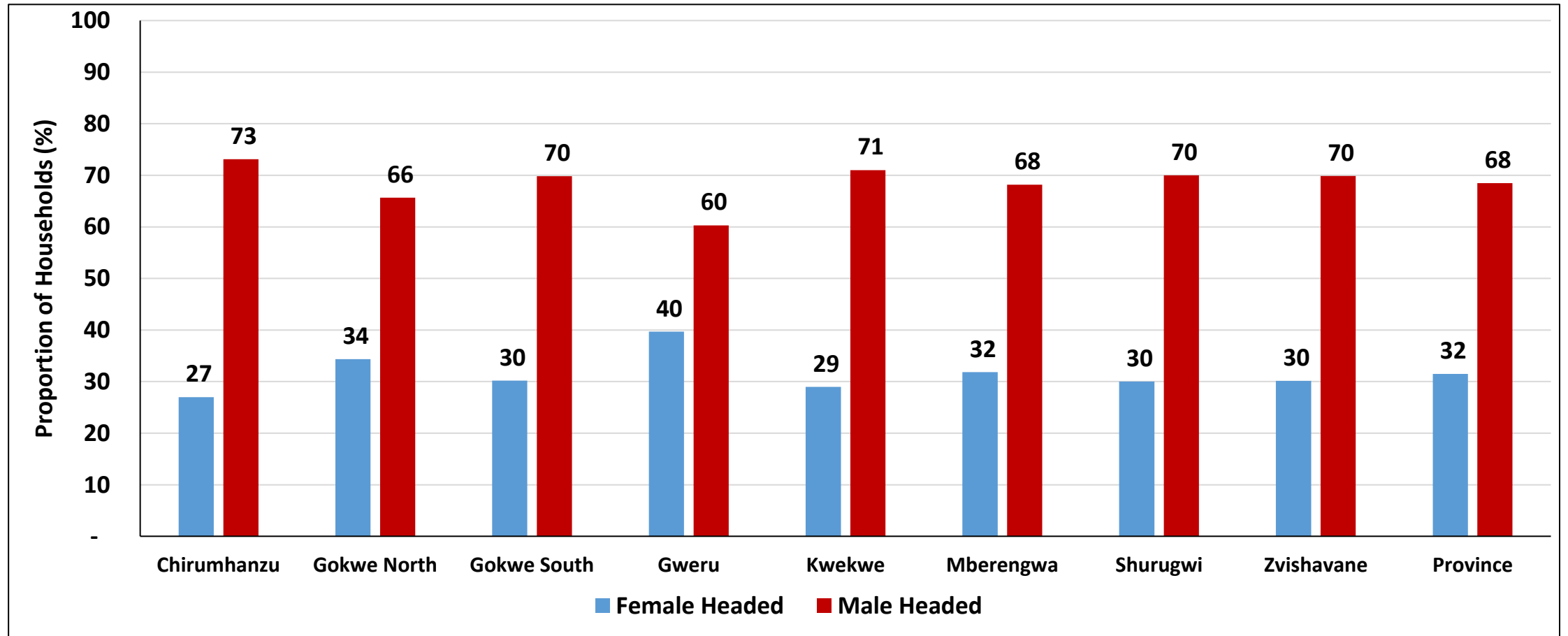
- The highest proportion of households in the province were male headed (68%).
- Chirumhanzu had the highest proportion of male headed households (73%) whereas Gweru had the least (60%).

Elderly Headed
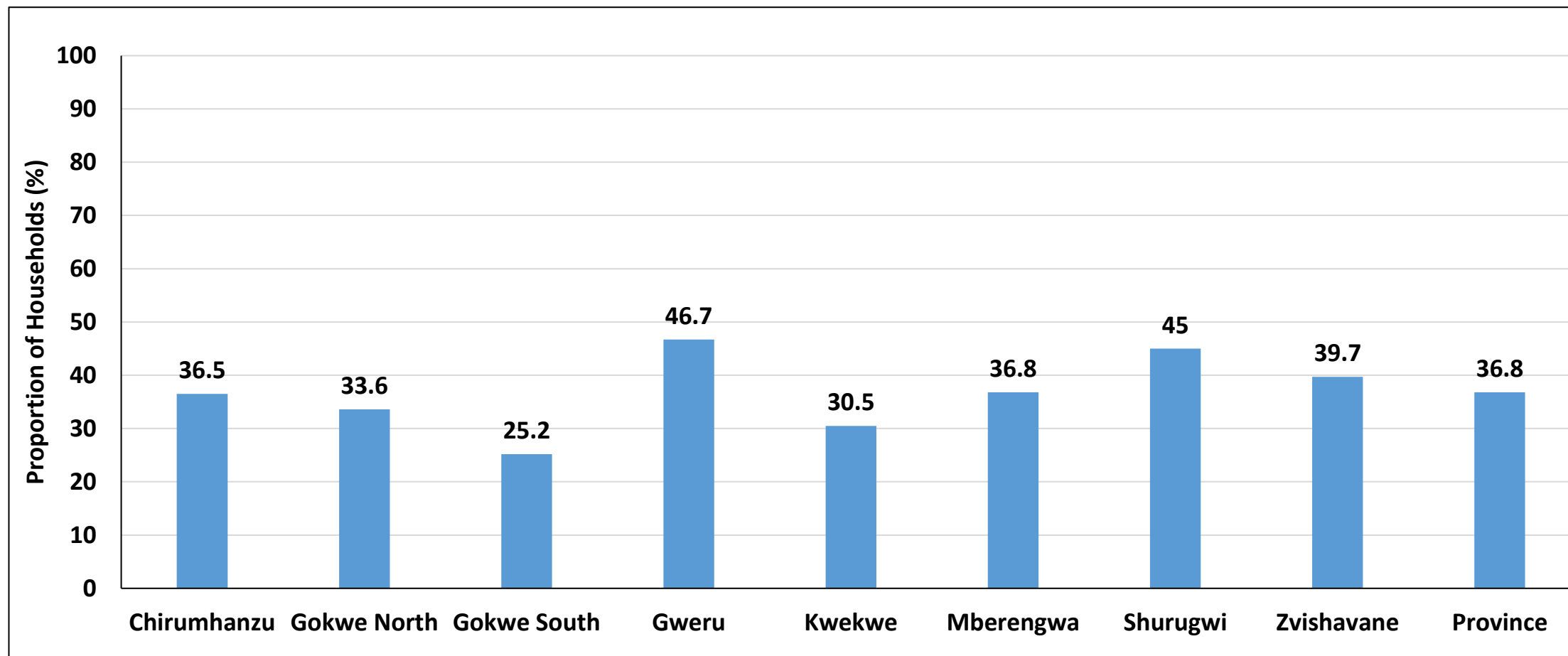
- Gweru had the highest proportion of households (46.7%) that were elderly headed against (36.8%) at provincial level.

Household Head Education Level

Level of Education	Chirumhanzu	Gokwe North	Gokwe South	Gweru	Kwekwe	Mberengwa	Shurugwi	Zvishavane	Province
None	4.1	17.4	7.5	13.5	6	20	7	19.2	11.8
Primary Level	50	37.9	41.7	38.3	42	42	40.5	32.8	40.7
ZJC Level	11.2	13.3	15.1	18.7	18	15	12.5	10.1	14.4
O Level	31.1	21.7	35.2	25.9	30	20	38	34.3	30.3
A level	0.5	1	0.5	1	2	0	1	0	0.8
Diploma/ Certificate Primary	0.5	0	0	0.5	1	1	0.5	1	0.6
Diploma/ Certificate after secondary	2.6	1	0	1.6	1	1	0	0	1
Graduate/ Post graduate	0	1	0	0.5	0	0	0.5	0.4	0.4

- Chirumhanzu (50%) had the highest proportion of household heads who had attained primary level education against the provincial total of (40.7%).
- The district with the highest proportion of household heads with 'O' Level was Gokwe South (35.2%), whilst the proportion of those who had attained no education at all was highest in Mberengwa (20%).

Marital Status of Household Head
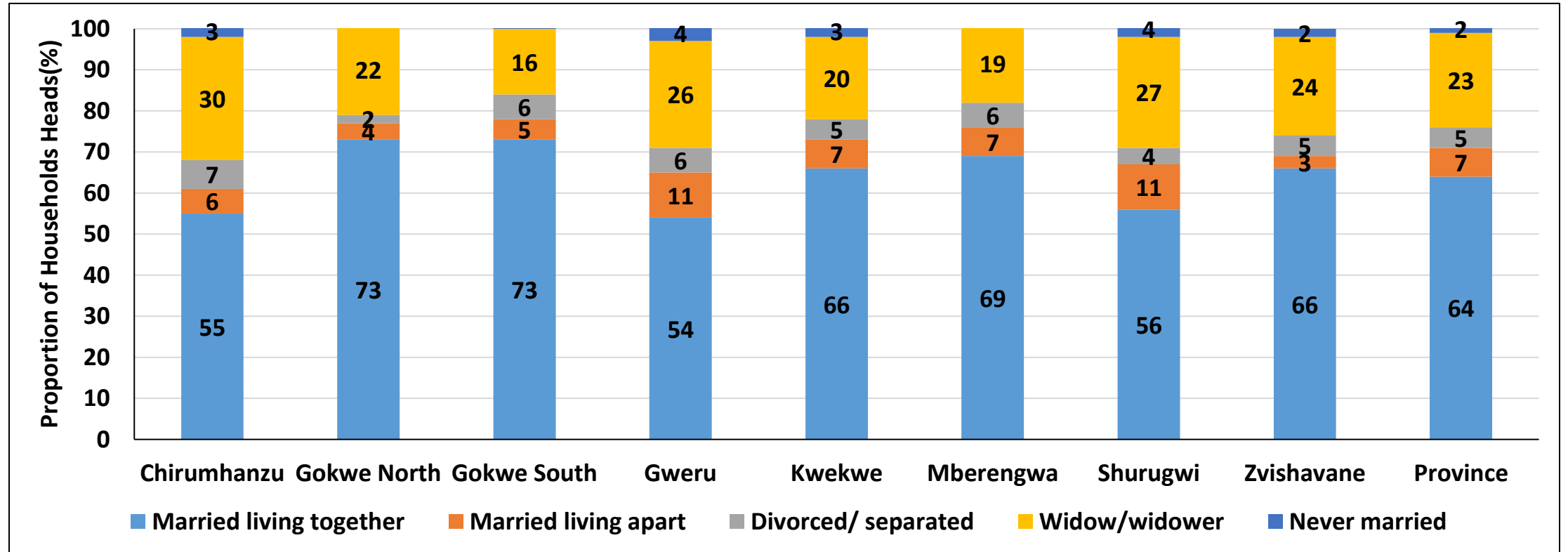
- The highest proportion of household heads were married and living together (64%).

- Shurugwi and Gweru had the highest proportion of household heads who were married and living apart (11%).

- The highest proportion of household heads who were widowed was in Chirumhanzu (30%) followed by (27%) in Shurugwi.

Proportion of Households with Orphans
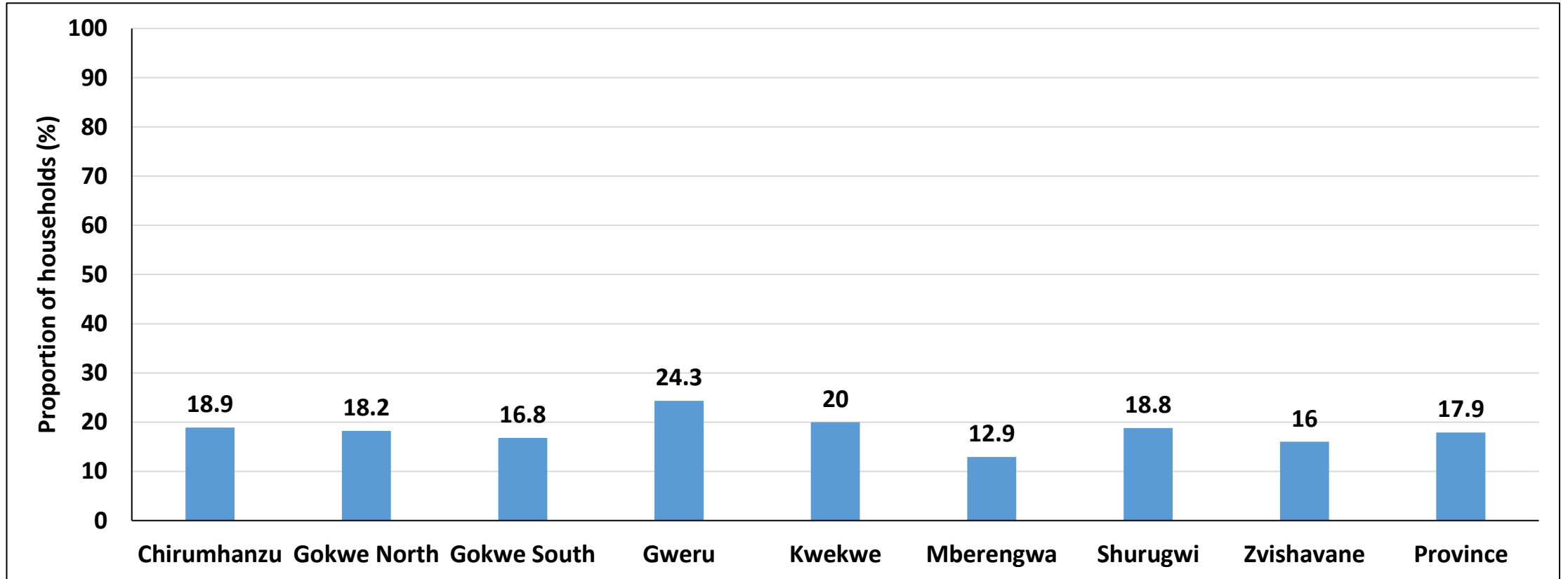
- At provincial level, 17.9% of the households had orphaned children.

- Gweru (24.3%) had the highest proportion of households with orphaned children and Mberengwa (12.9%) had the least.

Education

Children not Going to School Before COVID-19
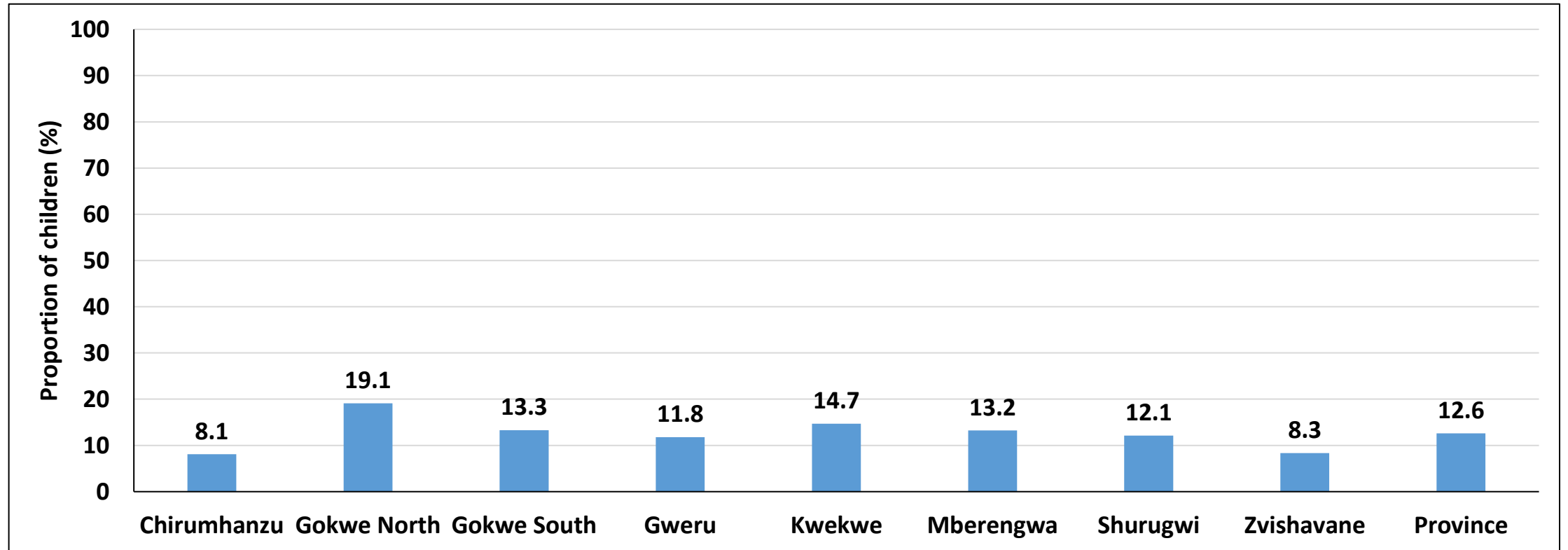
- At least 12.6% of children of school going age were not in school before the COVID-19 lockdown.

- Gokwe North (19.1%), had the highest proportion of children who were not going to school before the lockdown and Chirumhanzu (8.1%) had the least.

Reasons for not Going to School
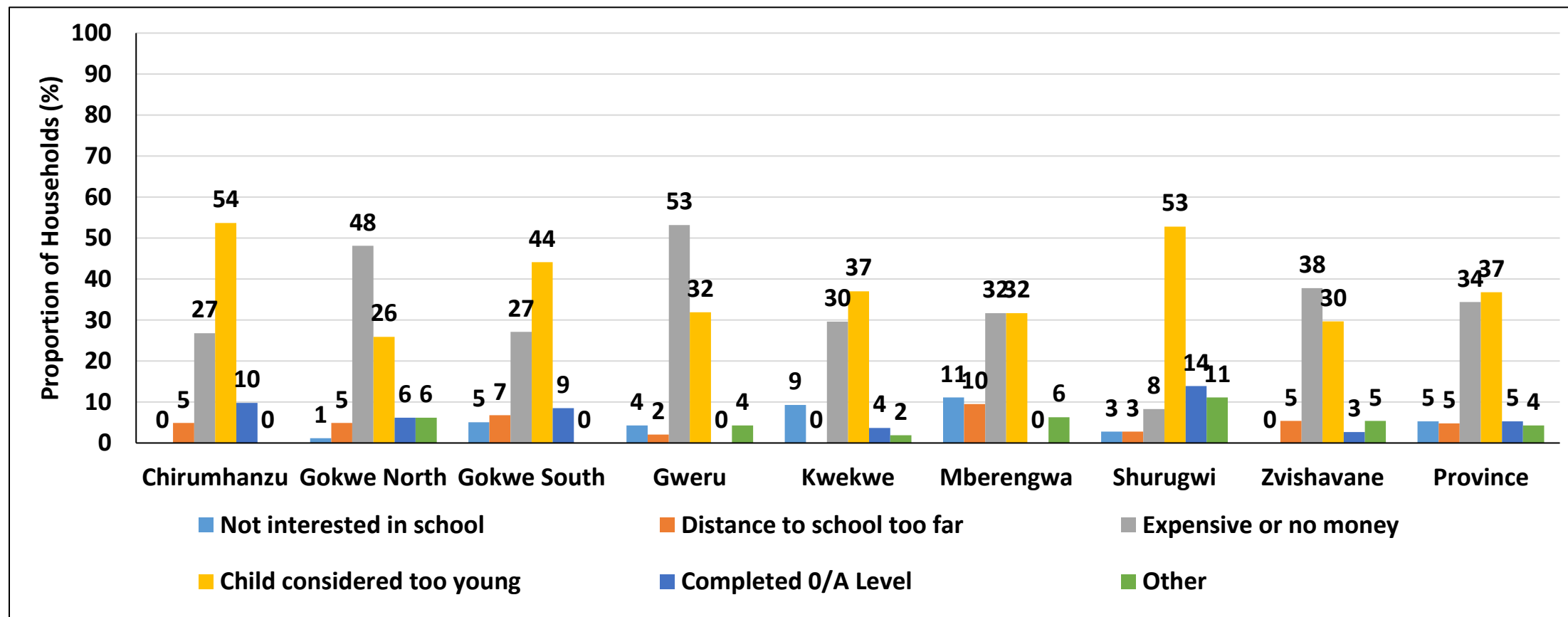
- Chirumhanzu (54%) had the highest proportion of households with children not attending school as they were considered too young.
- Gweru (53%) had the highest proportion of households with children not going to school due to it being expensive.
- In addition, Shurugwi (14%) had the highest proportion of households with children who had completed their O/A Level.

Chronic Illness

Households with Chronically Ill Members
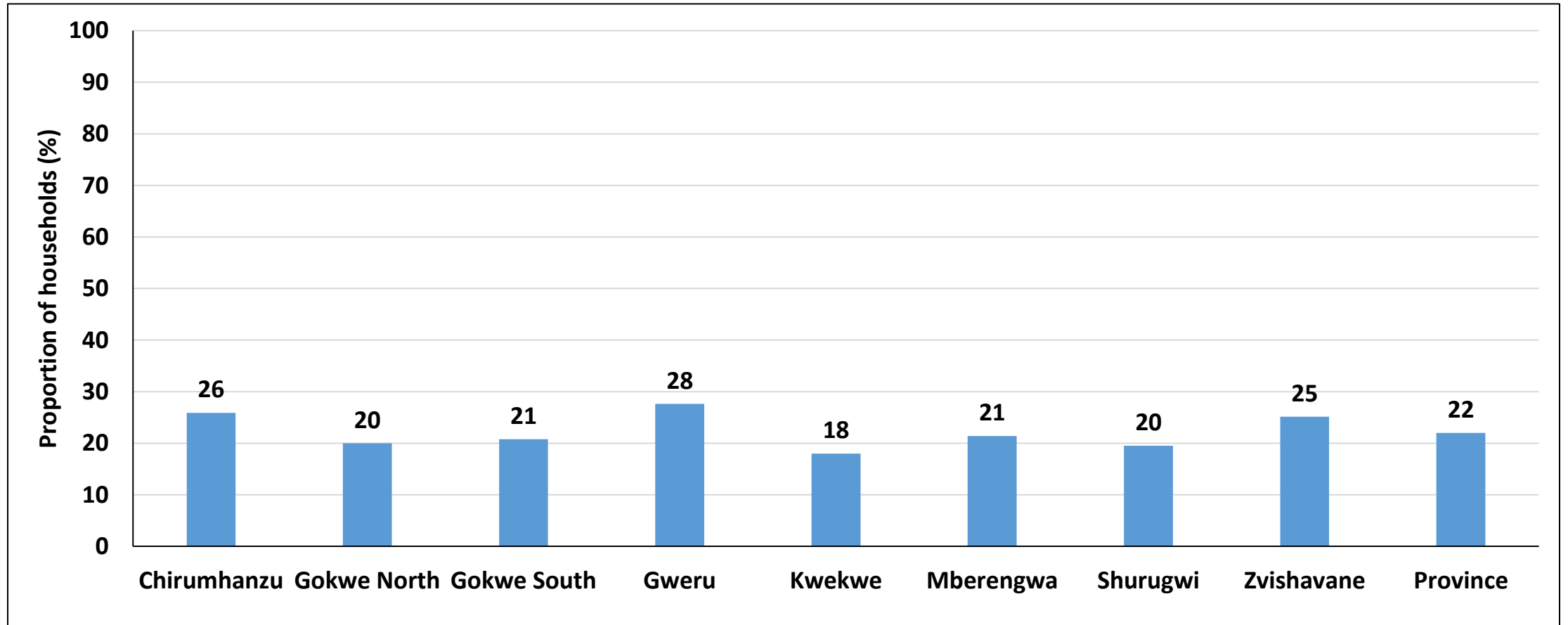
- Gweru (28%) had the highest proportion of households with chronically ill members and Kwekwe (18%) had the least.

Social Protection

Trends of Households Which Received Support
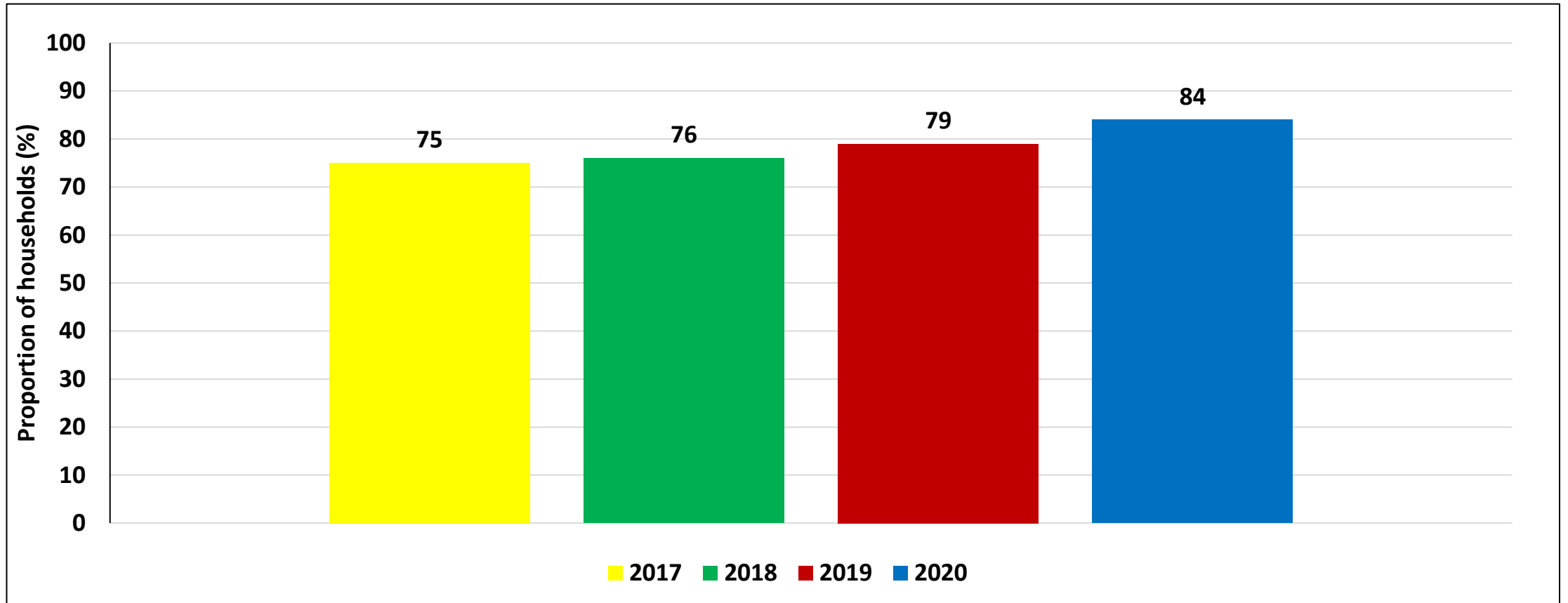
- The proportion of households which received support from all possible sources and in any form, increased from 79% in 2019 to 84% in 2020.

Households Which Received Support
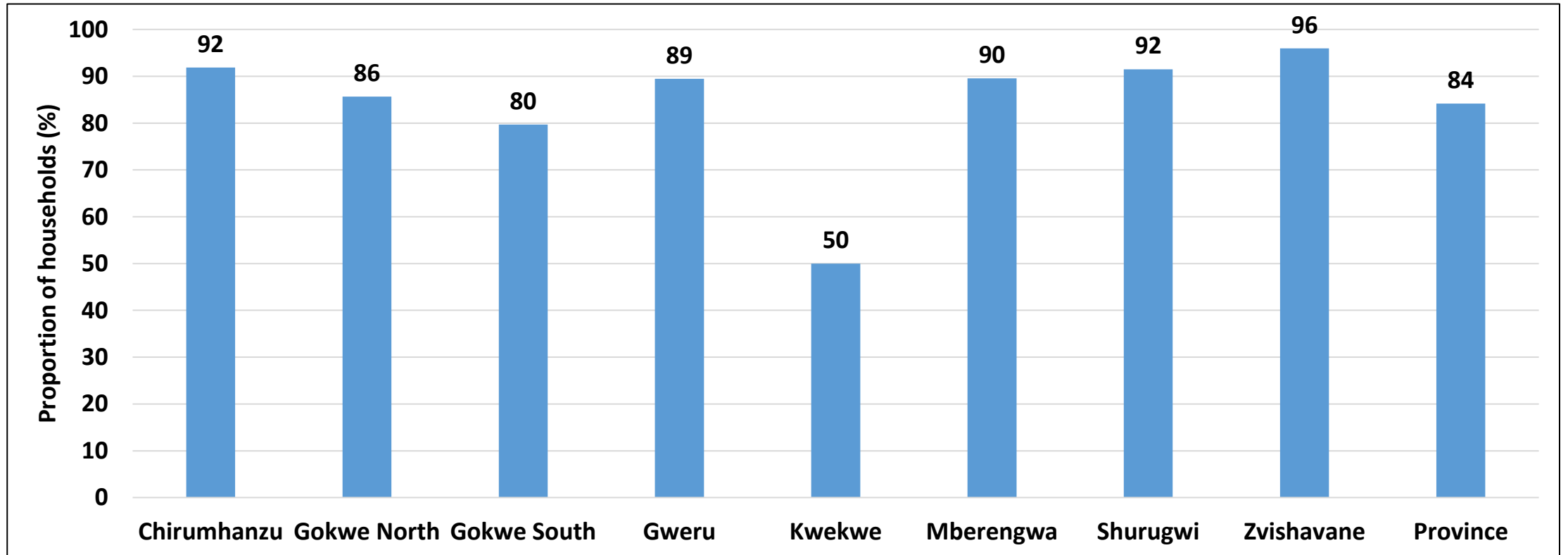
- Zvishavane (96%), had the highest proportion of households which received support from any source whilst Kwekwe (50%) had the least.

Households Which Received Support from Government
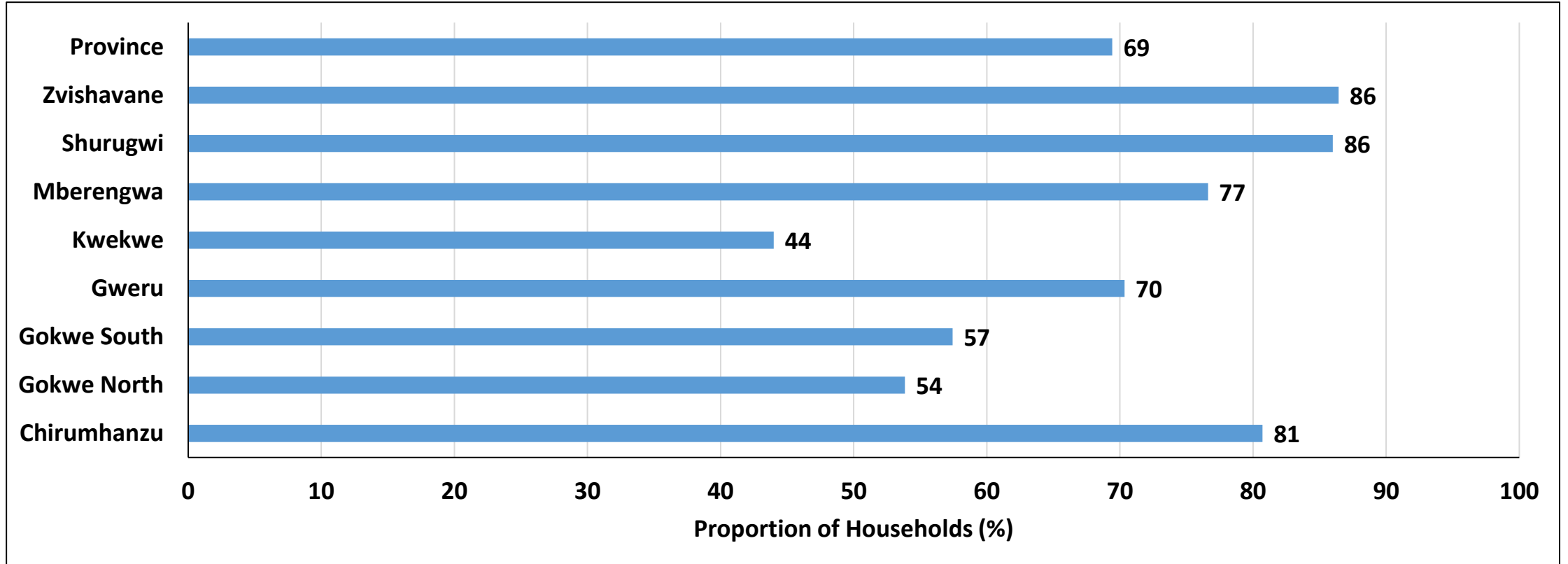
- The highest proportion of households that received support from Government was in Zvishavane and Shurugwi with 86%.

- The least proportion of households that received support from Government were in Kwekwe (44%).

Households which Received Support from Different Sources

District	Government support	UN/NGO support	Church support	Rural relatives	Rural non-relatives	Urban relatives	Urban non-relatives	Diaspora relatives	Mutual groups	Civic groups	Charity groups	Women/men groups
Chirumhanzu	80.7	27.9	1.5	20.3	12.2	31.5	3.6	7.6	1.5	1.0	0.5	0.0
Gokwe North	53.8	55.9	3.6	27.2	6.2	14.4	2.1	3.1	1.0	0.0	0.0	0.5
Gokwe South	57.4	35.1	2.5	8.4	3.0	4.0	1.0	3.0	0.5	0.0	1.0	1.0
Gweru	70.4	48.7	5.5	5.0	4.5	14.1	1.5	20.1	3.5	7.5	10.6	8.5
Kwekwe	44.0	8.5	0.0	1.5	0.5	5.0	0.0	3.5	0.5	0.0	0.0	0.0
Mberengwa	76.6	42.3	1.5	21.4	19.4	19.9	3.5	16.4	1.0	0.0	0.5	0.0
Shurugwi	86.0	19.5	2.0	6.5	3.5	36.5	2.0	14.5	2.5	1.0	0.5	0.0
Zvishavane	86.4	47.2	6.0	17.1	8.5	21.1	1.5	12.1	3.0	0.5	0.5	0.0
Province	69.4	35.6	2.8	13.4	7.2	18.3	1.9	10.0	1.7	1.3	1.7	1.3

- Government remained the major source of support for all the districts except for Gokwe North

- Gokwe North (55.9%) received the highest support from UN/NGO and was followed by Gweru which had 48.7%.

- Gweru had the highest proportion of households which received support from outside the country (20.1%), civic groups (7.5%) and charity groups (10.6%) respectively.

Proportion of Households which Received Food Assistance
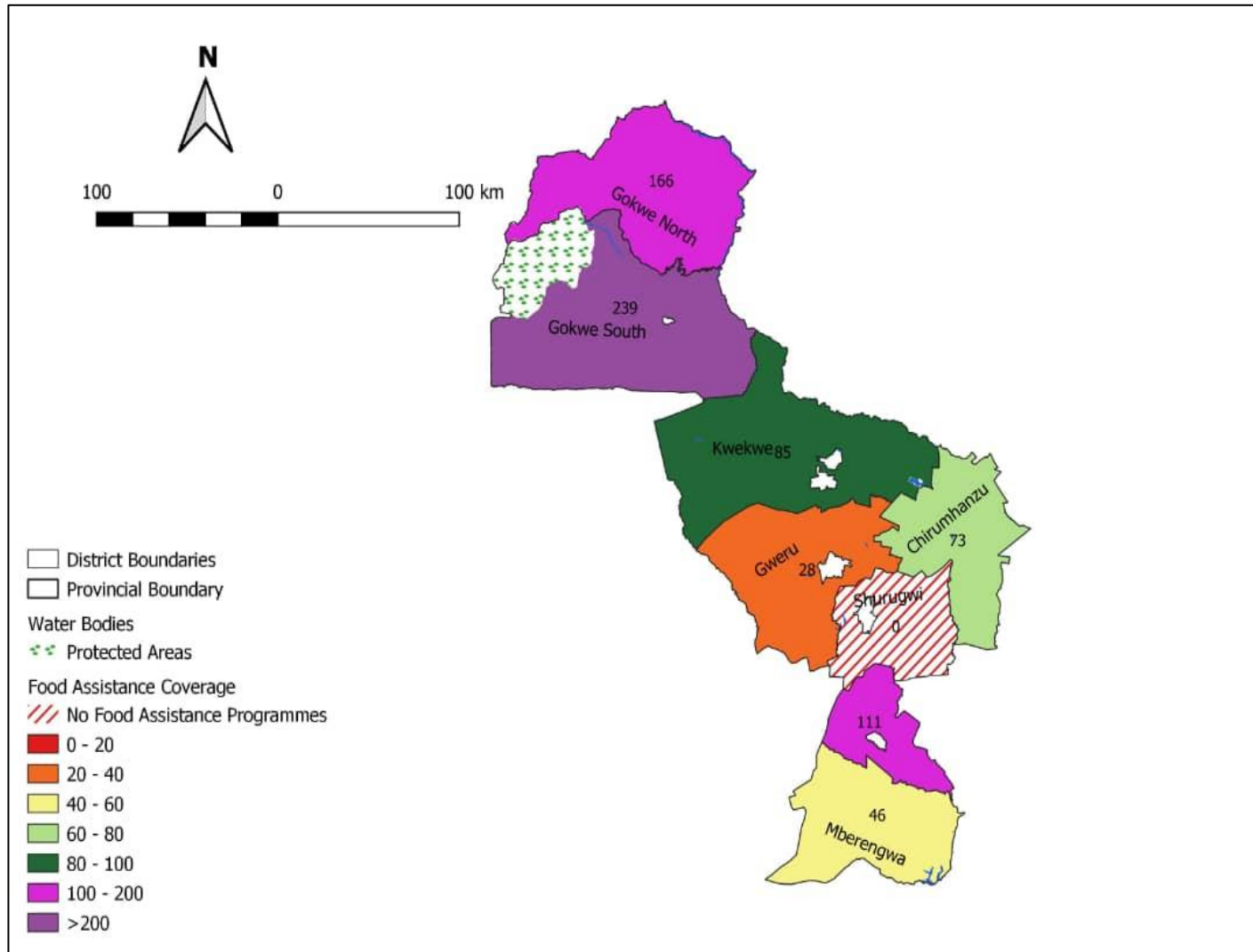
- The proportion of households that received food assistance from both Government and UN/NGOs continues to increase. This is due to drought and the effects of the COVID-19 pandemic on household livelihood income sources.

- However, there is need for both Government and UN/NGO to guard against duplication of efforts.

Agricultural Production

Households Which Planted Cereals
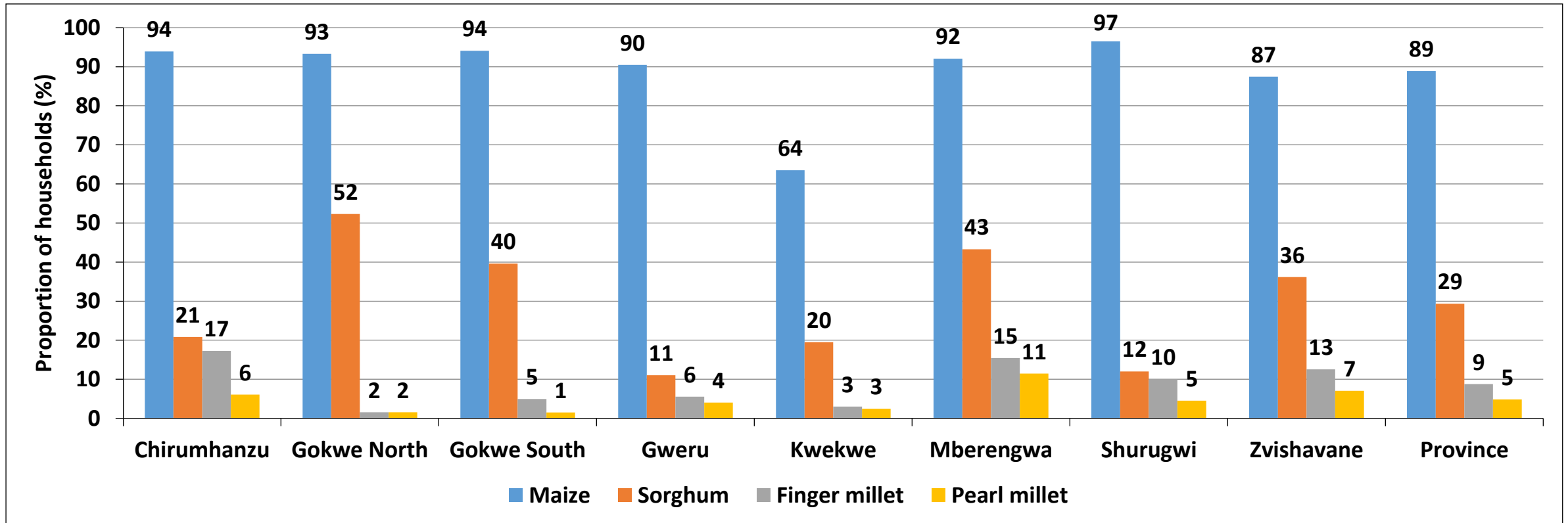
- Maize was the most planted cereal crop across districts.

- Shurugwi had the highest proportion of households that planted maize crop (97%) and Kwekwe had the lowest (64%).

- Pearl millet was the least planted crop in the province (5%).

Sources of Cereal Inputs
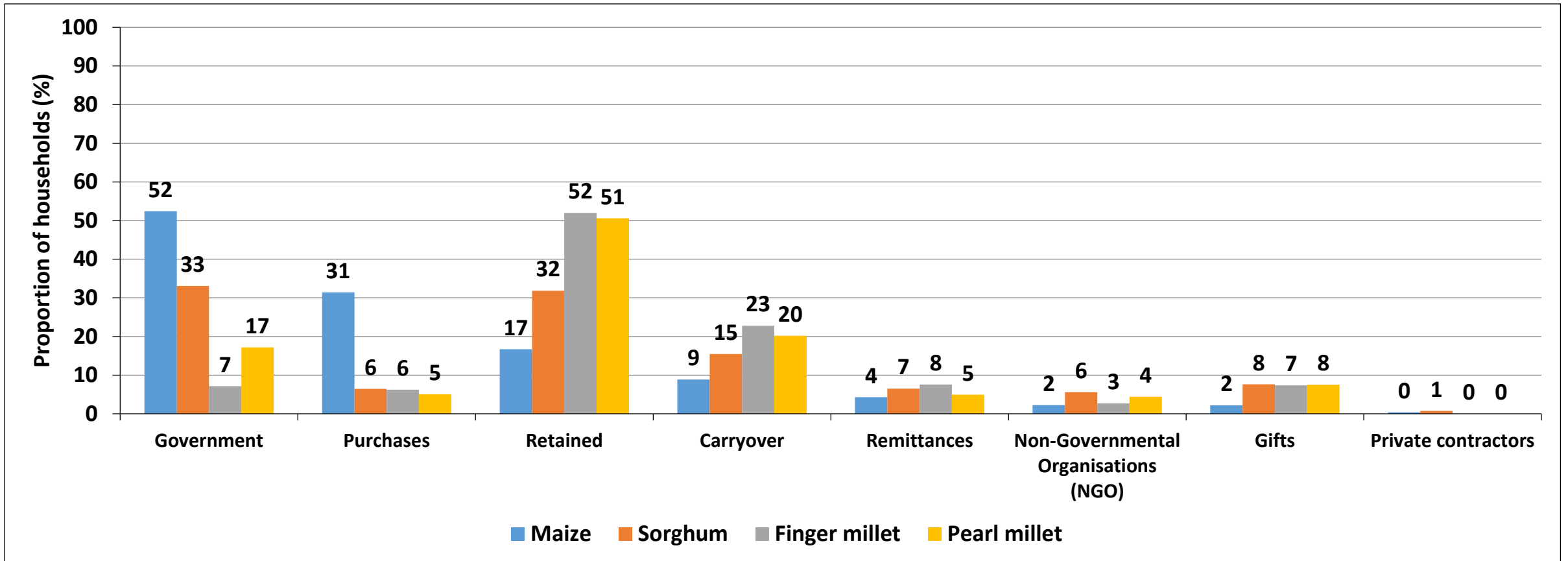
- At provincial level, 52% of households got maize seed and 33% sorghum seed from the Government input scheme.

- The most common source of small grains was retained seed.

Average Cereal Production

	Maize (kg)	Sorghum (kg)	Finger Millet (kg)	Pearl Millet (kg)
Chirumhanzu	311.3	0	3.9	0.5
Gokwe North	226.6	0	0.6	2.1
Gokwe South	244.6	0	6.1	0.6
Gweru	329.1	0	1.2	0
Kwekwe	41.4	0	0.3	0.6
Mberengwa	82.6	0	9.5	6.3
Shurugwi	273.2	0	1.2	0.1
Zvishavane	109.4	0	2.0	0.7
Province	202.3	0	3.1	1.4

- Maize had the highest production levels in the province.

- Average household production was highest in Gweru (329.1kg) followed by Chirumanzu (311.3 kg), Shurugwi (273.2 kg), Gokwe South (244.6kg), Gokwe North (226.6 kg) and Kwekwe had 41.4 kg.

- Sorghum was the least produced cereal (0kg).

Average Pulses Production

	Cowpeas (kg)	Groundnuts (kg)	Roundnuts (kg)	Sugar Beans (kg)
Chirumhanzu	6.4	6.2	8.6	1.3
Gokwe North			1.6	0.2
Gokwe South	8.5	16.0	4.7	1.0
Gweru	5.8	10.7	17.4	5.3
Kwekwe	0.9	0.9	1.4	0
Mberengwa	2.7	8.7	2.6	1.7
Shurugwi	3.7	8.1	5.1	3.1
Zvishavane	4.6	12.2	4.8	0.2
Province	**5.6**	**9.6**	**5.8**	**1.6**

- Groundnuts were the most produced pulse crop in all the districts with the highest production in Gokwe North (16kg) and lowest (0.9 kg) in Kwekwe.

- Roundnuts was the highest produced pulse (17.4 kg) and the least produced was recorded in Gokwe South (1.6kg)

- The least produced crop was sugar beans with highest production of 5.3 kg in Gweru and lowest (0kg) in Kwekwe.

Average Cash Crop Production

	Soya Beans (kg)	Tobacco (kg)	Cotton (kg)	Paprika (kg)	Sunflower (kg)	Summer Wheat (kg)	Other kg)
Chirumhanzu	0	0	0.0	0	0.9	0	0
Gokwe North	0	0	101.3	0	0.2	0	0
Gokwe South	0	0	112.1	0	3.1	0	1.6
Gweru	0	0	0	0	0	2.3	0
Kwekwe	0	0	4.5	0	0	0	0
Mberengwa	0	0	0	0	0	0	0
Shurugwi	0	0	0	0	0	0	3.2
Zvishavane	0	0	0	0	1.3	0	0
Province	0	0	27.2	0	0.7	0.3	0.6

- Cotton was the dominant crop among cash crops in Gokwe South (112.1 kg per household) and Gokwe North (101.3 kg per household).

- Production levels for other cash crops was very low across the province.

Average Cereal Stocks as at 1 April 2020

	Maize (kg)	Sorghum (kg)	Finger Millets (kg)	Pearl Millets (kg)	Wheat (kg)	Rice (kg)
Chirumhanzu	61.6	1.8	0.6	0.4	0	0
Gokwe North	40.5	2.2	0.1	0	0	0.1
Gokwe South	53.0	20.3	4.0	0	0	0
Gweru	28.9	1.4	0	0	0	4.0
Kwekwe	21.0	0	0	0	0	0
Mberengwa	42.9	3.5	0.5	1.4	0	0.3
Shurugwi	86.9	0.2	0.1	0.0	0	0.7
Zvishavane	71.9	6.3	0.7	0.3	1.7	13.7
Province	50.8	4.4	0.8	0.3	0.2	2.4

- Shurugwi recorded the highest level of maize stocks (86.9 kg) followed by Zvishavane (71.9 kg).

- The lowest stocks of maize were recorded in Kwekwe (21.0 kg).

Average Pulses Stocks as at 1 April 2020

	Shelled Groundnuts (kg)	Unshelled Groundnuts (kg)	Shelled Roundnuts (kg)	Unshelled Roundnuts (kg)	Cowpeas (kg)	Beans (kg)	Other Cereals/Pulses (kg)
Chirumhanzu	0	1.0	0.3	0.7	0.1	0.1	0
Gokwe North	0.2	3.0	0	1.1	0	0.2	0.1
Gokwe South	0.3	3.0	0.1	1.7	1.7	0	0.4
Gweru	1.1	0	0	0.7	0.4	1.0	0.1
Kwekwe	0	0	0	0.2	0.1	0	0
Mberengwa	1.0	4.5	0	0	0.7	1.3	0
Shurugwi	2.0	2.5	0.4	0.5	0.5	0.4	0.3
Zvishavane	1.8	9.0	0.7	1.7	1.3	0.2	0.9
Province	0.8	2.9	0.2	0.8	0.6	0.4	0.2

- Stocks of pulses were very low, with an average of 9.0 kg of unshelled groundnuts recorded in Zvishavane being the highest followed by 4.5 kg recorded in Mberengwa.

Households Affected by Fall Army Worm
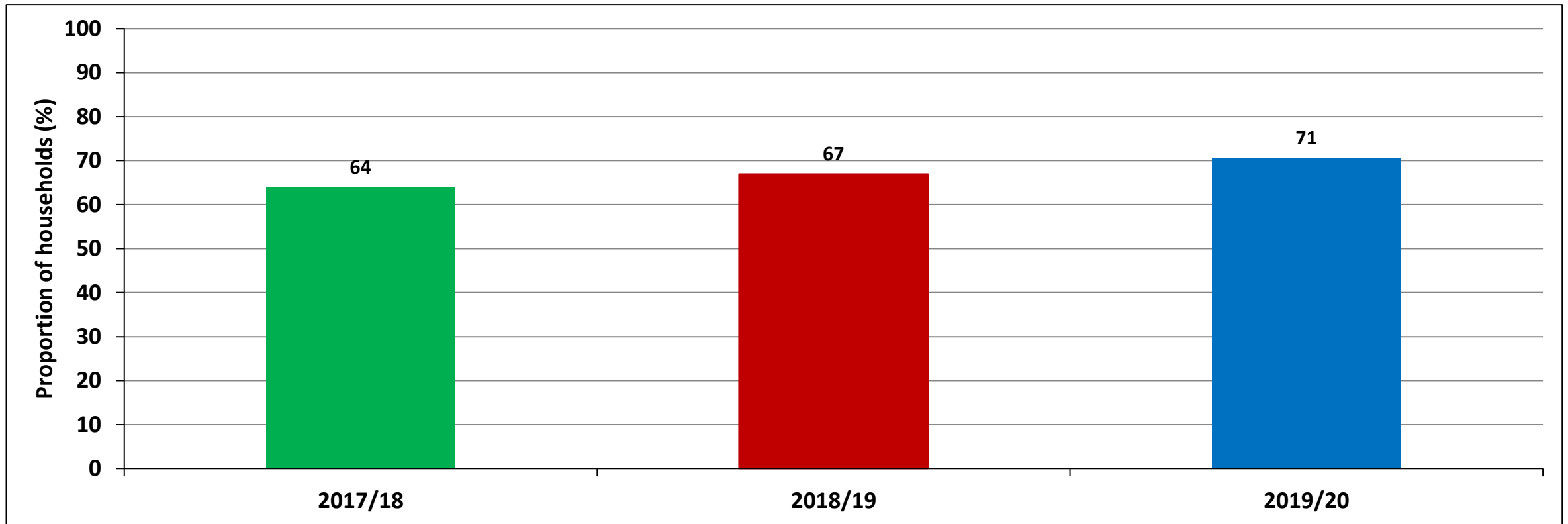
- In the 2019/20 season, 71% of the households in the province were affected by fall army worm which was more than the proportion affected in 2018/19 season (67%) and 2017/18 season (64%).

Crops Affected by Fall Army Worm
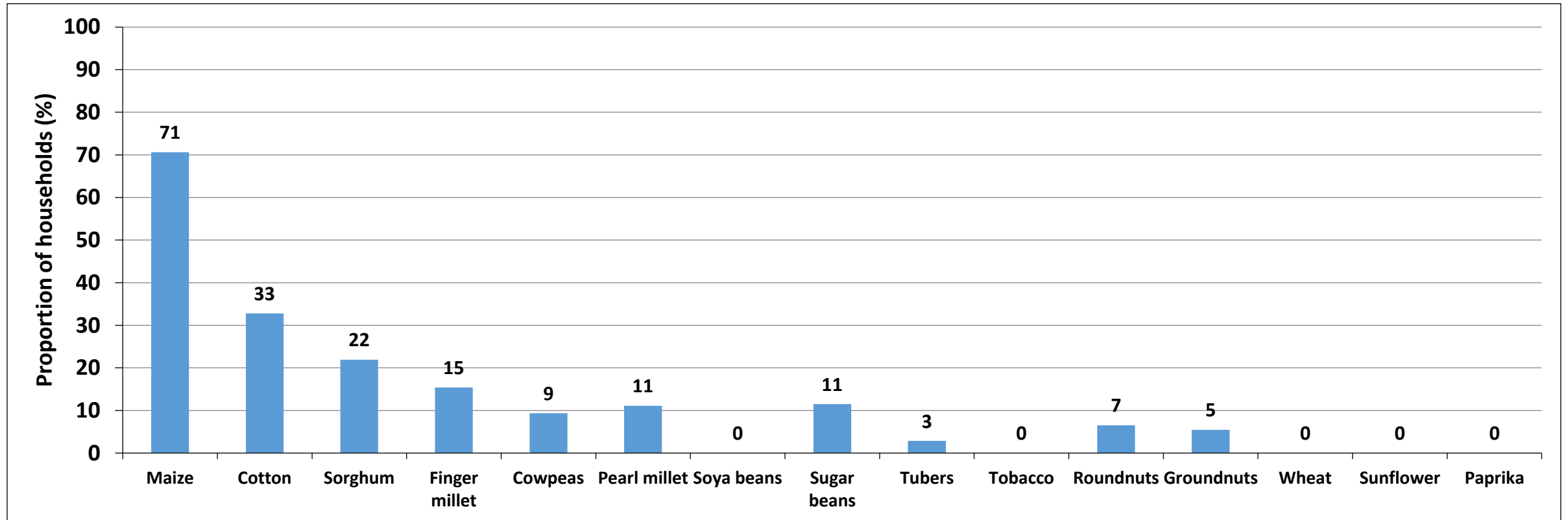
- Among all the crops planted in 2019/20 season, maize was mostly affected by Fall armyworm (71%), followed by cotton (33%) and sorghum (22%).

Fall Army Worm Management and Control Measures
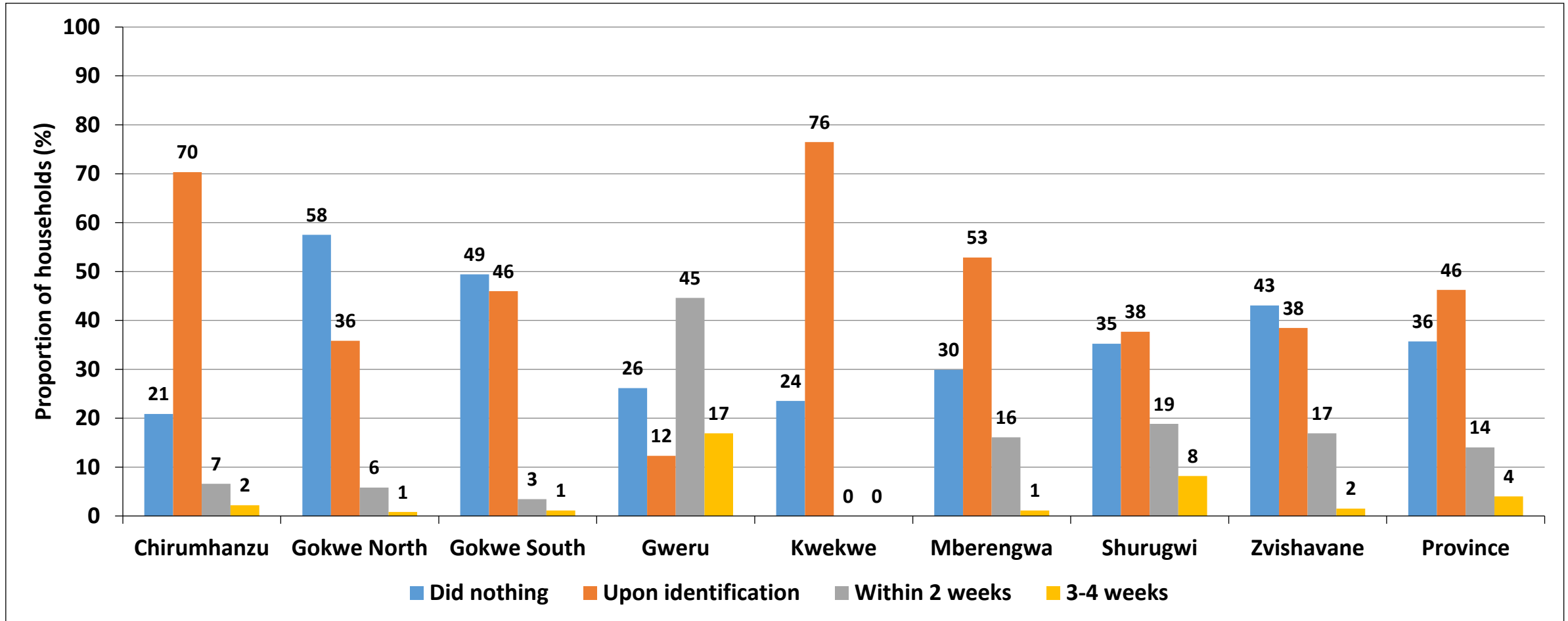
- The majority of households in Kwekwe (76%) and Chirumanzu (70%) controlled fall armyworm upon identification.

- A proportion of 58% of households affected by FAW in Gokwe North, 49% Gokwe South and 43% in Zvishavane, did nothing to control fall armyworm after identification.

Successfulness of Measures Taken to Control Fall Army Worm
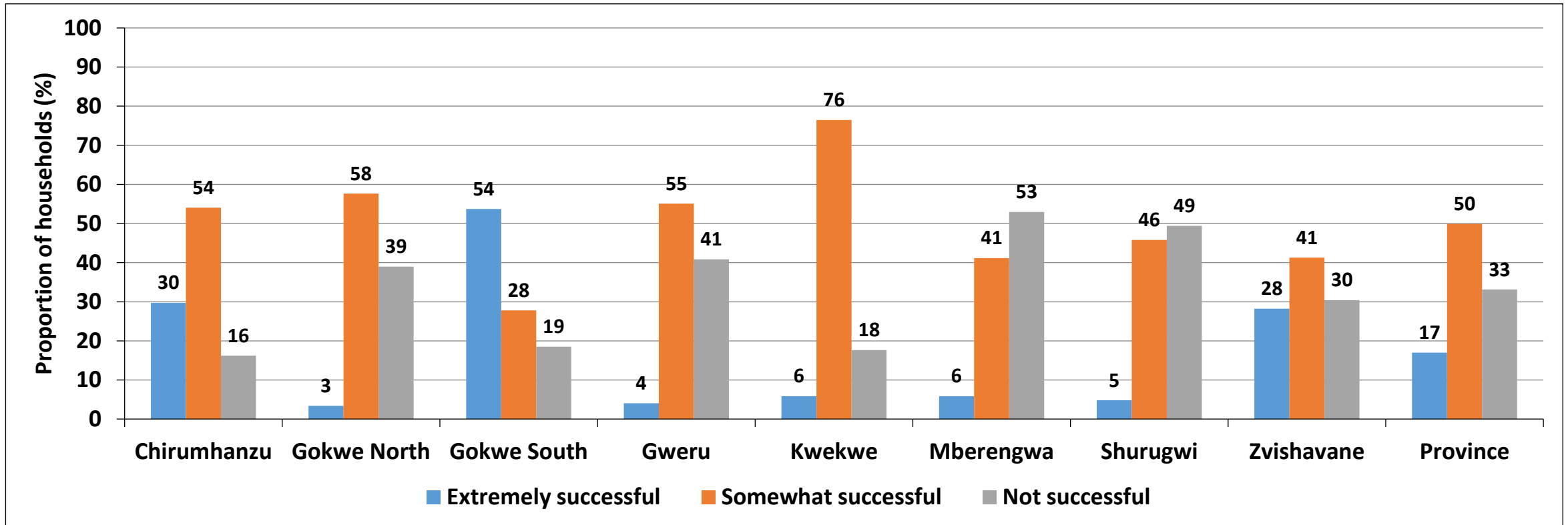
- Atleast 54% of households in Gokwe South reported that measures to control FAW were extremely successful.

- Kwekwe (76%), Gokwe North (58%), Gweru (55%) and Chirumhanzu (54%) used measures that were somewhat successful in controlling FAW.

- In Mberengwa 53% of the households and 49% in Shurugwi used measures that were unsuccessful to control FAW.

Livestock Production

Cattle Ownership
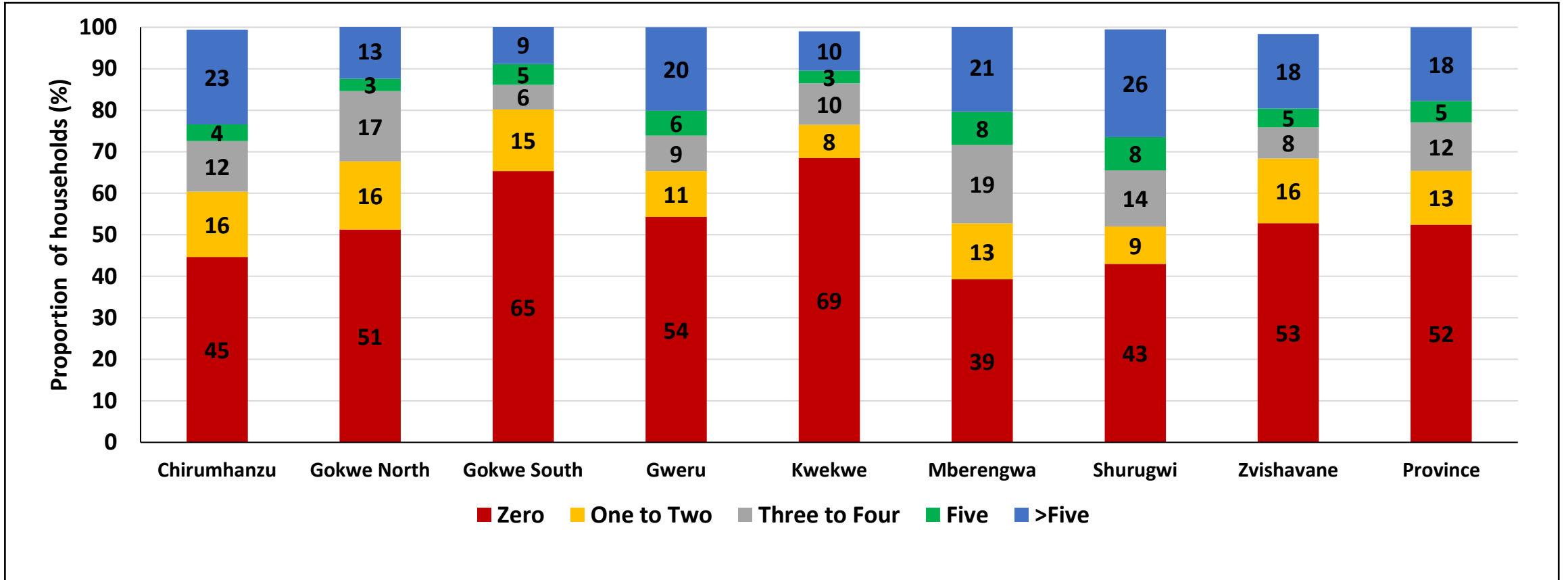
- The proportion of households in the province that owned cattle was 48%.

- Mberengwa had the highest cattle ownership (61%) while Kwekwe had the least (31%).

Draught Power Cattle Ownership
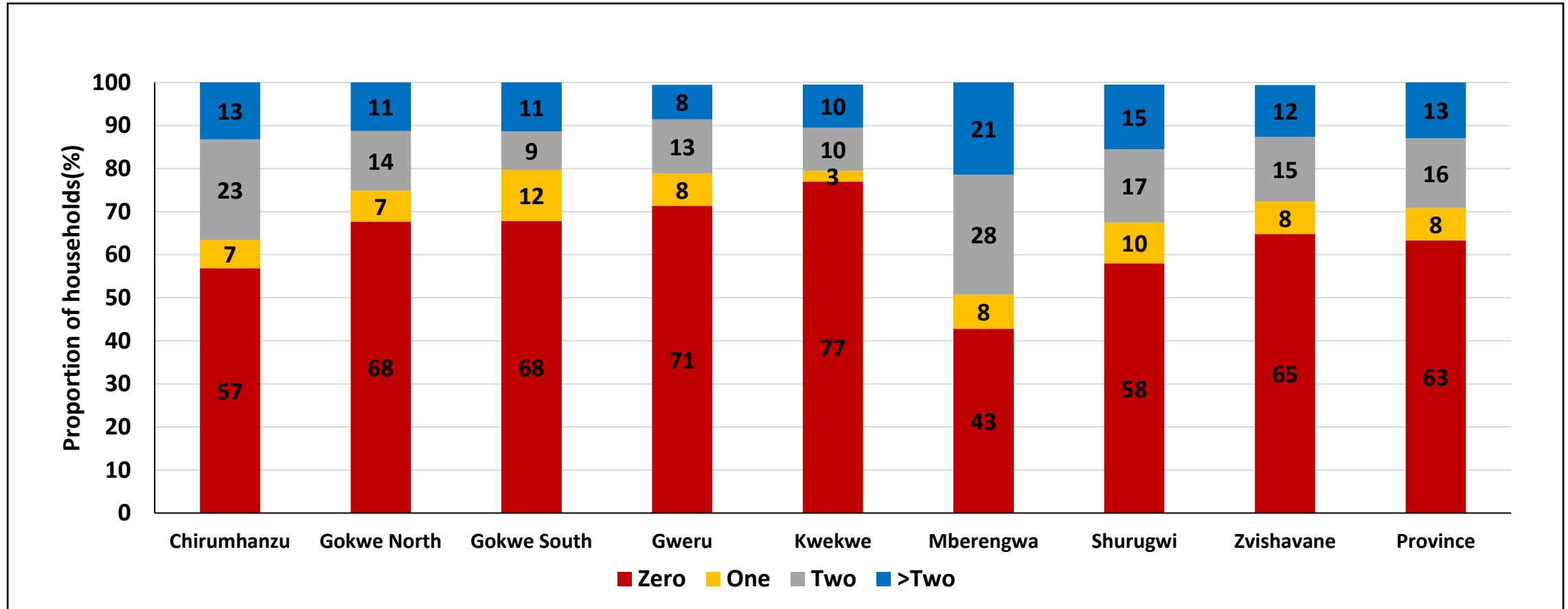
- Approximately 63% of the households in the province did not own draught cattle

- Mberengwa had the highest proportion of households that owned draught cattle (57%) while Kwekwe had the least (23%).

Goat Ownership
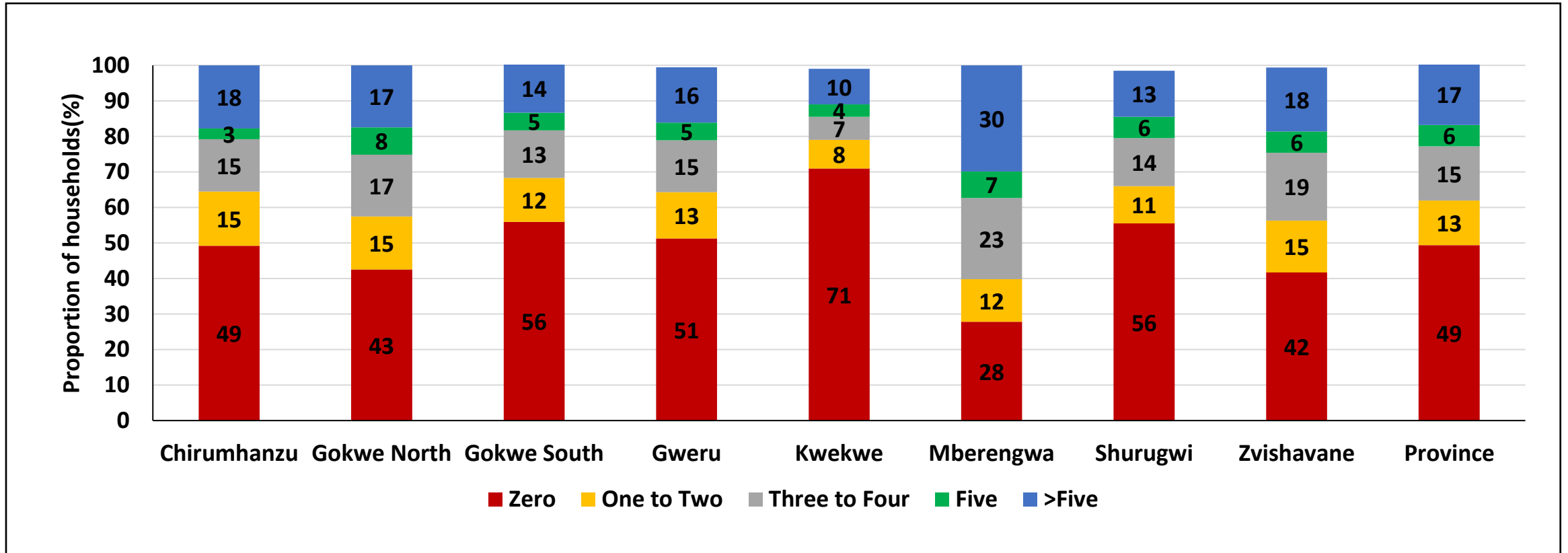
- About 49% of the households in the province did not own goats.

- The highest proportion of households which did not own goats were in Kwekwe(71%) and the least in Mberengwa (28%).

Cattle Mortality
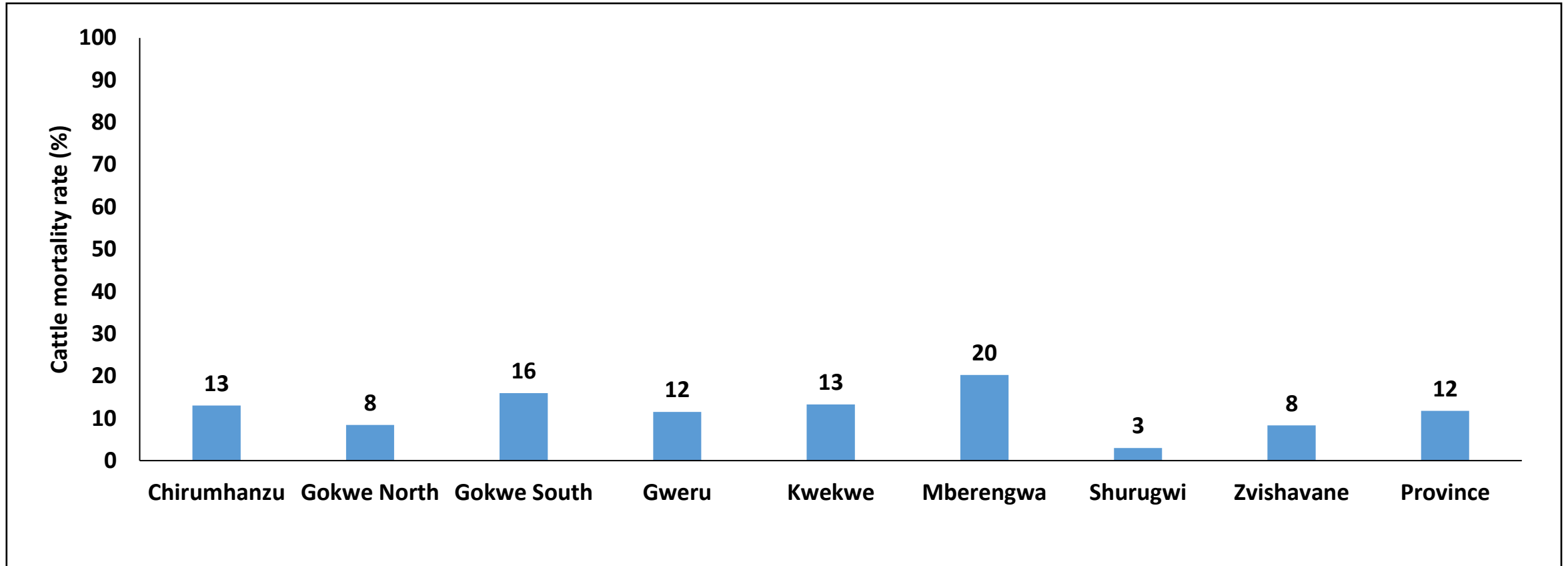
- Cattle mortality rate in the province was at 12%.

- Highest cattle mortalities were recorded in Mberengwa (20%) followed by Gokwe South (16%) and Shurugwi had the least (3%).

Causes of Cattle Mortality

	Drought/Lack of water (%)	Diseases (%)	Predators (%)	Slaughter for own consumption (%)	Other (%)
Chirumhanzu	6	71	3	0	21
Gokwe North	17	76	3	0	3
Gokwe South	6	78	0	0	16
Gweru	23	60	5	0	13
Kwekwe	32	56	0	4	8
Mberengwa	53	31	0	1	14
Shurugwi	11	68	0	4	18
Zvishavane	16	57	2	0	25
Province	25	57	2	1	15

- Diseases were responsible for the majority of cattle deaths in the province (57%).

- Gokwe South had the highest number of cattle that died of diseases (78%).

- Mberengwa had the highest number of cattle that died from drought/lack of water (53 %)

Goat Mortality Rate
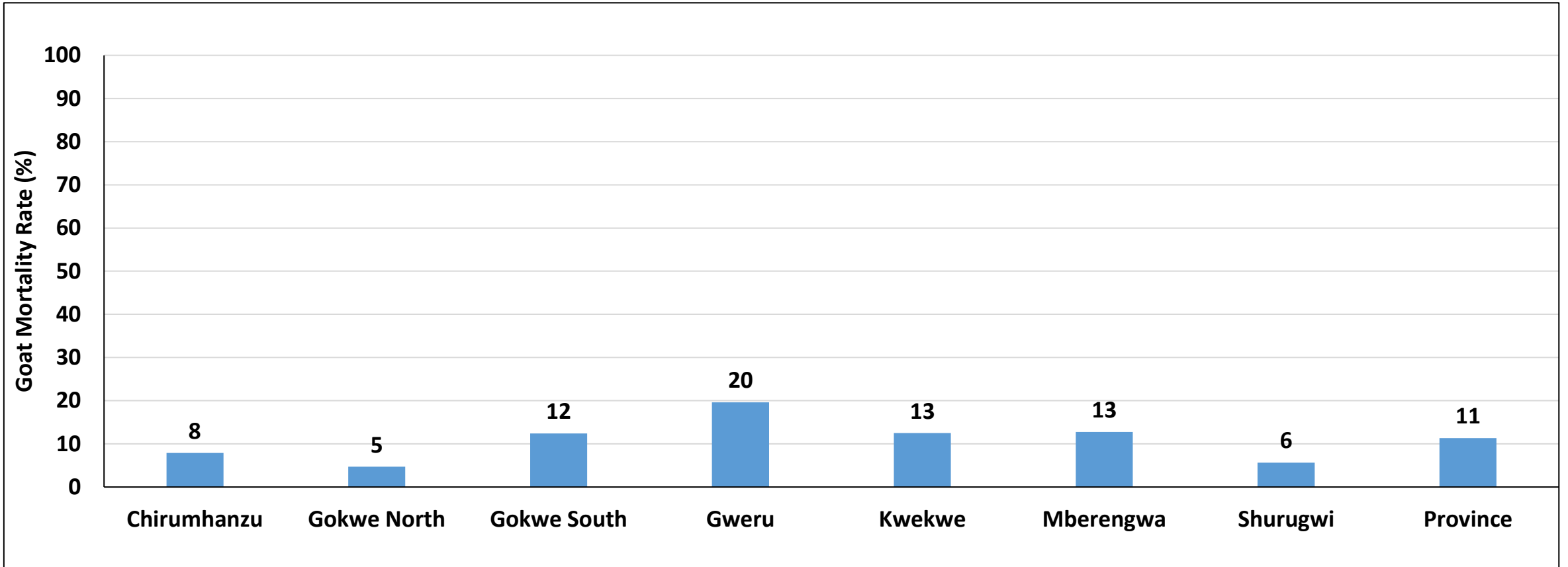
- Goat mortality rate was at 11% in the Province

- Gweru had the highest goat mortality rate (20%)

- Gokwe North had the lowest goat mortality rate (5%)

Causes of Goat Mortality

	Drought/Lack of water (%)	Diseases (%)	Predators (%)	Slaughter for own consumption (%)	Other (%)
Chirumhanzu	0	82	0	0	18
Gokwe North	0	89	6	0	6
Gokwe South	3	88	0	0	9
Gweru	13	57	22	0	9
Kwekwe	4	78	4	0	13
Mberengwa	6	77	8	2	6
Shurugwi	0	71	12	18	0
Zvishavane	2	75	20	0	4
Province	4	77	10	2	7

- The major cause of goat mortality across the Province was diseases (77%).

- The highest mortalities caused by diseases were recorded in Gokwe North (89%) followed by Gokwe South (88%) and Chirumhanzu (82%).

- The least cause of mortality was slaughter for own consumption (2 %).

Cattle Offtake Rates
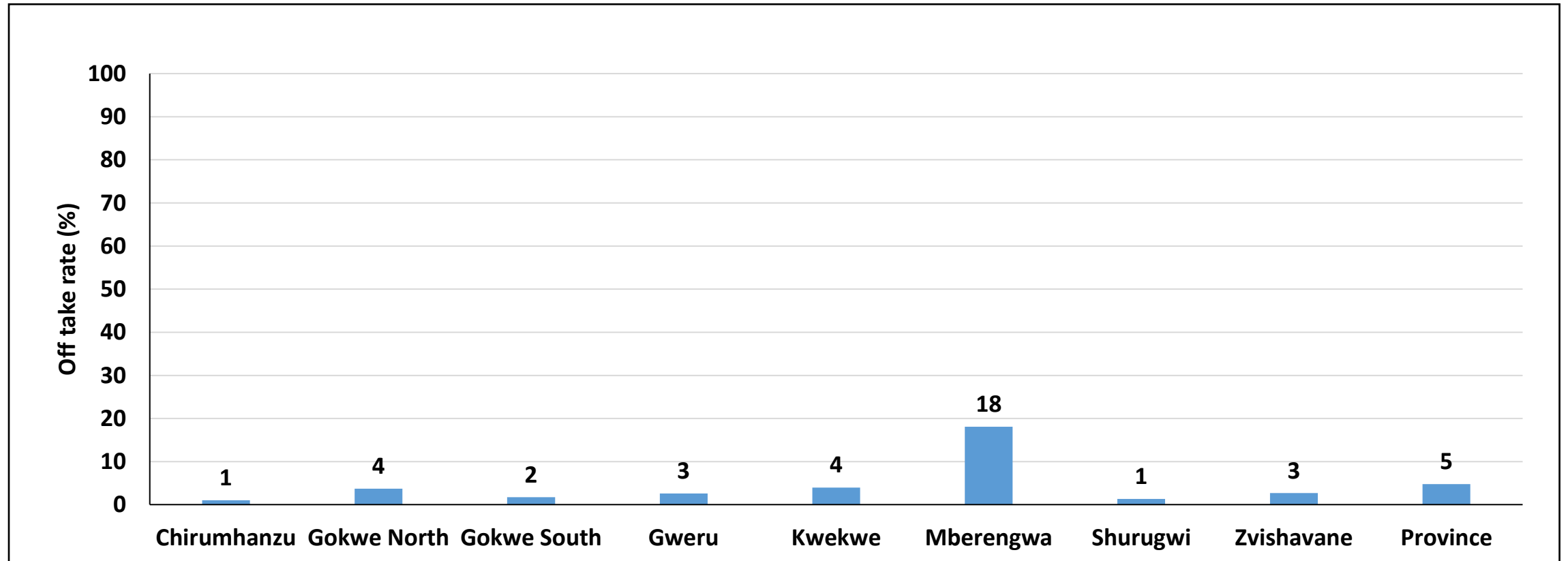
- The Province had a low offtake rate of 5%.

- Chirumhanzu and Shurugwi had the lowest offtake rates (1%) while Mberengwa had the highest offtake rate (18%).

Extension Services

Agriculture Extension Services Received
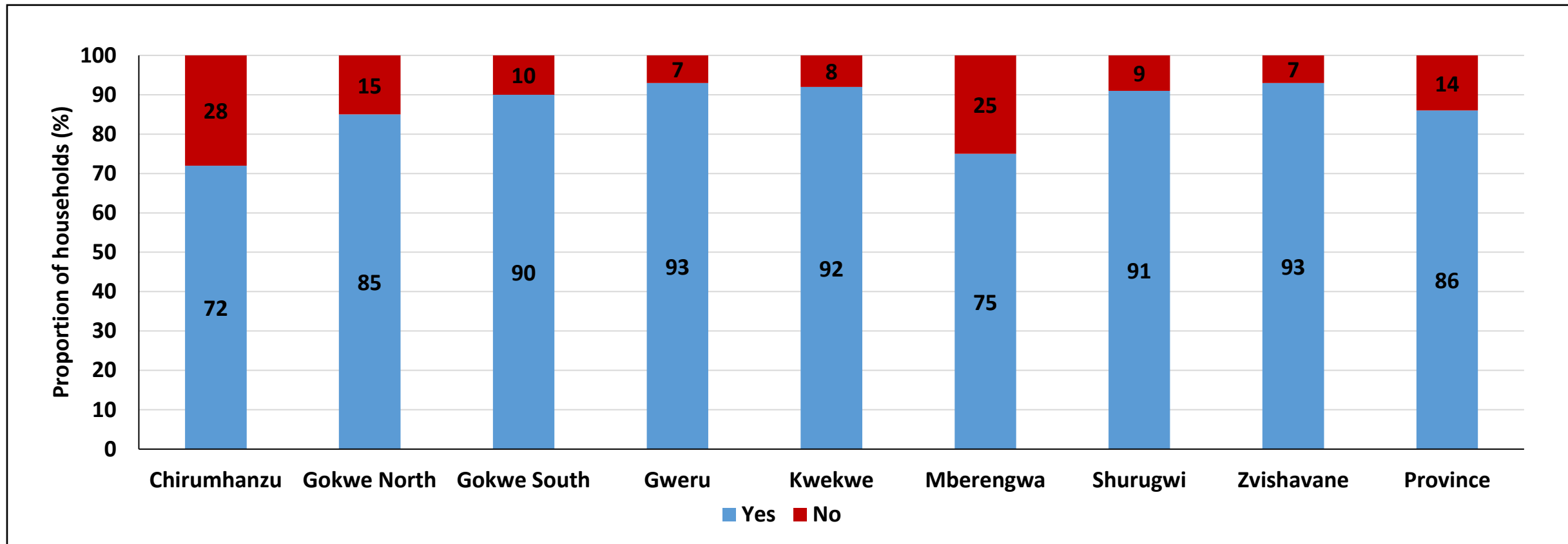
- Atleast 86% of the households received agriculture extension services.

- Zvishavane and Gweru had the highest proportion of households that received agriculture extension services (93%) each.

- Chirumhanzu (72%) had the least proportion of households that received agriculture extension services.

Households Which Received Agriculture Training
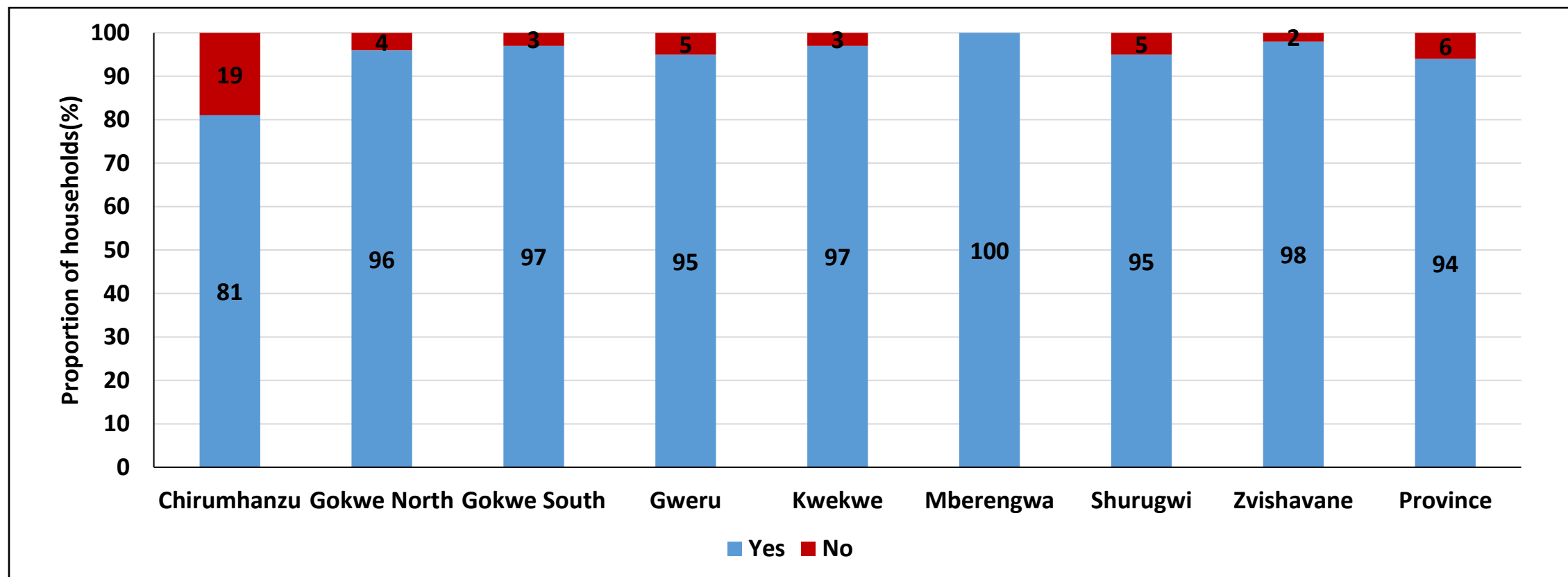
- The proportion of households in the province that received Agriculture training were 94% with Mberengwa having the highest proportion (100%) while Chirumhanzu had the least (81%).

Households Which Received Livestock Advice
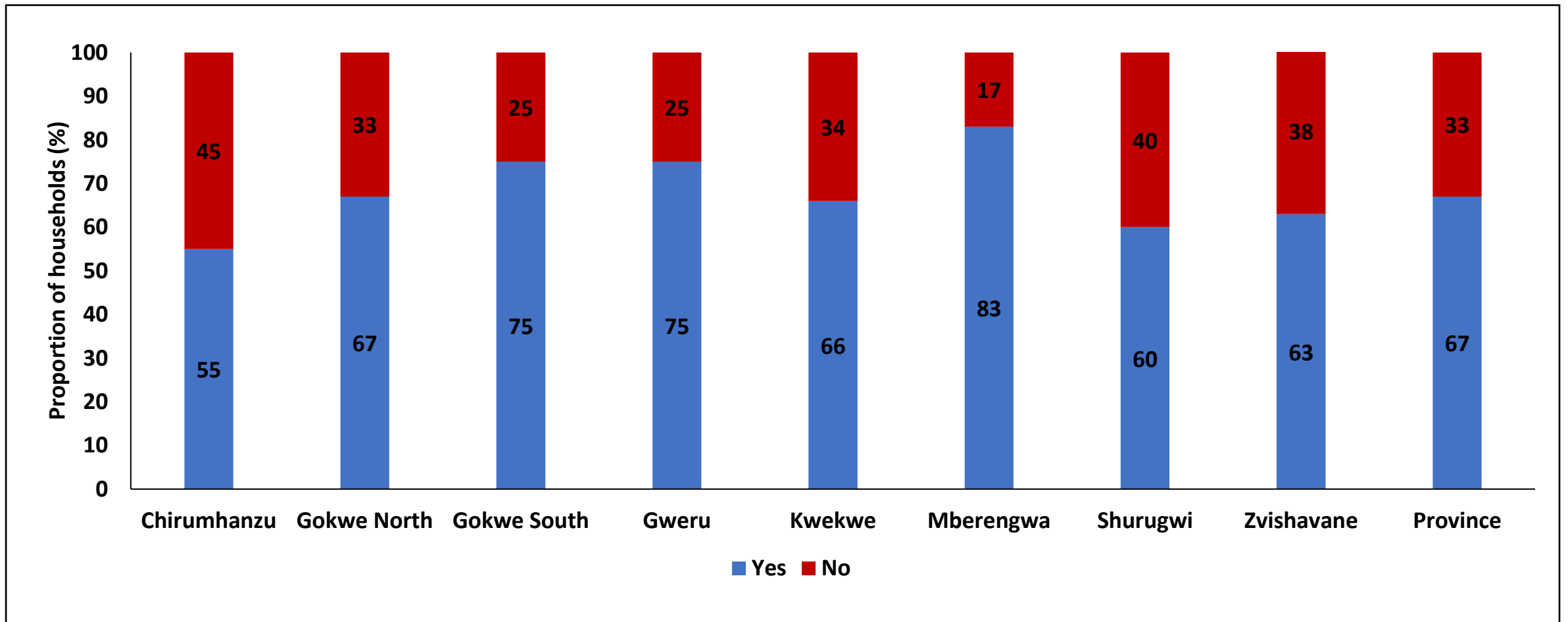
- Livestock advice was received by 67% of the households at provincial level with Mberengwa having the highest proportion (83%) while Chirumhanzu had the least (55%).

Households which Received Crops Advice
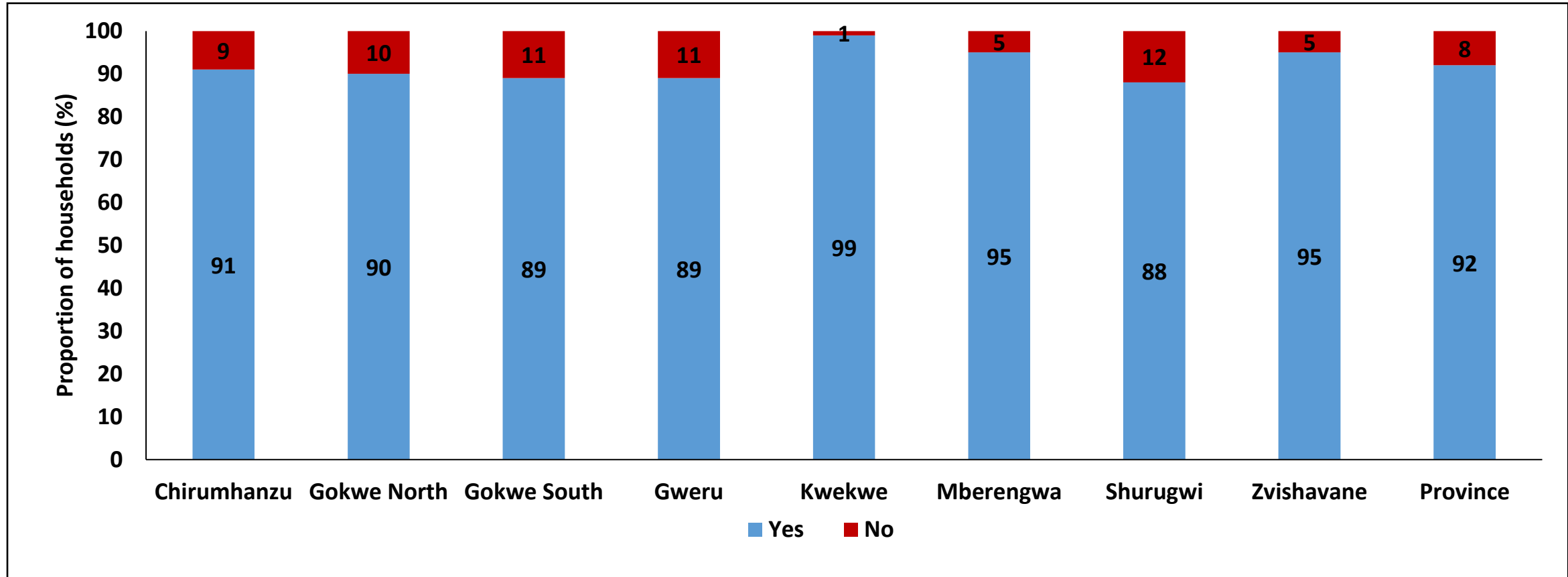
- On average, 92% of households in the province received crop extension advice.

- Kwekwe had the highest number of households that received crops extension advice (99%) and Shurugwi had the least (88%).

Access to Animal Health Centers
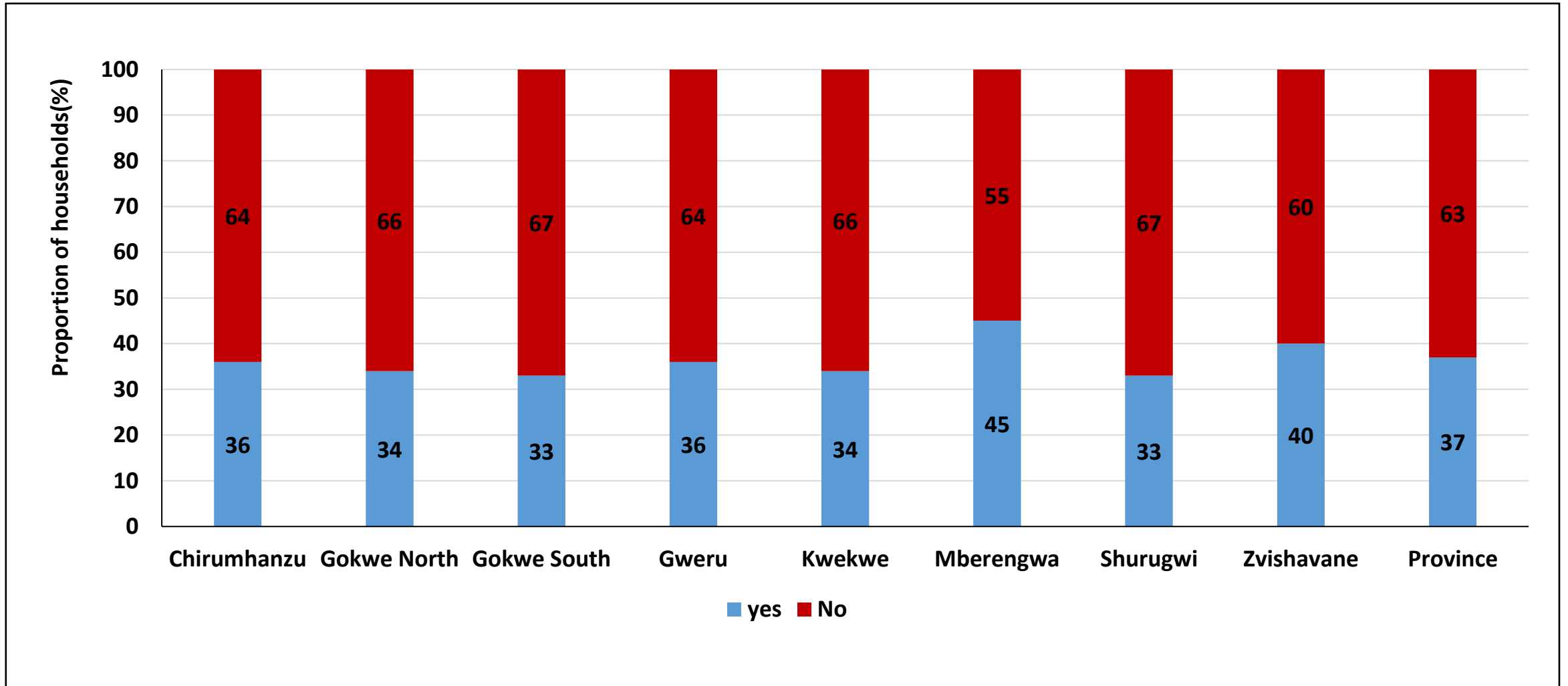
- Only 37% of the households in the province had access to animal health centers.

Households Satisfied with Animal Health Services
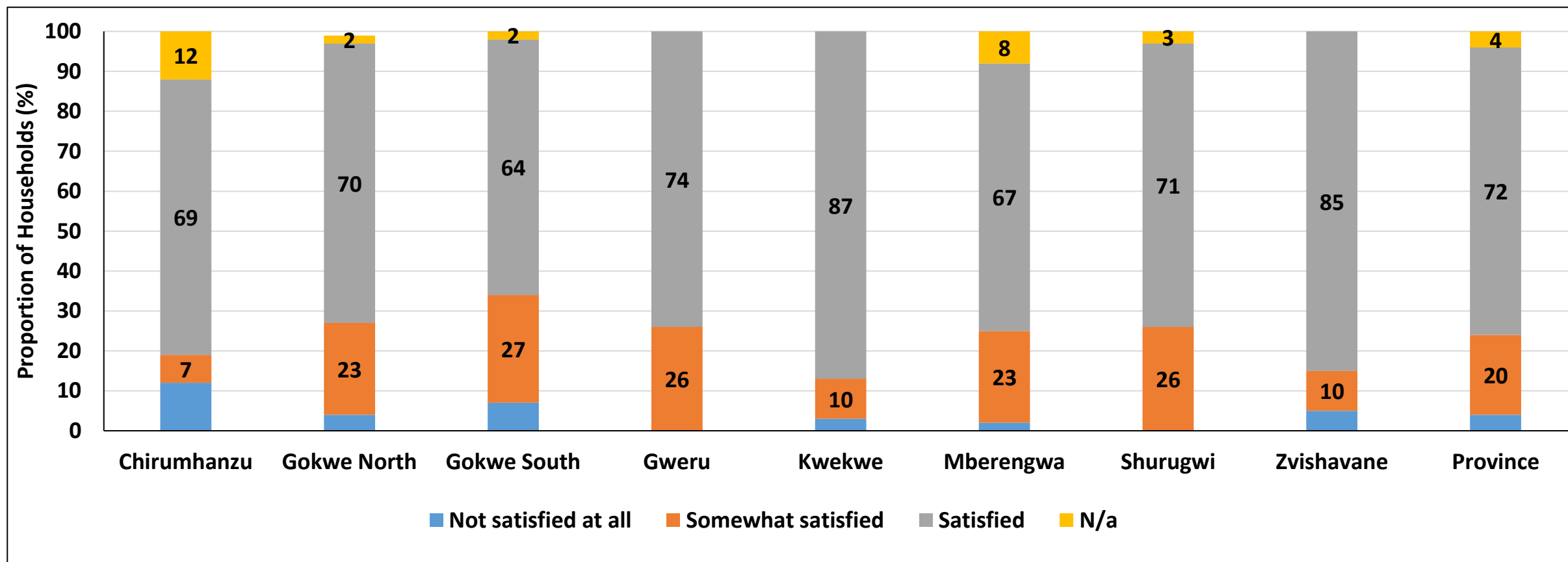
- The households in the Province that were satisfied with animal health services were 72%.

Produce Markets

Average Cereal Prices

	Maize Grain Price (ZWL$)	Maize Meal Price (ZWL$)	Sorghum Price (ZWL$)	Pearl Millet Price (ZWL$)	Finger Millet Price (ZWL$)
Chirumhanzu	402	483	644	644	805
Gokwe North	253	250	241	563	563
Gokwe South	241	241	483	483	483
Gweru	402	445	0	0	0
Kwekwe	429	438	510	563	0
Mberengwa	587	412	608	680	822
Shurugwi	402	0	235	0	67
Zvishavane	483	489	483	644	805
Province	396	355	442	508	585

- Finger millet was the highest priced among cereals with ZW$822 per bucket with Mberengwa recording the highest Shurugwi recording the lowest (ZW$67).

- The highest price for maize grain was ZW$587 in Mberengwa and the lowest was ZW$241 in Gokwe South while maize meal was ZW$489 per 10 kg bag, highest being in Zvishavane (ZW$489).

- The lowest price for maize meal was ZW$241 in Gokwe South.

Average Cereal Prices in USD

	Maize Grain Price (USD)	Maize Meal Price (USD)	Sorghum Price (USD)	Pearl Millet Price (USD)	Finger Millet Price (USD)
Chirumhanzu	5	6	8	8	10
Gokwe North	3	3	3	7	7
Gokwe South	3	3	6	6	6
Gweru	5	6	0	0	0
Kwekwe	5	5	6	7	0
Mberengwa	7	5	8	8	10
Shurugwi	5	0	3	0	1
Zvishavane	6	6	6	8	10
Province	5	4	5	6	7

- Prices in USD followed the same trend as the prices in ZW$ across the province with finger millet being the most expensive at USD 10 a bucket.

Average Livestock Prices

	Cattle Price (ZWL$)	Goat Price (ZWL$)	Chicken Price (ZWL$)	Cattle Price (USD)	Goat Price (USD)	Chicken Price (USD)
Chirumhanzu	32,187	2,414	402	400	30	5
Gokwe North	32,187	1,978	402	400	25	5
Gokwe South	24,140	1,609	402	300	20	5
Gweru	38,221	3,219	402	475	40	5
Kwekwe	32,918	2,414	402	409	30	5
Mberengwa	38,336	2,765	416	476	34	5
Shurugwi	28,666	2,598	402	356	32	5
Zvishavane	32,187	2,816	402	400	35	5
Province	32,259	2,406	405	401	30	5

- The average price for cattle in the province was ZWL 32,259 and the highest price for cattle was reported in Mberengwa (ZWL 38,336)

- The average price for poultry was ZWL$ 405 in the province.

- Goat prices were highest in Gweru (ZWL 3,219) and least in Gokwe South (ZWL 1,609).

Incomes and Expenditure

Most Important Income Sources
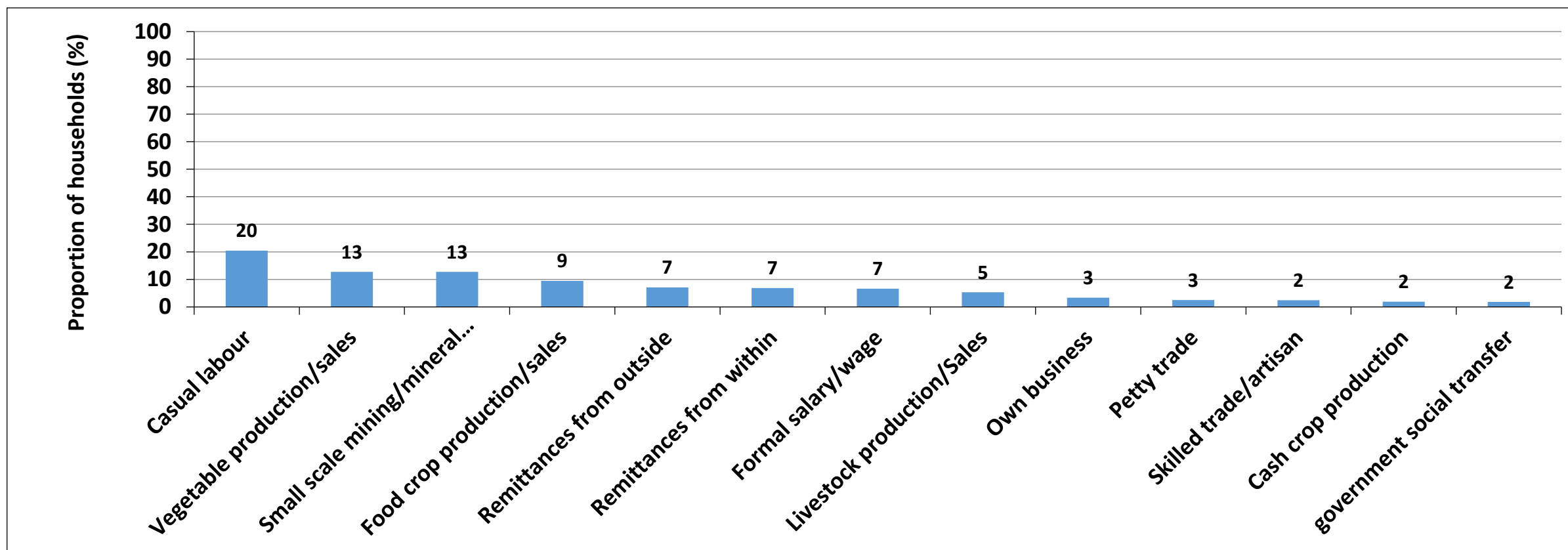
- The highest proportion of households (20%) got their incomes from casual labour.

- Vegetable sales (13%) and small scale mining (13%) were second place sources of income in the province.

- The least proportion of households got income from cash crop production (2%) and Government transfers (2%).

Expenditure Ratio
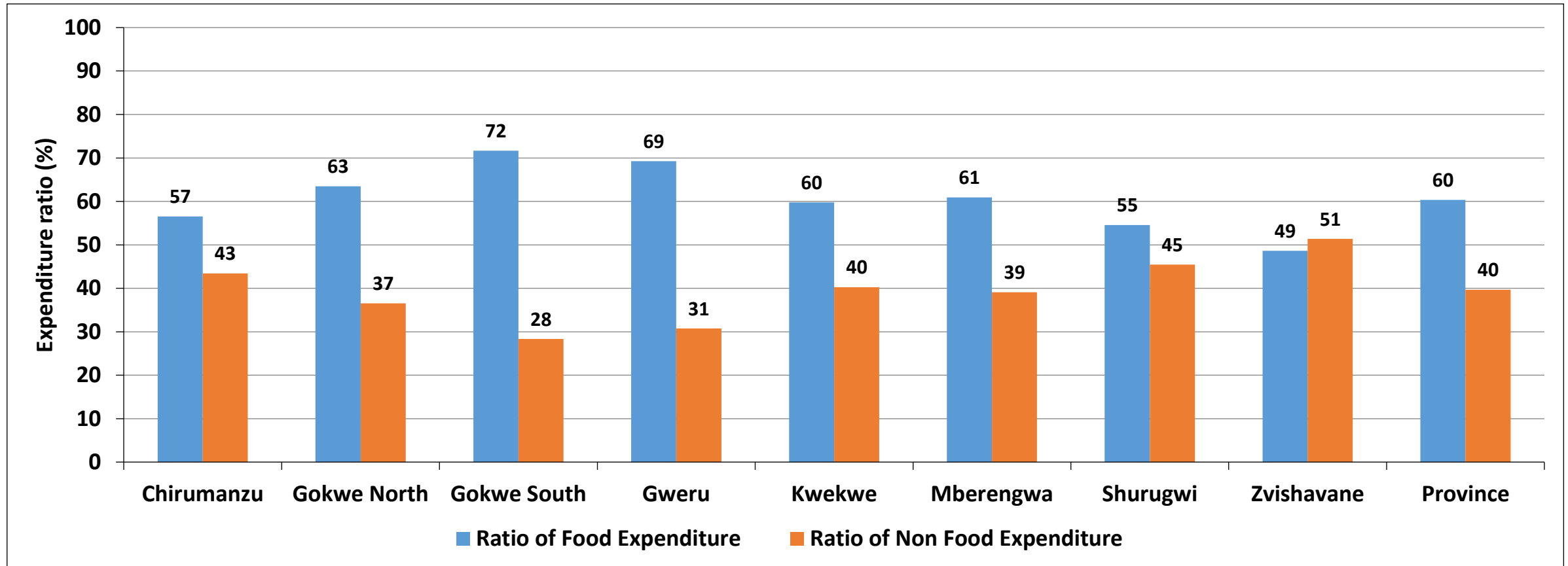
- A larger ratio of household incomes in the province was allocated to food expenditure (60%) more than to non-food expenditure (40%).

- The majority of households in Zvishavane spent more on non-food expenditure (51%) and (49%) on food expenditure.

- The highest household food expenditure was in Gokwe South (72%) .

Average Monthly Income and Expenditure

	Monthly Income		Monthly Expenditure		Six Months Expenditure	
	USD	ZWL$	USD	ZWL$	USD	ZWL$
Chirumhanzu	31	2,534	13	1,056	7	592
Gokwe North	23	1,881	10	792	6	513
Gokwe South	13	1,081	10	771	1	107
Gweru	20	1,625	12	966	3	242
Kwekwe	36	2,911	25	1,991	5	442
Mberengwa	44	3,518	22	1,789	14	1,140
Shurugwi	35	2,779	30	2,395	22	1,800
Zvishavane	55	4,426	28	2,219	31	2,524
Province	32	2,594	19	1,497	11	920

- The monthly income was higher than monthly expenditure in all the districts.

- Zvishavane recorded the highest levels of monthly income in both currencies (ZW$4,426 and USD55), followed by Mberengwa (ZW$3,518 and USD44) and the lowest monthly income was in Gokwe South (ZW$1,081 and USD13).

- Shurugwi recorded the highest monthly expenditure (ZW$2,395 and USD30) followed by Zvishavane (ZW$2,219 and USD28) and the lowest expenditure was in Gokwe South (ZW$771 and USD10).

Water, Sanitation and Hygiene

Ladder for Drinking Water Services

Service Level	Definition
Safely Managed	Drinking water from an improved water source that is located on premises, available when needed and free from faecal and priority chemical contamination.
Basic Drinking Water	Basic drinking water services are defined as drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing.
Limited Drinking Water Services	Limited water services are defined as drinking water from an improved source, where collection time exceeds 30 minutes for a roundtrip including queuing.
Unimproved Water Sources	Drinking water from an unprotected dug well or unprotected spring.
Surface Water Sources	Drinking water directly from a river, dam, lake, pond, stream, canal or irrigation channel.

Note :

"Improved" drinking water sources are further defined by the quality of the water they produce, and are protected from faecal contamination by the nature of their construction or through an intervention to protect from outside contamination. Such sources include: piped water into dwelling, plot, or yard; public tap/standpipe; tube well/borehole; protected dug well; protected spring; or rainwater collection. This category now includes packaged and delivered water, considering that both can potentially deliver safe water.

Access to Improved Water
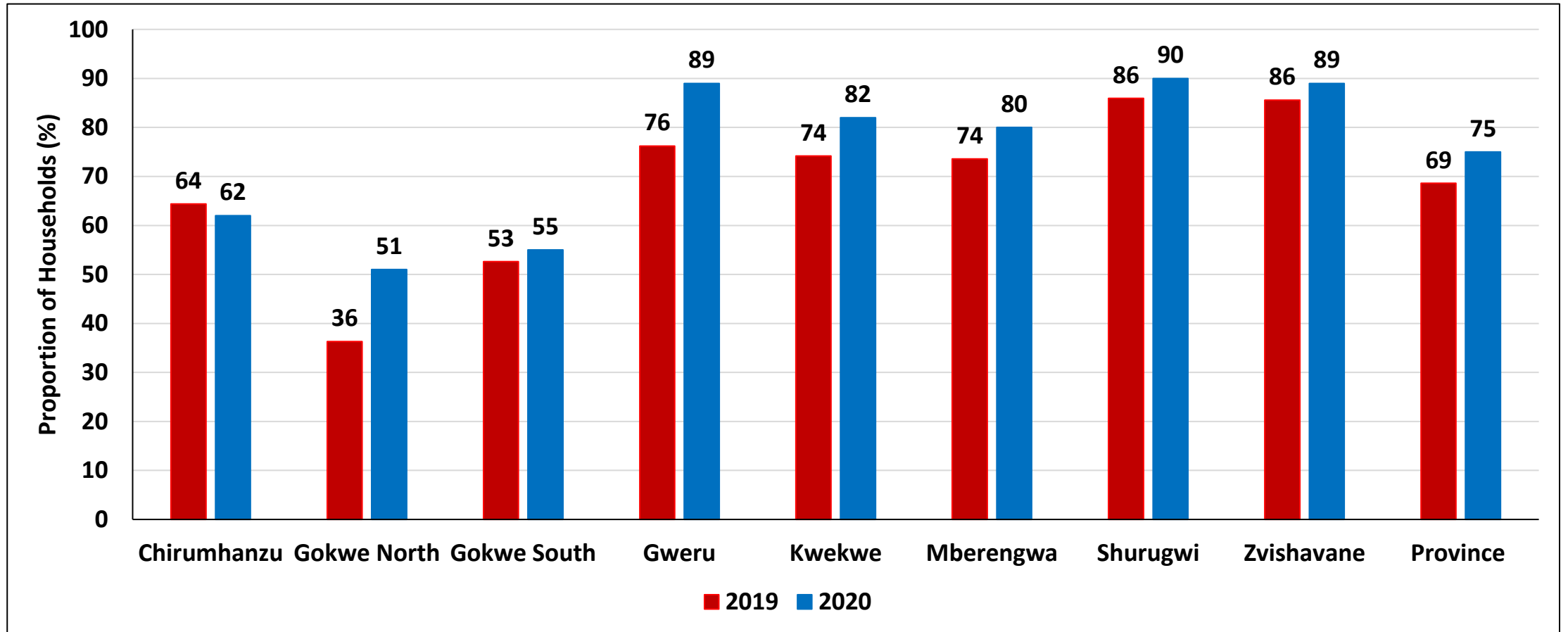
- The proportion of households with access to improved water sources increased from 69% in 2019 to 75% in 2020.

- There were 25% of households in the province who still utilised unimproved water sources for their drinking water.

Main Drinking Water Services
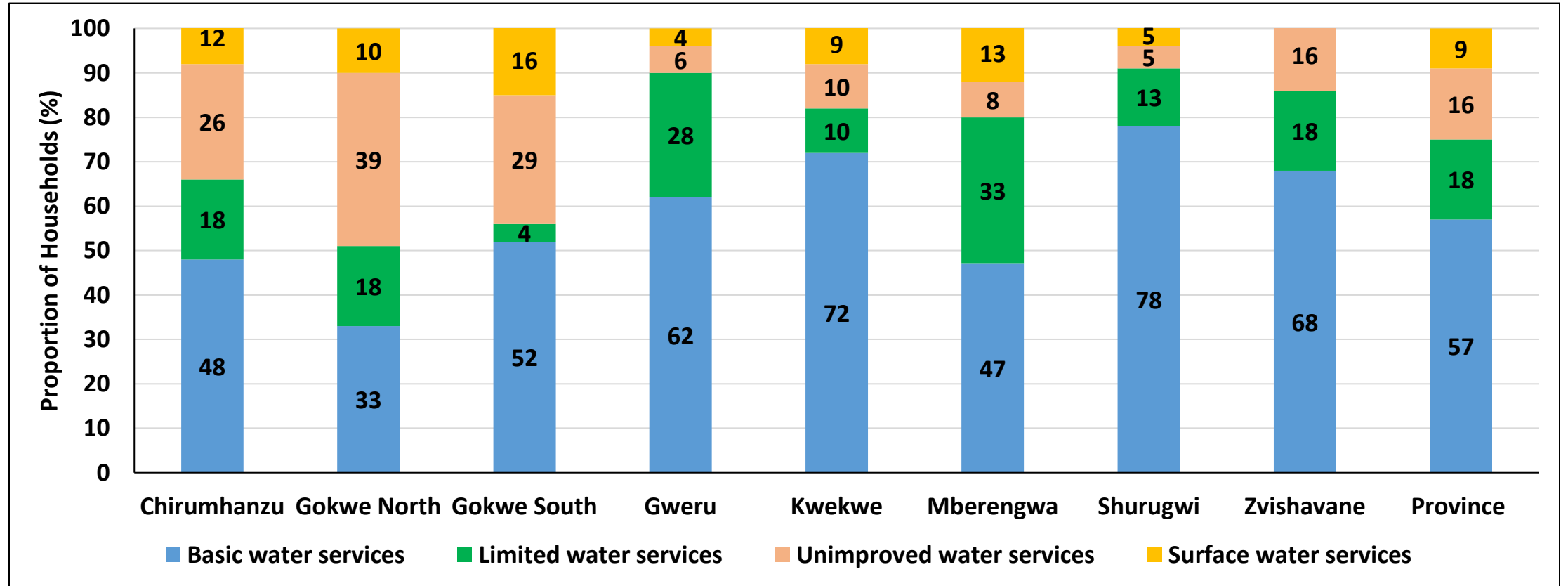
- Shurugwi (78%) had the highest proportion of households using basic water services.

- The highest proportion of households that were using unimproved water services was in Gokwe North (39%).

Households Using Surface Water
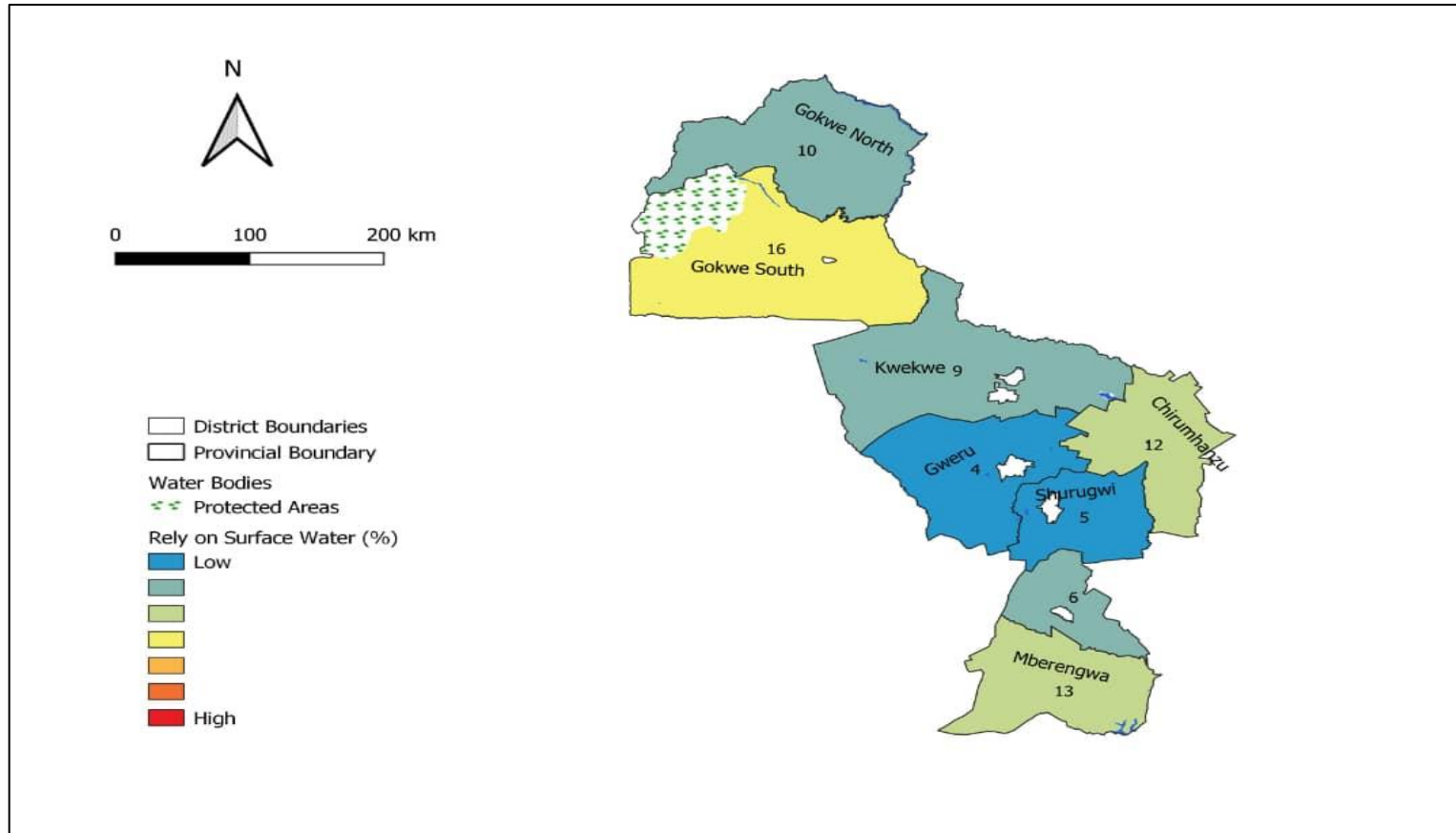
- At provincial level, (9%) of the households were still using surface water for drinking purposes.

- Gokwe South district had the highest proportion of households (16%) that utilised surface water as a source of drinking water.

- Surface water sources are easily polluted or contaminated with chemicals, faecal matter and microorganisms that cause waterborne diseases.

Distance Travelled to Main Water Source
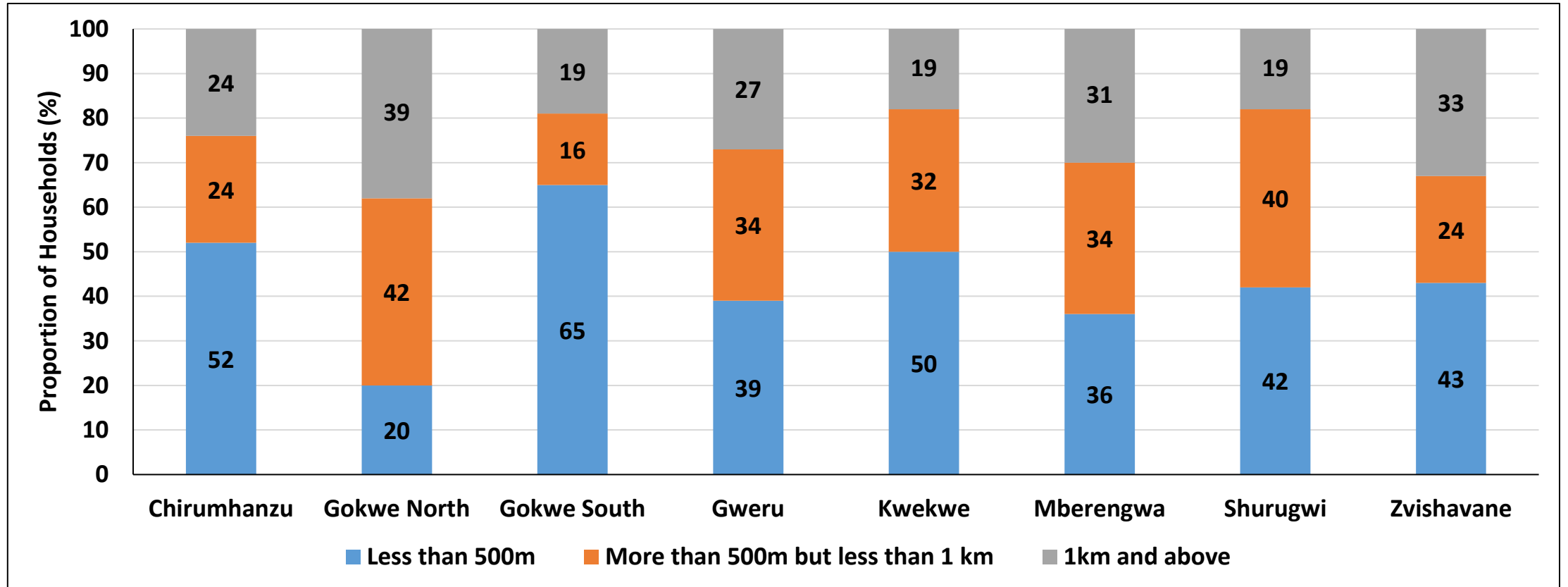
- Gokwe North had the highest proportion of households (39%) travelling more than 1km to access water.

- The same district also had the highest proportion of households (42%) travelling more than 500m but less than 1km.

Ladder for Sanitation

Service level	Definition
Safely Managed	Use of improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite.
Basic Sanitation Facilities	Use of improved facilities which are not shared with other households.
Limited Sanitation Facilities	Use of improved facilities shared between two or more households.
Unimproved Sanitation Facilities	Facilities that do not ensure hygienic separation of human excreta from human contact. Unimproved facilities include pit latrines without a slab or platform, hanging latrines and bucket latrines.
Open Defecation	Disposal of human faeces in fields, forest, bushes, open bodies of water, beaches or other open spaces or with solid waste.

Note: Improved sanitation facilities: Facilities that ensure hygienic separation of human excreta from human contact. They include flush or pour flush toilet/latrine, Blair ventilated improved pit (BVIP), pit latrine with slab and upgradeable Blair latrine.

Household Sanitation Services
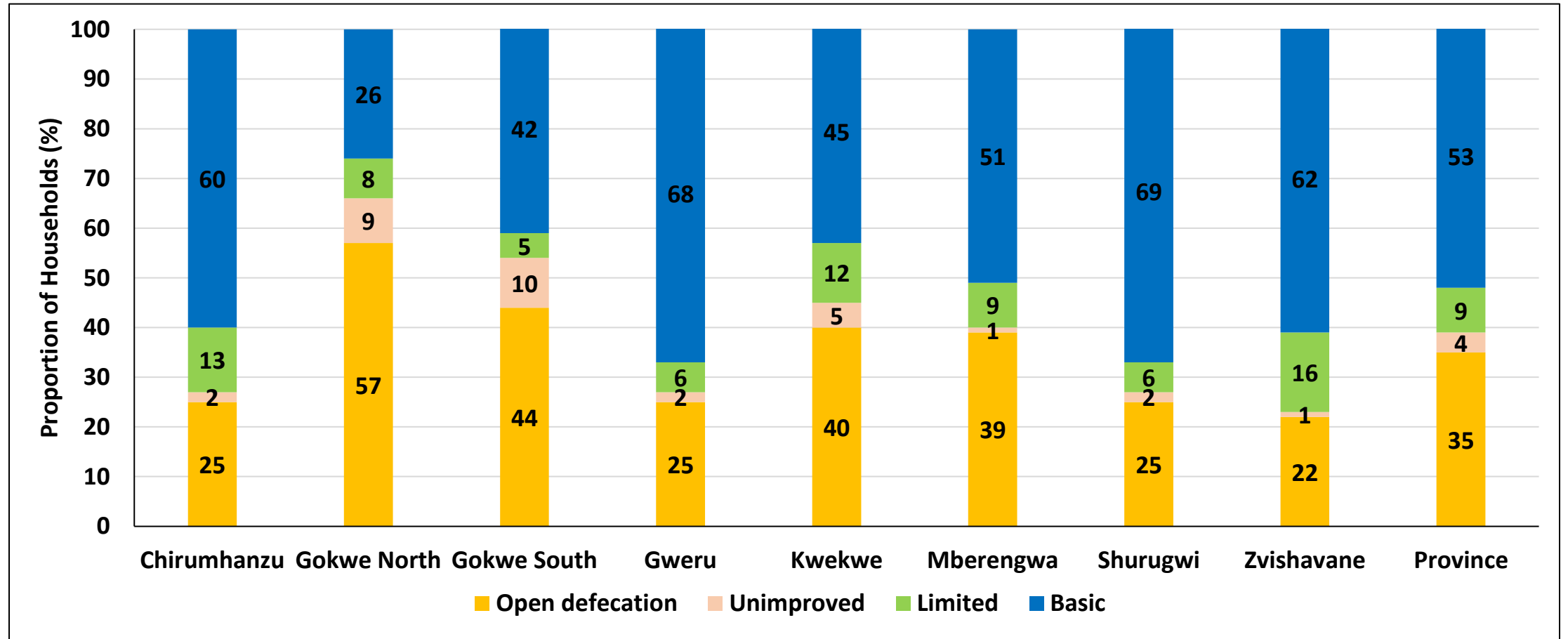
- The proportion of households which accessed basic sanitation services was 53%.

- Gokwe South district had the highest proportion of households (10%) using unimproved sanitation services.

- Open defecation was practiced by 35% of households provincially, with the highest proportion being in Gokwe North (57%).

Open Defecation
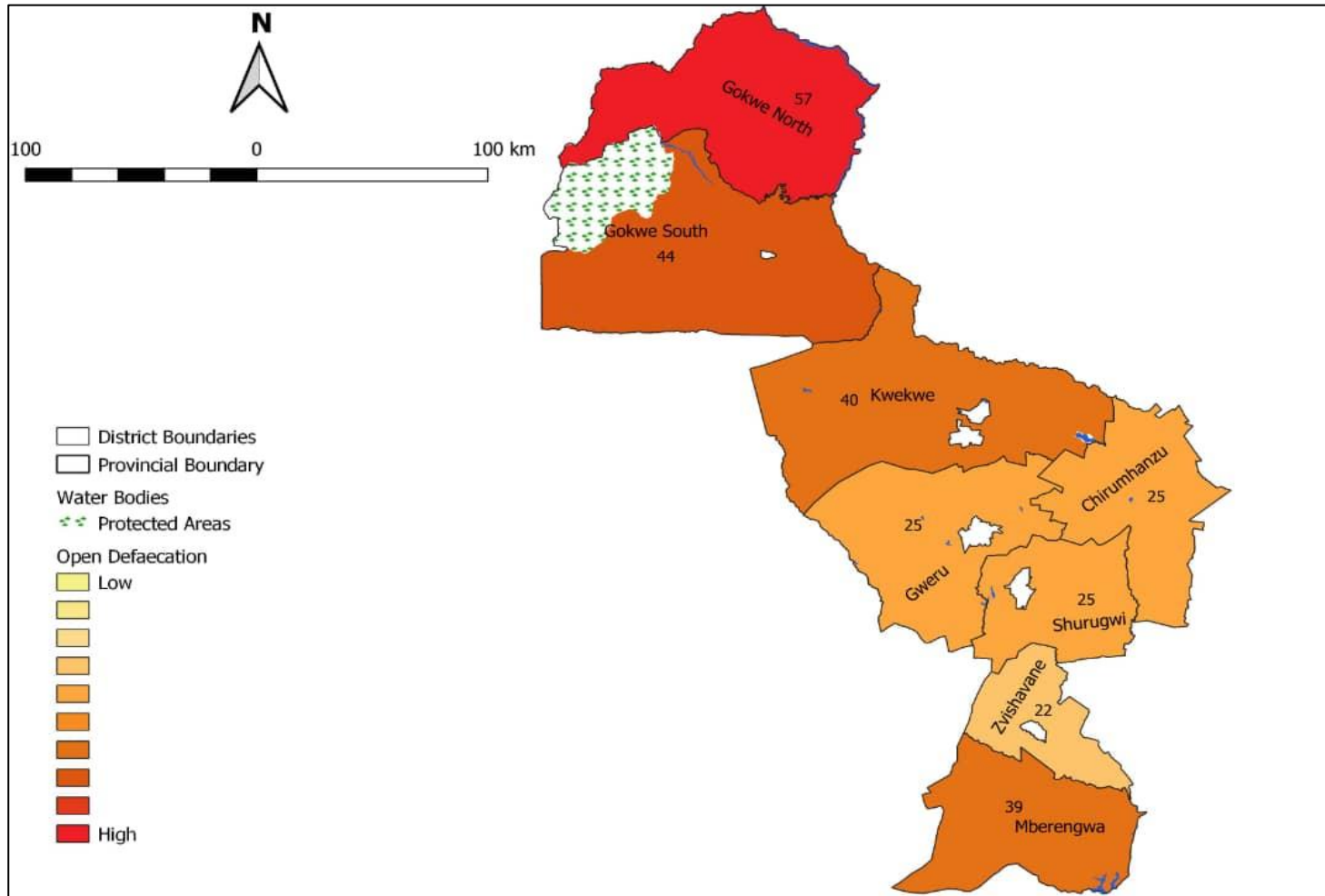
- Gokwe North had the highest proportion of households (57%). practising open defecation.

- Open defecation increases the risk of the spread of infectious diarrhoeal diseases such as cholera.

Handwashing Practices at Critical Times

District	Never	After using the toilet	Before handling food	After changing children's nappies/diappers	Before and after eating	After assisting the sick	Regularly	Whenever I feel like my hands are dirty	Other
Chirumhanzu	0.5	89.3	84.8	9.1	35	0.5	21.8	12.7	0
Gokwe North	0.5	57.4	51.3	4.1	71.8	4.1	22.6	8.2	0.5
Gokwe South	3.5	93.1	99	34.2	42.6	2	18.8	0.5	0
Gweru	0.5	67.3	62.8	16.1	40.2	10.1	46.7	38.7	0
Kwekwe	1.5	62.5	65	27.5	56.5	4.5	20.5	5	0
Mberengwa	0	71.6	88.1	9	72.1	4	42.3	31.3	0
Shurugwi	0	70	80	14.5	88.5	3	27.5	42.5	0
Zvishavane	0.5	65.3	55.3	3.5	50.3	6	56.8	21.6	1
Province	0.9	72.1	73.4	14.8	57.1	4.3	32.1	20.1	0.2

- The most observed critical times for handwashing were before handling food (73.4%) followed by after using the toilet (72.1%) , then before and after eating (57.1%).

- The proportion of households which never practiced handwashing was 0.9%.

Non Availability of Handwashing Services
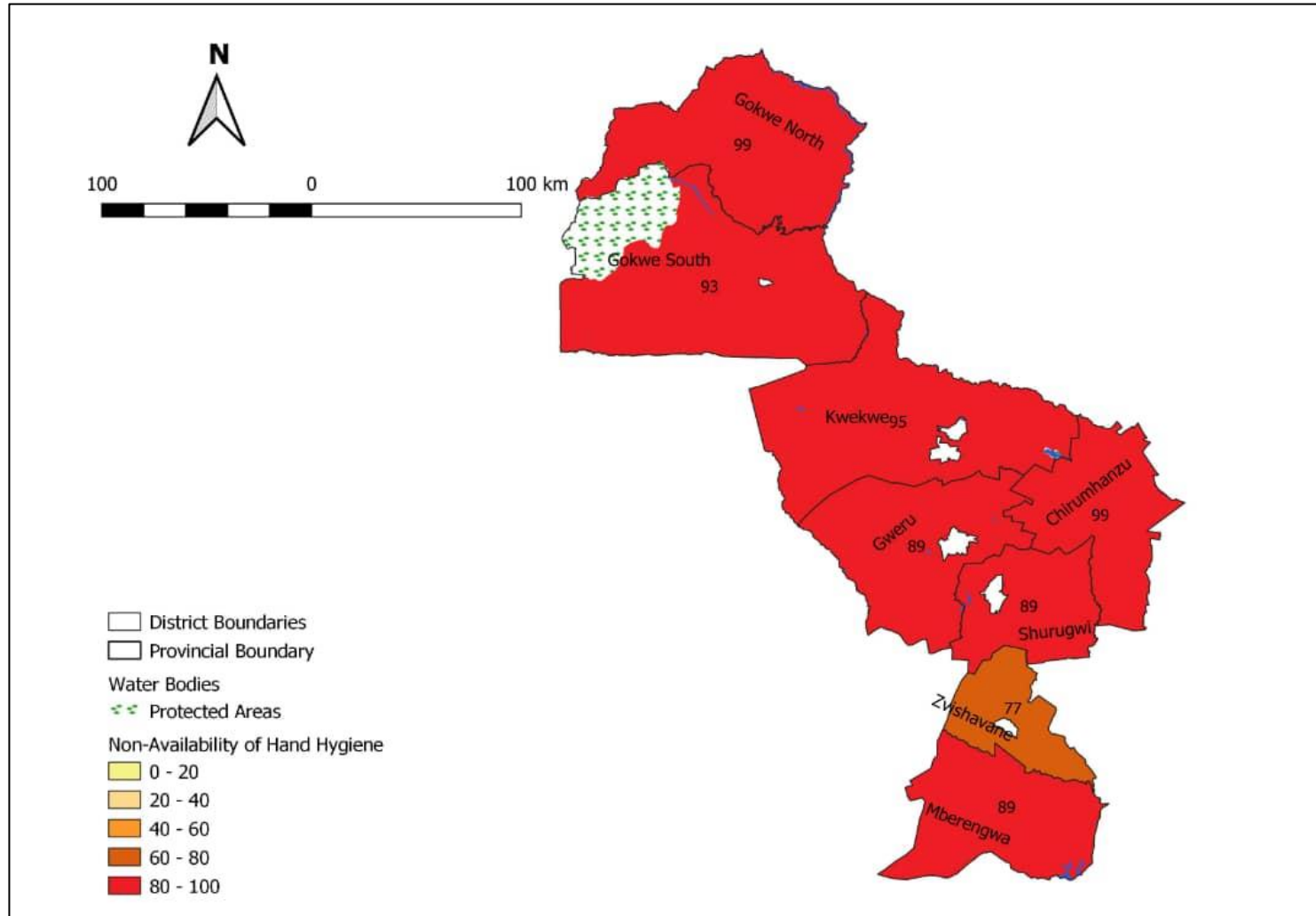
- The proportion of households without hand washing facilities at their toilets was high in all districts .
- It ranged from 76.9% in Zvishavane to 99.5% in Gokwe North.
- In order to ensure that the targets of the SDG 6 are met, there is need to expedite actions towards installation of handwashing facilities.

Proportion of Households which Treat Drinking Water
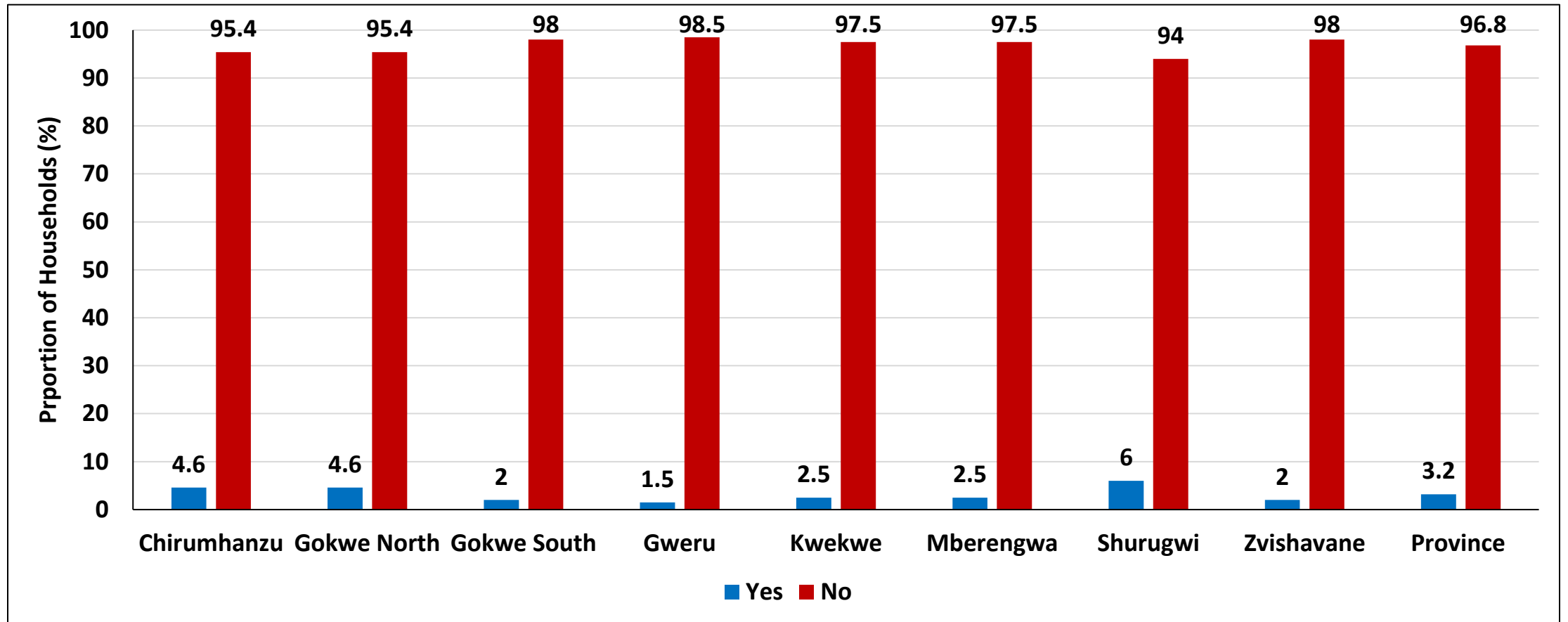
- The highest proportion of households which treated their drinking water in the province was 3.2%.

- Gweru (98.5) had the highest proportion of households which did not treat their water.

Treatment Methods of Drinking Water
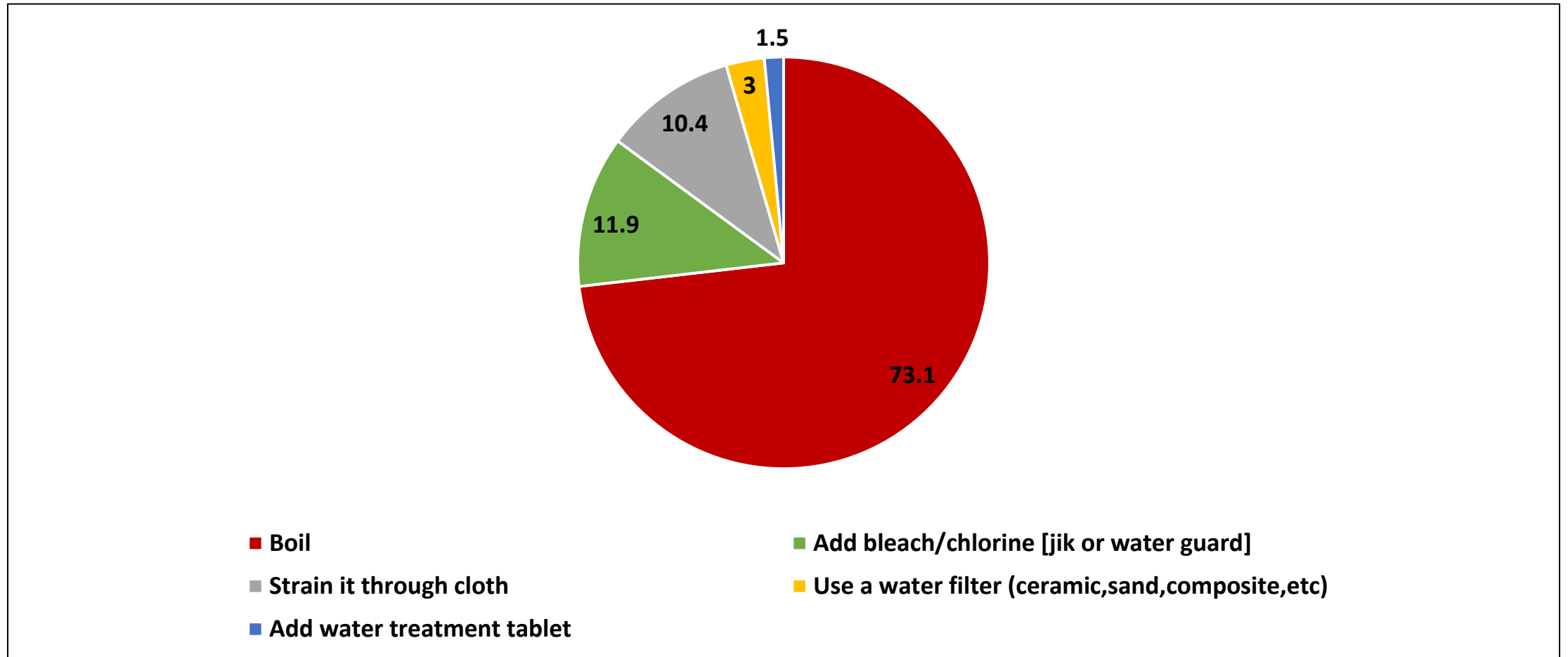
- Boiling water to make it safer before drinking was practised by 73.1% of the households.

- Addition of bleach/chlorine (jik or water guard) (11.9%) and straining through cloth (10.4%) were the next most popular methods of water treatment respectively.

Access to Services and Infrastructure

Access to Police Services
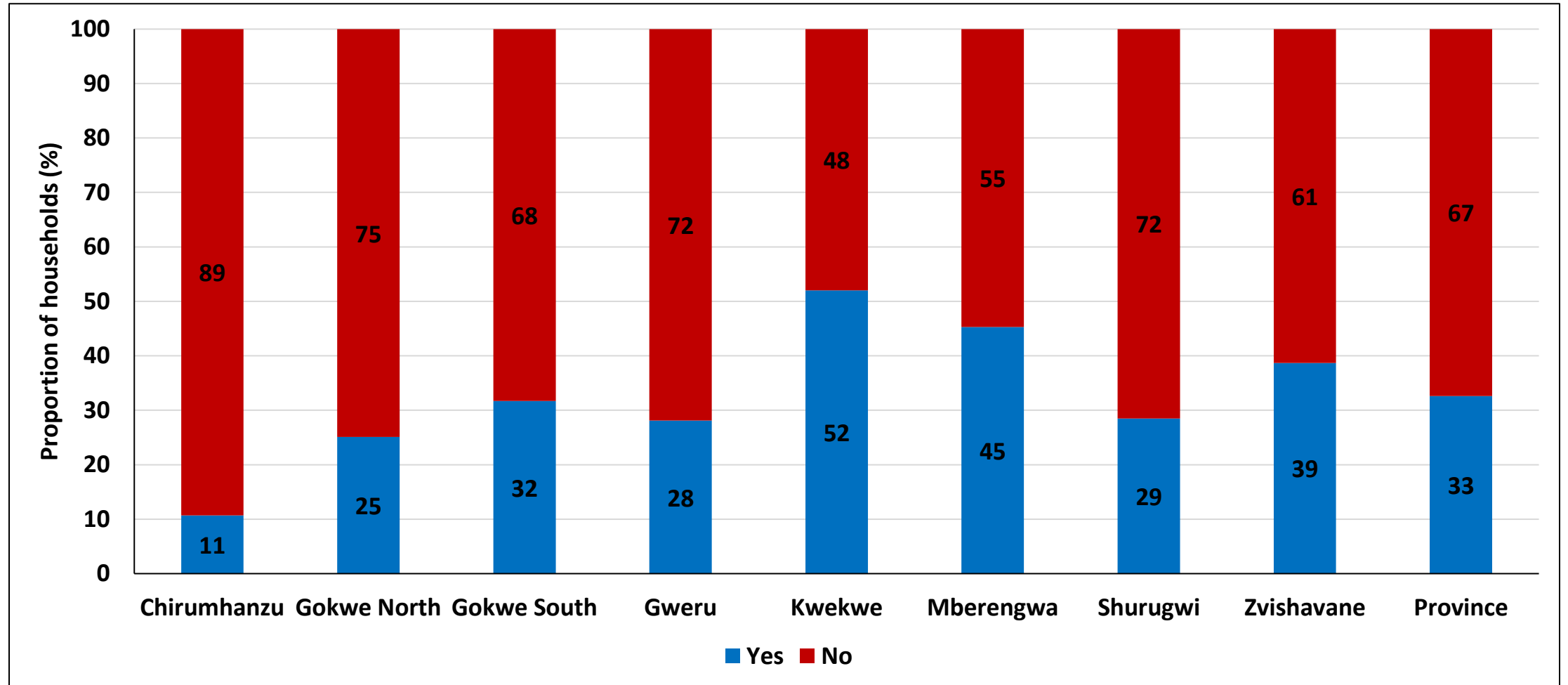
- It took more than one hour for the majority of households throughout the province (67%) to access police services.

- Access to police services in Kwekwe (52%) was higher and above the Provincial average (33%).

Access to Victim Friendly Services
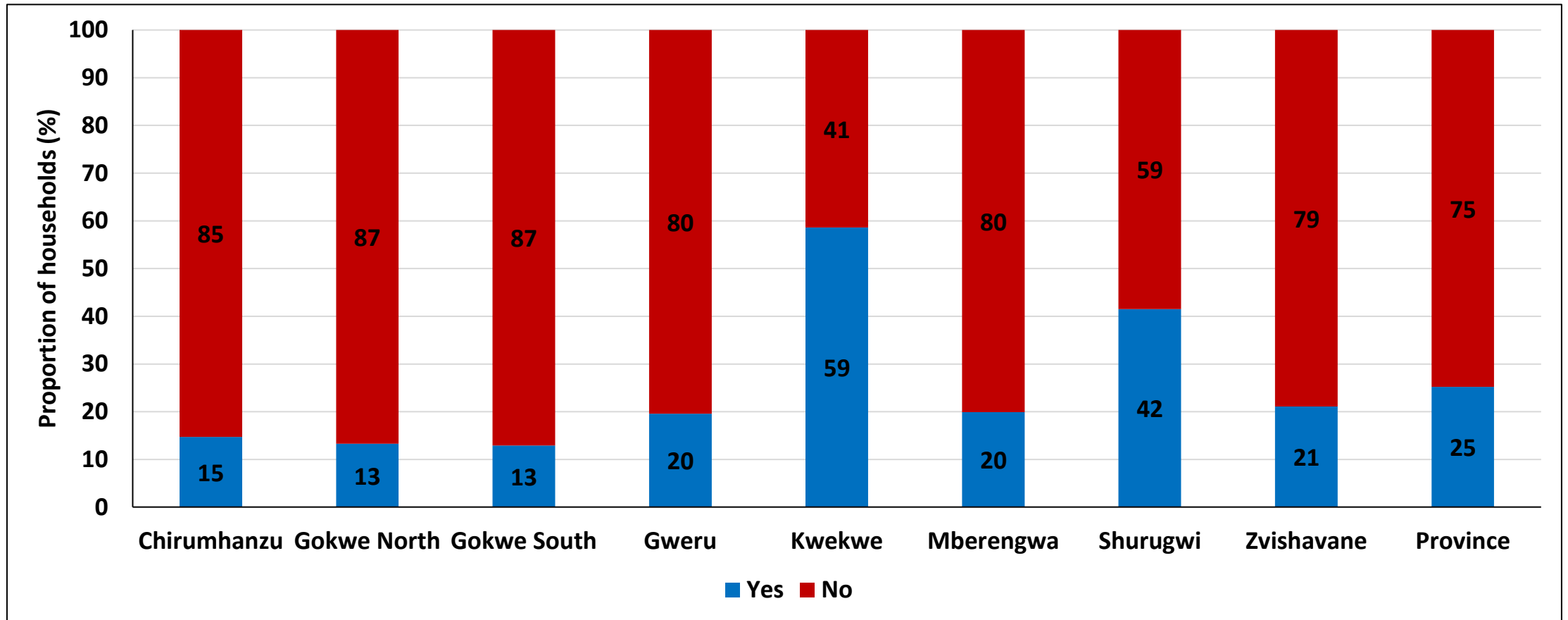
- The proportion of households in the province reported to have no access to Victim Friendly Units was 75%.

- Kwekwe (59%) had the highest proportion of households with access to victim friendly units.

Access to Services on Physical and Sexual violence
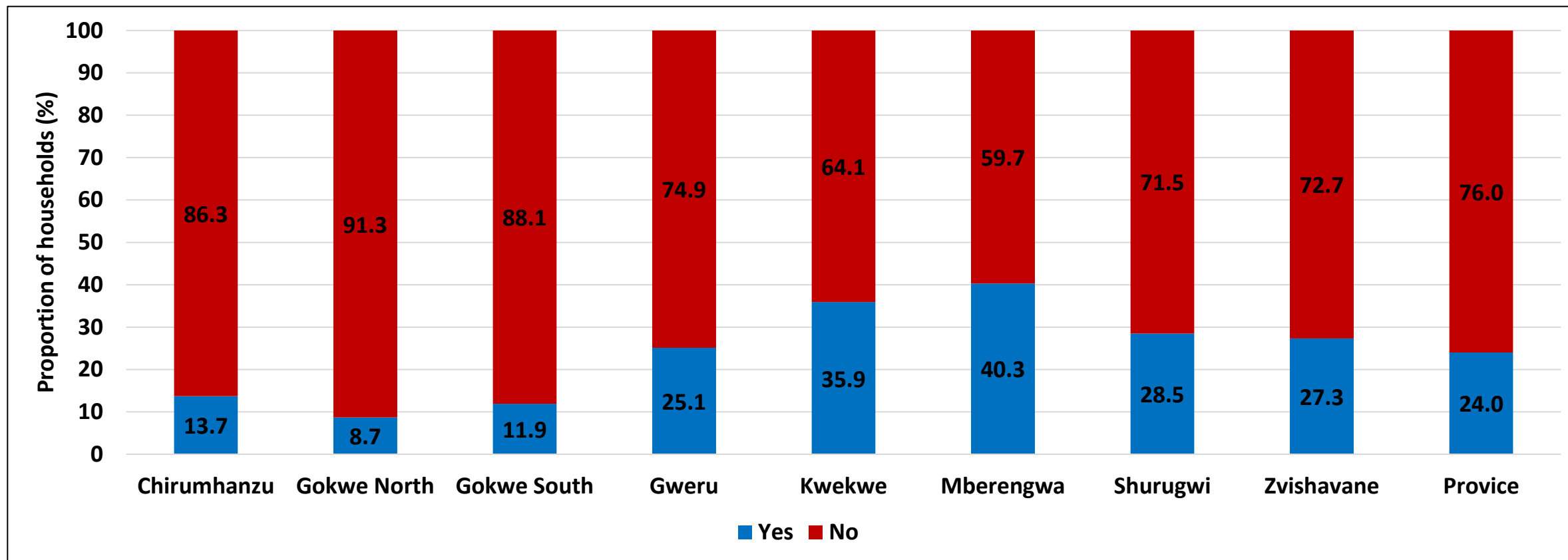
- Gokwe North (91.3%) recorded the highest proportion of households without access to services on physical and sexual violence.

- Only 24% of the households in the province reported to have access to services on physical and sexual violence.

Households Satisfied with Services Received for Physical and Sexual Violence
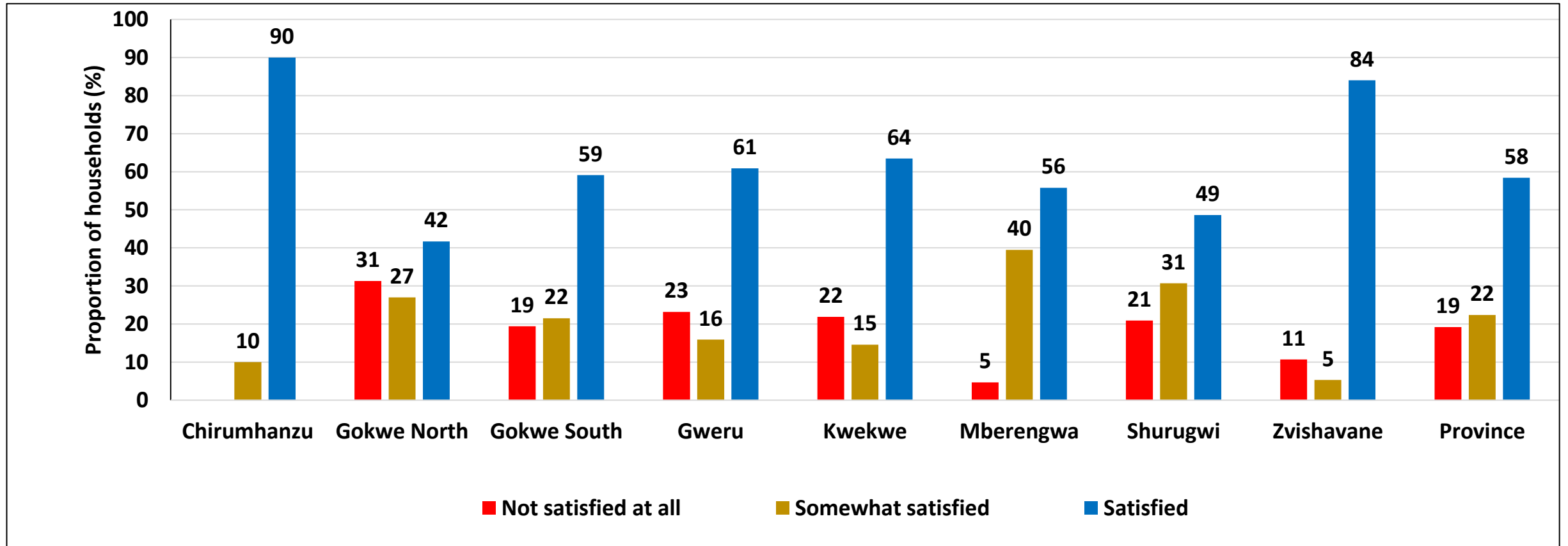
- Chirumhanzu (90%) had the highest proportion of households that were satisfied with services received for physical and sexual violence.
- Gokwe North (31%) recorded the highest number of households not satisfied with physical and sexual violence services they received.

Households with Access to Information on Services for Physical and Sexual Violence
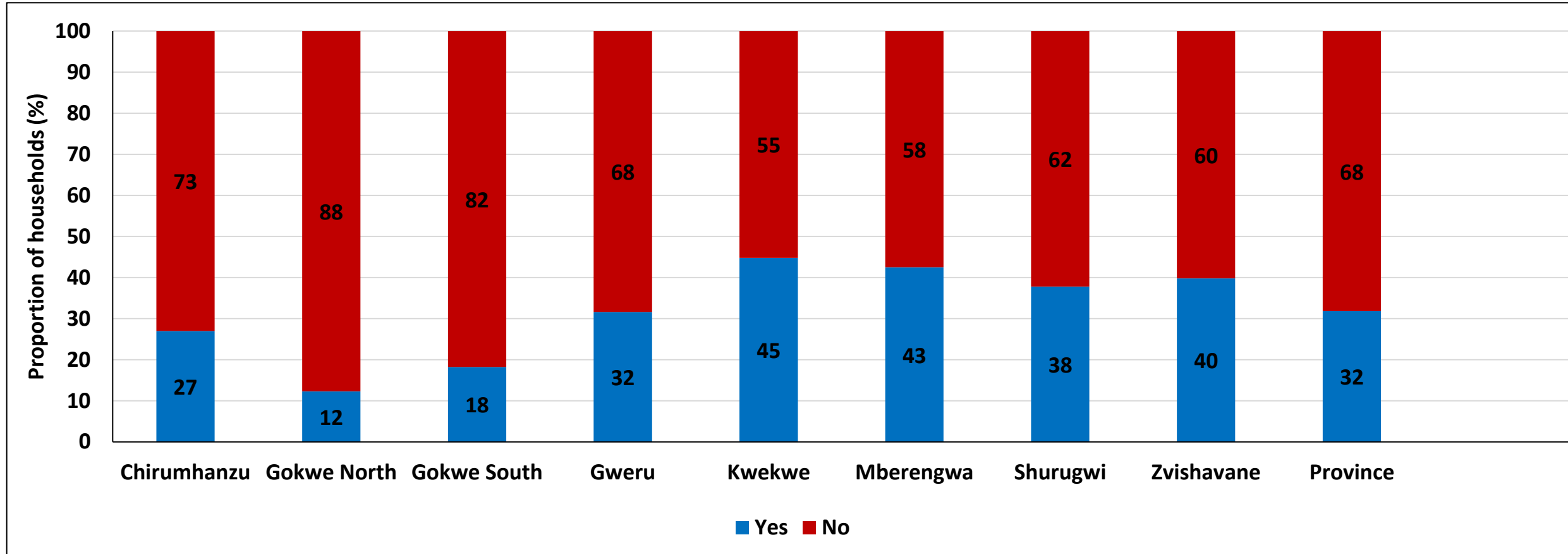
- Access to information on services for physical and sexual violence was generally poor across all districts with Gokwe North (88%) recording the highest proportion (88%).

- At least 45% of households in Kwekwe reported to have access to physical and sexual violence services.

Distance Travelled to Nearest Health Facility

Stacked bar chart showing proportion of households (%) by distance travelled to nearest health facility:

Area	Less than 5km	5 to 10km	More than 10km
Province	44	35	21
Zvishavane	65	28	7
Shurugwi	61	29	10
Mberengwa	48	41	11
Kwekwe	29	46	25
Gweru	52	29	19
Gokwe South	37	28	36
Gokwe North	26	49	25
Chirumhanzu	32	30	38

Proportion of households (%)

■ Less than 5km ■ 5 to 10km ■ More than 10km
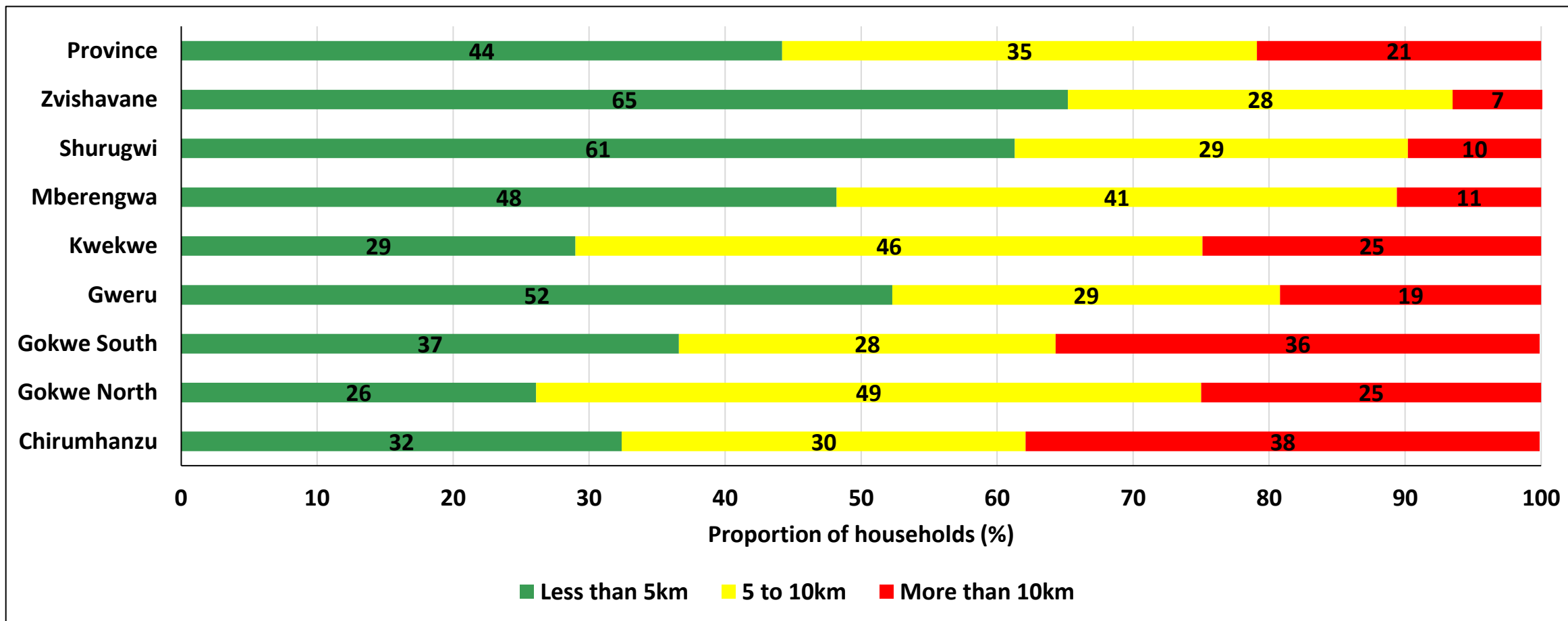
- At least 44% of households in the province travelled less than 5km to the nearest health facility while 21% travelled more that 10km.

- Chirumanzu (38%) had the highest proportion of households travelling more that 10km to the nearest health facility.

Food and Nutrition Security Infrastructure
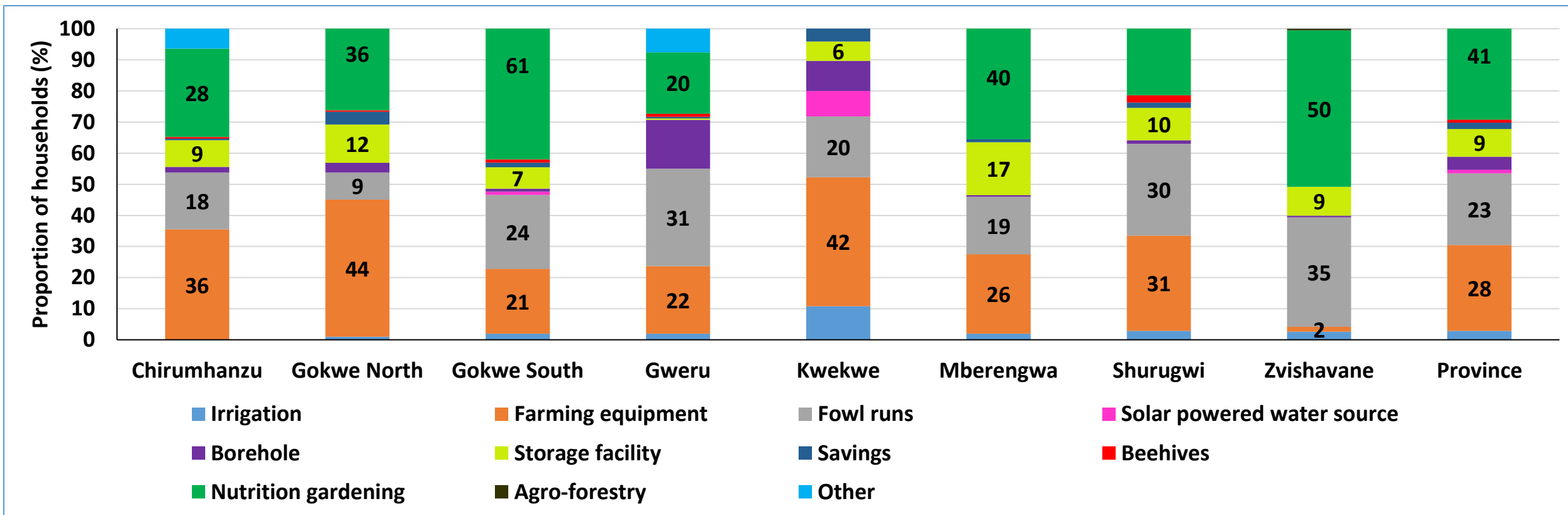
- The highest proportion of households in the province had nutrition gardens (41%) as a means of improving their food and nutrition security. Gokwe South had 61%.

- Gokwe North had the highest proportion of households owning farming equipment (44%).

Households which Received Early Warning Information
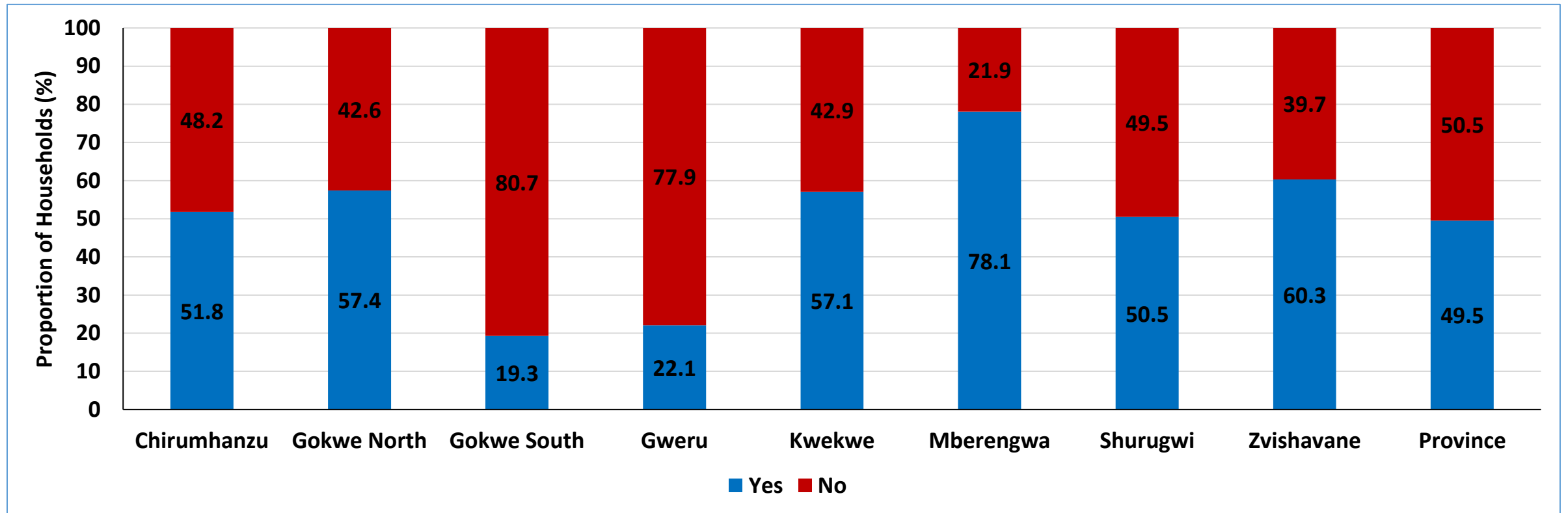
- At least 49.5% of the households in the province received early warning information for planning response mechanisms.
- Mberengwa (78.1%) recorded the highest proportion of households which received early warning information while Gokwe South (19.3%) had the least.

Early Warning Information Sources

	Radio	Neighbours/Friends/Other Huseholds	Television	Print media (Newspapers	Social media	Internet browsing	Government Extension Workers	UN/NGOs	Other
Chirumhanzu	29	10	1	0	1	0	77	0	0
Gokwe North	71	39	2	0	3	0	52	1	0
Gokwe South	62	10	0	0	15	0	62	0	3
Gweru	71	7	0	0	7	2	47	4	4
Kwekwe	90	33	3	2	5	0	34	0	0
Mberengwa	46	29	2	1	8	1	64	6	3
Shurugwi	71	23	0	0	8	0	59	3	0
Zvishavane	48	1	3	1	8	1	62	3	1
Province	59.3	21.2	1.7	0.6	6.2	0.4	57.6	2.4	1.0

- Radio (59.3%) and Government extension (57.6%) workers were the major sources of early warning information in the province.
- Social media was mostly used by households in Gokwe South (15%) while television was used by Zvishavane and Kwekwe (3%) and internet browsing by Gweru (2%).

ISALS and Loans

Sources of Loans
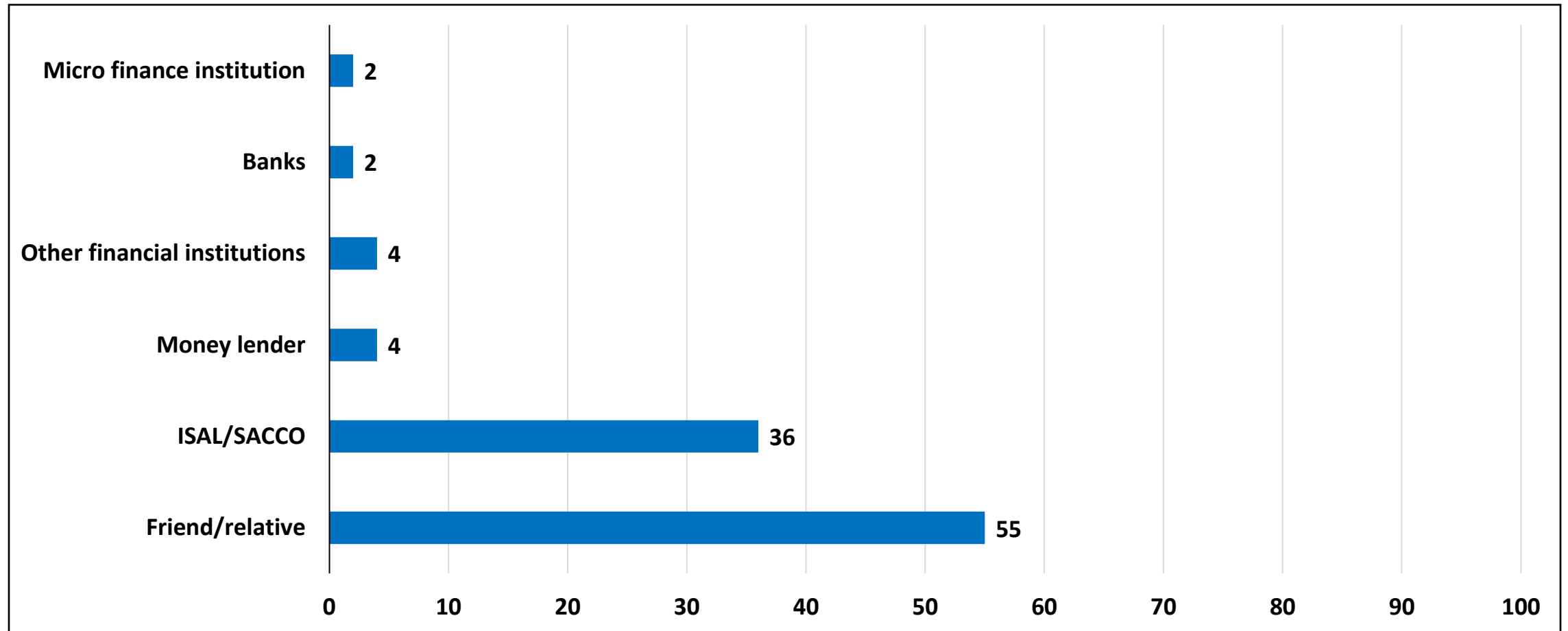
- Of the 3.5% of households which received loans, the major sources were friends/relatives (55%) and ISALS/SACCOS (36%).

Types of Loans and Primary Use

Types of Loans
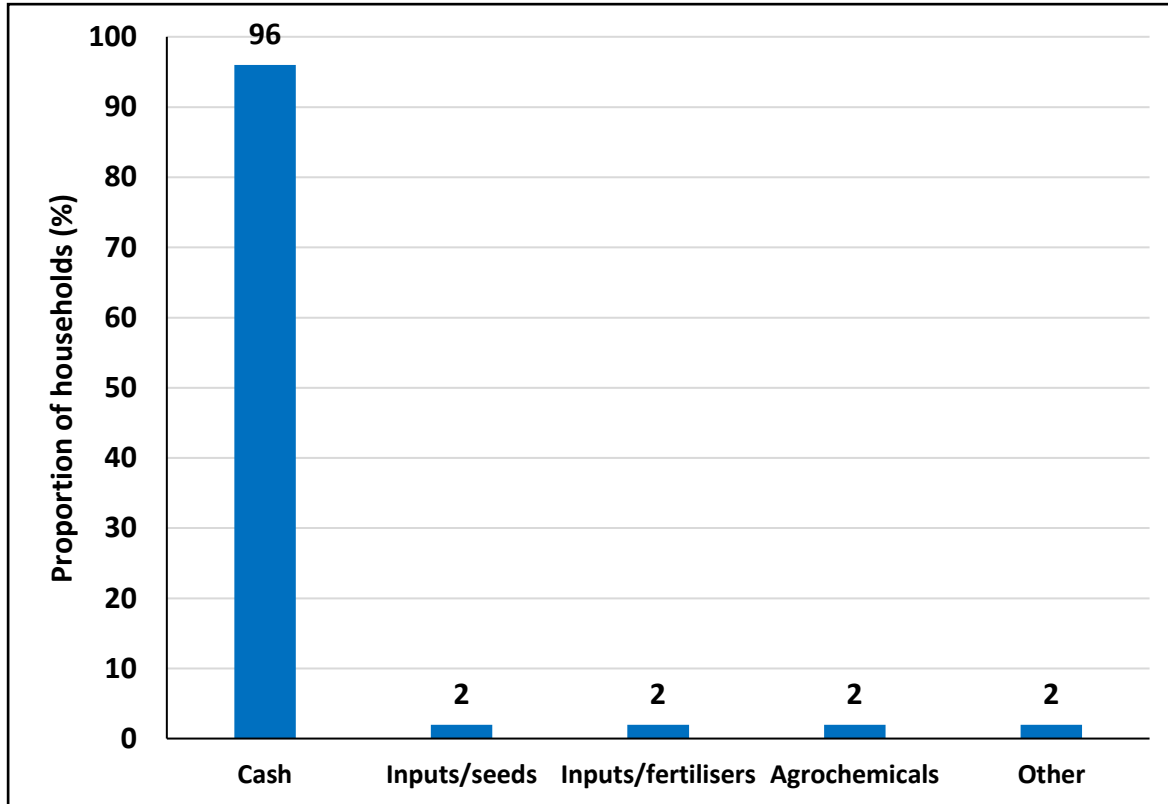
Loan primary use
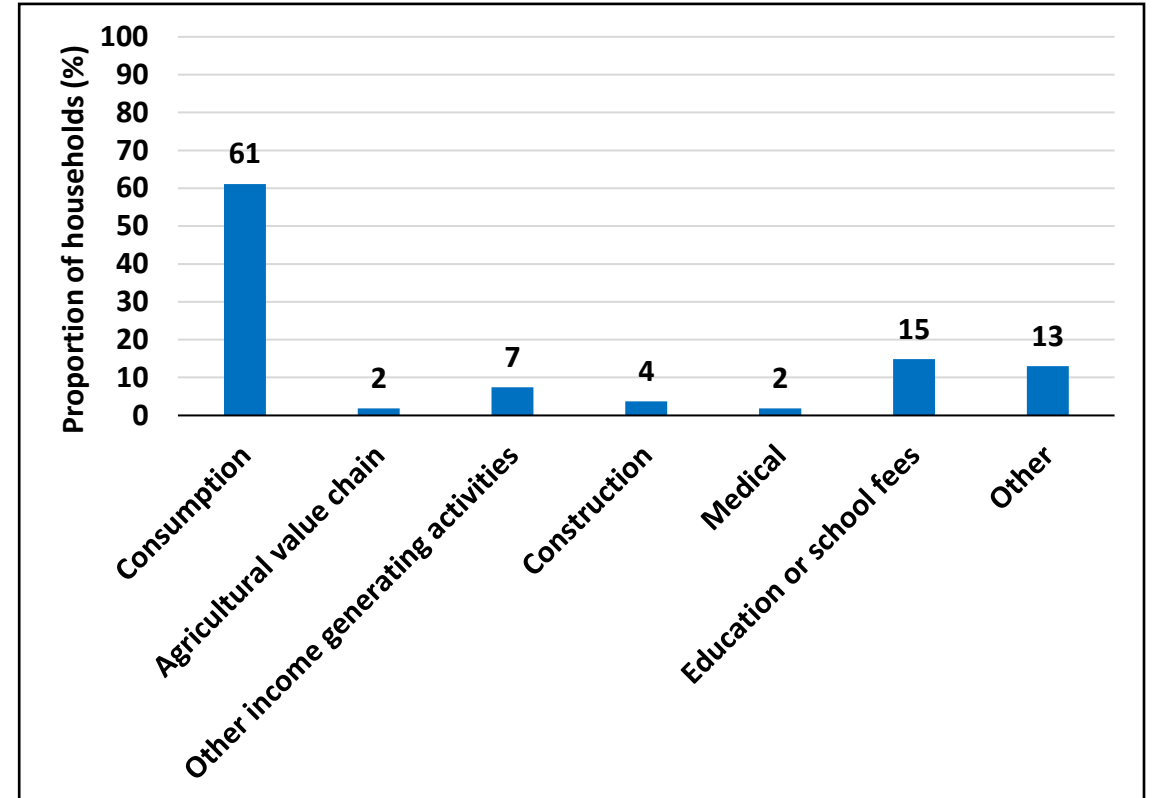
- Of those households which received loans, the majority (96%) received cash.

- The primary use of these loans was consumption (61%).

Households with a Member in an ISAL Group
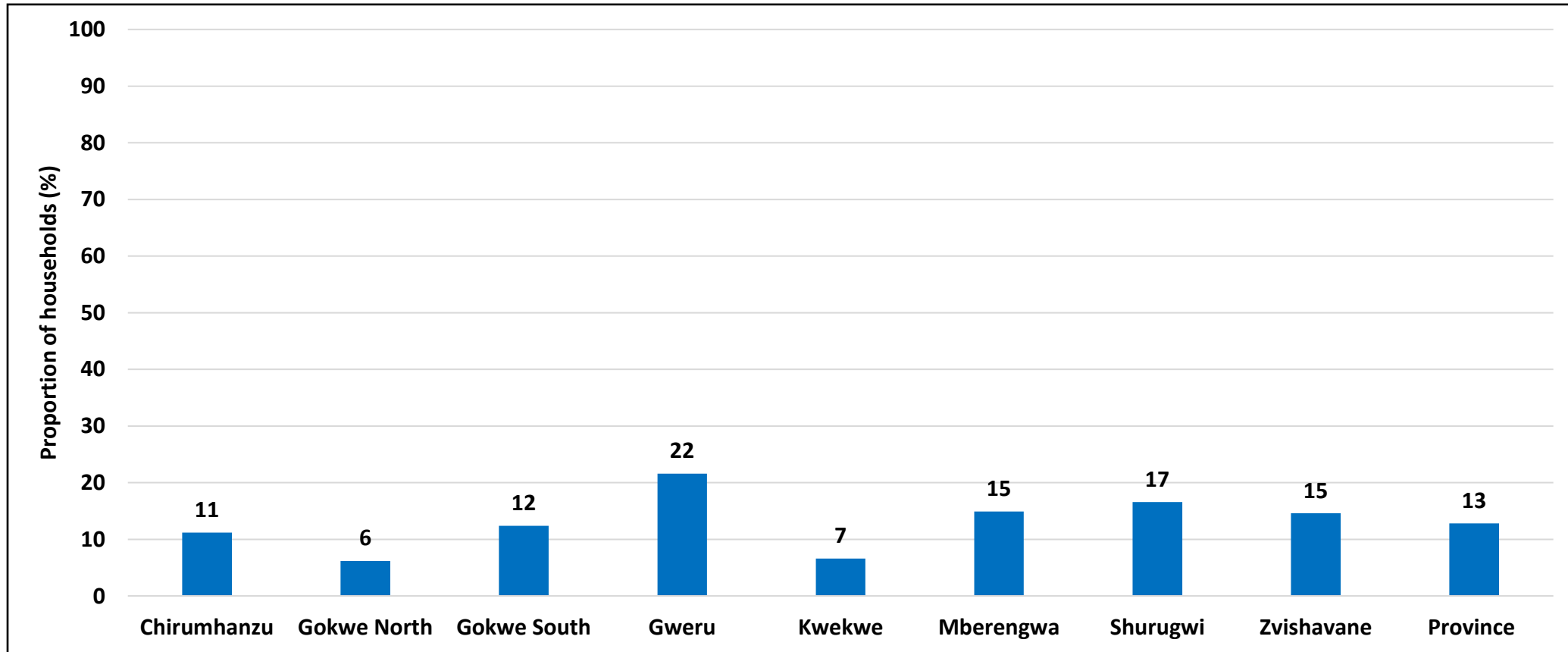
- At least 13% of the households had a member who was in an ISAL group. This was a decline from the 16% reported in 2019.

- The proportion was high in Gweru (22%) and low in Gokwe North (6%).

Use of Share-out from ISAL Group

	Buying construction materials	Education	Livestock purchase	Food	Household utensils	Agricultural inputs and equipment	Financing Income generating projects	Health costs
Chirumhanzu	0	0	9	32	41	5	0	0
Gokwe North	0	0	25	25	17	0	0	0
Gokwe South	8	8	8	64	20	4	4	0
Gweru	3	6	6	24	12	3	12	0
Kwekwe	8	15	23	54	15	0	31	0
Mberengwa	3	3	10	41	41	3	0	3
Shurugwi	0	30	6	82	27	12	3	12
Zvishavane	7	0	14	34	28	14	7	0
Province	4	9	11	46	26	6	6	3

- The majority of households in the province used their share-out from ISALS to purchase food (46%) and household utensils (26%).

Food Consumption Patterns

Food Consumption Score
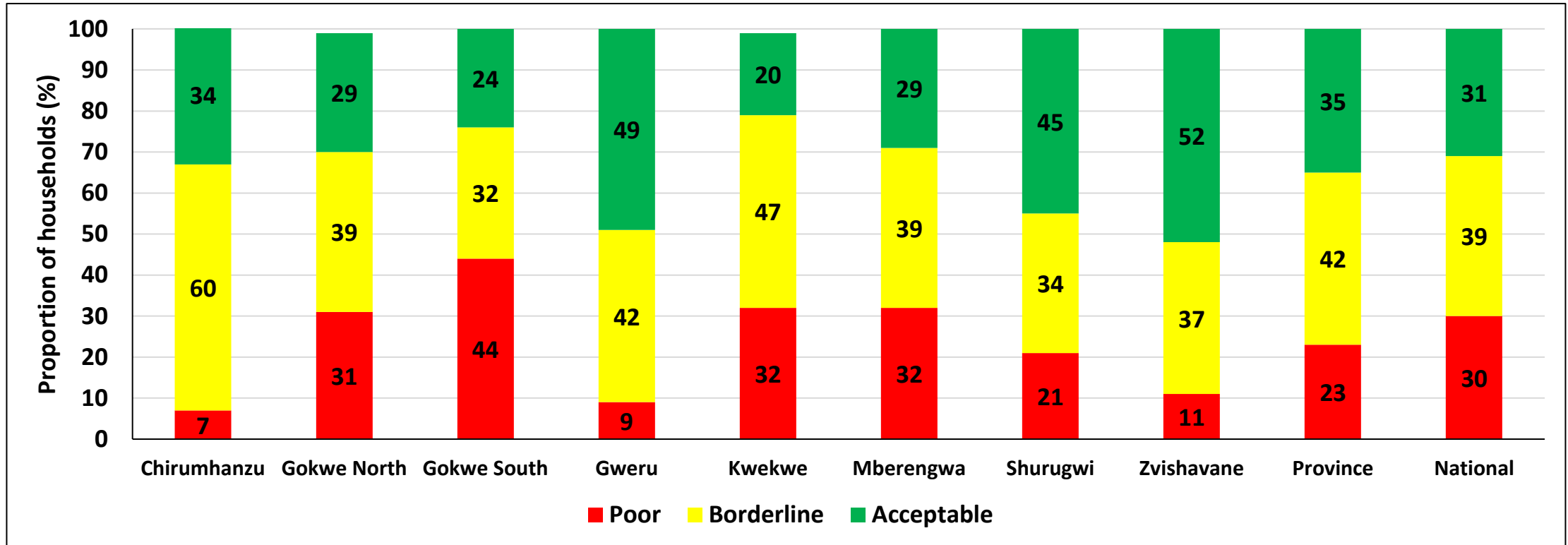
- The majority of households (65%) in the province were consuming borderline to poor diets which may be indicative of a deteriorating food security situation in the districts.
- Kwekwe district had the least number of households consuming acceptable diets at 20% compared to Zvishavane who were at 52%.

Average Number of Days Households Consumed Food from the Various Food Groups
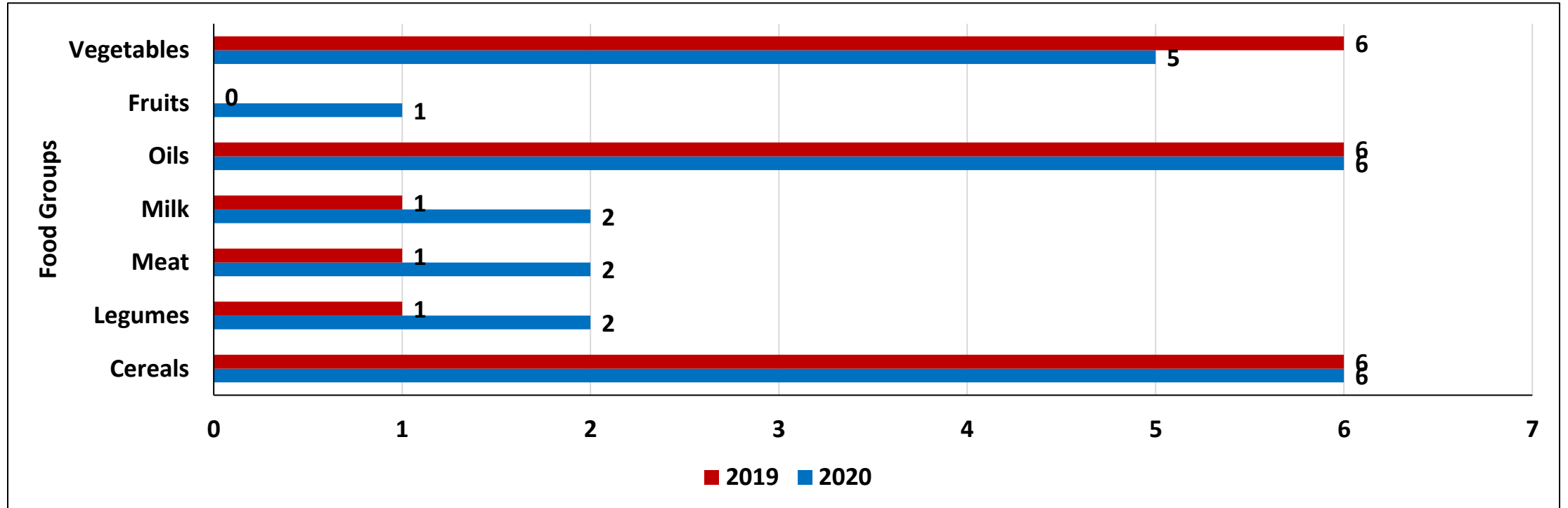
- Consumption of vegetables decreased in the Midlands province from an average of 6 days down to 5 days whilst fruit, milk, meat and legumes consumption increased by an average of a day.

Household Dietary Diversity Score (HDDS)

HDDS	Classification
<3	Low
4-5	Medium
>5	Acceptable

Proportion of Households by HDDS Classification
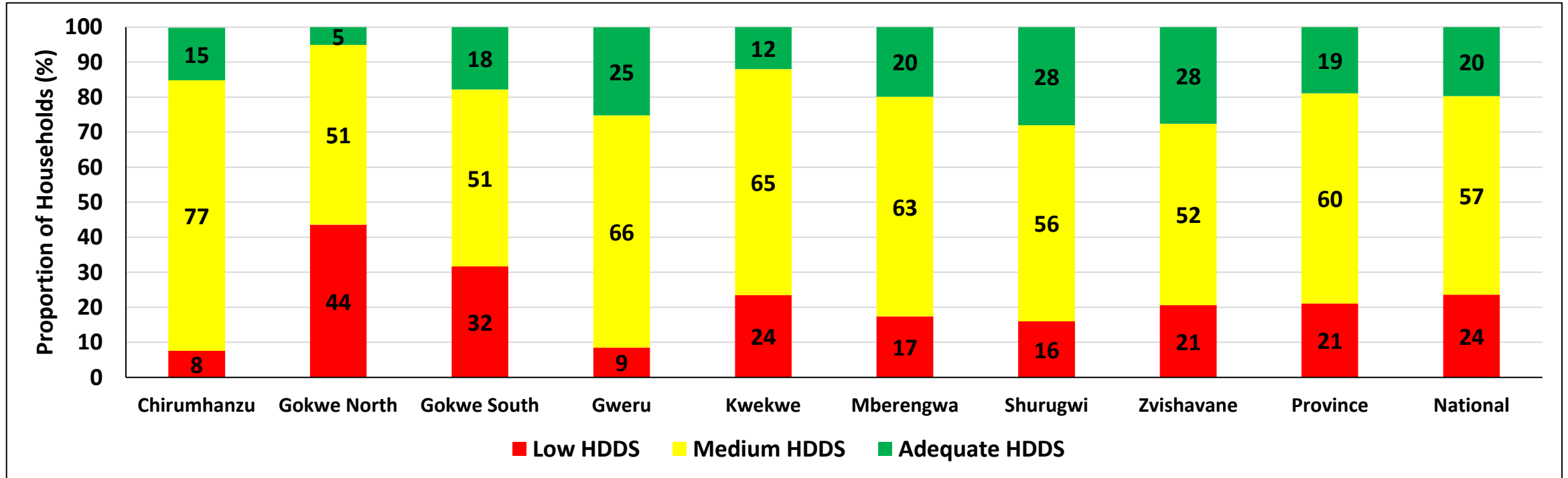
- The least proportion of households with adequate HDDS were found in Chirumhanzu and Gokwe North districts (5%) and the highest proportion in Shurugwi and Zvishavane districts (28%).
- The majority of households in the Midlands province were classified as medium HDDS (60%).

Average Household Dietary Diversity Score by District
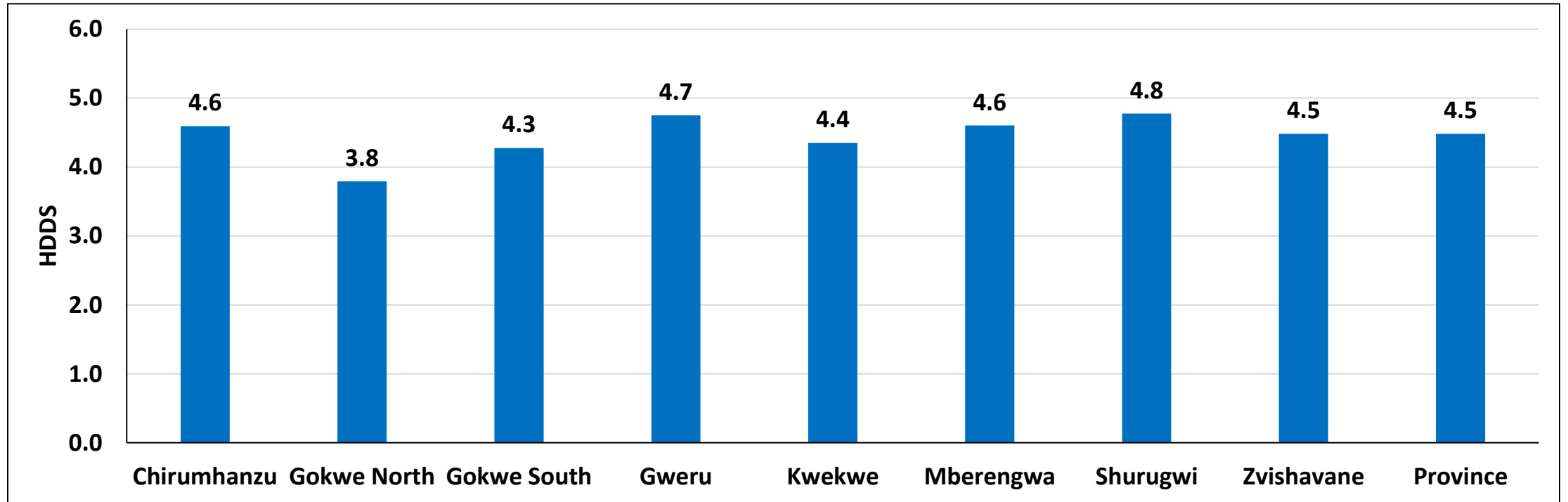
- The average dietary diversity score in the province is 4.5 food groups consumed by a household.

- Gokwe North (3.8) had the least average diversified diet and Shurugwi district had the most diversified diet (4.8).

Household Hunger Score
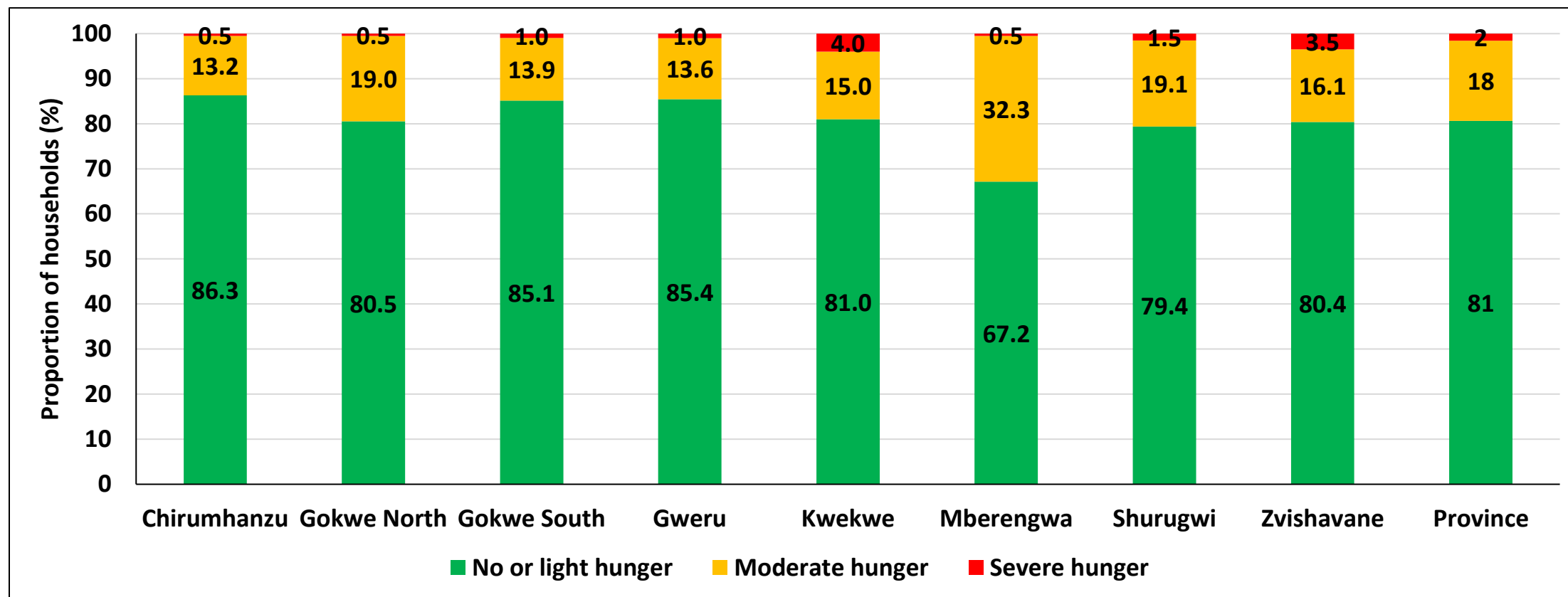
- About 18% of households were at risk of moderate hunger and 2% of severe hunger.

- Mberengwa, Shurugwi and Gokwe North districts reported the greatest proportion of households at risk of moderate to severe hunger, being 32.8 %, 20.6 % and 19.5 % respectively.

Households Which Consumed Iron Rich Food
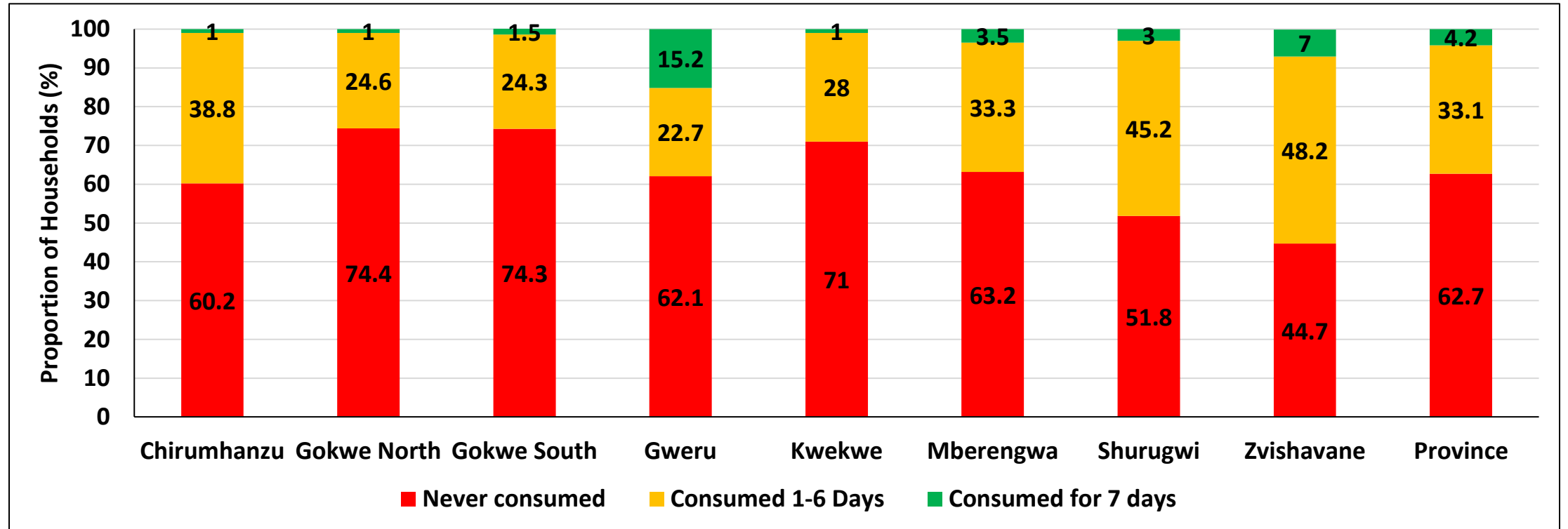
- Gokwe North district had the highest proportion (74.4%) of households who had not consumed iron rich food in the relative period of assessment potentially putting them at the risk of iron deficiency disorders.
- Gweru district had the highest proportion of households that consumed iron rich foods at 15.2%.
- A proportion of 33.1% of households consumed iron rich foods for 1 to 6 days.

Households Which Consumed Vitamin A Rich Food
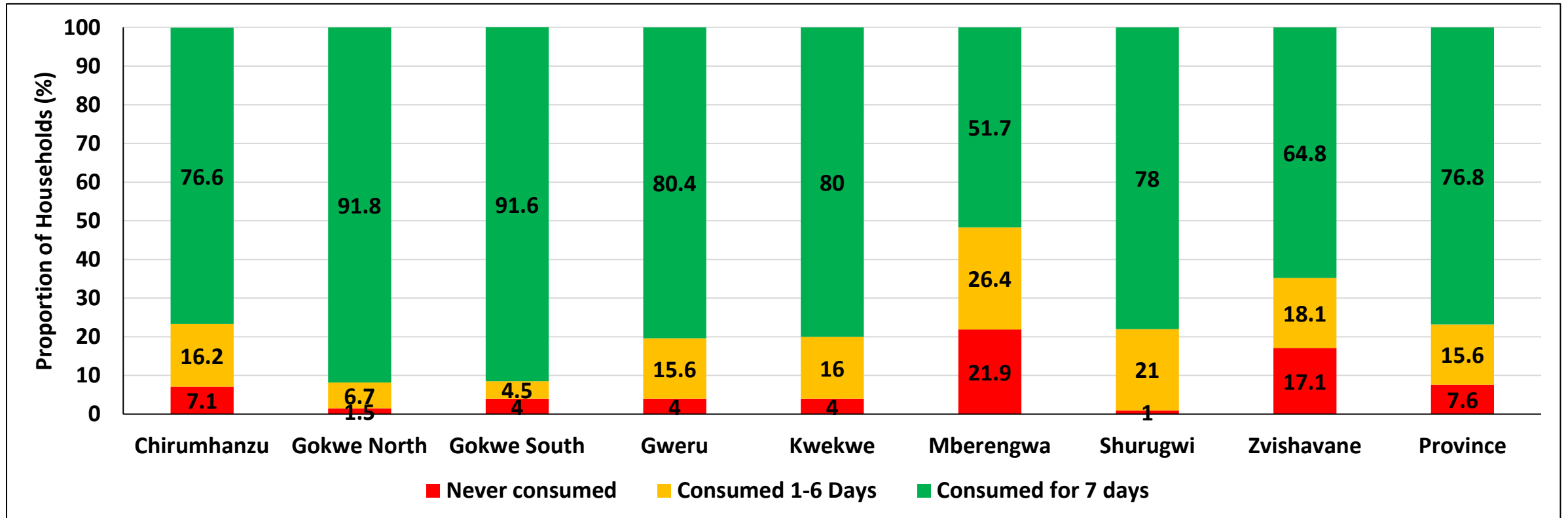
- A majority of households in the province consumed Vitamin A rich food at 76.8% and with 7.6% of households not consuming the vitamin A rich food in the 7 days preceding the assessment.

# Households Which Consumed Protein Rich Food
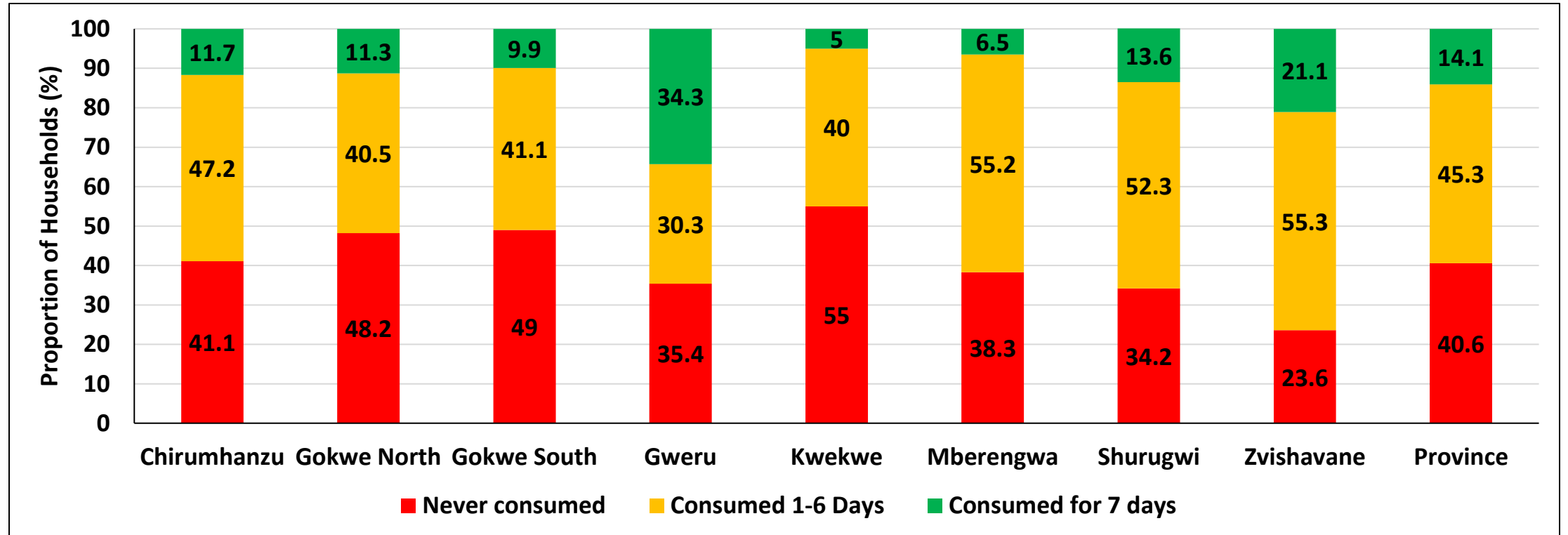
- On average 45.3% of the households in the province consumed protein rich food for 1 to 6 days in the 7 days preceding the assessment.

- Kwekwe district had a large proportion of households (55%) not consuming protein rich food.

- Gweru district had the highest proportion of households that consumed protein rich food for 7 days at 34.3%.

Women of Child Bearing Age Consumption of Protein, Iron and Vitamin A Rich Foods
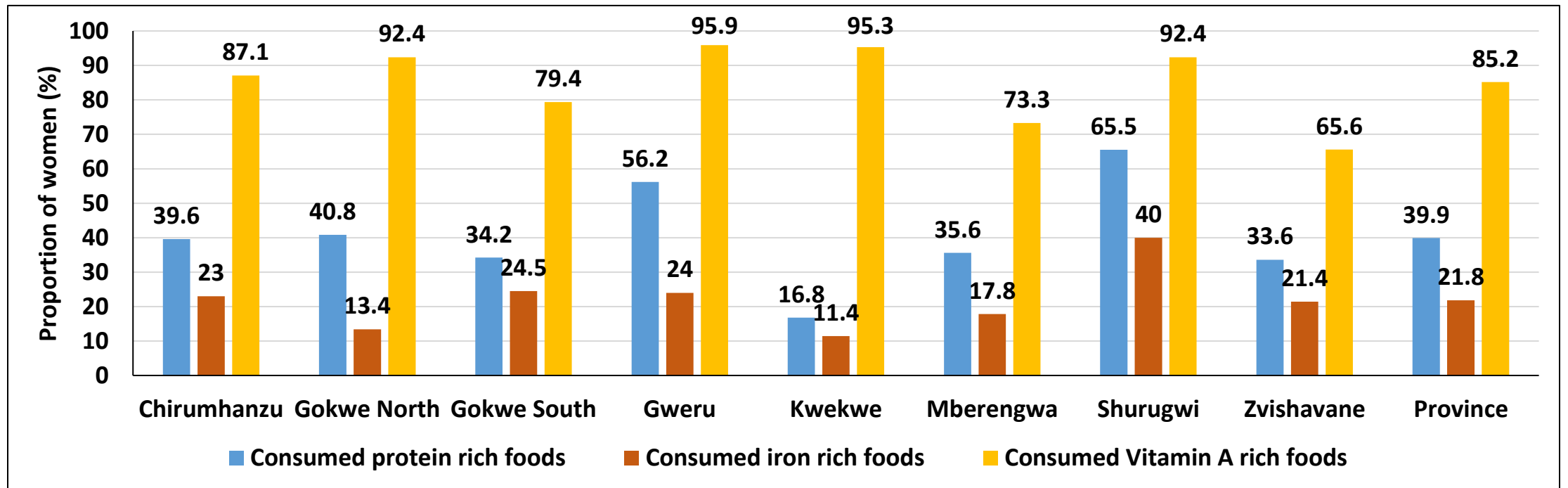
- The proportion of women of child bearing age who were consuming iron rich foods in the province was 21.8%.

- A large proportion (85.2%) of women in the province were consuming Vitamin A rich foods.

# Minimum Dietary Diversity for Women of Child Bearing Age
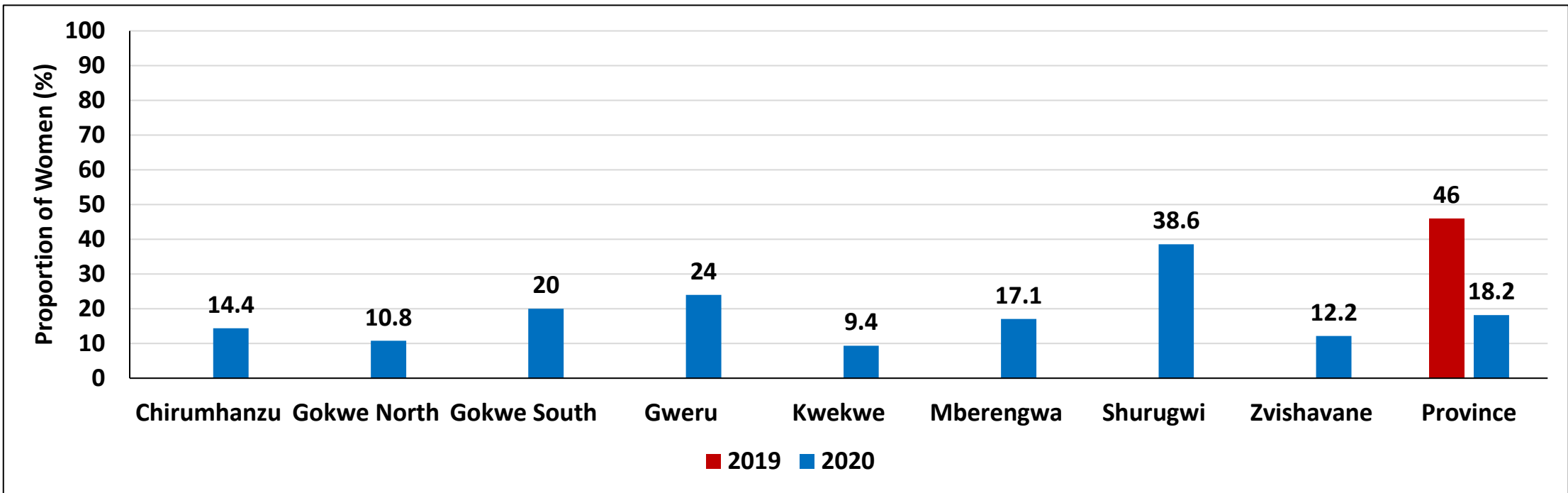
- The proportion of women in the province who consumed at least 5 food groups decreased from 46% in 2019 to 18.2% in 2020 and they were at risk of micronutrient deficiencies.

Livelihood Based Coping Strategies

Household Livelihood Coping Strategies

Category	Coping Strategies
Stress	• Borrowing money, spending savings, selling assets and selling more livestock than usual
Crisis	• Selling productive assets directly reducing future productivity, including human capital formation. • Withdrawing children from school • Reducing non food expenditure.
Emergency	• Selling of one's land thus affecting future productivity, more difficult to reverse /dramatic in nature. • Begging of food. • Selling the last breeding stock to buy food.

Consumption Coping Strategy Index
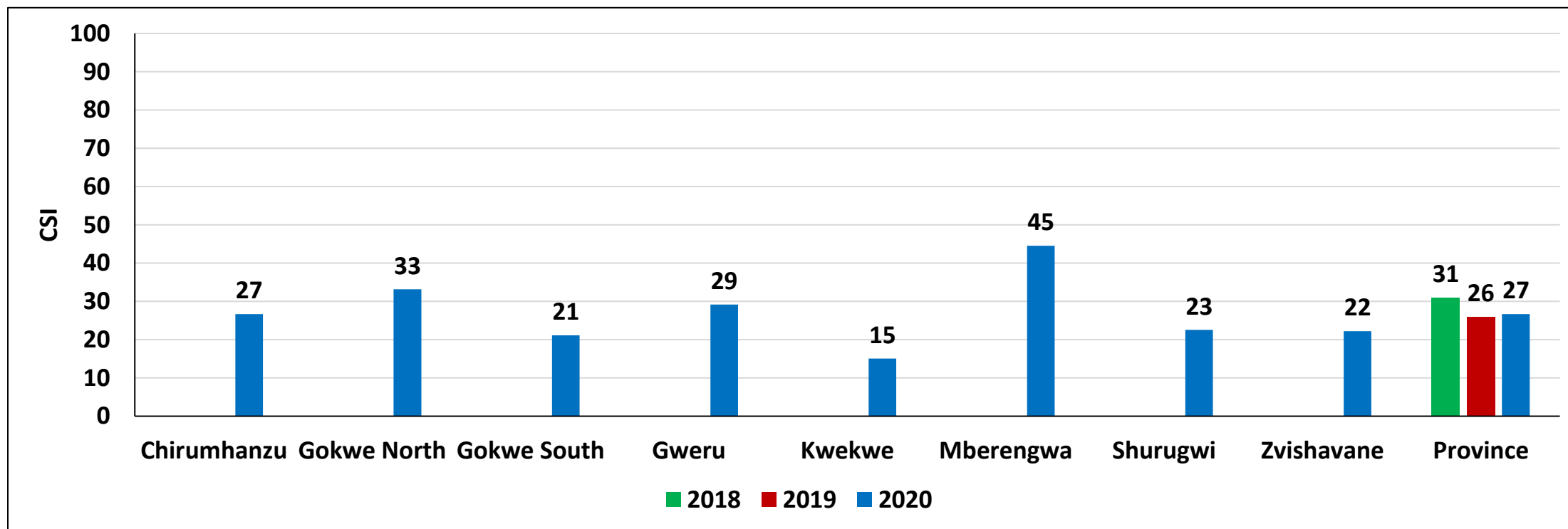
- The CSI increased from 26 in 2019 to 27 in 2020 in the province indicating a worsening situation with more households which were now resorting to consumption coping strategies

Consumption Coping Strategies
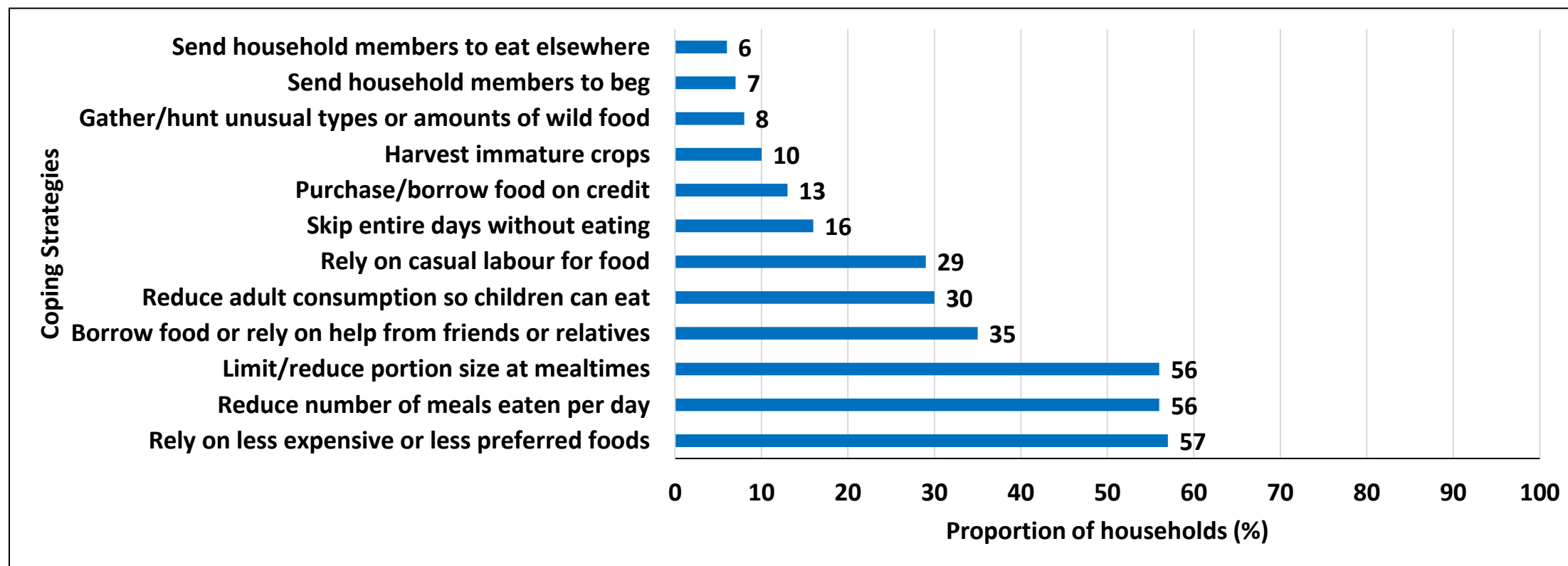
- The highest proportion of households (57%) relied on less expensive and less preferred foods.
- The least used consumption strategy (6%) was to send household members to eat elsewhere.

Consumption Coping Strategies

|	Skip entire days without eating (%)	Limit/reduce portion size at mealtimes (%)	Reduce number of meals eaten per day (%)	Borrow food or rely on help from friends or relatives (%)	Rely on less expensive or less preferred foods (%)	Purchase/borrow food on credit (%)	Gather/hunt unusual types or amounts of wild food (%)	Harvest immature crops (%)	Send household members to eat elsewhere (%)	Send household members to beg (%)	Reduce adult consumption so children can eat (%)	Rely on casual labour for food (%)
Chirumhanzu	13.7	62.4	62.4	34.5	63.5	20.3	2.0	3.0	5.1	3.6	24.9	26.9
Gokwe North	17.4	73.8	74.4	51.3	72.3	11.3	23.6	12.8	6.2	19.5	54.4	47.7
Gokwe South	20.8	39.6	35.6	31.2	49.5	14.9	12.9	8.4	8.4	6.9	21.8	31.7
Gweru	14.1	53.8	52.8	23.6	56.3	5.0	3.5	1.5	3.0	4.5	14.1	21.6
Kwekwe	22.0	39.5	38.5	27.5	28.0	15.0	6.0	11.5	12.0	9.5	19.0	21.0
Mberengwa	14.4	83.6	91.0	58.2	95.0	14.4	7.0	14.9	6.5	10.0	37.3	37.8
Shurugwi	13.0	49.0	50.0	23.5	54.5	19.5	3.5	25.0	2.5	1.5	34.5	19.5
Zvishavane	12.1	45.7	47.7	33.2	35.7	7.5	9.5	2.0	4.0	1.5	31.7	24.6

- The highest proportion of households (74.4%) in Gokwe North relied on reducing the number of meals eaten per day followed by relying on less expensive or less preferred food (72.3%) as coping strategies.

Livelihood Coping Strategies
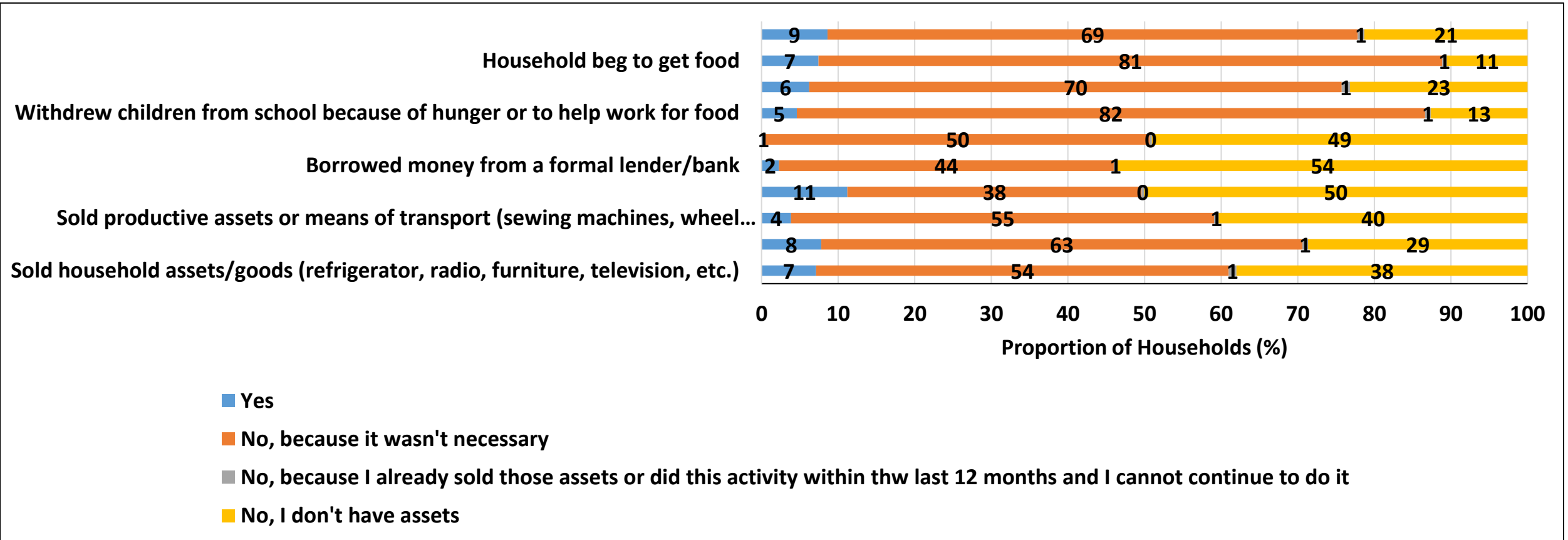
- The most common livelihood coping strategy in the province was spending savings (11%) followed by selling of more animals than usual (9%).
- The least practised coping strategy was the selling of land or houses to buy food which was done by 1% of households.

Households Maximum Coping Strategies
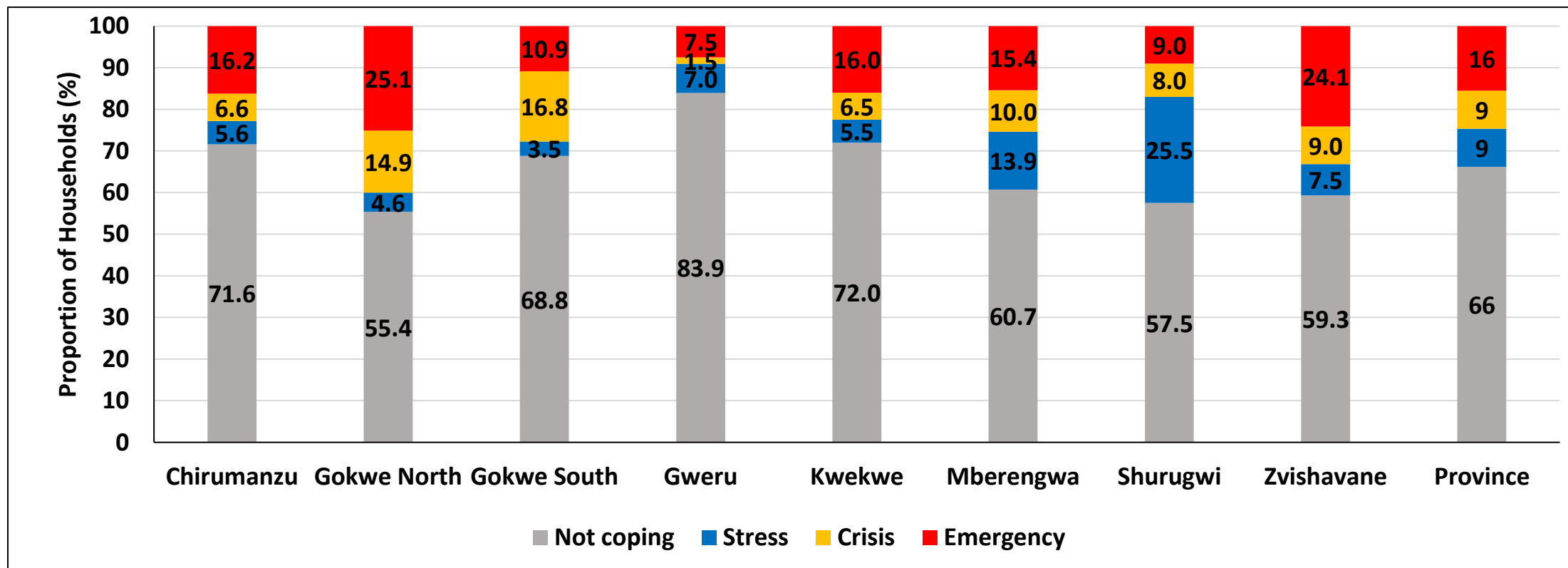
- In the province, a large proportion of the households (66%) were not engaging any coping strategies.
- About 16% of the households were engaging in emergency, 9% in crisis and 9% in stress coping strategies.

Livelihoods Based Coping Strategies
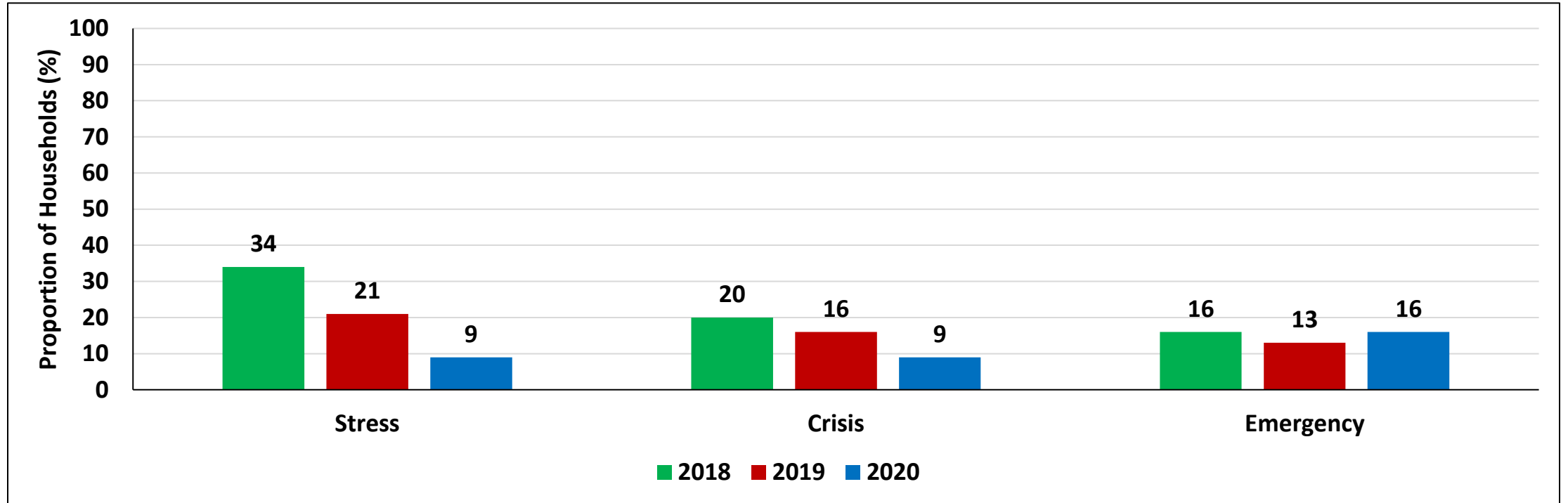
- The trend from 2018 is showing the proportion of households which engaged emergency coping strategies decreased from 16% to 13% in 2019 and then rose in 2020 to 16 %.

- The proportion of households engaging stress coping strategies decreased from 34% in 2018 to 9% in 2020 and those engaging in crisis coping strategies decreased from 20% in 2018 to 9% in 2020.
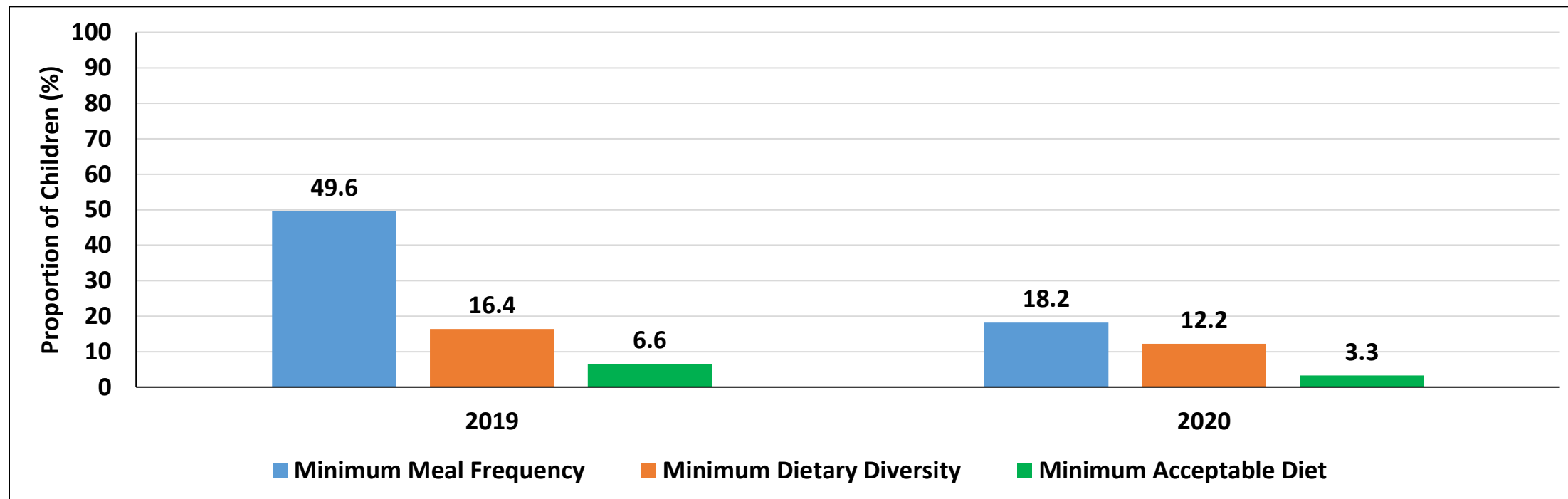
# Complementary Feeding

Complementary Feeding
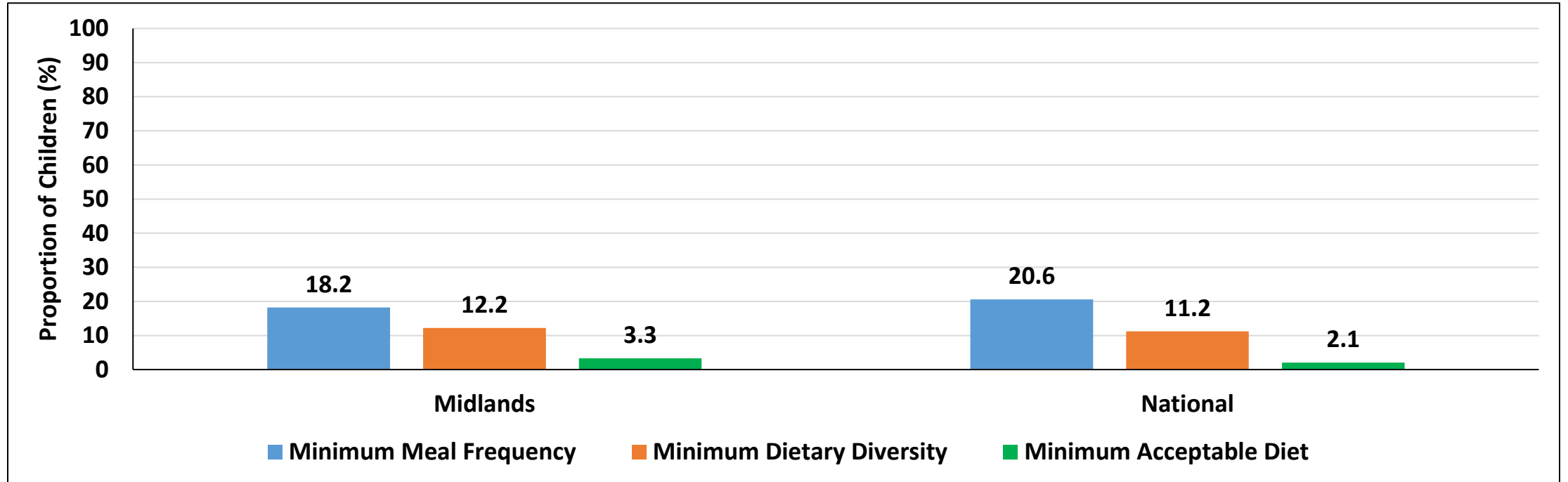
- A proportion of 3.3 % of children aged 6-23 months in the Midlands province received a minimum acceptable diet which means the majority were at a higher risk of malnutrition due to inadequate dietary practices.

Complementary Feeding Trends

- The children aged 6-23 months who received a minimum acceptable diet decreased from 6.6% in 2019 to 3.3% in 2020.

Children Who Received at least a Single Dose of Vitamin A Supplementation in the Past 6 Months
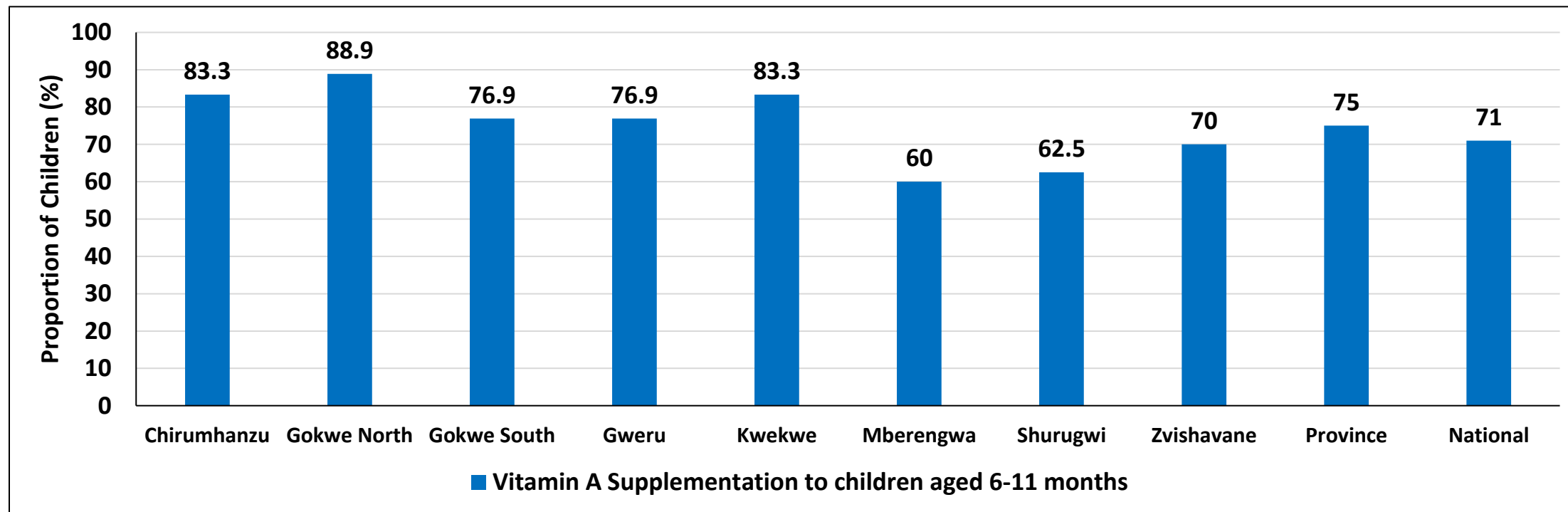
- Vitamin A supplementation was low in the province at 75 % coverage against a national target of 90 % coverage for children aged 6 to 11 months.
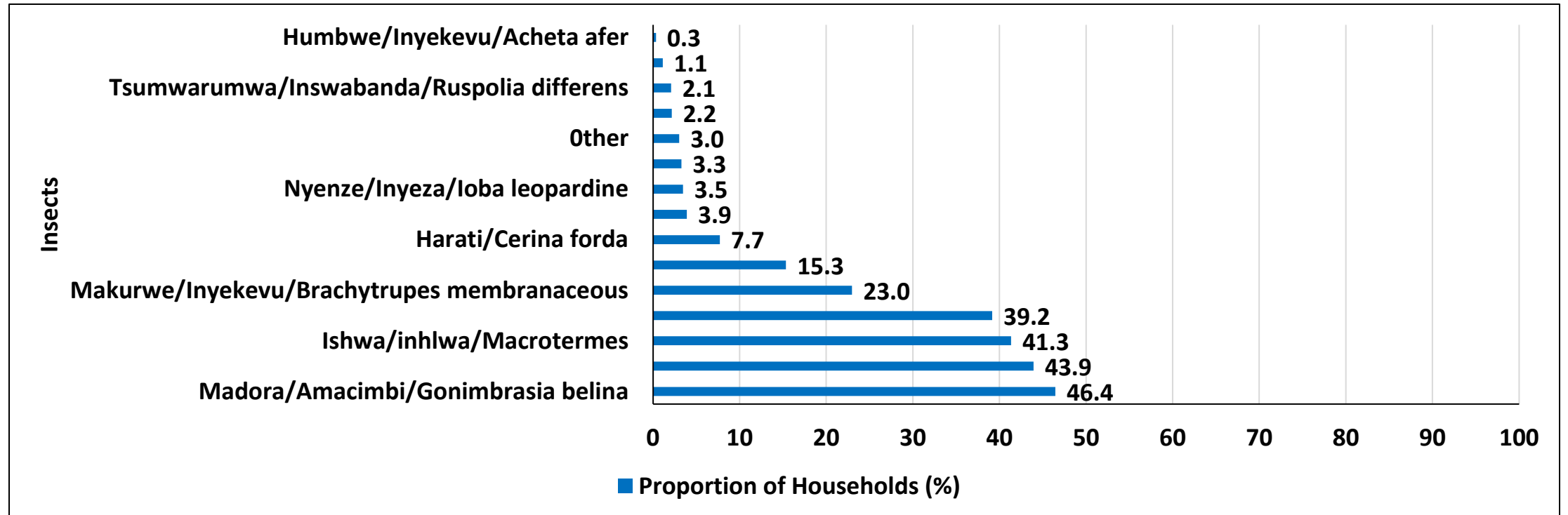
Children Who Received at least 2 Doses of Vitamin A Supplementation in the Past 12 Months

Vitamin A Supplementation to children aged 12-59 months
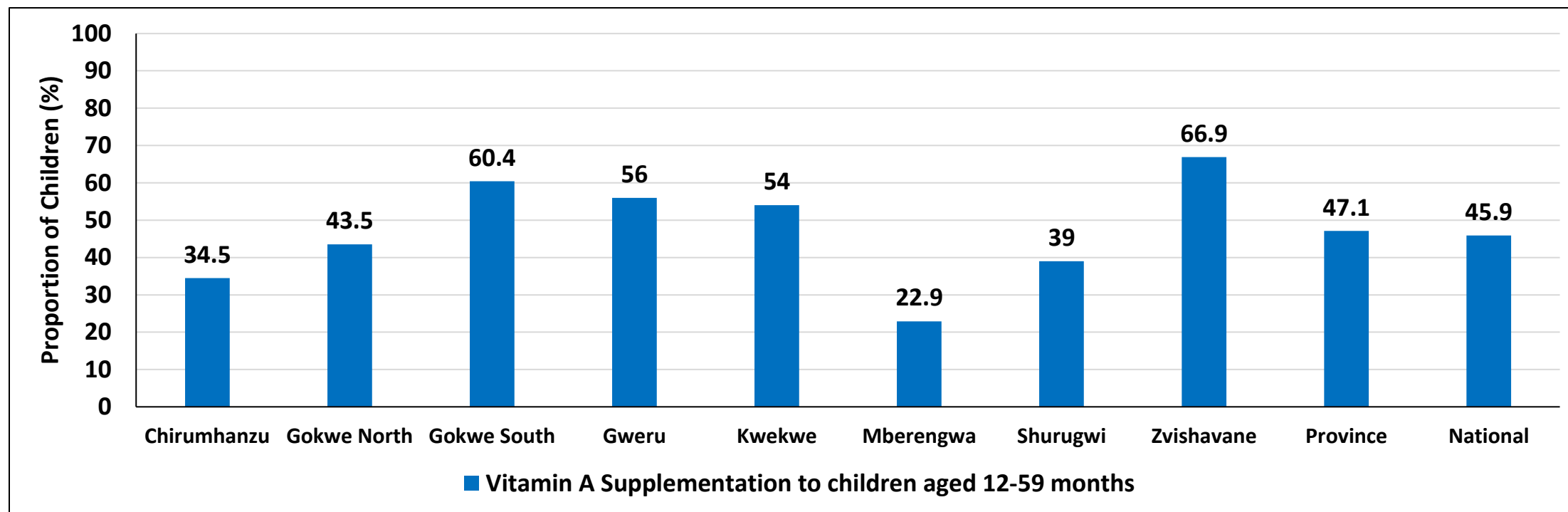
- Vitamin A supplementation was low in the province at 47.1 % coverage against a national target of 90% coverage for children aged 12 to 59 months.
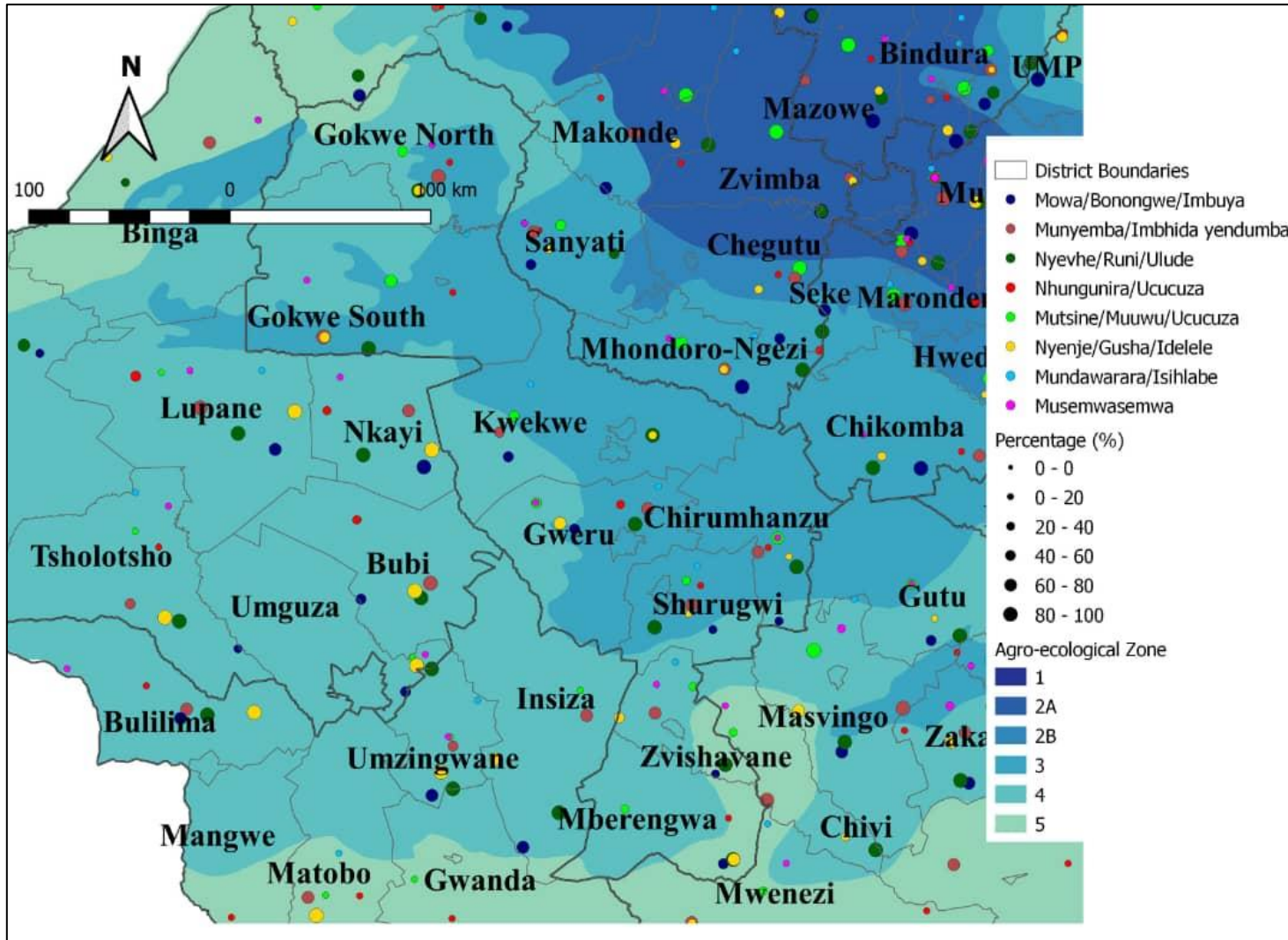
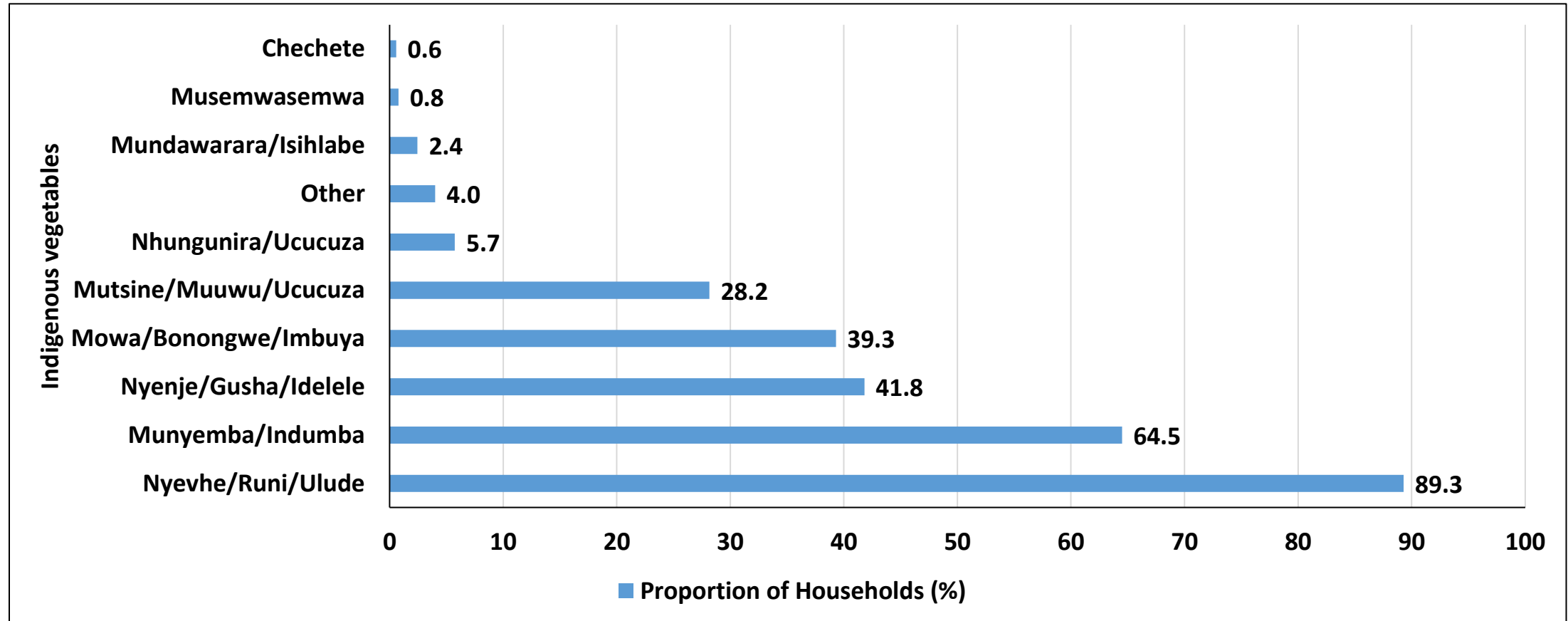# Indigenous Food Consumption

Commonly Consumed Insects

- Madora were the most consumed insects (46.4%).

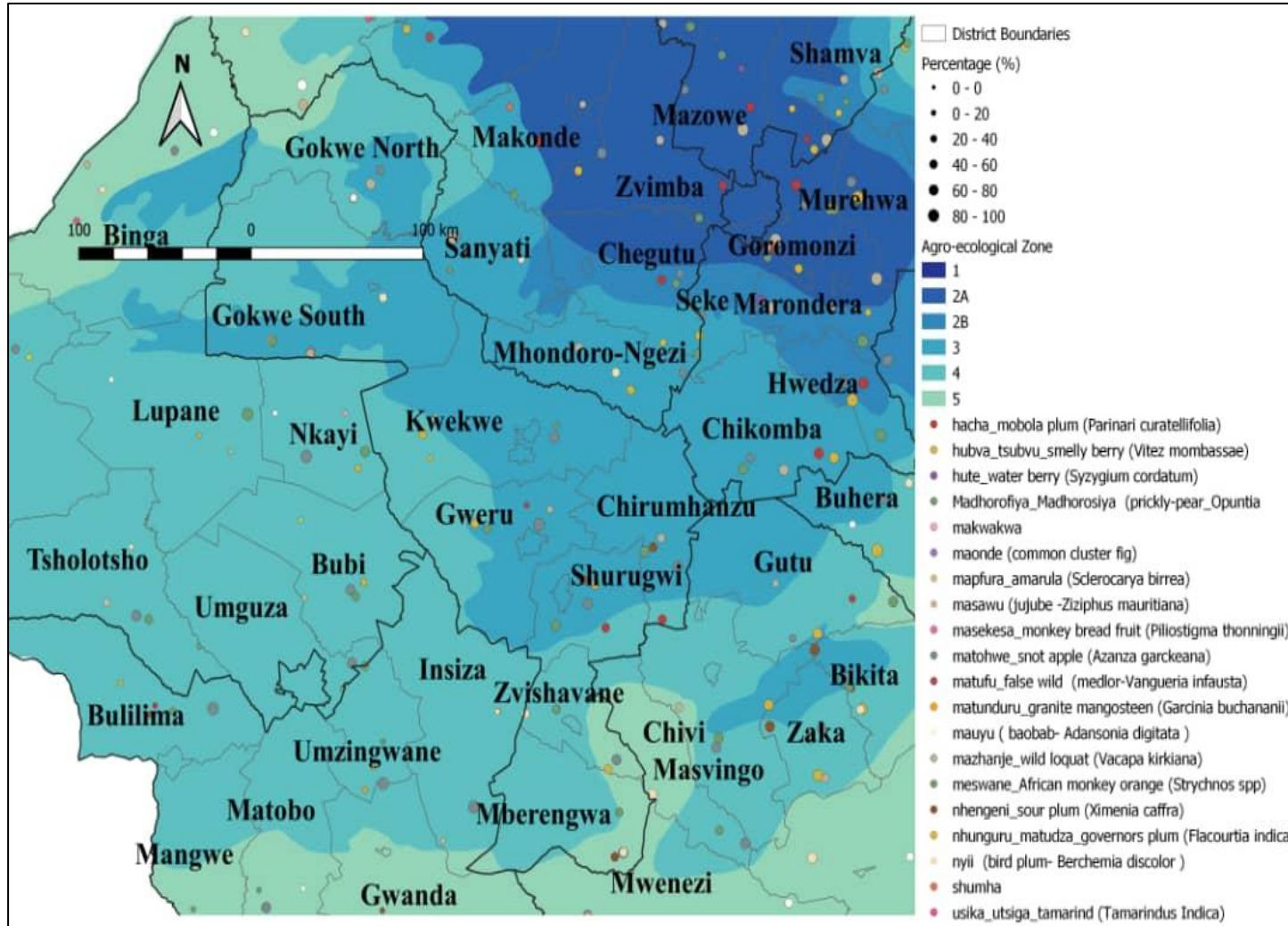# Availability of Indigenous Vegetables

- Nyevhe was widely available in 80-100% of the areas in the province followed by munyemba (60-80%) and mutsine (40-60%).

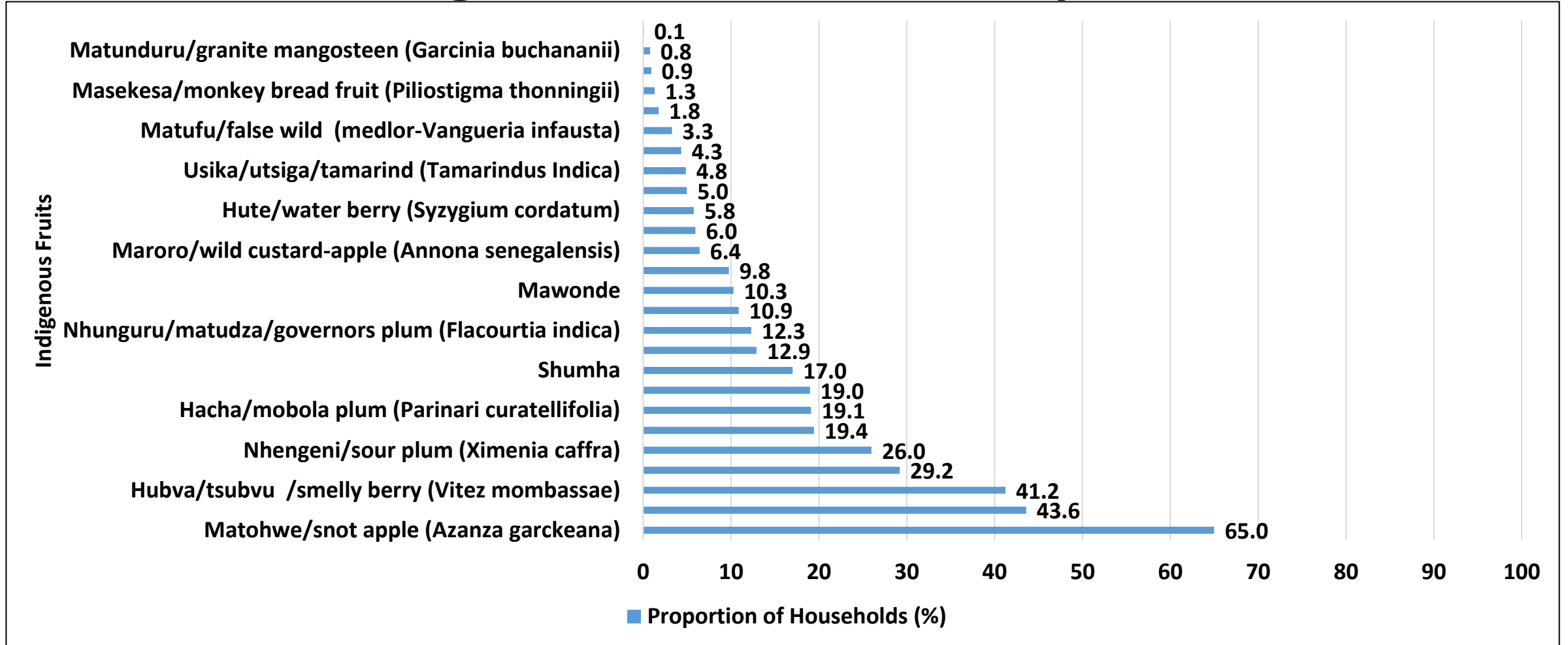# Indigenous Vegetable Consumption

- The most widely consumed indigenous vegetable was nyevhe (89.3%) followed by munyemba (64.5%).

Availability of Indigenous Fruits

- Matohwe were available in 60-80% of the areas in the province followed by meswane (40-60%) and tsubvu (40-60%).

Indigenous Fruit Consumption

The most widely consumed indigenous fruit was matohwe (65%

Child Nutrition Status

Malnutrition Prevalence thresholds for children under 5 years:

Index	Nutritional Condition	Indicator	Prevalence cut-off values for public health significance
MUAC	Global Acute Malnutrition	MUAC< 125mm	<5% Acceptable 5–9.9%: Poor 10–14.9%: Serious >15%: Critical (WHO, 2000)
	Severe Acute Malnutrition	MUAC<115mm	
MUAC-for Age-Z score	Global Acute Malnutrition	MUACAZ <-2	<5% Acceptable 5–9.9%: Poor 10–14.9%: Serious >15%: Critical (WHO, 2000)
	Severe Acute Malnutrition	MUACAZ<-3	

Global Acute Malnutrition Based on MUAC
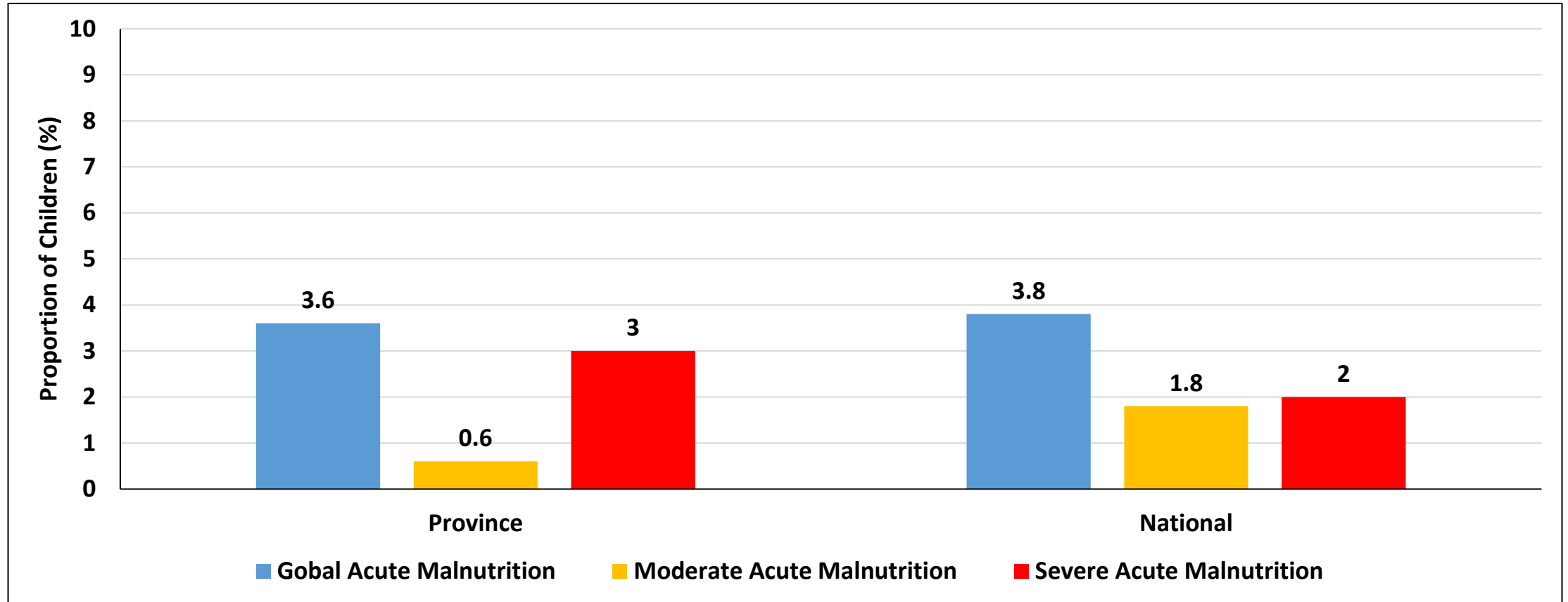
- The global acute malnutrition prevalence was 3.6% in the province (using MUAC only) which was in the WHO acceptable range of GAM below 5%

Global Acute Malnutrition Based on MUAC for Age
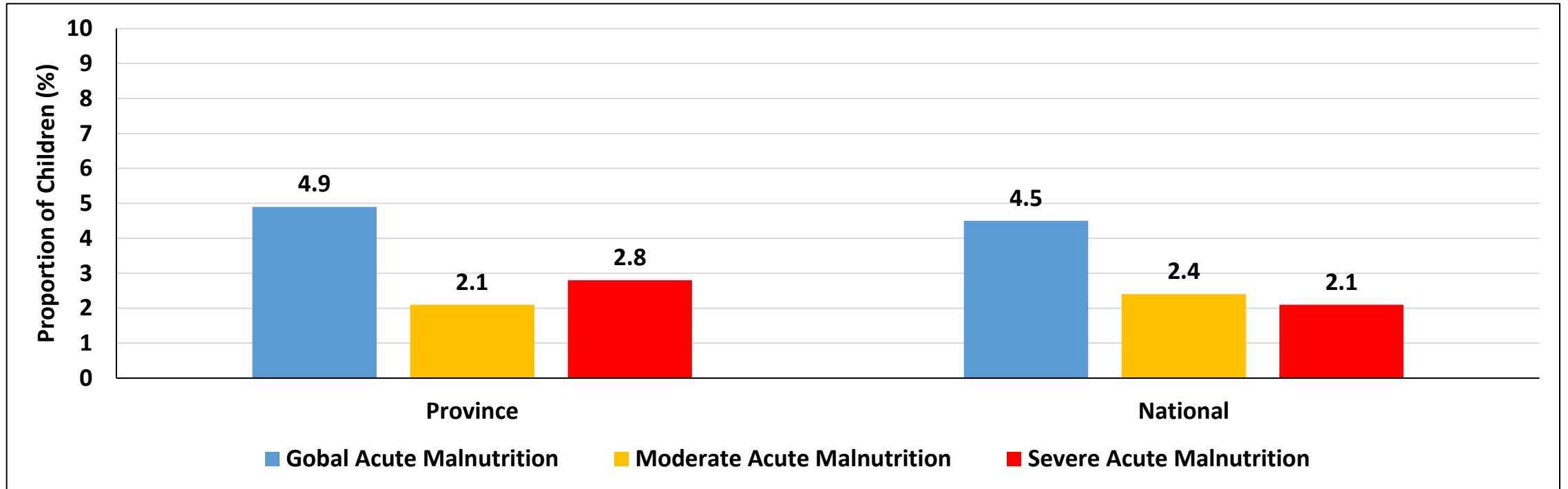
- The proportion of global acute malnutrition in the province was 4.9% (using MUAC for Age) which is in the WHO acceptable range but was very close to the cut off point of being in the poor range (5-9.9%).

Prevalence of Child illness for Children 0-59 Months
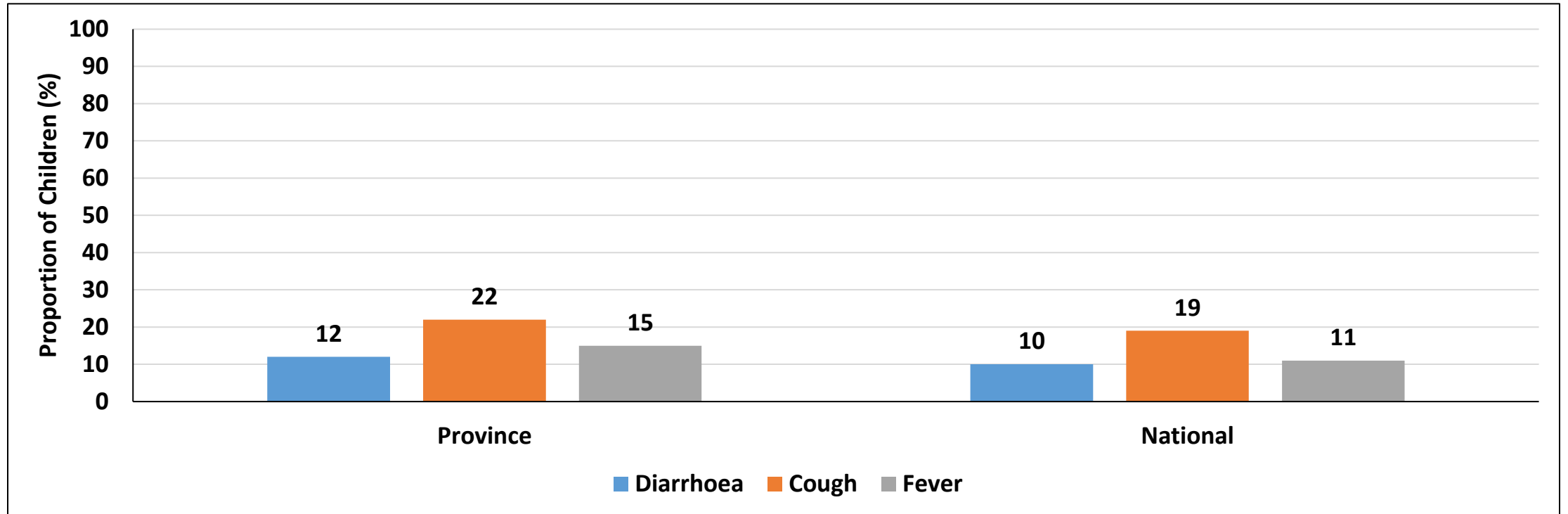
- Cough had the highest prevalence at 22% amongst children aged 0 to 59 months in the period of 2 weeks prior to the survey, potentially impacting negatively on the nutrition status of the child
- Diarrhoea had a prevalence of 12% and fever (15%) in the same period for the same age group

Gender-Based Violence

Proportion of Households with Members who Experienced Gender –Based Violence
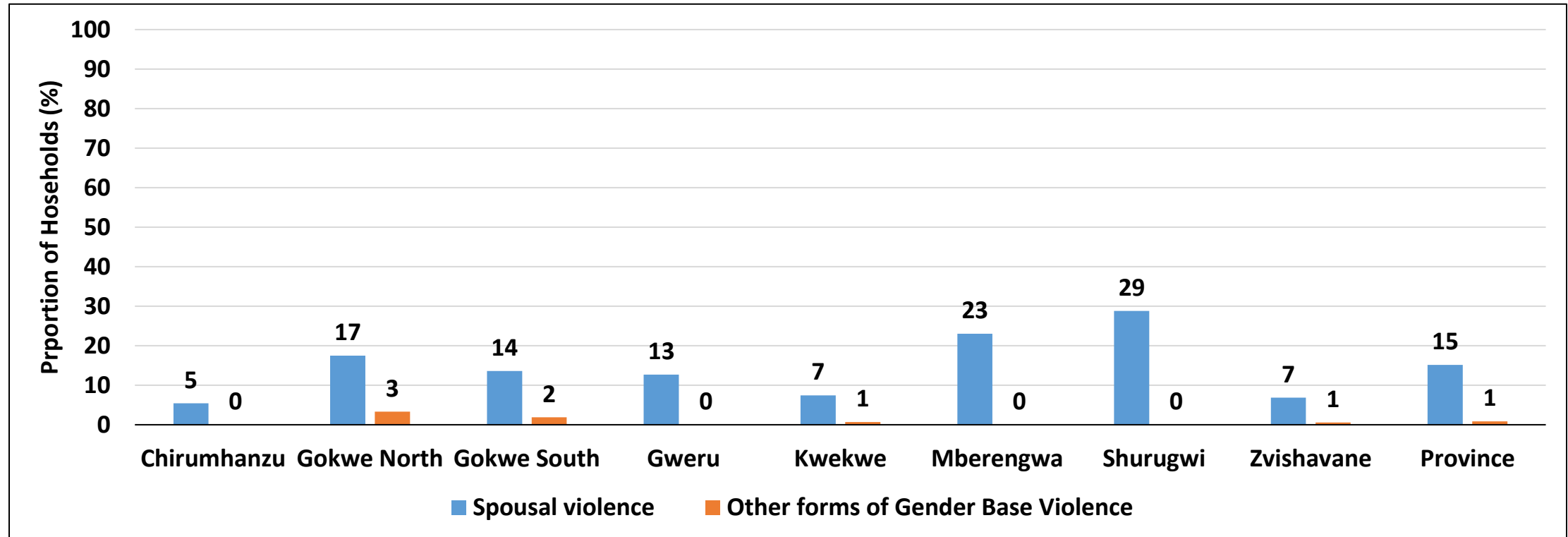
- The proportion of households who experienced spousal violence was 15% whereas 1% experienced other forms of gender-based violence.

- The district with the highest proportion of households where a member experienced spousal gender-based violence was recorded in Shurugwi district (29%) and the least was experienced in Chirumhanzu (5%).

- Other forms of gender based violence were prevalent in Gokwe North (3%).

Prevalence of Forms of Gender-Based Violence
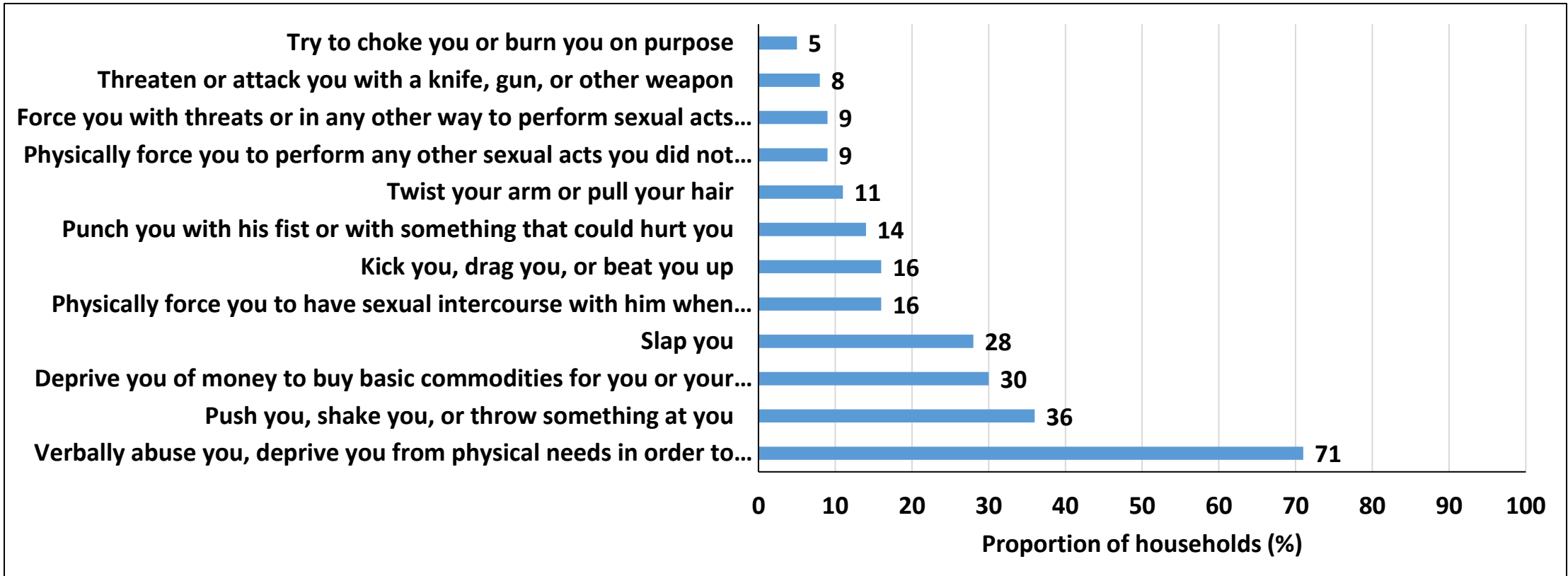
- At provincial level, verbal abuse (71%) was the most experienced form of spousal abuse while choking (5%) was the least.

Reporting of Gender-Based Violence
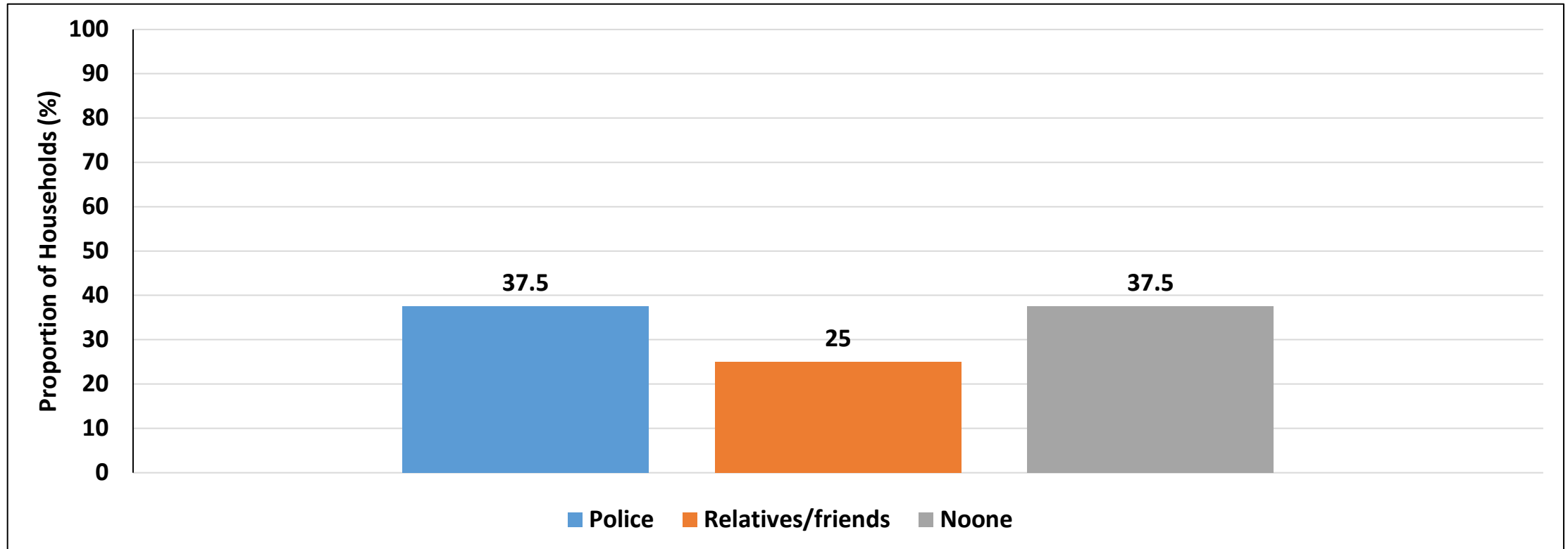
- The proportion of households with members who reported spousal gender-based violence to police was (37.5%) and relatives/ friends was 25%.
- Those who did not report to anyone constituted 37.5%.

COVID-19 and Livelihoods

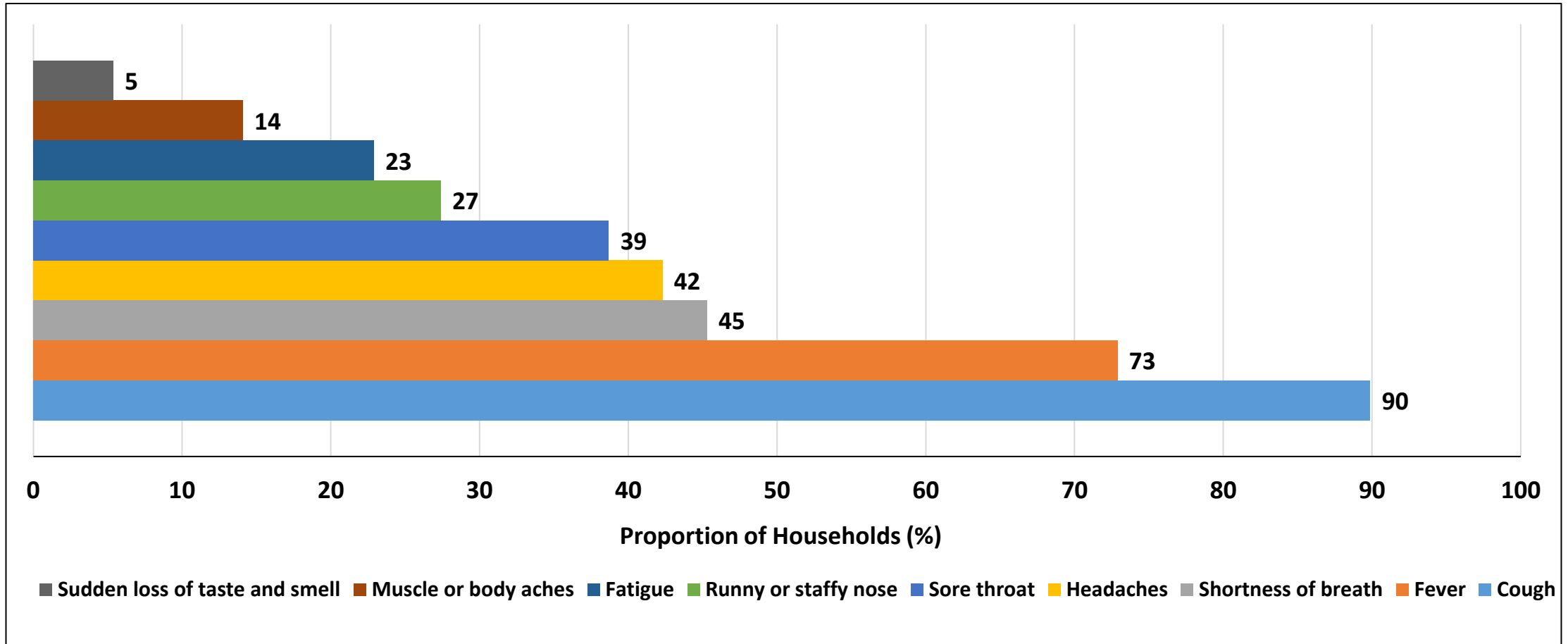# Households That Heard About COVID-19
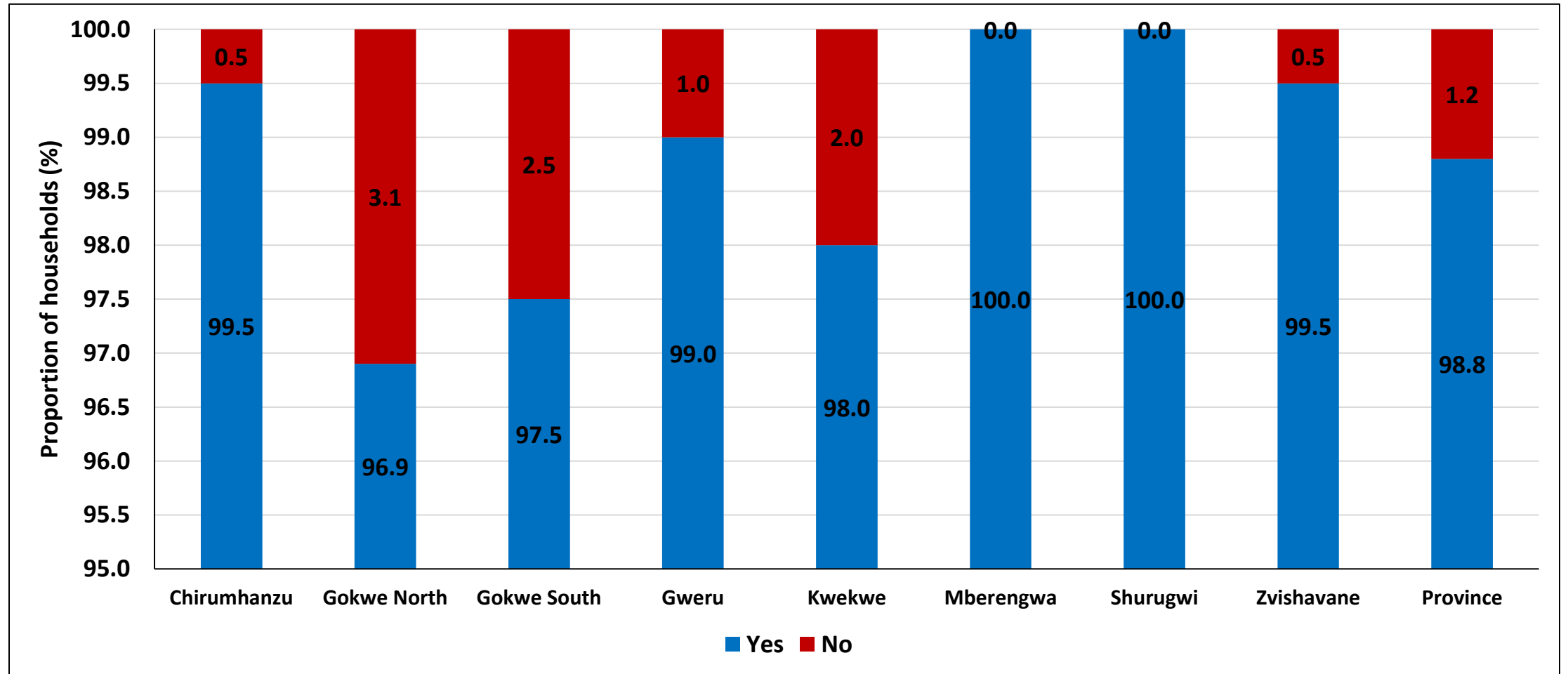
- The majority of households in the province (98.8%) heard about COVID-19 with 100% of households in both Mberengwa and Zvishavane having heard about it.

Sources of Information on COVID-19

	Radio (%)	Neighbours/Friends/Other Households (%)	Television (%)	Print media (Newspapers (%)	Social media (%)	Internet browsing (%)	Government Extension Workers (%)	UN/NGOs (%)	Other (%)
Chirumhanzu	29	10	1	0	1	0	77	0	0
Gokwe North	71	39	2	0	3	0	52	1	0
Gokwe South	62	10	0	0	15	0	62	0	3
Gweru	71	7	0	0	7	2	47	4	4
Kwekwe	90	33	3	2	5	0	34	0	0
Mberengwa	46	29	2	1	8	1	64	6	3
Shurugwi	71	23	0	0	8	0	59	3	0
Zvishavane	48	1	3	1	8	1	62	3	1
Province	59	21	2	1	6	0	58	2	1

- Radio (59%) and Government Extension workers (58%) were the major sources of information on COVID-19.

- Gokwe South (15%) reported the highest proportion of households getting COVID-19 information through social media while 6% of households in Mberengwa received information from UN/NGOs.

COVID-19 Symptoms Known by Households

Proportion of Households (%)

Legend: Sudden loss of taste and smell · Muscle or body aches · Fatigue · Runny or staffy nose · Sore throat · Headaches · Shortness of breath · Fever · Cough

Values: 5, 14, 23, 27, 39, 42, 45, 73, 90

- The most common symptoms of COVID-19 known to most households across the province were cough (90%), fever (73%) and shortness of breath (45%).

Households with Knowledge on how COVID-19 Spreads
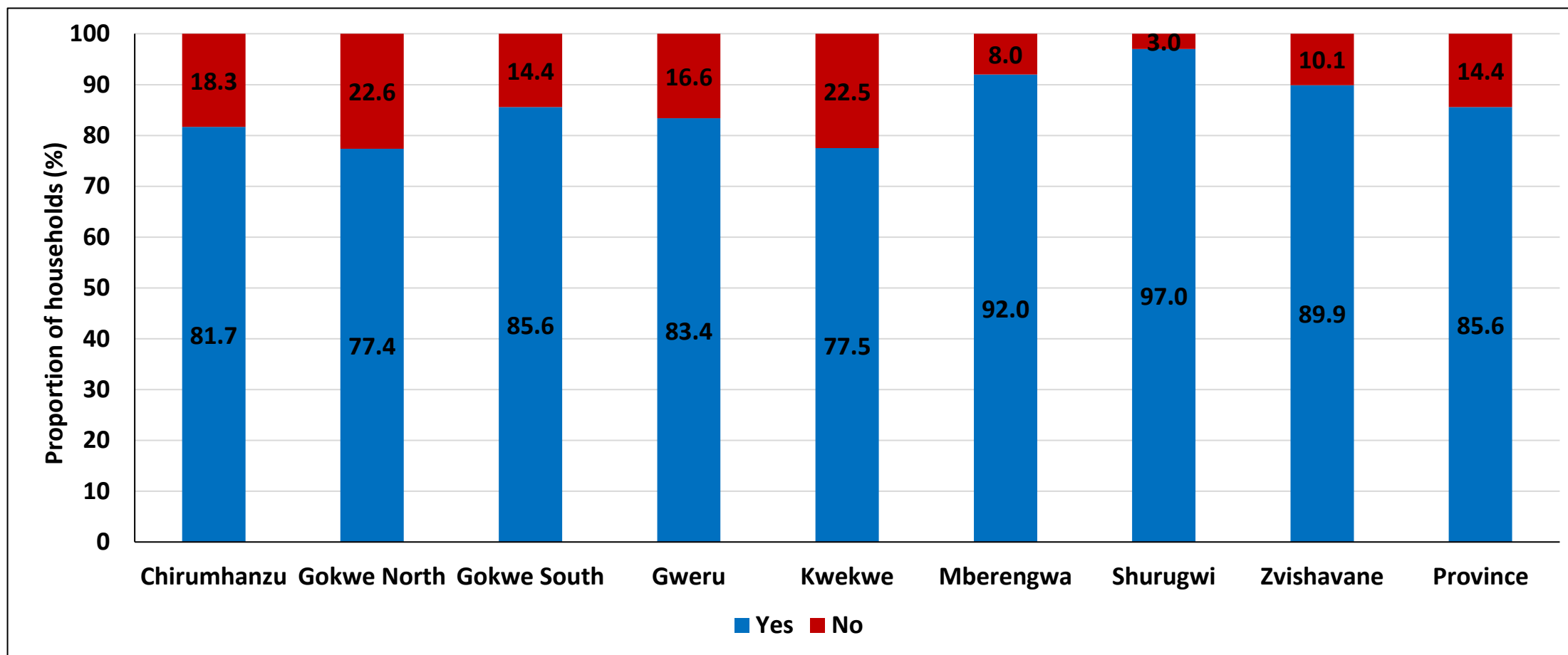
- Shurugwi (97%) reported to have the highest proportion of households with knowledge on how COVID-19 spreads.

- At least 14.4% of households in the province had no knowledge on how COVID-19 is spread with Gokwe North (22.6%) and Kwekwe (22.5%) having higher proportions.

Commonly Known Methods on how COVID-19 Spreads
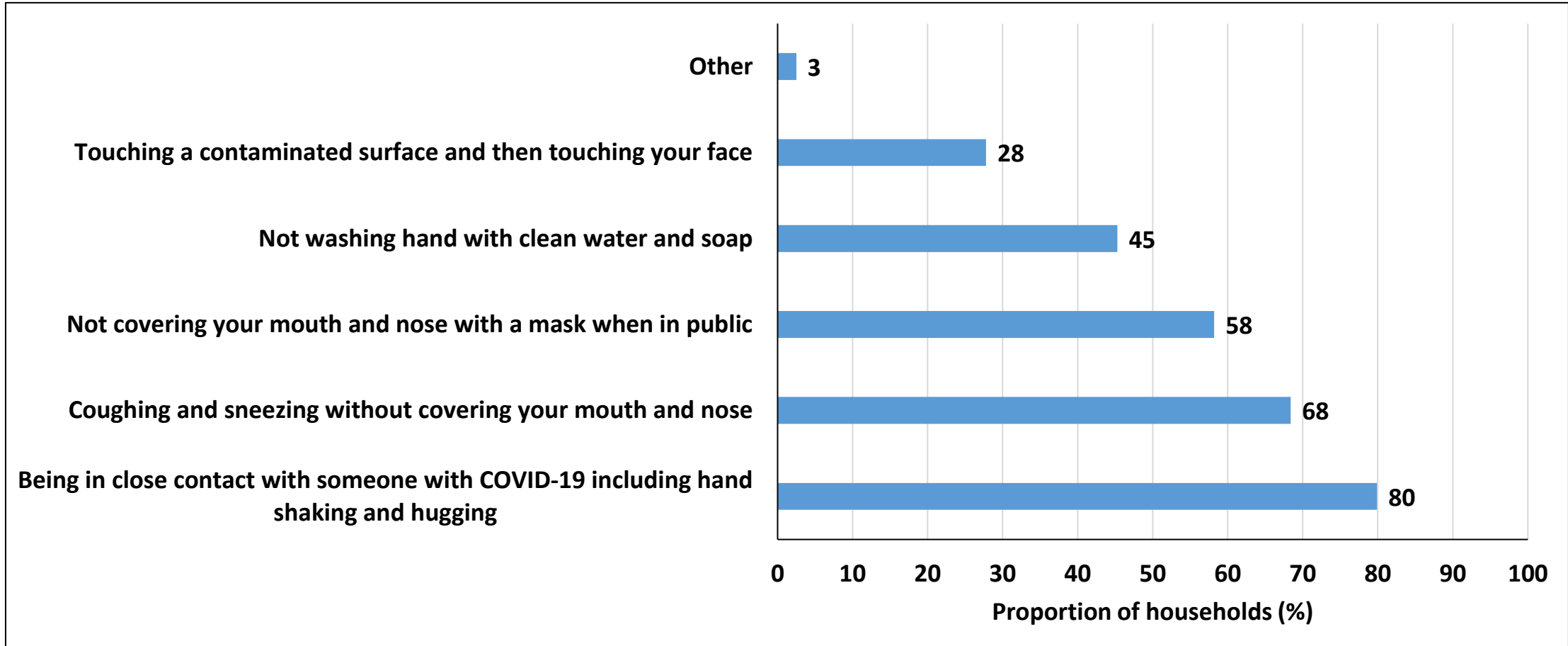
- The most commonly known method of spreading COVID-19 was being in contact with someone with COVID-19 including hand shaking and hugging.

Households with Knowledge on How to reduce the Spread of COVID-19
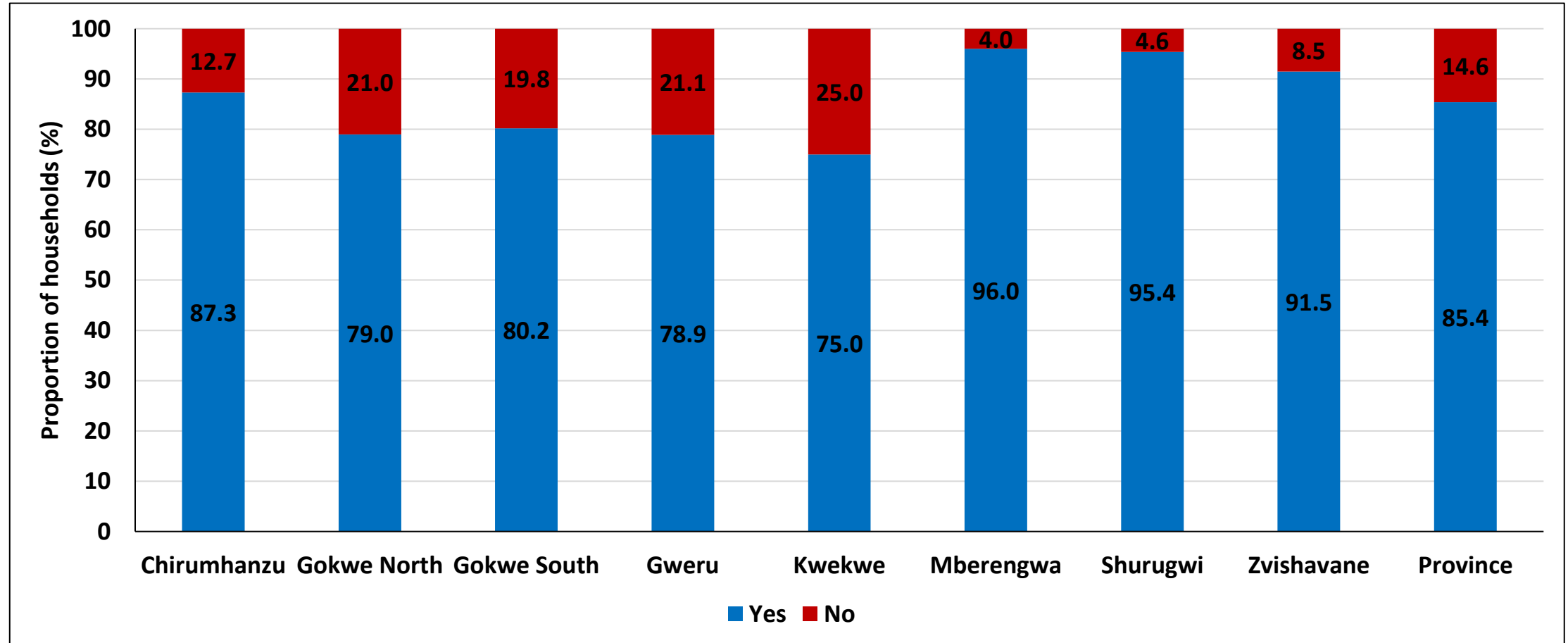
- The highest proportion of households with knowledge on how to reduce the spread of COVID-19 was in Mberengwa (96%).

- Kwekwe (75%), Gweru (78.9%), Gokwe North (79%) and Gokwe South (80.2%) were below the Provincial average

Sources of COVID-19 PPE and Accessories for Households

	Purchases	Homemade	Donations
Chirumhanzu	42	73	3
Gokwe North	69	33	10
Gokwe South	36	68	2
Gweru	53	74	3
Kwekwe	49	46	19
Mberengwa	60	55	6
Shurugwi	64	35	11
Zvishavane	50	47	10
Province	52	55	8

- At least 55% of households in the Province had homemade PPE and accessories. Gweru (74%) had the highest proportion of households who had homemade PPE.

- About 19% of households in Kwekwe had PPE and accessories donated to them.

Perceptions of Households on Affordability of PPE
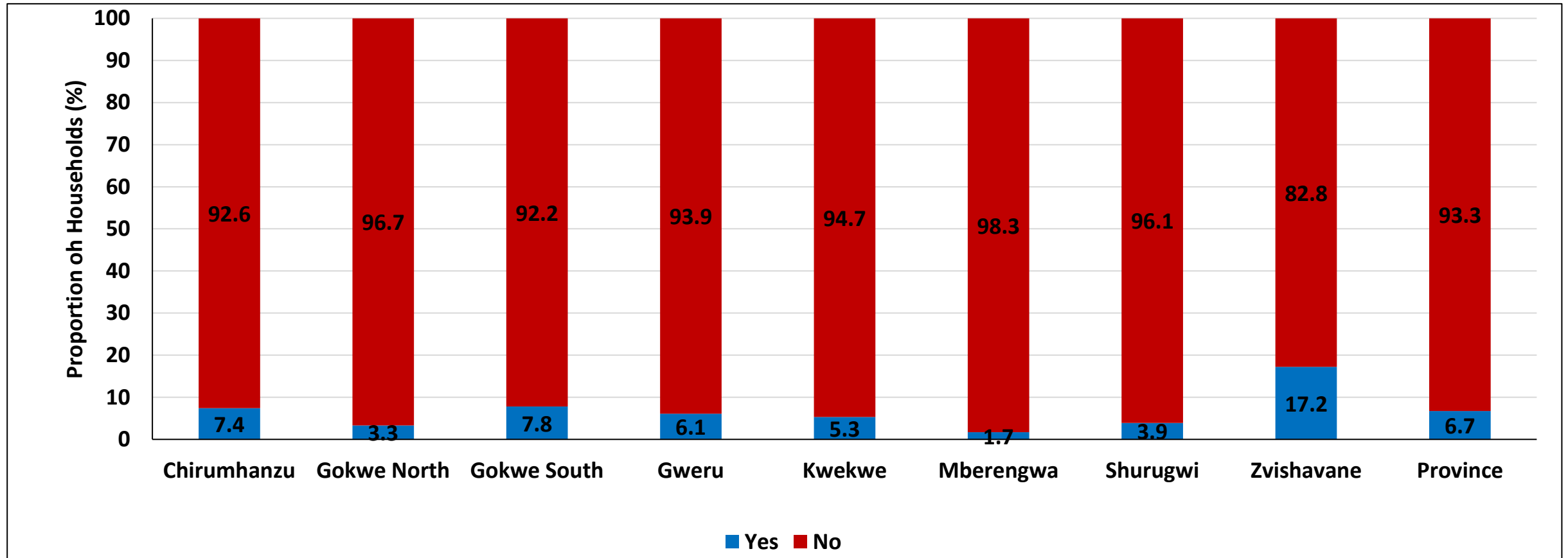
- Generally most households (93.3%) across the province felt that PPE and accessories were not affordable

Protective Measures Taken Against COVID-19
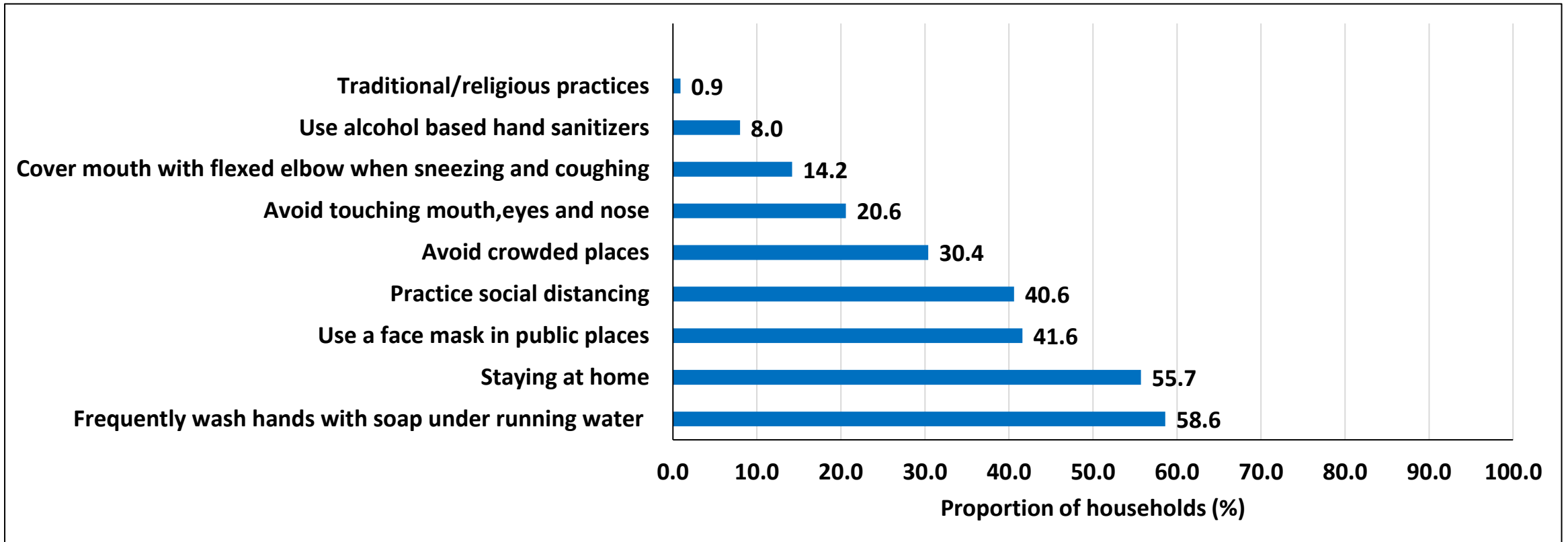
- The most common protective measure reported to be taken by households in the province was to frequently wash hands with soap under running water (58.6%) and the least used were traditional and religious practices (0.9%).

Expected Actions for Suspected COVID-19 Cases
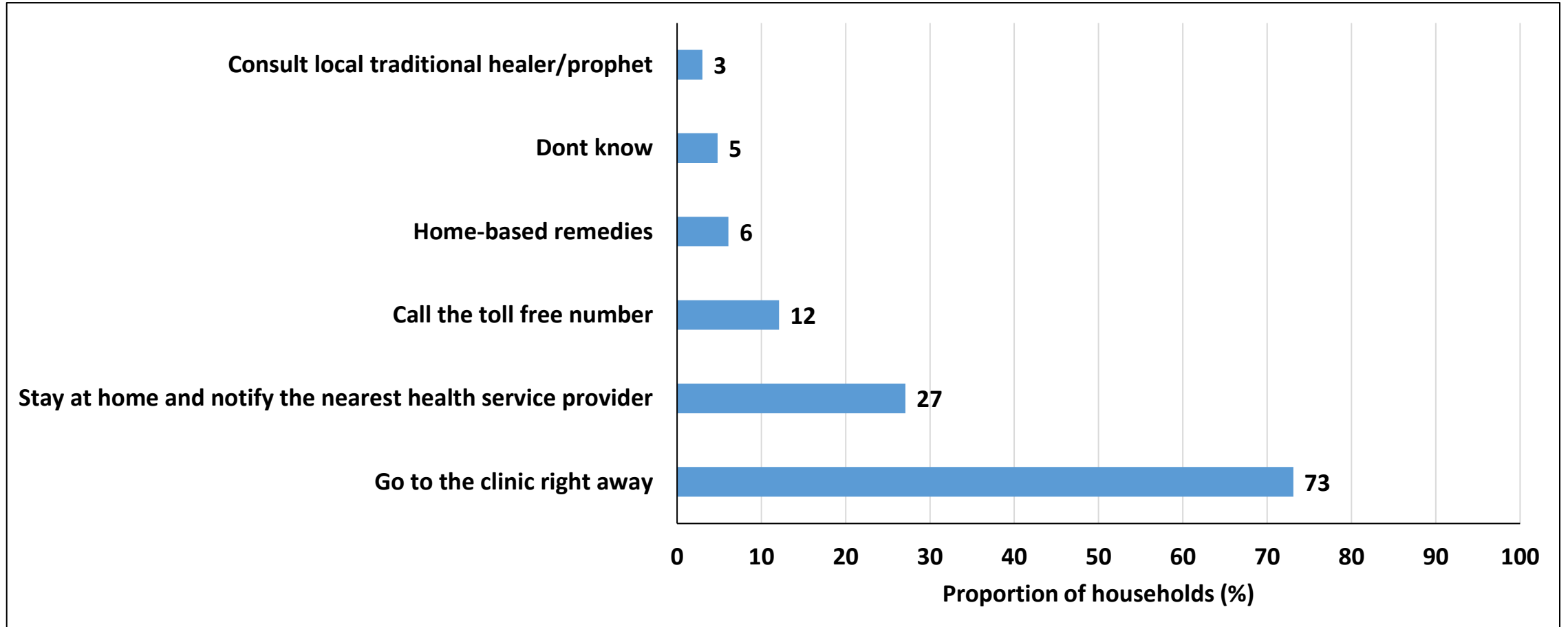
- About 73% of households in the province said they would go to the clinic right away if they suspect to have COVID-19.
- There are 5% of households in the province who do not know what to do if they suspected COVID-19 infections.

Effects of COVID-19 on Livelihoods
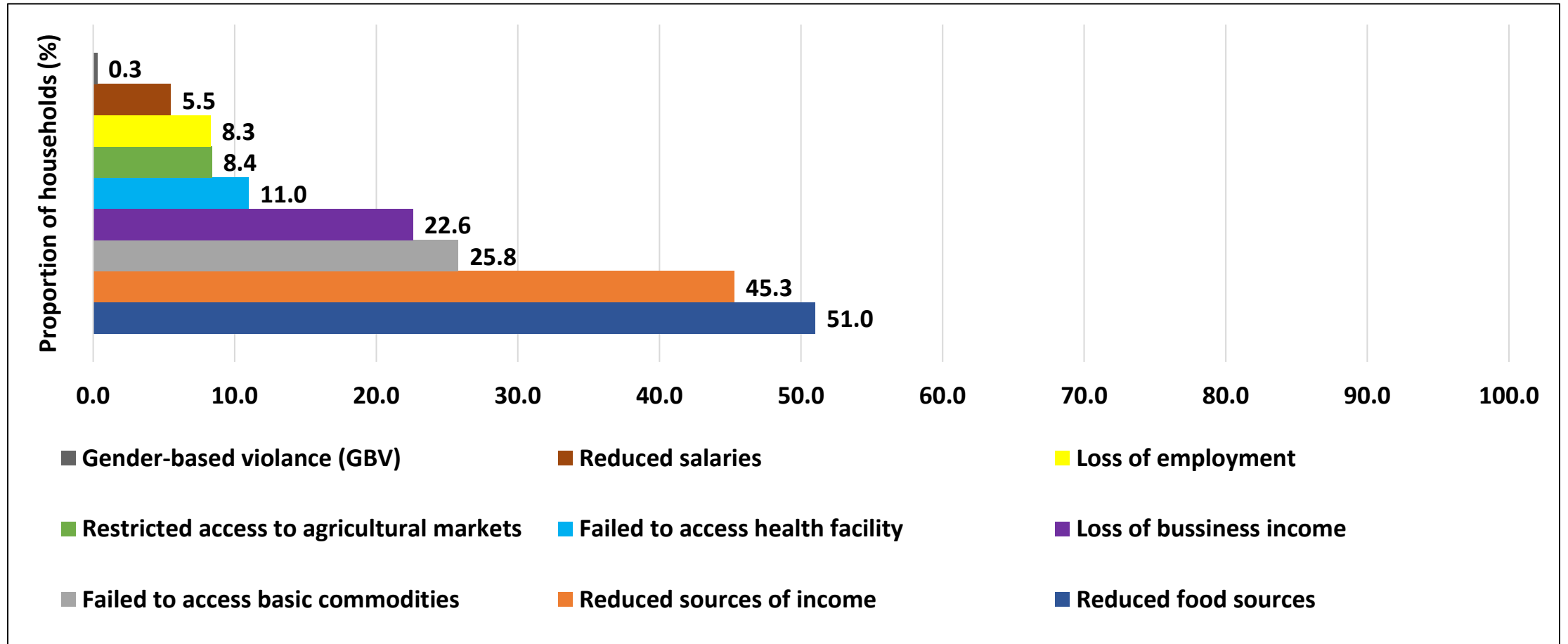
- The major effect that COVID-19 had in the province was the reduction of households' food sources (51%)

- At least 45.3% of households in the Province had their income sources reduced due to COVID-19.

- About 0.3% of households reported to have experienced GBV.

Difficulties Experienced in Accessing Services due to COVID-19
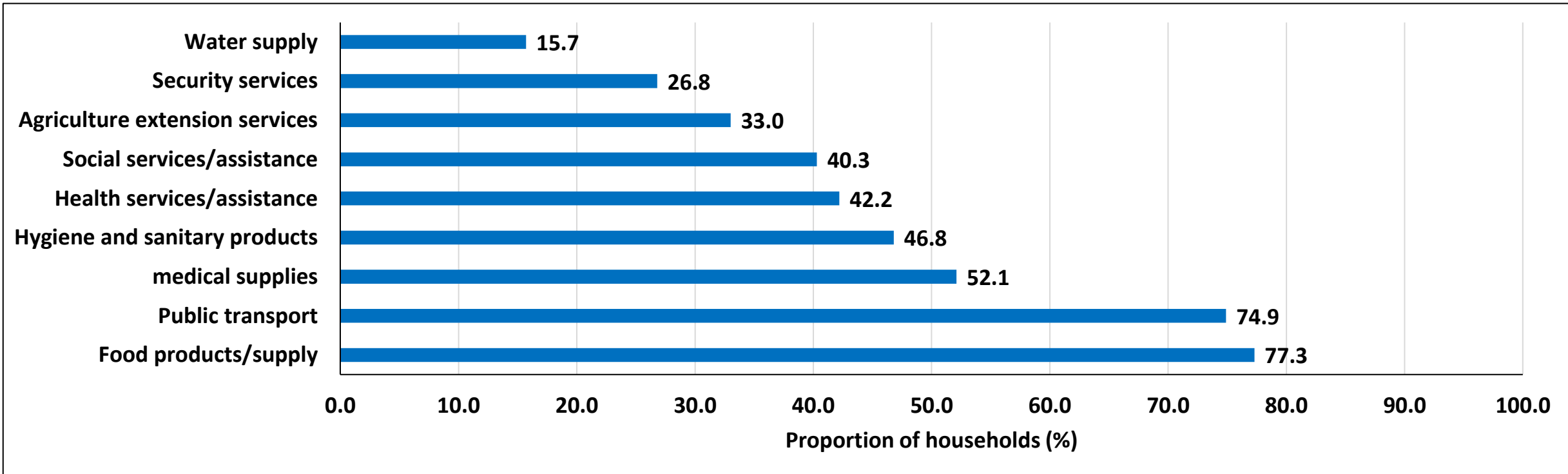
- The most common difficulties experienced by households due to COVID-19 were accessing food products (77.3%) as well as accessing public transport (74.9%).

- Accessing water supply services (15.7%) was the least difficulty reported by households across the province.

Awareness of COVID-19 Toll Free Numbers
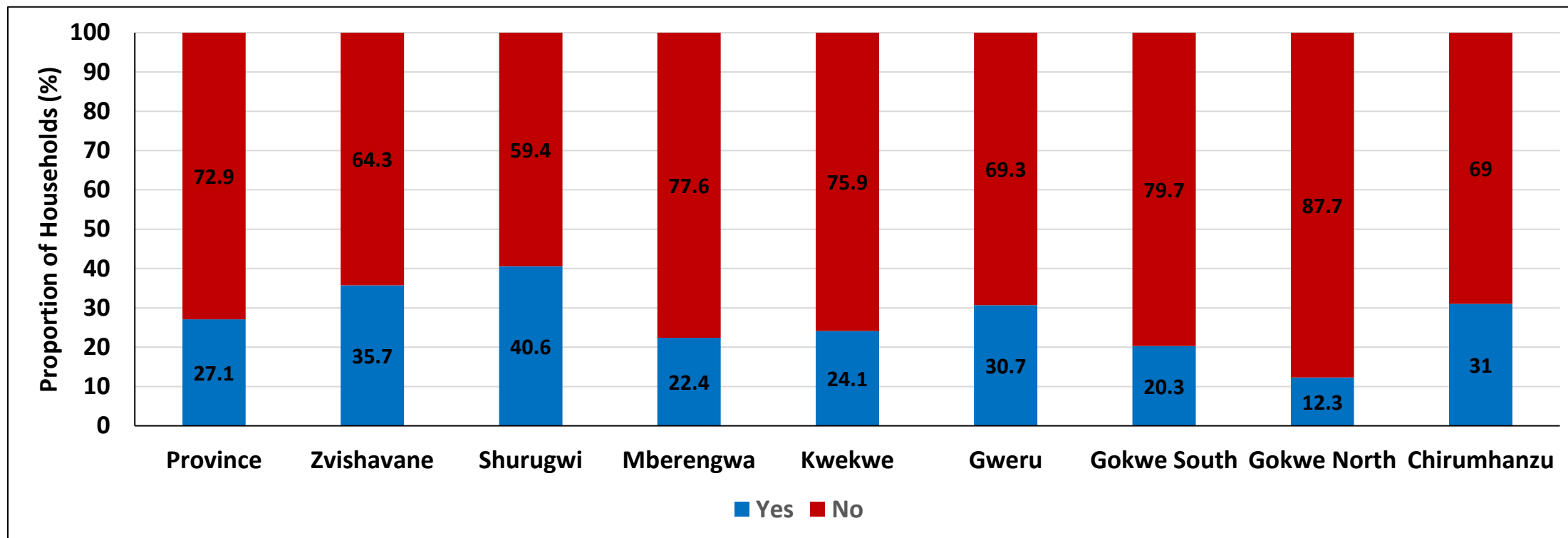
- Generally most households across all districts were not aware of the Toll Free Numbers to use when they suspected they had COVID-19 or when seeking for more information on COVID-19.

Shocks and Stressors

Number of Shocks/Stressors experienced by households
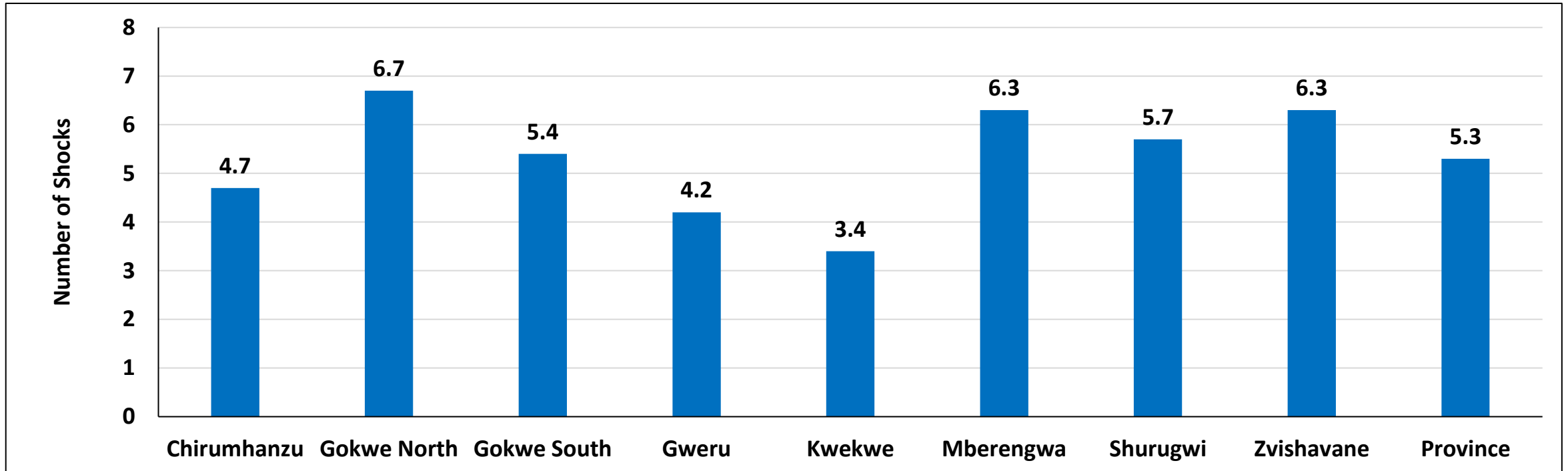
- Gokwe North (6.7) , Mberengwa (6.3) and Zvishavane (6.3) had the highest average number of shocks while Kwekwe (3.4) had the least average number of shocks.

Severity of Shocks
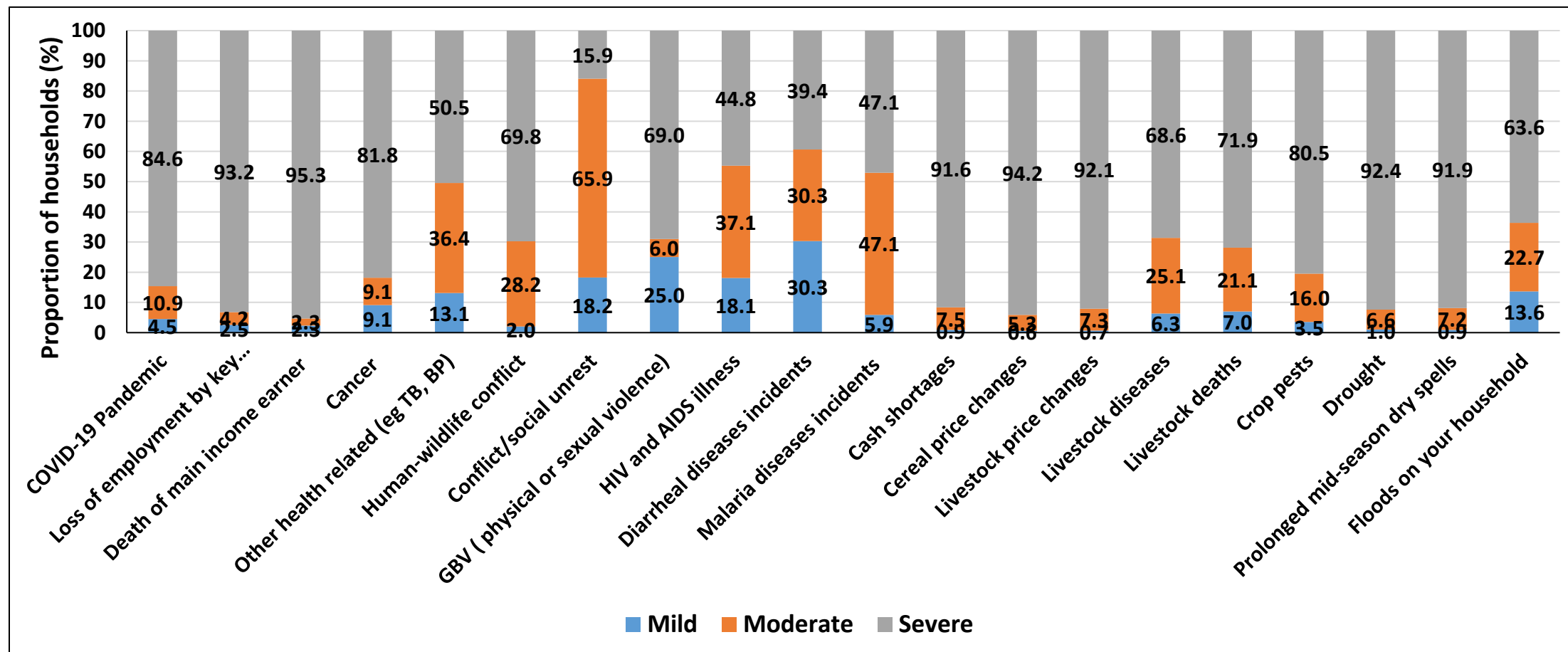
- Death of main income earner (95.3%), cereal price changes (94.2%), loss of employment by key household member (93.2%) as well as livestock price changes (92.1%) and drought (92.4%) were reported as having the most severe impact on household that experienced them.

- The COVID-19 Pandemic also had a significant impact on households with 84.6% of the population having been severely affected.

Average Shock Exposure Index
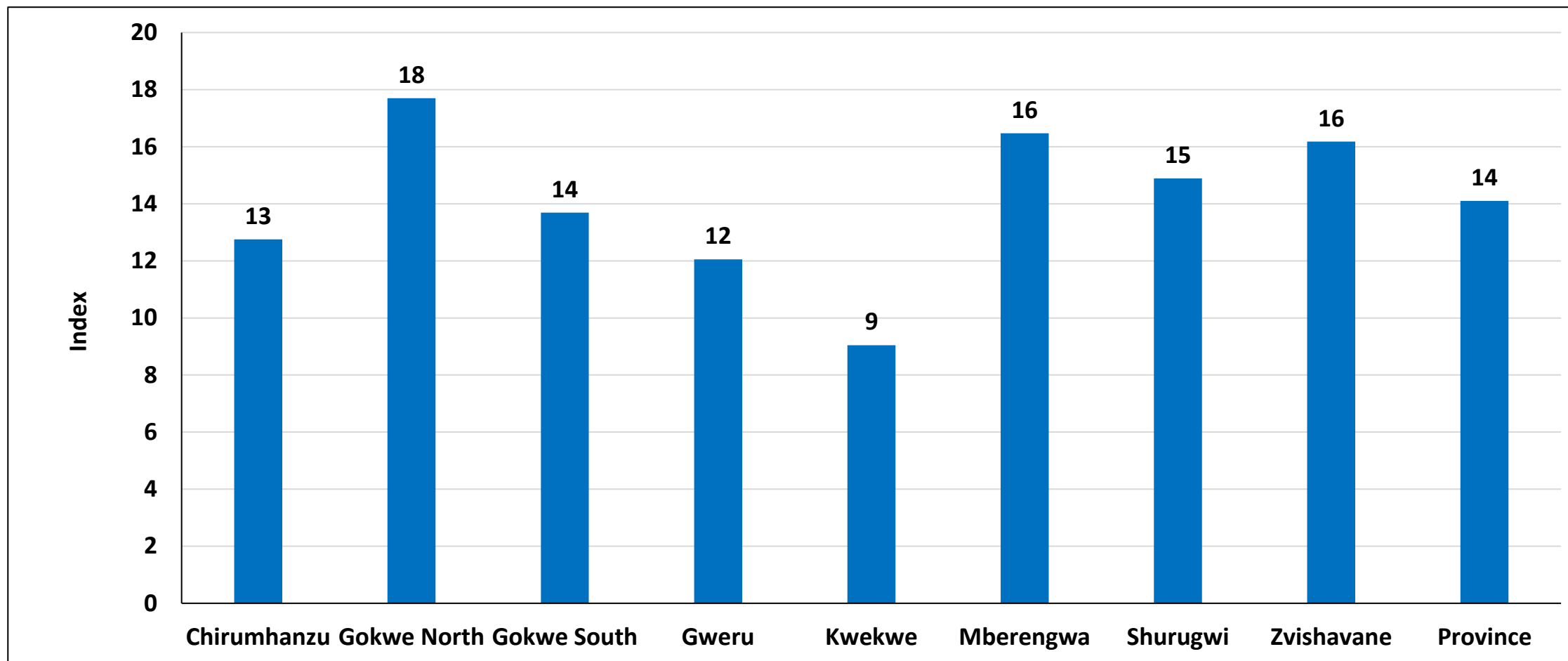
- Generally, there was high exposure to shocks across all districts with Gokwe North recording the highest exposure index of 18 while Kwekwe recorded the lowest (9).

Comparison Between Shock Exposure and Ability to Cope
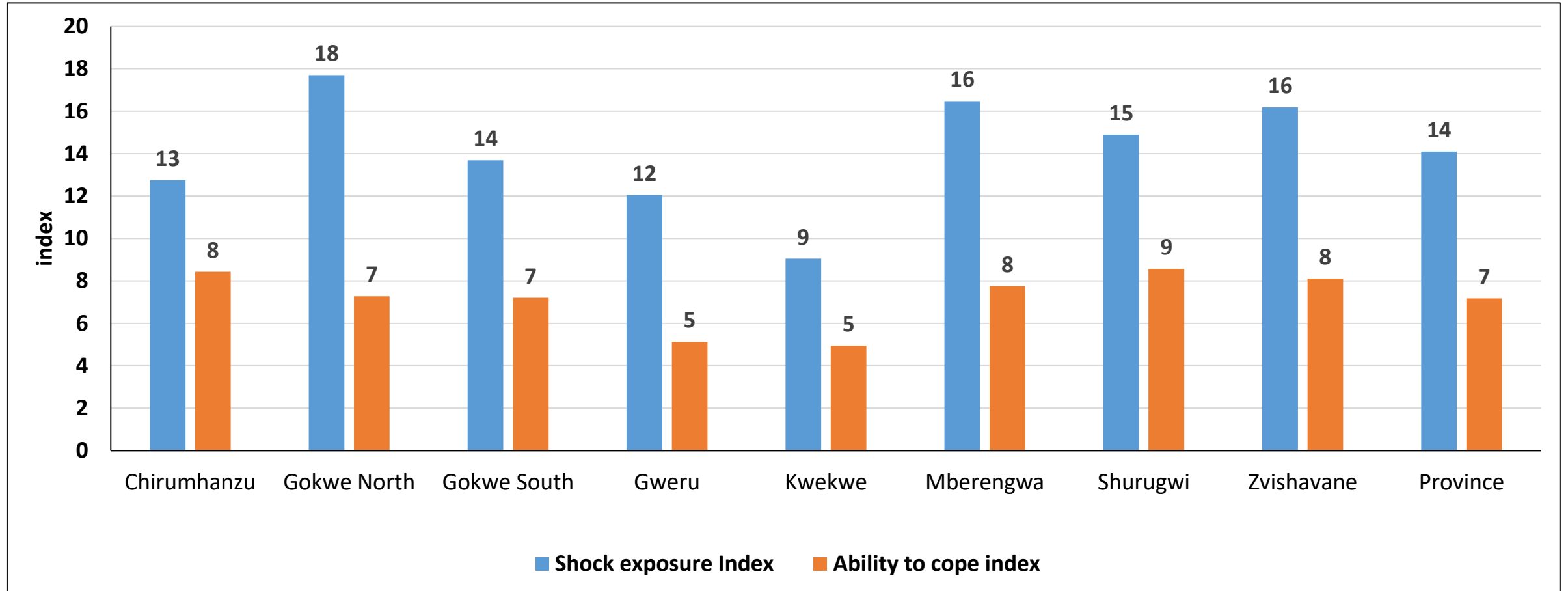
- Shock exposure (14) was higher than the households' ability to cope (7) across all districts. This means households still remain vulnerable to shocks and stressors and will not be able to cope on their own.

Households Perception of their Ability to Cope with Future Shocks

Proportion of households (%)

Category	Unable to cope	Able to cope with difficulty	Able to cope without difficulty
COVID-19 Pandemic	74.2	24.0	1.8
Loss of employment by key...	81.8	16.4	1.8
Death of main income earner	85.7	11.9	2.4
Cancer disease	63.6	27.3	9.1
Other health related (eg TB, BP)	42.5	40.6	17.0
Human-wildlife conflict	66.8	30.2	3.0
Conflict/social unrest	27.3	61.4	11.4
GBV (physical or sexual violence)	35.3	47.1	17.6
HIV and AIDS illness	25.2	44.7	30.1
Diarrheal diseases incidents	32.3	38.7	29.0
Malaria diseases incidents	52.9	23.5	23.5
Cash shortages	75.7	23.7	0.6
Cereal price changes	81.3	18.0	0.8
Livestock price changes	89.3	10.4	0.3
Livestock diseases	78.1	18.5	3.3
Livestock deaths	76.6	20.4	3.0
Crop pests	75.7	23.0	1.3
Drought	77.8	21.5	0.7
Prolonged mid-season dry spells	80.9	18.5	0.6
Floods	77.8	22.2	0.0

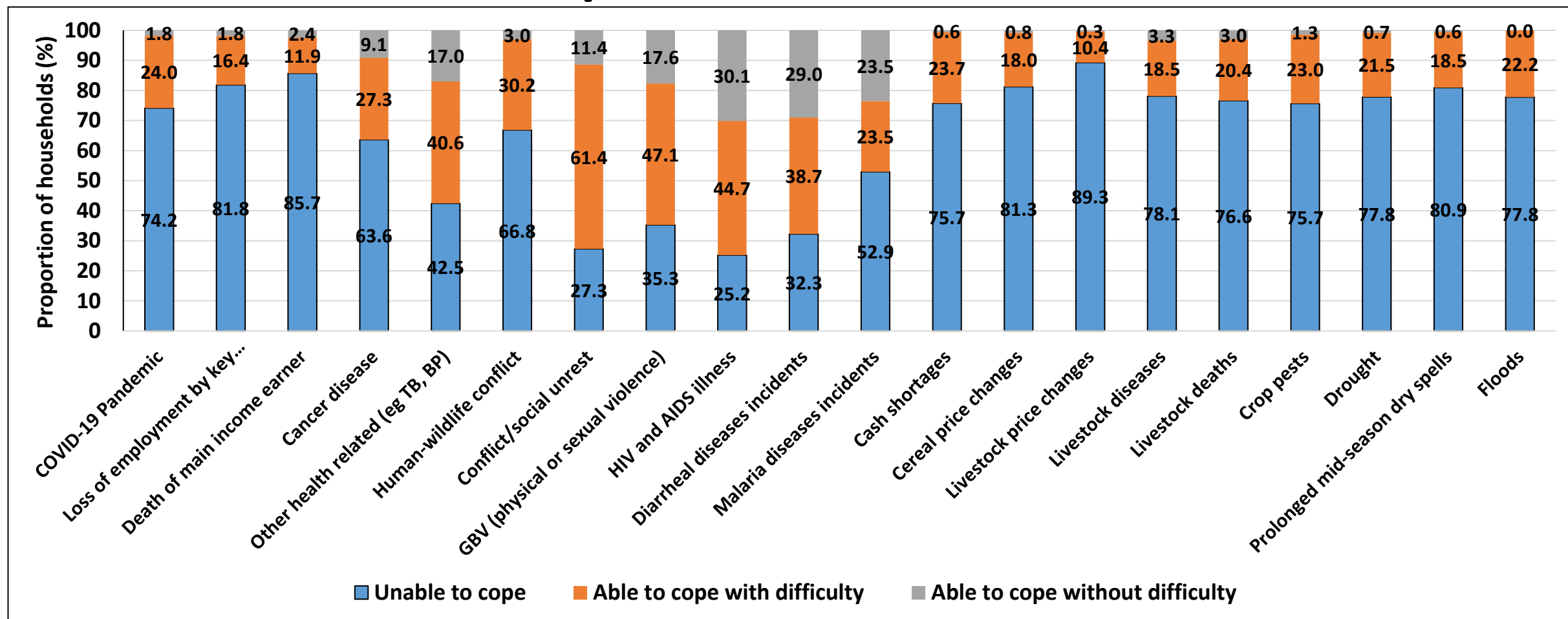- The majority of the households reported that they will be unable to cope with economic related shocks such as changes in livestock price changes (89.3%), cereal prices changes (81.3%) as well as death of main income earner (85.7%) and loss of employment of key household member (81.8%).

- About (30.1%) of the household perceived they will be able to cope without difficulty when faced with HIV and AIDS illnesses

Food Security

Food Security Dimensions
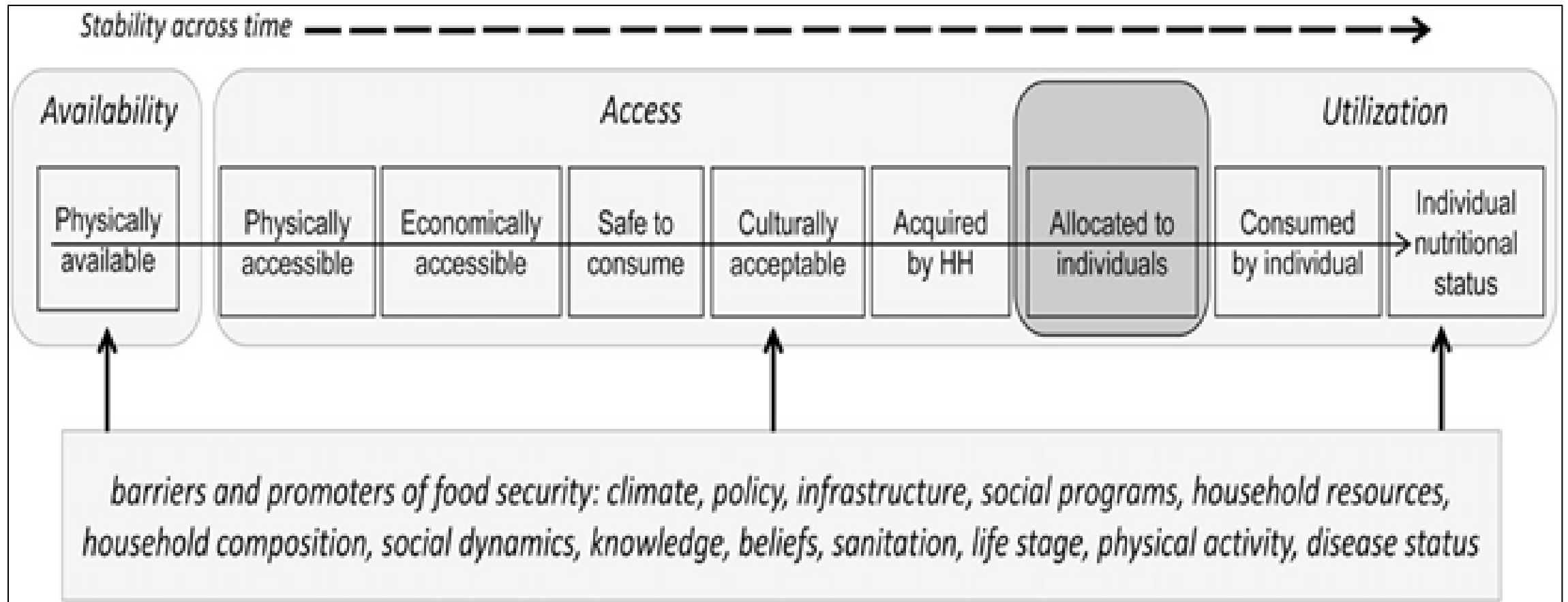
Figure 3: Dimensions of Food Security (Jones et al., 2013)

Cereal Insecurity Progression by Income Source
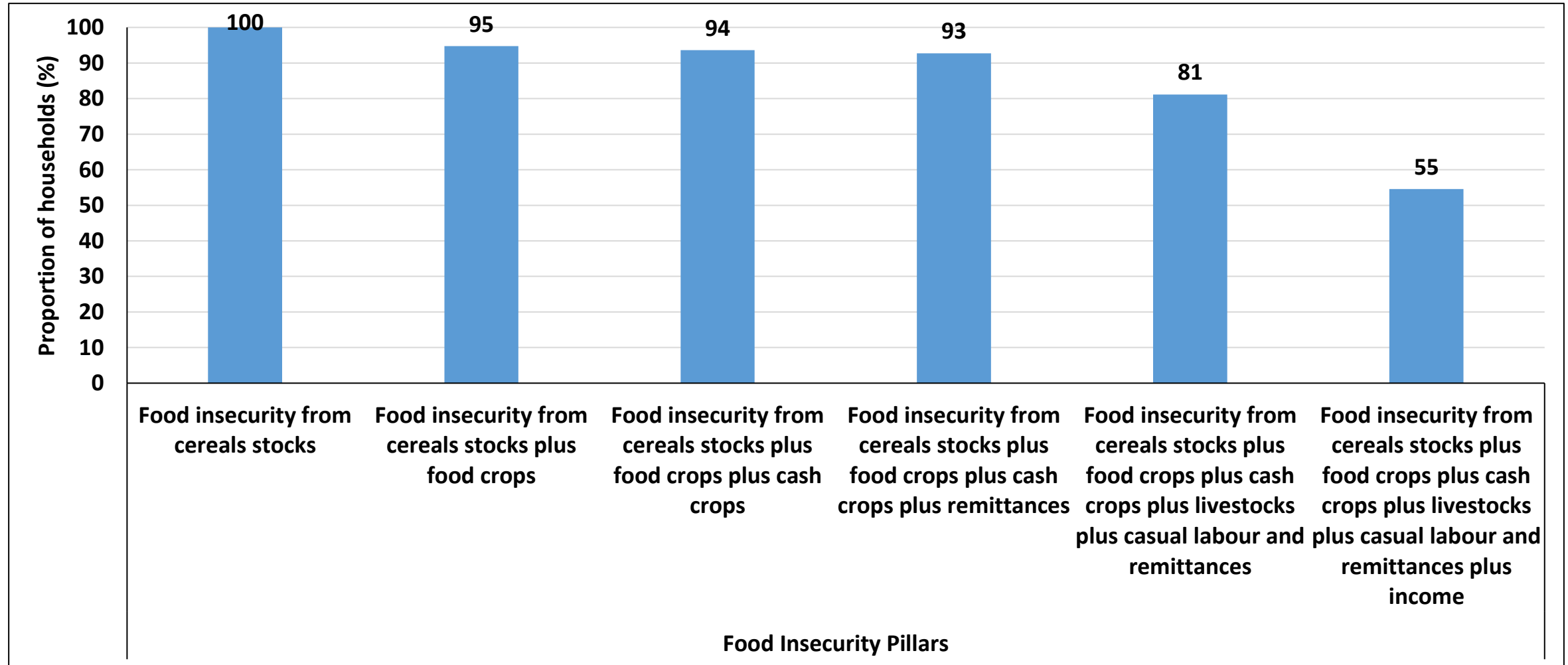
- During the peak hunger period of 2020/21, the cereal insecurity prevalence for Midlands is projected to be 55%.

Cereal Insecurity Progression by Quarter
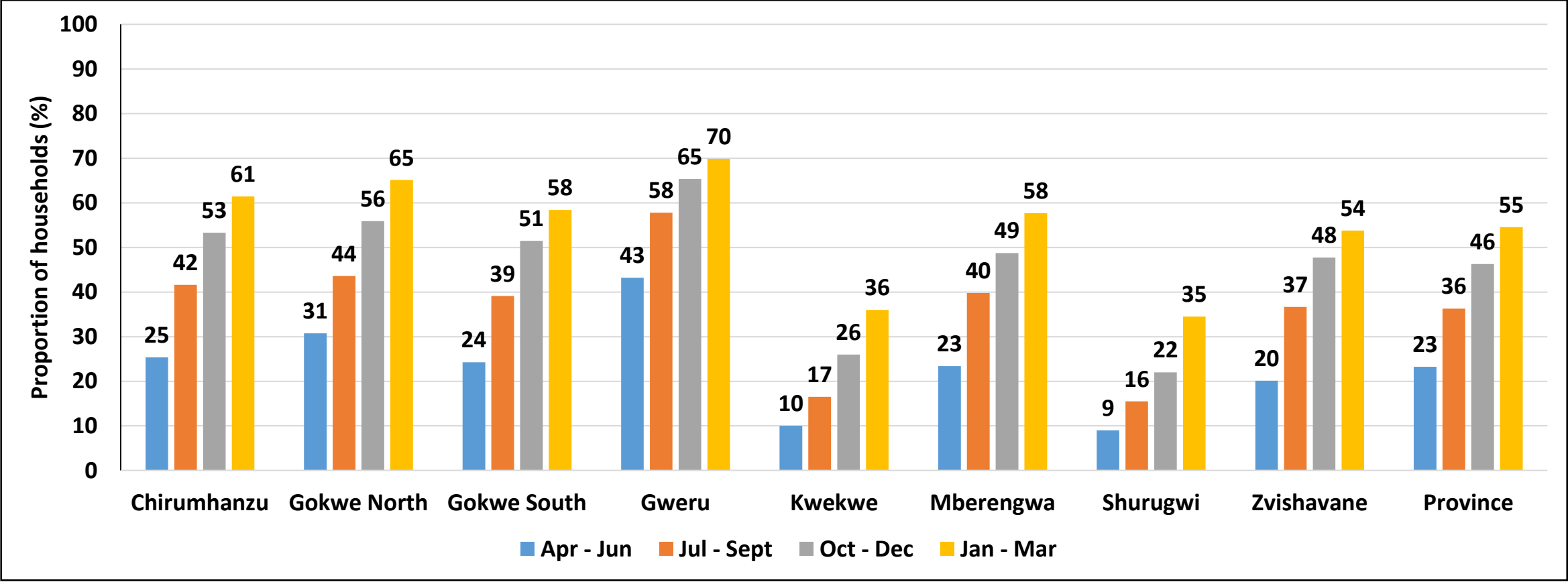
- Gweru (70%) is projected to have the highest cereal insecurity prevalence during the peak hunger period of 2020/21, while Shurugwi (35%) is projected to have the lowest.

Food Insecure Population

	Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar
Chirumhanzu	22,230	36,457	46,683	53,796
Gokwe North	30,475	43,174	55,364	64,506
Gokwe South	17,568	28,323	37,286	42,306
Gweru	54,722	73,175	82,720	88,446
Kwekwe	10,973	18,106	28,531	39,504
Mberengwa	24,024	40,892	50,093	59,293
Shurugwi	6,200	10,678	15,156	23,767
Zvishavane	17,664	32,237	41,952	47,251

- Gweru (88,446) is projected to have the highest food insecure population at peak.

Cereal Requirements

	Apr – Jun (MT)	Jul – Sept (MT)	Oct – Dec (MT)	Jan – Mar (MT)
Chirumhanzu	3,290	5,396	6,909	7,962
Gokwe North	4,510	6,390	8,194	9,547
Gokwe South	2,600	4,192	5,518	6,261
Gweru	8,099	10,830	12,243	13,090
Kwekwe	1,624	2,680	4,223	5,847
Mberengwa	3,556	6,052	7,414	8,775
Shurugwi	918	1,580	2,243	3,518
Zvishavane	2,614	4,771	6,209	6,993

Cereal Insecurity and Poverty Lines
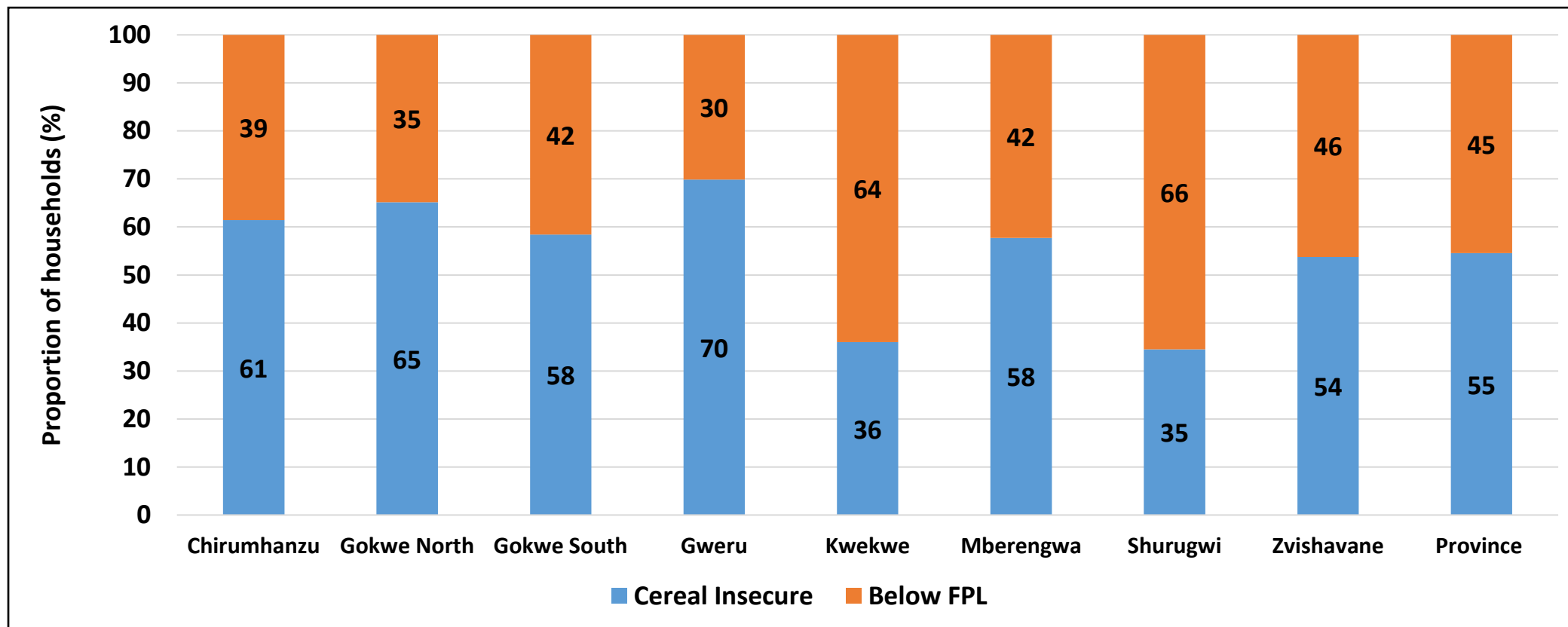
- Even though 45% of the households are projected to meet their cereal requirements, they are below the food poverty line.
- This is indicating that almost all the rural households will not be able to meet all their food needs to support a healthy life thus assistance should not target the cereal insecure households only.

Conclusions and Recommendations

1. The proportion of children being turned away for non-payment of school fees remains high in all districts (34%). There is need to enforce implementation and enhance monitoring of existing policies within the Ministry of Primary and Secondary Education which promote universal access to education

2. At least 22% of the households had a chronically ill member. As such, there is need to capacitate Ministry of Health and Child Care to have and monitor polices that are specific for people who are unable to access medical care. Strengthening and capacitating of Community Health Workers is also recommended as they are the conduit between the community and the parent Ministry

3. Results obtained during the survey indicated that there was an increase of vulnerable households in need of social assistance from 79% in 2019 to 84% in 2020. It is therefore, recommended that Government, in collaboration with the relevant stakeholders strengthen provision of different forms of social support, which include livelihood projects

4. Government remains the main source of support in all provinces. However, there is need for Government and Development Partners to increase their coverage considering the deteriorating food and nutrition security situation.

5. In addition, there is need for both Government and UN/NGO to guard against duplication of efforts through regular monitoring and coordinated efforts.

6. Maize grain and mealie meal are generally expensive between (ZWL $241 and ZWL $587) this is due to scarcity of the product. Households encouraged to be food secure by practicing pfumvudza/intwasa concept.

Conclusions and Recommendations

7. It was noted that finger millet was the highest priced among cereals with ZW$822 per bucket, pointing households to traditional grains production because of it price and nutritional benefits.

8. Cattle prices are very low ZWL $24140 to ZWL $38336, there is need to advise households on market issues.

9. The trend is the same for goats, there is need to strengthen livestock value chains to get fair shares.

10. Chicken prices have been stuck on the same value of ZWL $402 for long despite the increase in poultry feed. Advice to focus on value management for win - win situation.

11. There is need to have a livestock scheme that would increase the cattle, draught cattle and goats numbers in the province for food security. The farmers need to be encouraged to practice good animal husbandry to reduce cattle and goat mortality which is as high as 20% while the recommended is between 3-5%.

12. Disease control management to be cultivated into farmers so that they reduce disease mortality which is 57% in cattle and 77% in goats.

Conclusions and Recommendations

13. Cattle mortality is very low, between 1% and 5%. Farmers to be encouraged to do farming as a business and slaughter for own consumption so as to consume adequate animal protein.

14. A larger proportion of households across the province prefer planting maize to small grains despite low production levels of maize. There is need to promote production of small grains which are drought tolerant especially in drought prone districts like Mberengwa, Shurugwi and Zvishavane.

15. Most farmers who produced small grains used retained seeds leading to very low production levels. To improve small grain productivity, farmers should be encouraged to use certified hybrid seeds from reliable sources. There is need to avail certified seed for small grains.

16. Very few households in the province produced cash crops like cotton, tobacco, and soyabeans. In order to improve households incomes farmers in high potential areas such as Gokwe South, Gokwe North, Kwekwe and Chirumanzu should produce cotton and tobacco.

17. Of all the crops grown in the Midlands province, maize is the most affected by Fall armyworm. Maize farmers should always make sure that control measures are always in place when they prepare for planting.

Conclusions and Recommendations

18. It is noted that the extension visits had the lowest of 72% hence need to improve, this will definitely increase because mobility was recently availed. As such mobility will also address the training, advice and visibility.

19. Access to animal health centres is generally low across districts between 33% and 45%, there is need to construct more centres in the province. The satisfaction to animal health services ranged between 64% and 87% indicating room for improvement to curb disease challenges.

20. A large number of households get their incomes form casual labour and very few get incomes from farming especially cash crop production. Farmers have to consider allocating some land to cash crops so that they become income secure.

21. Most of the household incomes are spent on food with less allocated to non-food items. This is an indication of low productivity on food crops. Farmers should adopt good agricultural practices like the pfumvudza / intwasa concept so that they improve their yields, food reserves and reduce food expenditure.

22. Open defecation was reported across all provinces, and is high in the Matabeleland region requires further in-depth investigations, including identification of social-cultural barriers to the uptake of optimum sanitation facilities and practices.

Conclusions and Recommendations

23. Elimination of open defecation through availing of resources (both software and hardware) for the construction of latrines **using locally available resources** is recommended.

24. The Minimum Dietary Diversity for Women (18.2%) and Minimum Acceptable Diet for children (3.3%) were reported to be low. Furthermore, consumption of Iron rich foods (4.2%) and Vitamin A rich foods (76.8%) by households was low which further exposes the women and children to poor health and nutrition outcomes. Community based interventions to improve child and maternal dietary intake, particularly to improve the nutrition outcomes should be scaled up if targets to reduce stunting and other forms of malnutrition are to be achieved.

25. Most households continue to experience economic and environmental related shocks and are unable to cope in the event of shock recurrence. Government with support from partners should scale up resilience building programmes biased on diversifying livelihoods including off-farm income generating activities. There is also need for promotion of climate smart agriculture to reduce the effects of climate change and drought on households.

26. Cash shortages continue to be amongst the highly ranked shocks affecting rural households. Development efforts should be on rural financial inclusion and deliberate efforts to upscale mobile and electronic transactions must be made. This should be complemented by the availing of the requisite infrastructure, hardware and software

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Conclusions and Recommendations

27. The majority of households are left vulnerable to physical and sexual violence as they have to walk longer distances to access police (67%) and victim friendly services (75%). Government must establish police posts, health facilities closer to communities

28. Government through extension officers is the second main source of information to communities for early warning information (57.6%)as well as COVID-19 (58%)and as such there is need to avail more resources to the relevant ministries. A holistic approach by Government, partners, and media houses should be taken to increase awareness of toll free numbers to households

29. At peak, 55% of the rural population (733,278) will be cereal insecure. There is need for Government and development partners to scale up provision of food assistance. Considering that a significant proportion of the households were affected by the drought, whose effects are now being further compounded by COVID-19, there is need to integrate resilience building in all response strategies.

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