Mashonaland West Province

Zimbabwe Vulnerability Assessment Committee (ZimVAC)

2021 Rural Livelihoods Assessment Report




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Foreword

In its endeavour to 'promote and ensure adequate food and nutrition security for all people at all times', the Government of Zimbabwe continues to exhibit its commitment towards 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). Under the coordination of the Food and Nutrition Council, the Zimbabwe Vulnerability Assessment Committee (ZimVAC) undertook the 2021 Rural Livelihoods Assessment, the 21st since its inception. ZimVAC is a technical advisory committee comprised of representatives from Government, Development Partners, UN, NGOs, Technical Agencies and the Academia. Through its assessments, ZimVAC continues to collect, synthesize and disseminate high quality information on the food and nutrition security situation in a timely manner.

The 2021 RLA was motivated by the need to provide credible and timely data to inform progress of commitments in the National Development Strategy 1 (NDS 1) and inform planning for targeted interventions to help the vulnerable people in both their short and long-term vulnerability context. Furthermore, as the 'new normal' under COVID-19 remains fluid and dynamic, characterized by a high degree of uncertainty, the assessment sought to provide up to date information on how rural food systems and livelihoods have been impacted by the pandemic. The report covers thematic areas which include the following: education, food and income sources, income levels, expenditure patterns, food security, COVID-19, WASH, social protection and gender-based violence, among other issues.

Our sincere appreciation goes to the ZimVAC as well as the food and nutrition security structures at both provincial and district levels for successfully carrying out the survey. These structures continue to exhibit 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

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Acknowledgements

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- Office of the President and Cabinet
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- Mercy Corps
- United Nations Children's Fund (UNICEF)
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- UNFPA-Spotlight Initiative
- Catholic Relief Services (CRS)
- Progress
- United Nations World Food Programme (WFP)
- Sizimele
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- Coordinamento Delle Organizzazioni Peril Servizio Volontario (COSV)
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- Marondera University of Agricultural Sciences and Technology
- Hand in Hand
- Care International
- Tsuro
- Welthungerhilfe (WHH)
- GOAL
- Plan International
- Sustainable Agriculture Trust (SAT)
- Mwenezi Development Training Centre (MDTC)
- Nutrition Action Zimbabwe (NAZ)
- Africa Ahead
- Action Aid
- CARITAS Harare

Acronyms

EA	Enumeration Area
FNC	Food and Nutrition Council
FNSP	Food and Nutrition Security Policy
FNSIS	Food and Nutrition Security Information System
HDDS	Household Dietary Diversity Score
HHS	Household Hunger Score
NNS	National Nutrition Survey
RLA	Rural Livelihoods Assessment
SAM	Severe Acute Malnutrition
ZimVAC	Zimbabwe Vulnerability Assessment Committee

Introduction and Background

Introduction

- ZimVAC livelihoods 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, 21 rural and 8 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 livelihoods updates with the technical support of ZimVAC.

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.

Assessment Rationale

- The performance of the agricultural season, with the disruption of food systems and markets, the COVID-19 pandemic coupled with the prevailing macro-economic environment has affected the livelihoods of the rural population.

- The impact on the livelihoods, which has ripple effects on household wellbeing outcomes, had not been quantified and ascertained hence the need to carry out a livelihoods assessment.

- The assessment results will be used to:

  - Inform planning for targeted interventions to help the vulnerable people, given the prevailing situation in the country as well as their long term vulnerability context.

  - Inform short, medium and long term interventions that address immediate and long term needs as well as building resilient livelihoods.

  - Monitor and report towards commitments within the guiding frameworks of existing national food and nutrition policies and strategies among them the National Development Strategy 1, the Food and Nutrition Security Policy and the Zero Hunger Strategy.

  - Monitor interventions to ensure adherence to the principles spelt out in regional and international frameworks which Zimbabwe has committed itself to which include the Comprehensive African Agriculture Development Programme (CAADP) and the SDGs.

  - Guide early warning for early action

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:

- To estimate the population that is likely to be food insecure in the 2021/22 consumption year, their geographic distribution and the severity of their food insecurity.
- Assess impact and severity of COVID-19 on rural livelihoods.
- To assess the nutrition status of children of 6 – 59 months.
- To describe the socio-economic profiles of rural households in terms of such characteristics as their demographics, access to basic services (education, health services and water and sanitation facilities), assets, income sources, incomes and expenditure patterns, food consumption patterns and consumption coping strategies.
- To determine the coverage of humanitarian and developmental interventions in the country.
- To identify development priorities for communities.
- To determine the effects of shocks experienced by communities on food and nutrition security.
- To measure household resilience and identify constraints to improving their resilience.
- To identify early recovery needs in order to determine short to long term recovery strategies.

Background

- The 2021 RLA was undertaken against a continuously evolving food and nutrition security situation.
- The Government came up with the National Development Strategy 1:2021-2025 (NDS1) towards the end of 2020. The overarching goal of NDS1 is to ensure high, accelerated, inclusive and sustainable economic growth as well as socio-economic transformation and development as we move towards an upper middle-income society by 2030.
- One of the priority areas for the NDS1 is Food and Nutrition Security. NDS1 seeks to improve food self-sufficiency and to retain the regional breadbasket status. The main objective is to increase food self-sufficiency from the current level of 45% to 100% and reduce food insecurity from the high of 59% recorded in 2019 to less than 10% by 2025.
- Agriculture as one of the key economic sectors and fundamental to the projected economic growth had a good 2020/21 rainfall season. The season recorded an increase in the area planted to maize at 1 951 848 Ha of land owing to the overwhelming support by Government and the private sector. The total cereal production was 3 075 538 MT against a national cereal requirement of 1 797 435 MT for human and livestock 450 000 MT consumption.
- The rains received improved livestock condition, drinking water availability for livestock and pasture quality and availability. However the incessant rains increased tick borne diseases.
- With the majority of the rural population's livelihoods mostly influenced by agriculture (both crops and livestock), the experienced climate related shocks have implications on access to food and the nutrition status of children.

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 official exchange rates have remained stable, while basic food prices are on an increase. Year on year inflation for April 2021 was at 194.1%.

- The new normal under COVID-19 has implications on food security and nutrition. Globally, food supply chains have been disrupted due to lockdowns triggered by the global health crisis, but also a major global economic slowdown. This has led to lower incomes and higher food prices, making food out of reach for vulnerable households.

- The impact of the pandemic, amidst other shocks, has caused significant deterioration and erosion of livelihoods and productive assets, food security and nutrition of vulnerable households. The closure of rural food and livestock markets affected the incomes of rural livelihoods.

- The vulnerable rural households have little to nothing to cushion the effects of the shock (pandemic). They experience market failures and have little or no access to formal insurance and credit and risk management mechanisms. The vulnerable households have challenges in accessing liquidity, worsened by reduced casual wage labour opportunities and the closure of informal markets, where they tend to sell production.

Background

- The enforcement of social distancing combined with the covariate nature of the crisis will likely overwhelm and/or reduce the rural households' access to traditional community networks and institutions of social reciprocity, which have historically provided a safety net in times of crisis.

Assessment Methodology

Methodology – Assessment Design

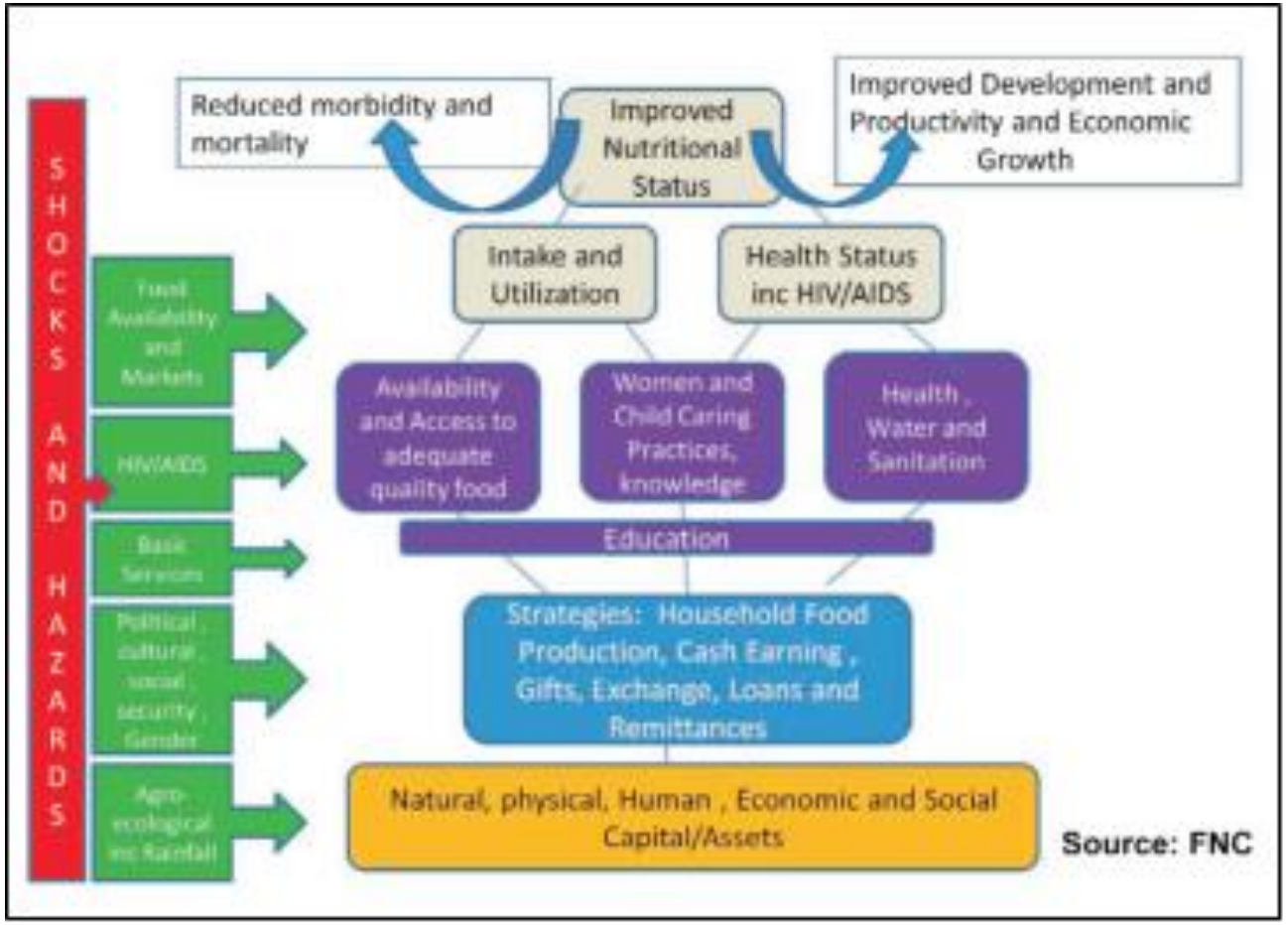


Figure 1: Food and Nutrition Conceptual Framework

- 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.

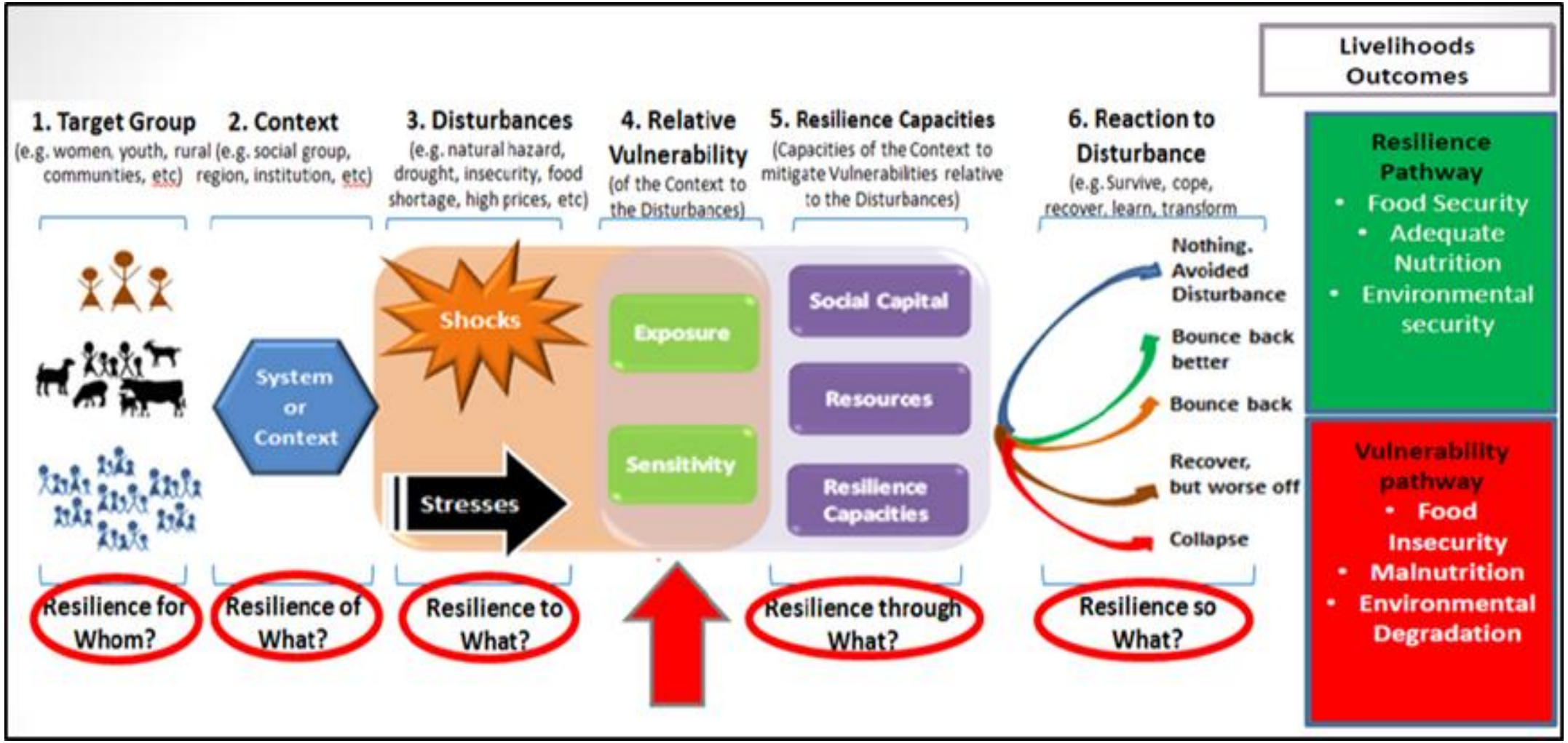
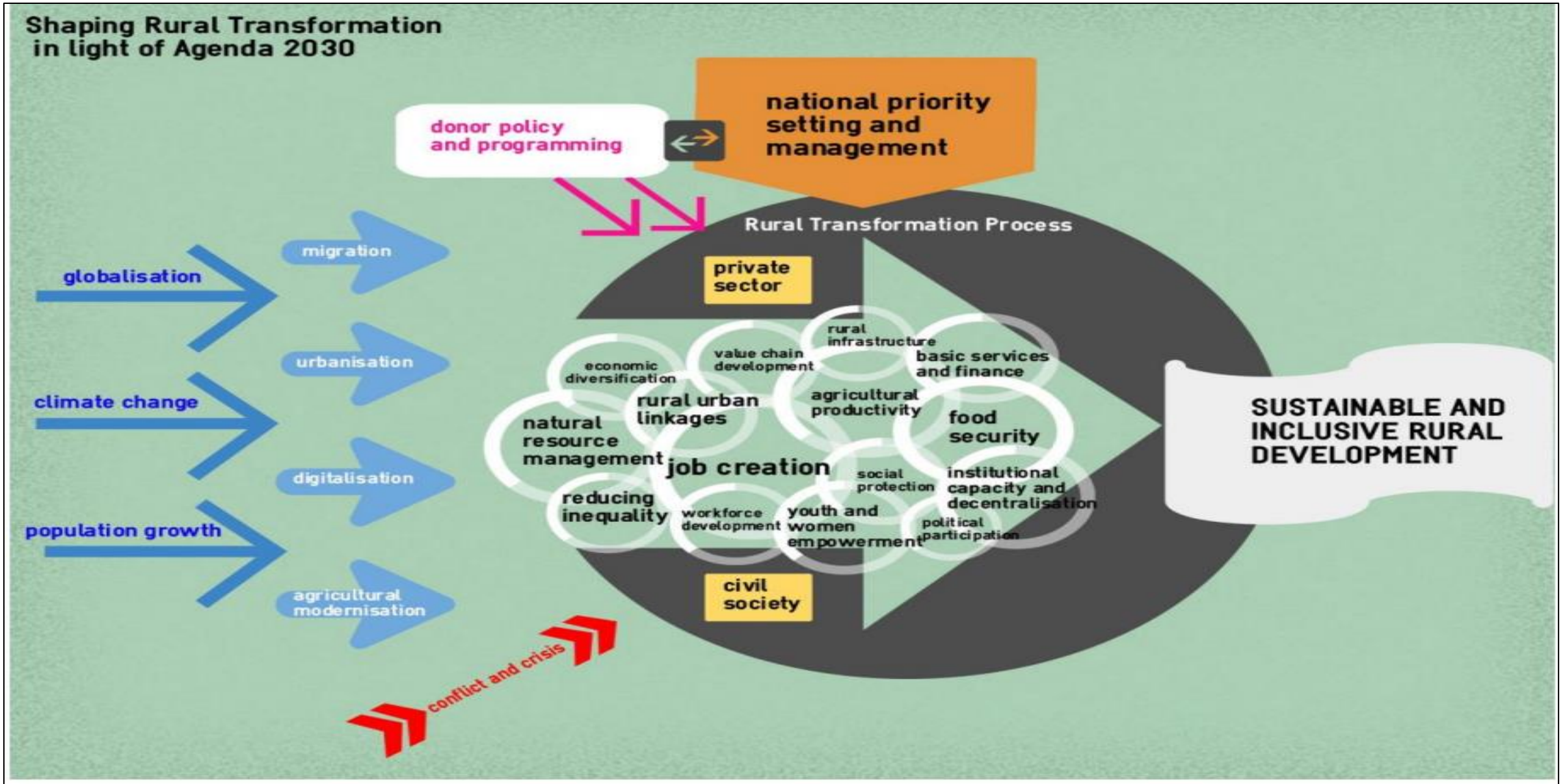


Figure 2: Zimbabwe resilience framework (UNDP Zimbabwe, 2015)



Source: Internal Working Document, GIZ Sectoral Project Rural Development (2016)

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 questionnaire and the community Focus Group Discussion (FGD) guide.
- 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 which guided processes from survey planning to data collection.
- The Ministry of Local Government, through the Provincial Development Coordinators' offices coordinated the recruitment of district level enumerators and mobilisation of provincial supervision 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. In selected districts, two additional enumerators were recruited as anthropometrists.

Methodology – Assessment Process

- Primary data collection took place from 3 to 20 July, 2021. 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. In the case of anthropometrists recruited from MoHCC, additional appropriate PPE was provided (gloves, disposable plastic aprons) to enable them to measure participants aged 5 to 19 years in twenty selected districts.

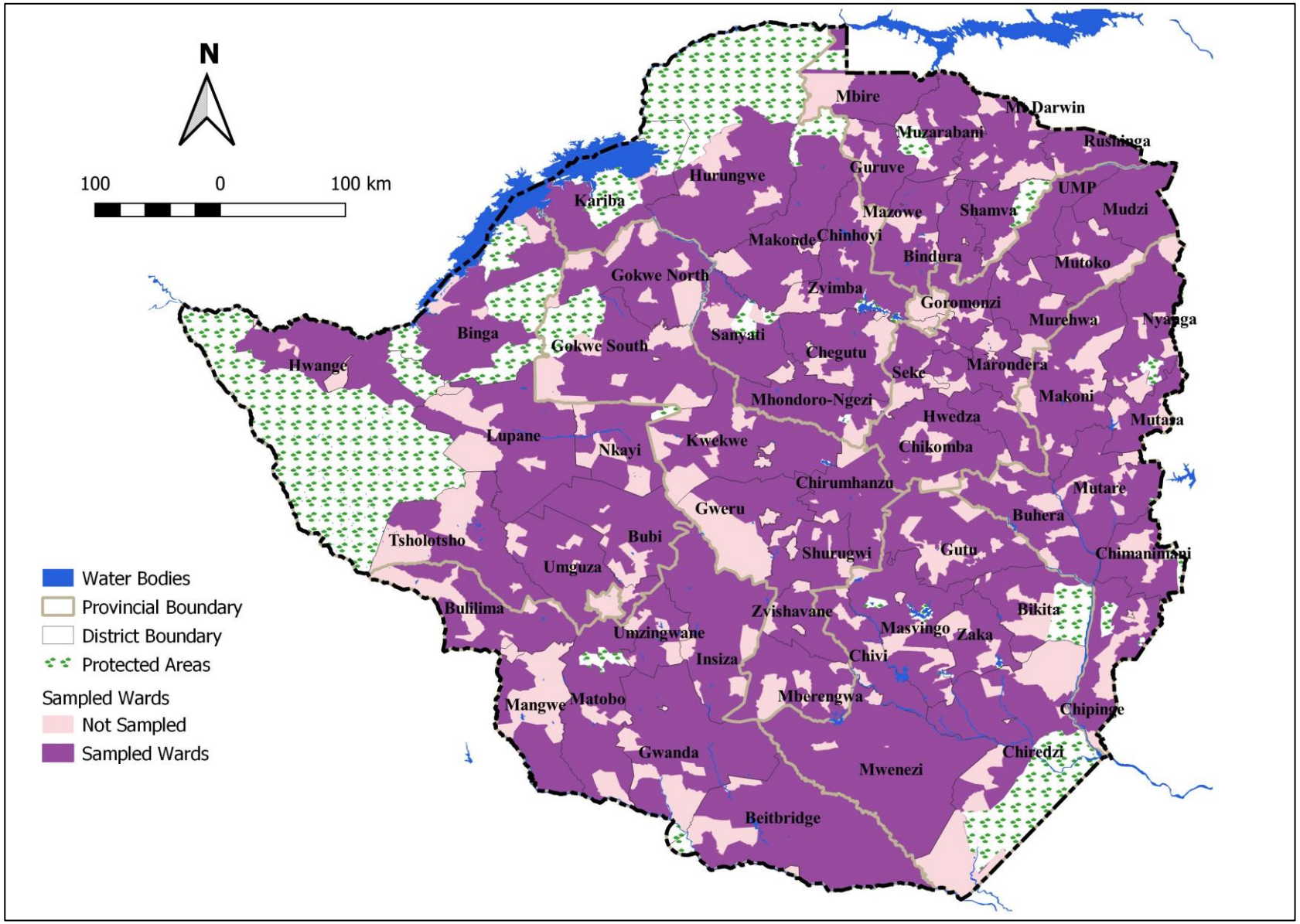
- Data analysis and report writing ran from 23 May to 3 June 2021. Various secondary data sources and field observations were used to contextualise the analysis and reporting.

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 1500 randomly selected Enumerated Areas (EAs):
- A two staged cluster sampling was used and comprised of;
  - Sampling of 25 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).
- At most, 250 households were interviewed per district, bringing the total sampled households to 1722.
- 5 FGDs were held per district.

Districts	Number of Sampled Households
Chegutu	249
Hurungwe	251
Kariba	250
Makonde	251
Mhondoro Ngezi	250
Sanyati	249
Zvimba	222
Mashonaland West	1722

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
  - Community Focus Group Discussions
- 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 2021 RLA collected and analysed information on the following thematic areas:

- Education
- Health
- WASH
- Nutrition
- Agriculture and other rural livelihoods activities
- Food security
- Resilience
- Social protection
- Linkages amongst the key sectoral and thematic areas
- Cross-cutting issues such as gender, disability

Assessment Findings

Demographic Description

Household Characteristics: Household Size

District	Average	Minimum	Maximum
Chegutu	4.2	1.0	14.0
Hurungwe	4.6	1.0	12.0
Kariba	5.0	1.0	14.0
Makonde	3.8	1.0	11.0
Zvimba	4.5	1.0	12.0
Mhondoro-Ngezi	4.6	1.0	12.0
Sanyati	4.5	1.0	11.0
Mash West	4.4	1.0	14.0

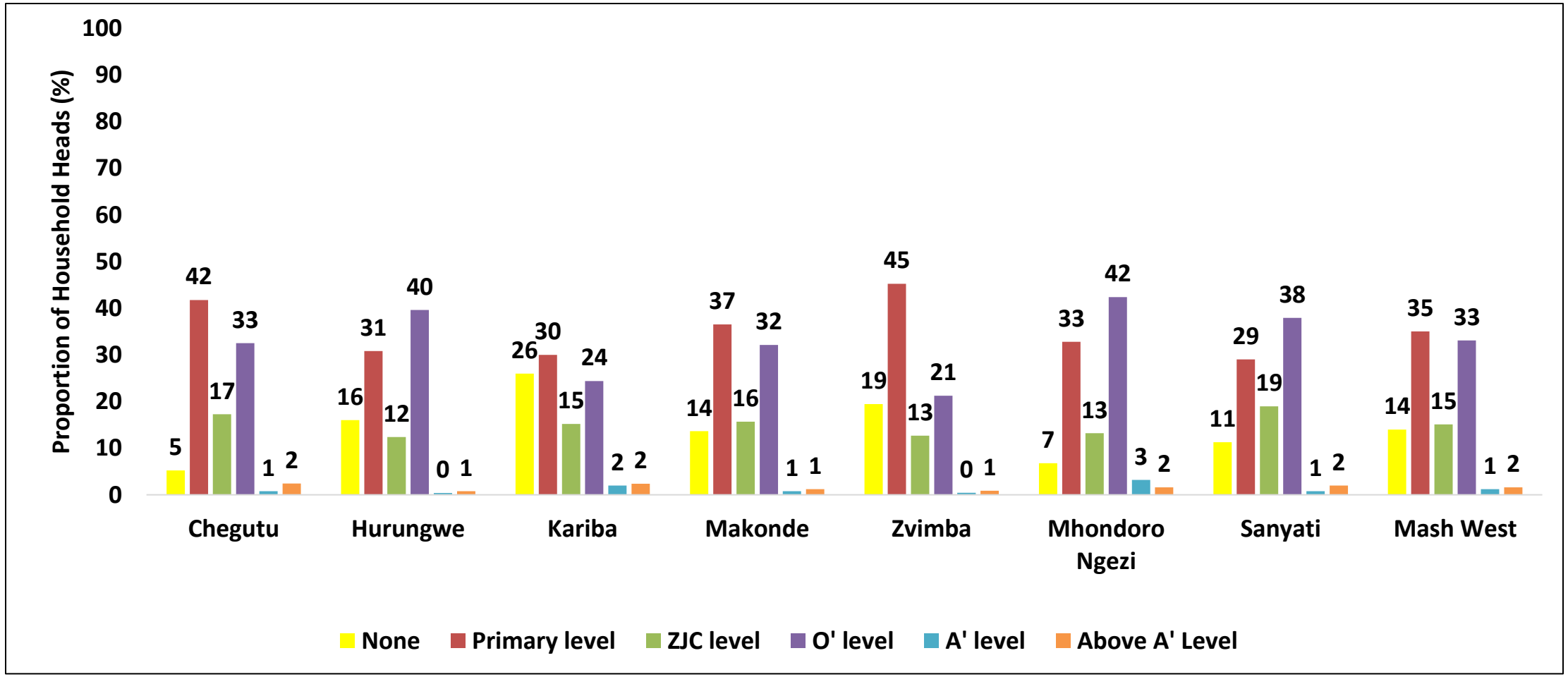
- The average household size was 4.4 with Kariba having the highest at 5.0.

Characteristics of Household Head: Sex and Age

	Household Head Sex (%)		Household Head Average Age	
District	**Male**	**Female**	**Average**	**Minimum**
Chegutu	67.5	32.5	49.8	23.0
Hurungwe	69.3	30.7	50.4	22.0
Kariba	74.8	25.2	46.8	22.0
Makonde	71.7	28.3	48.0	15.0
Zvimba	69.8	30.2	46.1	20.0
Mhondoro-Ngezi	70.0	30.0	49.3	22.0
Sanyati	**78.7**	21.3	49.0	19.0
Mash West	71.7	28.3	**48.5**	15.0

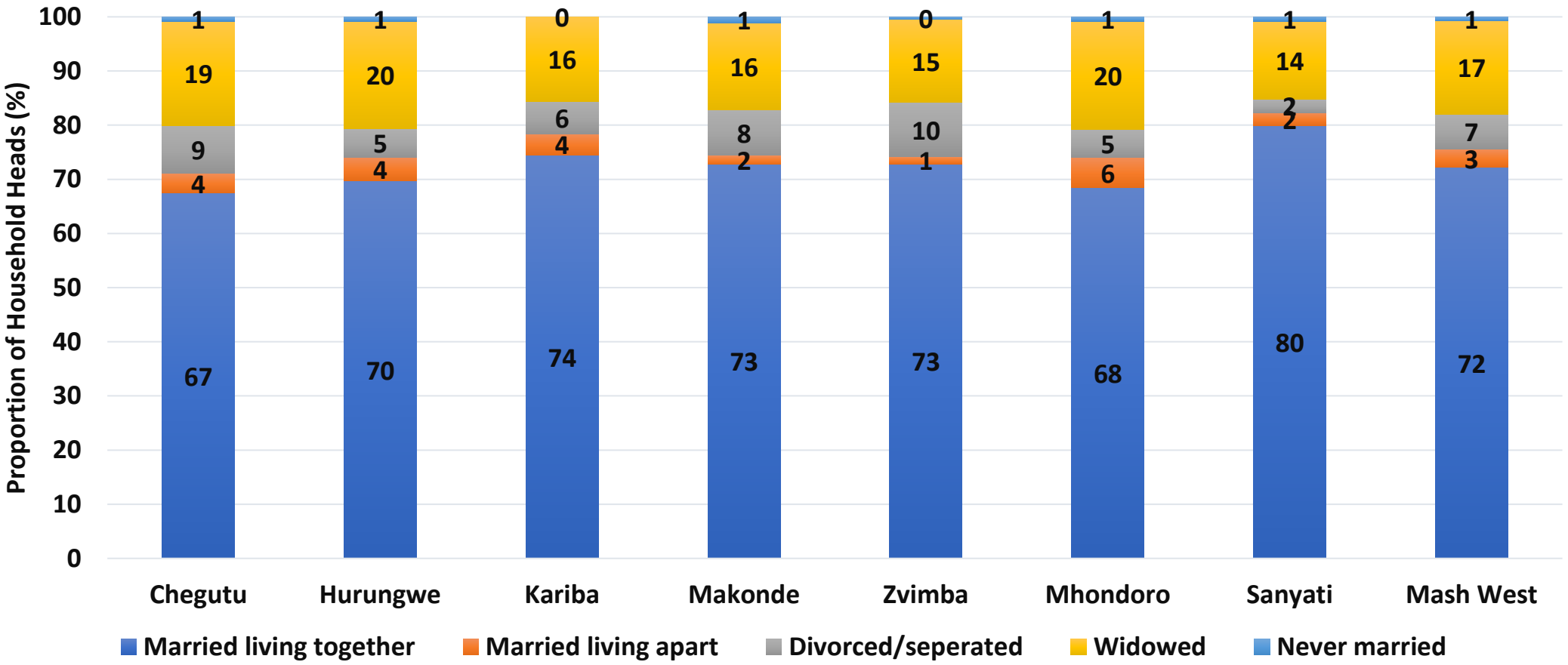
- The highest proportion of male headed households was in Sanyati district, 78.7%.
- The average age of household head was 48.5 years which is within the productive age group.

Characteristics of Household Head: Education Level Attained



- The highest proportion of household heads who had attained O level education and above was in Mhondoro-Ngezi (42%).

Characteristics of Household Head: Marital Status



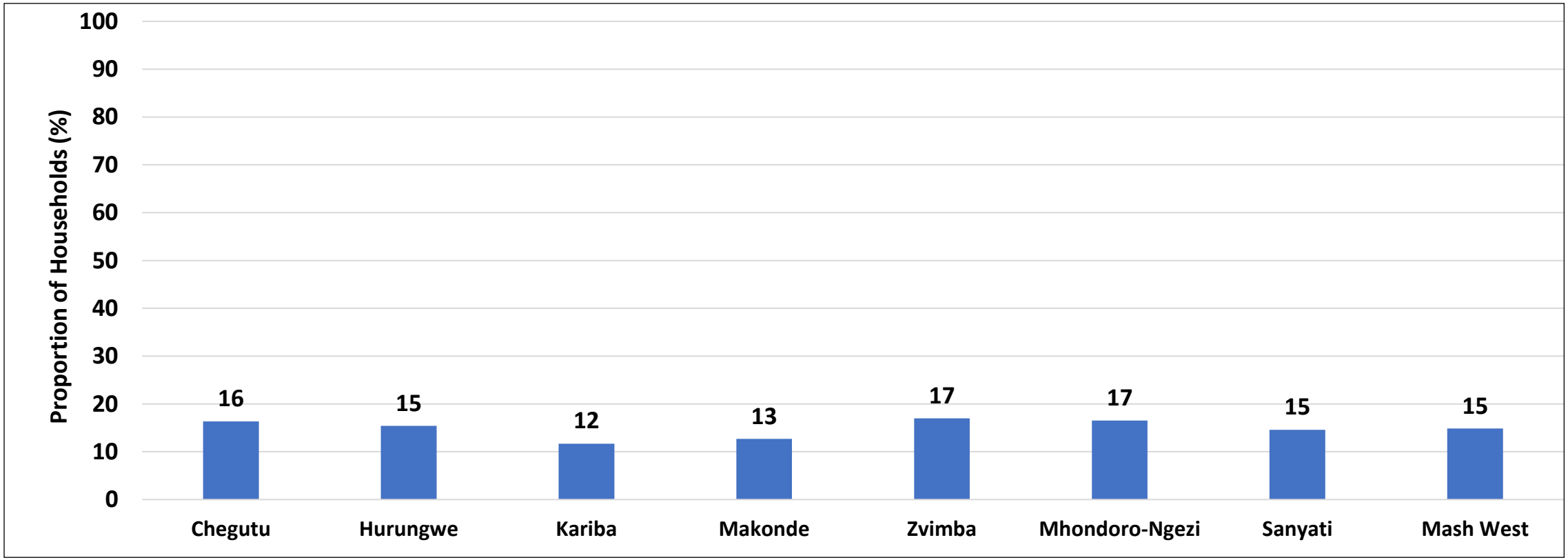
- In Mashonaland West a larger proportion of household heads (72%) were married and living together while (17%) were widowed.
- Hurungwe and Mhondoro had the highest proportion of household heads who were widowed with both districts at 20%.

Characteristics of Household Head: Religion

	Roman Catholic (%)	Protestant (%)	Pentecostal (%)	Apostolic Sect (%)	Zion (%)	Other Christian (%)	Islam (%)	Traditional (%)	Other religion (%)	No religion (%)
Chegutu	14.5	4.4	12.4	24.9	2.0	1.6	2.4	2.0	1.2	34.5
Hurungwe	7.6	2.4	14.3	25.5	4.8	7.6	0.8	0.4	9.6	27.1
Kariba	0.8	0.4	8.4	38.0	4.8	4.0	0.0	15.6	0.8	27.2
Makonde	7.6	2.0	10.8	35.6	6.0	9.2	0.4	2.4	1.6	24.4
Zvimba	5.9	5.0	11.3	30.3	2.3	3.2	7.7	14.9	0.5	19.0
Mhondoro-Ngezi	10.8	4.8	12.4	33.6	4.4	20.8	0.0	0.0	0.0	13.2
Sanyati	4.4	4.0	14.1	35.7	3.2	5.6	0.8	0.0	2.4	29.7
Mash West	7.4	3.3	12.0	**32.0**	4.0	7.5	1.6	4.9	2.3	25.1

- The majority of household heads reported that they were of the Apostolic Sect, 32%.
- About 25.1% reported that they had no religion.

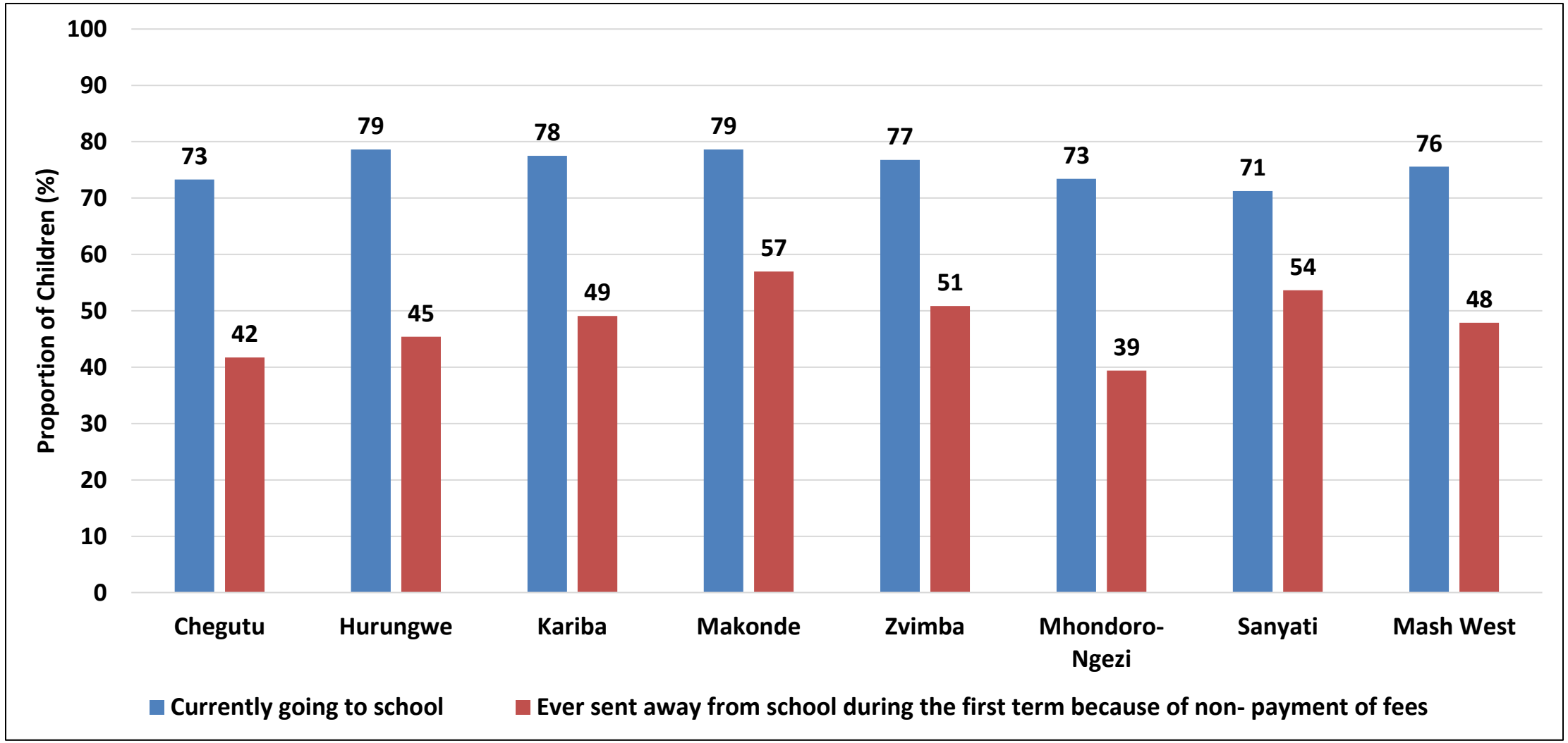
Orphaned Children by District



- About 15% of the surveyed households had orphans.
- The highest proportion was in Zvimba and Mhondoro-Ngezi (17%).

Education

School Attendance



- About 76% of children of school going age were in school and 24% were not going to school.
- The highest proportion of children who were ever sent away due to non-payment of fees was in Makonde, 57%.

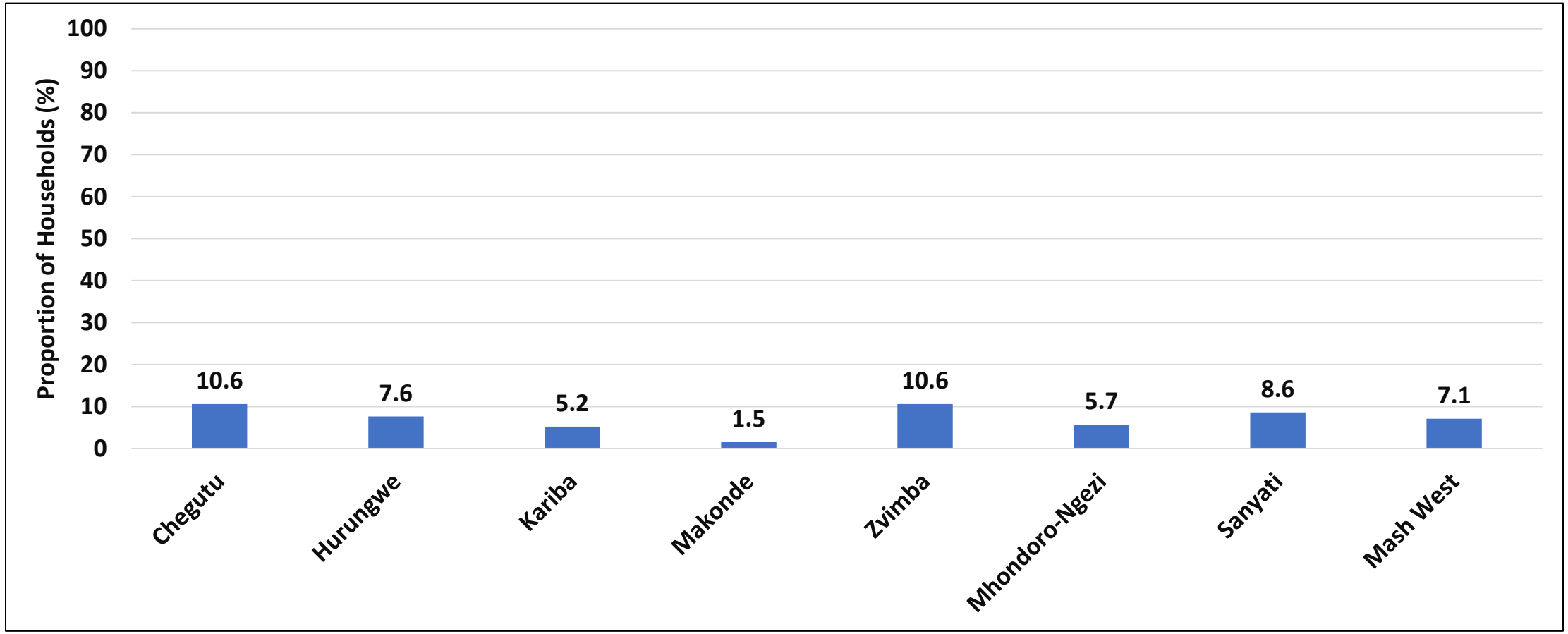
Major Reasons for Children Not Being in School (*breakdown of the 24%)*

	Work for food or money (%)	Care for ill or disabled household member (%)	Not interested in school (%)	Expensive or no money (%)	Child considered too young (%)	Pregnancy /marriage (%)	Failure e.g. of exams (%)	Completed O/A level (%)	No birth certificate (%)	Disability (%)	Non-payment of last term school fees (%)
Chegutu	0.0	0.0	5.0	20.0	35.0	15.0	5.0	10.0	0.0	0.0	0.0
Hurungwe	6.7	0.0	6.7	6.7	26.7	40.0	0.0	0.0	0.0	0.0	0.0
Kariba	0.0	0.0	0.0	14.3	42.9	28.6	0.0	0.0	0.0	0.0	0.0
Makonde	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Zvimba	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	50.0
Mhondoro-Ngezi	0.0	0.0	0.0	40.0	20.0	0.0	0.0	0.0	0.0	20.0	0.0
Sanyati	0.0	2.9	0.0	20.0	45.7	5.7	0.0	5.7	2.9	0.0	0.0
Mash West	1.2	1.2	3.5	17.6	36.5	15.3	1.2	4.7	1.2	1.2	1.2

- Of the 24% of children who were reported as not going to school, 36.5% of these children were out of school because they were considered too young.

Chronic Illness

Households with Members who had Confirmed Chronic Illness



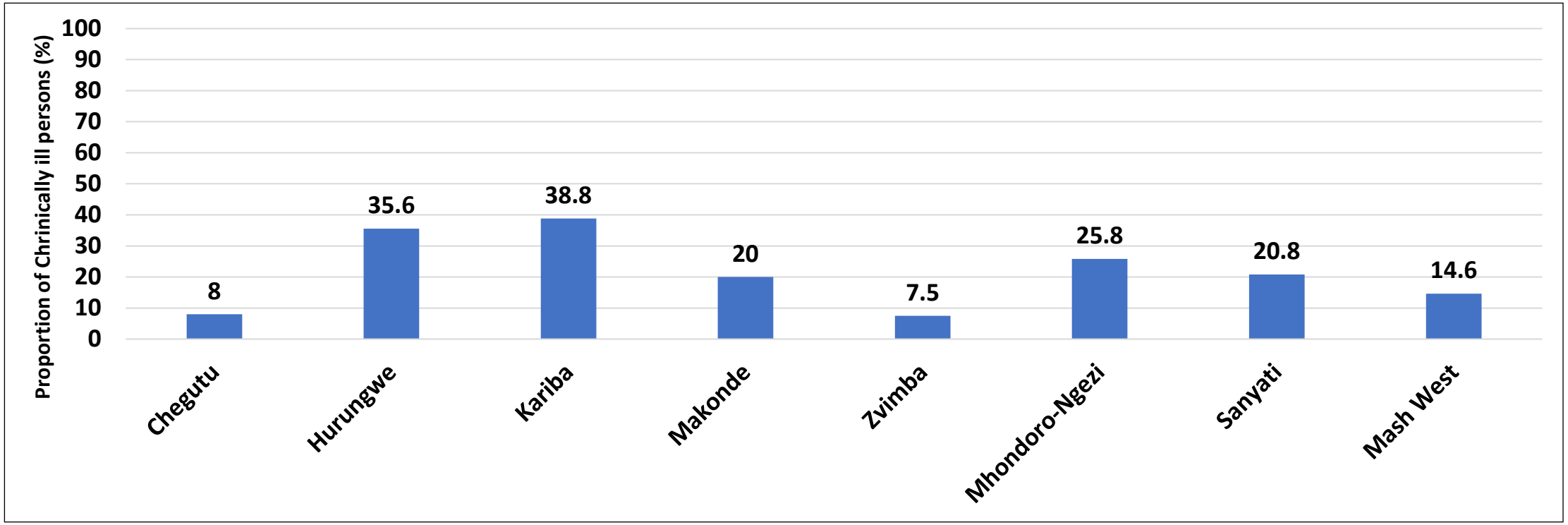
- About 7.1% of households in Mashonaland West had a member with confirmed chronic conditions.
- Chegutu and Zvimba districts (10.6%) had the highest proportion whilst the least (1.5%), was in Makonde.

Proportion of Households with Members who had Chronic Illnesses *(7.1%)*

District	HIV infection, AIDS (%)	Heart disease (%)	Diabetes, high blood sugar (%)	Asthma (%)	Hypertension, High blood pressure (%)	Arthritis, chronic body pain (%)	Epilepsy,seizures, fits (%)	Stroke (%)	Cancer (%)	Tuberculosis (%)	Liver diseases (%)	Kidney diseases (%)	Ulcer, chronic stomach pain (%)	Other (%)
Chegutu	28.6	5.0	**17.6**	9.2	16.8	5.9	2.5	0.0	0.0	1.7	0.8	0.0	4.2	7.6
Hurungwe	16.7	5.2	16.7	10.4	22.9	10.4	1.0	2.1	0.0	0.0	0.0	1.0	7.3	6.3
Kariba	8.2	4.1	2.7	20.5	20.5	21.9	1.4	0.0	1.4	1.4	0.0	0.0	5.5	12.3
Makonde	10.0	10.0	15.0	5.0	15.0	10.0	0.0	0.0	0.0	0.0	0.0	0.0	15.0	20.0
Zvimba	**57.3**	0.9	10.3	3.4	14.5	2.6	0.0	0.0	0.0	2.6	0.0	0.9	0.0	7.7
Mhondoro-Ngezi	27.8	6.3	11.4	5.1	30.4	3.8	0.0	0.0	0.0	3.8	0.0	0.0	5.1	6.3
Sanyati	24.2	5.6	13.7	5.6	29.8	1.6	2.4	1.6	**1.6**	5.6	0.0	0.0	0.8	7.3
Mash West	**28.2**	4.6	12.7	8.3	**22.0**	6.8	1.3	0.6	**0.5**	2.5	0.2	0.3	3.8	8.1

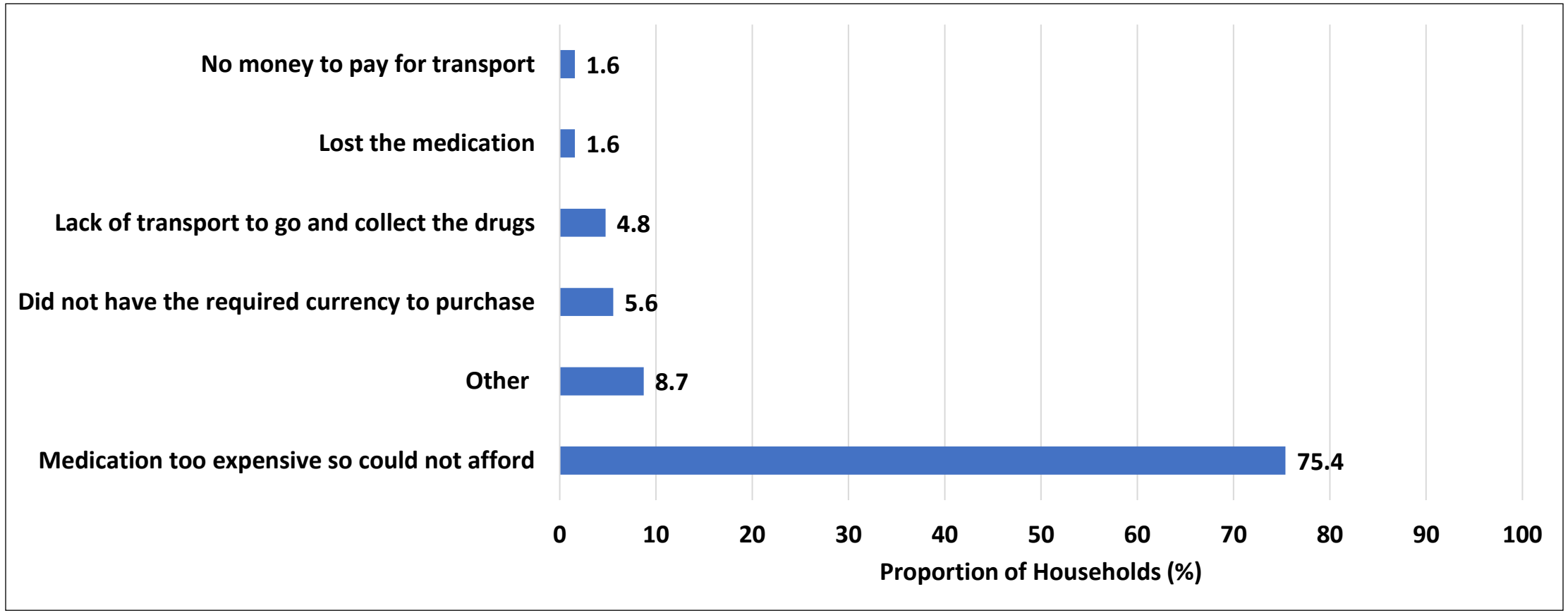
- Of the 7.1% households with members having chronic illnesses, the proportion of households with members who had HIV and AIDS infections was 28.2% and hypertension (22%).
- Households with at least one member with hypertension were highest in Mhondoro-Ngezi district (30.4%) whilst cancer was high in Sanyati (1.6%).

Chronically Ill Persons Who Missed Medication



- The proportion of chronically ill member with a chronically ill member who missed their medication 30 days prior date of the interview was 14.6 %.

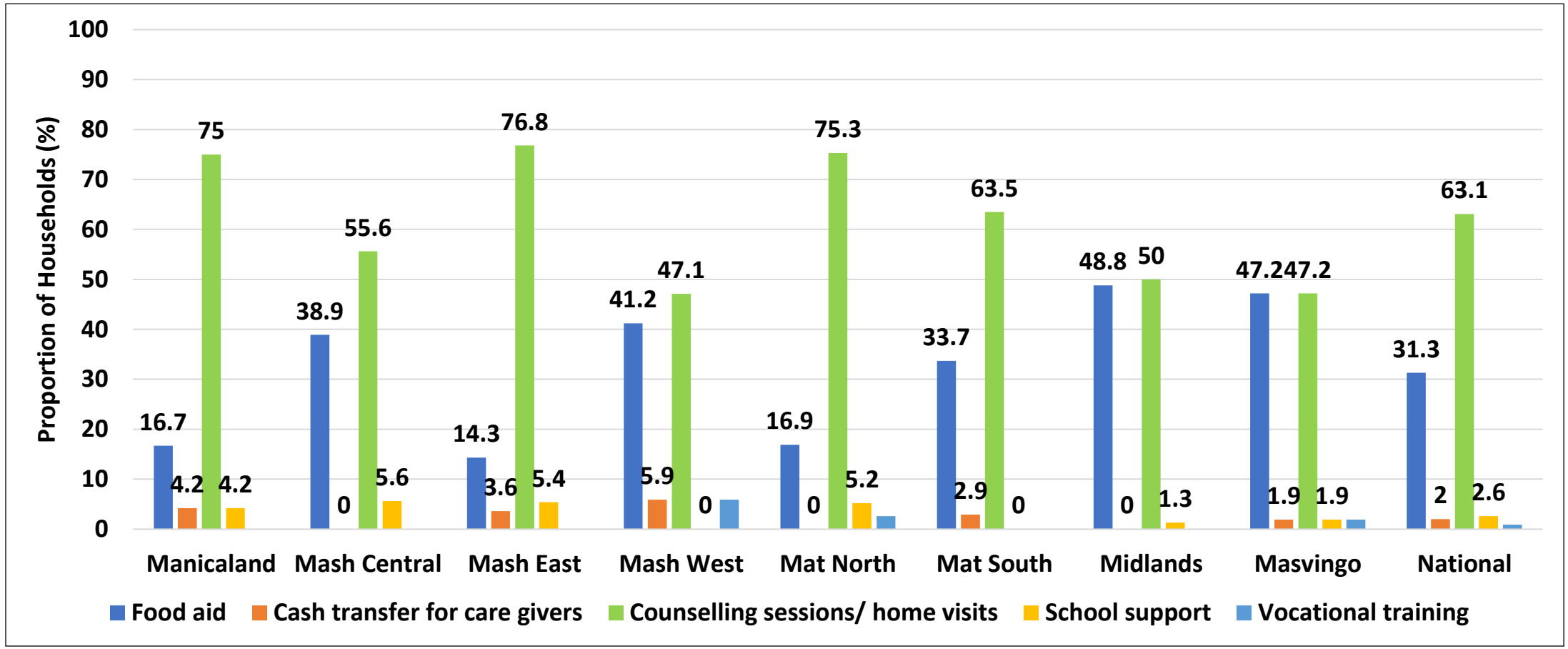
Reasons for Missing Medication



- Of the 14.6% who missed medication, the main reason for missing medication was medication being too expensive (75.4%),

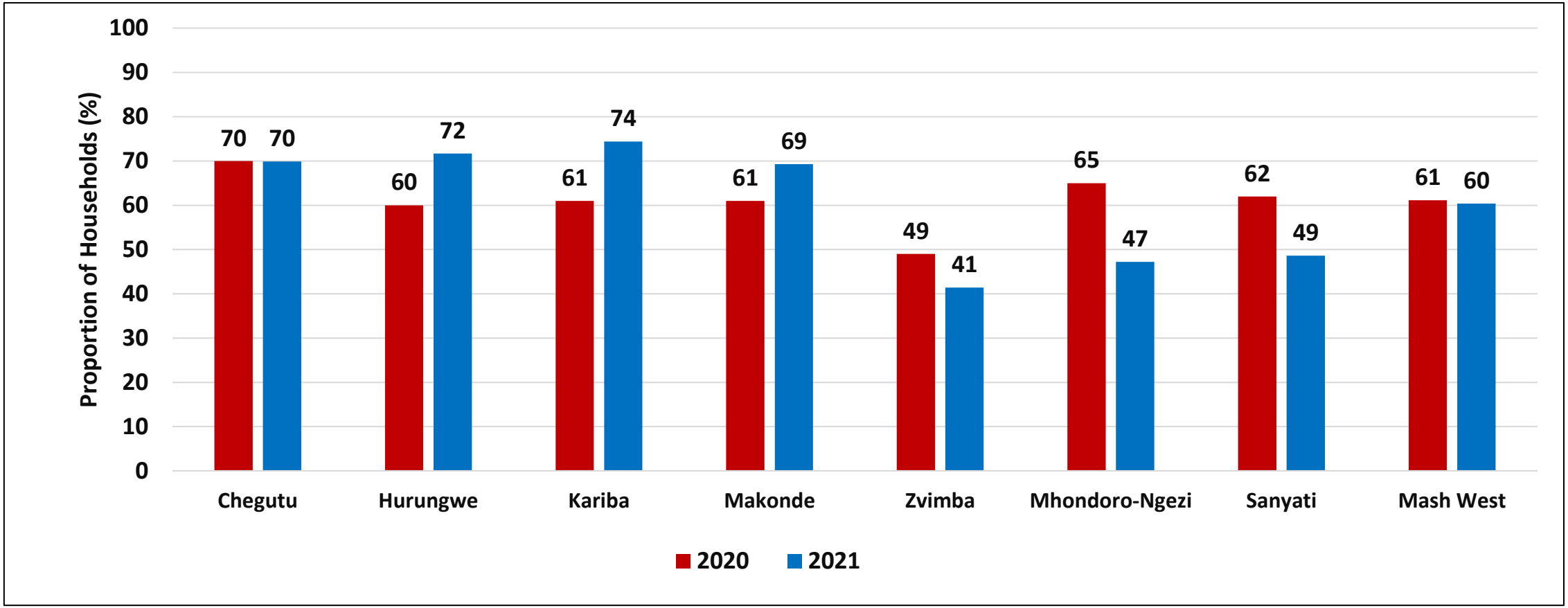
Social Protection

HIV Positive Members who Received Support



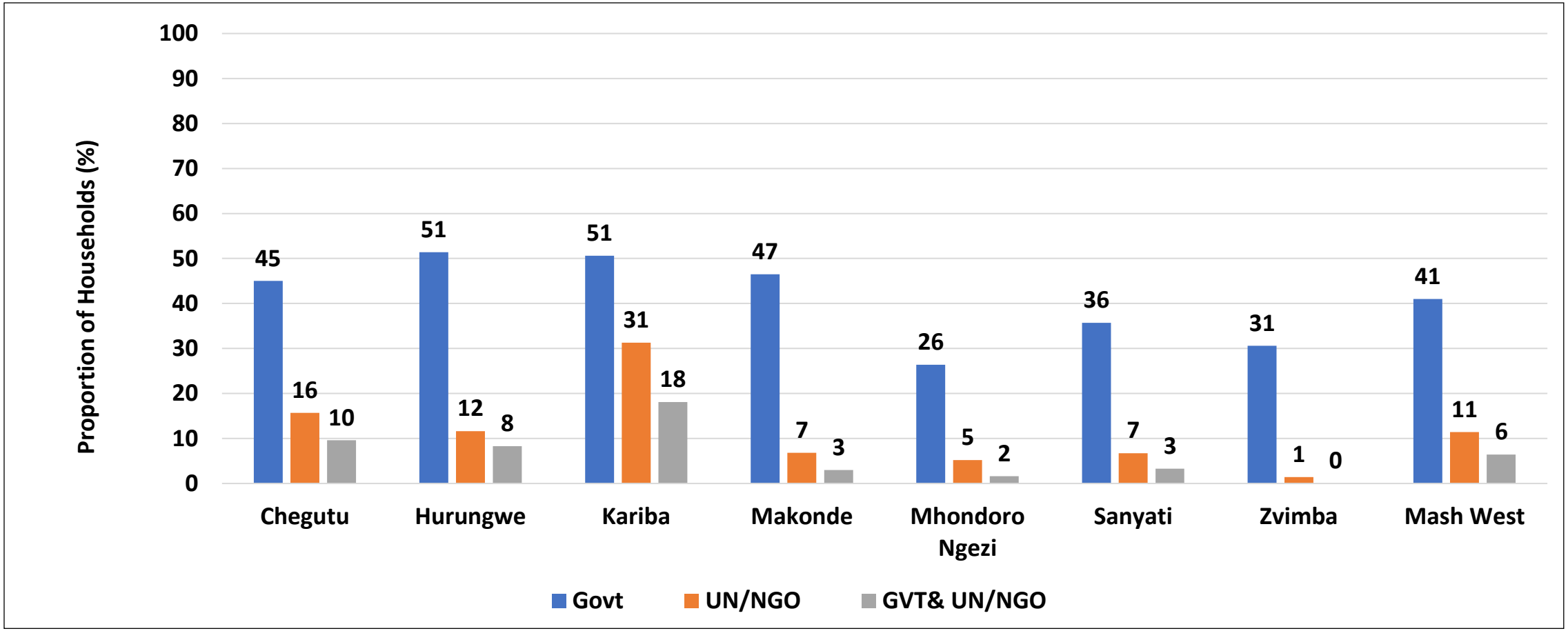
- Nationally, of those members that had HIV/AIDS, the majority received support in the form of counselling sessions/home visits (63.1%).
- For Mashonaland West, the proportion of those who received support was also high for counselling sessions/home visits (47.1%).

Households Which Received any Form of Support



- The proportion of households which received any form of support was 60%.
- Kariba (74%) had the highest proportion whilst Zvimba (41%) had the lowest proportion of households being assisted.

Peak Hunger Period Support



- Government is the major source of assistance during the peak hunger period, with the provincial average being 41%.
- Kariba had the highest proportion of households (18.1%) receiving support from both government and UN/NGO.

Sources of Any Form of Support

District	Government Support (%)	UN/NGO Support (%)	Church Support (%)	Rural Relatives (%)	Urban Relatives (%)	Diaspora (%)	Charitable Groups (%)
Chegutu	59	17	4	24	27	5	0
Hurungwe	62	9	0	5	8	3	6
Kariba	51	32	2	4	5	3	26
Makonde	49	8	8	19	22	9	18
Mhondoro-Ngezi	29	11	2	2	10	2	1
Sanyati	36	4	2	16	10	6	2
Zvimba	33	1	2	4	5	2	3
Province	46	12	3	11	13	4	8

- The province received support from all sources with government being the main source (46%) and urban relatives (13%) being the second main source of support.
- Food and crops inputs remained the major form of assistance received in the all the seven districts.

Forms of Support From Government

	Food (%)	Cash (%)	Crop inputs (%)	Livestock support: pass-on (%)	Livestock support: Teak grease (%)	Other livestock support (%)	WASH inputs (%)	Weather and climate (%)	Covid-19 related support (%)	Other (%)
Chegutu	45.2	0	87	0	0	0	0	0	0	0
Hurungwe	57.5	0	56.9	0	0.7	0	0.7	0	0	2
Mhondoro Ngezi	66.2	4.1	56.8	0	0	0	0	0	0	0
Sanyati	79.5	2.6	30.8	0	25.6	7.7	2.6	6.4	1.3	1.3
Kariba	99.2	0.8	0.8	0	0	0	0	0	0	0.8
Makonde	55.2	0.8	61.3	0	8	0	0	0	0	0.8
Zvimba	47.4	3.9	65.8	0	0	0	1.3	0	1.3	1.3
Mash West	63.8	1.3	52.3	0	2.8	0.8	0.5	0.6	0.3	0.9

- Food and crops inputs remained the major form of assistance received by all the seven districts.
- Kariba had the highest proportion of households (99.2%) receiving food assistance whilst Chegutu had the highest proportion of households receiving crop inputs (87%).

Forms of Support From UN/NGO

	Food (%)	Cash (%)	Crop inputs (%)	Livestock support: pass-on (%)	Livestock support: Teak grease(%)	Other livestock support (%)	WASH inputs (%)	Weather and climate (%)	Covid-19 related support (%)	Other (specify)
Chegutu	95	0	0	0	0	0	0	0	0	5
Hurungwe	70.8	0	0	0	0	0	25	0	0	4.2
Mhondoro Ngezi	90.3	3.2	9.7	3.2	0	0	0	0	0	3.2
Sanyati	83.3	0	0	0	16.7	0	33.3	0	16.7	0
Kariba	94.9	7.7	2.6	1.3	0	1.3	14.1	1.3	7.7	1.3
Makonde	94.1	5.9	5.9	0	0	0	0	0	0	5.9
Zvimba	100	0	50	0	0	0	0	0	50	0
Mash West	85.9	7.5	9	0.5	0.7	0.5	7.4	0.6	3.8	3.1

- Support was dominantly in the form of food, with Zvimba district having 100% of the surveyed households being assisted with food.
- Zvimba district also had the highest proportion of households (50%) receiving crop inputs .

Agriculture Production

Cereal Stocks as at 1 April 2021

District	Cereal Stocks (kgs)
Chegutu	23.6
Hurungwe	59.4
Kariba	31.6
Makonde	63.1
Zvimba	12.7
Mhondoro-Ngezi	41.4
Sanyati	17.4
Mashonaland West	**32.1**

- The average household cereal stocks as at 1 April for the province were 32.1kgs per household.
- Makonde had the highest average stocks (63.1kgs) whilst Zvimba had the least (12.7kgs).

Maize from Casual Labour

	Casual labour (kgs)
Chegutu	32.7
Hurungwe	31.8
Kariba	37.8
Makonde	11.2
Zvimba	72.7
Mhondoro-Ngezi	4.2
Sanyati	12.9
Mash West	26.6

- The average maize received from casual labour was 26.6kg and the highest average was recorded in Zvimba (72.7kg).

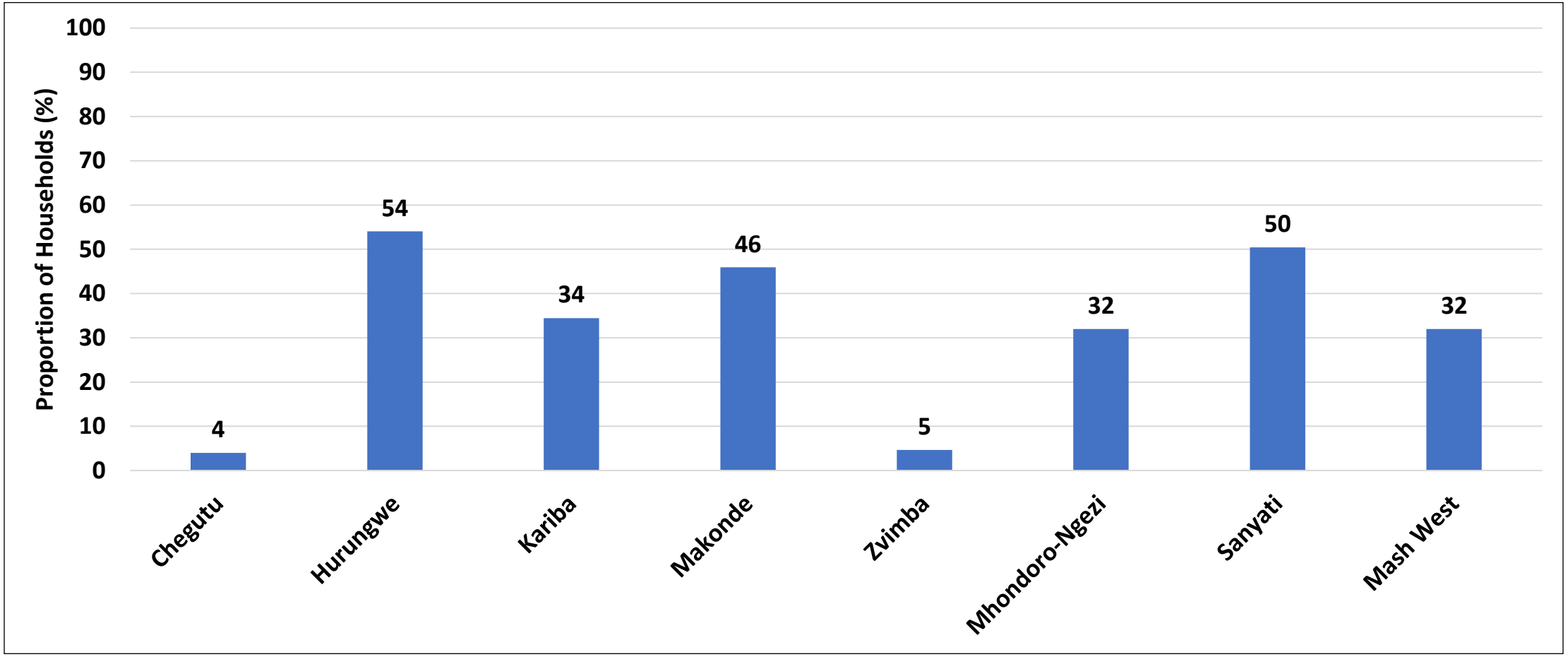
Cereal Self Sufficiency

	Districts
0 – 3 Months	
4- 6 Months	
7- 9 Months	
9 – 12 Months	Mhondoro- Ngezi
Over 12 months	Chegutu, Hurungwe, Kariba, Makonde, Sanyati, Zvimba

- In the province, 6 out of 7 districts produced over 12 months supply of cereal.

Agricultural Produce Markets

Access to Grain Storage Facility



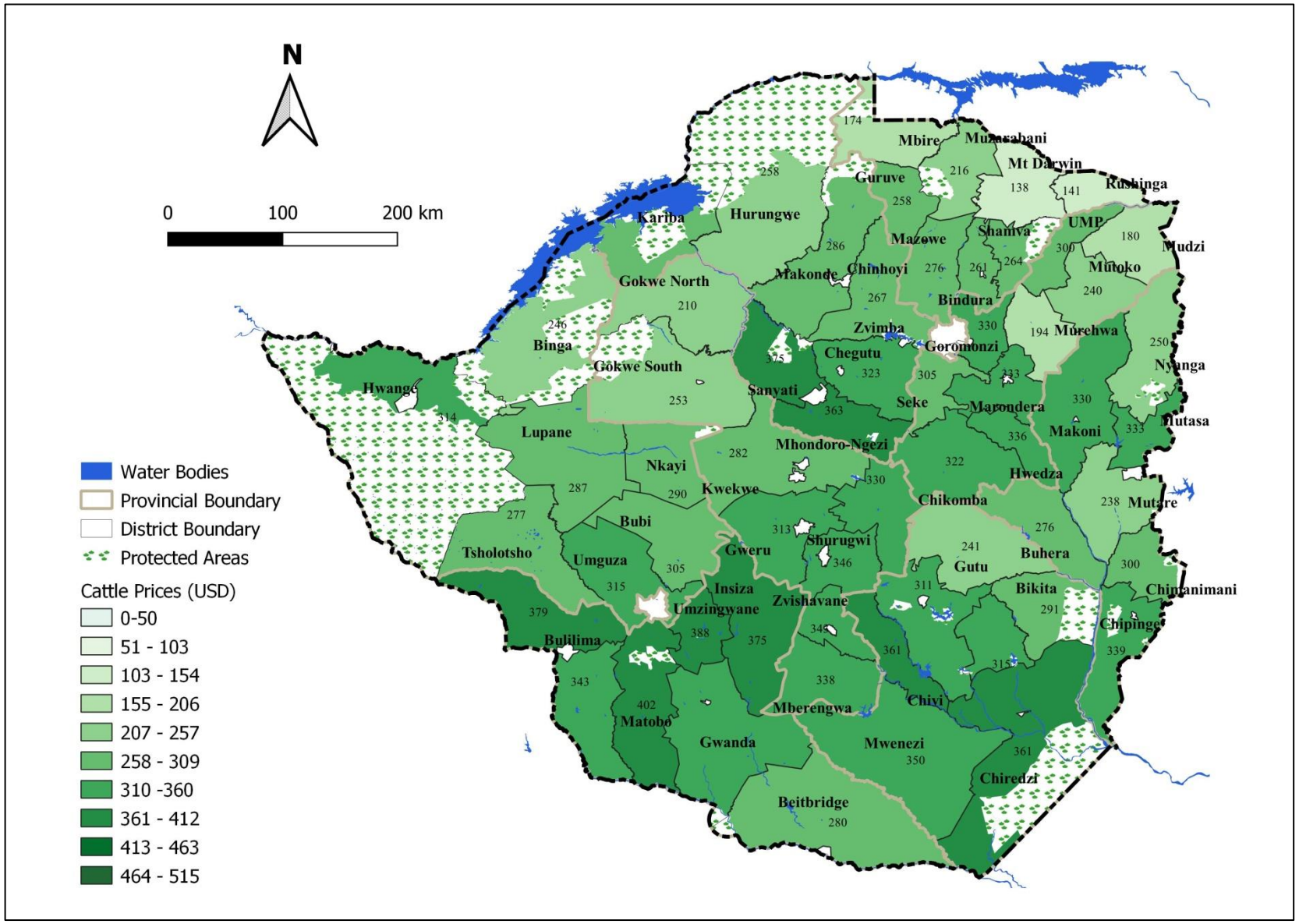
- In the province only 32% of households reported to have access to a grain storage facility.
- Chegutu (4%) had the lowest proportion of households that had access to grain storage facilities.

Structures Used to Store Grain

	Ordinary room (%)	Traditional granary (%)	Ordinary granary (%)	Improved granary (%)	Bin/drum (%)	Crib (%)	Hermetic bags (%)	Metal silos (%)
Chegutu	60	10	0	30	0	0	0	0
Hurungwe	72	9	8	2	0	0	8	2
Kariba	6	47	12	1	0	27	7	0
Makonde	68	30	1	1	0	0	0	0
Zvimba	44	44	11	0	0	0	0	0
Mhondoro-Ngezi	15	35	2	0	0	46	1	0
Sanyati	56	15	20	4	2	0	2	0
Mash West	**47**	**25**	**9**	**2**	**1**	**11**	**4**	**0**

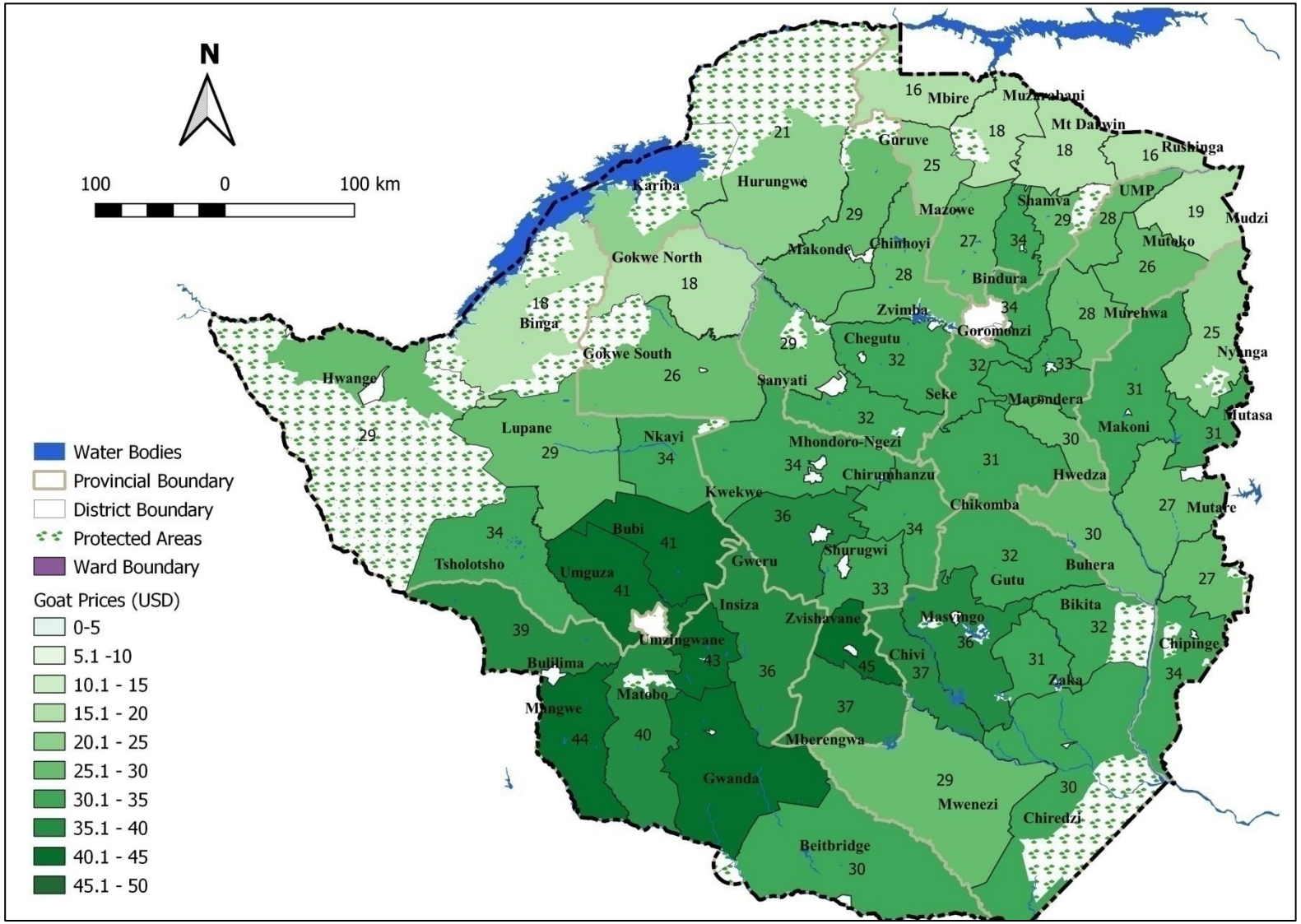
- The most common structures used to store grain at household level is the ordinary room (47%) followed by traditional granary (25%)
- Of concern is the low use of improved granary(2%), hermetic bags (4%) which are reliable methods that reduce post harvest losses.

District Cattle Prices (USD)



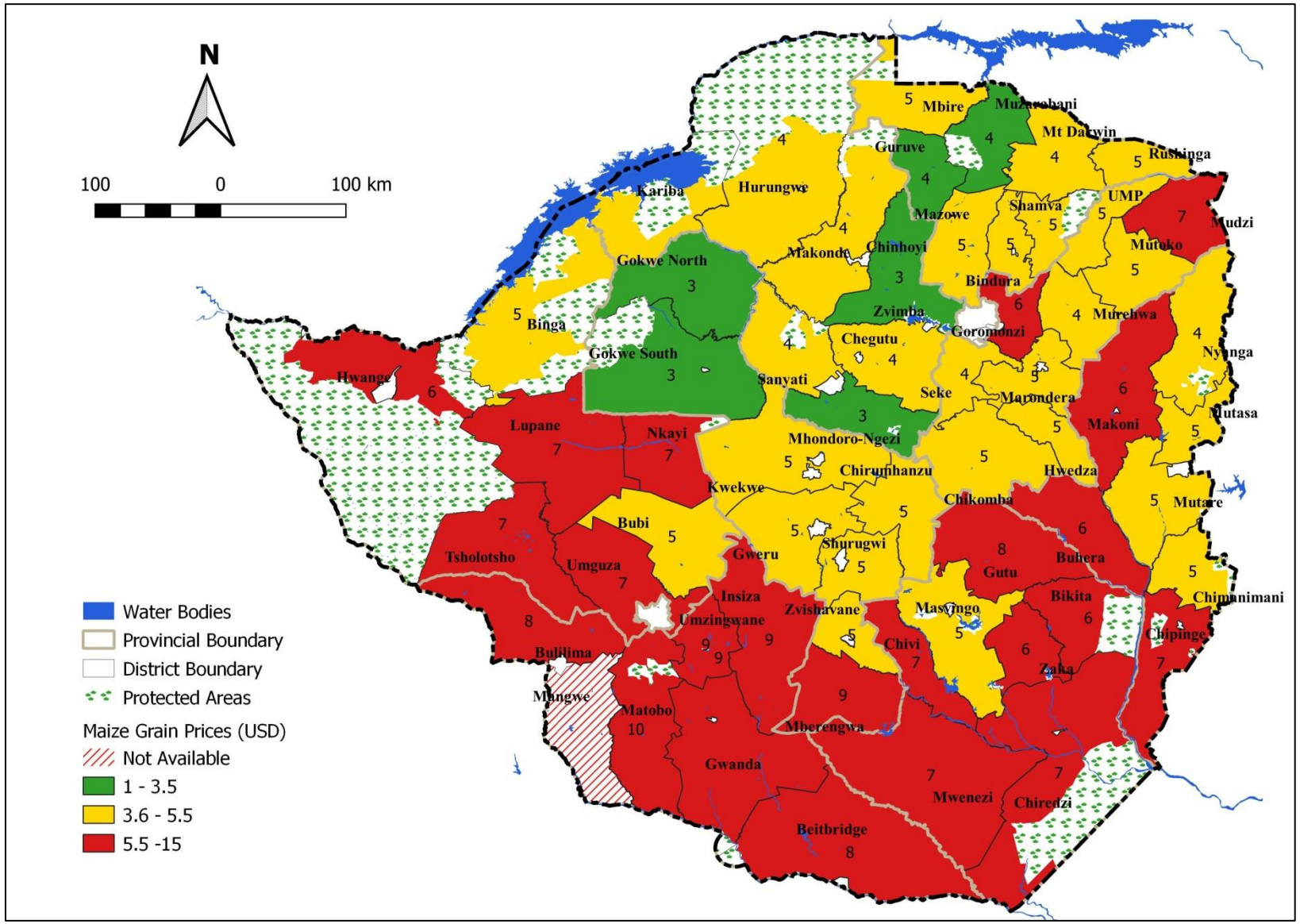
- Cattle prices in Mashonaland West ranged from USD 258 to USD 363.
- The highest average cattle prices were reported in Sanyati (USD 363).
- The lowest prices were reported in Hurungwe (USD 258).

District Goat Prices (USD)



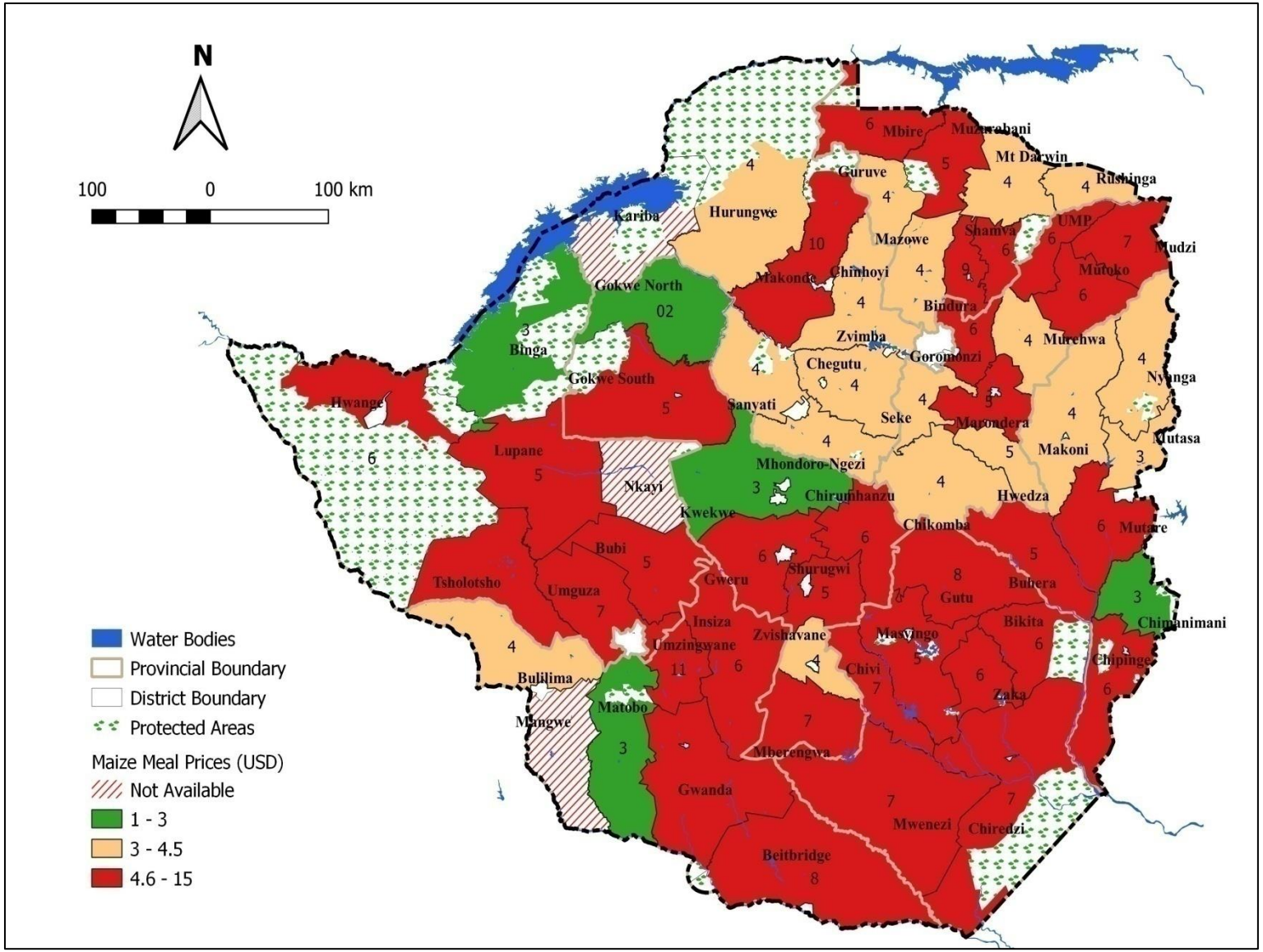
- Goat prices in the province ranged from USD 21 to USD 32.
- The Highest goat prices were recorded in Chegutu (USD 32).
- The lowest prices were recorded in Hurungwe (USD 21).

District Average Maize Grain Prices (USD)



- Maize grain prices ranged from USD 3 to USD 4 across the districts per 20 litre bucket.

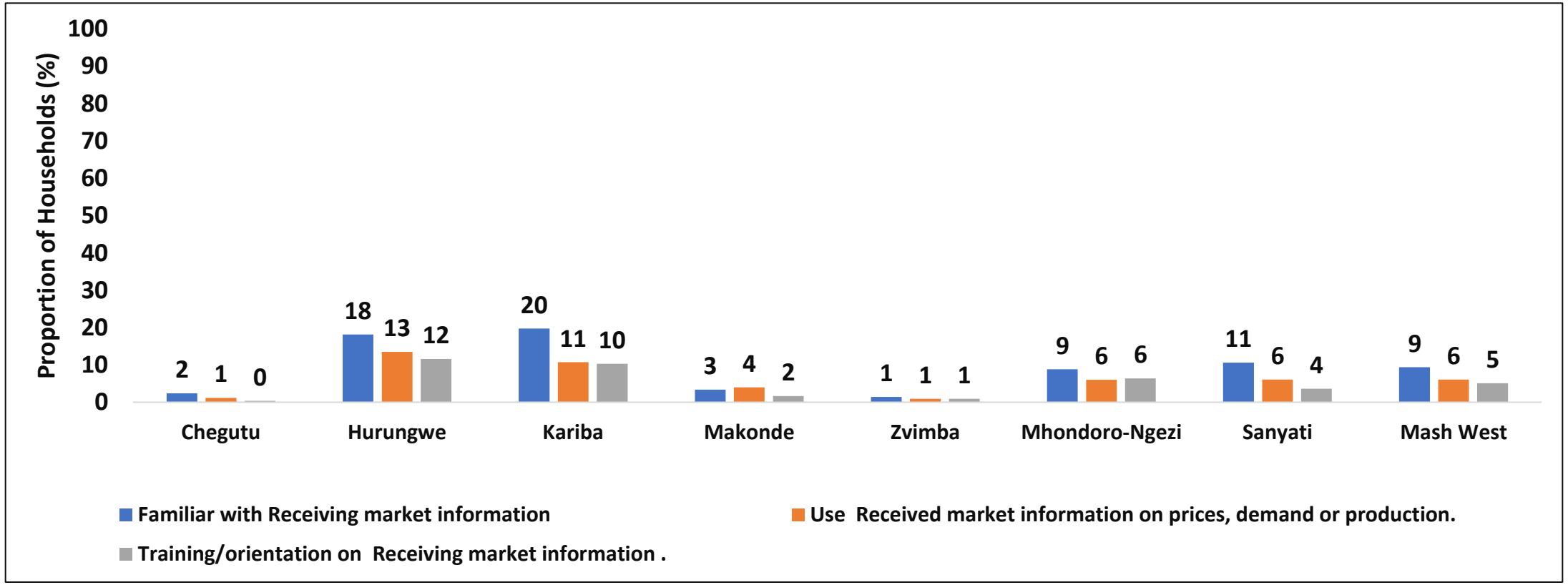
District Maize Meal Prices (USD)



- Maize meal prices in Mashonaland West ranged from USD 4 to USD 10 per 10kg bag.
- Highest price of Maize Meal was reported in Makonde (USD 10)
- Maize meal was not available on the market in Kariba during the time of the survey.

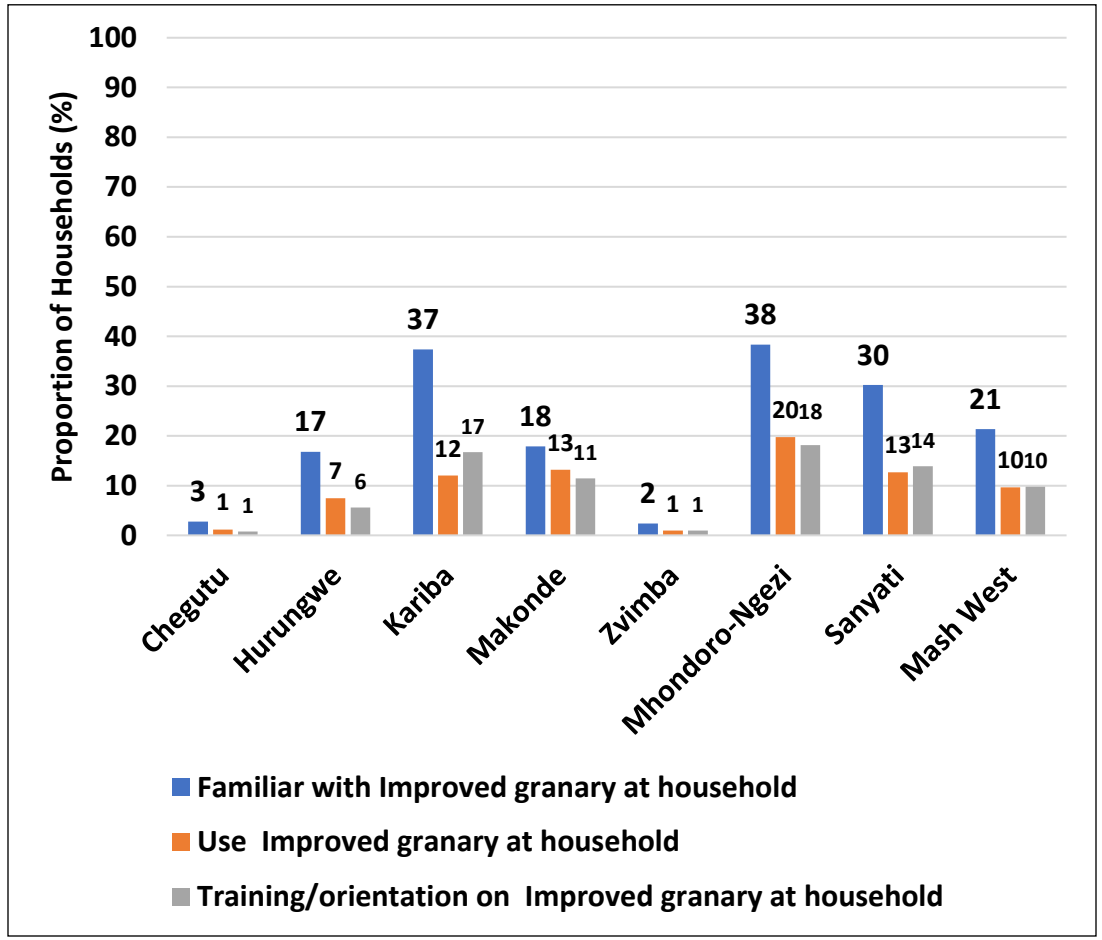
Value Chain Practices

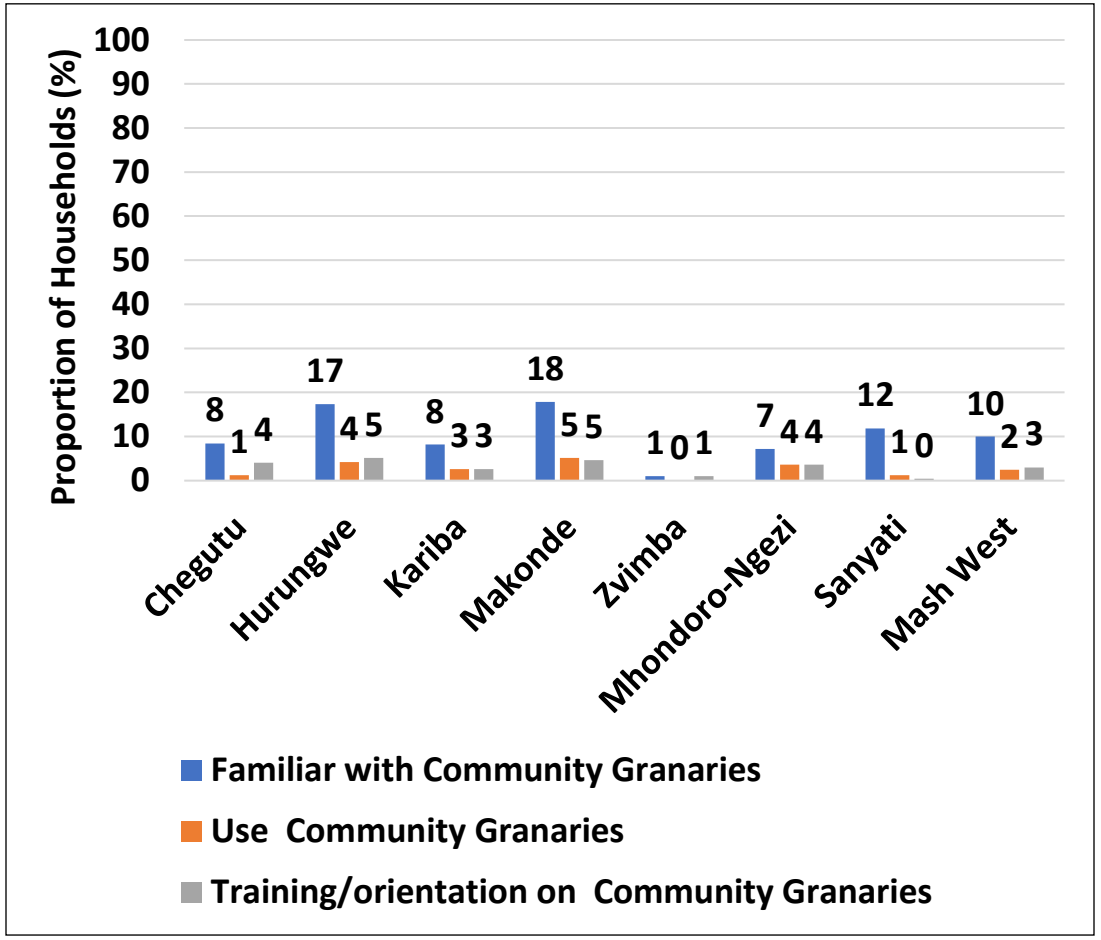
Market Information Access



- In the province only 6% of the households indicated that they had used market information through various channels.

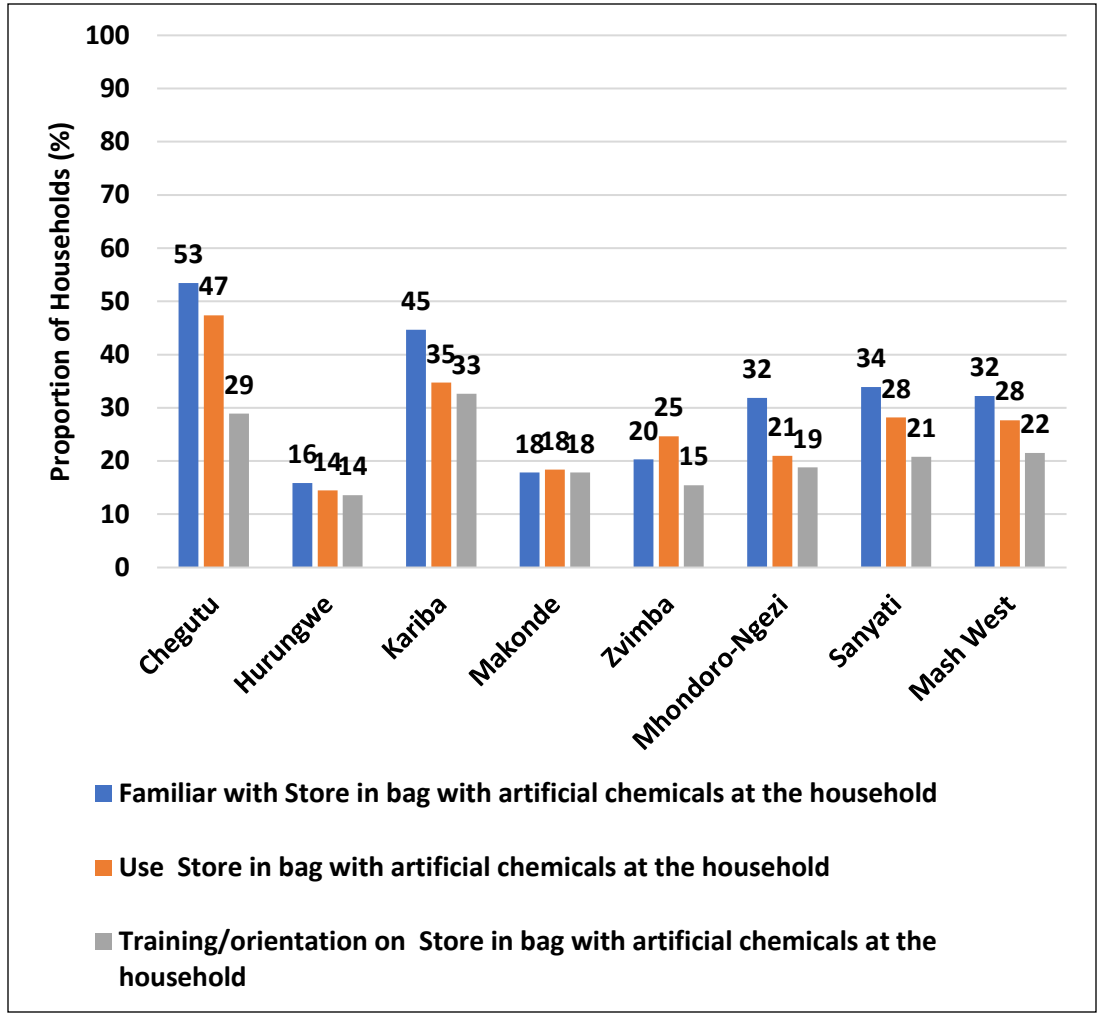
Use of Improved Granary and Community Granaries

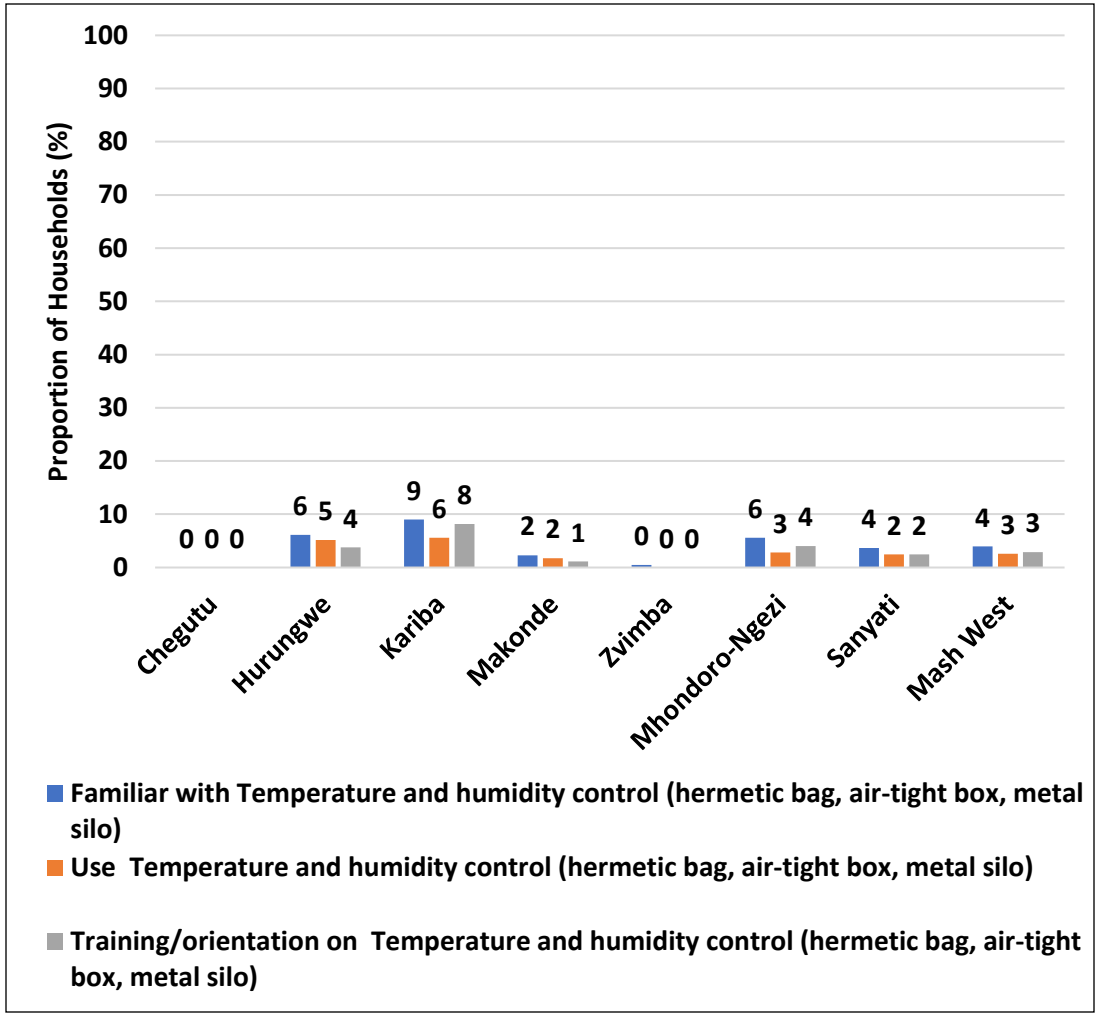




- Use of improved granaries was limited as only 10% indicated that they had used them.
- About 2% of the households, indicated that they had used community granaries.

Post- Harvest Grain Storage Conditions

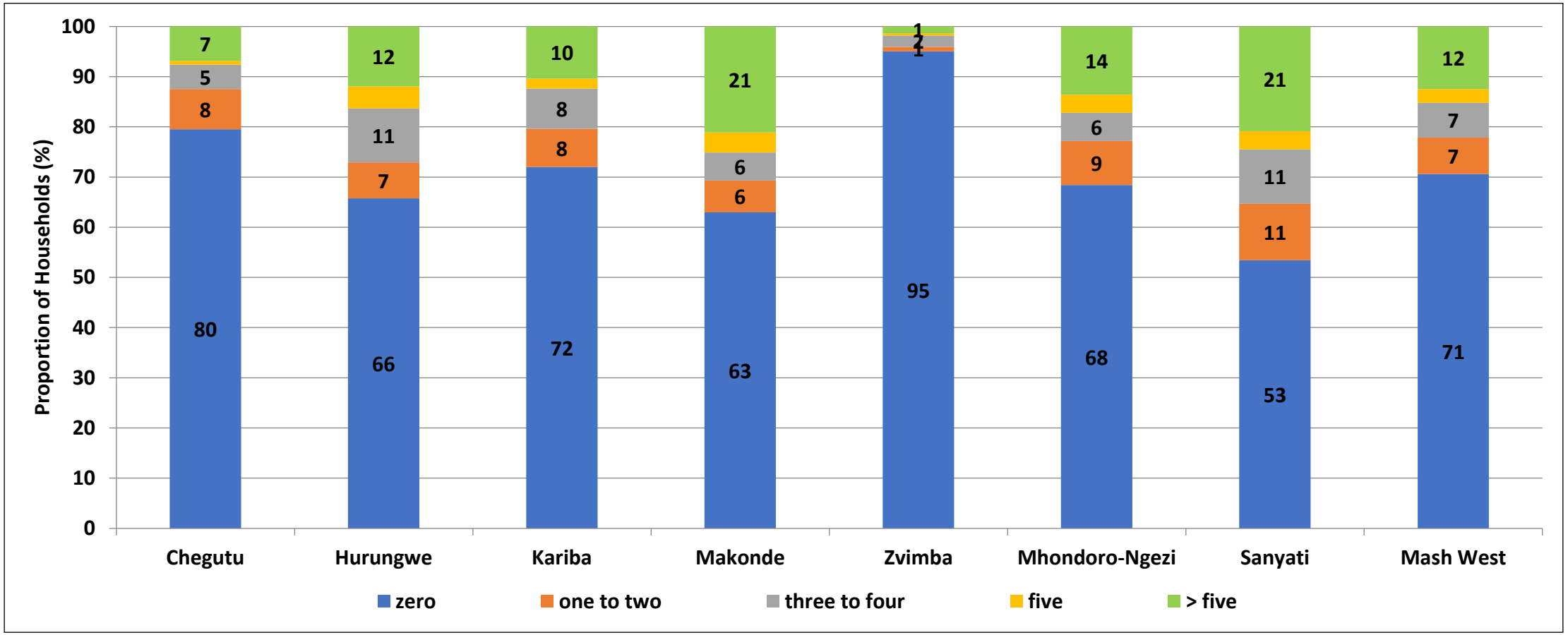




- In the province, about 28% of households were storing their grain in bags and using grain protectants.
- Only 3% were using temperature and air control in grain protection (use of hermatic bags, metal silos, air-tight boxes.

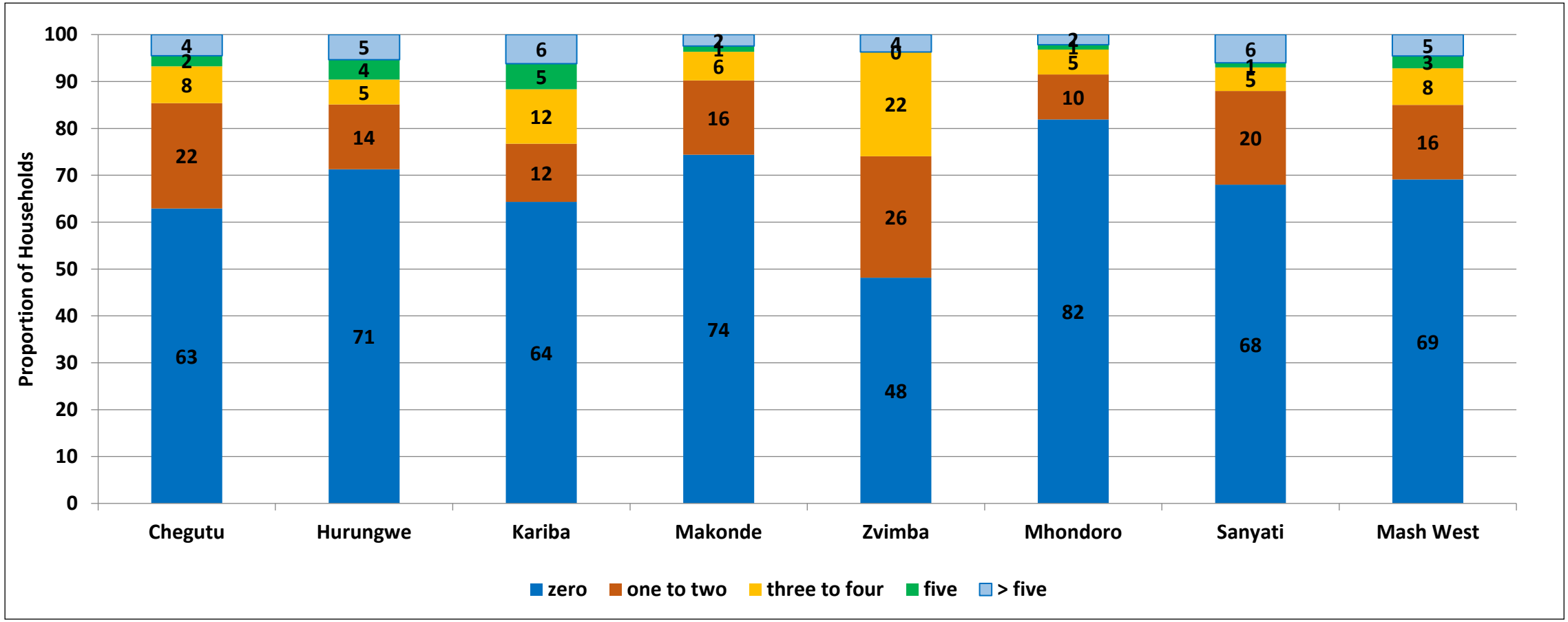
Livestock Production

Households which Owned Cattle



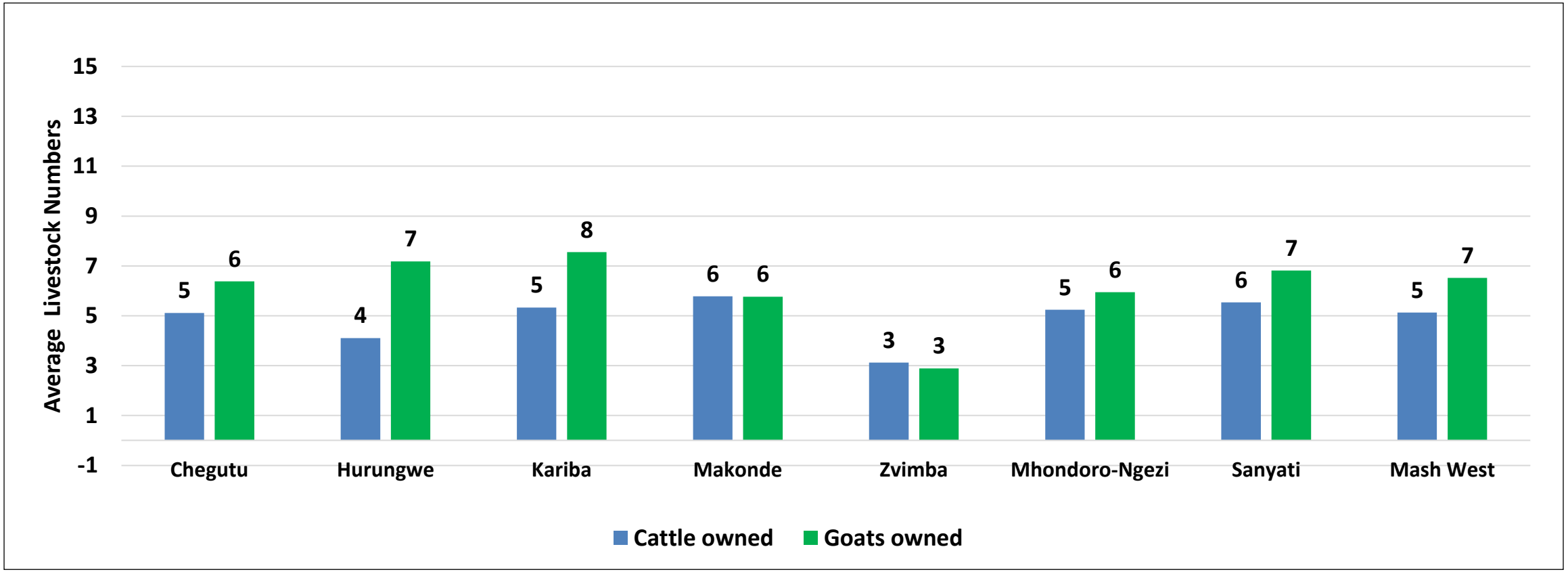
- In Mashonaland West, the proportion of households which did not own cattle was high at 71%.
- The highest proportion of households which owned more than five (5) cattle was in Makonde and Sanyati (21%) and the lowest was in Zvimba (1%).

Households which Owned Goats



- In Mashonaland West, the proportion of households that did not own goats was 69%.
- Mhondoro-Ngezi (82%) had the highest proportion of households that did not own goats.
- The highest proportion of households that owned 5 or more goats was in Kariba and Sanyati (6%) and the lowest was in Mhondoro-Ngezi and Makonde (2%).

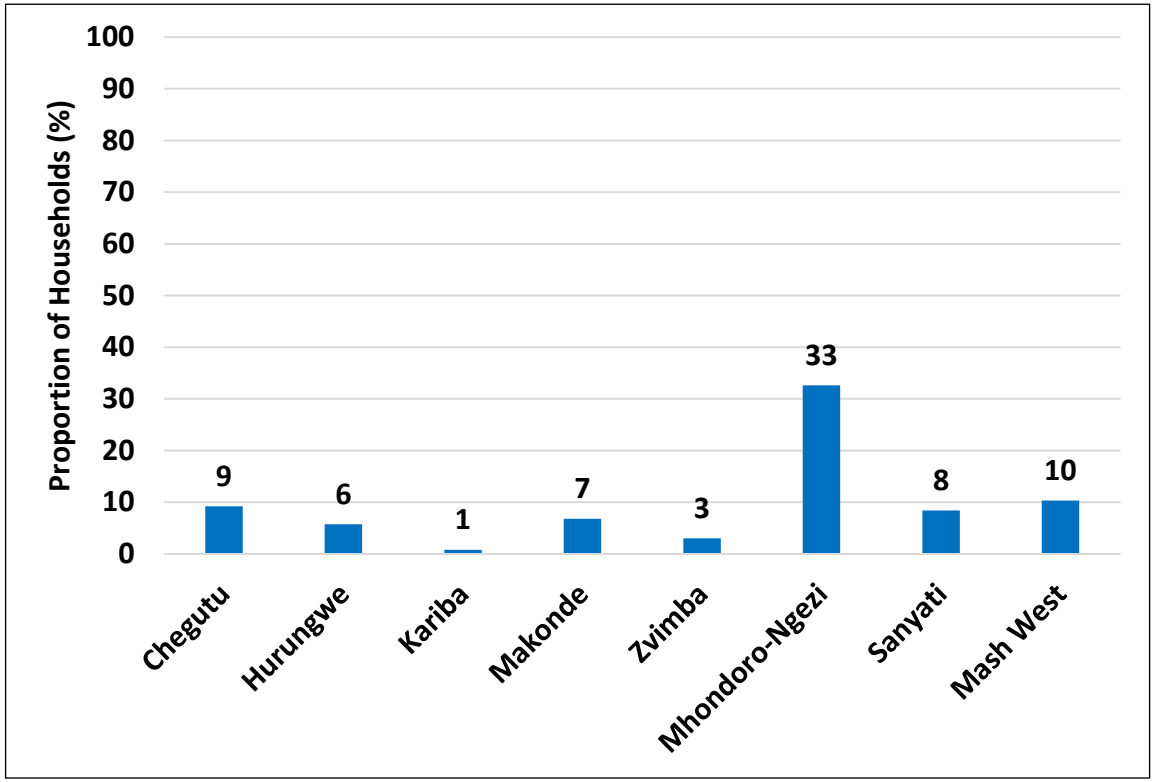
Average Livestock Numbers per Household



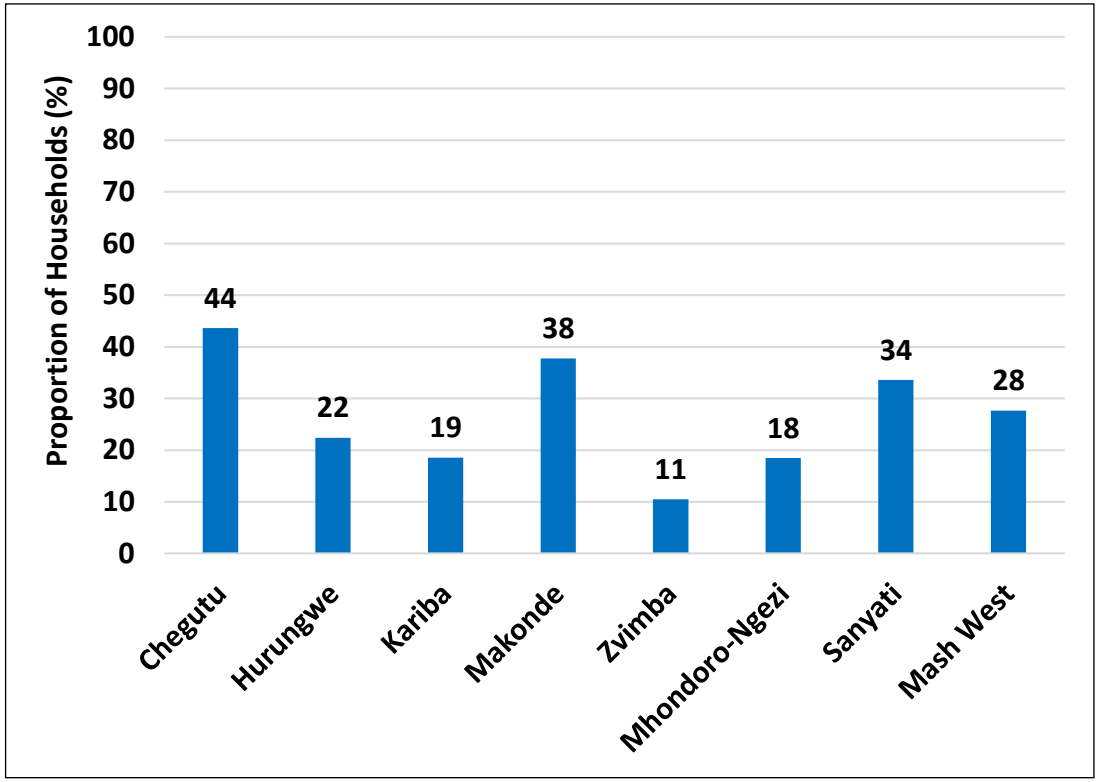
- The average cattle herd size per household was 5, whilst the average goat flock size per household was 7.
- Makonde and Sanyati had the highest average herd of cattle per household (6) and Kariba with goats (8) respectively.
- Zvimba had the lowest average number of cattle and goats per household (3).

Livestock Off Take Rates

Cattle

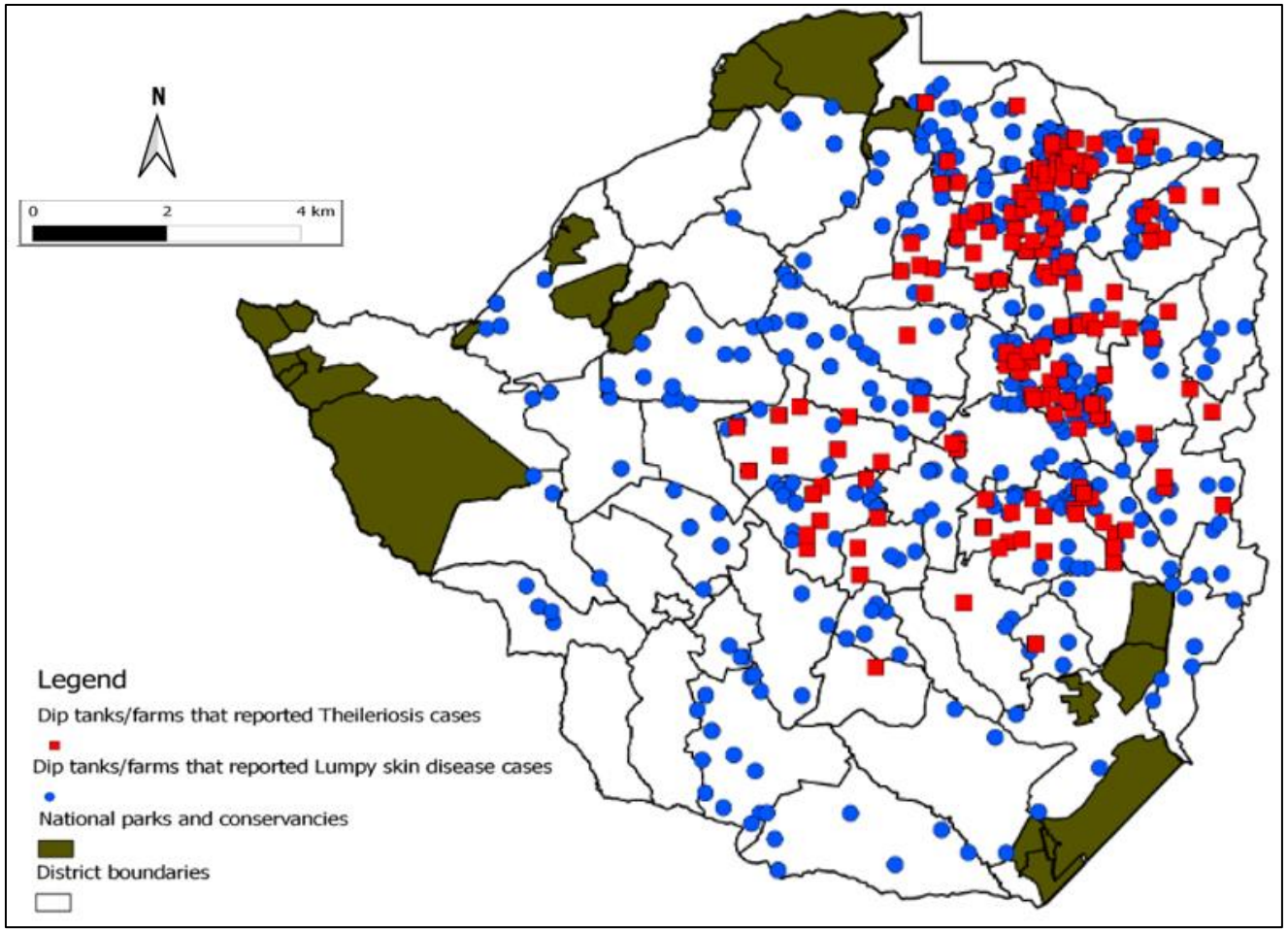


Goats



- Percentage off take refers to the number of animals sold/slaughtered annually as a fraction of total herd. It is an indicator of the business approach in livestock production, and its contribution to household livelihoods.
- Off take rates were generally low with a provincial average of 10% for cattle and 28% for goats. The target is to increase off take to about 20% for cattle and 40% for goats.
- Mhondoro-Ngezi had the highest cattle off take (33%), while goats off take was highest in Chegutu (44%).

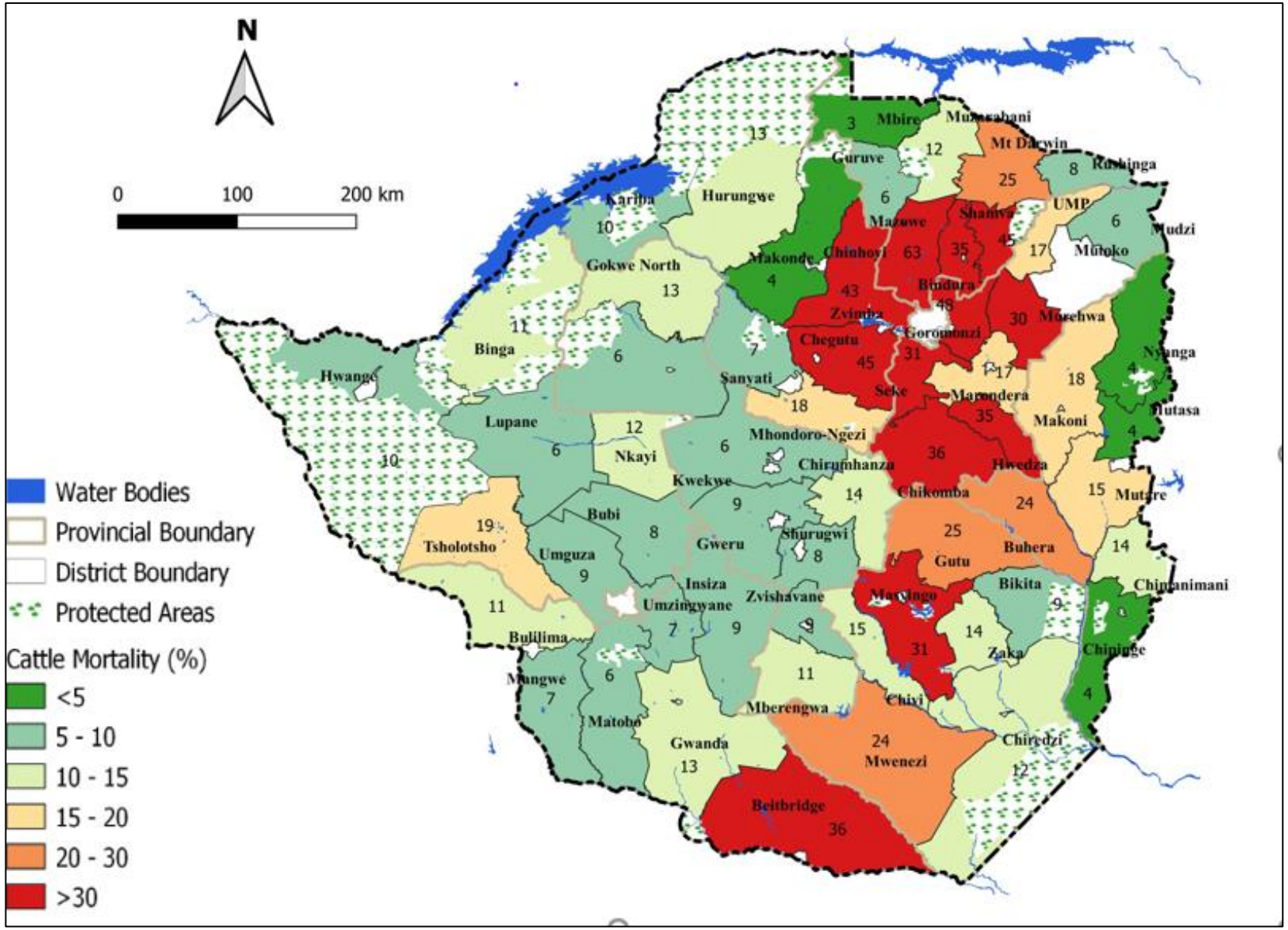
Theileriosis (January Disease) and Lumpy Skin Disease Outbreaks



- In Mashonaland West, 3 districts Zvimba, Chegutu and Sanyati were affected by January Disease.
- Lumpy skin disease affected all the districts in the province except Kariba.

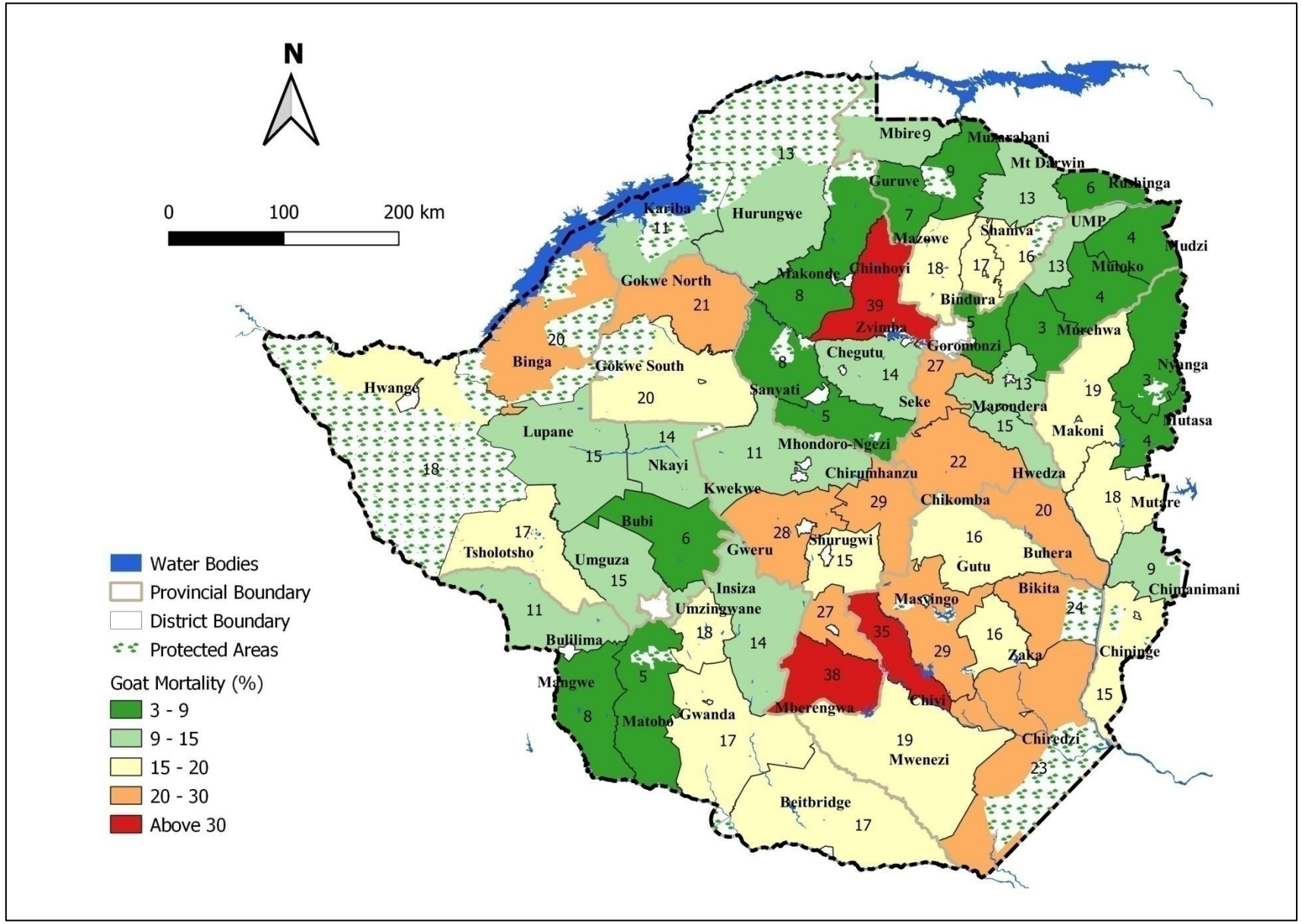
Source: Department of Veterinary Field Services

Cattle Mortality Rate by District



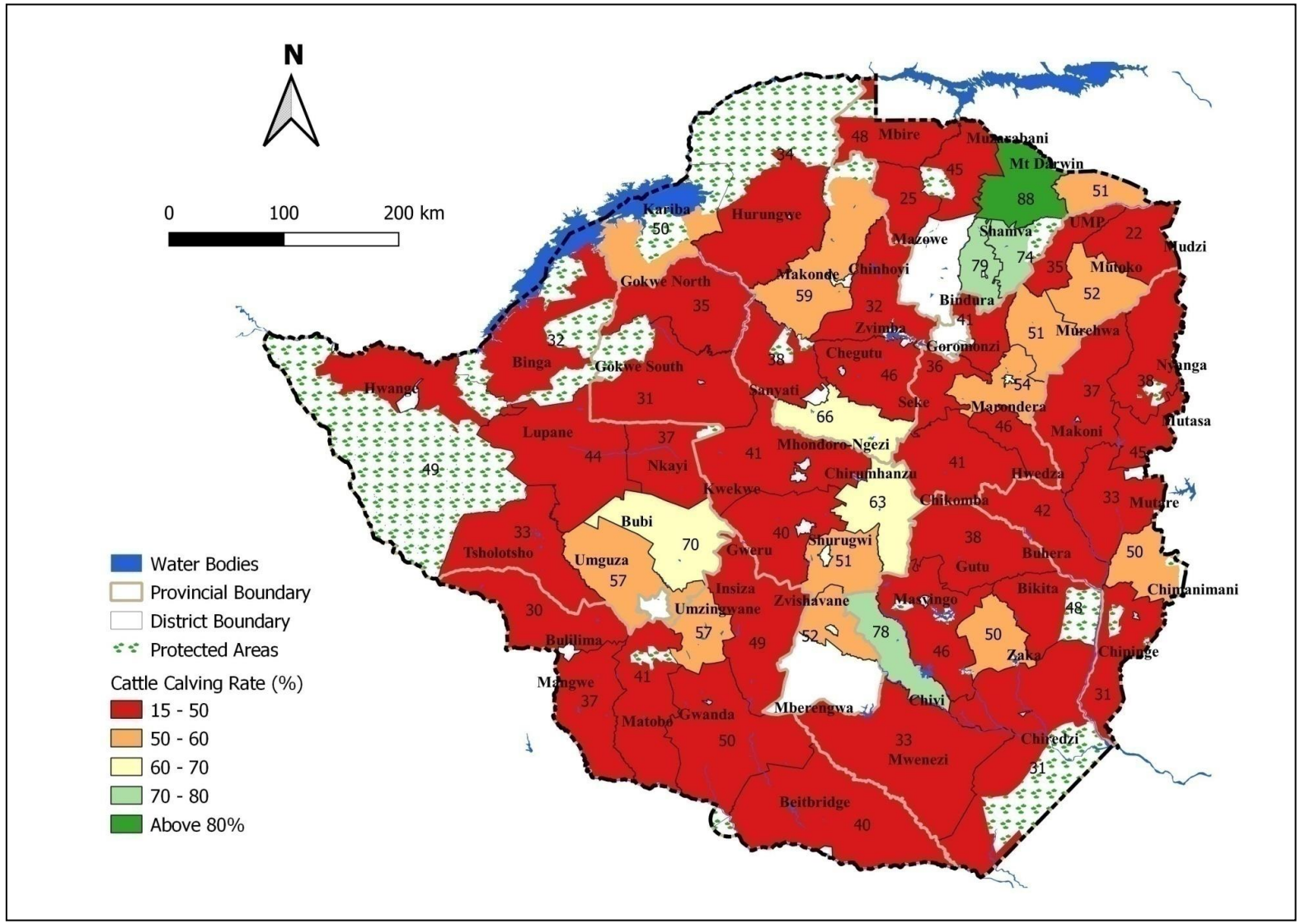
- Generally, mortality rates were high in all districts except Makonde, which was below 5%.
- Mortality rates of above 30% (highlighted in red) were reported in Chegutu and Zvimba.

Goat Mortality Rate by District



- Goat mortality was generally high in most districts across the province (above 10%) .
- Zvimba, reported highest goat mortality rate of over 30%.

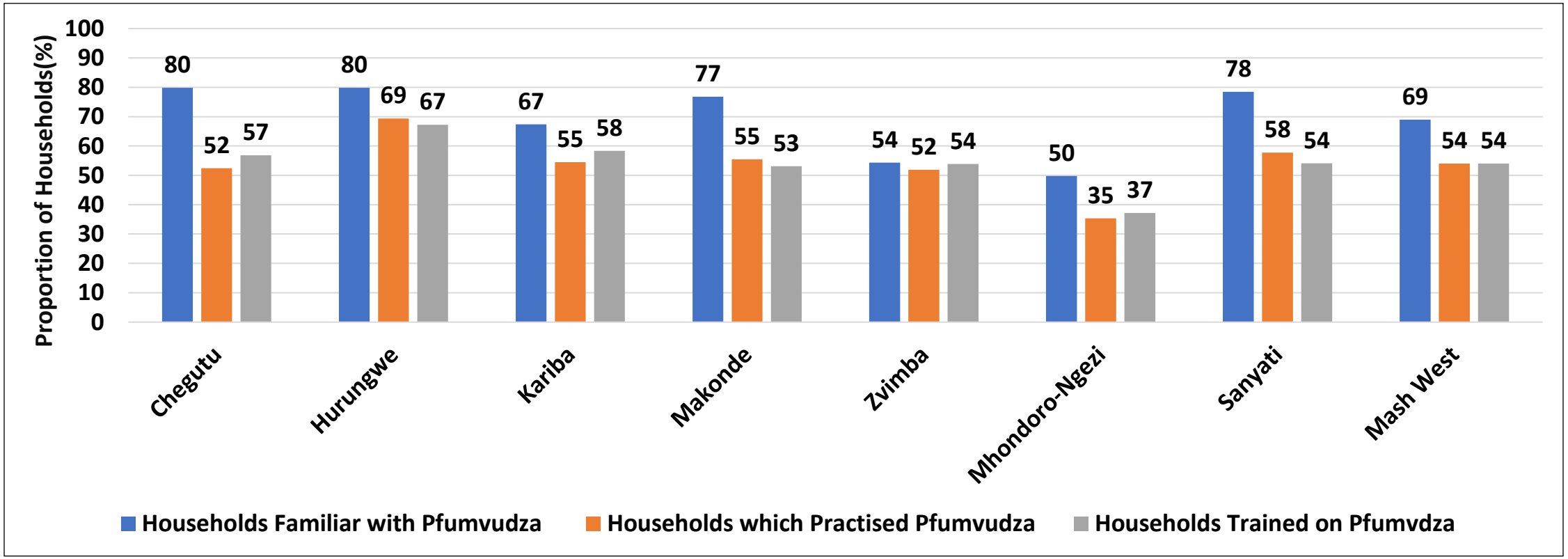
Calving Rate



- Calving rate, defined as the proportion of cows/heifers that dropped calves over a defined period of time, is a measure of productivity of the cow herd.
- Calving rate was low (below 50%) across all provinces.
- The national average calving rate was 45%.

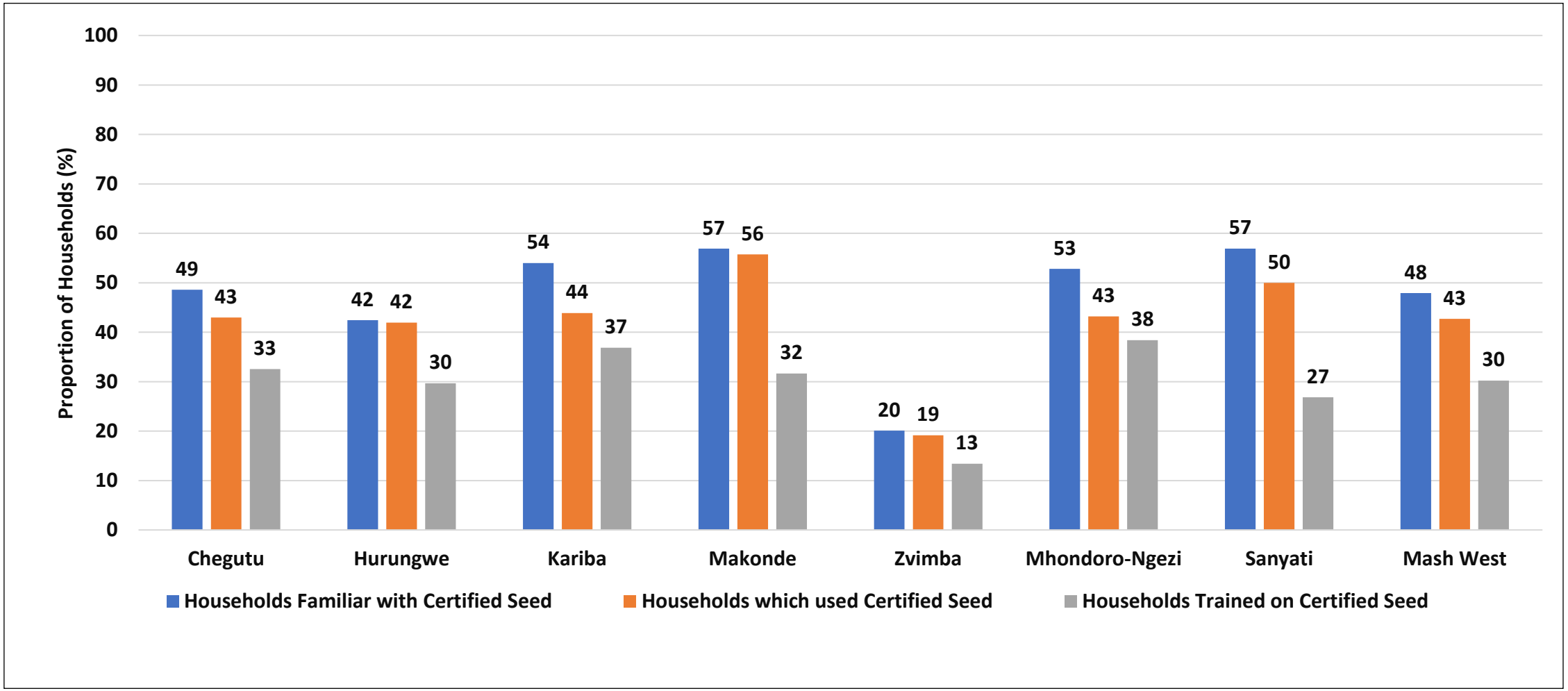
Climate Smart Agriculture

Household Knowledge of Pfumvudza



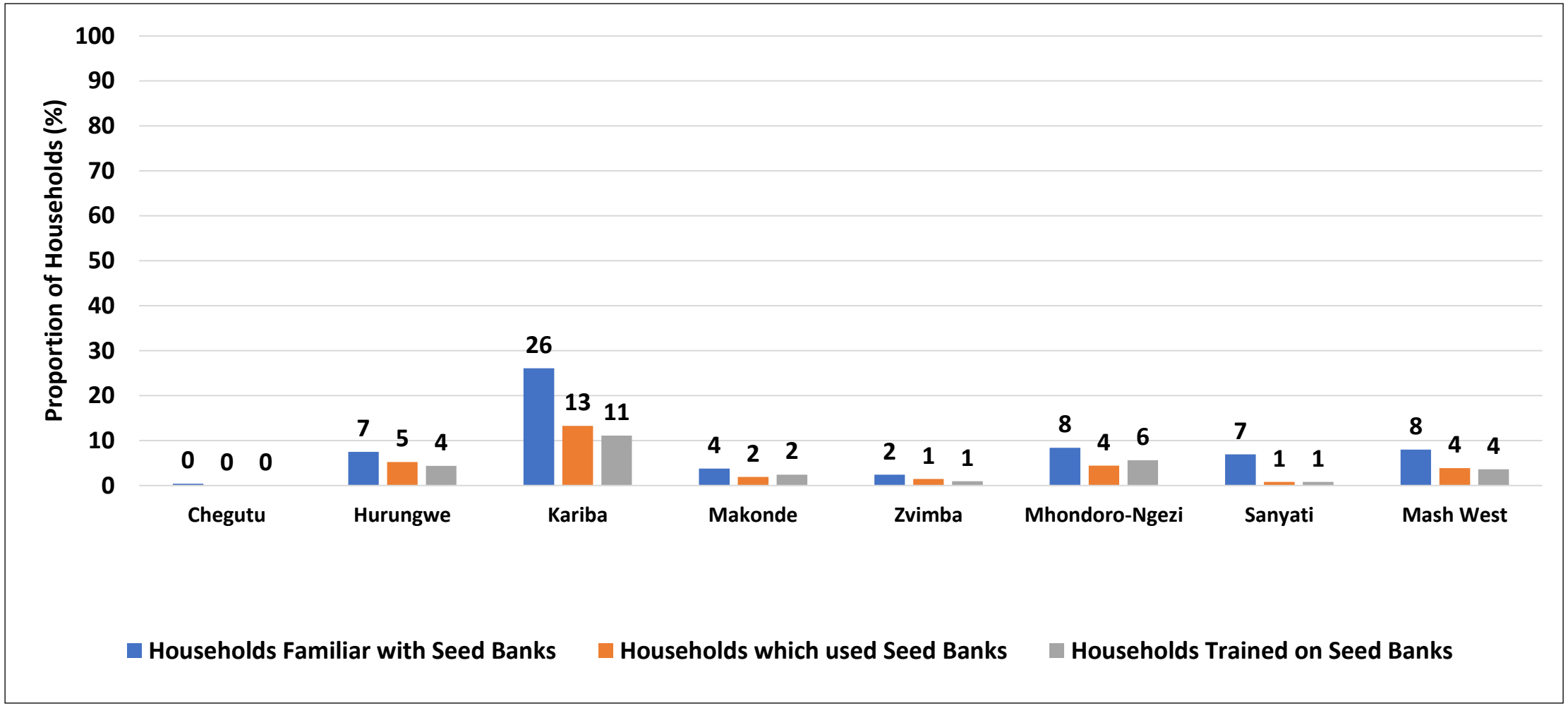
- In the province, 69% of households were familiar with Pfumvudza, 54% received training and practiced Pfumvudza.
- Hurungwe (69%) had the highest proportion of households which practised Pfumvudza while Mhondoro-Ngezi (35%) had the lowest.

Use of Quality Certified Seeds



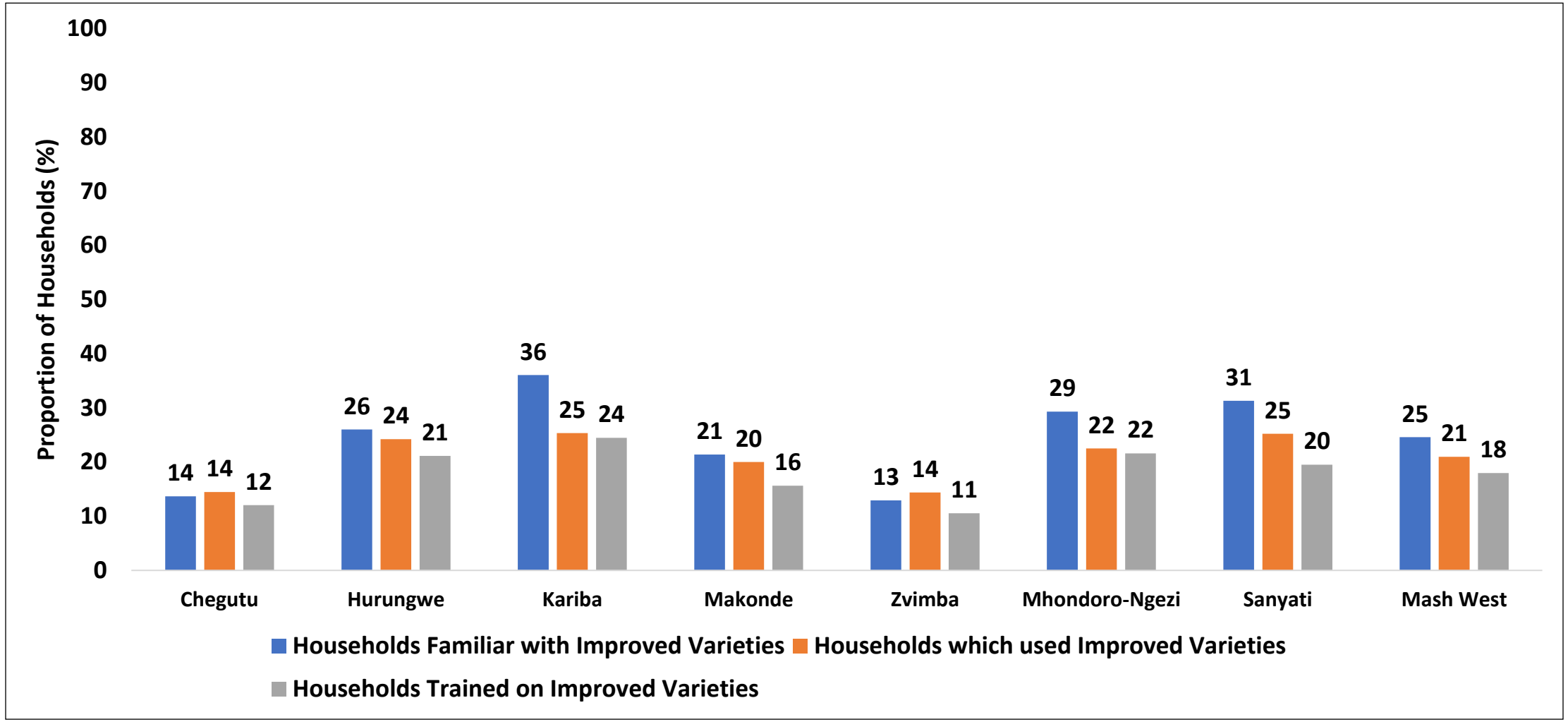
- The use of quality certified seed was at 43% in the province.
- Makonde had the highest proportion of households that used certified seed at 56%.

Use of Community Seed Banks



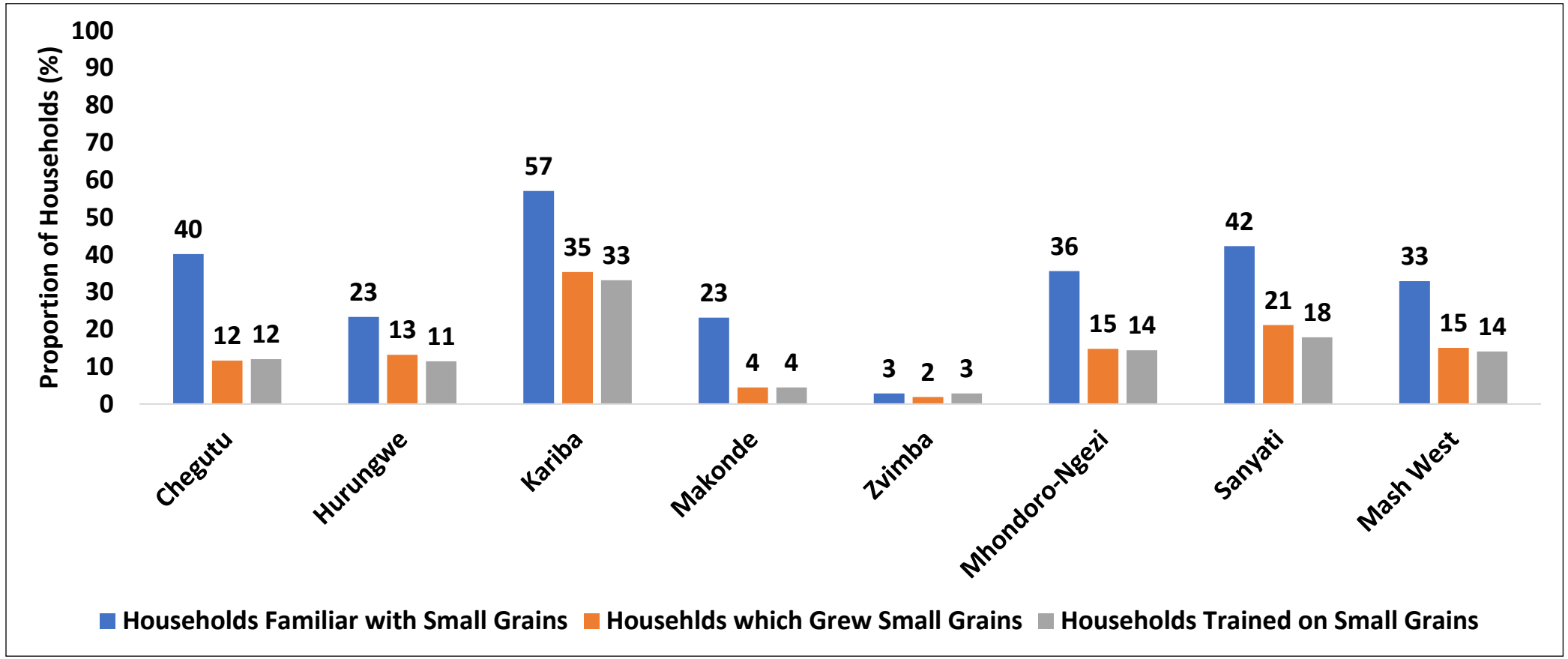
- All districts had low usage of community seed banks with the provincial average at 4%.

Households which Adapted Improved Varieties



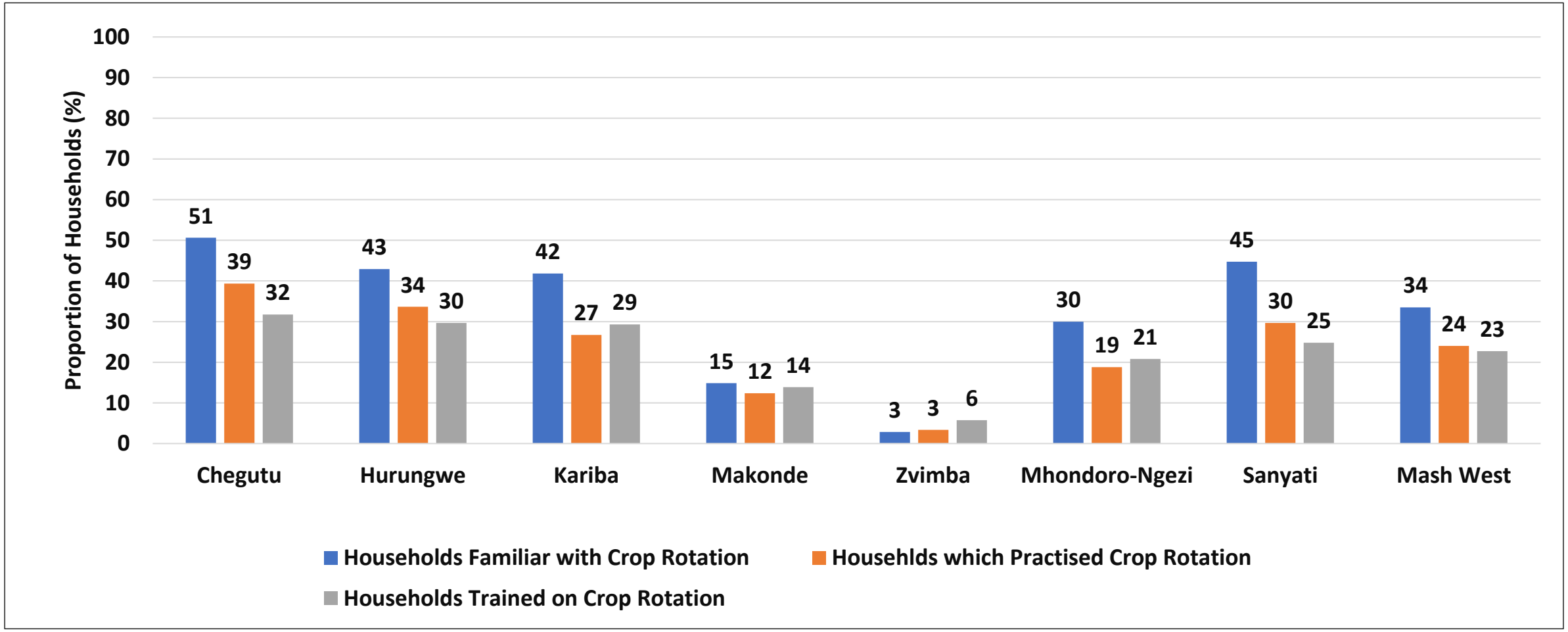
- In the province, 21% of the households used improved varieties with the highest percentage reported in Kariba and Sanyati (25%).

Households Growing Small Grains



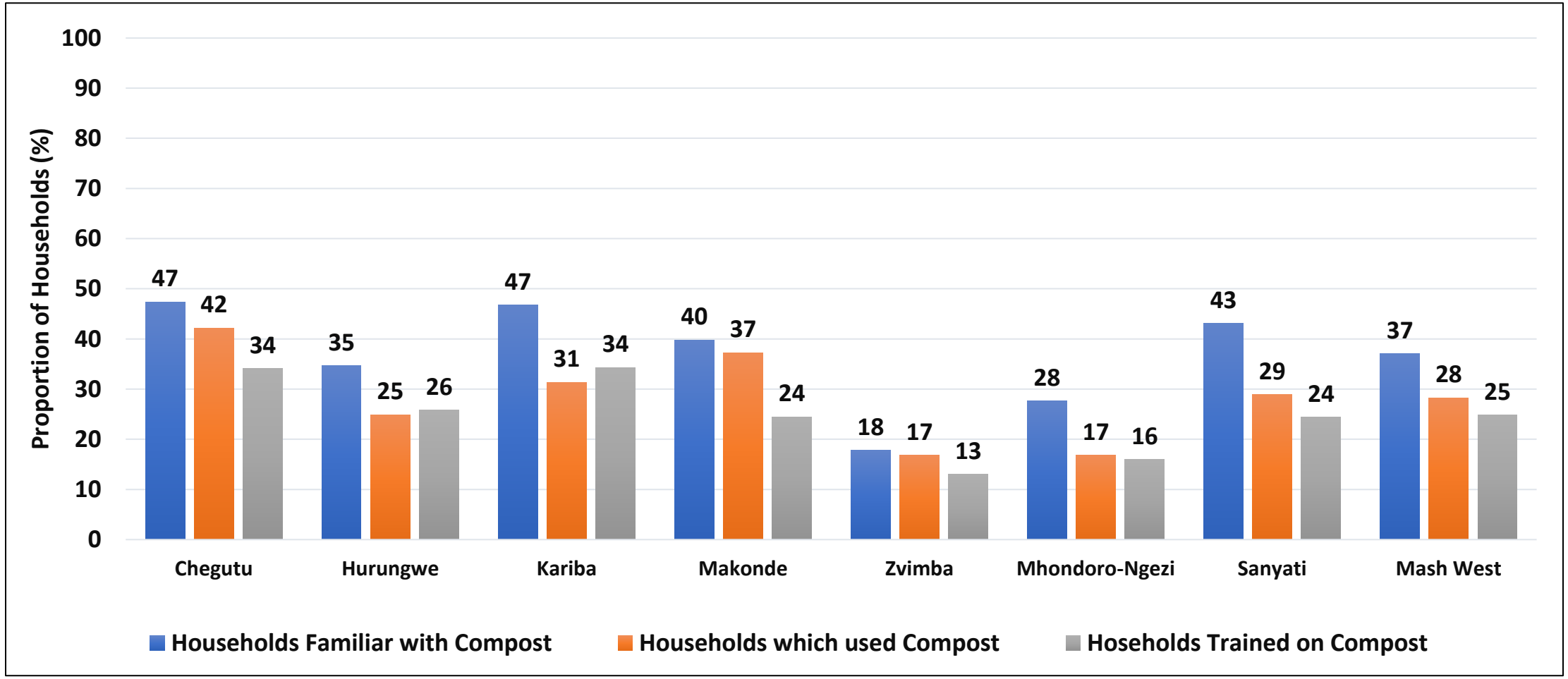
- About 15% of the households in the province grew small grains.
- Kariba (35%) had highest proportion of households growing small grains while Zvimba had the least (2%).

Crop rotation



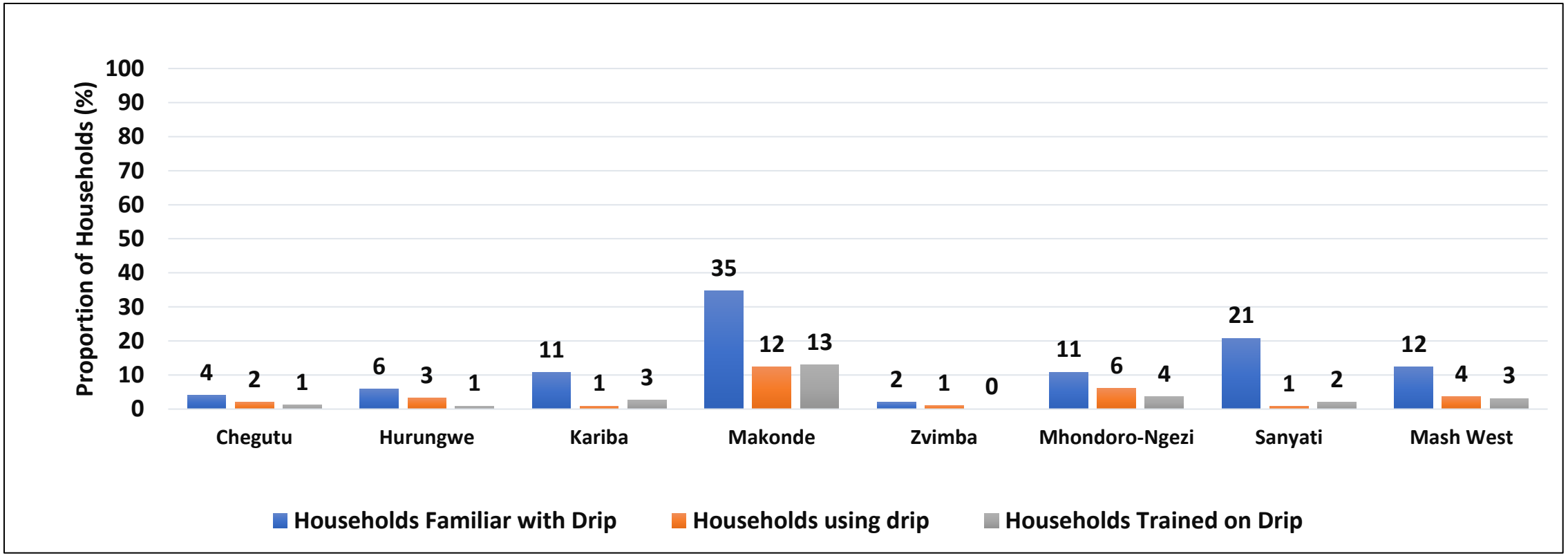
- Crop rotation was practiced by 24% of the households across the province.
- Chegutu (39%) had the highest proportion of households practising crop rotation with the lowest being Zvimba (3%).

Use of Compost/Organic Fertilizer



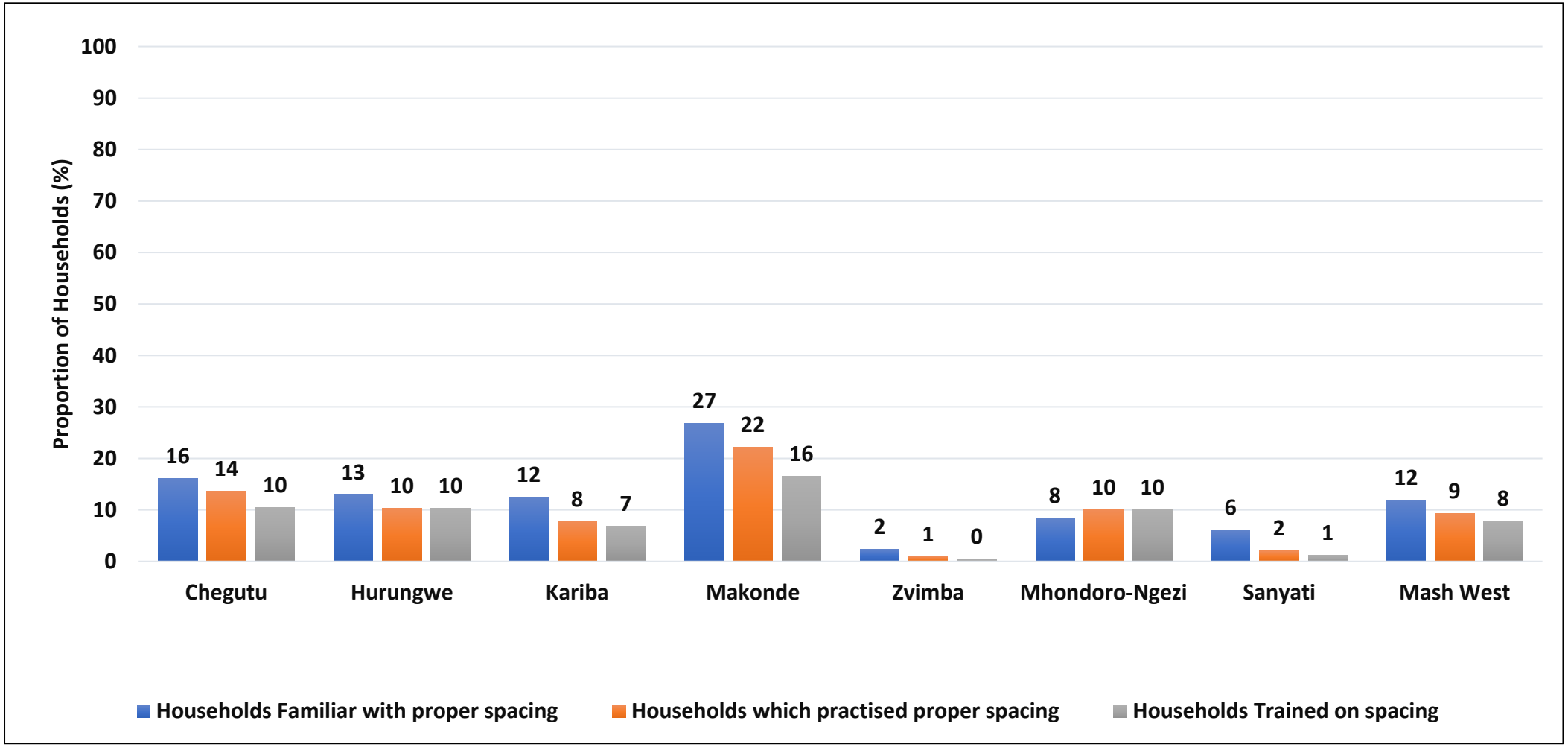
- Only 28% of the households used compost across the province.
- The use of compost was highest in Chegutu (42%) and lowest in Zvimba and Mhondoro-Ngezi (17%).

Use of Drip Irrigation



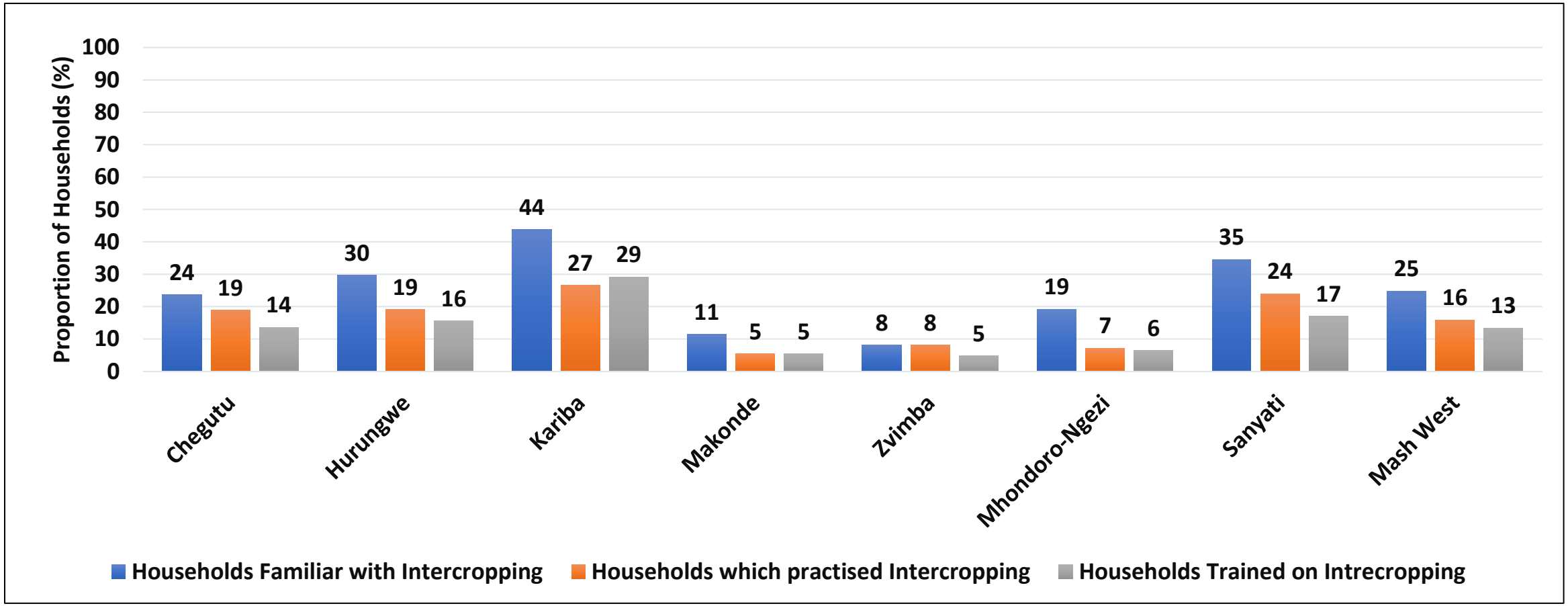
- The use of drip irrigation was low across all districts (4%).

Plant Spacing



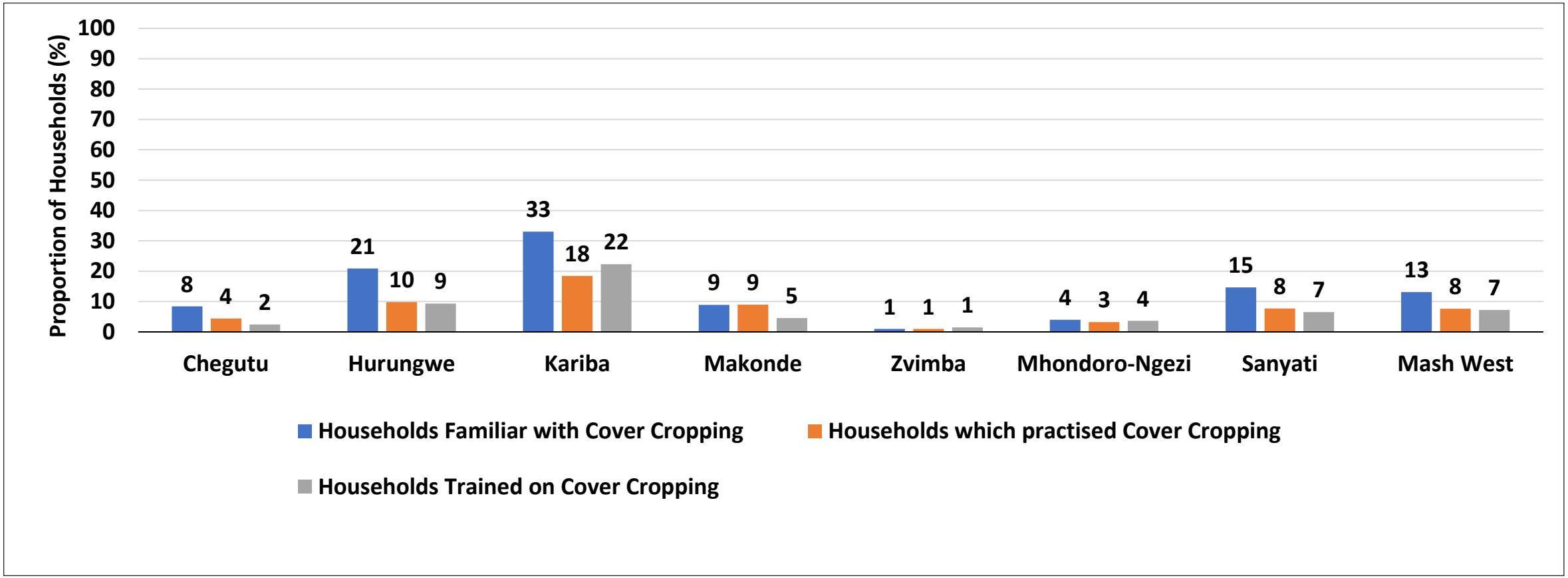
- Only 9% of households in the province used aappropriate plant spacing.

Intercropping Practice



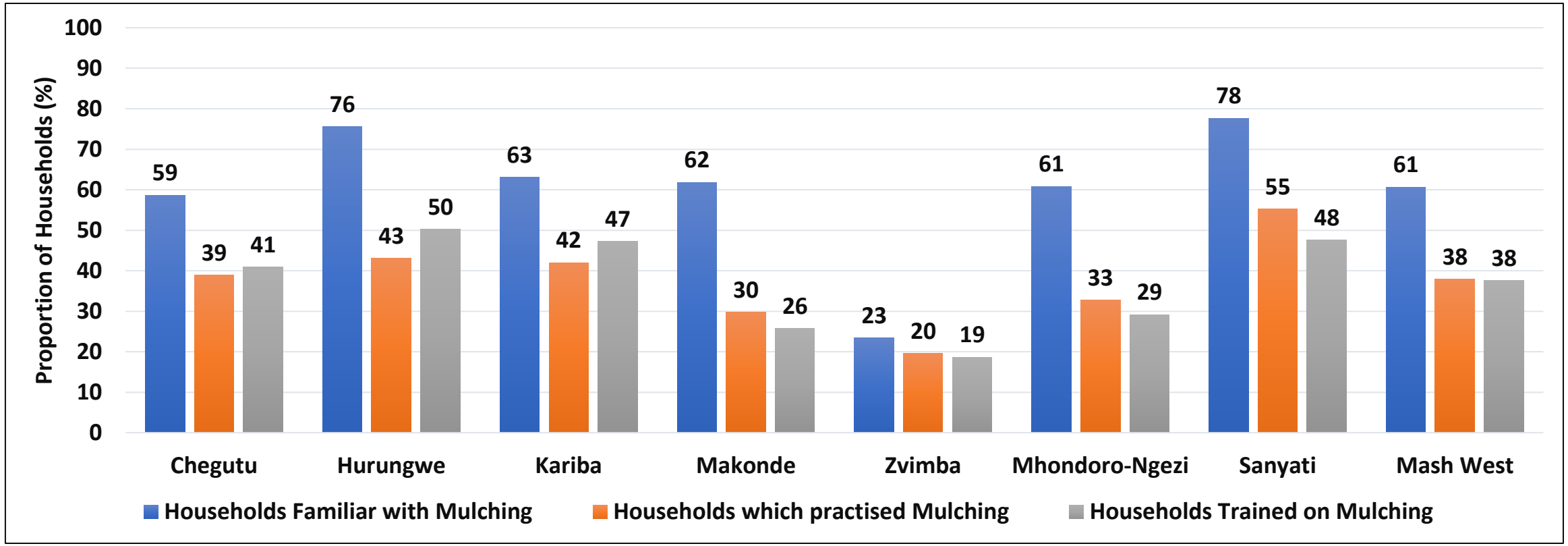
- Intercropping was practiced by 16% of the households in the province.
- Kariba (27%) had the highest proportion of households practising intercropping while Makonde (5%) had the lowest.

Cover Cropping



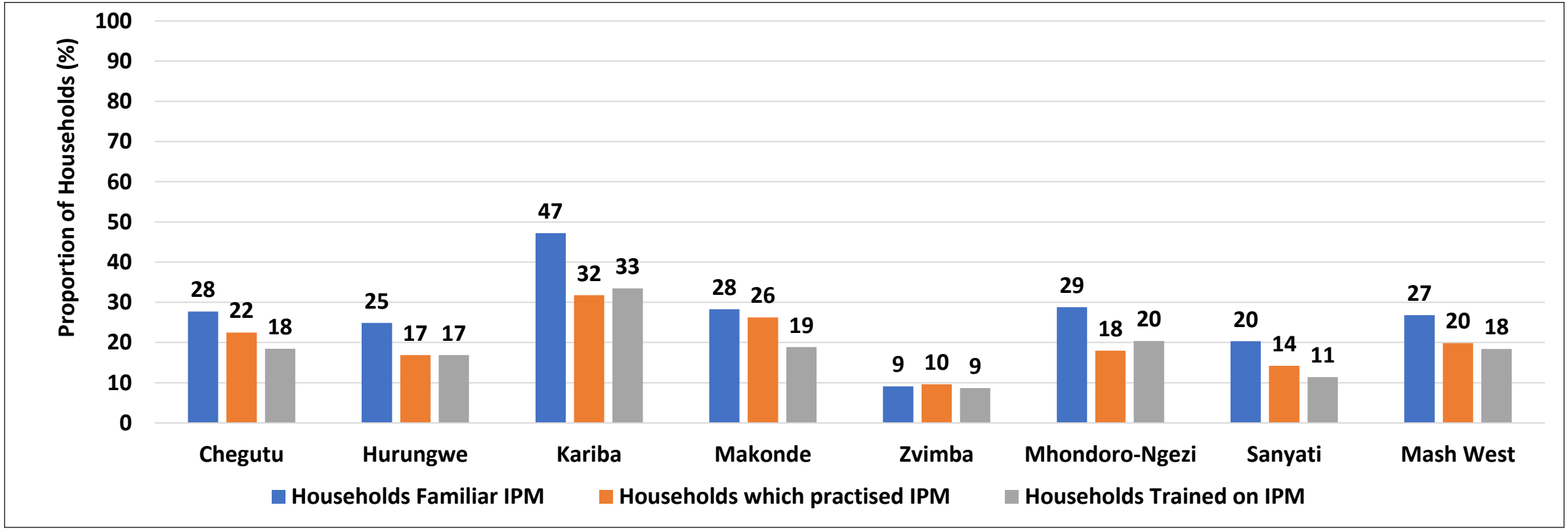
- Cover cropping was practiced by only 8% of the households in the province.
- Kariba (18%) had the highest proportion of households practising cover-cropping with the least being Zvimba (1%).

Mulching



- At least 38% of the households practiced mulching in the province.
- Sanyati (55%) had the highest proportion of households using mulch with the lowest being Zvimba (20%).

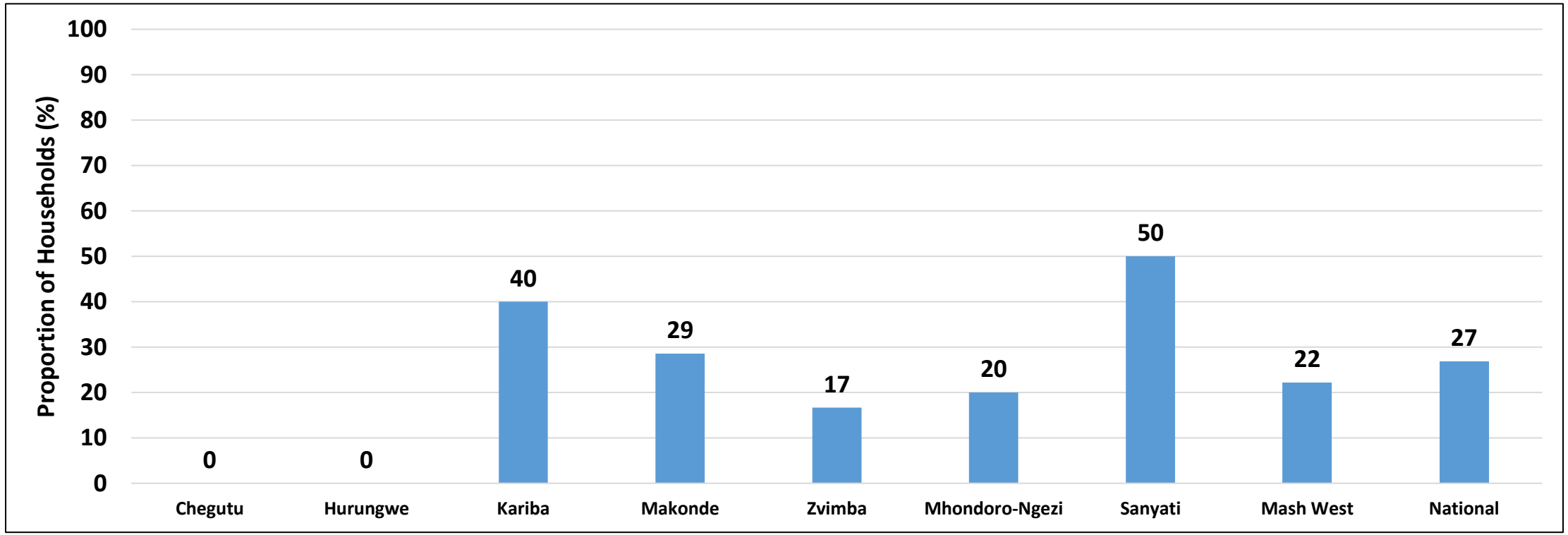
Integrated Pest Management (IPM)



- The use of integrated pest management practices was 20% in the province with the highest usage reported in Kariba (32%).

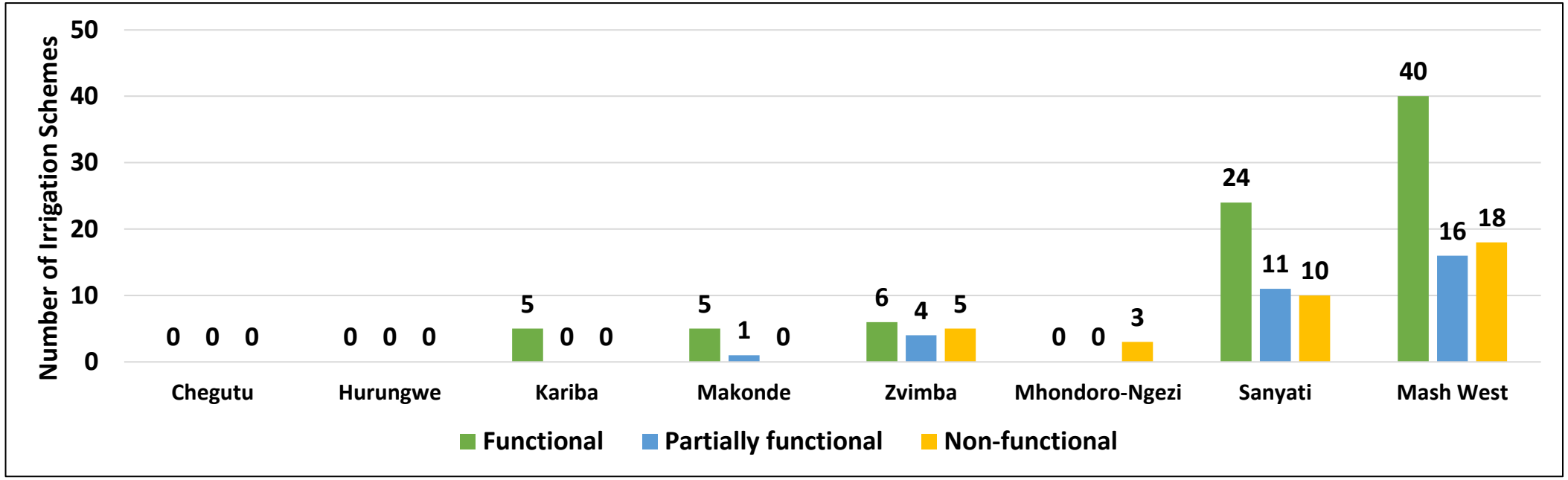
Irrigation

Proportion of Communities with Irrigation Schemes



- Generally there were few communities with irrigation schemes in the province (22%) as compared with the national average of 27% .
- However, half of the communities in Sanyati (50%) reported to have irrigation schemes.

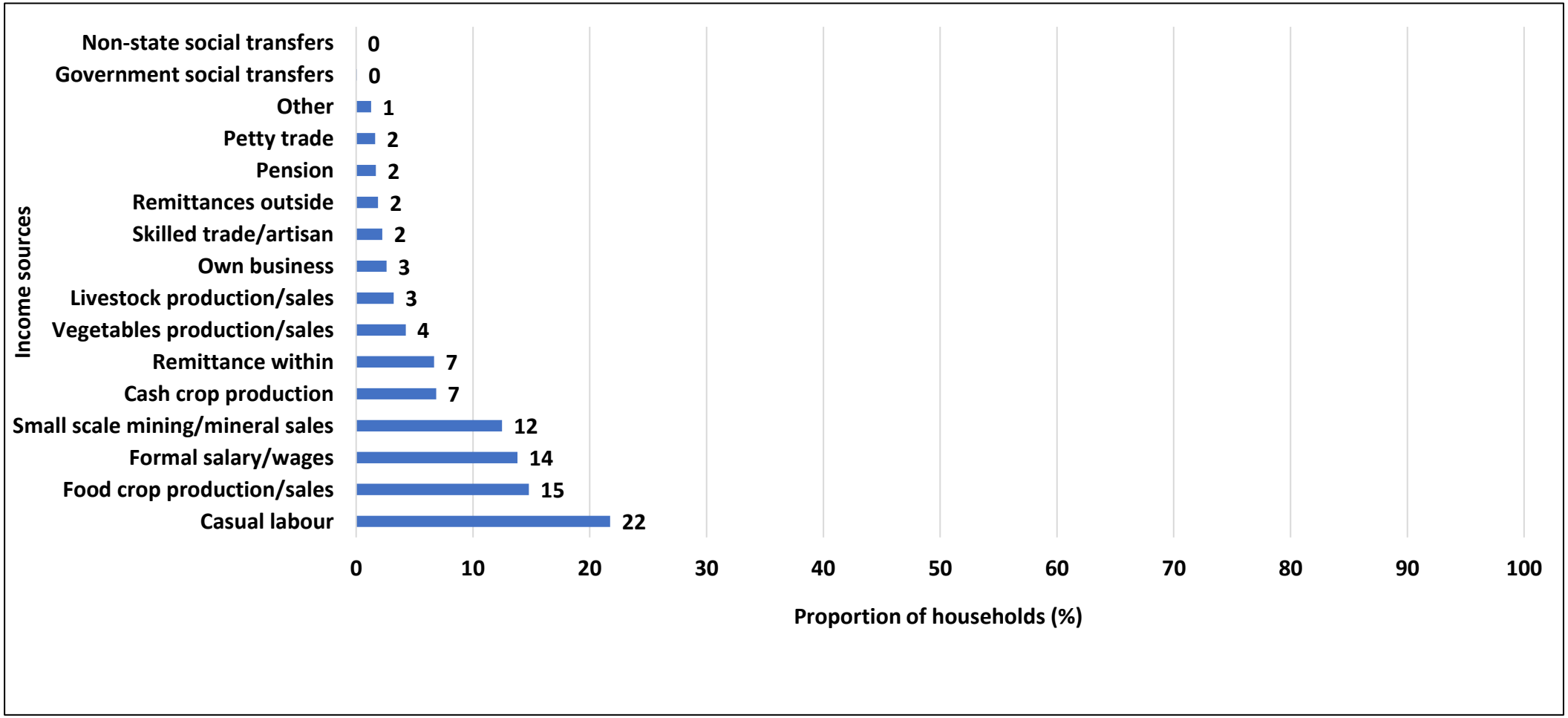
Functionality of Irrigation Schemes



- Provincially, of the available irrigation schemes, the majority of them were recorded to be functional (40).
- Sanyati district (24) had the highest number of functional irrigation schemes.
- The major reasons why irrigation schemes in are partially functioning include broken down pumping units, electrical faults, lack or capital, vandalism and in-field works needing rehabilitation. The major reasons for non functional irrigation schemes included broken down pumping units, in-field works need rehabilitation, lack of capital, electricity cuts due to unpaid bills, electrical faults and vandalism.

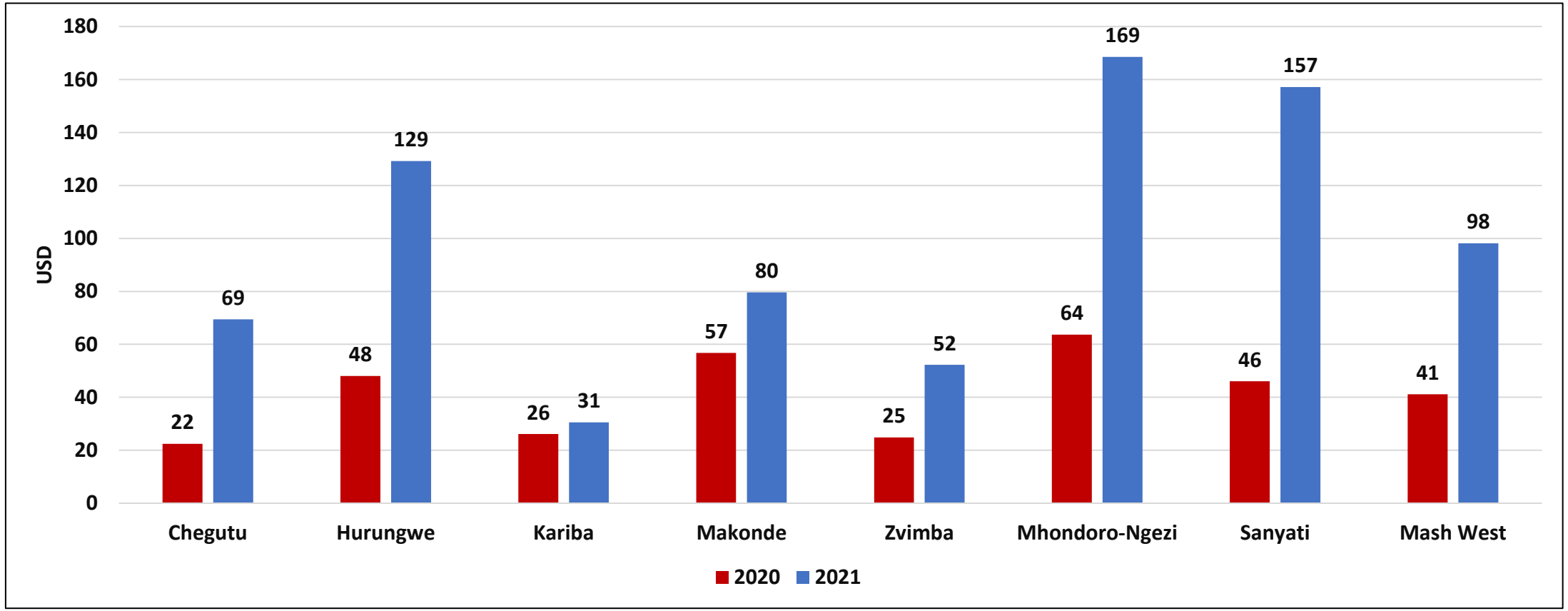
Income and Expenditure

Current Most Important Source of Income



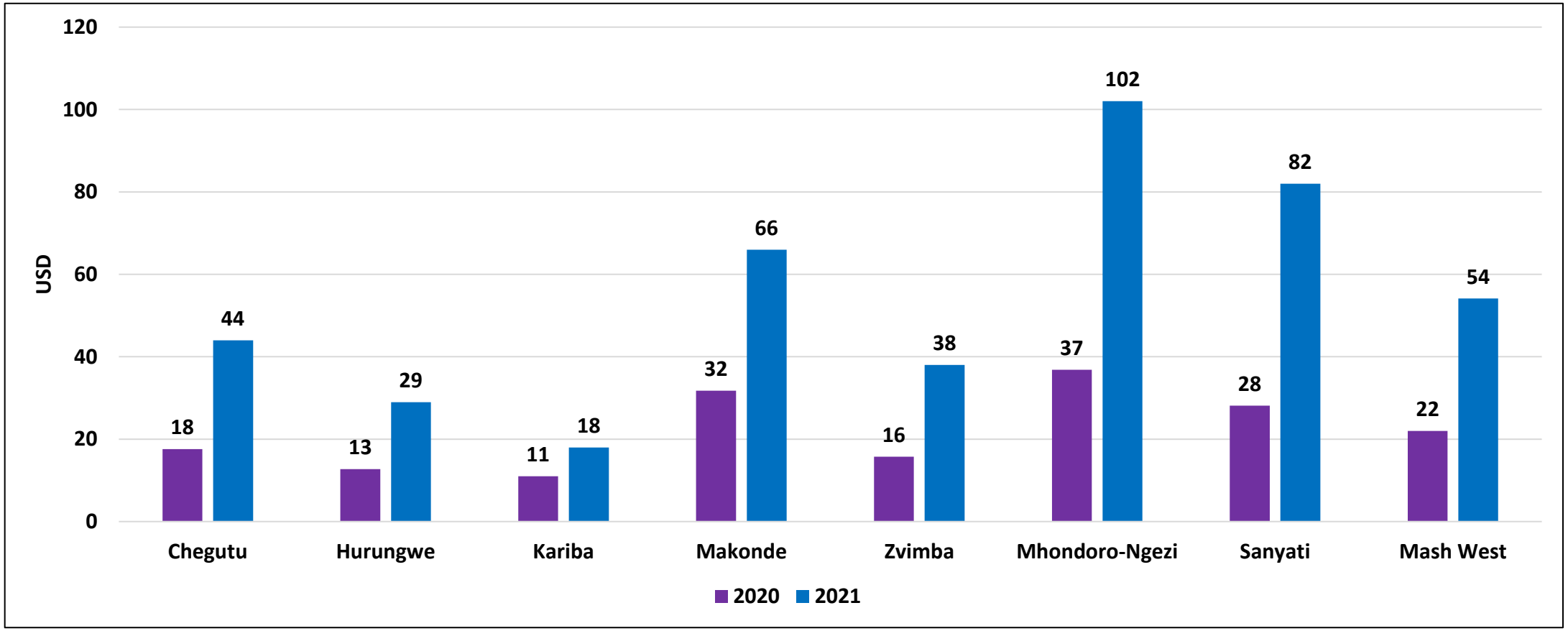
- Most households relied on Casual labour (22%) as the most important source of income, followed by food crop production/sales (15%), formal salary/wages (14%), small scale mining/mineral sales (12%) remittances within Zimbabwe (7%) and cash crop production (7%) were the top 5 main income sources.

Average Household Monthly Income (USD) for April 2021



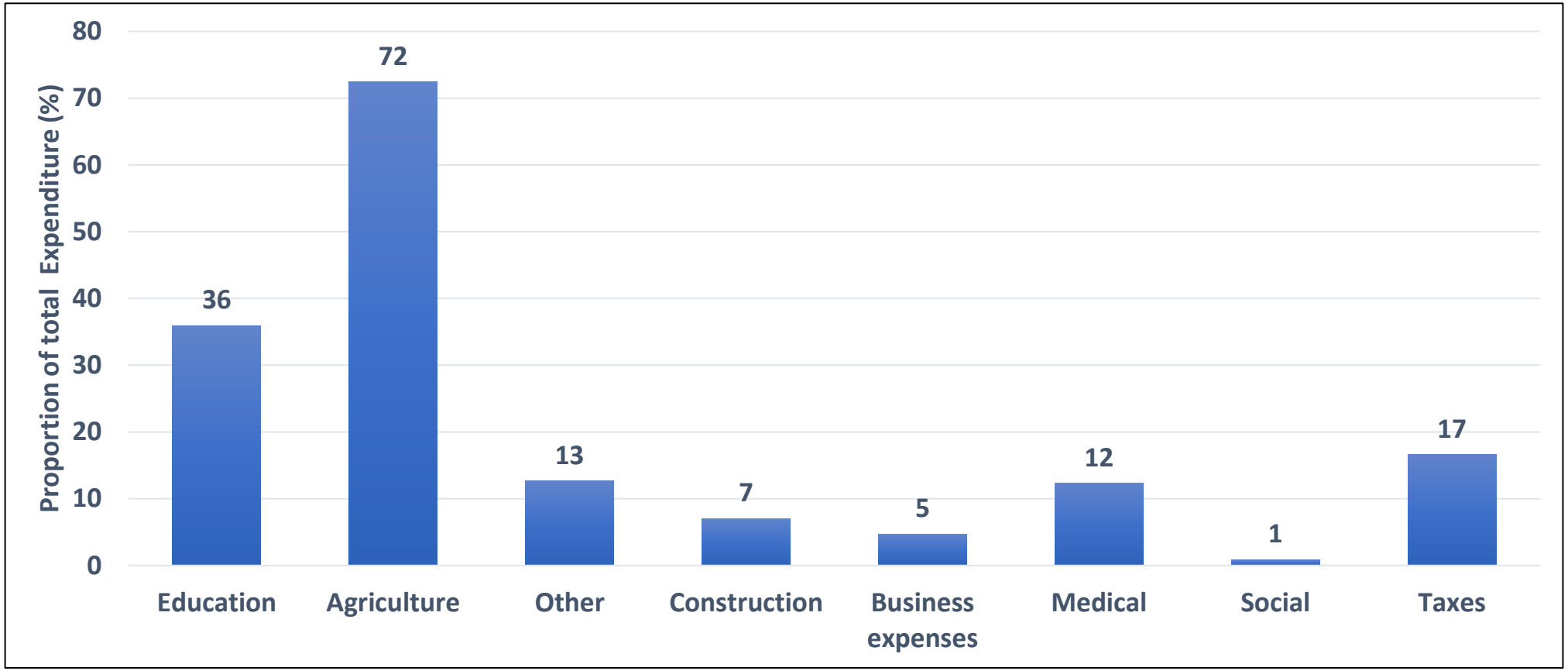
- Average household monthly income for the province was USD 98 an increase from USD 41 reported last year.
- The highest average income was reported in Mhondoro-Ngezi (USD 169).
- The lowest was reported in Kariba (USD 31).

Average Household Monthly Expenditure (USD) for April 2021



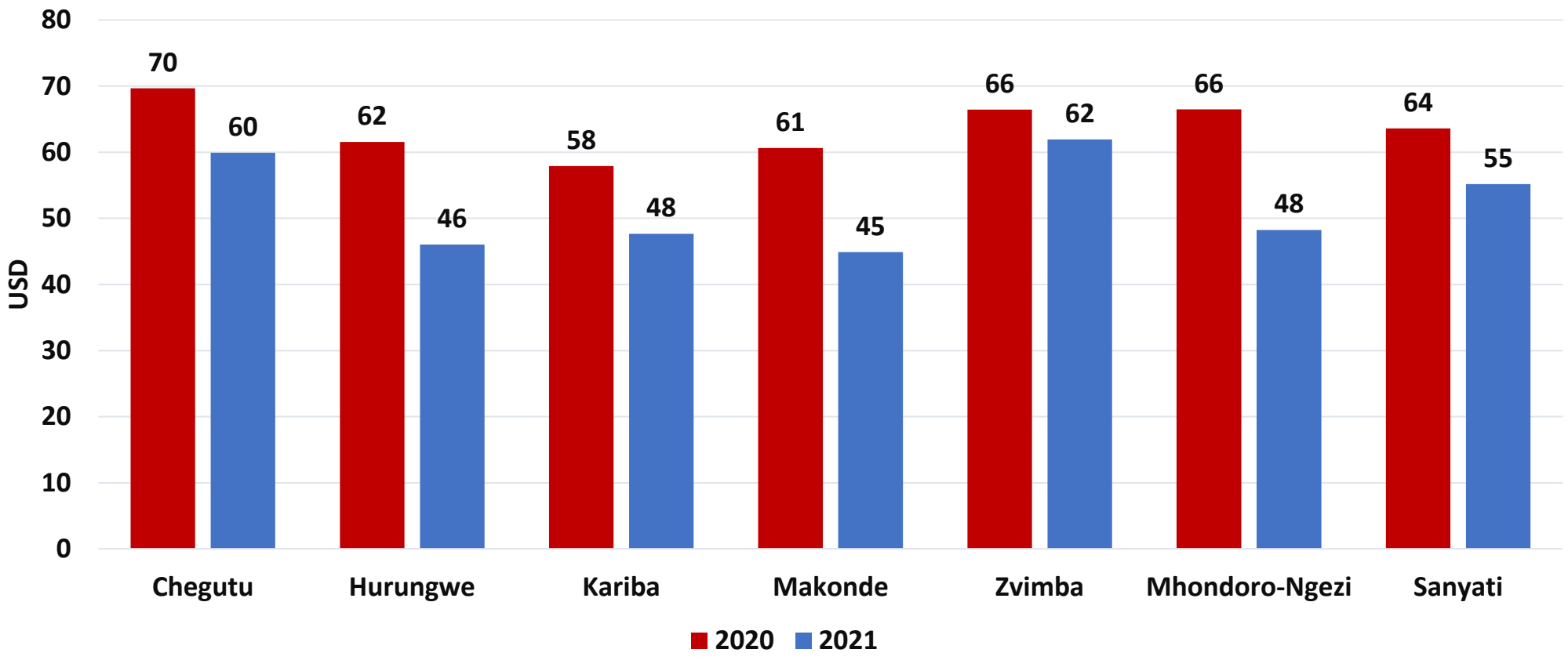
- The average expenditure for the province was USD 54.
- The highest average expenditure was reported in Mhondoro-Ngezi (USD 102).
- The lowest household average expenditure was reported in Kariba (USD 18).

Average Household 6 Month Expenditure



- Agriculture at 72%, consumed the largest proportion of the household's income, whilst social activities (1%) consumed the smallest.

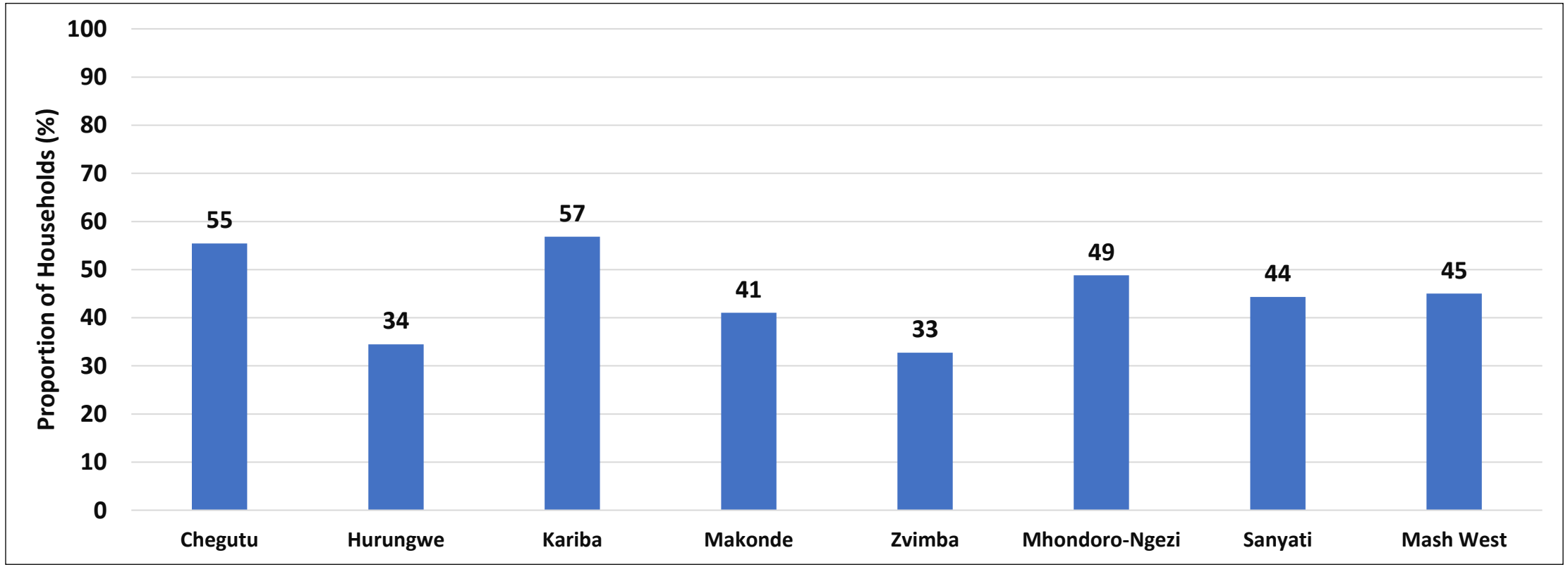
Food Expenditure



- The proportion of food expenditure decreased from USD 64 reported in 2020 to USD 52 in 2021.
- This implies that households had less to spend on other essential services such as health and education.

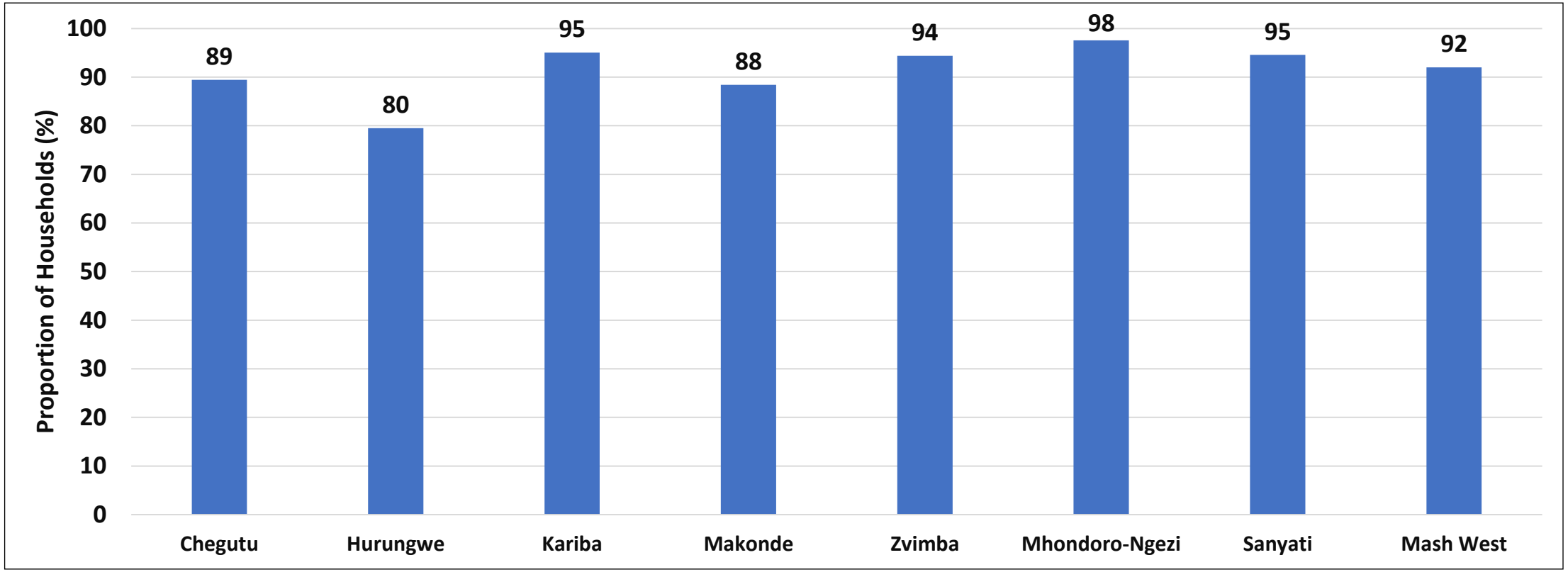
Access to Infrastructure and Services

Households that Received Any Agricultural Extension Services in the Past Year



- About 45% of households reported to have received some form of agricultural extension services support in the past year.
- Kariba (57%) had the highest proportion of households that received agricultural extension services support in the past year.
- The lowest proportion of households that received agricultural extension services support in the past year was in Zvimba (33%).

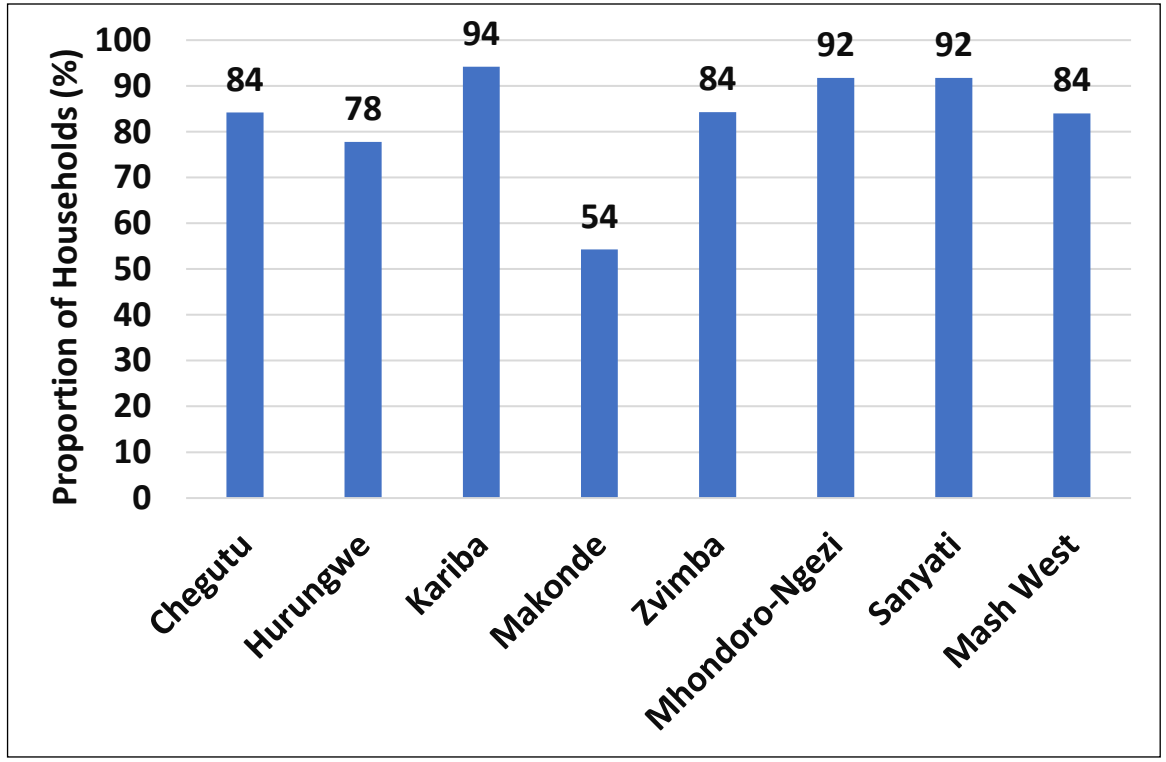
Households that Received Agricultural Training



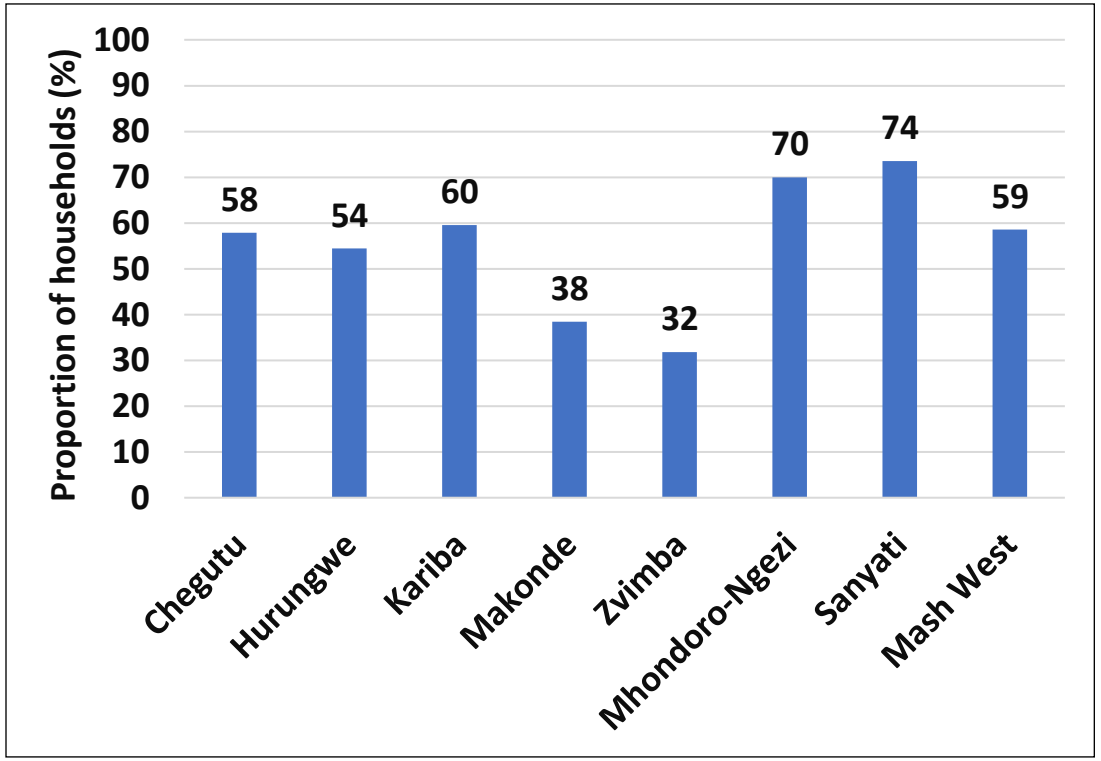
- Of the 45% that received training, the proportion of households that received agricultural training from extension officers was 80% and above accross all districts .

Households that Received Agriculture Advice from Extension Officers

Cropping Advice

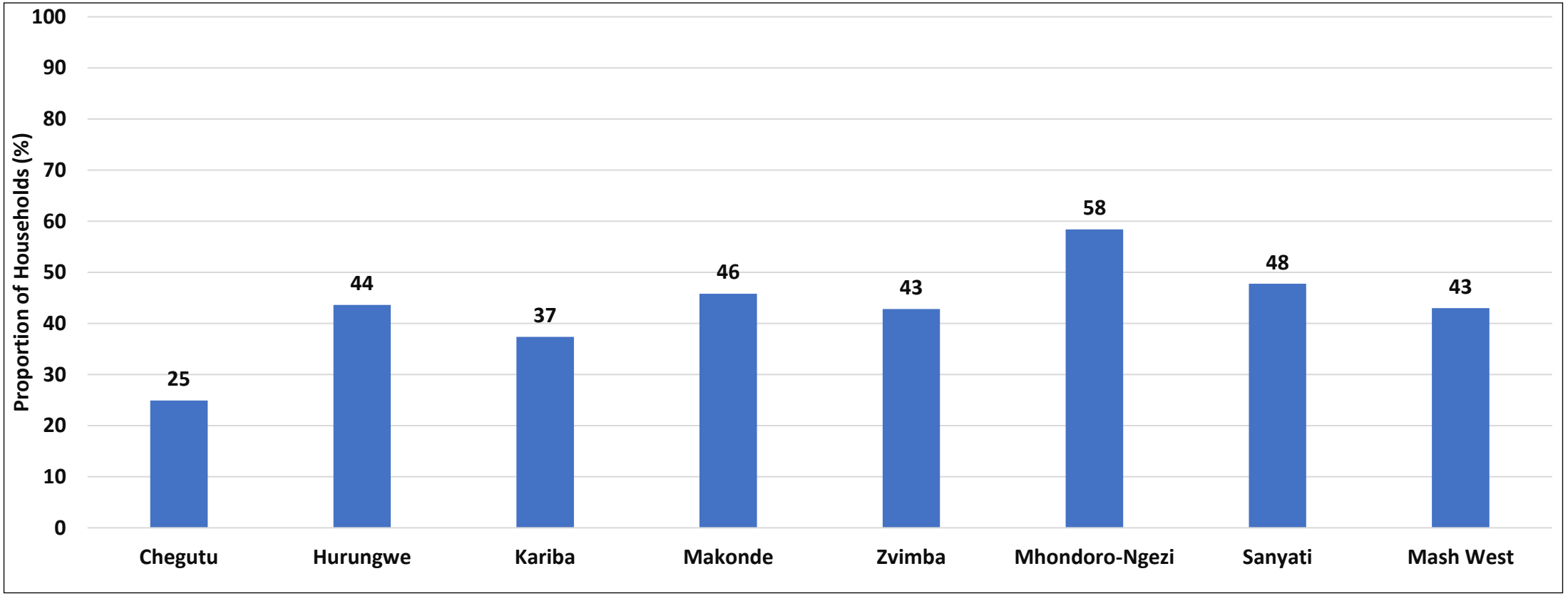


Livestock Advice



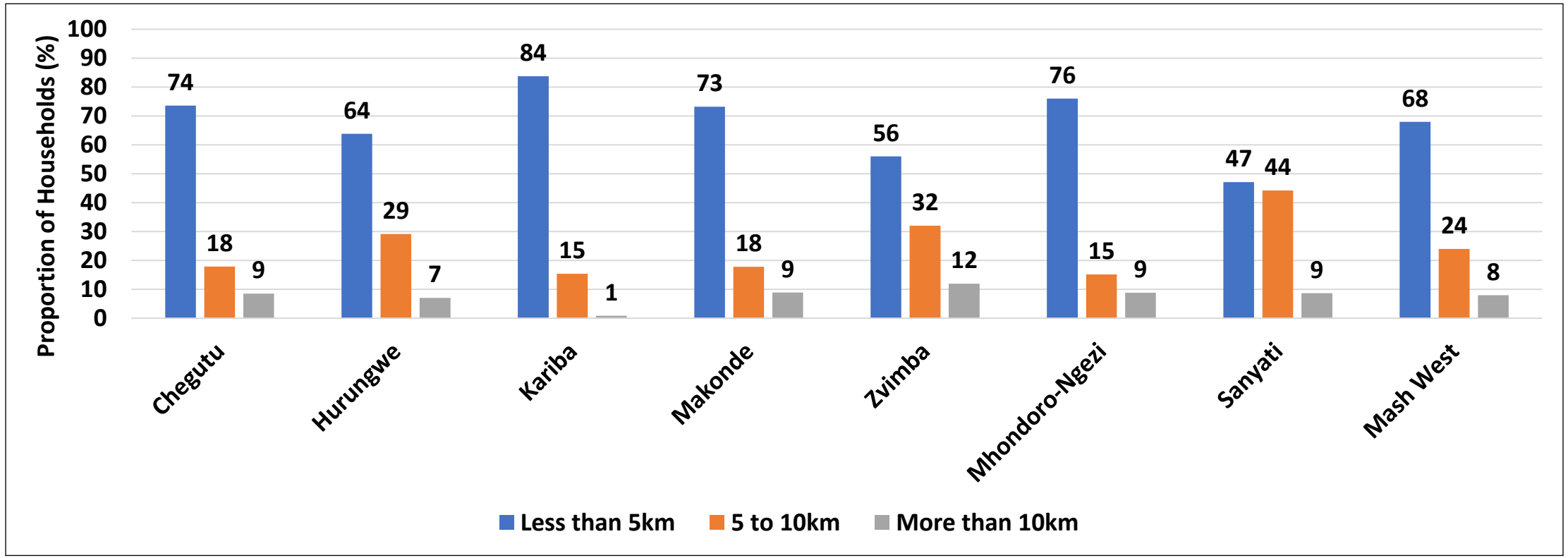
- In Mashonaland West 84% of households received cropping advice from extension officers.
- The proportion of households that received livestock advice was 59%. Zvimba (32%) had the least proportion of households that received livestock advice.

Police Services Reachable within One Hour



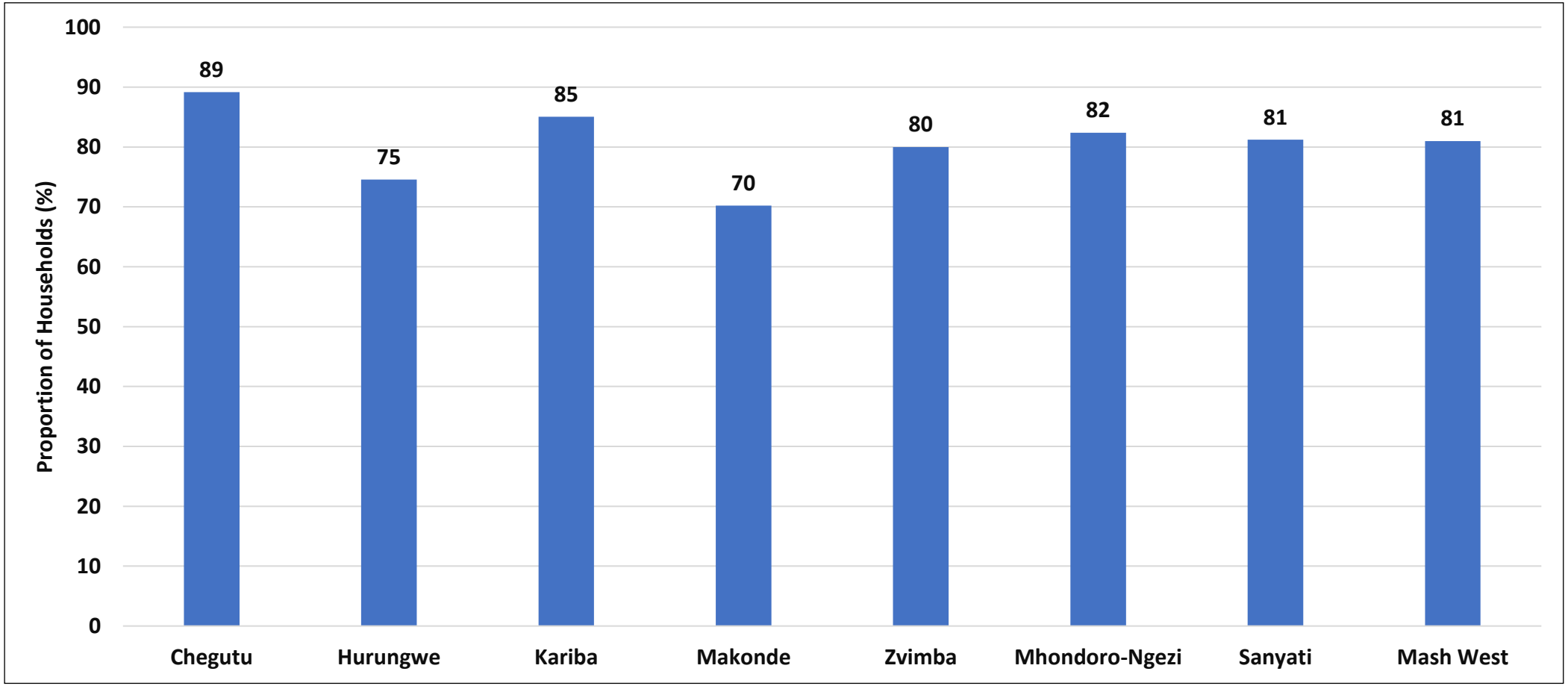
- Only 43% of households reported to have police services that were reachable within one hour.
- Chegutu (25%) had the least proportion.

Approximate Distance to the Nearest Primary School



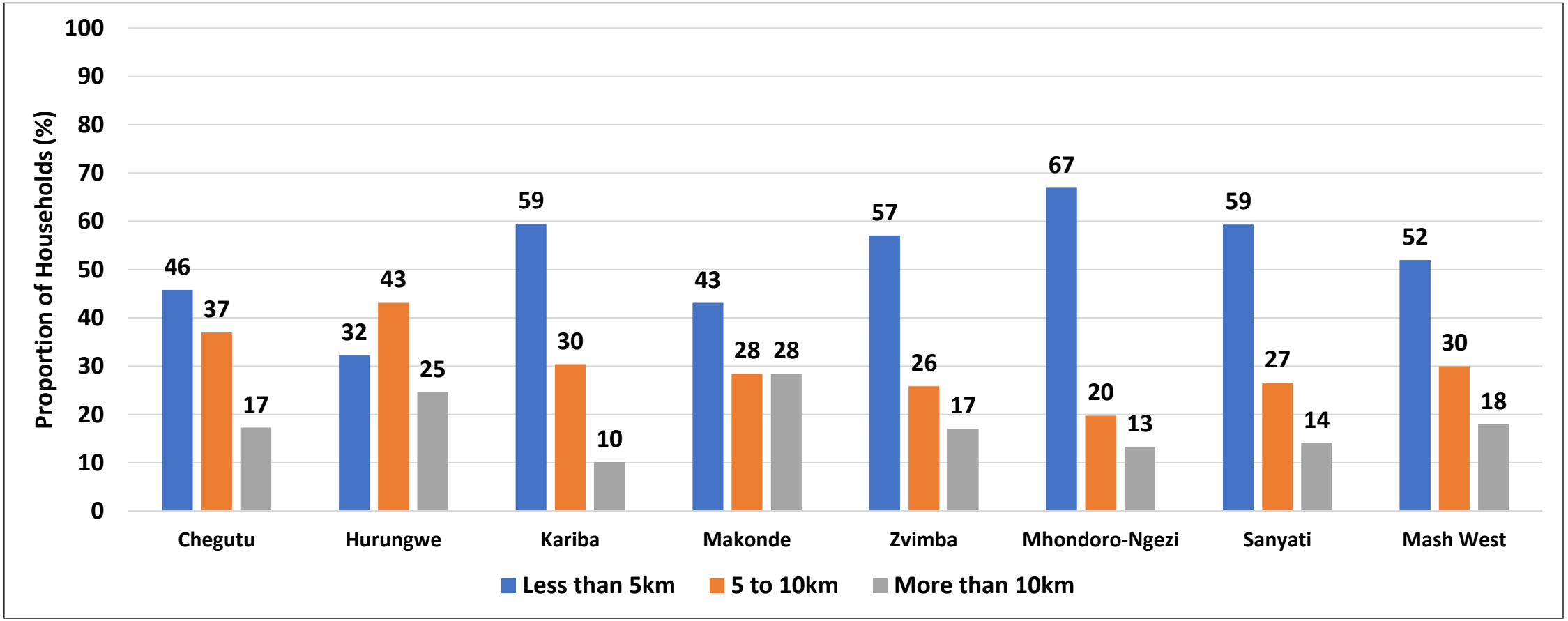
- The proportion of households which reported to have their nearest school within a distance of less than 5km was 68%.

Household Access to Health-Related Information



- In the province 81% of the households had access to health related information.

Approximate Distance of the Nearest Health Facility/Clinic



- Only 52% of households were within less than 5km radius to the nearest health facility.

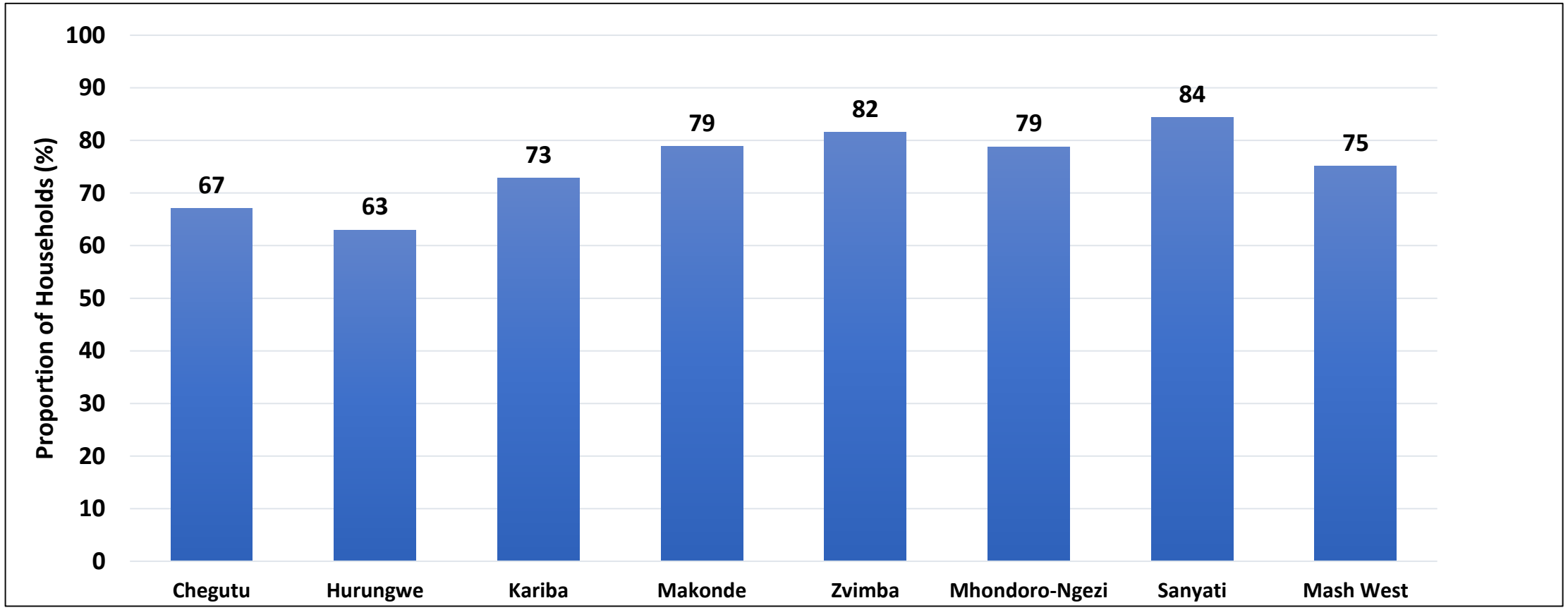
Water, Sanitation and Hygiene

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.

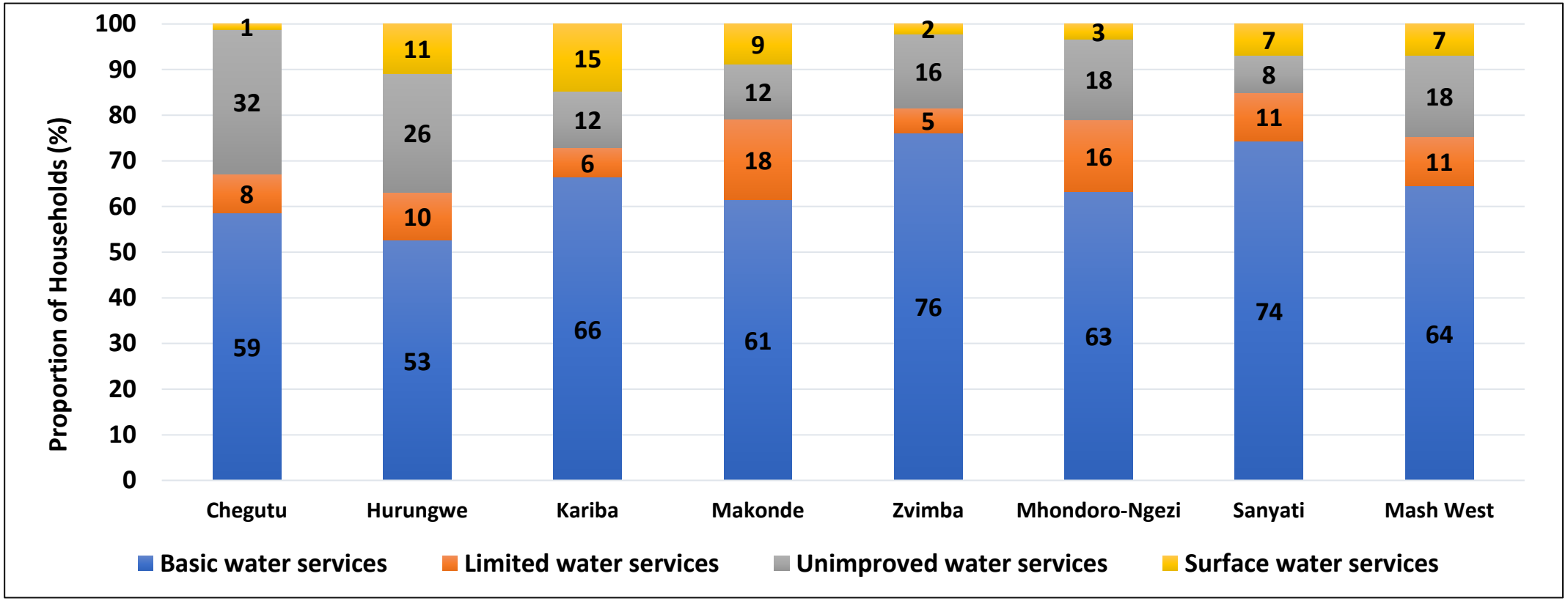
Note :
"Improved" drinking water sources are further defined by the quality of the water they produce, and are protected from faecal contamination by the nature of their construction or through an intervention to protect from outside contamination. Such sources include: piped water into dwelling, plot, 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 Sources



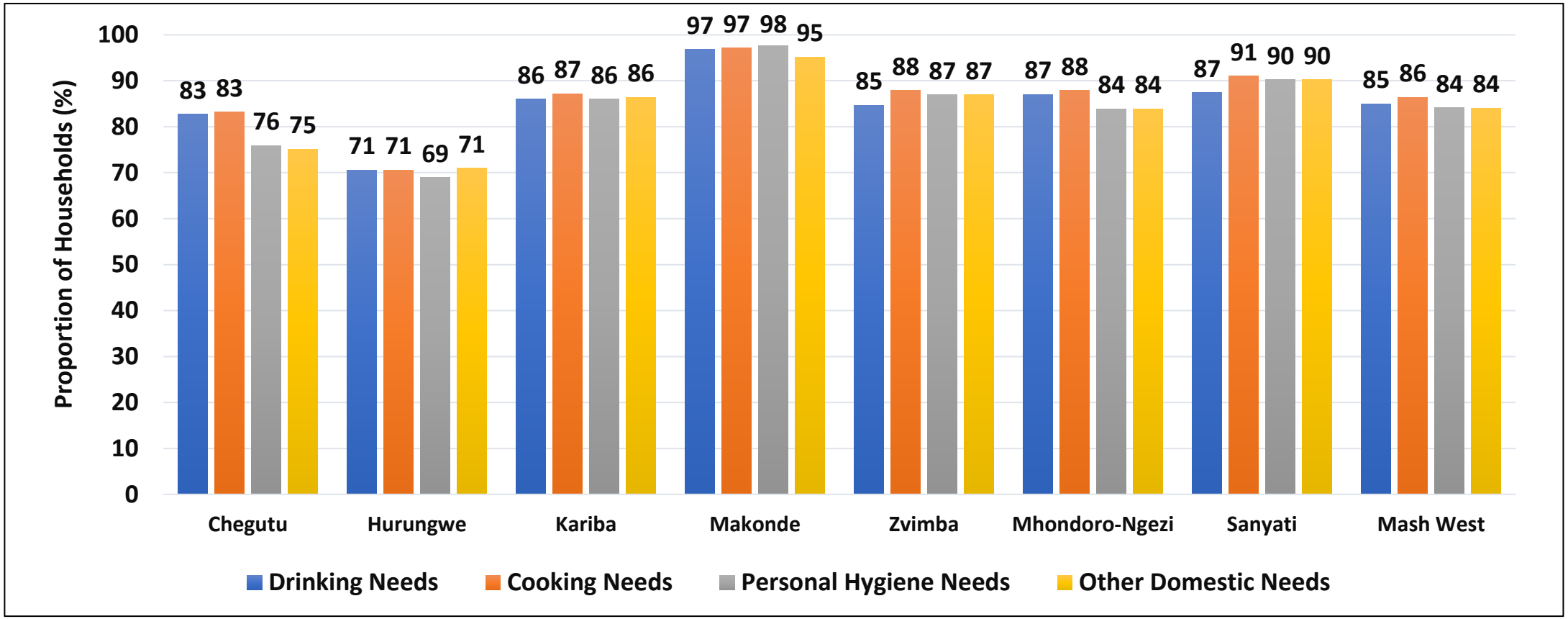
- At provincial level the proportion of households with access to improved water was 75%.
- Sanyati had the highest proportion of households with access to improved water sources.

Main Drinking Water Services



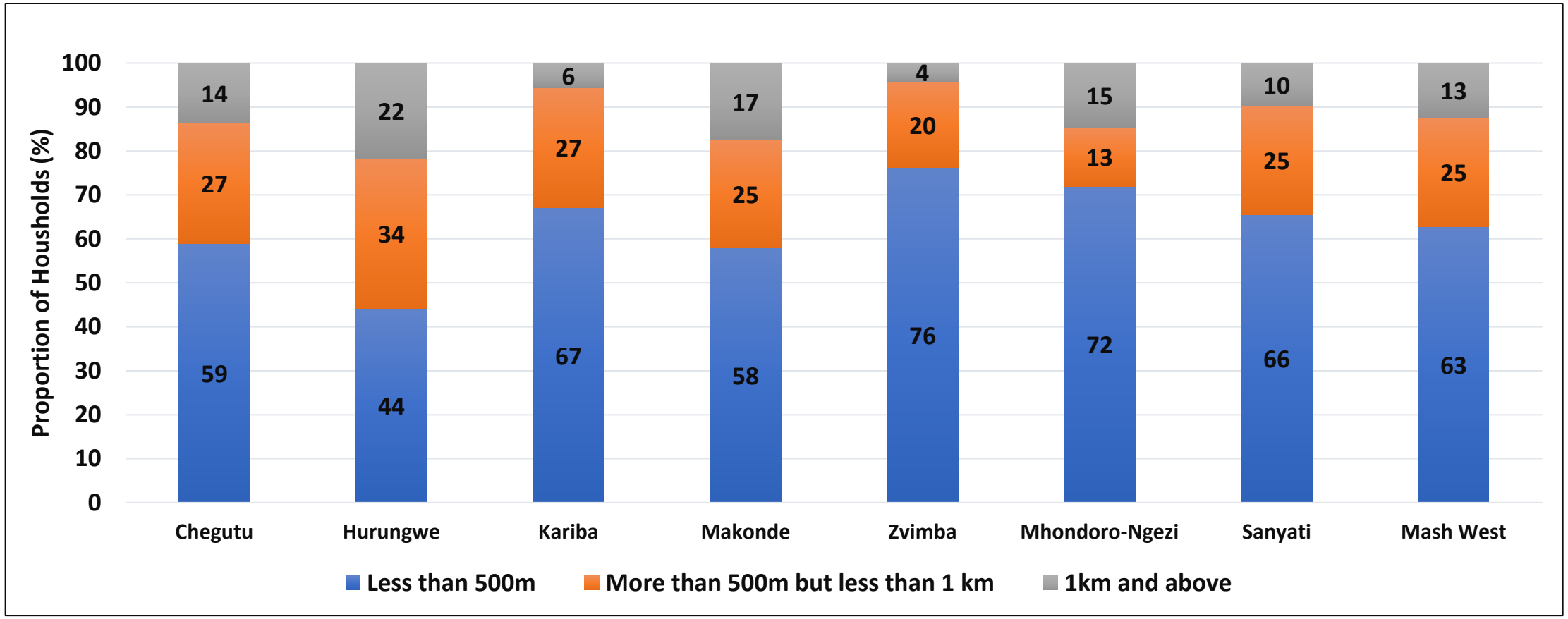
- The proportion of households accessing basic water services in Mashonaland West province was 64%.
- Chegutu (32%) had the highest proportion of households using unimproved water sources.

Access to Adequate Domestic Water



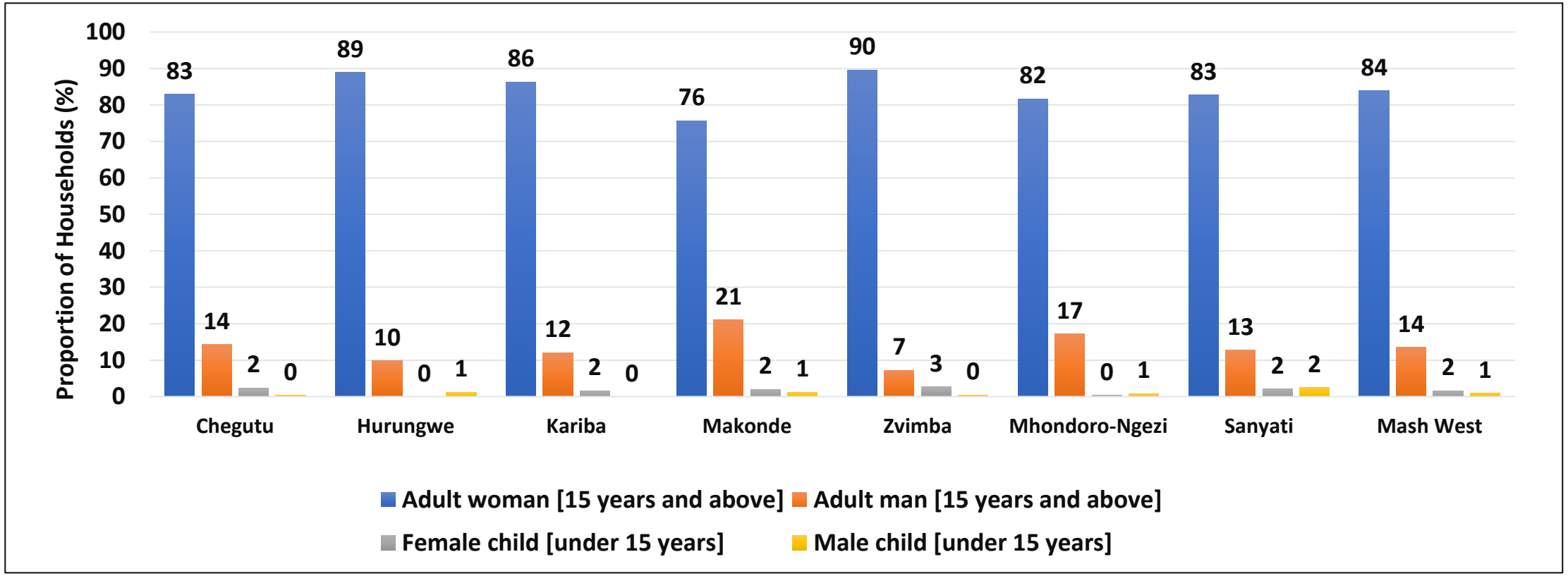
- At provincial level, more than 80% of the households reported having adequate water for cooking, drinking, personal hygiene and other domestic needs.

Distance Travelled to Main Water Source



- At provincial level, 63% of the households travelled a distance of less than 500m to get to a water source.
- Hurungwe (22%) had the highest proportion of households travelling a kilometre and more to get to a water source.

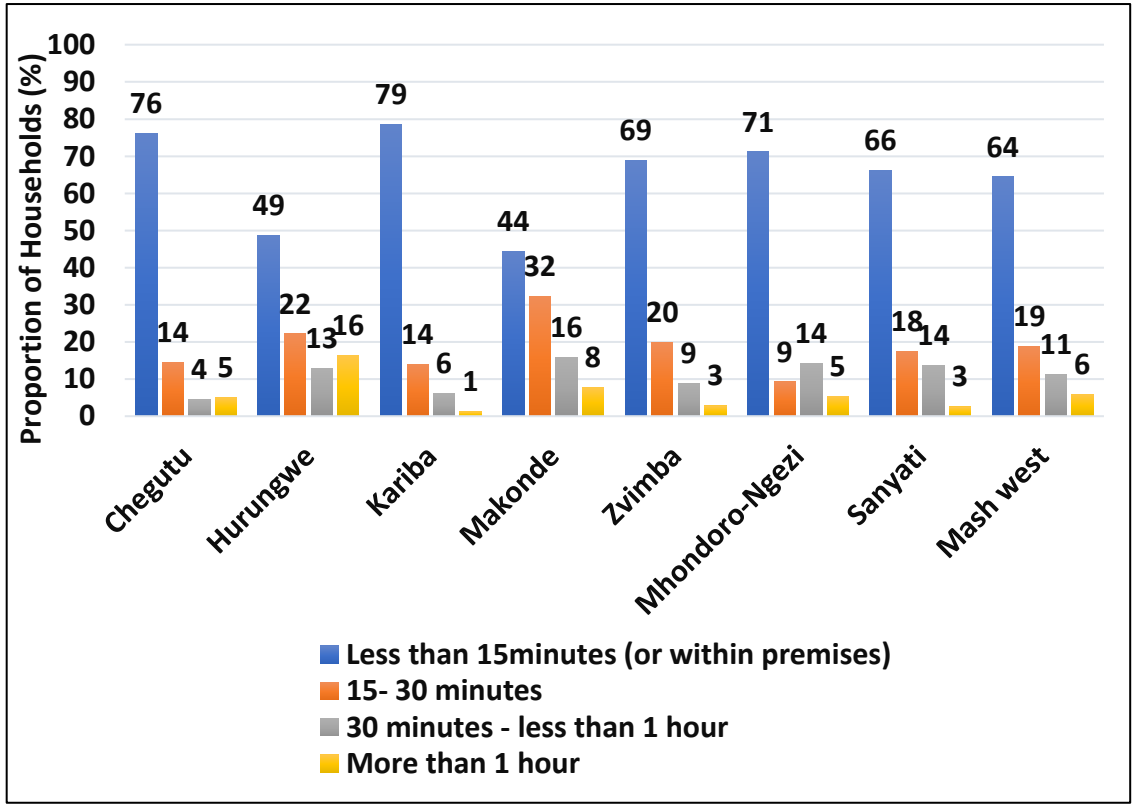
Fetching Water for Cooking and Drinking



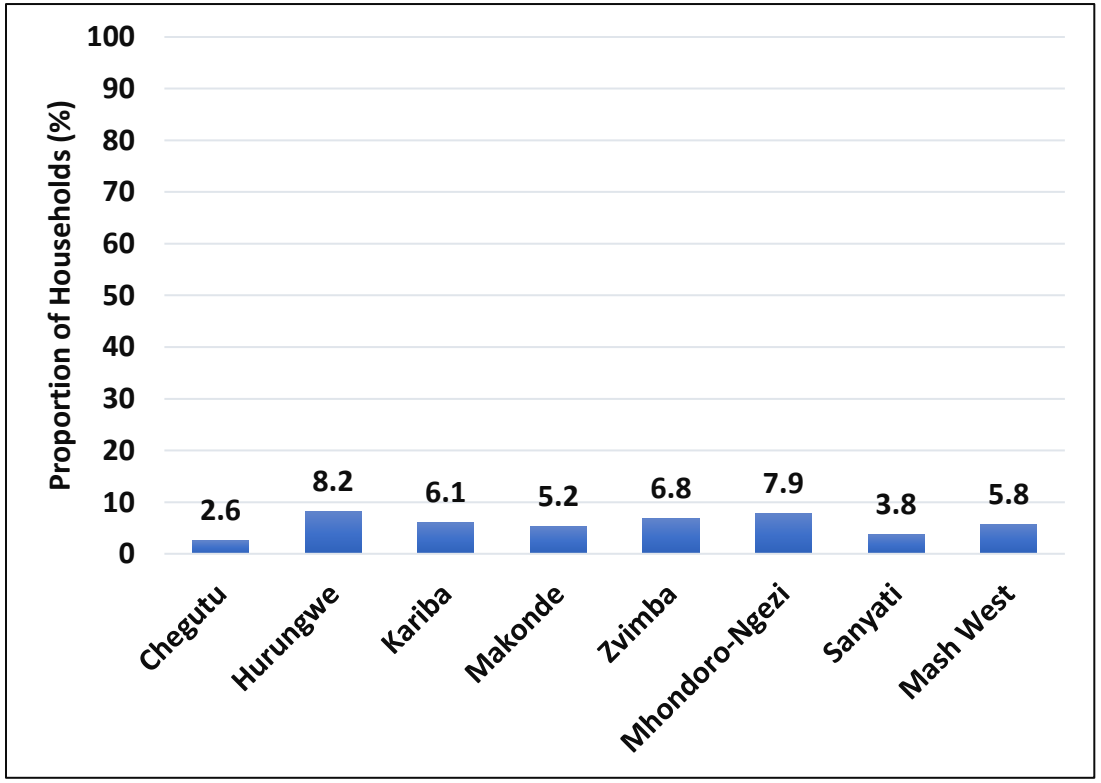
- The role of fetching water in the province was mainly performed by adult women (15 years and above).
- Makonde (21%) had the highest proportion of households with adult men (15 years and above) preforming the role of fetching water for cooking and drinking.

Time Spent Queuing at Water Source and Violence at Water Source

Time Spent At Water Source



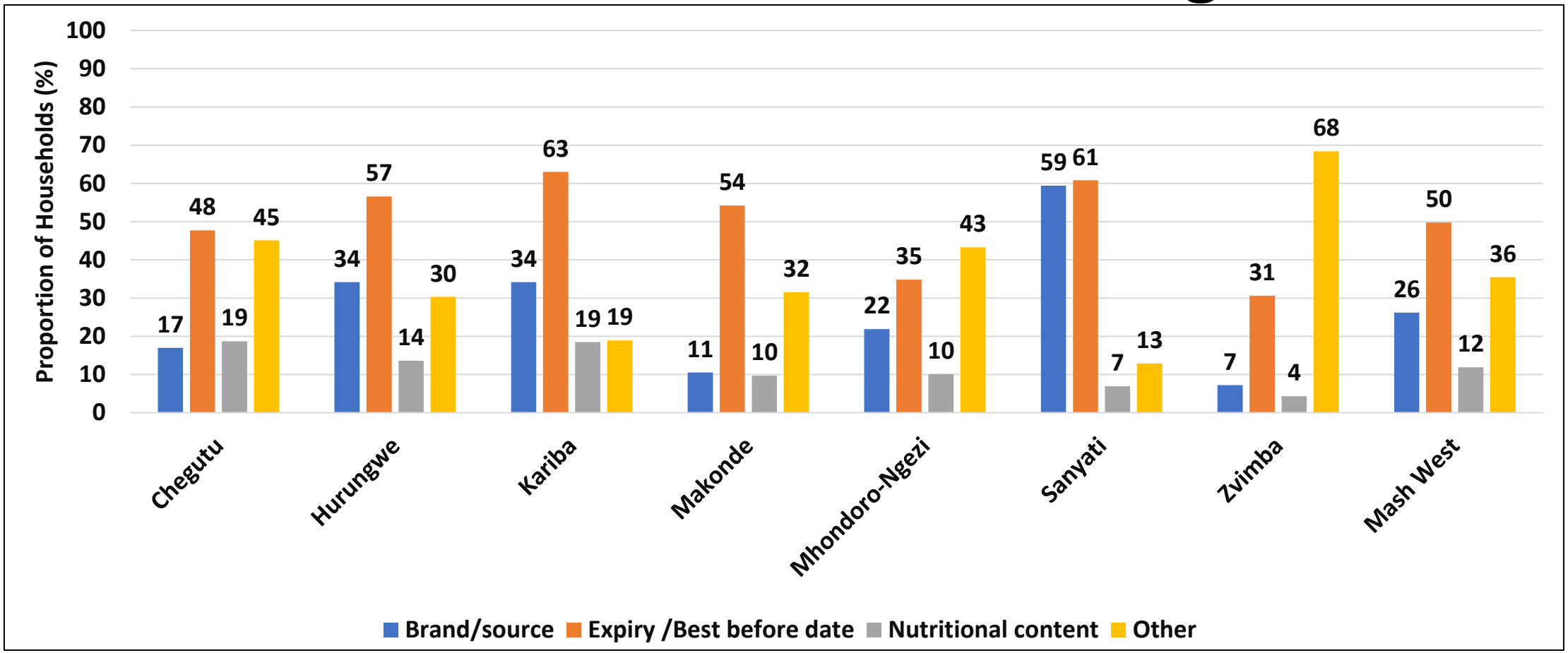
Violence At Water Source



- The proportion of households spending less than 15 minutes queuing at a water source or within premises was 64%.
- Hurungwe (16%) had the highest proportion of households queuing for more than an hour at a water source.
- Hurungwe (8.2%) also recorded the highest proportion of households reporting violence at a water source.

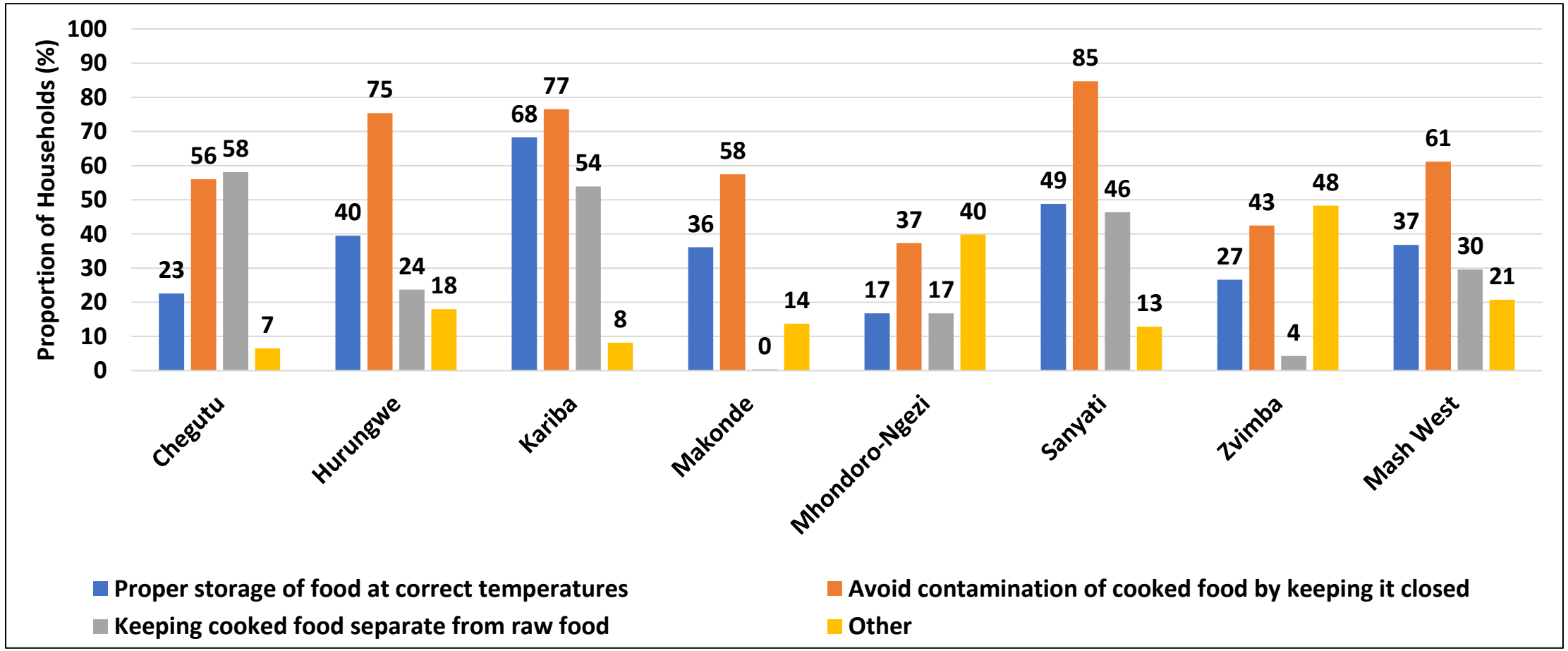
Food Safety

Considerations when Purchasing Food



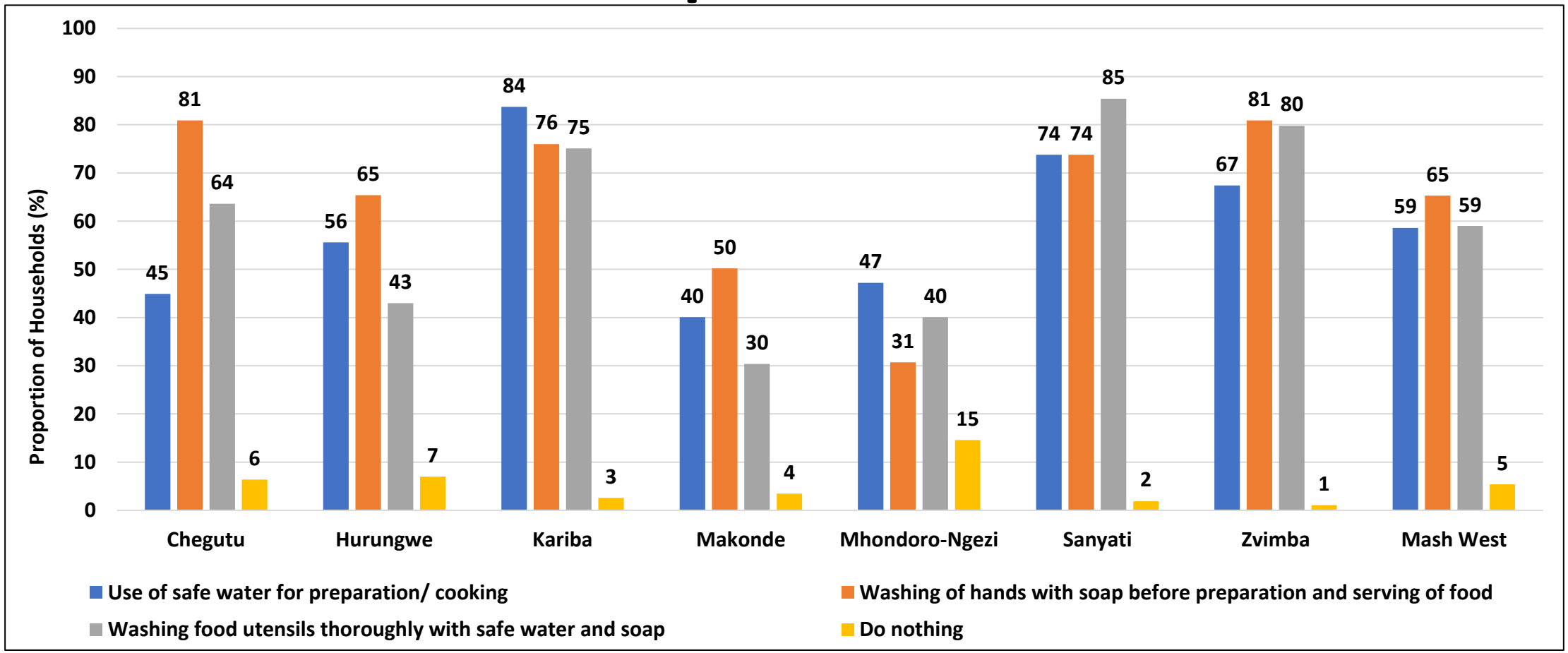
- In the province, 50% of households reported considering the expiry date when purchasing food for their families.
- Chegutu (19%), had the greatest proportion of households which considered nutritional content when purchasing food.

Ways to Keep Food Safe



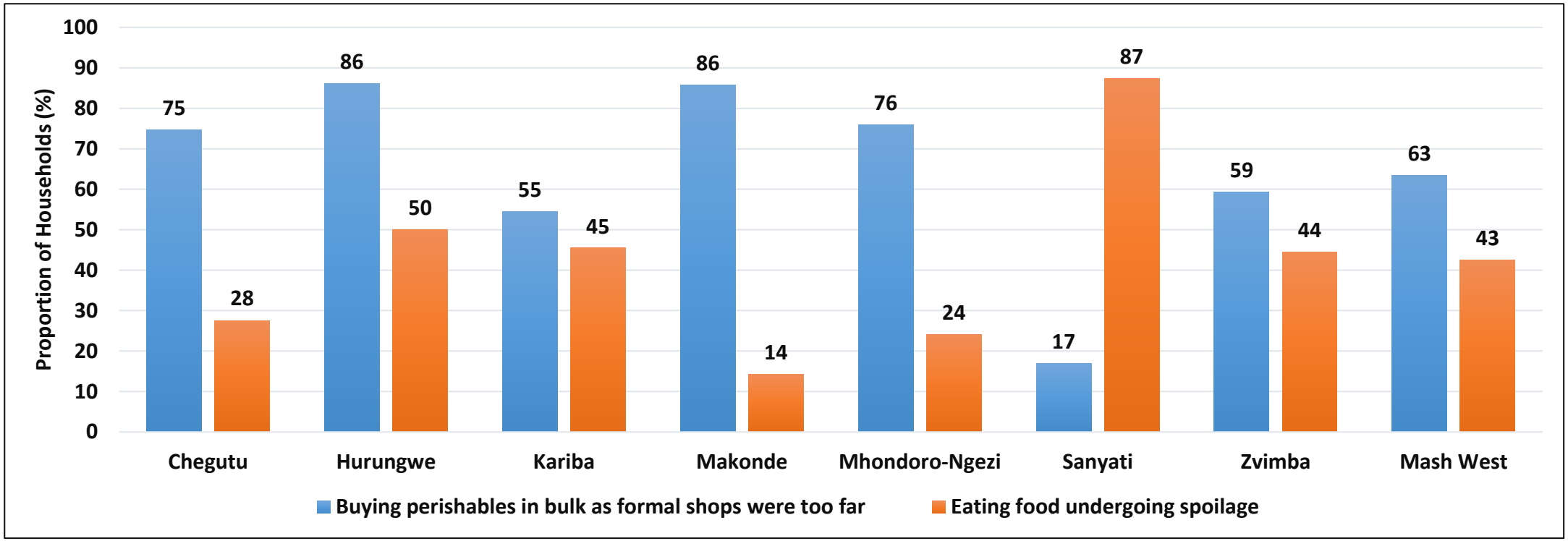
- Keeping food closed to avoid contamination (61%) was the frequently mentioned method of keeping food safe.

Safe Preparation of Food



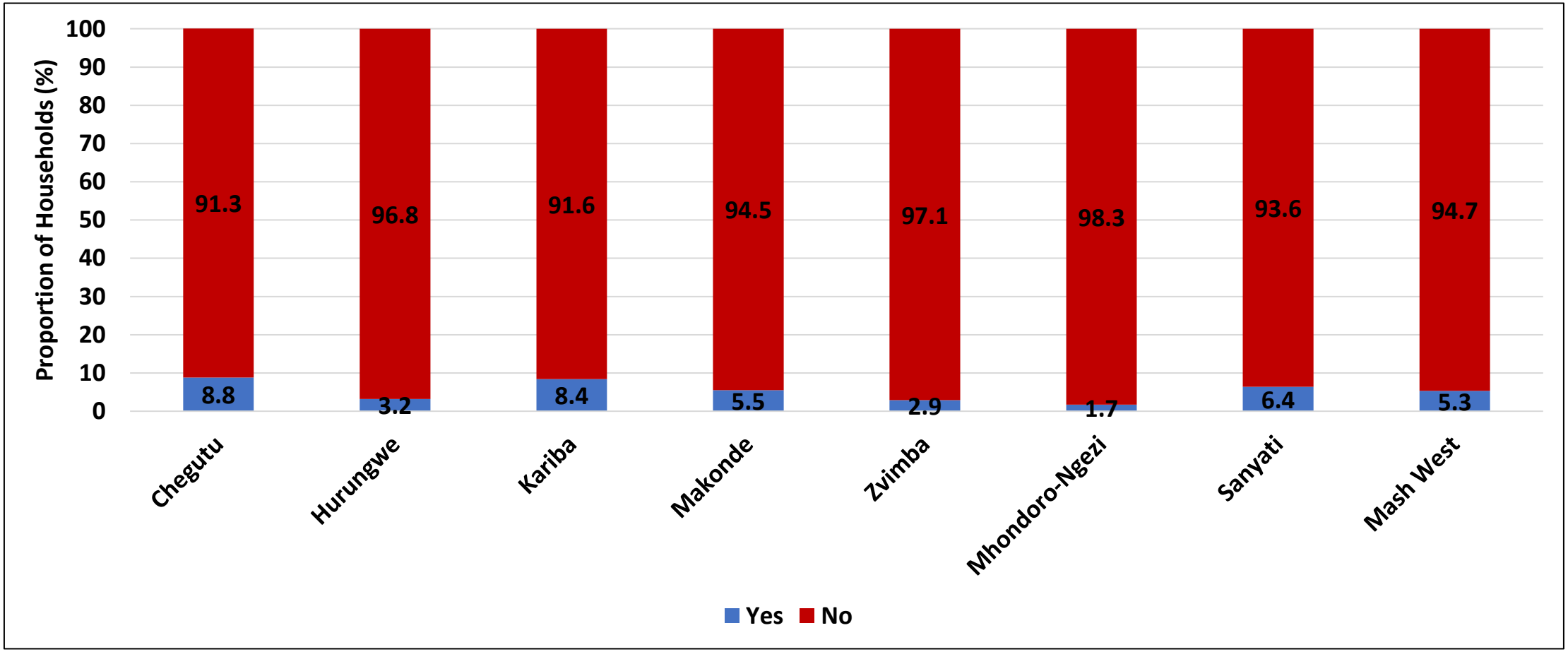
- In the province, 65% of households reported that washing hands with soap before preparation and serving food was important in safe food preparation.
- Only 5.4% of households did nothing to ensure food safety during preparation of food.

Household Food Safety During COVID-19 Lockdown Period



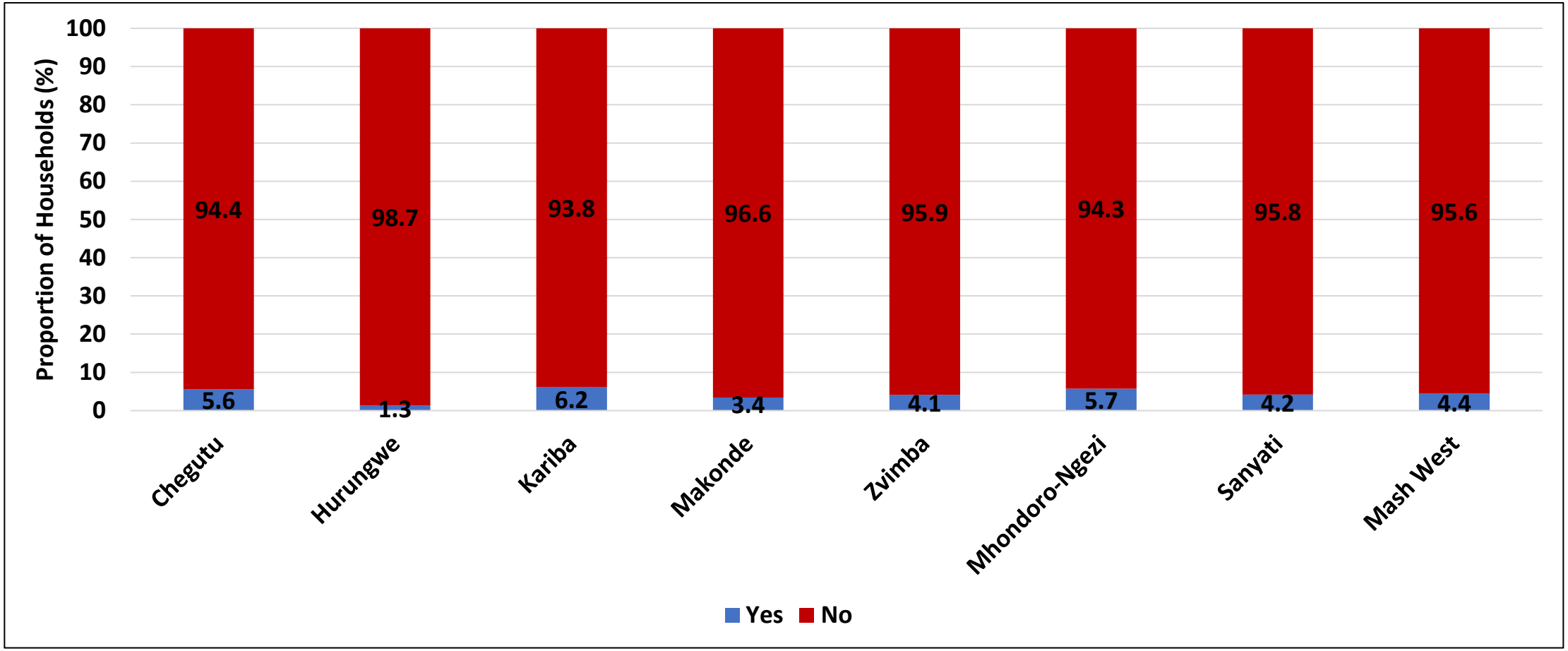
- At provincial level 43% of the households bought perishables in bulk as formal shops were too far from where they stayed during the lockdown period.
- Sanyati (87%) had the highest proportion of Households which reported eating food under spoilage during the January to March 2021 national lockdown.

Purchase of Expired or Spoiled Food



- The majority (94.7%) of households in the province did not purchase expired or food undergoing spoilage due to reduced prices.
- Chegutu (8.8%) had the greatest proportion of households which purchased expired or food undergoing spoilage due to its reduced price.

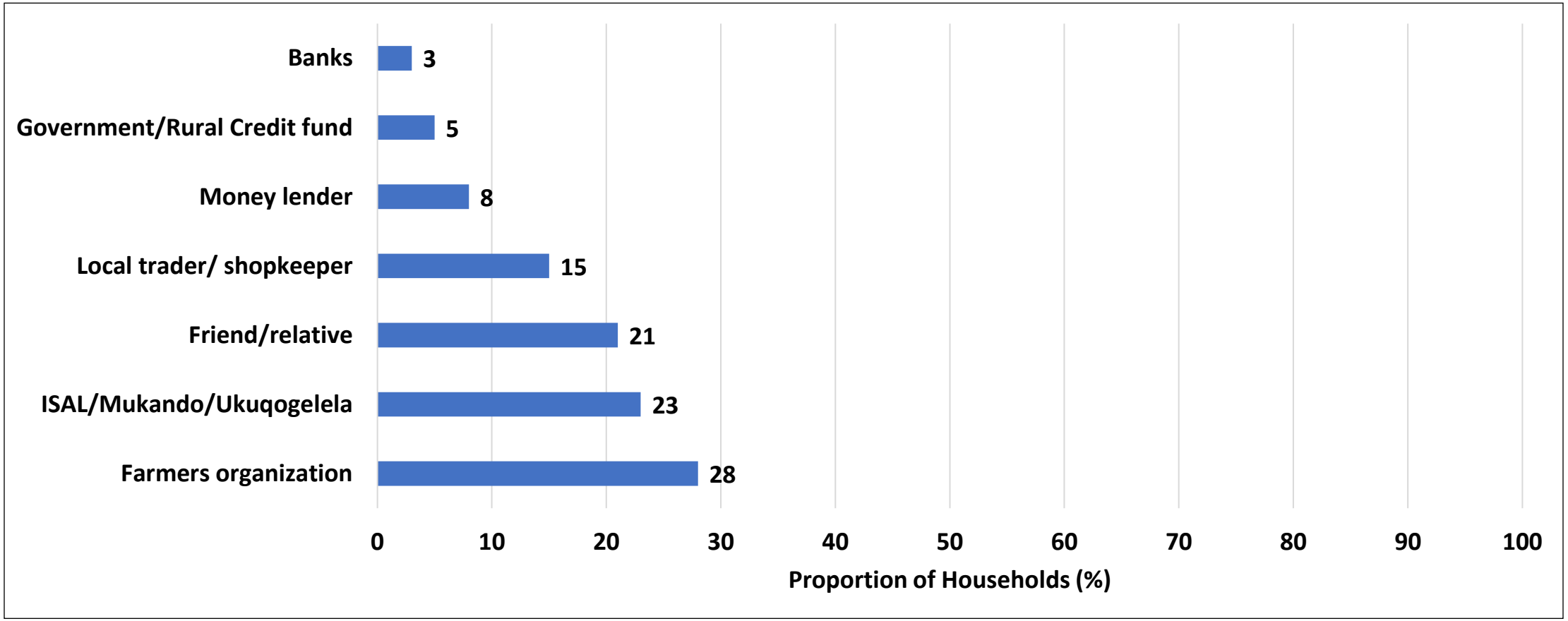
Information on Food Safety



- From April 2020 to May 2021, only 4.4% of the households received information on food safety issues.
- Kariba district (6.2%), had the greatest proportion of households which received information on food safety issues.

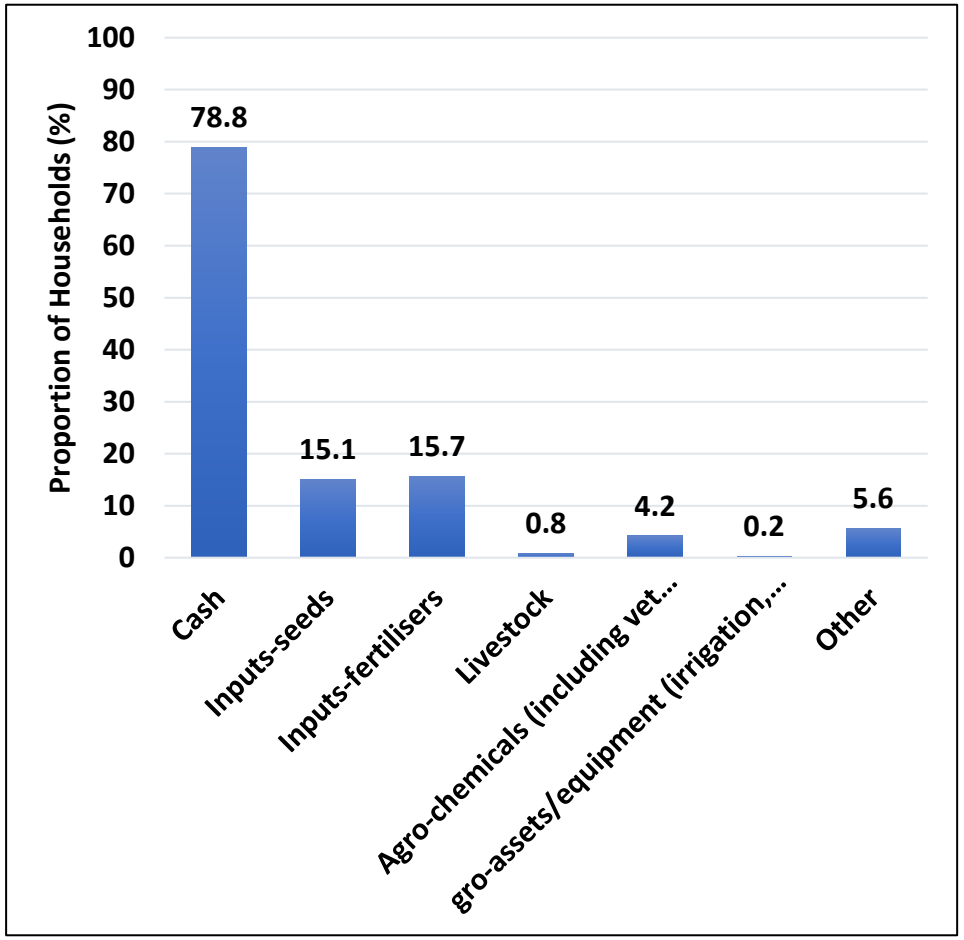
ISALS and Loans

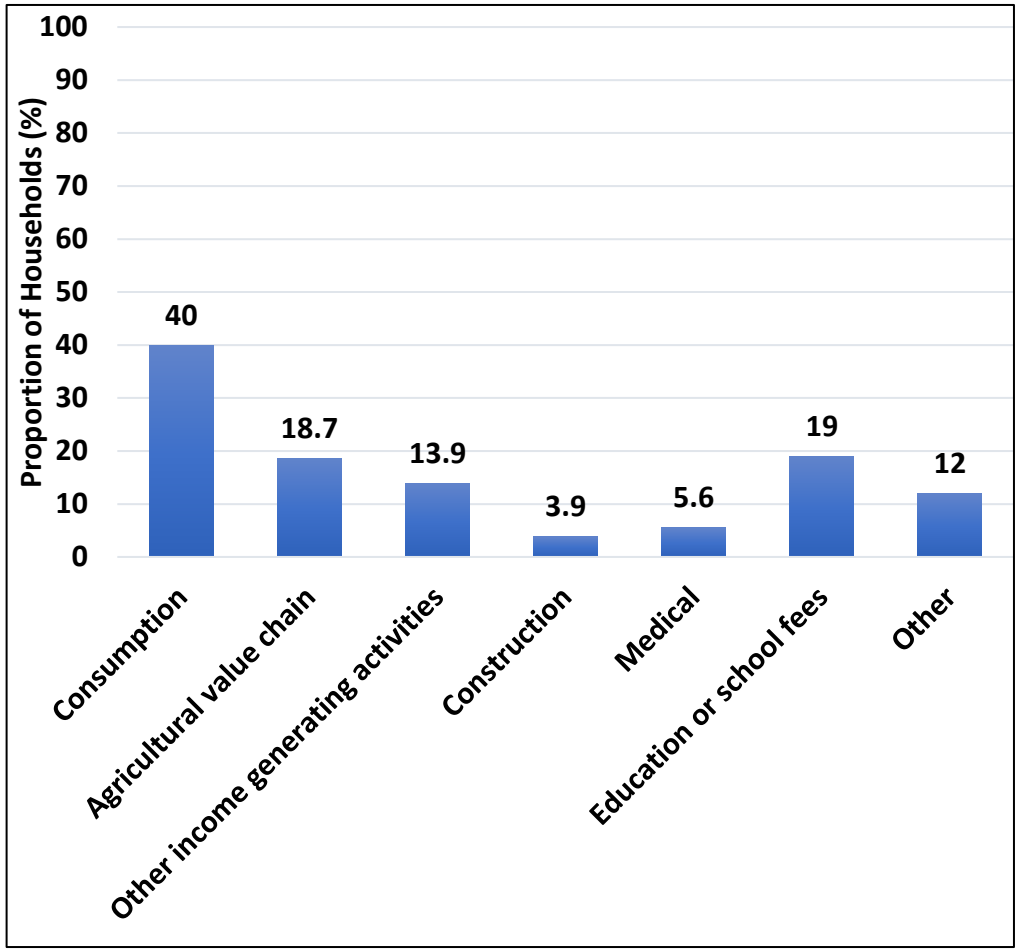
Sources of Loans



- Of the 2.5% households that received loans in the province, 28% reported that they received the loans from farmers organisations.

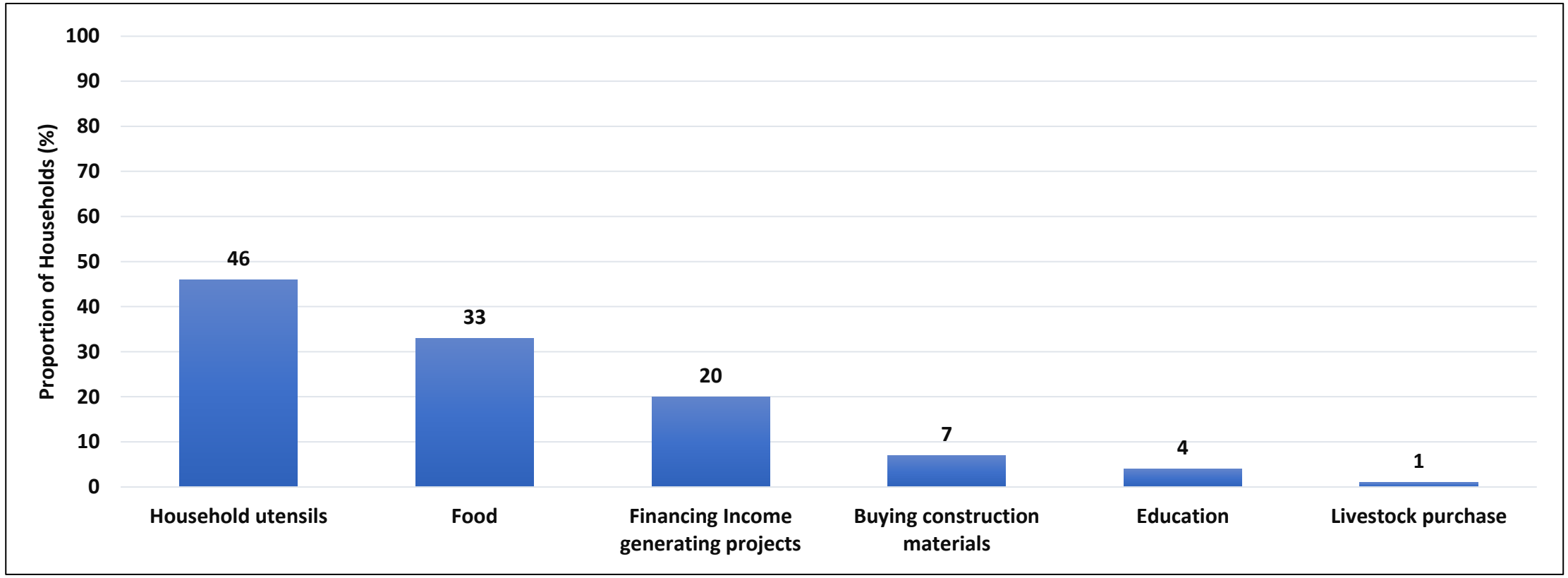
Type of Loan and Primary Use of the Loan





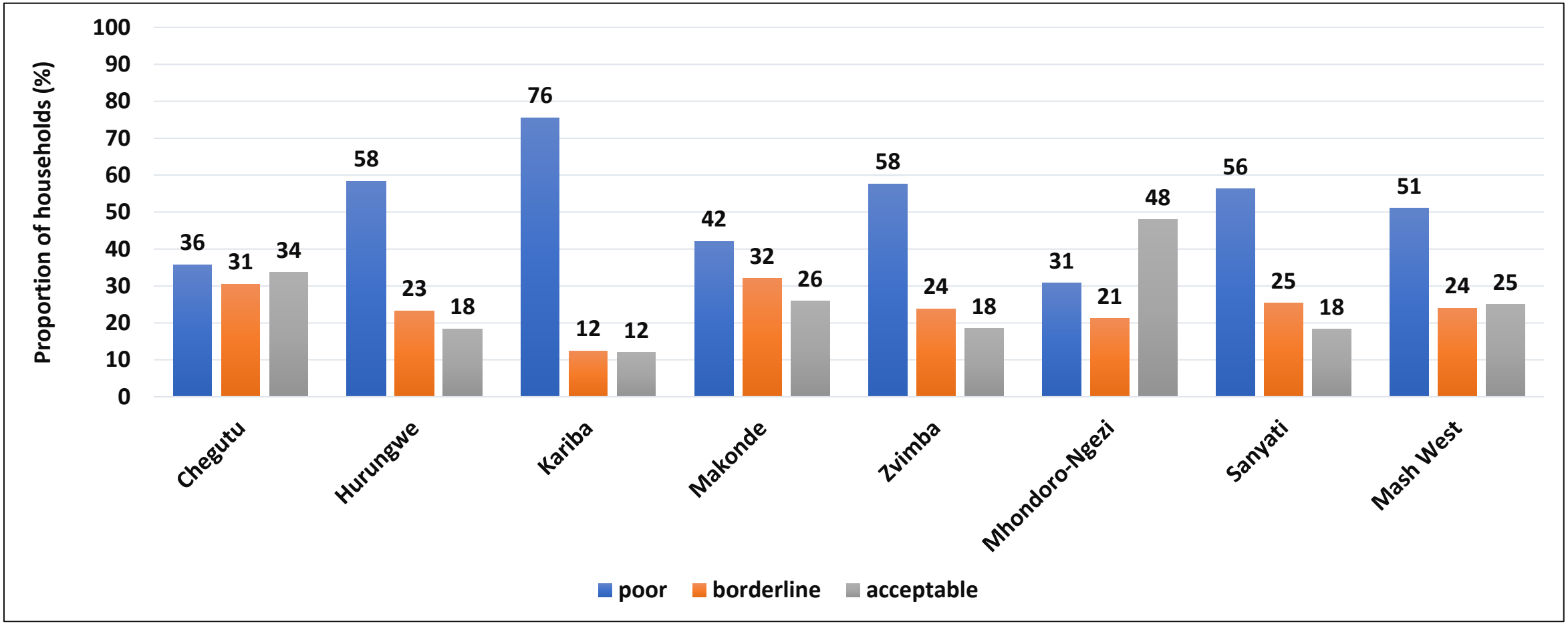
- Most loans were in the form of cash(78.8%) and mostly used for consumption (40%).

Use of Share–Out from the ISAL Group



- About 46% of households with members in an ISAL group, used their share out to buy household utensils.

Household Food Consumption Patterns



- At provincial level 51% of the households had poor consumption patterns with Kariba having the highest proportion (76%).
- Mhondoro Ngezi had the highest proportion of households with acceptable diets at 48%.

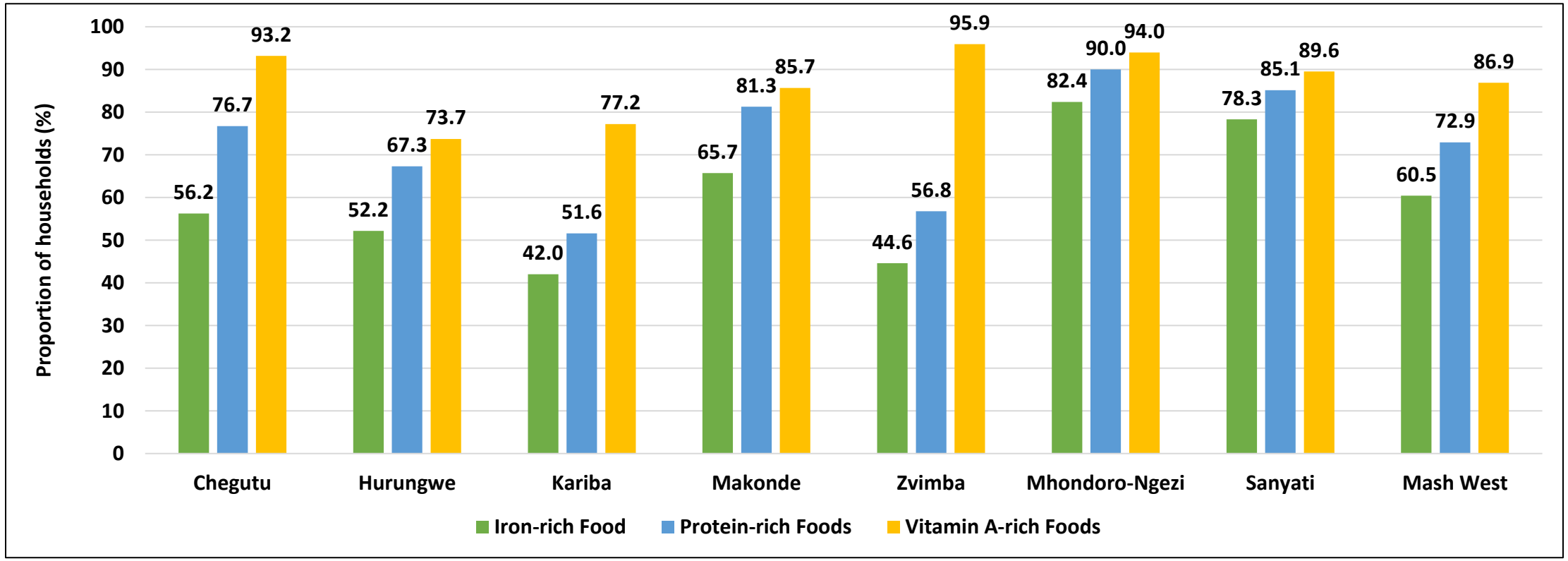
Household Consumption of food rich in Protein, Vitamin A and Iron.

Protein which plays a key role in growth, is crucial for the prevention of wasting as well as stunting which takes place largely within the first 1000 days. Vitamin A and Iron deficiencies are some of the major contributors of mortality and morbidities among children and women in developing countries. Iron deficiency, contributes to anemia mainly among pre school children and women.

Anaemia contributes to the reduced productivity and quality of life in adulthood. The major contributors of anaemia and Vitamin A deficiency are low consumption of a diet rich in micronutrients and macronutrients such as protein, Vitamin A and Iron. If tackled before the age of five, Vitamin A deficiency can reduce mortality and infectious diseases such as measles, diarrhoea and malaria by about a third.

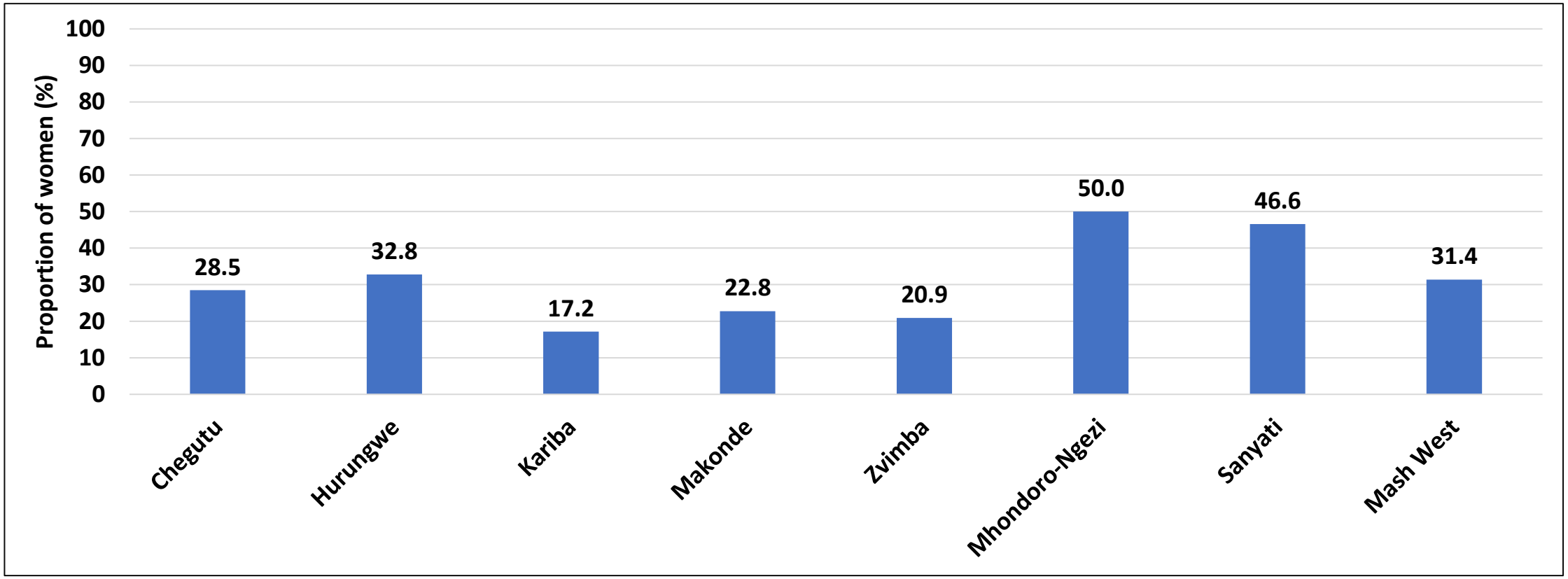
Protein rich foods include Pulses, Dairy, Flesh meat, Organ meat, Fish and Eggs Vitamin A rich foods include Dairy, Organ meat, Eggs, Orange vegetables , Green vegetables and Orange fruits while iron rich foods include Flesh meat, Organ meat, and Fish

Household Consumption of Protein, Iron and Vitamin A Rich Foods



- About 60.5% of the households consumed iron-rich foods seven days prior to the survey.
- Vitamin A rich foods were the most consumed in the province.
- Kariba (42%) had the lowest proportion of households consuming iron-rich foods.

Minimum Dietary Diversity in Women of Child Bearing Age



- About 31.4% of the women of child bearing age (WCBA), consumed a Minimum Dietary Diversity (MDD) 24-hours prior to the survey.
- Mhondoro-Ngezi, 50% had the highest proportion of WCBA consuming a minimum dietary diversity.

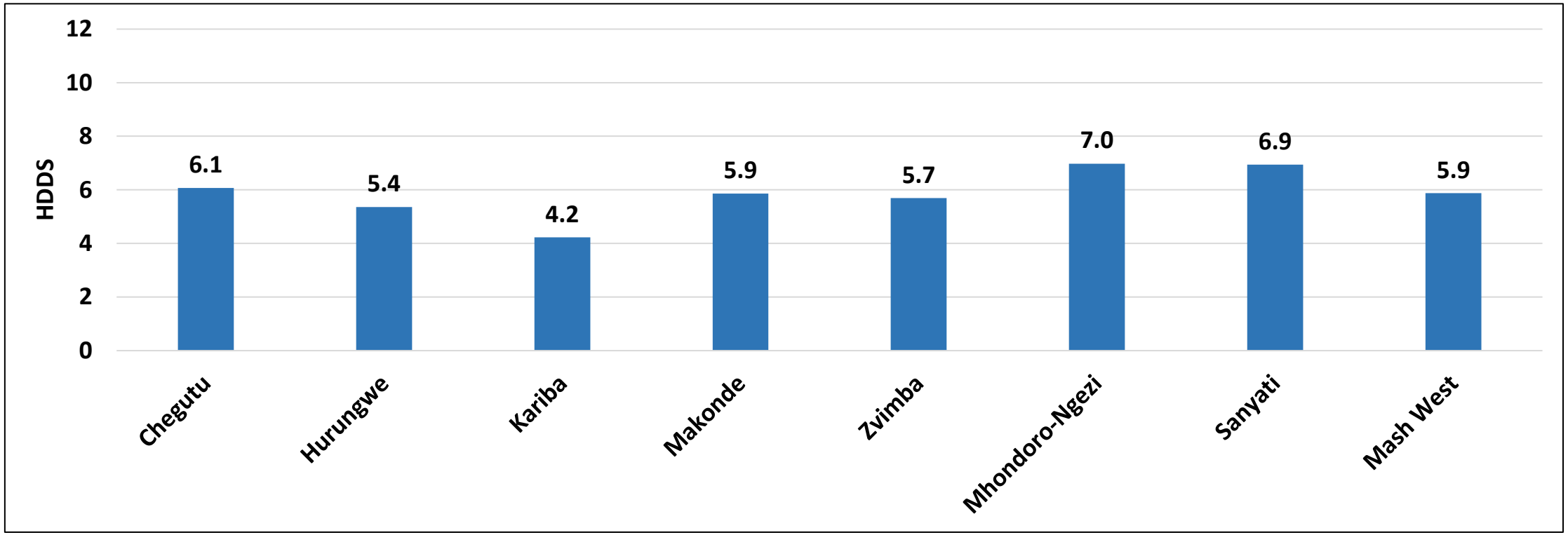
Household Dietary Diversity Score (HDDS)

The following 12 food groups were used to calculate the HDDS indicator A- Cereals, B- Roots and tubers C-Vegetables , D-Fruits, E-Meat, poultry, Offal, F-Eggs , G-Fish and seafood, H-Pulses, legumes, nuts, I-Milk and milk products, J-Oil/fats, K-Sugar/honey, L Miscellaneous . Each food group was assigned a score of 1 (if consumed) or 0 (if not consumed) The household score ranged from 0 to 12 and is equal to the total number of food groups consumed by the household.

Dietary diversity based on HDDS categorized into three categories,

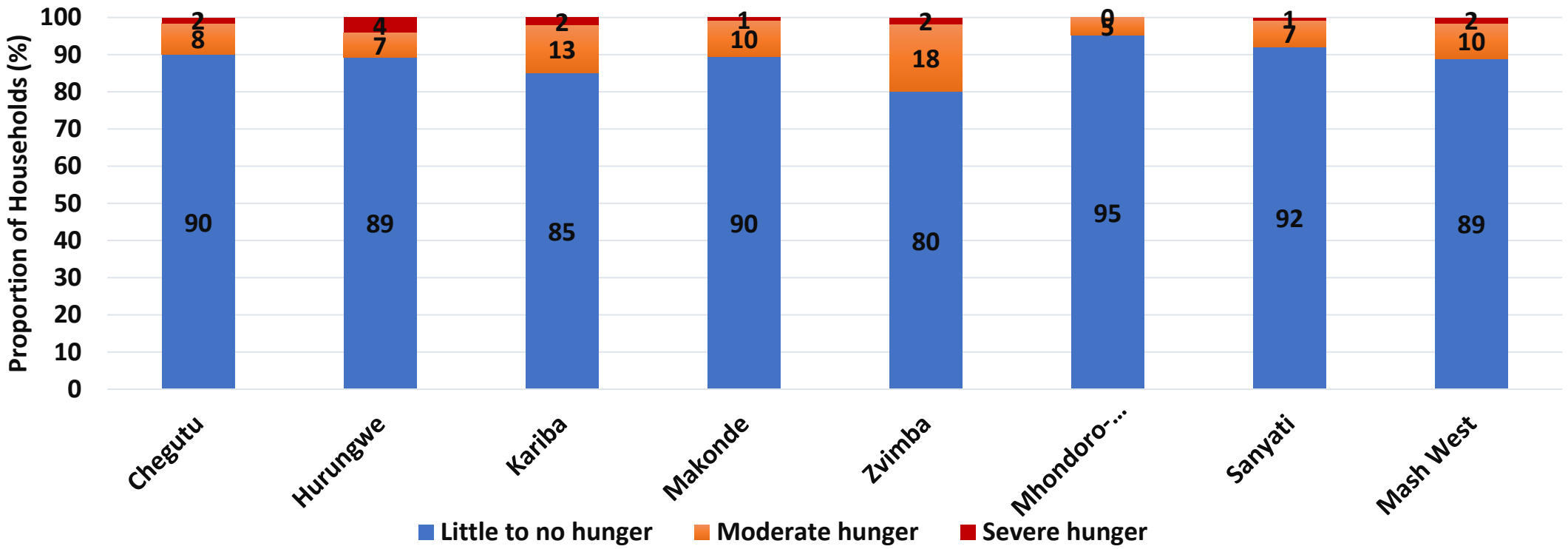
Less than 3	Low Dietary Diversity
4 - 5	Moderate Dietary Diversity
Above 5	High Dietary Diversity

Household Dietary Diversity Score



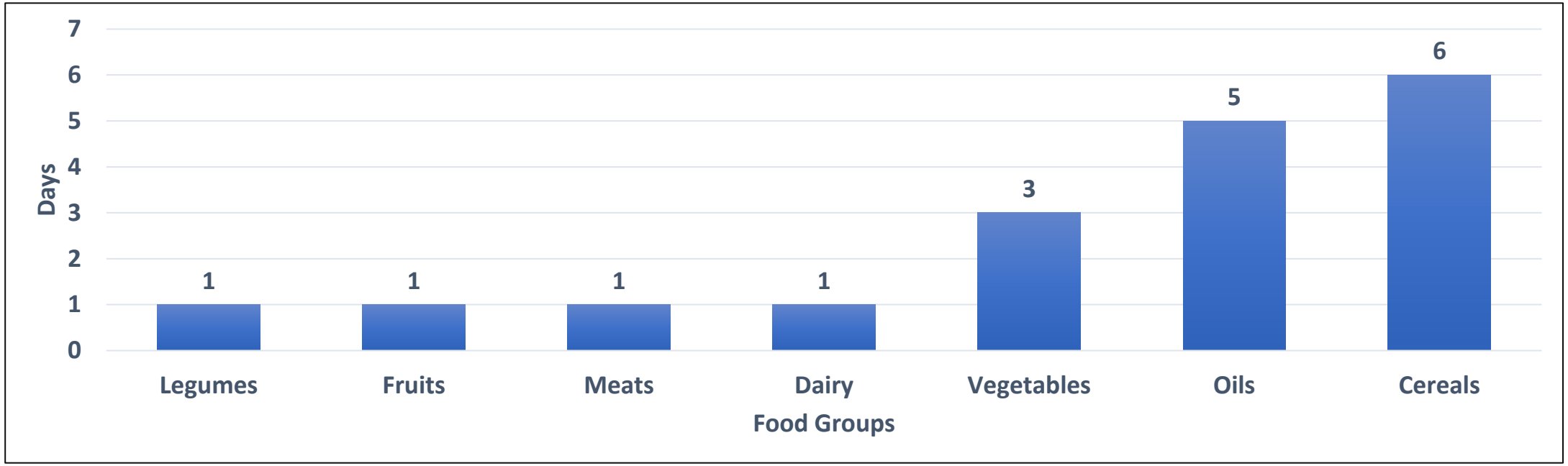
- The average Household Dietary Diversity Score was about 5.9 food groups out of the possible 12 food groups.
- Only Kariba had a score less than 5 with all the remaining districts ranging between 5 and 7.

Household Hunger Scale



- The majority of the households (89%) reported having experienced little to no hunger the last 30 days prior the assessment.
- Amongst those that had experienced moderate to severe hunger Zvimba (20%) and Kariba (15%)were the highest.

Average Number of Days Households Consumed Food from the Various Food Groups.



- Cereals, oils and vegetables are the most consumed food groups by households.

Household Consumption Coping Strategies

The Coping Strategies Index (CSI)

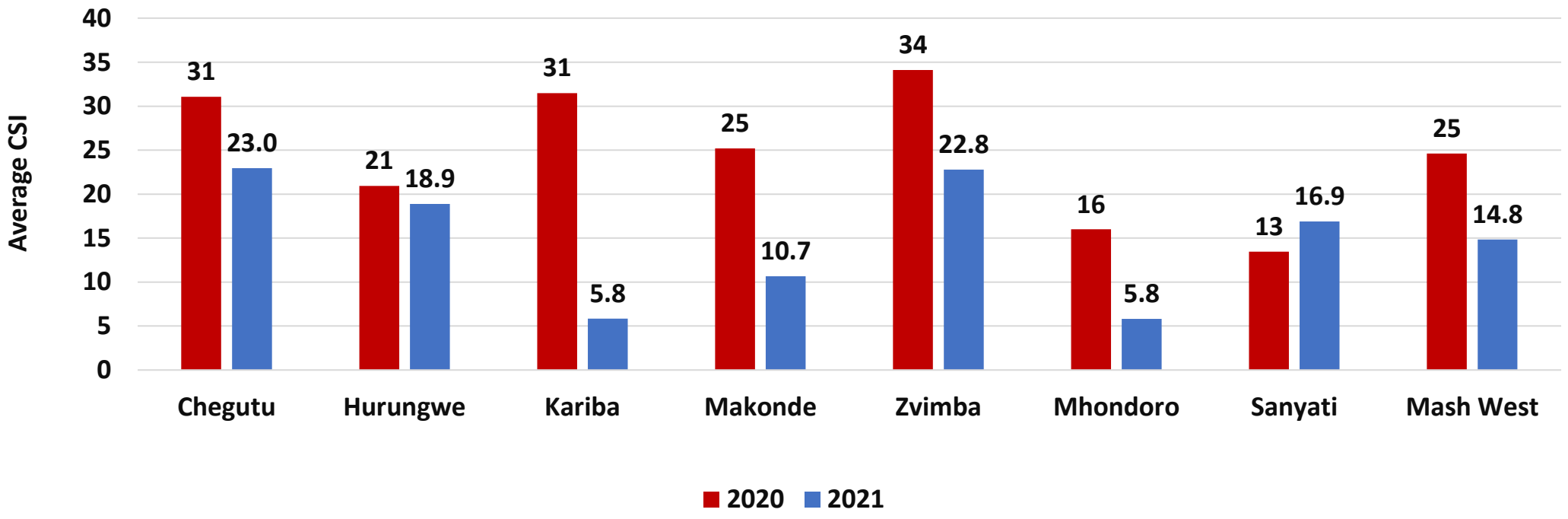
- Households engage in various methods of coping when faced with food access challenges. The household consumption strategies are food consumption behaviours that households adopt when faced with challenges in accessing food.
- The Reduced Coping Strategies Index (rCSI) considers both the frequency and severity of pre-selected coping strategies that a household used in the seven days prior to the survey. Reduced coping strategies index can be classified into three categories depending on the severity as shown below.

Low or no coping (CSI 0-3)

Medium Coping (CSI 4-9)

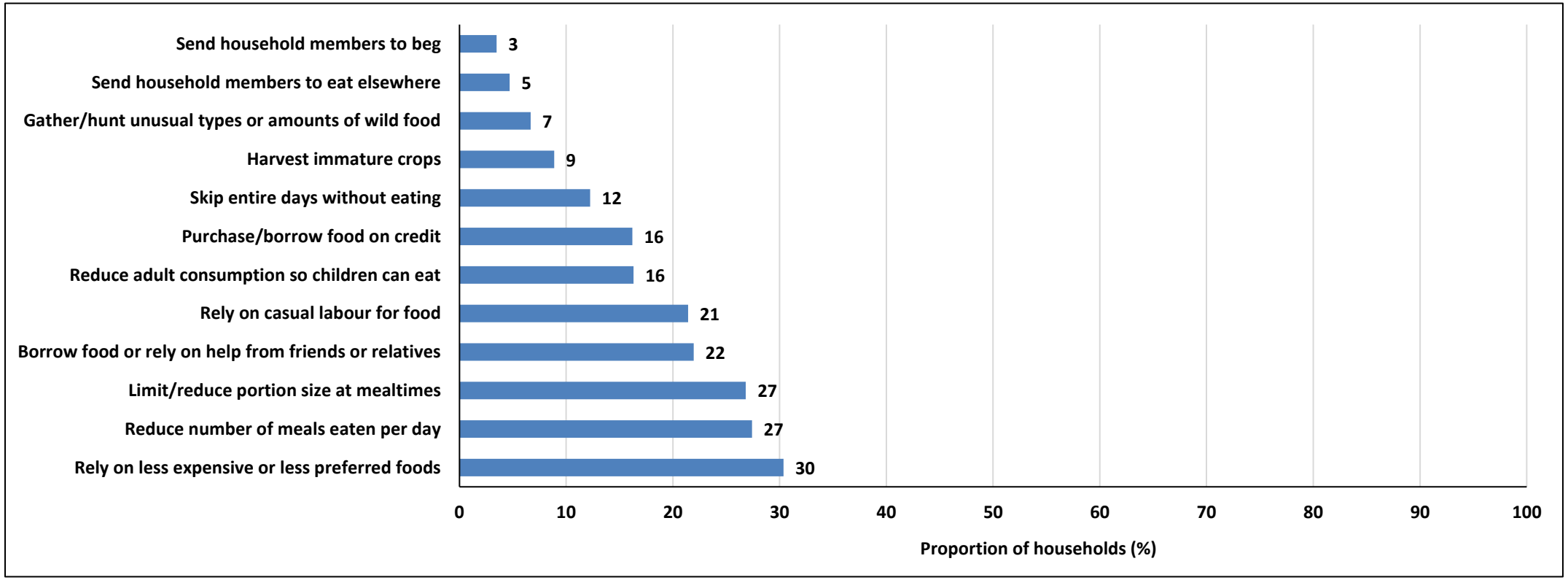
High Coping (CSI ≥10)

Household Consumption Coping Strategy Index (CSI)



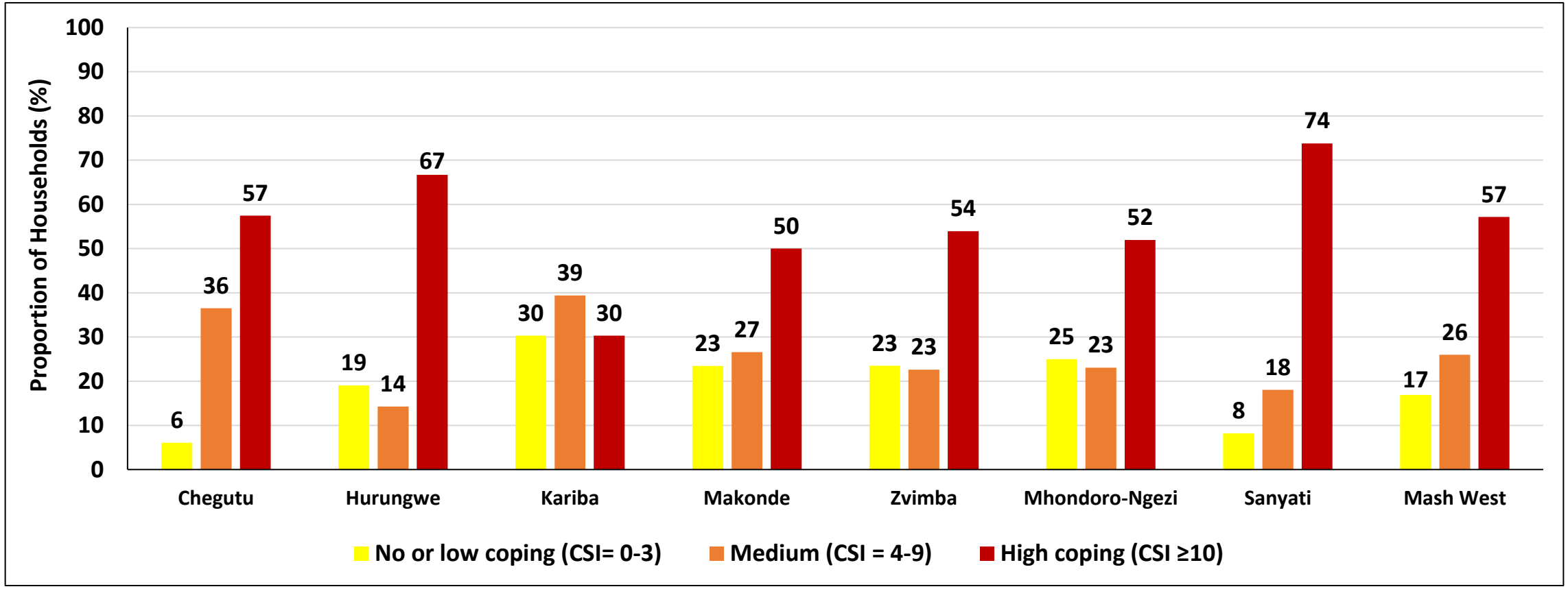
- The household consumption coping strategy score decreased across all districts when compared to 2020.
- Adoption of high coping strategies by households is an indication that households could have been facing challenges in accessing food.

Household Consumption Coping Strategies



- Of those households in the province that adopted consumption based coping strategies when faced with challenges to access food, (30%) relied on less expensive foods and 27% reduced the number of meals consumed per day.
- However, the adoption of these strategies contributes negatively to nutrition outcomes.

Household Reduced Consumption Coping Strategy Index (rCSI)



- Sanyati (74%) reported the highest proportion of households adopting high consumption based coping strategies.
- Kariba (30%) had the lowest proportion of households adopting high coping.

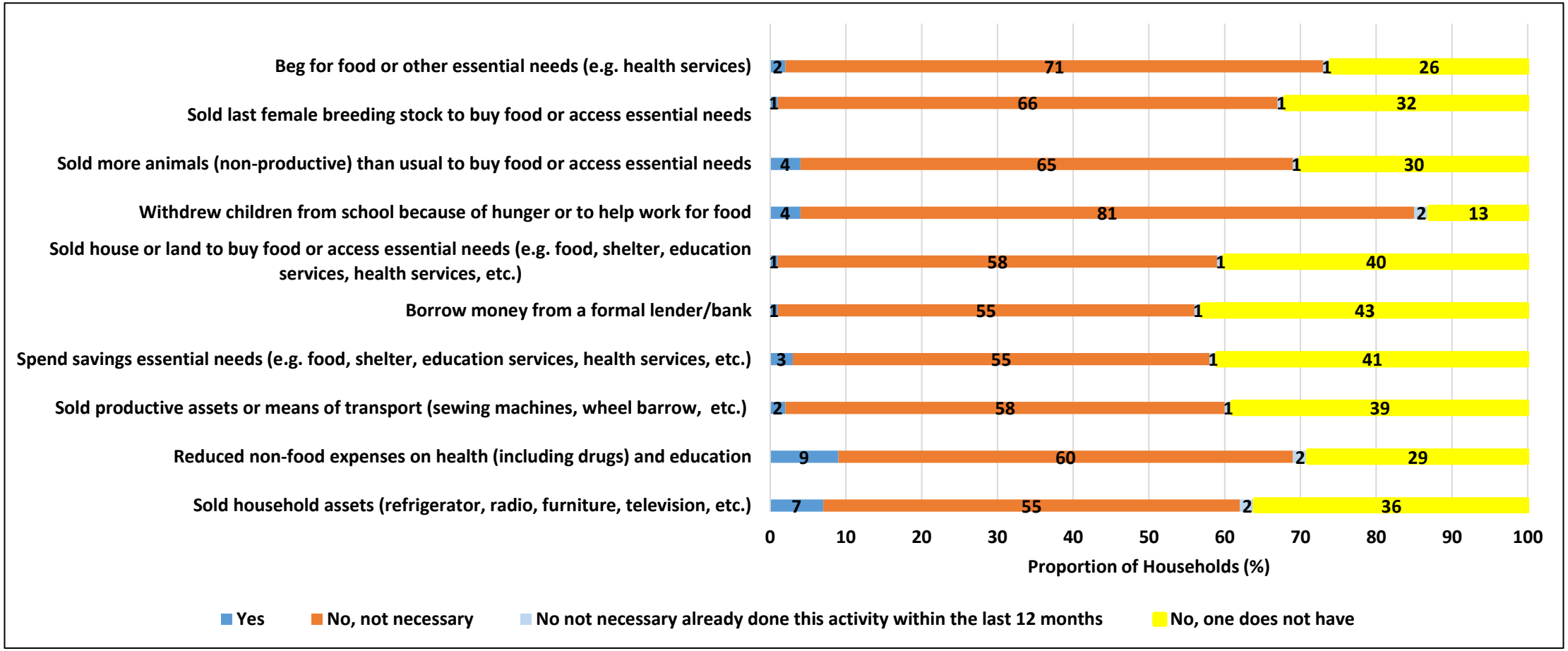
Household Livelihood Coping Strategies

Households Livelihood Coping Strategies

- Livelihood Coping Strategies are behaviours employed by households when faced crisis and measures longer-term coping capacity of households.
- The livelihoods Coping strategies have been classified into three categories namely stress, crisis and emergency as indicated in the table below.

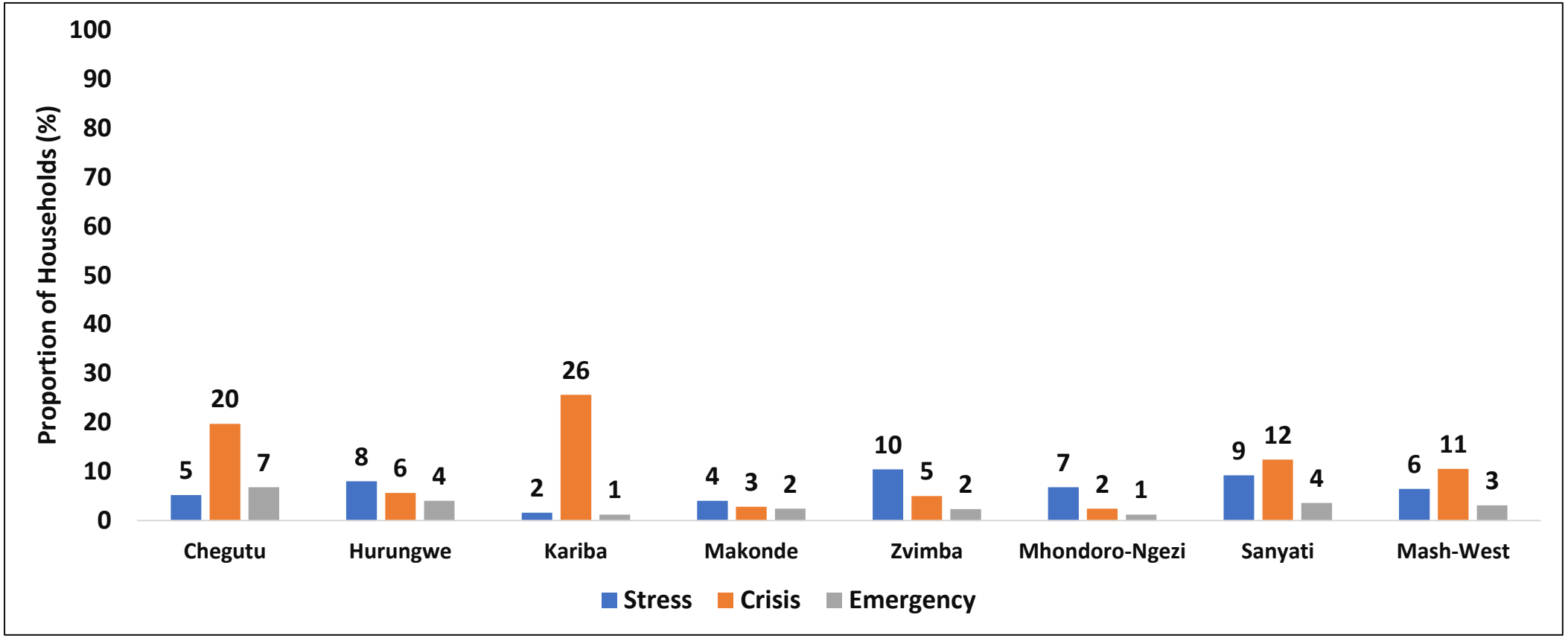
Category	Coping Strategy
Stress	Borrowing money Spending savings Selling more non-productive livestock than usual Selling household assets
Crisis	Selling productive assets Withdrawing children from school Reducing non-food expenditure
Emergency	Selling land Begging for food Selling the last breeding stock to buy food

Households Engaging in Livelihood Coping Strategies



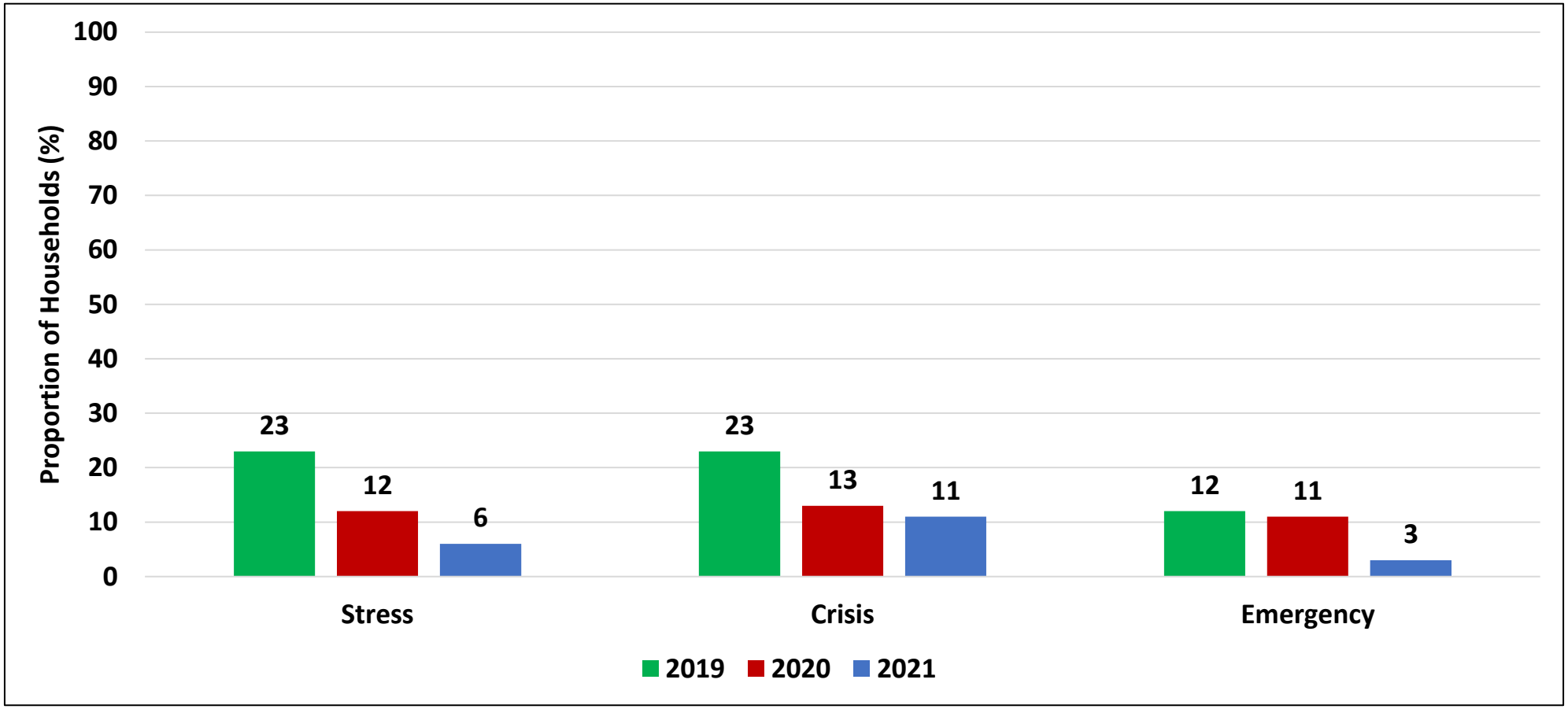
- The most common livelihoods coping strategies engaged by households included: reducing non food expenses on health (9%), selling household assets (7%), selling more non-productive assets (4%) and withdrawing children from school (4%).

Households Engaging in Livelihoods Coping Strategies



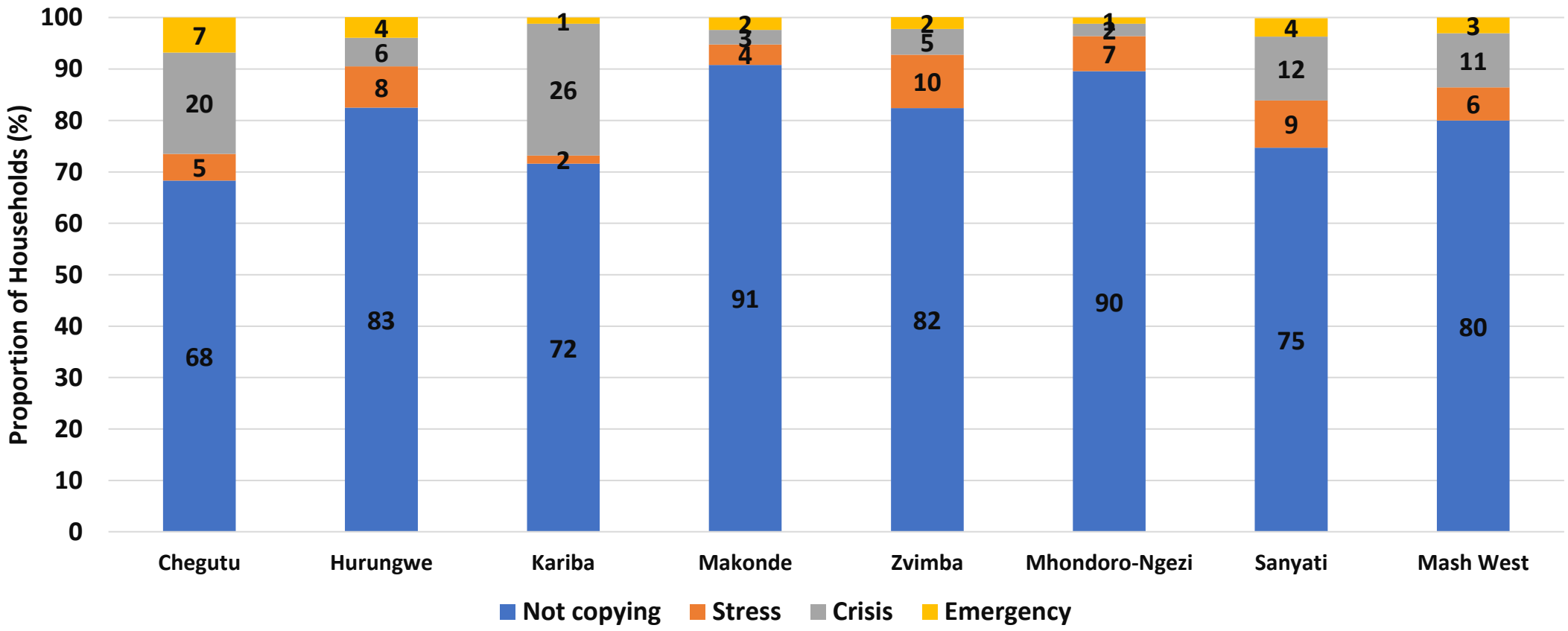
- At provincial level, 3% of the households resorted to emergency coping mechanisms.
- The proportion of households that resorted to emergency coping mechanisms was high in Chegutu (7%), followed by Hurungwe and Sanyati at 4%.

Households Engaging in Livelihood Based Coping Strategies



- There was a general decrease in the proportion of households engaging in livelihood based coping strategies over the last three years.

Households Maximum Livelihoods Coping Strategies



- At provincial level, 80% of the surveyed households did not use any coping strategies to maintain their access to food and other basic goods and services.
- Makonde had the most households that did not engage in any livelihood coping strategies (91%).

Infant and Young Child Feeding Practices

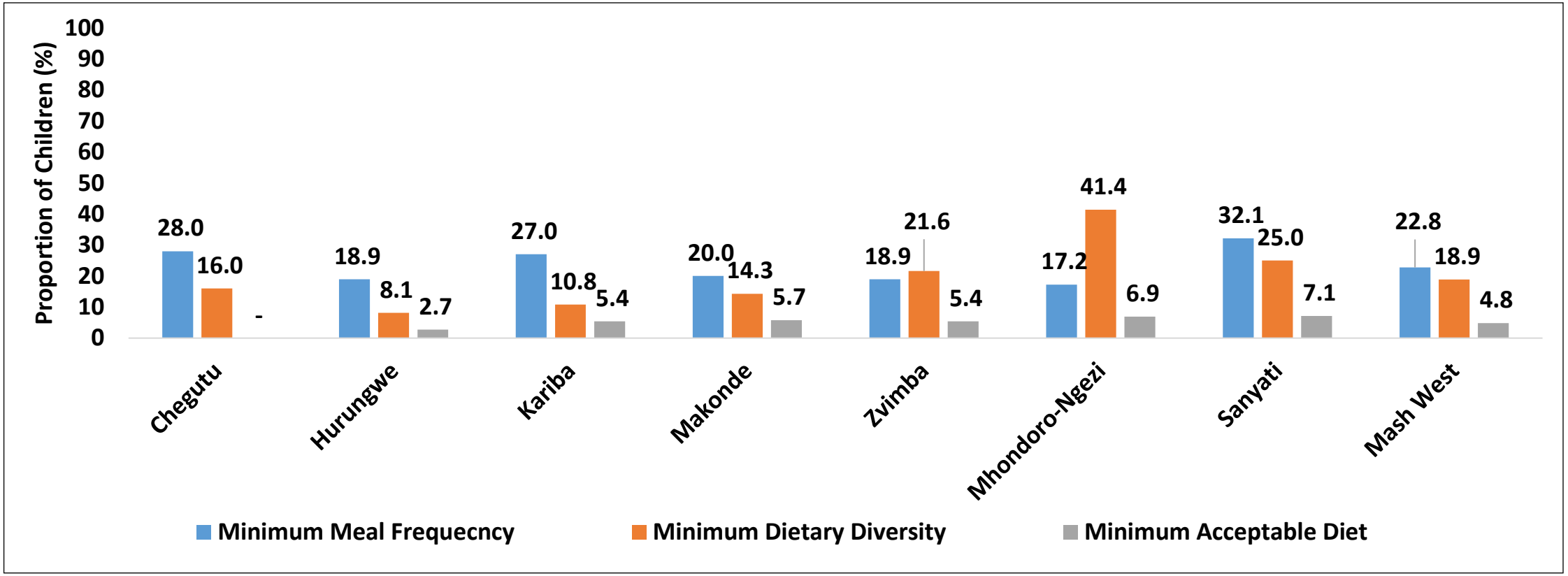
Infant and young child feeding is a key area to improve child survival and promote healthy growth and development. The indicators for assessing feeding practices in children 6 23 months of age include **minimum dietary diversity (minimum meal frequency (minimum acceptable diet** (among others)

• **Minimum dietary diversity** : Is the proportion of children 6 23 months of age who receive foods from 4 or more food groups. The 7 foods groups used for this indicator are grains, roots and tubers legumes and nuts dairy products (yogurt, cheese) flesh foods (fish, poultry and liver/organ meats) eggs vitamin A rich fruits and vegetables other fruits and vegetables.

Minimum meal frequency : Is the proportion of breastfed and non breastfed children 6-23 months of age who receive solid, semi solid, or soft foods (but also including milk feeds for non breastfed children) the minimum number of times or more. Minimum number of times refers to 2 times for breastfed infants 6 8 months, 3 times for breastfed children 9 23 months and 4 times for non breastfed children 6 23 months.

Minimum acceptable diet : Is the proportion of children 6 23 months of age who receive a minimum acceptable diet (apart from breast milk)

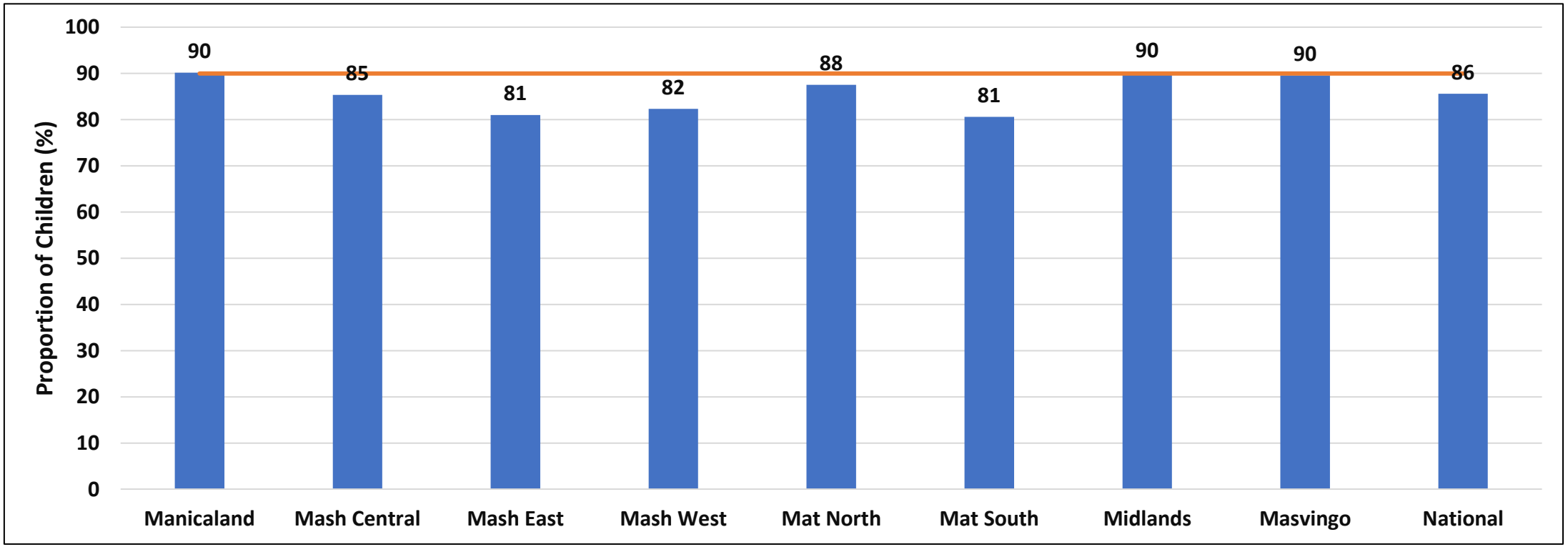
Complementary Feeding Practices Based on Seven Food Groups



- Provincial minimum dietary diversity was (18.9%).
- Hurungwe had very low Minimum Acceptable Diet indicators which was below 3%.
- A minimum acceptable diet is an indicator that combines information on children who received the minimum dietary diversity and the minimum meal frequency. It is essential to ensure appropriate growth and development for children aged 6-23 months.

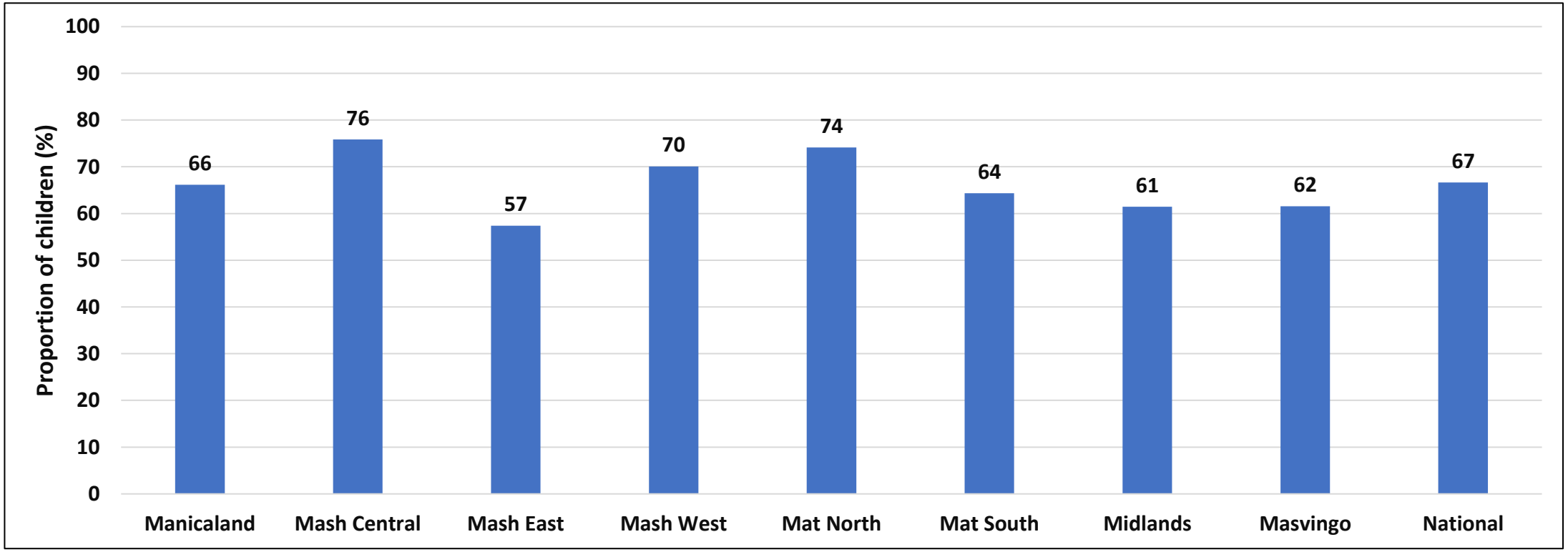
Child Nutrition Status

Early Initiation of Breastfeeding



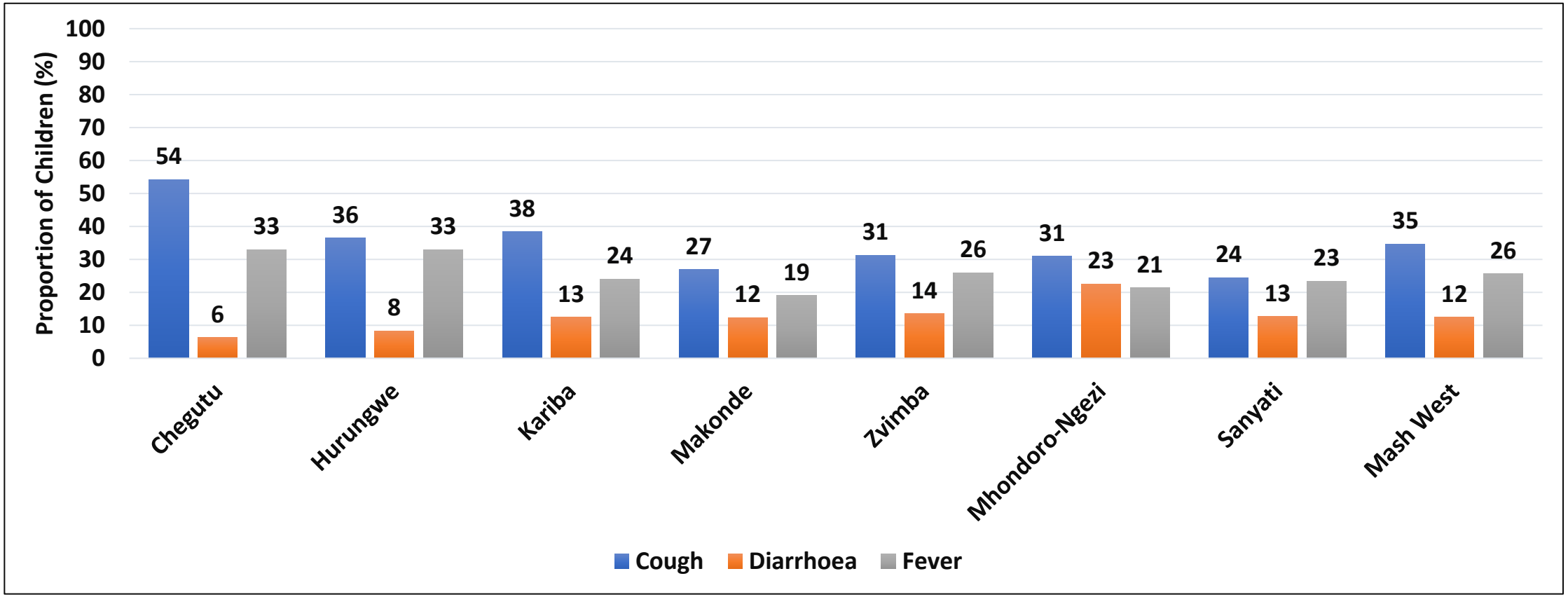
- Nationally, the proportion of children who were initiated breastfeeding within an hour as per recommended practice was 86%.
- Mashonaland West provinces was at 82% which was below the national average of 86%.

Continued Breastfeeding Beyond 1 Year



- Nationally, 67% of the children continued to be breastfed beyond 1 year.
- Mashonaland West had a proportion of 70% children who were breastfed beyond 1 year.

Child Illness

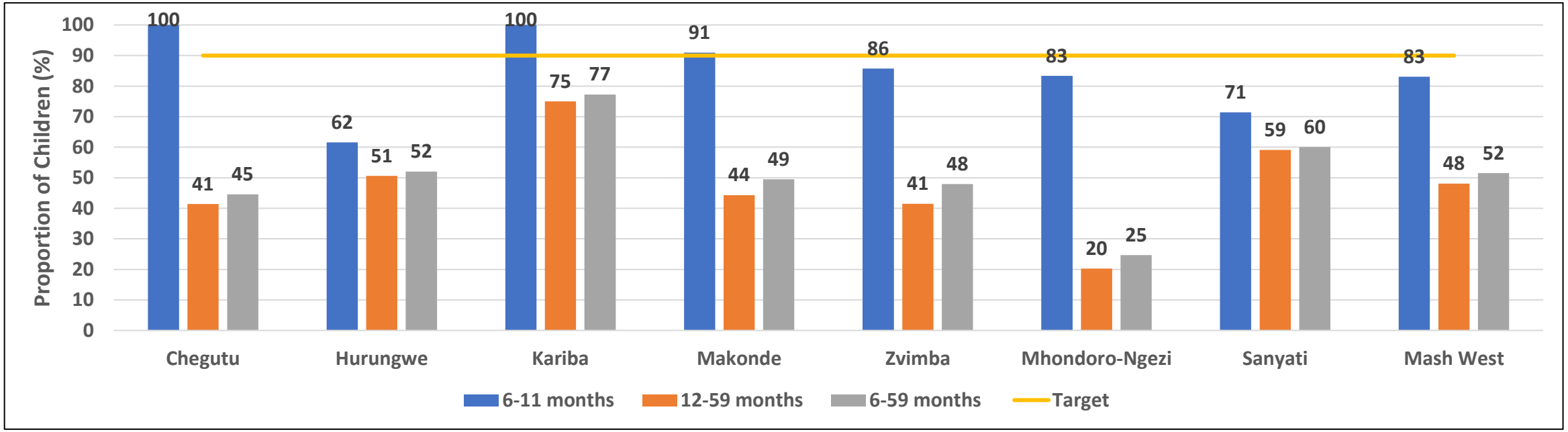


- Chegutu had highest proportion of children who had cough (54%) in the two weeks preceding the survey. Mhondoro-Ngezi had the highest proportion of children who had diarrhea (23%).
- Chegutu and Hurungwe had highest proportion of children who had fever (33%).

Recommended Vitamin A Supplementation Schedule for Children 6–59 Months of Age

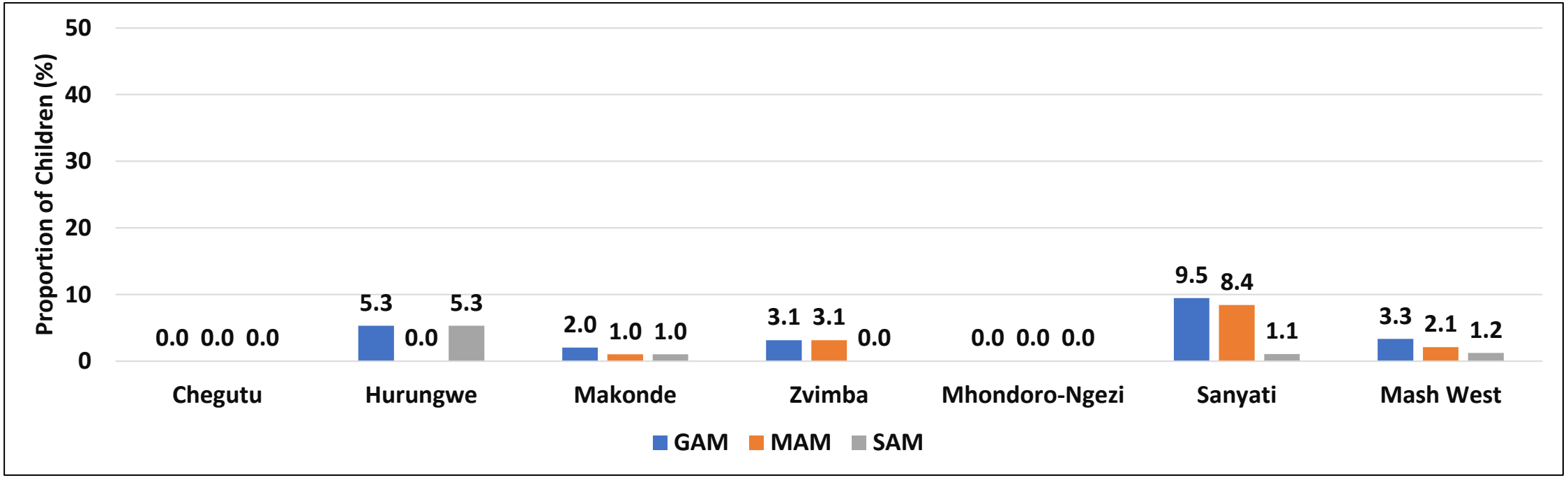
Target group	Infants 6–11 months of age	Children 12–59 months of age
Dose	100 000 IU	200 000 IU
Frequency	Once a year	Twice a year (Every 6 months)
Route of administration	Oral	

Children Aged 6-59 Months who Received the Recommended Dose of Vitamin A



- The proportions of children who received the recommended dose of Vitamin A in the past 12 months were: 83% for 6-11 months; 48% for 12-59 months and 52% for the children 6-59 months.
- Chegutu (100%), Kariba (100%) and Makonde (91%) reached the recommended target of 90% for children 6-11 months.
- Kariba (77%) had the highest proportion of children 6-59 months who received recommended Vitamin A doses. Mhondoro-Ngezi (25%) had the lowest.

Acute Malnutrition by District Based on MUAC Measurements



- The provincial GAM rate was 3.3 while Sanyati had the highest GAM rates of 9.5 %.

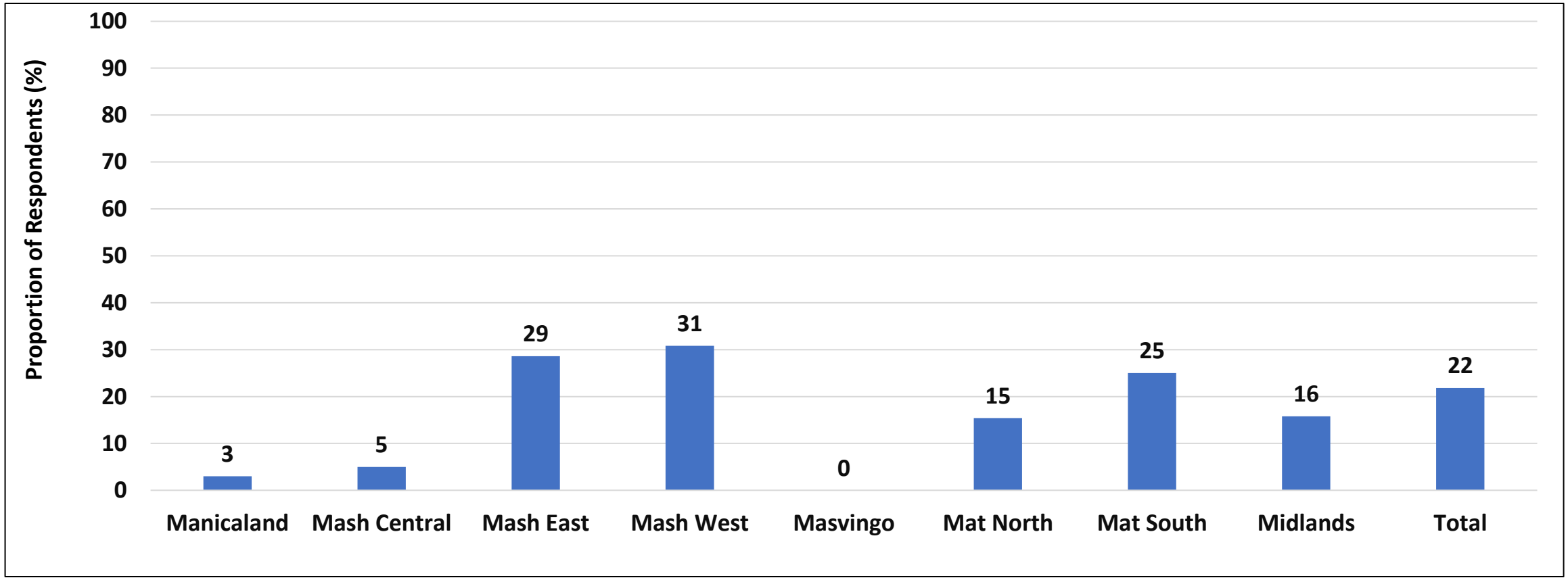
Gender Based Violence (GBV)

Forms of Gender Based Violence

	N	Physical abuse (%)			Sexual abuse (%)		
		No	Yes	Refused to answer	No	Yes	Refused to answer
Manicaland	1741	94.3	3.7	2.0	97.6	0.6	1.8
Mash Central	1999	96.2	3.5	0.3	99.0	0.7	0.3
Mash East	2257	96.6	2.8	0.5	99.1	0.6	0.3
Mash West	1722	95.9	3.1	1.0	98.3	0.8	0.9
Masvingo	1747	97.2	2.4	0.4	99.0	0.6	0.5
Mat North	1747	97.0	1.9	1.1	98.2	0.7	1.1
Mat South	1736	97.3	1.6	1.1	98.8	0.2	1.0
Midlands	1999	95.7	3.8	0.5	98.5	0.9	0.6
National	14948	96.3	2.9	0.8	98.6	0.6	0.8

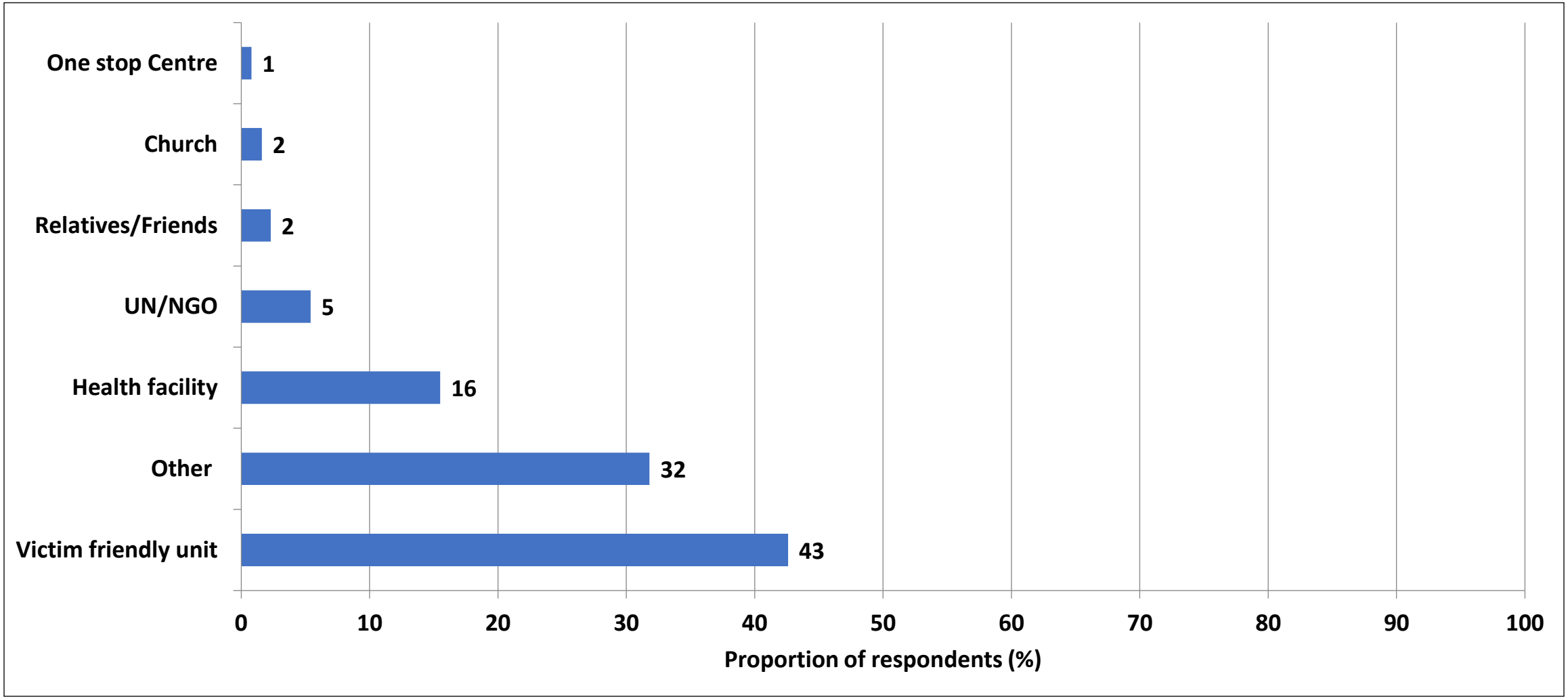
- In Mashonaland West, 3.1% of the respondents reported having experienced physical abuse while 0.8% reported to have experienced sexual abuse.

Victims of GBV who Reported



- Of those who experienced GBV, 31% reported the incidents.

Sources of GBV Services



- The highest proportion of respondents (43%) got a service from the Victim Friendly Unit.

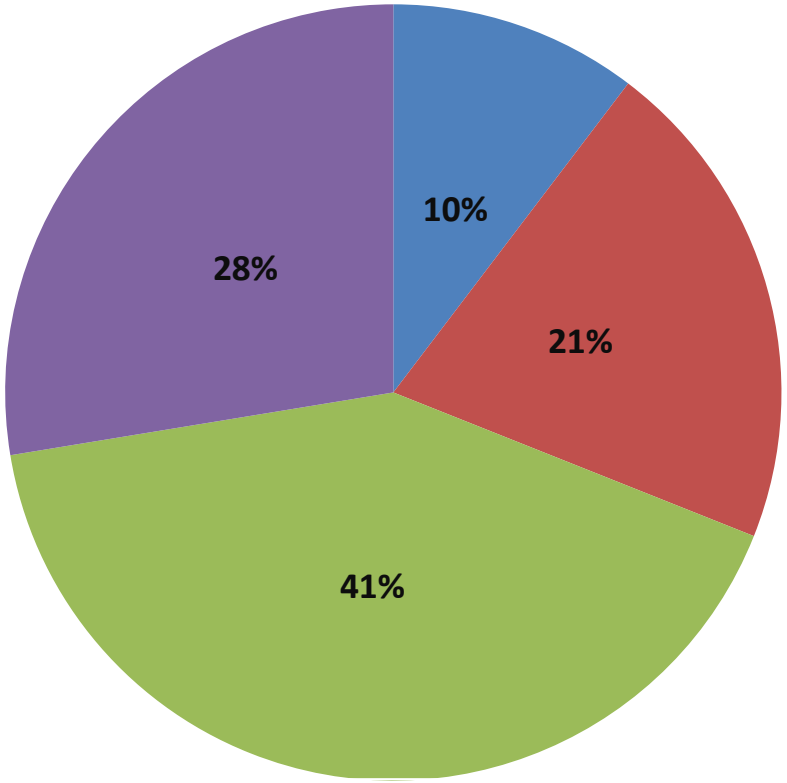
Spousal Violence

Incidence of Spousal Violence

Province	Sexual abuse (%)			Physical abuse (%)		Emotional abuse (%)		Economical abuse (%)	
	N	Male	Female	Male	Female	Male	Female	Male	Female
Manicaland	1389	2.16	3.34	4.82	5.18	8.76	9.35	5.58	5.68
Mash Central	1766	1.25	1.91	2.74	4.39	8.44	6.64	4.9	4.28
Mash East	2042	1.16	1.01	3.27	2.47	6.75	6.5	5.27	3.3
Mash West	1322	1.09	2.07	2.48	2.51	6.37	9.32	3.42	5.47
Masvingo	1562	0.63	1.16	1.46	2.15	3.34	2.64	1.78	2.31
Mat North	1464	0.9	0.38	1.8	0.63	3.29	2.76	2.54	2.76
Mat South	1627	2.02	1.36	3.92	2.86	6.83	4.64	4.7	4.37
Midlands	1597	0.23	1.49	2.09	1.49	4.3	4.34	2.67	2.17
National	12769	1.18	1.52	2.82	2.68	6.01	5.76	3.86	3.74

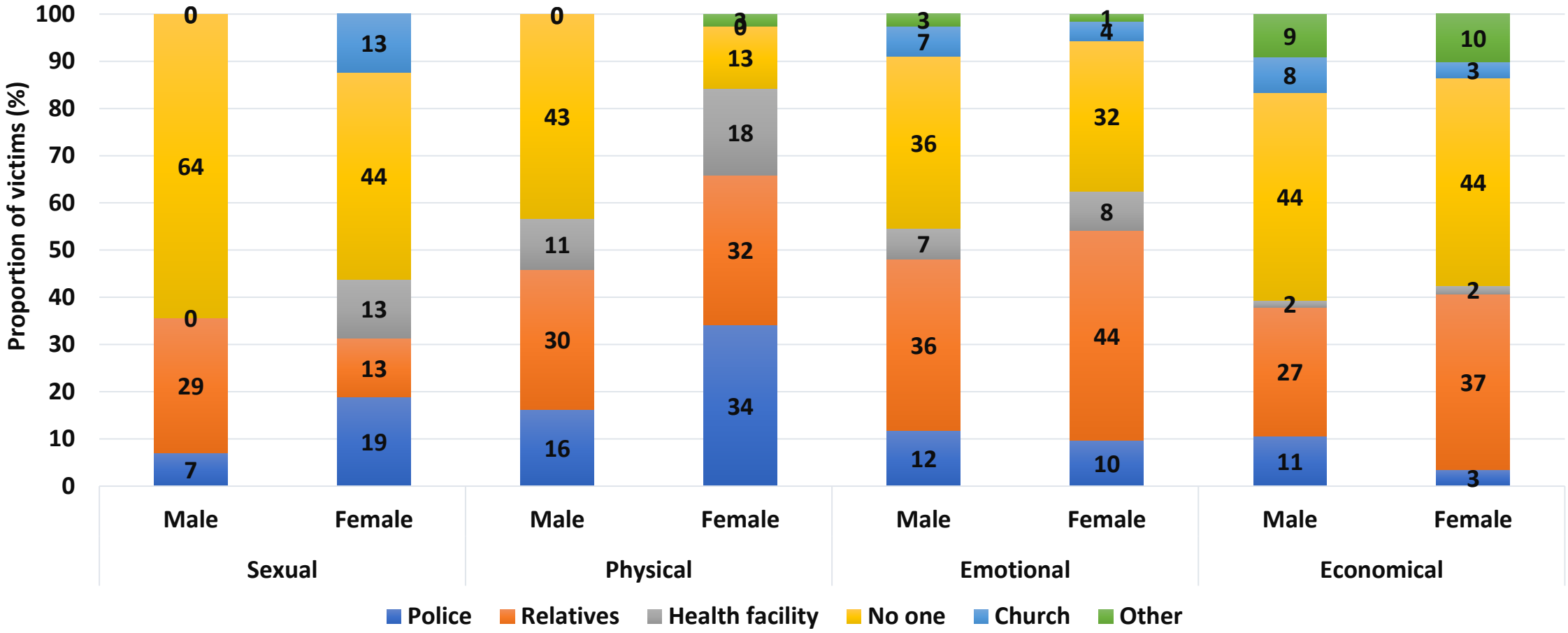
- There was high incidence of emotional abuse among spouses, 9.32% for females and 6.37% for males in Mashonaland West.
- Generally, emotional abuse was high for both males and females while sexual abuse had the lowest reported incidents.

Forms of Spousal Violence



- Emotional abuse (41%) was the most prevalent form of abuse among spouses.
- Sexual abuse was the least reported with 10%.

Reported Incidence of Spousal Violence



- Most victims of sexual abuse did not report to anyone, males 64% and females 44%.
- Physical violence was mostly reported to the police by females (34%) and males either did not report(43%) or reported to relatives (30%).
- Emotional and economical abuse was either reported to no one or to relatives by both males and females.

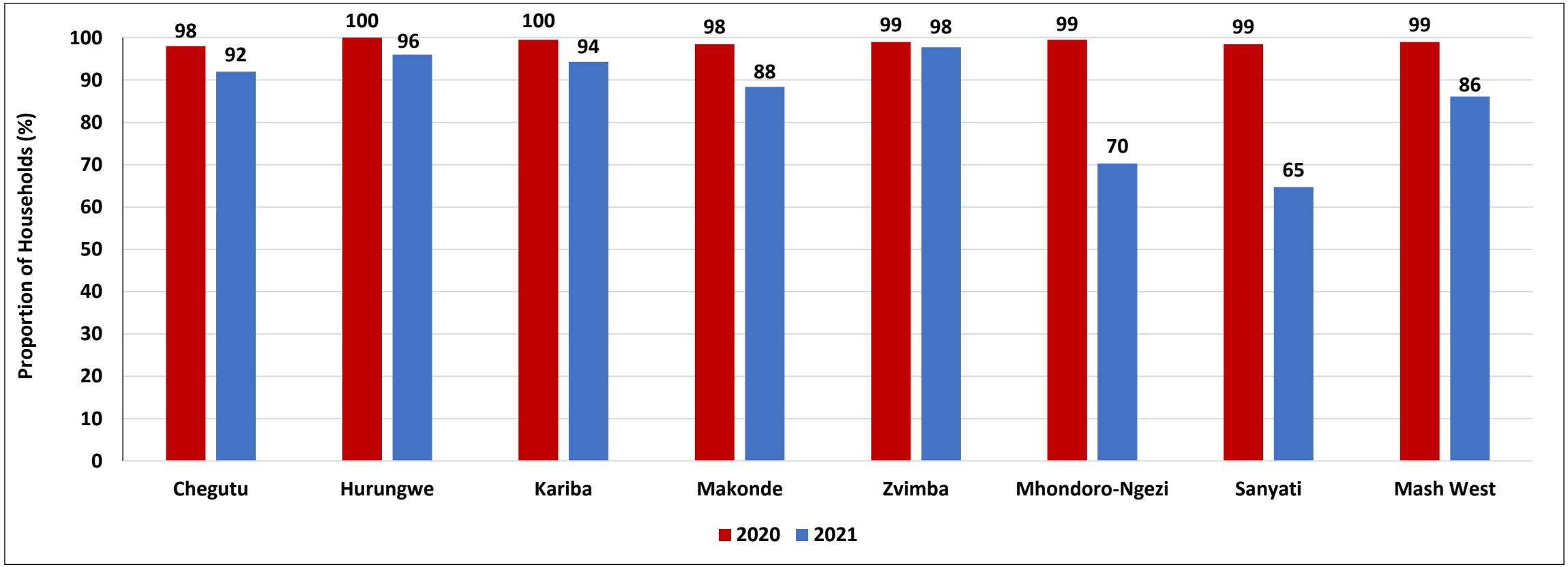
Victims who Sought Medical Attention as a Result of Spousal Violence

	Sexual		Physical		Emotional	
	Suffered abuse (%)	Sought medical attention (%)	Suffered abuse (%)	Sought medical attention (%)	Suffered abuse (%)	Sought medical attention (%)
Manicaland	2.67	17.9	4.97	18.6	9.01	17.8
Mash Central	1.59	10.3	3.57	32.8	7.54	17.8
Mash East	1.08	11.5	2.84	17.2	6.62	16.1
Mash West	1.59	8.7	2.5	17.1	7.88	25.5
Masvingo	0.83	0	1.73	15.2	3.07	15.3
Mat North	0.61	0	1.16	16.2	3.01	13.5
Mat South	1.72	22.2	3.44	21.1	5.84	13.3
Midlands	0.81	15.6	1.82	17.2	4.32	21.8
National	1.34	11.8	2.76	20.1	5.9	18.3

- In Mashonaland West, medical attention was sought by 8.7% of those who suffered sexual violence, 17.1% for physical and 25.5% for emotional violence.

COVID-19 and Livelihoods

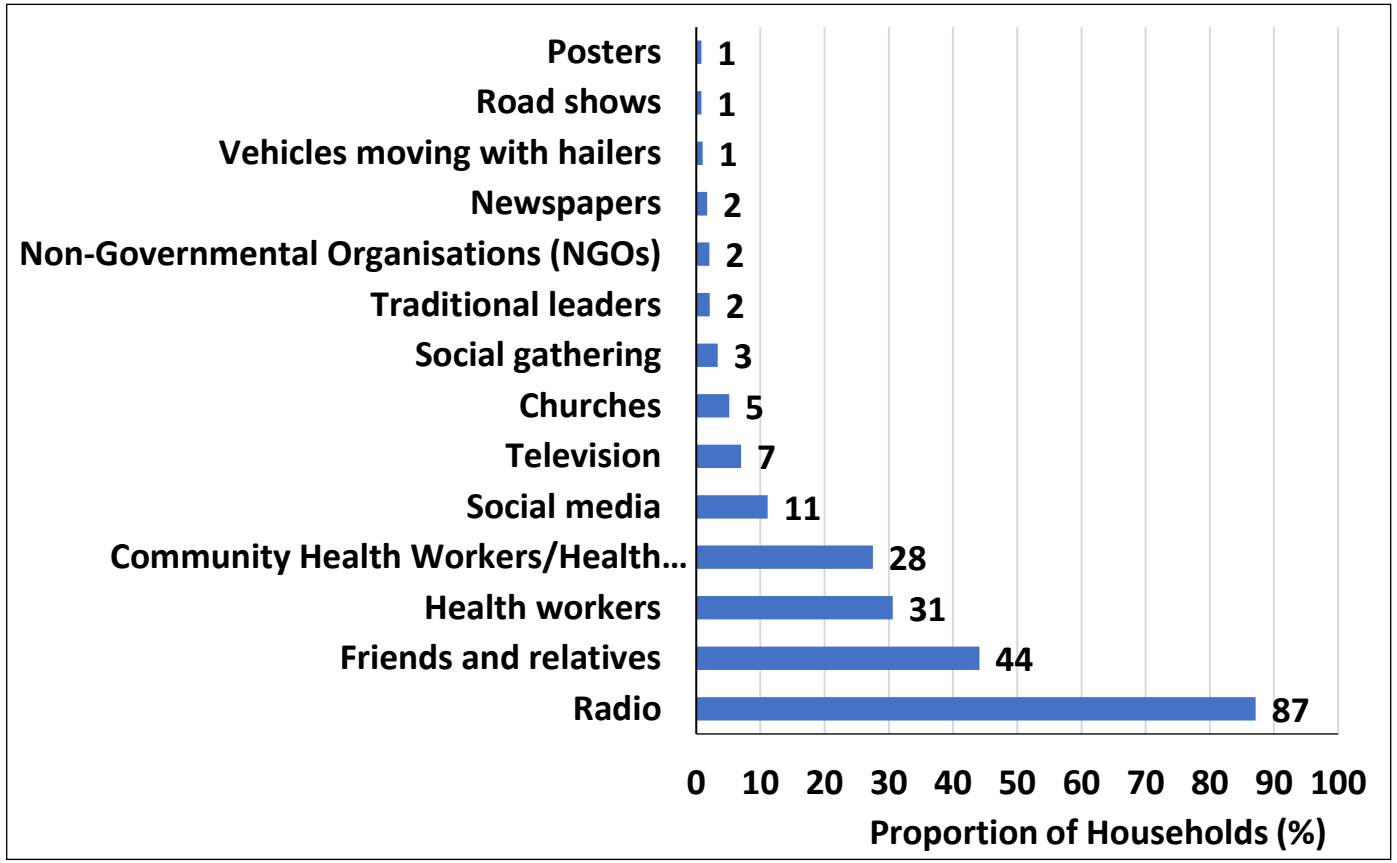
Proportion of Households That Ever Heard About COVID-19



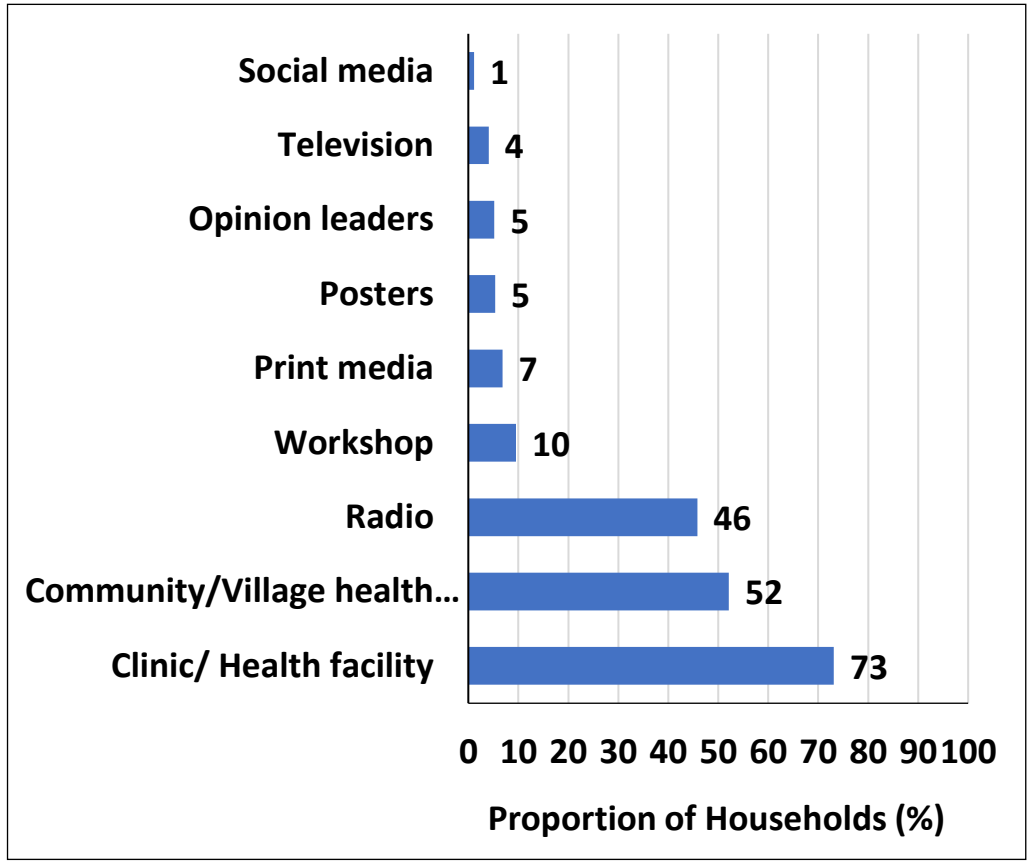
- There was a decline in the proportion of households that had ever heard about COVID-19 from 99% to 86% .
- Sanyati (65%) and Mhondoro-Ngezi (70%) had the lowest proportion.

Sources of COVID-19 Information

Current Sources



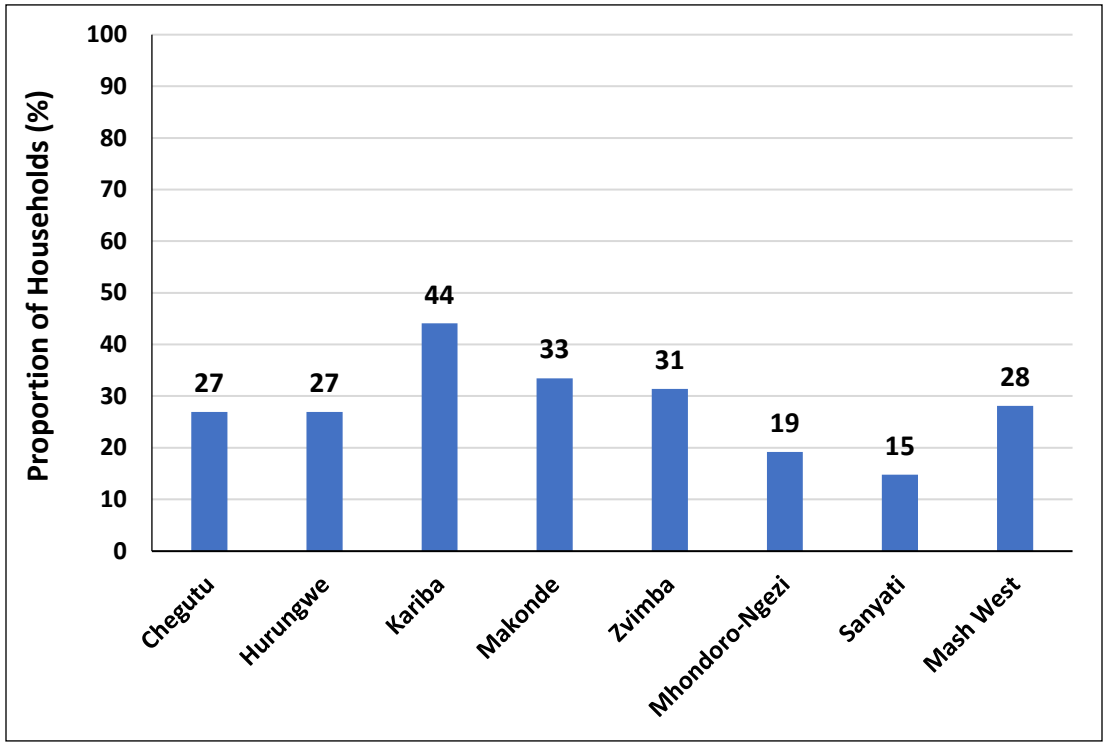
Preferred Future Sources



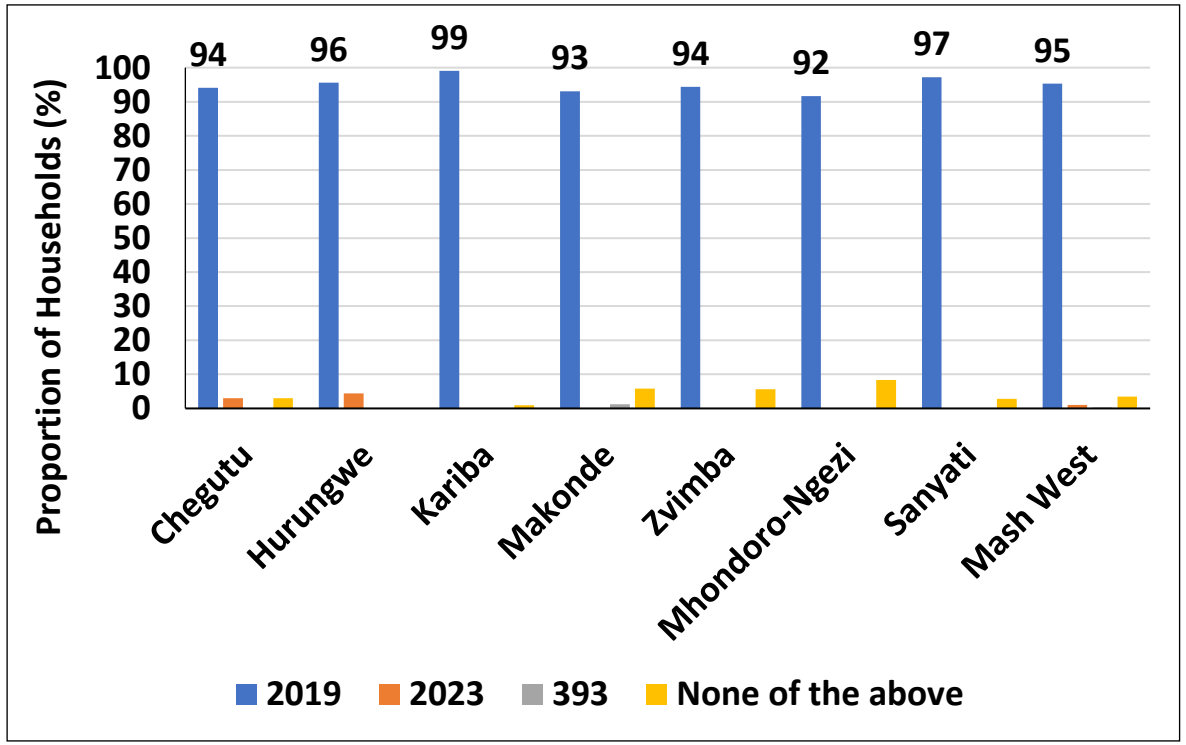
- The main sources of COVID-19 information in the province were radio (87%), friends and relatives (44%) and health workers (31%).
- The main preferred future sources of information on COVID-19 in the province were reported to be: clinic/health facility (73%), community/village health workers (52 %) and radio (46%).

COVID-19 Toll free Numbers

Awareness of the Availability of Toll Free Numbers

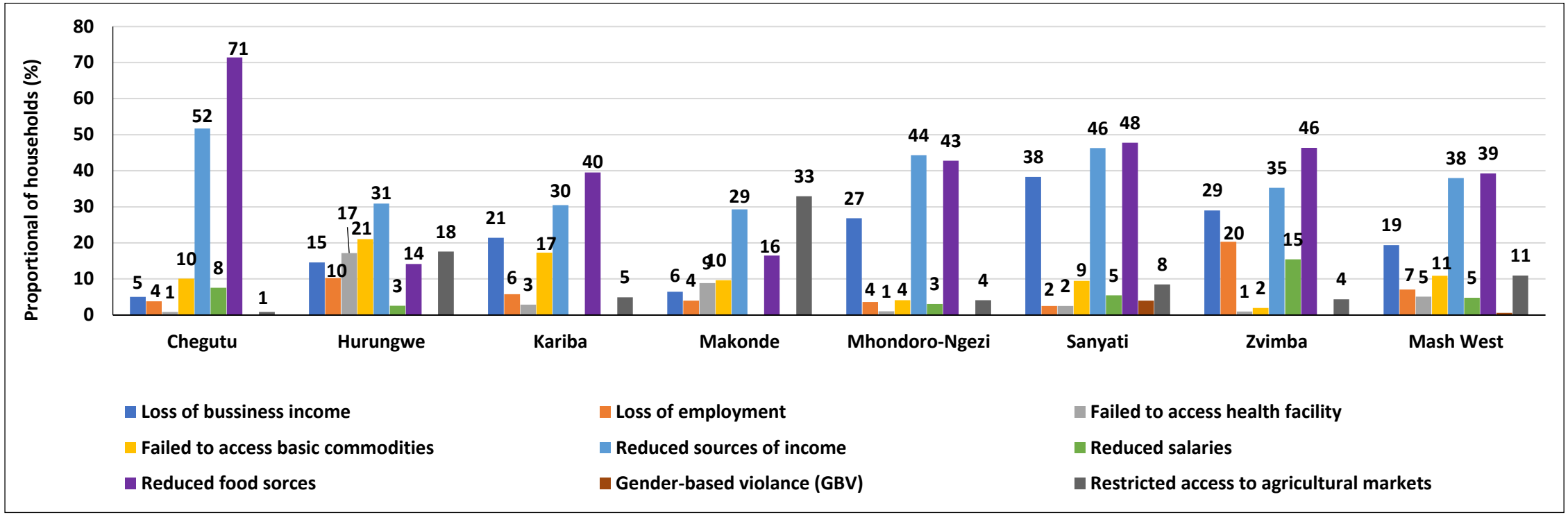


Awareness of Toll Free Numbers



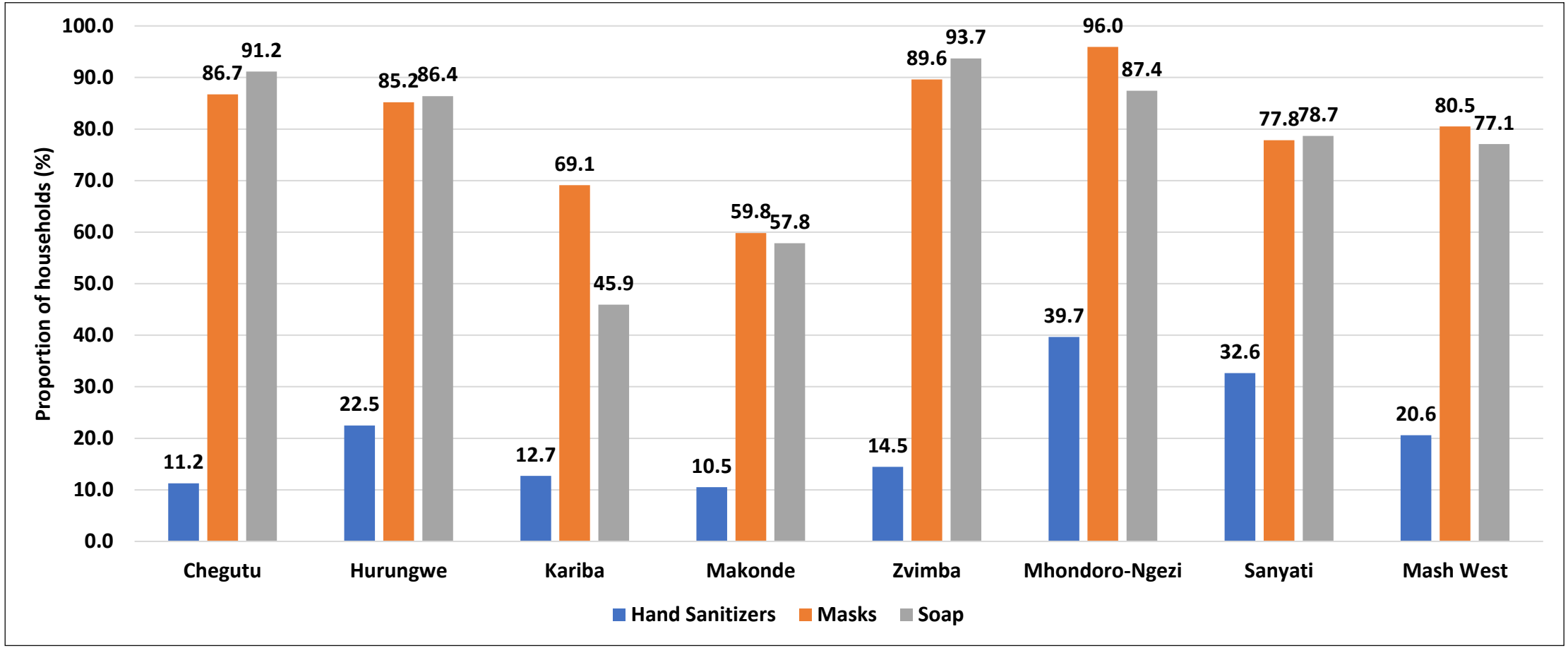
- Kariba (44%) had the highest proportion of households which were aware of the existence of the COVID-19 toll free lines, while Sanyati (15%) had the lowest proportion. About 72% of the households in the province were not aware of the existence of the tollfree numbers and are of concern.
- Of those who were aware of the availability of toll free number, the most common toll free number was 2019 (95%) at provincial level hence need for more awareness of the existence of the other lines.

Effects of COVID-19 on Livelihoods



- At provincial level, the main effects of COVID-19 on livelihoods were reduction in food sources (39%) and reduction of sources of income (38%).

Access to Hand Sanitizers, Masks and Soap



- Access to masks (80.5%) and handwashing soap (77.1%) was high in all districts of the province.
- Access to sanitisers was very low (20.6%).

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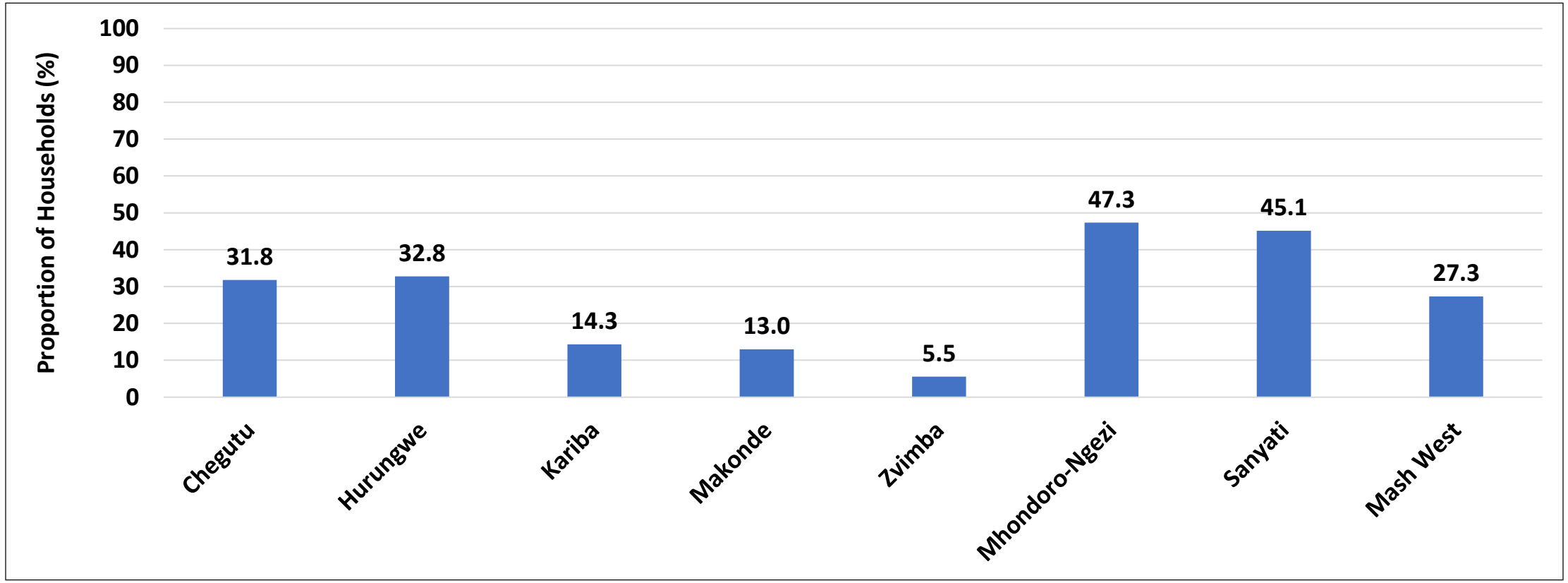
Affordability of PPE



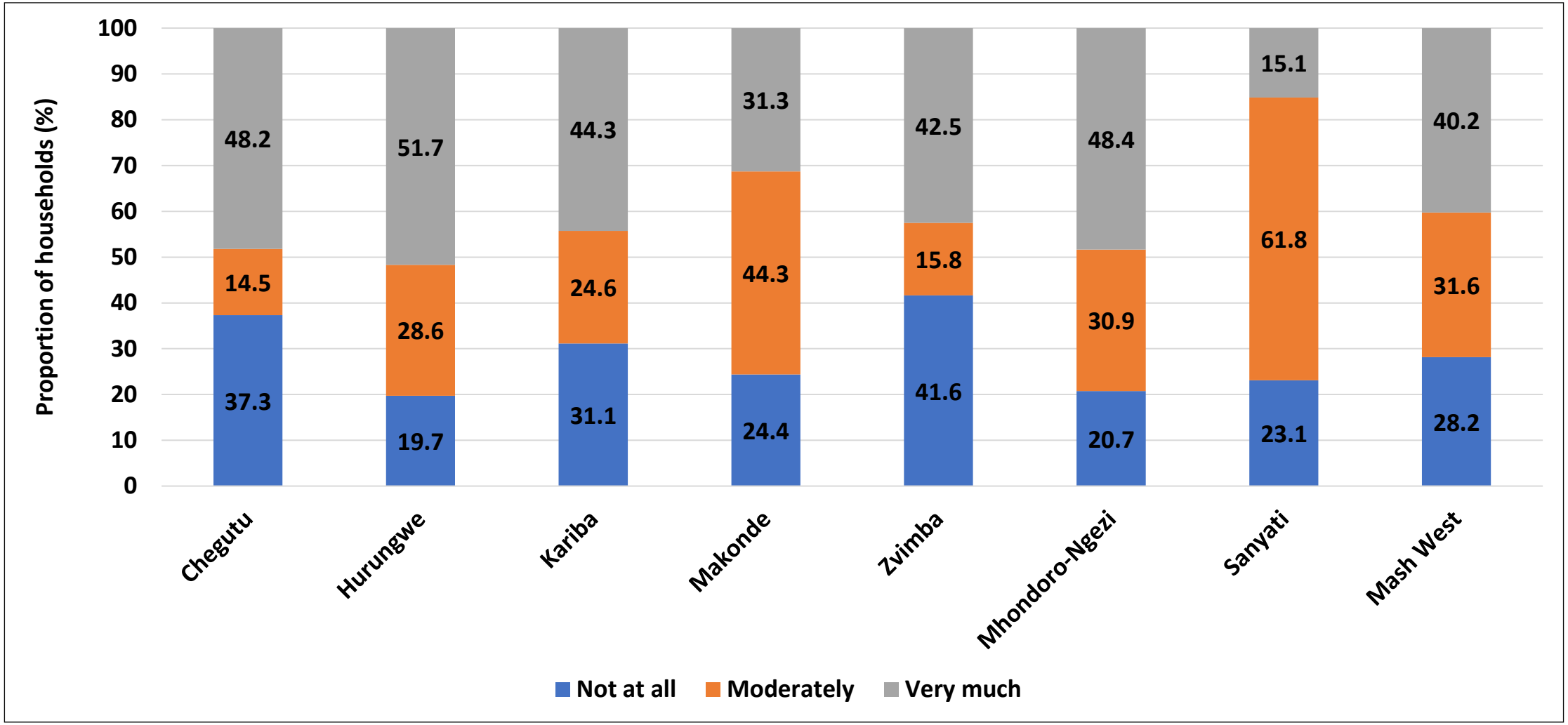
- About 27% of households could afford COVID-19 PPE and accessories. The lowest proportion was in Zvimba at 5.5%.

How Household Members were Protecting Themselves from COVID-19

	Frequently wash hands with soap under running water (%)	Use alcohol based hand sanitizers (%)	Avoid touching mouth, eyes and nose (%)	Use a face mask in public places (%)	Cover mouth with flexed elbow when sneezing and coughing (%)	Avoid crowded places (%)	Practice social distancing (%)	Use of herbals (%)	Traditional /religious practices (%)	Getting vaccinated (%)	Other (%)
Chegutu	76.7	6.0	21.3	55.8	11.2	37.8	59.8	13.3	3.2	0.4	0.8
Hurungwe	72.0	13.6	28.8	49.6	7.6	32.0	28.4	17.6	0.8	0.8	2.0
Kariba	50.8	13.8	44.7	65.9	21.5	62.6	51.6	1.2	1.6	2.0	2.0
Makonde	75.9	2.0	4.4	38.6	1.6	28.1	6.4	2.4	0.4	0.4	0.0
Mhondoro-Ngezi	51.6	19.1	19.9	71.1	13.0	26.8	30.9	1.6	0.4	1.2	6.9
Sanyati	69.5	35.0	39.4	72.6	38.1	56.2	79.2	25.2	12.4	5.3	1.3
Zvimba	82.9	7.2	9.5	56.8	5.0	36.0	53.2	3.6	5.4	1.4	1.8
Mash West	68.3	13.6	24.0	58.4	13.8	39.8	43.6	9.2	3.3	1.6	2.1

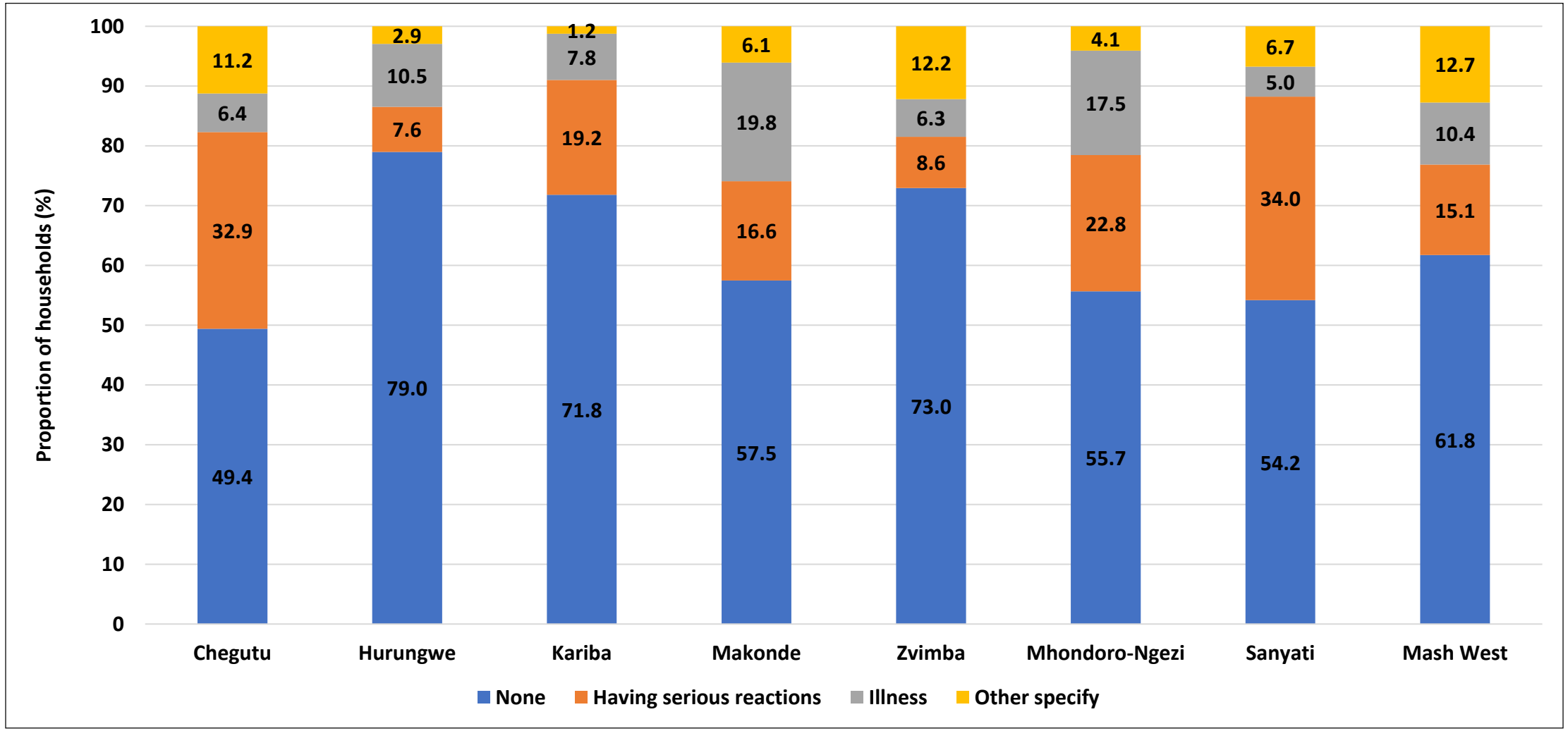
- The most common methods used by households to protect themselves from COVID-19 included frequently washing hands (68.3%) and use of face masks (58.4%).

Trust in the COVID-19 Vaccine



- On average, 28.2% of households in Mashonaland West had no trust in the COVID-19 Vaccine.

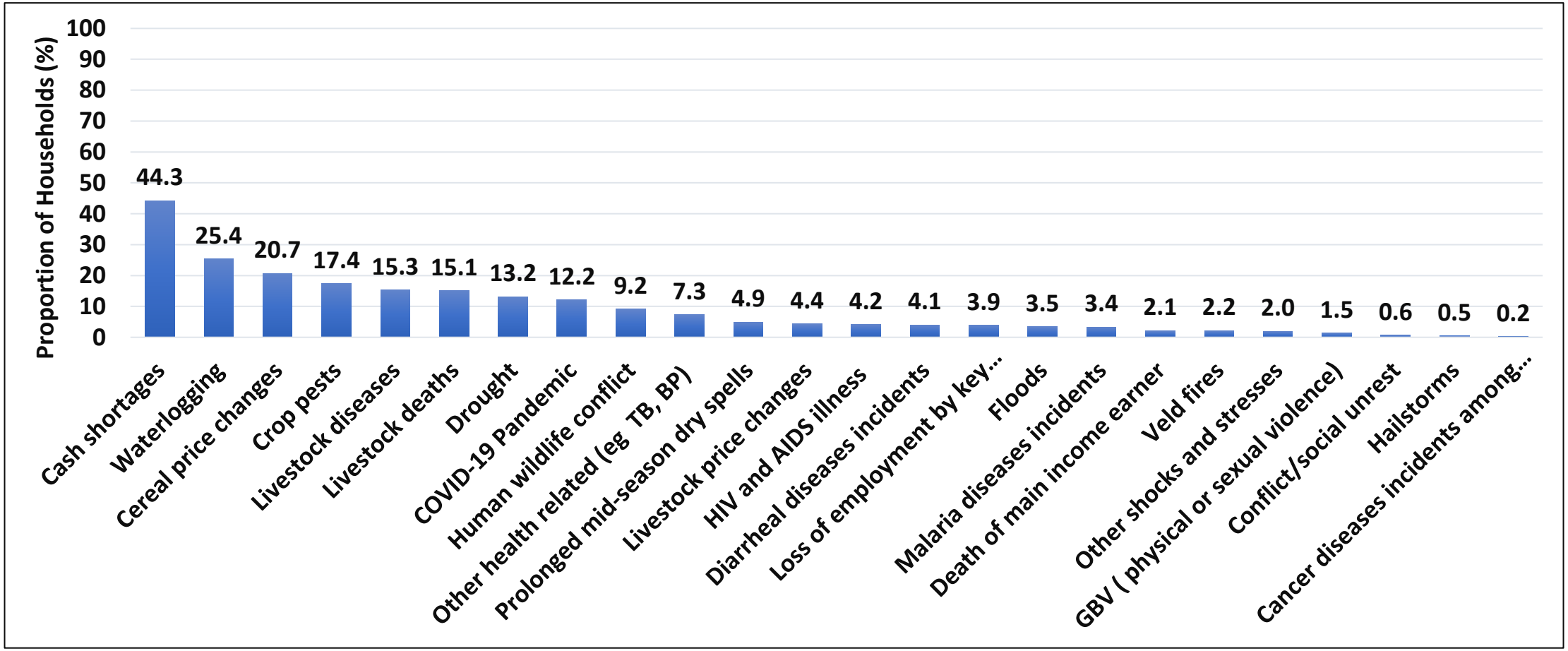
Vaccine Concerns



- The majority of the households indicated having no concern about the COVID-19 vaccine (61.8%).
- Having serious reactions (15.1%) was the most stated concern.

Shocks and Stressors

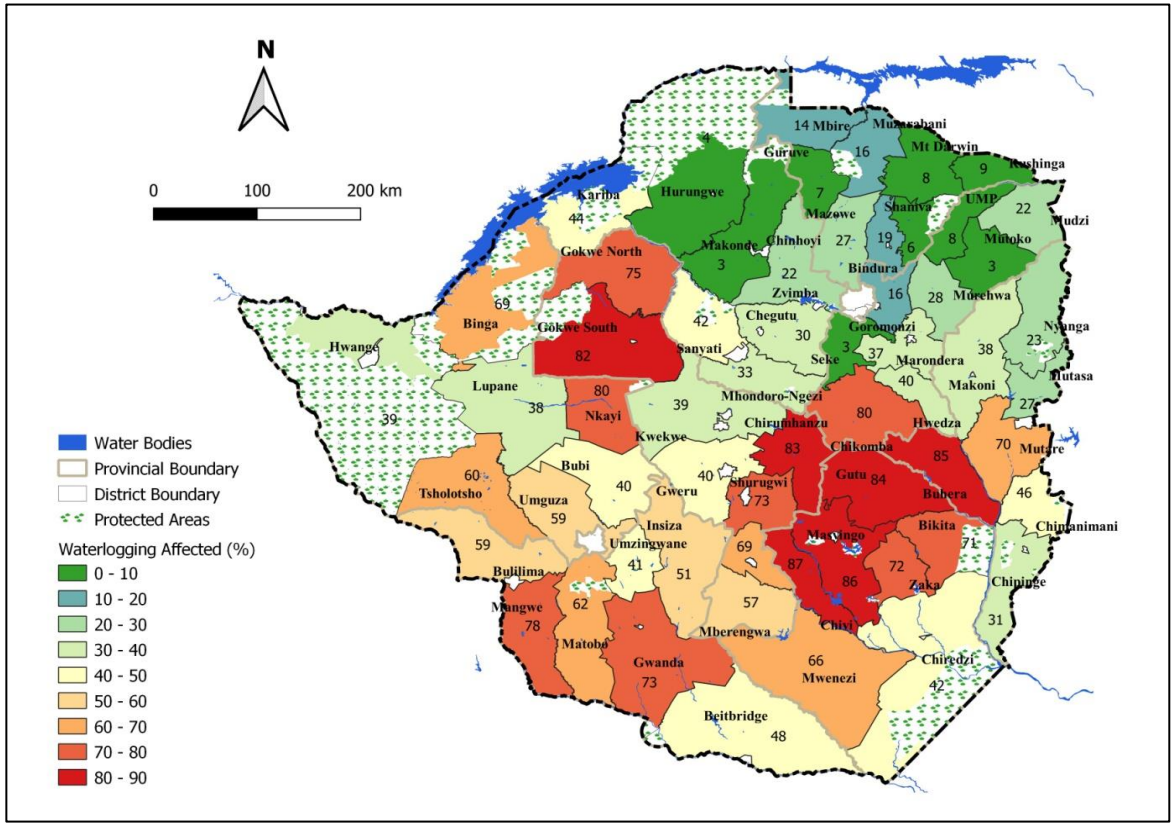
Proportion of Households Experiencing Shocks



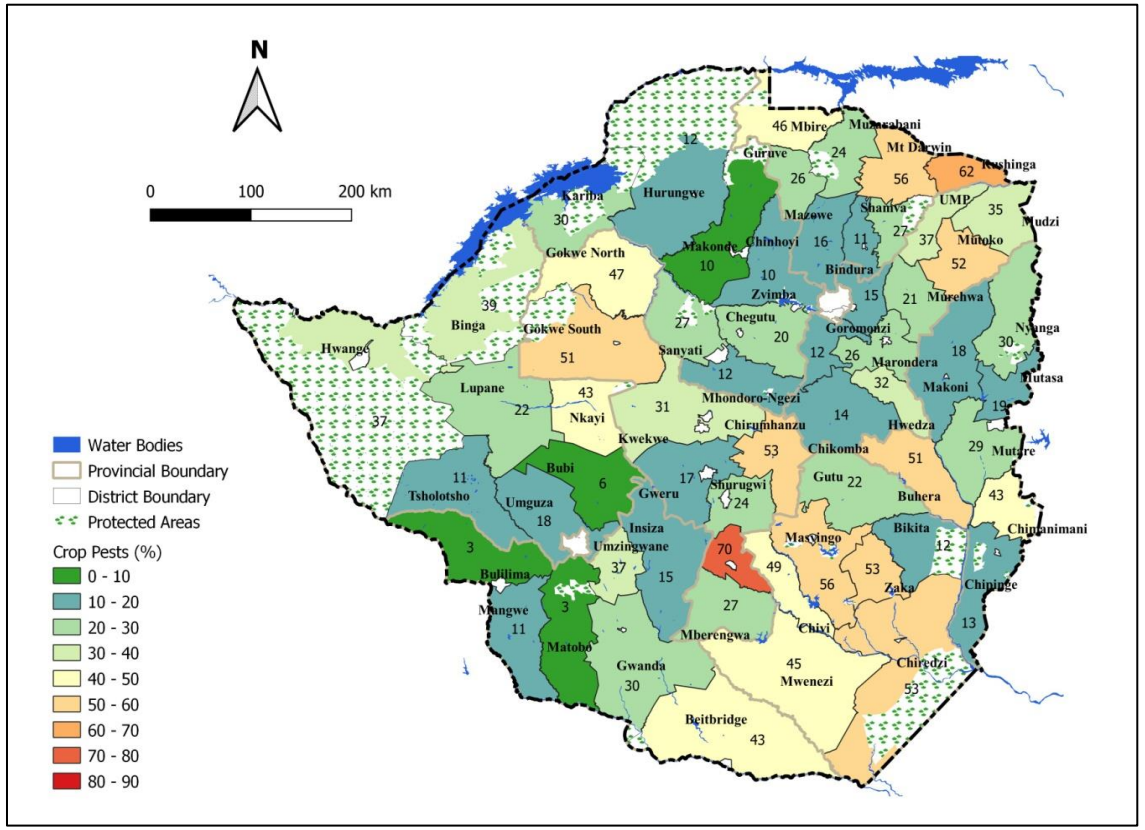
- Cash shortages (44.3%), water logging (25.8%) and cereal price changes (20.7%) were the most prevalent shocks experienced by households.

Shocks: Water logging and Crop Pests Maps

Water Logging by District (%)

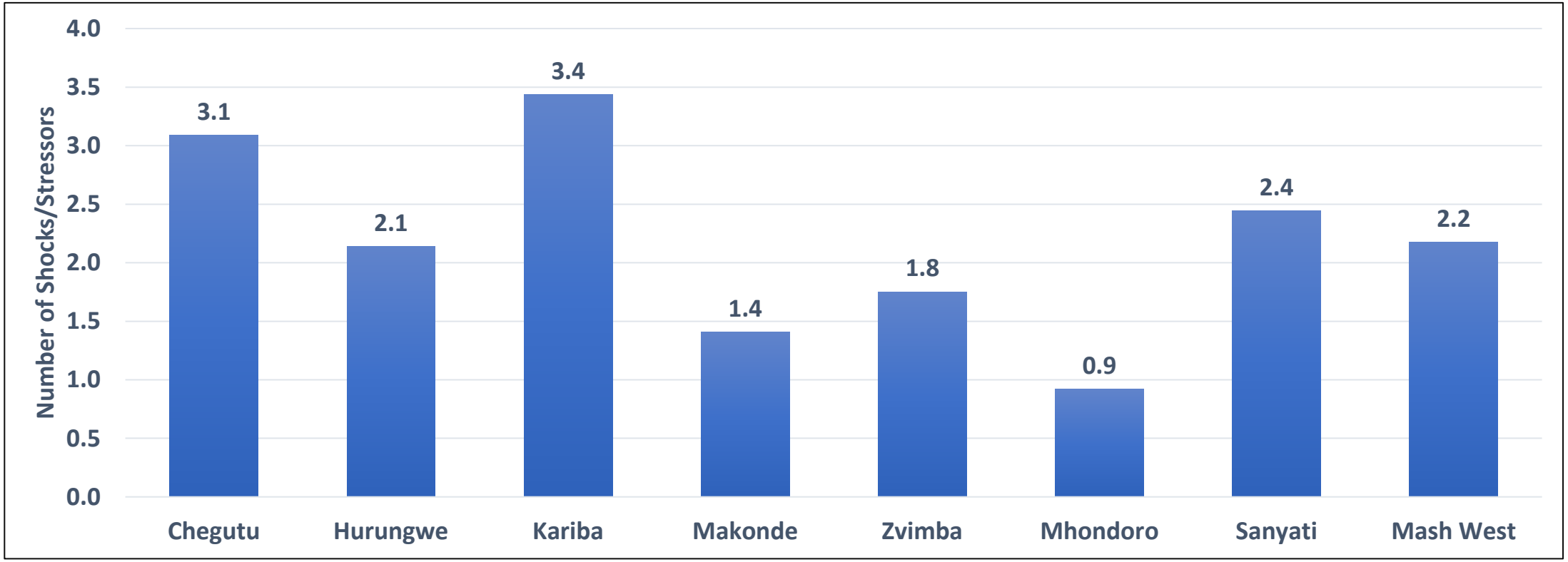


Crop Pests by District (%)



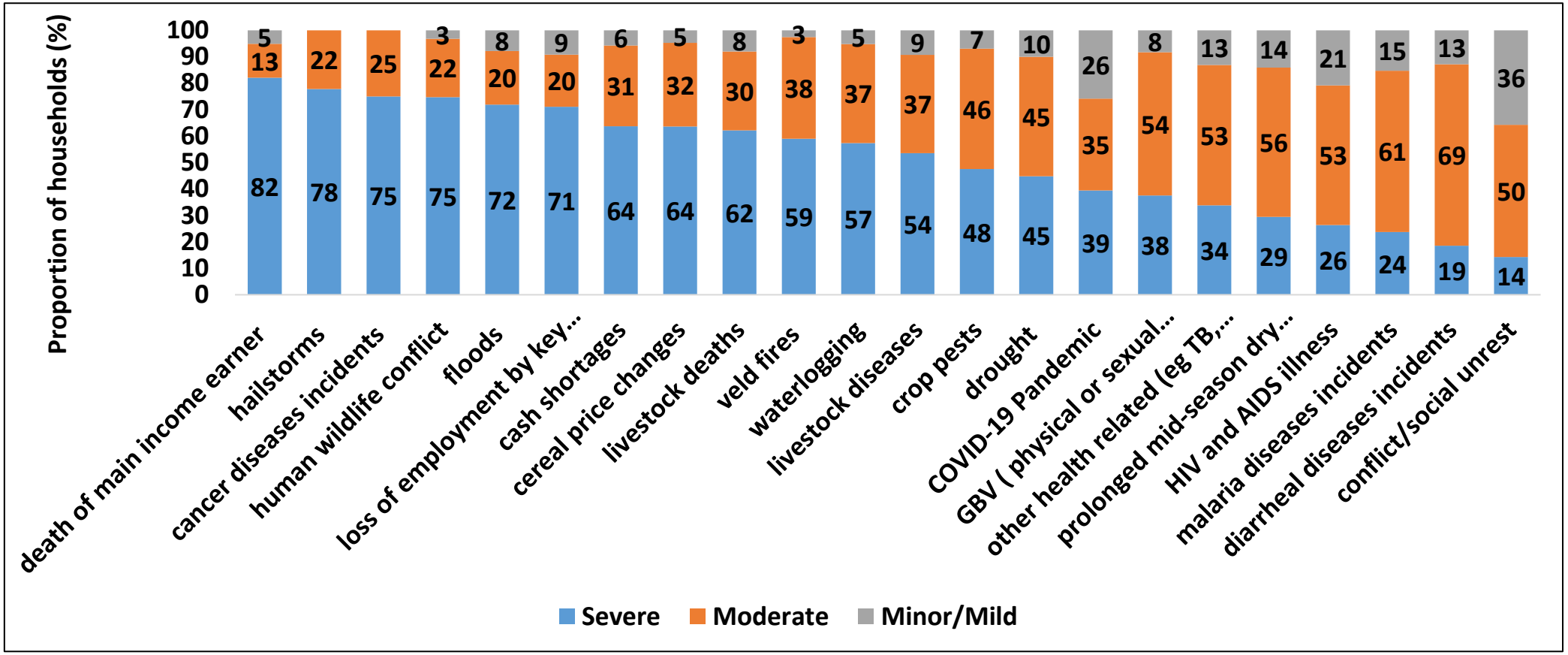
- Sanyati was the most affected by water logging in the province.
- Mhondoro-Ngezi was the most affected by crop pests.

Number of Shocks/Stressors Experienced by Households



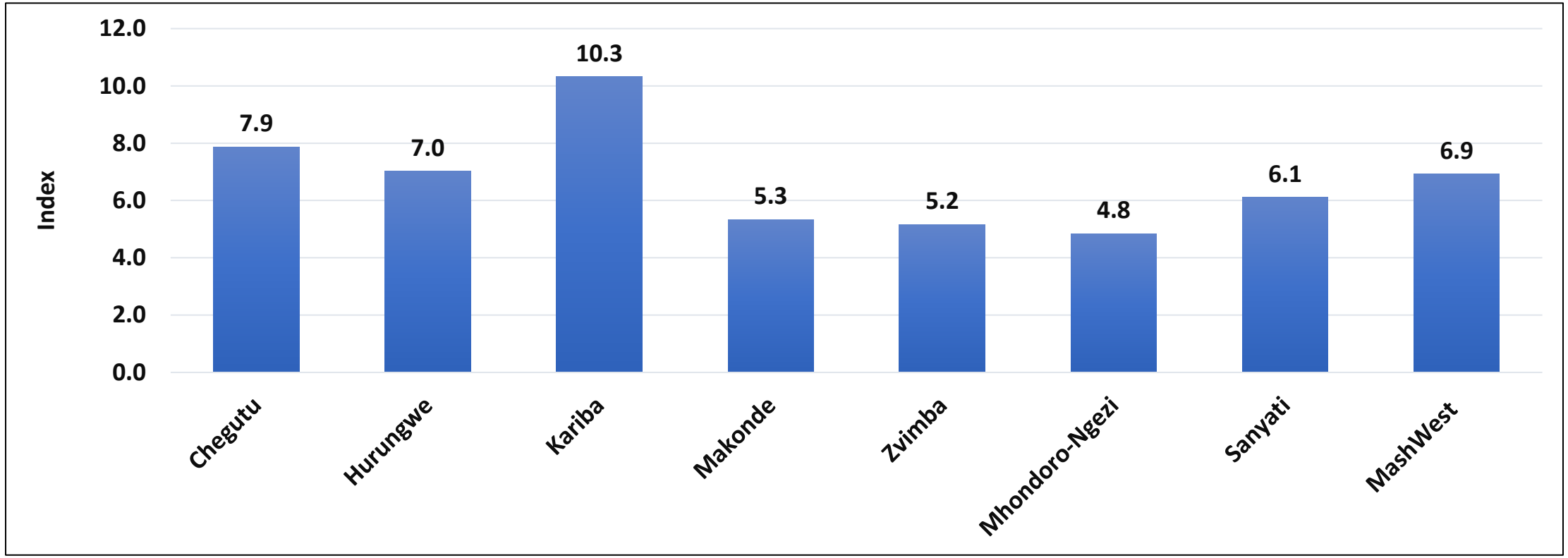
- Kariba (3.4), Chegutu (3.1) and Sanyati (2.4) had the highest average number of shocks.

Severity of Shocks



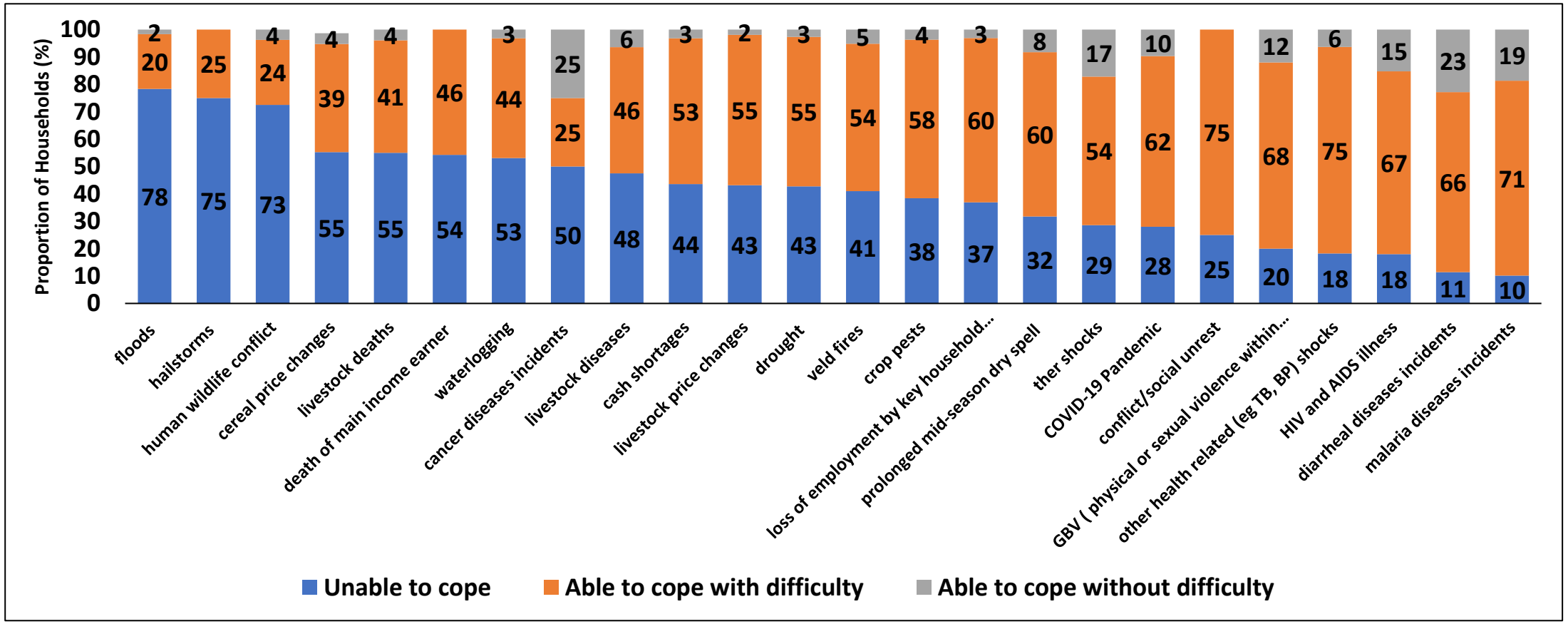
- Death of main income earner (82%), hailstorms (78%), wildlife conflict and cancer and disease incidences (75%) were reported to have had the most severe impact on households.

Average Shock Exposure Index



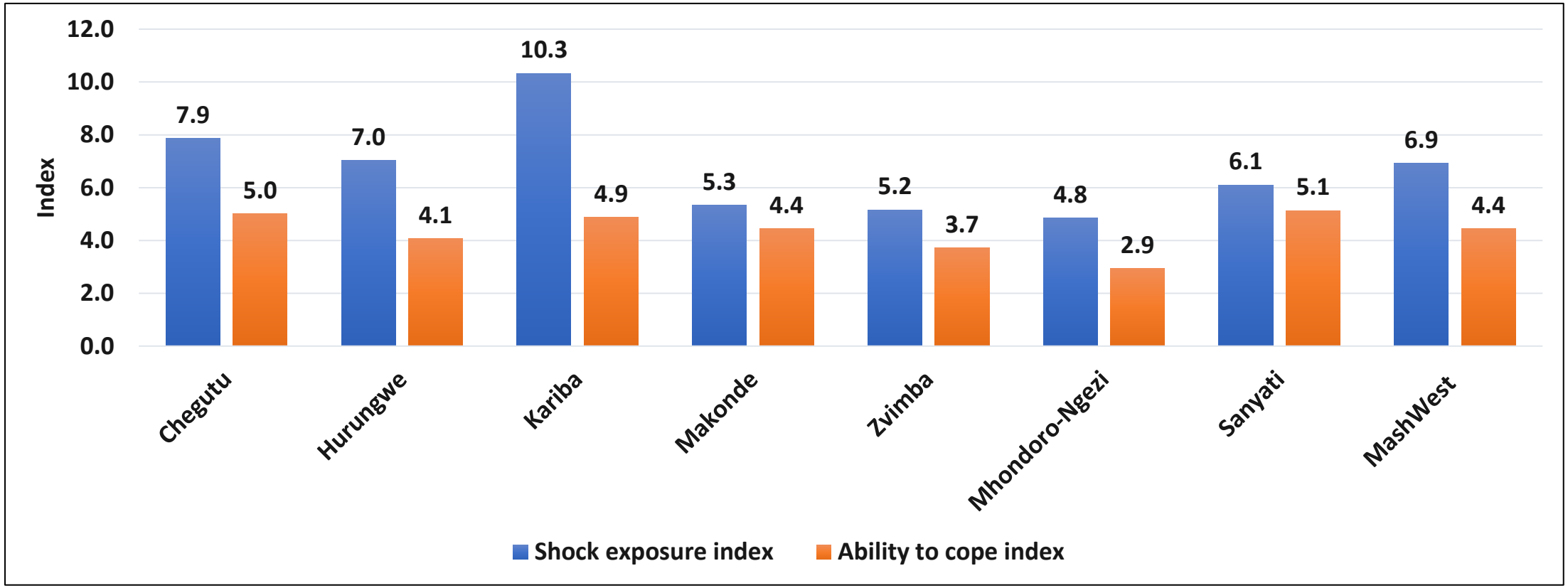
- Shock exposure index was calculated by multiplying number of shocks experienced with impact severity of the shock to the household.
- Kariba (10.3), Chegutu (7.9) and Hurungwe (7.0) had the highest shock exposure index.

Households' Perception of their Ability to Cope with Shocks



- The majority of households perceived inability to cope with economic livelihoods and weather-related shocks.

Comparison Between Shock Exposure and Ability to Cope



- Shock exposure was higher than the ability to cope across all districts.
- Households continue to be vulnerable to shocks and stressors and are not able to cope on their own.

Food Security

Food Security Dimensions

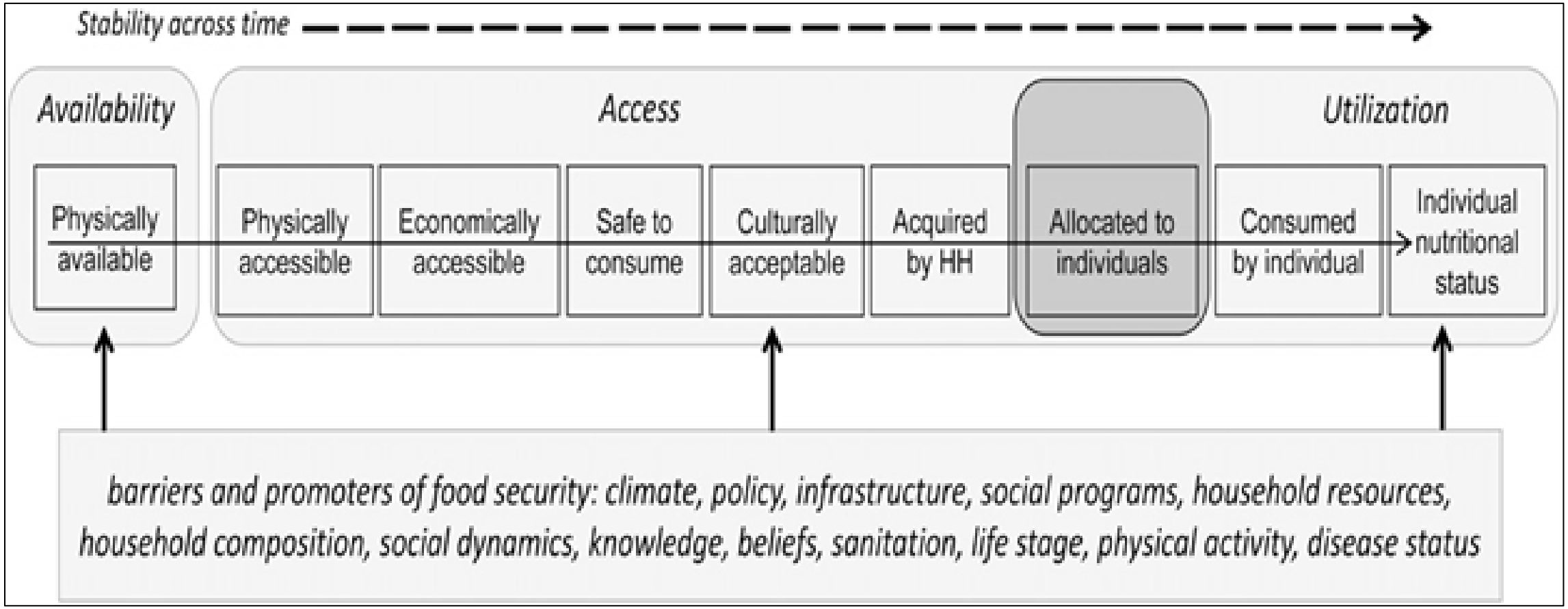


Figure 3: Dimensions of Food Security (Jones et al., 2013)

Food Security Analytical Framework

- Food security exists when all people at all times, have **physical, social and economic** access to food which is safe and consumed in sufficient quantity and quality to meet their dietary needs and food preferences and it is supported by an environment of adequate sanitation, health services and care allowing for a healthy and active life (Food and Nutrition Security Policy, 2012).
- The four dimensions of food security as give in Figure 3 are:
  - **Availability** of food
  - **Access** to food
  - The safe and healthy **utilization** of food
  - The **stability** of food availability, access and utilization

Food Security Analytical Framework

- Each of the surveyed households' minimum expenditure or the emergency nutrition sensitive food basket was computed from the following annual food basket requirement for an individual:

Food Items	Individual Annual Requirement
Maize Grain (Kgs)	148
Rice (Kgs)	15
Ration meat (Kgs)	14.6
Milk (Litres)	36.5
Cooking Oil (Litres)	13.5
Peanuts (Kgs)	0.73
Cabbage (Heads)	15
Beans (Kgs)	7.3
Sugar (Kgs)	12.1

Food Security Analytical Framework

- Each of the surveyed households' potential to acquire minimum expenditure food basket (Figure 3) was computed by estimating the household's likely disposable income (both cash and non cash) in the 2021/22 consumption year from the following possible income sources;
    - Cereal stocks from the previous season;
    - Own food crop production from the 2020/21 agricultural season;
    - Potential income from own cash crop production;
    - Potential income from livestock ;
    - Potential income from casual labour and remittances; and
    - Income from other sources such as gifts, pensions, gardening, formal and informal employment.

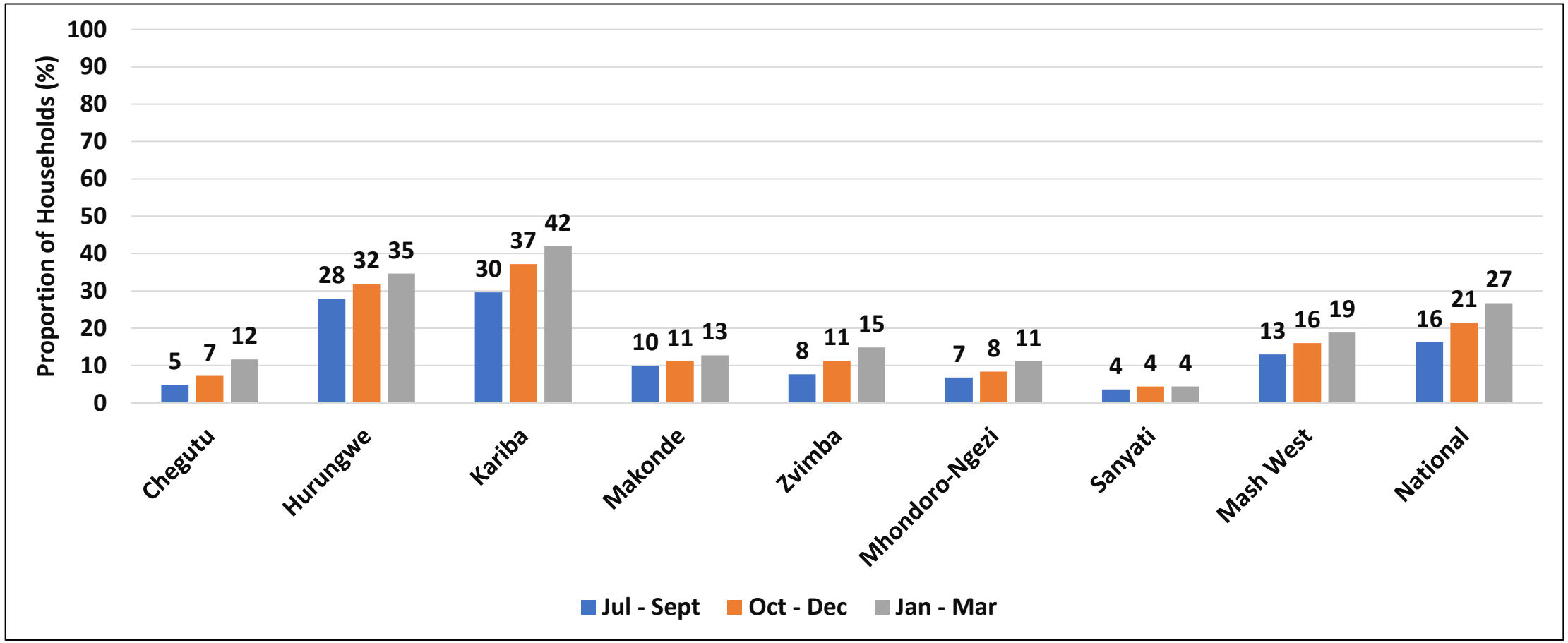
Food Security Analytical Framework

- **Household Food Security Status**
  - The total minimum expenditure food basket that could be acquired by the household from the cheapest available sources using its potential disposable income was then computed and compared to the household's minimum expenditure food basket.
  - When the total minimum expenditure food basket that a household could acquire was greater than its minimum expenditure food basket requirements, the household was deemed to be food secure. When the converse was true, the household was defined as food insecure.
  - The severity of household food insecurity was computed by the margin with which its potential energy access was below its total minimum expenditure food basket requirements.

Food Security Analytical Framework

- **Household Cereal Security Status**
  - From the total minimum expenditure food basket, the total energy that could be acquired by the household from the cheapest available sources using its potential disposable income was also extracted and compared to the household's minimum energy requirements.
  - When the potential energy a household could acquire was greater than its minimum energy requirements, the household was deemed to be food secure. When the converse was true, the household was defined as food insecure.
  - The severity of household food insecurity was computed by the margin with which its potential energy access was below its minimum energy requirements.

Food Insecurity Progression by Quarter



- January to March 2022 will be the peak hunger period with 19% of households in Mashonaland West not being able to meet their food requirements.
- This proportion was highest in Kariba (42%) and least in Sanyati (4%).

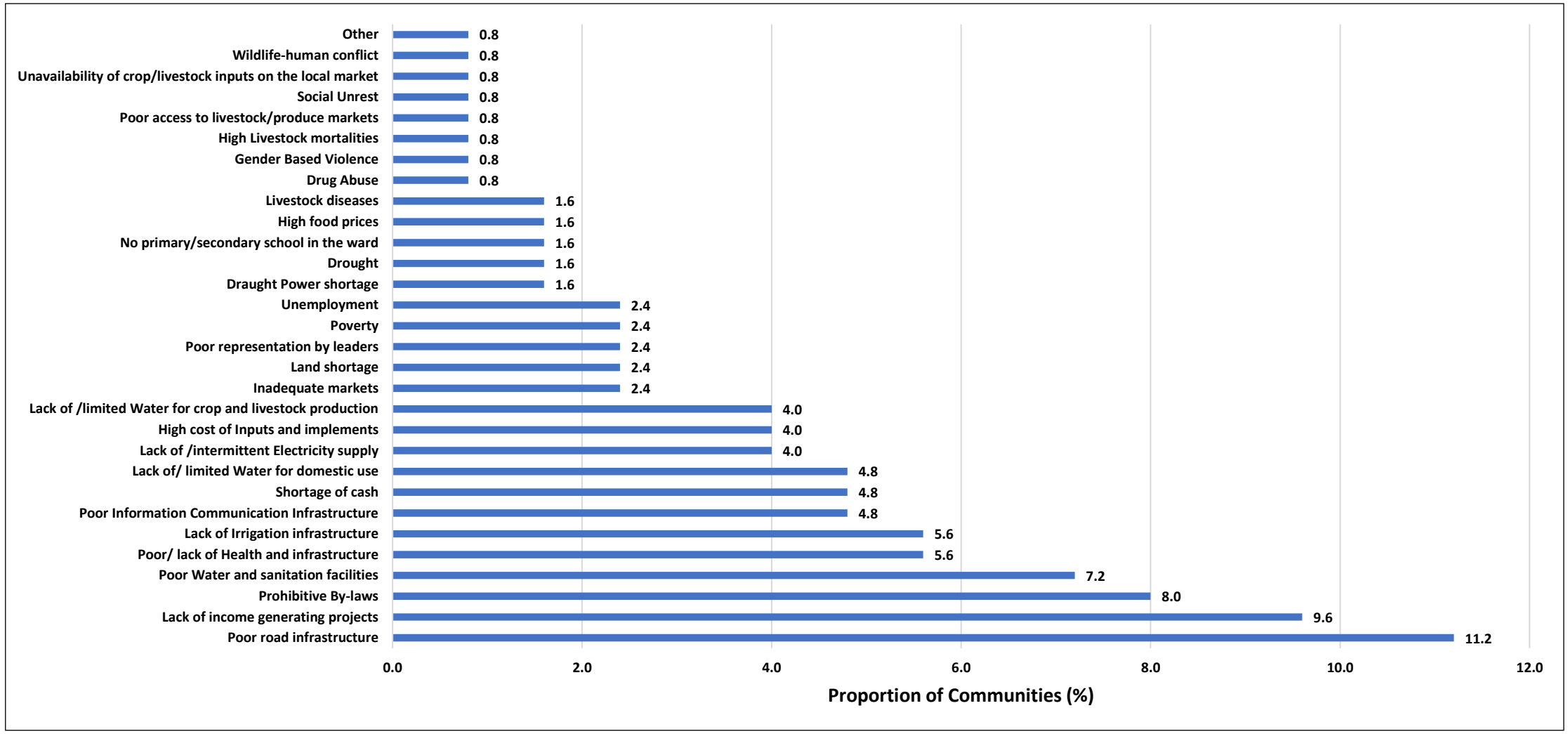
Food Insecure Population and Cereal Requirements by Quarter

District	Food Insecure Population			Cereal Requirements (MT)		
	Jul - Sept	Oct - Dec	Jan - Mar	Jul - Sept	Oct - Dec	Jan - Mar
Chegutu	8710	13066	21050	322	483	779
Hurungwe	110422	126197	137239	4086	4669	5078
Kariba	15245	19160	21632	564	709	800
Makonde	20814	23311	26641	770	863	986
Zvimba	25250	37132	49014	934	1374	1814
Mhondoro-Ngezi	6879	8497	11329	255	314	419
Sanyati	7341	8972	8972	272	332	332
Mashonaland West	191369	235794	277656	7081	8724	10273
National	**1795204**	**2366104**	**2942897**	**66423**	**87546**	**108887**

- The total food insecure population in Mashonaland West during peak hunger period will be 277,656 and Hurungwe is projected to have the largest number of food insecure people at 137,239.

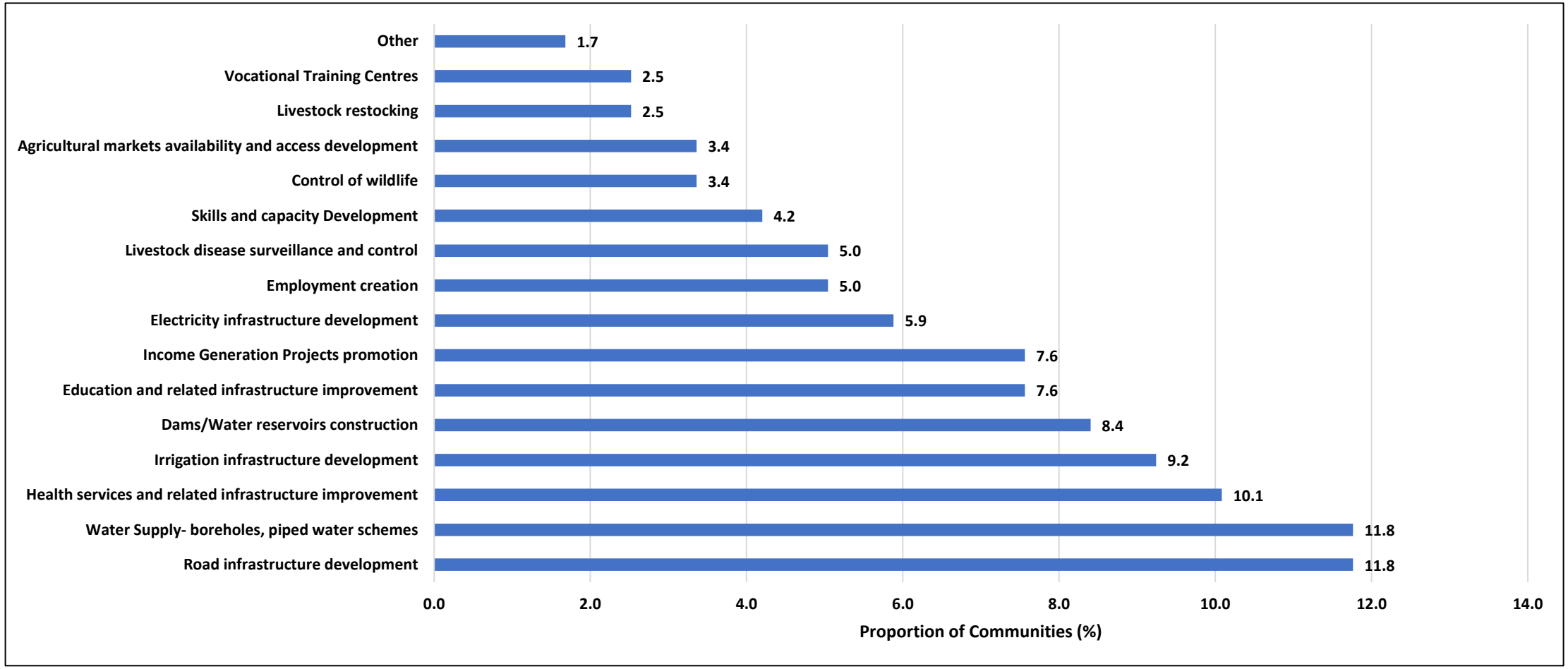
Development Challenges and Priorities

Development Challenges



- Poor road infrastructure was reported as the main development challenge in Mashonaland West.

Development Priorities



Road infrastructure and water supply were identified by 11.8% of the communities as the major development priorities.

Development Priority	Chegutu (%)	Hurungwe (%)	Kariba (%)	Makonde (%)	Zvimba (%)	Mhondoro-Ngezi (%)	Sanyati (%)	Mash West (%)
Control of wildlife	0.0	0.0	20.0	0.0	0.0	0.0	0.0	3.4
Dams/Water reservoirs construction	13.0	25.0	5.0	10.5	0.0	0.0	16.7	8.4
Education and related infrastructure improvement	4.3	0.0	10.0	10.5	13.0	0.0	8.3	7.6
Electricity infrastructure development	4.3	0.0	5.0	0.0	8.7	21.4	0.0	5.9
Employment creation	4.3	25.0	5.0	0.0	8.7	0.0	0.0	5.0
Health services and related infrastructure improvement	8.7	12.5	5.0	5.3	13.0	14.3	16.7	10.1
Income Generation Projects promotion	8.7	12.5	0.0	5.3	8.7	0.0	25.0	7.6
Irrigation infrastructure development	8.7	0.0	5.0	5.3	21.7	14.3	0.0	9.2
Livestock restocking	8.7	0.0	5.0	0.0	0.0	0.0	0.0	2.5
Agricultural markets availability and access development	0.0	0.0	5.0	5.3	0.0	14.3	0.0	3.4
Livestock disease surveillance and control	4.3	0.0	10.0	10.5	0.0	0.0	8.3	5.0
Road infrastructure development	13.0	12.5	15.0	15.8	4.3	14.3	8.3	11.8
Skills and capacity Development	4.3	0.0	10.0	0.0	4.3	0.0	8.3	4.2
Vocational Training Centres	4.3	0.0	0.0	5.3	0.0	7.1	0.0	2.5
Water Supply- boreholes, piped water schemes	13.0	12.5	0.0	21.1	13.0	14.3	8.3	11.8
Other	0.0	0.0	0.0	5.3	4.3	0.0	0.0	1.7

- Water Supply and road infrastructure develop,ent were the most important development priorities identified.

Conclusions and Recommendations

- Food aid and crop inputs remain the main form of support in the provinces and this is commendable considering different challenges faced during the period under review. The Pfumvudza programmes (Climate smart agriculture) was well received and its positive impact was very clear. Government should continue supporting this programming ensuring that support is given in time.
- Government working with its development partners should focus on strengthening resilience building programmes to ensure communities are self reliant and can sustain themselves .
- Given that the average household cereal production was 422kgs (419.4 kgs for maize and 2.6kgs for traditional grains) , 6 out of 7 districts produced cereals sufficient for more than 12months and that use of improved granaries (6%) and other grain protection methods is limited, it is recommended that Ministry of Lands, Agriculture, Fisheries, Water and Rural Resettlement scale up post harvest management trainings and technology transfer to farmers so as to salvage the harvest.
- The minimum acceptable diet for children 6-23 months remains low at 4.8%. Government should strengthen community infant and young child feeding programmes to ensure improvement in knowledge of appropriate infant feeding practices.
- Victims of Gender Based Violence and Spousal Violence either reported to relatives or do not report at all. The Government should strengthen mechanisms and community structures for effective awareness and referral systems on GBV.

Conclusions and Recommendations

- Under Chronic illnesses, Zvimba had the highest prevalence of HIV infections as 57.3% of households reporting to have HIV positive member this is mainly because of hotspots in the district , there is need to intensify HIV programming in that district.
- Government needs to ensure that medications for chronic conditions is subsidised through support from partners so that medication for hypertension and diabetes becomes easily accessible to rural communities
- In Mashonaland West it was noted 24% of the children are not going to school, this was attributed to the long distances to schools for the younger pupil. More schools in the rural areas to reduce travelling distances for learners
- Partners to prioritise supporting identified districts with high levels of open defaecation mostly Kariba which had 52% . All designated fishing camps need to have permanent sanitation facilities to reduce the incidents of open defaecation.

Supported By

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