Zimbabwe Vulnerability Assessment Committee (ZimVAC)

2021 Rural Livelihoods Assessment Report

Midlands Province

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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

Table of Contents

Acknowledgements

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4

Acknowledgement of Support

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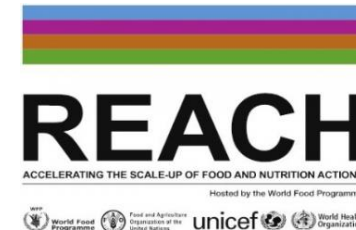
Acronyms

EA	Enumeration Area
FNC	Food and Nutrition Council
FNSP	Food and Nutrition Security Policy
FNSIS	Food and Nutrition Security Information System
GAM	Global Acute Malnutrition
HDDS	Household Dietary Diversity Score
HHS	Household Hunger Score
NNS	National Nutrition Survey
PPE	Personal Protective Equipment
RLA	Rural Livelihoods Assessment
SAM	Severe Acute Malnutrition
MAM	Moderate Acute Malnutrition
WCBA	Women of Child Bearing Age
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.

- Since its genesis, the COVID-19 pandemic has continued to wreak havoc on both urban and rural populations. The 'new normal' under COVID-19 remains fluid and dynamic, characterized by a high degree of uncertainty. The pandemic has had implications on food security and nutrition as food systems have been affected and threatened people's access to food via multiple dynamics.

- 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 strict and widespread control measures are unsustainable in the long term. The impact of the pandemic amidst other shocks will likely cause significant deterioration and erosion of livelihoods, productive assets as well as the food and nutrition security of vulnerable households. The closure of rural food and livestock markets will affect the incomes of rural livelihoods. At the same time, closures of restaurants and hotels will continue to reduce the demand for fresh produce, meat and fish, reducing the incomes of farmers, livestock keepers and suppliers.

- The vulnerable rural households have little to nothing to cushion the effects of the shock (pandemic). As they experience market failures, they 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 labour opportunities and the closure of informal markets where they tend to sell their products. 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.

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

Background

- Travel restrictions and border closures are likely to delay the movement of the essential supplies such as fertilizers which are crucial for the preparation for the 2021/2022 cropping season. The disruption of agricultural inputs supplies is likely to affect the progression of the current agricultural season which is very much needed to start the recovery from the back to back droughts that have been experienced in the recent past and affect farmers' livelihoods. This could have longer-term implications on the food and nutrition security of households.

- Agriculture as one of the key economic sectors fundamental to the projected economic growth aspired for under the Government's Vision 2030 had a good start to the 2020/21 rainfall season. The country experienced Tropical Storm Chalene and Tropical Cyclone Eloise, which increased average cumulative rainfall from October 2020 to end of January 2021. This resulted in improved water availability and access, improved livestock condition, improved pasture quality availability and quality. However, the incessant rains also increased the risk of tick-borne diseases as well as foot rot in livestock.

- The 2020/2021 agriculture season recorded an increase in the area planted to maize and soya beans owing to the overwhelming support by Government and the private sector. However, challenges reported in the sector include crop damage due to Fall armyworm, crop damage due to Tropical Storm Chalene and Tropical Cyclone Eloise (particularly Chimanimani and Chipinge districts), water logging as well as fertilizer shortages.

- With the majority of the rural population's livelihoods mostly influenced by agriculture (both crops and livestock), the experienced climate related shocks may negatively affect household food and nutrition security.

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.

- Year on year inflation for April 2021 was at 194.1%.

Assessment Methodology

Methodology – Assessment Design

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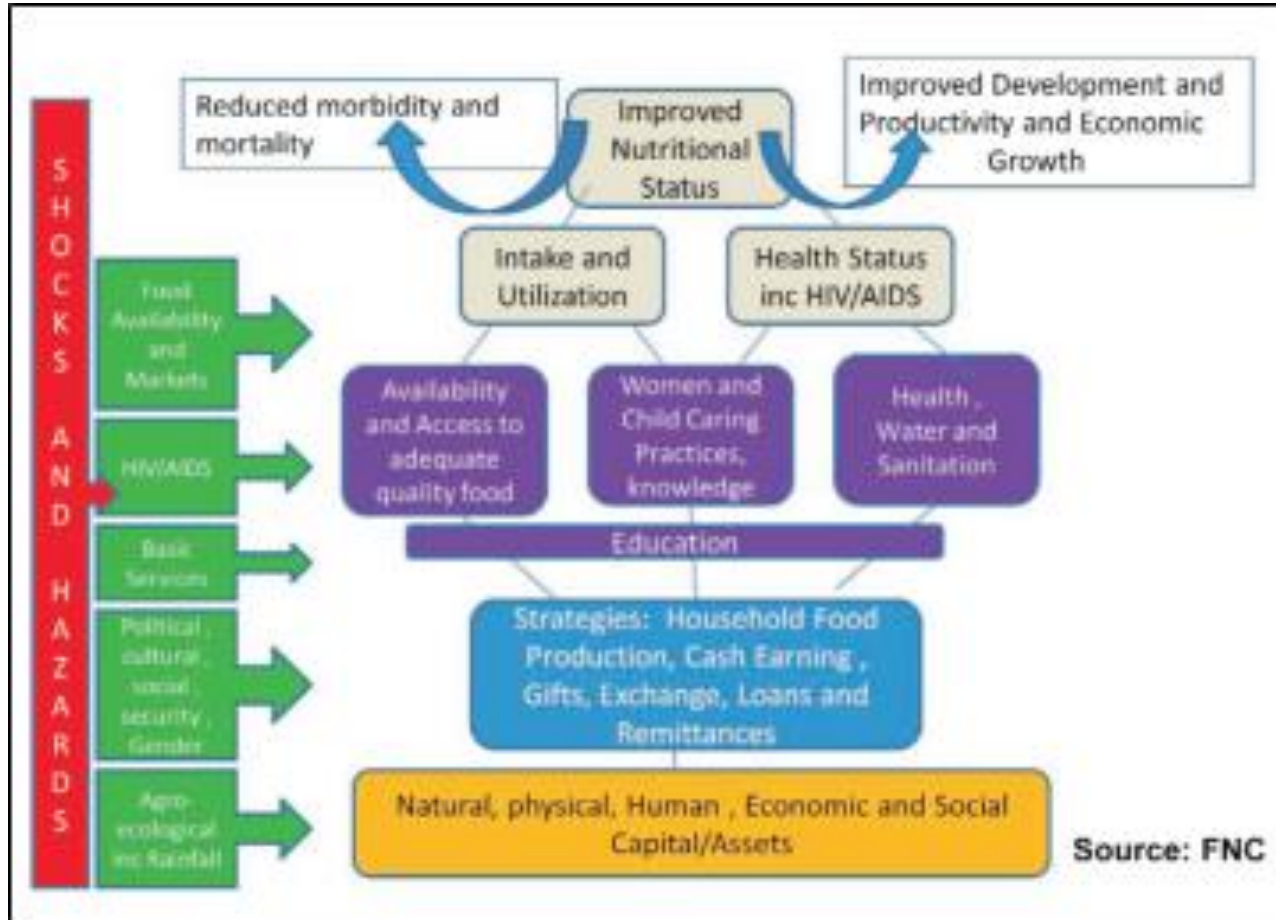
- The assessment was a cross-sectional study whose design was guided and informed by the Food and Nutrition Security Conceptual framework (Figure 1), which Zimbabwe adopted in the FNSP (GoZ, 2012), and the conceptual framework on food security dimensions propounded by Jones et al. (2013).

- 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)

Shaping Rural Transformation in light of Agenda 2030
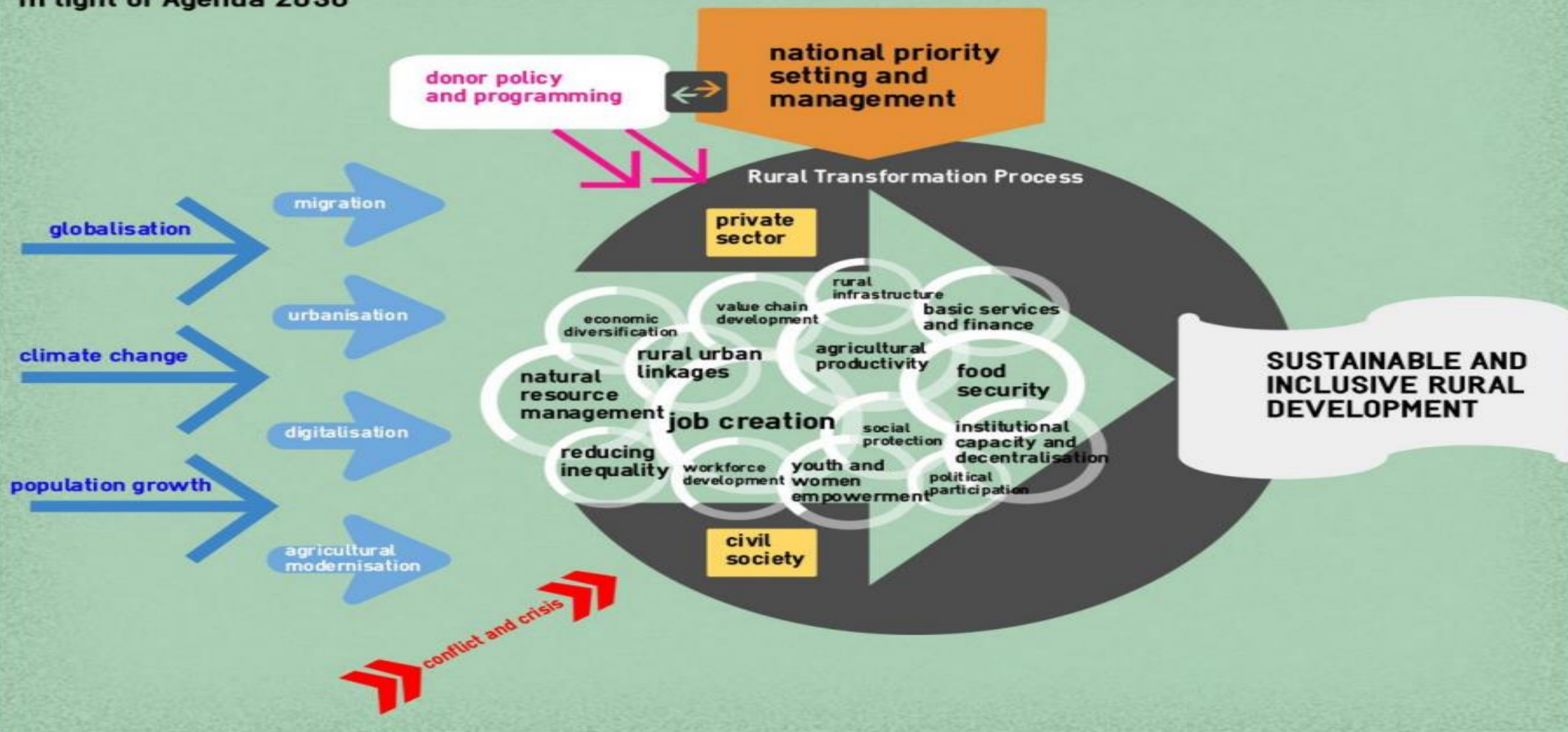
Source: Internal Working Document, GIZ Sectoral Project Rural Development (2016)

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 200 randomly selected Enumerated Areas (EAs):

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

  - Sampling of 25 clusters per each of the 8 rural districts in the province, 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 1999.

- 5 FGDs were held per district.

Districts	Number of Sampled Households
Chirumhanzu	249
Gokwe North	251
Gokwe South	249
Gweru	250
Kwekwe	250
Mberengwa	248
Shurugwi	252
Zvishavane	250
Midlands	1999

Methodology – Sampled Wards
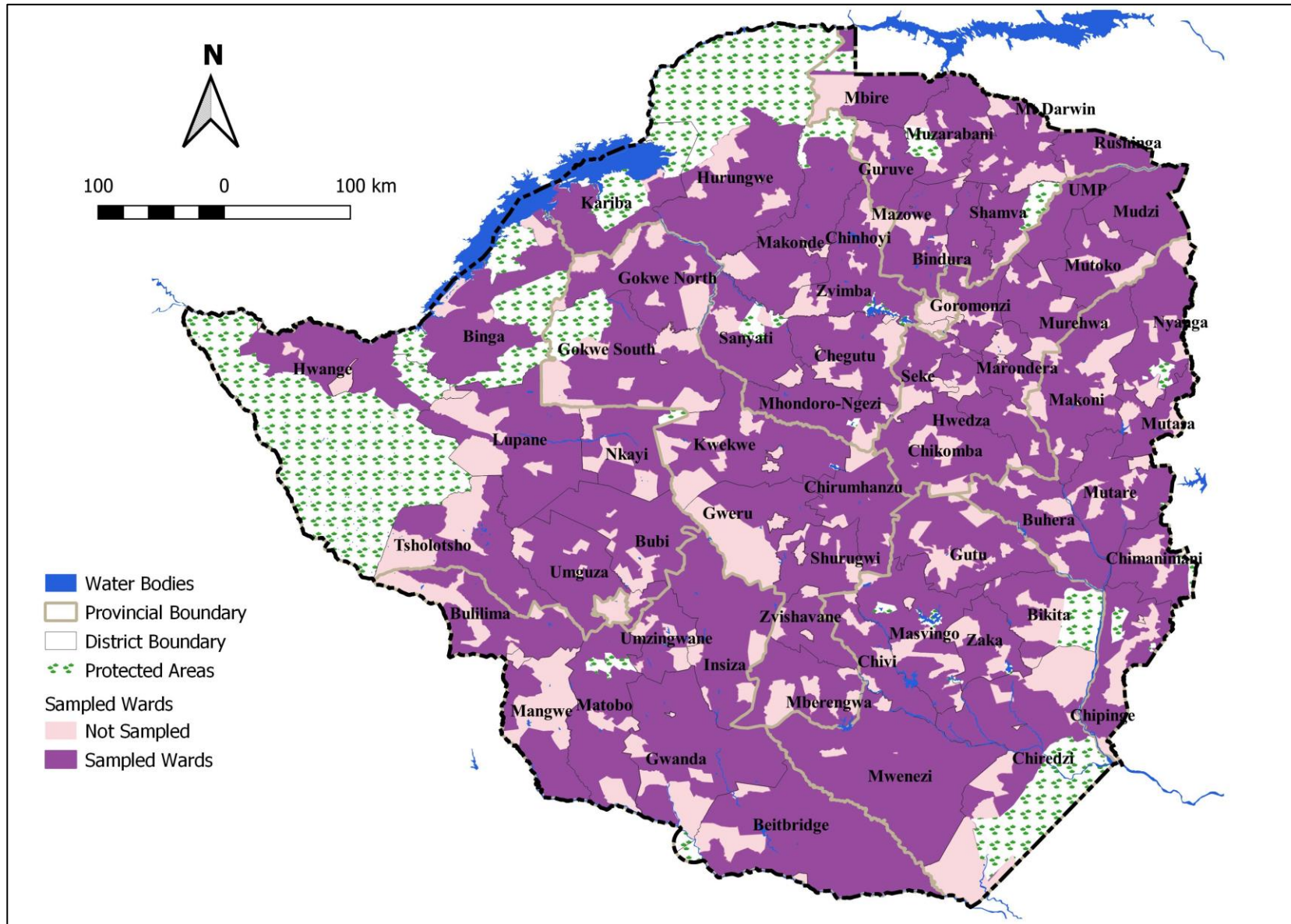
Data Preparation and Analysis

- Primary data was transcribed using CSEntry on android gadgets and using CSPro. It was consolidated and converted into SPSS, STATA and DBF datasets for:

    - Household structured interviews

    - District key informant Focus Group Discussion (transcribed in excel)

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

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

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

Technical Scope

The 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 and disability

Demographic Description of the Sample

Household Characteristics: Household Size

District	Average	Minimum	Maximum
Chirumhanzu	4.3	1.0	11.0
Gokwe North	5.2	1.0	15.0
Gokwe South	4.6	1.0	12.0
Gweru	4.2	1.0	15.0
Kwekwe	4.2	1.0	12.0
Mberengwa	4.8	1.0	15.0
Shurugwi	4.1	1.0	13.0
Zvishavane	5.1	1.0	11.0
Midlands	4.6	1.0	15.0

- The average household size was 4.6 with Gokwe North having the highest at 5.2.

- Maximum household size was 15 and this was in Gokwe North, Gweru and Mberengwa.

Characteristics of Household Head: Sex and Age

District	Household Head Sex (%)		Household Head Average Age	
	Male	Female	Average	Minimum
Chirumhanzu	64.7	35.3	54.5	21.0
Gokwe North	**70.9**	29.1	49.4	22.0
Gokwe South	67.9	32.1	51.6	18.0
Gweru	66.0	34.0	57.5	18.0
Kwekwe	66.0	34.0	51.6	19.0
Mberengwa	66.9	33.1	50.2	18.0
Shurugwi	53.6	**46.4**	54.7	21.0
Zvishavane	65.2	34.8	54.3	21.0
Midlands	65.1	**34.9**	53.0	18.0

- The proportion of male headed households was 65% and the average age of household head was 53.

- The highest proportion of male headed households was in Gokwe North, about 70.9%.

- In Shurugwi, about 46.4% of the households were female headed, higher than the provincial average of about 34.9%.

- The minimum age household head was 18, and this was in Gokwe South, Gweru, and Mberengwa.

Characteristics of Household Head: Education Level Attained
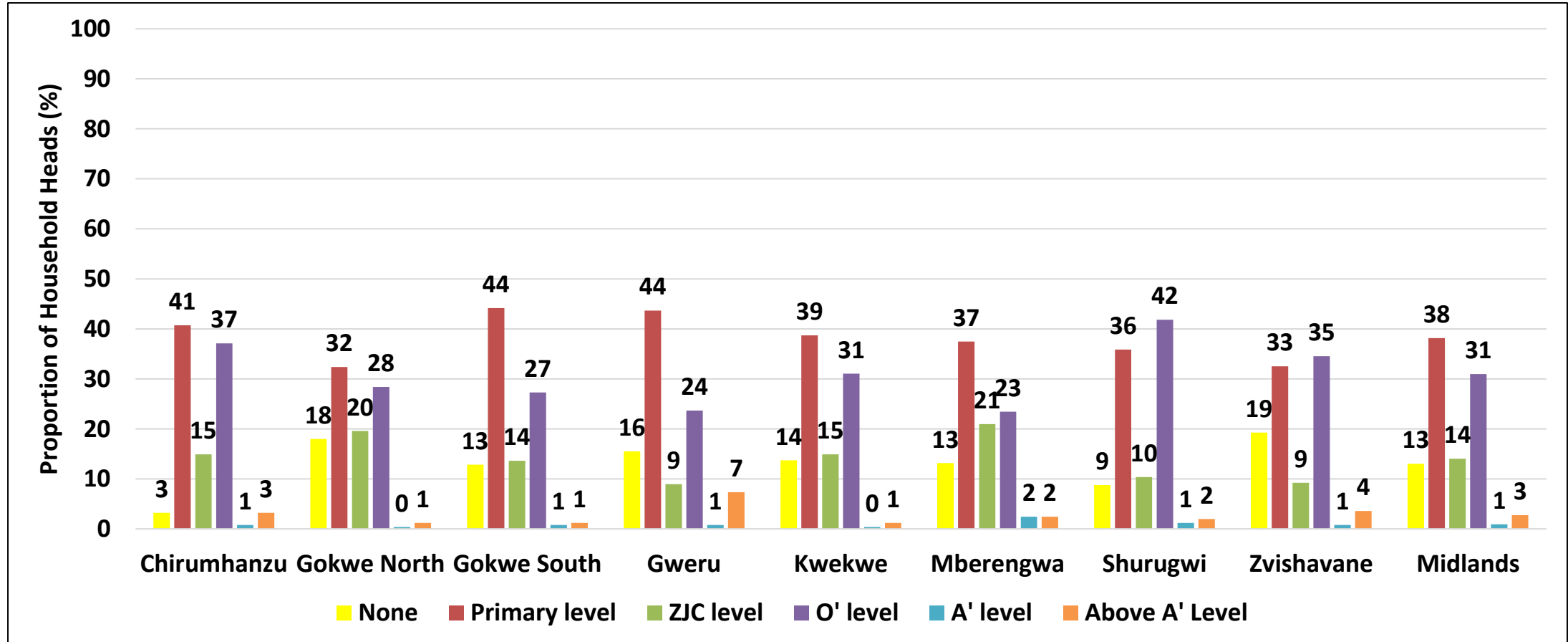
- About 87% of household heads had attained primary level education and above.

- Gweru had the highest proportion of household heads who had attained an education level above A' level (7%) and this was higher than the provincial average (3%).

Characteristics of Household Head: Marital Status
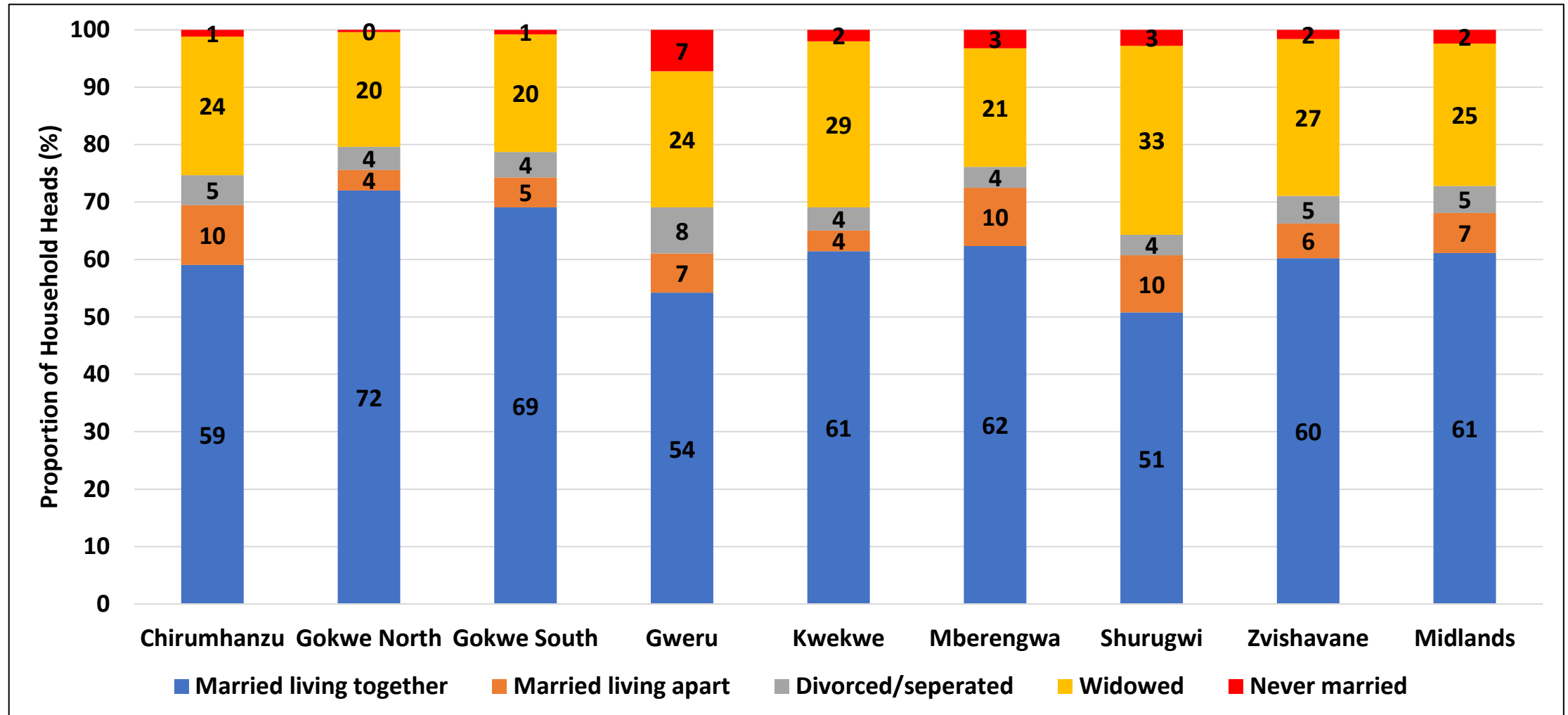
- Generally, 61% of household heads were married and living together.

- Shurugwi had the highest proportion of household heads who were widowed (33%).

Characteristics of Household Head: Religion

	Roman Catholic (%)	Protestant (%)	Pentecostal (%)	Apostolic Sect (%)	Zion (%)	Other Christian (%)	Traditional (%)	Other religion (%)	No religion (%)
Chirumhanzu	40.2	4.8	10.8	30.9	4.4	0.4	0.0	0.8	7.6
Gokwe North	4.4	15.6	9.6	42.8	9.6	2.4	2.4	0.0	13.2
Gokwe South	16.5	2.4	12.9	35.7	8.4	8.0	1.2	0.8	14.1
Gweru	6.0	20.5	11.2	20.1	3.6	14.1	1.2	8.4	14.9
Kwekwe	9.2	16.1	10.8	13.3	3.6	28.1	1.2	0.8	16.9
Mberengwa	4.0	8.5	15.8	24.7	20.6	3.6	0.4	6.5	15.0
Shurugwi	11.1	19.0	26.6	25.0	4.4	0.8	0.8	1.2	11.1
Zvishavane	3.2	14.9	22.9	30.9	6.4	0.8	3.2	2.0	15.3
Midlands	11.8	12.7	15.1	**27.9**	7.6	7.3	1.3	2.6	13.5

- In the sampled households, about 82.4% of the household heads were of the Christian religion with the highest proportion being Apostolic Sect (27.9%), Pentecostal (15.1%) and Protestant (12.7%).

Orphaned Children
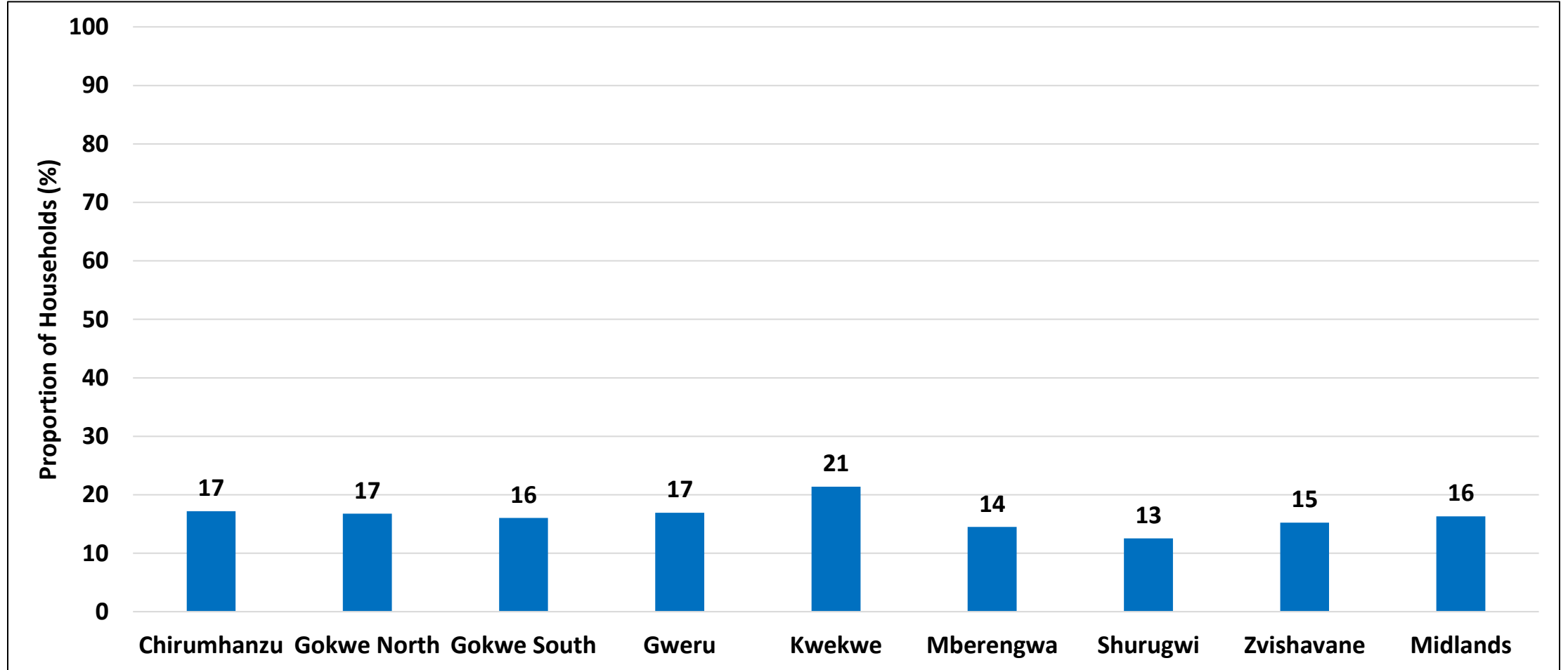
- Approximately, 16% of the households had orphans and the highest proportion was in Kwekwe (21%).

Education

School Attendance
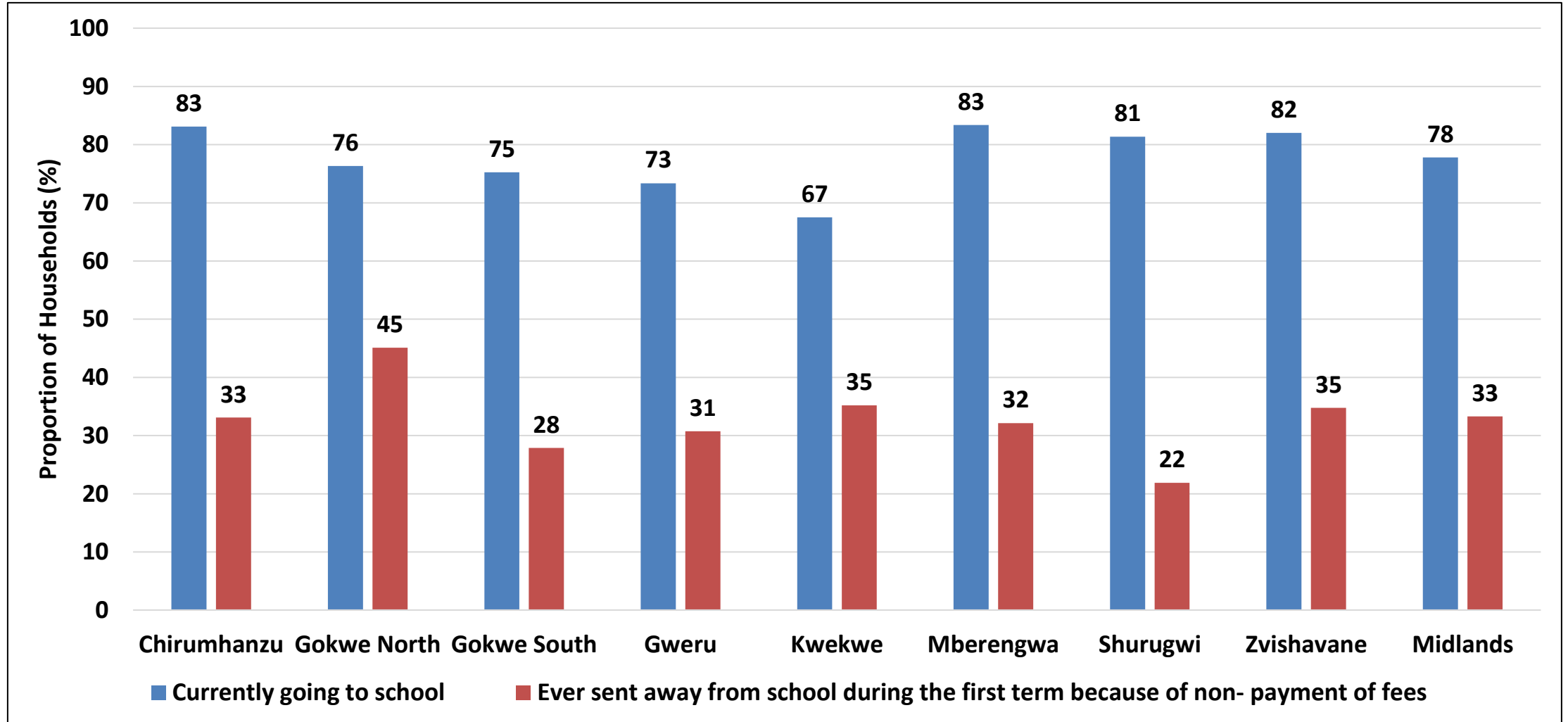
- About 78% of children of school going age were going to school at the time of the survey.

- The highest proportion of children who were currently going to school was in Mberengwa and Chirumhanzu, both at 83%.

- The proportion of children that had ever been sent away from school during the first term due to non-payment of school fees was 33%.

Major Reasons for Children Not Being in School (22%)

	Work for food or money (%)	Help with household work (%)	Not interested in school (%)	Expensive or no money (%)	Child considered too young (%)	Pregnancy/ Marriage (%)	Completed O/A level (%)	No birth certificate (%)
Chirumhanzu	0.0	0.0	0.0	16.7	33.3	16.7	0.0	0.0
Gokwe North	0.0	0.0	12.5	25.0	0.0	**62.5**	0.0	0.0
Gokwe South	0.0	0.0	0.0	60.0	20.0	20.0	0.0	0.0
Gweru	0.0	4.3	8.7	47.8	13.0	21.7	0.0	0.0
Kwekwe	12.5	0.0	0.0	0.0	25.0	12.5	37.5	0.0
Mberengwa	0.0	0.0	0.0	0.0	25.0	25.0	0.0	25.0
Shurugwi	0.0	11.1	0.0	0.0	0.0	22.2	66.7	0.0
Zvishavane	0.0	0.0	0.0	0.0	50.0	0.0	50.0	0.0
Midlands	1.5	3.1	4.6	26.2	15.4	24.6	15.4	1.5

- Major reasons for children not being in school were fees being expensive (26.2%) and pregnancy/marriage (24.6%).

- The highest proportion of children who were out of school due to pregnancy/ marriage was in Gokwe North, 62.5%.

Chronic Illnesses

Households with Members who had Confirmed Chronic Illness
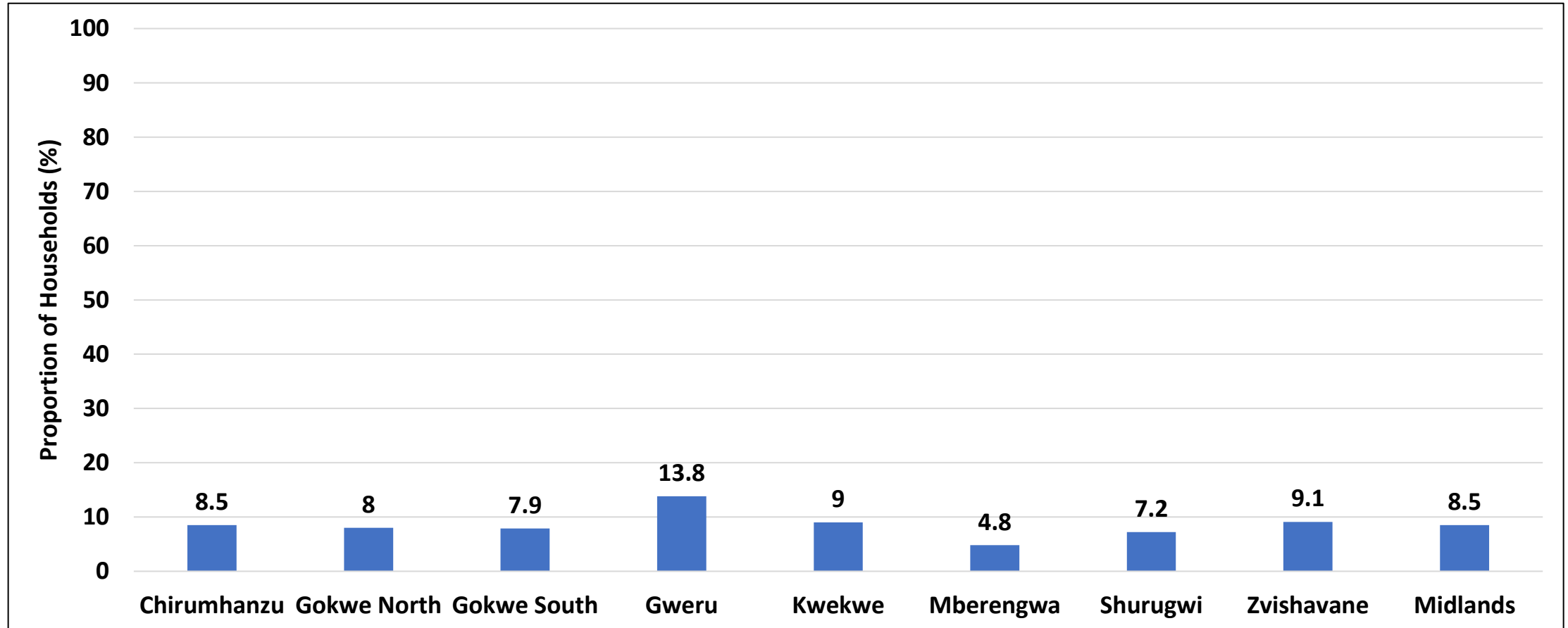
- Generally, 8.5% of the households had members who had confirmed chronic conditions.

- Gweru (13.8%) had the highest proportion whilst the least (4.8%), was in Mberengwa.

Households with Members who had Chronic Illnesses (8.5%)

	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 (%)
Chirumhanzu	21.4	7.1	8.0	6.3	35.7	11.6	1.8	0.0	2.7	0.9	0.0	0.0	3.6
Gokwe North	17.6	3.2	8.8	12.8	12.0	13.6	3.2	0.0	**3.2**	2.4	0.8	1.6	4.0
Gokwe South	15.8	5.0	5.0	11.9	19.8	11.9	2.0	2.0	2.0	1.0	0.0	2.0	4.0
Gweru	42.1	2.4	4.9	4.9	31.1	4.9	1.8	0.0	0.6	2.4	1.2	0.0	1.2
Kwekwe	29.8	0.0	**17.3**	4.8	18.3	3.8	3.8	1.0	1.0	3.8	1.0	1.0	1.9
Mberengwa	25.3	2.5	11.4	12.7	17.7	8.9	3.8	1.3	1.3	0.0	1.3	2.5	2.5
Shurugwi	41.5	1.2	7.3	9.8	26.8	1.2	0.0	3.7	1.2	3.7	0.0	0.0	0.0
Zvishavane	**48.0**	0.8	8.9	2.4	25.2	1.6	2.4	0.8	0.0	3.3	0.0	0.8	0.0
Midlands	**30.9**	2.8	8.7	7.8	**23.8**	7.2	2.4	0.9	1.5	2.2	0.6	0.9	2.1

- The highest proportion of chronically ill household members had HIV and AIDS infection (30.9%) and hypertension (23.8%).

- The proportion of household members who had diabetes was highest in Kwekwe (17.3%).

Chronically Ill Persons who Missed Medication (8.5%)

Proportion who Missed Medication
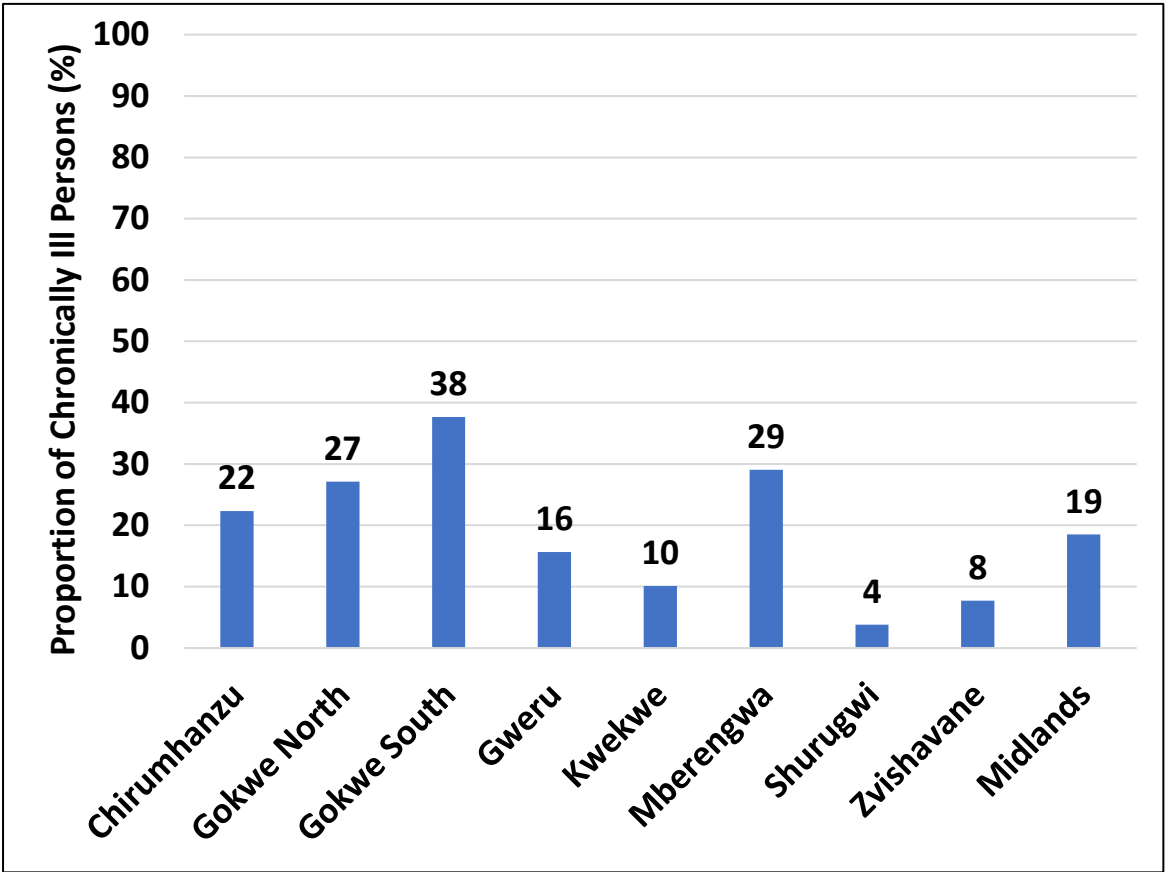
Reasons for Missing Medication

Reason	%
To avoid side effects	2.1
Failure to access the health facility for more medication	2.6
Failed to follow the instructions for taking the medicines	3.7
I was not interested	4.2
Other specify	6.3
Did not have the required currency to purchase	7.3
No money to pay for transport	7.3
Lack of transport to go and collect the drugs	7.3
Medication too expensive so could not afford	58.1

- The proportion of chronically ill persons who missed their medication was 19%.

- The major reason for chronically ill persons to miss their medication was that it was too expensive so they could not afford (58.1%).

Social Protection

Households which Received Any Form of Support
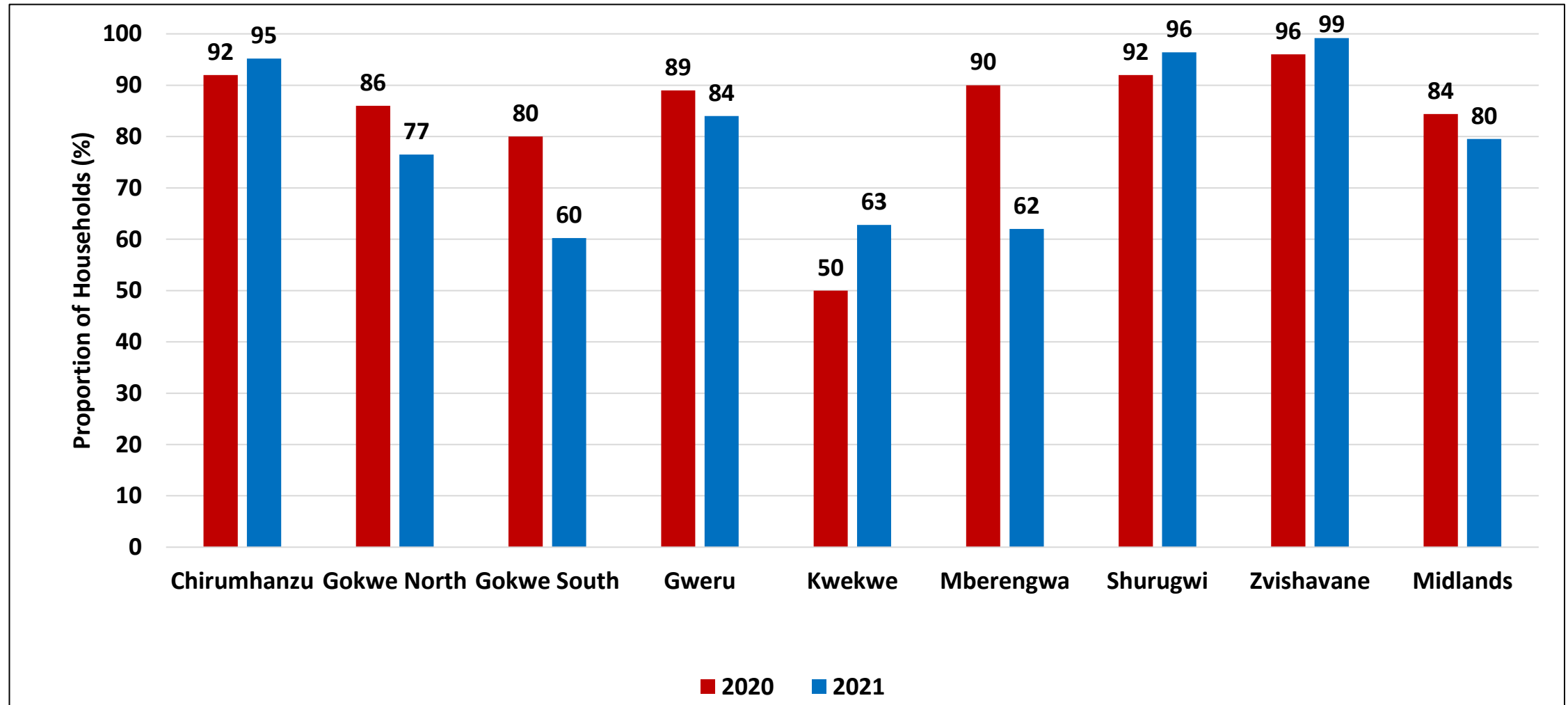
- Generally, there was a decrease in the proportion of households which received any form of support from 84% in 2020 to 80% in 2021.

- However, Zvishavane (99%), Shurugwi (96%) and Chirumhanzu (95%) had the highest proportion of households which received support.

Households which Received Support at Peak Hunger Period
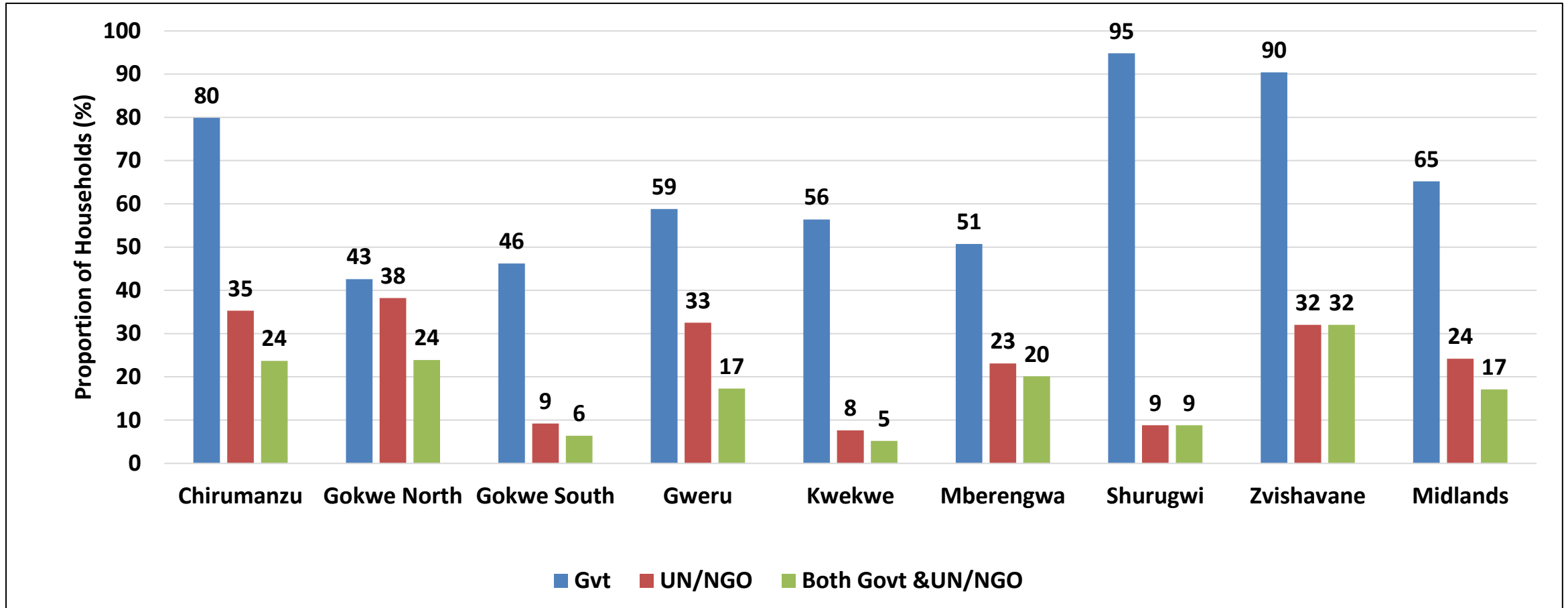
- At the peak hunger period there was complementarity of Government and UN/NGO support and about 17% of the households received support from both Government and UN/NGO.

- About 65% of the households indicated they received support from Government, while 24% indicated they received from UN/NGOs.

Sources of Support (80%)

	Government Support (%)	UN/NGO Support (%)	Church Support (%)	Rural Relatives (%)	Urban Relatives (%)	Diaspora (%)	Charitable Groups (%)
Chirumhanzu	83	37	2	17	27	11	1
Gokwe North	45	41	8	24	10	4	26
Gokwe South	51	11	1	13	6	1	3
Gweru	69	33	4	5	13	10	2
Kwekwe	56	6	1	1	7	4	2
Mberengwa	52	23	18	41	21	14	12
Shurugwi	95	12	2	11	15	9	1
Zvishavane	90	35	10	48	38	18	0
Midlands	68	25	6	20	17	9	6

- Government (68%) was the main source of support followed by UN/NGOs (25%).
- Households also received support from relatives in both urban and rural areas, 17% and 20% respectively. This indicates that households relied on their social capital in times of need.

Forms of Government Support (68%)

	Food (%)	Cash (%)	Crop inputs (%)	Livestock support: pass-on (%)	Livestock support: Teak grease (%)	Other livestock support (%)	WASH inputs (%)	Covid-19 related support (%)	Other (%)
Gokwe North	95.6	2.7	25.7	0.9	0.	0	1.8	2.7	13.3
Gokwe South	81.5	3.2	27.4	0	0	0.8	0	0.8	2.4
Gweru	63.2	4.0	45.4	0	4.0	0	0.6	1.7	5.2
Kwekwe	78.3	6.3	30.8	0	0	0	0.7	0	1.4
Mberengwa	84.6	5.1	21.4	0	0	0	0.9	0.9	3.4
Chirumhanzu	82.4	0.5	38.1	0	6.2	0	0	0	2.4
Shurugwi	98.7	3.4	29.1	0.8	11.4	0	0	0	0
Zvishavane	90.5	1.3	54.1	0	10	0	0	0	1.7
Midlands	85.0	3.0	36.0	0.2	5.2	0.1	0.4	0.6	3.1

- The major forms of support across all districts were food (85%) , crop inputs (36%) and livestock support (teak grease) (5.2%).

- Shurugwi (98.7%) and Gokwe North (95.6%) had the highest proportions of households receiving food assistance.

- Zvishavane had the highest proportion of households (54.1%) which received crop inputs and Mberengwa had the lowest proportion (21.4%).

Forms of UN/NGO Support (25%)

	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 (%)
Gokwe North	96.2	2.9	4.8	3.8	1	1	2.9	1	2.9	9.6
Gokwe South	54.8	0	16.1	0	0	0	12.9	0	6.5	12.9
Gweru	94	7.1	4.8	0	0	0	0	0	1.2	3.6
Kwekwe	62.5	25	0	0	0	0	25	0	12.5	6.3
Mberengwa	92.2	3.9	7.8	0	0	0	0	0	0	2
Chirumhanzu	93.6	3.2	2.1	0	0	0	1.1	0	0	3.2
Shurugwi	72.4	10.3	17.2	3.4	0	6.9	0	0	0	6.9
Zvishavane	93	0	12	0	0	1	6	0	0	1
Midlands	89.4	4.1	7.3	1	0.2	0.8	3.5	0.2	1.6	4.9

- Generally, UN/NGO support across all districts was in the form of food assistance (89.4%).

- Gokwe North (96.2%) had the highest proportion of households which received food assistance followed by Gweru (94%) and the lowest support

was in Gokwe South (54.8%).

Agriculture Production

Households which Grew Crops
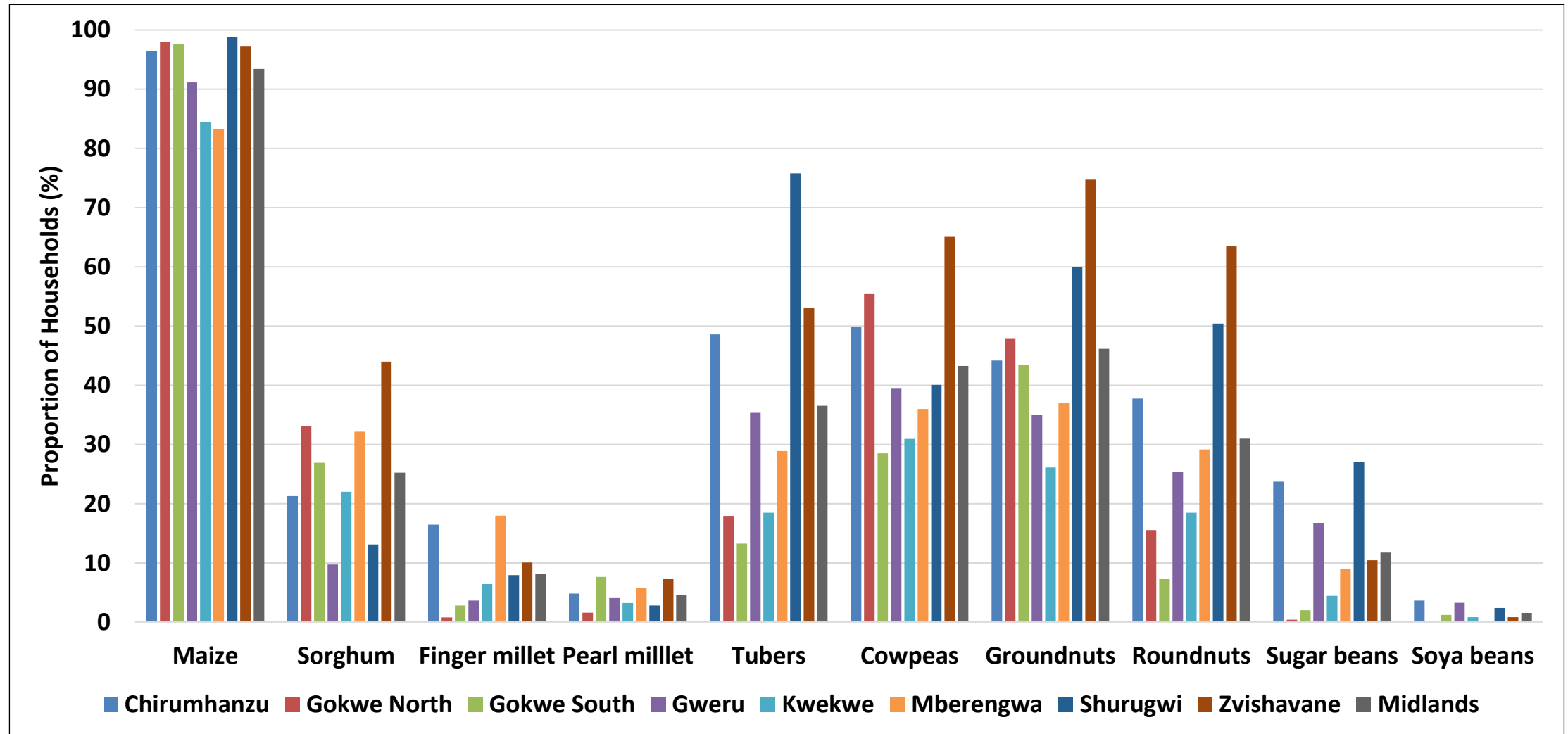
- Maize (93%) was grown by the majority of the households followed by groundnuts (46%), cowpeas (43%), tubers (37%) and roundnuts (31%).

- Sorghum was the most commonly grown small grain at 25%.

Average Household Cereal Production

	Maize (kgs)	Traditional Grains (kgs)
Chirumhanzu	484.9	5.8
Gokwe North	**649.9**	32.5
Gokwe South	570.6	29.5
Gweru	272.5	0.0
Kwekwe	406.0	7.1
Mberengwa	172.9	28.0
Shurugwi	386.7	1.7
Zvishavane	452.9	**46.8**
Midlands	**419.4**	**14.2**

- The average cereal production per household for maize was 419.4kg and traditional grains was 14.2kgs.

- The highest average maize production was in Gokwe North (649.9kg) and traditional grains was in Zvishavane 46.8kg.

Cereal Self Sufficiency

	Cereals in kgs	Months of cereal supply (%)				
		0 to 3 months	4 to 6 months	7 to 9 months	9 to 11 months	12 and above
Chirumhanzu	615.7	30.1	16.5	11.6	4.8	**36.9**
Gokwe North	838.6	21.1	13.1	14.7	6.8	**44.2**
Gokwe South	729.4	16.5	19.3	18.5	7.2	**38.6**
Gweru	406.8	49.2	14.8	7.6	5.6	22.8
Kwekwe	565.5	36.4	20.8	9.2	4.0	29.6
Mberengwa	313.8	51.2	19.0	10.5	4.4	14.9
Shurugwi	503.4	27.0	19.4	18.3	6.0	29.4
Zvishavane	699.7	30.0	18.0	12.0	6.4	33.6
Midlands	584.3	**33**	18	13	6	31
National	543.8	35	18	12	6	29

- About 31% of the households had cereal supplies that will last for more than 12 months, while 33% had cereal supplies to last 0-3 months.

- Gokwe North (44.2%), Gokwe South (38.6%) and Chirumhanzu (36.9%), had the highest proportion of households which had cereal supplies that will last for more than 12 months.

Cereal Stocks

Cereal Stocks as at 1 April 2021

District	Cereal stocks (kgs)
Chirumhanzu	31.8
Gokwe North	29.5
Gokwe South	20.1
Gweru	**3.1**
Kwekwe	11.4
Mberengwa	18.6
Shurugwi	44.7
Zvishavane	**58.9**
Midlands	**22.7**

- The average household cereal stocks as at 1 April for the province was 22.7 kgs per household.

- Zvishavane had the highest average stocks (58.9 kgs) whilst Gweru had the least (3.1 kgs).

Maize from Casual Labour and Remittances

	Cereal From Casual labour (kgs)	Cereal From Remittances (Kgs)
Chirumhanzu	31.4	3.5
Gokwe North	**85.5**	4.5
Gokwe South	35.4	1.1
Gweru	2.0	0.0
Kwekwe	8.2	0.0
Mberengwa	10.8	1.5
Shurugwi	9.4	3.6
Zvishavane	17.1	2.2
Midlands	21.1	1.5

- Gokwe North had the highest quantities of cereal from casual labour at 85.5kgs, whilst Gweru had the least (2kgs).

Livestock

Households that Owned Cattle
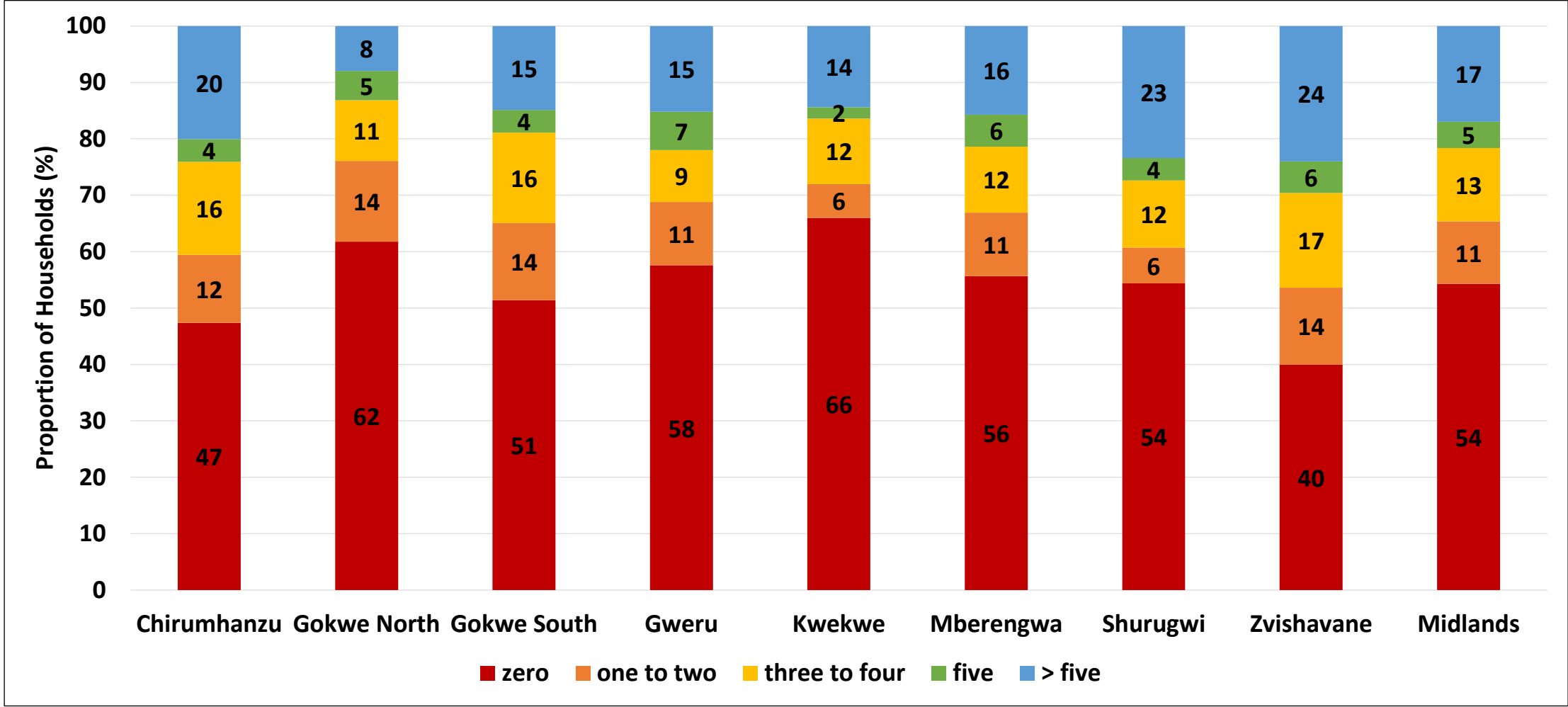
- The proportion of households that did not own cattle was 54% and the highest proportion was in Kwekwe (66%)

- The highest proportion of households that owned more than five (5) cattle was in Zvishavane (24%) and the lowest was in Gokwe North (8%).

Households that Owned Draught Cattle
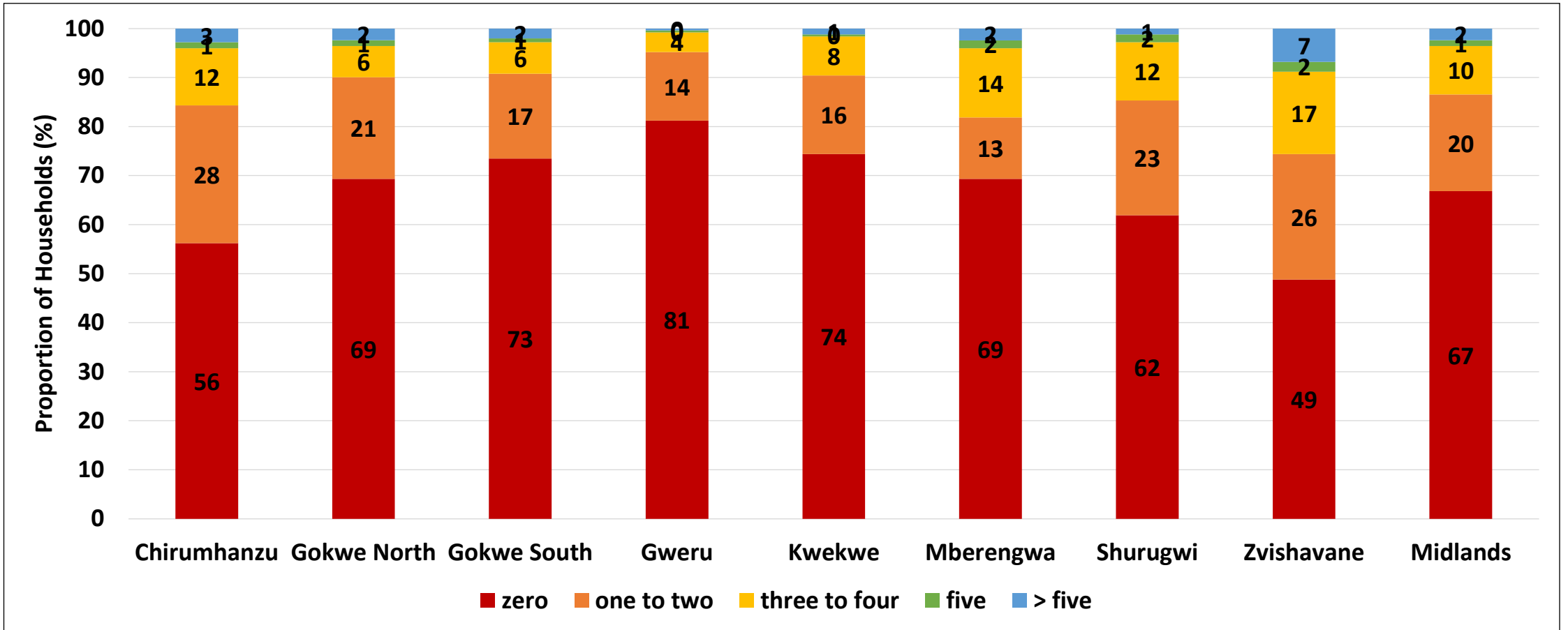
- The proportion of households that did not own draught cattle was high (67%).

- Gweru (81%) had the highest proportion of households that did not own draught cattle.

- Zvishavane (26%) had the highest proportion of households that owned more than two draught cattle.

Households that Owned Goats
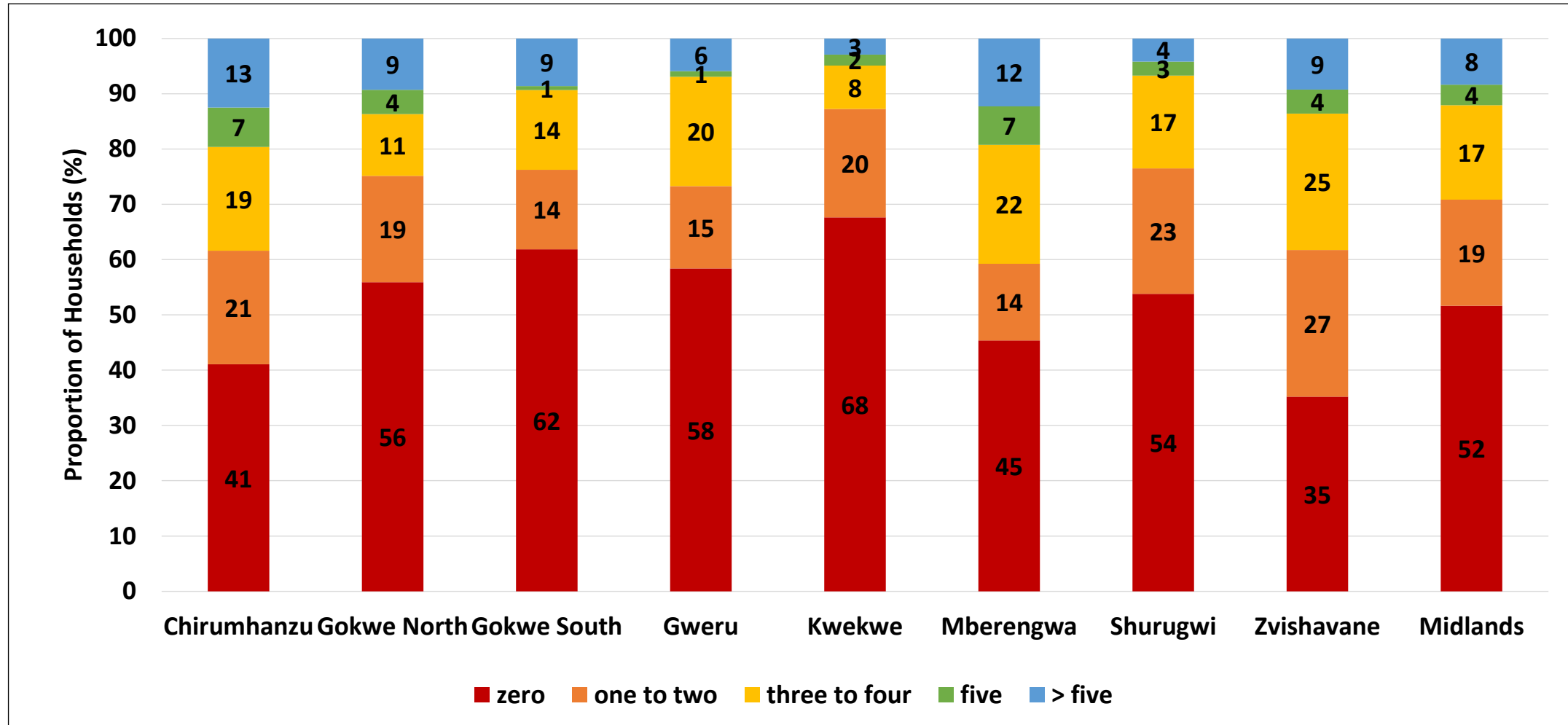
- The highest proportion of households that owned 5 or more goats was in Chirumhanzu (13%) and the lowest was in Kwekwe (3%).

- The proportion of households that did not own goats was 52%, and Kwekwe (68%) had the highest proportion of households that did not own goats.

Households that Owned Poultry
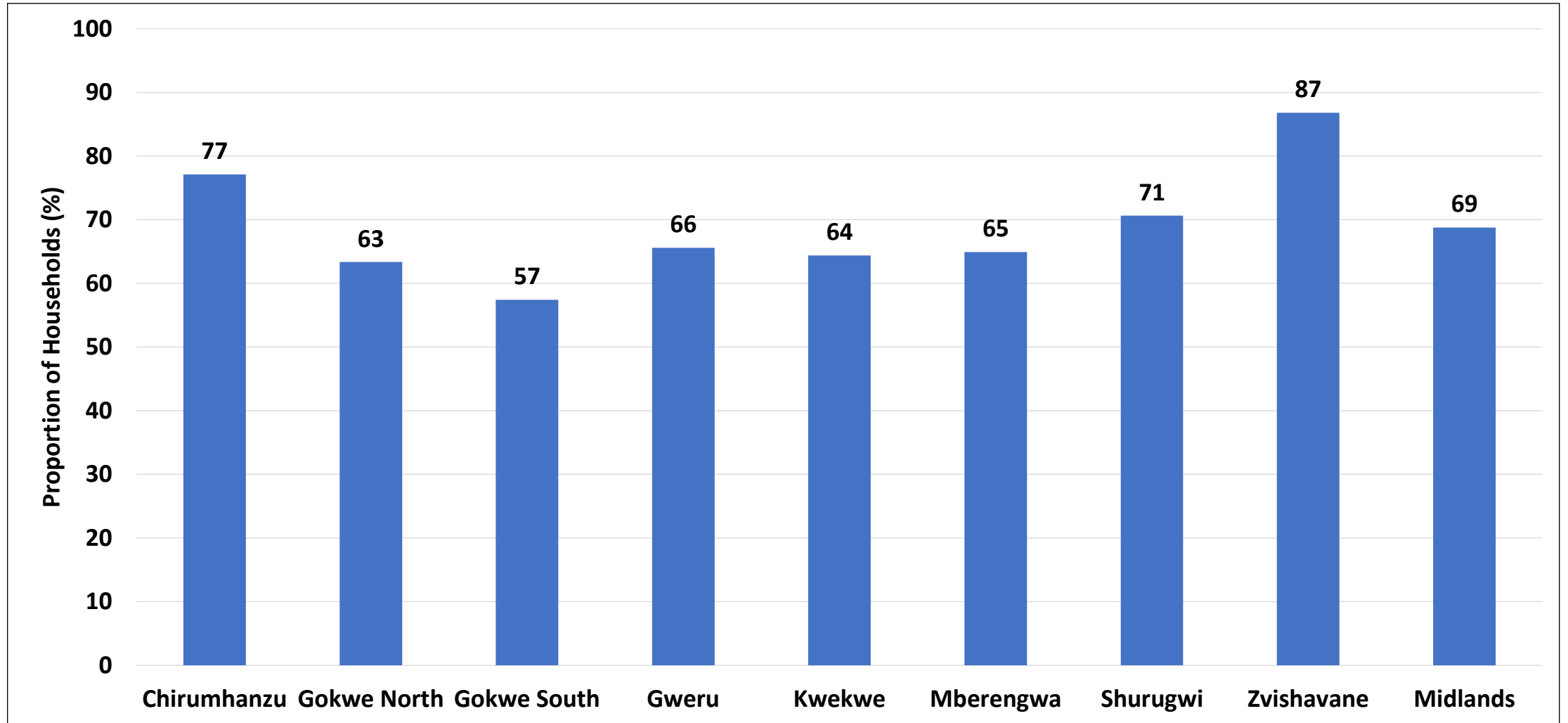
- The proportion of households that owned poultry was 69% with Zvishavane having the highest at 87% and Gokwe South having the lowest (57%).

Average Livestock Numbers Per Household
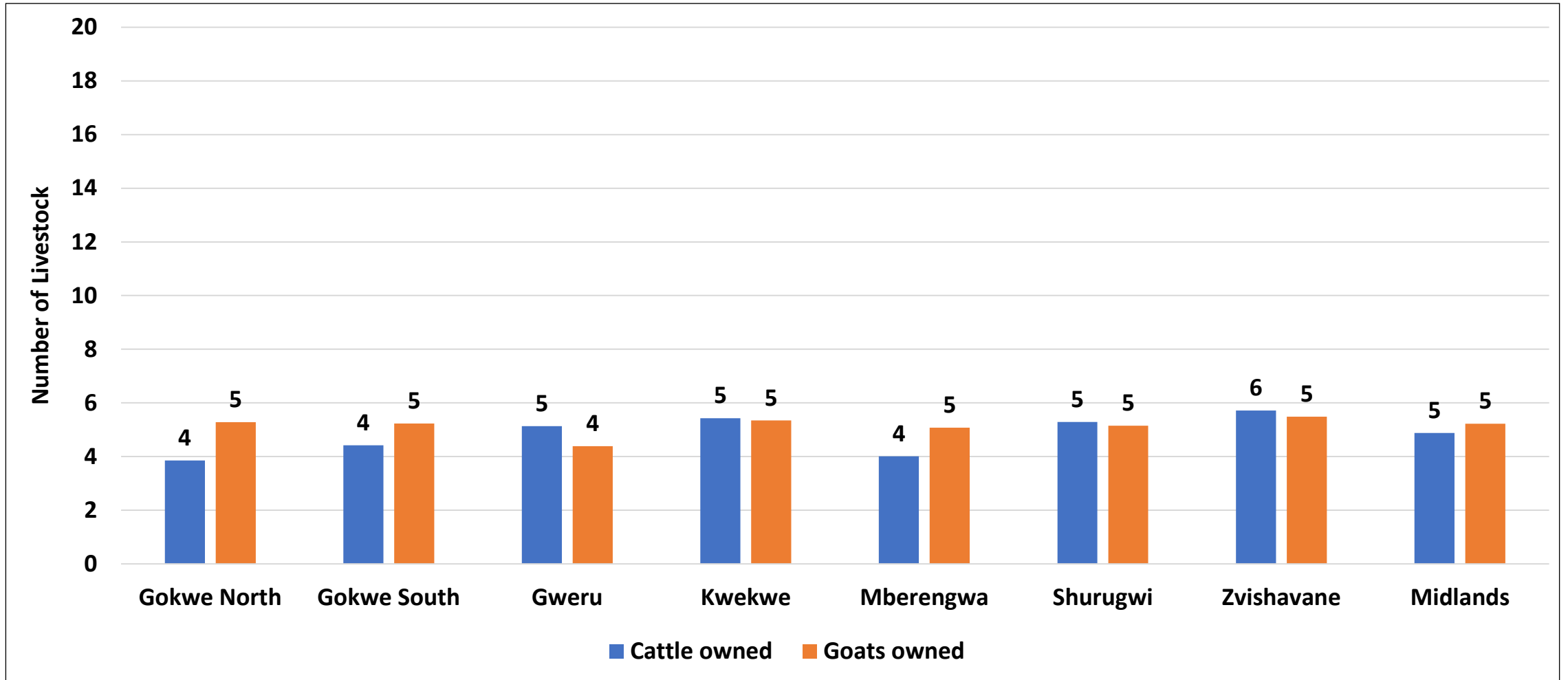
- The average cattle and goat herd size per household was 5 and Zvishavane had the highest average cattle herd at about 6 per household.

Calving Rate
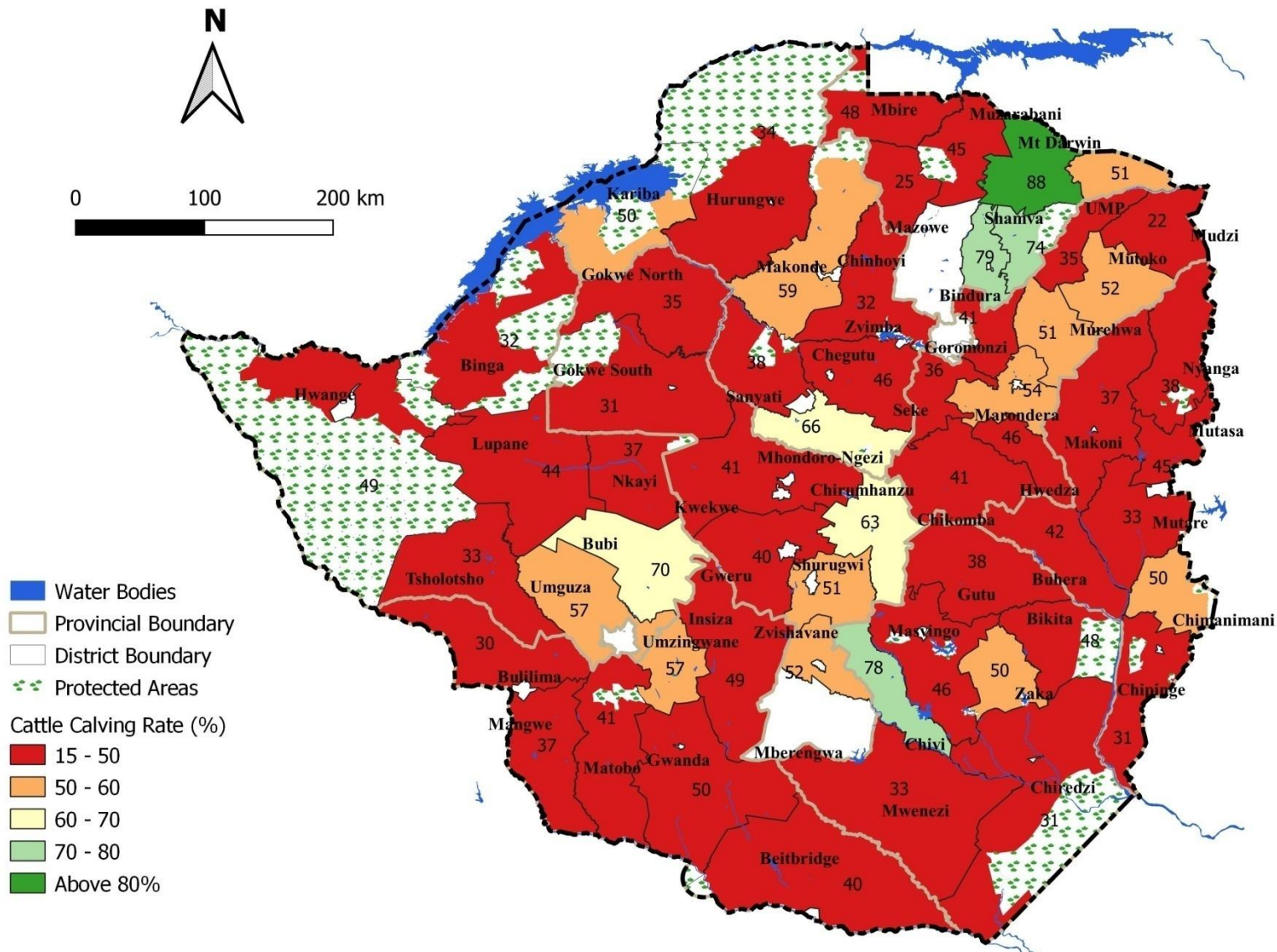
- Calving rate, defined as the proportion of cows/heifers that dropped calves over a defined period of time, is a measure of productivity of the cow herd.
- Generally, calving rate was low (below 50%) across the province.

Livestock Offtake Rates

Cattle offtake rates

Region	Offtake (%)
Chirumhanzu	4
Gokwe North	3
Gokwe South	4
Gweru	3
Kwekwe	9
Mberengwa	2
Shurugwi	4
Zvishavane	6
Midlands	5

Goats offtake rates

Region	Offtake (%)
Chirumhanzu	33
Gokwe North	24
Gokwe South	22
Gweru	17
Kwekwe	33
Mberengwa	15
Shurugwi	19
Zvishavane	43
Midlands	26
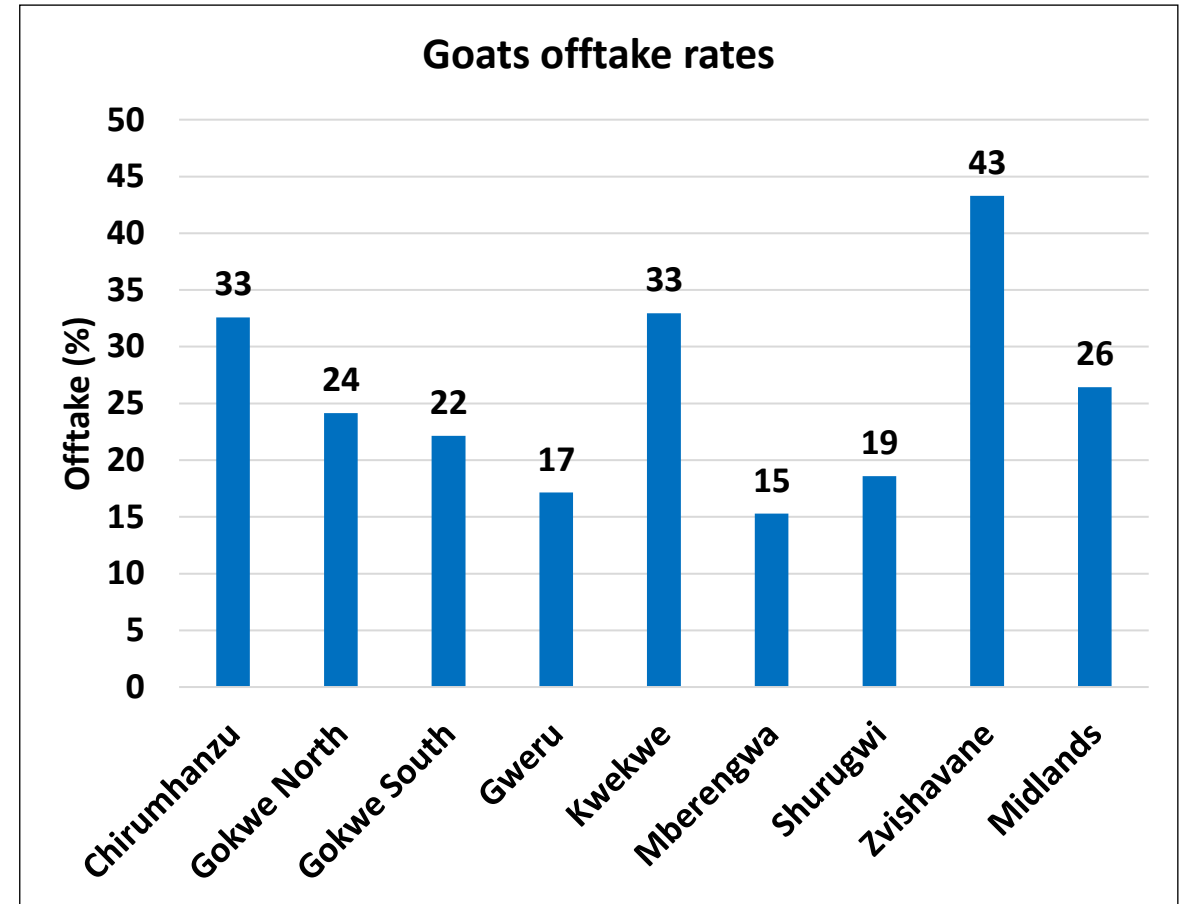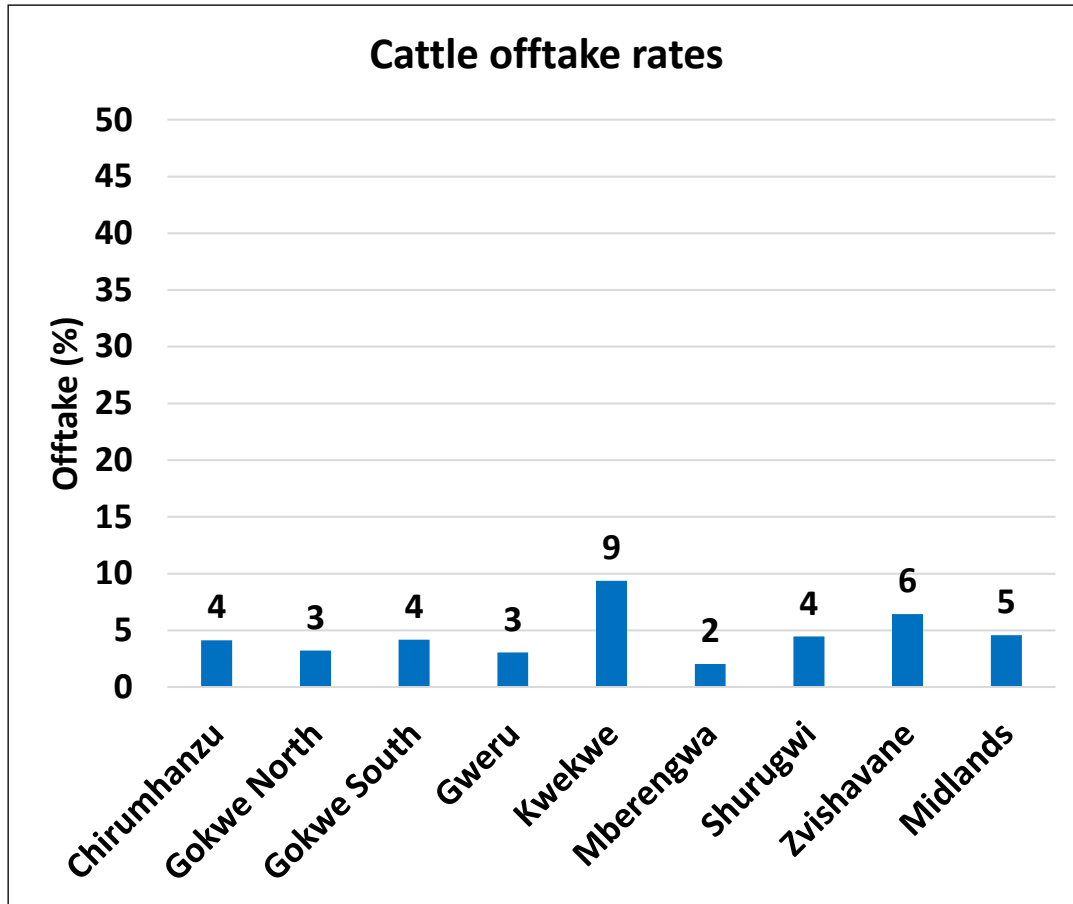
- Offtake rate is expressed as a percentage and refers to the number of animals sold/slaughtered annually as a fraction of the total herd. It is an indicator of the business approach in livestock production, and its contribution to household livelihoods.

- Offtake rates were generally low with a provincial average of 5% for cattle and 26% for goats.

Theileriosis (January Disease) and Lumpy Skin Disease Outbreaks
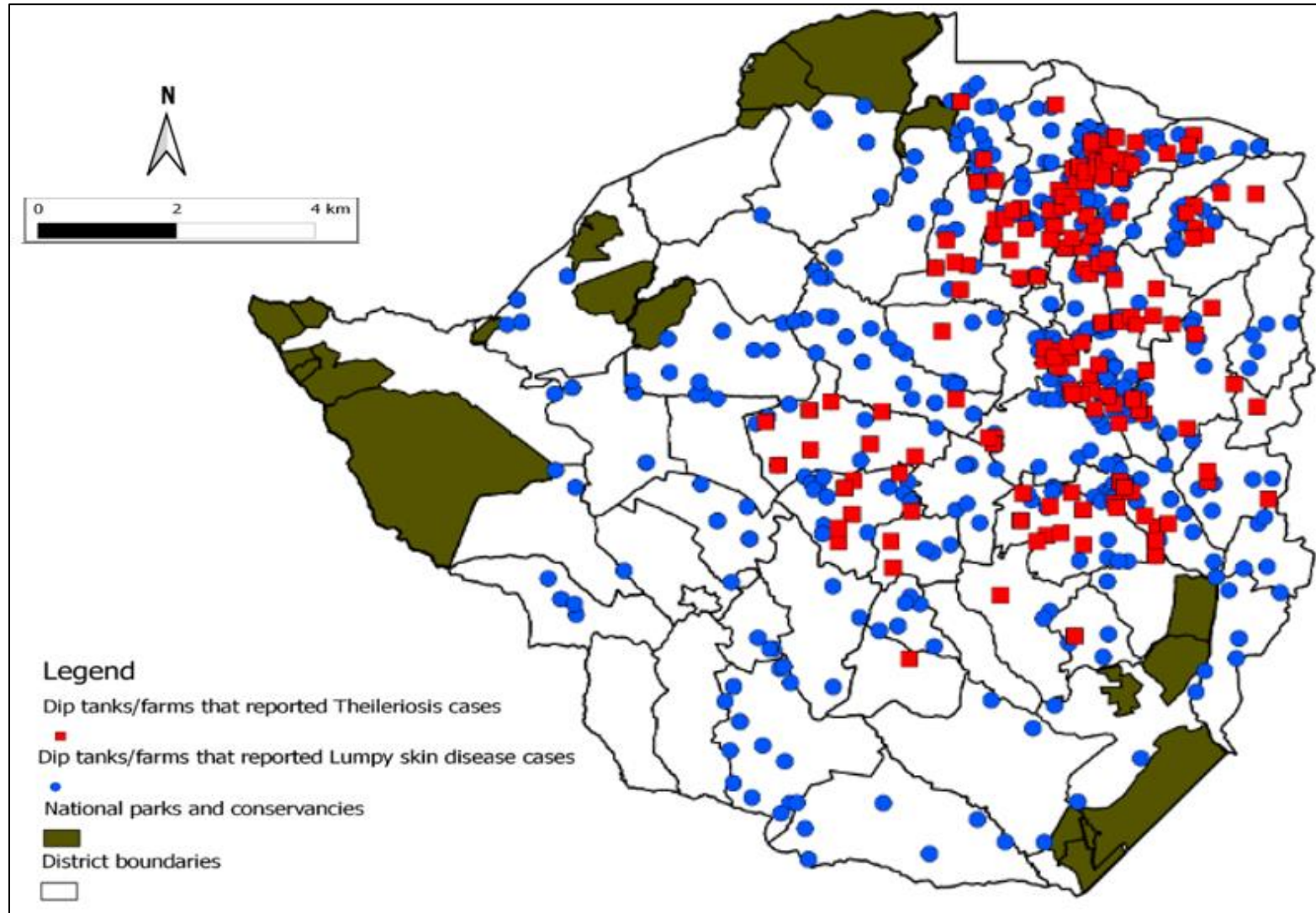
- January disease cases were reported in a few areas in Kwekwe, Shurugwi, Mberengwa and Chirumhanzu.

- Lumpy skin disease was more widespread, affecting all districts in the province.

Legend

Dip tanks/farms that reported Theileriosis cases

Dip tanks/farms that reported Lumpy skin disease cases

National parks and conservancies

District boundaries

Source: Department of Veterinary Field Services

Cattle Mortality
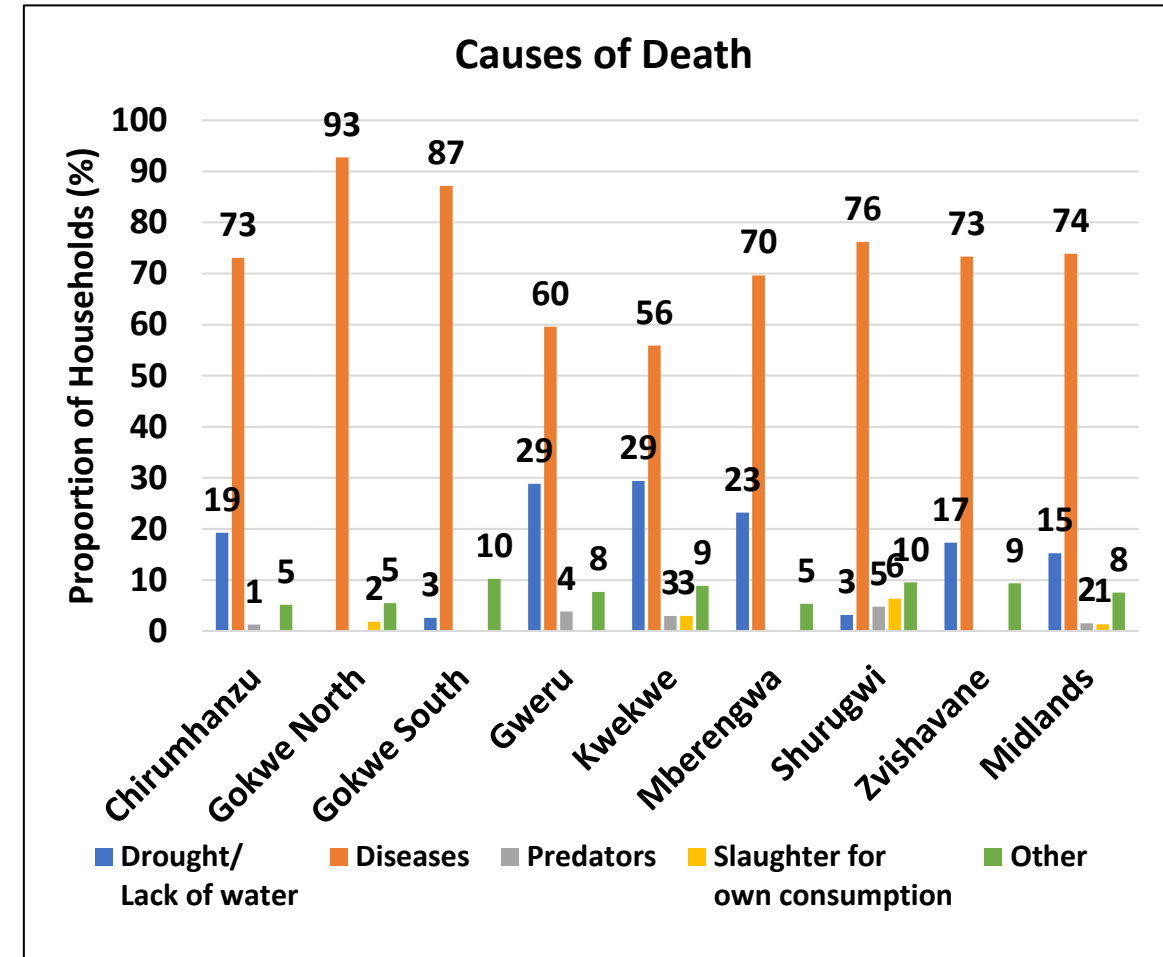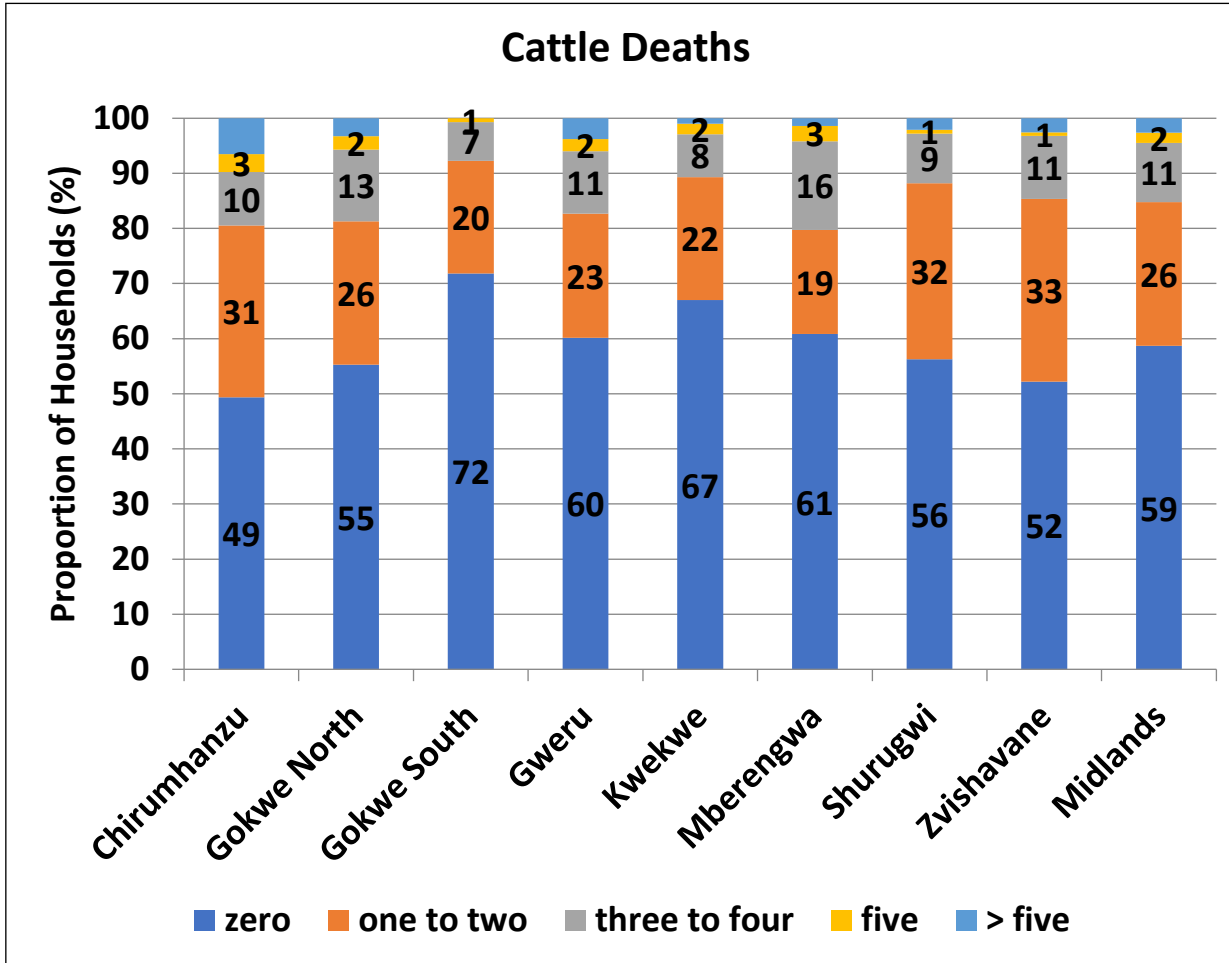
- About 41% of the households reported cattle mortality and 74% of the households cited diseases as the cause of mortality.

- However, of the 41% households that reported cattle mortality, 15% indicated that the cause of death was drought/water shortages.

- Gweru and Kwekwe (29%) had the highest proportion of households which reported cattle mortality due to drought/water shortages.

62

Cattle Mortality Rate by District
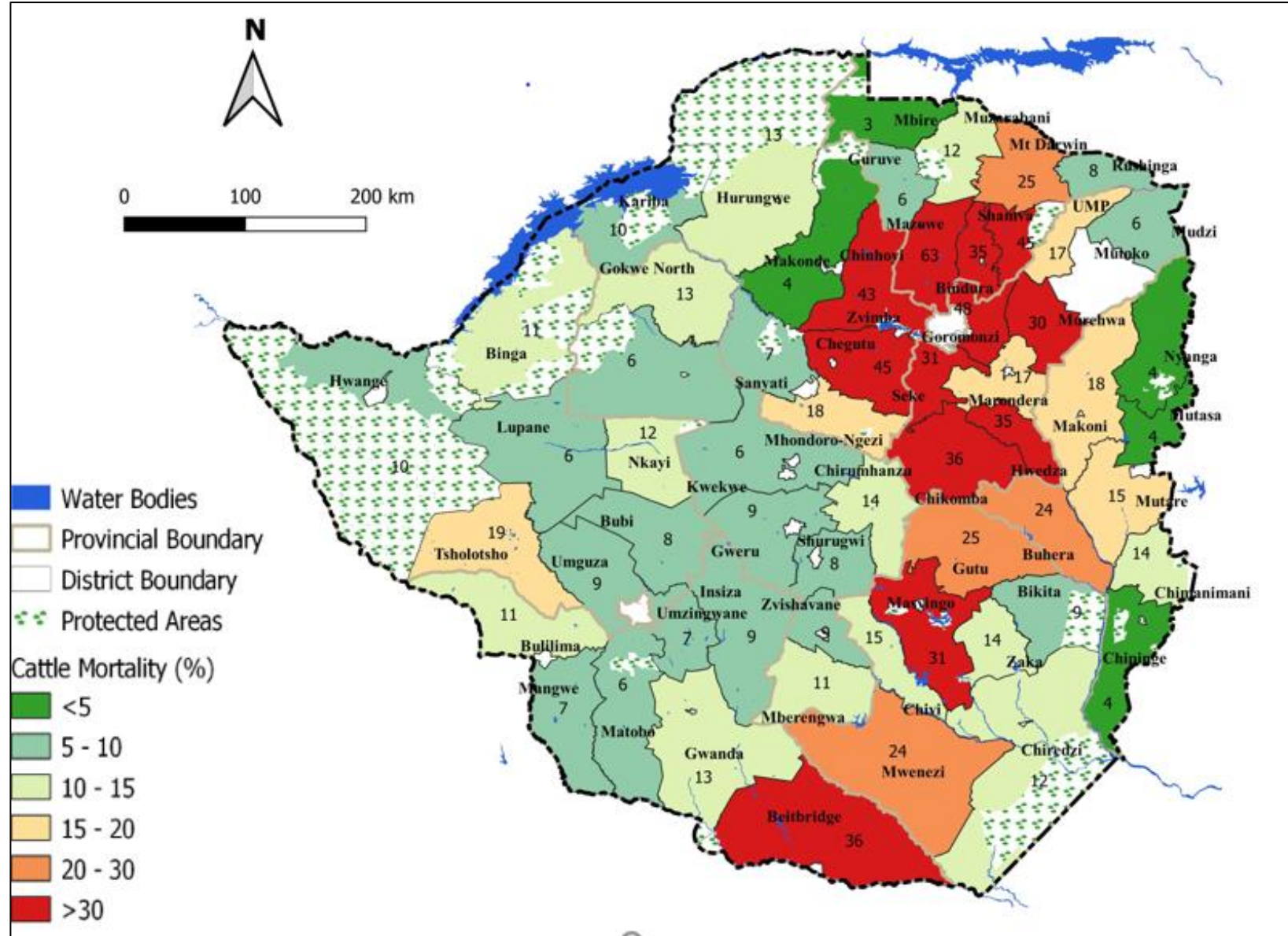
- Mberengwa, Chirumhanzu and Gokwe North had high cattle mortality rate ranging from 10-15%.

Goat Mortality

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

Agricultural Produce Markets

Livestock Prices (USD)

Cattle Prices
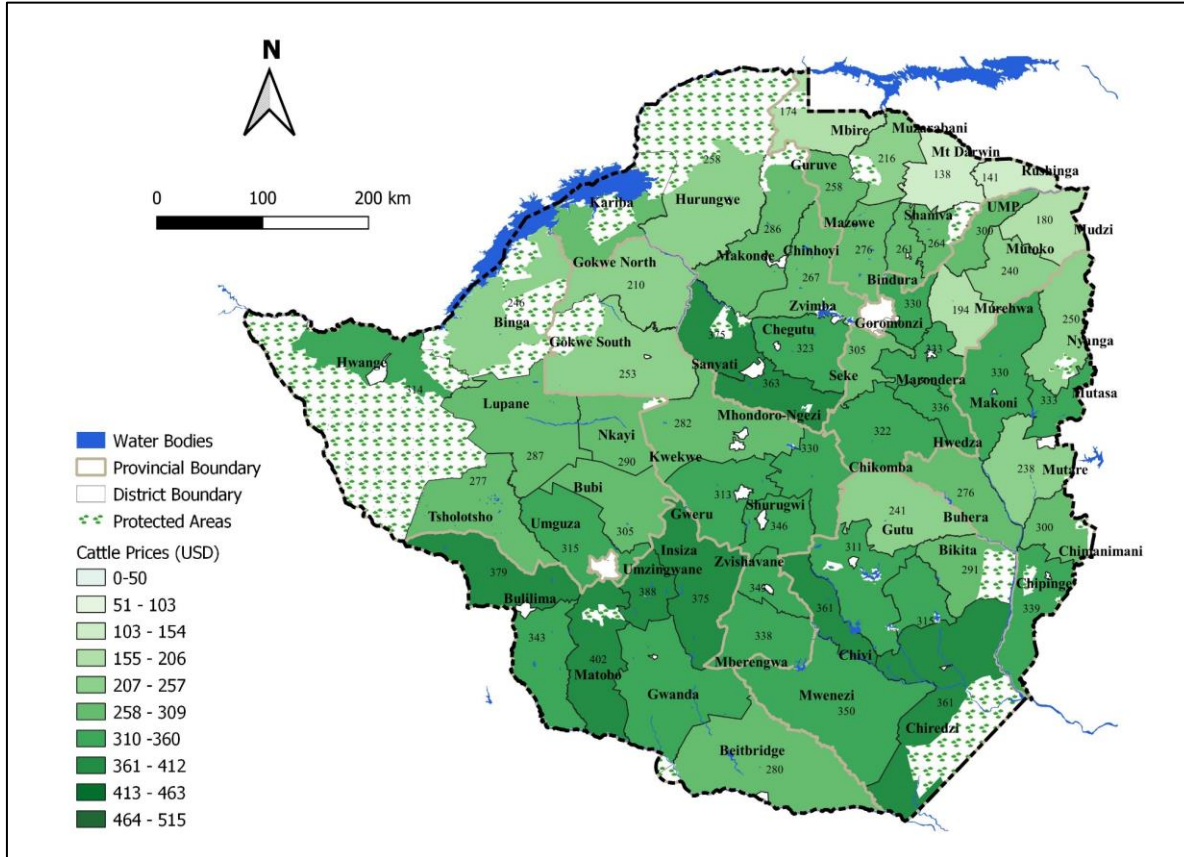
Goat Prices
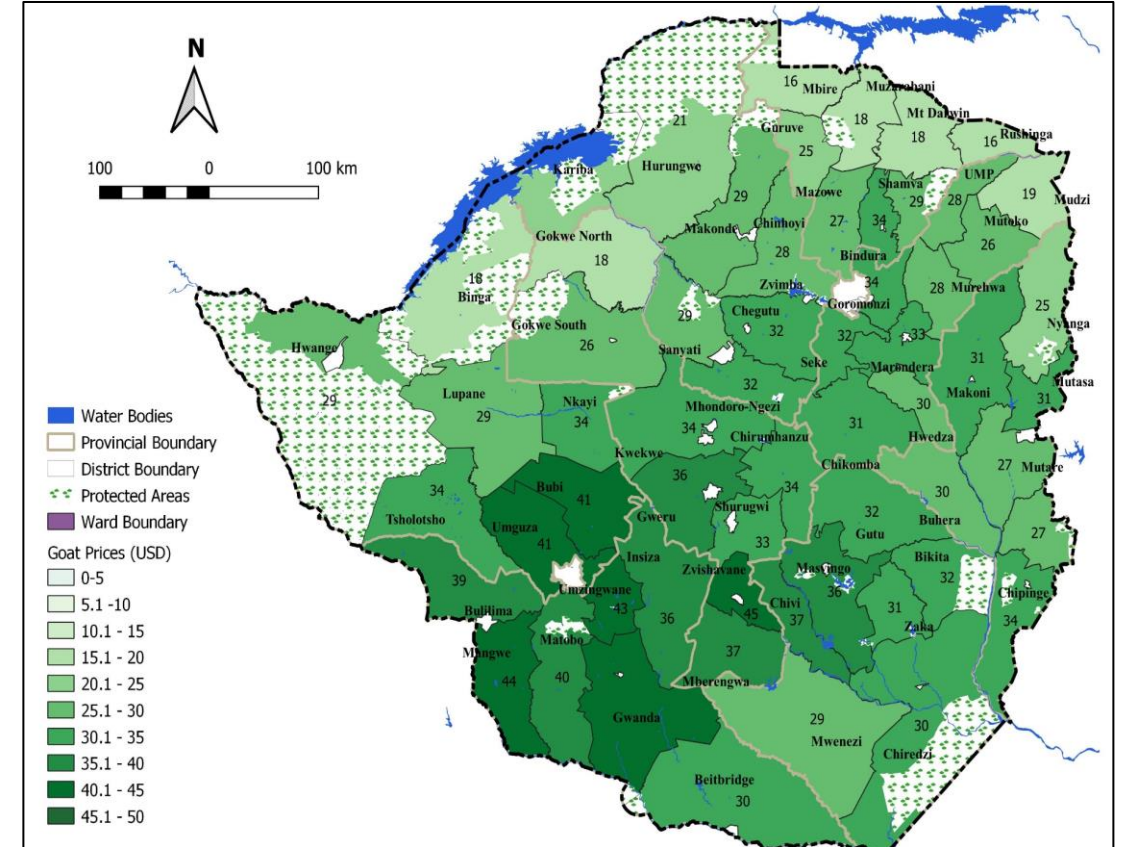
- The highest average cattle prices were in Zvishavane USD 349 and Shurugwi USD 346 and the lowest cattle prices were in Gokwe North (USD 210).

- Goat prices were highest in Zvishavane USD 45 and lowest in Gokwe North USD 18.

District Average Cereal Prices (USD)

Maize Grain
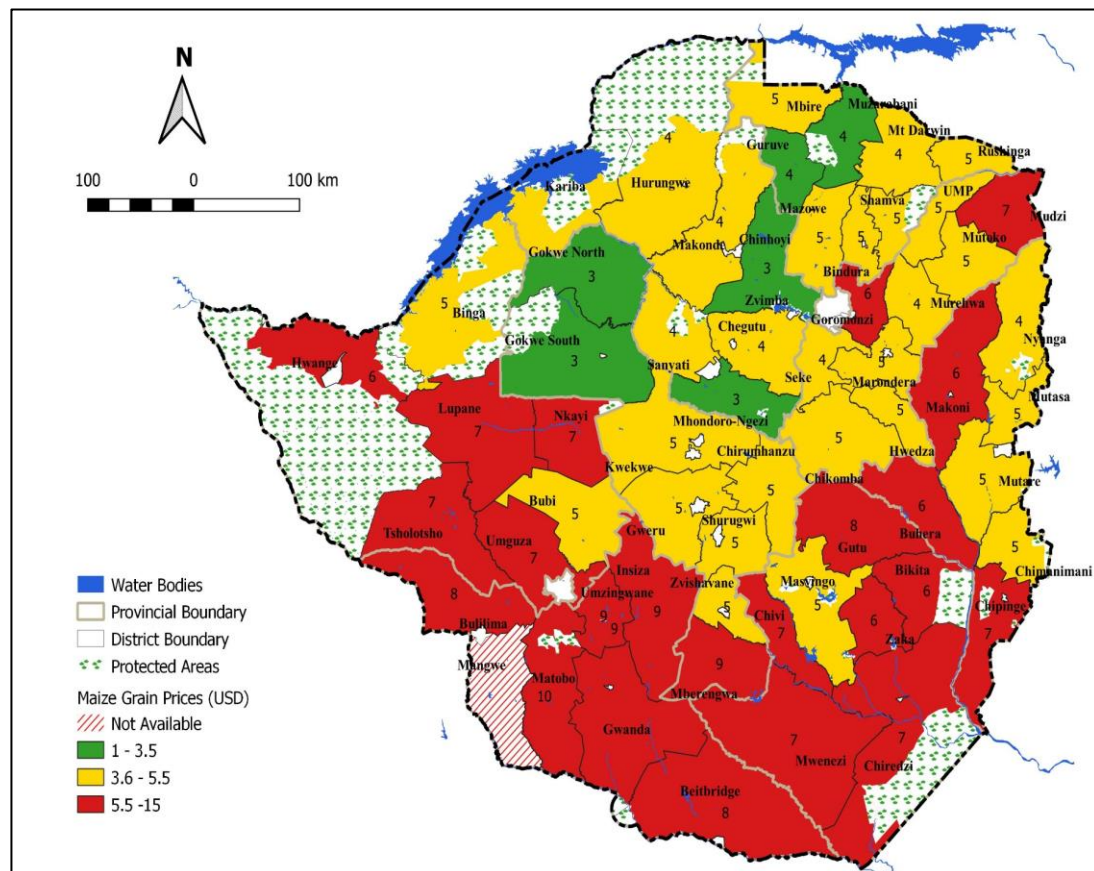
Maize Meal
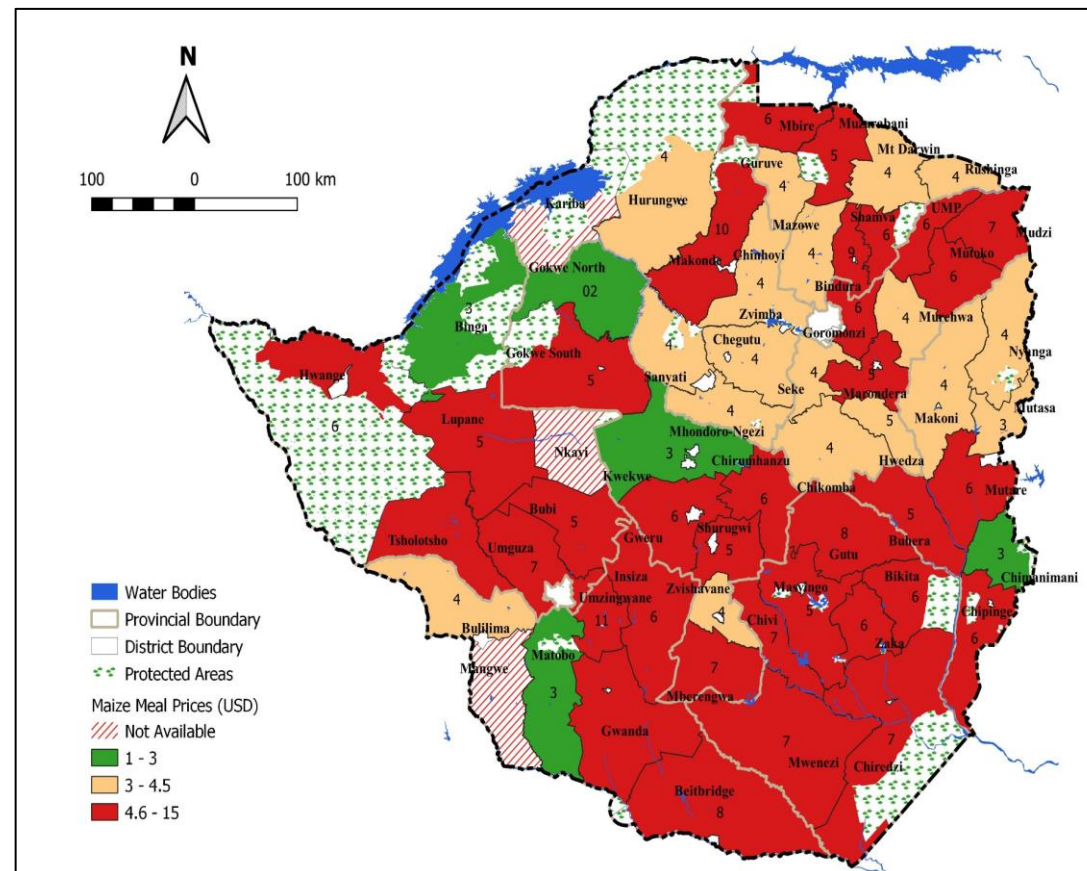
- Mberengwa had high prices for both maize meal and maize grain about USD 5 per bucket.

- However, Gokwe South had high maize meal price (USD 5) and low maize grain prices (USD 3).

Value Chain Practices

Access to Market Information
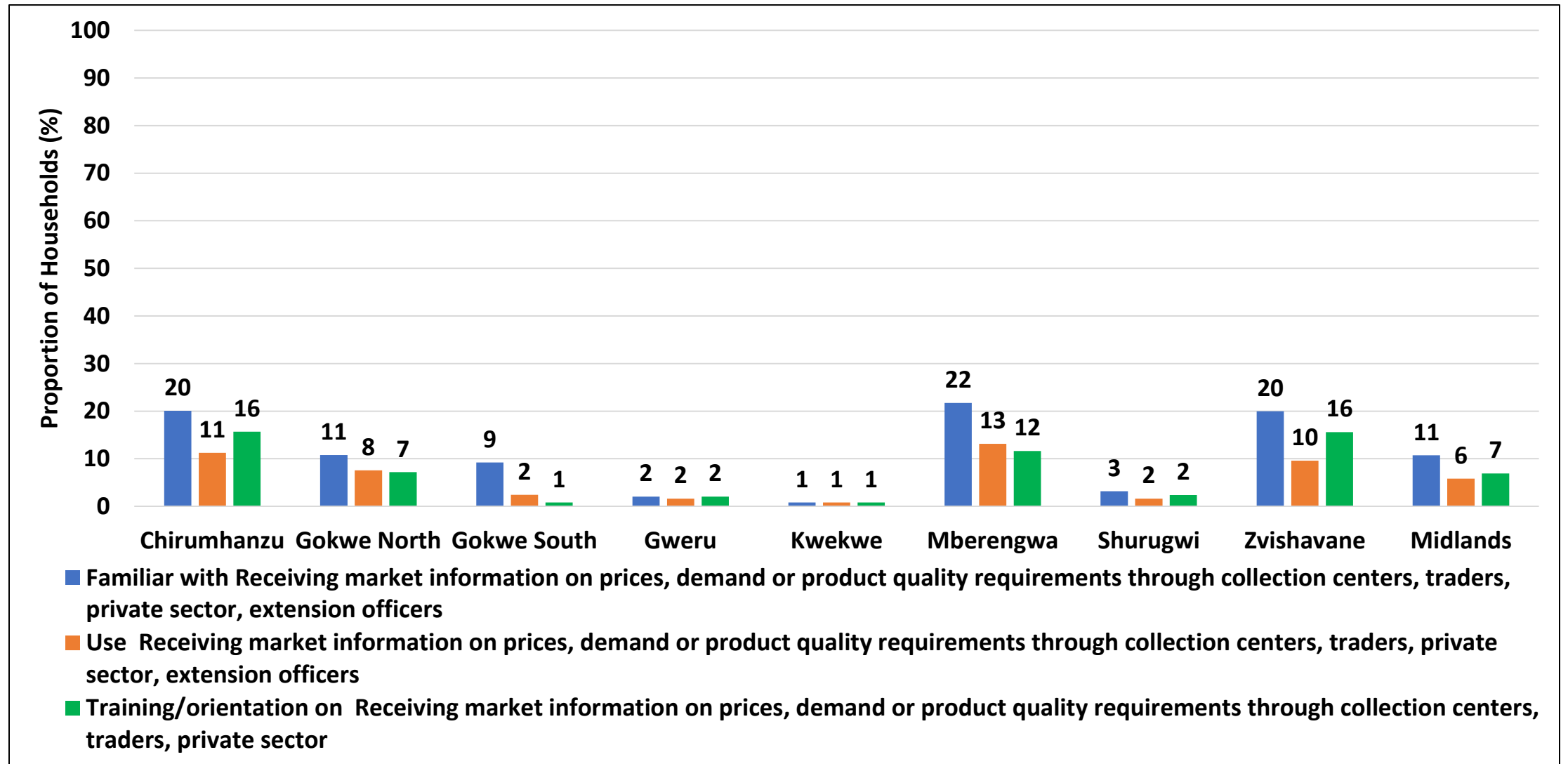
- Only 6% of the households indicated that they had used market information through various channels.

Use of Improved and Community Granaries
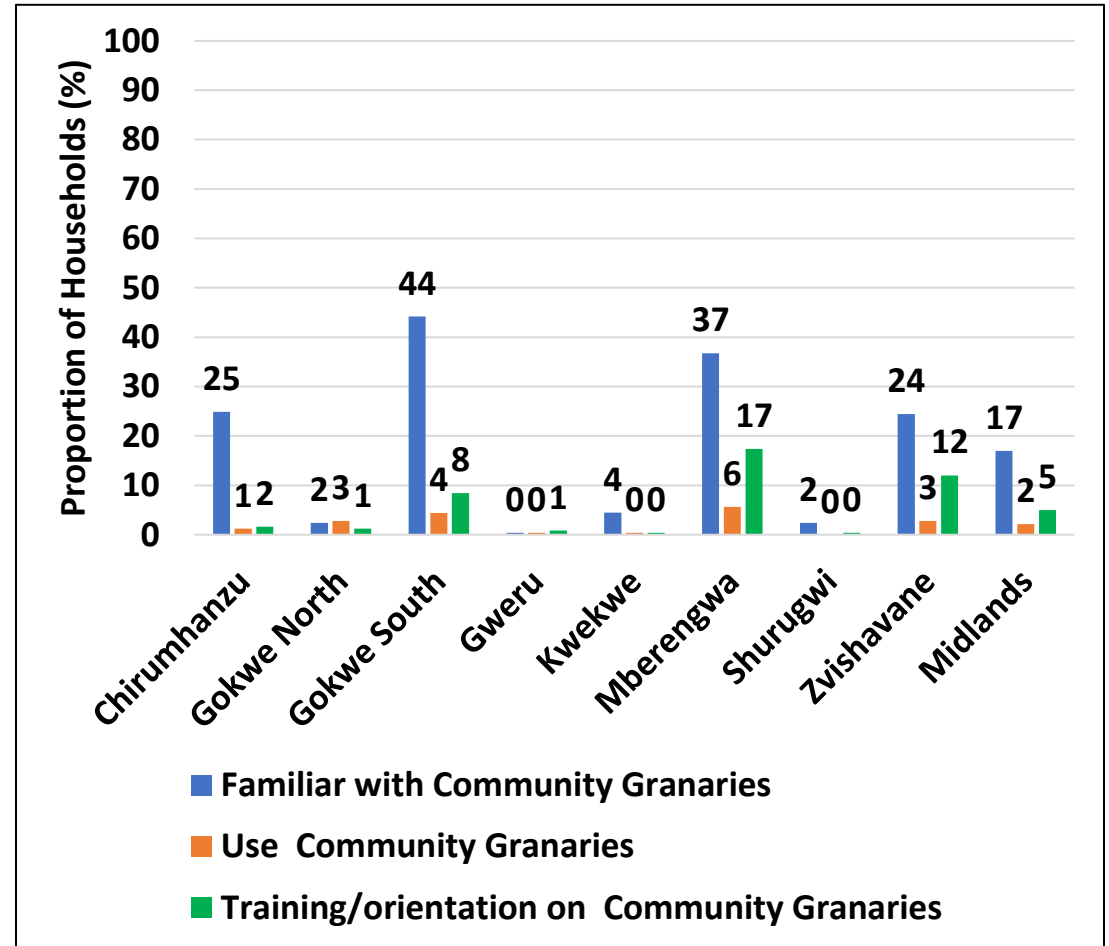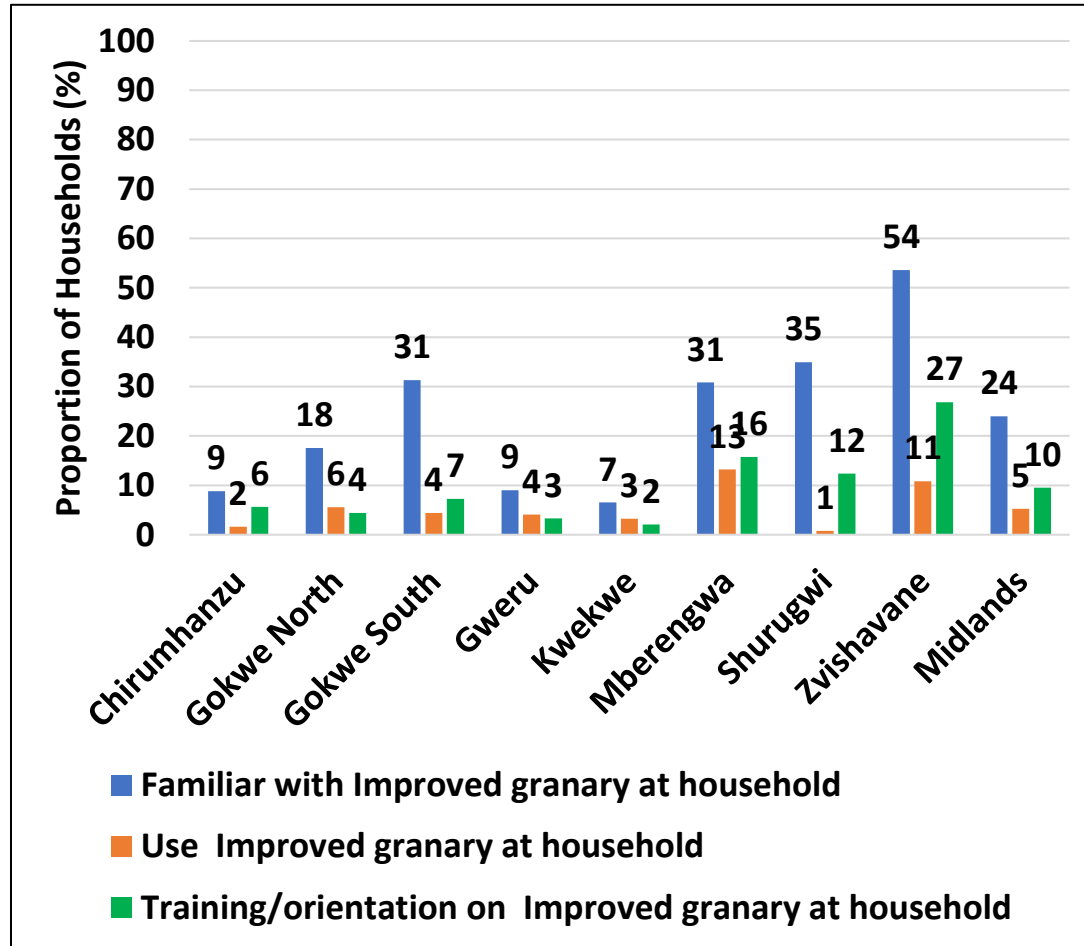
- Use of improved granaries was still limited as only 5% of the households indicated that they had used them.

- About 2% also indicated that they had used community granaries. This is an indication of poor post harvest management practices.

Post- Harvest Grain Storage Conditions
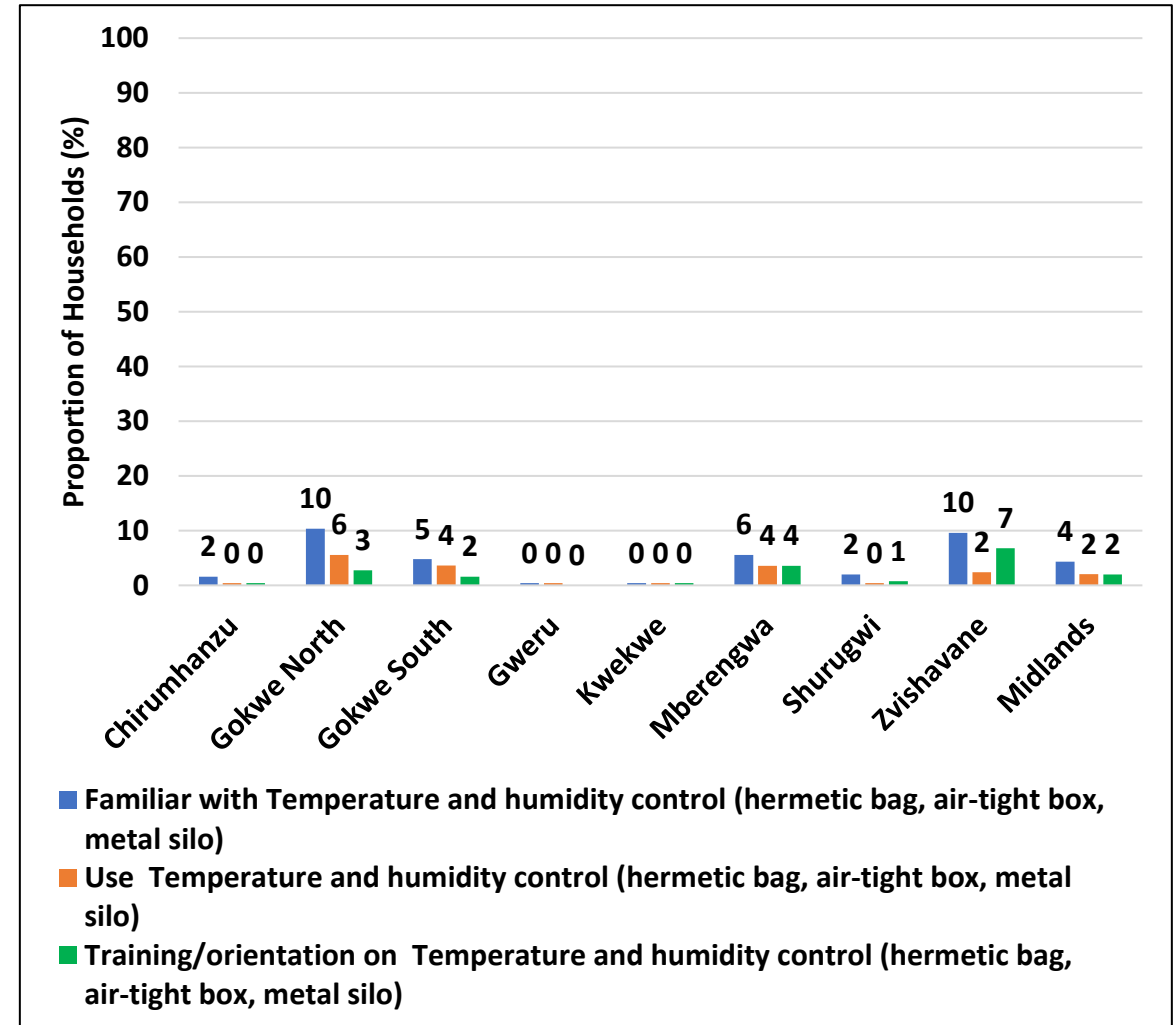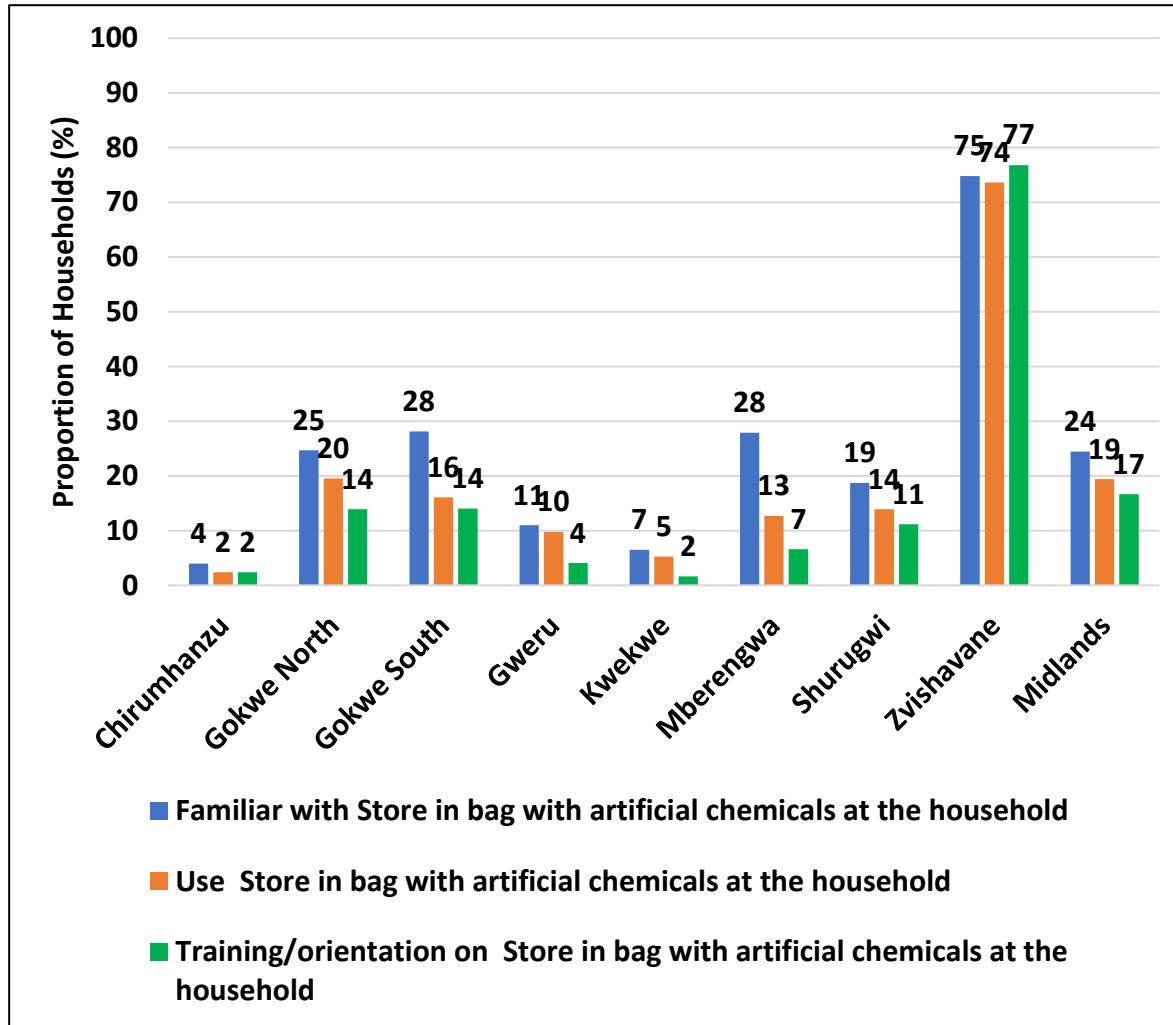
- About 19% of the households were storing their grain in bags and using grain protectants.

- Only 2% were using temperature and air control in grain protection (use of hermetic bags, metal silos, air-tight boxes etc.)

Use of Services of a Community Animal Health Worker
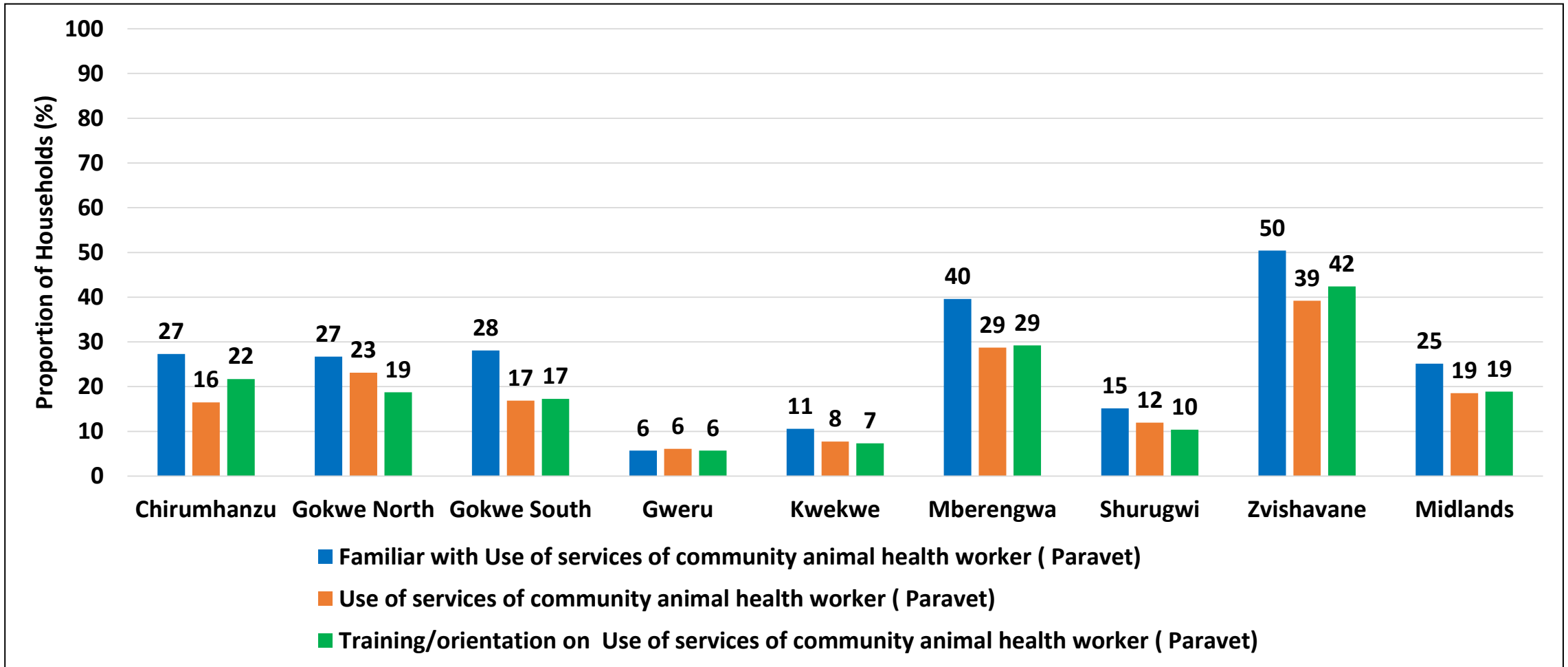
- About 19% of the households used the services of a community animal health worker.

Use of Locally Available Ingredients to Make Homemade Animal Feed
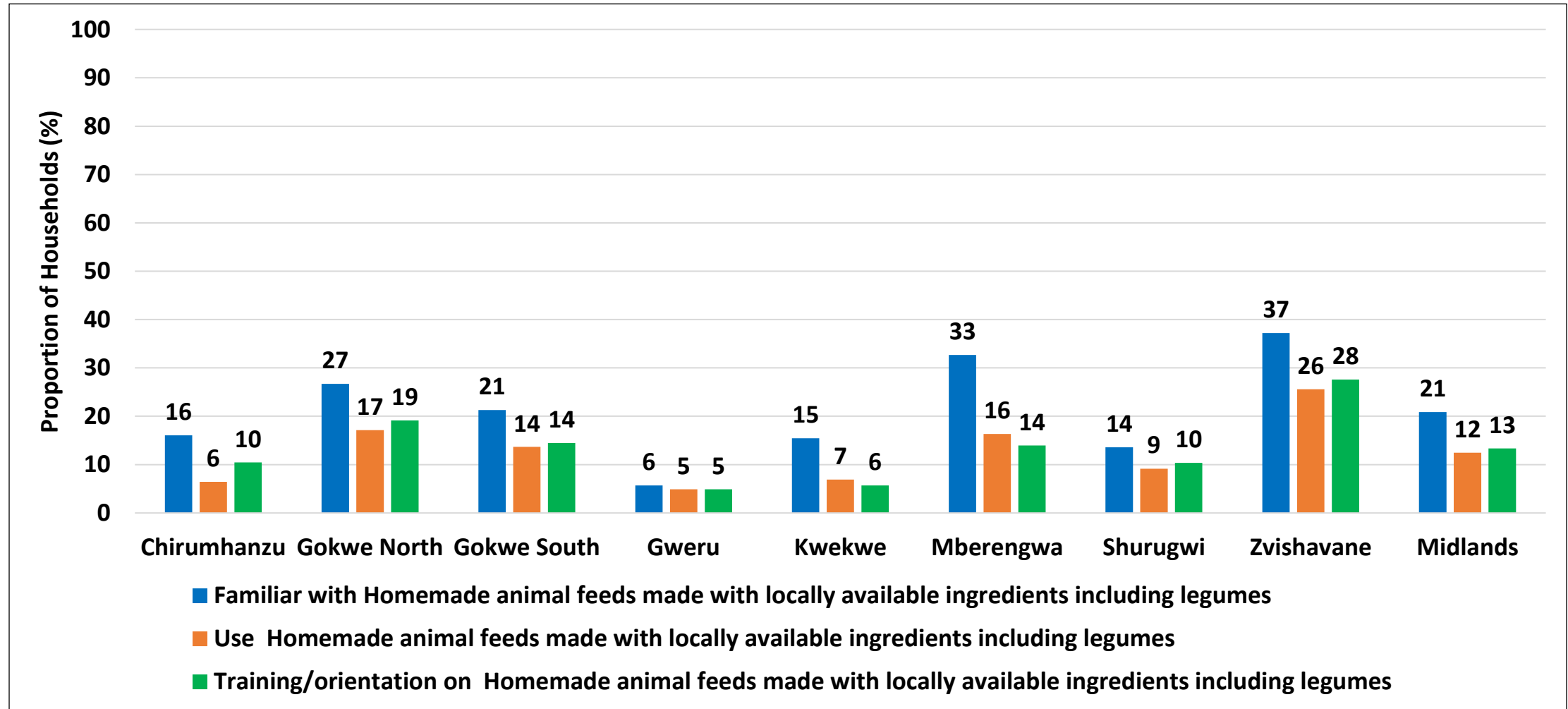
- Only 12% of the households used locally available ingredients to make homemade animal feed.

Use of Animal Fodder Production for Ruminants
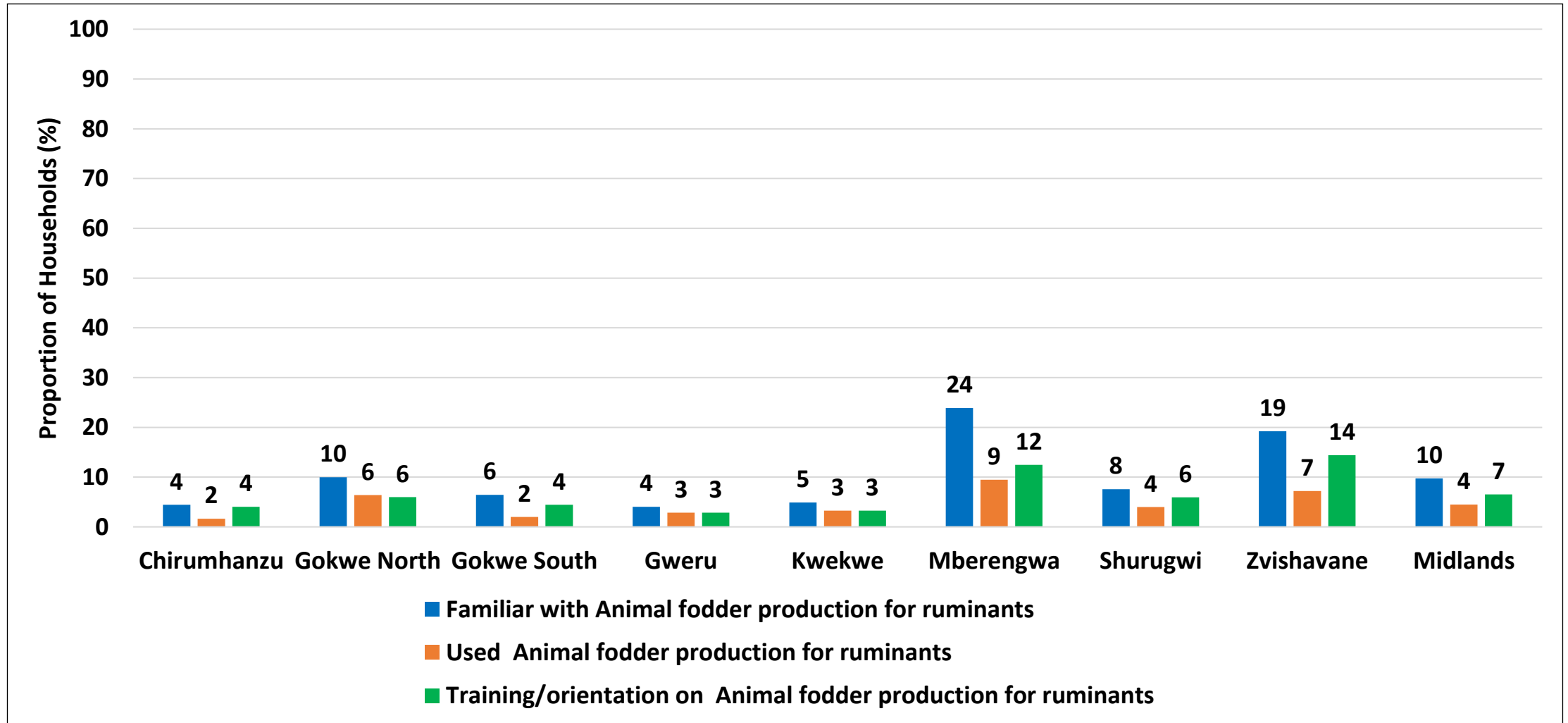
- The highest proportion of households which were familiar with animal fodder production for ruminants was in Mberengwa (24%).
- An average of 4% of the households used animal fodder production for ruminants.

Use of Improved Livestock Breeds
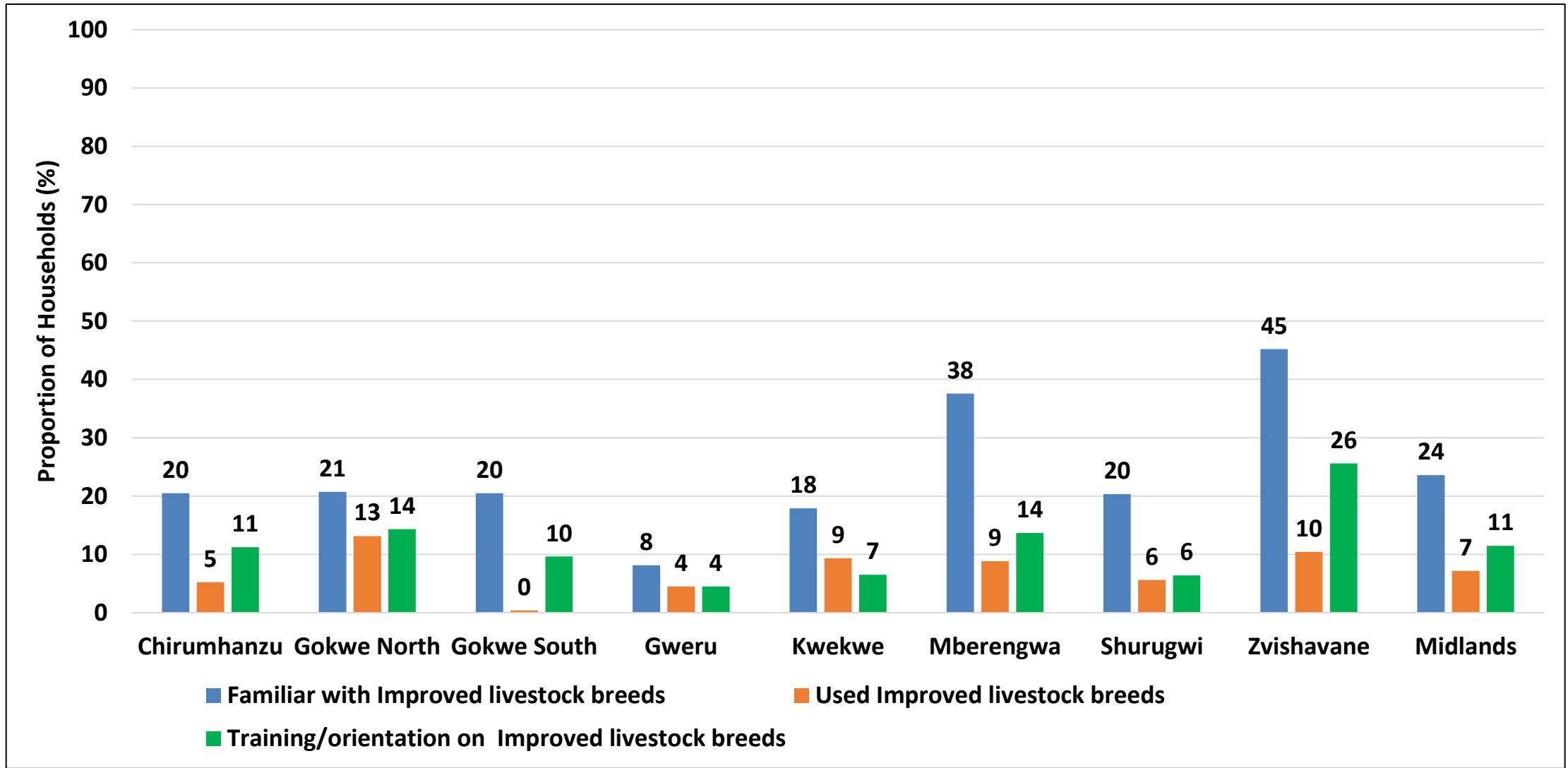
- Generally, only 7% of the households used improved livestock breeds and 11% received training on the subject matter.

Use of Improved Animal Housing and Water Infrastructure for Livestock
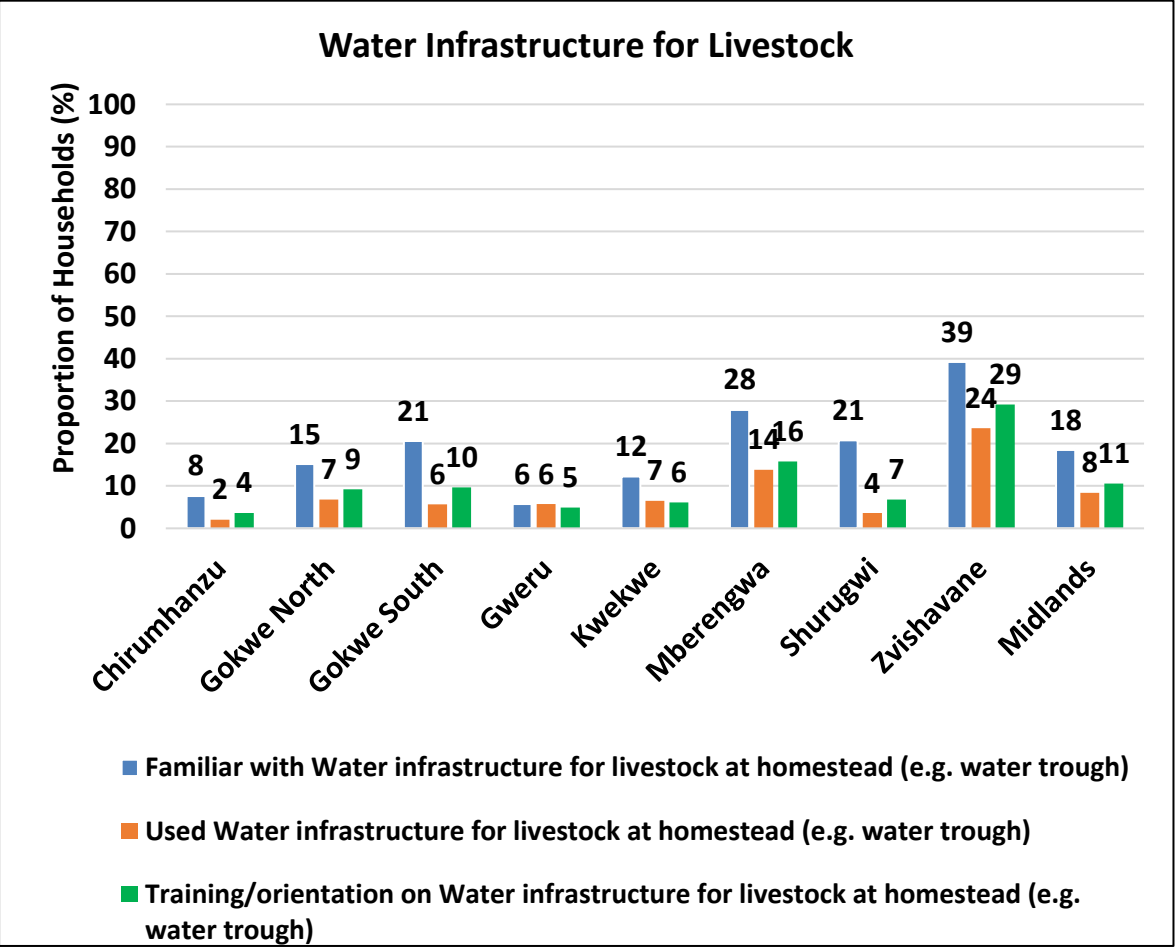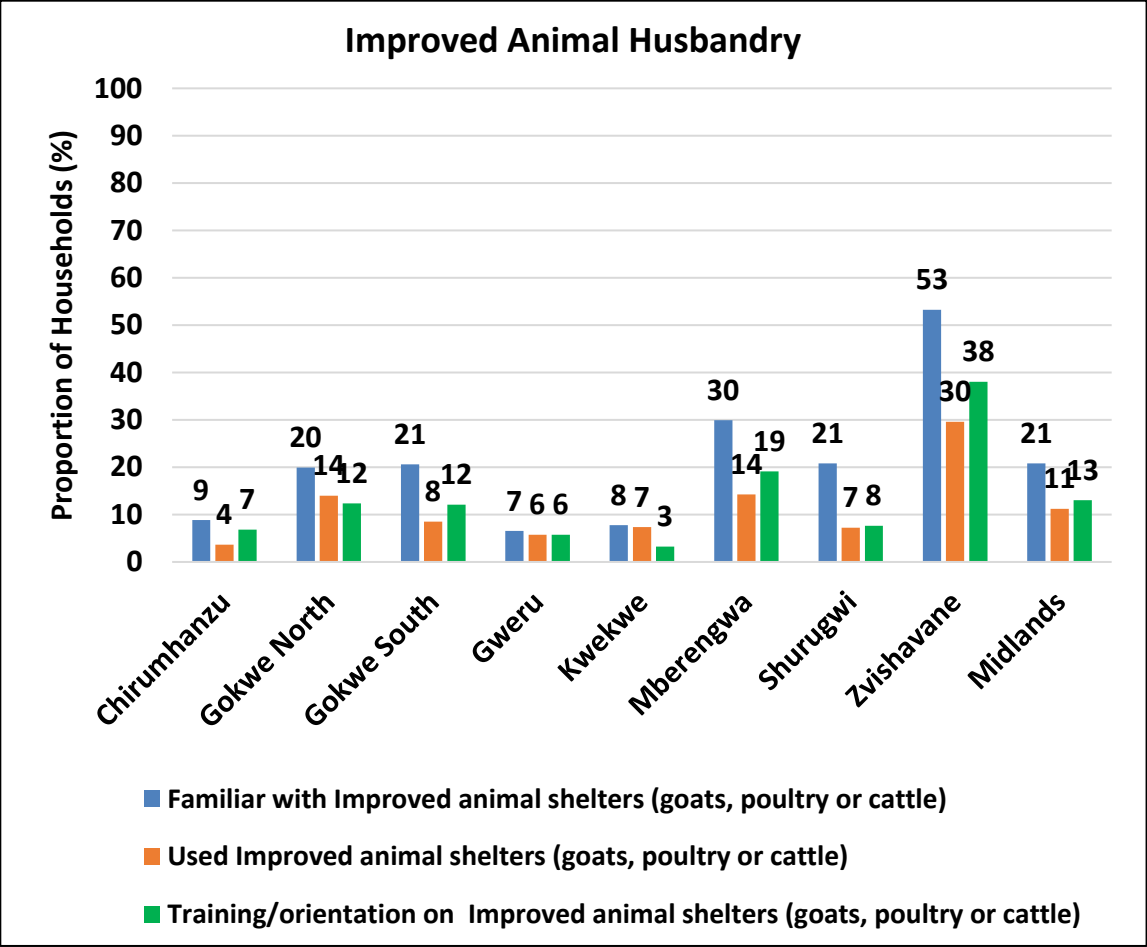
- The proportion of households which used improved animal housing was 11% and the proportion of households which had used water infrastructure for livestock was 8%.

Livestock Vaccinations
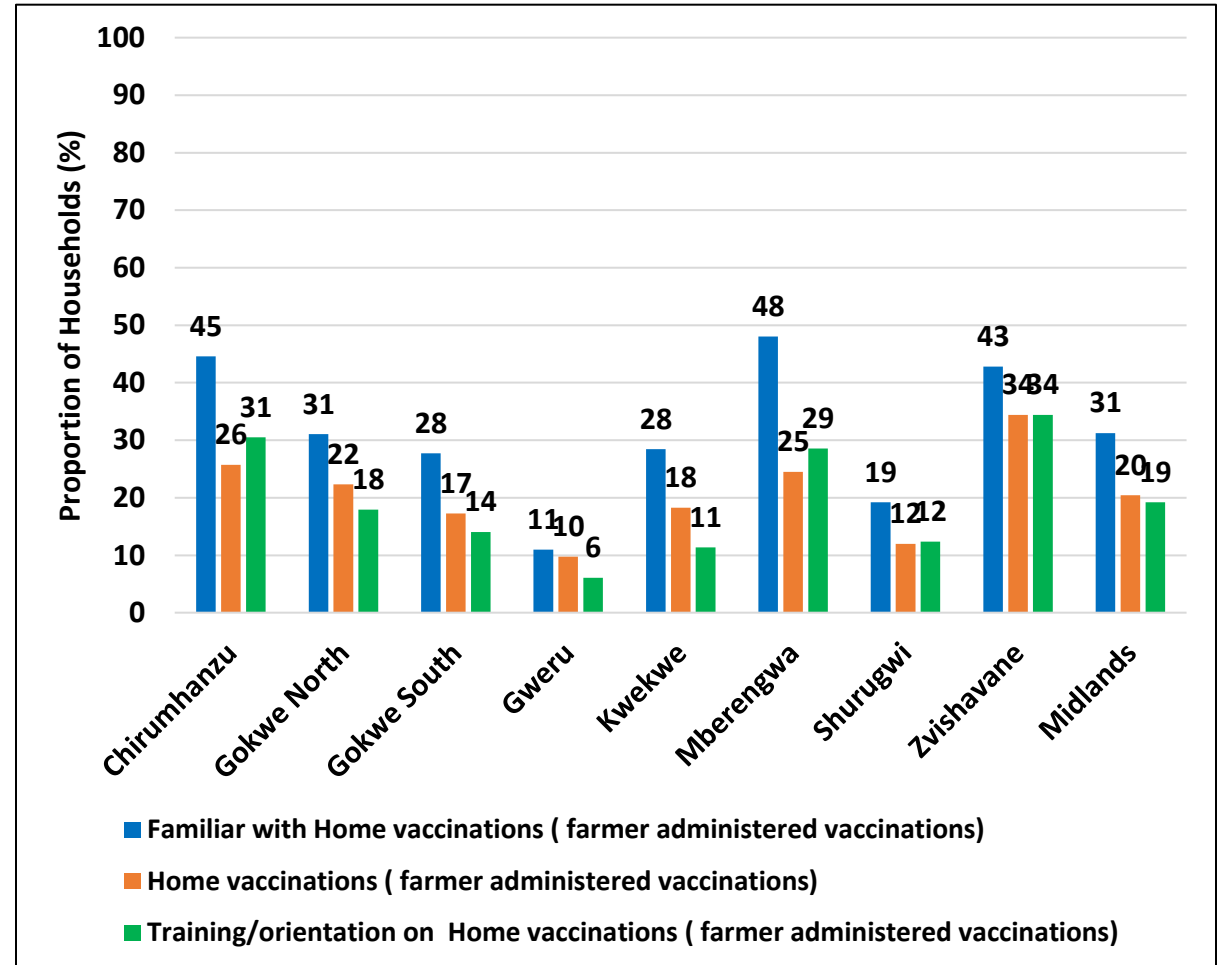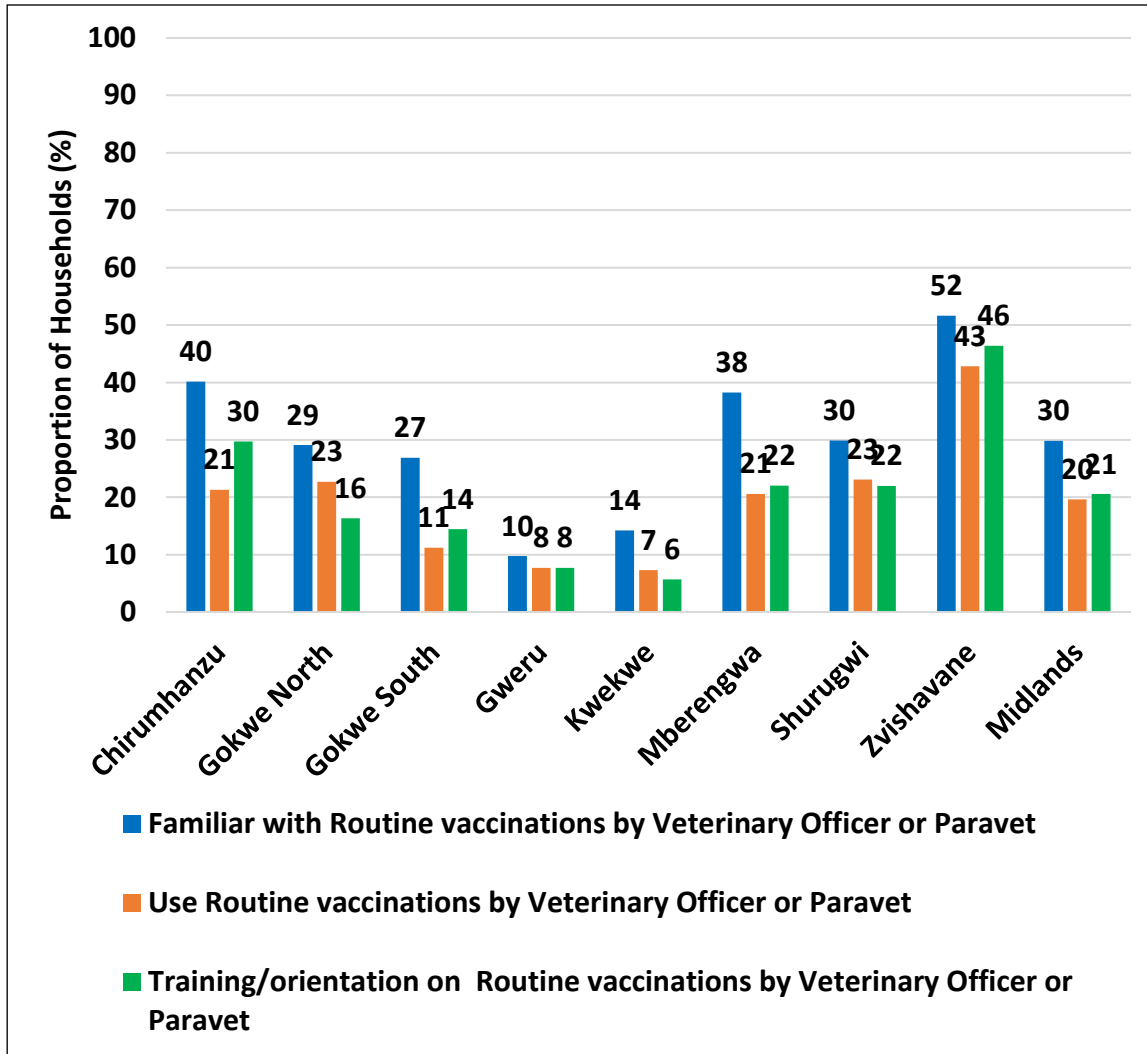
- About 30% of households were familiar with routine vaccinations and only 20% had used routine vaccinations from a Paravet.

- The proportion of households which had administered home vaccinations was 20%.

Use of Deworming and Dipping

Deworming

Proportion of Households (%)

District	Familiar with Deworming	Used Deworming	Training/orientation on Deworming
Chirumhanzu	52	29	39
Gokwe North	43	28	27
Gokwe South	49	23	16
Gweru	12	10	8
Kwekwe	57	27	17
Mberengwa	60	35	35
Shurugwi	27	13	14
Zvishavane	70	40	44
Midlands	46	25	25

■ Familiar with Deworming
■ Used Deworming
■ Training/orientation on Deworming

Dipping

Proportion of Households (%)

District	Familiar with Dipping	Used Dipping	Training/orientation on Dipping
Chirumhanzu	78	53	55
Gokwe North	76	55	50
Gokwe South	93	56	45
Gweru	39	30	14
Kwekwe	72	33	23
Mberengwa	81	60	58
Shurugwi	61	47	36
Zvishavane	78	55	58
Midlands	72	49	42

■ Familiar with Dipping   ■ Used Dipping
■ Training/orientation on Dipping

- About 46% of the households were familiar with deworming and 72% were familiar with dipping.

Climate Smart Agriculture

Household Knowledge on Pfumvudza
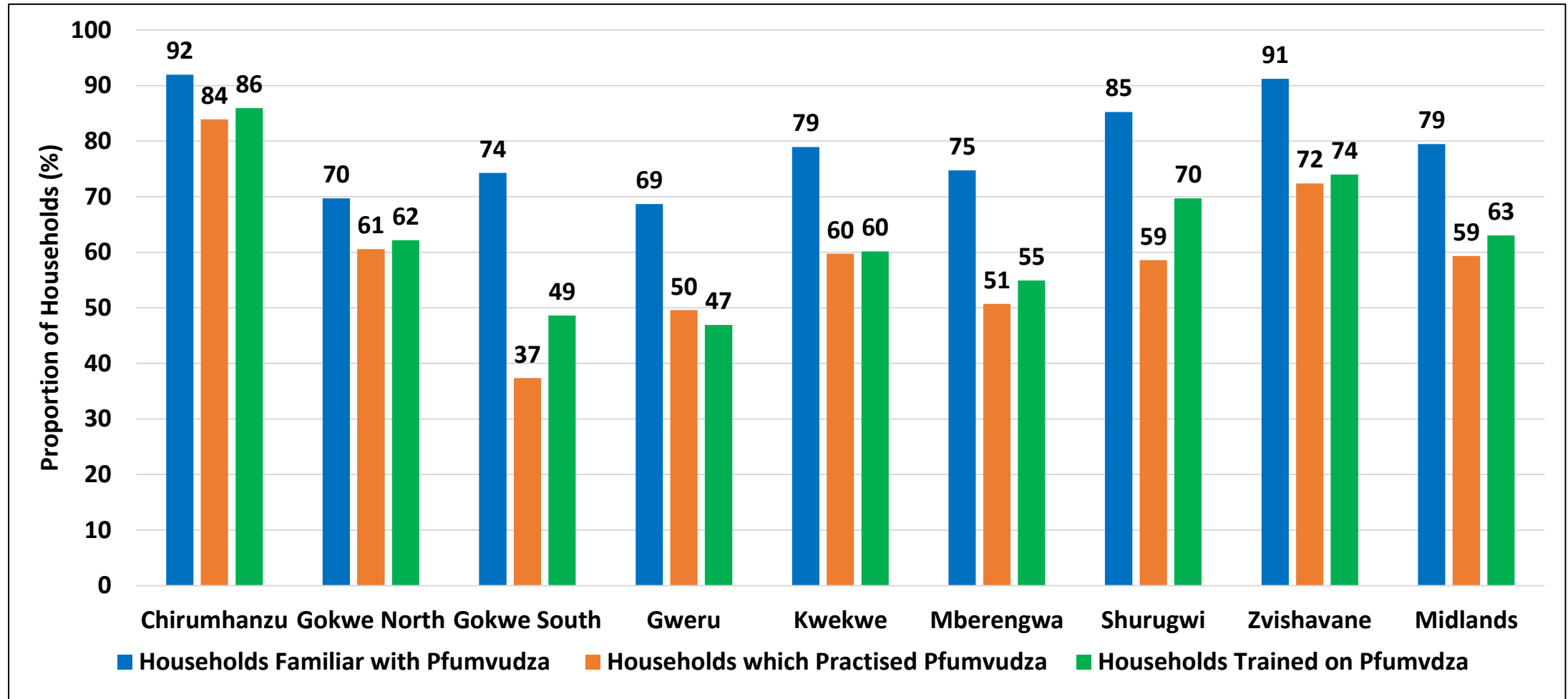
- About 79% of households were familiar with Pfumvudza , 63% had received training and 59% had practiced it.

- Chirumhanzu (84%) had the highest proportion of households which practiced Pfumvudza while Gokwe South (37%) had the lowest.

Use of Quality Certified Seed
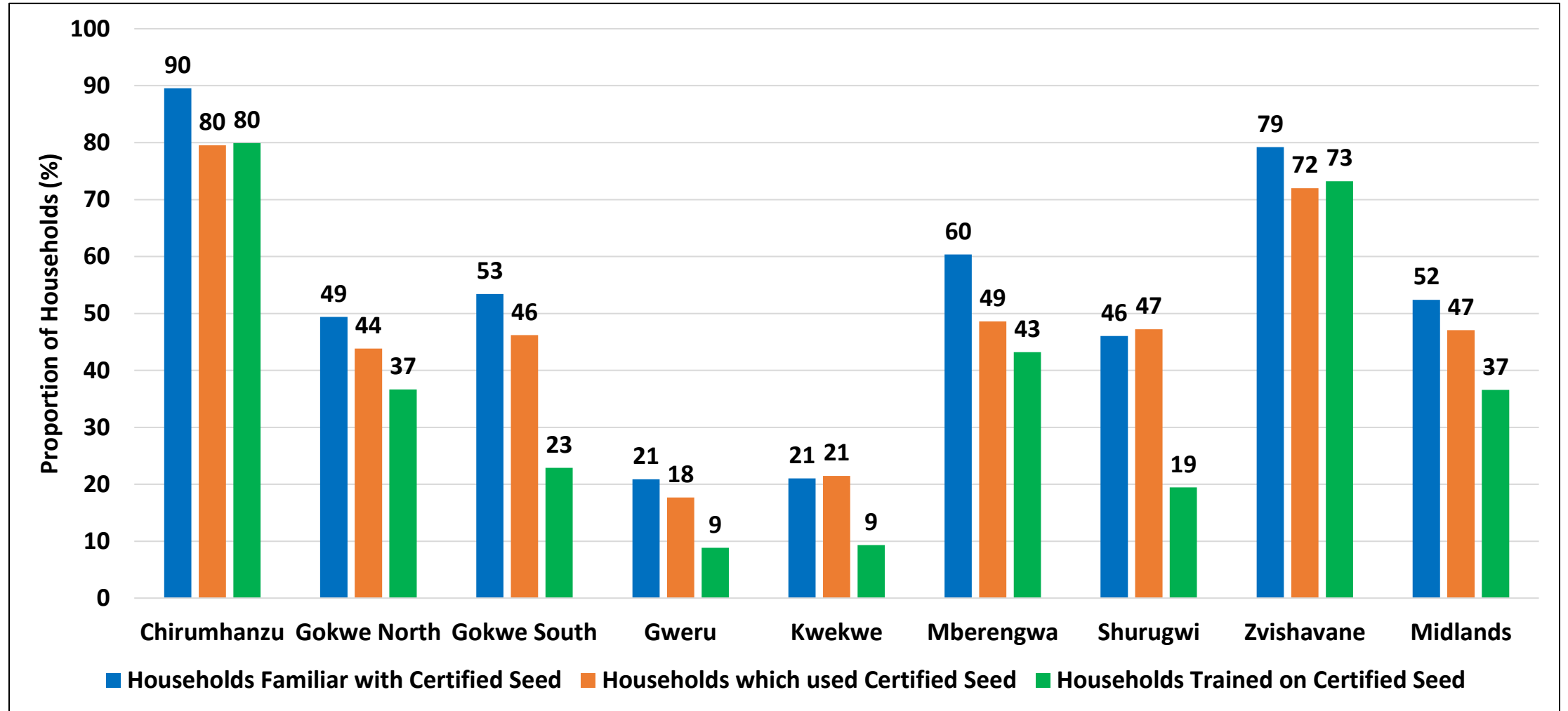
- Generally, about 47% of the households had used quality certified seed and Chirumhanzu had the highest proportion at 80%.

81

Use of Community Seed Banks
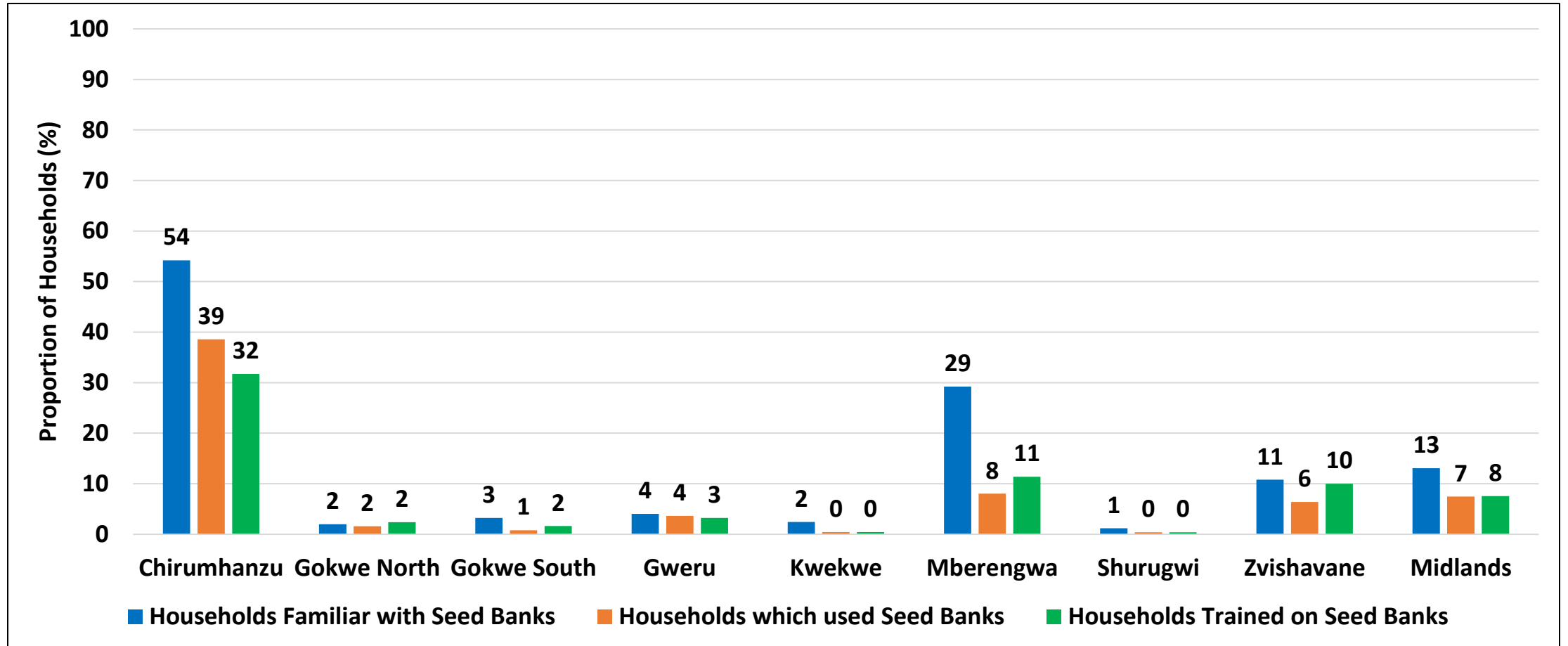
- The proportion of households which had used community seed banks was relatively low at 7%.

- However, Chirumhanzu had the highest proportion of households which had used community seed banks at 39%.

Use of Suitable Improved Varieties
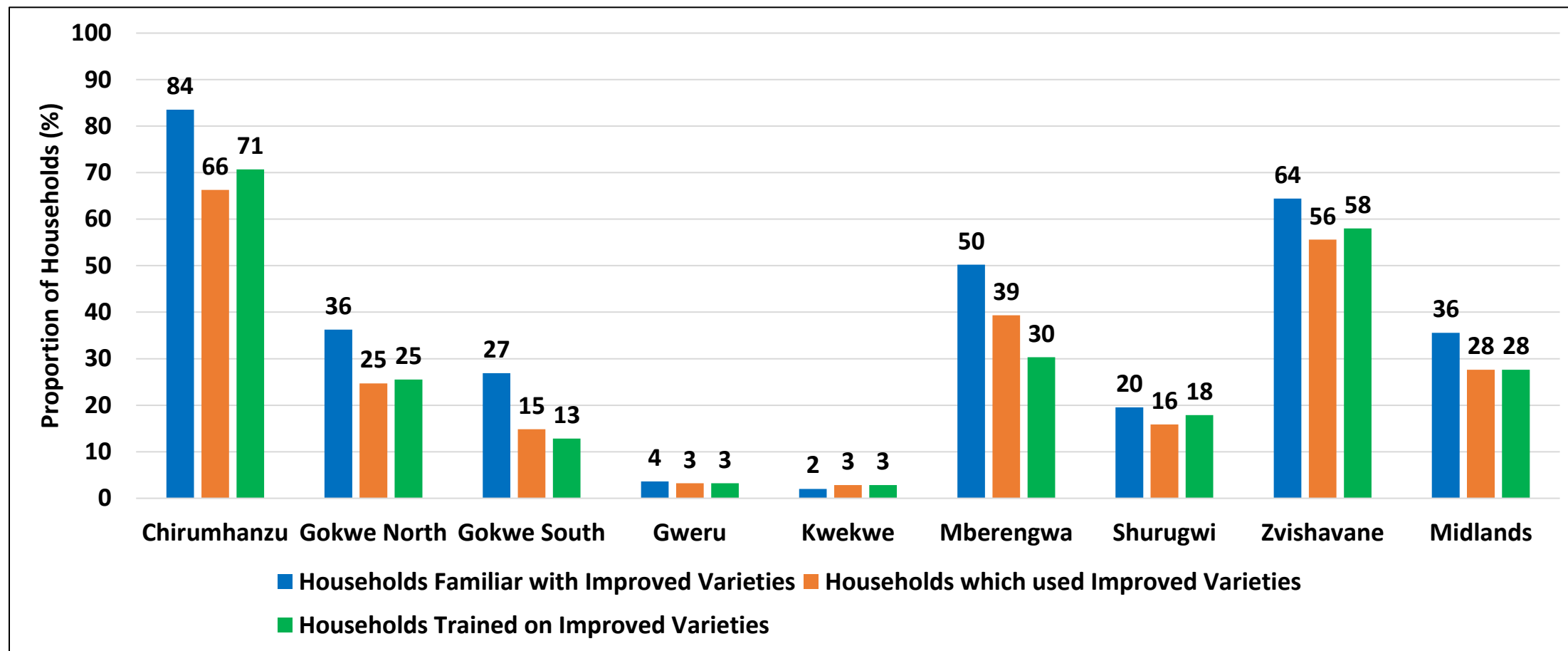
- About 28% of the households had used suitable improved varieties with the highest proportion being in Chirumhanzu (66%).

Households which Grew Small Grains
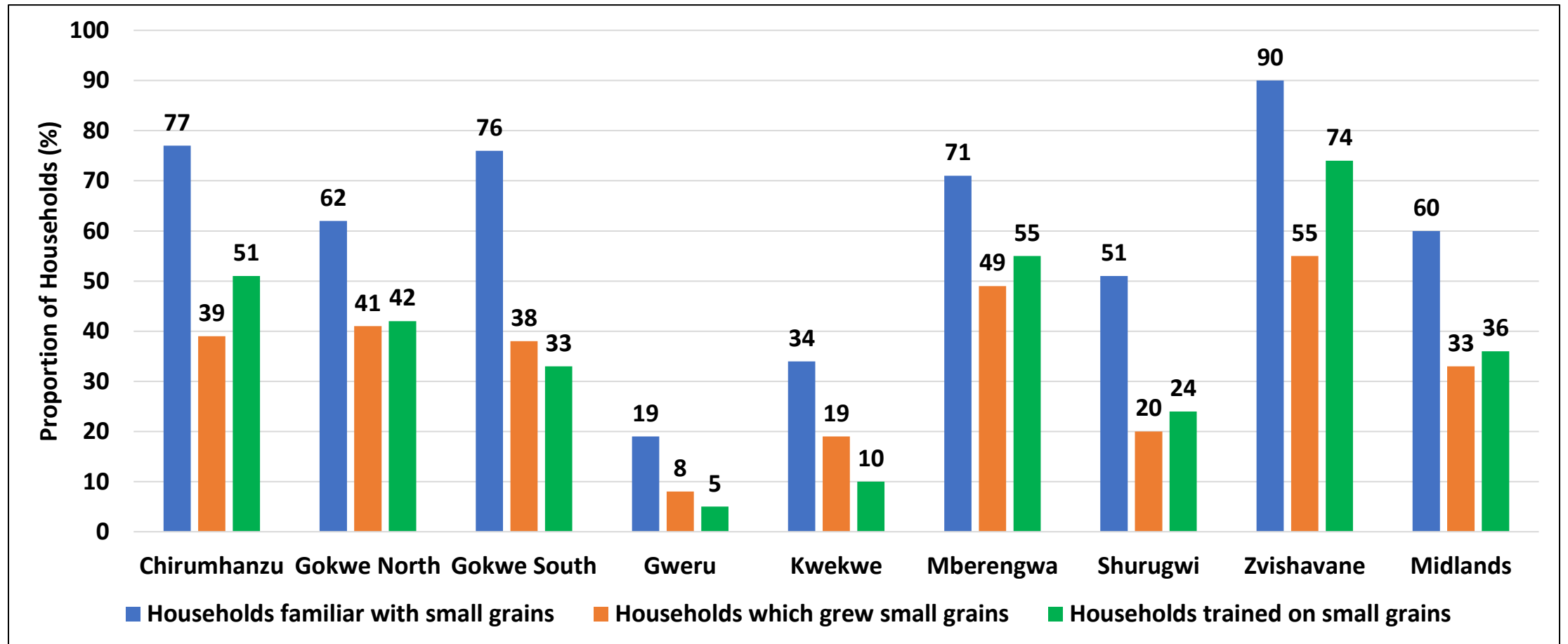
- About 33% of the households grew small grains and Zvishavane (55%) had the highest proportion of households which grew small grains while Gweru (8%) had the least.

Use of Crop Rotation
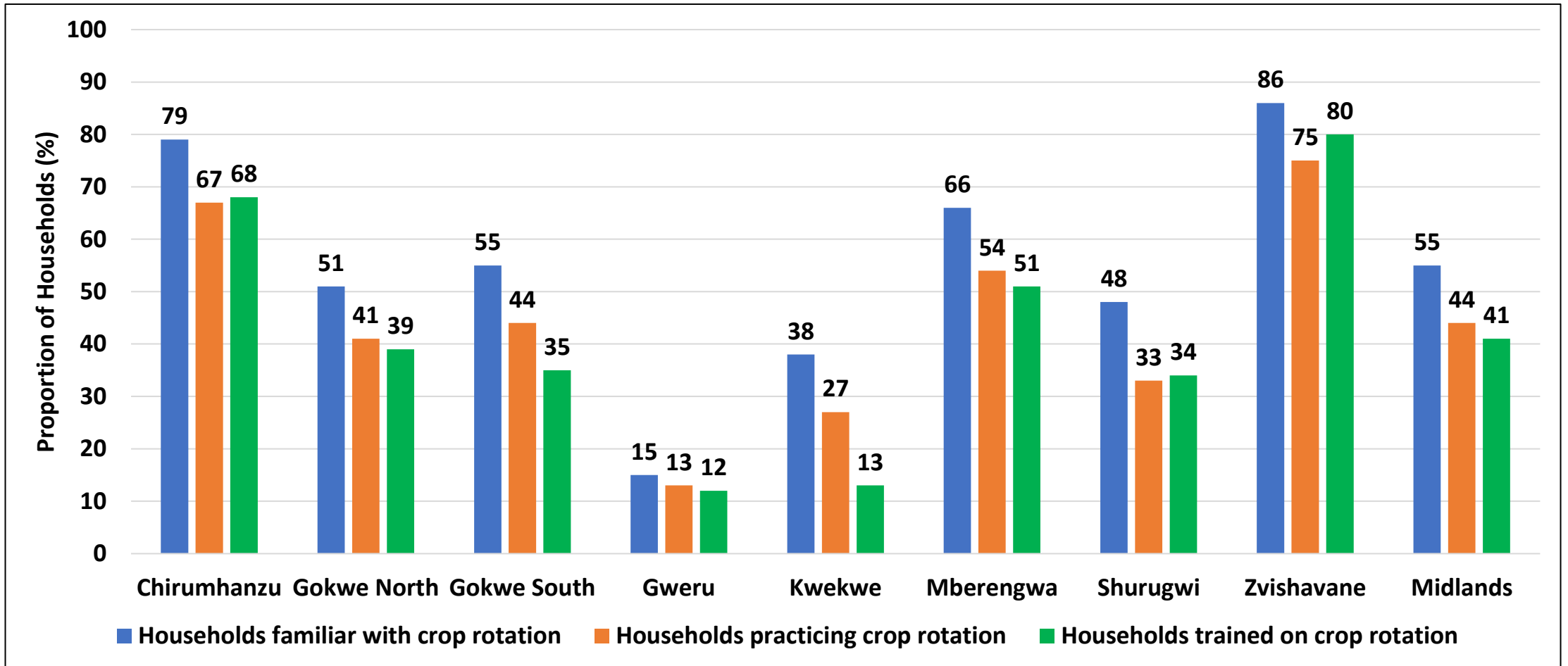
- Crop rotation was practiced by 44% of the households across the province.

- Zvishavane (75%) had the highest number of households which practiced crop rotation and Gweru had the lowest (13%).

Use of Compost/Organic fertilizer
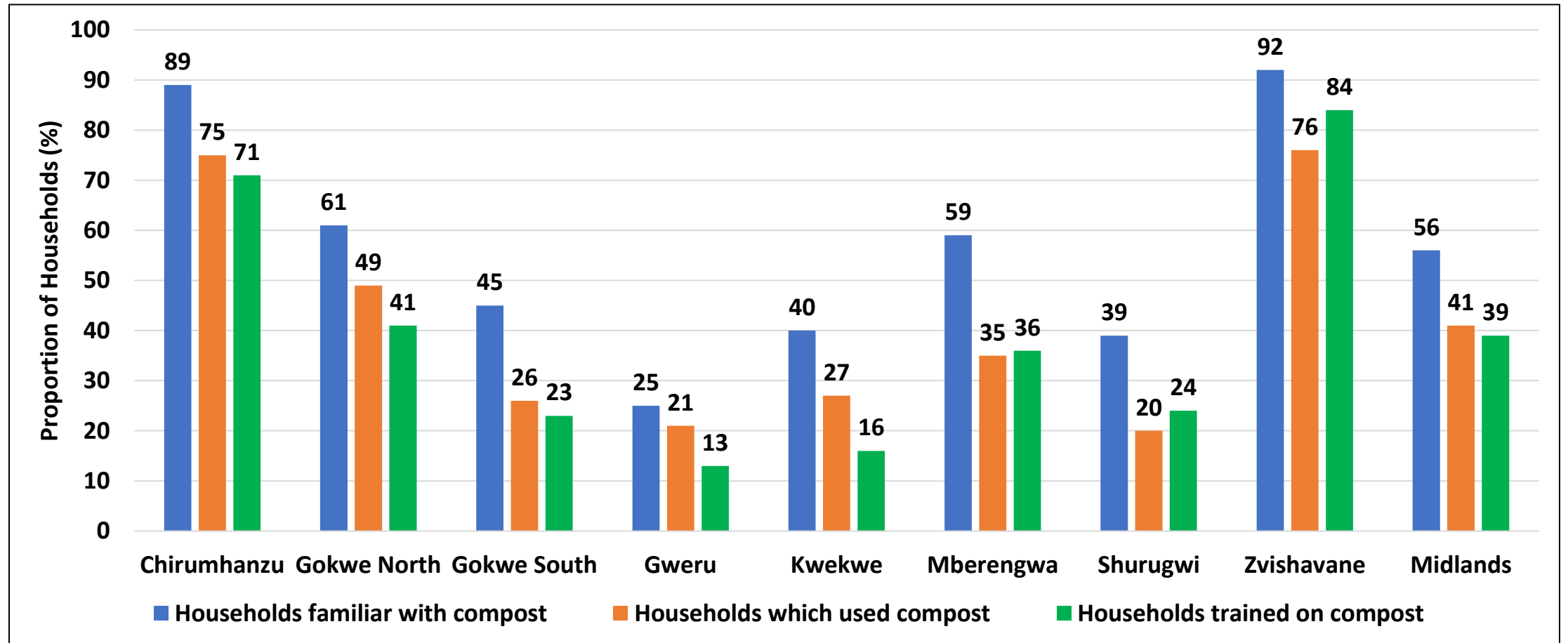
- About 56% of the households were familiar with the use of compost fertilizer and 41% practised it.

- The use of compost fertilizer was highest in Zvishavane (76%) and lowest in Shurugwi (20%).

Use of Drip Irrigation
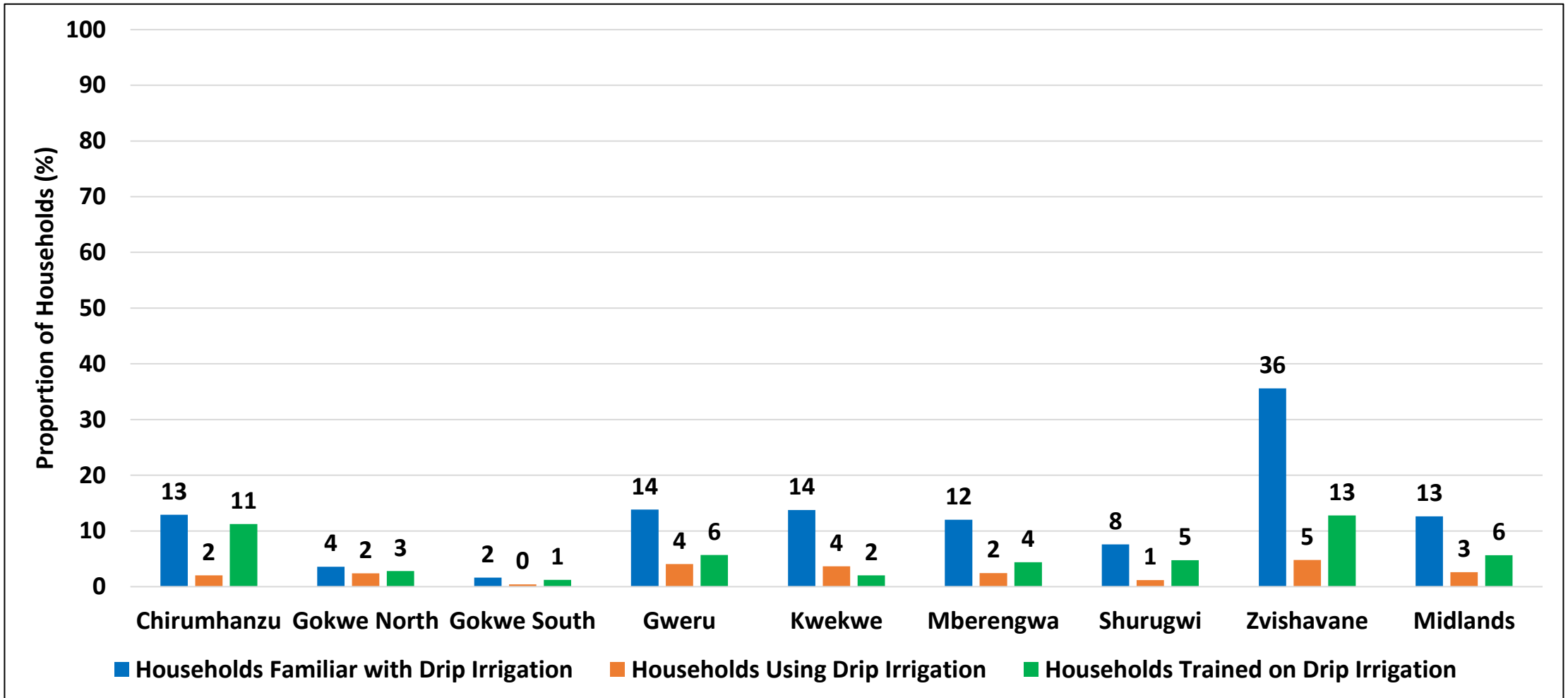
- The use of drip irrigation by households was low across all districts (3%).

Use of Plant Spacing
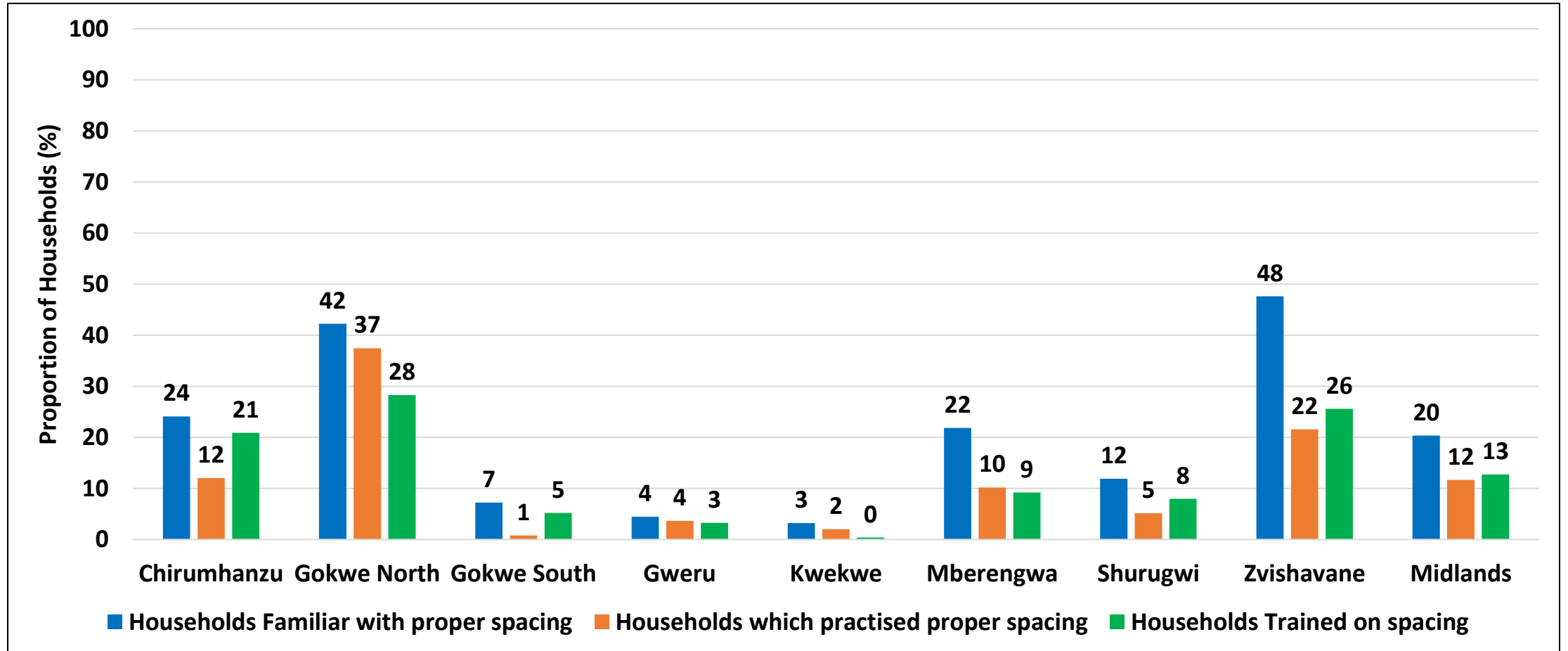
- Approximately, 20% of the households were familiar with plant spacing and 12% of the households had practiced appropriate plant spacing.

Use of Intercropping
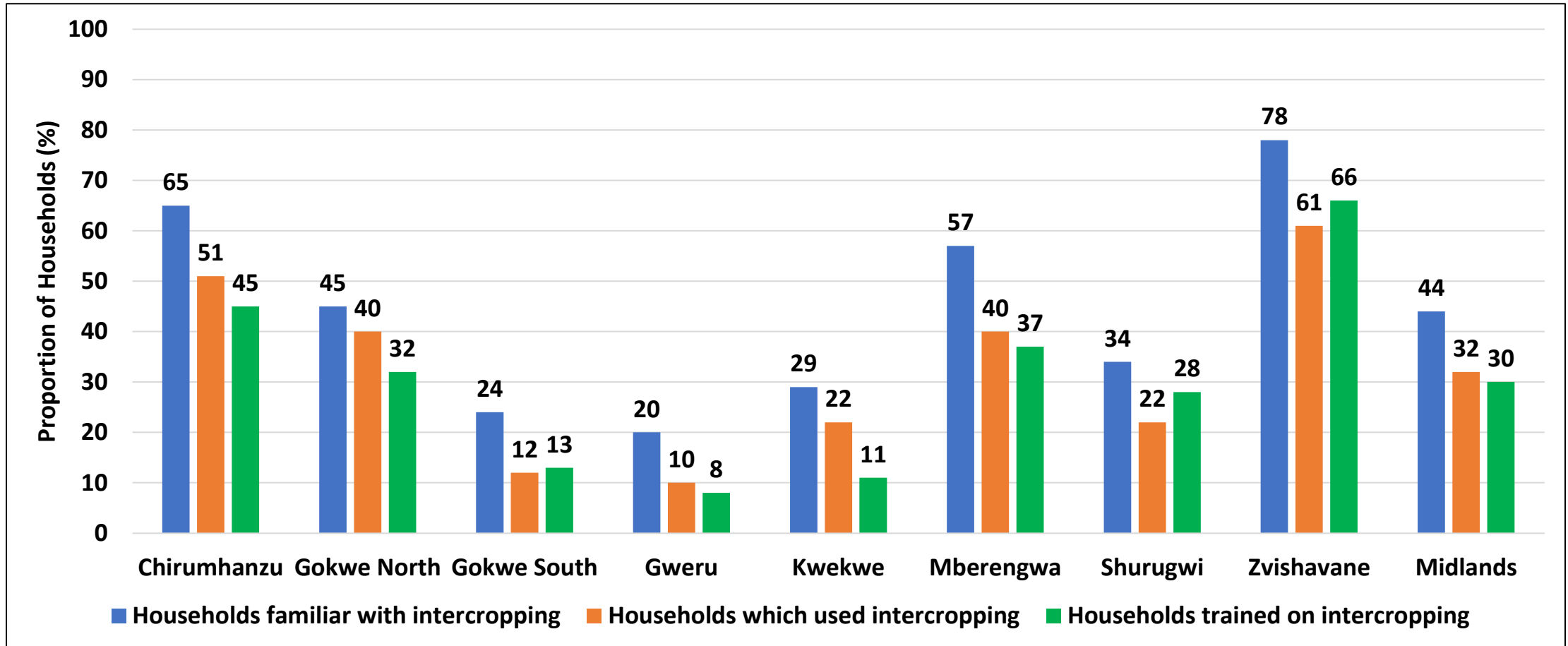
- Intercropping was practiced by 32% of the households with Zvishavane having the highest proportion of households practicing intercropping (61%) while Gweru (10%) had the lowest.

Use of Cover Cropping
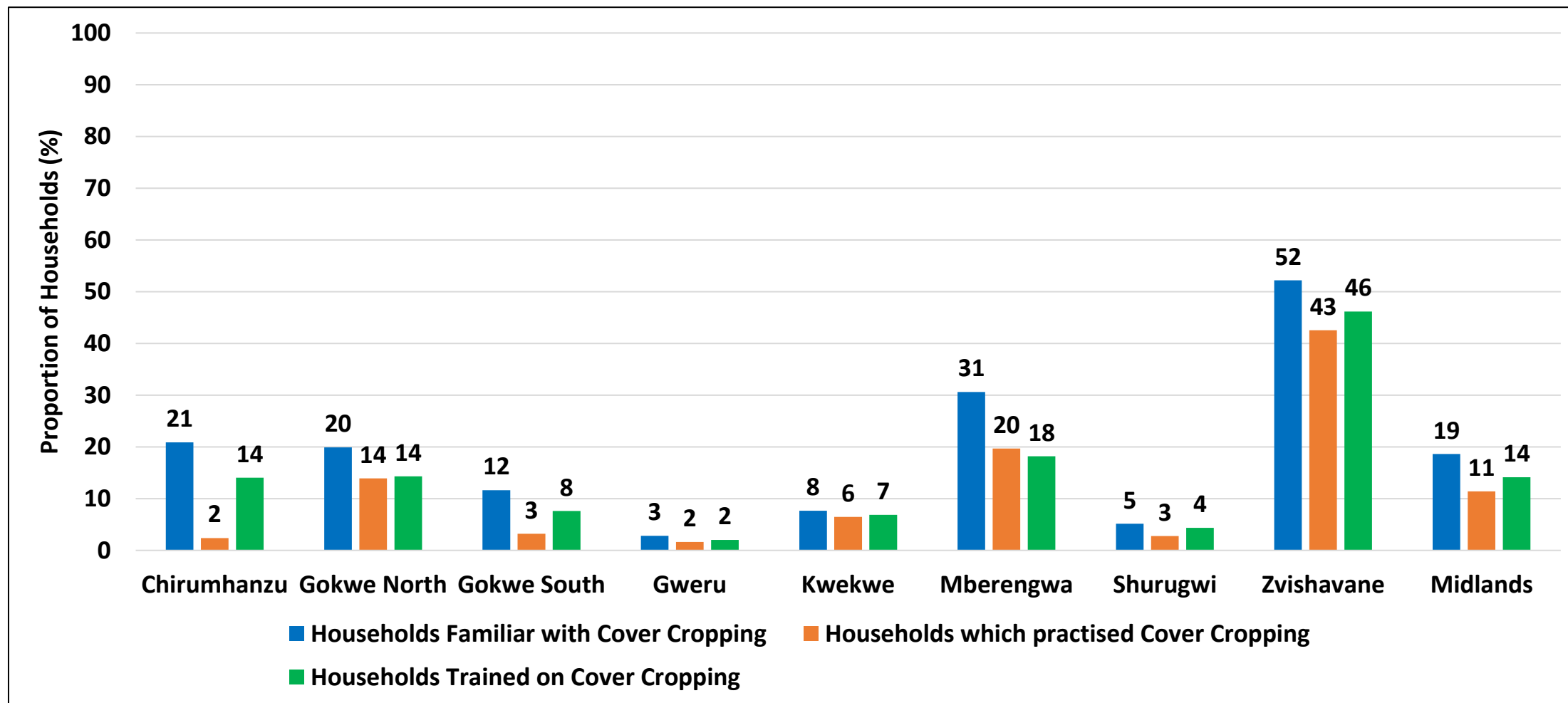
- Cover cropping was practiced by only 11% of the households.

- Zvishavane (43%) had the highest proportion of households practicing cover-cropping with the least being in Chirumhanzu and Gweru (2%).

Use of Mulching
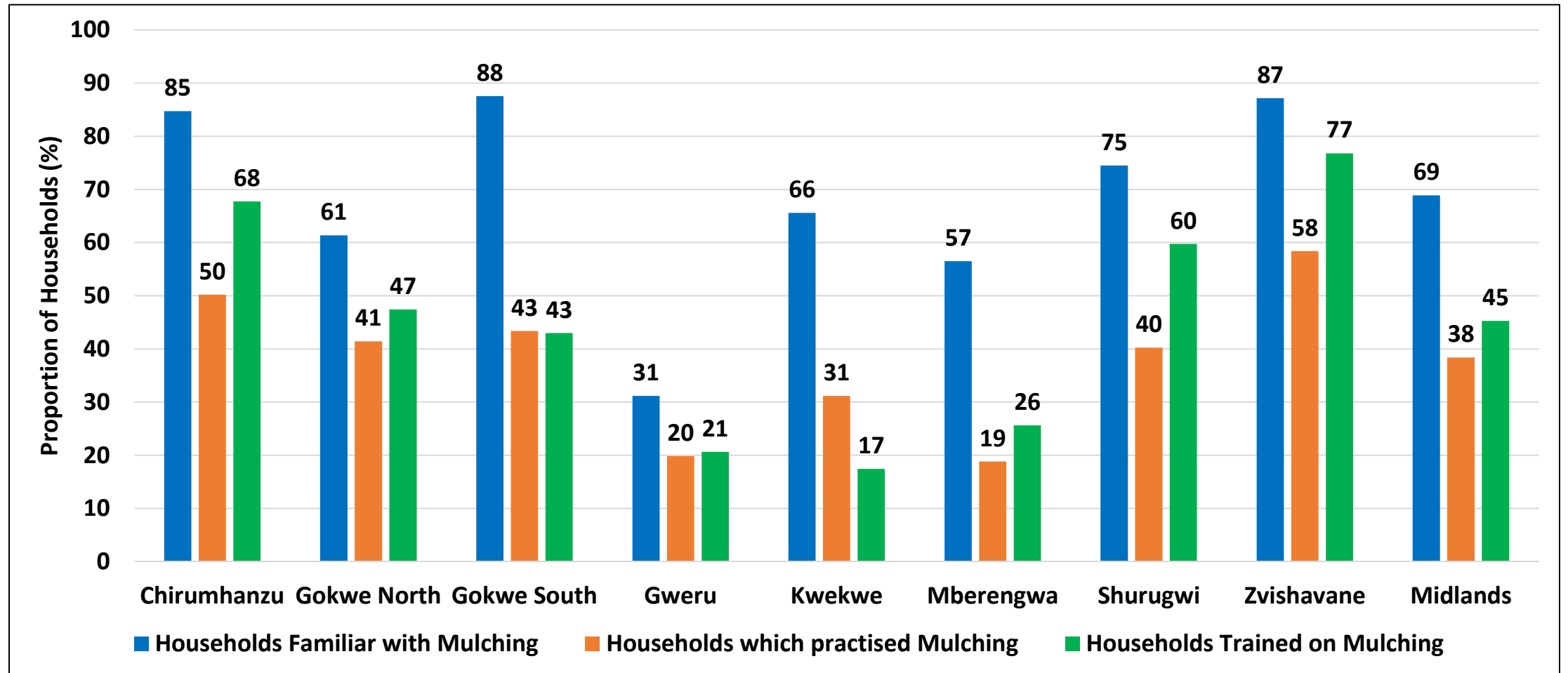
- At least 38% of the households practiced mulching.
- Zvishavane (58%) had the highest proportion of households practicing mulching with the lowest being in Mberengwa (19%).

Use of Integrated Pest Management (IPM)
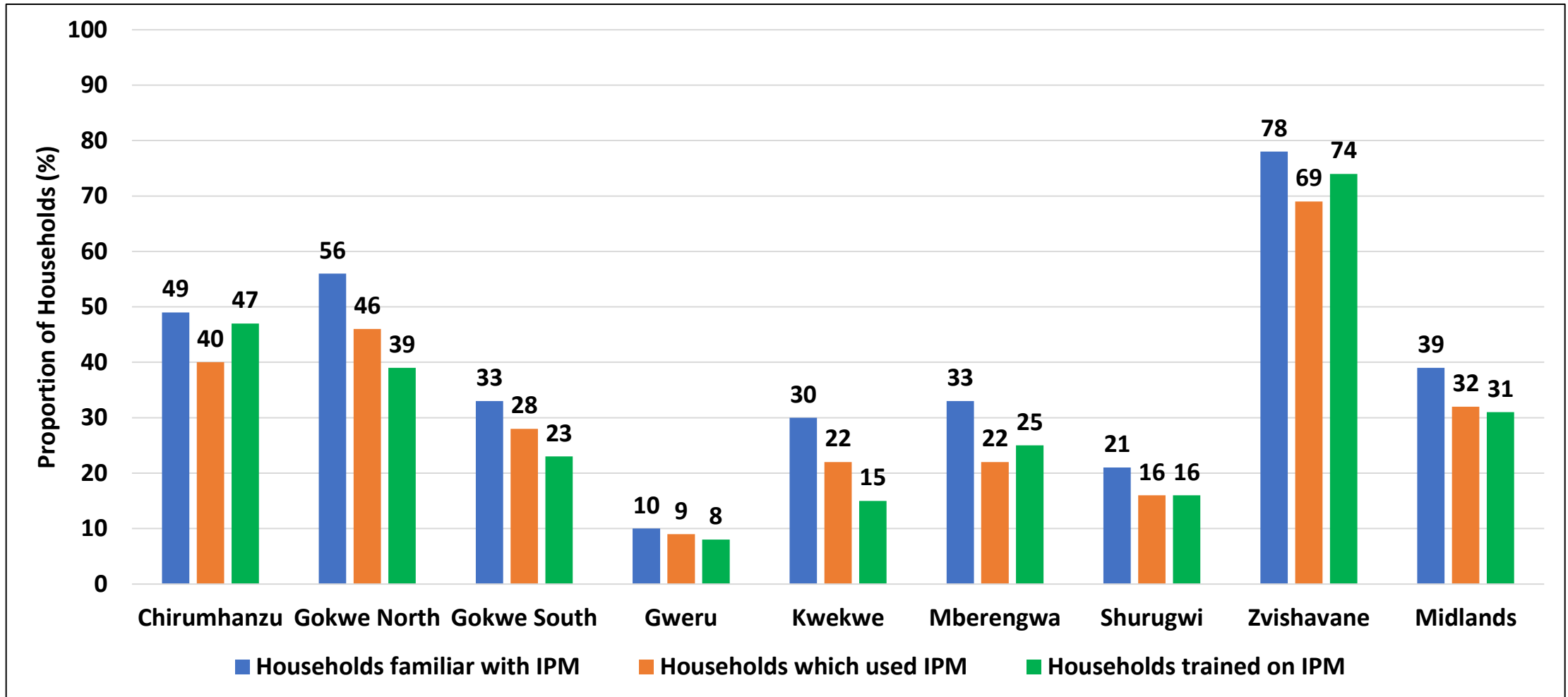
- The use of integrated pest management practices was 32% with the highest proportion being in Zvishavane (69%).

# Income and Expenditure

Current Most Important Sources of Income
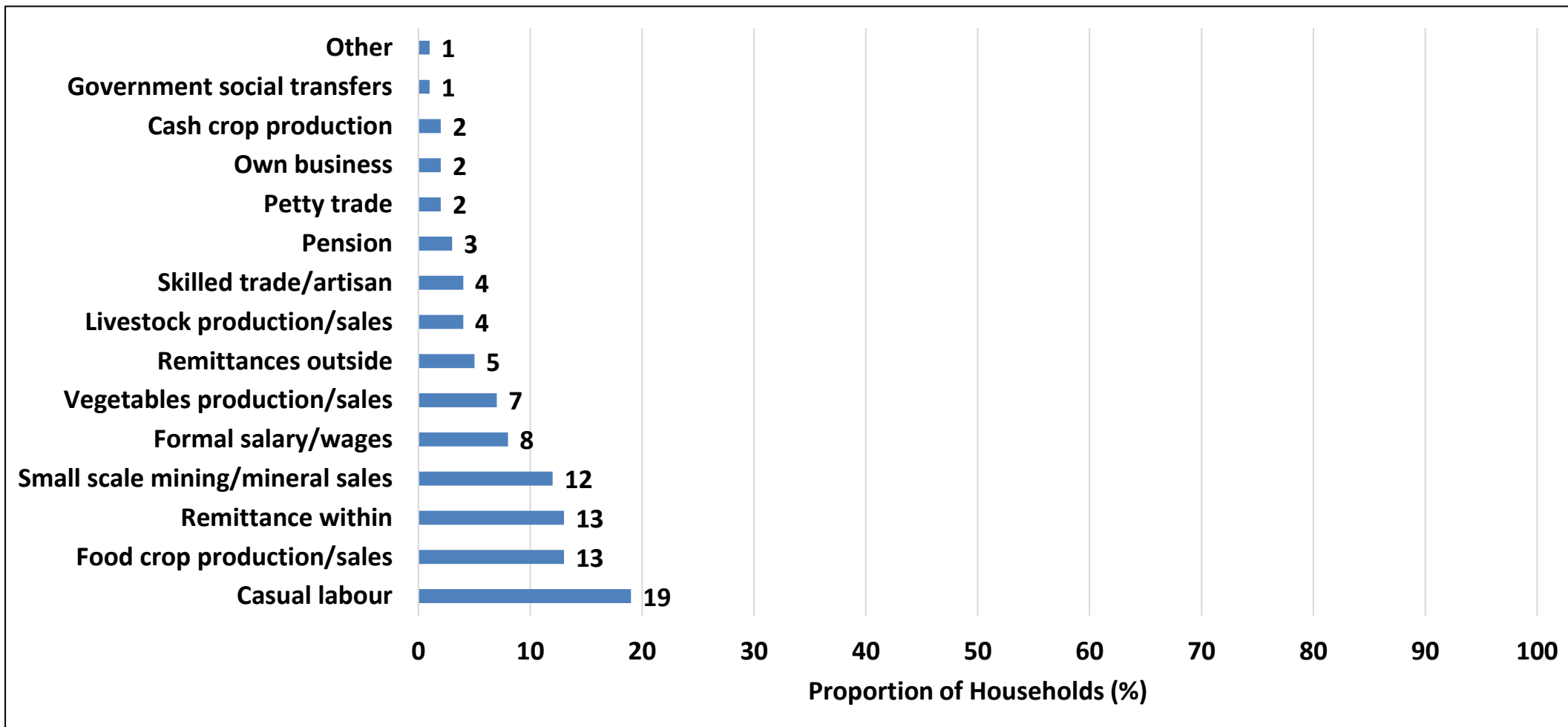
- Most households relied on casual labour (19%) as the most important source of income, followed by food crop production/sales and
- remittances within the country both at 13% and small scale mining/mineral sales (12%).

# Average Household Monthly Income (USD)-April 2021
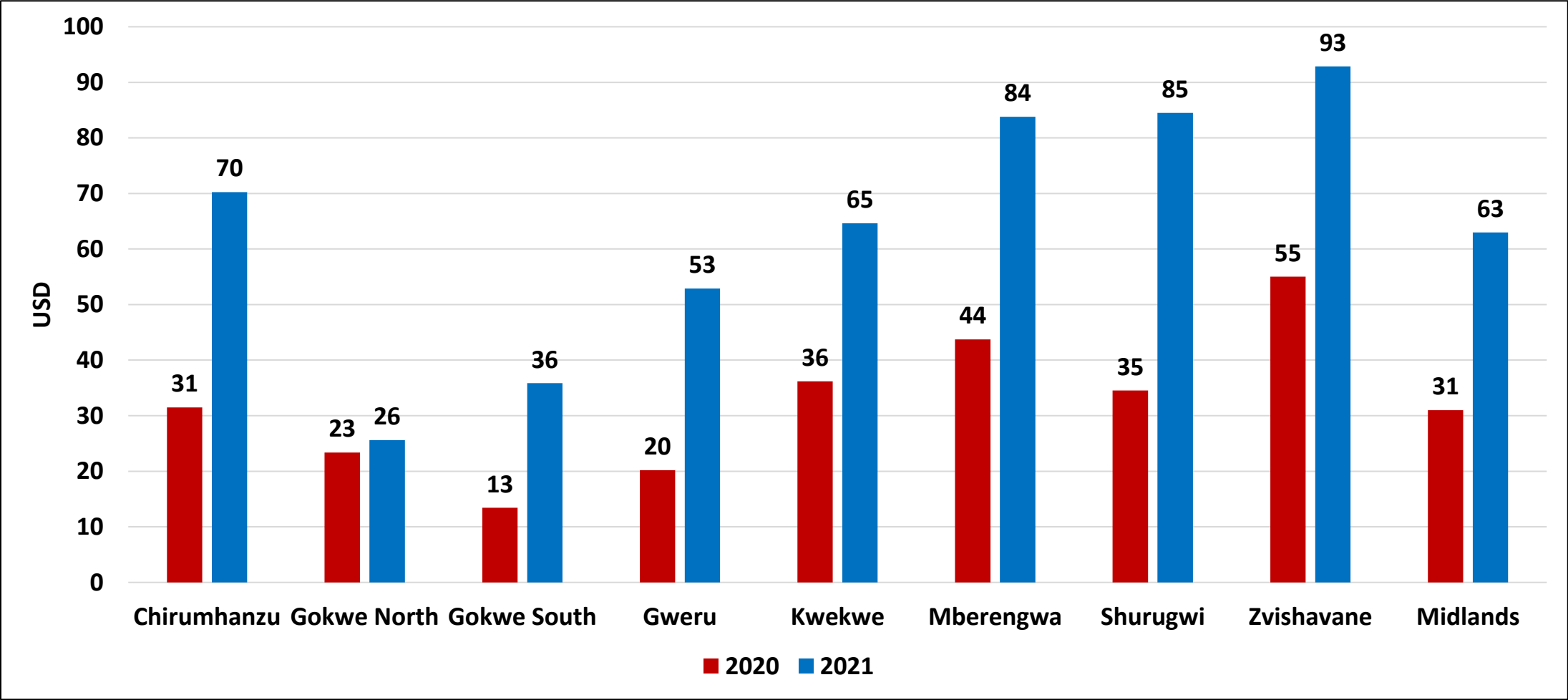
- Generally, there was an increase in the average monthly income across all the districts.

- Average monthly income was highest in Zvishavane (USD 93) and lowest in Gokwe North (USD 26).

95

# Average Household Monthly Expenditure (USD)- April 2021
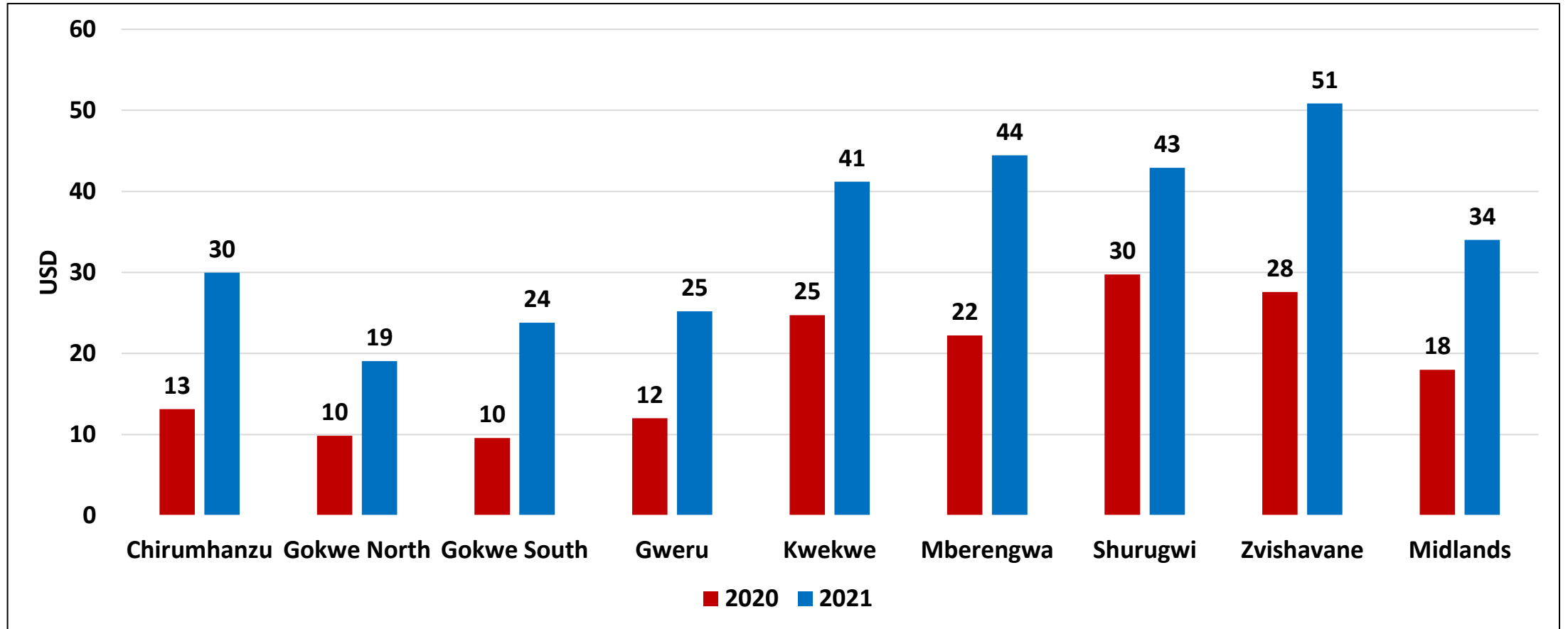
- Generally, the average monthly expenditure increased across all the districts with the highest expenditure being in Zvishavane (USD 51).

Food Expenditure
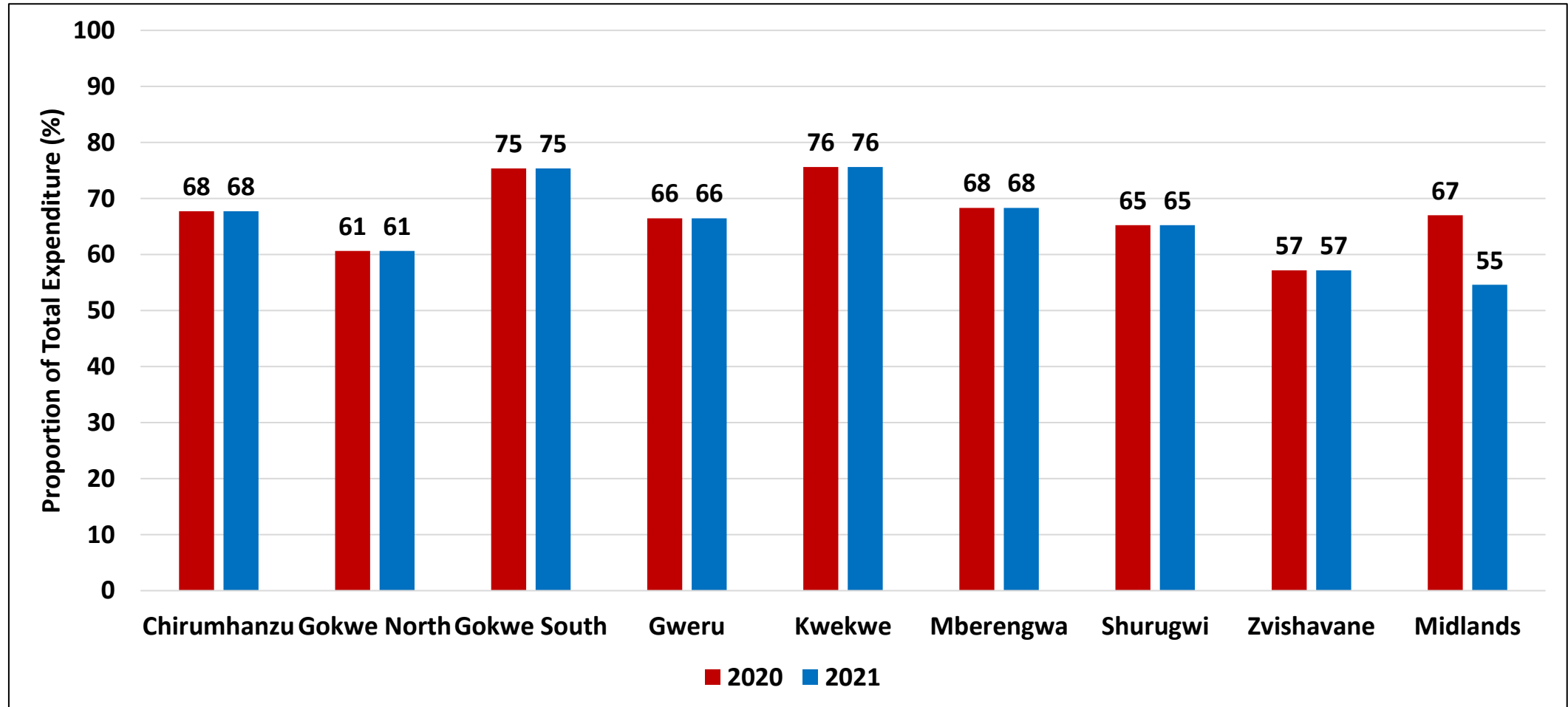
- Proportion of food expenditure was 55% a decrease from 67% reported in 2020.

- This implies that households had more to spend on other essential services such as health and education.

Average Household 6 Months Expenditure
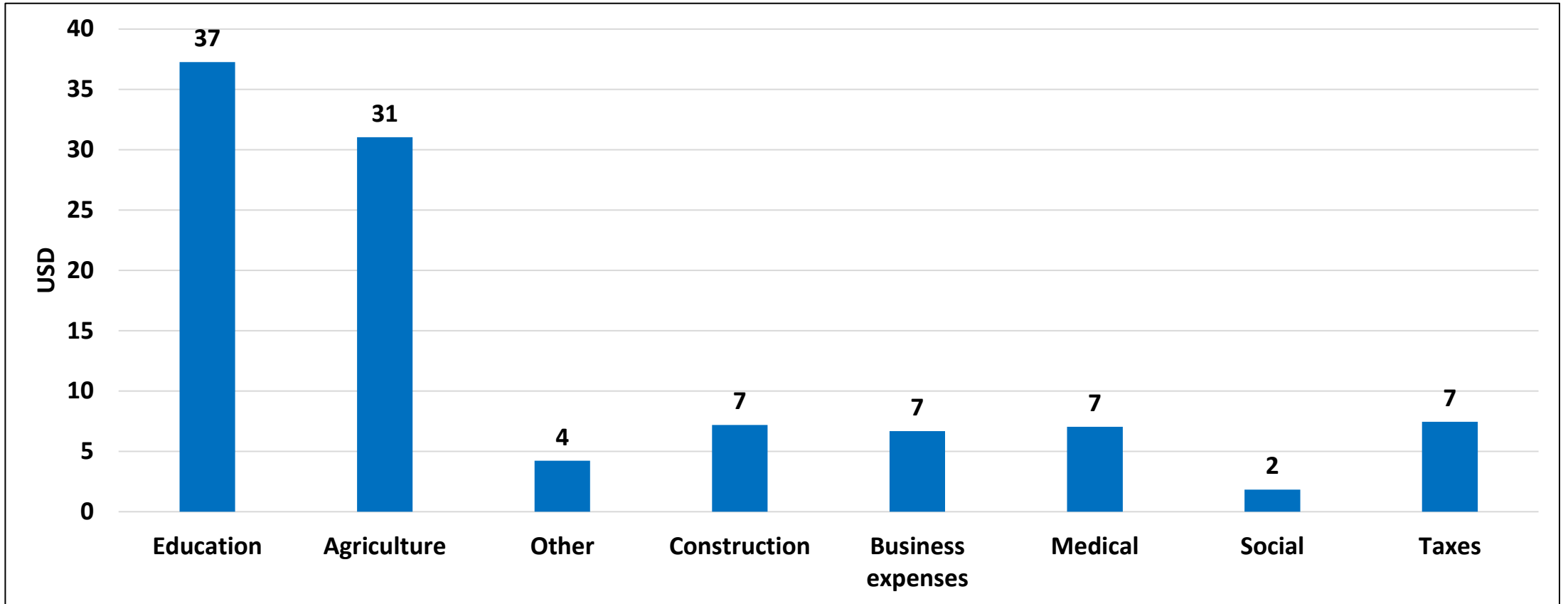
- The highest expenditure was on education (USD 37) followed by agriculture (USD 31).

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.

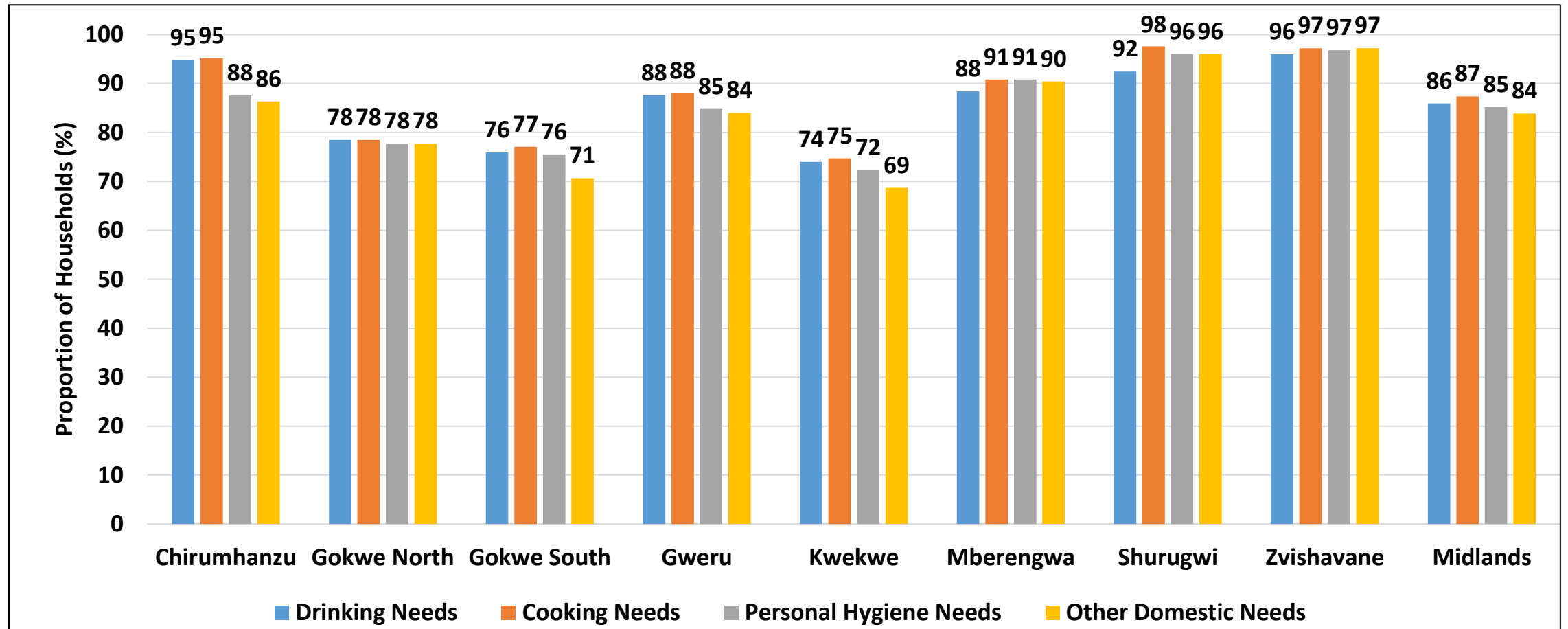# Access to Improved Water Sources
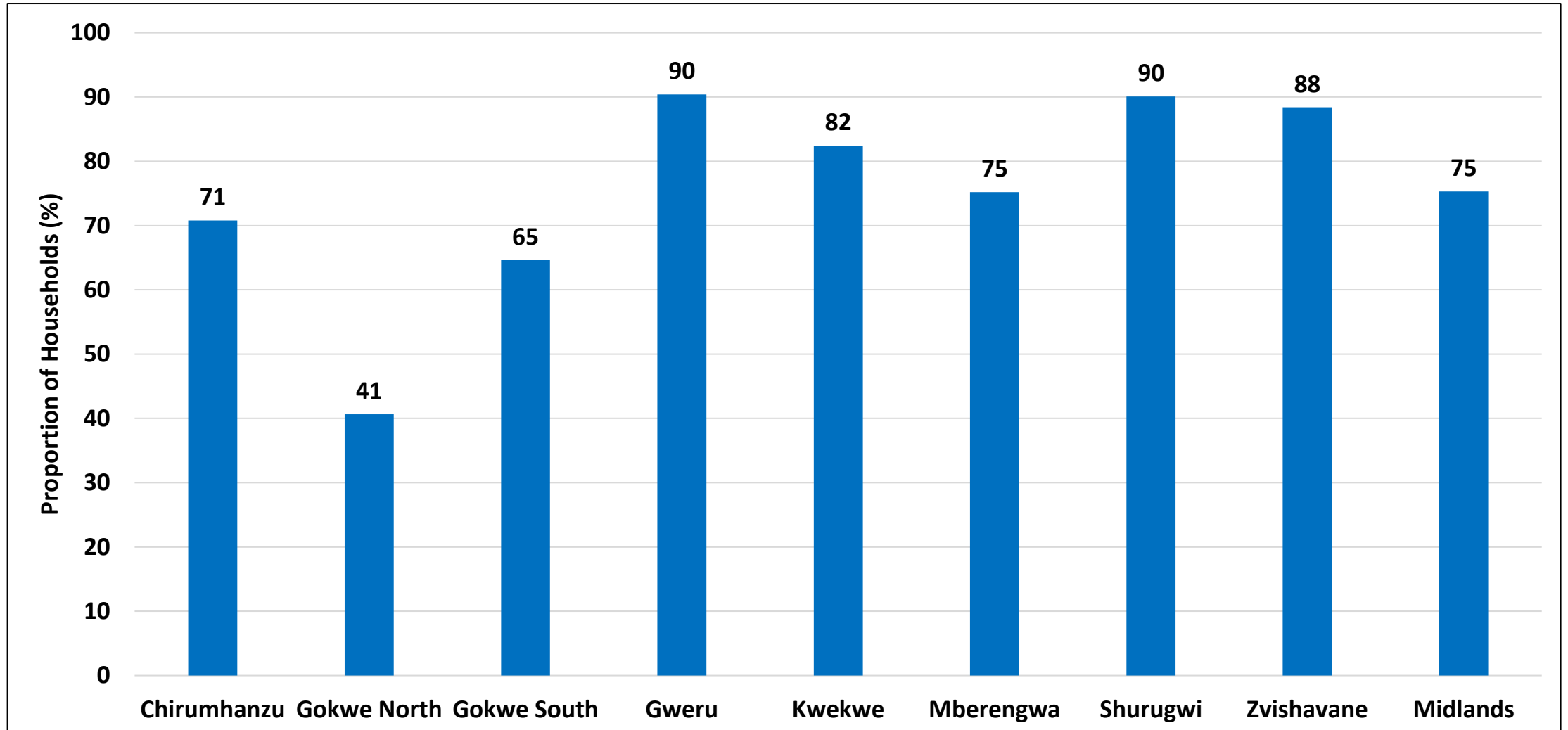
- The proportion of households which had access to improved water sources was 75%.

- Gweru and Shurugwi (90%), had the highest proportion of households which had access to improved water.

# Main Drinking Water Services
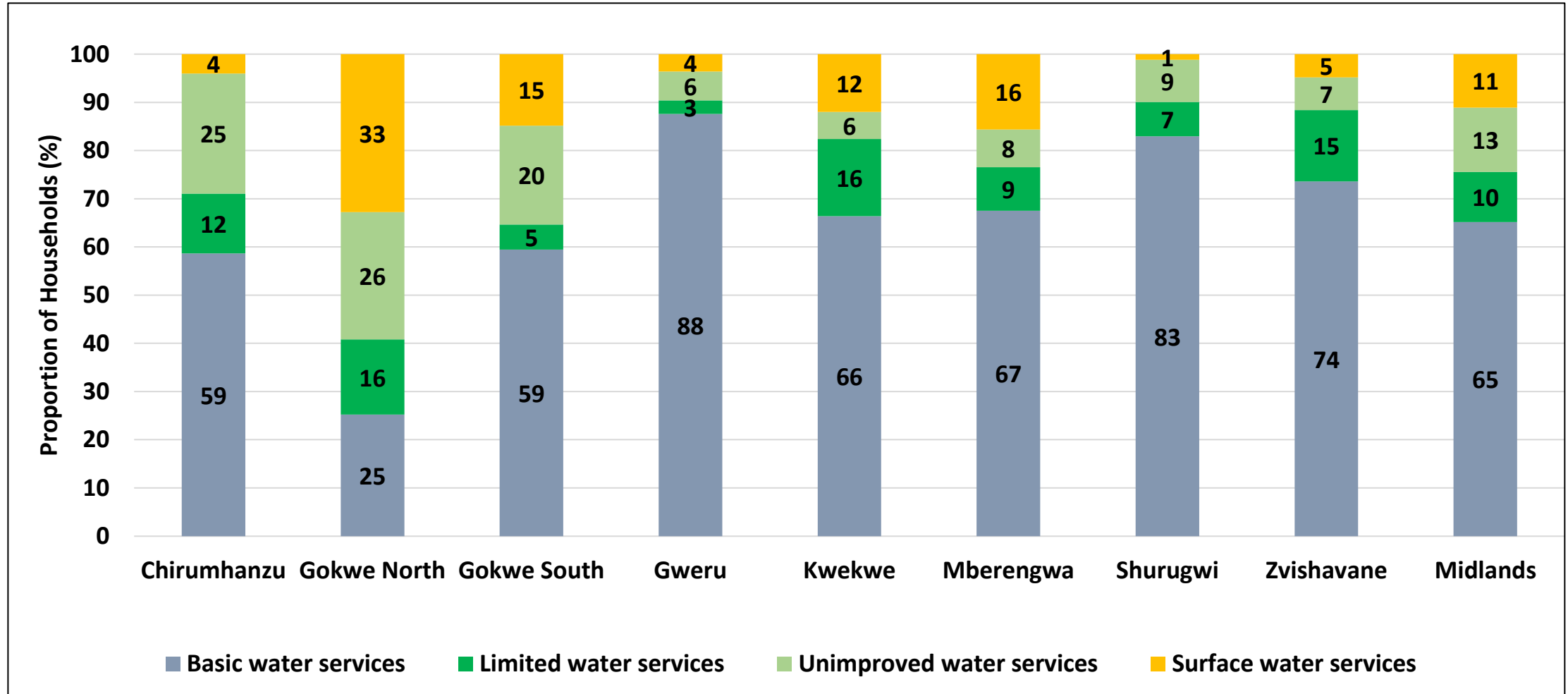
- The proportion of households which accessed basic water services was 65%.

- Gokwe North (33%) had the highest proportion of households which were using surface water services and unimproved water sources (26%).

102

Access to Adequate Domestic Water

- The majority of the households indicated having access to adequate water for cooking, drinking, personal hygiene and other domestic needs.

- Gokwe North, Gokwe South and Kwekwe and the lowest proportion of households which had access to adequate domestic water services.

# Distance Travelled to Main Water Source
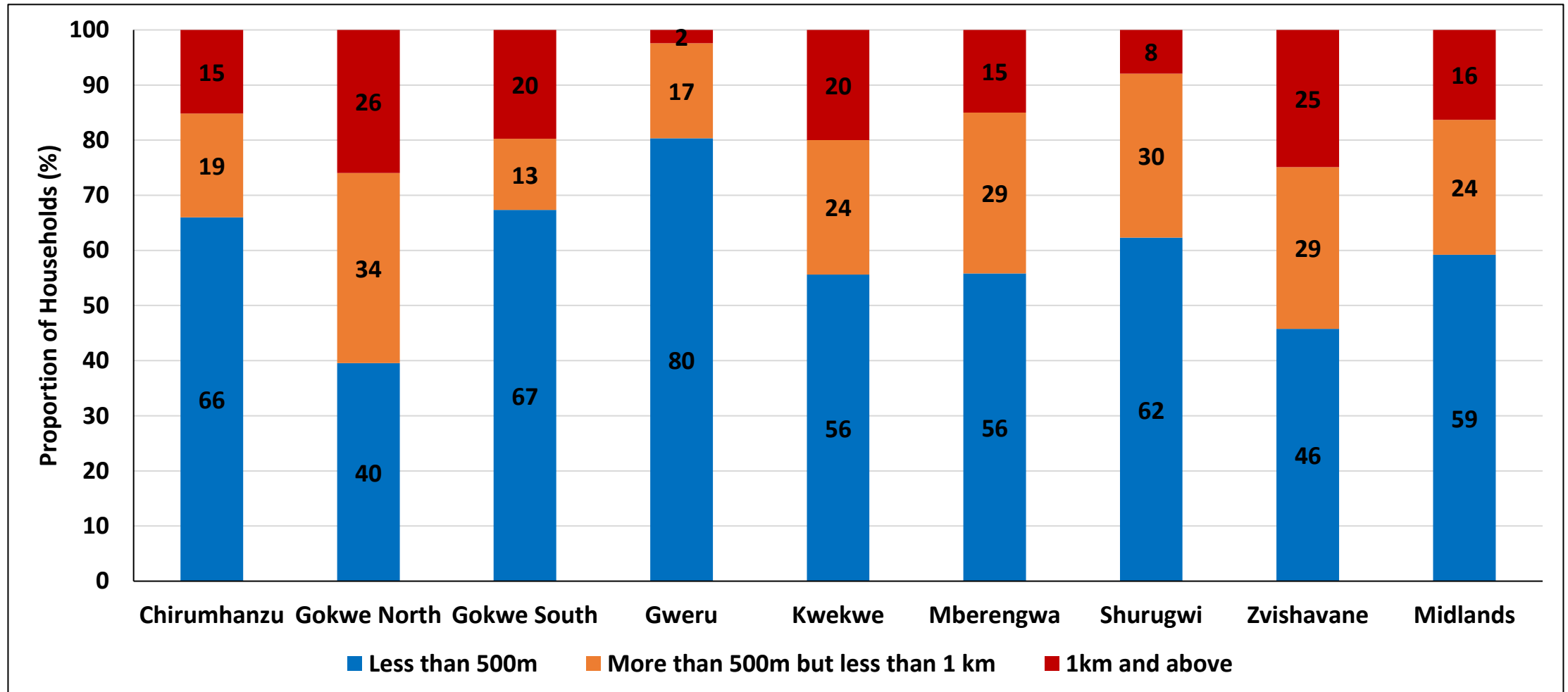
- About 59% of the households travelled a distance of less than 500m to get to a water source.

- Gokwe North (26%) had the highest proportion of households travelling a kilometre and more to get to a water source.

Fetching Water for Cooking and Drinking
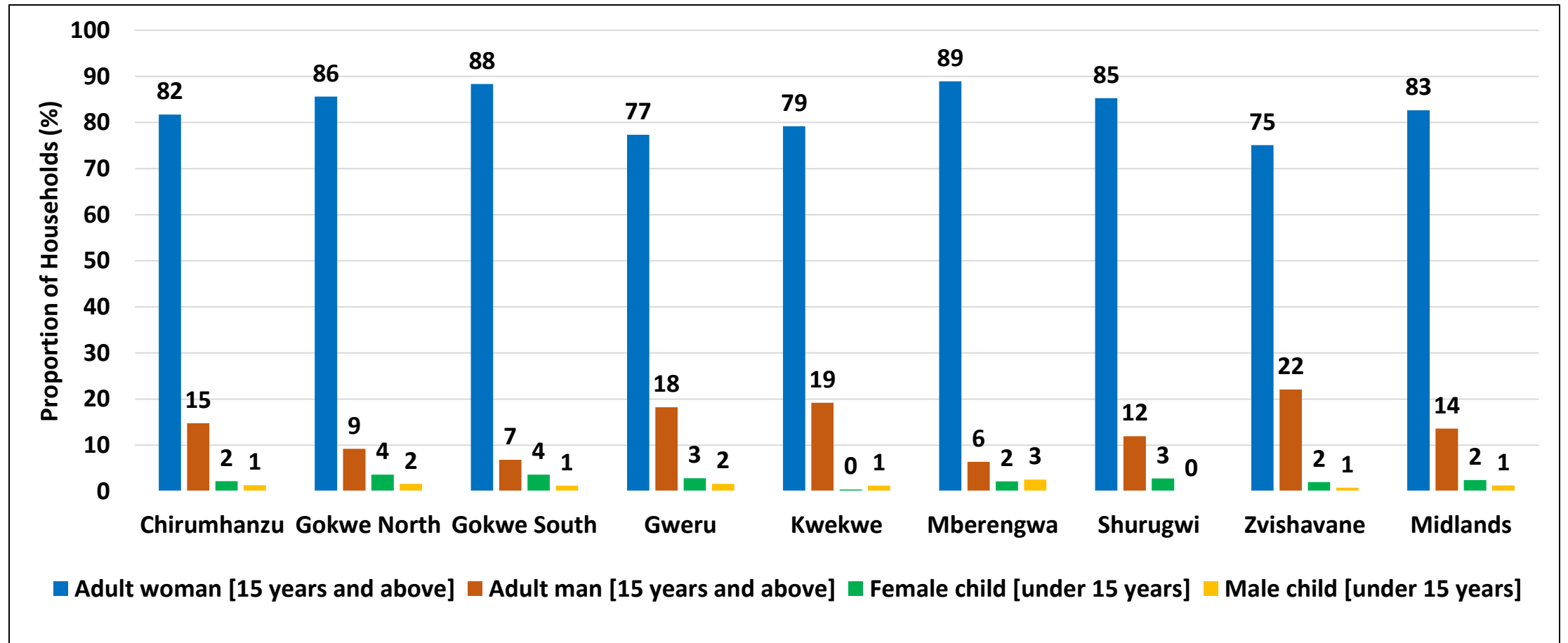
- The fetching of water for cooking and drinking was mainly by adult women 15 years and above 83%).

- Zvishavane (22%) had the highest proportion of households with adult men 15 years and above fetching water for cooking and drinking.

# Time Spent Queuing at Water Source and Violence at Water Source
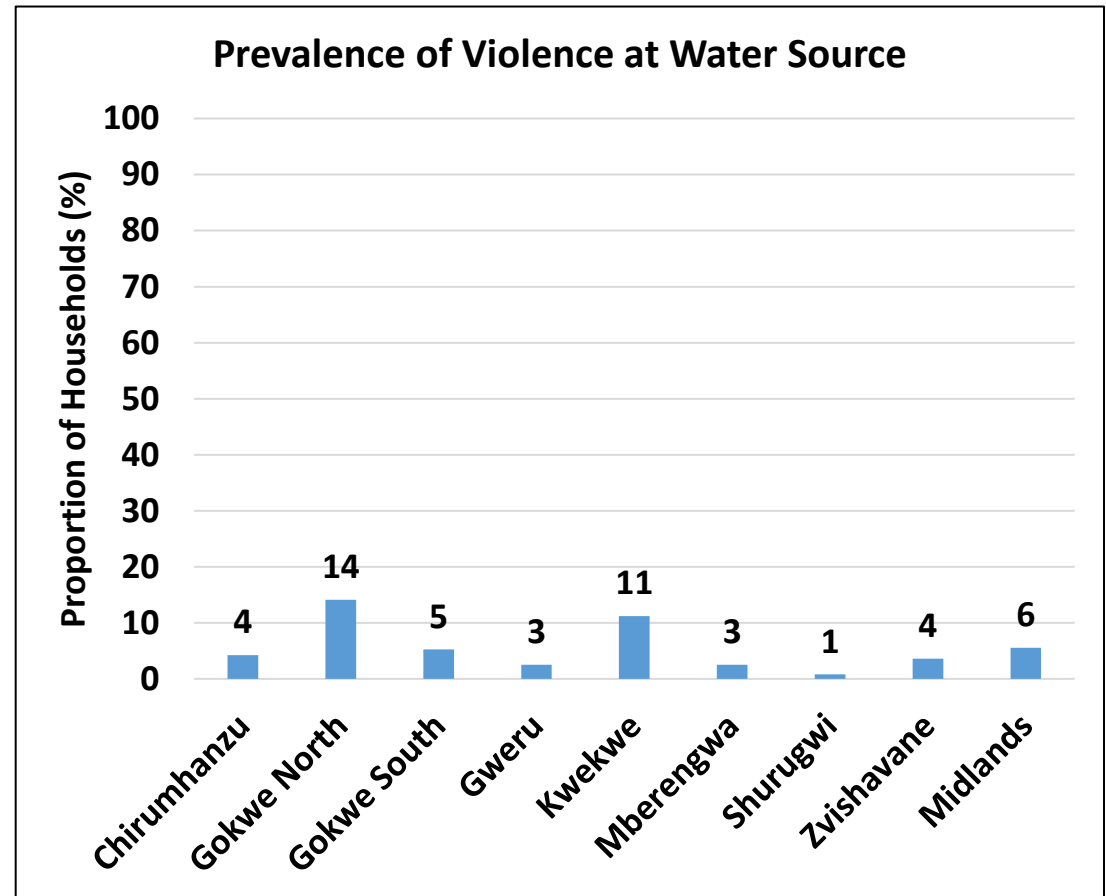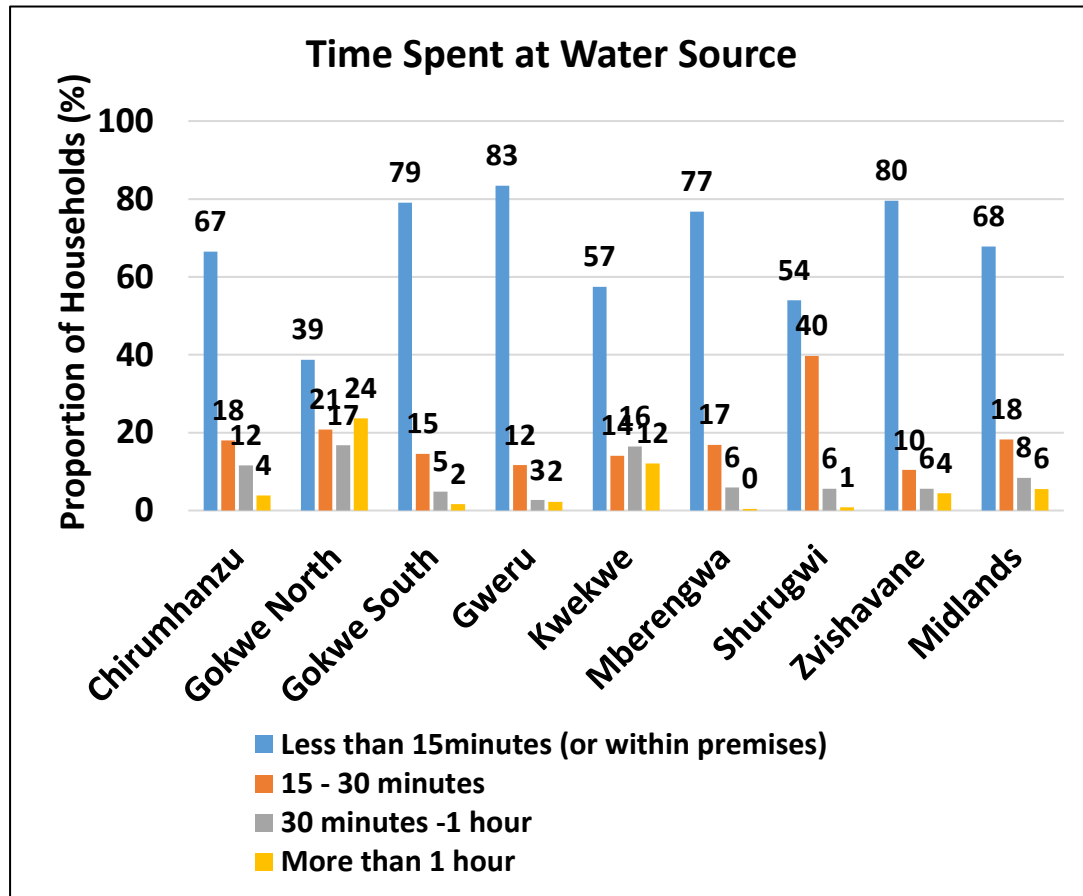
- The proportion of households which spent less than 15 minutes queuing at a water source or within premises was 68%.

- Gokwe North (24%) had the highest proportion of households queuing for more than an hour at a water source and also had the highest proportion of households reporting violence at a water source (14%).

106

Ladder for Sanitation

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

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

# Access to Improved Sanitation
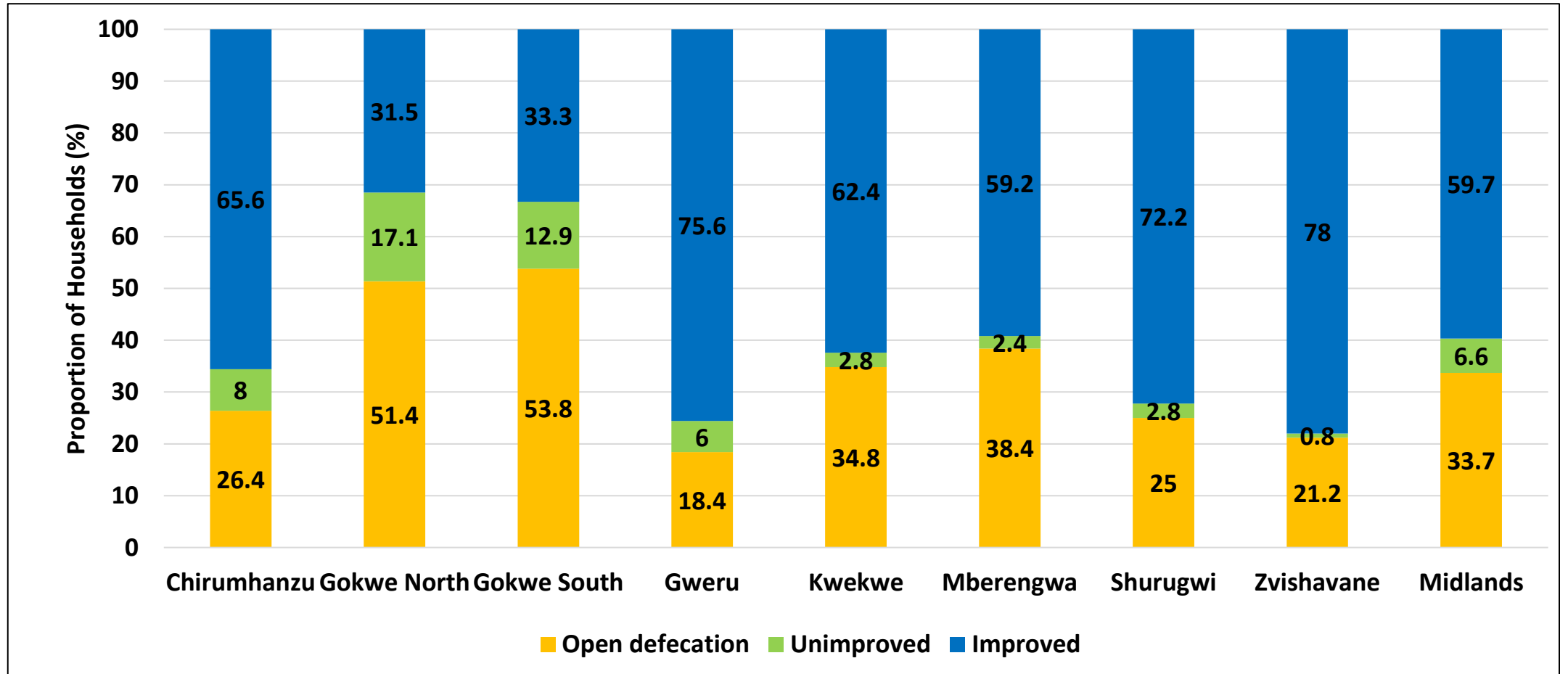
- Approximately 33.7% of the households were practising open defaecation with Gokwe North (51.4%) and Gokwe South (53.8%) having the highest proportions.

Ladder for Hygiene

Service level	Definition
Basic	Availability of a handwashing facility on premises with soap and water.
Limited	Availability of a handwashing facility on premises without soap and water.
No Facility	No hand washing facility on premises.

Note: handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy taps, and jugs or basins designated for hand washing. Soap includes bar soap, liquid soap, powdered detergents and soapy water but does not include sand, soil, ash and other handwashing agents.
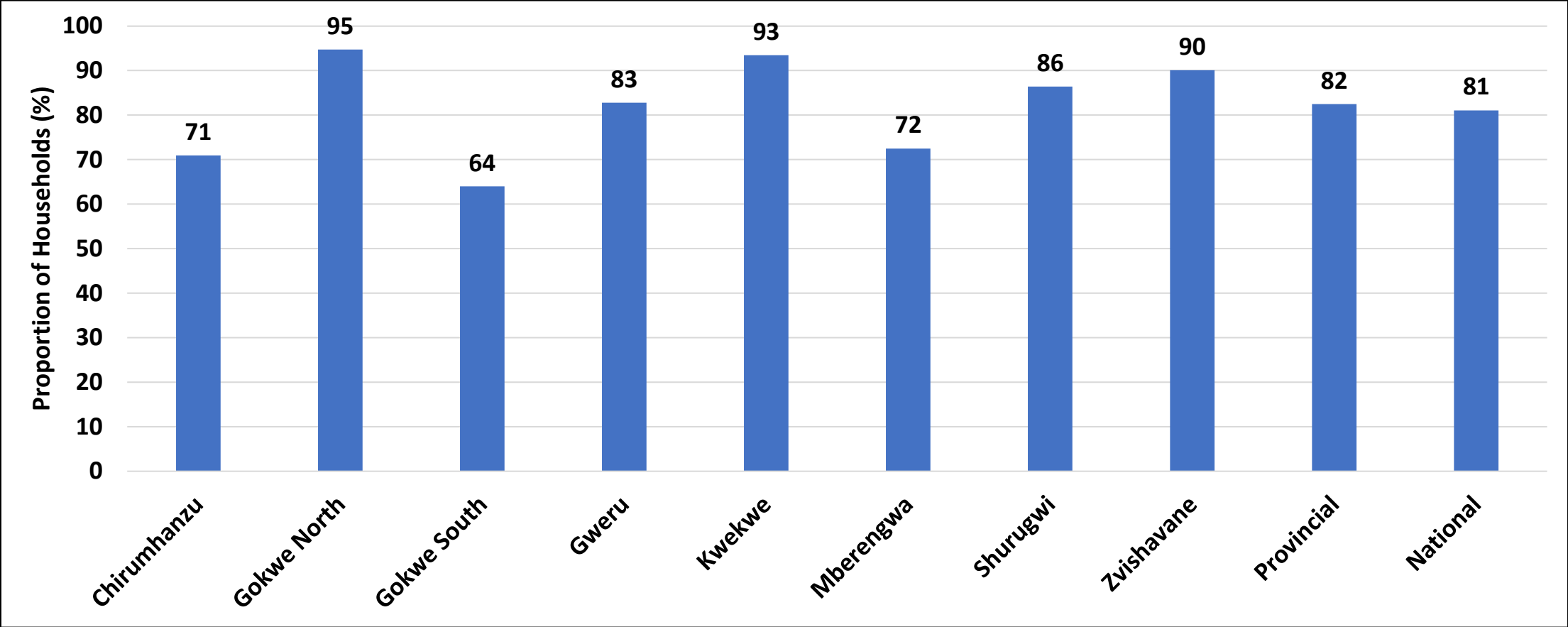
Access to Hand Washing Facilities
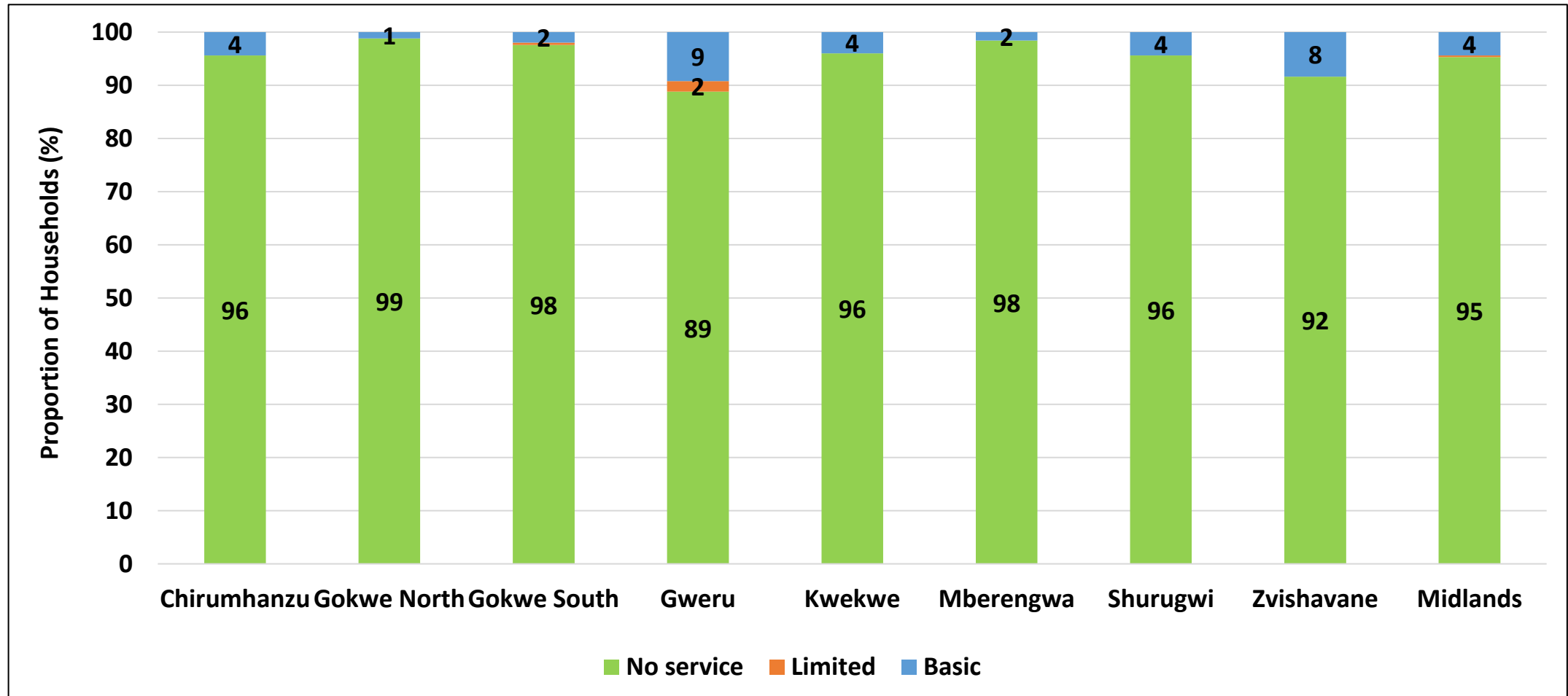
- There were generally no handwashing facilities at most households (95%) across the province.

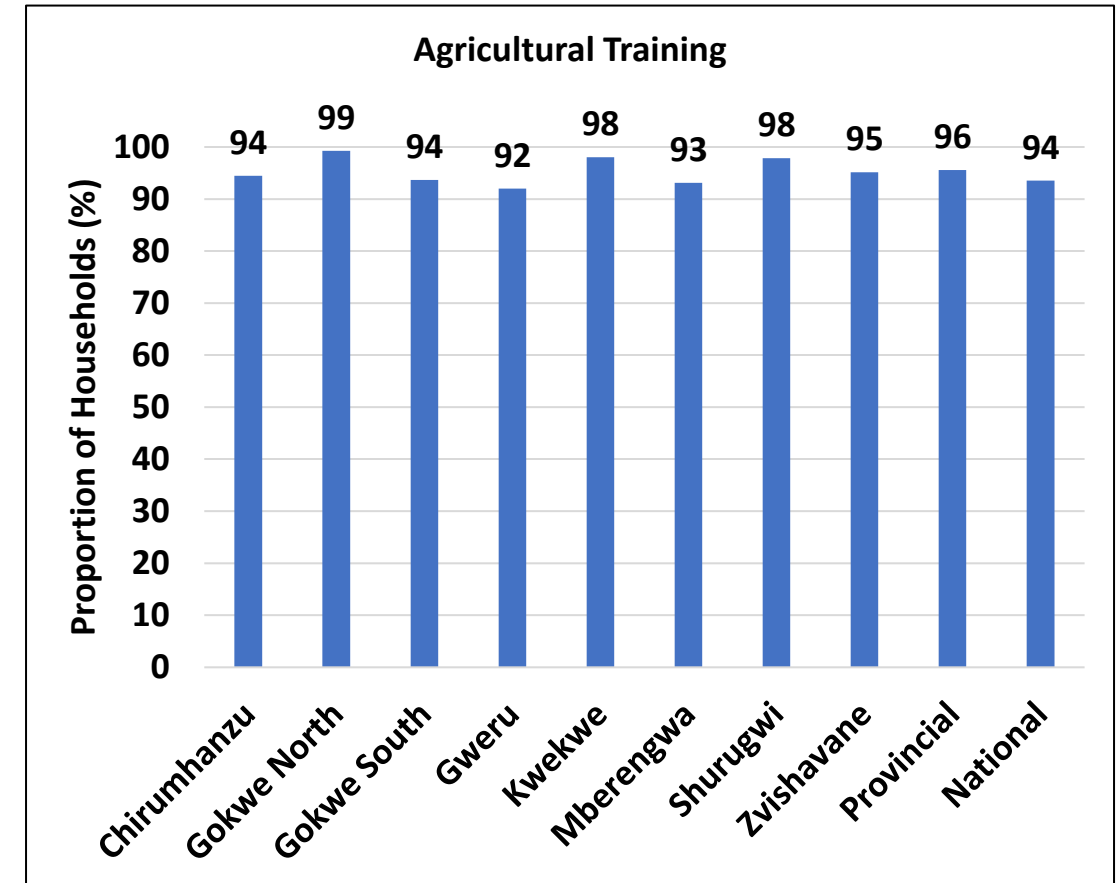- Gweru (9%) had the highest proportion of households that had basic handwashing facilities.
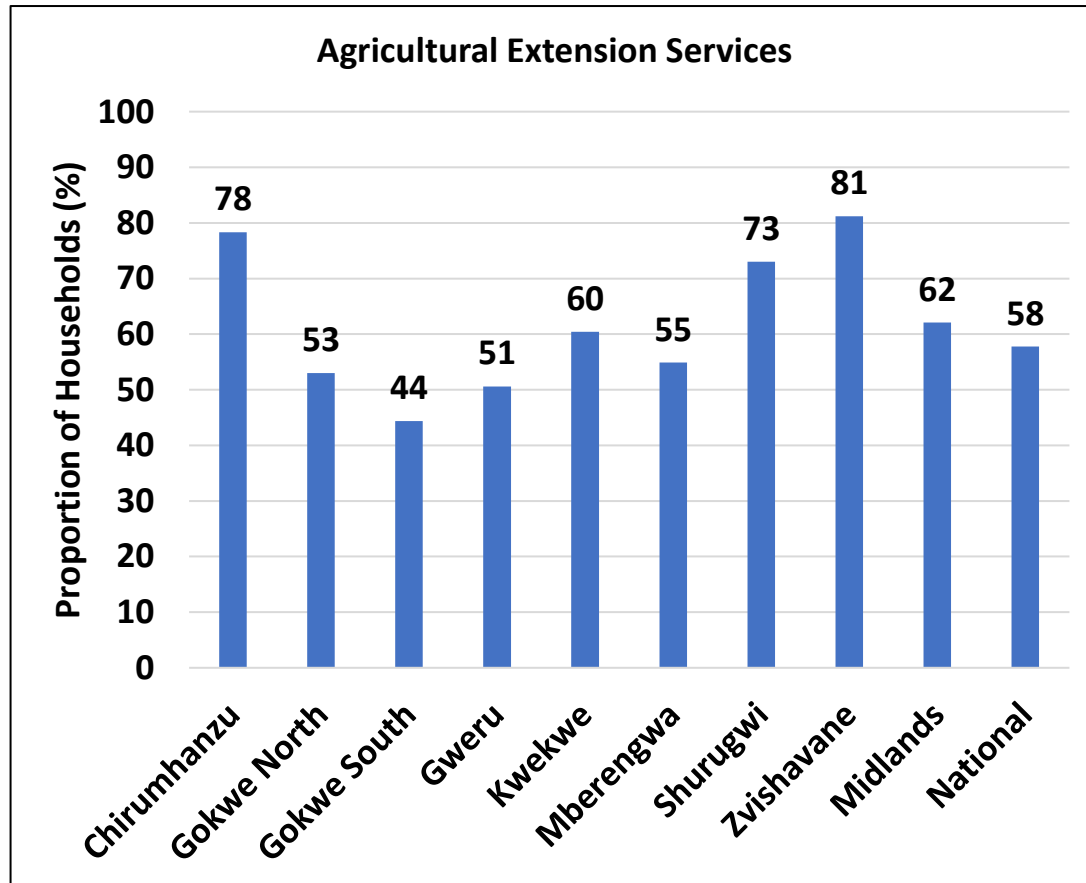
Access to Infrastructure and Services

Households which Received Agriculture Extension Visits from Extension Officers
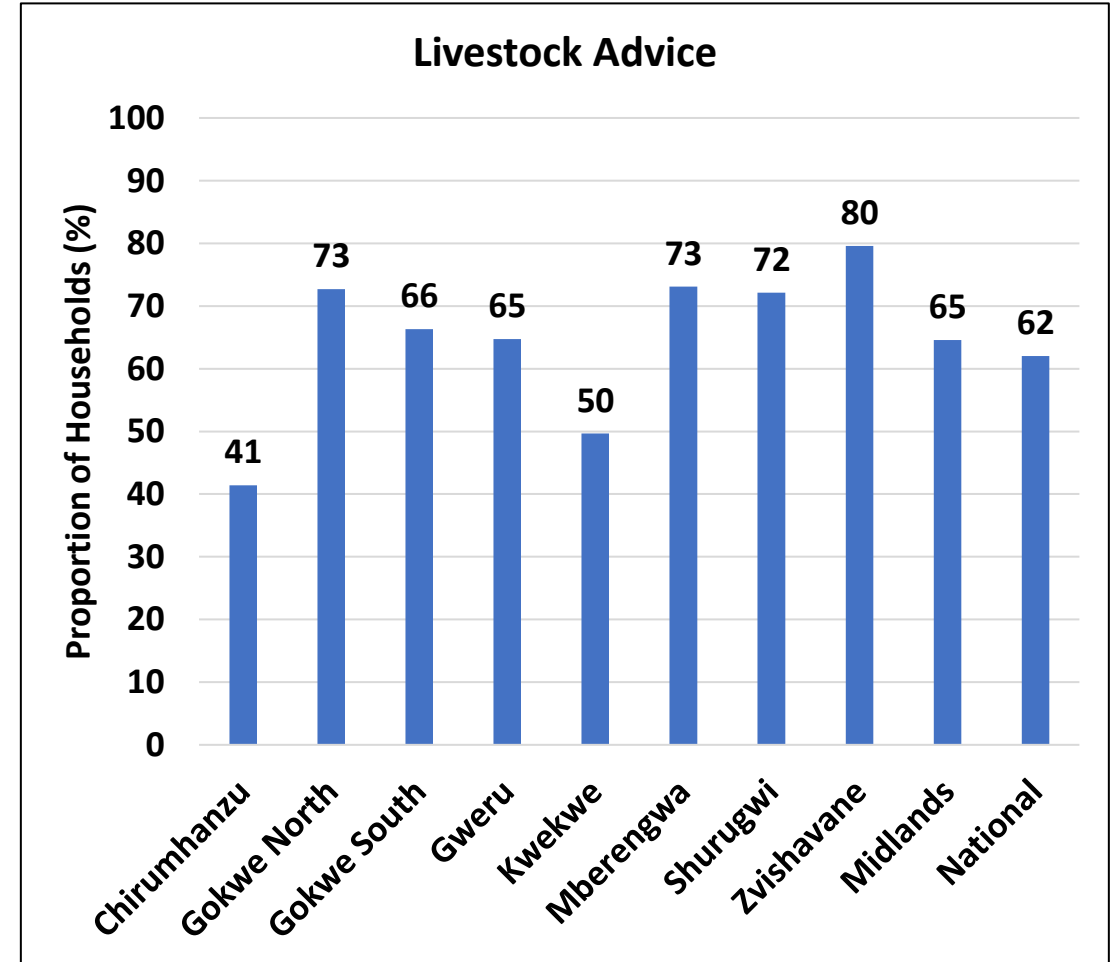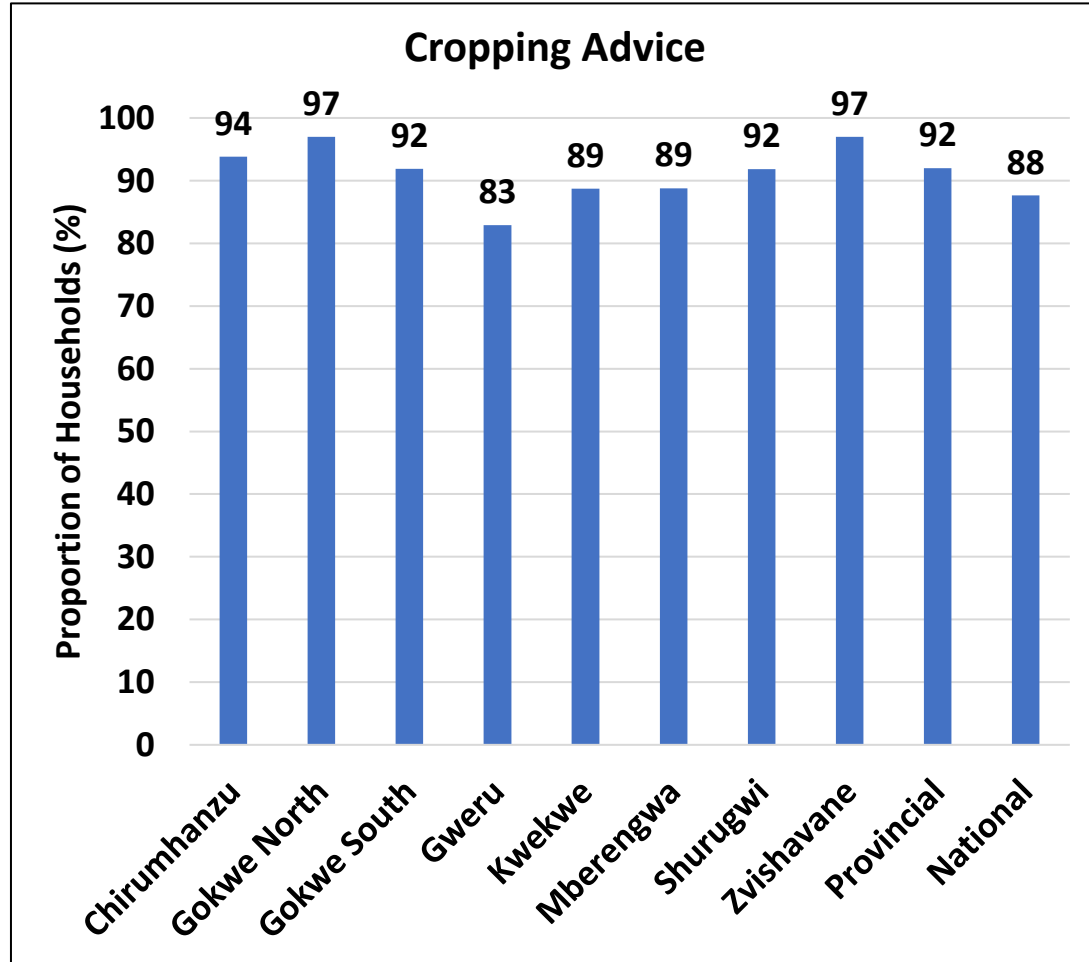

- Gokwe North (95%), had the highest proportion of households which received agricultural extension visits.

- Access to agricultural extension visits was generally high throughout the province with the exception of Gokwe South at 64%.

Households which Received Agricultural Extension Services and Training

Agricultural Extension Services

Chirumhanzu: 78, Gokwe North: 53, Gokwe South: 44, Gweru: 51, Kwekwe: 60, Mberengwa: 55, Shurugwi: 73, Zvishavane: 81, Midlands: 62, National: 58

Agricultural Training

Chirumhanzu: 94, Gokwe North: 99, Gokwe South: 94, Gweru: 92, Kwekwe: 98, Mberengwa: 93, Shurugwi: 98, Zvishavane: 95, Provincial: 96, National: 94
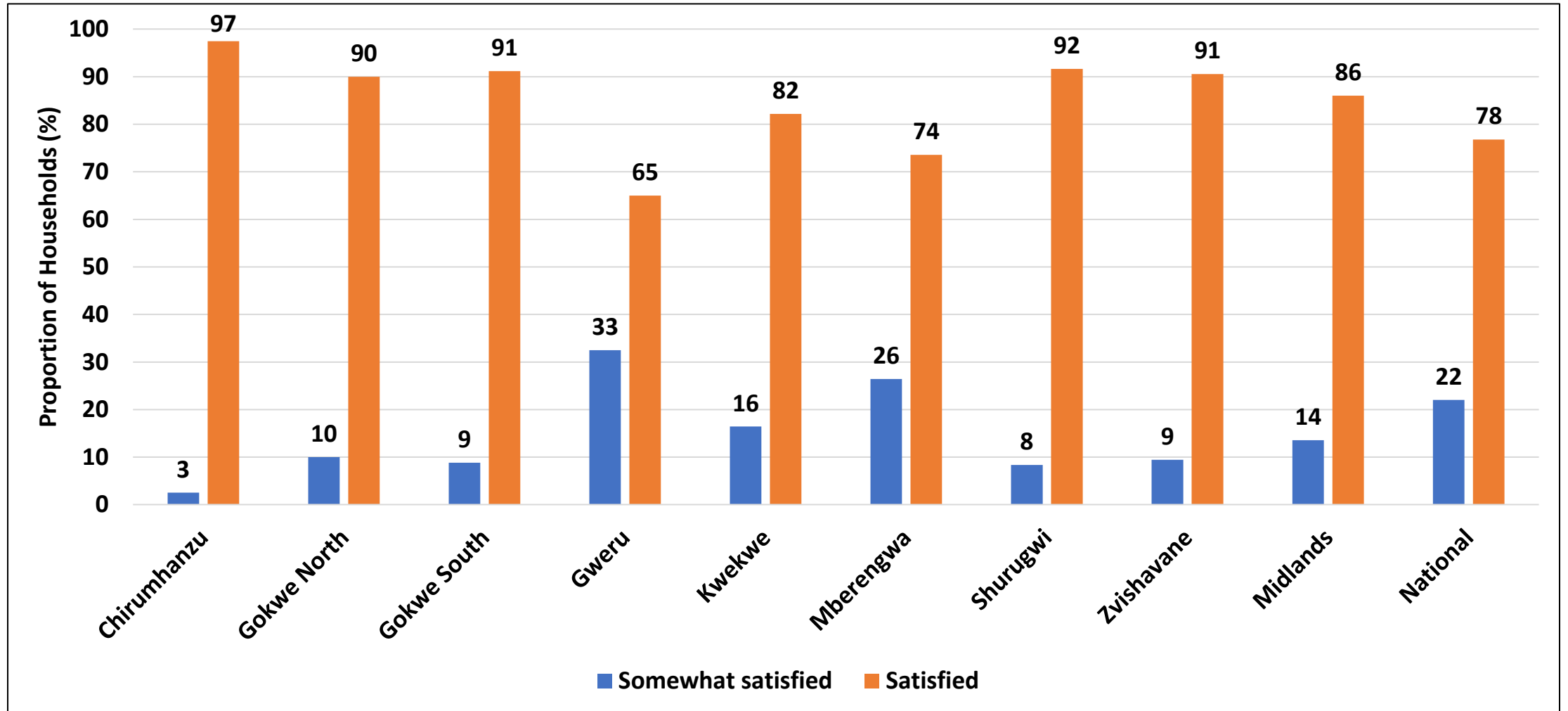
- The proportion of households which received agricultural extension services was 62% with Zvishavane having the highest proportion at 81%.

- Access to agricultural training was generally high throughout the province (96%).

Households which Received Cropping and Livestock Advice

Cropping Advice

Chirumhanzu: 94, Gokwe North: 97, Gokwe South: 92, Gweru: 83, Kwekwe: 89, Mberengwa: 89, Shurugwi: 92, Zvishavane: 97, Provincial: 92, National: 88

Livestock Advice

Chirumhanzu: 41, Gokwe North: 73, Gokwe South: 66, Gweru: 65, Kwekwe: 50, Mberengwa: 73, Shurugwi: 72, Zvishavane: 80, Midlands: 65, National: 62
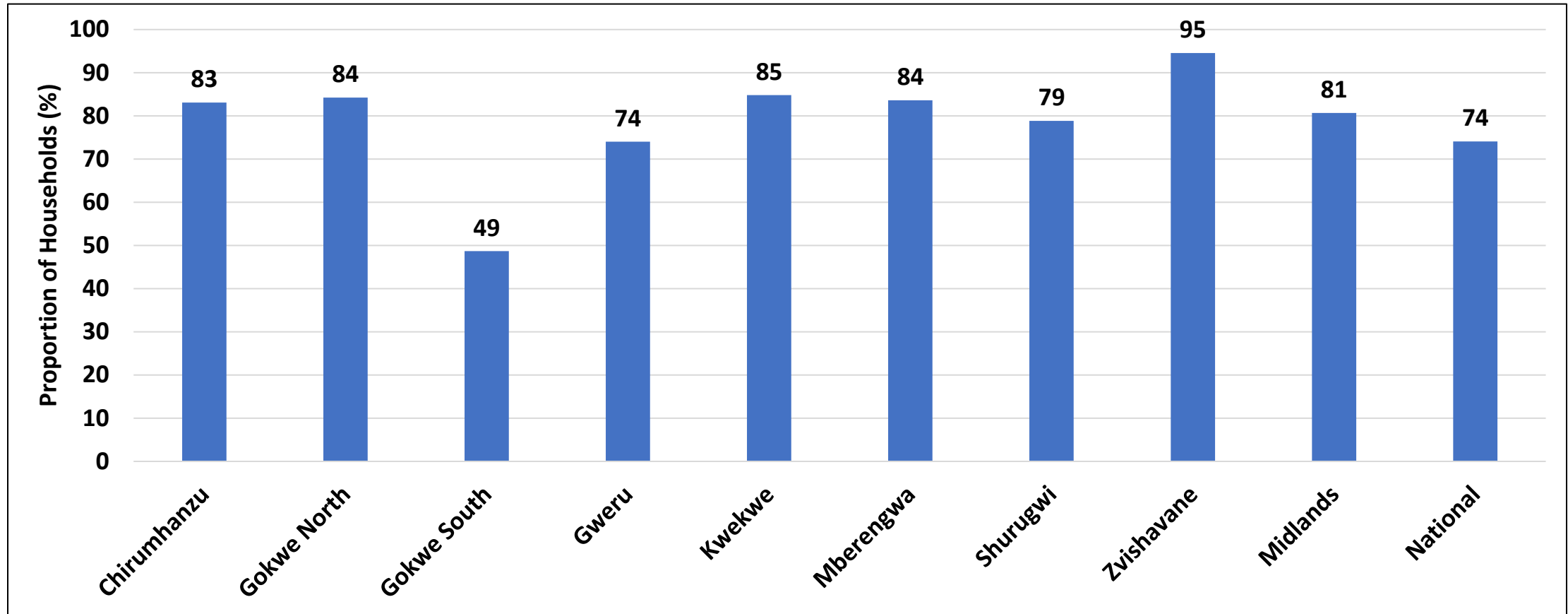
- Approximately 92% of the households received cropping advice and 65% received livestock advice from extension officers.

Households Satisfied with Livestock Advice (65%)

- Of the households that received livestock advice, 86% were satisfied whilst 14% were somewhat satisfied.

Households which Received Extension Support on Fall Army Worm

- The proportion of households which received extension support on fall army worm was 81% with Zvishavane (95%) and Kwekwe (85%) having the highest proportion.

116

Households which Received Extension Support on Weather and Climate
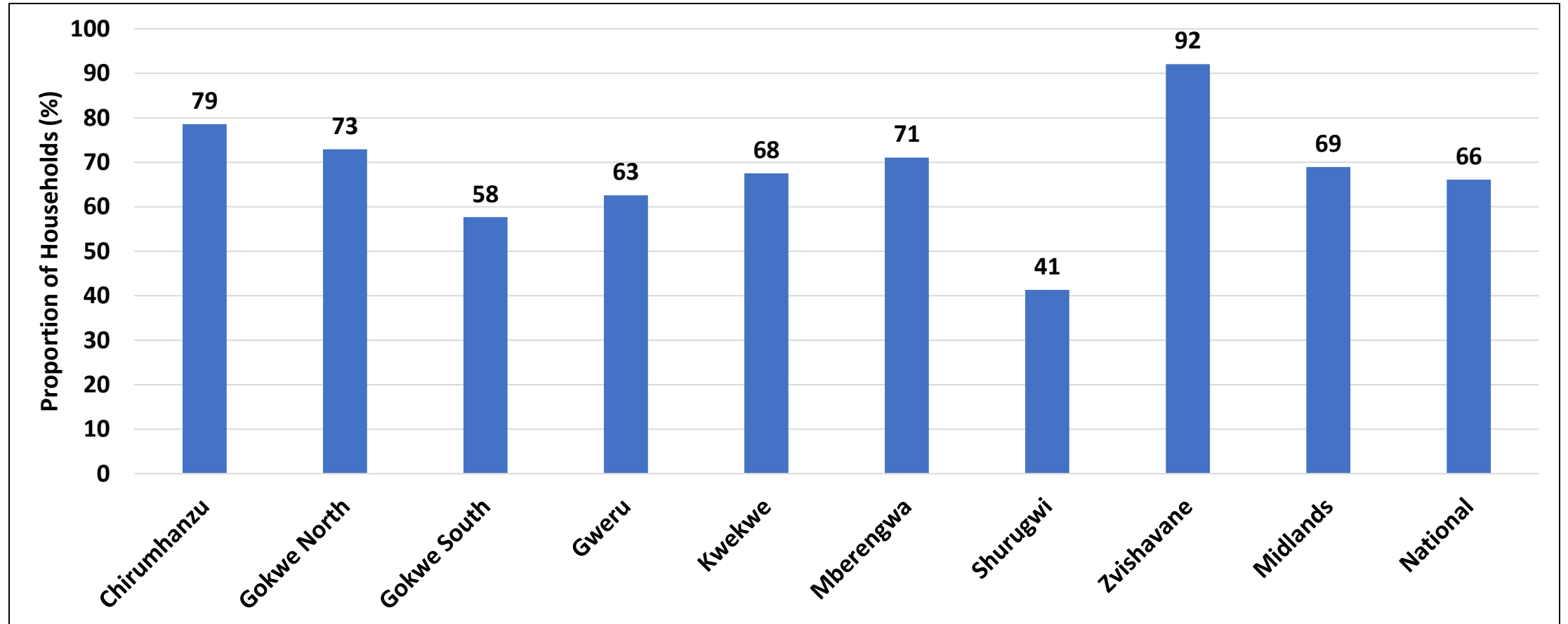
- Zvishavane (92%) had the highest proportion of households which received extension support on weather and climate, whilst Shurugwi had the lowest at 41%.

Access to Animal Health Centres
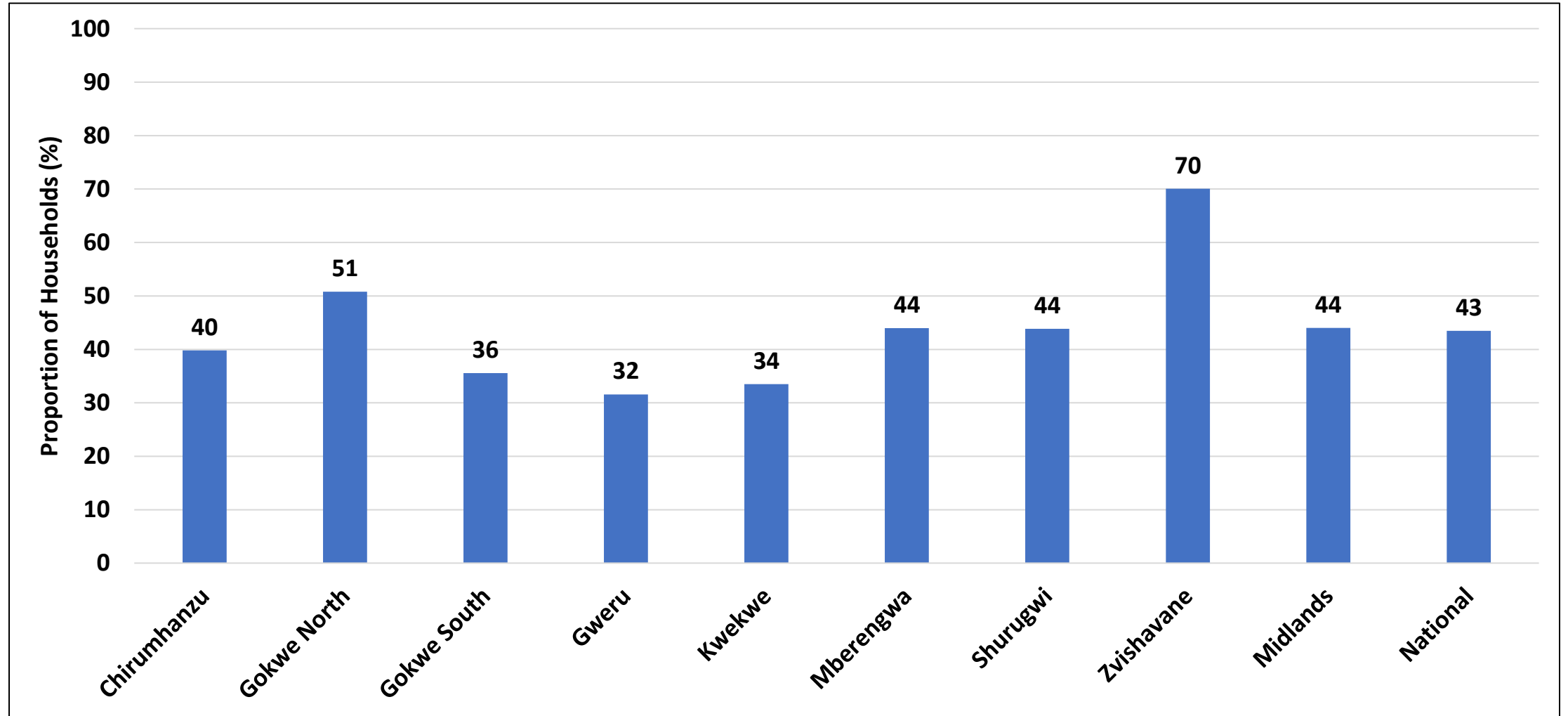
- Only 44% of the households with livestock had access to animal health centres.

Satisfaction with Service Received from the Animal Health Centre (44%)
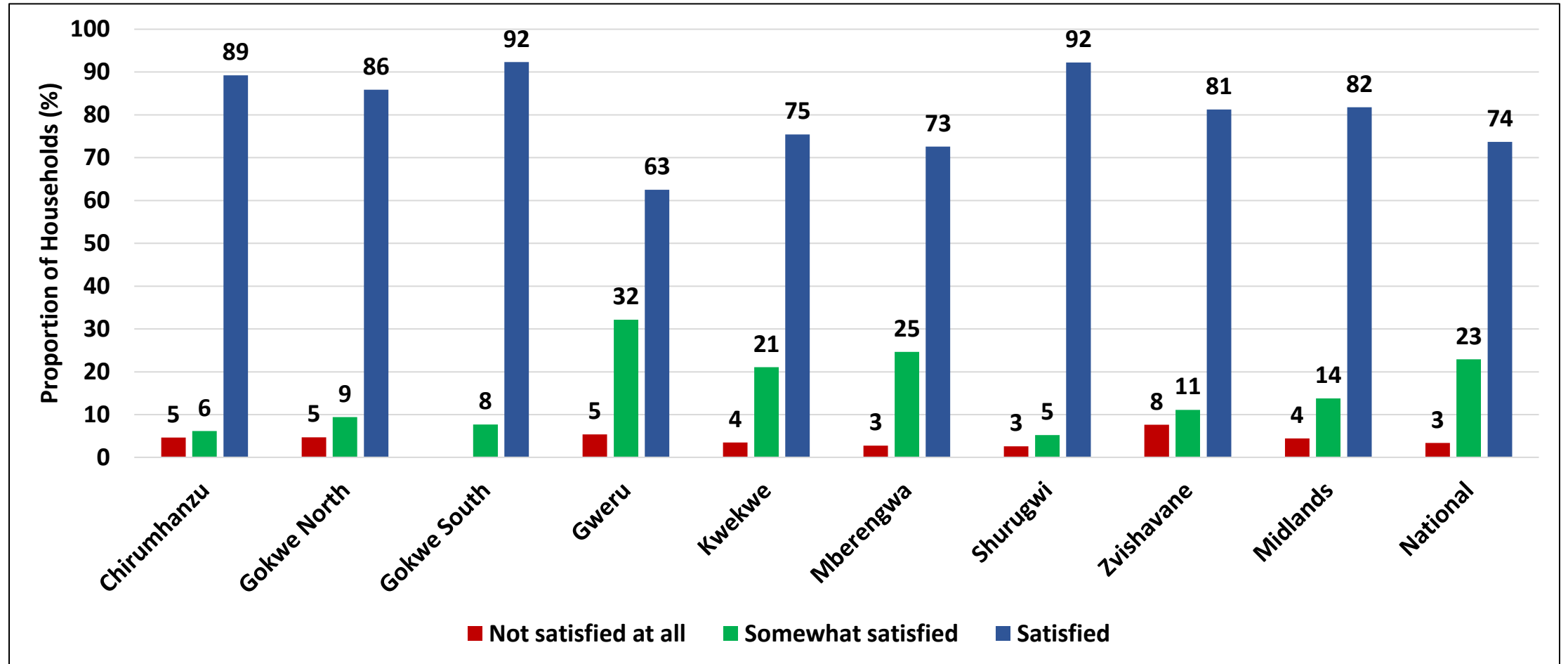
- Generally, of the proportion of households which accessed health centres, 82% were satisfied by the service.

Households which Received Information on Food Safety
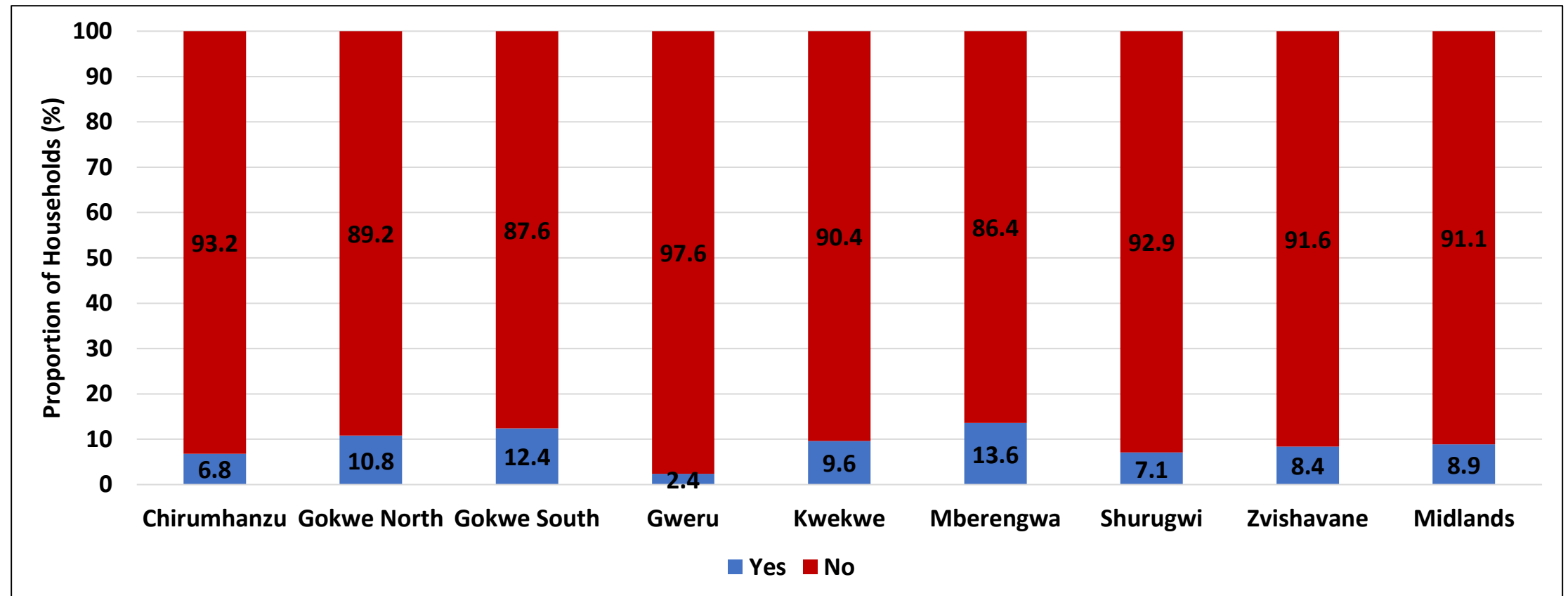
- In the twelve months preceding the survey, (April 2020 to May 2021), only 8.9% of the households received information on food safety issues.

- Mberengwa (13.6%), had the highest proportion of households which received information on food safety issues.

Police Services and Access to Victim Friendly Unit

Police Services Reachable within One Hour

Proportion of Households (%)

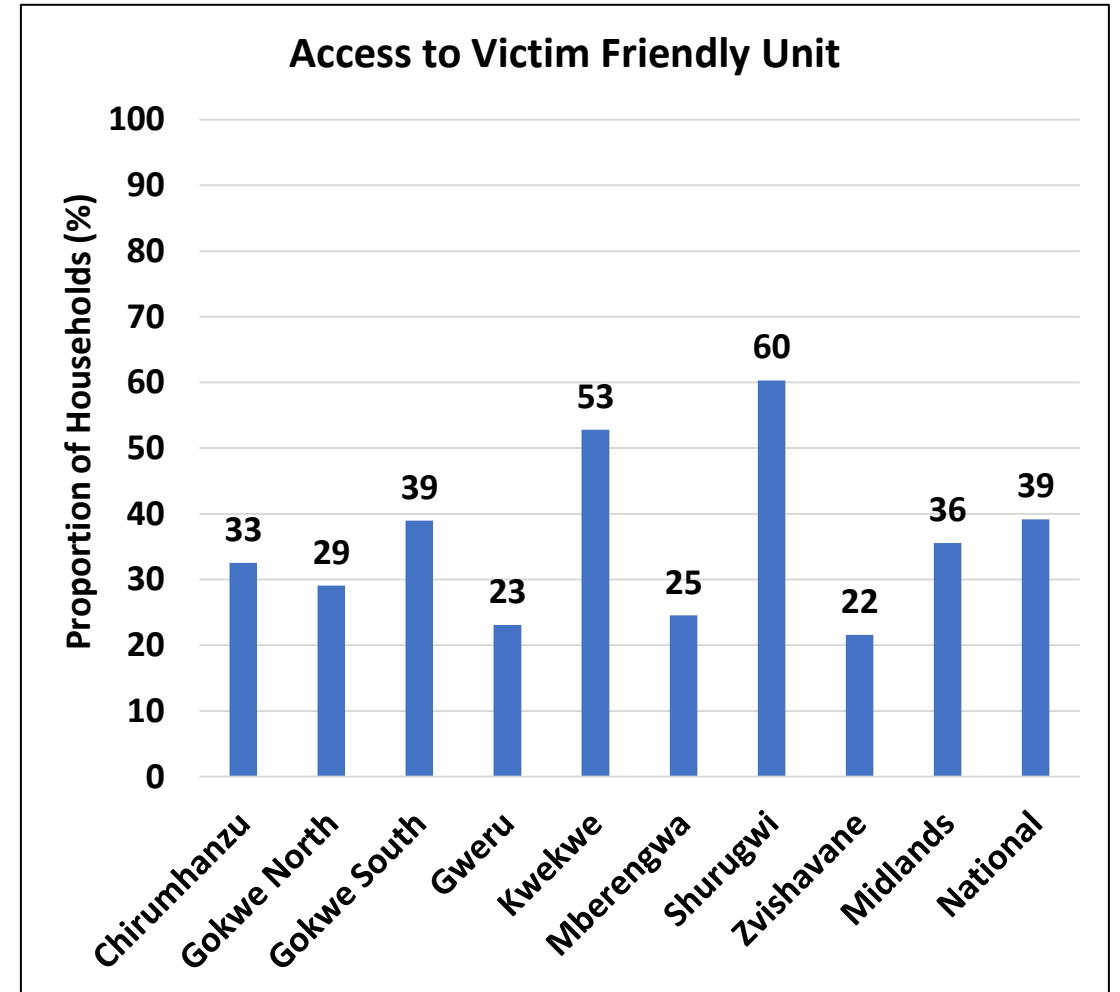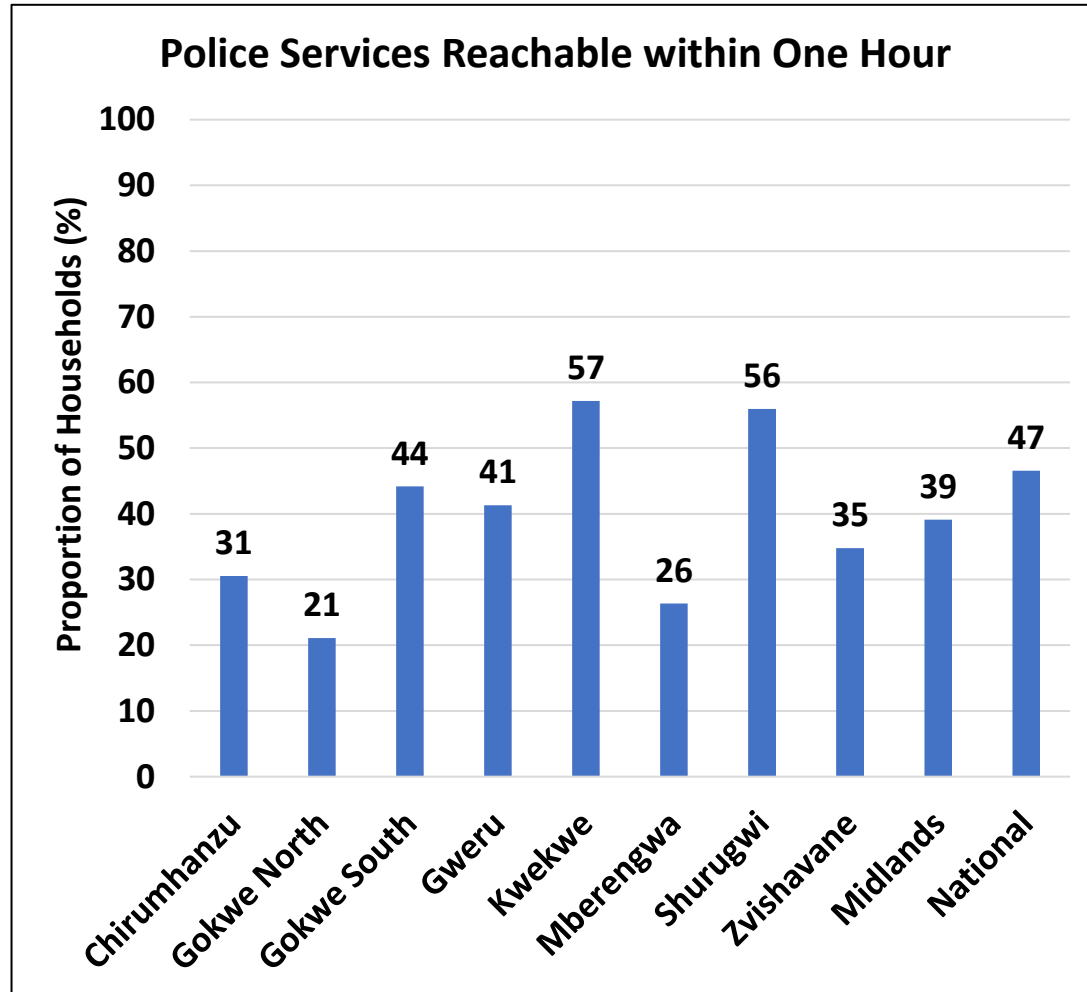| Chirumhanzu	Gokwe North	Gokwe South	Gweru	Kwekwe	Mberengwa	Shurugwi	Zvishavane	Midlands	National
31	21	44	41	57	26	56	35	39	47

Access to Victim Friendly Unit

Proportion of Households (%)

Chirumhanzu	Gokwe North	Gokwe South	Gweru	Kwekwe	Mberengwa	Shurugwi	Zvishavane	Midlands	National
33	29	39	23	53	25	60	22	36	39

- Only 39% of the households reported that they had police services reachable within one hour and 36% of households had access to a Victim Friendly Unit.

Approximate Distance of the Nearest Primary School
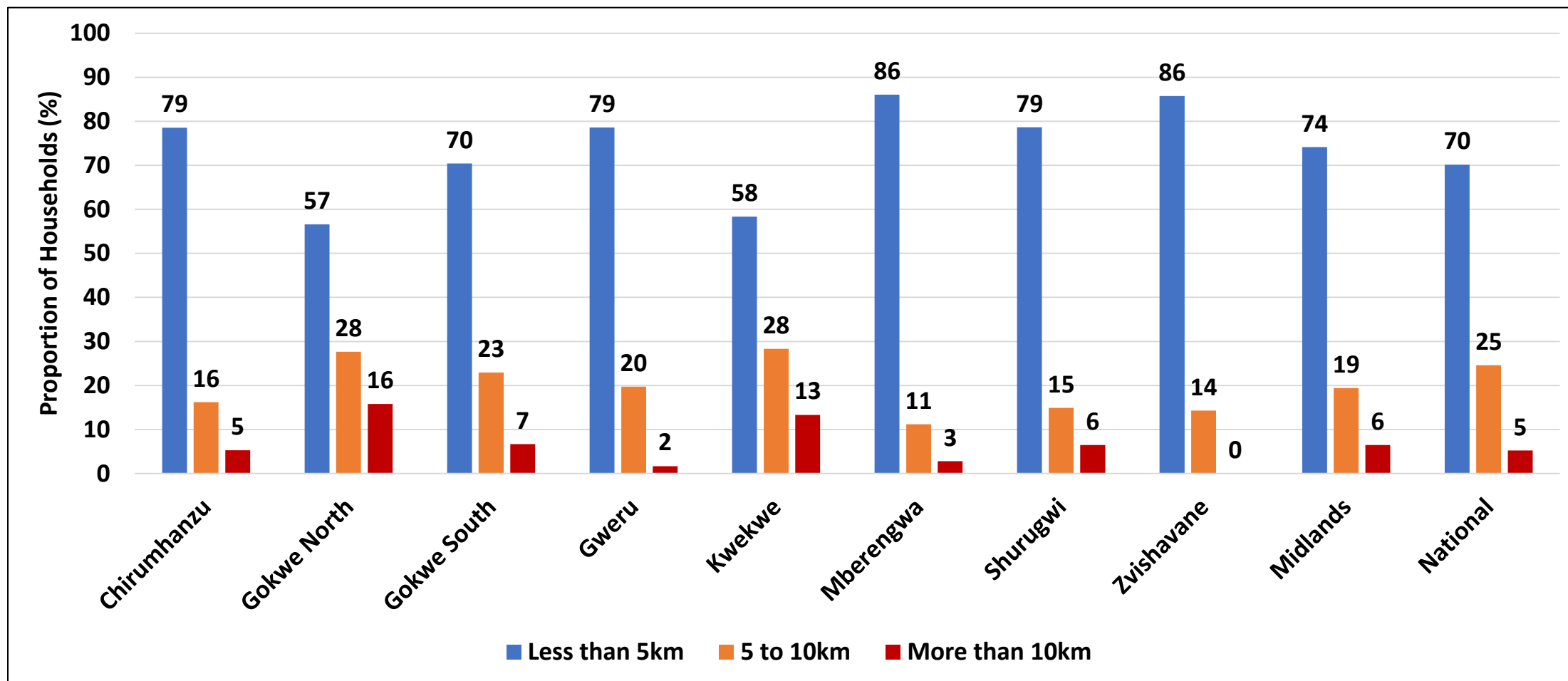
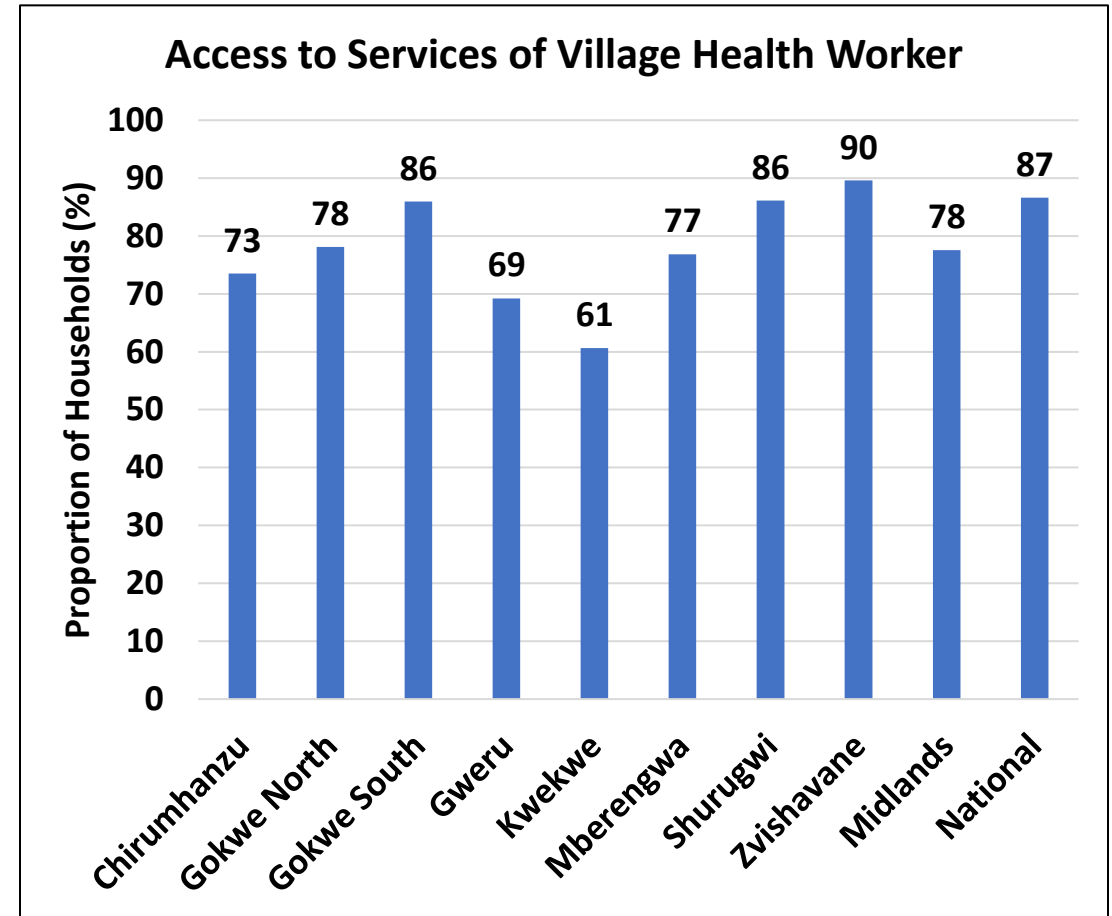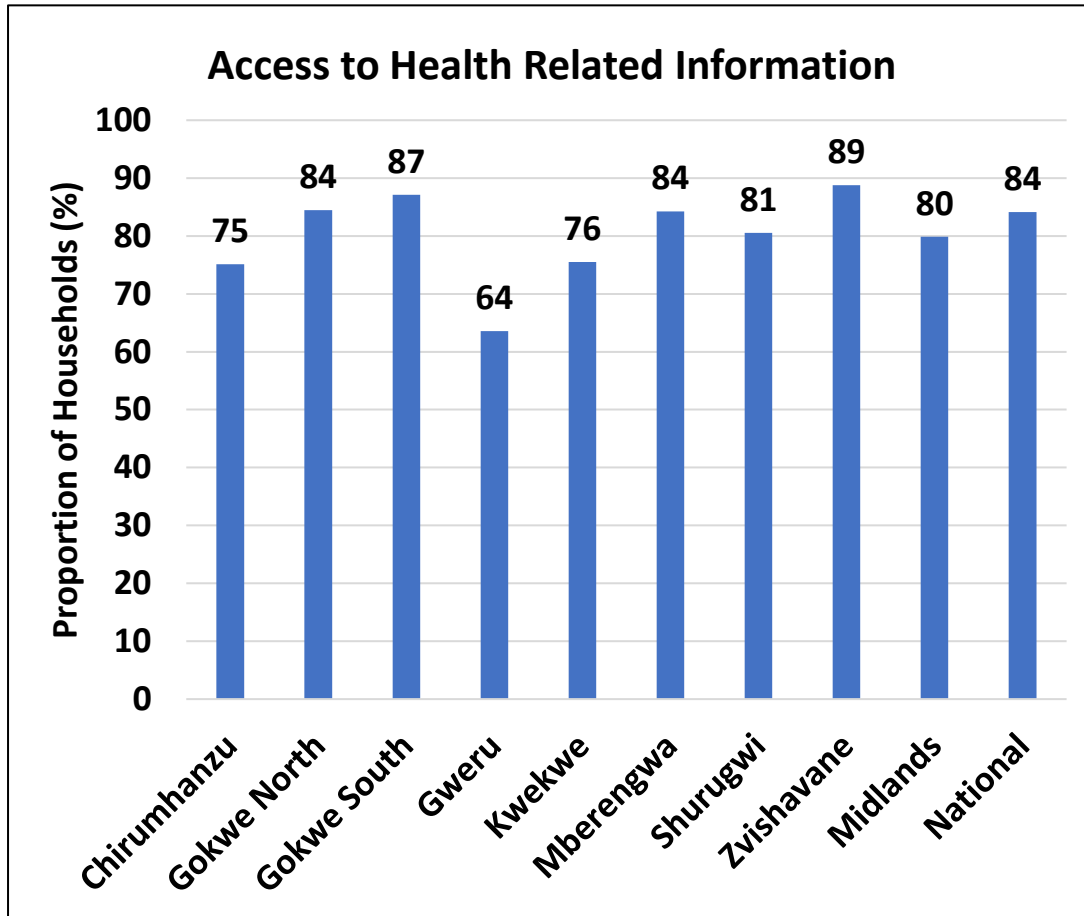- About 74% of the households reported that the nearest primary school was within a distance of less than 5km.

- However, about 6% of the households reported travelling over 10km to access the nearest primary school.

Household Access to Health Services

Access to Health Related Information

Chirumhanzu: 75
Gokwe North: 84
Gokwe South: 87
Gweru: 64
Kwekwe: 76
Mberengwa: 84
Shurugwi: 81
Zvishavane: 89
Midlands: 80
National: 84

Access to Services of Village Health Worker

Chirumhanzu: 73
Gokwe North: 78
Gokwe South: 86
Gweru: 69
Kwekwe: 61
Mberengwa: 77
Shurugwi: 86
Zvishavane: 90
Midlands: 78
National: 87

- Approximately 80% of households had access to health related information and about 78% of households reported that they had access to a Village Health Worker.

Approximate Distance to the Nearest Health Facility/Clinic
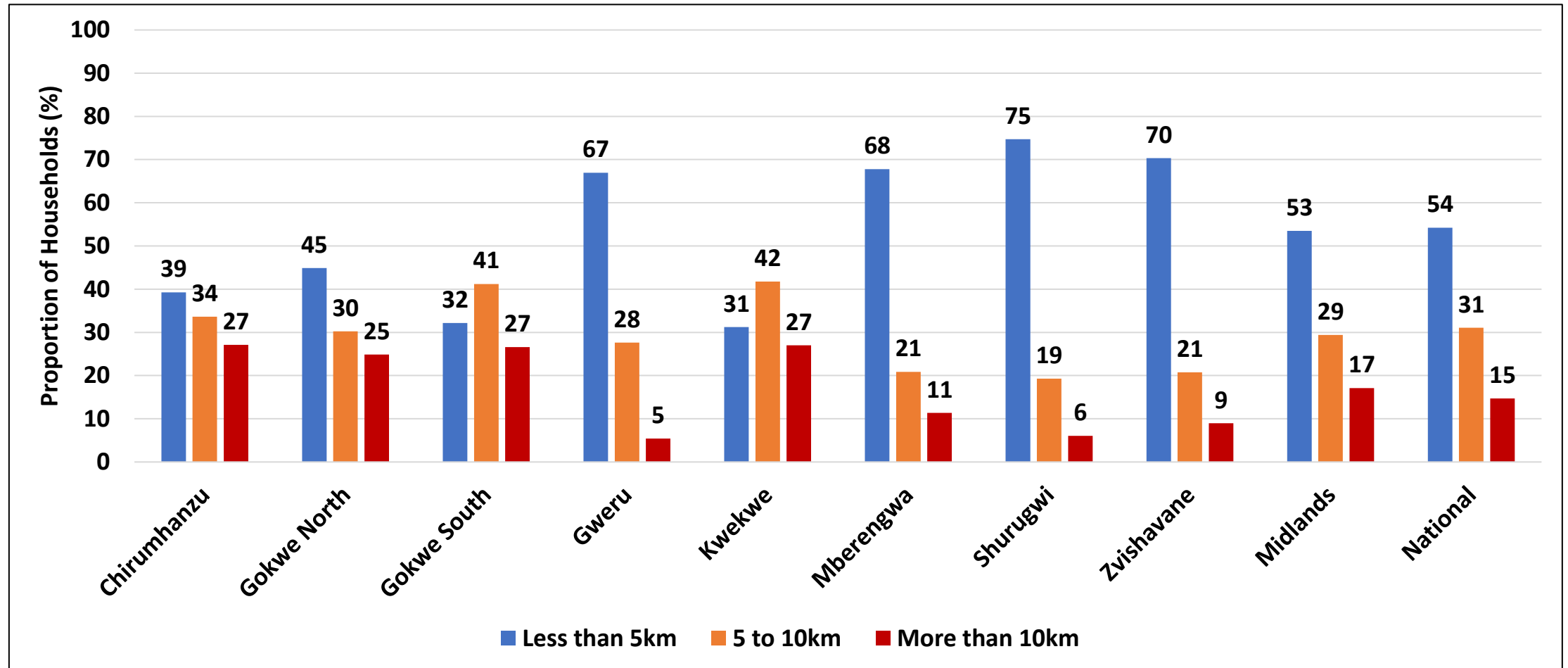
- Generally, 17% of the households reported that the nearest health facility/clinic was more than 10km away.

Access to Grain Storage Facility
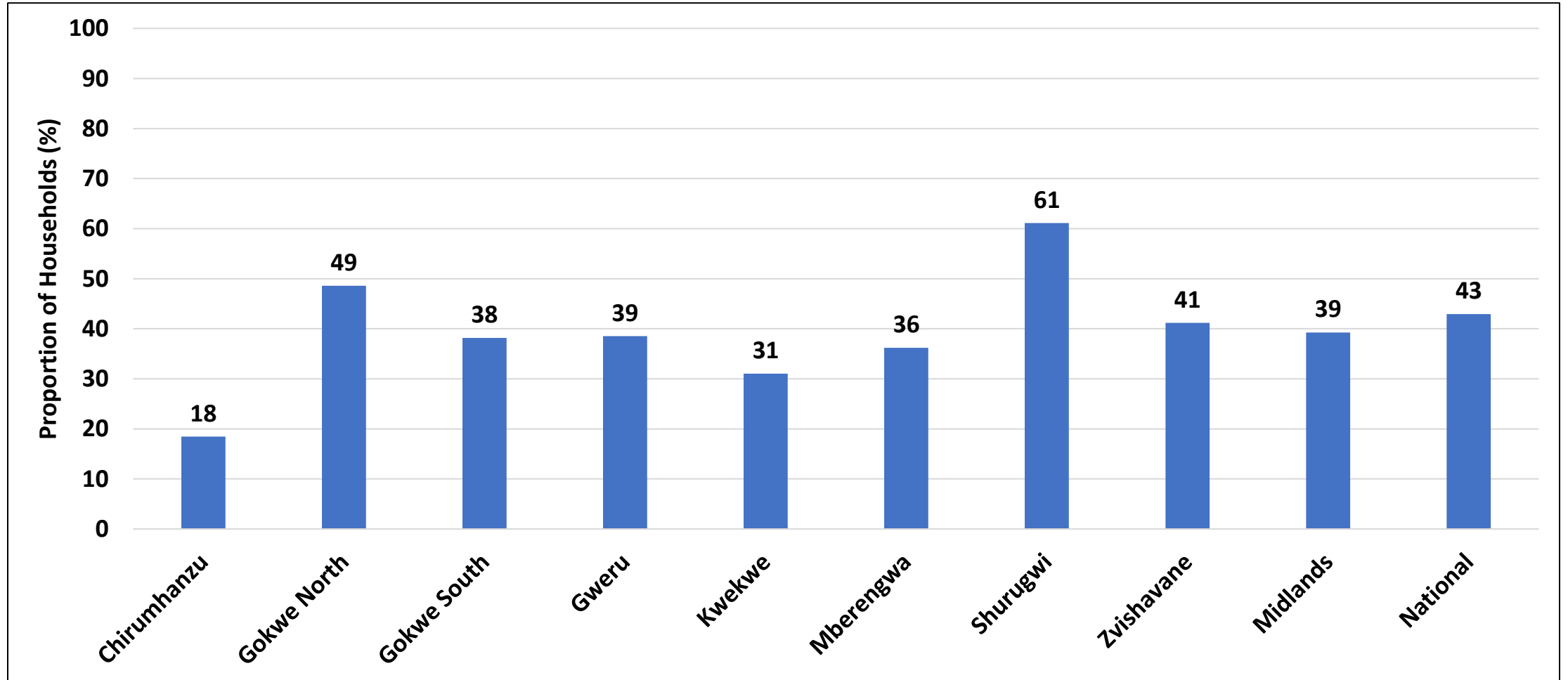
- Shurugwi (61%) had the highest proportion of households which had access to a grain storage facility.

Structures Used to Store Grain

|	Ordinary room (%)	Traditional granary (%)	Ordinary granary (%)	Improved granary (%)	Bin/drum (%)	Crib (%)	Hermatic bags (%)
Chirumhanzu	55	27	10	4	0	4	0
Gokwe North	46	51	0	2	0	0	1
Gokwe South	43	36	**18**	2	0	0	1
Gweru	48	42	1	2	1	3	**2**
Kwekwe	24	**70**	4	3	0	0	0
Mberengwa	28	56	16	0	0	0	0
Shurugwi	**69**	26	1	3	1	0	0
Zvishavane	40	14	17	**15**	0	**15**	0
Midlands	46	39	7	4	0	3	1
National	63	25	6	1	1	2	1

- Approximately 46% of the households were storing their grain in an ordinary room.

Households which Received Early Warning Information
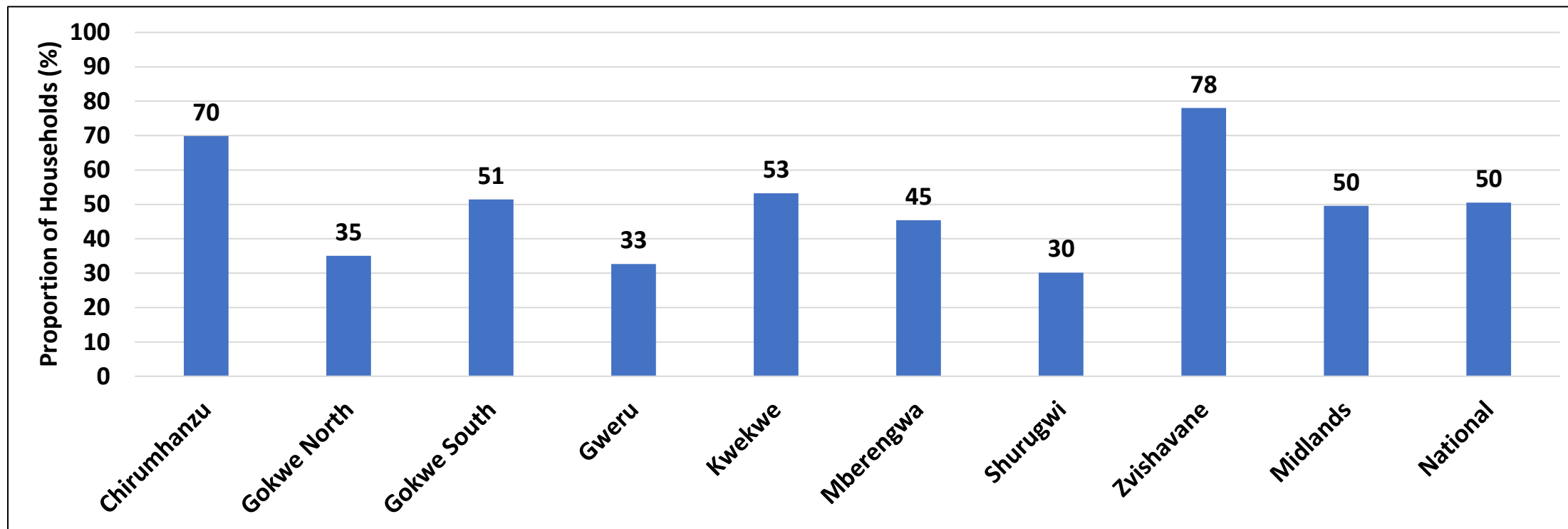
- The proportion of households which received early warning information on weather, climate change and seasonal performance was 50%.

- Zvishavane (78%) had the highest proportion of households which had received early warning information.

Households which used Early Warning Information to Plan Response Mechanisms
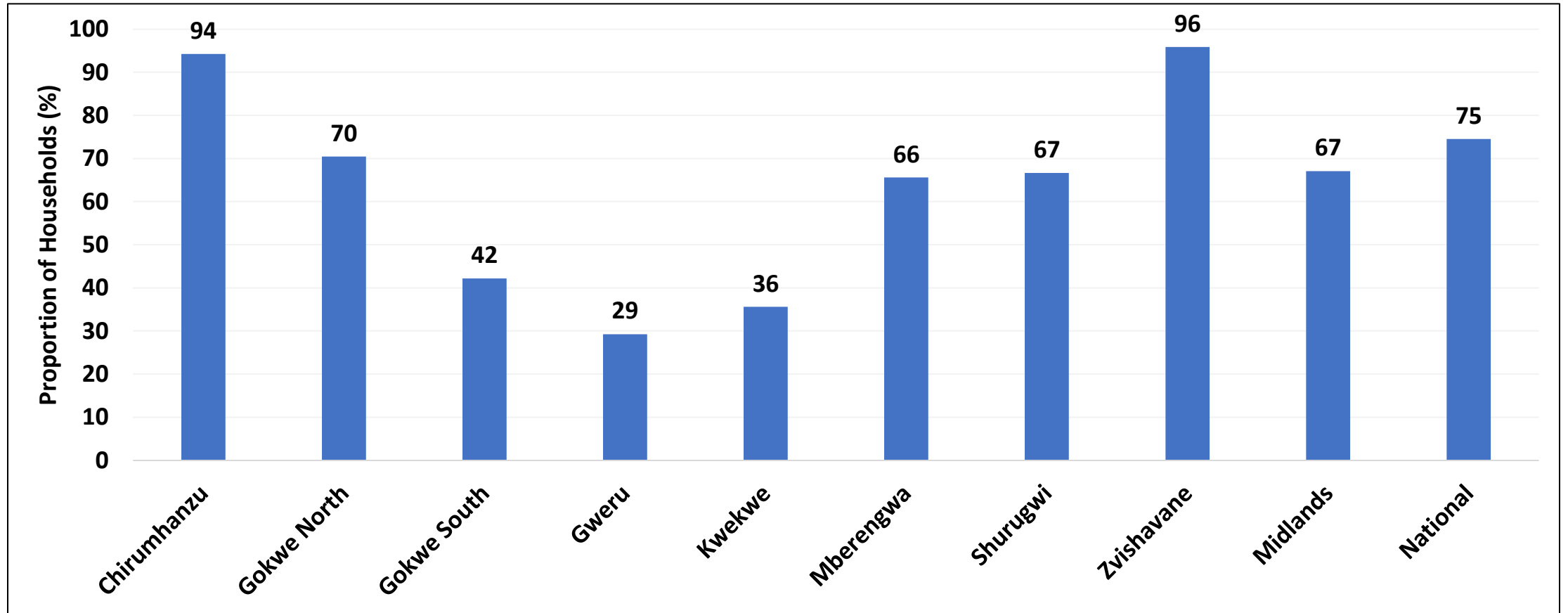
- Of those households which received early warning information, 67% used the information for planning response mechanisms.

Households with Members who Received Information on Public Health Diseases

	Rabies (%)	Anthrax (%)	Cholera (%)	Typhoid (%)	Dysentery (%)	Salmonella (%)	Listeria (%)
Chirumhanzu	34.9	49.2	63.5	**68.8**	**24.3**	2.6	1.1
Gokwe North	28.7	34.9	66.0	11.0	14.4	1.4	0.5
Gokwe South	39.1	**62.2**	56.9	29.8	18.7	2.7	0.4
Gweru	57.8	41.2	44.2	27.6	9.5	2.5	**2.0**
Kwekwe	**61.3**	53.2	68.5	19.0	14.5	3.2	0.0
Mberengwa	40.1	42.2	76.2	30.6	14.3	0.7	0.7
Shurugwi	44.5	34.7	73.1	45.7	11.8	**4.1**	0.8
Zvishavane	50.5	44.9	**87.5**	50.5	20.8	2.3	0.9
Midlands	**45.2**	**45.5**	**67.0**	**35.0**	**16.0**	2.6	0.8
National	**47.8**	**40.3**	**72.7**	**33.4**	**21.7**	3.1	1.3

- About 87.5% households in Zvishavane reported that they had received information on cholera.

Sources of Information on Gender Based Violence

	Radio (%)	Other household member (%)	Television (%)	Newspaper (%)	Social media (%)	Internet browsing (%)	Government Extension Worker (%)	Health workers (%)	Health promoters (%)	Friends and relatives (%)	UN/NGOs (%)	Police (%)	Other (%)
Chirumhanzu	54.5	4.9	4.1	0.0	0.8	0.0	17.1	22.0	4.9	7.3	6.5	**30.1**	11.4
Gokwe North	54.9	3.7	0.0	1.2	6.1	0.0	37.8	**39.0**	**29.3**	12.2	7.3	1.2	8.5
Gokwe South	80.0	6.7	0.0	0.0	3.3	0.0	8.3	13.3	6.7	10.0	**11.7**	26.7	6.7
Gweru	**54.7**	8.4	3.2	0.0	2.1	0.0	3.2	24.2	2.1	5.3	8.4	2.1	**17.9**
Kwekwe	84.8	**32.4**	1.0	0.0	**6.7**	1.0	6.7	11.4	0.0	**26.7**	1.0	4.8	5.7
Mberengwa	85.4	20.8	**22.9**	**6.3**	4.2	0.0	22.9	12.5	6.3	16.7	6.3	10.4	4.2
Shurugwi	85.3	4.3	0.0	0.0	2.6	0.0	5.2	10.3	2.6	0.0	0.9	4.3	3.4
Zvishavane	68.9	0.0	3.3	1.1	0.0	0.0	**41.1**	7.8	0.0	1.1	7.8	0.0	6.7
Midlands	**70.0**	**9.7**	**3.2**	0.7	3.1	0.1	**16.8**	**17.7**	**5.8**	9.3	5.7	9.9	8.3
National	**65.7**	**12.5**	**4.7**	2.7	7.5	0.7	**22.8**	**28.2**	**13.4**	11.9	8.6	21.3	4.9

- Radio was the most common source of information on Gender Based Violence at about 70%.

Household Ownership of Infrastructure that Enhances Food and Nutrition Security

|	Irrigation (%)	Farming equipment (%)	Fowl runs (%)	Solar powered water source (%)	Borehole (%)	Storage facility (%)	Savings (%)	Beehives (%)	Nutrition garden (%)	Agro-forestry (%)	Other (%)
Chirumhanzu	**4.7**	**41.4**	**3.9**	0.0	0.0	1.7	0.0	**2.6**	44.8	0.0	37.1
Gokwe North	0.0	**5.0**	31.1	0.0	0.9	**25.7**	3.6	1.4	18.5	0.0	35.6
Gokwe South	0.0	34.6	7.5	0.4	1.3	22.9	0.0	0.0	43.3	2.5	16.7
Gweru	1.3	33.2	31.4	**1.3**	**9.0**	2.7	3.1	1.3	28.3	9.0	11.2
Kwekwe	3.3	32.1	18.7	0.4	2.0	2.0	4.1	0.8	**15.9**	0.0	**41.9**
Mberengwa	1.3	6.9	13.2	0.6	1.9	13.8	6.3	0.0	36.5	0.0	33.3
Shurugwi	0.8	34.3	26.8	0.4	1.3	9.6	**20.9**	1.3	54.4	0.0	16.7
Zvishavane	1.7	23.2	**37.3**	0.8	0.8	5.4	0.0	0.0	**66.4**	0.0	8.3
Midlands	**1.7**	**27.3**	**21.5**	**0.5**	2.1	**10.3**	**4.7**	**0.9**	38.8	1.4	24.8
National	**5.7**	**23.7**	**29.9**	**2.1**	3.7	**14.1**	**6.1**	**1.2**	36.0	0.9	21.9

- Food and Nutrition Security infrastructure is important in ensuring farming households enhance their ability to produce, store and utilise food.

- Chirumhanzu had the highest proportion of households who reported to have farming equipment (41.4%), whilst Zvishavane recorded the highest proportion of households with a nutrition garden (49%).

Food Consumption Patterns

Food Consumption Score

Food Consumption Score Groups	Score	Description
POOR	0-21	An expected consumption of staple 7 days, vegetables 5-6 days, sugar 3-4 days, oil/fat 1 day a week, while animal proteins are totally absent
BORDERLINE	21.5-35	An expected consumption of staple 7 days, vegetables 6-7 days, sugar 3-4 days, oil/fat 3 days, meat/fish/egg/pulses 1-2 days a week, while dairy products are totally absent
ACCEPTABLE	>35	As defined for the borderline group with more number of days a week eating meat, fish, egg, oil, and complemented by other foods such as pulses, fruits, milk

Food Consumption Patterns
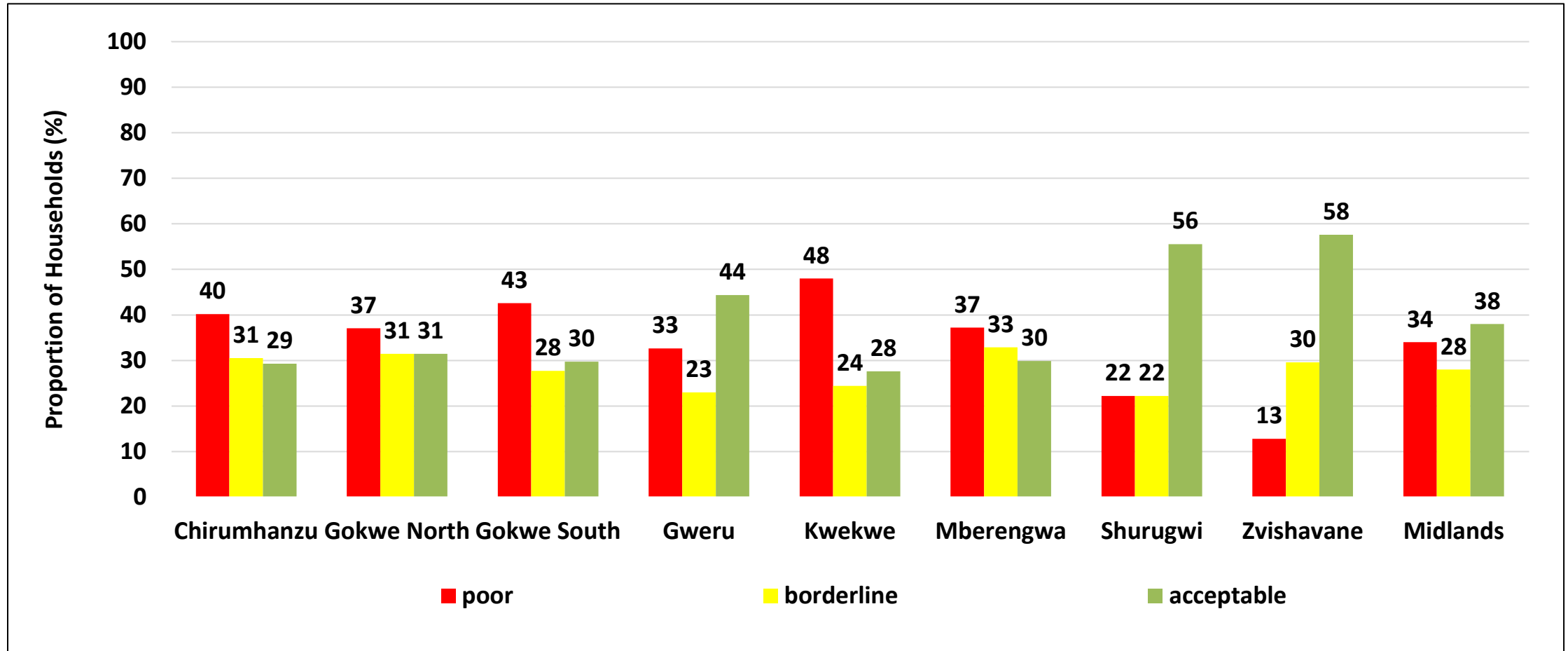
- Approximately, 34% of the households had poor food consumption patterns with Kwekwe (48%) having the highest proportion.

- Zvishavane (58%) had the highest proportion of households with acceptable food consumption patterns.

Poor Food Consumption Patterns by District
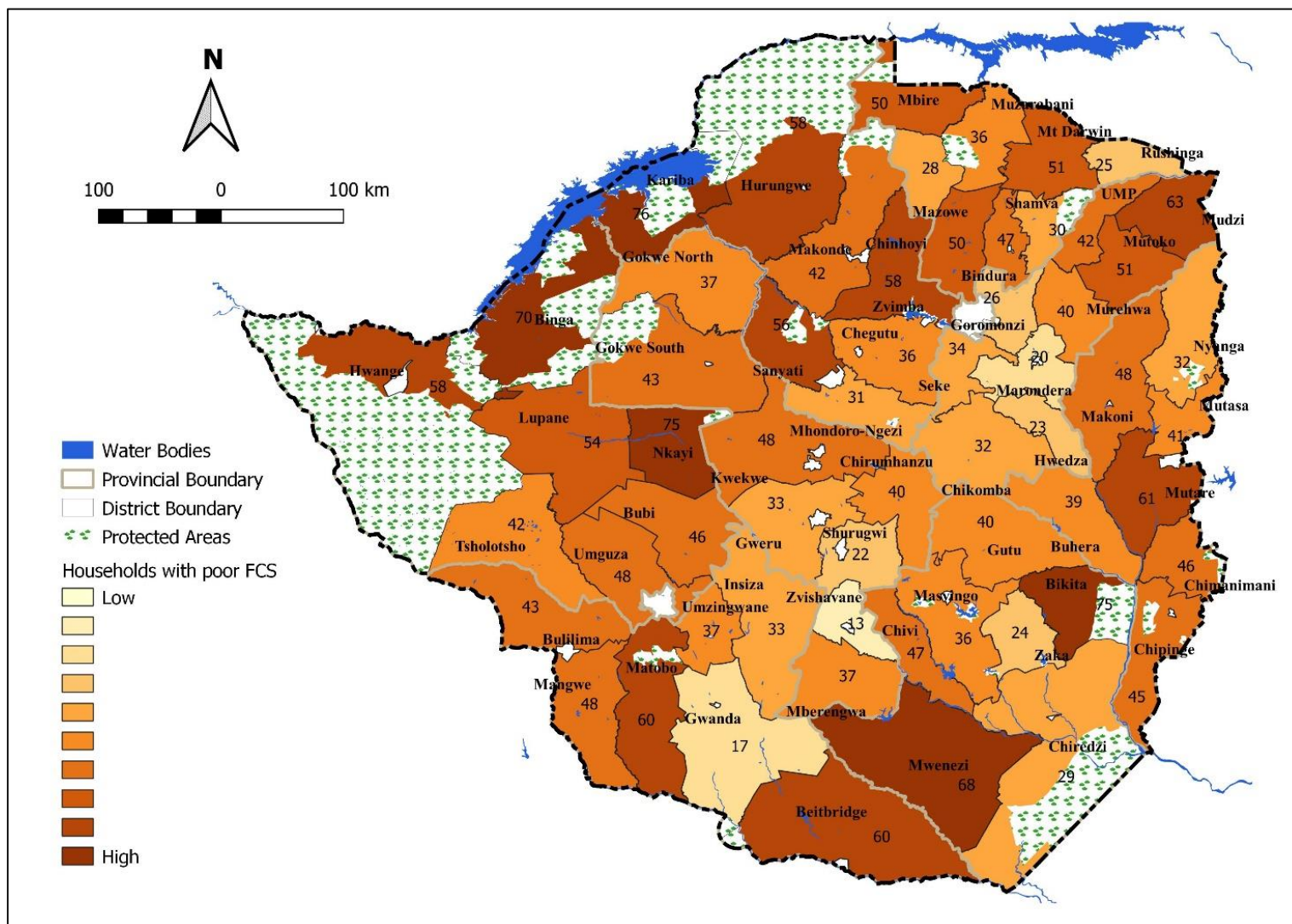
- Gokwe South (43%) had the highest proportion of households which were consuming poor diets.

Average Number of Days Households Consumed Food from Various Food Groups
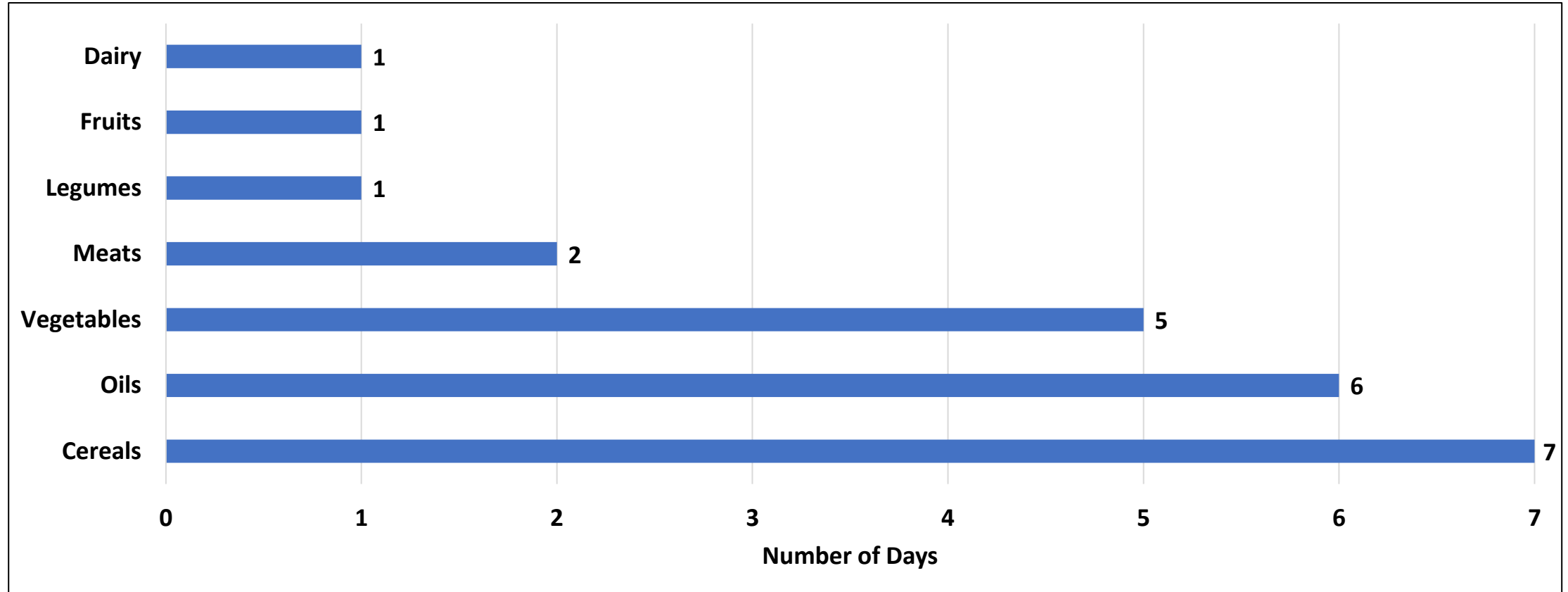
- Households were consuming mostly cereals, oils and vegetables.

- Fruits, meats, legumes and dairy consumption was low an indication of poor quality diets.

- This may have negative implications on nutrition outcomes of vulnerable groups such as children and women of child bearing age.

Food Consumption Score-Nutrition

Household Consumption of Protein, Iron and Vitamin A Rich Foods
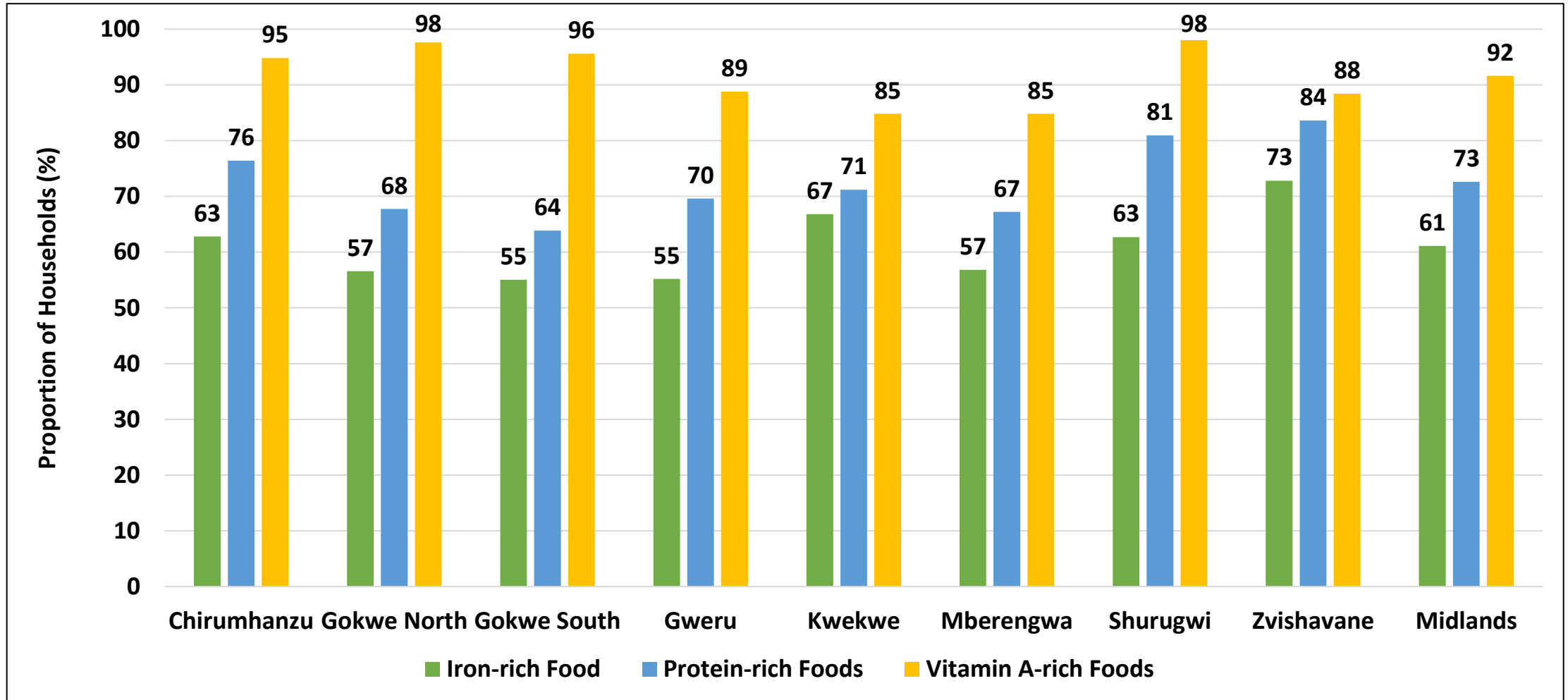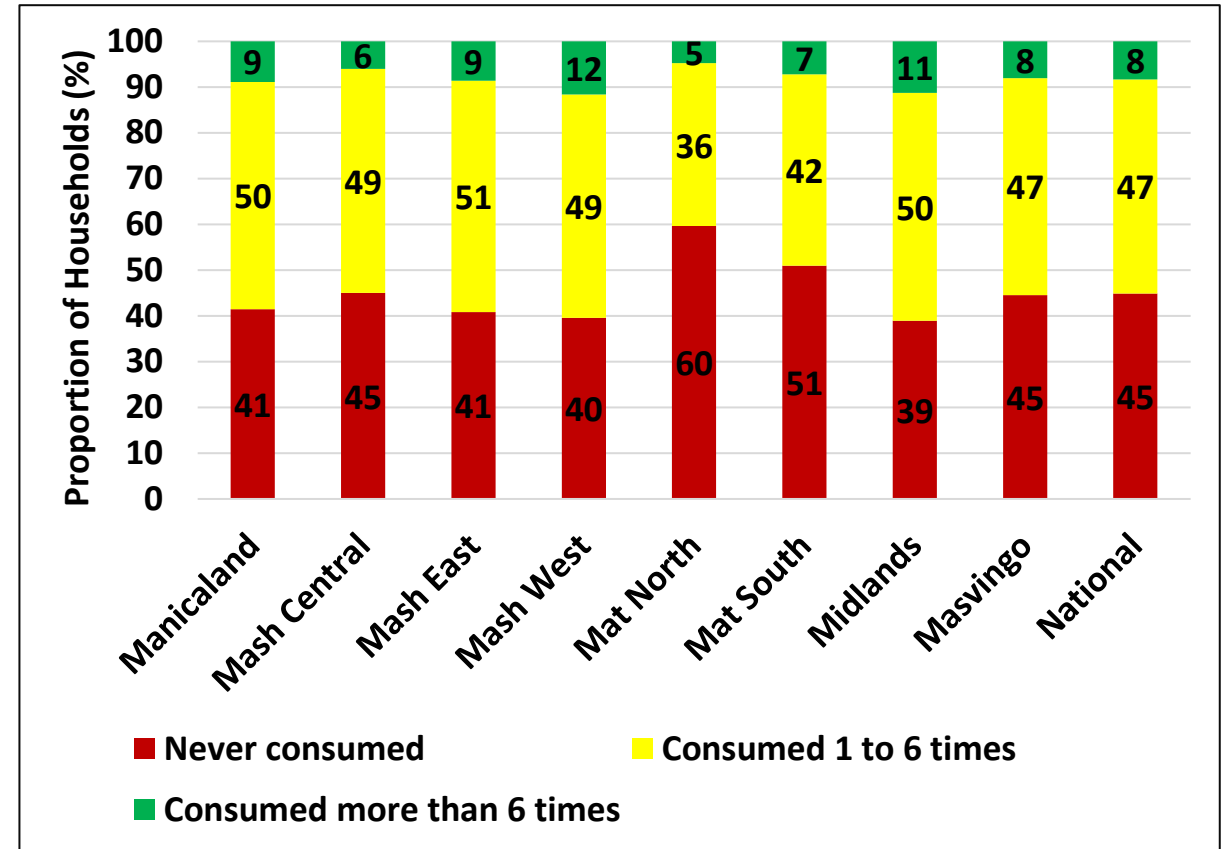

- Iron rich foods were the least consumed (61%) followed by protein-rich foods (73%) and vitamin-A rich foods (92%.

# Households Consuming Iron-Rich Foods

2020
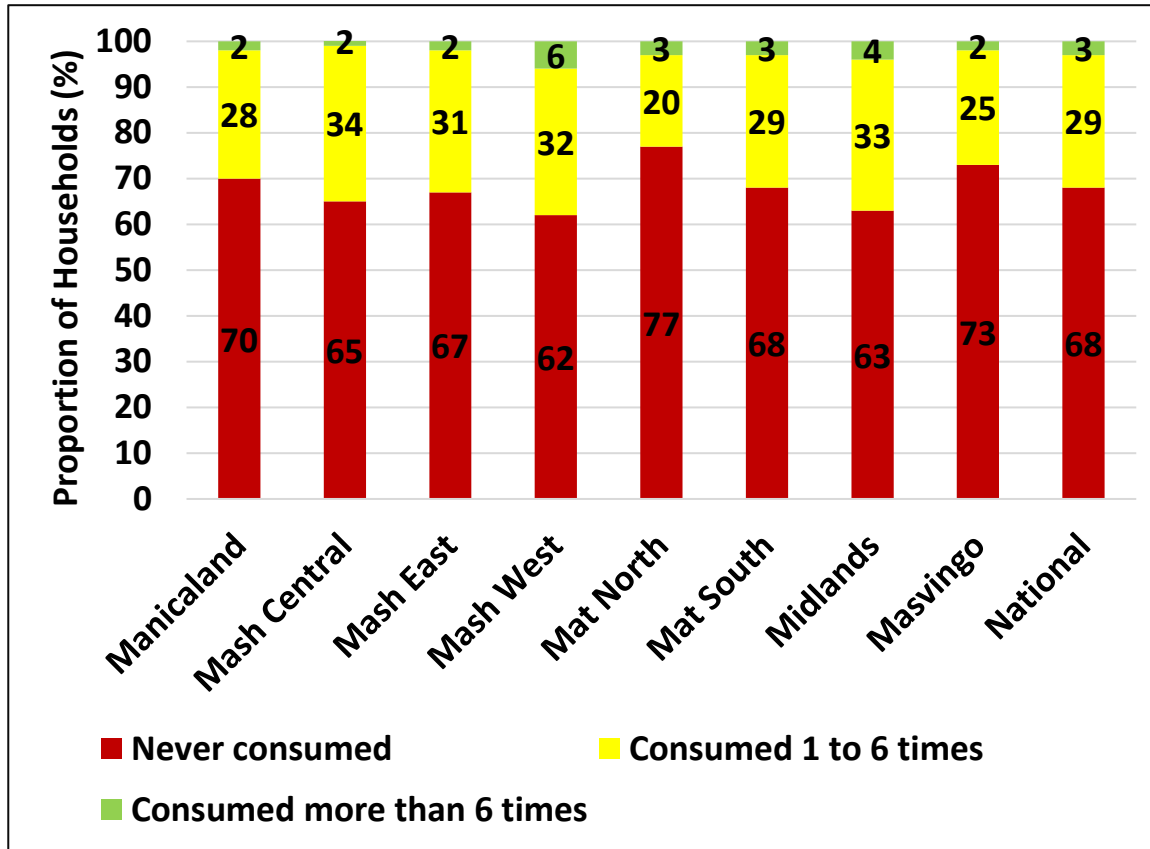
2021

- Iron is an essential mineral which is required by the body during the formation of blood cells. Iron deficiency can cause fatigue and reduced ability by the body to fight infections.

- About 39% of the households never consumed iron-rich foods seven days prior to the survey and this was an improvement from 63% reported in 2020.

139

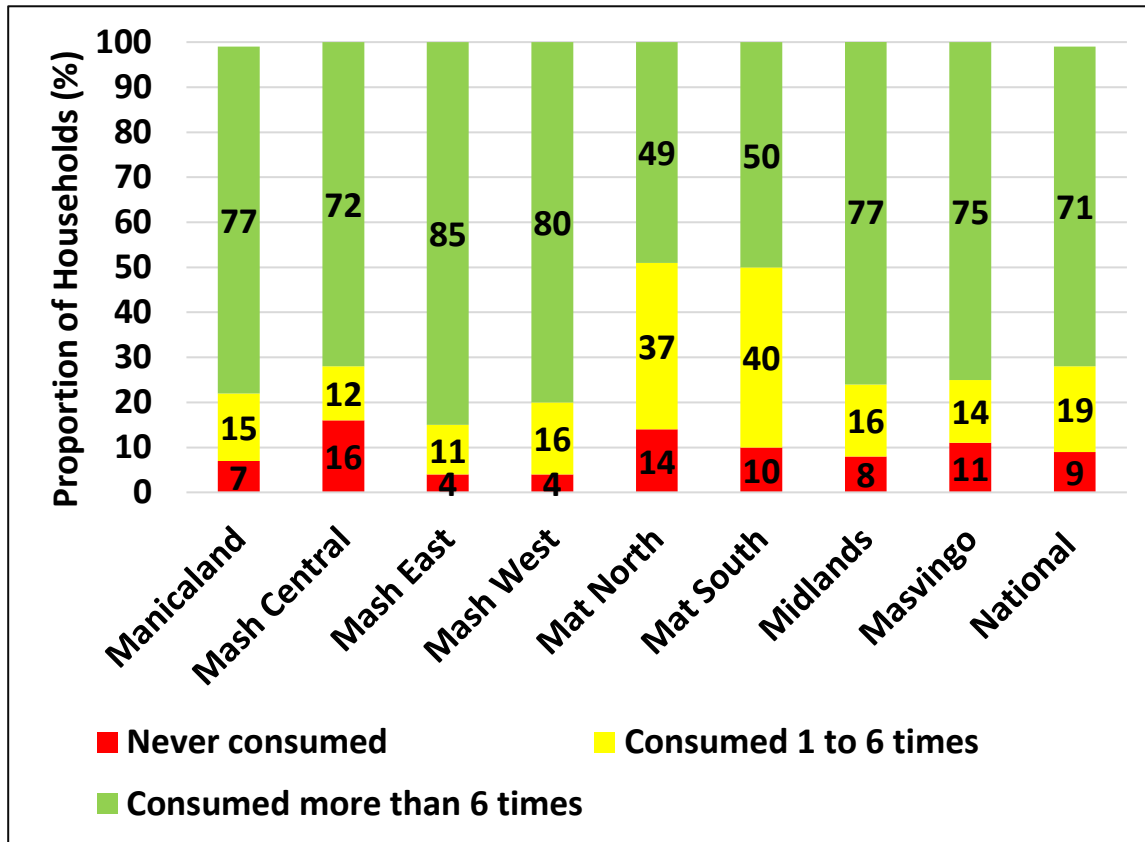# Households Consuming Protein-Rich Foods
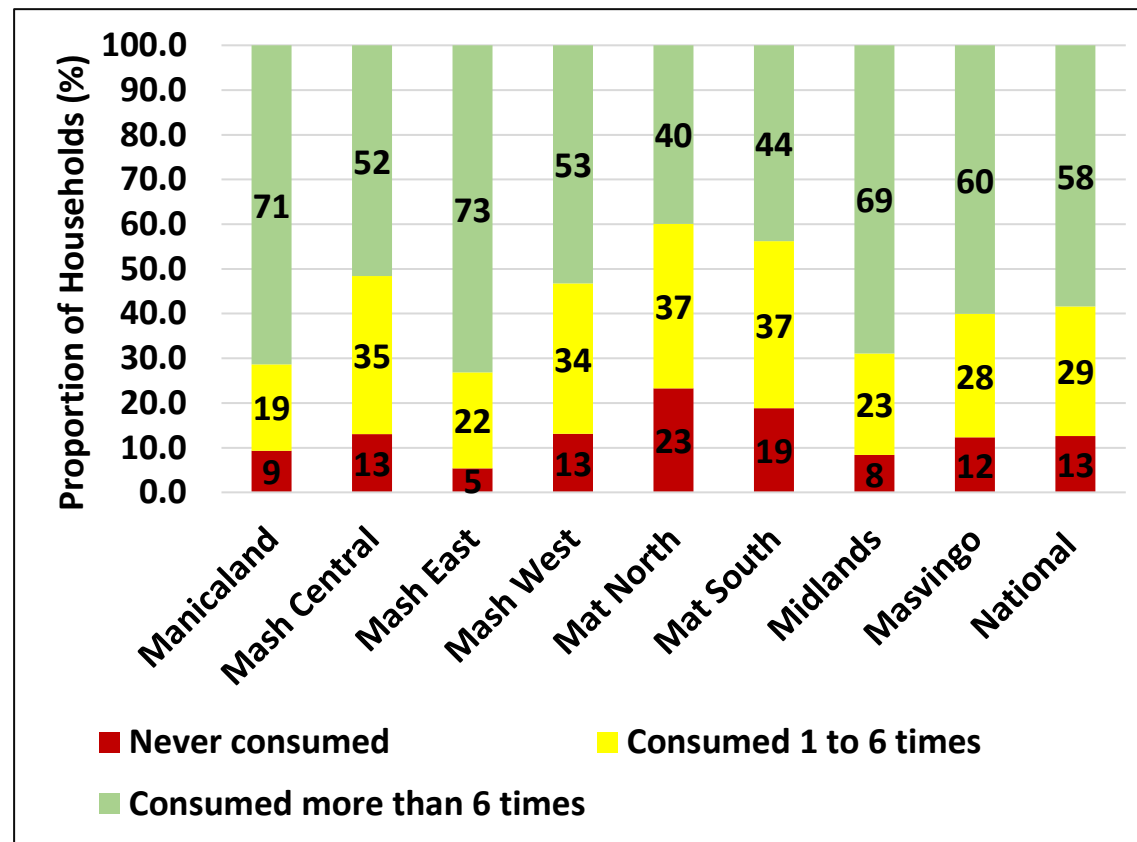

2020
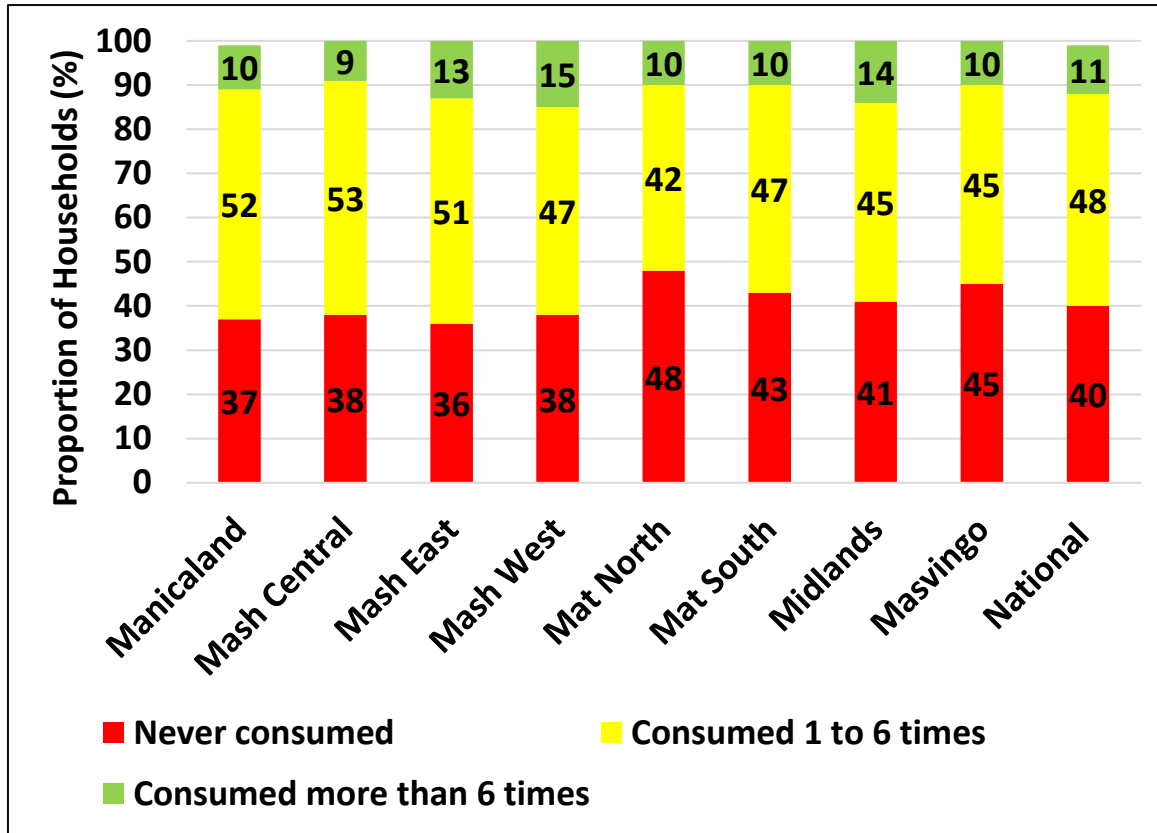
2021
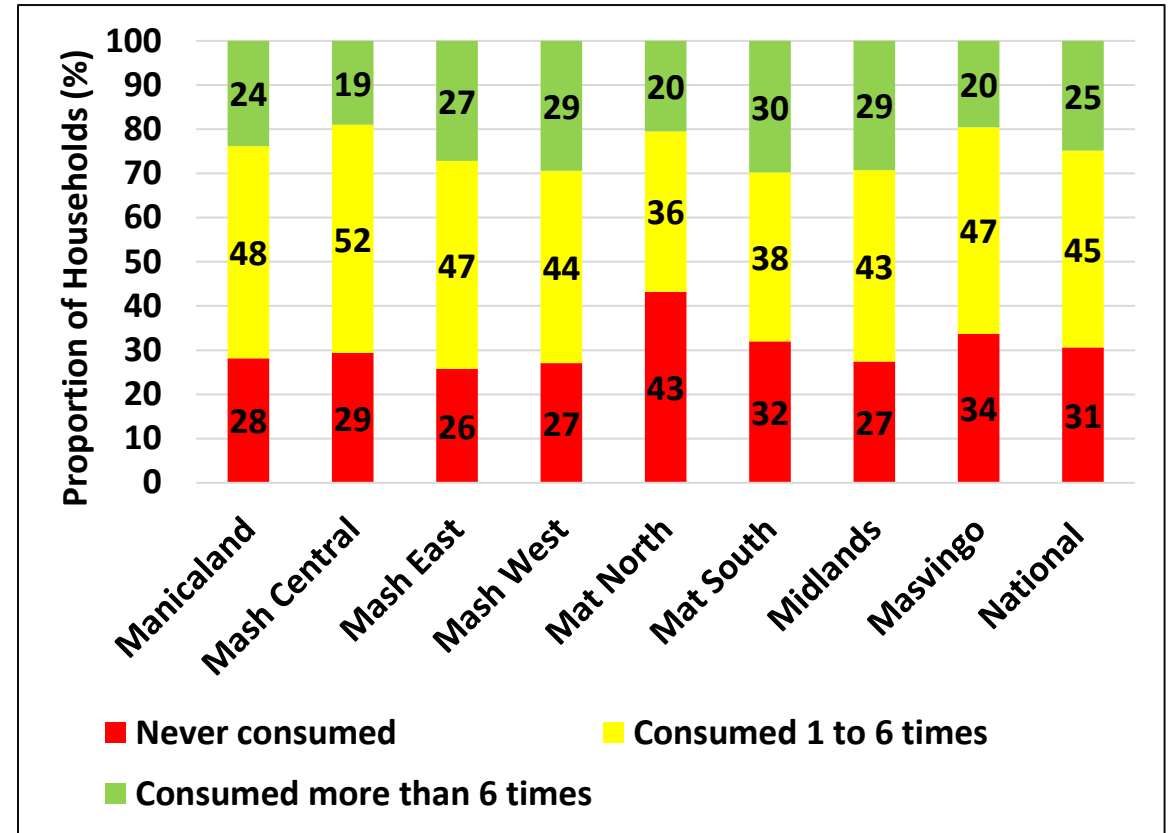
- Inadequate protein intake compromises the body's ability to build, repair worn-out tissue and fight against infections.
- About, 27% of the households never consumed protein-rich foods seven days prior to the survey and this was a decrease from 41% in 2020.

Households Consuming Vitamin A-rich Foods

- Vitamin A is important for normal vision, the immune system functions, and reproduction and Vitamin A deficiency causes night blindness, harms the immune system and may contribute to maternal mortality.
- About 8% of the households never consumed Vitamin A rich foods and this was the same as the previous year.

Minimum Dietary Diversity-Women

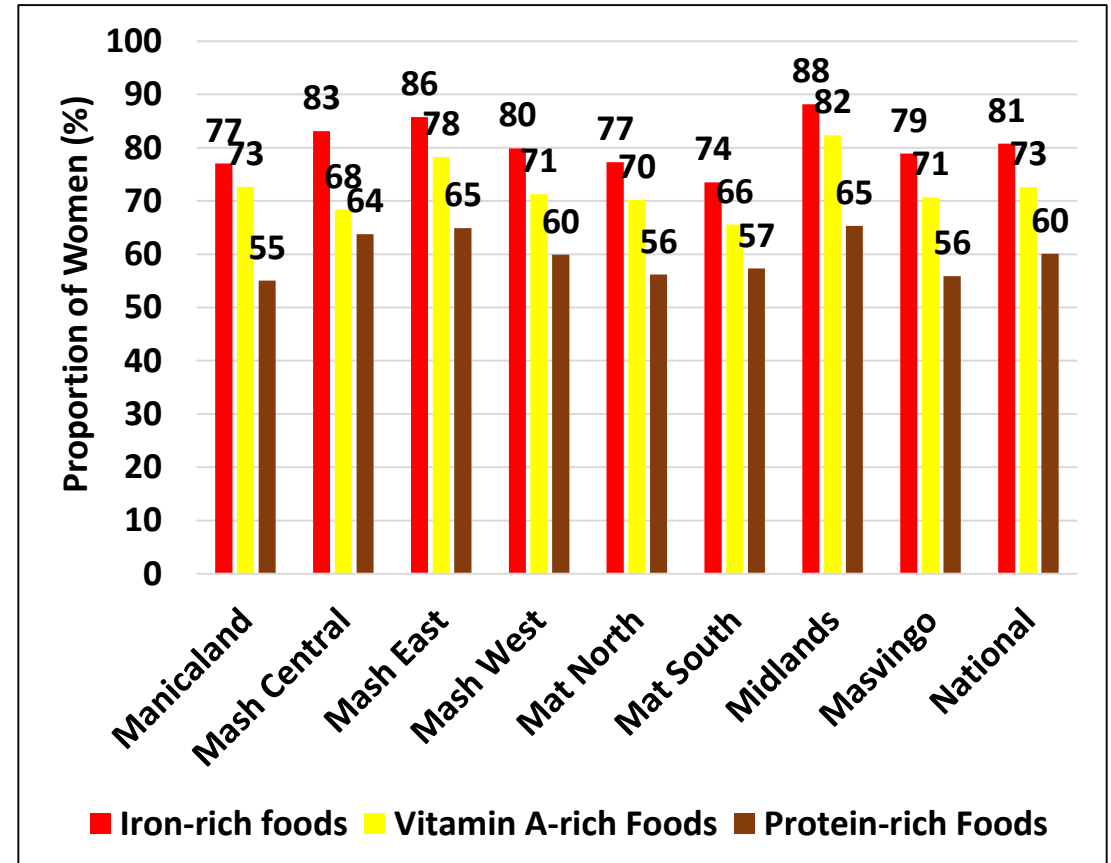# Minimum Dietary Diversity of Women of Child Bearing Age
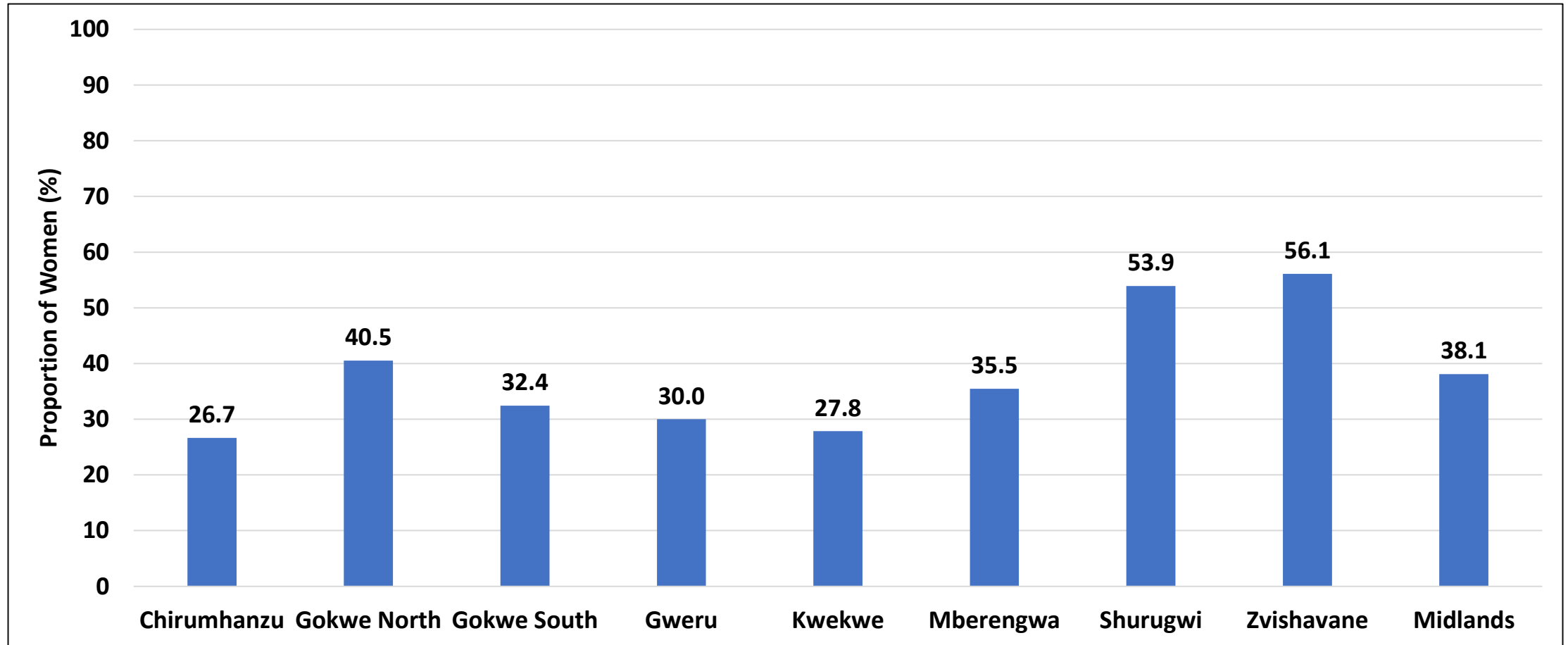
- At least 38.1% of women of child bearing age consumed a Minimum Dietary Diversity (MDD) in the 24-hours preceding the survey.

- Zvishavane (56.1%) had highest proportion of women-of-child-bearing-age who consumed a minimum dietary diversity.

Consumption of Protein, Iron and Vitamin-A Rich Foods by WCBA

2020
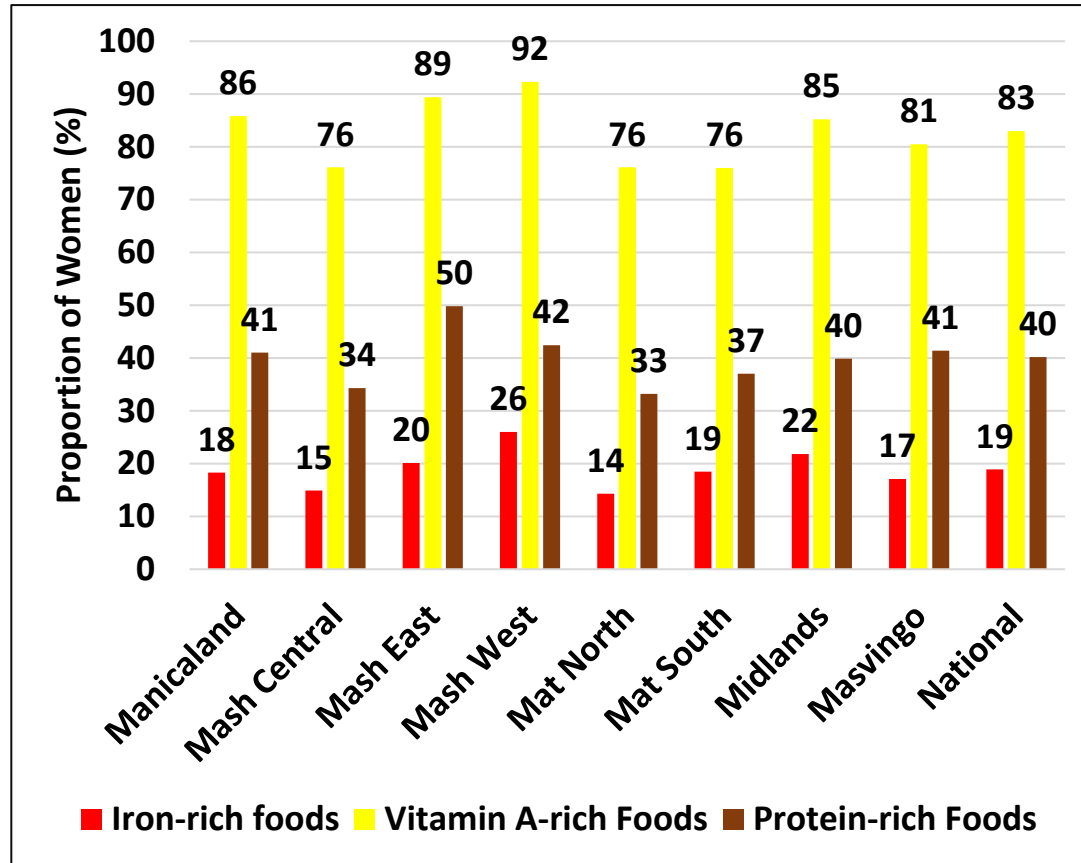
2021

- There was a general increase in the proportion of women who consumed iron-rich, Vitamin A rich and protein-rich foods for women-of-child-bearing-age.

WCBA Consumption of Iron Rich Foods by District

2020
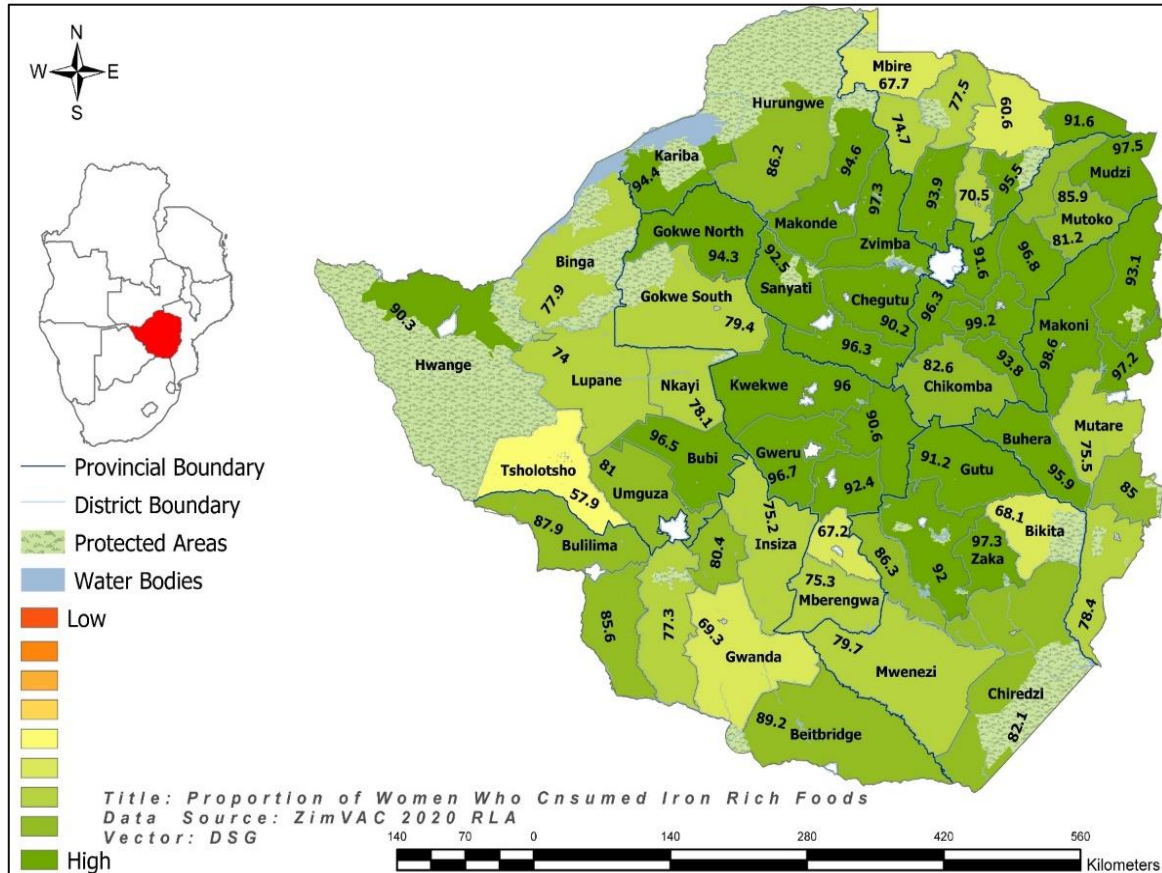
2021
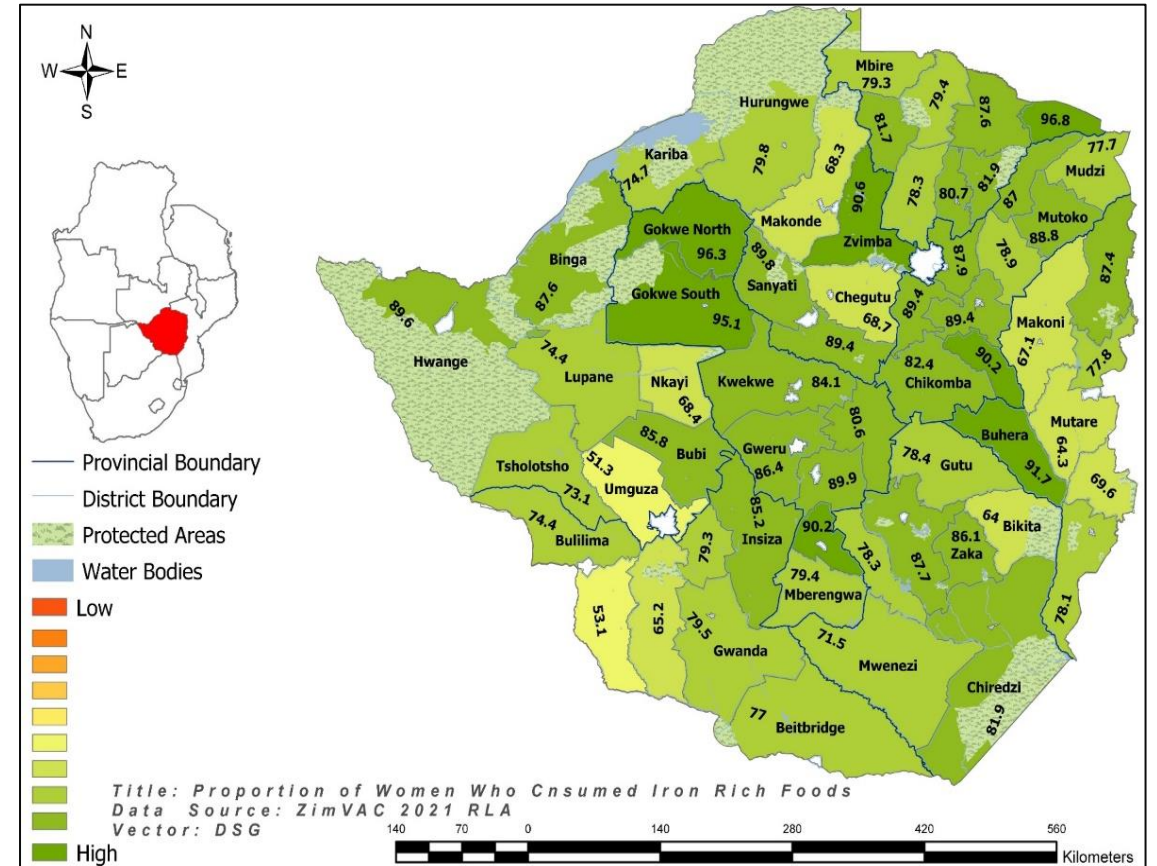
- There has been a general decrease in the proportion of households consuming iron-rich foods over the past two years with Kwekwe (67.2%) and Mberengwa (75.3%) having the lowest proportion.

Household Hunger Scale
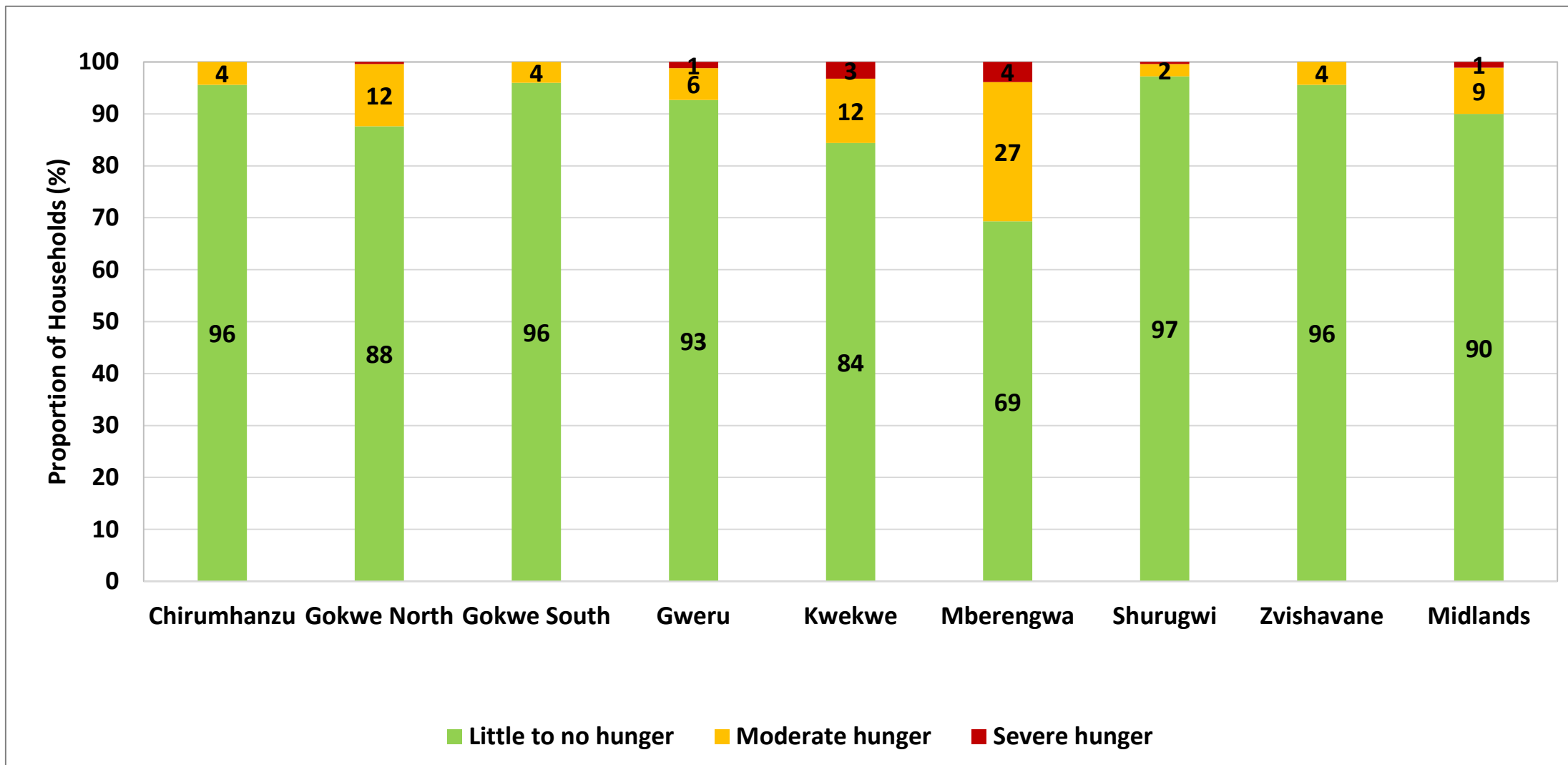
- About 90% of the households had little to no hunger.

Households which Experienced Moderate to Severe Hunger
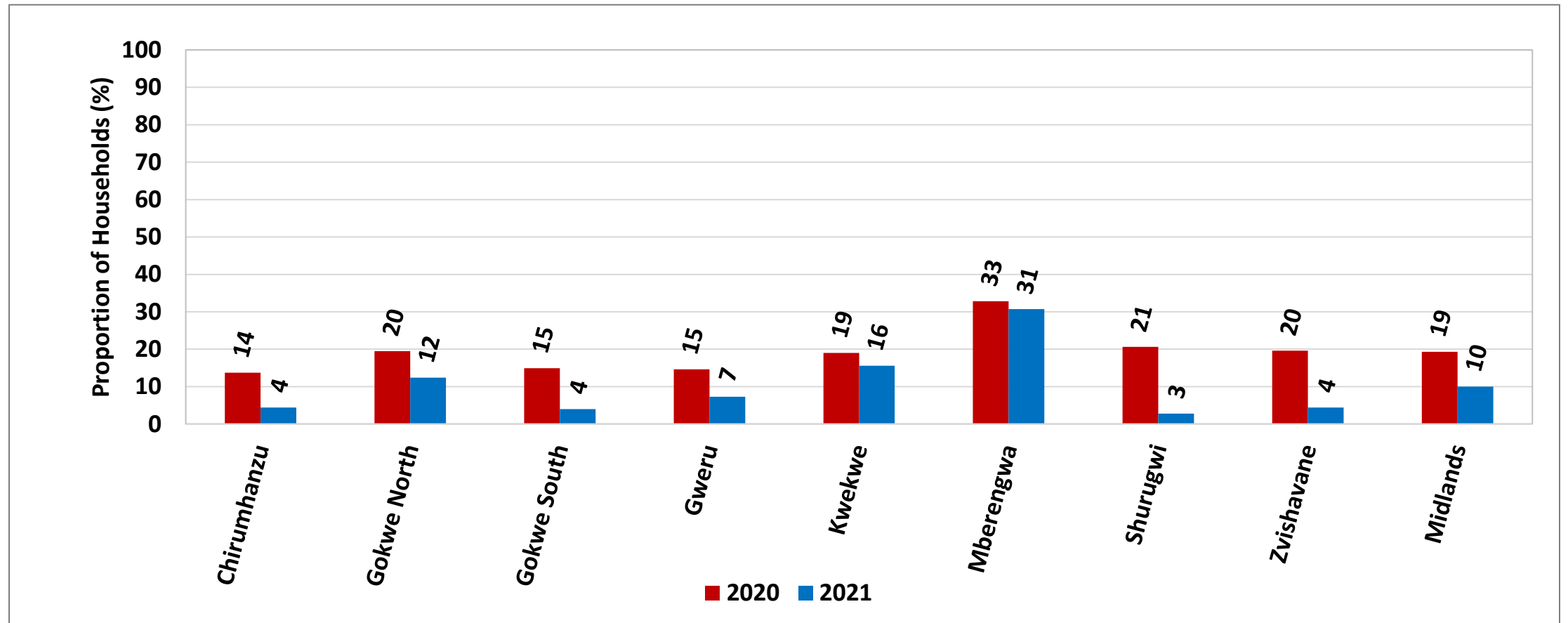
- There was a general decline in the proportion of households which experienced moderate to severe hunger from 19% in 2020 to 10% in 2021.

Livelihood Based Coping Strategies

Household Consumption Coping Strategy Index (CSI)
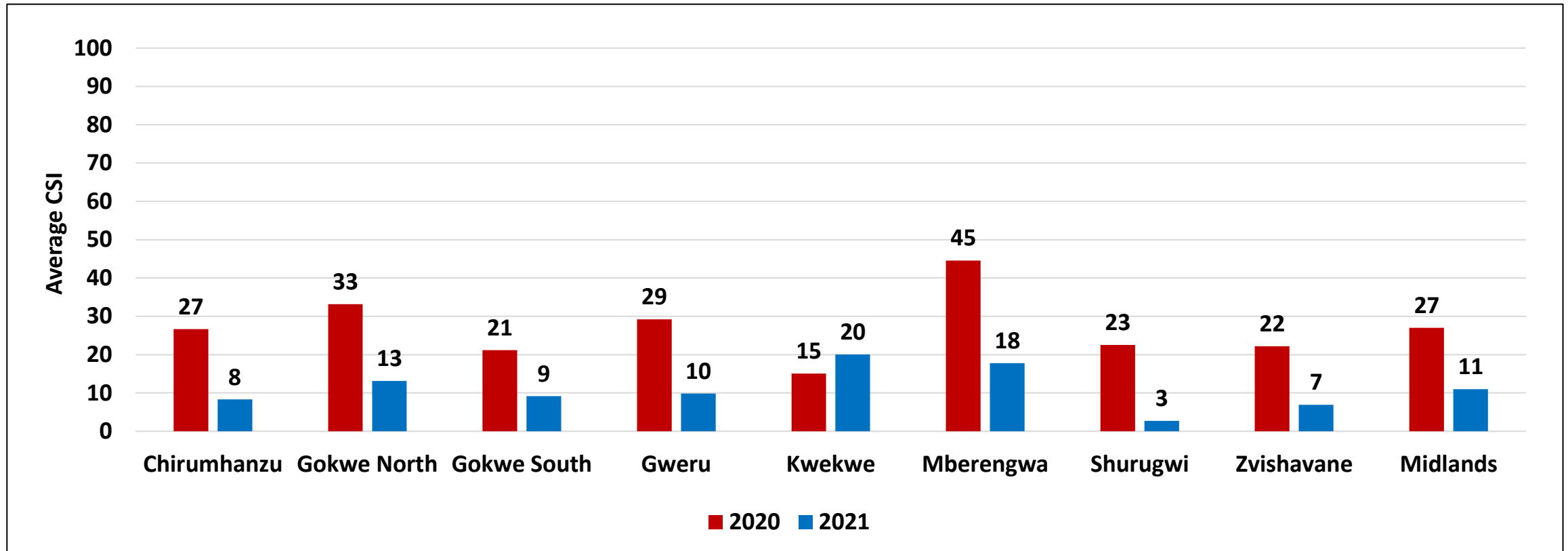
- A decrease in CSI is an indication of improvement in household food access.

- Household consumption coping strategy index generally decreased across all districts when compared to 2020, except for Kwekwe where the score increased from 15 to 20.

- Kwekwe (20) and Mberengwa (18) reported the highest CSI above the provincial average of 11.

Household Consumption Coping Strategies
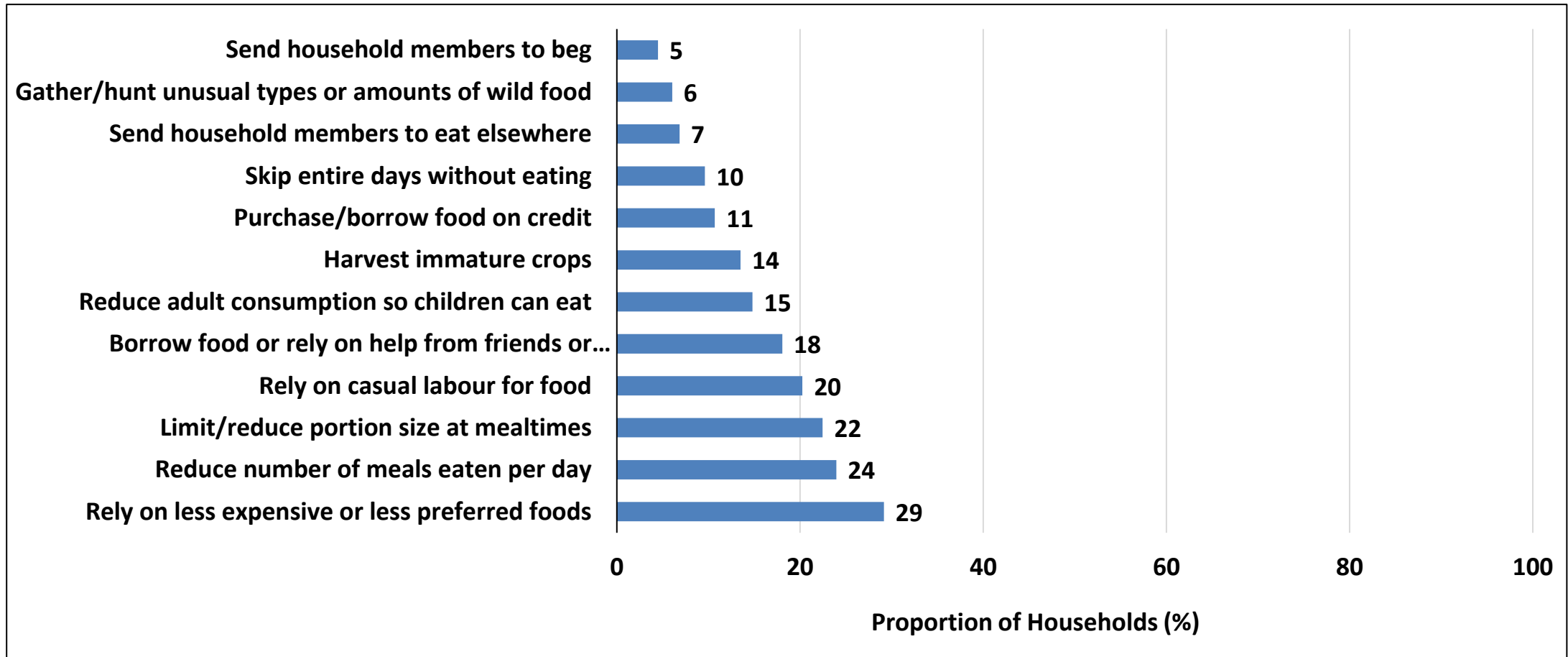
- Of those households that adopted consumption based coping strategies, 29% relied on less expensive foods, 24% reduced the number of meals consumed per day and 22% reduced portion size at meal times.

Household Reduced Consumption Coping Strategy Index (rCSI)
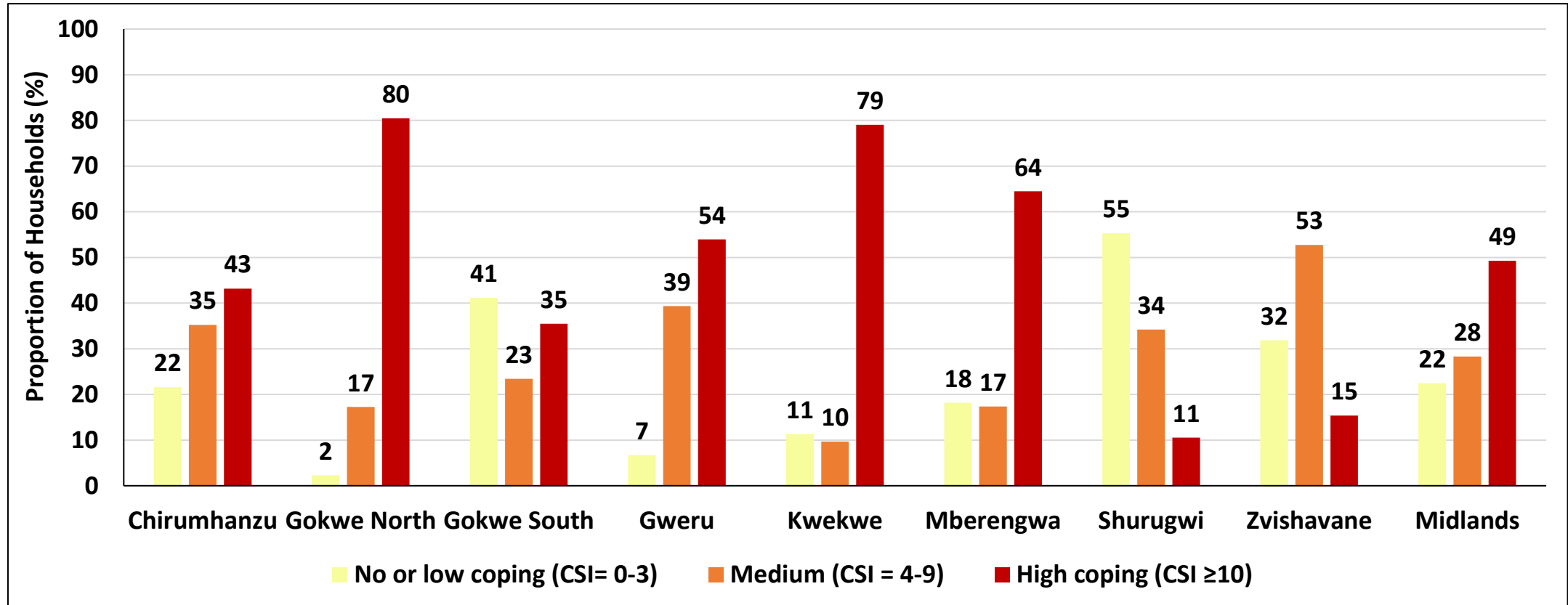
- Gokwe North (80%), Kwekwe (79%) and Mberengwa (64%) had the highest proportion of households which adopted high consumption based coping strategies.

- Shurugwi (55%) had the highest proportion of households which adopted low or no 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 Livelihoods Coping Strategies
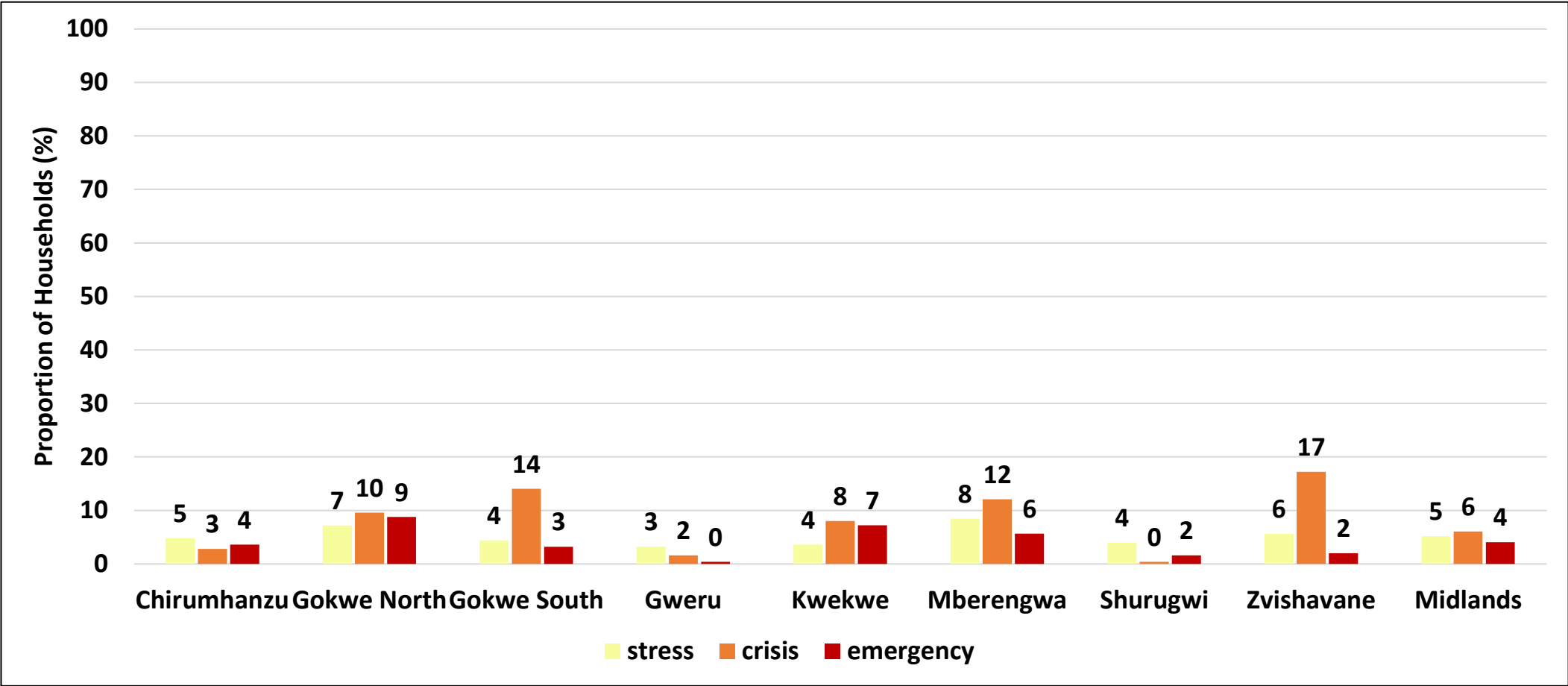
- Approximately 4% of the households resorted to emergency livelihood coping strategies.

- The proportion of households that resorted to emergency coping strategies was high in Gokwe North (9%), followed by Kwekwe at 7%.

Household Maximum Livelihoods Coping Strategies
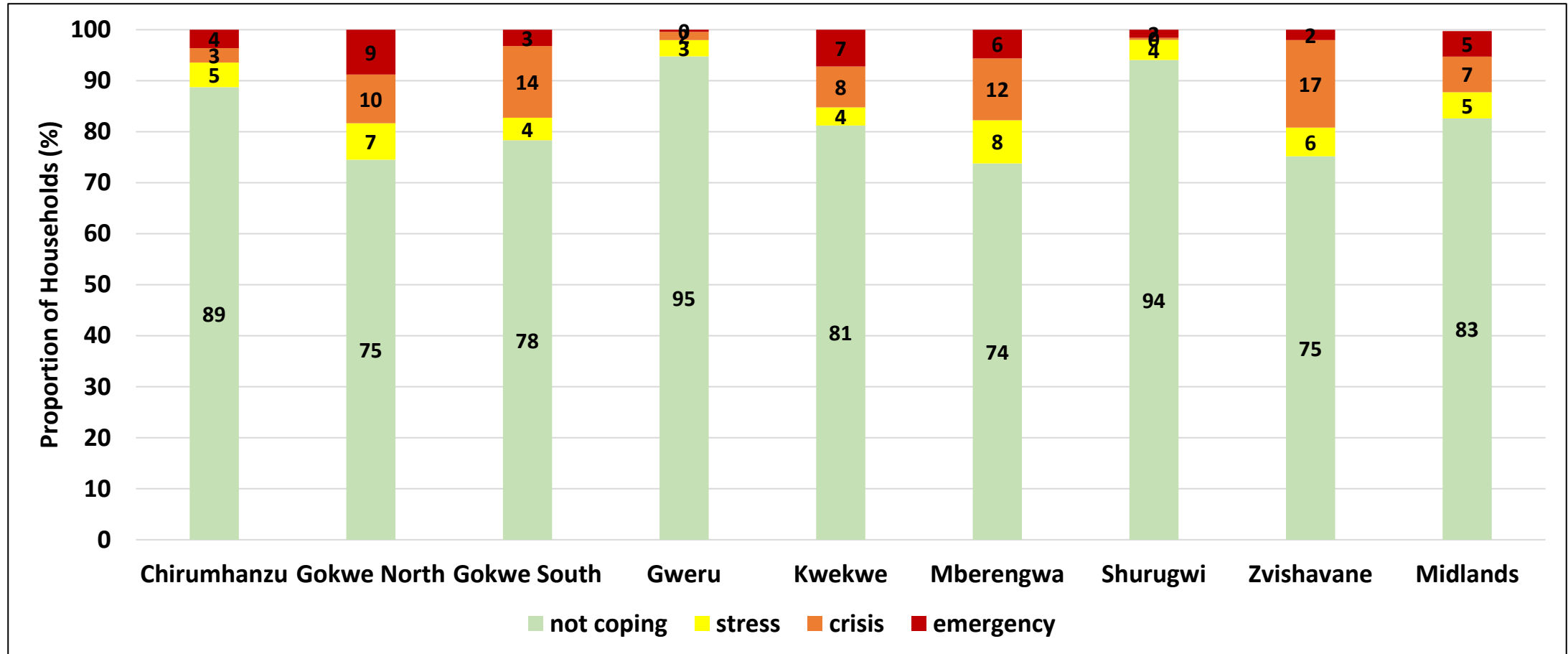
- About 83% of the households did not use any coping strategies to maintain their access to food and other basic goods and services.

- Gweru had the highest proportion of households that did not engage in any livelihood coping strategies (95%).

Child Nutrition Status

Complementary Feeding Practices Based on Seven Food Groups
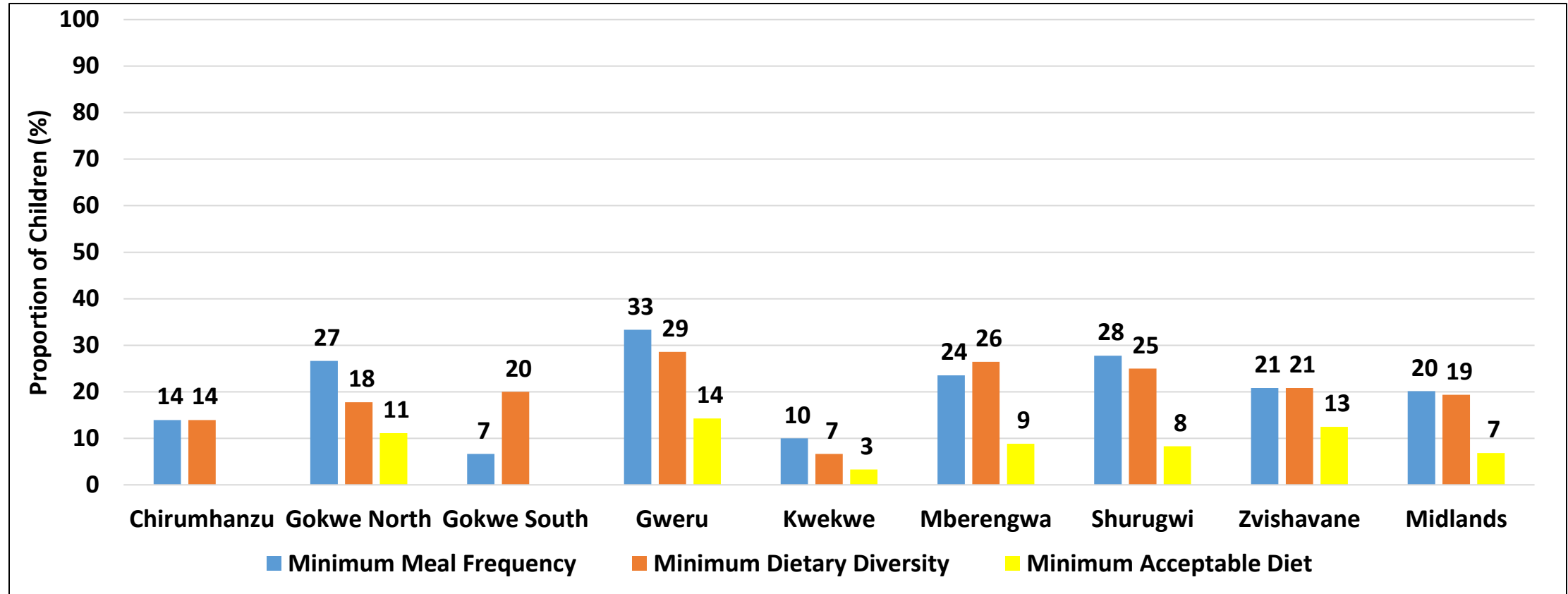
- A minimum acceptable diet is an indicator that combines information on children who received the minimum dietary diversity and the minimum meal frequency. It is essential to ensure appropriate growth and development for children aged 6-23 months.
- A very low proportion (7%) of the children were consuming a Minimum Acceptable Diet.

Continued Breastfeeding Beyond 1 Year
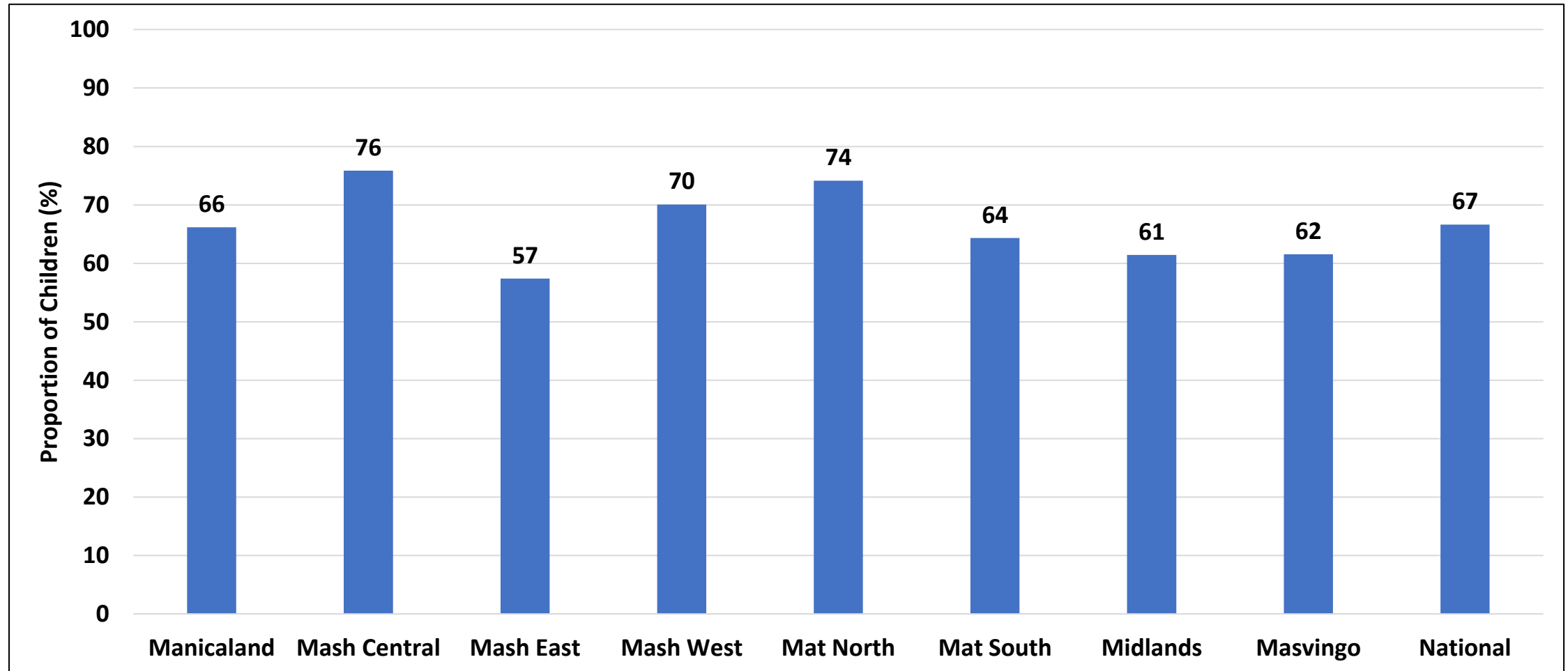
- Only 61% of the children continued breastfeeding beyond 1 year.

Early Initiation of Breastfeeding
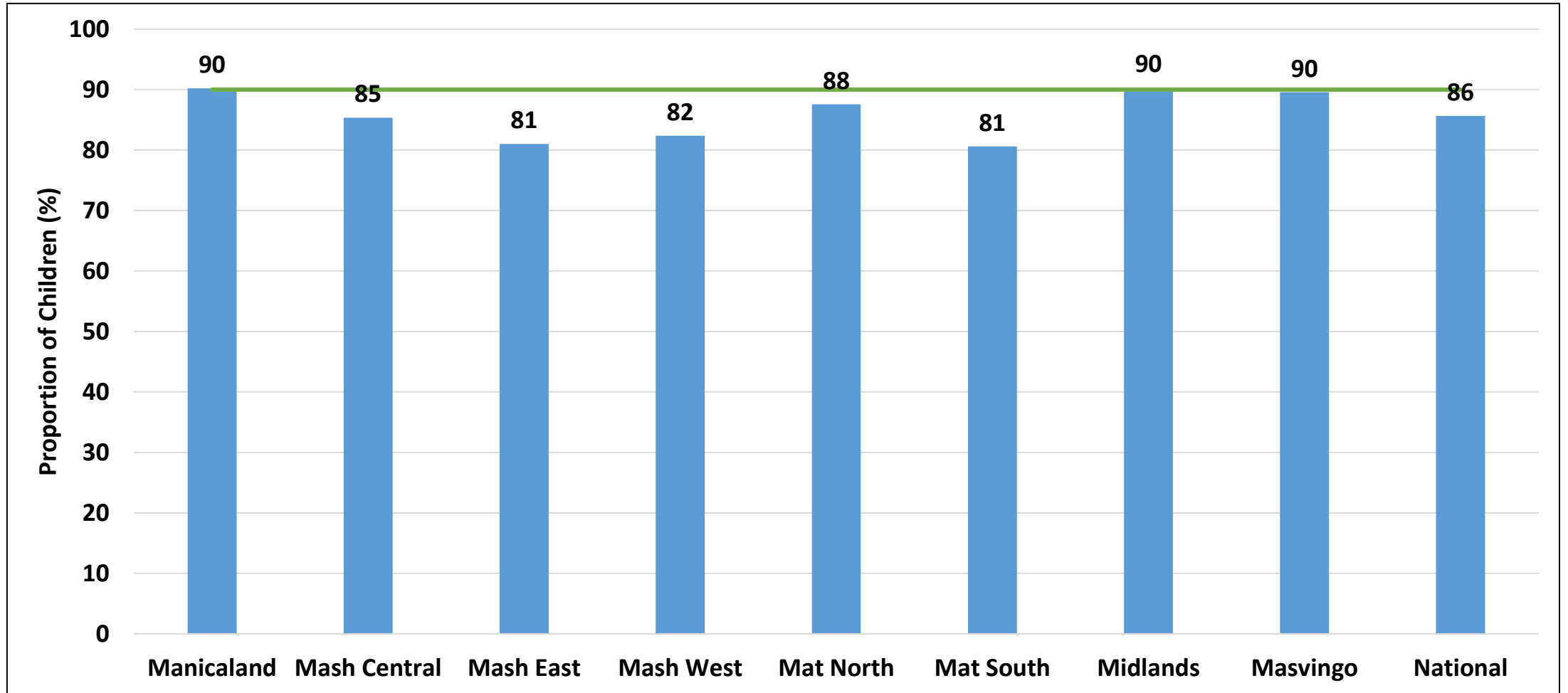
- Midlands province had reached the target of 90% early initiation of breastfeeding.

Child Illness
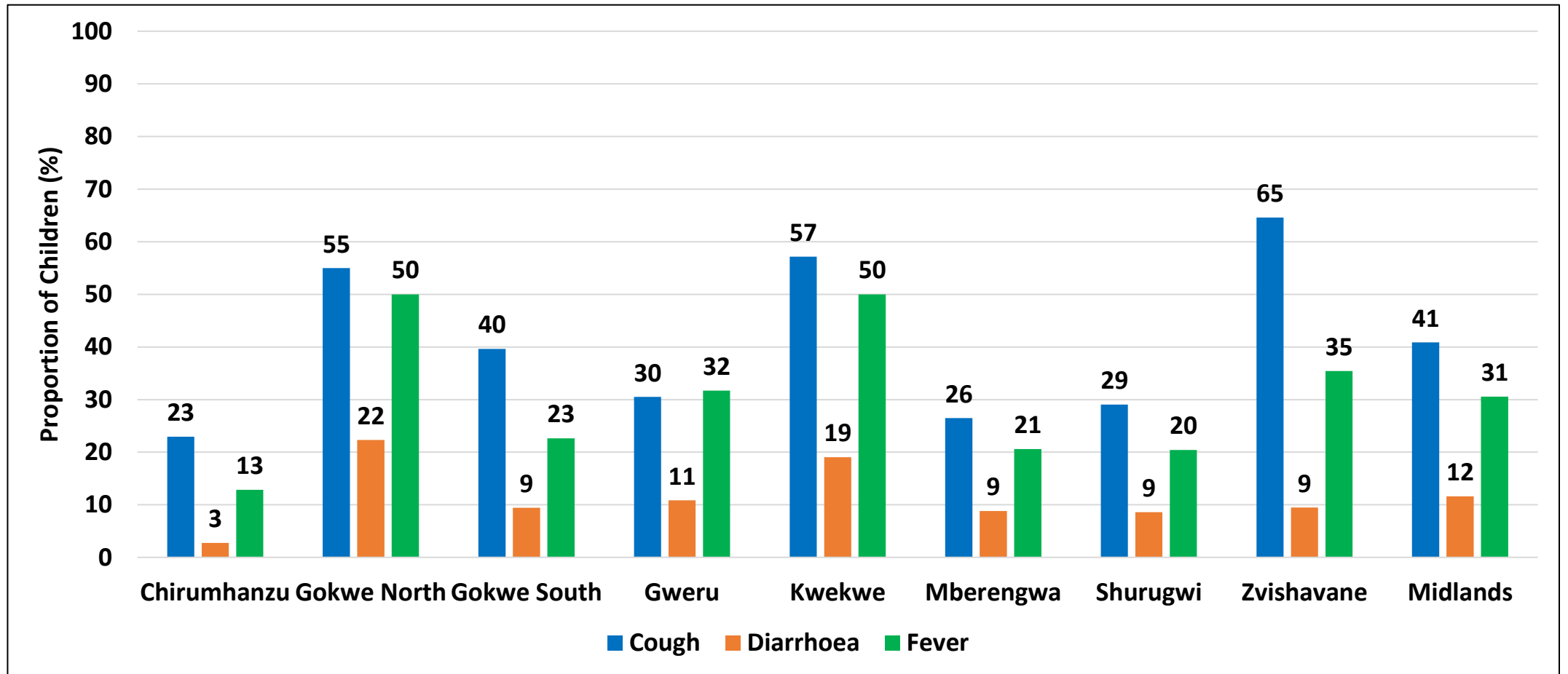
- Zvishavane had highest proportion of children who had cough (65%) and Gokwe North had highest proportion of children who had diarrhoea (22%) in the two weeks preceding the survey.

- Gokwe North and Kwekwe (50%) had highest proportion of children who had fever in the two weeks preceding the survey.

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
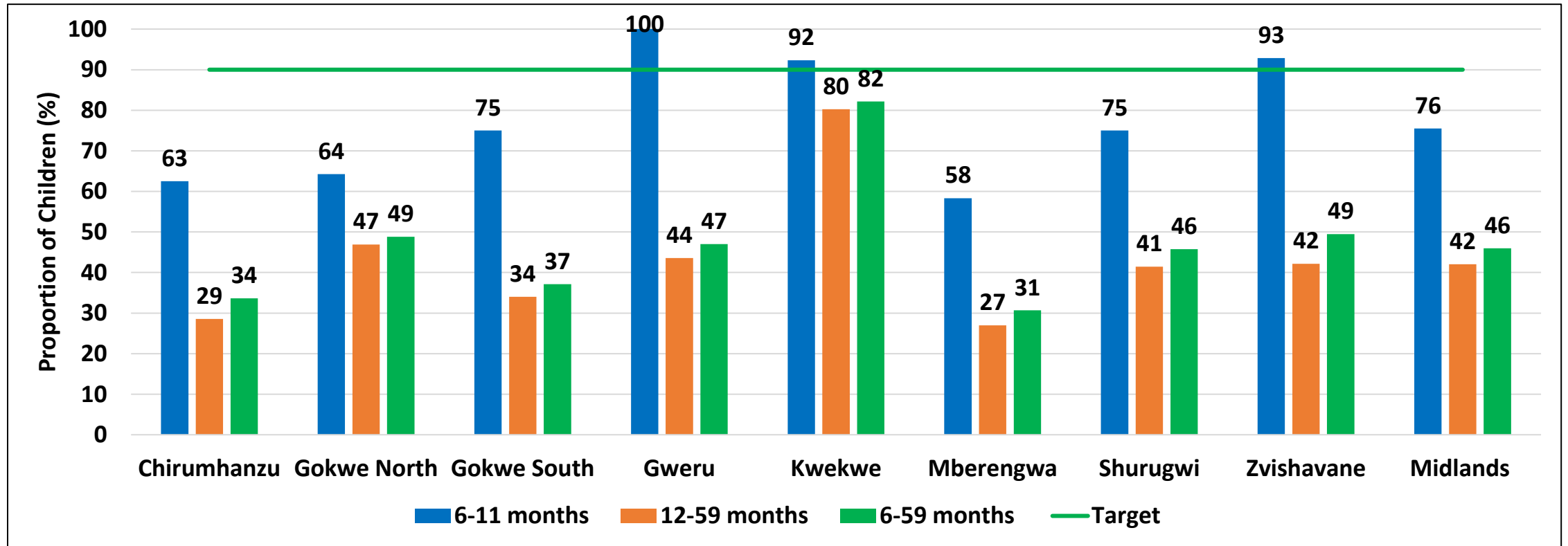
- Gweru (100%), Kwekwe (92%) and Zvishavane (93%) reached the recommended target of 90% Vitamin A supplementation for children 6-11 months.

- Kwekwe (82%) had the highest proportion of children 6-59 months who received recommended Vitamin A doses and Mberengwa (31%) had the lowest.

Acute Malnutrition by District Based on MUAC Measurements
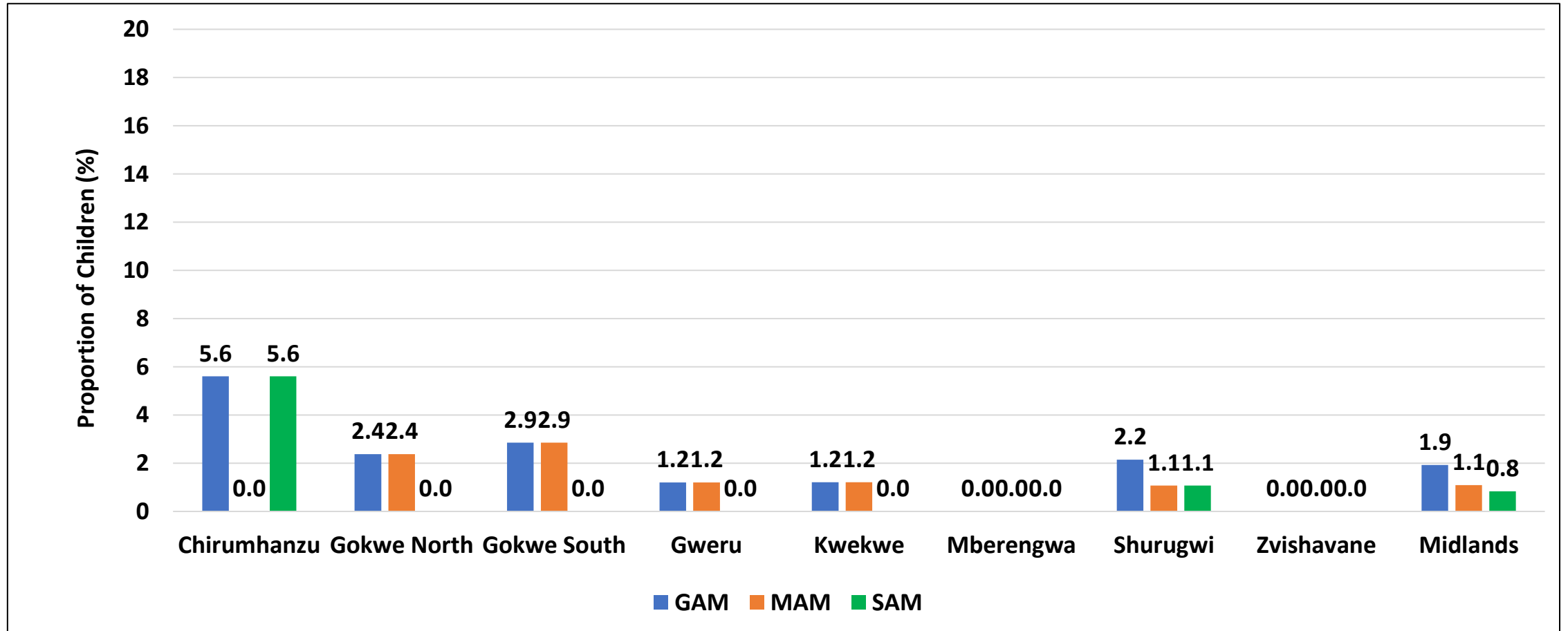
- Chirumhanzu had the highest GAM rates of 5.6 %, above the WHO threshold of 5%.

- However, the provincial GAM rate was 1.9 and was below the WHO threshold.

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

- About 3.8% of the respondents reported having experienced physical abuse while 0.9% reported to have experienced sexual abuse.

Sources of GBV Services
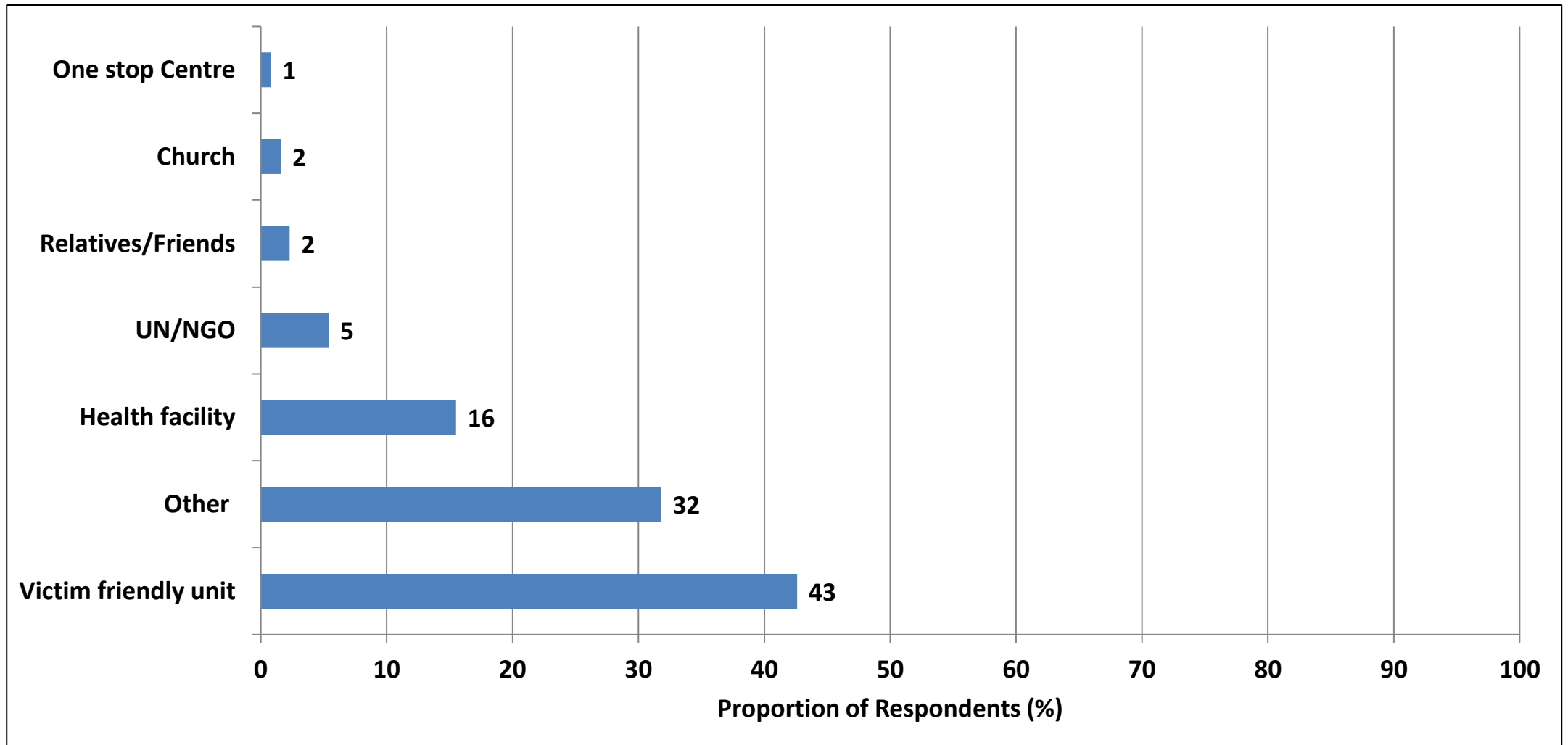
- The highest proportion of respondents (43%) received GBV services from the Victim Friendly Unit.

Spousal Violence

Incidence of Spousal Violence

	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, 4.3% among males.

- Generally, emotional abuse was high for both males and females while sexual abuse had the lowest reported incidents.

COVID-19 and livelihoods

Households which Ever Heard About COVID-19
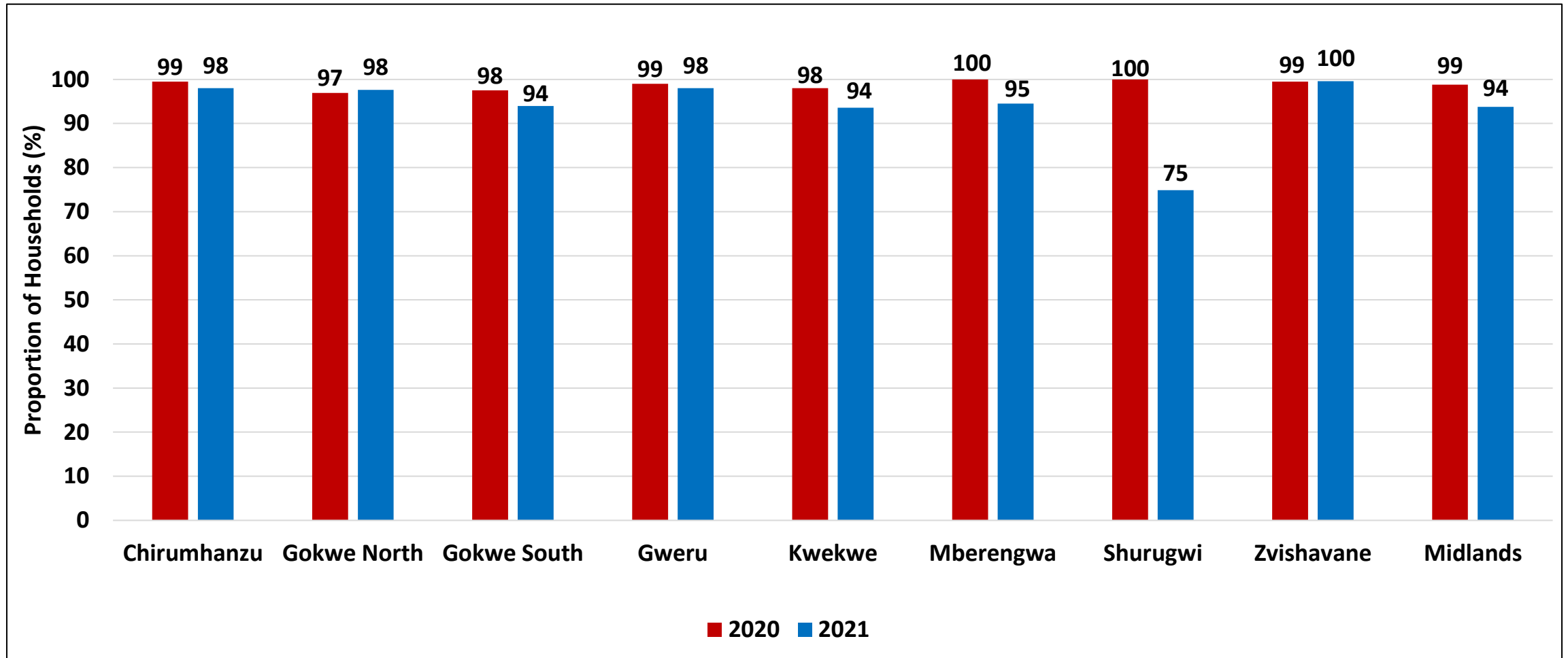
- Generally the proportion of households which had heard about COVID-19 was lower than in 2020.

- Shurugwi (75%) had the lowest proportion of households which had ever heard of COVID-19 and this was a decrease from 100% in 2020.

Sources of COVID-19 Information

Current Sources
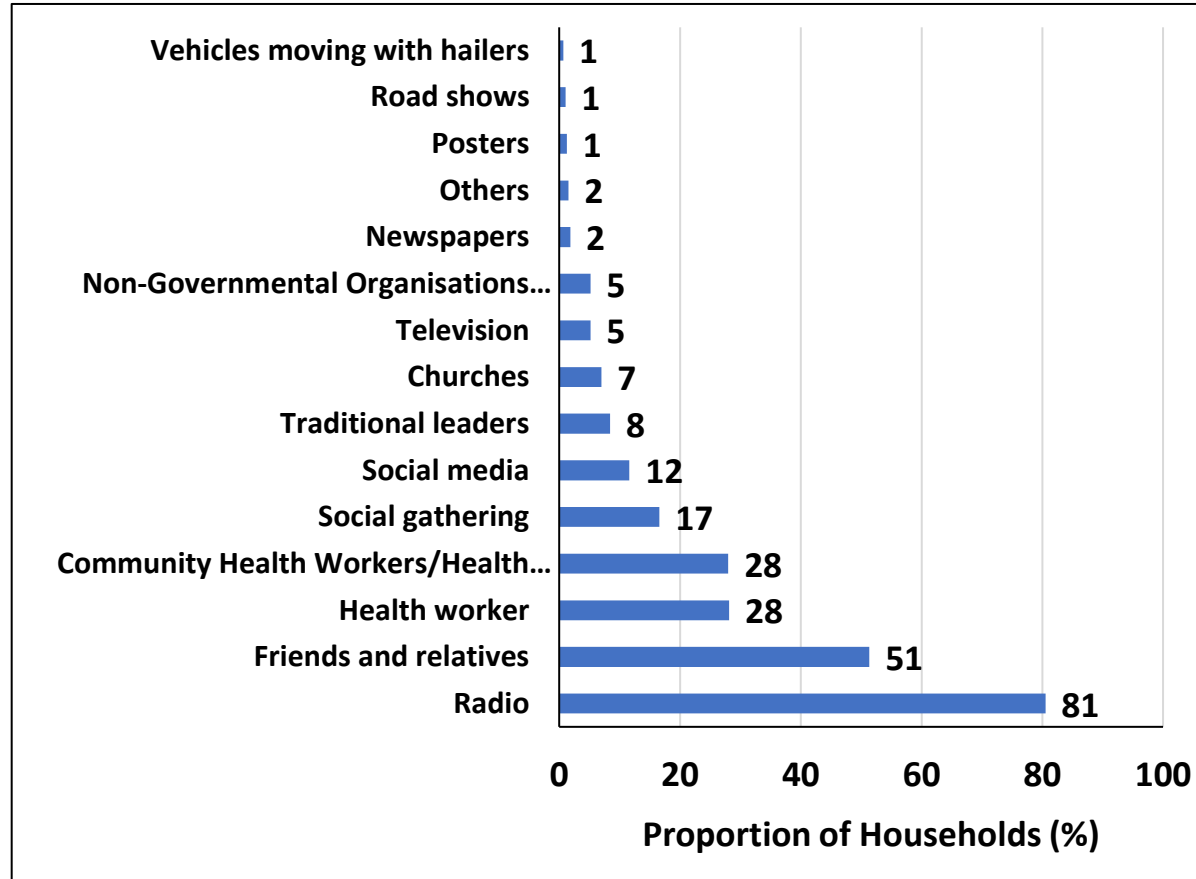
Preferred Future Sources
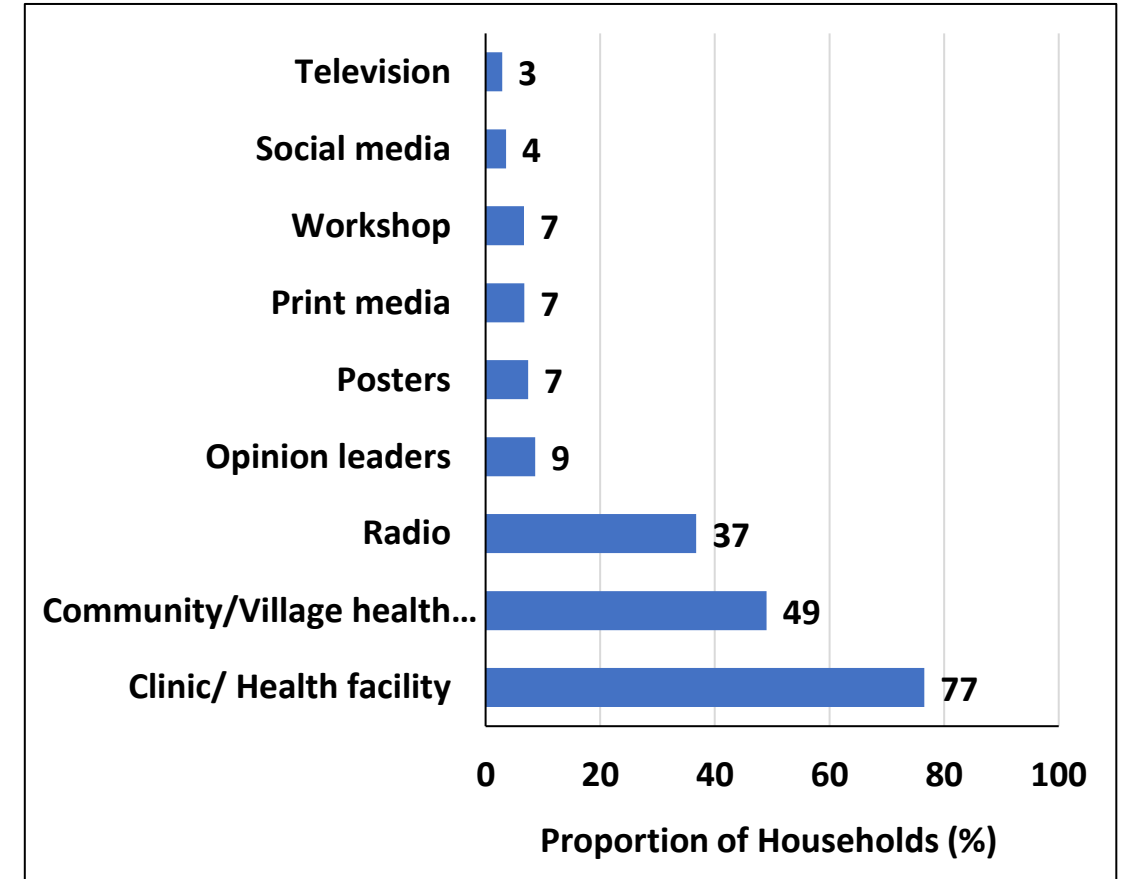
- The main sources of COVID-19 information were radio (81%), friends and relatives (51%) and Health Workers (28%).

- The main preferred future sources of information on COVID-19 were clinic/health facility (77%), community/village health workers (49%) and radio (37%).

COVID-19 Tollfree Numbers

Awareness of availability of Toll Free Number

Awareness of Toll Free Numbers
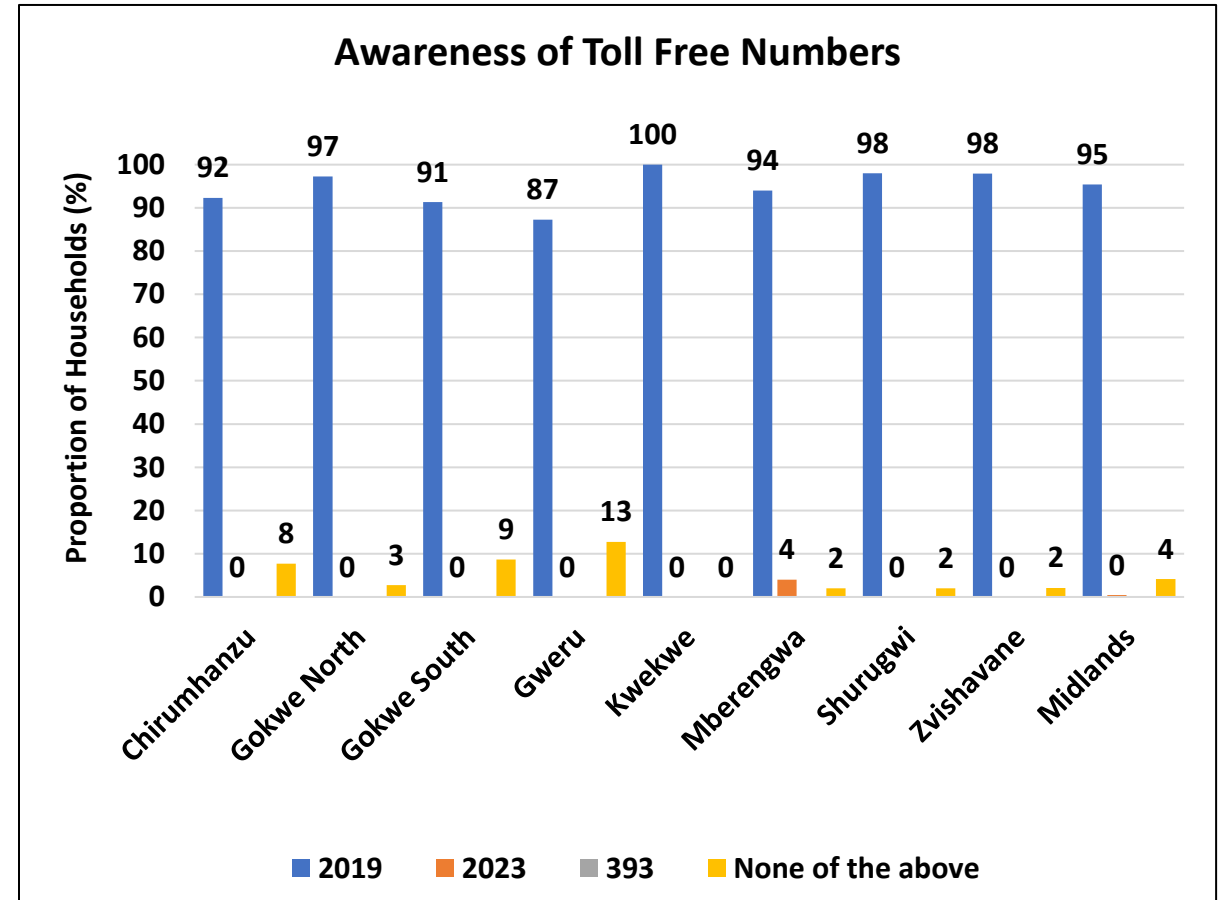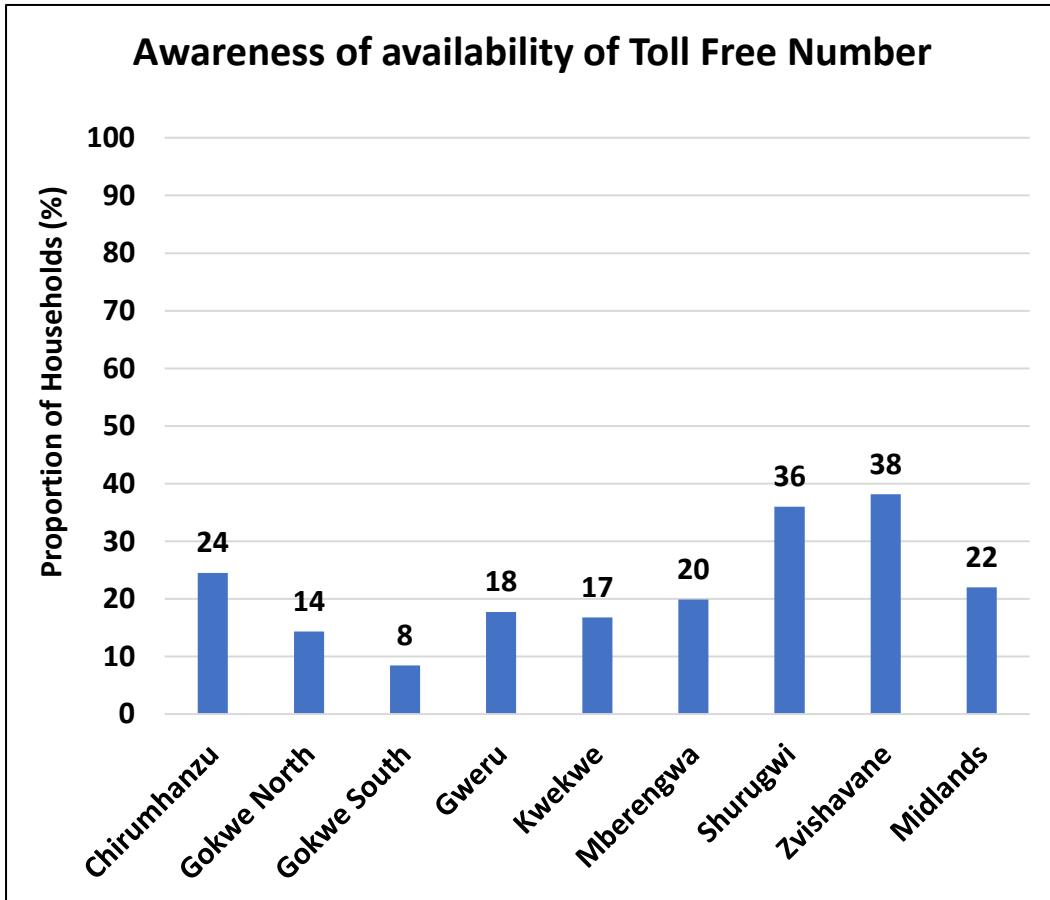
- About 78% of the households were not aware of the existence of the tollfree numbers.

- Of those who were aware of the existence of the toll free number ,the most common toll free number was 2019 (95%). There is need for more awareness of the existence of the other toll free numbers.

Effects of COVID-19 on Livelihoods
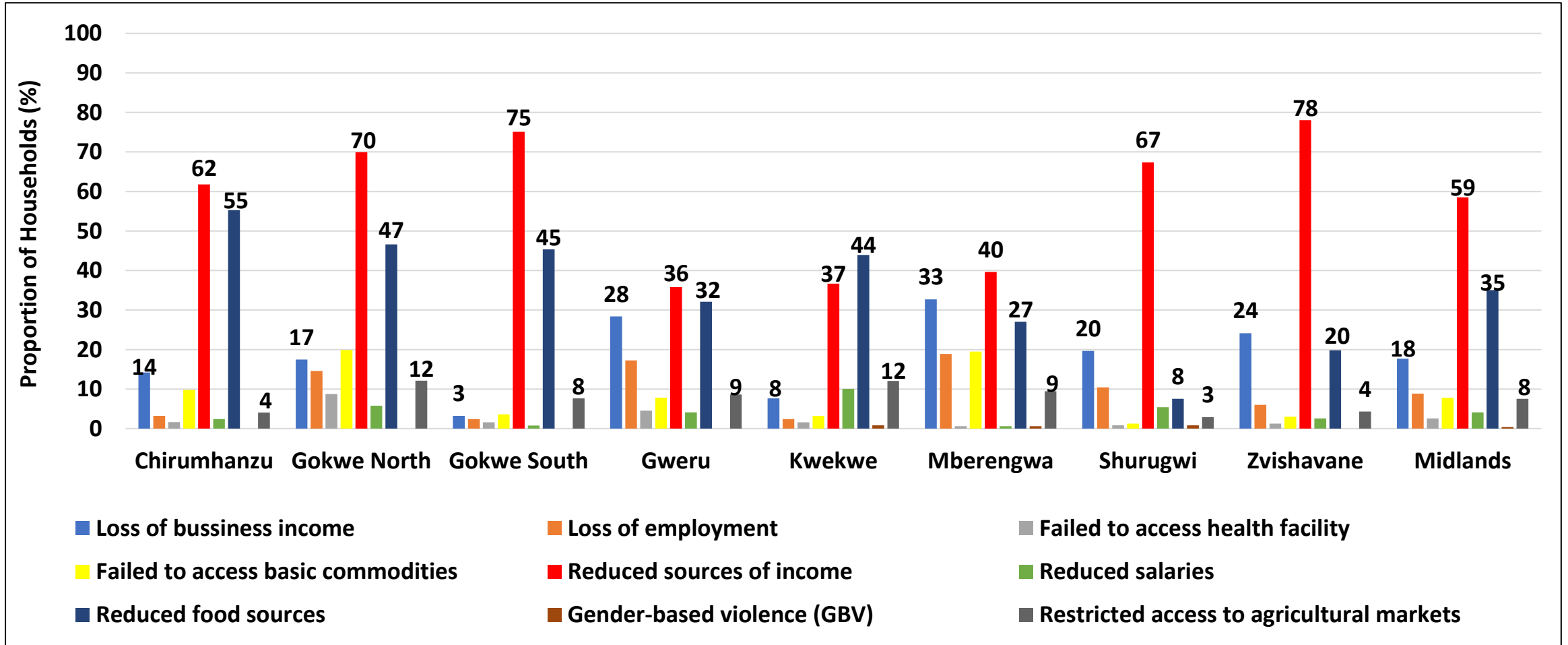
- The main effects of COVID-19 on livelihoods were reduction in food sources (35%) and sources of income (59%) leading to increased vulnerabilities.

- Zvishavane (78%), Gokwe South (75%), Gokwe North (70%) and Shurugwi (67%) had the highest proportion of households which reported reduction in income sources.

Access to Hand Sanitizers, Masks and Soap
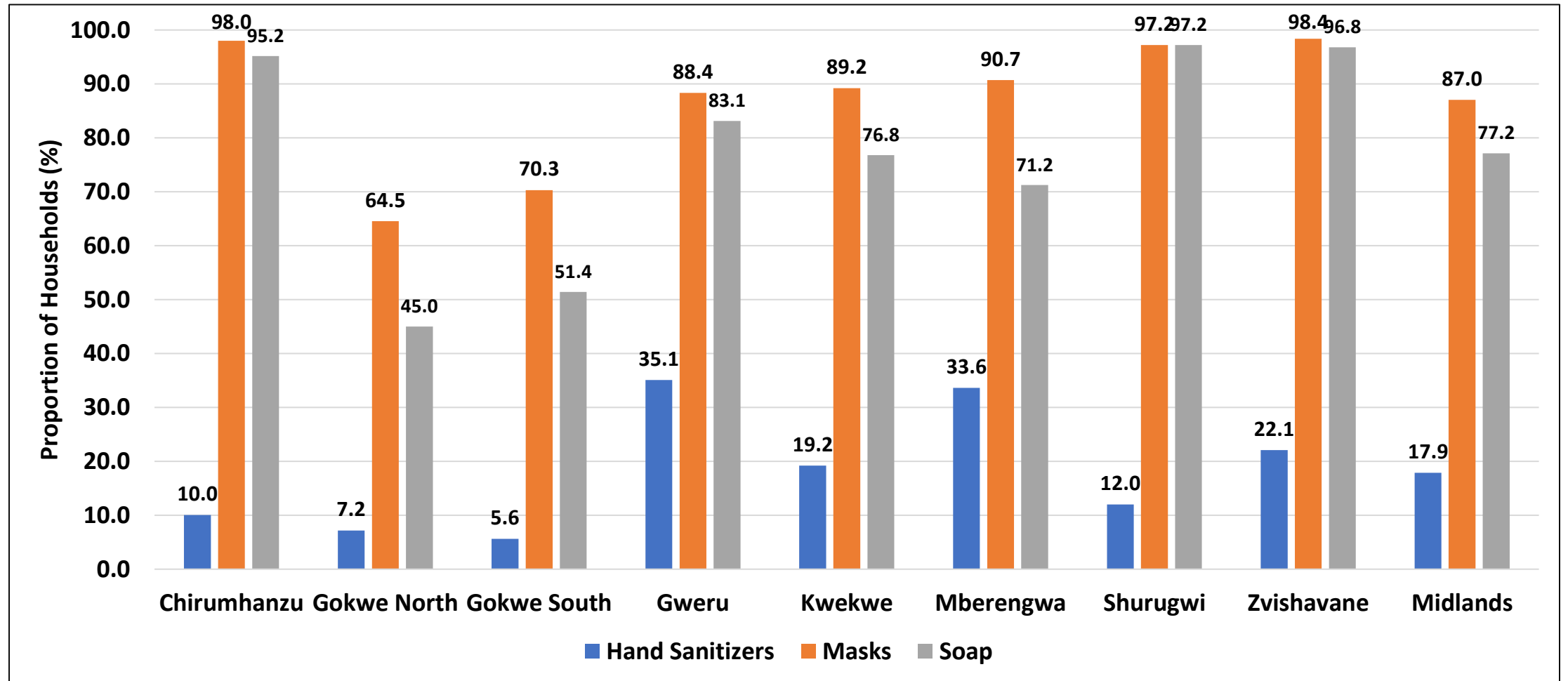
- Access to masks (87%) and handwashing soap (77.2%) was high across all the districts. However, access to sanitisers was very low (17.9%).

Affordability of PPE
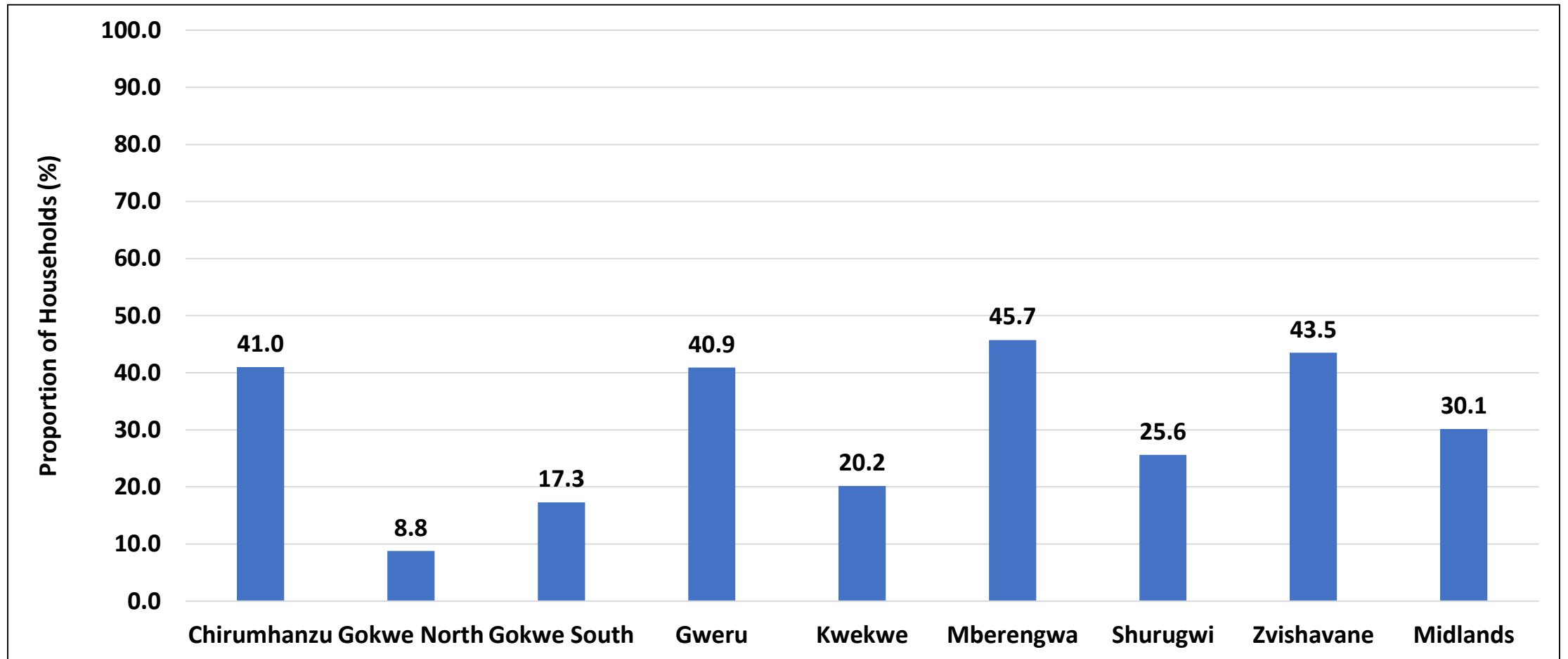
- About 30.1% of the households could afford COVID-19 PPE and accessories. The lowest proportion was in Gokwe North at 8.8%.

Household Members 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 herbs (%)	Traditional/ religious practices (%)	Getting vaccinated (%)	Other (%)
Chirumhanzu	85.1	8.8	12.4	87.6	9.2	43.4	59.4	10.0	0.0	1.6	0.8
Gokwe North	38.2	8.8	21.5	61.4	6.8	49.4	40.6	3.6	5.6	0.8	9.6
Gokwe South	79.9	3.6	19.3	76.3	16.1	45.4	54.2	8.0	2.8	0.8	0.4
Gweru	69.4	15.3	12.1	53.6	9.3	10.5	24.6	6.0	1.2	0.4	2.8
Kwekwe	51.6	6.4	23.6	54.4	7.6	27.6	14.8	4.4	0.0	0.0	1.6
Mberengwa	50.8	11.6	30.8	87.2	22.4	47.2	48.0	8.0	0.4	0.4	2.0
Shurugwi	50.8	11.6	30.8	87.2	22.4	47.2	48.0	8.0	0.4	0.4	2.0
Zvishavane	78.4	8.8	30.4	68.4	11.6	39.2	62.8	3.6	4.8	2.0	2.0
Midlands	66.2	11.9	22.2	68.2	11.5	37.3	41.5	5.8	2.3	1.0	2.6

- The most common methods used by households to protect themselves from COVID-19 included using a face mask in public places (68.2%) and frequently washing hands with soap and running water (66.2%).

Households which had Trust in the COVID-19 Vaccine
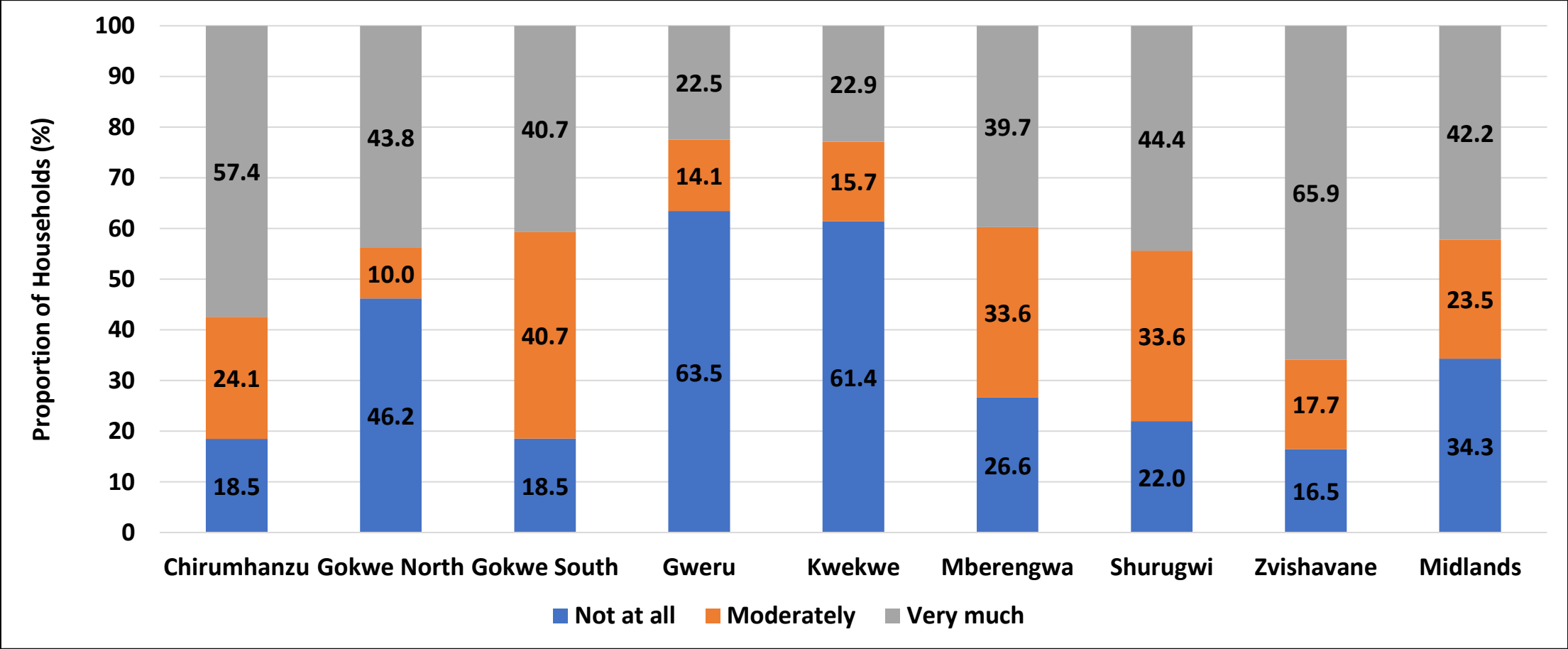
- About 65.7% of the households indicated that they had trust in the COVID-19 vaccine.

Households which had Concerns About the Vaccine
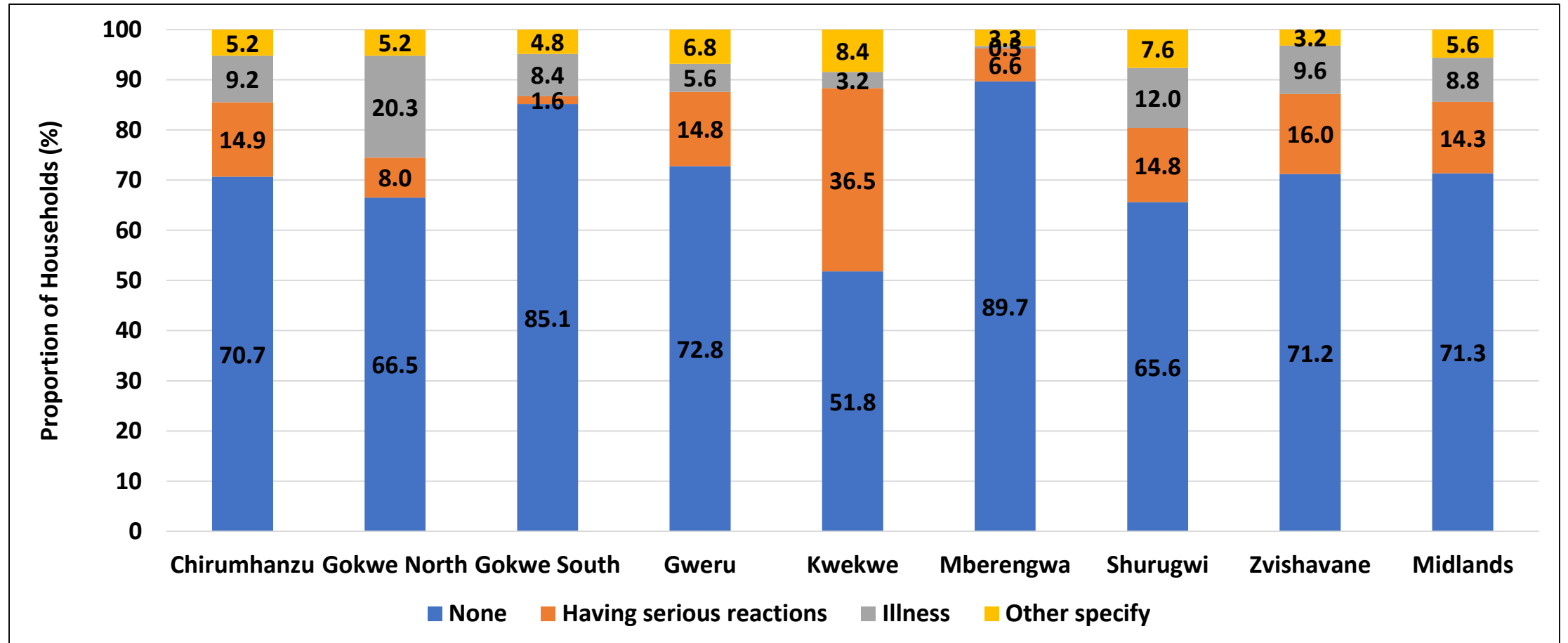
- Majority of the households indicated that they had no concern about the Covid-19 vaccine (71.3%).

Household Food Safety During COVID-19 Lockdown Period
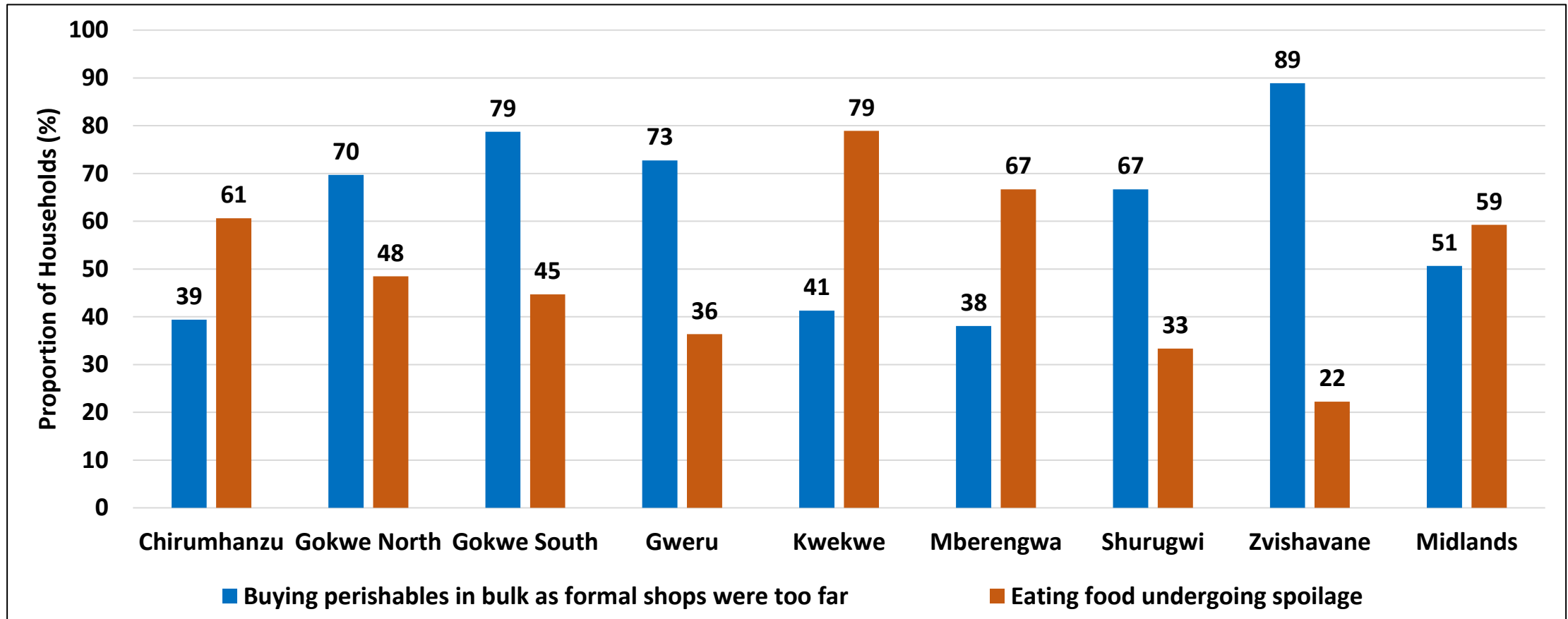
- Zvishavane (89%) had the highest proportion of households which bought perishables in bulk as formal shops were too far during the January to March 2021 national lockdown.

- About 59% of the households reported having to eat food undergoing spoilage during the lockdown period.

Shocks and Hazards

Households which Experienced Shocks
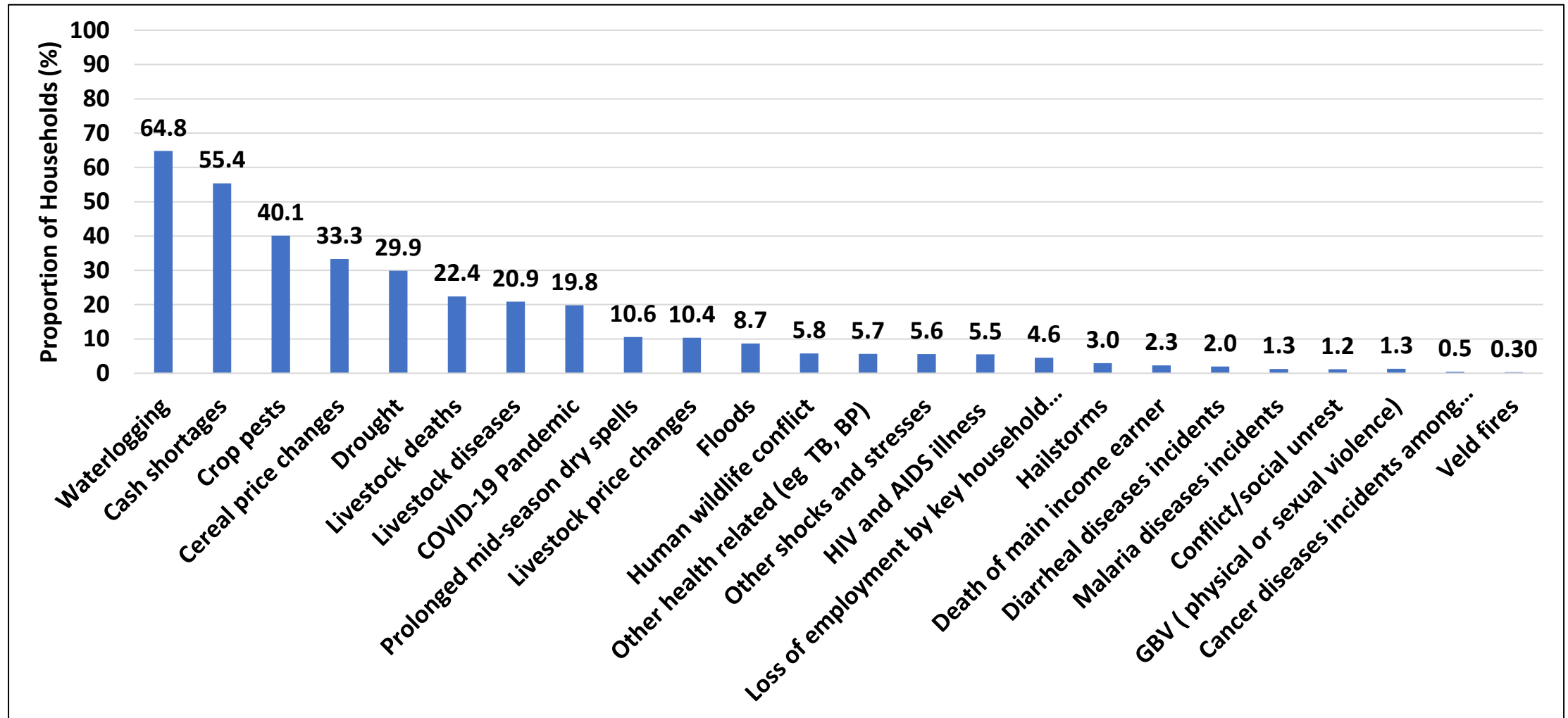
- Water logging (64.8%), cash shortages (55.4%) and crop pests (40.1%) were the most prevalent shocks experienced by households.

Number of Shocks/Stressors Experienced by Households
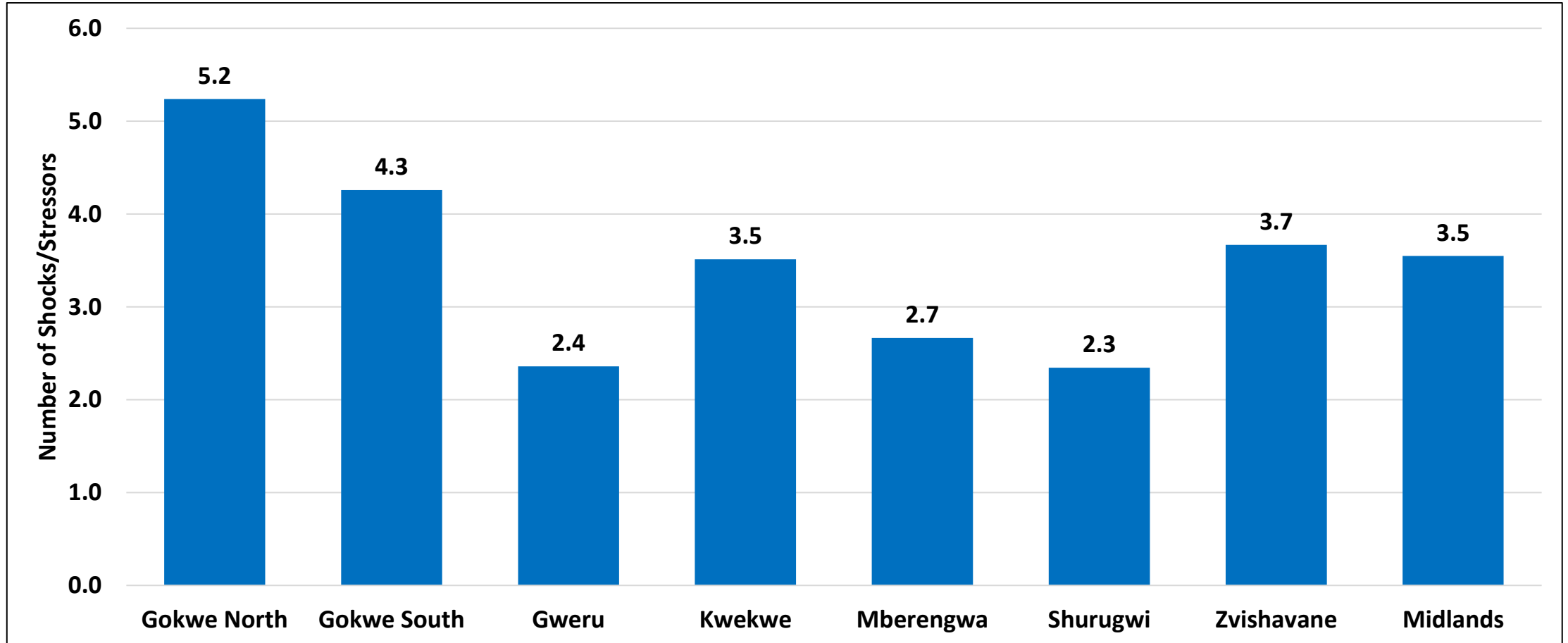
- Gokwe North (5.2), Gokwe South (4.3) and Zvishavane (3.7) had the highest average number of shocks experienced by households.

Severity of Shocks
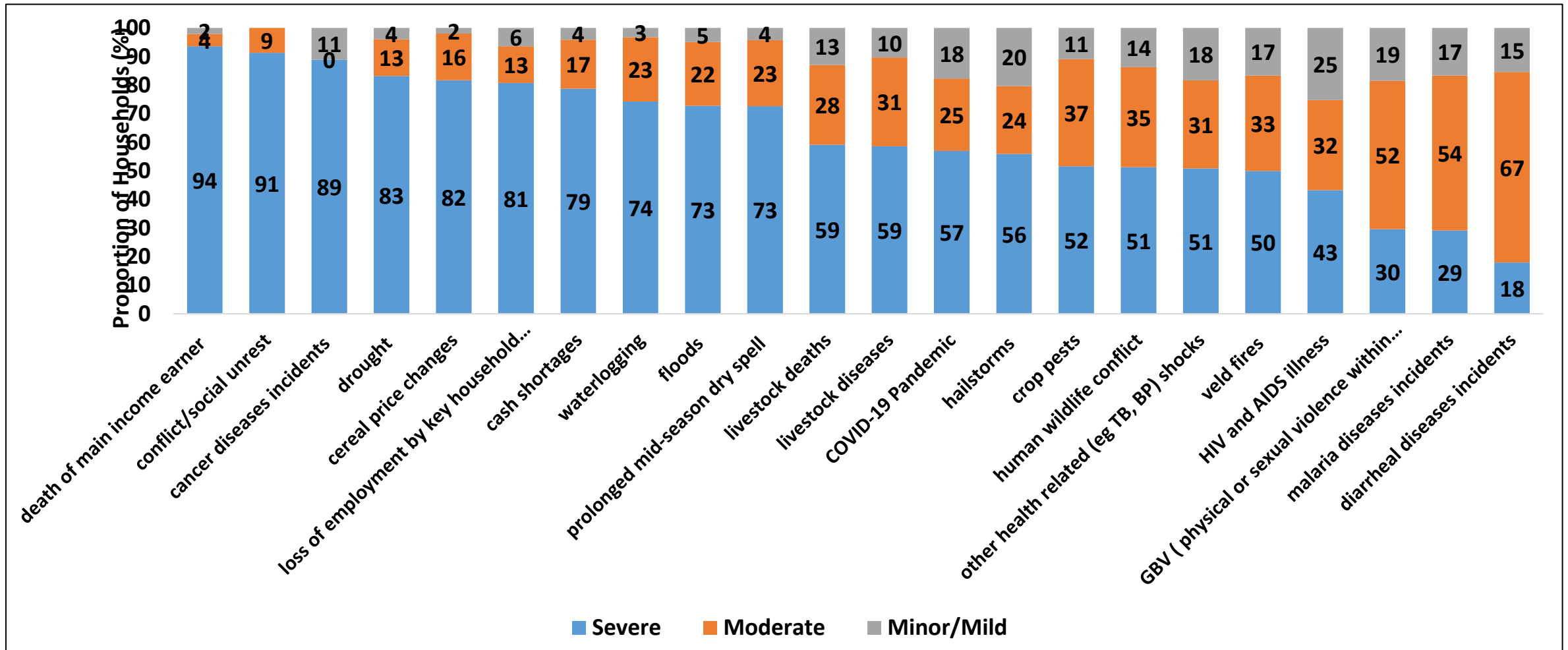
- Death of main income earner (94%), conflict social unrest (91%), and cancer disease incidents (89%) were reported to have had the most severe impact on households.

Average Shock Exposure Index
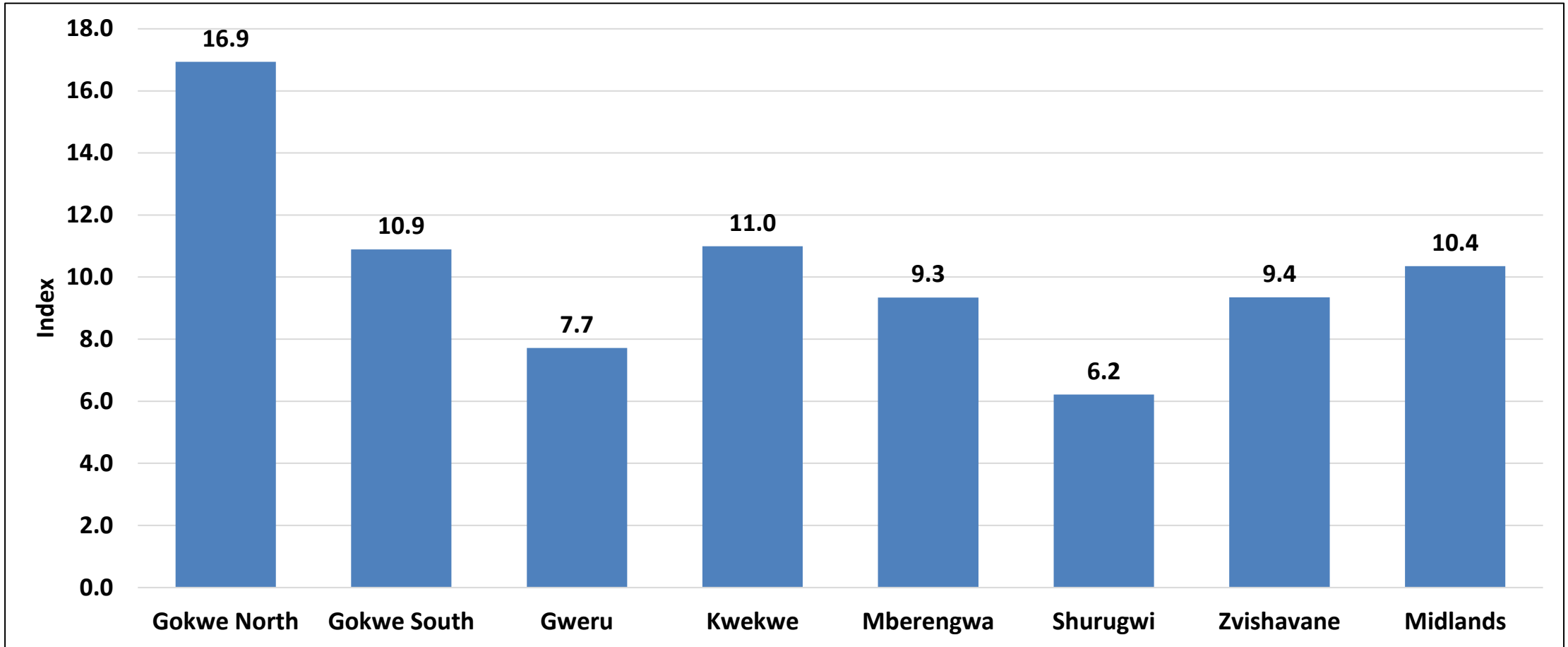
- Shock exposure index was calculated by multiplying number of shocks experienced by households with impact severity of the shock to the household.

- Gokwe North (16.9), Gokwe South (10.9) and Kwekwe (11.0) had the highest shock exposure index.

Household Perception of their Ability to Cope with Shocks
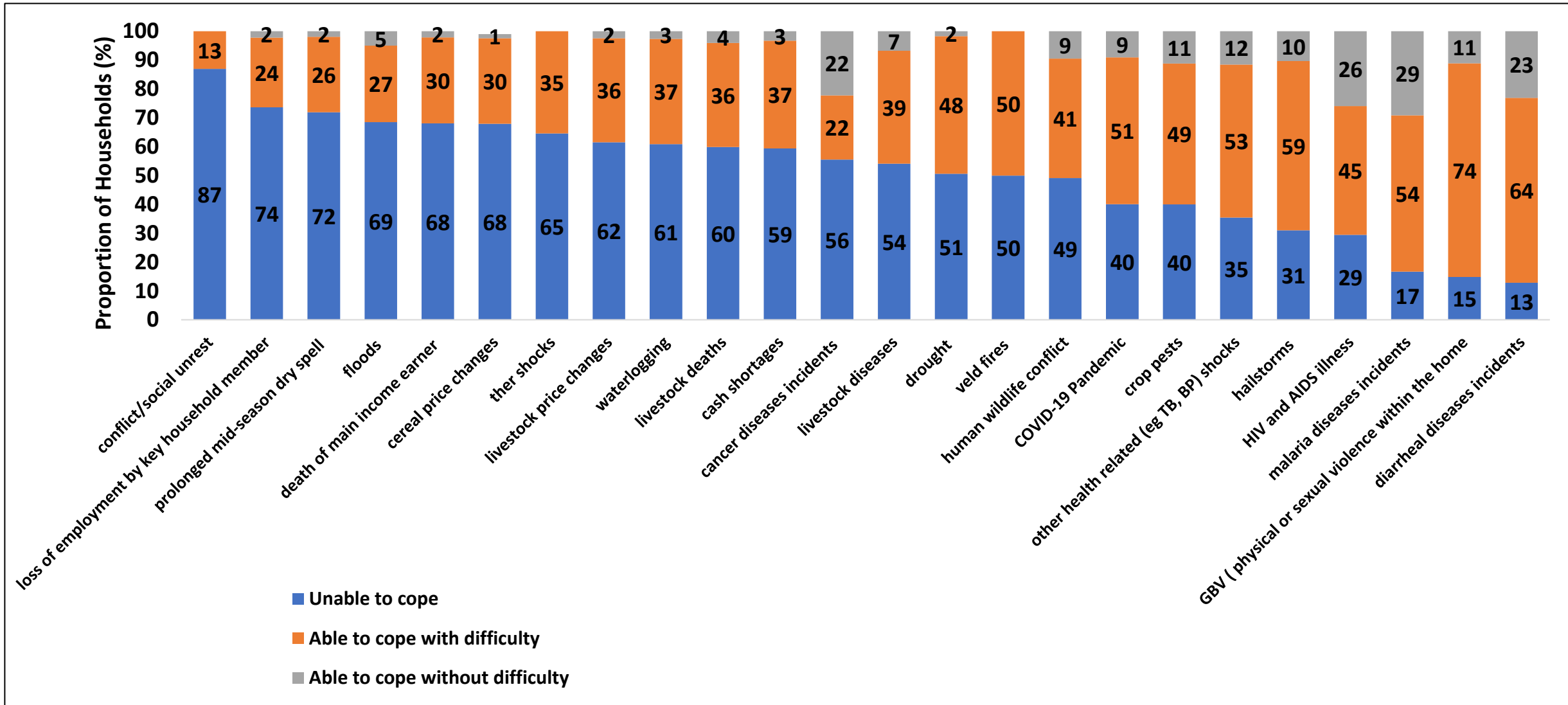
- The majority of households perceived that they would not be able to cope with the reoccurrence of shocks such as conflict/social unrest (87%), loss of employment by key household member (74%) and prolonged mid-season dry spells (72%).

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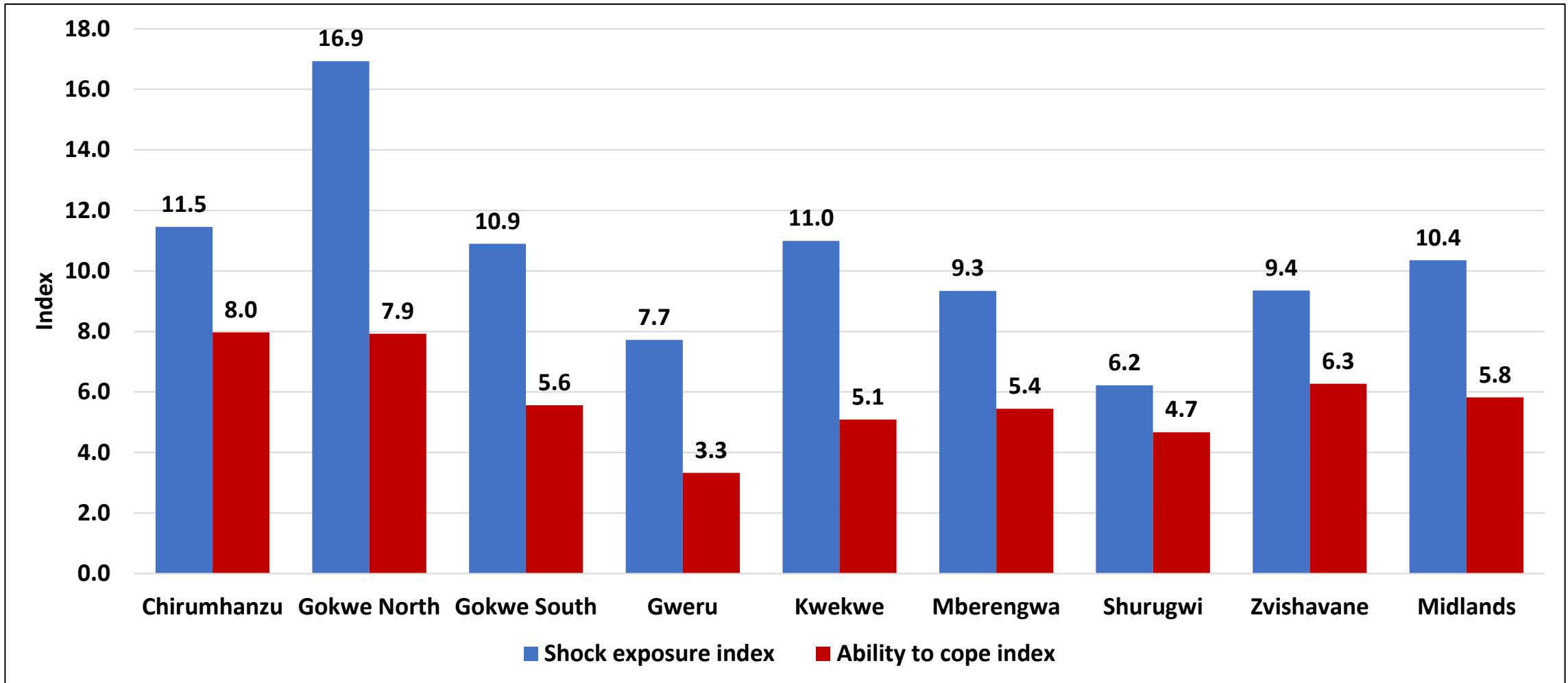
- Shock exposure was higher than the ability to cope across all districts.
- Households continue to be vulnerable to shocks and stressors and are not able to cope on their own.

Food Safety

Household Considerations when Purchasing Food
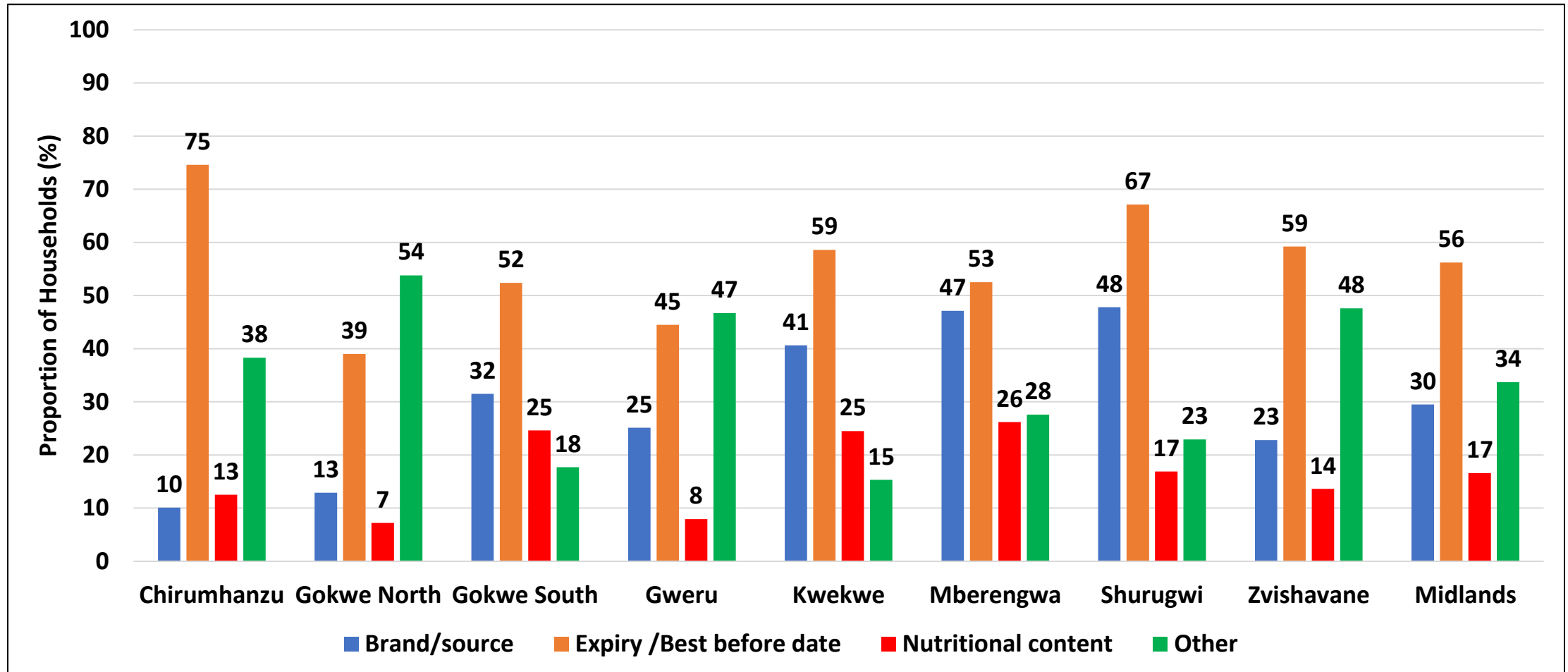
- About 56% of the households considered the expiry date when purchasing food for their families.

- Only 17% of the households considered the nutritional content of food when purchasing food.

Household Methods of Keeping Food Safe
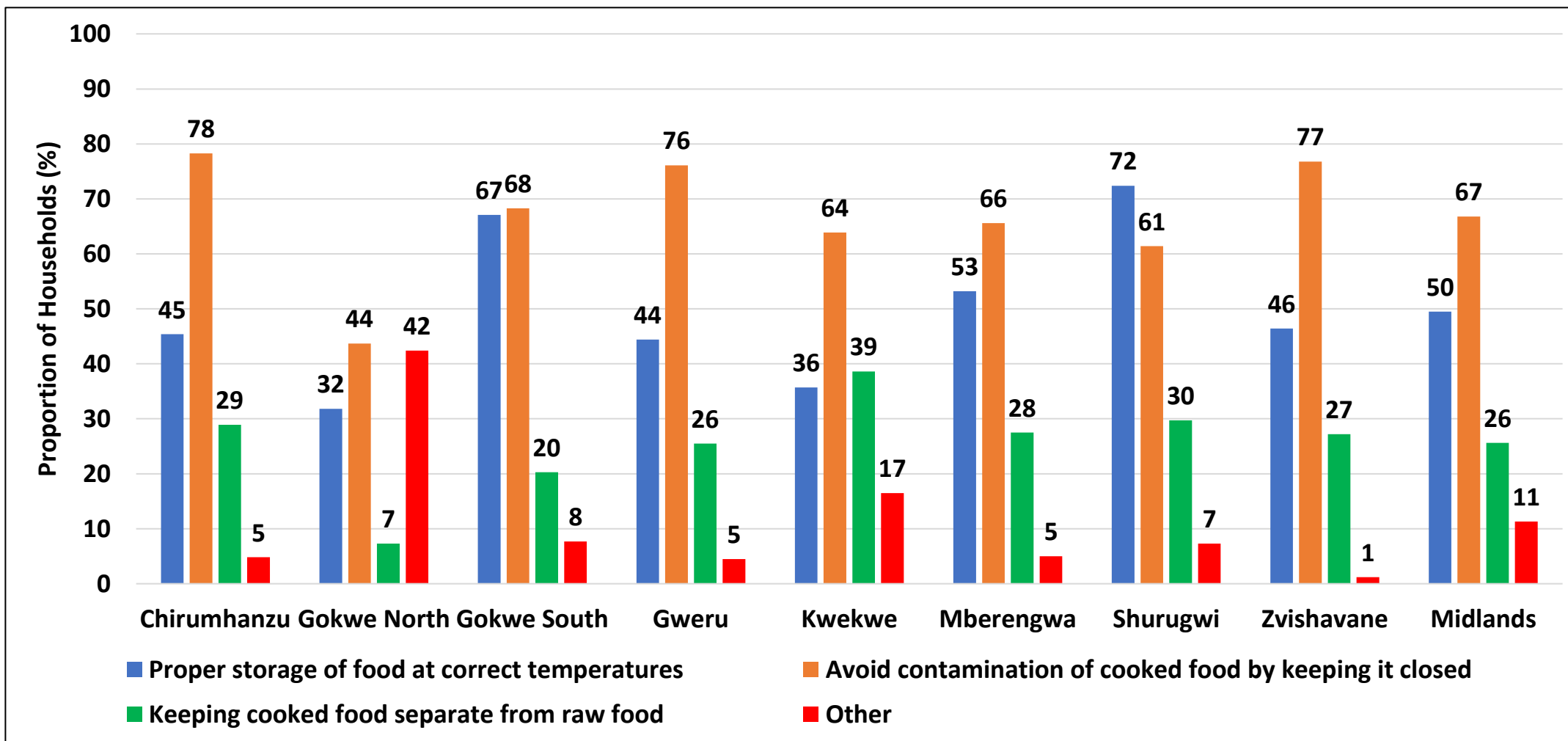
- Keeping cooked food closed to avoid contamination (67%) was the frequently mentioned method of keeping food safe by households.

Household Methods for Safe Food Preparation
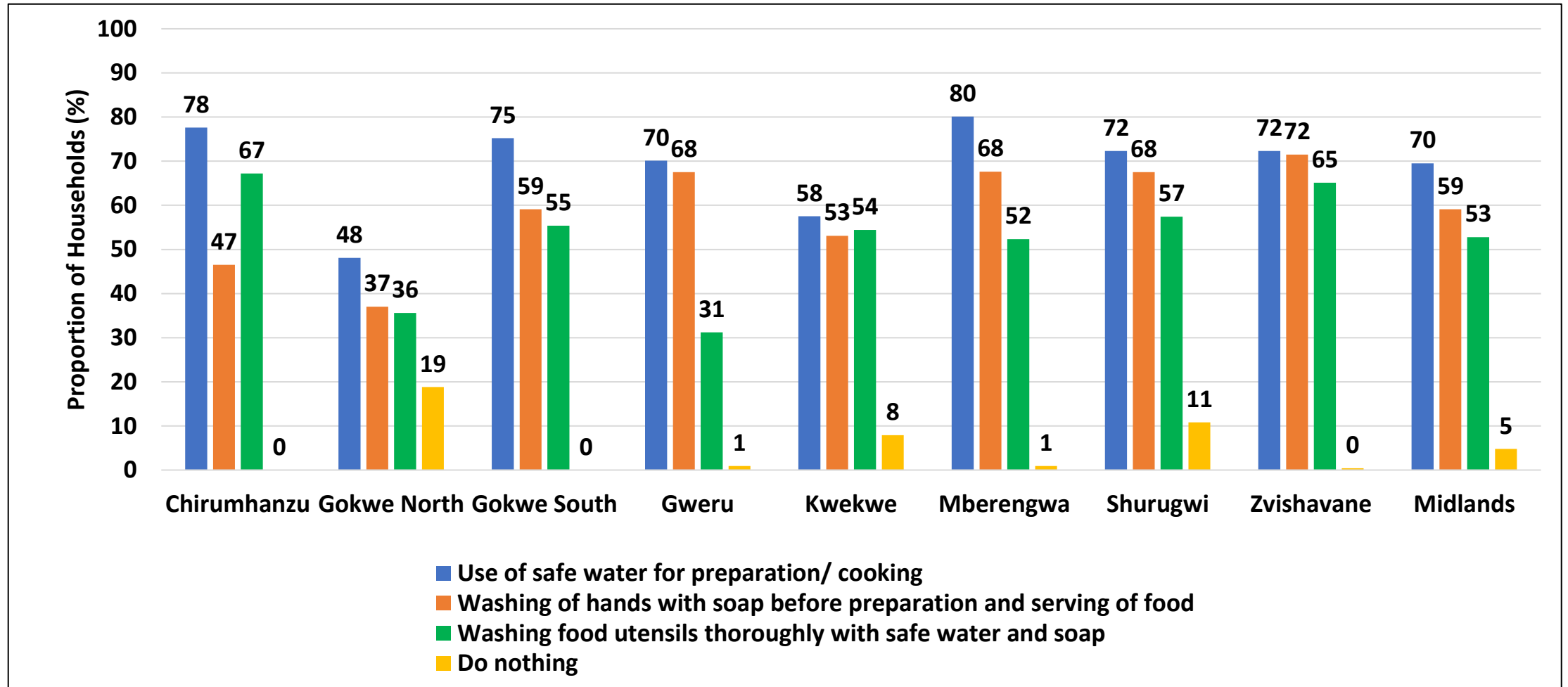
- Approximately 70% of households reported that washing hands with soap before preparing and serving food was important in safe food preparation.

- About 5% of households did nothing to ensure food safety during preparation of food.

Households which Purchased Expired or Spoiled Food
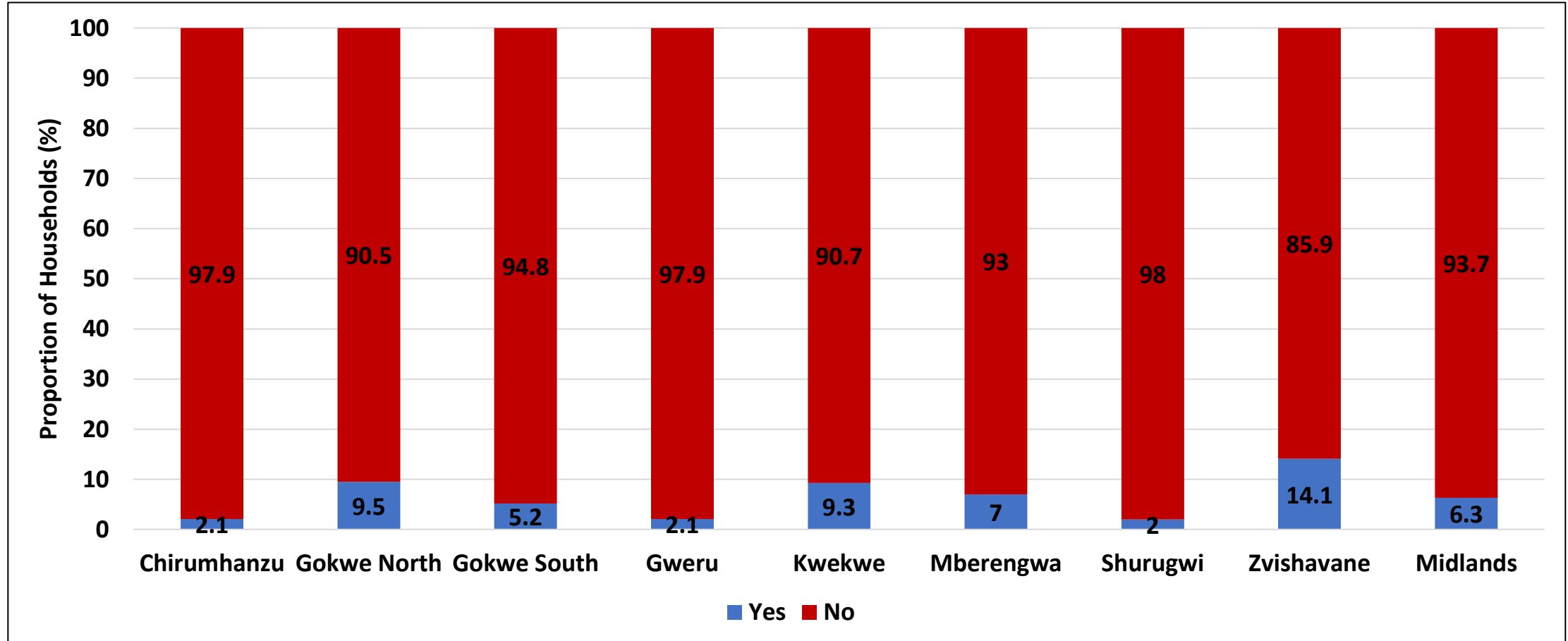
- Zvishavane (14.1%) had the highest proportion of households which purchased expired food or food undergoing spoilage due to its reduced price.

Community Development Challenges

Community Development Challenges

Proportion of Communities (%)
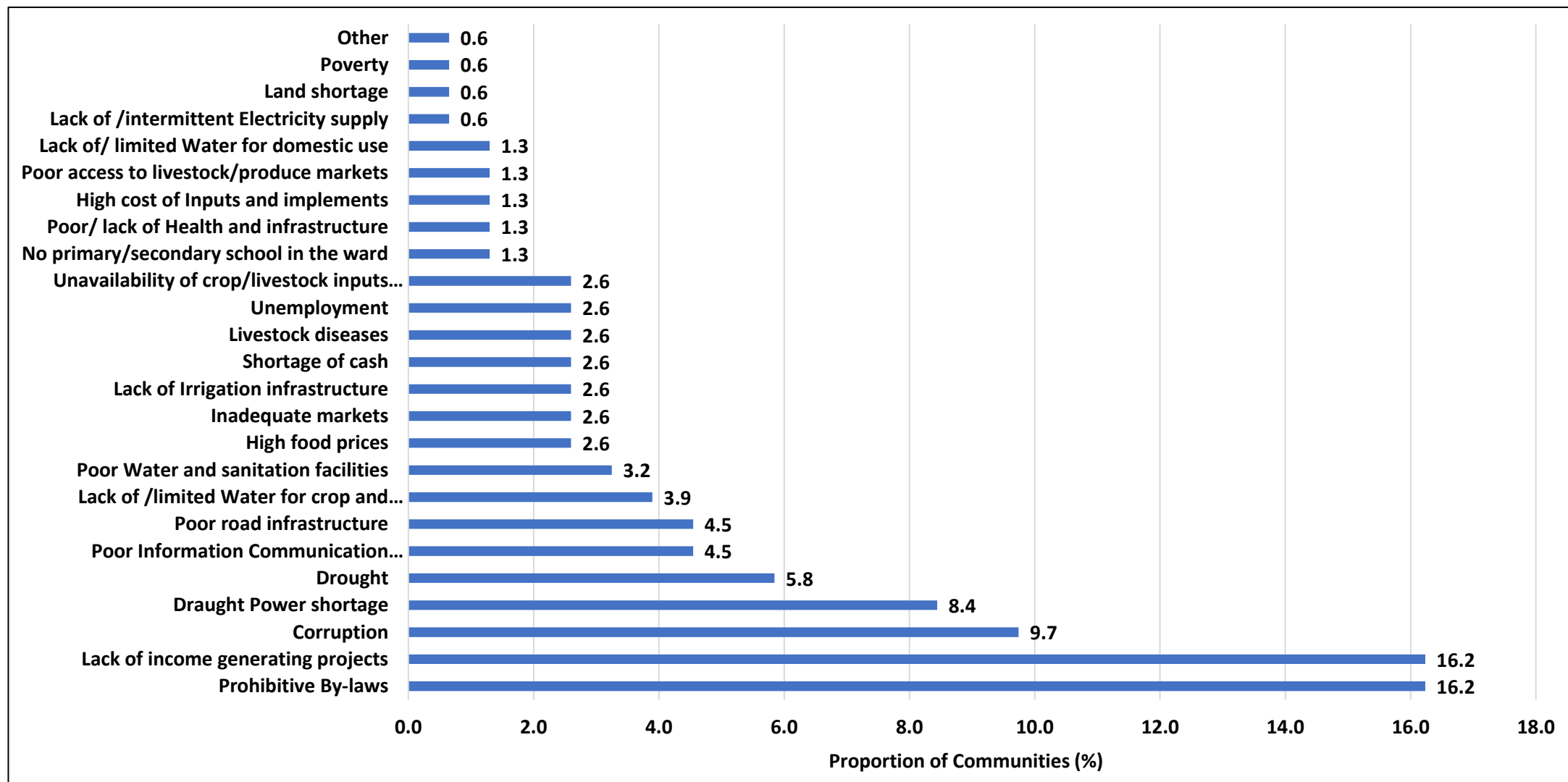
- The major development challenges highlighted by communities were prohibitive by-laws and lack of income generating projects, both at 16.2%

Development Challenge	Gokwe North (%)	Gokwe South (%)	Gweru (%)	Kwekwe (%)	Mberengwa (%)	Shurugwi (%)	Zvishavane (%)	Midlands (%)
Prohibitive By-laws	11.1	15.8	22.2	13.3	0.0	16.7	71.4	16.2
Lack of income generating projects	11.1	15.8	16.7	26.7	20.0	14.6	14.3	16.2
Corruption	11.1	15.8	16.7	6.7	10.0	6.3	0.0	9.7
Draught Power shortage	11.1	10.5	11.1	13.3	5.0	6.3	0.0	8.4
Drought	3.7	0.0	11.1	6.7	10.0	6.3	0.0	5.8
No primary/secondary school in the ward	0.0	5.3	0.0	0.0	0.0	2.1	0.0	1.3
Lack of /intermittent Electricity supply	0.0	0.0	0.0	0.0	0.0	2.1	0.0	0.6
Poor/ lack of Health and infrastructure	0.0	5.3	0.0	0.0	0.0	2.1	0.0	1.3
High food prices	3.7	0.0	0.0	0.0	10.0	2.1	0.0	2.6
Poor Information Communication Infrastructure	7.4	5.3	0.0	0.0	10.0	4.2	0.0	4.5
Inadequate markets	0.0	0.0	5.6	0.0	5.0	4.2	0.0	2.6
High cost of Inputs and implements	0.0	0.0	0.0	0.0	0.0	4.2	0.0	1.3
Lack of Irrigation infrastructure	0.0	0.0	5.6	6.7	5.0	2.1	0.0	2.6
Land shortage	0.0	0.0	0.0	0.0	0.0	2.1	0.0	0.6
Shortage of cash	3.7	5.3	0.0	0.0	5.0	2.1	0.0	2.6
Livestock diseases	3.7	0.0	0.0	0.0	5.0	4.2	0.0	2.6
Poor access to livestock/produce markets	7.4	0.0	0.0	0.0	0.0	0.0	0.0	1.3
Poor road infrastructure	7.4	5.3	5.6	0.0	0.0	6.3	0.0	4.5
Poverty	0.0	0.0	0.0	6.7	0.0	0.0	0.0	0.6
Unemployment	7.4	0.0	0.0	0.0	5.0	2.1	0.0	2.6
Unavailability of crop/livestock inputs on the local market	3.7	5.3	5.6	0.0	5.0	0.0	0.0	2.6
Poor Water and sanitation facilities	3.7	0.0	0.0	6.7	0.0	4.2	14.3	3.2
Lack of/ limited Water for domestic use	0.0	5.3	0.0	0.0	0.0	2.1	0.0	1.3
Lack of /limited Water for crop and livestock production	0.0	5.3	0.0	13.3	5.0	4.2	0.0	3.9
Other	3.7	0.0	0.0	0.0	0.0	0.0	0.0	0.6

Community Development Priorities

Chart: Proportion of Communities (%)

- Skills and capacity Development: 0.5
- Control of wildlife: 0.5
- Vocational Training Centres: 1.0
- Revival and development of Industries: 1.0
- Other: 2.0
- Livestock disease surveillance and control: 3.0
- Employment creation: 3.5
- Livestock restocking: 5.0
- Electricity infrastructure development: 6.0
- Health services and related infrastructure improvement: 6.5
- Agricultural markets availability and access development: 7.0
- Education and related infrastructure improvement: 7.5
- Income Generation Projects promotion: 8.0
- Irrigation infrastructure development: 8.5
- Water Supply- boreholes, piped water schemes: 9.0
- Road infrastructure development: 13.4
- Dams/Water reservoirs construction: 17.9

- Communities cited dams/water reservoir construction (17.9%) and road infrastructure development (13.4%) as their main development priorities.

Development Priority	Chirumhanzu (%)	Gokwe North (%)	Gokwe South (%)	Gweru (%)	Kwekwe (%)	Mberengwa (%)	Shurugwi (%)	Zvishavane (%)	Midlands (%)
Control of wildlife	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.3	0.5
Dams/Water reservoirs construction	15.8	17.2	23.1	25.0	14.3	9.1	19.7	17.4	17.9
Education and related infrastructure improvement	0.0	3.4	30.8	0.0	21.4	9.1	6.6	4.3	7.5
Electricity infrastructure development	5.3	3.4	7.7	5.0	0.0	0.0	6.6	17.4	6.0
Employment creation	0.0	6.9	0.0	0.0	0.0	18.2	0.0	4.3	3.5
Health services and related infrastructure improvement	5.3	3.4	7.7	0.0	7.1	4.5	9.8	8.7	6.5
Income Generation Projects promotion	0.0	6.9	7.7	20.0	7.1	13.6	6.6	4.3	8.0
Revival and development of Industries	0.0	3.4	0.0	0.0	0.0	0.0	0.0	4.3	1.0
Irrigation infrastructure development	26.3	3.4	0.0	15.0	7.1	0.0	9.8	4.3	8.5
Livestock restocking	5.3	3.4	0.0	0.0	0.0	18.2	3.3	8.7	5.0
Agricultural markets availability and access development	0.0	13.8	15.4	10.0	0.0	4.5	8.2	0.0	7.0
Livestock disease surveillance and control	0.0	3.4	0.0	0.0	7.1	4.5	4.9	0.0	3.0
Road infrastructure development	21.1	13.8	7.7	15.0	21.4	9.1	14.8	4.3	13.4
Skills and capacity Development	0.0	0.0	0.0	0.0	7.1	0.0	0.0	0.0	0.5
Vocational Training Centres	0.0	3.4	0.0	0.0	0.0	4.5	0.0	0.0	1.0
Water Supply- boreholes, piped water schemes	15.8	6.9	0.0	10.0	7.1	4.5	9.8	13.0	9.0
Other	5.3	6.9	0.0	0.0	0.0	0.0	0.0	4.3	2.0

Food Security

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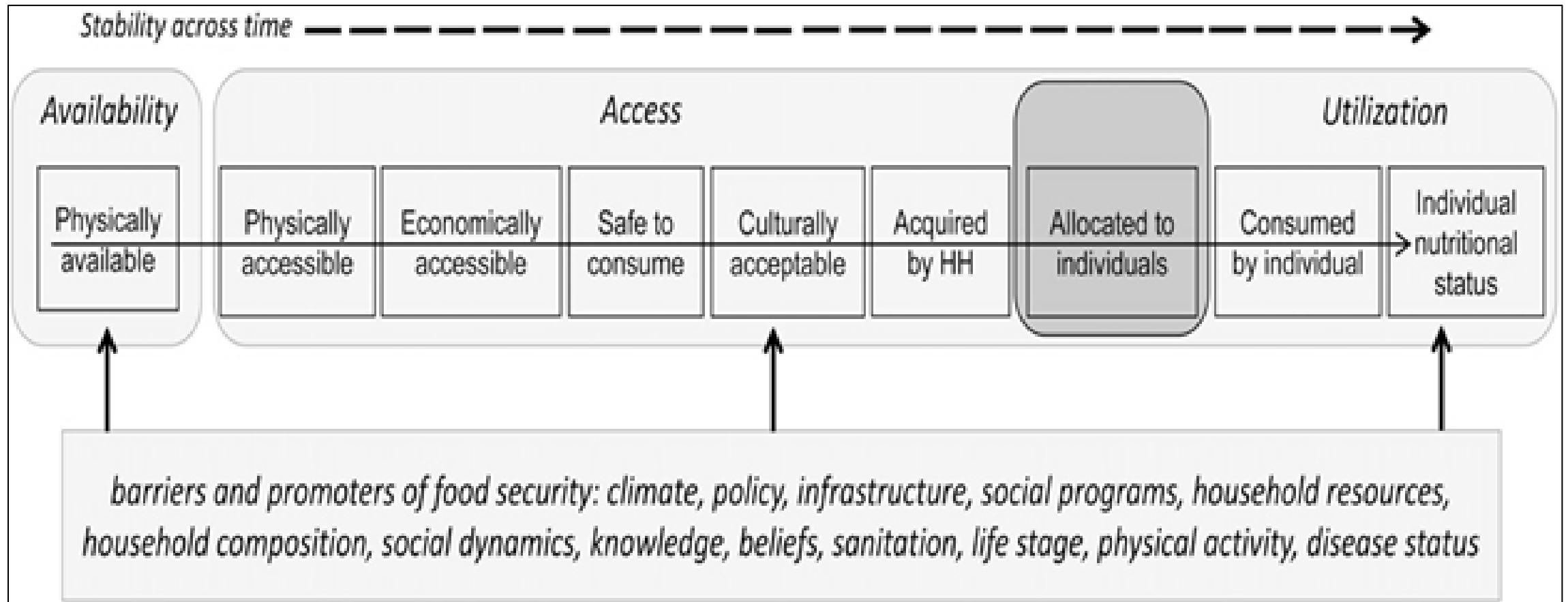
Figure 3: Dimensions of Food Security (Jones et al., 2013)

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

Fig 4: Emergency nutrition sensitive food basket

Food Security Analytical Framework

- Each of the surveyed households' potential to acquire minimum expenditure food basket (Figure 4) 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.

Cereal Insecurity Progression by Income Source
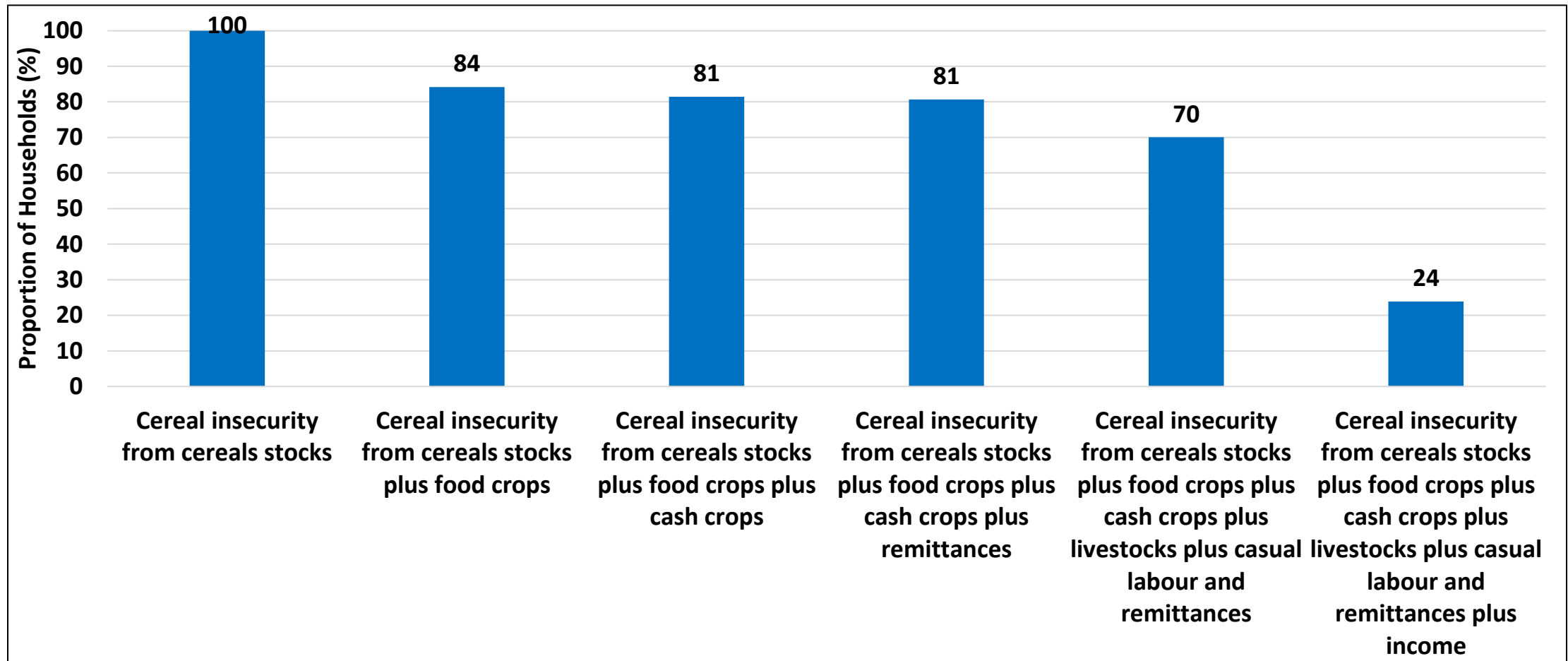
- The cereal insecurity prevalence was projected to be 24% during the peak hunger period January to March 2022.

- The combination of Government and Development partners in providing social safety support, and the background of increased crop yield, helped to enhance community absorptive capacity thus reducing the food insecurity prevalence.

Cereal Insecurity at Peak Hunger Period by District
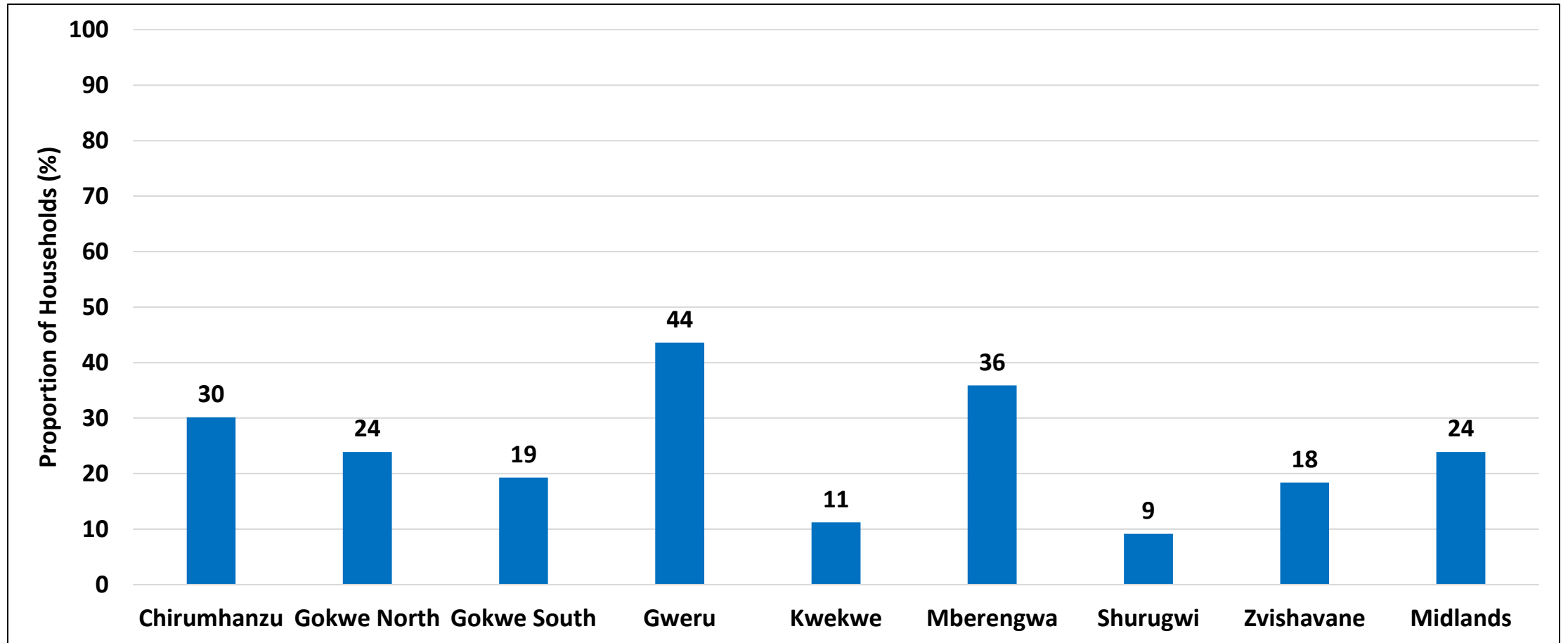
- Gweru (44%) had the highest proportion of cereal insecure households at the peak hunger period while Shurugwi (9%) had the lowest proportion.

Cereal Insecurity Progression by Quarter
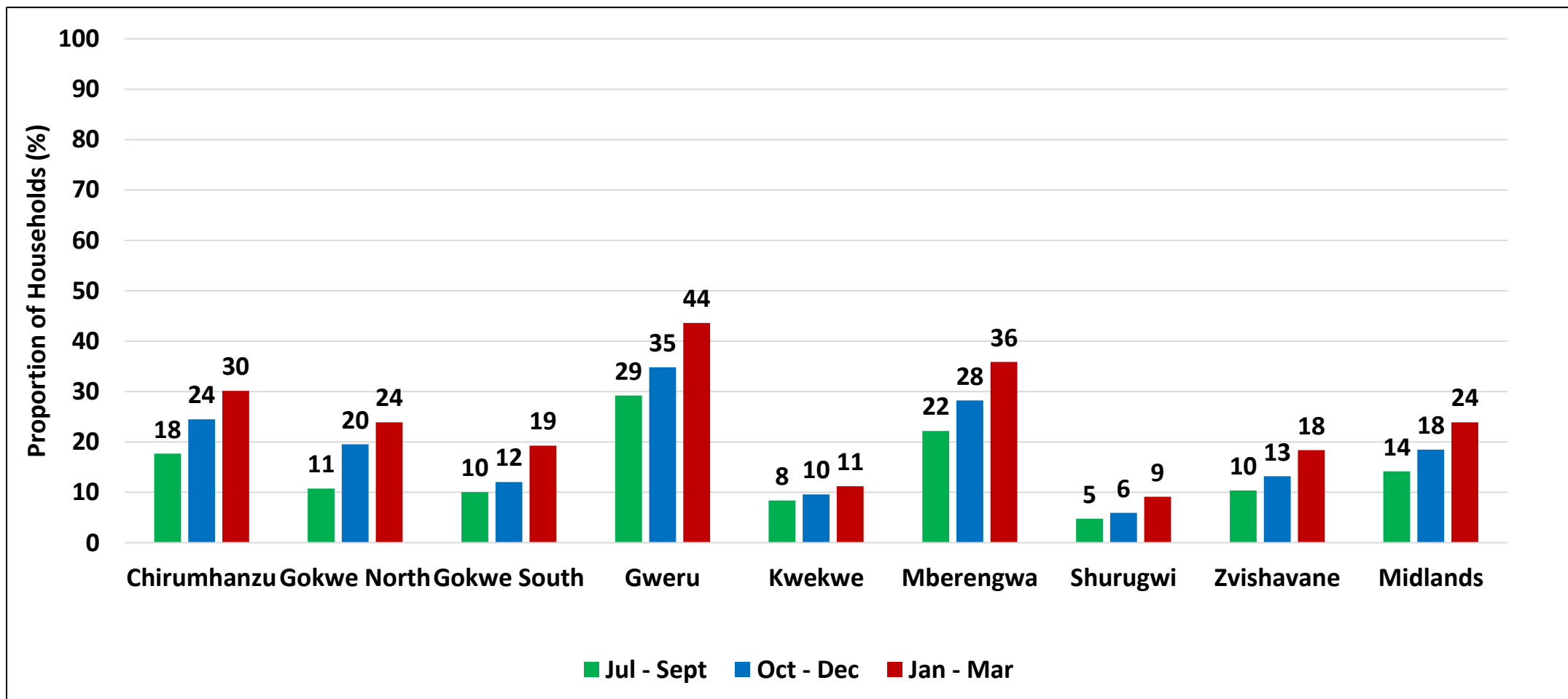
- Shurugwi (9%) and Kwekwe (11%) were projected to have the lowest proportion of cereal insecure households during the peak hunger period January to March 2022.

Cereal Insecure Population and Cereal Requirement by Quarter

	Food Insecure Population			Cereal Requirements		
	Jul - Sept	Oct - Dec	Jan - Mar	Jul - Sept	Oct - Dec	Jan - Mar
Chirumhanzu	18 467	25 602	31 477	683	947	1 165
Gokwe North	33 131	60 126	**73 624**	1 226	2 225	2 724
Gokwe South	38 986	46 783	**74 852**	1 442	1 731	2 770
Gweru	33 453	39 869	49 950	1 238	1 475	1 848
Kwekwe	18 425	21 057	24 567	682	779	909
Mberengwa	47 857	60 909	**77 442**	1 771	2 254	2 865
Shurugwi	4 593	5 742	8 804	170	212	326
Zvishavane	9 230	11 714	16 329	341	433	604
Midlands	**217 410**	**283 479**	**367 216**	**8 044**	**10 489**	**13 587**

- The cereal insecure population at the peak hunger period was 367 216, while the cereal requirement for the province was 13 587MT.

- Mberengwa (77 442), Gokwe South (74 852) and Gokwe North (73 624) had the highest of cereal insecure population at the peak hunger period, and they had the highest cereal requirement.

Conclusions and Recommendations

Conclusions and Recommendations

Chronic Illness

- The highest proportion of chronically ill household members had HIV and AIDS infection (30.9%) and hypertension (23.8%) and of the proportion that missed their dosses, it was due to medication being too expensive. The Government of Zimbabwe needs to ensure the swift implementation of SI127 of 2021. In addition, the Ministry responsible for Health and its partners should include all chronic conditions such as hypertension and diabetes for free medication. There is also need for a multi-sectoral approach to prevent Non-Communicable Diseases through implementation of strategies that promote health and well-being.

Education

- The proportion of children turned away from school during the first term due to non-payment of fees was 33% and the proportion of children that dropped out of school due to pregnancy was 24.6%. There is need to enforce implementation and enhance monitoring of existing policies within the Ministry responsible for Education which promote universal access to education to ensure that no child is turned away from school.

- There is also need for the Ministry responsible for Education in collaboration with the Ministry responsible for Health and development partners to implement strategies that reduce school dropouts due to pregnancy or marriage such as Adolescent School Health Programmes focusing on sexual reproductive health.

Social Protection

- About 17% of households benefited from both Government and UN/NGO support and there was a general decline in the proportion of households which received any form of support. The Ministry responsible for Social Protection and its partners needs to conduct joint retargeting of beneficiaries by both Government and development partners to guard against duplication of efforts.

Conclusions and Recommendations

Cereal Sufficiency

- Five out of the eight districts in the province produced cereal sufficiency of over 12 months indicative of cereal adequacy up to the next season's harvest. However, districts such as Gweru, Shurugwi and Mberengwa have less than 12 months cereal supply. Therefore the Ministry responsible for Social Protection and its partners should ensure that cereal is supplied from districts with surplus to districts with deficiency within the province.

Agricultural Production

- The majority of households grew maize (93%) and crop diversity was very limited. The proportion of households which grew small grains was, sorghum (25%), fingermillet (8%) and pearl millet (5%) and the majority of farmers who produced small grains used retained seeds leading to very low production levels. Therefore, there is need for the Ministry responsible for Agriculture and its partners to intensify strategies that promote production of small grains and encourage the use of certified hybrid seeds from reliable sources.

- Very few households in the province produced cash crops such as cotton, tobacco, and soyabeans. In order to improve household incomes, the Ministry responsible for Agriculture and its partners needs to encourage farmers in high potential areas such as Gokwe South, Gokwe North, Kwekwe and Chirumhanzu to produce cotton and tobacco. The Ministry responsible for Agriculture and its partners should also encourage value addition of such crops to ensure that farmers get better economic value from the crops that they are growing.

WASH

- The proportion of households which had unimproved water sources was 25% and highest was in Gokwe North, 59. About 33.7% of the households were practicing open defecation and 51.4% of these were in Gokwe North and 53.8% in Gokwe South, regardless of WASH interventions being implemented in these districts. The Ministry responsible for Health and its partners should conduct further studies to investigate the determinants of low uptake of WASH interventions.

Conclusions and Recommendations

Livestock

- Kwekwe, Shurugwi, Mberengwa and Chirumhanzu reported a few cases of January Disease but the spread was still minimal. Cattle and goat offtake rates were low, 5% for cattle and 26% for goats and 54% of households had no cattle. The Ministry responsible for Agriculture and its partners needs to intensify January disease control measures in order to avoid further spread of the disease.

- There is also need to avail livestock programs to increase the proportion of households with livestock especially small livestock to encourage farmers to consume livestock products and improve their dietary diversity. Drought mitigation strategies are also necessary for reduced cattle poverty deaths.

Income and Expenditure

- Casual labour was the most important source of income for 19% of the households. However, there is need to diversify and expand on economic activities to build households' resilience to shocks.

Accessibility of Services and Infrastructure

- There is limited access to basic services across the province with some households walking long distances of above 5km or more to access basic social services such as police (61%) and victim friendly services (64%), clinics (47%)and animal health centres (56%). There is need for a multi-sectoral approach in combating the inaccessibility of services and infrastructure particularly in the new resettlement areas and the engagement of Local Authorities in such initiatives is key.

Conclusions and Recommendations

Food Consumption

- Approximately 34% of households had poor food consumption score with households consuming mostly cereals, oils and vegetables. Women of child bearing age and children 6-59 months were also affected with only 38.1% Woman Dietary Diversity and 7% Minimum Acceptable Diet. Therefore, there is need for a multi sectoral approach to scaling up of nutrition sensitive interventions across sectors such as agriculture, social protection and education.

Gender Based Violence

- Only 3% of the respondents reported to have experienced gender based violence either sexual or physical. Emotional violence (41%) was the most prevalent form of violence among spouses. Victims of Gender Based Violence and spousal violence either reported to relatives or did not report at all. The Ministry responsible for Women Affairs and its partners should strengthen mechanisms and community structures for effective awareness and referral systems on GBV.

Shocks and Hazards

- Death of main income earner (94%), conflict social unrest (91%), and cancer disease incidents (89%) were reported to have had the most severe impact on households and majority of the households indicated that they would not be able to cope with future shocks. There is need for social protection programmes coupled with resilience building to strengthen household ability to cope with reoccurring shocks.

Food Security

- Generally there is 24% food insecurity at peak hunger period with Mberengwa (77 442), Gokwe South (74 852) and Gokwe North (73 624) having the highest food insecure population. The cereal requirement for Midlands was 13 587MT.

- There is need for the Ministry responsible for Social Protection and its partners to cushion food insecure households with food assistance.

- There is also need for retargeting measures to be put in place to identify those chronic and acutely food insecure in order to provide the appropriate response mechanisms.