Zimbabwe Livelihoods Assesment Committee (ZIMLAC)

Manicaland Province Provincial Report

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2025

Foreword

Under the leadership of FNC, the Zimbabwe Livelihoods Assessment Committee (ZimLAC) remains committed to providing timely and reliable information on the food and nutrition security situation to inform the development of robust food and nutrition response programmes, policies and strategies. The 2025 Rural Livelihoods Assessment underpins the value of precision sustainable livelihoods planning to provide spatially resolved data to guide efficient targeting of interventions to those populations with the greatest need, to reduce social development disparities and accelerate progress. The results will enable quantification of inequalities and identification of successes and failures of programmes and policies at local level.

The 25th Rural Livelihoods Assessment Report provides updates on pertinent rural household livelihoods issues which include demographics, housing, education, health, nutrition, WASH, energy, social protection, food consumption patterns, food and income sources, income levels, expenditure patterns, debts, coping strategies, shocks and food security. The report will assist the country to evaluate its performance against set targets and aspirations; monitoring the continuing implementation of the National Development Strategic policies, Agriculture related policies, Social Assistance and Social Protection related policies, the Food Nutrition Security Policy, as well as the country's progress against regional and global commitments. The assessment is one of the documents that will be useful in providing baseline data critical for the development of the National Development Strategy 2 (NDS 2).

Our sincere gratitude goes to the Government of Zimbabwe and its Development Partners for the financial and technical support which enabled us to undertake the survey in a timely manner. These resources also went a long way in facilitating the collection of data to enable the representation of key indicators at district level.

We remain indebted to the food and nutrition security structures at both provincial and district levels for their support. We appreciate the rural communities of Zimbabwe, the local authorities as well as Traditional Leaders for cooperating and supporting this assessment. We submit this report to you for your use and reference in your invaluable work towards addressing priority issues keeping many of our rural households vulnerable to food and nutrition insecurity.

George D. Kembo (Dr.)

DIRECTOR GENERAL/ ZIMLAC CHAIRPERSON

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Acknowledgements

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

- Office of the President and Cabinet
- Food and Nutrition Council
- Ministry of Finance, Economic Development and Investment Promotion
- Ministry of Lands, Agriculture, Fisheries, Water and Rural Development
- Ministry of Public Service, Labour and Social Welfare
- Ministry of Health and Child Care
- Ministry of Local Government and Public Works
- Ministry of Women Affairs, Community, Small and Medium Enterprise Development
- Rural District Councils (RDCs)
- ZIMSTAT
- United Nations Children's Fund (UNICEF)
- START NETWORK
- United Nations World Food Programme (WFP)
- United Nations Development Programme
- United Nations Food and Agriculture Organisation (FAO)
- World Vision
- Community Technology Development Organization
- Tsuro Trust
- Welthungerhilfe
- Red Cross
- Bindura University of Science Education
- Marondera University of Agricultural Sciences and Technology
- Harare Institute of Technology
- Plan International
- SOS Children's Village
- Simukaupenye Youth Academy
- UTARIRI integrated Biodiversity, Climate Change and Livelihoods Programme
- CESVI
- Friends for Matibi
- CARITAS
- International Medical Corps
- Lower Guruve Development Association
- Mwenezi Development Trust Centre
- LID Agency
- AMALIMA Loko
- National AIDS Council
- Insiza Godlwayo AIDS Council
- Aqua Culture Zimbabwe
- Score Against Poverty
- DAAP
- CARE International
- Nutrition Action Zimbabwe
- Bethany Project
- Médecins Sans Frontières
- Organisation of Rural Associations for Progress
- Zimbabwe Project Trust
- Environmental Management Agency
- SNV Netherlands Development Organisation
- CARE/Takunda
- Mercy Corps
- Hope for Kids
- Mavambo Trust

Introduction and Background

Introduction

- ZimLAC plays a significant role in operationalising Commitment Six, of the Food and Nutrition Security Policy (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".
- The information system is critical in informing decision making as it provides evidence for timely response by Government.
- ZimLAC livelihood assessments' results continue to be an important tool for informing and guiding policies and programmes that respond to the prevailing food and nutrition security situation with 12 urban and 25 rural livelihoods updates having been produced to date.

Zimbabwe Livelihoods Assessment Committee (ZimLAC)

ZimLAC is a consortium of Government, Development Partners, UN, NGOs, Technical Agencies and the Academia which 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 all forms of malnutrition.

ZimLAC 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 for improved food and nutrition security.
- Undertaking a "watchdog role" 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 assessment results will be used to guide the following:

- Evidence based planning and programming for targeted interventions.
- Development of interventions that address immediate to long term needs as well as building resilient livelihoods.
- Early warning for early action.
- Monitoring and reporting progress towards commitments within the guiding frameworks of existing national and international food and nutrition policies and strategies such as the National Development Strategy 1, the Food and Nutrition Security Policy, Sustainable Development Goals and the Zero Hunger strategy.
- Providing baseline data for NDS 2

Purpose

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

Objectives

The specific objectives of the assessment were:

1. To estimate the rural population that is likely to be food insecure in the 2025/2026 consumption year, their geographic distribution and the severity of their food insecurity.
2. To assess the nutrition status of the rural population.
3. To describe the socio-economic profiles of rural households in terms of such characteristics as their demographics, access to basic services (education, health, water, sanitation and hygiene), assets, agriculture, incomes and expenditure patterns, food consumption patterns and consumption coping strategies.
4. To determine the coverage of humanitarian and developmental interventions.
5. To determine the effects of shocks and stressors experienced by communities on food and nutrition security.
6. To identify development priorities for communities.

Contextual Analysis

- The 2024-25 production season generally experienced a delayed start. A normal to below normal rainfall pattern was experienced from October to November 2024, influenced by a weak La Niña. However, a transition into a stronger La Niña phase in the second half of the season resulted in more favourable rainfall, providing optimal conditions for planting and growth of crops.
- According to the Ministry of Lands, Agriculture, Fisheries, Water and Rural Development's Crops, Livestock and Fisheries Assessment Report (CLAFA – 2), most Pfumvudza crops were planted during November 2024 (40%) and December 2024 (41%), with a smaller portion of crops planted later in January 2025 (19%).
- There was a 290% increase in food crop production compared to last season. The season also experienced an increased production of sorghum and pearl millet due to improved agroecological tailoring of crops. Maize production was estimated at 2,293,556 MT while Traditional Grain production was estimated to be 634,650 MT. Total cereal production was expected to be 2,928,206 MT.
- Yield levels from Pfumvudza/Intwasa in maize for the 2024/25 season were slightly higher than those from conventional farming.
- Tobacco production was expected to increase by 15%, Cotton by 52% and Sunflower by 303%.

Contextual Analysis

- According to the International Monetary Fund (IMF) staff team that conducted the 2025 Article IV Consultation;
- Zimbabwe is experiencing a degree of macroeconomic stability despite lingering policy challenges. During the first half of 2025, better climate conditions and historically high gold prices have boosted agricultural and mining activity, strengthening the current account and contributing to the recovery, with growth projected at 6 percent in 2025.
- On April 5, 2024, the Reserve Bank of Zimbabwe introduced a new currency called Zimbabwe Gold (ZiG; code: ZWG). which is backed by a composite basket of foreign currency and precious metals (mainly gold) held by the RBZ. This structured currency was designed to foster simplicity, certainty and predictability in monetary and financial affairs. The RBZ aimed to consolidate the currency's stability, maintain low inflation and ensure a stable exchange rate.
- Following the introduction of the new Currency, Banks were required to convert existing Zimbabwe dollar balances into ZWG.
- The monetary policy formulation and implementation pursued by the Reserve Bank since 5 April 2024 created relative price, currency and financial stability in the economy. This stability is evidenced by:
    - ZWG month on month inflation which stabilised to 0.5% in February 2025 and -0.1% in March 2025.
    - Greater exchange rate stability, with foreign exchange parallel market premiums below 20%, resulting in price and currency stability.
    - Increased foreign currency inflows.
    - Increased availability of foreign currency and;
    - Sustained financial sector stability and soundness.

Government Mitigatory Measures

The following people-centered measures were implemented to ensure food and nutrition security for all:

- **Food Mitigation:** Government targeted 6 million people in rural areas with a package comprised of pulses, oils and cereal.
- **Presidential Borehole Drilling Scheme:** In order to alleviate water scarcity challenges and climate change, Government is implementing the Presidential Borehole Drilling Scheme. The scheme aims to increase access to safe drinking water.
- **Strengthening of Multi-Sectoral Structures** in order to operationalise a cohesive response to the food and nutrition challenges.
- **Easing of restrictions on maize grain trade (Statutory Instrument 56 of 2023)** thus increasing maize grain flows and improving availability.
- **Emergency Road Rehabilitation Programme** – the Government of Zimbabwe through Statutory Instrument 47 of 2021 declared all roads to be a state of national disaster on 9 February 2021. The second Emergency Road Rehabilitation Programme (ERRP II) was launched and the objectives of the programme are to improve the road network, which was extensively damaged during the rainy season and to harness the potential of the transport system in promoting economic growth.

Government Mitigatory Measures

- The Government of Zimbabwe and the RBZ implemented a range of policy measures:
    - **Monetary Policy Rate:** Set at 35% in September 2024 to curb inflationary pressures.
    - **Money Supply Control:** Established strict controls to prevent excess liquidity from undermining the new currency.
    - **Export Retention Thresholds:** Reduced from 75% to 70% in February 2025 to enhance foreign exchange liquidity in the formal market.
    - **IMF Agreement Delay:** Postponed an IMF staff-level agreement to allow reforms to consolidate before committing to new external programmes.
    - **Public Spending Control:** Maintained tight control over public spending and subsidies.
    - **ZWG Adoption:** Promoted broader use of ZWG across public services and transactions, with over 90% adoption reported by mid-2024. Mandated the use of point-of-sale (POS) systems by all businesses for transactions in both ZWG and USD, making this a pre-condition for business licensing.
    - **Interest Rates:** Upwardly reviewed minimum deposit interest rates, with ZWG savings deposits at 5%, time deposits at 7.5%, and USD savings deposits at 2.5%, time deposits at 4%.
    - **Targeted Finance Facility:** Introduced a facility extended to wholesalers and retailers.
    - **Reporting Currency:** Mandated the use of ZWG as the reporting currency for all entities with immediate effect.

Government Mitigatory Measures

- The 2024 mid-term budget review presented on July 25, 2024 focused on consolidating economic transformation and addressing challenges like the impact of the El Nino-induced drought on agricultural output. While economic growth was projected at 2% for 2024, down from the initial 3.5% projection, measures were being implemented to maintain economic stability and achieve fiscal consolidation.

- The Reserve Bank noted that most banks had stopped charging monthly bank maintenance or service charges for individual bank accounts with a conservative daily balance of USD 100 and below or its equivalent in ZWG for a period of up to 30 days. The exemption for monthly bank maintenance or service charges for accounts with a conservative daily balance of USD 100 or below was extended to Micro, Small and Medium Enterprises (MSMEs) with effect from 1 September 2024.

- To further promote the use of electronic means of payment, the Reserve Bank with effect from 1 September 2024 exempted electronic transactions of less than USD 10 or the ZWG equivalent from bank charges. This measure was aimed at removing the cost of using electronic means of payments by according such transactions a near-cash characteristic, consistent with the Reserve Bank's drive towards digital cash.

- The Reserve Bank reiterated that the country was in a multicurrency environment and all domestic transactions must be settled in either ZWG or foreign currency, except in cases where there were explicit exemptions to sell in US dollars. In this context, all economic agents were expected to adhere to the multicurrency system in place.

- On September 27 2024, the Reserve Bank of Zimbabwe slashed the value of the ZWG by 43%, taking it from 13.56 ZWG to the US dollar at its launch to ZWG 24.4 to the dollar.

- The Reserve Bank made efforts to ensure that the Monetary Policy stance remained supportive of the envisaged growth of 6% in 2025.

Government Mitigatory Measures

- The Government, through a high-level task force on business malpractices launched this multi-agency initiative in 2024 to clamp down on unethical business practices and smuggling. The task force was led by the Ministry of Industry and Commerce and involved collaboration between the Zimbabwe Revenue Authority (ZIMRA), the Zimbabwe Republic Police (ZRP), the Reserve Bank of Zimbabwe, the Consumer Protection Commission and other law-enforcement agencies.

- In addition to reducing smuggling, the operation aimed to regularise imports, ensuring that all importers paid the appropriate duties and taxes. This move was intended to protect consumers from harmful products such as hazardous foodstuffs and cosmetics, while also safeguarding businesses from unfair competition stemming from counterfeit or substandard goods. It further supported legitimate traders by addressing issues such as counterfeiting and intellectual property violations.

Assessment Methodology

Methodology – Assessment Design

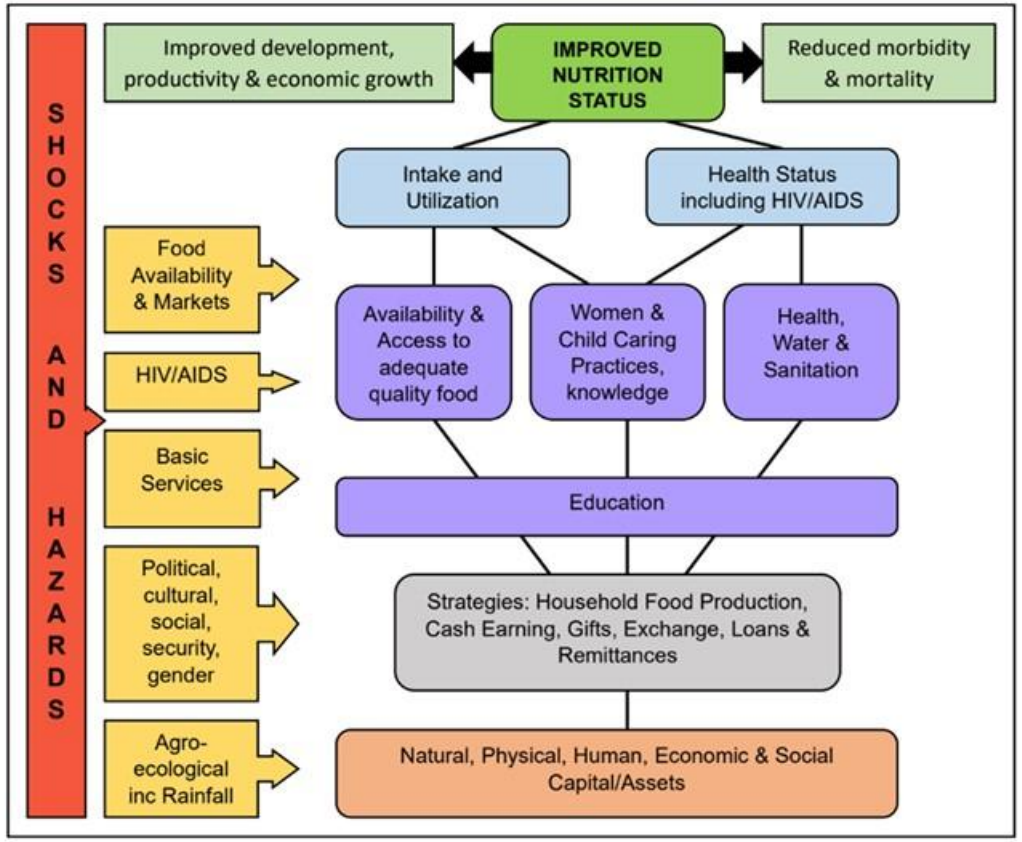


Figure 1: Food and Nutrition Conceptual Framework

- 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.
- The frameworks also place nutrition as an outcome of multi sectoral drivers at various levels and its role in driving the economic development.

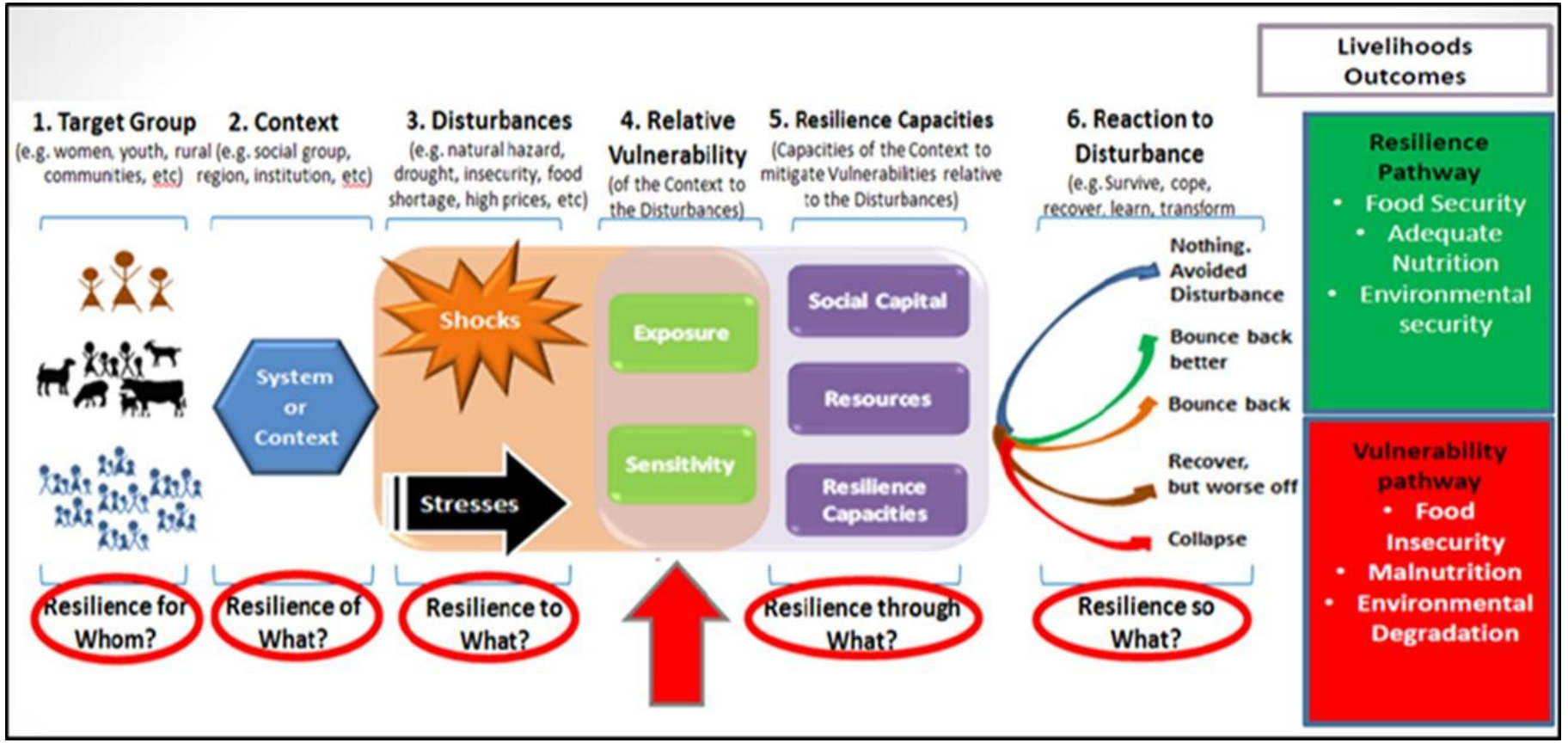
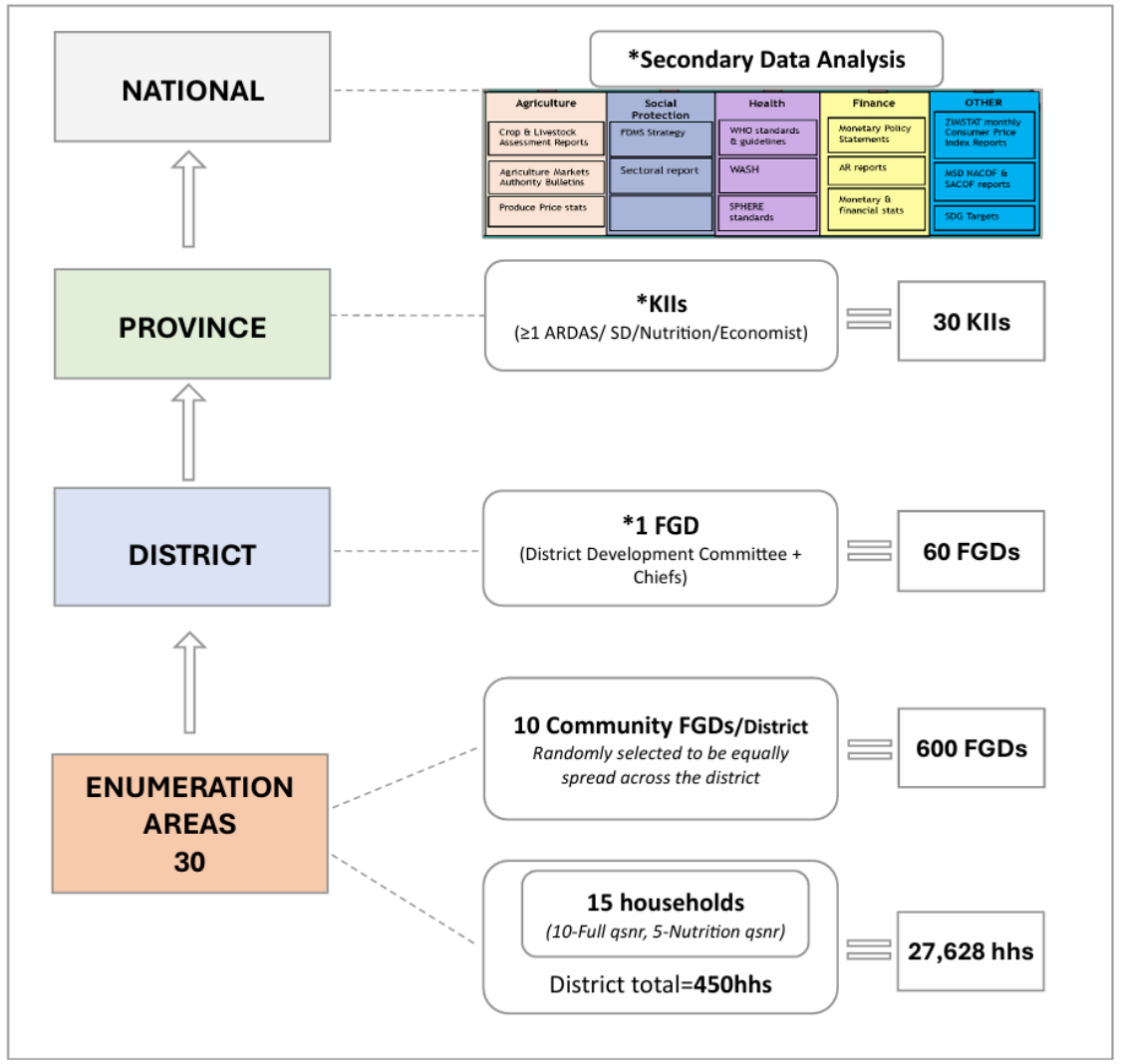


Figure 2: Zimbabwe Resilience Framework (UNDP Zimbabwe, 2015)

Methodology – Assessment Process

- ZimLAC, 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.
- ZimLAC national supervisors (including Academia, Provincial Agritex Extension Officers, Provincial Nutritionists and Provincial Coordinators) and enumerators were recruited from Government, United Nations, Technical partners and Non-Governmental Organisations. These underwent training in all aspects of the assessment. Training for enumerators was done at district level.
- The Ministry of Local Government coordinated the recruitment of district level enumerators and mobilisation of provincial supervision and district enumeration vehicles. Four enumerators (including 1 anthropometrist) were selected from each district for data collection.
- Primary data collection took place from 21 May to 11 June 2025. Various secondary data sources and field observations were used to contextualise the analysis and reporting.

Methodology – Assessment Process



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 1 800 randomly selected Enumeration Areas (EAs).
- A two staged cluster sampling was used and comprised of:
  - Sampling of 30 clusters per each of the 60 rural districts, denoted as EAs in this assessment, from the Zimbabwe Statistics Agency (ZIMSTAT) 2022 master sampling frame using the Probability Proportional to Population Size (PPS) (PPS) methodology.
  - The second stage involved the systematic random sampling of 10 households per EA (village).
- At least 300 households were sampled per district and a total of 2096 households were interviewed.
- 63 community FGDs, were held across all the districts.
- Anthropometric measurements were taken from 2933 Children aged 6-59 months, 473 Children aged 5-9 years, 638 Adolescents 10-19 years, and 2445 Adults aged 20 years and above.

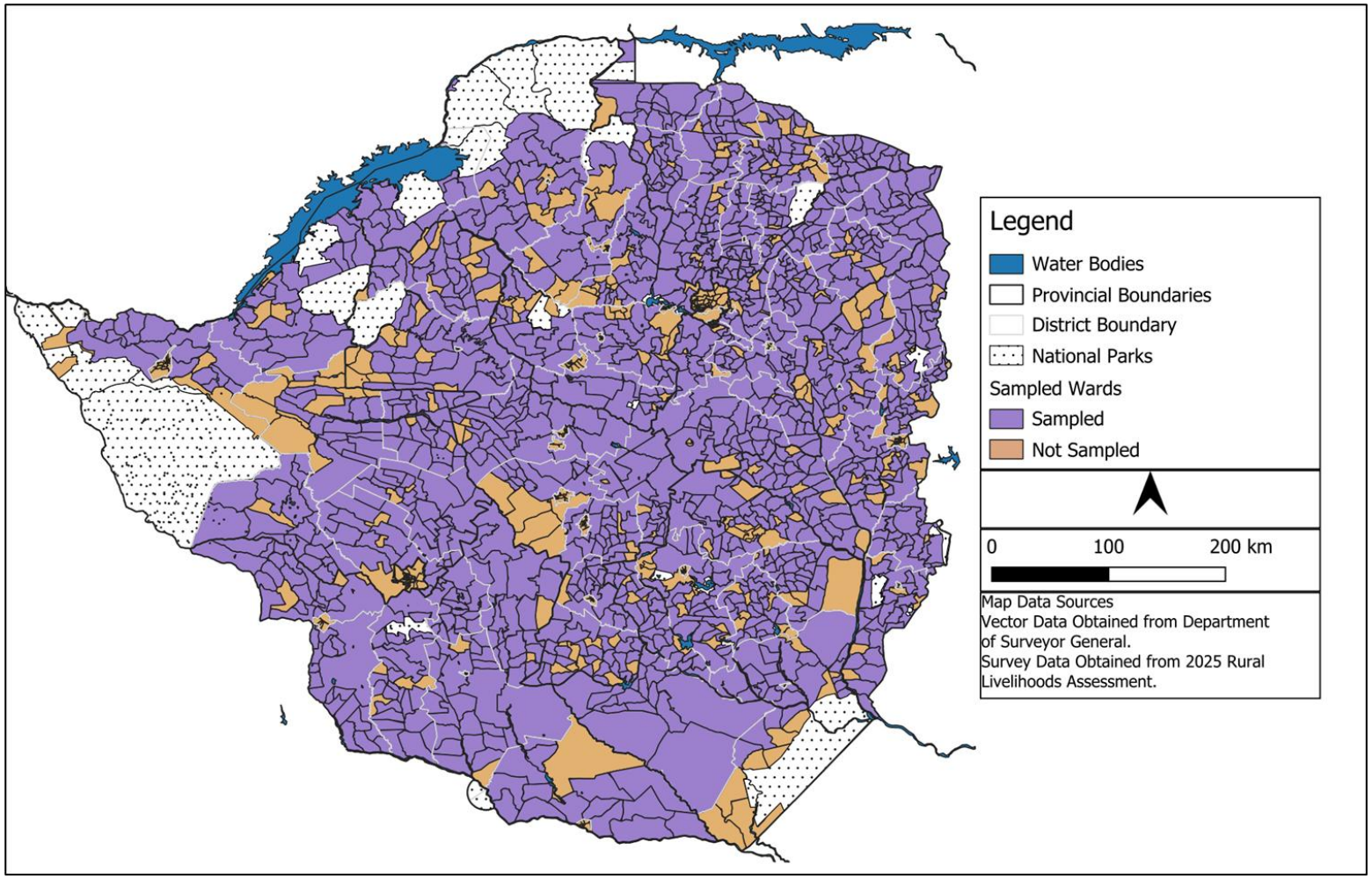
District	Households
Buhera	300
Chimanimani	301
Chipinge	296
Makoni	300
Mutare	303
Mutasa	295
Nyanga	301
Manicaland	2096

Methodology- Sampling and Sample Size for Nutrition Outcomes

- All members in the households were considered for anthropometric measurements, while adults were considered for non-communicable disease risk factors and individual diets targeted at women and children under 5 years.
- At least 450 households were sampled per district and a total of 3168 households were interviewed.
- Anthropometric measurements were taken from 2933 children aged 6-59 months, 473 Children aged 5-9 years, 638 adolescents aged 10-19 years, and 2445 adults aged 20 years and above.

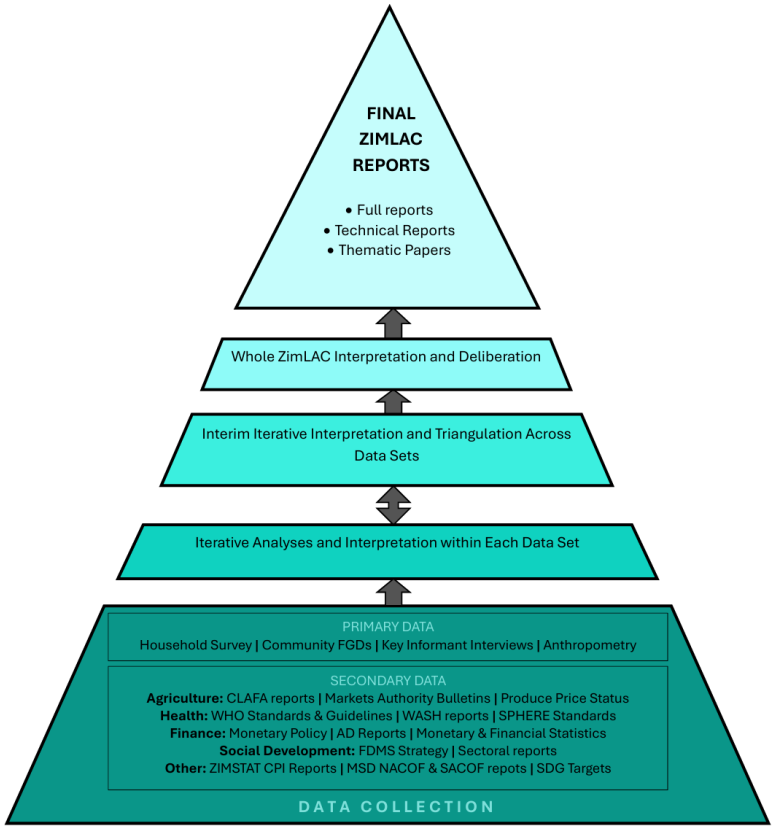
District	Households
Buhera	450
Chimanimani	471
Chipinge	448
Makoni	458
Mutare	455
Mutasa	457
Nyanga	429
Manicaland	3168

Methodology – Sampled Wards



Data Preparation and Analysis

- Primary data was transcribed using CSEntry on android gadgets and using CSPro. It was consolidated and converted into SPSS, STATA and DBF datasets for:
  - Household structured interviews
  - Community Focus Group Discussions
- Data cleaning and analysis were done using SPSS, STATA, ENA, Microsoft Excel and GIS packages.
- Analyses of the different thematic areas covered by the assessment were informed and guided by relevant local and international frameworks, where they exist.
- Gender, as a cross cutting issue, was recognised throughout the analysis.



Technical Scope

The 2025 RLA collected and analysed information on the following thematic areas:

- Health
- WASH
- Nutrition
- Agriculture and other rural livelihoods activities
- Food security
- Shocks and stressors
- Social protection
- Youth
- Linkages amongst the key sectoral and thematic areas
- Cross-cutting issues such as gender

Demographic Description of the Sample

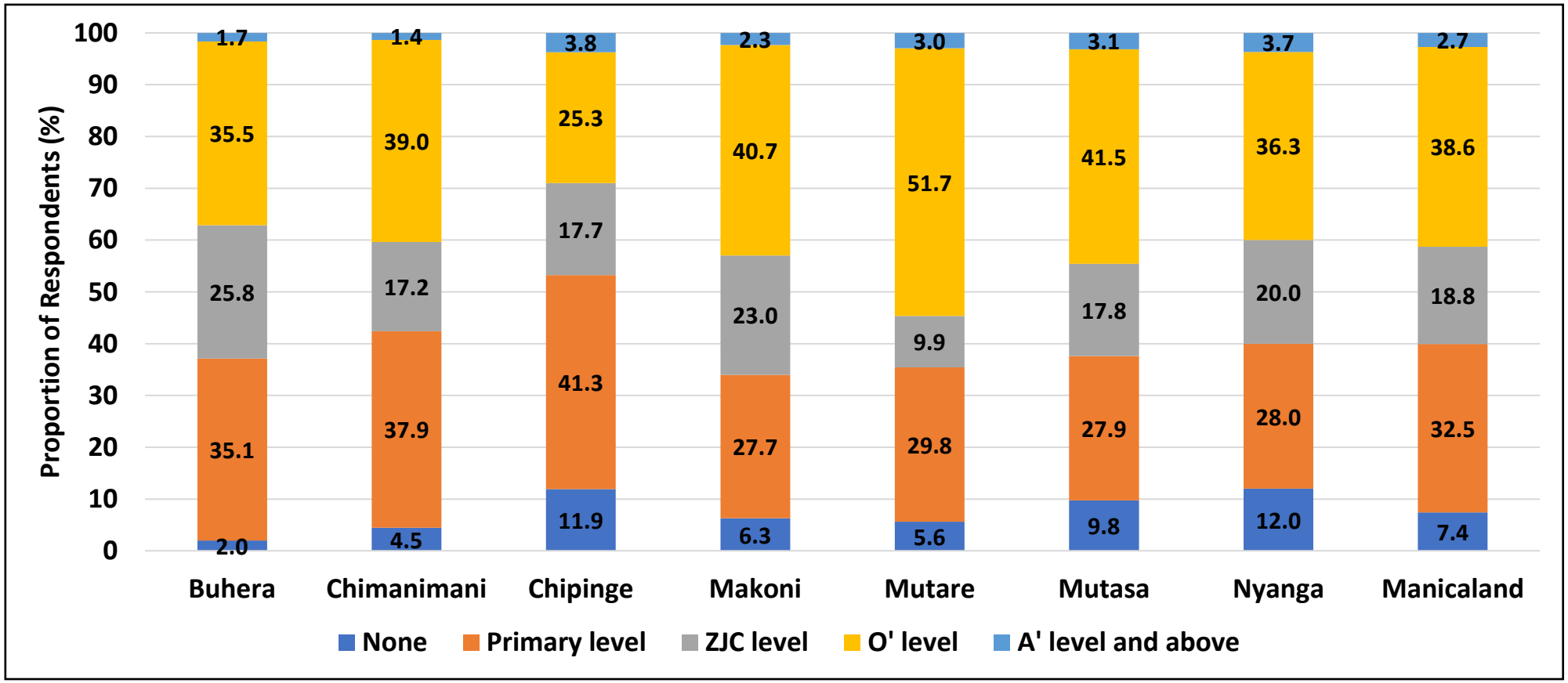
Household Characteristics

Characteristics of Respondents

Average Age of Respondent (Years)		Sex of Respondent	
		Male (%)	Female (%)
Buhera	41	17.0	83.0
Chimanimani	40	26.9	73.1
Chipinge	41	27.0	73.0
Makoni	48	29.7	70.3
Mutare	44	19.8	80.2
Mutasa	45	29.8	70.2
Nyanga	45	32.2	67.8
Manicaland	**41**	**26.0**	**74.0**

- Age is a key socio-demographic variable that is used to analyze an individual understanding in different social-economic aspects
- The average age of the respondents was 41 years.
- About 74% of the respondents were female.

Characteristics of Respondent: Education Level Attained



- About 7.4 % of the respondents had not attained any form of education.

Household Members' Characteristics

District	Average Household Size	Sex		Household Members (%)						
		Male	Female	0 - 4 years	5 – 9 years	10 - 17 years	18 - 49 years	50 - 59 years	60 - 64 years	65+ years
Buhera	4.3	47.4	52.6	28.9	12.0	13.0	36.1	5.4	0.8	3.8
Chimanimani	4.4	49.1	50.9	24.6	12.5	14.9	39.9	4.0	1.1	3.0
Chipinge	4.4	45.4	54.6	24.6	11.3	15.8	37.9	5.9	1.0	3.6
Makoni	3.2	44.0	56.0	29.8	6.3	10.4	37.0	6.0	1.5	9.0
Mutare	4.6	44.0	56.0	29.3	8.9	14.8	35.8	4.2	2.1	4.8
Mutasa	4.3	47.5	52.5	21.9	11.1	15.5	38.2	6.0	1.3	6.1
Nyanga	3.0	45.1	54.9	33.2	4.1	6.8	41.5	6.3	1.4	6.7
Manicaland	**4**	**46.2**	**53.8**	**27.1**	**9.9**	**13.5**	**38**	**5.3**	**1.3**	**5**

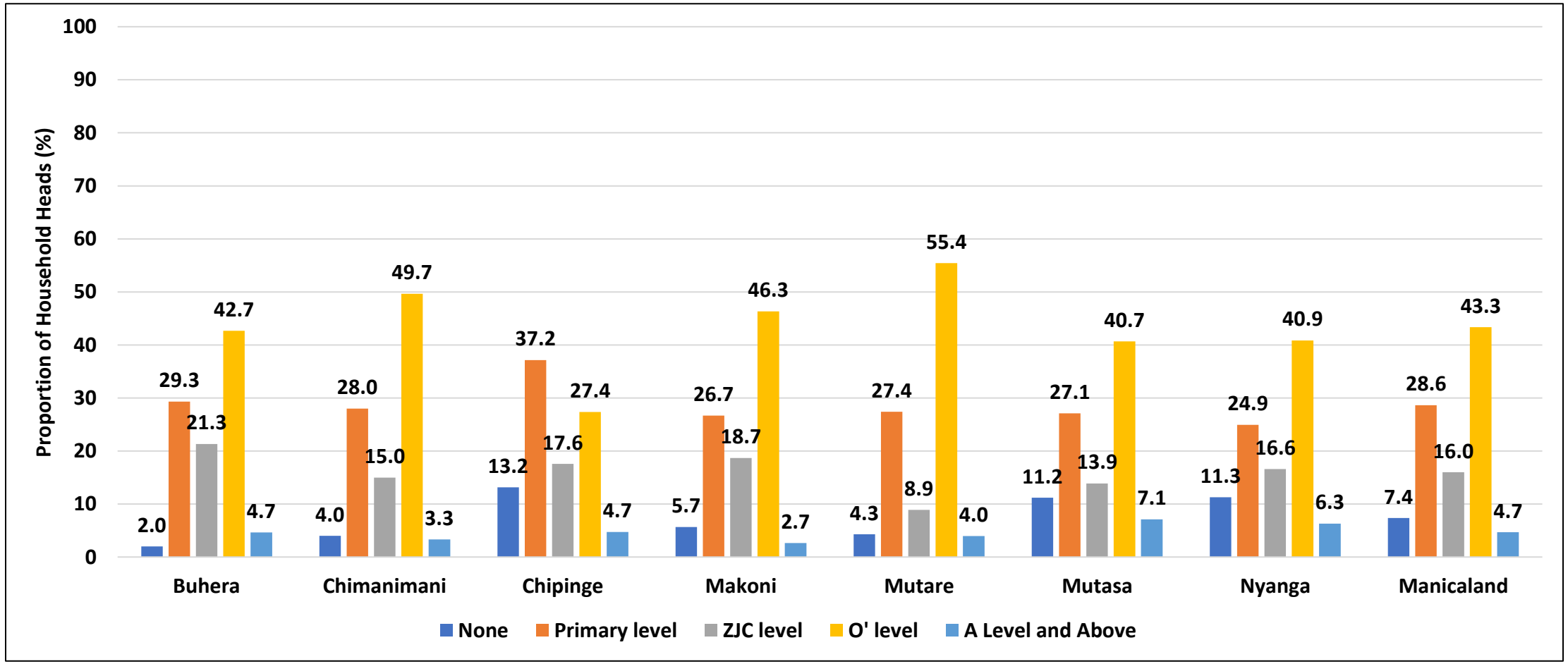
- The average household size was 4.
- Of the sampled population, 46.2% were male and 53.8% were female.

Characteristics of Household Head

Province	Household Head Average Age (Years)	Sex (%)		Household Head by Category (%)	
		Male	Female	Elderly Headed 65 Years and Above	Child Headed
Buhera	43.0	71.7	28.3	16.3	0.0
Chimanimani	42.0	74.1	25.9	19.9	0.3
Chipinge	43.0	64.2	35.8	14.5	0.0
Makoni	50.0	59.3	40.7	33.3	0.0
Mutare	45.0	61.4	38.6	27.1	0.0
Mutasa	50.0	67.8	32.2	34.2	0.0
Nyanga	46.0	64.5	35.5	24.9	0.0
Manicaland	**45**	**66.1**	**33.9**	**18.7**	**0.3**

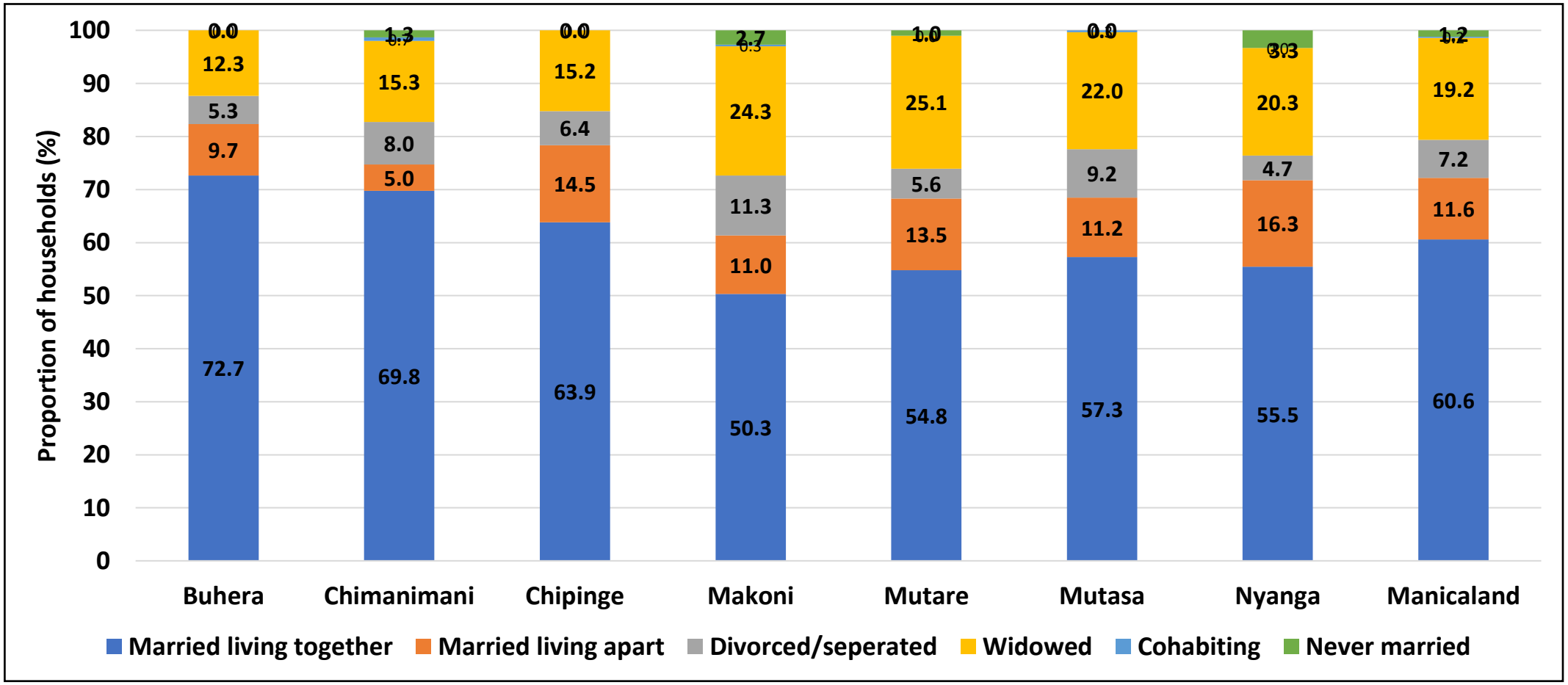
- The average age of household heads was 45 years, which is within the economic productive age group.
- Mutasa (34.2%) and Makoni (33.3%) had the highest proportion of households which were headed by the elderly.

Characteristics of Household Head: Education Level Attained



- About 7.4% of households had not attained any form of education.

Characteristics of Household Head Marital Status



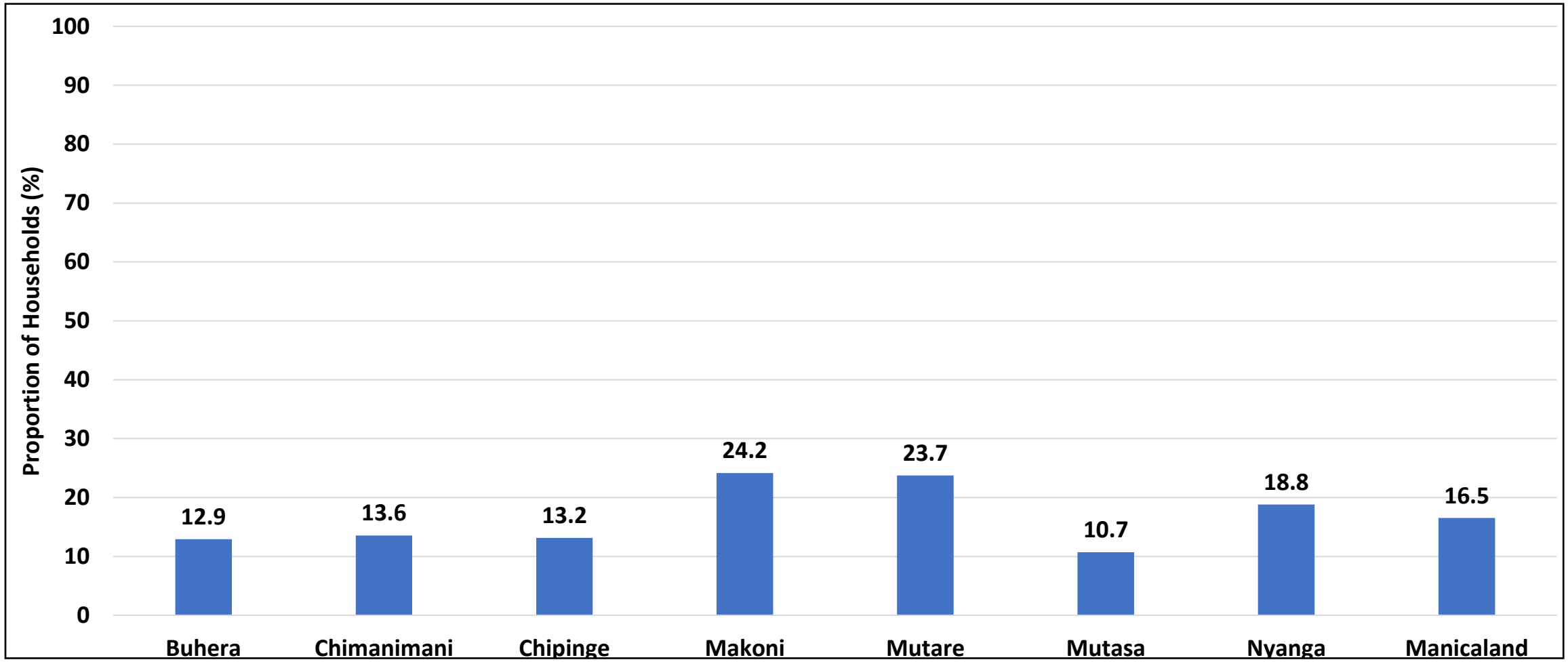
- About 60.6% of household heads in Manicaland were married and living together.
- Mutare (25.1%) had the highest proportion of households heads who were widowed.

Characteristics of Household Head: Religion

District	Roman Catholic (%)	Protestant (%)	Pentecostal (%)	Apostolic Sect (%)	Zion (%)	Other Christian (%)	Islam (%)	Traditional (%)	Other religion (%)	No religion (%)
Buhera	2.7	6.3	8.0	60.3	16.3	0.3	0.0	0.3	0.0	5.7
Chimanimani	1.0	6.0	13.0	43.9	14.6	1.3	0.0	0.0	0.0	19.6
Chipinge	0.0	6.1	9.5	59.1	13.5	0.0	0.0	7.8	0.0	4.1
Makoni	19.7	13.3	16.0	31.0	1.3	10.0	0.0	0.7	2.0	6.0
Mutare	2.6	28.1	16.5	35.6	5.3	1.7	0.0	1.3	0.3	8.6
Mutasa	5.8	18.0	13.2	37.3	5.4	4.7	2.0	1.4	2.7	9.5
Nyanga	8.0	7.6	13.6	43.5	4.7	3.3	0.3	1.3	1.7	15.9
Manicaland	**5.7**	**12.2**	**12.8**	**44.4**	**8.7**	**3.1**	**0.3**	**1.8**	**1.0**	**9.9**

- The majority of household heads were from the Apostolic Sect (44.4%).

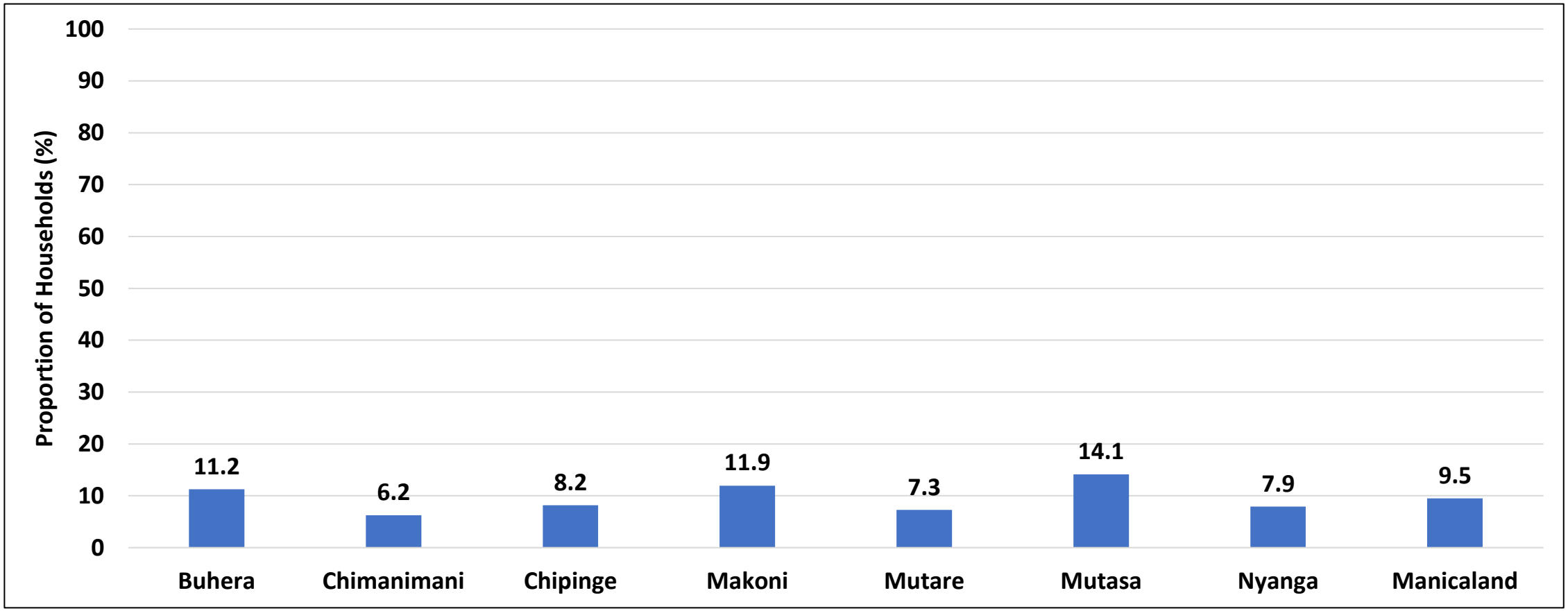
Orphaned Children



- Makoni (24.2%) had the highest proportion of households with orphans and Mutasa (10.7%) had the lowest

Chronic Conditions

Chronic Conditions



- The proportion of households with at least a member who had a chronic condition was 9.5%.
- Chronic conditions negatively impacts on the livelihood productivity and resource capital of a household.

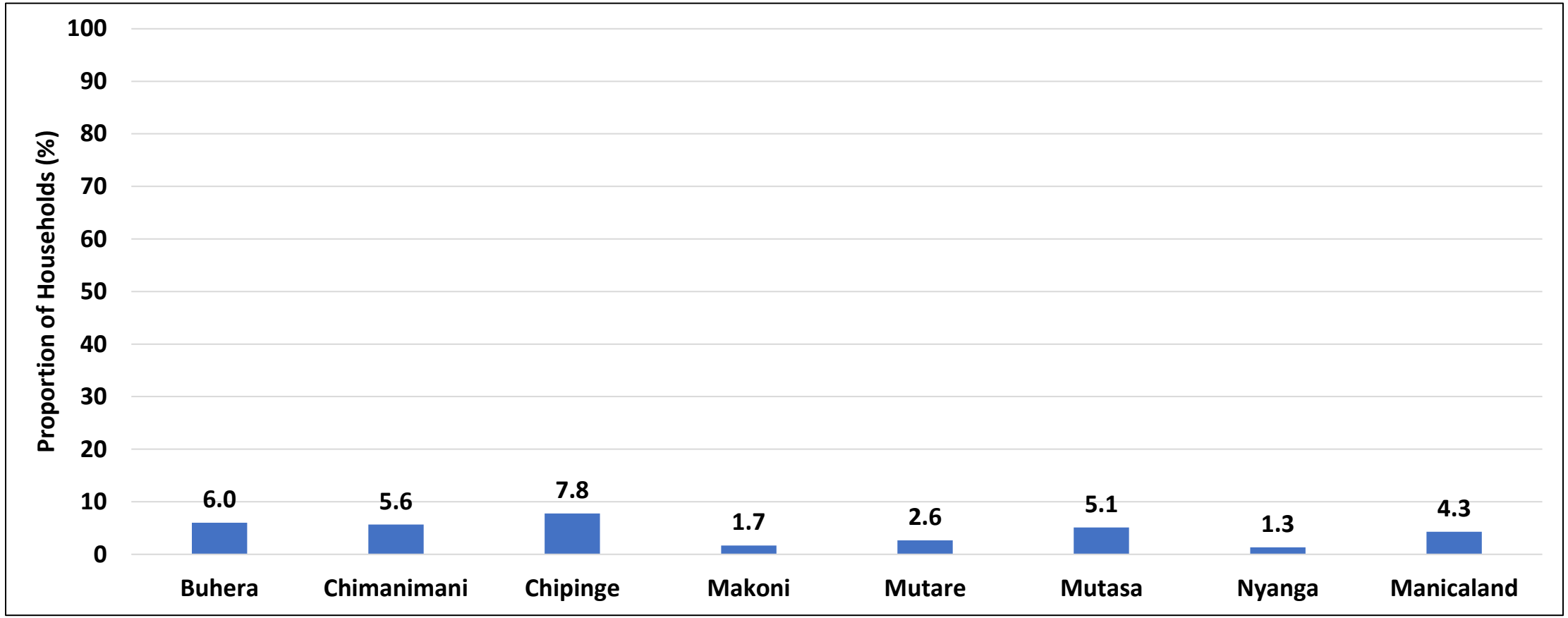
Chronic Conditions (9.5%)

District	Chronic Condition												
	HIV infection, (%)	Heart disease (%)	Diabetes, high blood sugar (%)	Asthma (%)	Hypertension, High blood pressure (%)	Arthritis, chronic body pain (%)	Epilepsy, seizure, fits (%)	Stroke (%)	Cancer (%)	Tuberculosis (%)	Kidney disease (%)	Ulcer, chronic stomach pain (%)	Mental illness (%)
Buhera	9.0	1.7	3.3	1.0	4.3	0.0	0.7	0.0	0.0	0.0	0.0	0.7	0.0
Chimanimani	2.0	0.3	4.3	0.0	4.0	0.0	0.0	0.3	0.3	0.3	0.3	0.3	0.0
Chipinge	2.7	1.0	2.4	0.0	4.1	0.7	0.0	0.0	0.0	0.0	0.0	1.4	0.0
Makoni	2.7	1.3	3.3	1.3	6.7	1.0	0.3	1.0	0.3	0.0	0.0	0.3	0.0
Mutare	3.6	0.3	4.0	0.7	6.3	0.3	0.0	0.0	0.3	0.3	0.3	0.3	0.3
Mutasa	6.8	0.7	2.0	1.0	14.9	2.0	0.0	0.7	0.0	0.7	0.0	2.0	0.0
Nyanga	2.0	0.3	1.0	0.7	5.6	0.7	0.0	0.0	0.3	0.0	0.0	0.7	0.3
Manicaland	**4.1**	0.8	2.9	0.7	**6.5**	0.7	0.1	0.3	0.2	0.2	0.1	0.8	0.1

- Hypertension/high blood pressure (6.5%) and HIV/AIDS (4.1%) were the major chronic conditions cited.

Disability

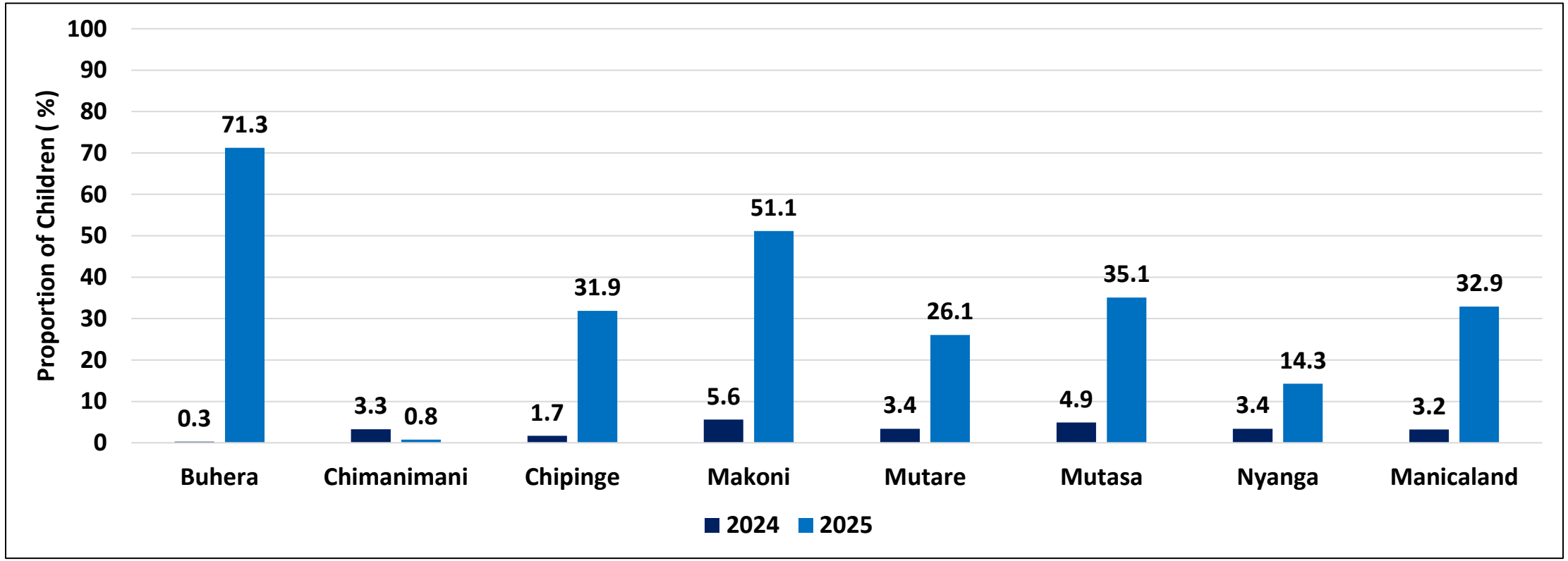
Disability Conditions



- The proportion of households with at least one person with any form of disability was 4.3%.
- Chipinge (7.8%) and Buhera (6%) had the highest proportion of households with at least one person with any form of disability.

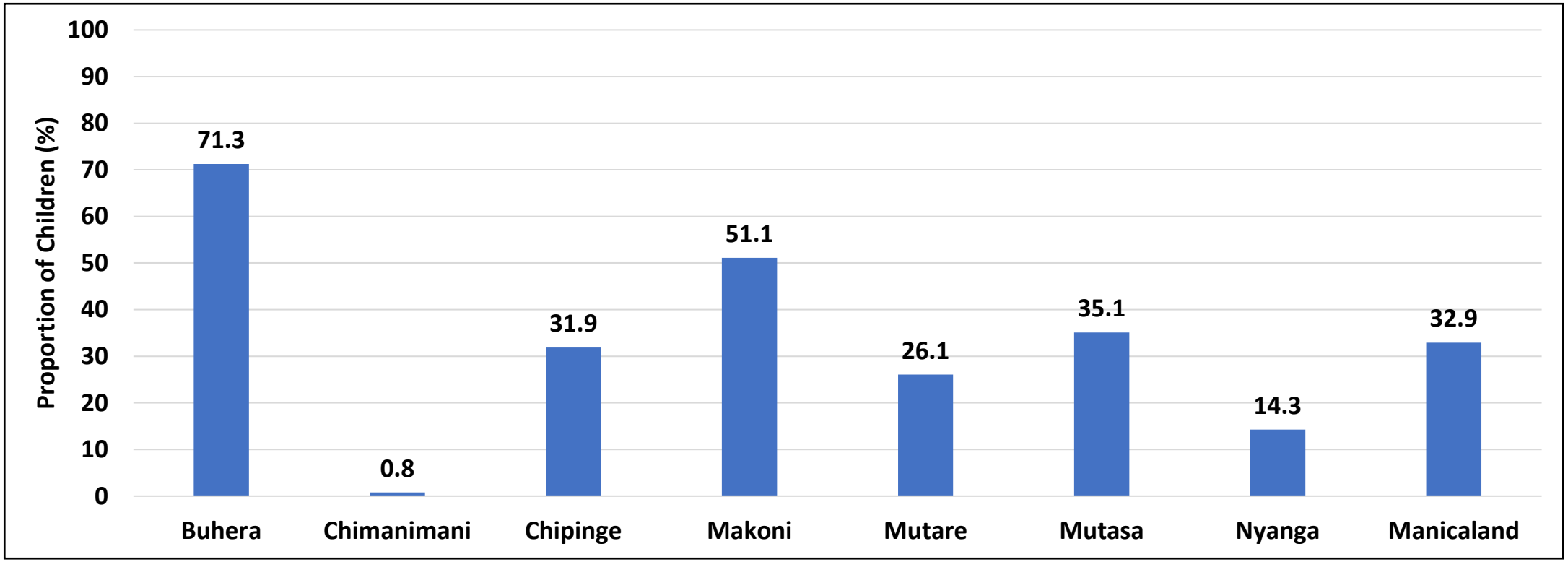
Education

Proportion of Children Receiving Hot Meals at School



- School Feeding is crucial for improving child nutrition, attendance, and learning outcomes .
- There has been an improvement in the proportion of children who received a hot meal at school during the first term of the year from 3.2% in 2024 to 32.9 % in 2025.

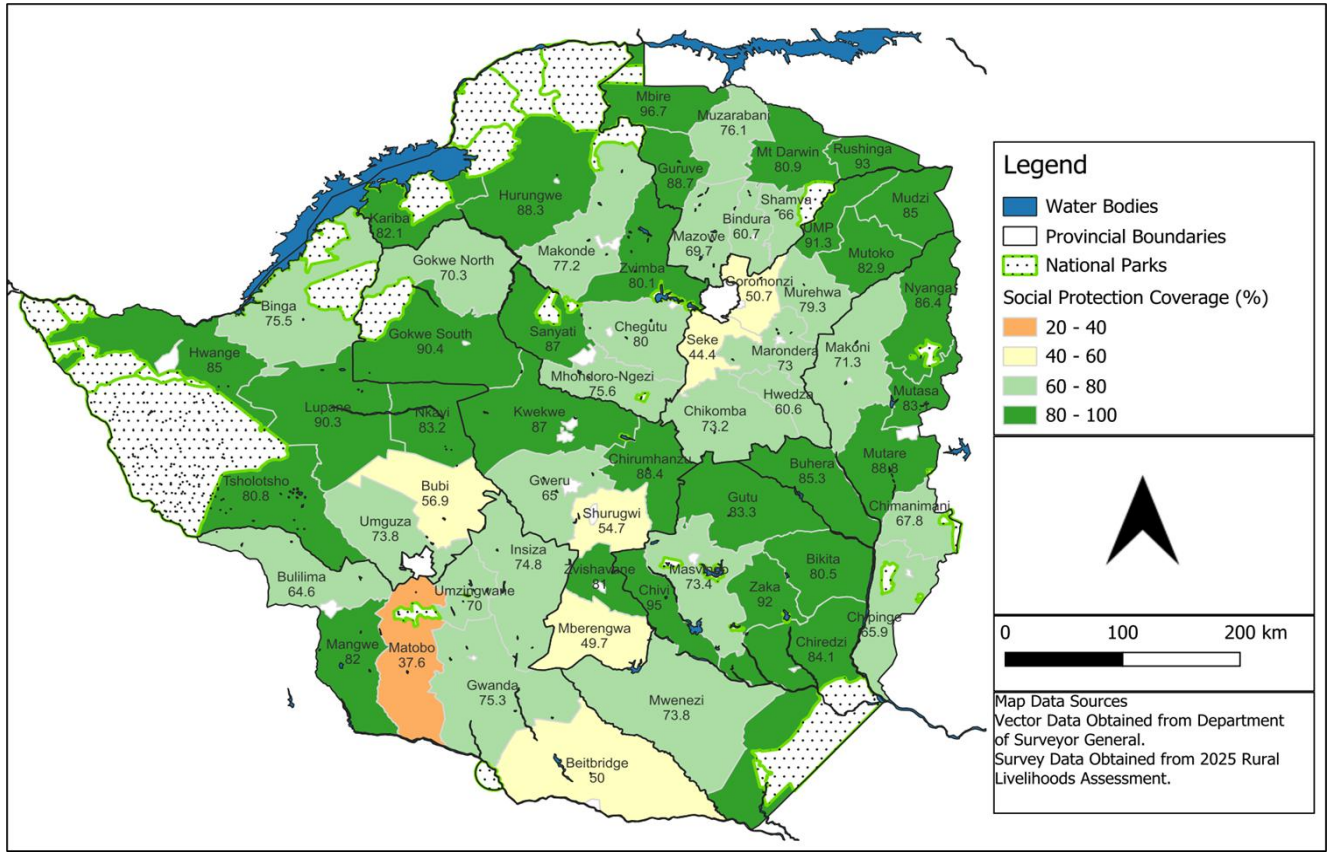
Children Receiving Hot Meals at School



- The proportion of children who received a hot meal at school during the first term of 2025 was 32.9%.
- Buhera (71.3%) had the highest proportion of children who received a hot meal while Chimanimani (0.8%) had the lowest.

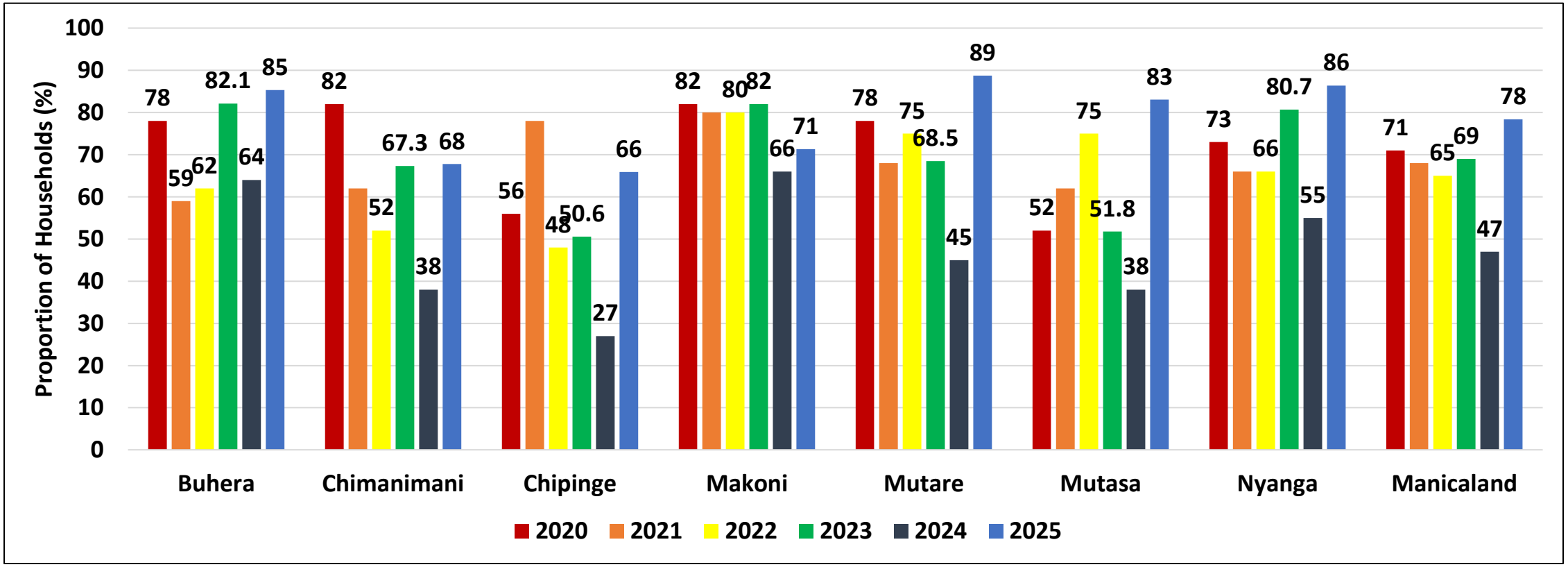
Social Protection

Households which Received Any Form of Support



- Mutare (88.8%) had the highest proportion of households which received any form of support.

Households which Received Any Form of Support



- Support increased from 47% in 2024 to 78% in 2025. This may be attributed to the need to respond to the El- Nino induced drought which was experienced in the 2024/2025 season.

Sources of Support

Province	Government Support (%)		UN/NGO Support (%)		Church Support (%)		Urban Relatives (%)		Rural Relatives (%)		Diaspora Relatives (%)		Mutual Groups Support (%)	
	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025
Buhera	49	74.7	29	64.3	3	2.3	2	21.3	2	31.7	0	2.3	0	0.3
Chimanimani	31	53.8	4	2.3	1	0.3	3	18.6	4	19.3	1	4.0	1	0.7
Chipinge	27	59.8	1	14.2	0	2.4	0	8.4	0	16.6	0	4.7	0	0.3
Makoni	60	67.0	9	2.0	1	1.0	18	19.0	21	18.7	2	2.3	0	0.3
Mutare	40	78.9	3	8.9	2	1.7	5	19.8	3	23.1	2	3.0	1	0.7
Mutasa	36	76.9	2	4.1	1	3.1	0	13.9	0	23.4	0	6.8	1	0.7
Nyanga	47	76.4	4	2.7	0	0.3	7	26.6	4	30.6	5	6.3	1	0.0
Manicaland	41	70	7	14	1	2	5	18	5	23	2	4	0	0

- In 2025, the proportion of households that received social assistance from the different sources increased compared to 2024.
- Government remained the major source of support as evidenced by the increase from 41% in 2024 to 70% in 2025.

Forms of Support from Government

District	Food (%)	Cash transfers (%)	Vouchers (%)	Crop inputs (%)	Livestock support - large stock (pass on) (%)	Livestock support -large stock (non-pass on) (%)	Small livestock support (goats, chicken, fish, etc) (%)	Livestock support: Teak grease (%)	Other livestock support (%)
Buhera	69.3	0.0	0.0	52.7	0.0	0.0	0.0	0.0	0.3
Chimanimani	41.2	0.7	0.3	22.9	0.0	0.0	0.0	0.0	1.3
Chipinge	54.7	1.0	0.3	26.7	0.7	1.7	0.3	1.7	2.0
Makoni	57.0	2.0	0.7	37.0	0.0	0.0	0.0	0.0	0.0
Mutare	54.1	1.3	0.0	65.7	0.0	0.0	0.0	0.0	1.0
Mutasa	69.5	0.0	0.0	57.3	0.0	0.0	0.0	0.3	1.0
Nyanga	68.1	0.0	0.7	48.2	0.0	0.7	0.0	1.0	0.3
Manicaland	59.1	0.7	0.3	44.4	0.1	0.3	0.0	0.4	0.9

- The majority of households received Government support in the form of food (59.1%).
- Government is committed to building resilience as evidenced by the proportion of households which received crop inputs and livestock support.

Forms of Support from UN/NGOs

District	Food (%)	Cash transfers (%)	Vouchers (%)	Crop inputs (%)	Livestock support - large stock (pass on) (%)	Livestock support -large stock (non-pass on) (%)	Small livestock support (goats, chicken, fish, etc) (%)	Livestock support: Teak grease (%)	Other livestock support (%)	WASH inputs (%)	Weather and climate (%)
Buhera	64.0	1.7	0.0	1.7	0.0	0.0	0.0	0.0	0.0	0.3	0.3
Chimanimani	1.3	0.3	0.0	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.3
Chipinge	13.9	0.3	0.0	1.4	0.0	0.0	0.0	0.3	0.0	0.3	0.0
Makoni	0.3	1.7	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Mutare	3.3	0.3	2.6	1.0	0.0	0.0	0.7	0.3	1.3	0.3	1.7
Mutasa	2.4	0.0	0.3	2.4	0.0	0.0	0.0	0.3	0.7	1.0	0.0
Nyanga	0.7	0.3	0.0	0.3	0.0	0.0	1.3	0.7	1.3	0.0	0.0
Manicaland	12.3	0.7	0.4	1.1	0.0	0.0	0.3	0.2	0.5	0.3	0.3

- About 12.3% of households received support from UN/NGOs in the form of food assistance and 1.1% in the form of crop inputs.

Migration

Types of Migration

District	Migrated to Urban from Rural Areas (%)	Joined from Other Rural Areas (%)	Joined from Urban Areas (%)	Joined from Outside Zimbabwe (%)	Migrated to Stay Outside Zimbabwe (%)
Buhera	17.7	2.0	3.7	0.0	1.7
Chimanimani	16.0	4.7	1.3	0.3	4.0
Chipinge	23.3	5.4	3.7	1.0	13.2
Makoni	3.7	0.3	0.7	0.0	2.0
Mutare	11.6	0.0	0.7	0.0	0.7
Mutasa	14.6	4.4	1.4	0.0	1.7
Nyanga	13.6	5.3	6.6	0.7	1.0
Manicaland	14.3	3.1	2.6	0.3	3.4

- The main type of migration reported was migrating to urban from rural areas (14.3%) and migrating to live outside the country (3.4%).

Reasons for Migrating to Urban Areas (14.3%)

	Better livelihood options (%)	Employment opportunities (%)	New job (%)	Newly acquired residential land (%)	Request by a relative (%)	Educational purposes (%)	Access to better standards of living (health, WASH, electricity) (%)	Marriage (%)	Business opportunity (%)	Illness (%)	Other (%)
Buhera	1.7	13.3	3.0	0.0	0.0	0.0	0.0	0.3	0.7	1.0	0.7
Chimanimani	1.0	8.6	0.3	0.7	1.7	3.0	0.7	0.7	0.0	0.0	0.0
Chipinge	3.0	16.9	2.7	0.0	2.4	2.0	0.0	0.7	0.7	0.0	0.0
Makoni	0.3	3.3	2.3	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0
Mutare	1.3	5.3	0.3	0.0	1.7	2.0	0.0	0.7	0.0	0.3	0.0
Mutasa	0.7	7.1	0.7	0.0	2.0	2.4	0.0	1.0	0.0	0.3	0.7
Nyanga	1.7	9.0	1.0	0.0	0.3	1.0	0.0	0.0	0.3	0.0	0.3
Manicaland	1.4	9.1	1.5	0.1	1.2	1.5	0.1	0.5	0.2	0.2	0.2

- The main reason for rural to urban migration was reported to be employment opportunities (9.1 %).

Reasons for Migrating Outside Zimbabwe()

	Employment (%)	Access to education (%)	Better standards of living (%)	Marriage (%)	Other livelihood opportunities (%)	Other (%)
Buhera	0.7	0.1	0.1	0	0.1	0
Chimanimani	0.8	0	0.1	0	0.3	0
Chipinge	0.8	0.1	0	0.1	0	0.1
Makoni	6.2	0.4	1.4	0.1	1.0	0.1
Mutare	10.8	0.3	1.5	0.2	3.0	0.2
Mutasa	5.7	0	0.1	0.3	0.1	0
Nyanga	6.9	0.2	0.3	0.3	0.7	0.1
Manicaland	2.9	0.1	0.3	0	0.1	0

- Employment (2.9%) was highlighted as the major reason for migration outside Zimbabwe.

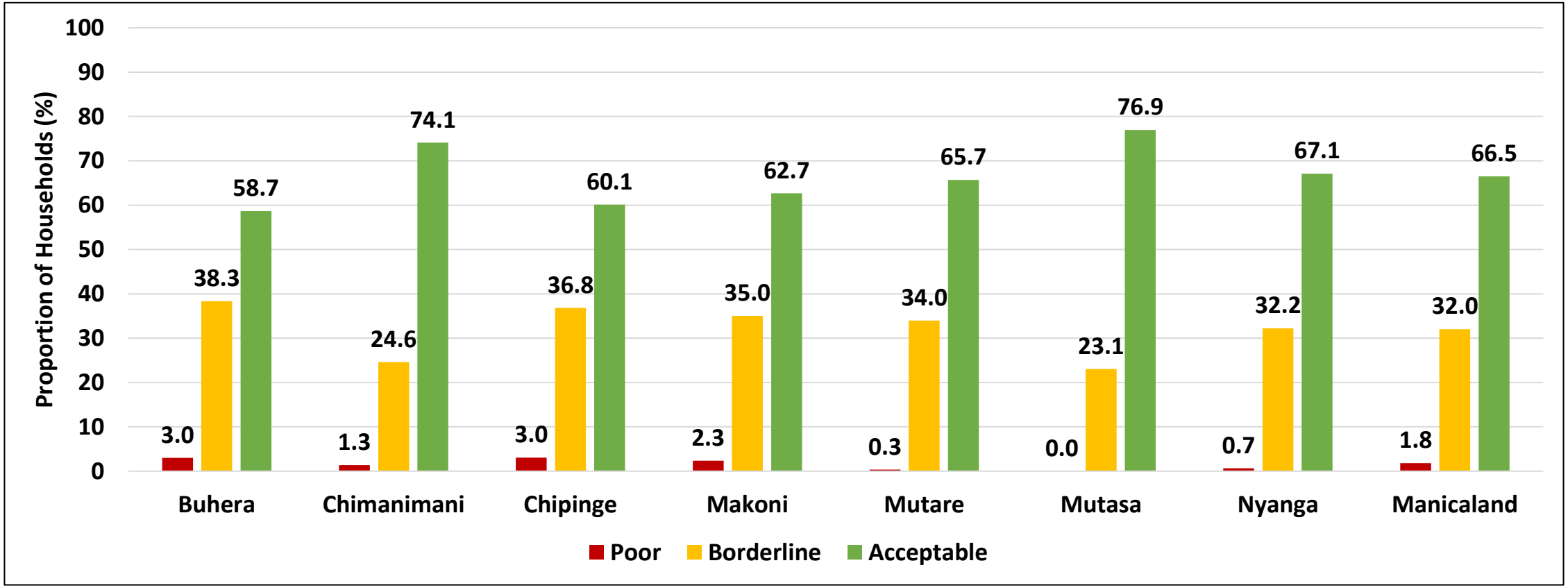
Household Consumption Patterns

Food Consumption Score (FCS)

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

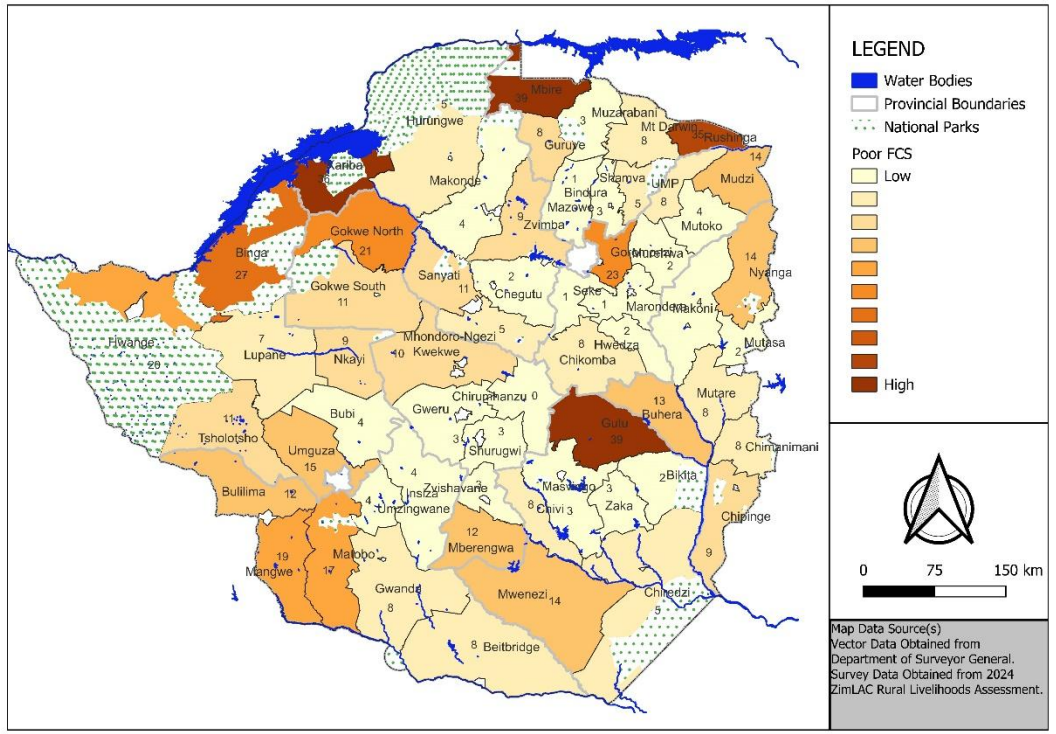
Food Consumption Patterns



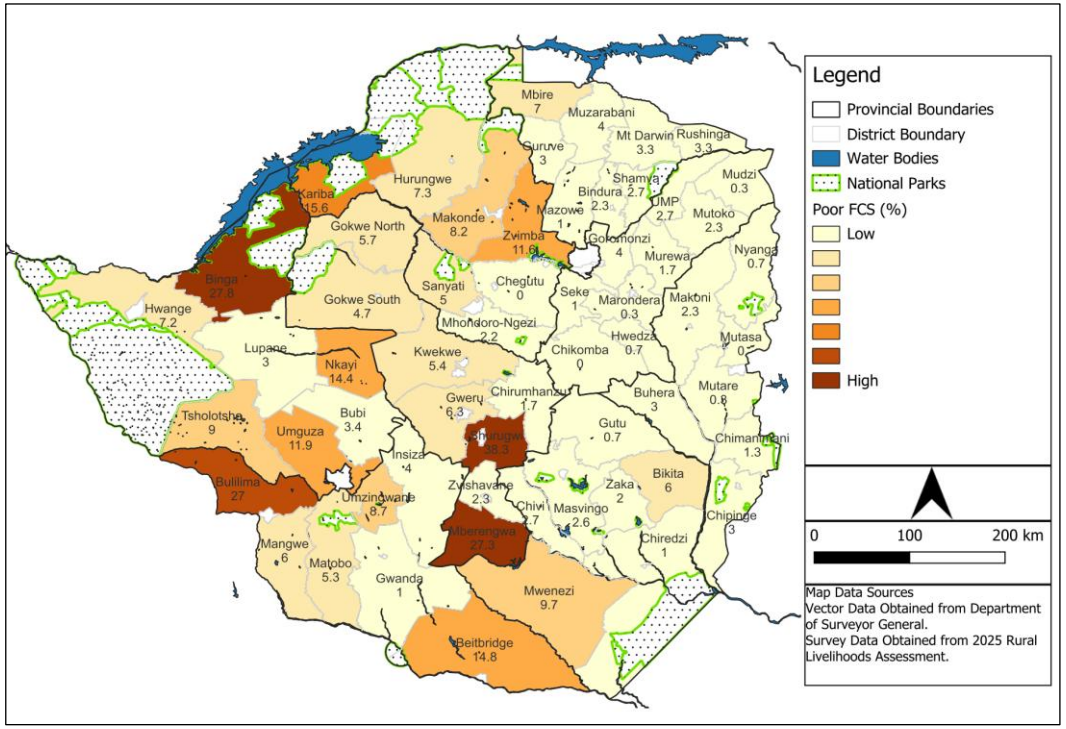
- About 1.8% of households had poor food consumption patterns.
- Mutasa (76.9%) had the highest proportion of households with acceptable consumption patterns.

Poor Food Consumption Patterns

2024



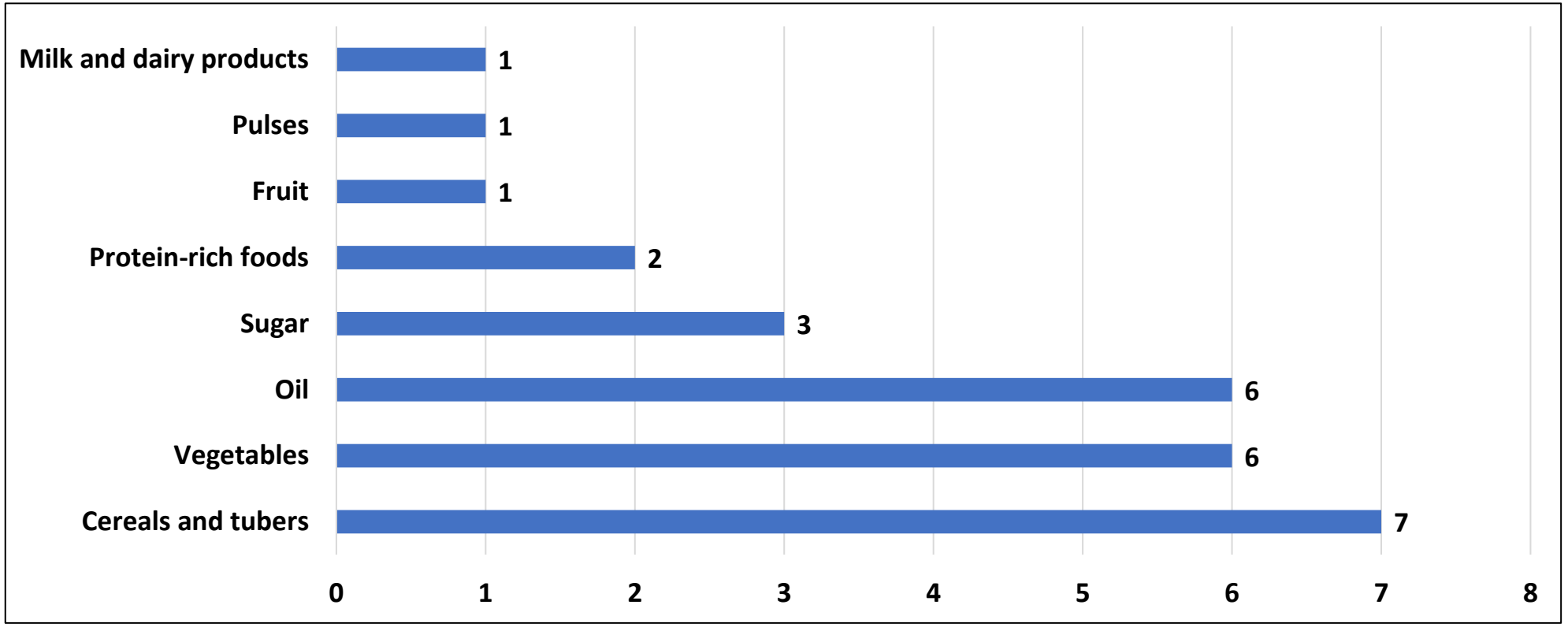
2025



- The proportion of households with poor food consumption decreased in most districts in 2025 when compared to 2024.
- Buhera and Chipinge (3%) had the highest proportion of households with poor food consumption patterns.

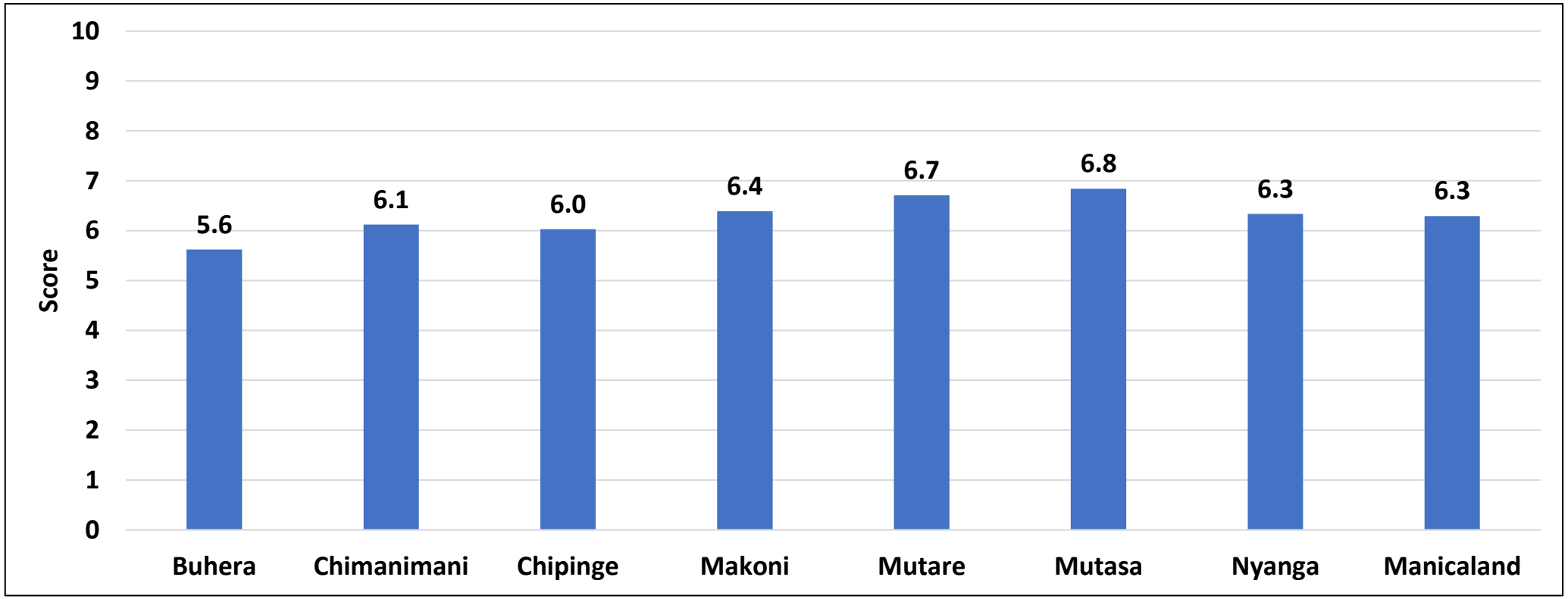
Household Dietary Diversity

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



- Cereals, vegetables and oil were the most frequently consumed foods.
- Milk and dairy products, fruits and pulses were the least consumed food items.

Average Household Dietary Diversity Score



- The Household Dietary Diversity Score (HDDS) aims to reflect the economic ability of households to access a variety of foods.
- The Average Household Dietary Diversity Score was 6.3.

HDDS by Food Groups

Province	Cereals (%)	Tubers (%)	Pulses (%)	Dairy products (%)	Meat (%)	Fish (%)	Eggs (%)	Vegetables (%)	Fruits (%)	Oil (%)	Sugar (%)	Condiments (%)
Buhera	99.0	52.3	53.2	59.1	32.4	28.6	48.0	93.0	69.5	97.3	67.7	95.4
Chimanimani	99.7	67.4	64.6	73.8	41.4	18.0	47.1	96.1	73.6	98.6	92.9	99.0
Chipinge	96.9	76.5	61.5	55.3	63.6	40.5	70.8	98.9	68.9	97.1	82.3	97.4
Makoni	96.3	59.5	58.8	65.4	53.0	44.1	66.2	96.0	57.6	96.6	80.2	95.5
Mutare	97.7	67.6	58.8	79.4	69.0	39.8	61.0	95.3	82.9	97.7	90.4	98.3
Mutasa	98.6	65.4	55.9	56.4	49.5	40.9	43.5	94.3	85.8	100.0	85.3	99.0
Nyanga	98.7	50.0	63.2	70.3	70.8	31.6	65.4	98.7	76.9	96.4	91.8	100.0
Manicaland	**98.1**	**63.7**	**59.0**	**67.4**	**55.1**	**34.5**	**58.8**	**96.1**	**74.1**	**97.7**	**84.9**	**97.7**

- Cereals (98.1%), oil (97.7%) and vegetables (96.1)% were the most consumed food groups.
- Meat consumption was highest in Nyanga (70.8%) and Mutare (69%).

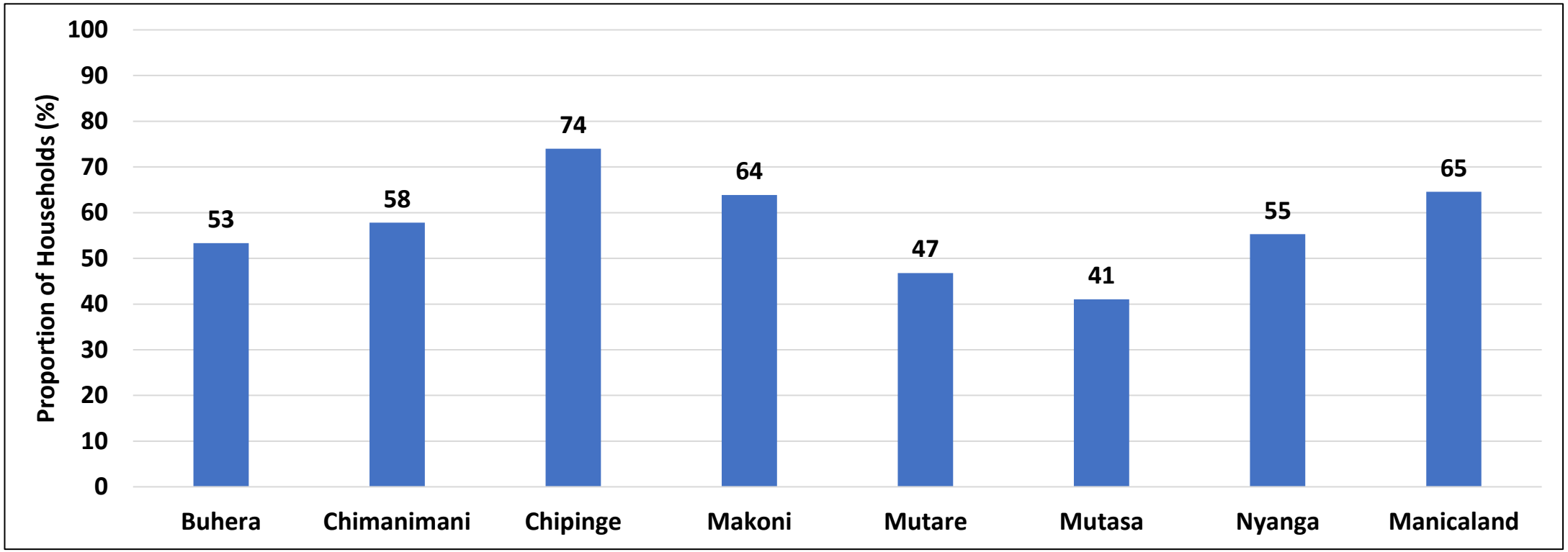
Household Coping

Livelihoods Coping Strategies

- Livelihood Coping Strategies are behaviors employed by households when faced with a crisis.
- The livelihood scoping strategies have been classified into three categories namely stress, crisis and emergency as indicated in the table.

Category	Coping Strategy
Stress	• Selling productive assets, directly reduces future productivity, including human capital formation. • Withdrawing children from school • Reducing non-food expenditure.
Crisis	• Selling productive assets, directly reduces future productivity, including human capital formation. • Withdrawing children from school • Reducing nonfood expenditure.
Emergency	• Selling one's land affects future productivity, strategies are more difficult to reverse or more dramatic in nature. • Begging for food. • Selling the last breeding stock to buy food

Households Engaging in any Form of Livelihood Coping Strategies



- Chipinge (74%) had the highest proportion of households engaging in any form of livelihood coping whilst Mutasa (41%) had the least.

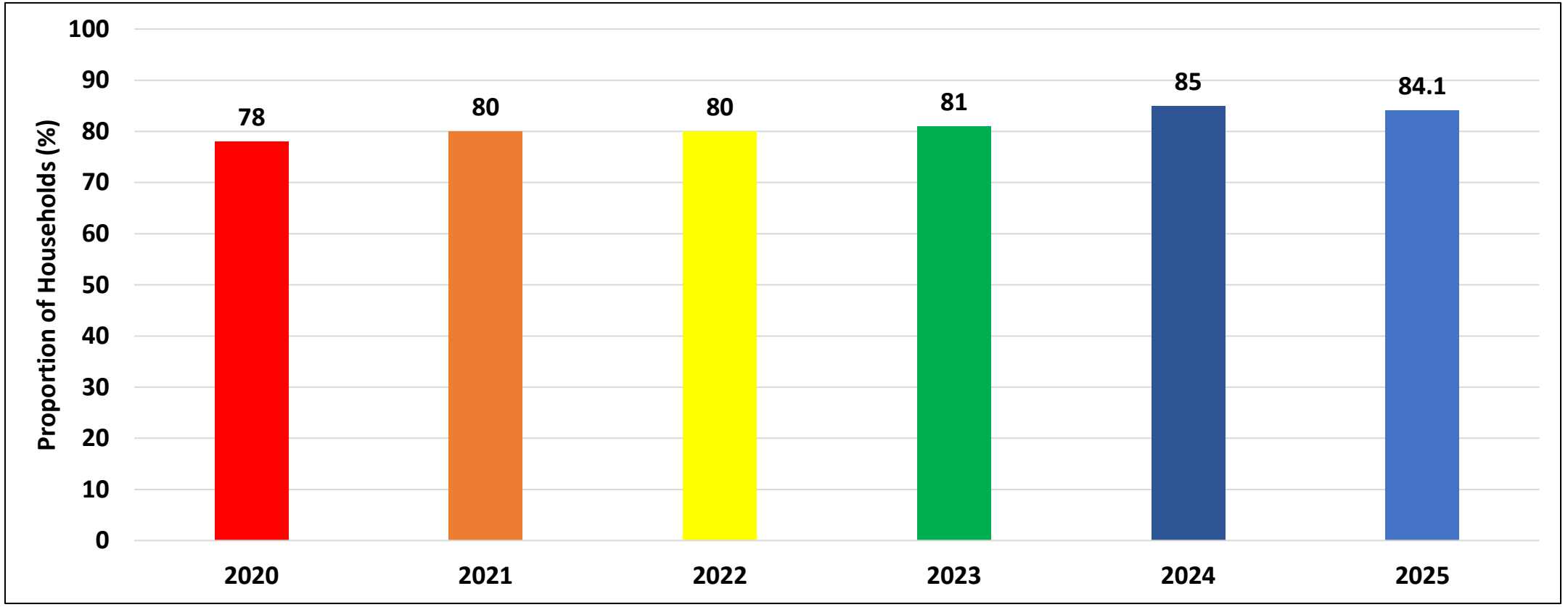
Water, Sanitation and Hygiene

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.

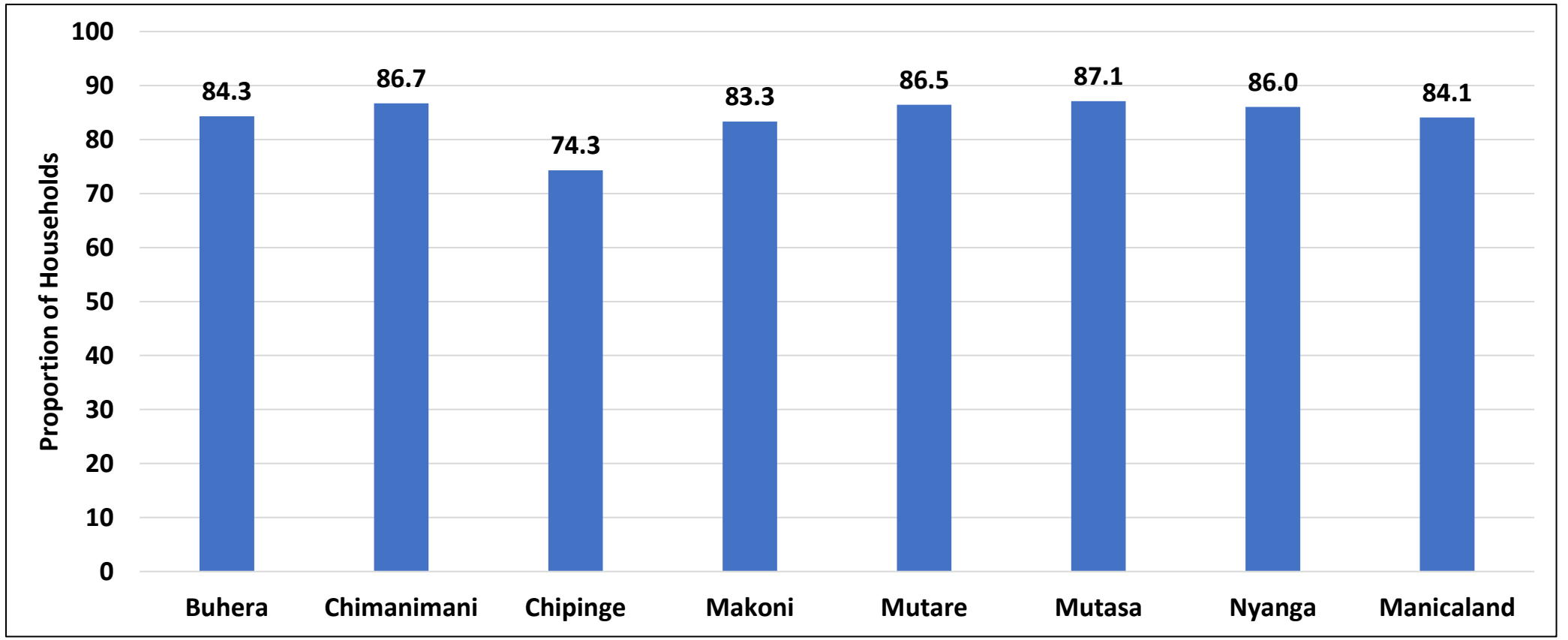
Note :
"Improved" drinking water sources are further defined by the quality of the water they produce, and are protected from faecal contamination by the nature of their construction or through an intervention to protect from outside contamination. Such sources include: piped water into dwelling, plot,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



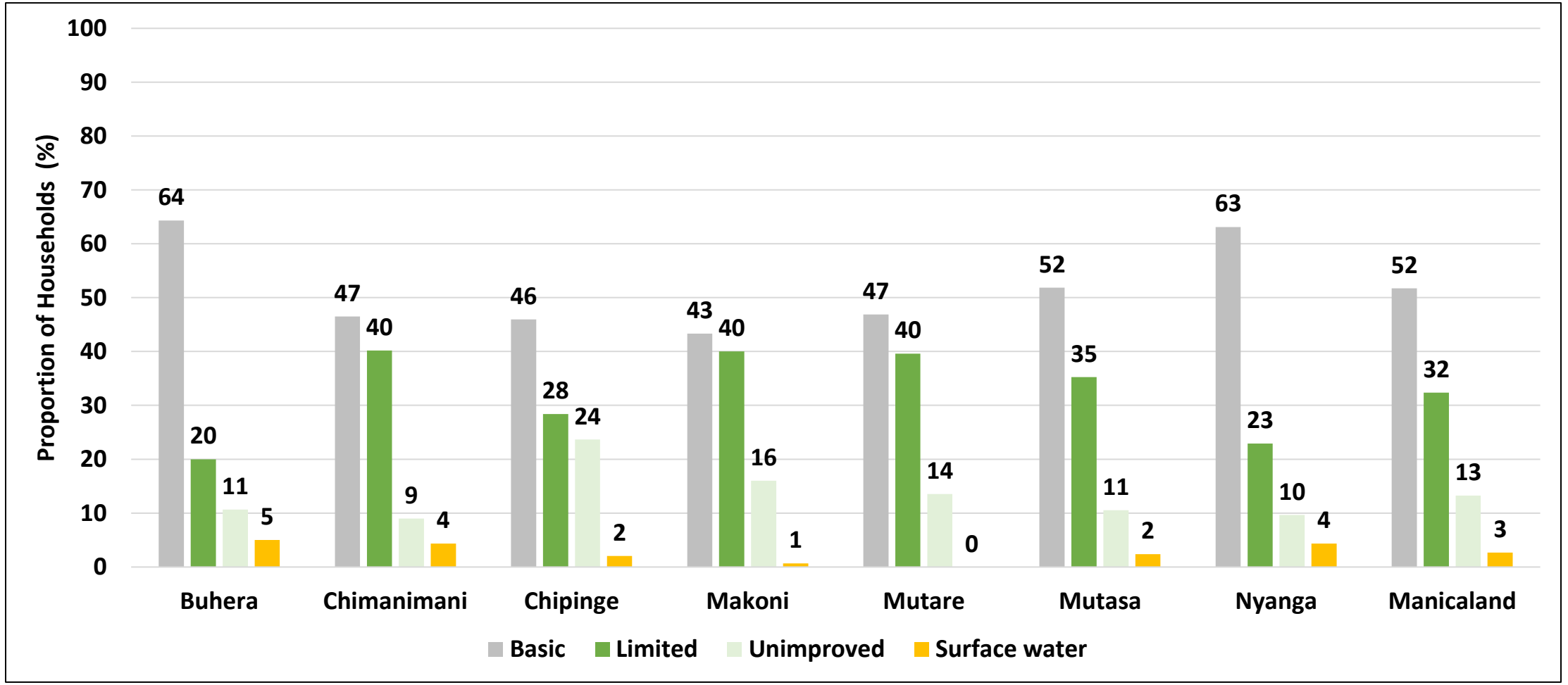
- Access to improved water sources increased from 78% in 2020 to 84.1% in 2025.
- This is a reflection of the country's progress towards achieving SDG 6 which is fundamental for human health, economic development and environmental sustainability.

Access to Improved Water Sources



- Mutasa (87.1%) had the highest proportion of households which accessed drinking water from improved water sources.

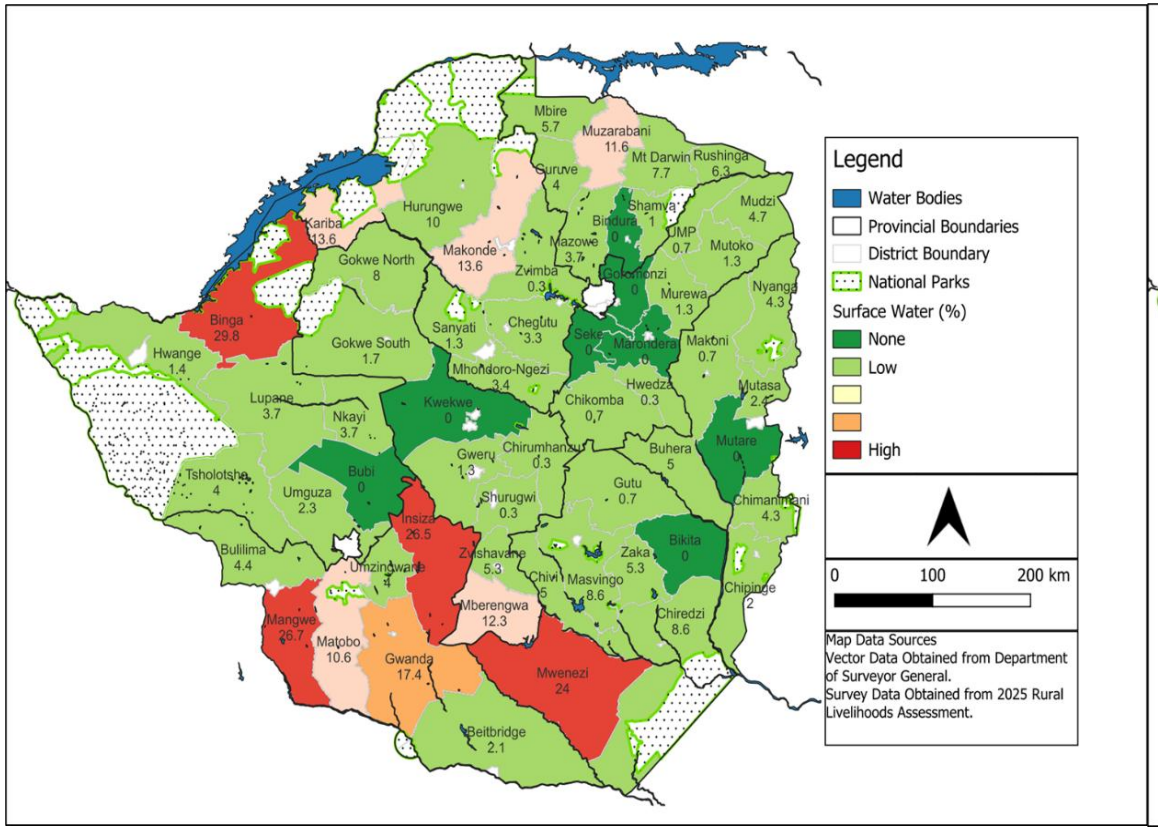
Main Drinking Water Services



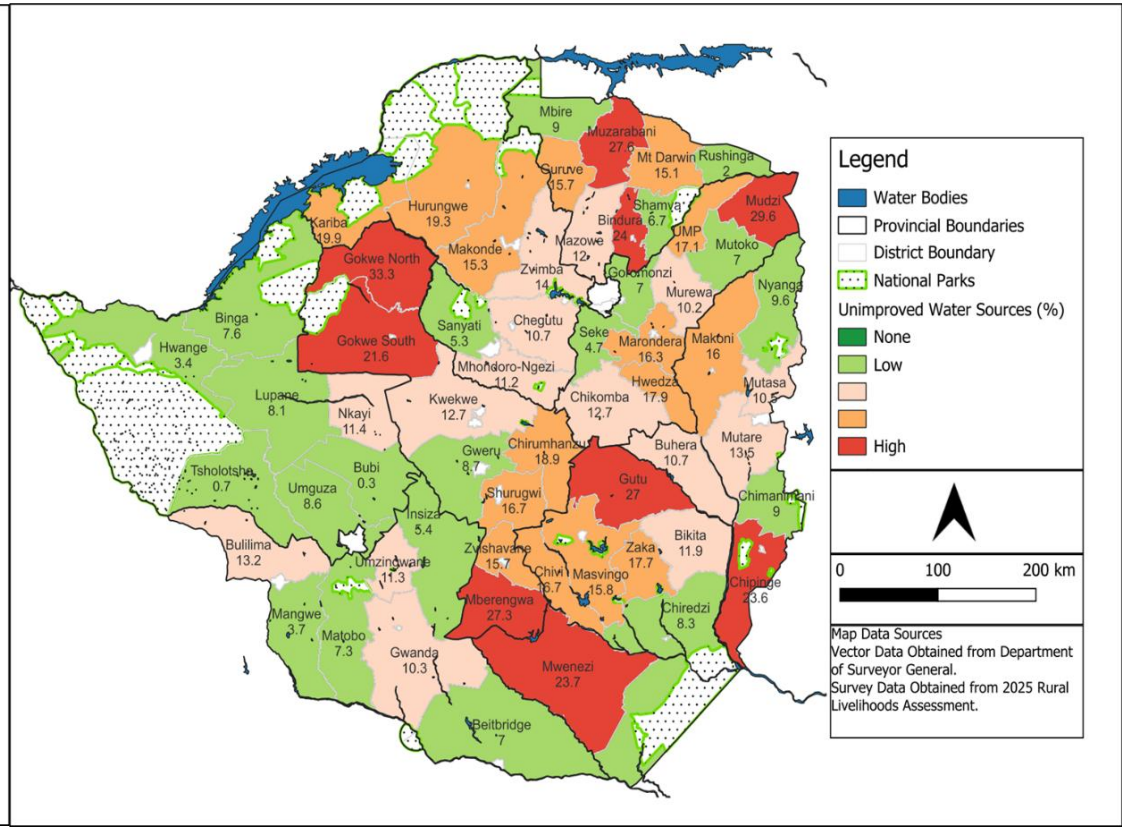
- The proportion of households accessing limited water services was 32.3%.

Water Services

Households Drinking Surface Water

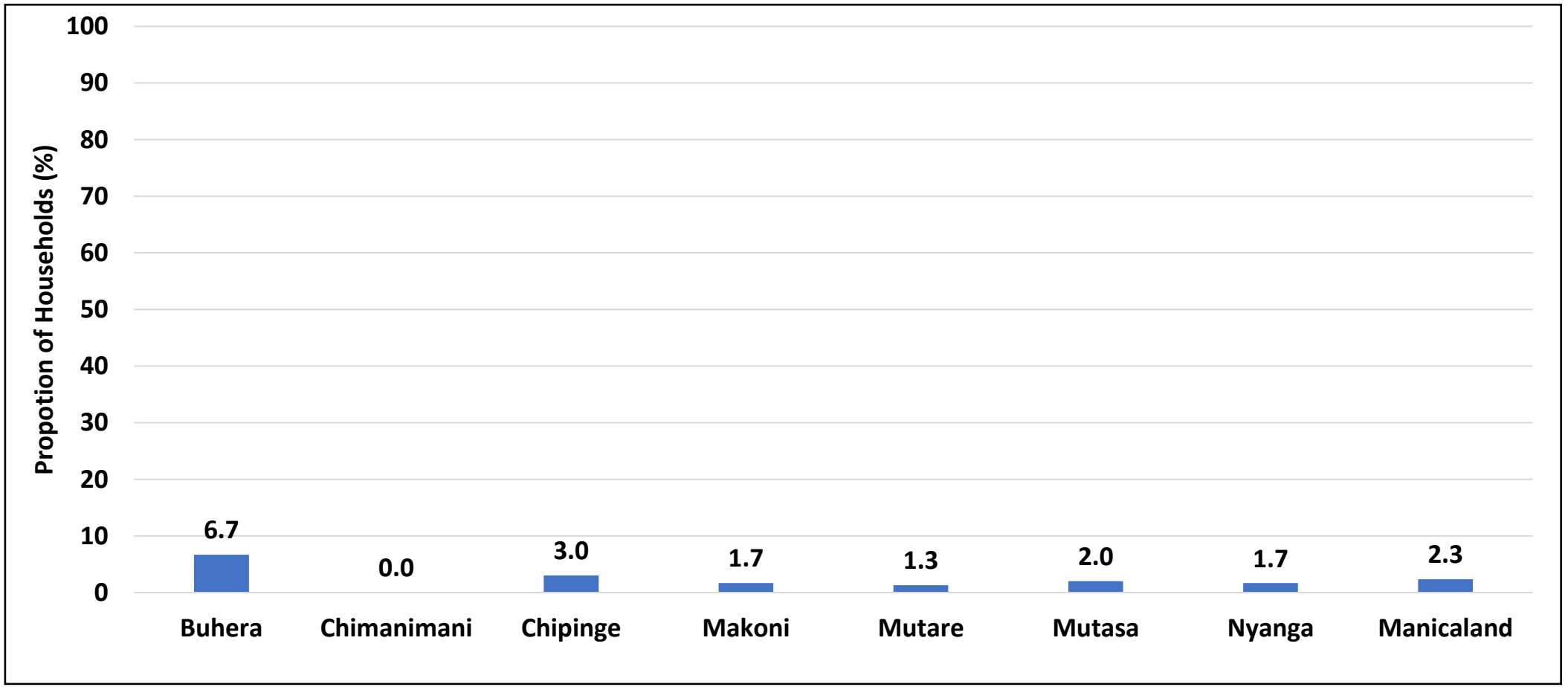


Households Using Unimproved Water



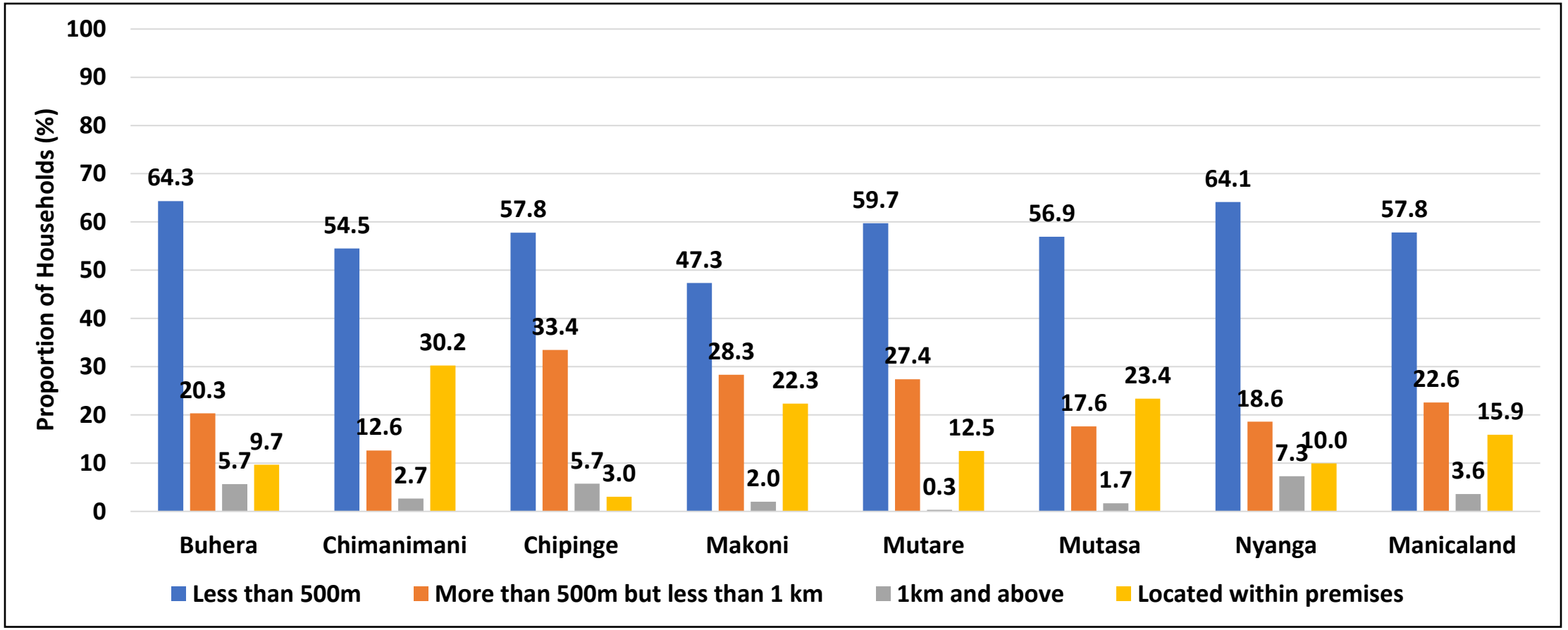
- Buhera (5%) had the highest proportion of households which were drinking surface water.
- Use of unimproved water was high in Chipinge (23.6%).

Households Treating Drinking Water



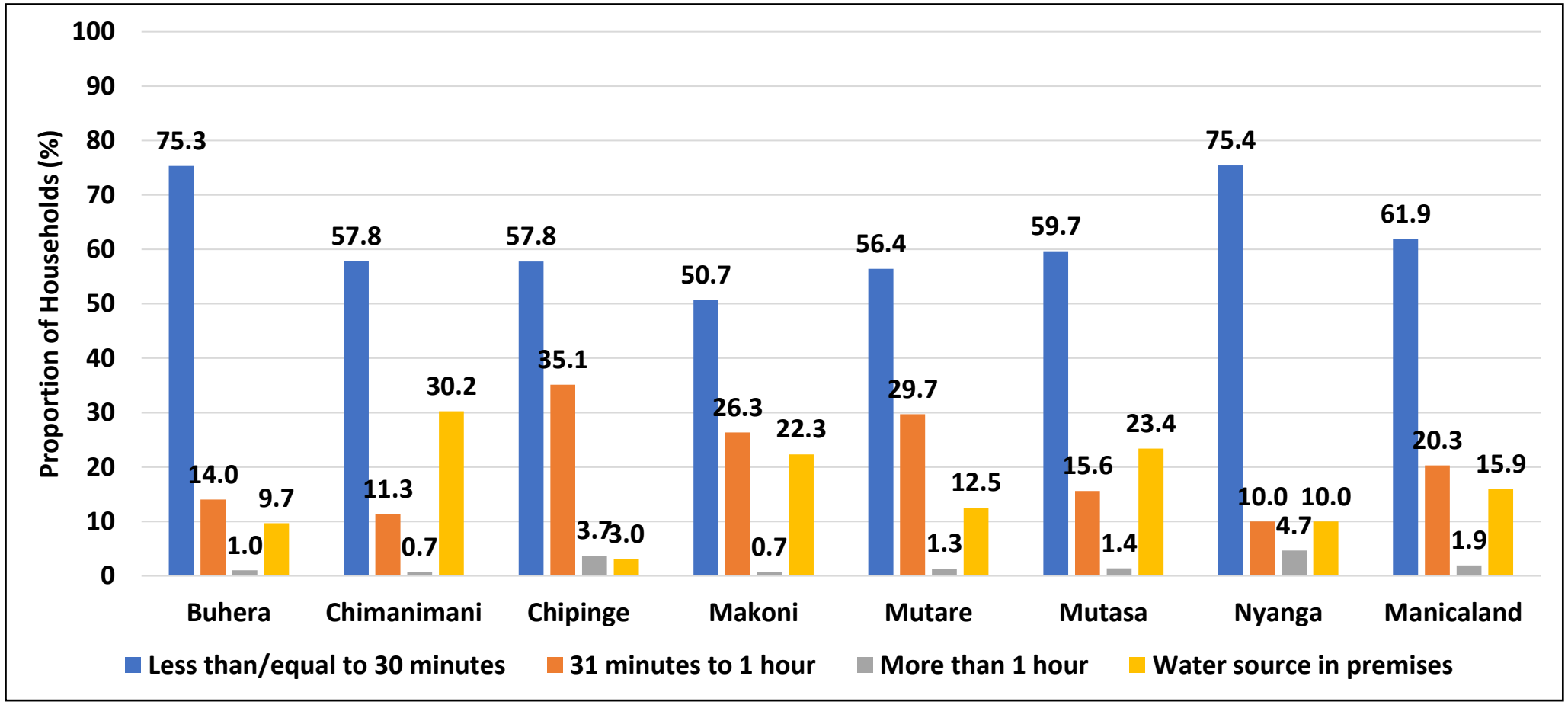
- The proportion of households treating their water was (2.3%)
- Buhera (6.7%) had the highest proportion of household treating drinking water and Chimanimani (0%) had the lowest.

Distance Travelled to and From Water Sources



- Approximately 57.8% of households reported accessing water within a distance of less than 500m.
- Nyanga (7.3%), Buhera (5.7%) and Chipinge (5.7%) had the highest proportion of households accessing water within a distance of 1km or more.

Time Taken to and From Water Sources



- The proportion of households spending thirty minutes or less for a round trip was 61.9%
- Nyanga (4.7%) and Chipinge (3.7%) had the highest proportion of the households which took more than 1 hour.

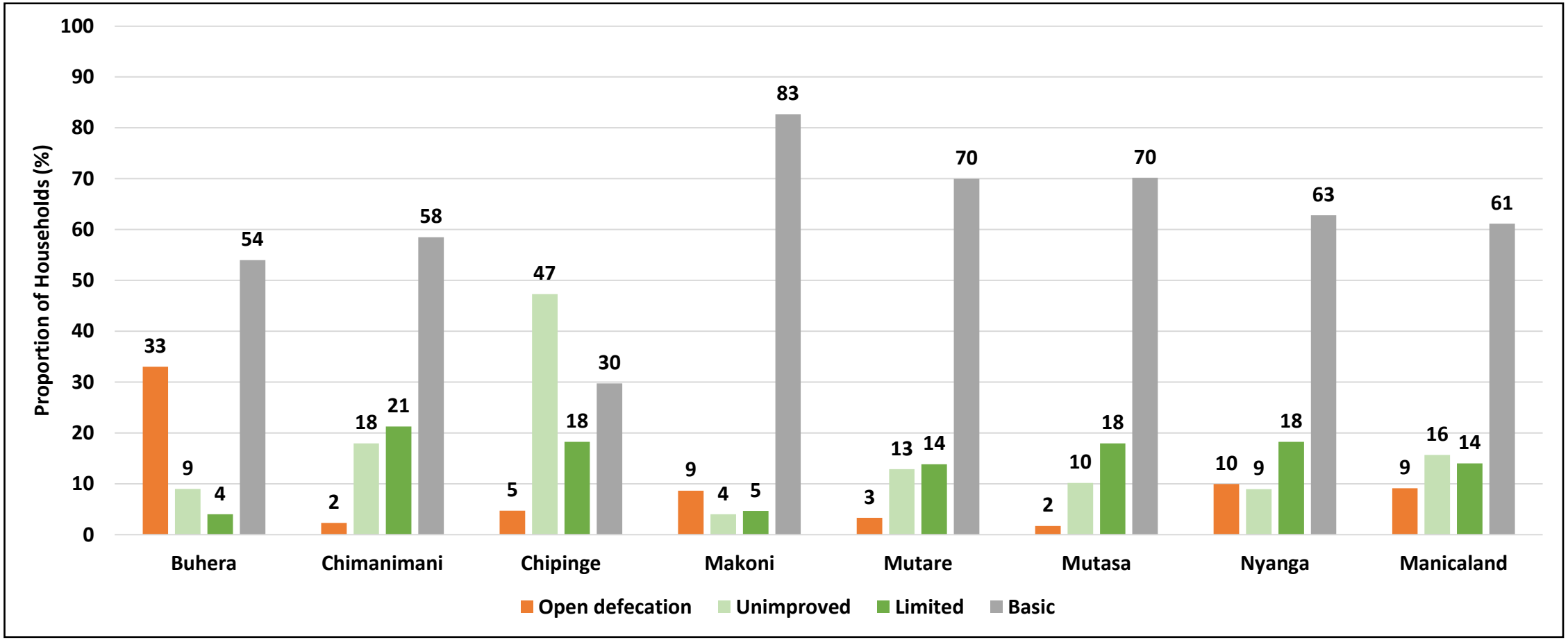
Sanitation

Ladder for Sanitation

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

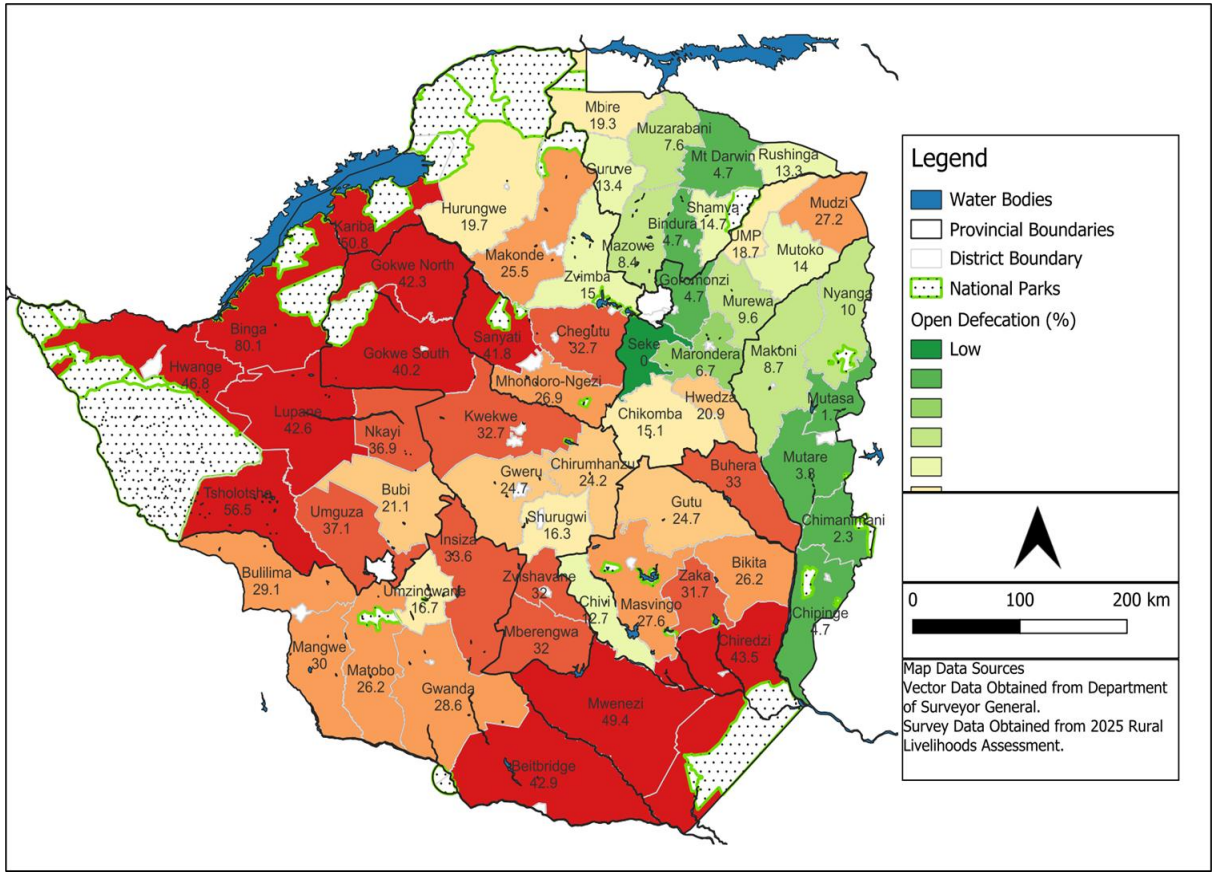
Note: Improved sanitation facilities: Facilities that ensure hygienic separation of human excreta from human contact. They include flush or pour flush toilet/latrine, Blair ventilated improved pit (BVIP), pit latrine with slab and upgradeable Blair latrine.

Household Sanitation Services



- Most households were using basic sanitation (61%).
- Makoni (82.7%) had the highest proportion of households using basic sanitation services.

Open Defecation by District



- Buhera (33%) had the highest proportion of households practising open defecation whilst Mutasa (1.7%) had the lowest.

Ladder for Hygiene

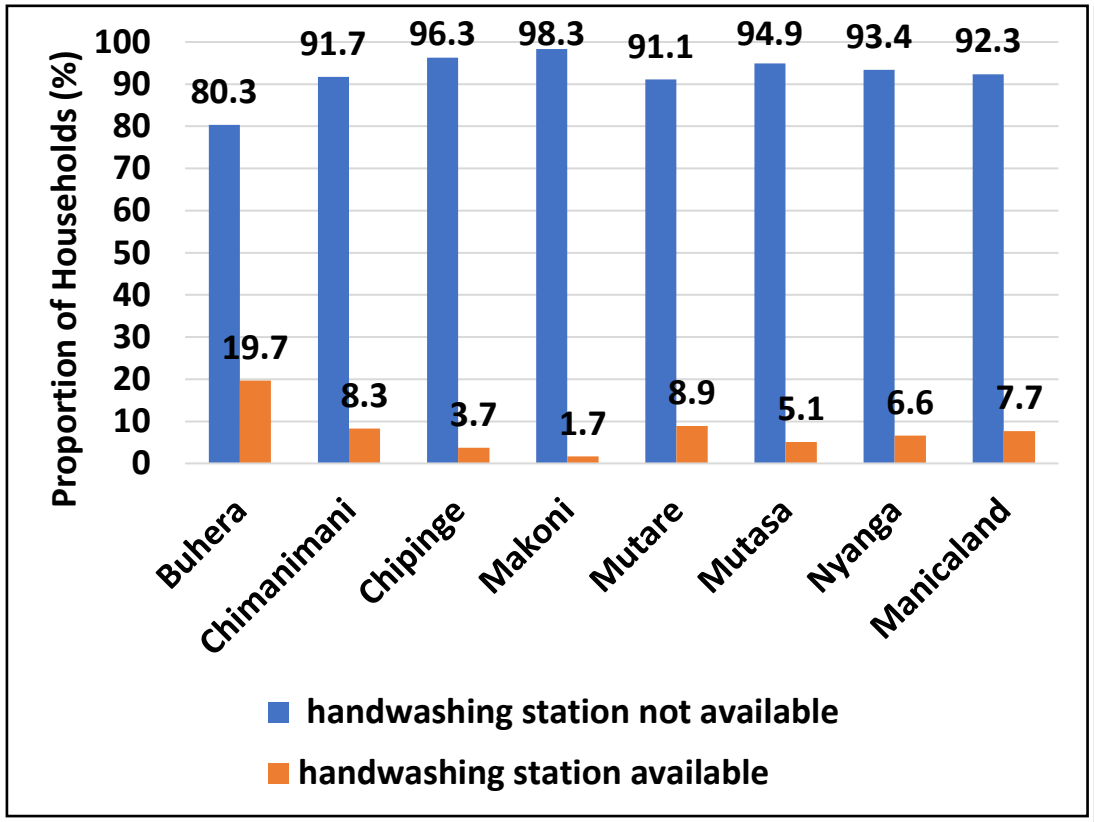
Service level	Definition
Basic	Availability of a handwashing facility on premises with soap and water.
Limited	Availability of a handwashing facility on premises without soap and water.
No Facility	No hand washing facility on premises.

Access to Handwashing Services

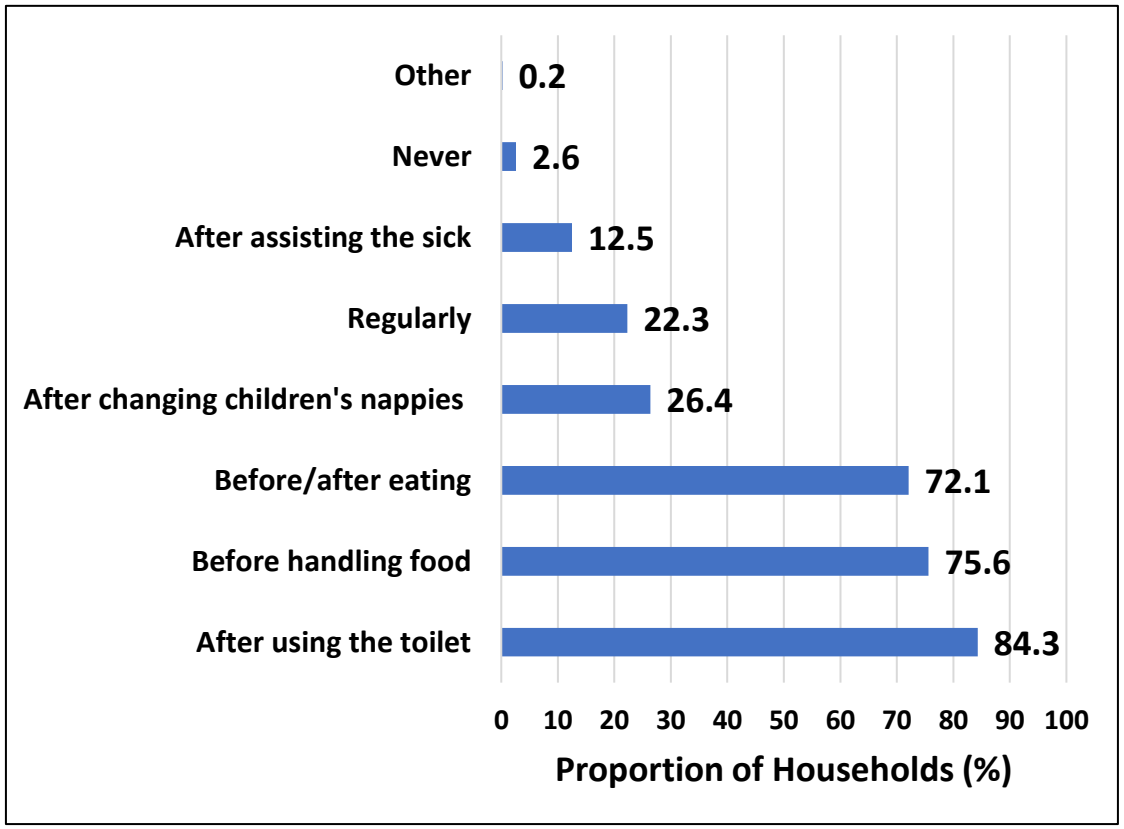
Note: handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy taps, and jugs or basins designated for hand washing. Soap includes bar soap, liquid soap, powdered detergents and soapy water but does not include sand, soil, ash and other handwashing agents.

Handwashing

Hand Washing Facilities



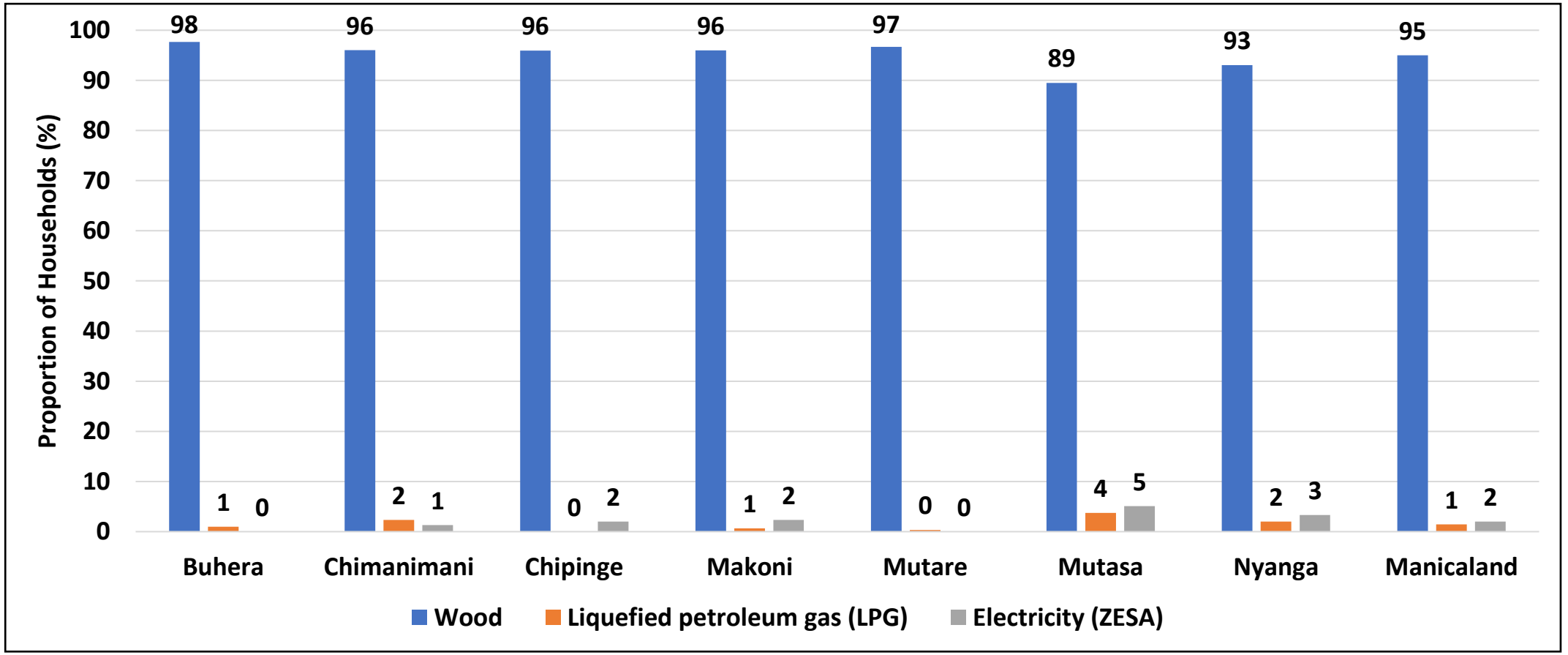
Handwashing at Critical Times



- The proportion of households without handwashing facilities was 92.3%.
- The majority of households reported that they washed their hands after using the toilet (84.3%) whilst 2.6% reported that they never washed their hands.

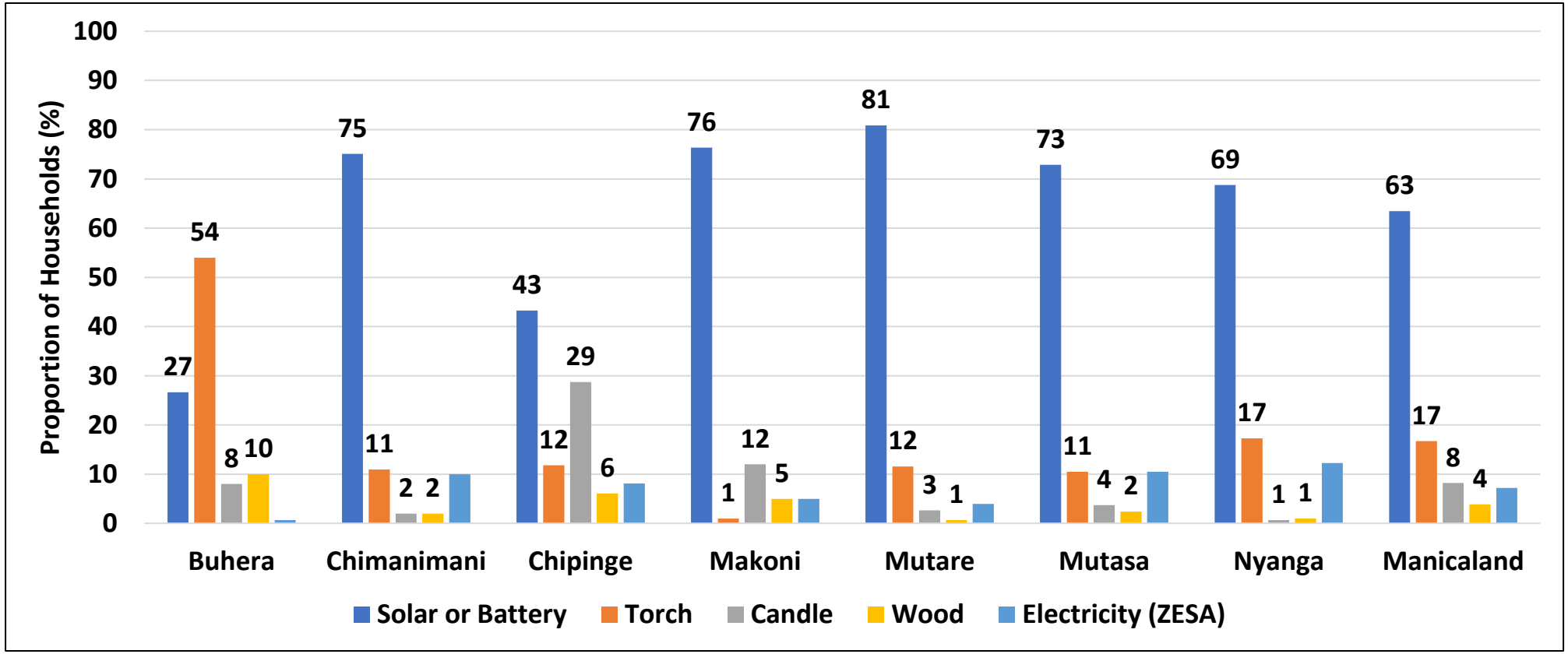
Energy

Type of Energy Used for Cooking



- Wood (95%) was the most reported type of energy used for cooking.
- The extensive use of firewood may lead to high levels of deforestation.

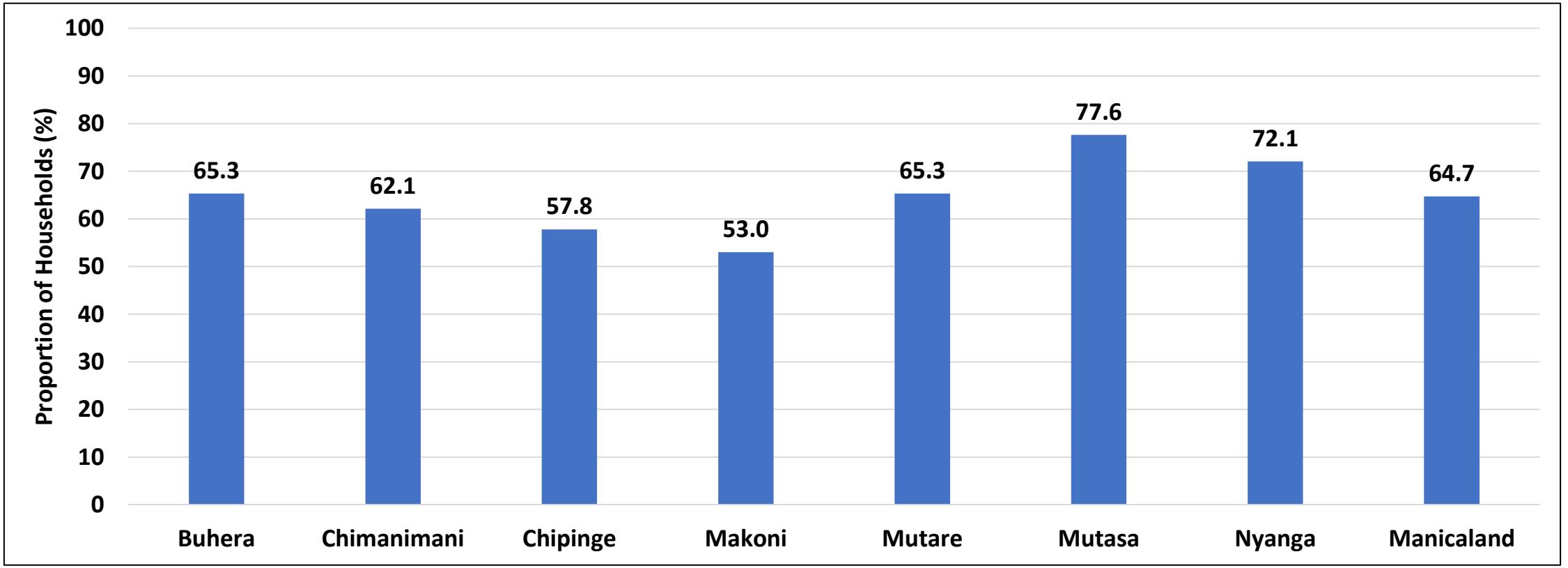
Type of Energy Used for Lighting



- Solar or battery (63%) was the most reported type of energy used for lighting.

Climate Change

Household Knowledge on Climate Change



- The proportion of households which reported having knowledge on climate change was 64.7%.
- Mutasa (77.6%) had the highest proportion of households with knowledge on climate change.

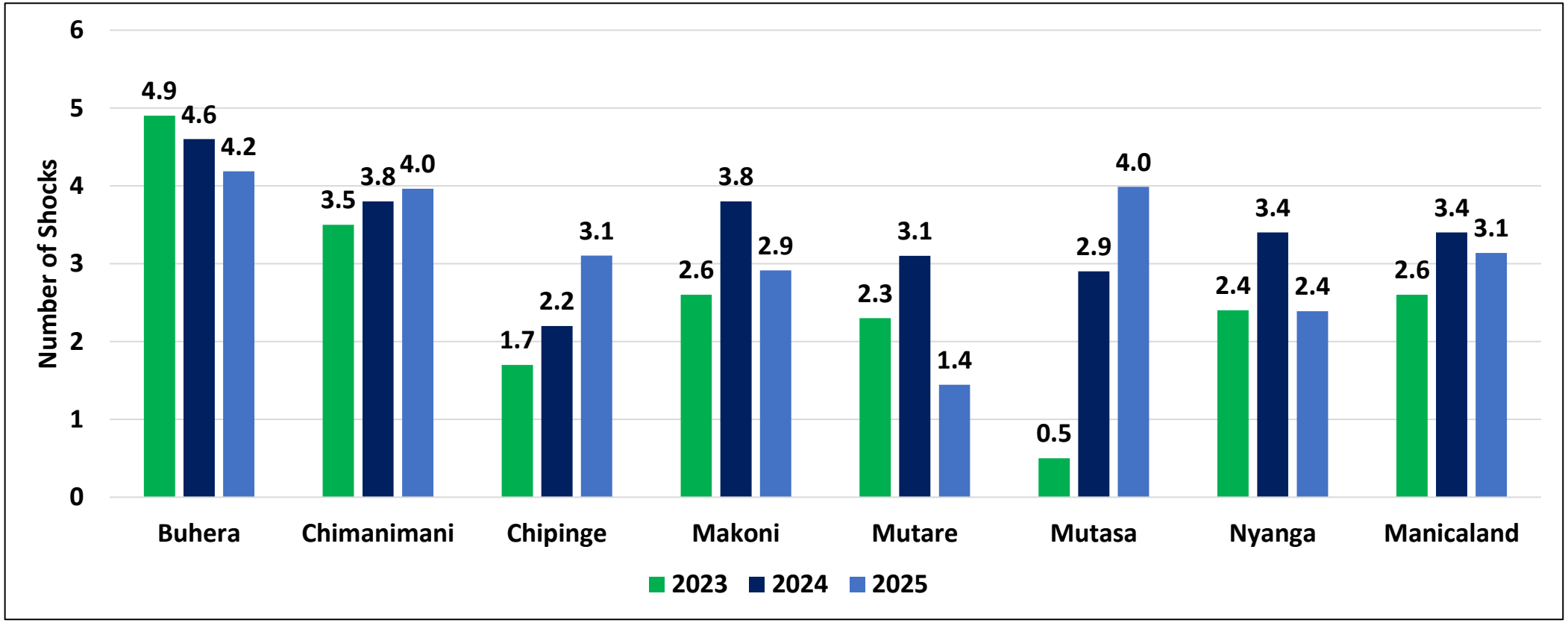
Perceived Effects of Climate Change on Households

District	Not enough food (%)	Increased droughts (%)	More health risks (%)	Extreme temperatures (%)	Severe storms (%)	Loss of species (%)	Poverty and displacement (%)
Buhera	38.3	23.7	0.7	1.7	0.3	0	0.7
Chimanimani	14.6	33.2	0.7	12.0	1.7	0	0
Chipinge	25.0	22.0	1.4	1.0	5.7	0	2.7
Makoni	34.7	10.7	1.3	5.7	0	0	0.7
Mutare	33.0	24.1	0	5.3	2.3	0.7	0
Mutasa	37.3	29.2	0.3	6.1	2.7	0	2.0
Nyanga	46.5	13.3	0.3	8.0	1.3	0	2.7
Bindura	19.3	22.7	1.3	14.0	2.3	0	0
Manicaland	32.8	22.3	0.7	5.7	2.0	0.1	1.2

- Not enough food (32.8%) and increased droughts (22.3%) were the most reported perceived effects of climate change.

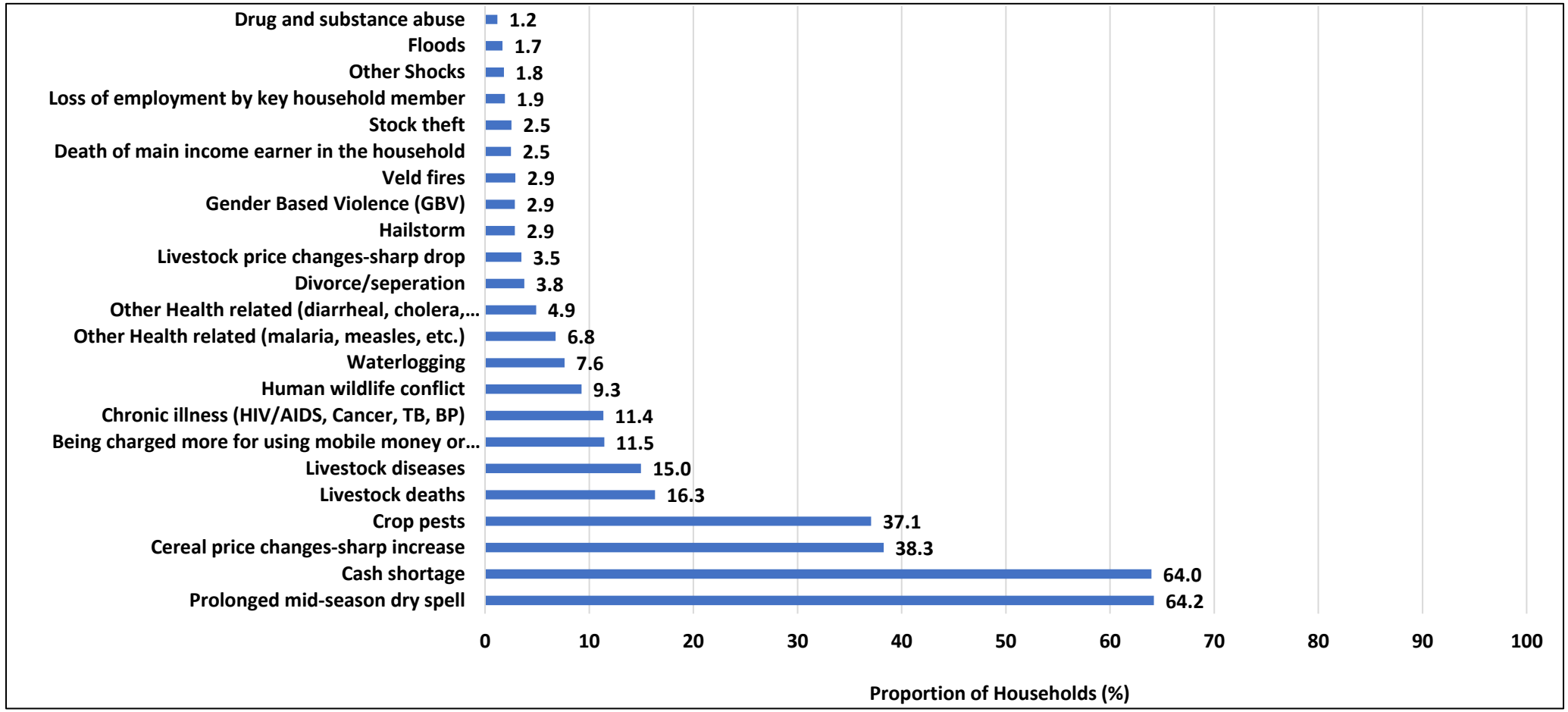
Shocks and Stressors

Number of Shocks and Stressors Experienced by Households



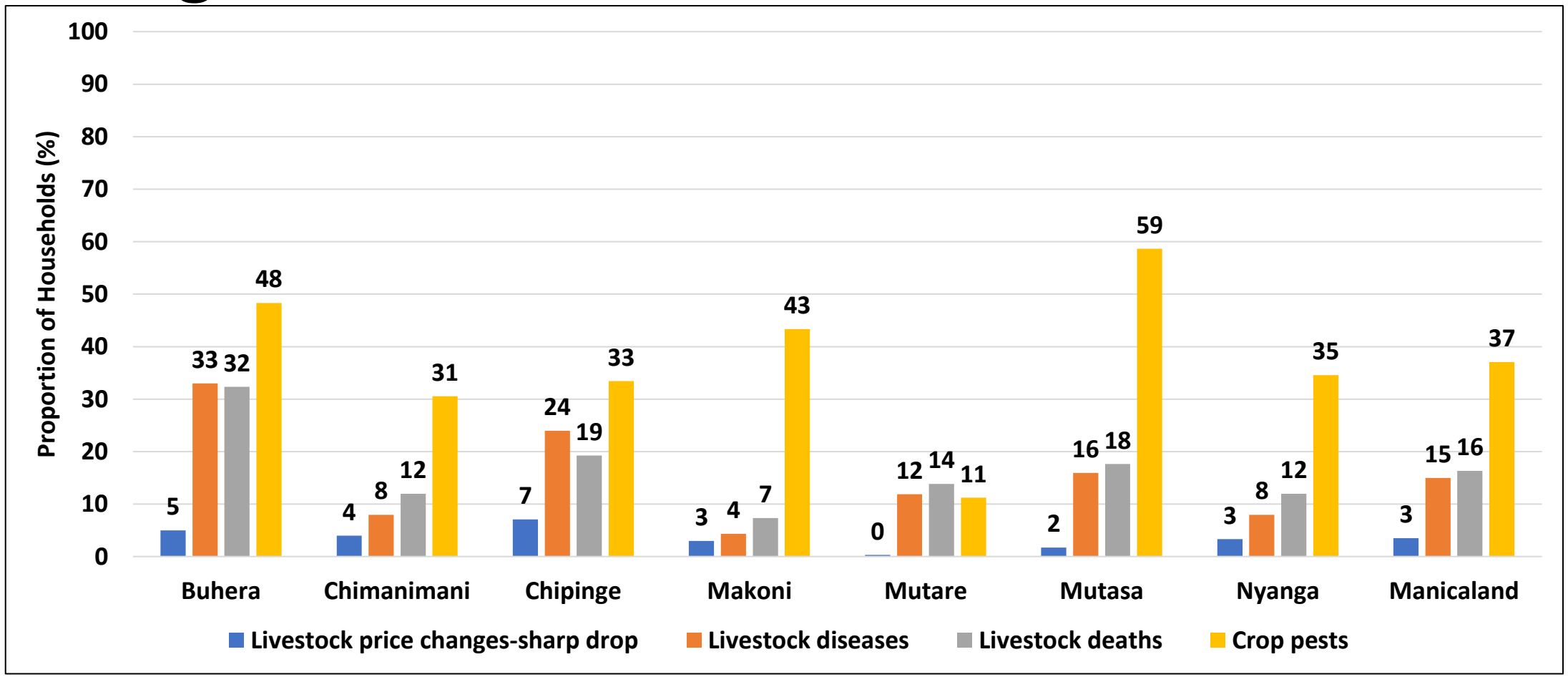
- The average number of shocks and stressors experienced by households increased from 2.6 in 2023 to 3.1 in 2025.

Households that Experienced Shocks and Stressors Experienced



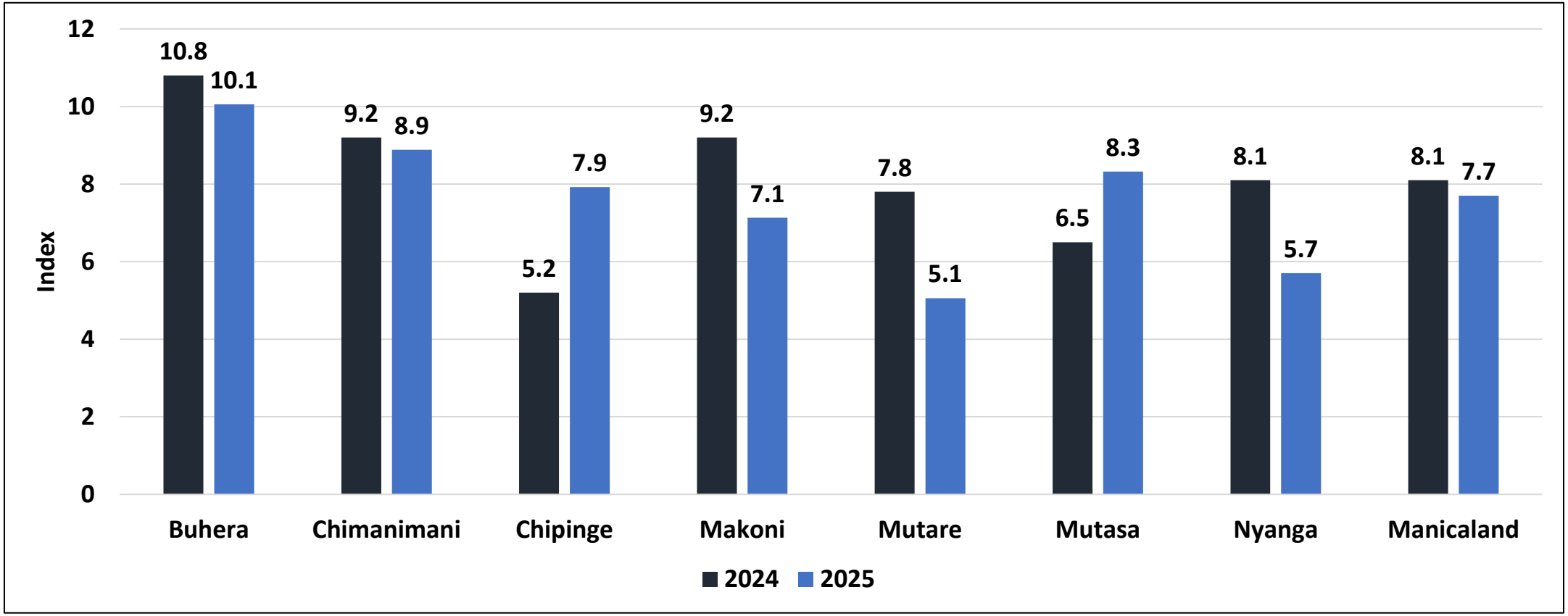
- Prolonged mid-season dry spells (64.2%) and Cash Shortage (64%) were the most prevalent shocks experienced by the households.

Agriculture Related Shocks and Stressors



- Crop pests (37%) were the most reported agriculture related shock whilst sharp drop in livestock prices was the least reported (3%).
- Mutasa (59%) and Buhera (48%) had the highest proportion of households which reported crop pests as a shock.

Average Shock Exposure Index



- Shock exposure index was calculated by multiplying the number of shocks experienced with the impact severity of the shock on the household.
- Shock exposure index decreased as compared to 2024.
- Buhera (10.1) and Chimanimani (8.9) had the highest average shock exposure index while Mutare (5.1) had the lowest.

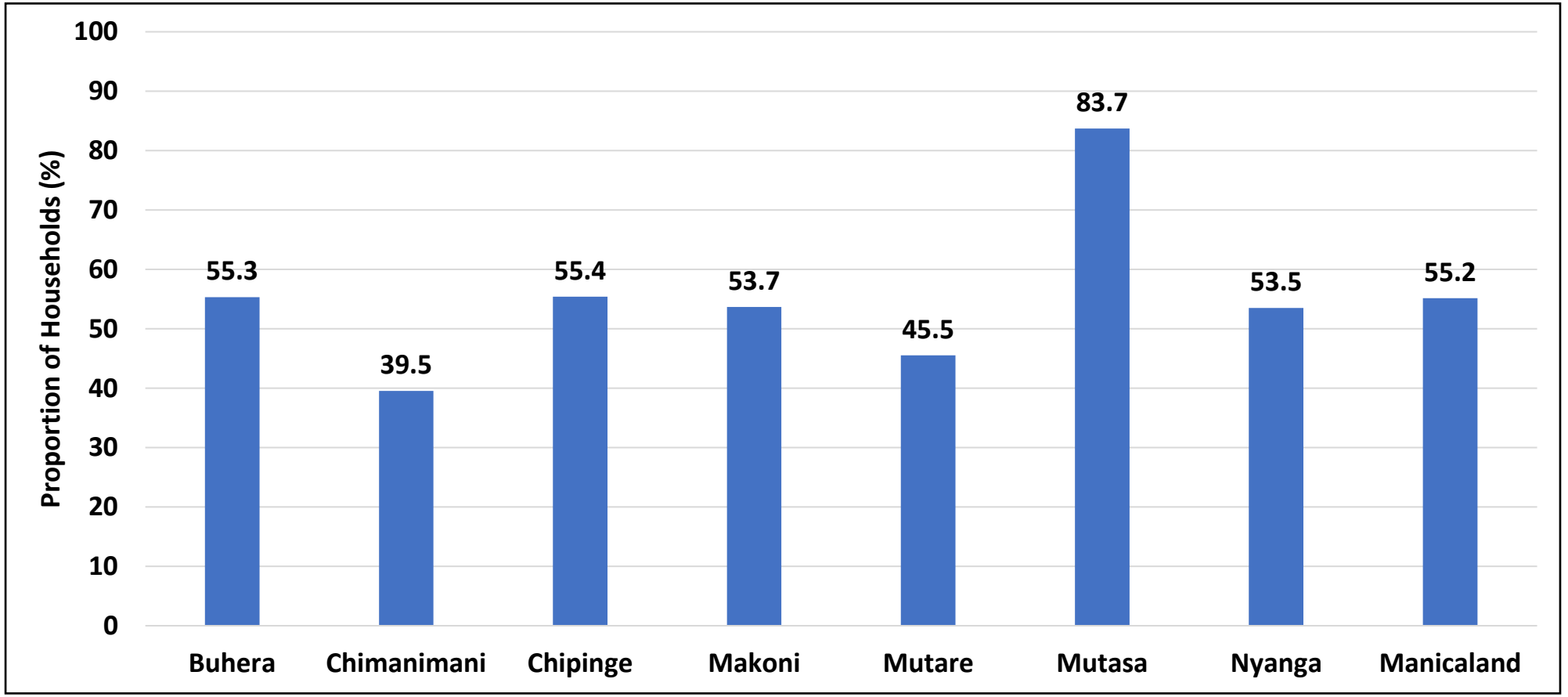
Agricultural Production Technologies

Households Practising Climate Smart Agriculture

District	Quality certified seeds (%)	Community seed bank (%)	Growing Traditional grains (%)	Crop rotation (%)	Intercropping (%)	Cover cropping (%)	Mulching (%)	Integrated Pest Management (%)	Compost/ Organic fertilizer (%)	Drip/Micro Irrigation (%)	Plant Density (%)	Pfumvudza /Intwasa (%)
Buhera	14.7	2.0	18.3	16.7	32.0	5.7	9.7	1.0	6.3	0.0	0.3	55.3
Chimanimani	38.5	1.7	28.9	3.3	11.3	0.0	13.0	1.0	7.6	3.0	0.0	39.5
Chipinge	12.2	5.1	6.1	7.1	15.5	0.3	3.7	1.0	22.0	1.7	0.7	55.4
Makoni	64.7	5.3	40.0	1.3	29.3	1.0	9.0	7.0	28.0	0.0	0.3	53.7
Mutare	45.5	0.0	11.6	17.2	20.8	1.7	8.9	0.0	2.3	0.0	0.3	45.5
Mutasa	69.2	0.7	29.8	4.7	34.2	1.4	11.5	10.8	21.7	.3	1.7	83.7
Nyanga	46.5	1.0	11.3	16.3	6.6	0.7	14.3	8.6	19.6	4.0	0.3	53.5
Manicaland	**41.6**	**2.2**	**20.8**	**9.5**	**21.4**	**1.5**	**10.0**	**4.2**	**15.3**	**1.3**	**0.5**	**55.2**

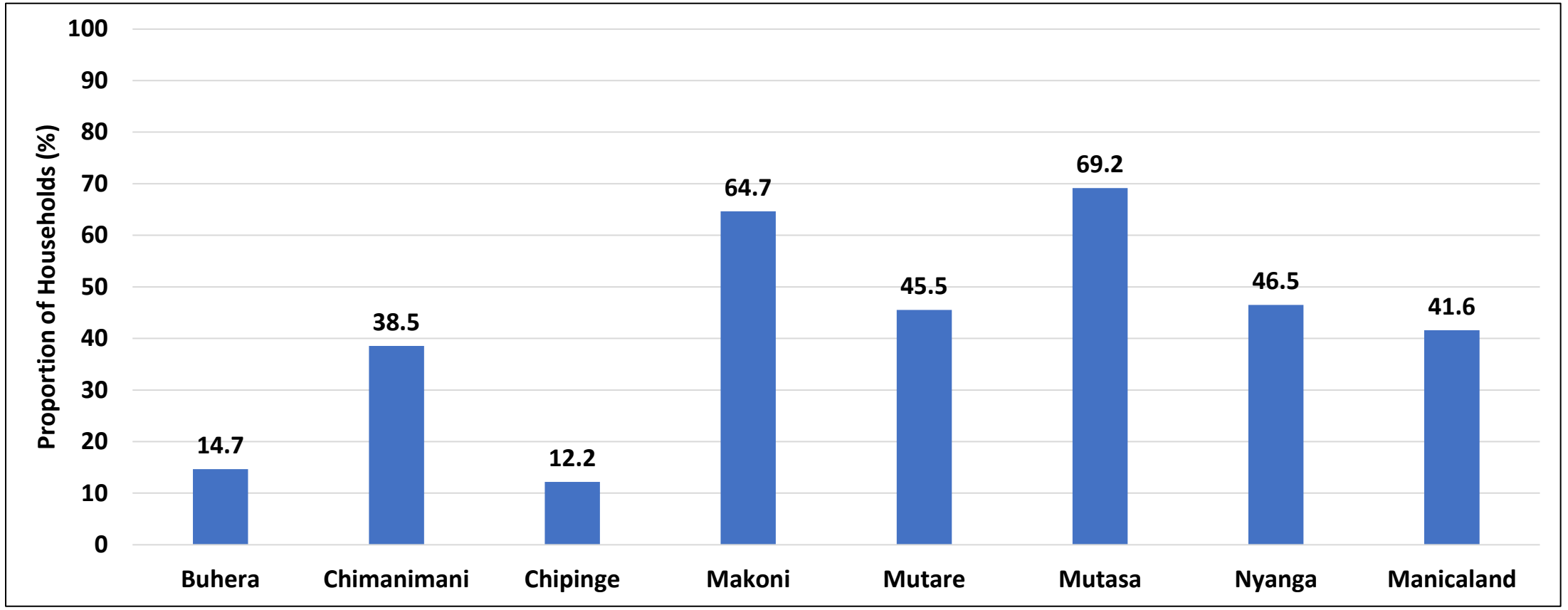
- The main climate smart agriculture practice reported was Pfumvudza/Intwasa (55.2%) followed by use of quality certified seeds (41.6%).

Pfumvudza/Intwasa



- Mutasa (83.7%) had the highest proportion of households which were practising Pfumvudza/Intwasa whilst Chimanimani (39.5%) had the lowest.

Households Using Quality Certified Seeds



- Mutasa (69.2%) had the highest proportion of households using quality certified seeds whilst Chipinge (12.2%) had the lowest.

Improved Agriculture Marketing Practices

	Accessed Agriculture inputs through agro-dealers (%)	Received market information through collection centers (%)	Used formal organised marketing systems (%)	Marketed produce through commodity associations (%)
Buhera	35.7	1.3	.0	.7
Chimanimani	33.2	5.6	1.0	1.0
Chipinge	4.4	5.7	.3	.7
Makoni	52.0	11.0	4.0	.3
Mutare	13.9	15.5	8.6	1.7
Mutasa	45.1	25.8	4.1	.7
Nyanga	30.6	10.0	5.3	6.6
Manicaland	**30.7**	**10.7**	**3.3**	**1.7**

- The highest proportion of households accessing agriculture inputs through agro-dealers was in Makoni (52%).

Adoption of Value Addition

	Improved quality control technologies (sorting, grading) (%)	Drying, packaging, storage (%)	Food processing (%)	Branding and labelling (%)
Buhera	6.0	47.7	2.7	1.7
Chimanimani	2.0	32.9	0.7	0.0
Chipinge	17.6	18.9	0.0	0.0
Makoni	48.0	65.7	1.7	0.3
Mutare	7.3	42.9	3.6	0.7
Mutasa	35.9	75.9	1.4	0.0
Nyanga	11.3	28.9	1.3	0.3
Manicaland	**18.2**	**44.7**	**1.6**	**0.4**

- Makoni (65.7%) had the highest proportion of households which adopted drying and packaging as a value addition strategy.

Soil and Water Conservation

District	Minimum tillage (%)	Use of contour ridges/Contour planting (%)	Planting of fodder trees (%)	Management or protection of the watershed (%)	Water harvesting (infiltration pit) (%)
Buhera	35.3	59.3	0.7	1.3	0.7
Chimanimani	55.5	12.0	0.0	0.0	9.6
Chipinge	5.4	0.3	0.3	0.3	0.0
Makoni	39.3	34.3	4.7	0.3	1.7
Mutare	37.3	52.1	1.3	1.7	21.8
Mutasa	41.0	52.9	4.1	5.8	1.0
Nyanga	21.3	25.6	1.0	.3	5.0
Manicaland	**33.6**	**33.8**	**1.7**	**1.4**	**5.7**

- Buhera (59.3%) had the highest proportion of households which used contour ridges/ contour planting.

Crop Production

Households Which Grew Crops

	Maize (%)	Sorghum (%)	Finger Millet (%)	Pearl Millet (%)	Tubers (%)	Cowpeas (%)	Groundnuts (%)	Round nuts (%)	Suga beans (%)	Soya beans (%)	Tobacco (%)	Cotton (%)
Buhera	51.0	43.0	10.7	42.7	19.0	36.3	44.3	45.3	2.3	0.3	0.0	0.3
Chimanimani	77.1	13.3	2.3	3.3	36.2	8.6	7.3	1.0	11.6	0.3	0.0	0.0
Chipinge	75.3	28.7	1.7	3.7	24.7	4.4	2.4	3.0	5.4	0.0	0.0	2.0
Makoni	90.3	4.7	3.7	1.0	27.0	10.3	14.3	7.0	9.7	0.3	12.0	0.0
Mutare	89.4	21.1	15.2	10.6	21.8	51.8	19.8	11.2	5.6	0.0	11.2	0.0
Mutasa	92.5	2.0	5.8	0.0	66.1	10.2	19.7	9.2	38.3	0.7	0.0	0.3
Nyanga	79.1	19.6	3.0	19.9	22.3	10.3	16.6	3.7	28.2	0.3	0.0	2.7
Manicaland	79.2	18.9	6.1	11.6	30.9	18.9	17.8	11	14.4	0.3	3.3	0.8

- Mutasa (92.5%) had the highest proportion of households which grew maize and the lowest was Buhera (51.0%).

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Cereal Stocks as at 1 April 2025

District	Maize (kgs)		Pearl millet (kgs)		Finger millet (kgs)		Sorghum (kgs)	
	2024	2025	2024	2025	2024	2025	2024	2025
Buhera	1.2	23.0	0.0	6.2	0.0	1.8	0.0	5.7
Chimanimani	21.3	30.3	0.0	0.0	0.0	0.2	0.0	3.4
Chipinge	14.4	82.8	0.0	1.0	0.0	0.8	0.0	21.4
Makoni	54.5	10.2	0.0	0.0	0.0	0.0	0.0	0.0
Mutare	9.4	28.3	0.0	2.6	0.0	1.2	0.0	3.7
Mutasa	35.9	71.4	0.0	0.0	0.0	0.3	0.0	0.8
Nyanga	19.2	64.9	0.0	7.8	0.0	0.2	0.0	6.8
Manicaland	20.6	44.2	0.0	2.5	0.0	0.6	0.0	6.0

- The average maize household stocks increased from 20.6kgs to 44.2kgs.
- The highest household maize stocks were in Chipinge (82.8kg) and Makoni (10.2kg) had the lowest.

Cereals from Casual Labour and Remittances

District	Cereals from casual labour (kgs)		Cereals from remittances (ikgs)	
	2024	2025	2024	2025
Buhera	17.1	33.6	0.0	4.8
Chimanimani	14.8	22.3	0.3	9.3
Chipinge	53.5	20.3	0.7	17.5
Makoni	34	9.9	2.0	4.9
Mutare	6.2	10.0	0.2	5.5
Mutasa	5.4	13.8	0.0	5.4
Nyanga	7.4	38.8	1.0	10.6
Manicaland	16.8	21.3	0.4	8.3

- Nyanga (38.8kgs) had the highest amount of cereals received from casual labour.

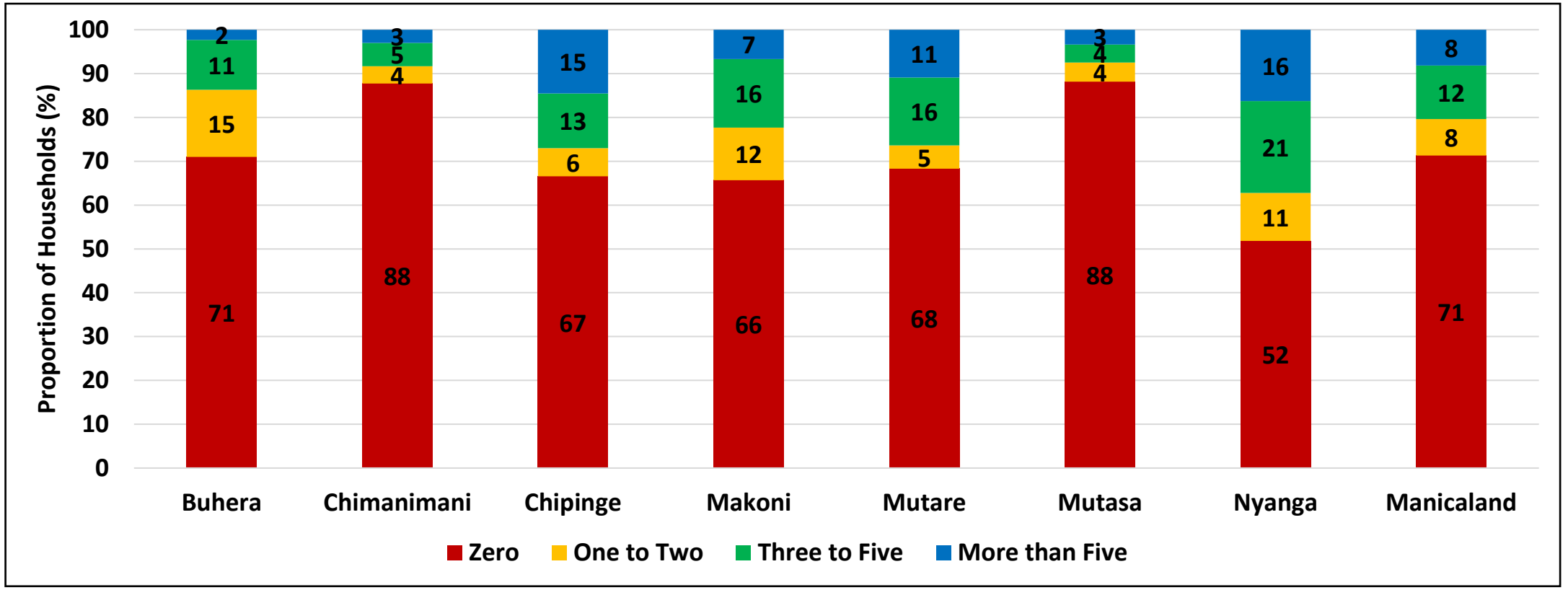
Livestock Production

Households which Owned Livestock

District	Cattle (%)	Donkeys (%)	Sheep (%)	Goats (%)	Pigs (%)	Poultry (%)	Rabbits (%)
Buhera	29.0	1.7	3.0	54.7	0.0	74.0	0.3
Chimanimani	12.3	0.3	0.3	31.9	2.7	73.8	9.6
Chipinge	33.4	3.0	1.0	34.5	3.0	56.1	0.7
Makoni	34.3	0.3	0.7	29.7	1.0	55.7	0.7
Mutare	31.7	0.3	0.7	47.2	0.0	78.5	0.3
Mutasa	11.9	1.4	0.0	37.3	1.7	60.7	2.4
Nyanga	48.2	0.3	2.3	45.5	3.3	72.4	2.7
Manicaland	**29**	**1**	**1**	**40**	**2**	**67**	**2**

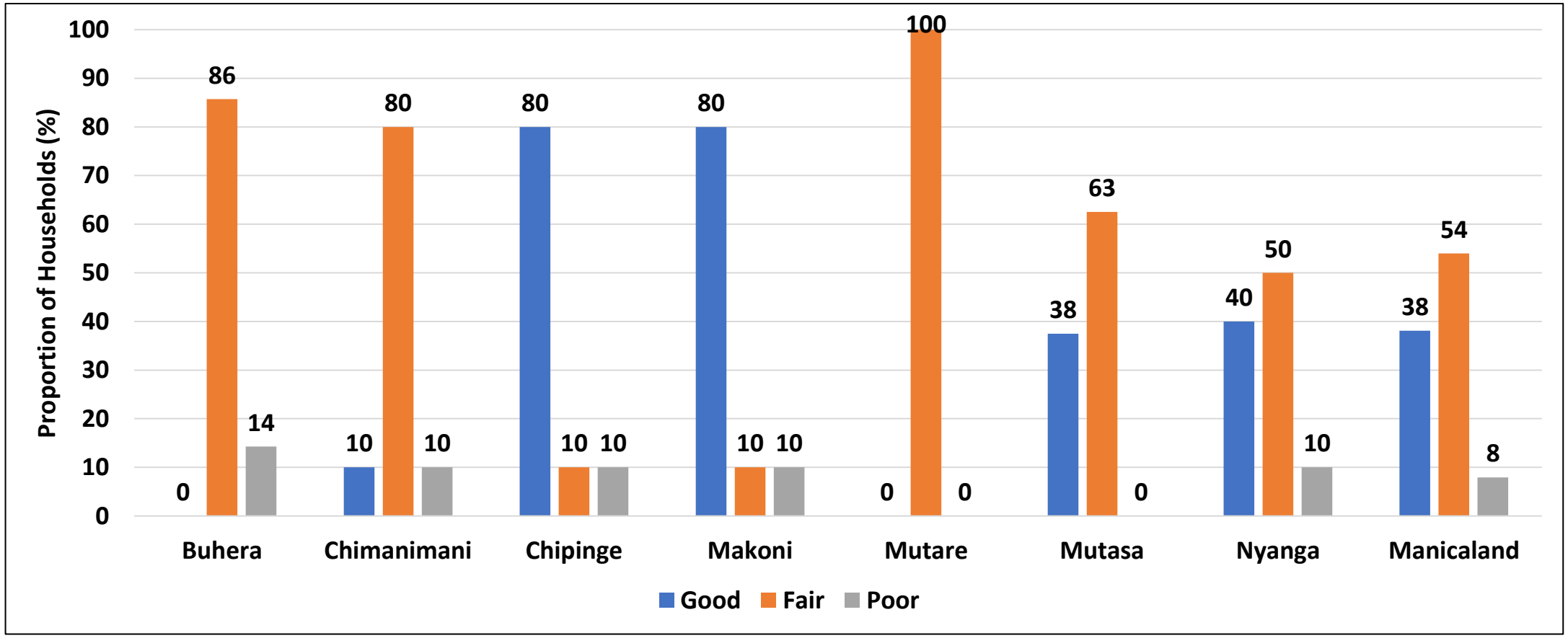
- About 40% of households owned goats and 29% owned cattle.

Households which Owned Cattle



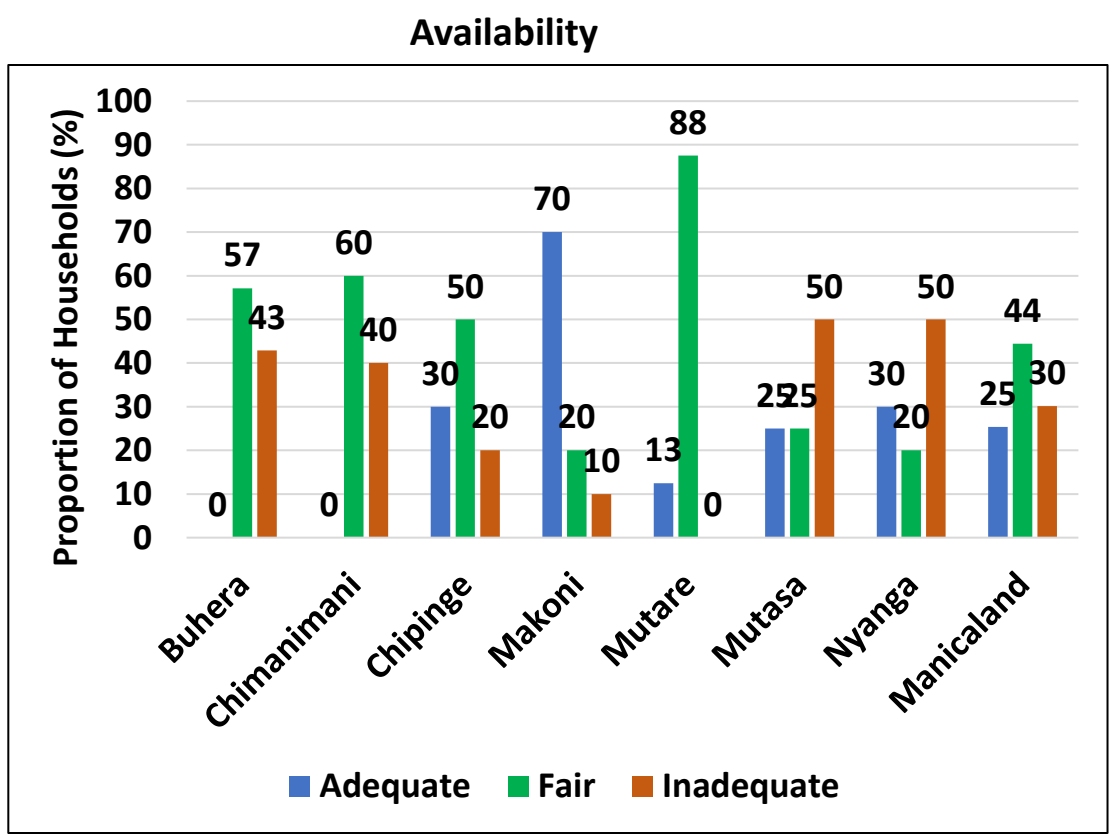
- Mutasa and Chimanimani (88%) had the highest proportion of households which did not own cattle.

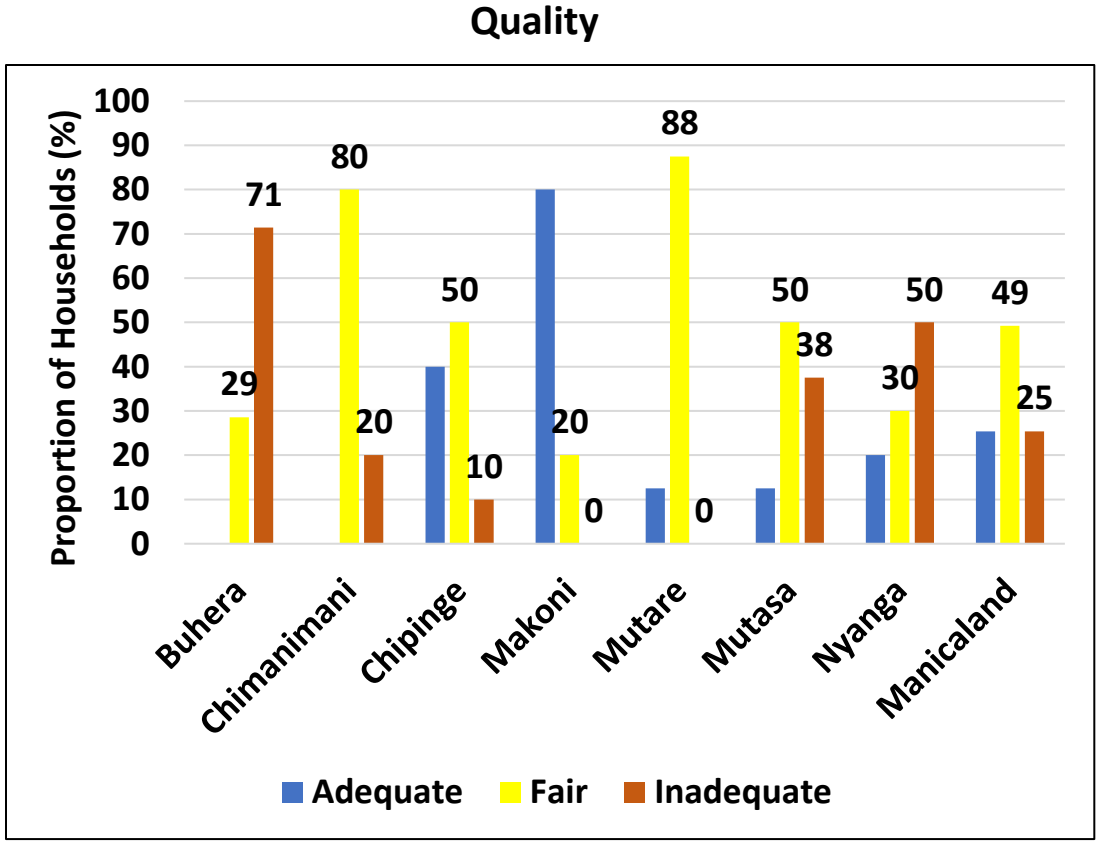
Livestock Condition



- About 8% of the households indicated that their livestock were in a poor condition.

Pasture Availability and Quality

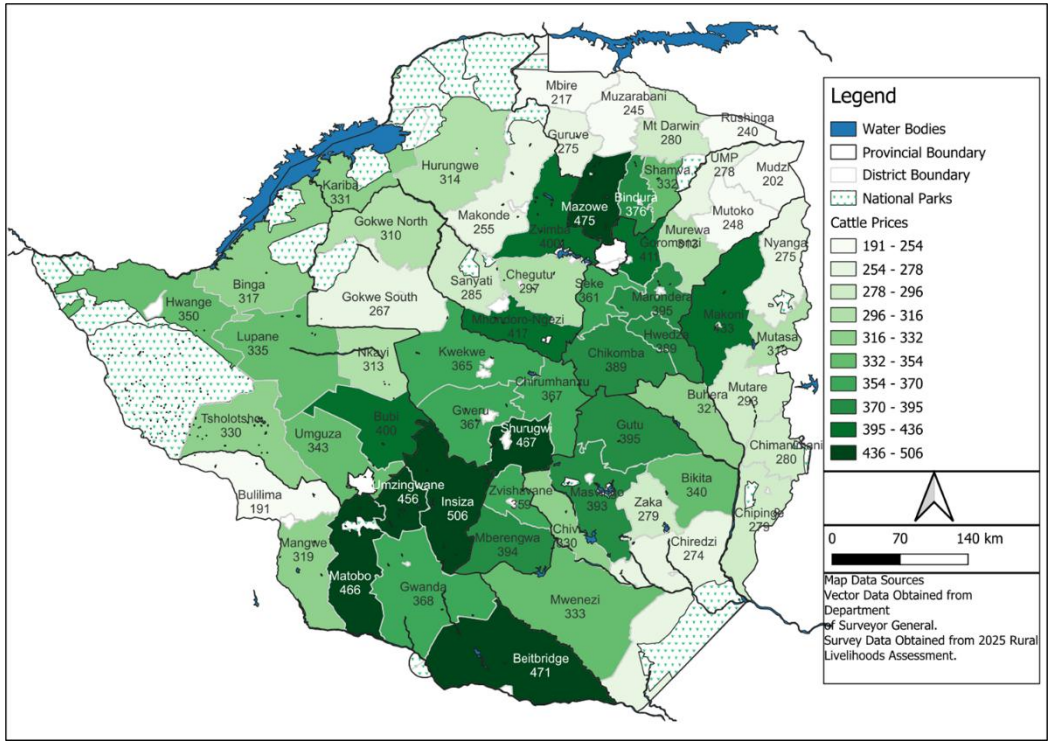




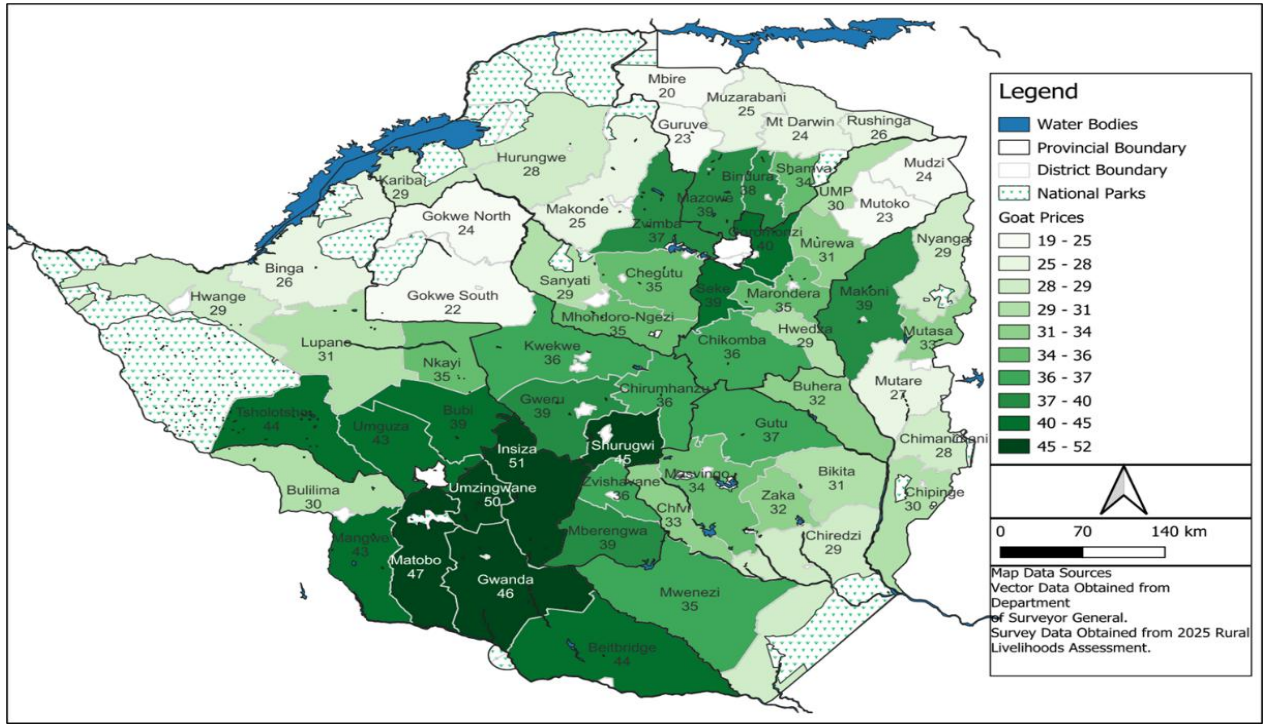
- Most communities indicated that pasture availability (44%) and pasture quality (49%) were fair at the time of the assessment.

Livestock Prices

Cattle Prices



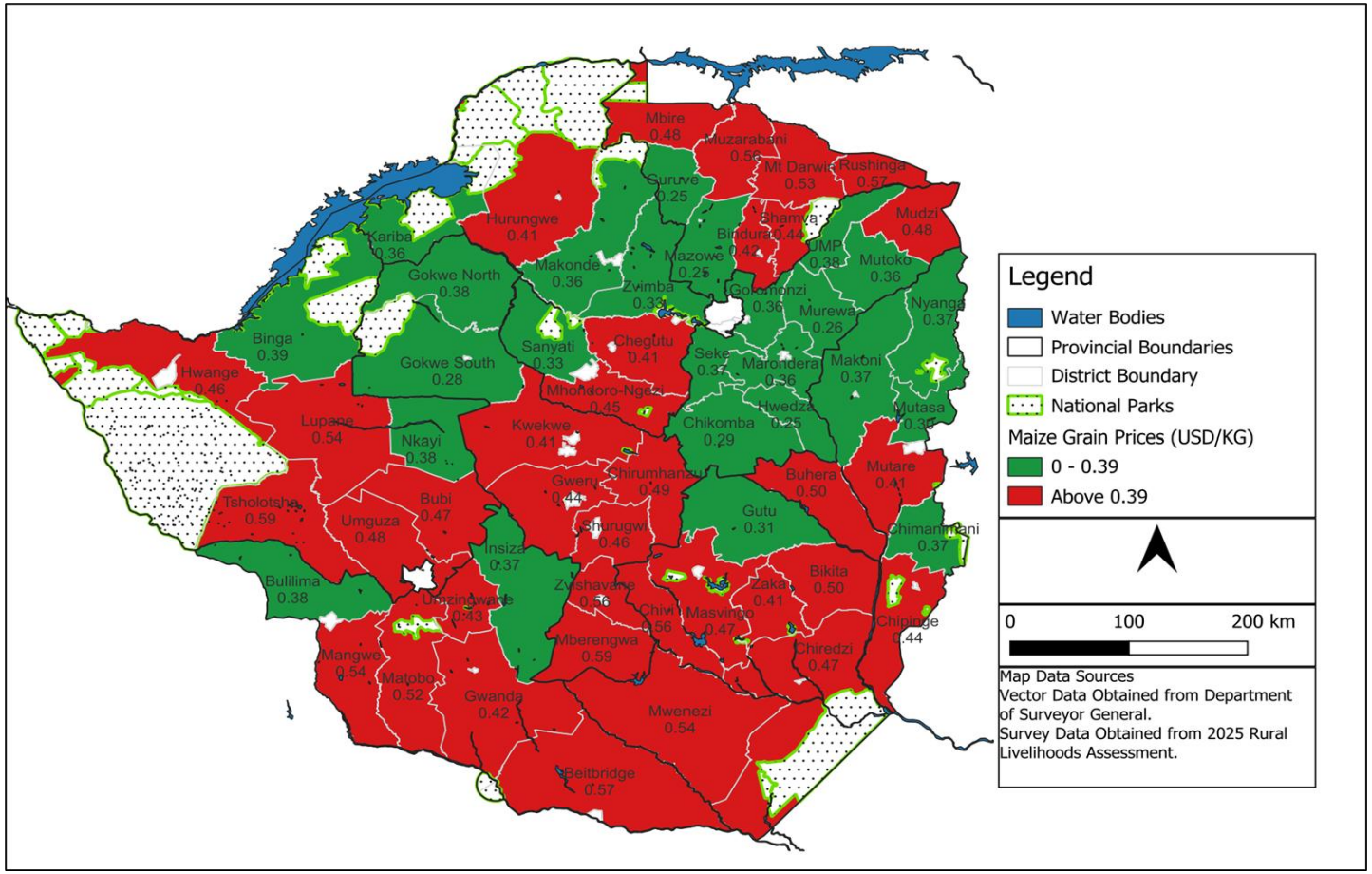
Goat Prices



- The highest cattle prices were reported in Makoni (USD433) and the lowest were reported in Nyanga (USD275).
- The highest goat prices was reported in Makoni (USD39) and the lowest were reported in Mutare (USD27).

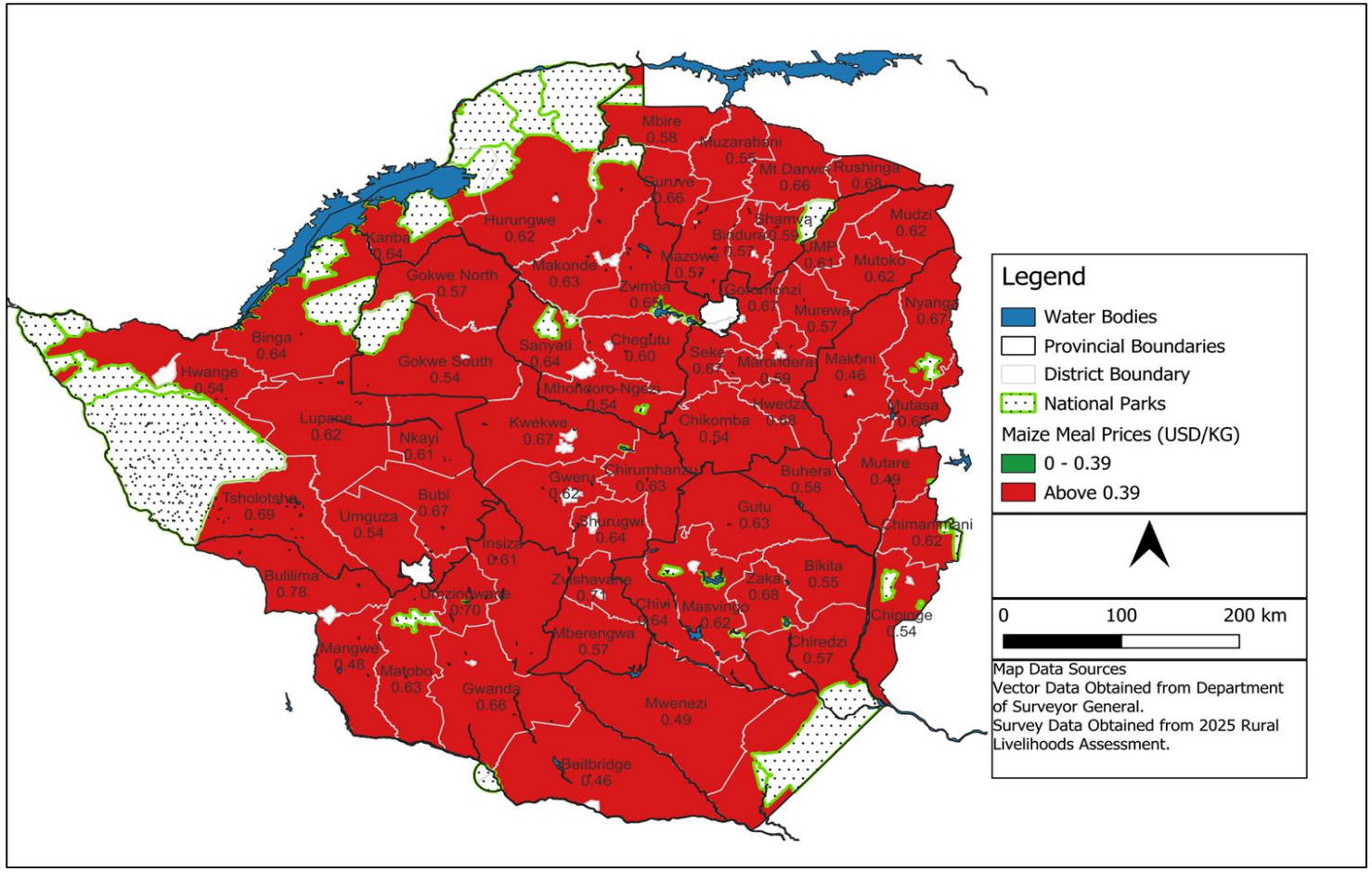
Agriculture Produce Markets

Maize Grain Prices



- Maize Grain prices were high in Buhera (0.50/kg) and Mutare (0.41/kg).

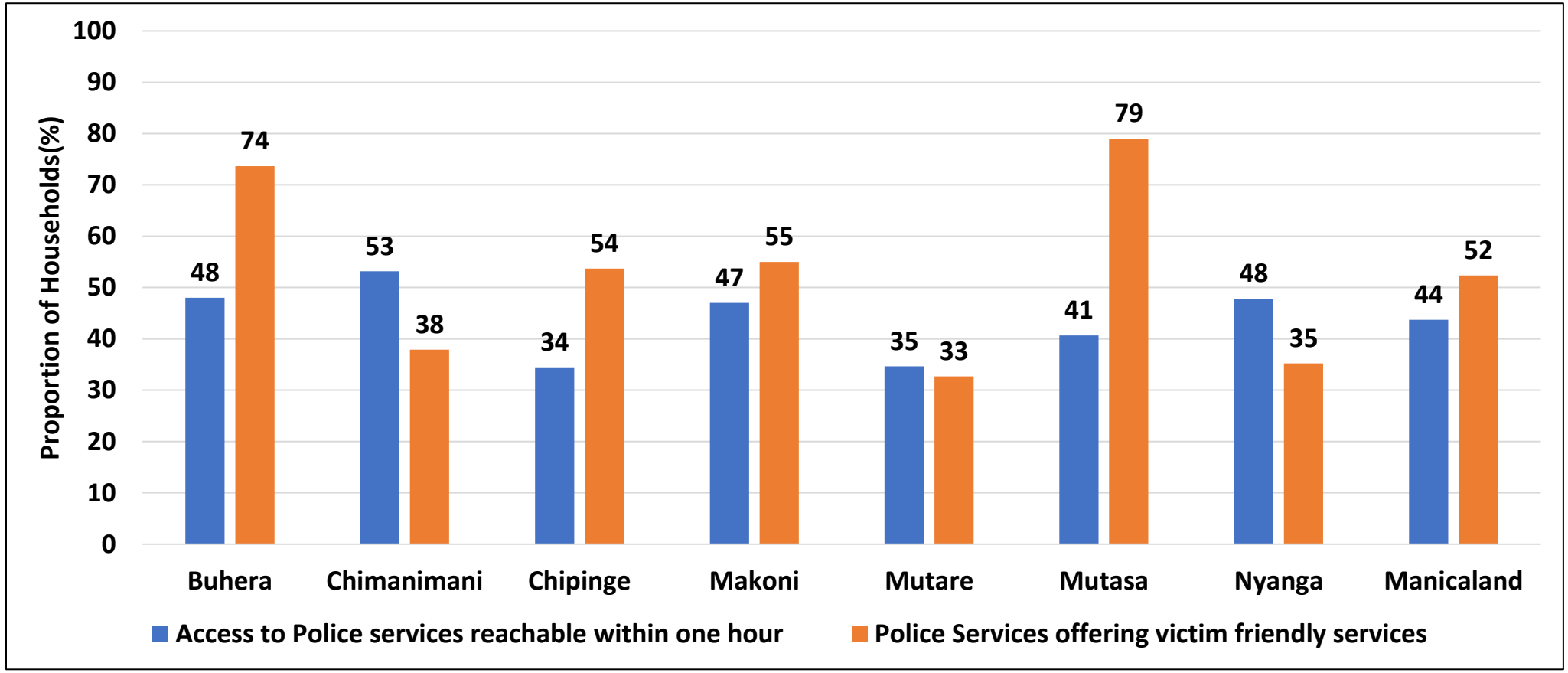
Maize Meal Prices



- Maize meal prices were above 0.39/kg across all districts.

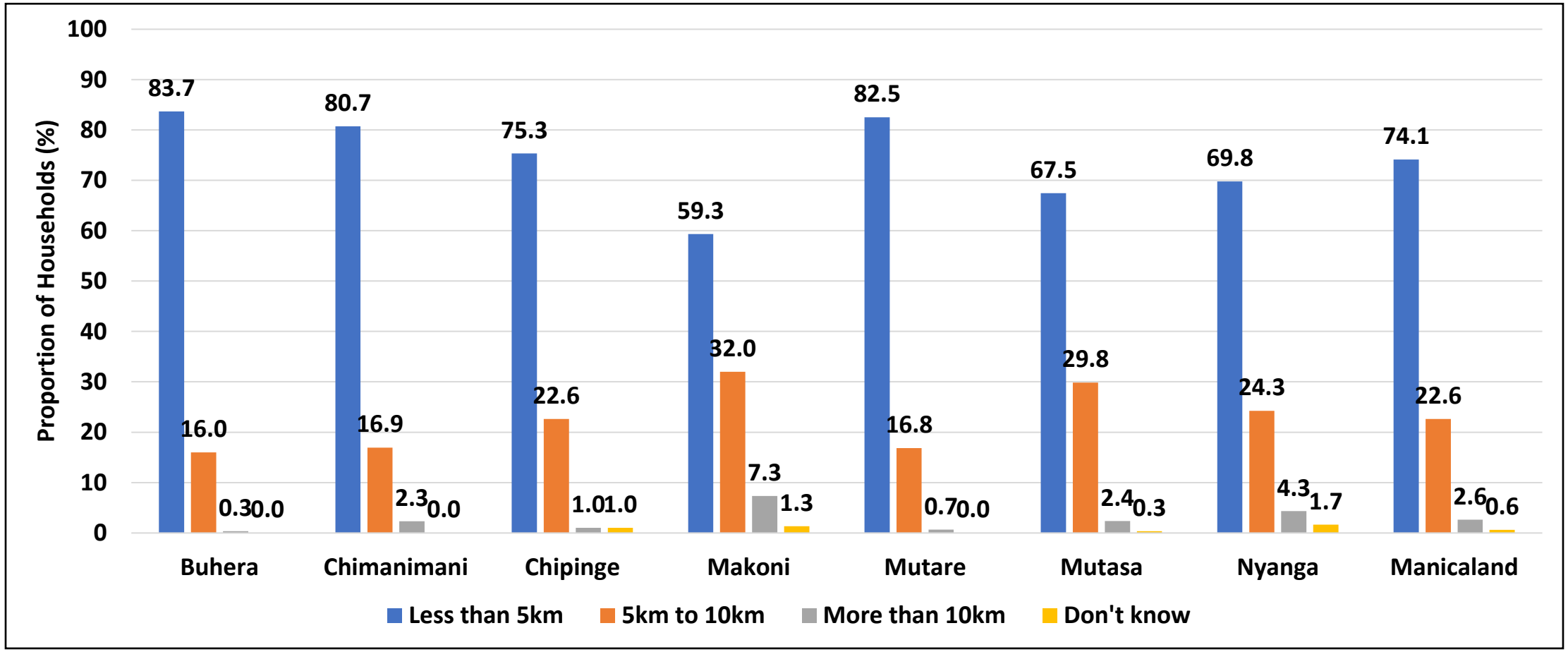
Access to Information and Critical Services

Access to Police Services



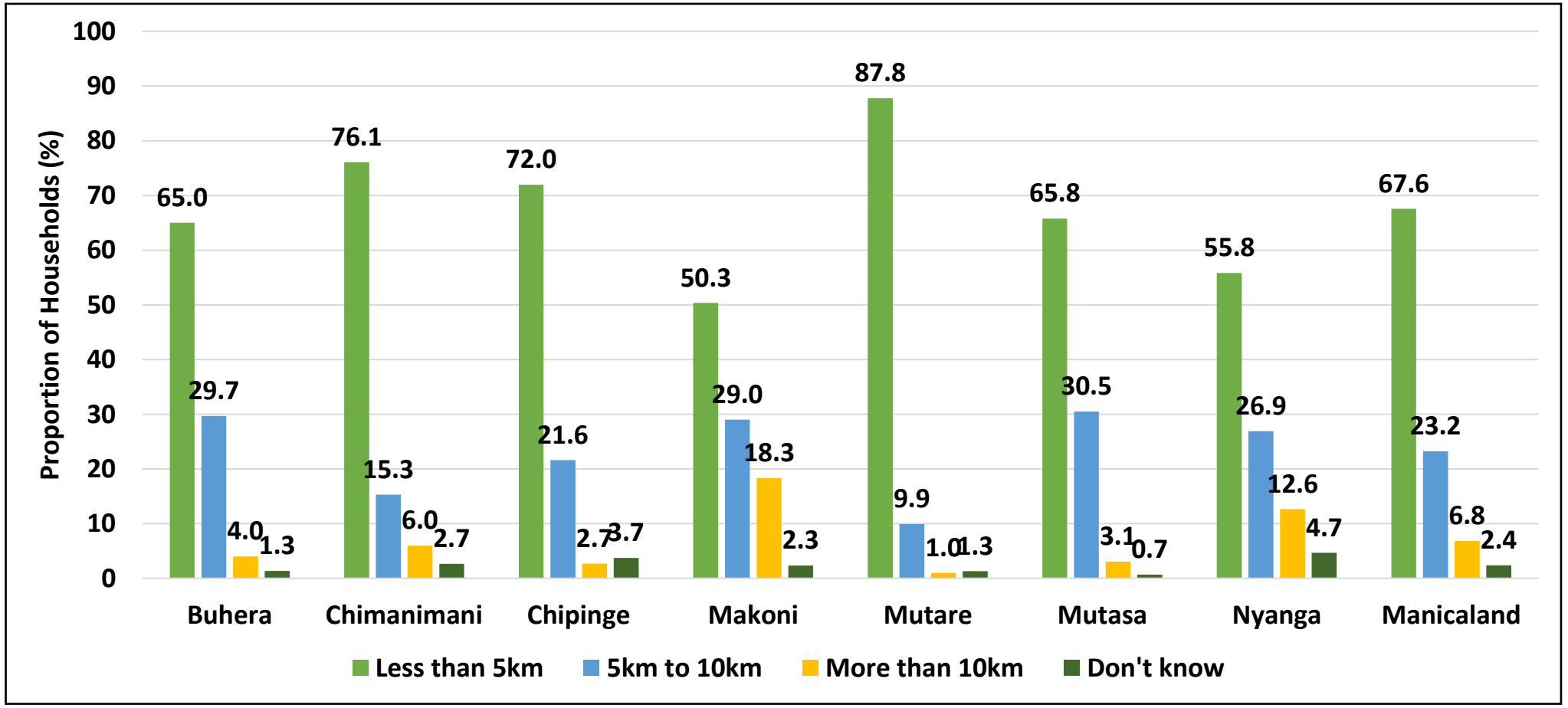
- Forty-four percent of the households were accessing police services within one hour and 52% reported that they were offering victim friendly services.

Distance to The Nearest Primary School



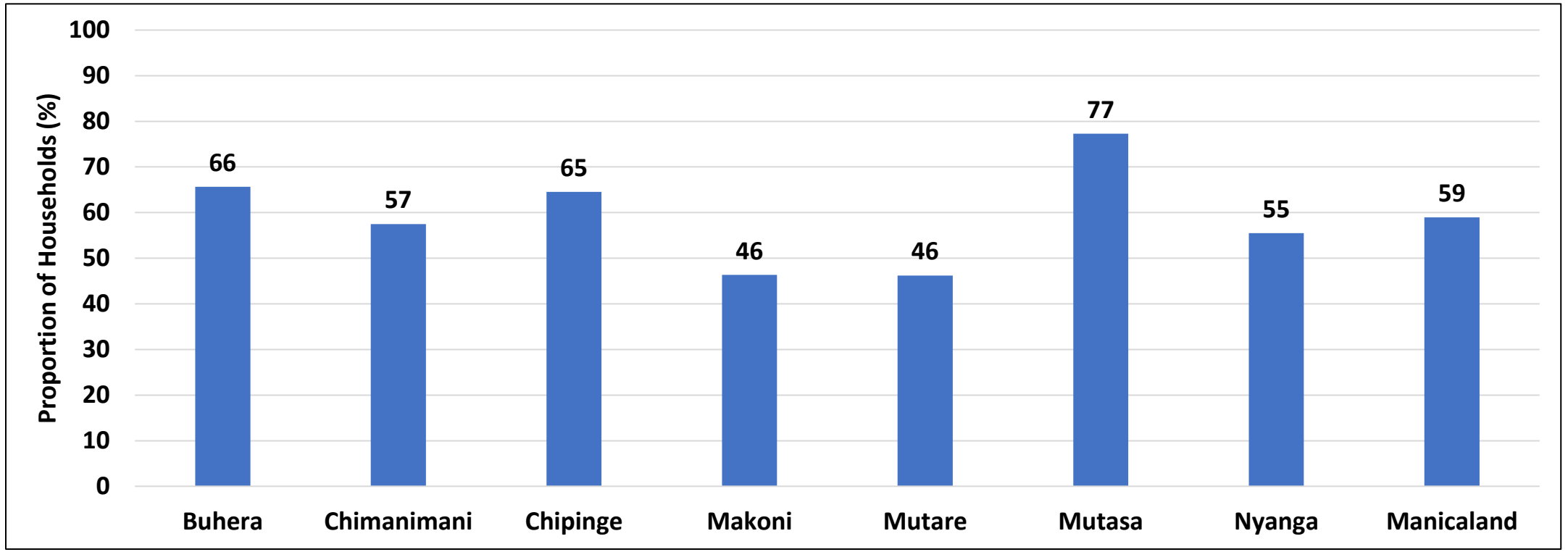
- Around 74.1% of households in Manicaland had a primary school within 5km radius.

Distance to the Nearest Health Facility



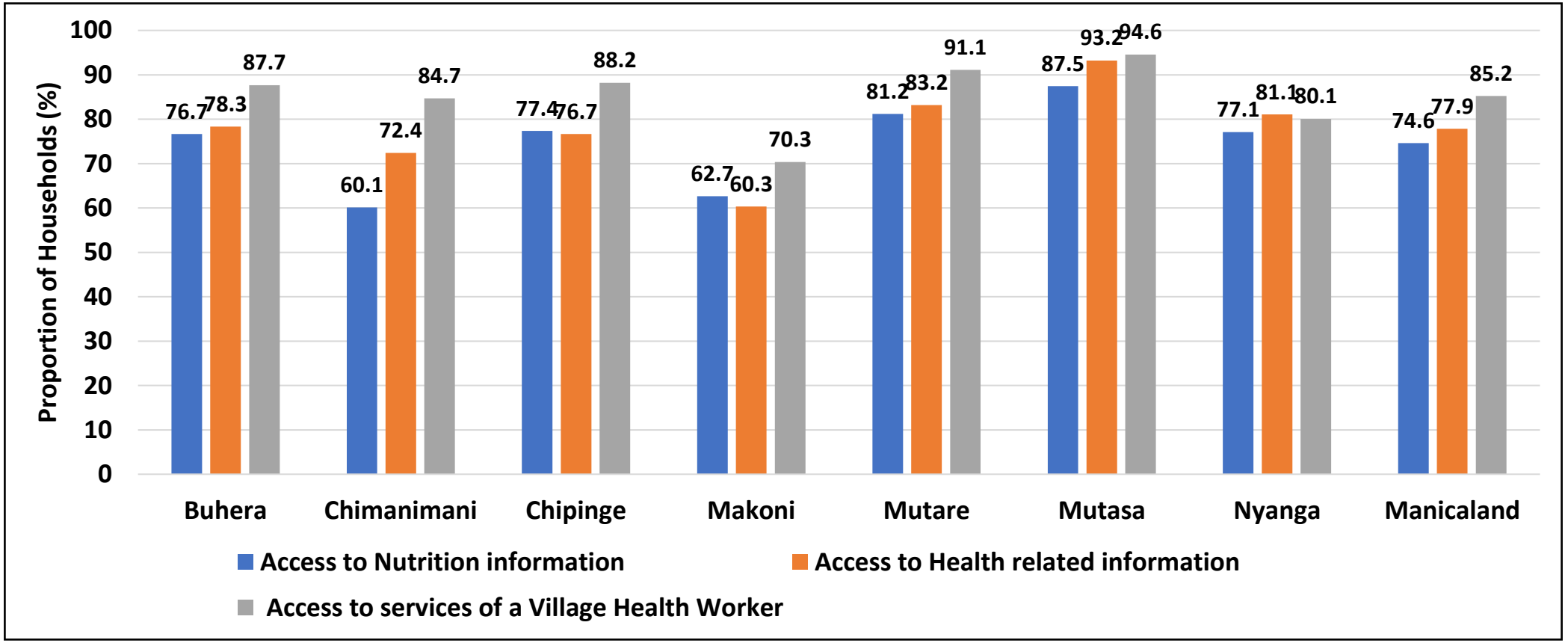
- Approximately 67.6% of households travelled less than 5km to the nearest health facility, while 6.8% travelled more than 10km
- Mutare (87.8%) and Chimanimani (76.1%) had the highest proportion of households which travelled less than 5km whilst Makoni (50.3%) had the lowest.

Access to Information on Services for Victims of Physical and Sexual Abuse



- About 59% of the households had access to information on services available for victims of physical and sexual abuse.

Access to Health Information and Services



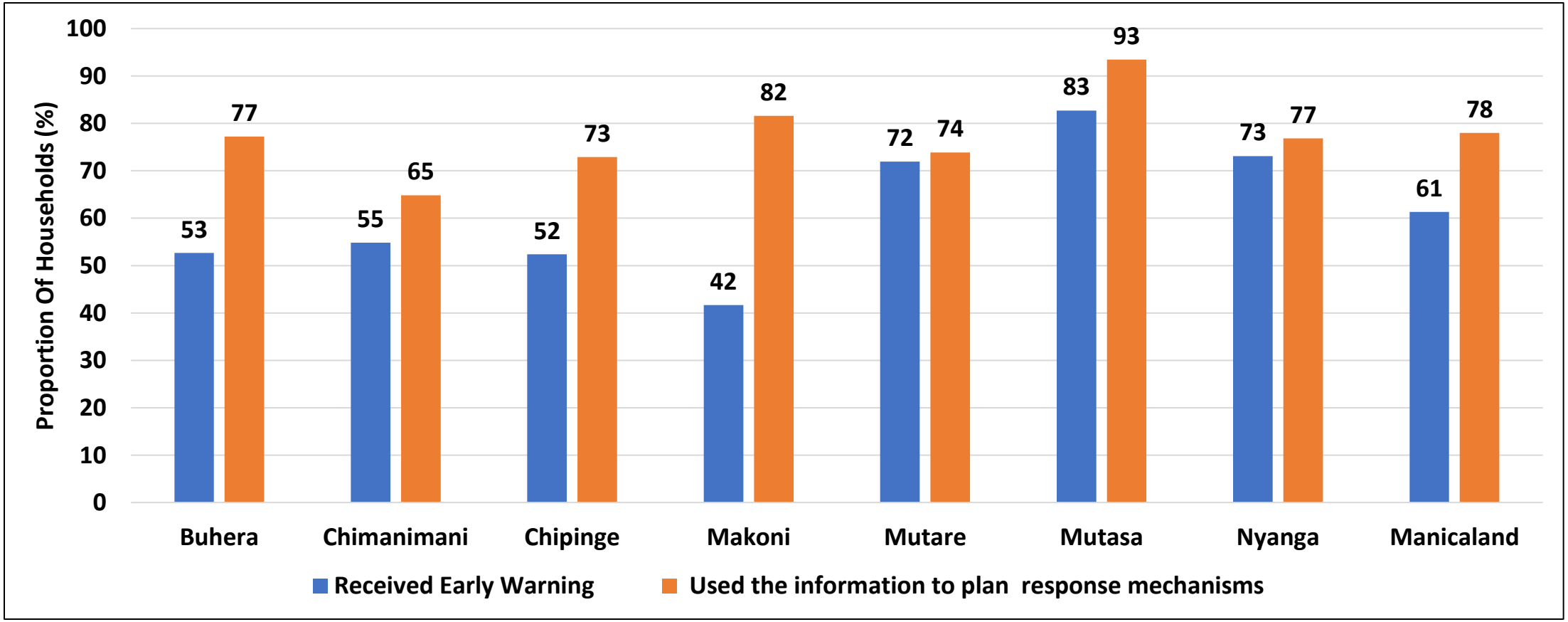
- Access to health information and services was high across all districts.
- Mutasa had 87.5% of households accessing nutrition information,93.2% had access to health related information. and 94.6% had access services of a village health worker

Access to Agricultural Extension

Province	Training-cropping advice (%)	Training - Livestock services (%)	Training-Weather and climate advice (%)	Extension Visit (%)	Other training (%)
Buhera	70.7	28.2	40.5	54.8	2.7
Chimanimani	48.4	28.3	24.4	25.2	0.0
Chipinge	24.3	20.9	18.4	21.4	0.0
Makoni	46.9	14.8	29.7	45.0	4.8
Mutare	62.7	29.9	17.2	42.2	1.1
Mutasa	82.0	37.9	32.2	44.1	1.4
Nyanga	60.6	20.7	27.6	53.7	4.5
Manicaland	57.1	26.0	27.2	41.3	2.1

- About 57.1% of the households had received cropping advice during the 2024/2025 agricultural season.

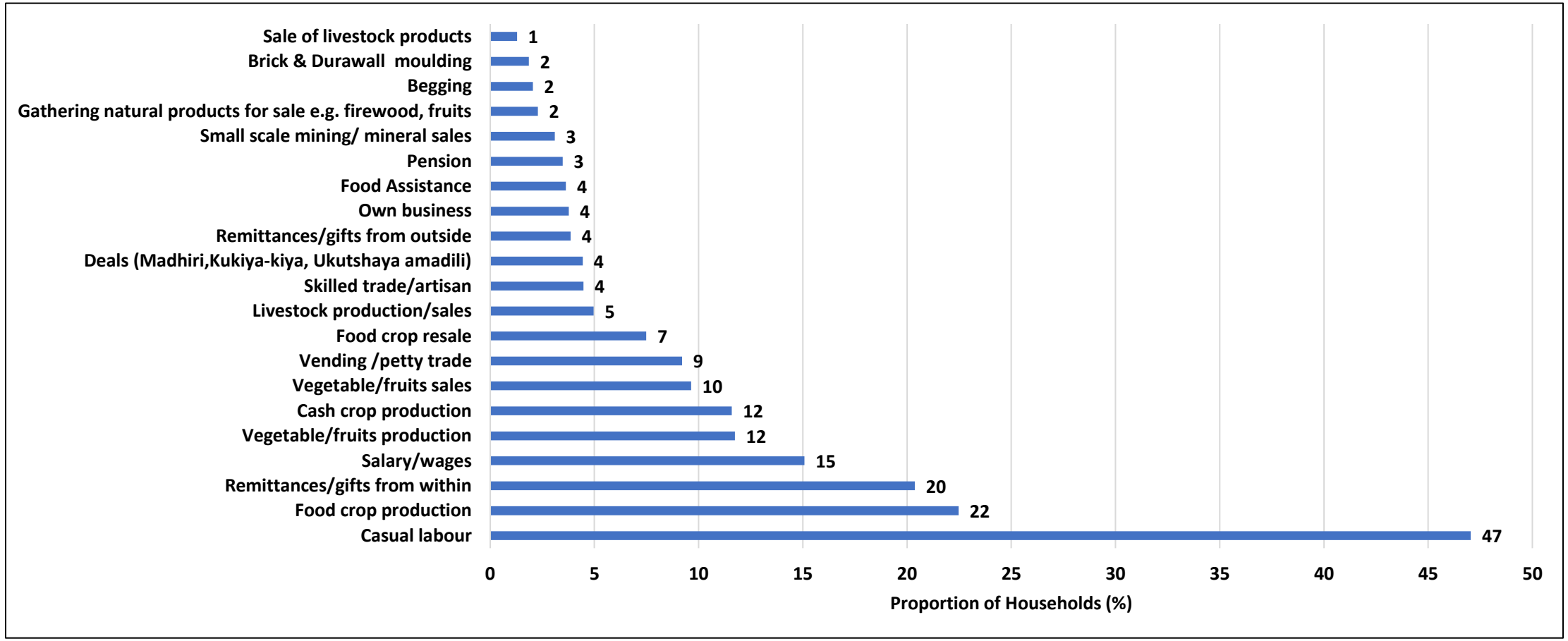
Access to and Use of Early Warning Information



- Sixty-one percent of households received early warning information.

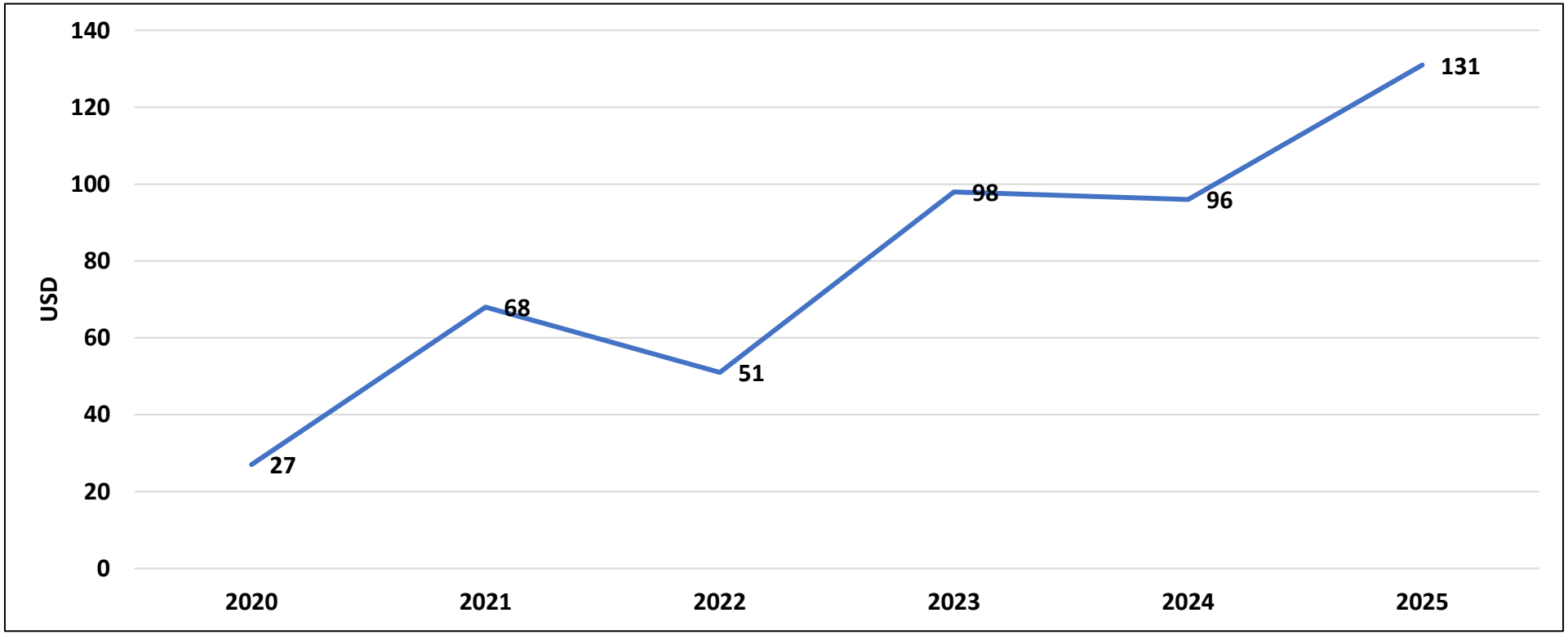
Income and Expenditure

Household Main Income Sources



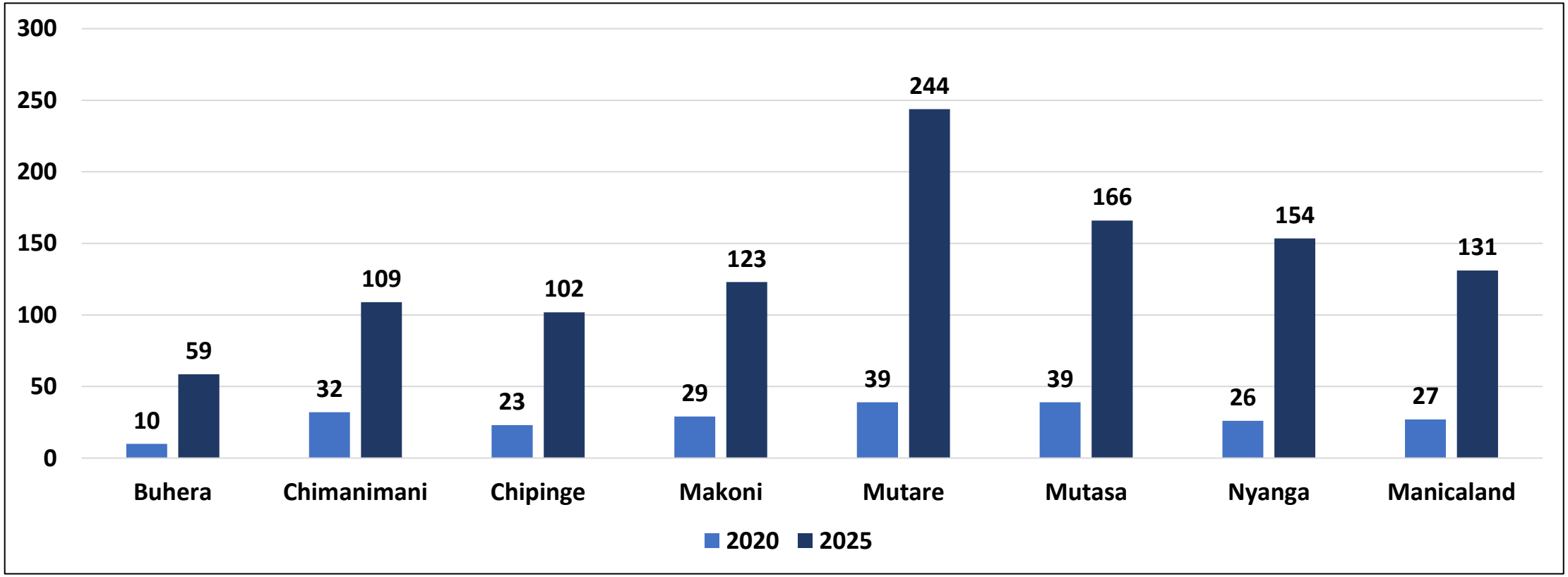
- Income is a proxy for economic status, living standards and wellbeing.
- Most households relied on casual labour (47%), food crop production (22%) and remittances from within Zimbabwe (20%) in 2025.

Income Trends (USD): 2020-2025



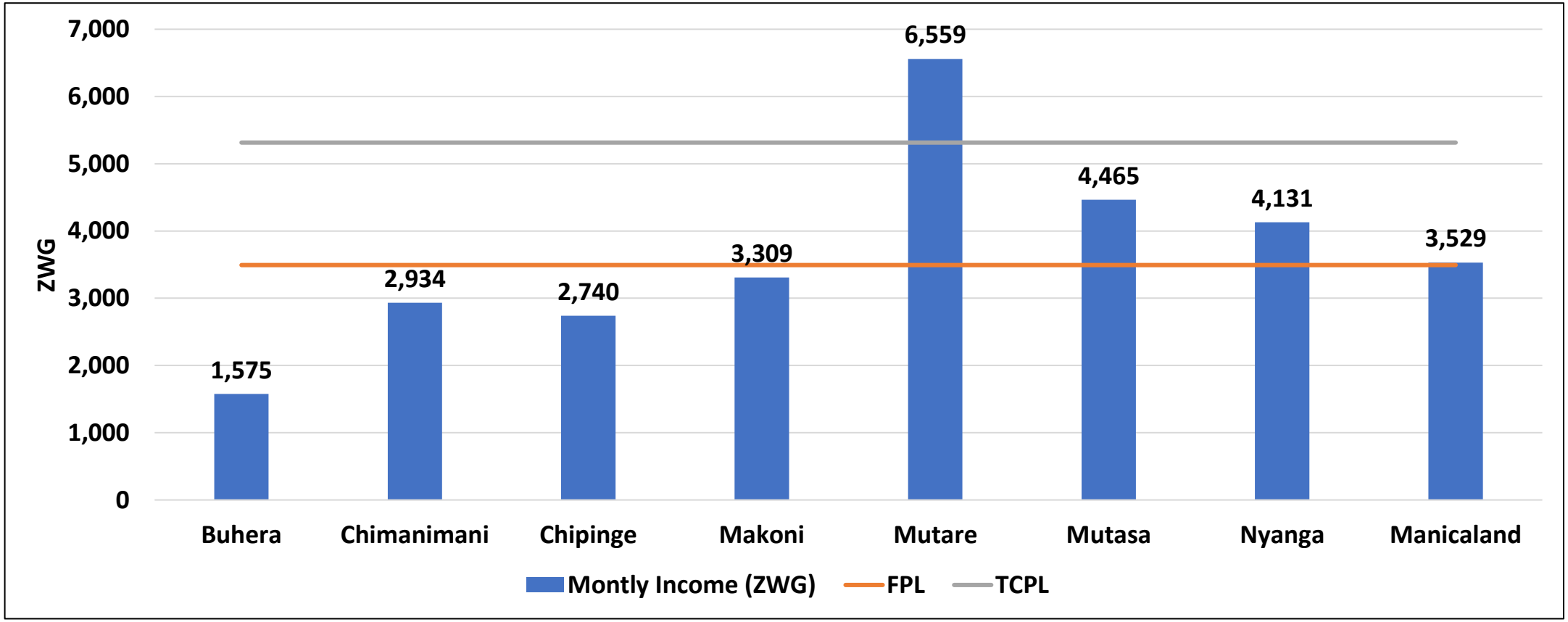
- Compared to base year 2020, rural incomes have been increasing.
- There was an increase in households' purchasing power as evidenced by incomes increasing from USD 27 in 2020 to USD 131 in 2025.
- This is expected to contribute to a higher material quality of life and standard of living for households.

Average Household Monthly Income-April 2025 (USD)



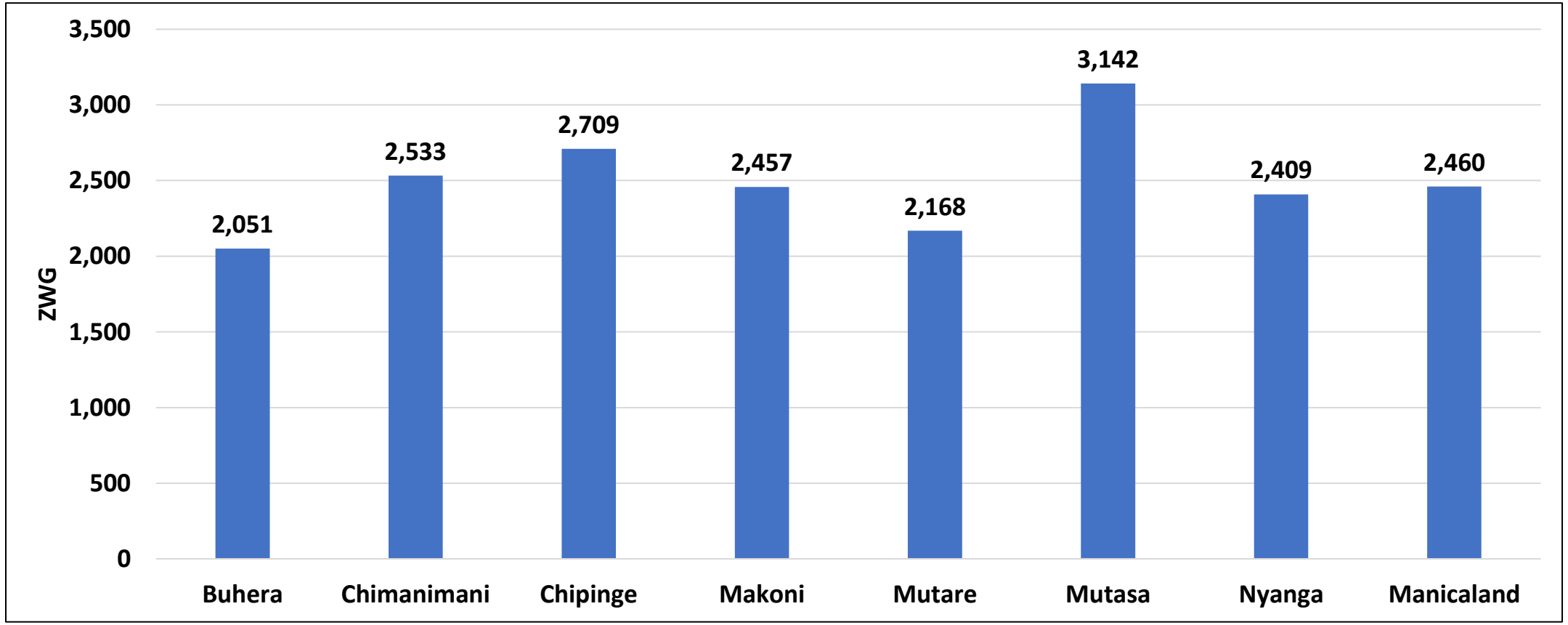
- Mutare had the highest average household monthly income (USD 244) for April 2025 while Buhera (USD 59) had the lowest.

Average Household Monthly Income April 2025 (ZWG)



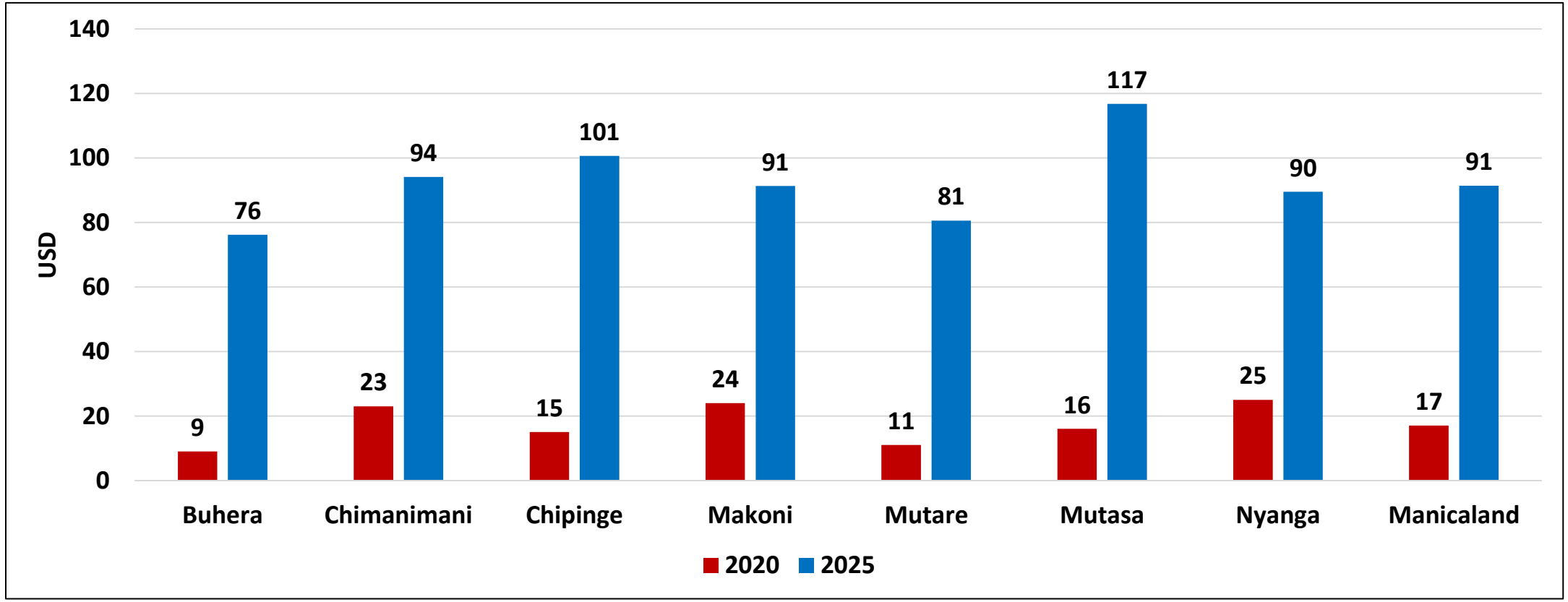
- Average monthly income for the month of April 2025 was ZWG 3,529. This was above the Food Poverty Line.
- Mutare (ZWG6,559) had the highest income.

Average Household Monthly Expenditure (ZWG) for April 2025



- The average household monthly expenditure was ZWG 2 460 in April 2025.

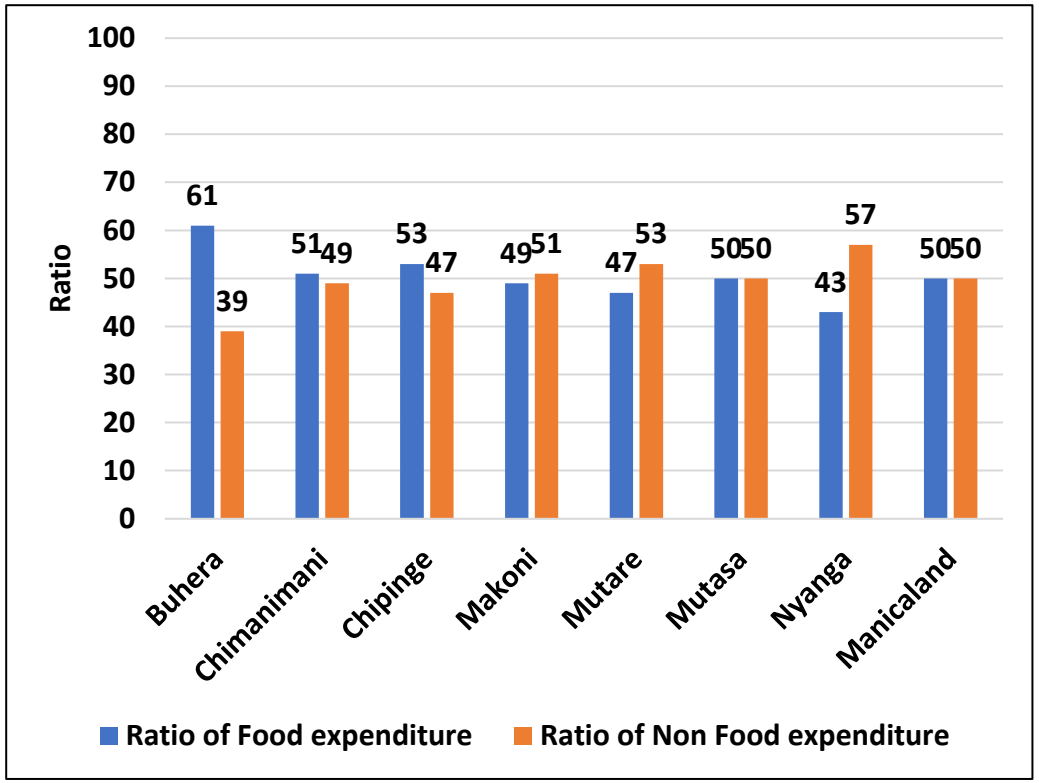
Average Household Monthly Expenditure (USD) for April 2025



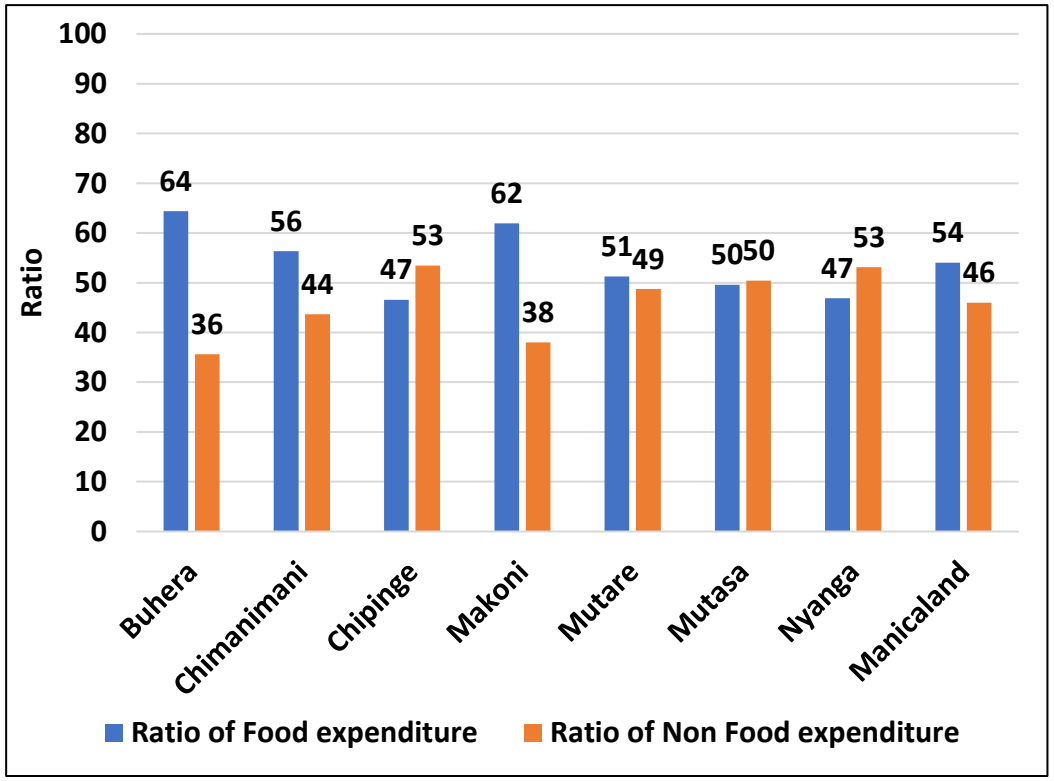
- The average household monthly expenditure for the month of April 2025 was USD91, an increase from USD 17 in 2020.
- Mutasa (USD 117) reported the highest expenditure.

Food and Non-Food Expenditure Ratio

2024



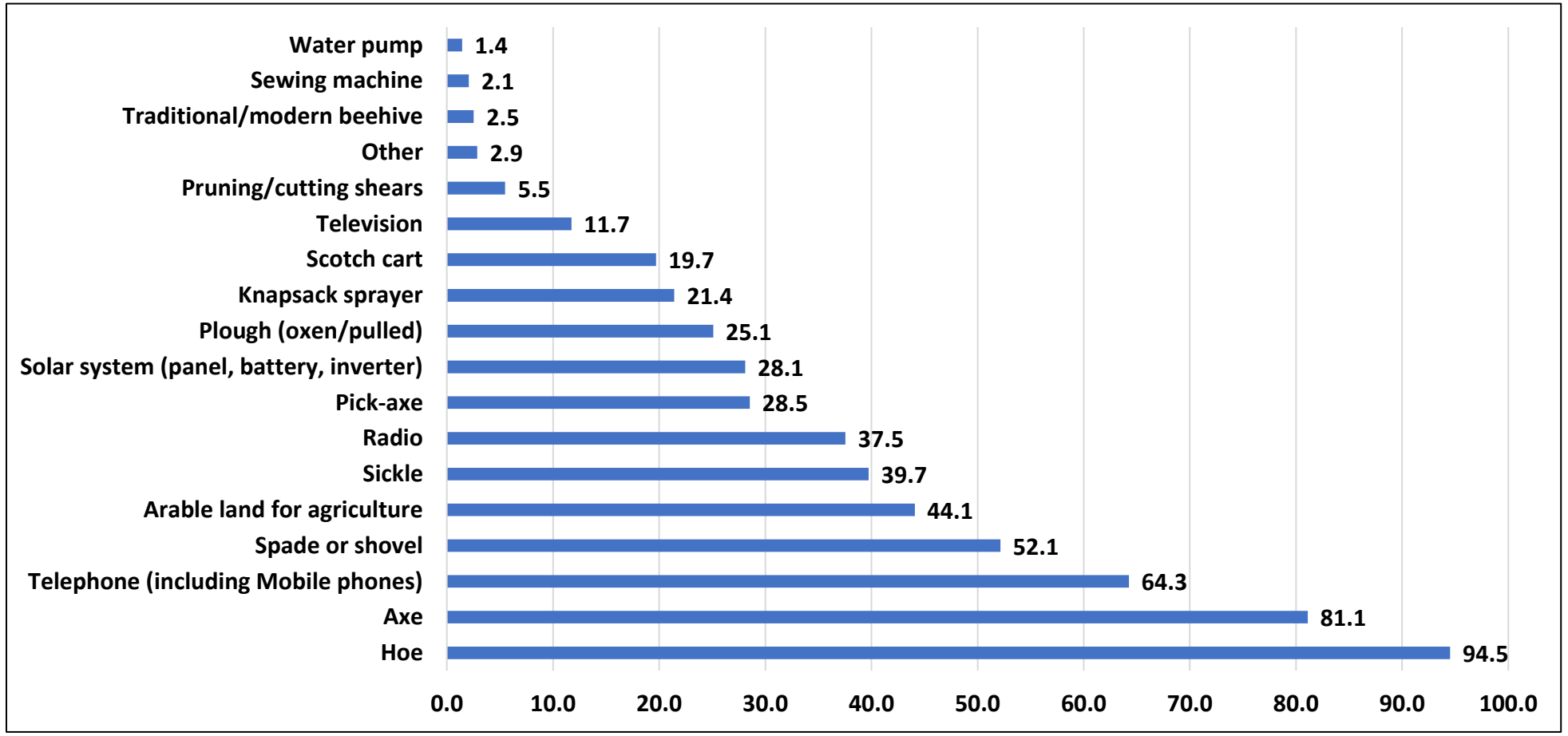
2025



- The food expenditure ratio was 54 an increase from 50 in 2024.
- There was a decrease in the non food expenditure from 50 in 2024 to 46 in 2025.

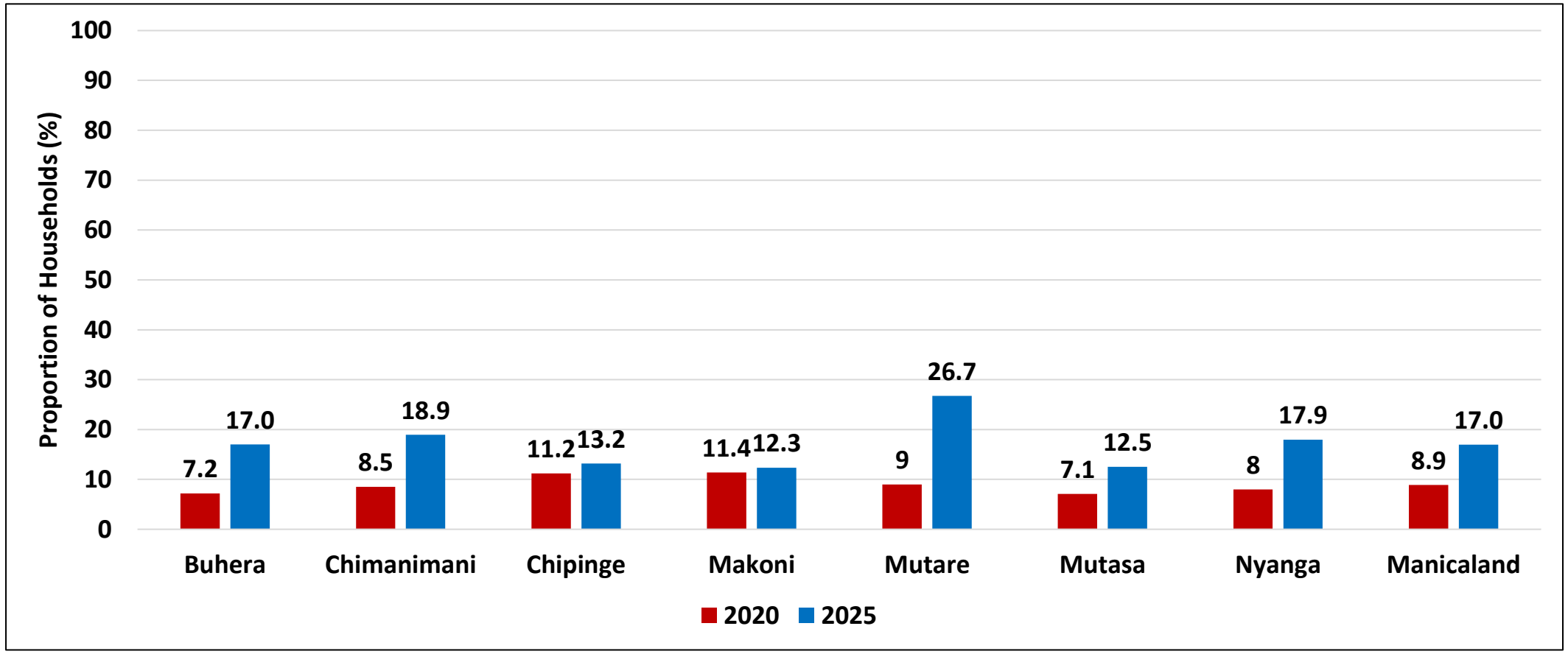
Assets, Loans and Remittances

Assets



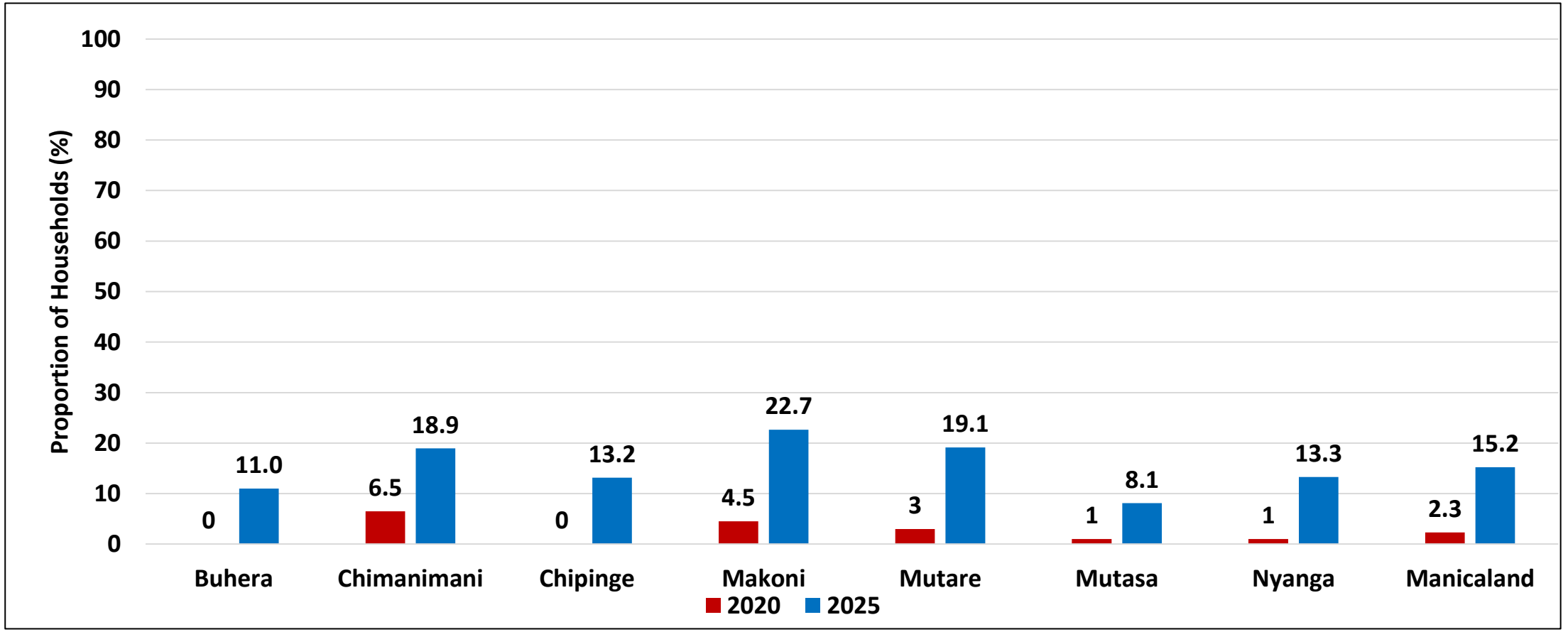
- The most commonly owned assets by households were hoes (94.5%), axes (81.1%) and mobile phones (64.3%).

Households Participating in ISALS/Mukando/Ukuqogelela



- There was an increase in the proportion of households participating in ISALS/Mukando/Ukuqogelela from 8.9% in 2020 to 17% in 2025.

Households that Accessed Loans



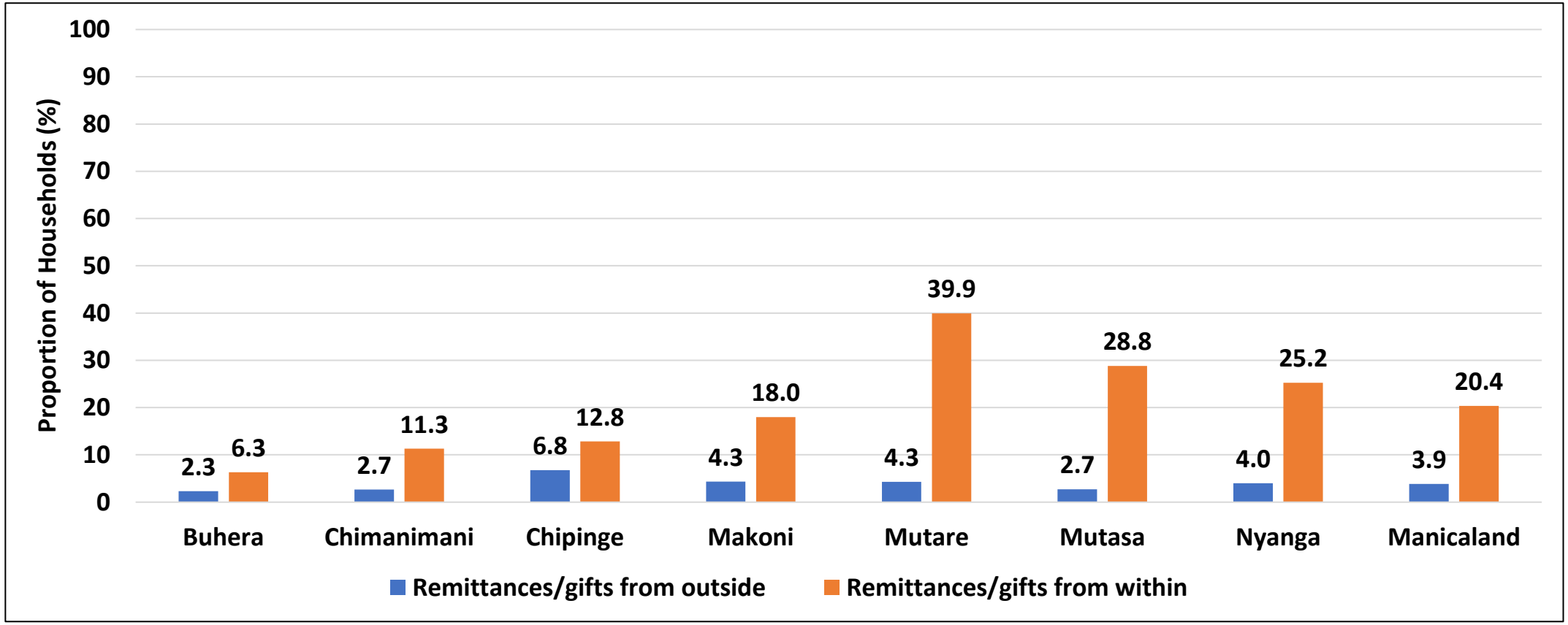
- The proportion of households that accessed loans was 15.2% in 2025, an increase from 2.3% in 2020.
- Makoni (22.7%) had the highest proportion of households that accessed the loans in 2025.

Sources of Loans

Province	Friend/relative (%)	Money lender (%)	Banks (%)	Micro finance institutions (%)	ISALS/Mukando/ Ukuqogelela (%)	Farmer's organization (%)	Local trader/ shopkeeper (%)
Buhera	1.3	0	0.3	0	9.3	0	0
Chimanimani	6.6	1	0.0	0	10.6	0	0.3
Chipinge	1	0.7	1.0	0.7	10.8	0	0
Makoni	16	0.3	0.0	0.0	6.3	0	0.3
Mutare	0.7	0.7	1	1.3	15.2	0.7	0
Mutasa	0.3	0.3	0	0.3	6.8	0.4	0
Nyanga	1.3	0.7	0	0.7	9.6	0.0	0
Manicaland	3.9	0.5	0.3	0.4	9.8	0.1	0.1

- The main source of loans for the households was ISALS/Mukando/Ukuqogelela (9.8%).

Households which Received Remittances/Gifts



- Remittances/gifts received were mainly from within the country (20.4%).
- Mutare (39.9%) had the highest proportion of households that received remittances/gifts from within the country.

Nutrition

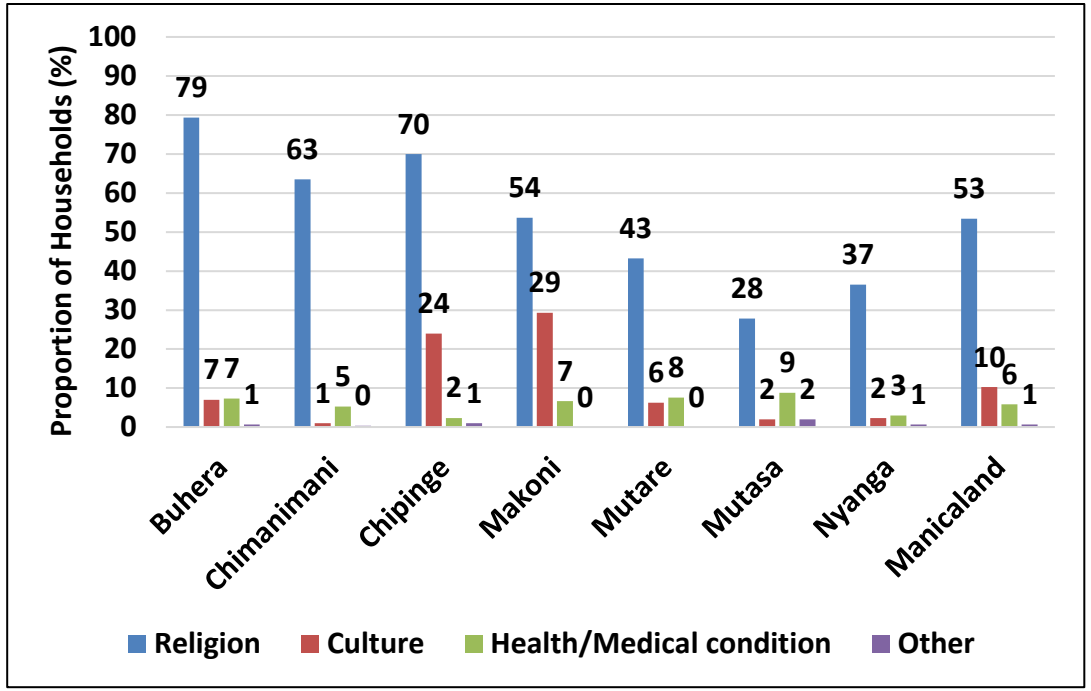
Food Dietary Taboos

Taboos

Household Food Taboos

	Certain meat and meat products not consumed (%)	Certain fruits not consumed (%)	Traditional cereals not consumed (%)	Certain insects not consumed (%)
Buhera	83	0.3	0.7	2.3
Chimanimani	68.8	0	0	1
Chipinge	76.7	1	1	1.7
Makoni	59.3	7	1.7	0.7
Mutare	47.5	3	3	17.8
Mutasa	35.6	0	0.3	3.1
Nyanga	40.9	0	0	0
Manicaland	49.1	2.0	1.2	5.3

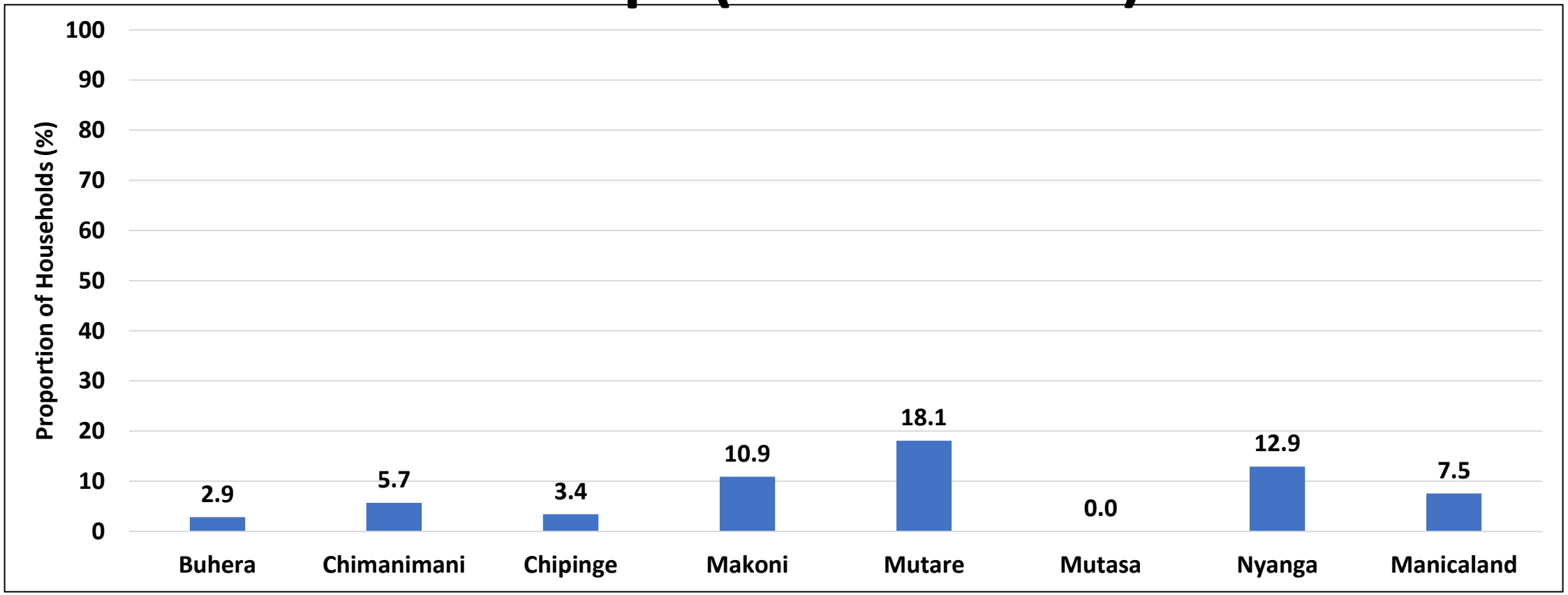
Reasons for Taboos



- Forty-nine percent of the households had taboos on consumption of certain meat and meat products which might have negative effect on individual dietary diversity options ultimately affecting the quality of diets.
- Religion (53%) was the most reported reason for dietary related taboos.

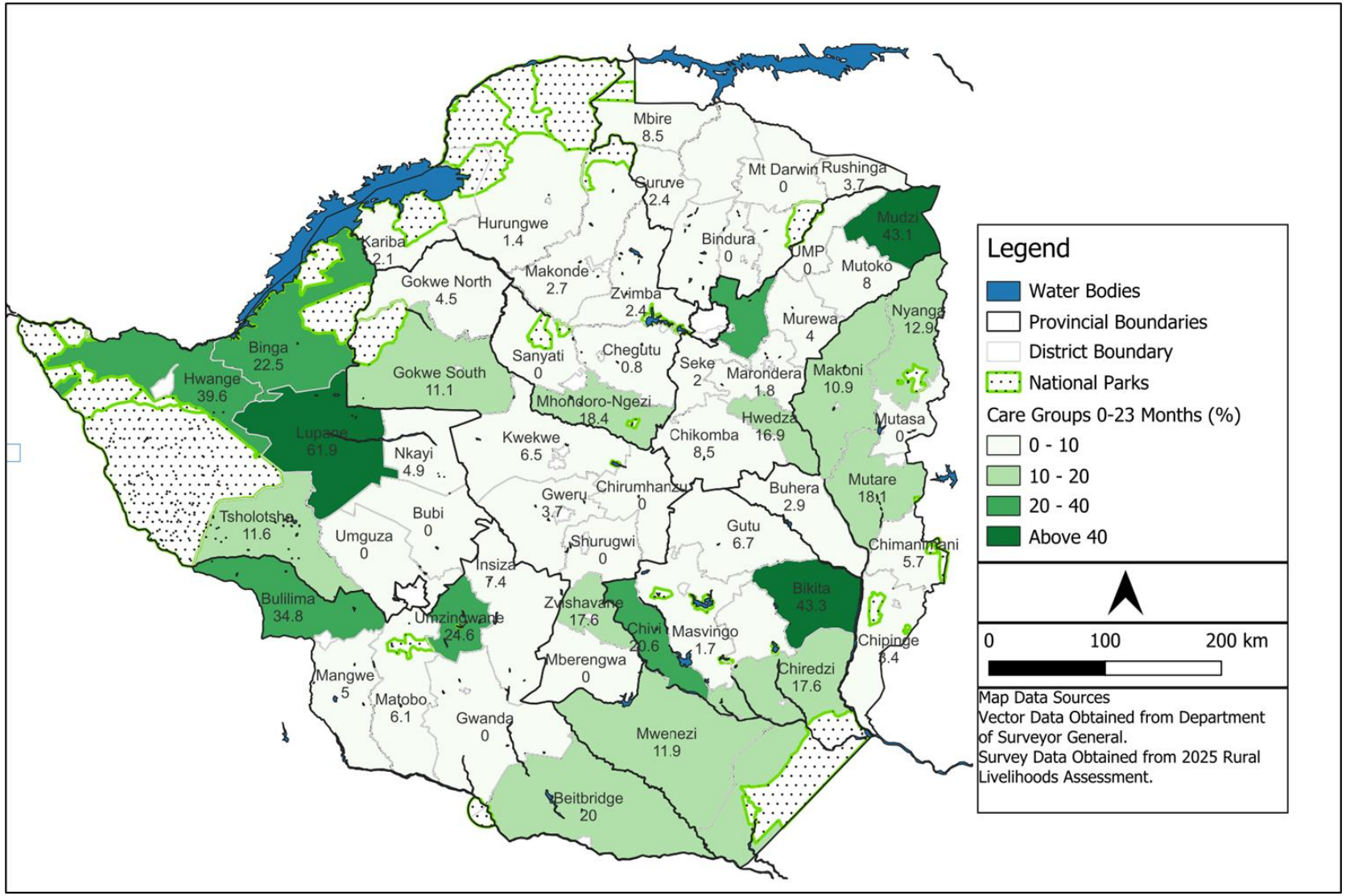
Care Groups

Membership of a Care Group or IYCF Support Groups (0-23 months)



- The care-group approach is a community-based strategy for promoting health and nutrition behavior change.
- The proportion of households that had a caregiver who was a member of a care group or Infant and Young Child Support group was 7.5%.

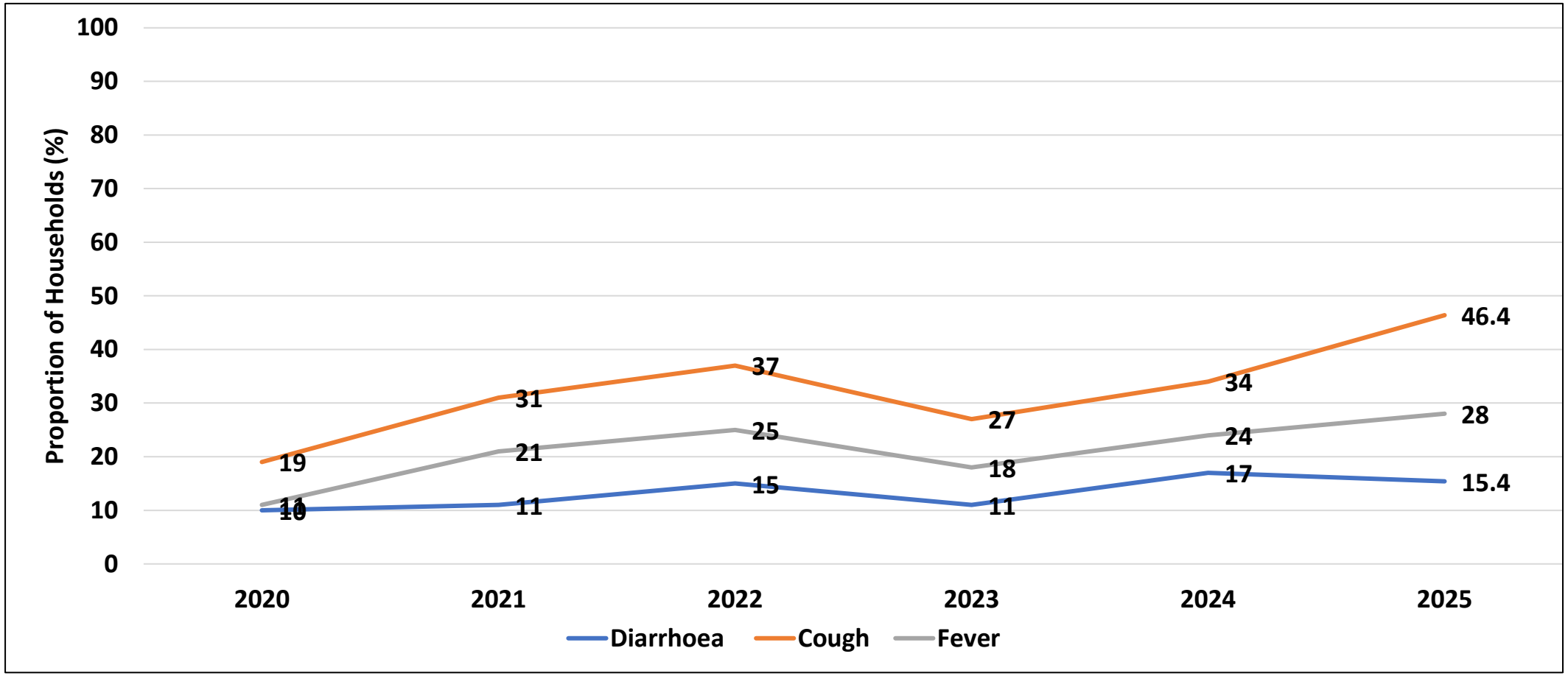
Membership of a Care Group or IYCF Support Groups (0-23 months) by District



- Mutare (18.1%) had highest proportion of households which had a caregiver who was a member of a care group or IYCF support group.

Child Health

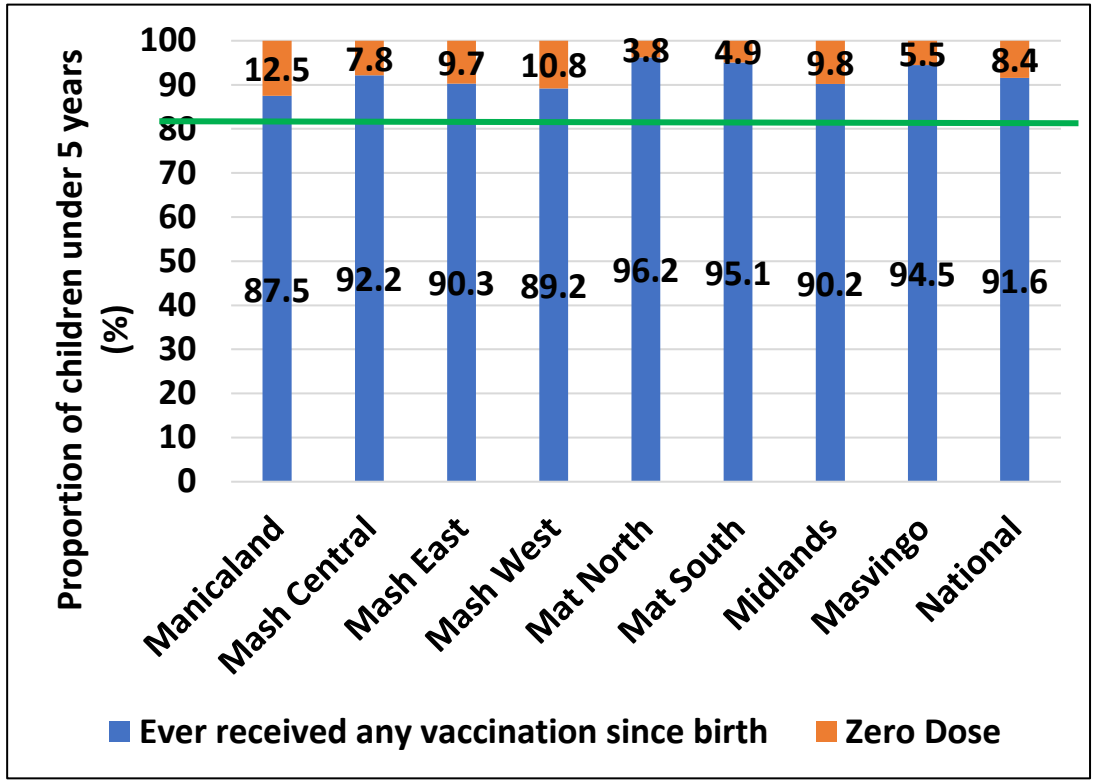
Child Illness 6-59 Months by Year



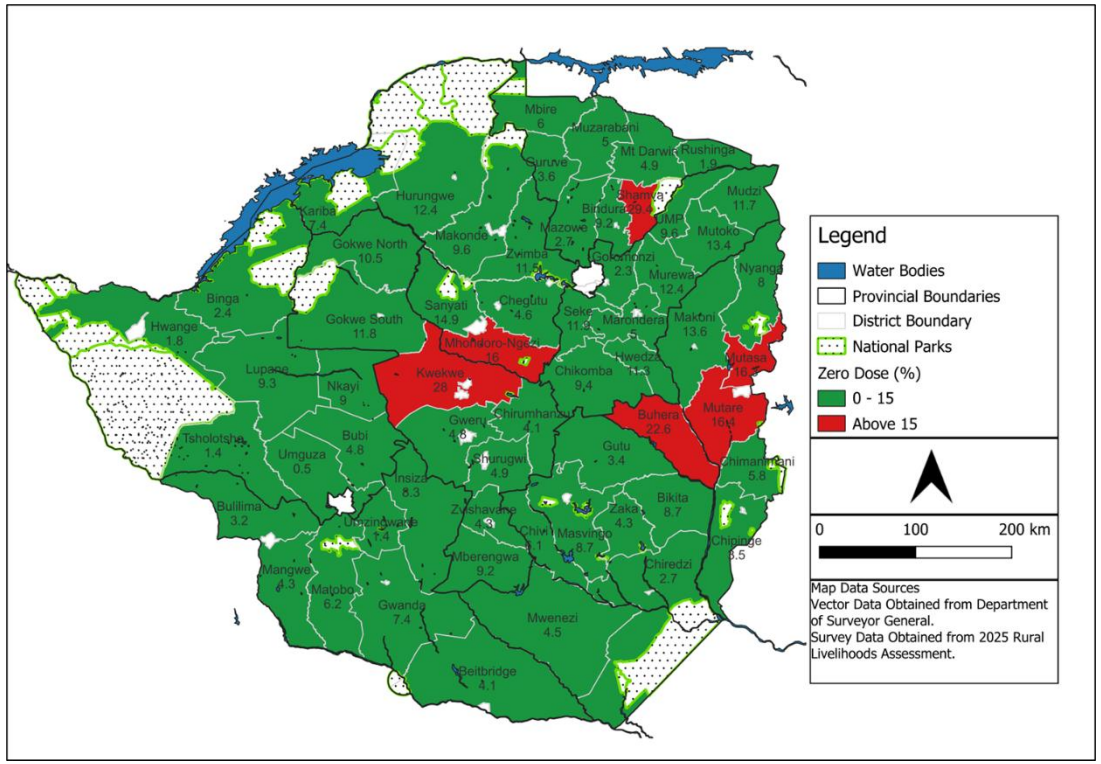
- Child illness is a negative contributor child nutrition status.
- Cough has been the most prevalent illness over the years.

Vaccination Status of Children 0-59 Months

Vaccination since Birth



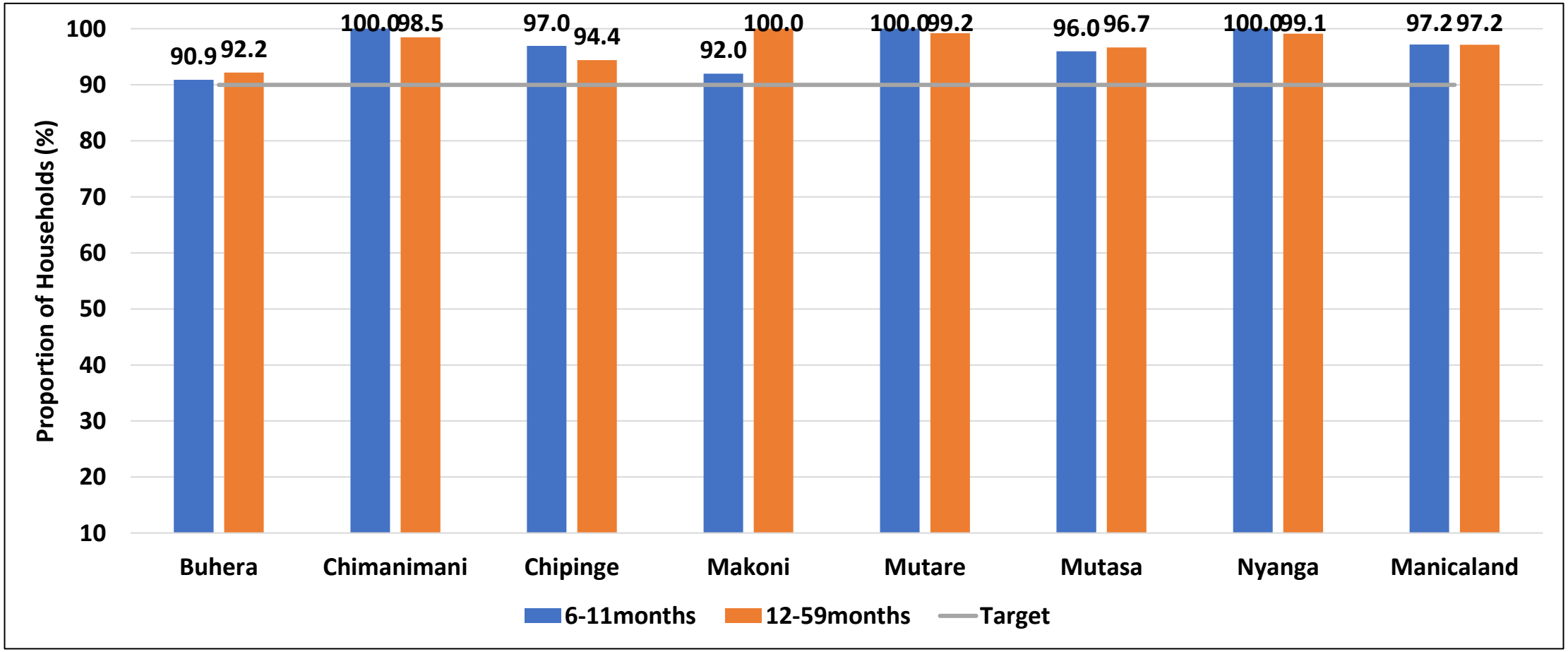
Zero-Dose by District



- Immunization allows children everywhere to live lives free of many forms of disability and illness. The Government is commended for successful reaching national target of 85% for children that had received vaccination since birth. However, attention should be given to districts with low vaccination whose zero dosage was above 15% (Buhera, Mutare and Mutasa).

Vitamin A Supplementation

Vitamin A Supplementation for Children 6-59 months (Past Six Months)



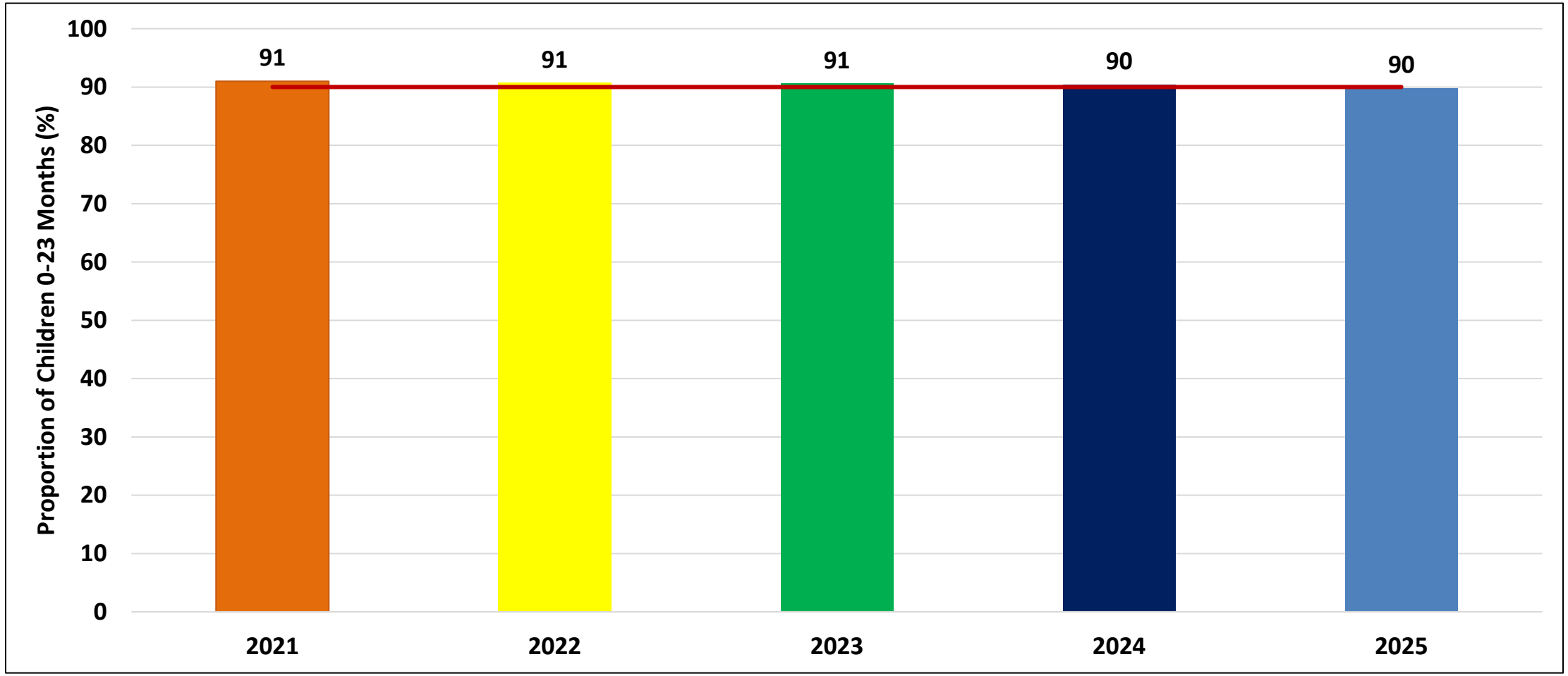
- The World Health Organization recommends Vitamin A Supplementation at least once every six months for the 6-59 months
- All districts had a vitamin A supplementation coverage above the national target of 90% for both age groups.

Infant and Young Child Feeding

Infant and Young Child Feeding

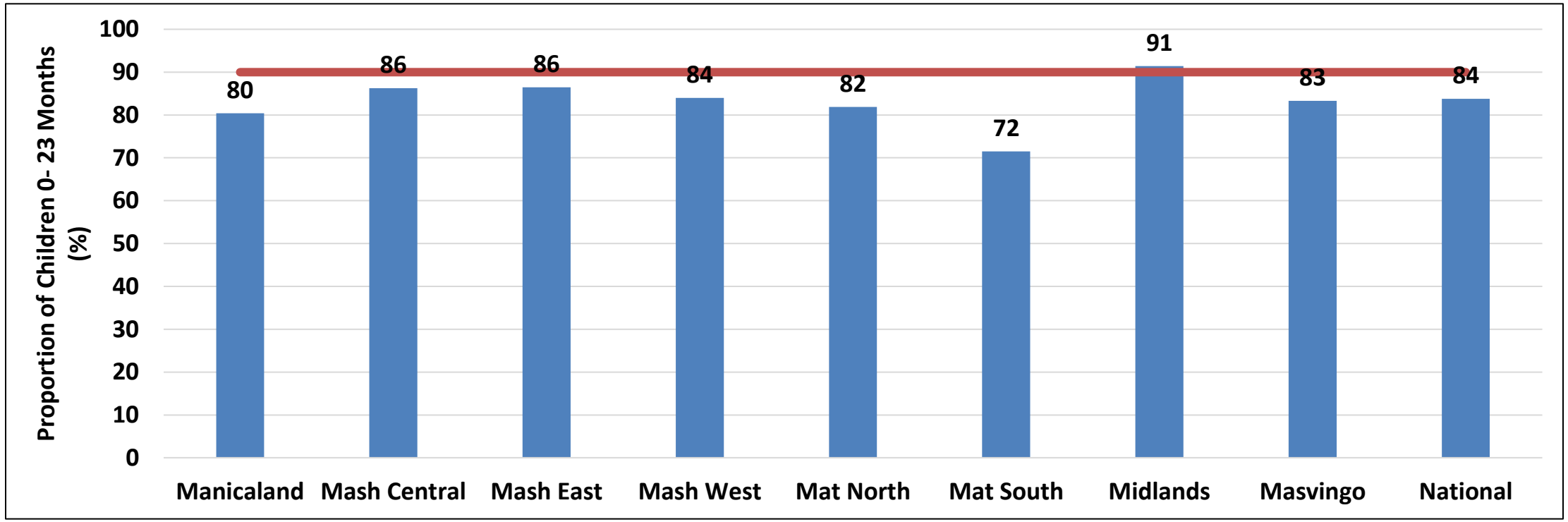
- Infant and young child feeding (IYCF) practices directly affect the health, development and nutritional status of children less than two years of age and ultimately, impact child survival. Improving IYCF practices in children 0–23 months of age is therefore critical to improved nutrition, health and development.
- The World Health Organisation (WHO) recommends breastfeeding practices that consist of early initiation of breastfeeding within one hour of birth, exclusive breastfeeding for six months, and continued breastfeeding with complementary feeding for at least two years.
    - Early initiation of breastfeeding, within one hour of birth, protects the newborn from acquiring infection; reduces newborn mortality and facilitates emotional bonding of the mother and the baby and has a positive impact on duration of exclusive breastfeeding.
    - Exclusive breastfeeding is a low cost, life-saving child survival intervention
    - WHO recommends that children aged 6–23 months be fed a variety of foods to ensure that nutrient needs are met. Food group diversity is associated with improved linear growth in young children. A diet lacking in diversity can increase the risk of micronutrient deficiencies, which may have a damaging effect on children's physical and cognitive development.
- Poor-quality diets are one of the greatest obstacles to children's survival, growth, development and learning. During the first two years of life, diets lacking in essential vitamins and minerals can irreversibly harm a child's rapidly growing body and brain and increase the risk of stunting, wasting and micronutrient deficiencies. Meanwhile, foods high in sugar, fat or salt can set children on the path to unhealthy food preferences, overweight and diet-related diseases.

Ever Breastfed 0 to 23 Months Trend



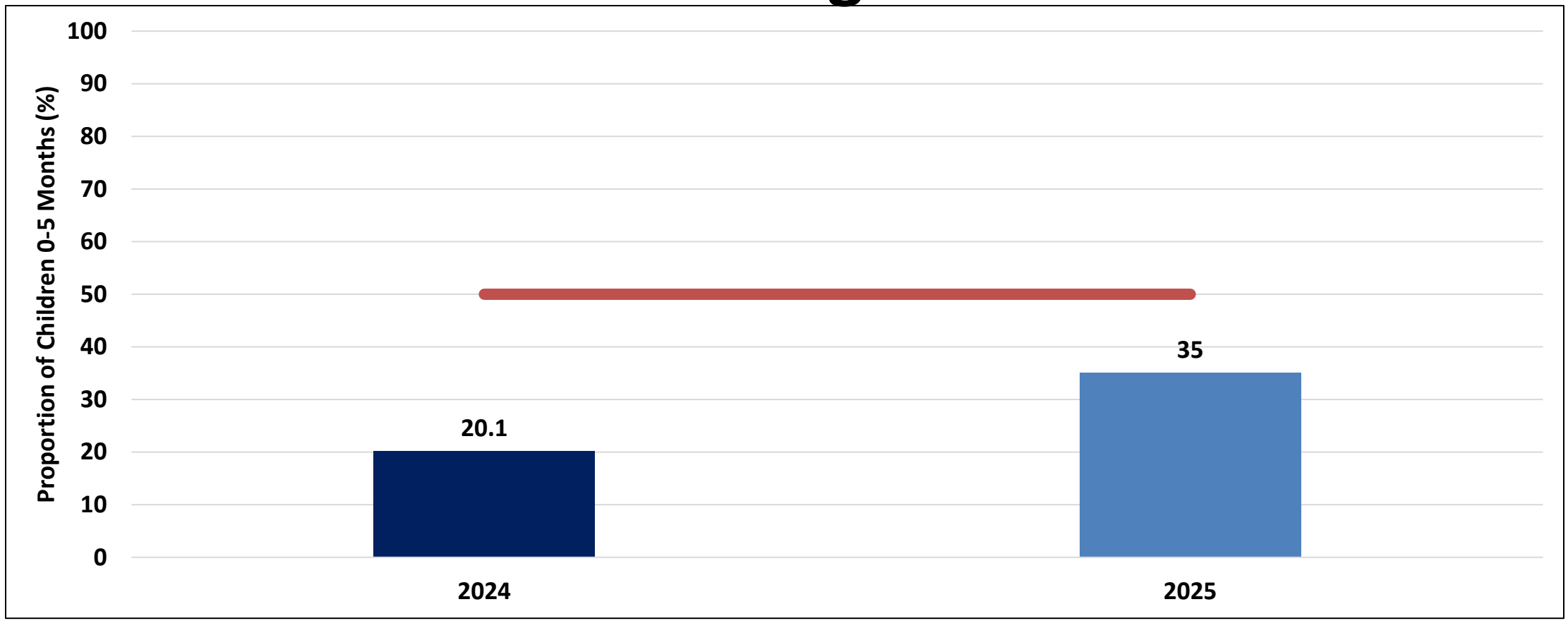
- Breastfeeding is one of the low cost high impact live-saving practices. At birth it provides 100% of the required daily nutrient intake.

Early Initiation of Breastfeeding



- In Manicaland , early Initiation of breastfeeding amongst children 0-23 months was 80%. This was below the national target of 90%.

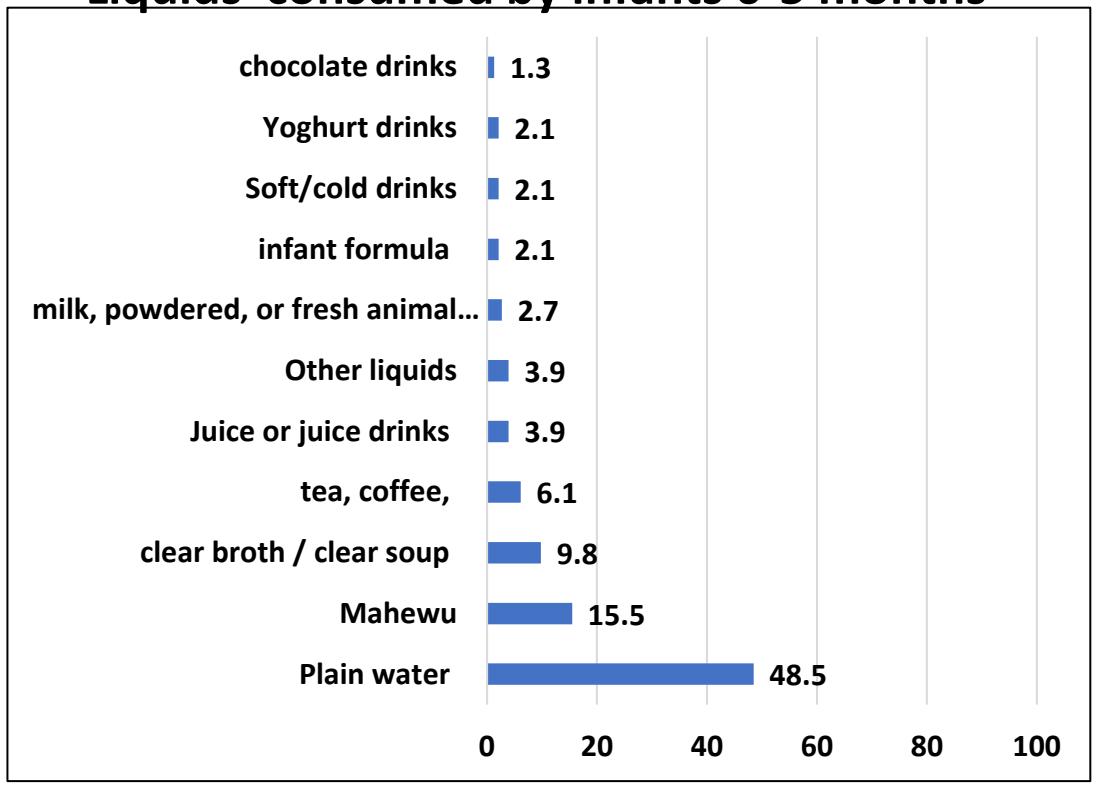
Exclusive Breastfeeding 0-5 Months Trend



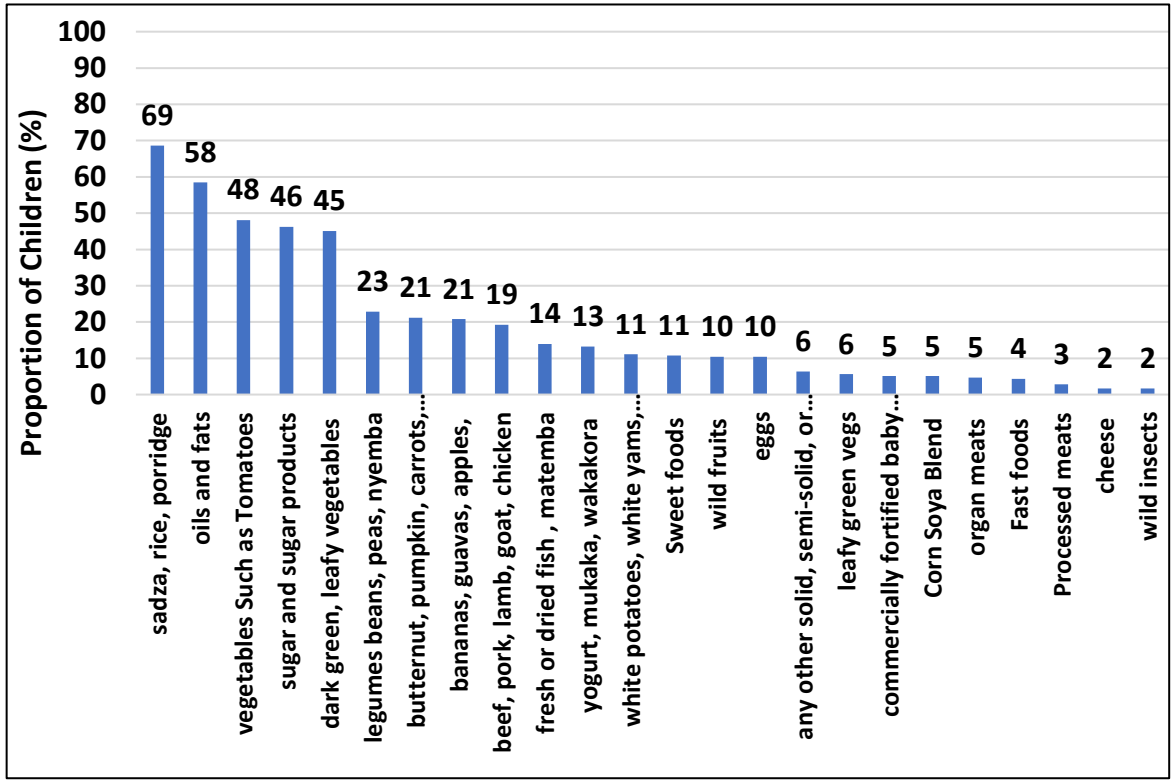
- Recognition is given to the investments in supporting, promoting and protecting gains around exclusive breastfeeding as reflected by the 15-percentage-point increase in exclusive breastfeeding from 20.1% in 2024 to 35% in 2025.

Liquids and Foods Consumed by Infants 0-5 months

Liquids consumed by infants 0-5 months

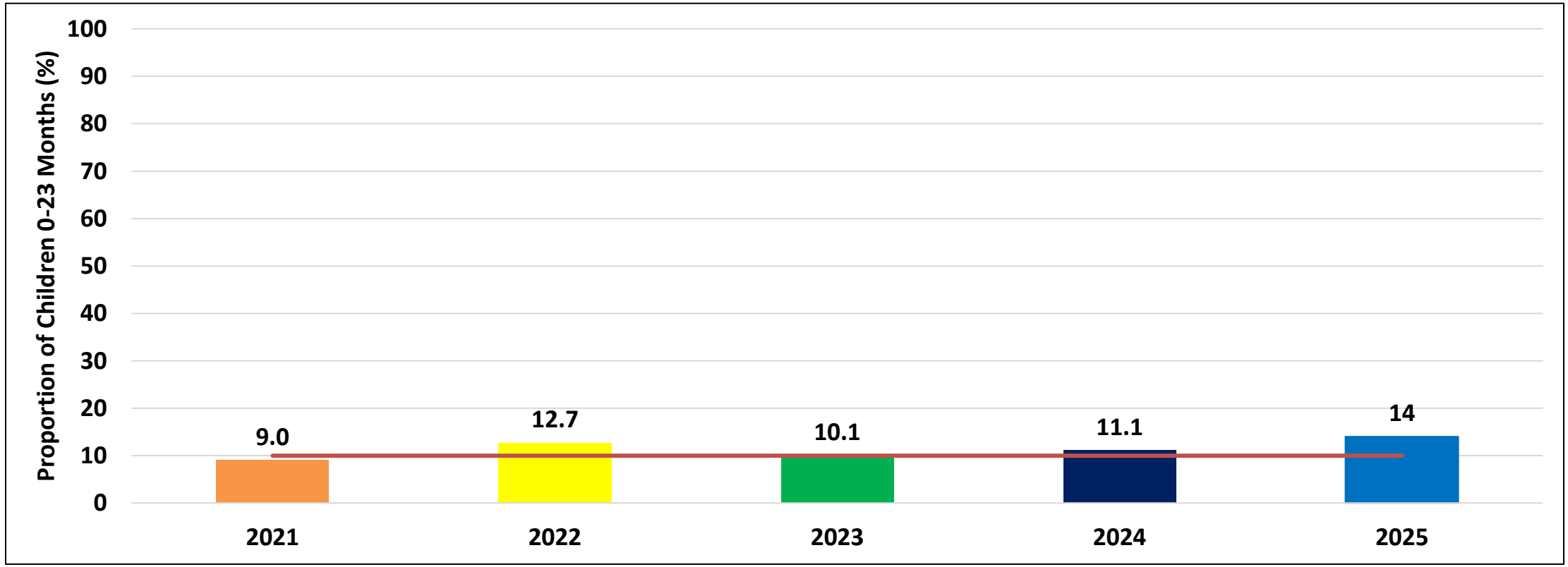


Foods consumed by infants 0-5 months



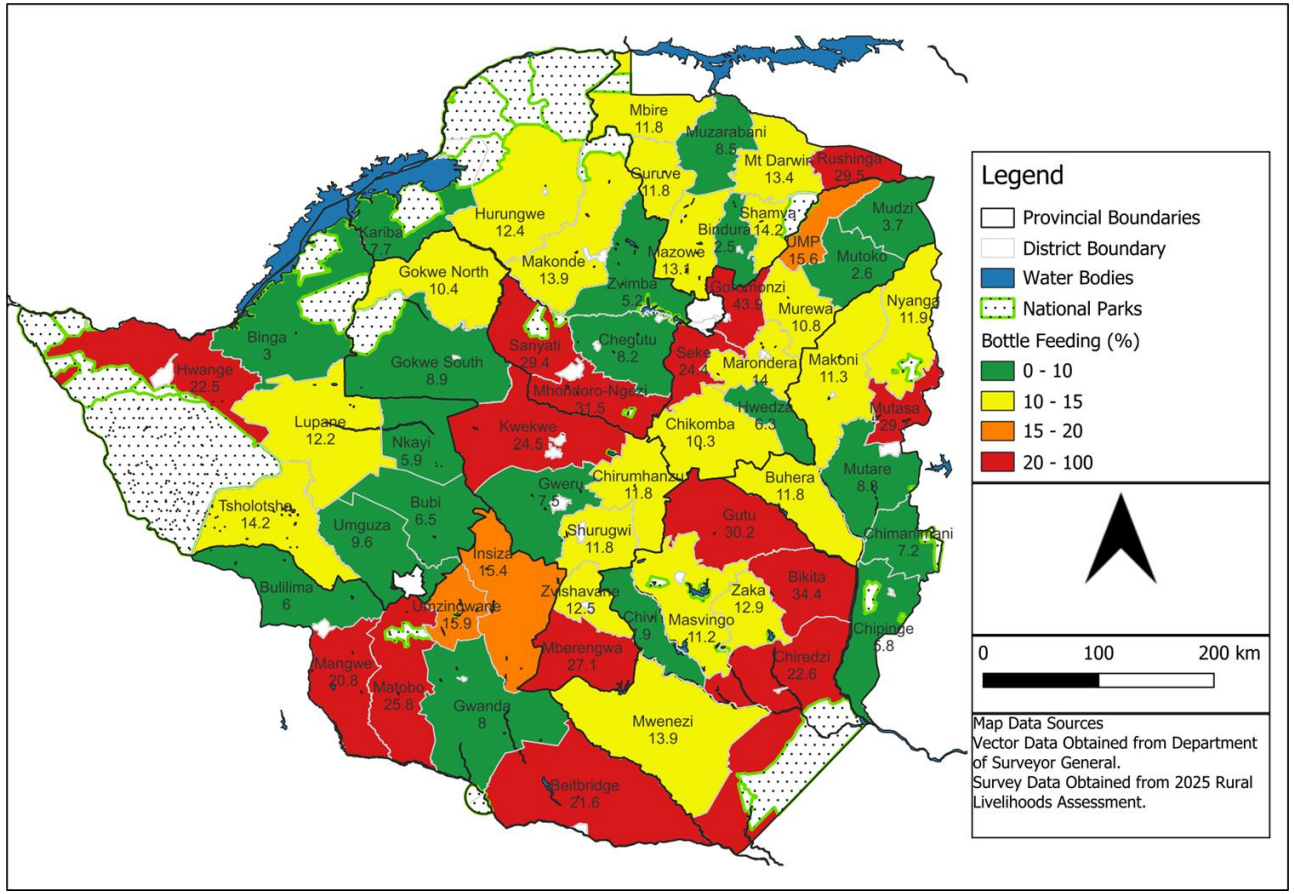
- Plain Water (48.5%) and mahewu (15.5%) were the main liquids given to infants 0-5months.
- The most common foods that were consumed by infants 0-5 months included sadza, wheat (68.6%), oils and fats (58.5%), vegetables tomatoes, onions) 48.1%, sugar and sugar products (46.2%) and dark green vegetables(45.1%).

Bottle Feeding Trend



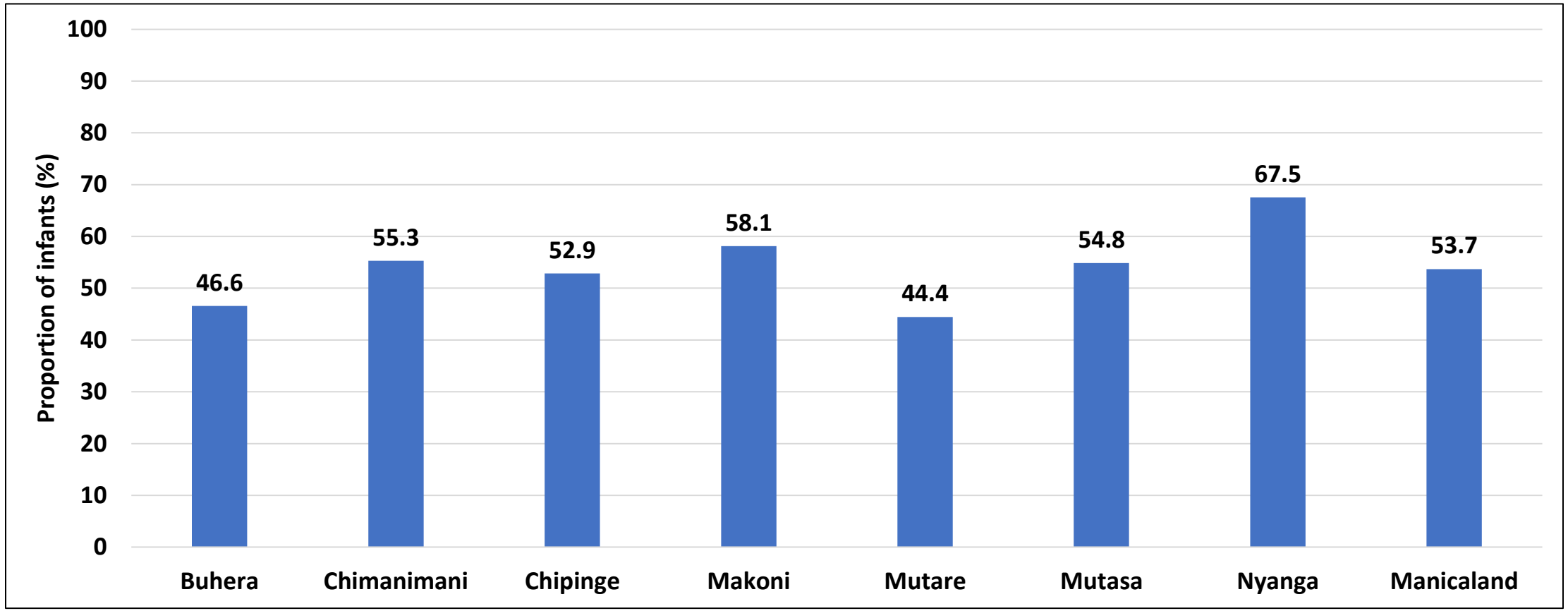
- Feeding an infant from a bottle with an artificial teat may make it more difficult for the baby to learn to attach well at the breast and has been associated with earlier cessation of breastfeeding. More so, in unhygienic conditions and poor preparation of infant formula, it puts the infant at a great risk of illness, resulting in increased risk of mortality.
- The WHO recommends that bottle feeding should be below 10%.
- National data indicates a concerning upward trend in bottle feeding, rising by over 50%, from 9% in 2021 to 14% in 2025.

Bottle Feeding



- Mutasa (29%) had the highest proportion of children who were bottlefed.

Continued Breastfeeding Beyond 1 Year

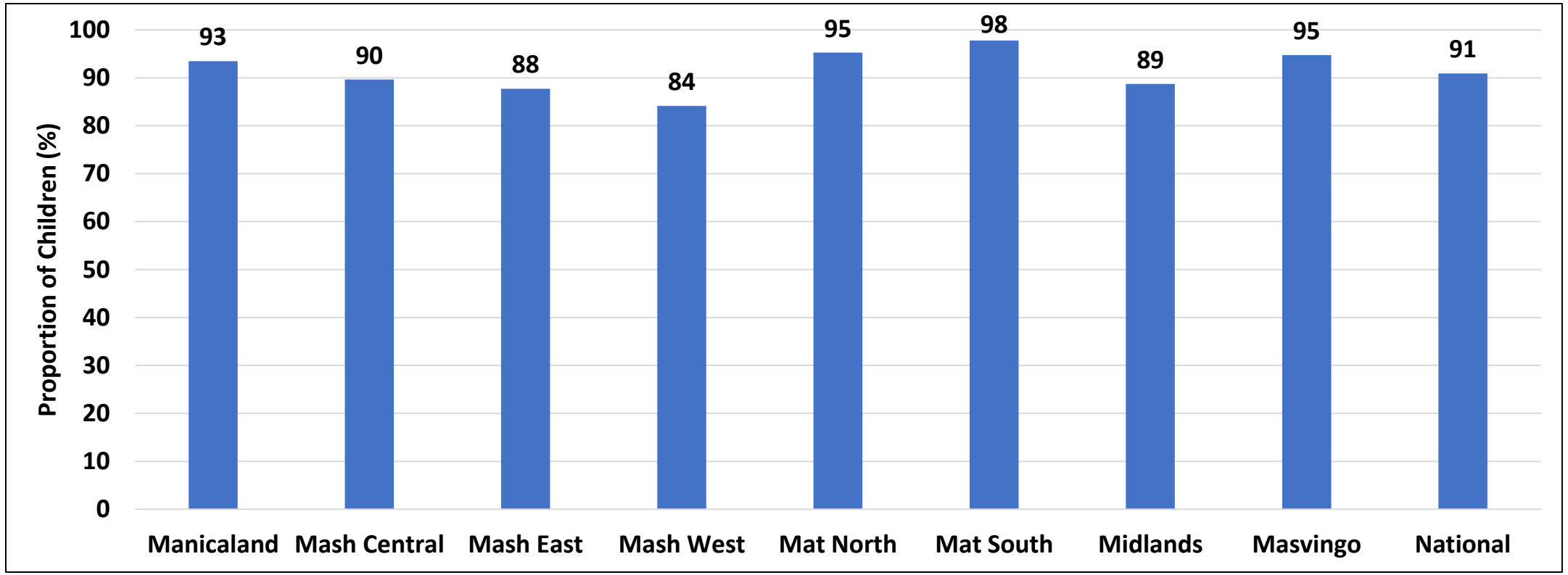


- The proportion of children who continued to be breastfed beyond one year was 53.7%.

Complementary Feeding

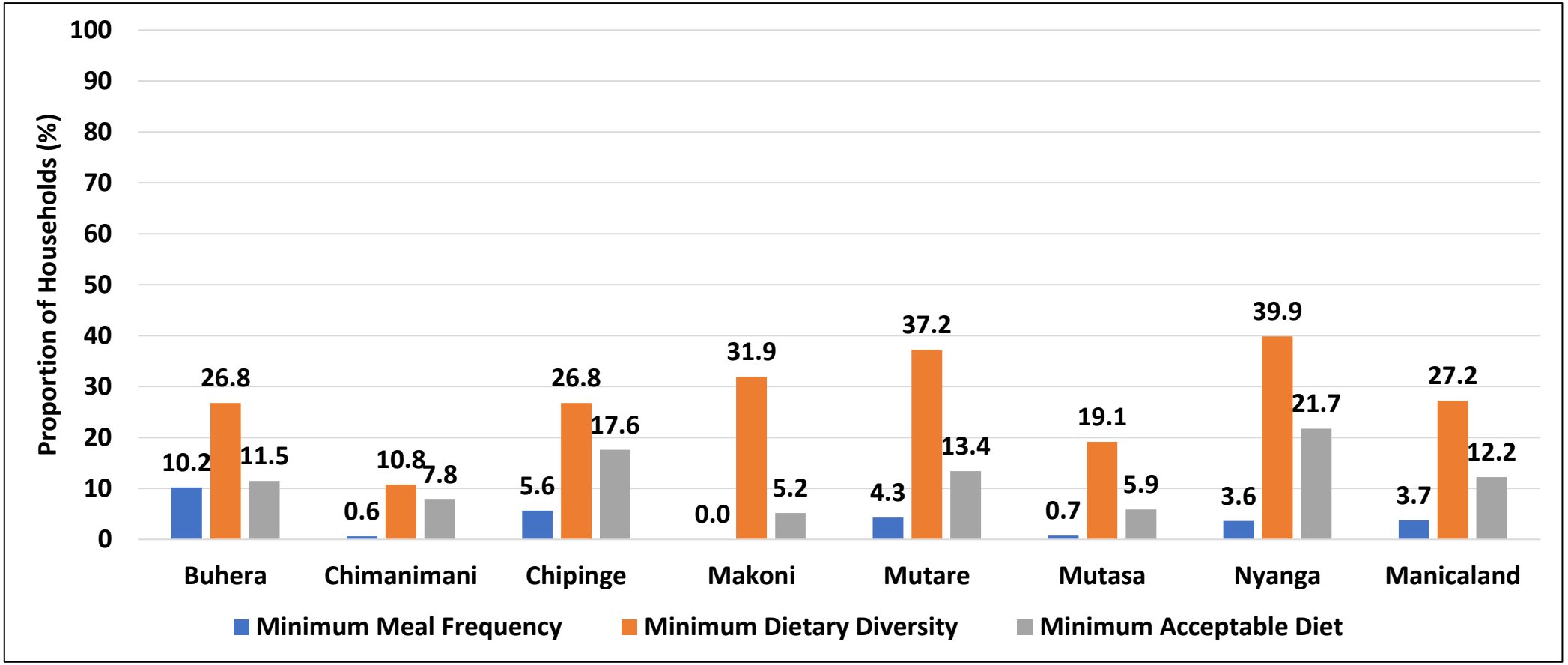
- Minimum Dietary Diversity (MDD) is a proxy indicator for adequate micronutrient density. Both breastfed and non-breastfed infants are expected to consume at least five of the seven food groups that are recommended by the World Health Organisation.
- Minimum Meal Frequency (MMF) is a proxy for a child's energy requirements and is the proportion of breastfed and non-breastfed children 6 to 23 months of age who receive solid, semi-solid, or soft-foods or milk feeds the minimum number of times or more.
- Minimum Acceptable Diet (MAD) is a composite indicator of minimum meal frequency and dietary diversity. It represents minimum standards of IYCF practices.

Introduction of Solids to Infants (6–8 months)



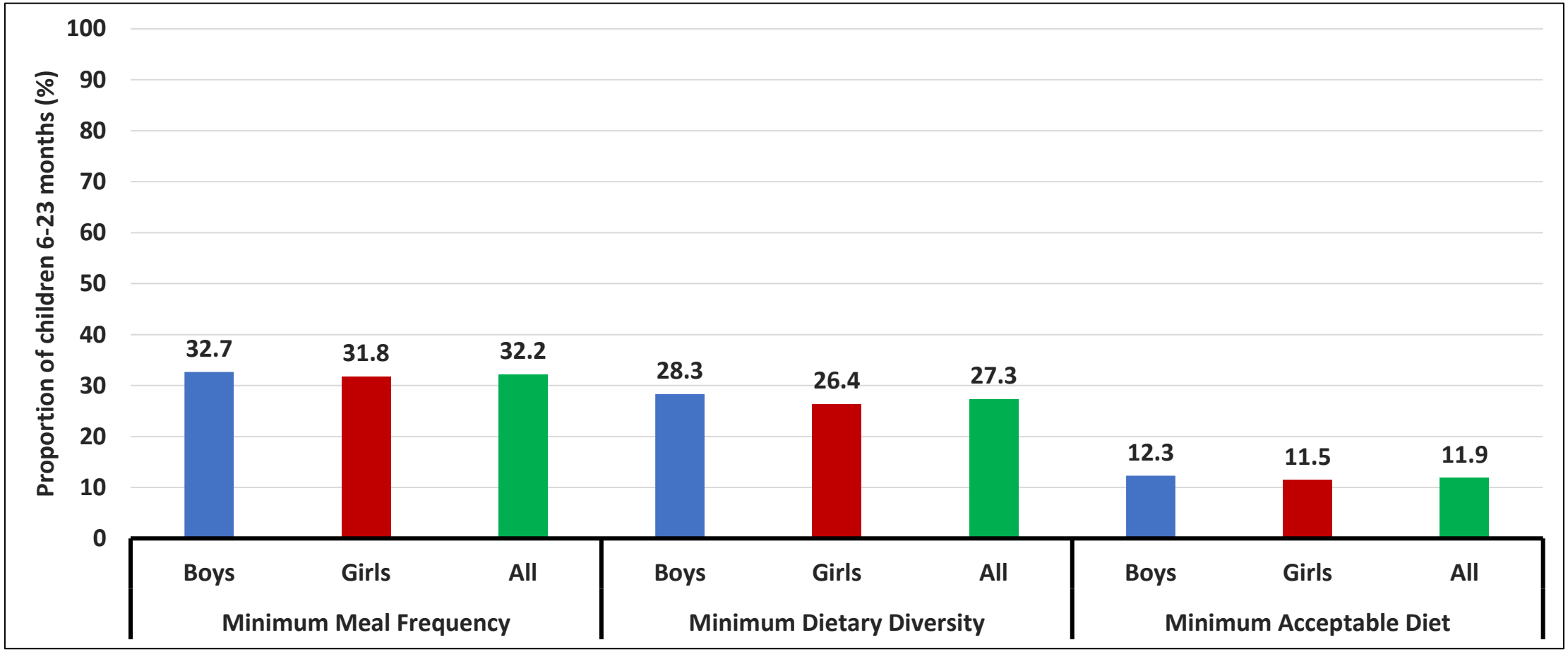
- Ninety-three percent of children 6-8 months of age in the province were timely introduced to solids or soft foods.

Infant and Young Child Feeding Diet Quality



- The proportion of children under the age of 2years who had a Minimum Acceptable Diet (MAD) was 12.2%.

Infant and Young Child Feeding Diet Quality Children 6-23 Months: By Sex



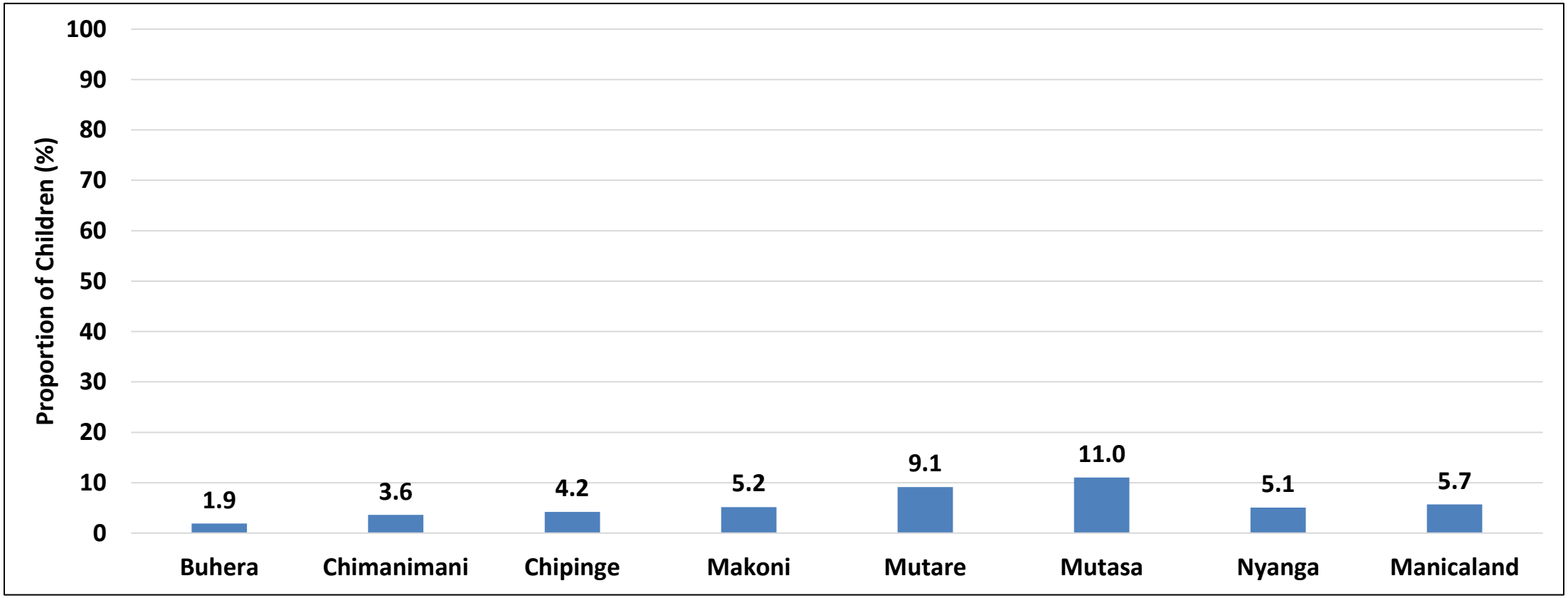
- There was no significant difference in diet quality by sex.

Notes

UNHEALTHY FOOD CONSUMPTION 6–23 MONTHS (UFC)

- In many low- and middle-income countries, diet patterns are shifting towards higher intakes of added sugars, unhealthy fats, salt and refined carbohydrates.
- Consumption of such foods may displace more nutritious foods and limit the intake of essential vitamins and minerals.
- Recently, unhealthy snack food and beverage consumption has been associated with a higher risk of nutrient inadequacy, and lower length-for-age among one-year-olds.
- Food preferences that begin early in life track into later childhood and adolescence. Such practices, if continued throughout adolescence and adulthood, can increase the risk of becoming overweight or obese, and of related chronic diseases later in life.

Unhealthy Food Consumption 6–23 Months



- Prevalence of unhealthy food consumption for children 6-23 months was 5.7%.
- Mutasa (11%) had the highest proportion of children consuming unhealthy foods.

Notes

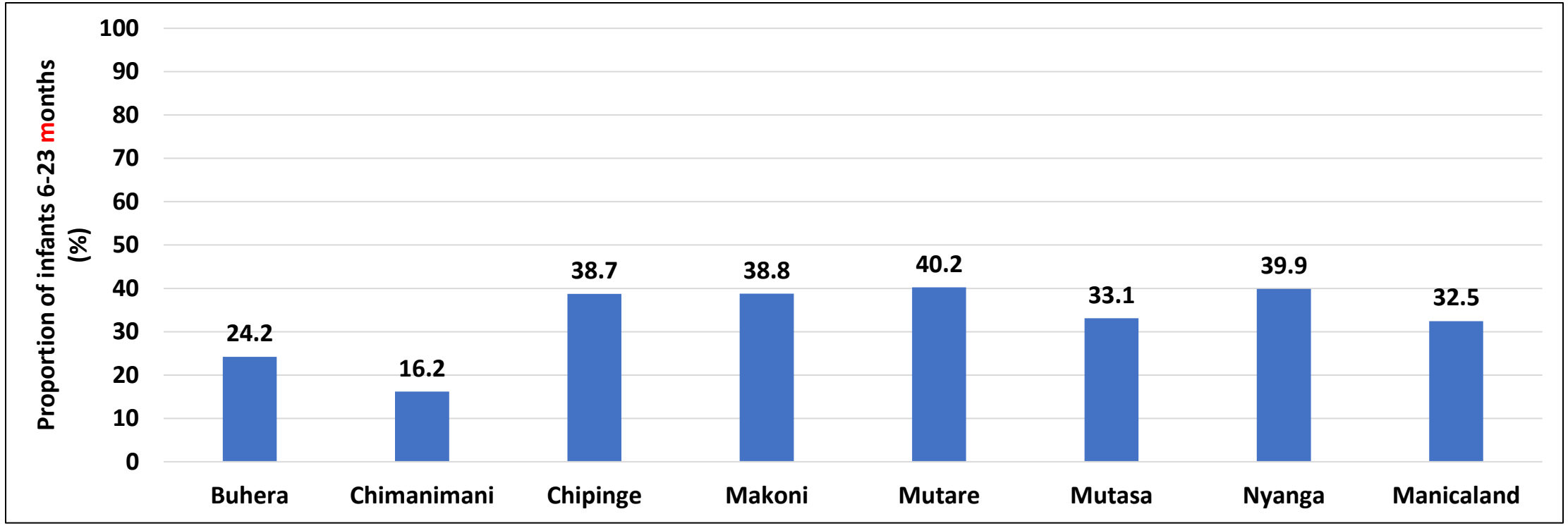
EGG AND/OR FLESH FOOD CONSUMPTION 6–23 MONTHS (EFF)

- WHO guiding principles for feeding breastfed and non-breastfed children state that “meat, poultry, fish or eggs should be eaten daily, or as often as possible”
- There is evidence that children who consume eggs and flesh foods have higher intakes of various nutrients important for optimal linear growth. Consuming eggs is associated with increased intakes of energy, protein, essential fatty acids, vitamin B12, vitamin D, phosphorus and selenium, and with higher recumbent length
- Introduction of meat as an early complementary food for breastfed infants was associated with improved protein and zinc intake. There is also evidence of low prevalence of egg and flesh food intake across many countries.

SWEET BEVERAGE CONSUMPTION 6–23 MONTHS (SwB)

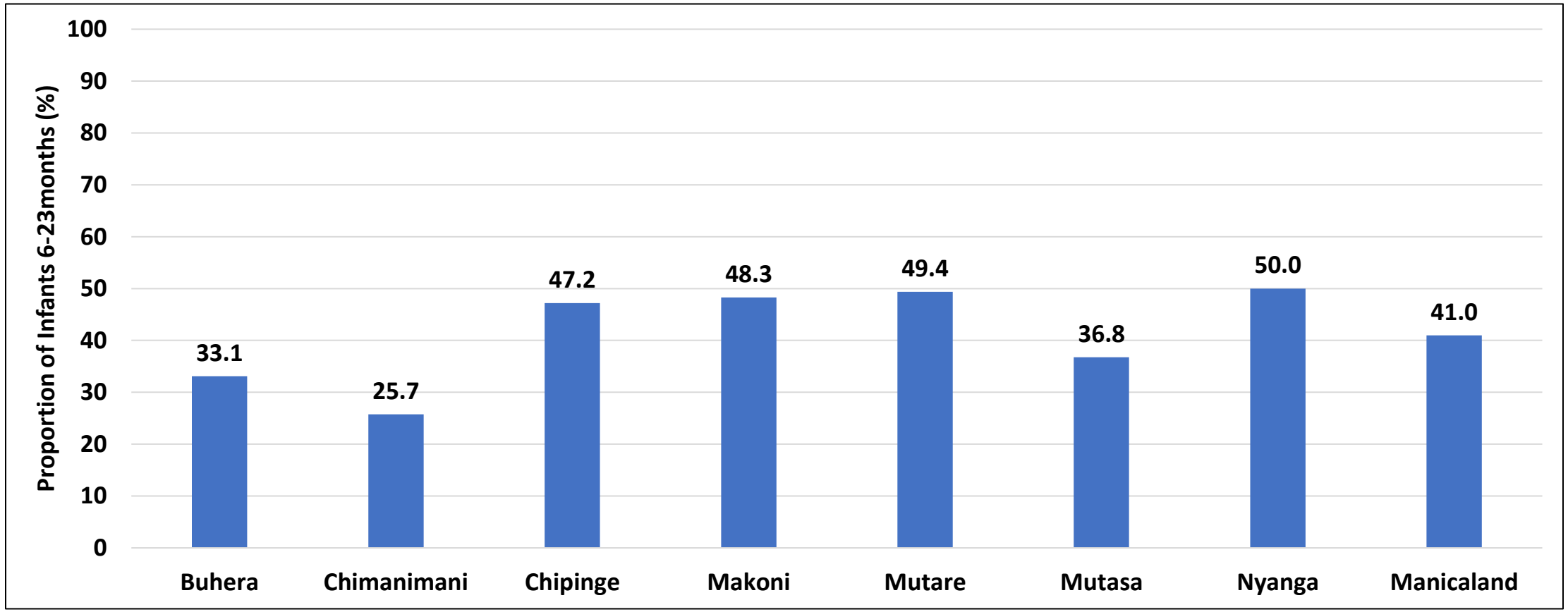
- WHO guiding principles for complementary feeding advise against giving sweet drinks, such as soft drinks, as they contribute no nutrients other than energy and may displace more nutritious foods.
- Higher intakes of sugar-sweetened beverages (SSBs) have been associated with an increased obesity risk among children of all ages. Early introduction of SSBs (before 12 months of age) is associated with obesity at six years of age. SSB consumption during the complementary feeding period is associated with an increased risk of obesity in childhood.

Egg and/or Flesh Food Consumption 6–23 Months



- Generally, the consumption of egg and/or flesh by children 6-23 months of age was low across all districts thus reflecting critical nutrition gaps.

Sweet Beverage Consumption 6–23 Months



- Sweet beverage consumption among 6-23 months-old was high at 41%. Urgent multi-sectoral intervention to curb the sub-optimal practice is required.

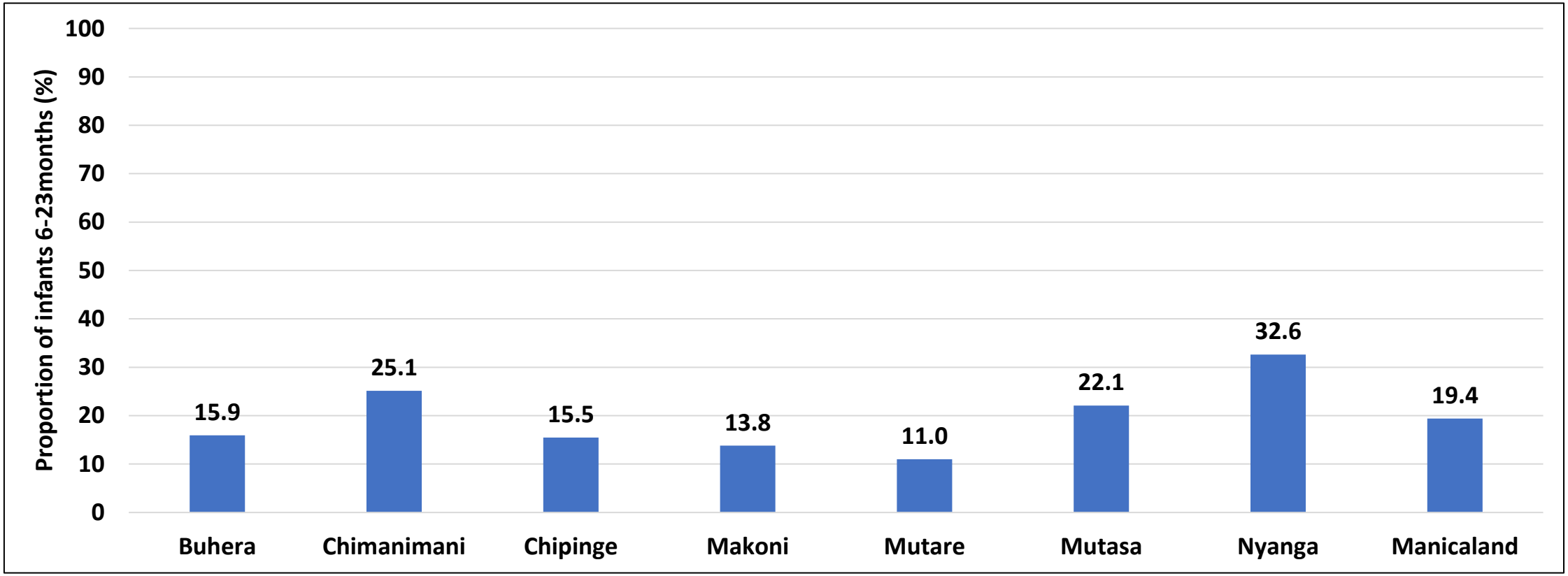
Notes

ZERO VEGETABLE OR FRUIT CONSUMPTION 6–23 MONTHS (ZVF)

- WHO indicates that low vegetable and fruit consumption is associated with increased risk of non communicable diseases (NCDs).
- Consumption of zero vegetables or fruits on the previous day represents an unhealthy practice.

Indicator definition: percentage of children 6–23 months of age who did not consume any vegetables or fruits during the previous day.

Zero-Vegetable or Fruit Consumption 6–23 Months



- About 19.4% of children in Manicaland were not consuming vegetables or fruits.
- Nyanga (32.6%) had the highest proportion of infants not consuming vegetables or fruits.

Nutrition Status

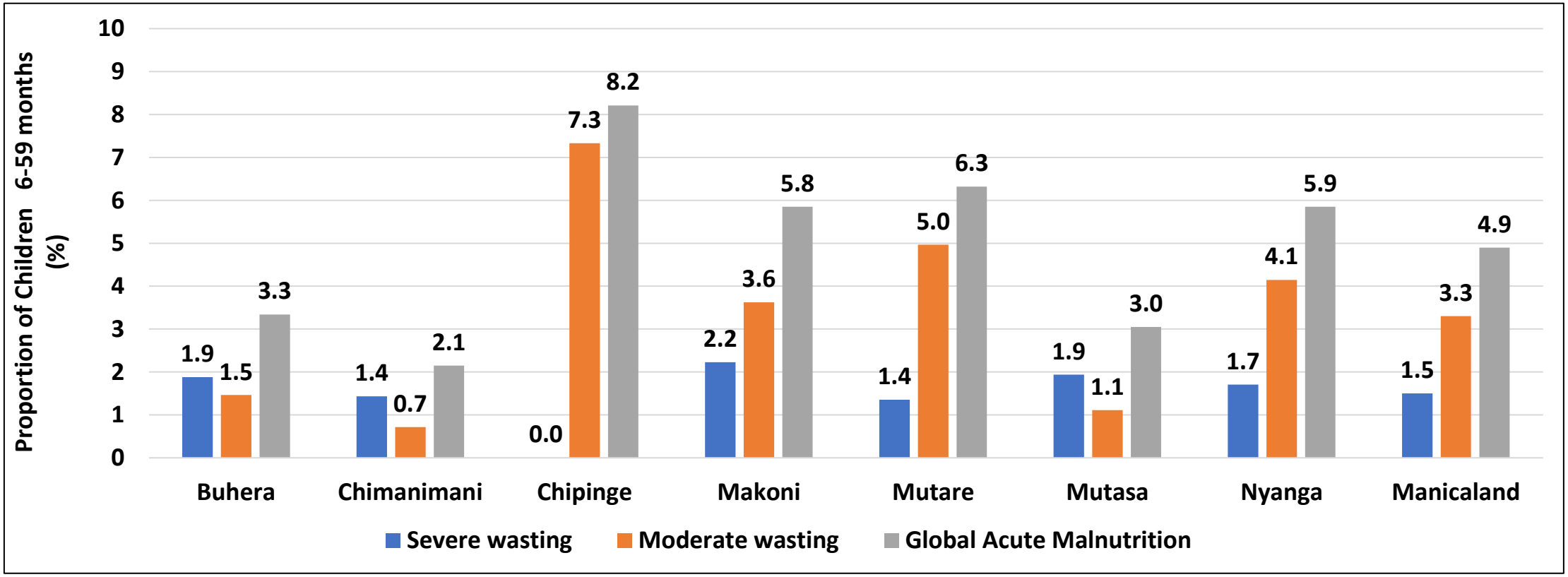
Child Nutrition Status

Child Stunting 	The share of children under the age of five who are short for their age (having a low height-for-age), reflecting chronic undernutrition.
Child Wasting 	The share of children under the age of five who are too thin for their height (low-weight-for-height), reflecting acute undernutrition.
Child Underweight 	The share of the children under the age of the five who are too thin for their age (low weight-for-age).
Overweight /Obesity 	The share of children under the age of five who are too heavy for their height (high weight-for-height).

Child Nutrition Status

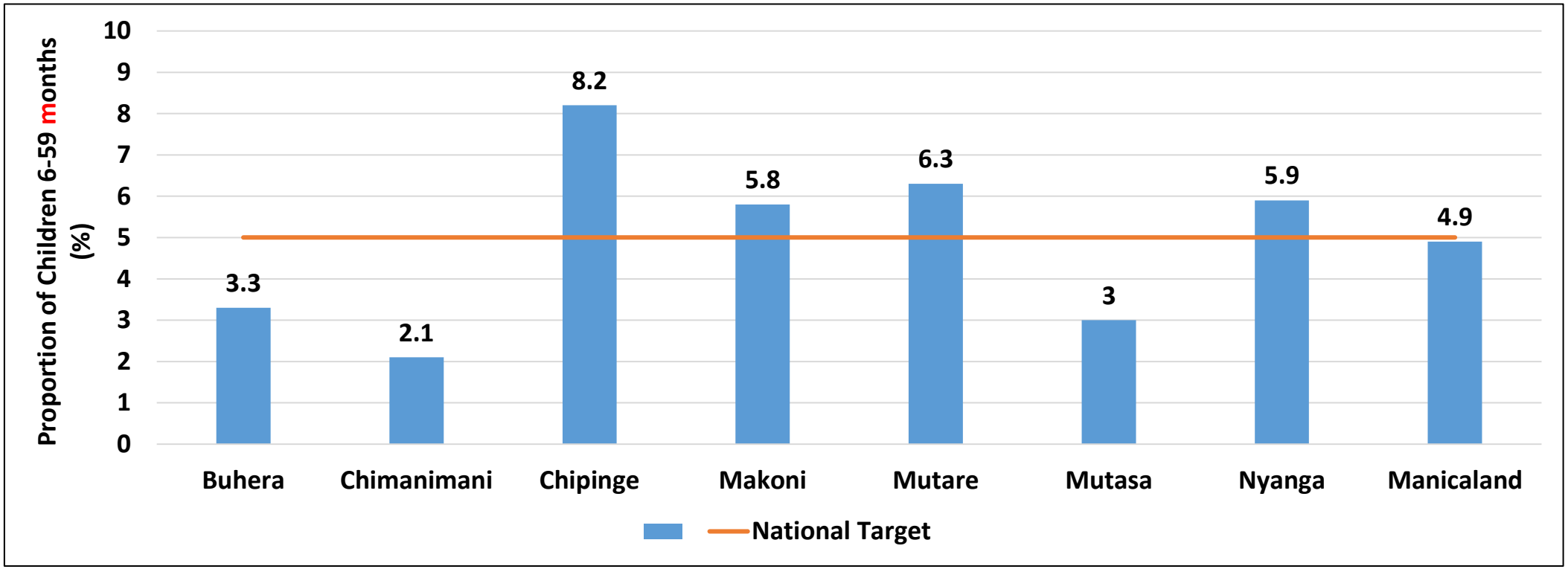
Indicator	Indicator definition (WHO standards, 2006)	National Target (%)	Prevalence cut-off values for public health significance
Stunting	Height/Length for age <–2 SD of the WHO Child Growth Standards median	17	<2.5%: Very Low 2.5-<10%: Low 10-<20%: Medium 20-<30%: High ≥30%: Very High (DeOniset al., 2019)
Global Acute Malnutrition	Weight for height <-2SD of the WHO Child Growth Standards median and/oedema	5	<5% Acceptable 5–9.9%: Poor 10–14.9%: Serious >15%: Critical
Severe Acute Malnutrition	Weight for height <–3 SD of the WHO Child Growth Standards median	2.5	0% = acceptable >0%: Unacceptable
Underweight	Weight for age <-2SD of the WHO Child Growth Standards median and/oedema	10	
Overweight	Weight for height >+2 SD of the WHO Child Growth Standards median	<3	<2.5%: very low 2.5 to <5%: low 5 to <10%: medium 10 to <15%: high ≥15%: very high
obesity	Weight for height >+3 SD of the WHO Child Growth Standards median		

Prevalence of Wasting for Children Aged 6-59 Months



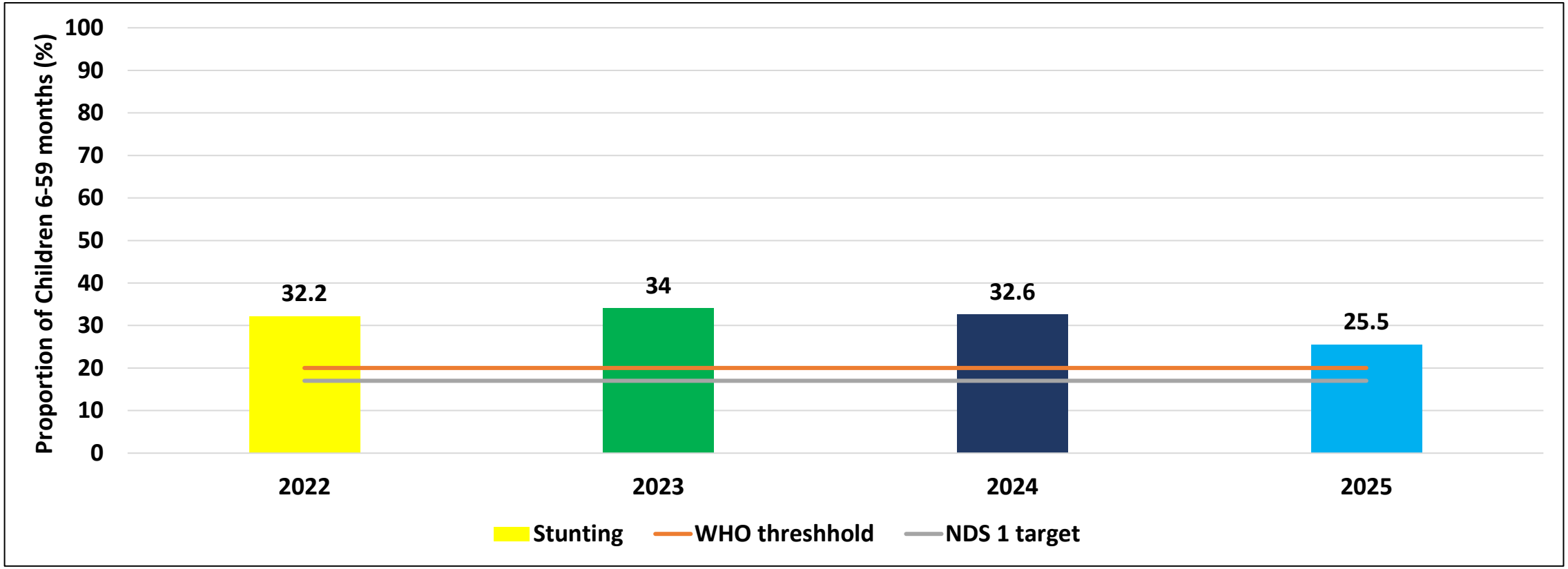
- The provincial prevalence for Global Acute Malnutrition (GAM) was 4.9%, with Chipinge (8.2%) , Mutare (6.3%) and Nyanga (5.9%) reporting the highest.

Prevalence of Global Acute Malnutrition for Children Aged 6-59 Months



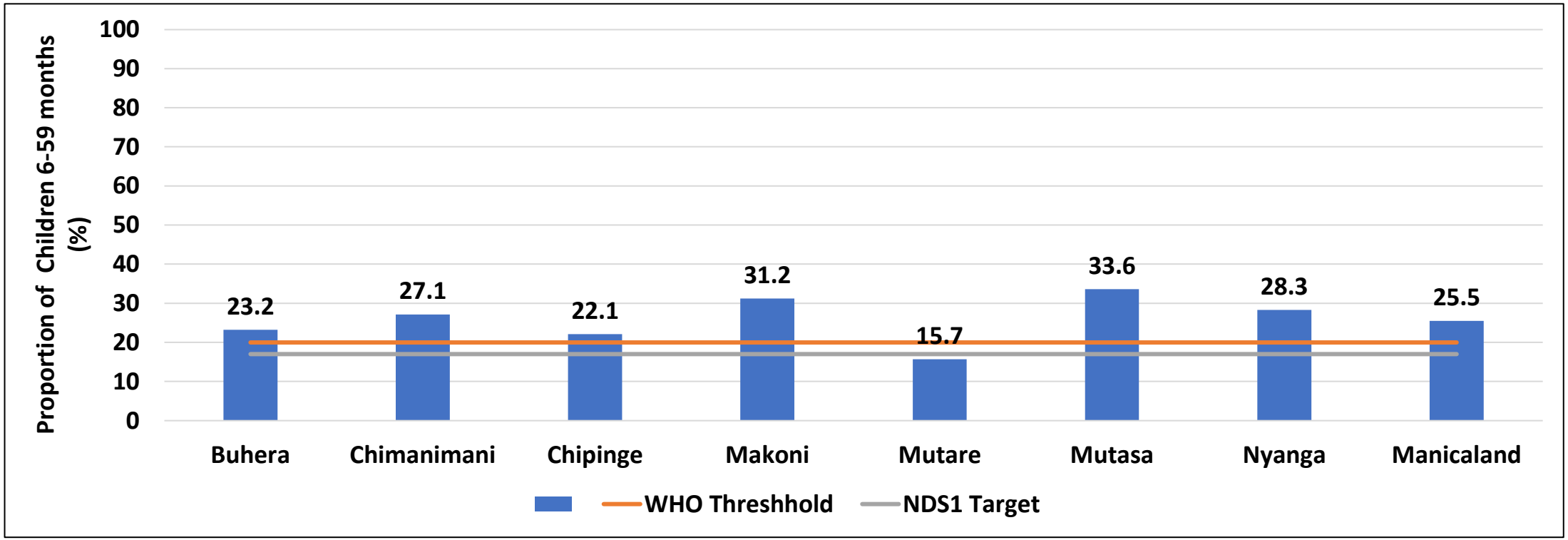
- The prevalence of GAM (wasting) was 4.9%.
- Chimanimani (2.1%) Buhera (3.3%) and Mutasa (3%) reported GAM levels below the acceptable threshold of 5% (WHO).

Prevalence of Stunting for Children 6-59 Months by Year



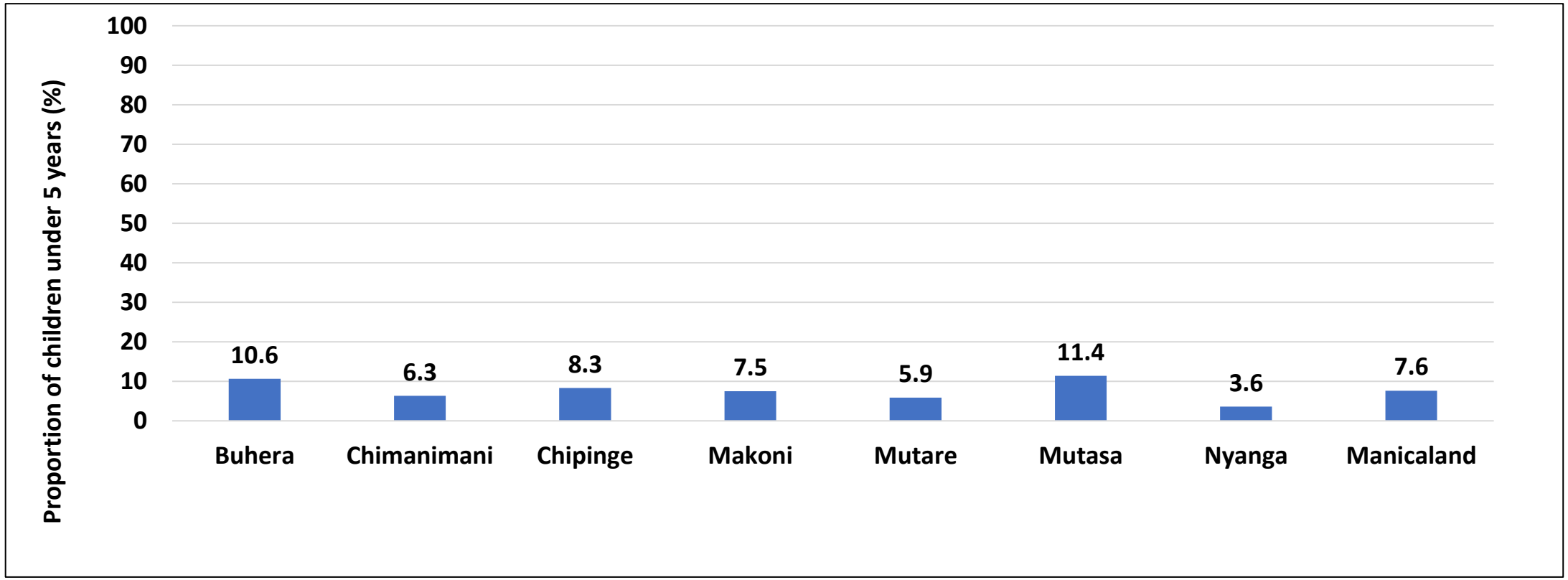
- Over the years, the provincial stunting prevalence has not yet met the NDS1 target (17.3%) nor the WHO threshold (at least 20%).

Prevalence of Stunting for Children 6-59 Months



- The target of NDS1 is to reduce the national prevalence of under-five stunting from 23.5% to 17% by 2025.
- The proportion of children 6-59 months who were stunted was 25.5%, which is still higher than the NDS1 target of less than 17%.
- All districts except Mutare recorded stunting levels above the WHO threshold of at least 20% classified as high (20-30%).

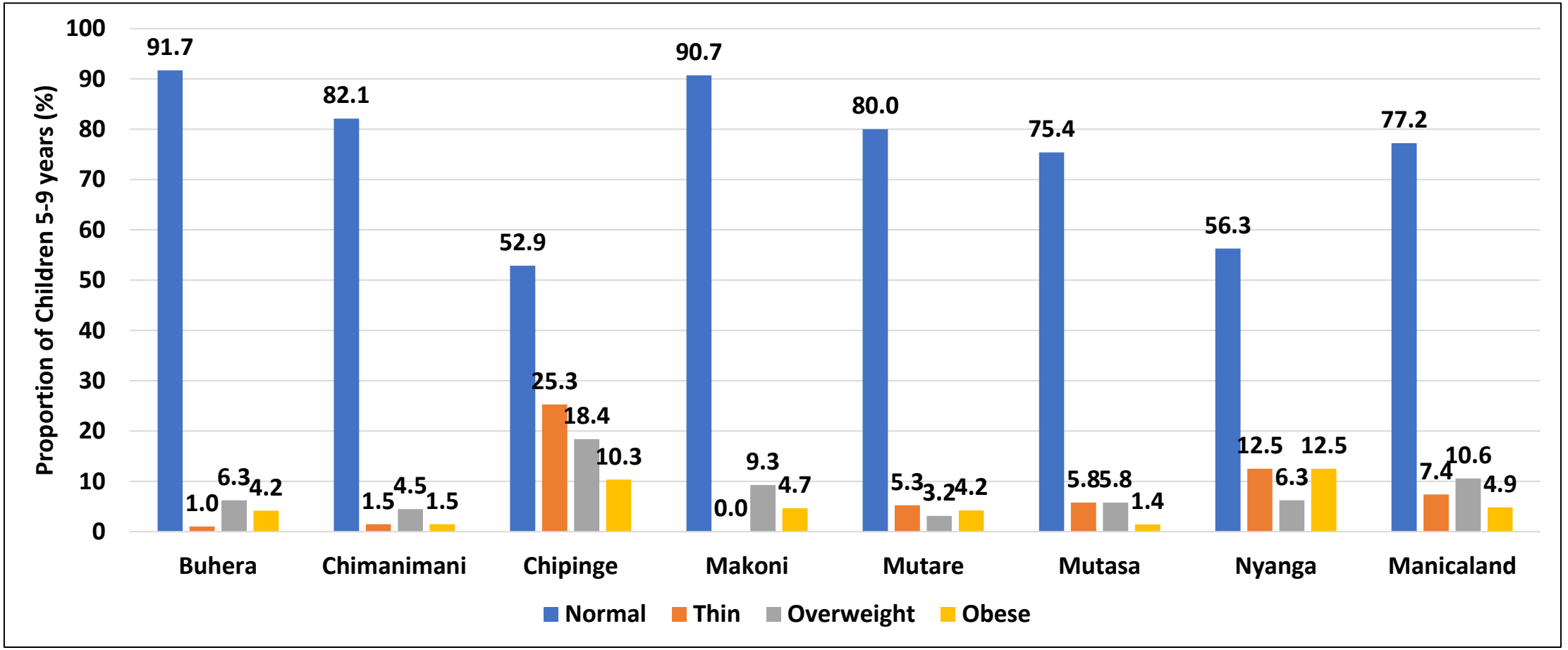
Prevalence of Underweight in Children aged 6-59 Months



- The Manicaland average for underweight was 7.6%.

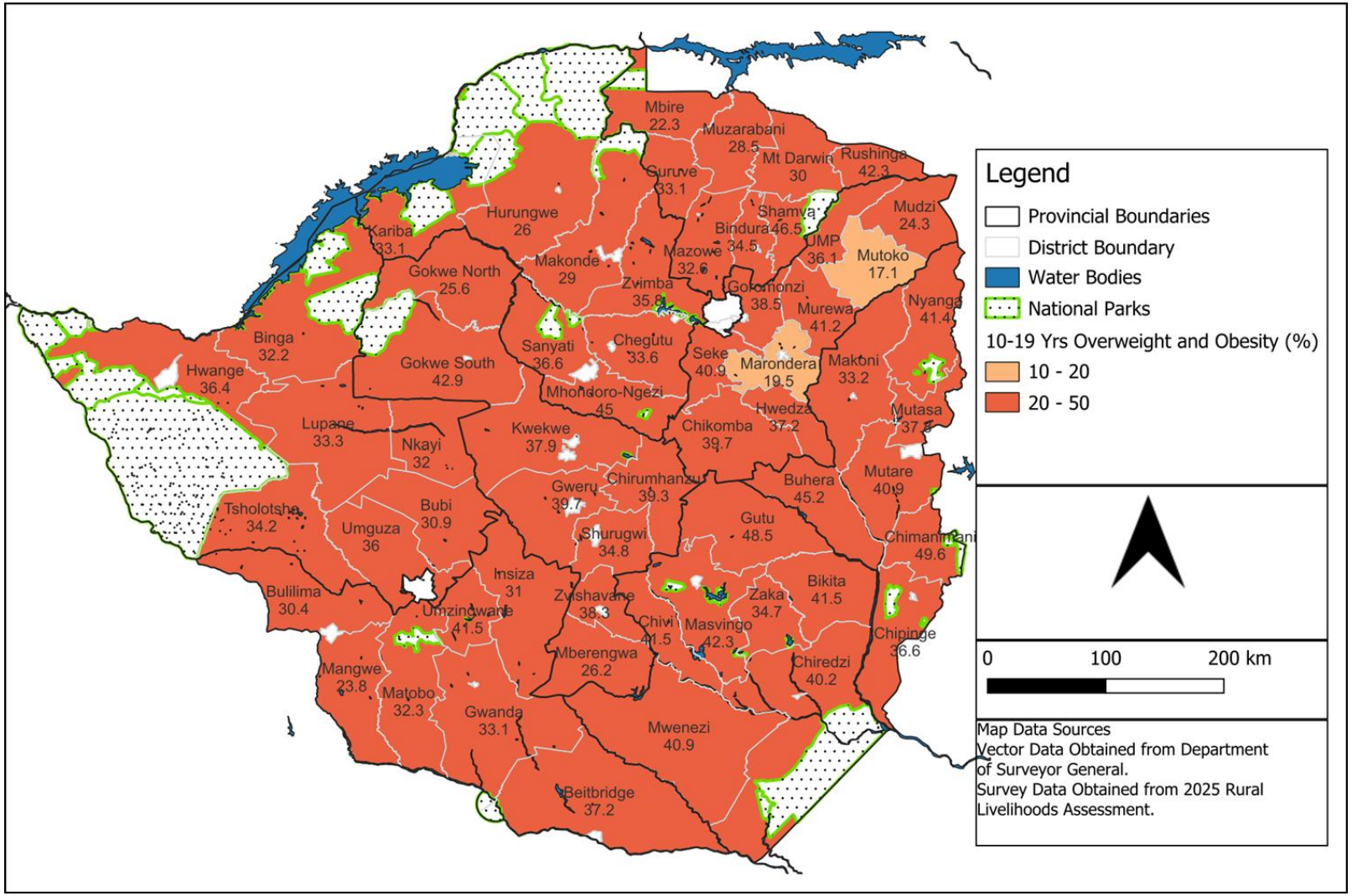
Nutrition Status: 5 to 19 Years

Nutrition Status of Children 5-9 Years (BMI-for-Age)



- In Manicaland , 4.9% of the children aged 5 to 9 years were obese and 10.6 % were overweight whilst 77.2% were normal.

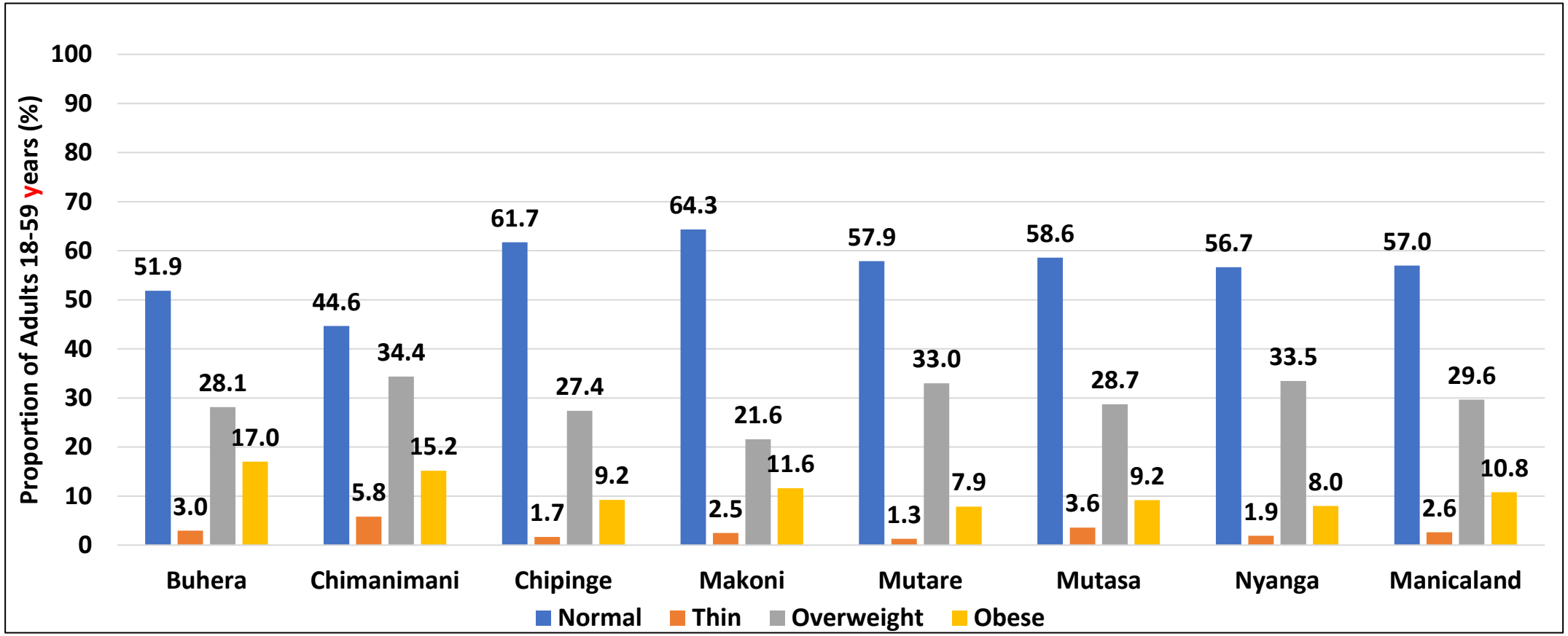
Nutrition Status of Adolescents 10-19 Years by District



- Most of the districts reported overweight and obesity levels in the range of 20-50%.

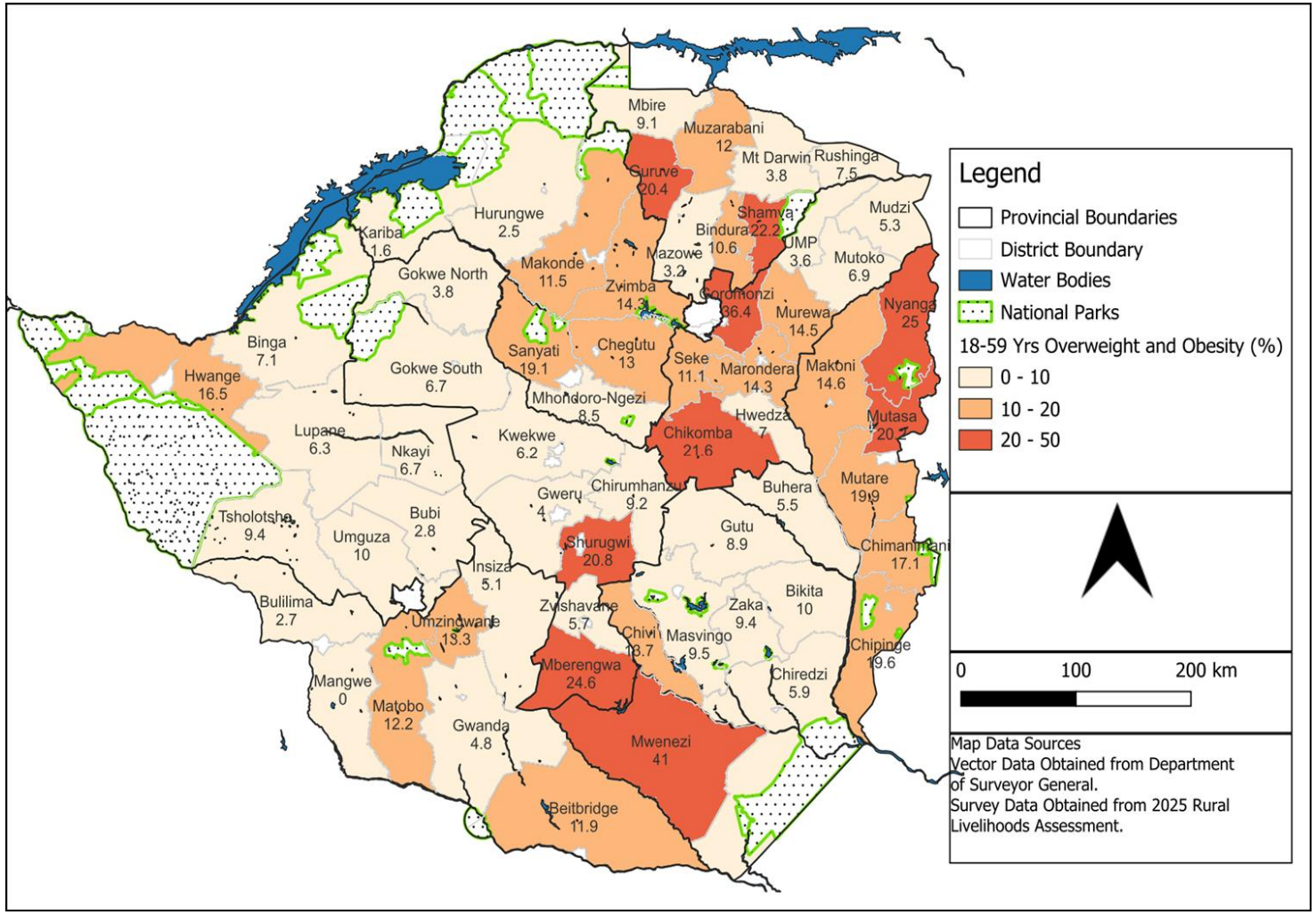
Adult Nutrition Status

Nutrition Status for Adults 18-59 Years by District (BMI)



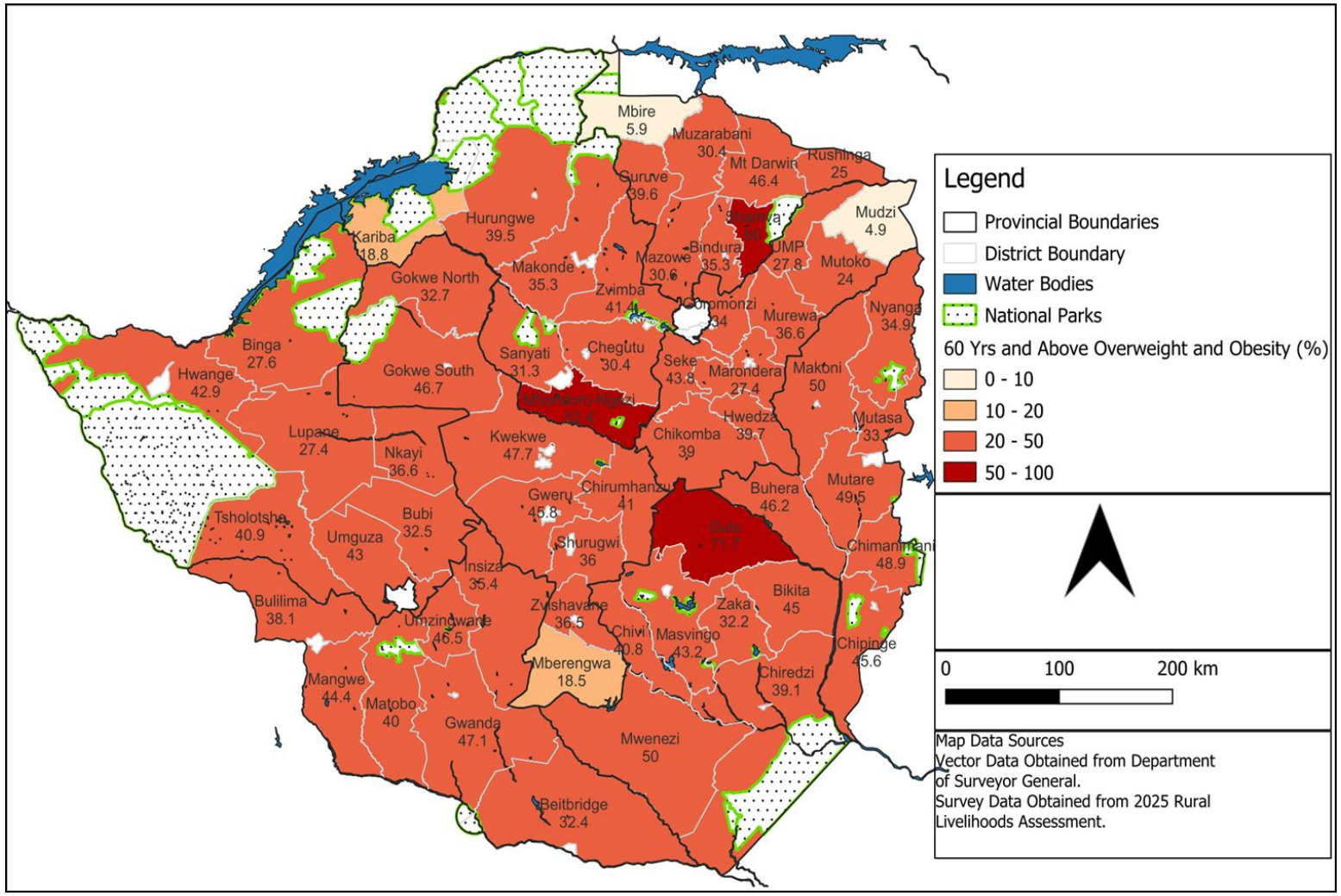
- Body mass index was used to classify adults aged 18 years and above. Having excess fat deposits in the body leads to to serious health consequences such as cardiovascular disease (mainly heart disease and stroke), type 2 diabetes, musculoskeletal disorders like osteoarthritis and some cancers (endometrial, breast and colon).
- In Manicaland , 29.6% of the adults aged 18-59 years were overweight and 10.8% were obese.

Nutrition Status for Adults 18-59 Years by District (BMI)



- Nyanga (25%) and Mutasa (20.1%) reported the highest levels of overweight and obesity.

Nutrition Status for Adults 60 Years and Above by District (BMI)



- Makoni (50%) reported the highest levels of overweight and obesity in the 60+ years age group.

Food Security

Food Security Dimensions

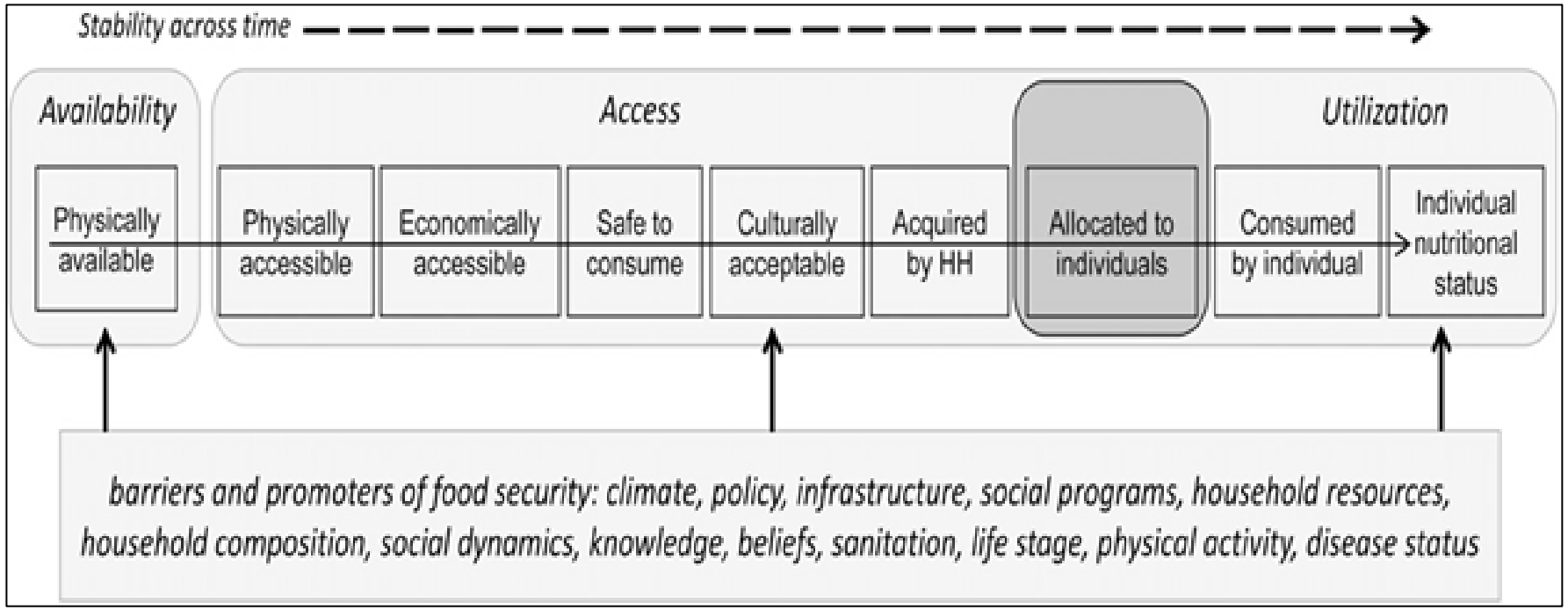


Figure 3: Dimensions of Food Security (Jones et al., 2013)

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 given in Figure 3 are:
    - **Availability** of food
    - **Access to food**
    - The safe and healthy **utilisation** of food
    - The **stability** of food availability, access and utilisation

Food Security Analytical Framework

- Household cereal security was determined by measuring a household's potential access to enough cereal to give each member 2100 kilocalories per day in the consumption period 1 April 2024 to 31 March 2025.
- Each of the surveyed households' potential to acquire minimum expenditure food basket was computed by estimating the household's likely disposable income (both cash and non cash) in the 2024/25 consumption year from the following possible income sources;
    - Cereal stocks from the previous season;
    - Own food crop production from the 2023/24 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.

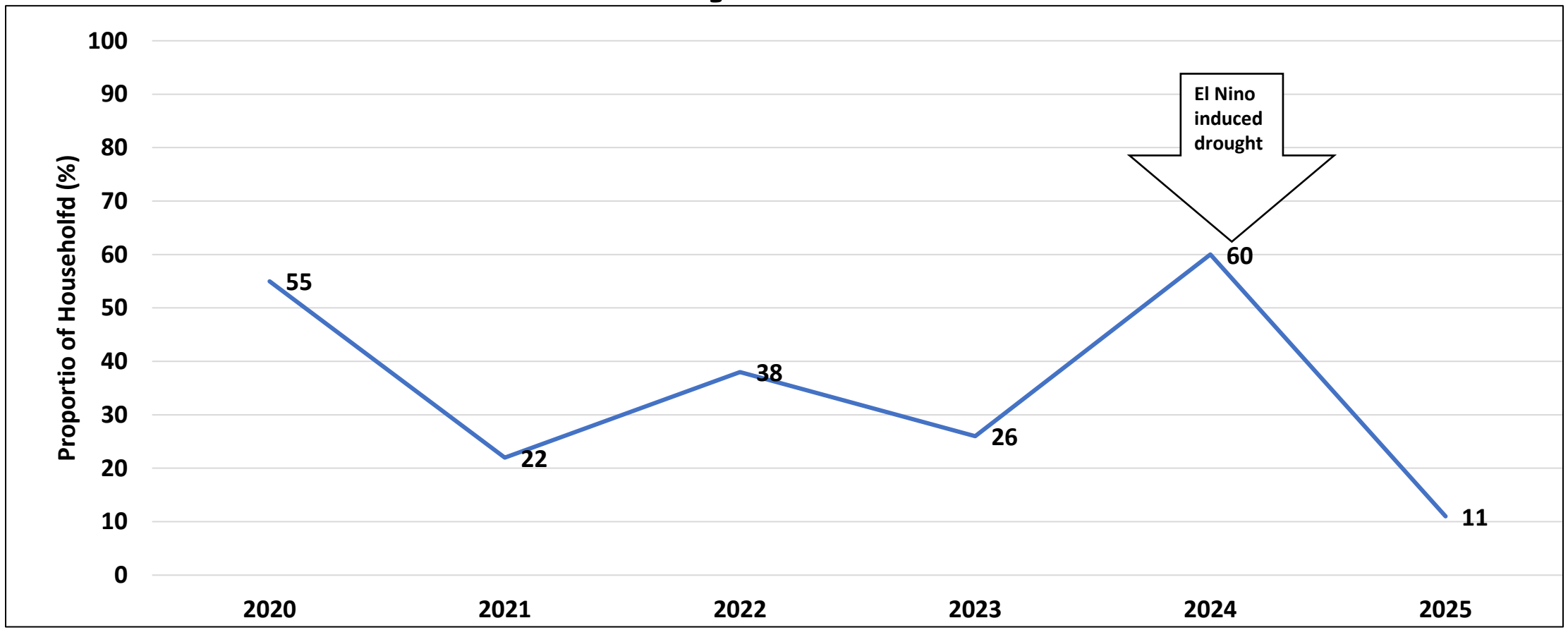
Food Security Analytical Framework

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

Food Security Status at Peak Hunger

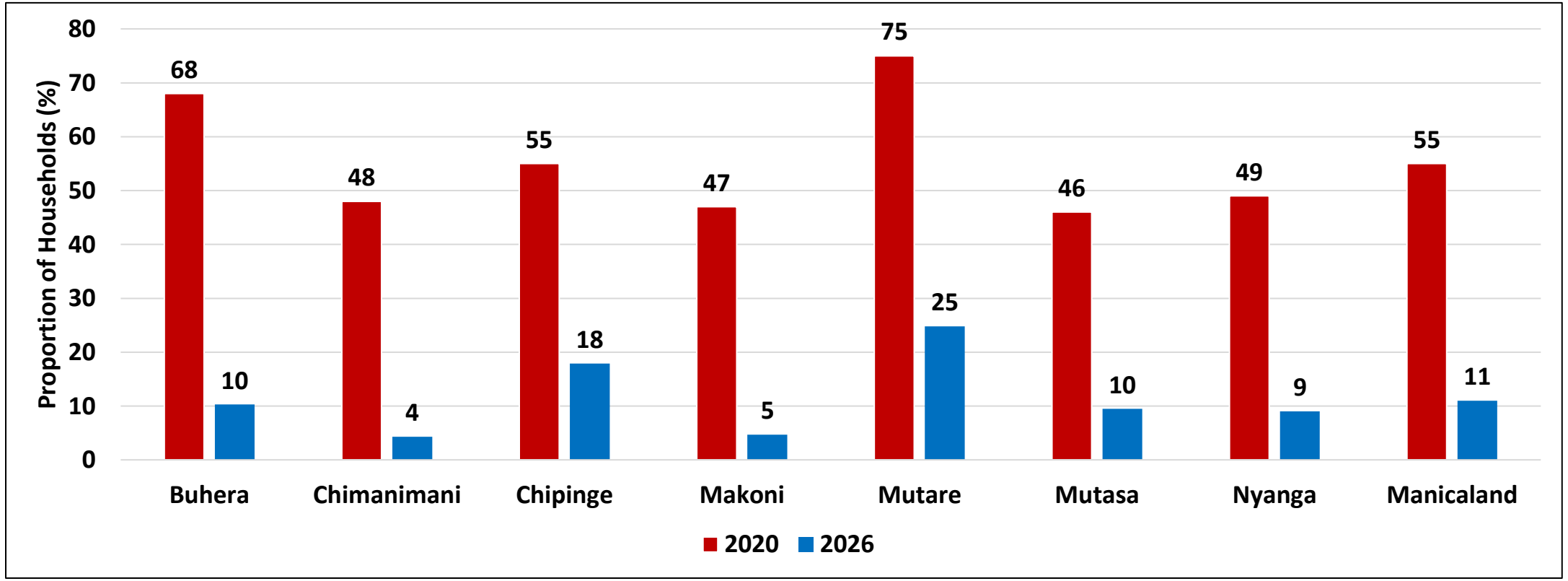
- During the peak hunger period (January to March 2025) it was estimated that approximately 13**%** of the rural households will be cereal insecure.
- The 13% of rural households translated into approximately **223,213** individuals requiring a total of **15,796 MT** of cereal (maize grain) from the National Strategic Grain Reserves.

Cereal Insecurity Trends 2020 - 2025



- There was a 76% drop in cereal insecurity from 55% in 2020 to 11% in 2025.
- Government is complimented for implementing shock responsive interventions.

Food Insecurity at Peak Hunger Period (January-March 2026)



- It is estimated that about 11% of rural households will be food insecure during the peak hunger period (January-March 2026).

Cereal Insecure Populations by Quarter

District	Jul – Sept 2025	Oct – Dec 2025	Jan – Mar 2026
Buhera	5,438	16,315	28,098
Chimanimani	2,552	5,614	6,635
Chipinge	19,017	40,569	67,192
Makoni	4,807	10,576	13,461
Mutare	30,372	48,596	75,931
Mutasa	2,012	10,058	18,775
Nyanga	2,430	5,346	13,122
Manicaland	**66,628**	**137,074**	**223,213**

- Approximately 223,213 individuals will be food insecure during the peak hunger period and will require a total of **15,796MT** of cereal(maize grain).

Cereal Requirements by Quarter

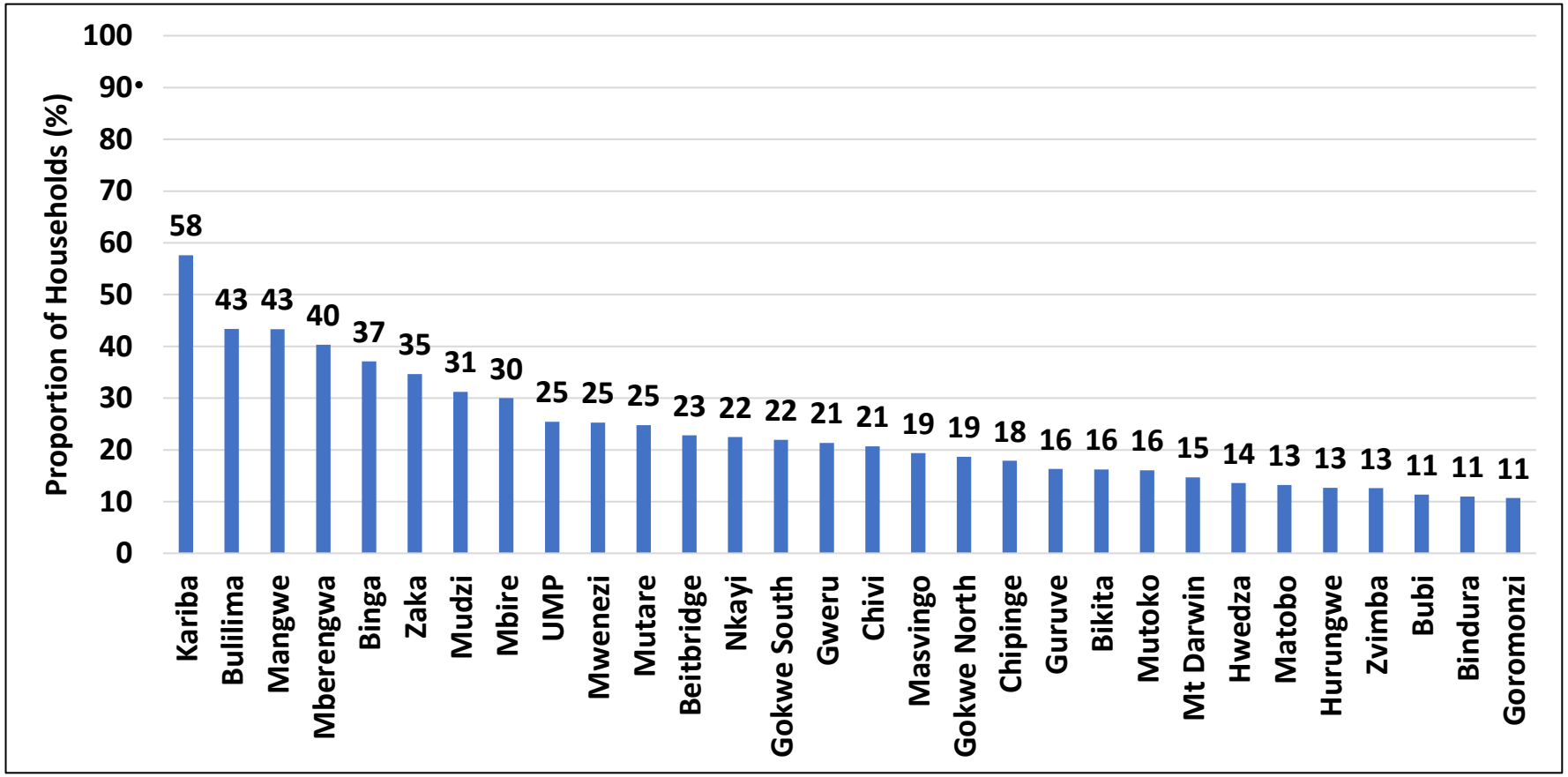
	Jul – Sept 2025 MT	Oct – Dec 2025 MT	Jan – Mar 2026 MT	July 2025 to March 2026 Total MT
Buhera	201	604	1,040	1,845
Chimanimani	94	208	245	548
Chipinge	704	1,501	2,486	4,691
Makoni	178	391	498	1,067
Mutare	1,124	1,798	2,809	5,731
Mutasa	74	372	695	1,141
Nyanga	90	198	486	773
Manicaland	**2,465**	**5,072**	**8,259**	**15,796**

Cereal Insecure Proportions By Quarter

	Jul - Sept	Oct - Dec	Jan - Mar
Buhera	2	6	10
Chimanimani	2	4	4
Chipinge	5	11	18
Makoni	2	4	5
Mutare	10	16	25
Mutasa	1	5	10
Nyanga	2	4	9
Manicaland	**4**	**7**	**11**

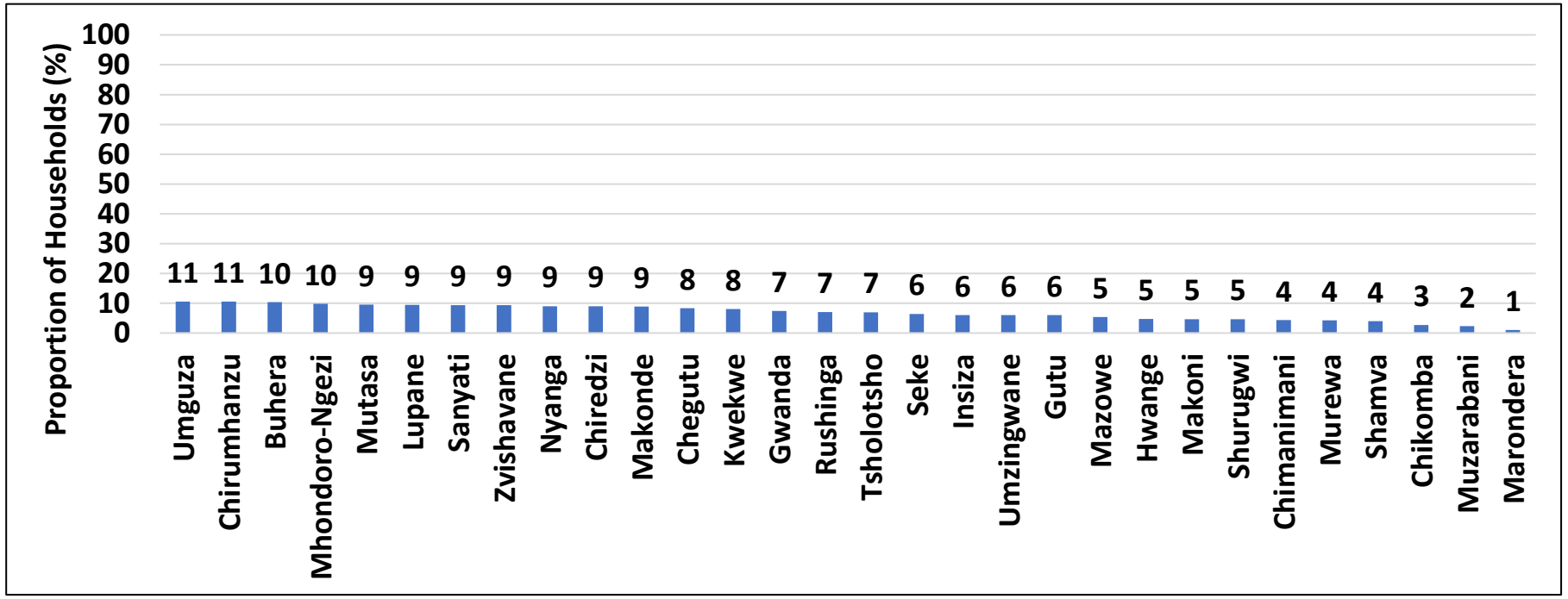
- The proportion of cereal insecure households in Manicaland is projected to be 11% during the Jan-Mar 2026 peak hunger period.

Cereal Insecurity (Top 30 Districts Jan- March)



- Mutare (25%) was amongst the top 30 districts that will have the most food insecure households at the peak of the hunger season.

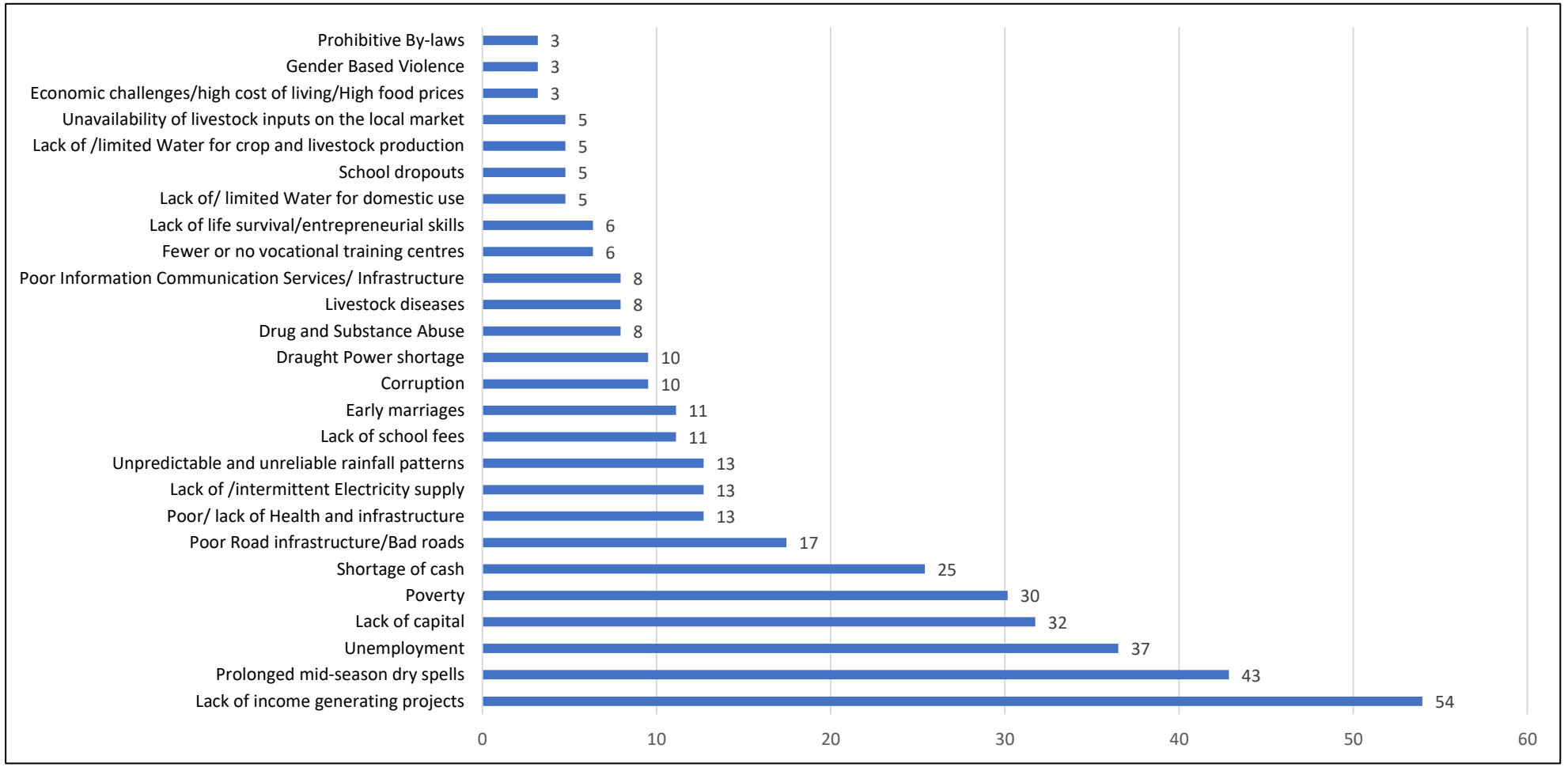
Cereal Insecurity (Bottom 30 Districts Jan- March)



- The least cereal insecure districts in the province was projected in Buhera (10) and Makoni (5%) .

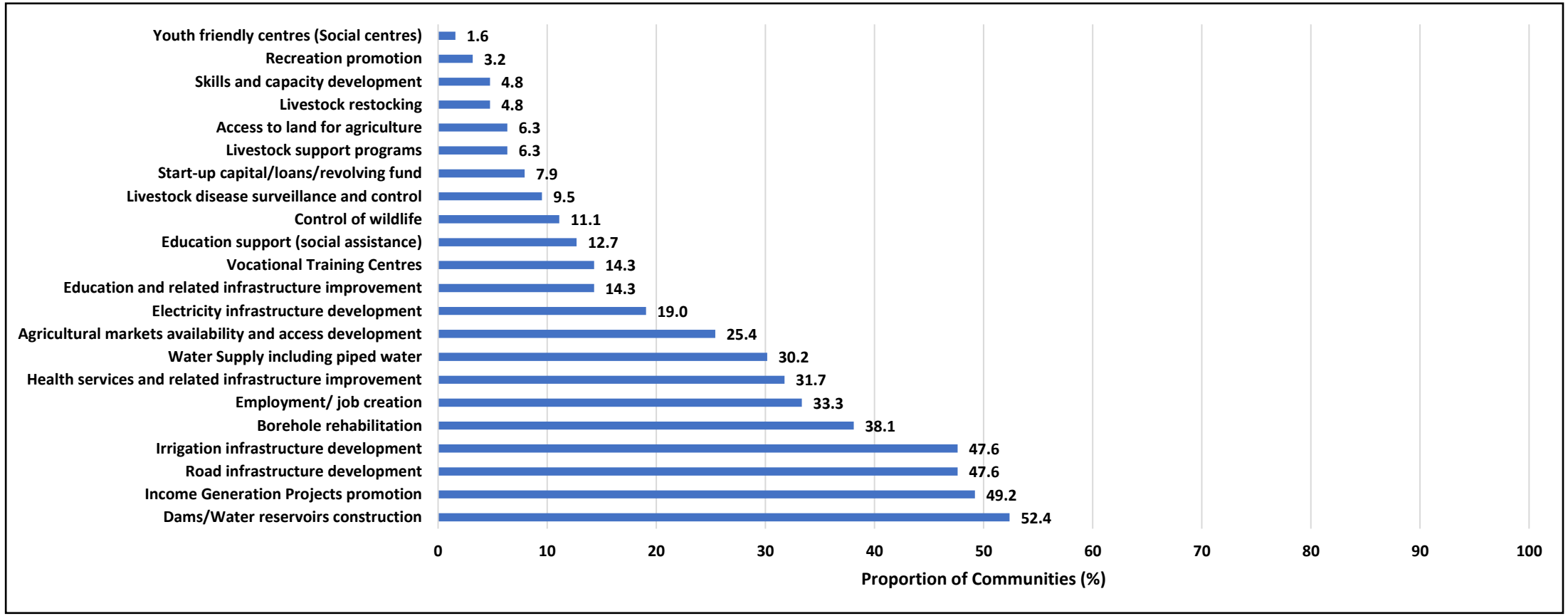
Community Development Challenges and Priorities

Community Development Challenges



- Lack of income generating projects (54%), prolonged mid season dry spells (43%) and unemployment (37%) were the most reported community development challenges.

Community Development Priorities



- Dams/ water reservoirs construction (52.4%), income generating projects promotion (49.2%).

Conclusion and Recommendations

Conclusions and Recommendations

Education

- The proportion of primary school pupils who received a hot meal at school was 32.9%, an increase from 3.2% in 2024. The efforts the Government has put in place to ensure children in primary school receive a hot meal are commended. There is need for the cluster responsible for the school feeding programme to explore adoption of the Home-Grown programme.

Social Protection

- The Government remained the major source of support as evidenced by the increase from 41% in 2024 to 70% in 2025. Crop inputs (44%) were reported as the second the main form of support and this reflects the Government of Zimbabwe's commitment to ensuring that all citizens are food and nutrition secure

Conclusions and Recommendations

Water, Sanitation and Hygiene

- Access to improved water sources increased from 78% in 2020 to 84.1% in 2025. The department and agencies responsible for WASH should continue employing strategies and interventions that lead to universal access to improved water by communities in Manicaland.
- The proportion of households practising open defecation was 9.1% and Buhera district recorded the highest (33%). There is need for mobilization of collective actions that create demand through implementation of community approaches to total sanitation, addressing behavioral barriers, and creating a sustained social norm of not practicing open defecation at scale.

Shocks and Stressors

- Prolonged mid-season dry spells (64.2%) and cash shortage (64%) were the most prevalent shocks experienced by the households in Manicaland. All Government ministries and partners should intervene with efforts that build capacity and resilience of communities through enhancing the abilities of individuals, organizations, and communities to adapt to challenges and recover from shocks.

Conclusions and Recommendations

Agriculture Production and Technologies

- The main climate smart agriculture practice reported was Pfumvudza/Intwasa (55.2%) followed by use of quality certified seeds (41.6%). There is need to scale up production of labour-saving machinery for climate smart agriculture and make them affordable, as well as have an integrated approach to implementing Pfumvudza/Intwasa to improve uptake.

Household Income

- Rural households' incomes have been on an increase since 2020. The liberalization of sources of income activities by the Government is commended. There is need however to capacitate communities on business strategies that promote sustained flow of resources and cash within small business units.

Child Health

- Vitamin A supplementation to children 6 to 59 months was above the NDS1 target of 90%. The Ministry responsible for Health should continue with the strategies applied, that is task sharing with community health workers, integrating with campaign blitz and child health and nutrition support groups/ care groups. However, there is need to strengthen routine surveillance and documentation of Vitamin A supplementation efforts at community level.

Conclusions and Recommendations

Nutrition Status

- WHO guiding principles recommend that children aged 6–23 months be fed a variety of foods to ensure that nutrient needs associated with improved linear growth are met. A diet lacking in diversity can increase the risk of micronutrient deficiencies, which may have a damaging effect on children's physical and cognitive development. About 27% of children were reported to be consuming a diverse diet. Food-based strategies involving dietary diversification (homestead nutrition gardening, animal husbandry, and nutrition education) as the long-term sustainable strategies are recommended. The Ministry responsible for Agriculture should create an enabling environment that supports sustainable agriculture for practicing dietary diversification with behavior change communication as an integral segment.

Conclusions and Recommendations

Infant and Young Child Feeding

- The proportion of children consuming a Minimum Acceptable Diet (MAD) reflects access to quality diets by infants (6-23months). The Minimum Acceptable Diet (MAD) was 12.2%. There is compelling evidence that supports the provision of nutritional counseling to caregivers through local multi-sector support group platforms, one-on-one and feeding demonstrations as potential interventions to improve complementary feeding practices and ultimately the nutritional status of children in developing countries. The Ministry responsible for Health should scale up caregiver access to care groups that are linked with other multi-sector interventions.

Nutrition Status

- Child wasting (Global Acute Malnutrition) was 4.9% at provincial level with Chipinge (8.2%), Mutare (6.3%), Nyanga (5.9%), and Makoni (5.8%), having the highest proportions of children above the 5% WHO threshold for emergency response. The nutrition sector must remain alert and actively monitor the caseload of severe wasting especially towards the lean season between September 2025 and March 2026. Stunting reflects the cumulative effects of under nutrition and infections during the first 1000 days. The proportion of children that were stunted was 25.5% which remains high according to the WHO classification and the NDS1 set target of 17%. The government should continue implementing multi-system approaches that address context specific drivers of stunting.

Conclusions and Recommendations

Food Security

- Eleven percent of rural households (approximately 223,213 individuals) will be cereal insecure during the peak period (January to March 2026). The quarterly requirements will be 2465MT for the July to September 2025 period, 5072MT for the October to December 2025 period and 8259MT for the January to March 2026 period. The Ministry responsible for Social Welfare is urged to consider programmes that address the cereal gap in the affected districts.

Community Development Issues

- In light of the development priorities identified by rural communities, Government is urged to ensure that the all strategic plans across Government Sectors and Development partners prioritizes these issues to support development within rural communities.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