



Zimbabwe Livelihoods Assessment Committee (ZimLAC)

2025 Rural Livelihoods Assessment



Mashonaland Central Province Report



Foreword

Under the leadership of FNC, the 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. In addition, it will contribute towards the establishment of a baseline year for 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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- 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
- UTARIRI integrated Biodiversity, Climate Change and Livelihoods Programme
- Lower Guruve Development Association
- World Vision
- Welt Hunger Hilfe (WHH)
- Societas Socialis (SOS Children Village)
- Simukaupenye Youth Academy (SIYA)

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 in 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 (CLAFAs – 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 is estimated at 2,293,556 MT while Traditional Grains production is estimated to be 634,650 MT. Total cereal production is expected to be 2,928,206 MT. (CLAFAs – 2).
- Yield levels from Pfumvudza/Intwasa in maize for the 2024/25 season were slightly higher than those from conventional farming.
- Tobacco production is expected to increase by 15%, Cotton by 52% and Sunflower by 303%. (CLAFAs – 2).

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.

Government Mitigatory Measures

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

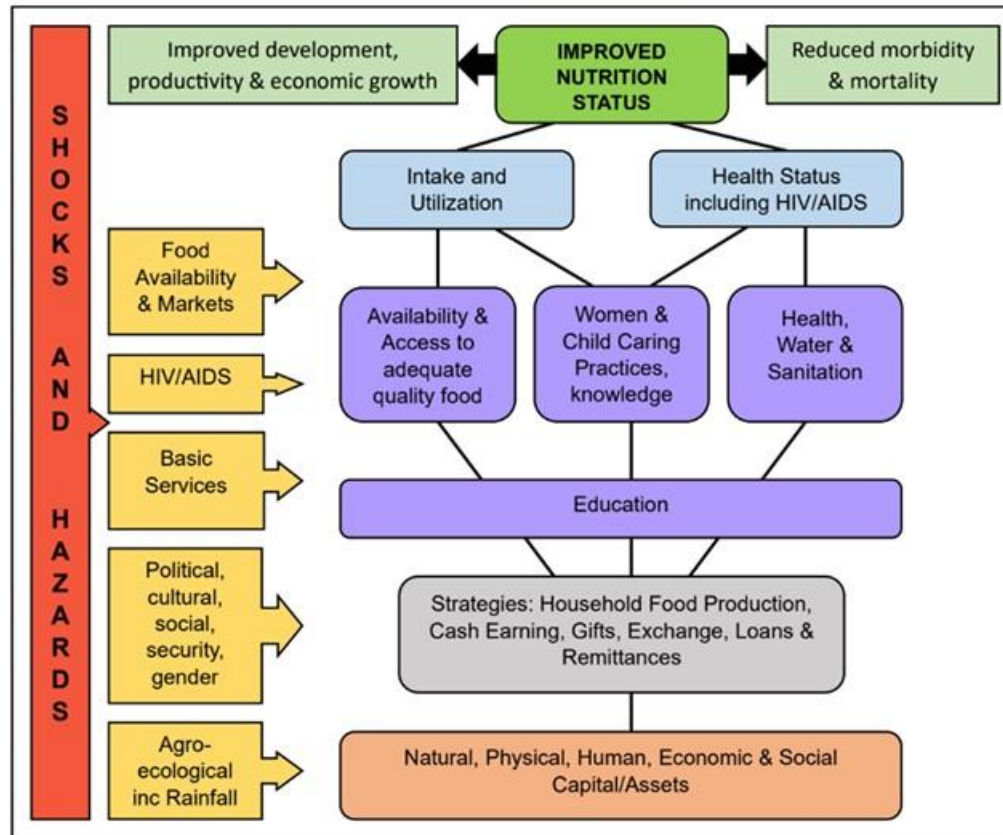


Figure 1: Food and Nutrition Conceptual Framework

- 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.

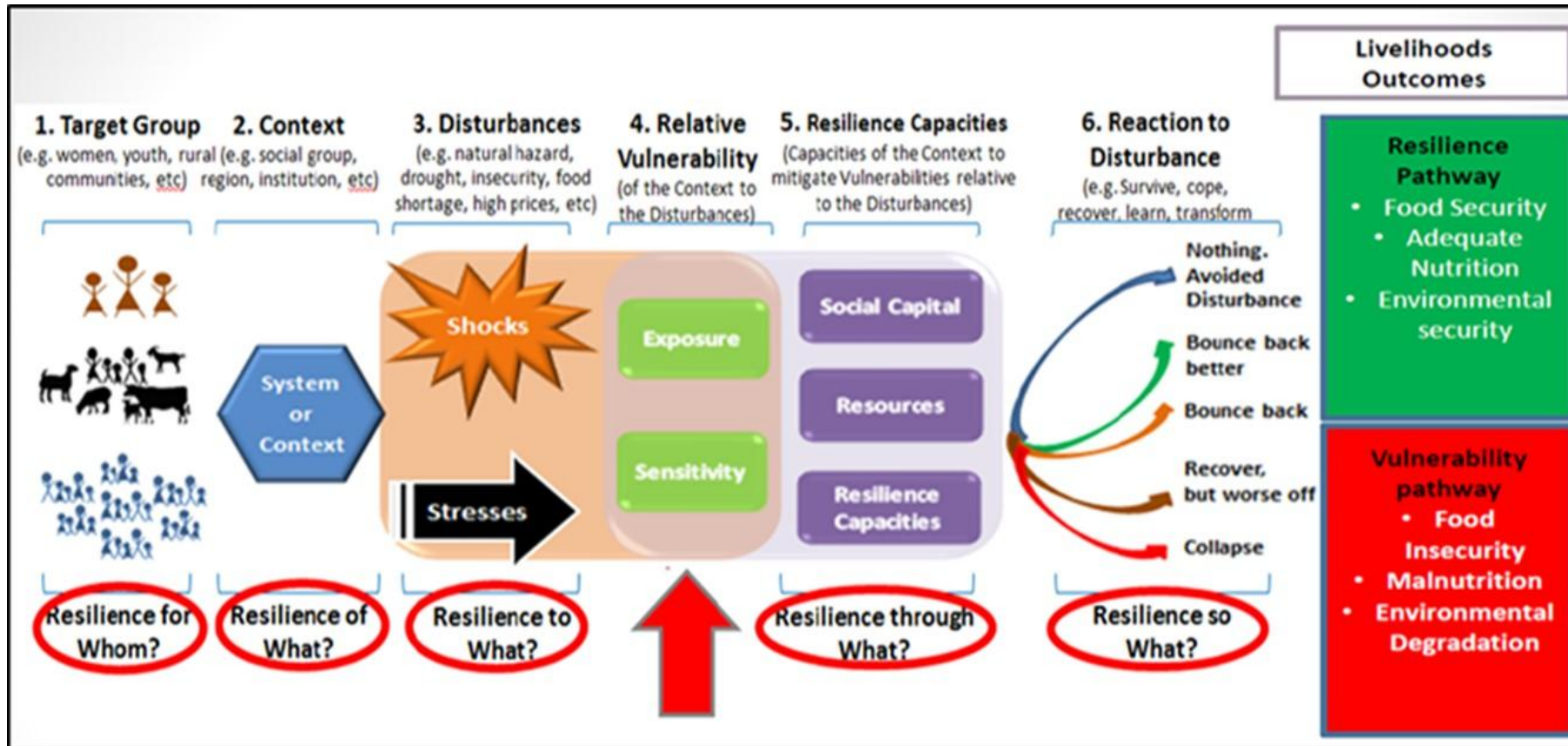
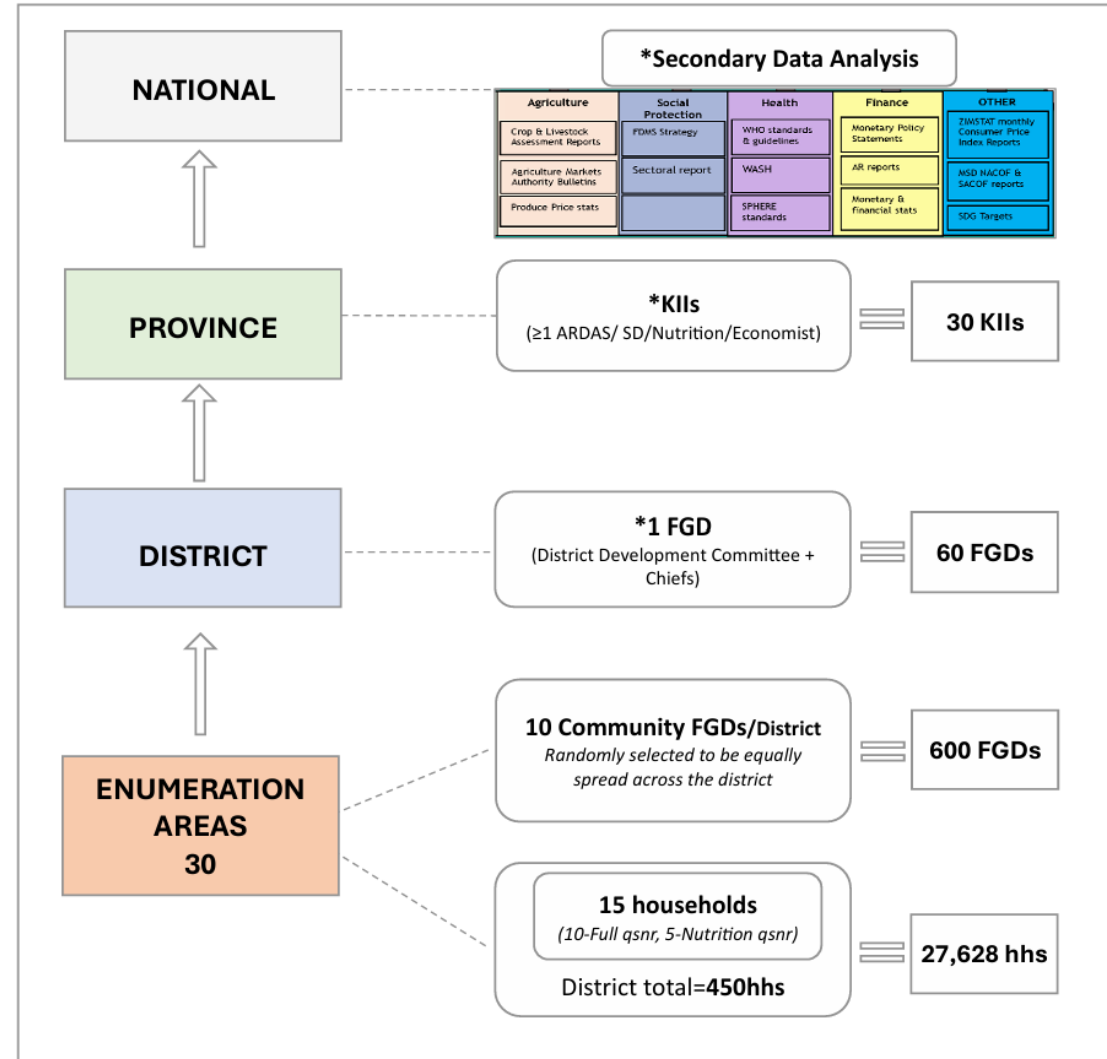


Figure 2: Zimbabwe Resilience Framework (UNDP Zimbabwe, 2015)

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 Provincial Agritex Extension Officers and Provincial Nutritionists) and enumerators were recruited from Government, United Nations, Technical partners and Non-Governmental Organisations. These underwent training in all aspects of the assessment. 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. Three enumerators were selected from each district for data collection and one anthropometrist was responsible for taking anthropometric measurements.
- 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 240 randomly selected Enumeration Areas (EAs).
- A two staged cluster sampling was used and comprised of:
 - Sampling of 30 clusters per each of the 8 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 2,400 households were interviewed.
- 79 community FGDs, were held across all the districts.

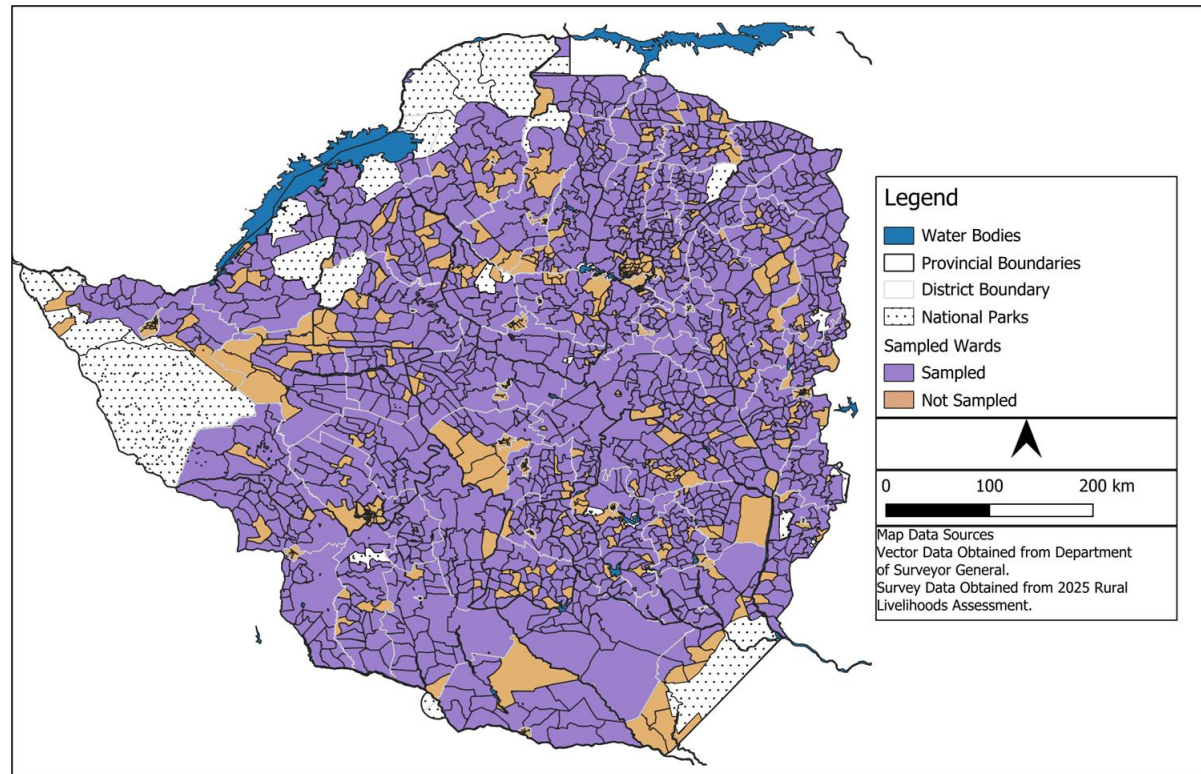
Province	Households
Bindura	300
Muzarabani	301
Guruve	300
Mazowe	300
Mt Darwin	299
Rushinga	300
Shamva	300
Mbire	300
Mash Central	2400

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 **3642** households were interviewed.
- Anthropometric measurements were taken from 3510 Children aged 6-59 months, 498 Children aged 5-9 years, 576 Adolescents 10-19 years, and 2409 Adults aged 20 years and above.

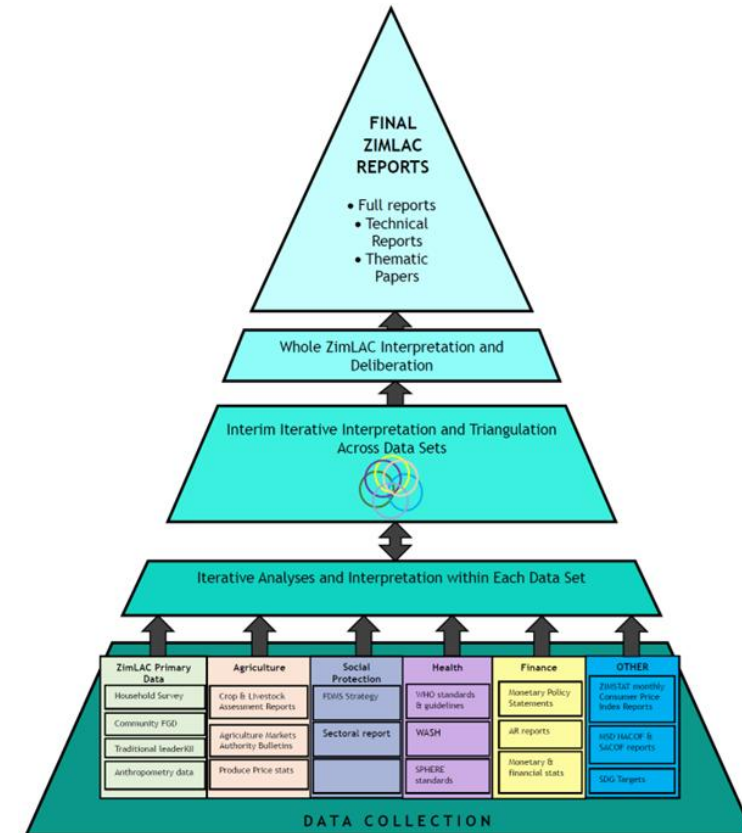
Province	Households
Bindura	455
Muzarabani	455
Guruve	449
Mazowe	458
Mt Darwin	446
Rushinga	471
Shamva	454
Mbire	454
Mash Central	3642

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

Respondent Characteristics

	Average Age of Respondent (Years)		
		Males (%)	Females (%)
Bindura	40	21	79
Muzarabani	41	34	66
Guruve	39	31	69
Mazowe	33	11	89
Mt Darwin	34	16	84
Rushinga	33	6	94
Shamva	39	27	73
Mbire	35	23	77
Mash Central	36	21	79

- The average age of the respondent was 36 years.
- About 79% of the respondents were females.

Educational Level of Respondents

	None (%)	Primary level (%)	ZJC level (%)	O' level (%)	A' level and above (%)
Bindura	6.2	47.6	18.3	26.6	1.4
Muzarabani	17.2	39.9	20.9	21.6	0.3
Guruve	6.5	46.6	15.1	30.1	1.7
Mazowe	4.7	37.8	19.4	36.8	1.3
Mt Darwin	6.5	31.0	25.5	35.4	1.7
Rushinga	3.4	25.4	24.4	45.8	1.0
Shamva	10.2	26.8	24.1	35.6	3.4
Mbire	14.4	56.7	9.7	17.4	1.7
Mash Central	8.6	39.0	19.7	31.2	1.6

- The majority of the respondents (91.4%) had at least attained primary level education. This provides confidence that the respondents were knowledgeable on the subject matter.

Household Members' Characteristics

		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
Average Household Size										
Bindura	4	47.0	53.0	25.5	10.3	15.5	38.3	4.8	1.4	4.3
Muzarabani	3	45.3	54.7	25.4	7.8	12.1	43.2	5.7	1.5	4.4
Guruve	3	43.6	56.4	31.6	5.3	8.7	42.1	5.9	1.8	4.6
Mazowe	5	46.3	53.7	25.7	11.1	13.6	41.3	3.5	1.0	3.7
Mt Darwin	4	49.0	51.0	24.8	13.1	14.6	41.2	3.1	0.7	2.5
Rushinga	3	42.1	57.9	35.1	6.1	6.9	45.3	3.7	0.7	2.1
Shamva	4	46.8	53.2	28.0	8.0	13.2	40.8	4.7	1.3	4.0
Mbire	4	48.2	51.8	28.2	8.5	13.4	43.8	2.8	1.1	2.2
Mash Central	4	46.3	53.7	27.7	9.1	12.5	41.8	4.2	1.2	3.5

- The average age of the household size was 4.
- Of the sampled population, 46.3% were male and 53.7% were female.

Characteristics of Household Head

District	Household Head Average Age (Years)	Sex (%)		Household Head by Category (%)	
		Male	Female	Elderly Headed 65 Years and Above	Child Headed
Bindura	45	68.7	31.3	17.7	0.3
Muzarabani	45	74.8	25.2	15.3	0.3
Guruve	42	48.0	52.0	14.0	0.7
Mazowe	40	81.7	18.3	11.7	0.0
Mt Darwin	38	77.9	22.1	12.4	0.0
Rushinga	37	54.0	46.0	6.7	0.3
Shamva	43	76.3	23.7	16.0	0.0
Mbire	39	80.3	19.7	9.0	0.0
Mash Central	41	70.2	29.8	12.8	0.2

- The average age of household heads was 41 years, which is within the economic productive age group.
- Bindura (17.7 %) and Shamva (16.0%) had the highest proportion of households which were headed by the elderly.

Educational level of Household Head

	None (%)	Primary level (%)	ZJC level (%)	O' level (%)	A' level and above (%)
Bindura	6.3	42.0	16.3	32.3	3.0
Muzarabani	15.3	36.9	17.6	29.2	1.0
Guruve	7.7	44.0	13.0	32.3	3.0
Mazowe	7.0	32.3	11.3	46.3	3.0
Mt Darwin	6.4	22.7	23.1	45.2	2.7
Rushinga	4.0	21.3	16.7	54.0	4.0
Shamva	10.3	22.7	19.0	44.3	3.7
Mbire	12.3	51.0	9.3	24.3	3.0
Mash Central	8.7	34.1	15.8	38.5	2.9

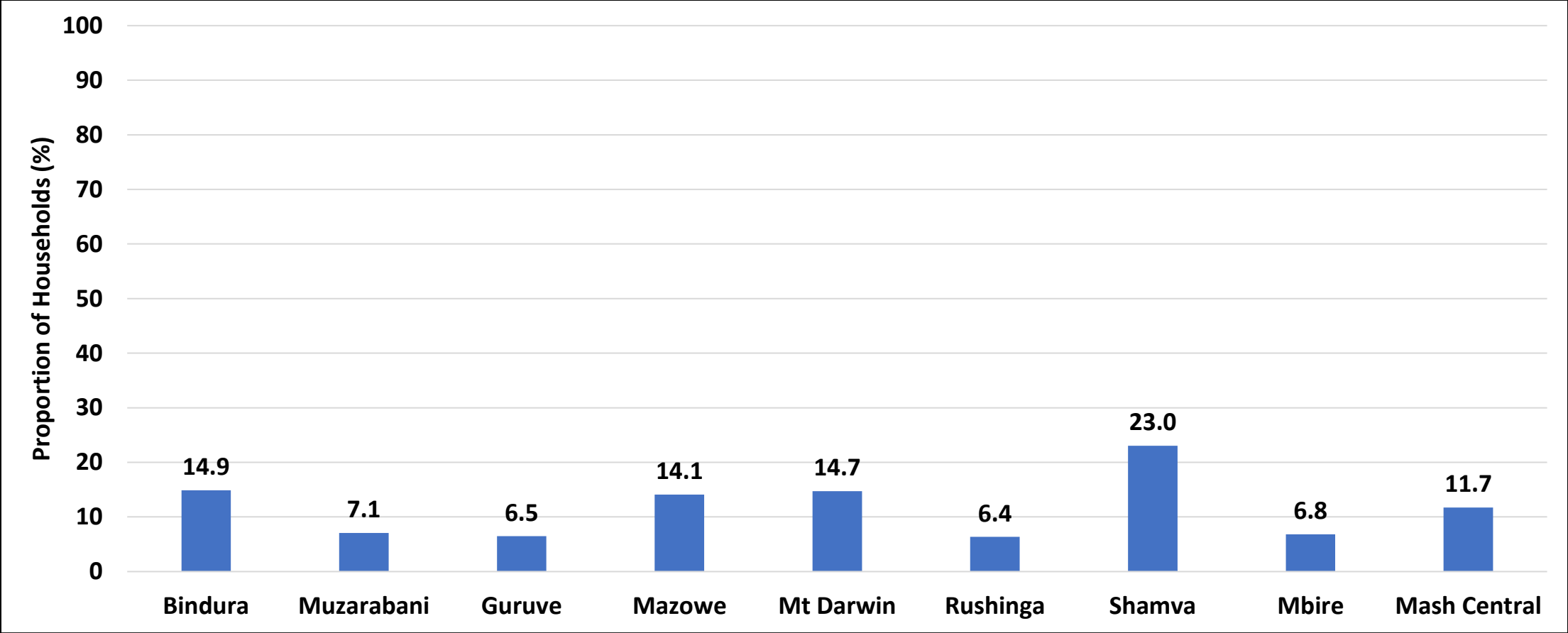
- In the province about 91.3% of the household heads had attained some form of education.
- Muzarabani (15.3%) had the highest proportion of household heads without any form of education.

Religion of Household Head

District	Apostolic Sect (%)	No religion (%)	Pentecostal (%)	Roman Catholic (%)	Protestant (%)	Traditional (%)	Other Christian (%)	Zion (%)	Islam (%)	Other religion (%)
Bindura	48.0	23.7	10.0	8.7	5.3	0.0	0.0	0.7	0.3	1.0
Muzarabani	64.8	14.0	7.6	3.7	1.7	1.7	0.0	3.7	1.7	0.7
Guruve	63.3	14.3	4.3	3.3	0.3	7.7	5.7	0.0	1.0	0.0
Mazowe	42.7	34.0	10.3	1.0	5.3	0.7	1.0	3.3	0.7	1.0
Mt Darwin	60.9	23.1	10.0	1.3	2.0	0.0	1.7	0.3	0.0	0.7
Rushinga	53.0	23.0	9.7	4.3	2.0	4.3	0.0	3.0	0.0	0.7
Shamva	55.0	20.7	7.0	4.3	5.3	2.3	2.7	0.3	1.0	1.3
Mbire	45.0	29.7	7.7	6.7	1.0	2.0	3.3	1.7	2.7	0.0
Mash Central	54.1	22.8	8.3	4.2	2.9	2.3	1.8	1.6	0.9	0.7

- The majority of household heads (54.1%) in the province belonged to the Apostolic sect, followed by those with no religion (22.8%).

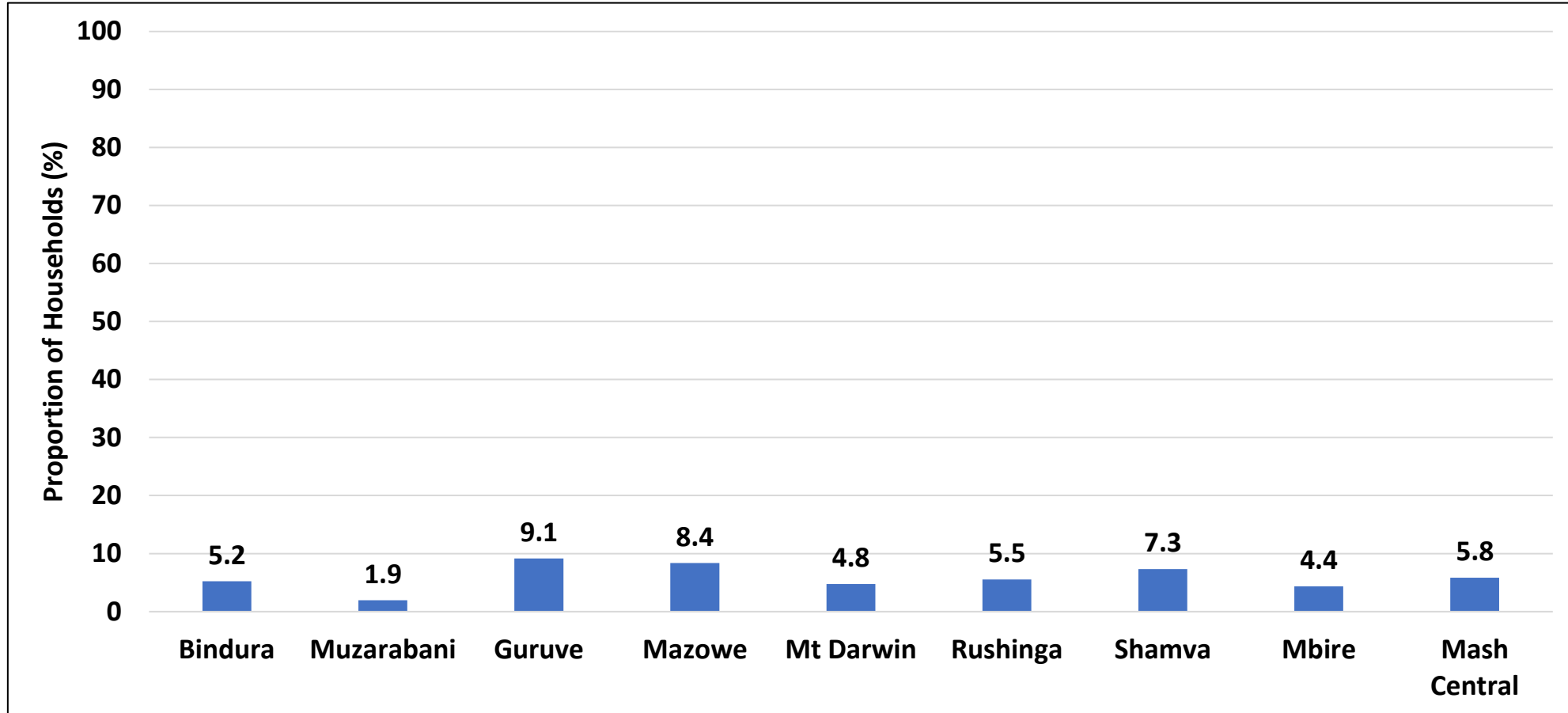
Orphaned Children



- About 11.7% of the households had an orphan.
- Shamva (23%) had the highest proportion of households with orphans.

Chronic Conditions

Chronic Conditions



- The proportion of households with at least a member who had a chronic condition was 5.8%.

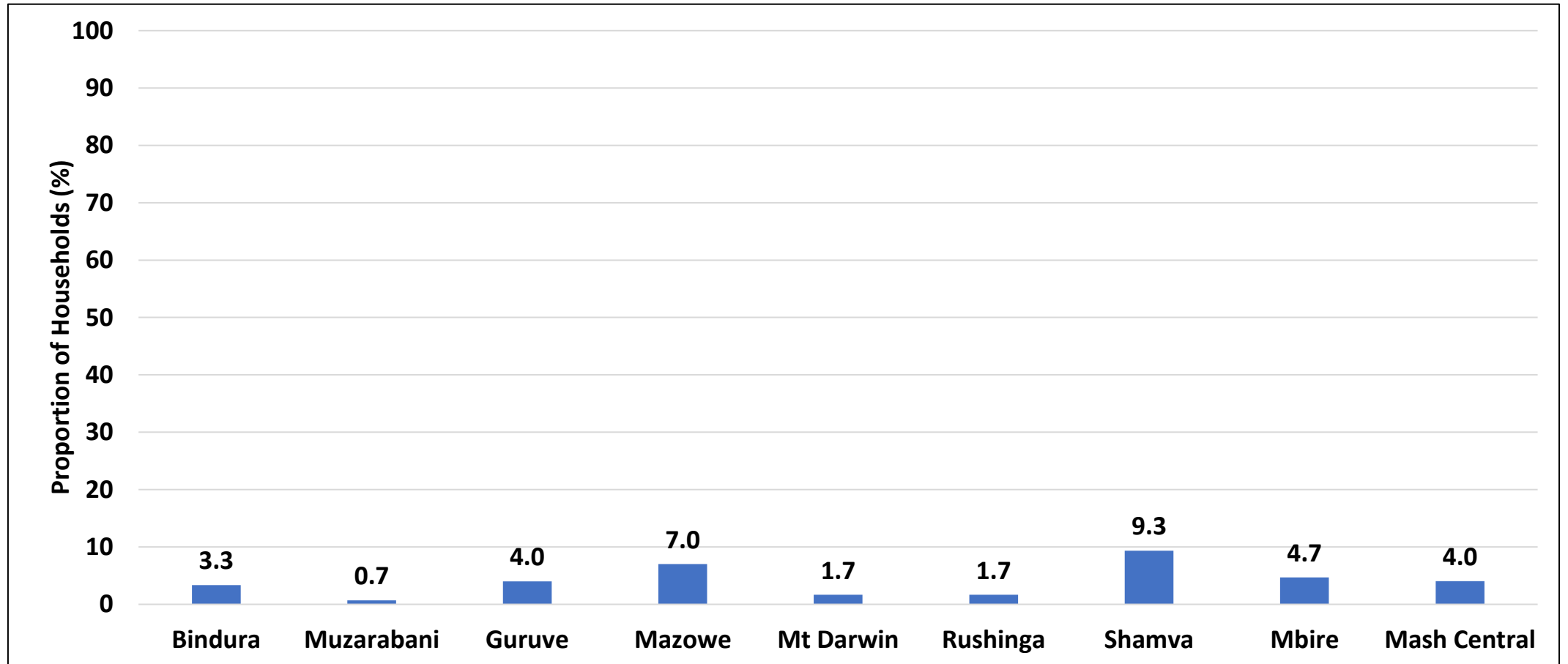
Chronic Conditions (5.8%)

	HIV infection, AIDS (%)	Heart disease (%)	Diabetes, high blood sugar (%)	Asthma (%)	Hypertension, High blood pressure (%)	Arthritis, chronic body pain (%)	Epilepsy, seizures, fits (%)	Stroke (%)	Cancer (%)
Bindura	3.7	0.3	1.3	0.7	3.7	3.7	0.0	0.3	0.3
Muzarabani	0.7	0.0	1.0	0.7	1.0	0.3	0.0	0.0	0.3
Guruve	2.7	1.3	3.7	1.3	7.7	0.0	0.0	0.0	0.0
Mazowe	4.7	0.7	2.0	2.0	5.3	1.3	0.0	0.3	0.0
Mt Darwin	3.3	1.3	1.0	1.0	2.3	0.0	0.0	0.0	0.7
Rushinga	2.3	0.0	0.0	0.0	3.3	0.0	0.0	0.0	0.0
Shamva	0.0	0.7	5.0	0.7	1.3	1.0	0.0	0.0	0.0
Mbire	0.7	0.0	1.0	1.3	1.0	0.0	0.3	0.0	0.0
Mash Central	2.3	0.5	1.9	1.0	3.2	0.8	0.0	0.1	0.2

- The most commonly reported chronic condition in the province was hypertension/high blood pressure (3.2%) followed by HIV/AIDS (2.3%).

Disability

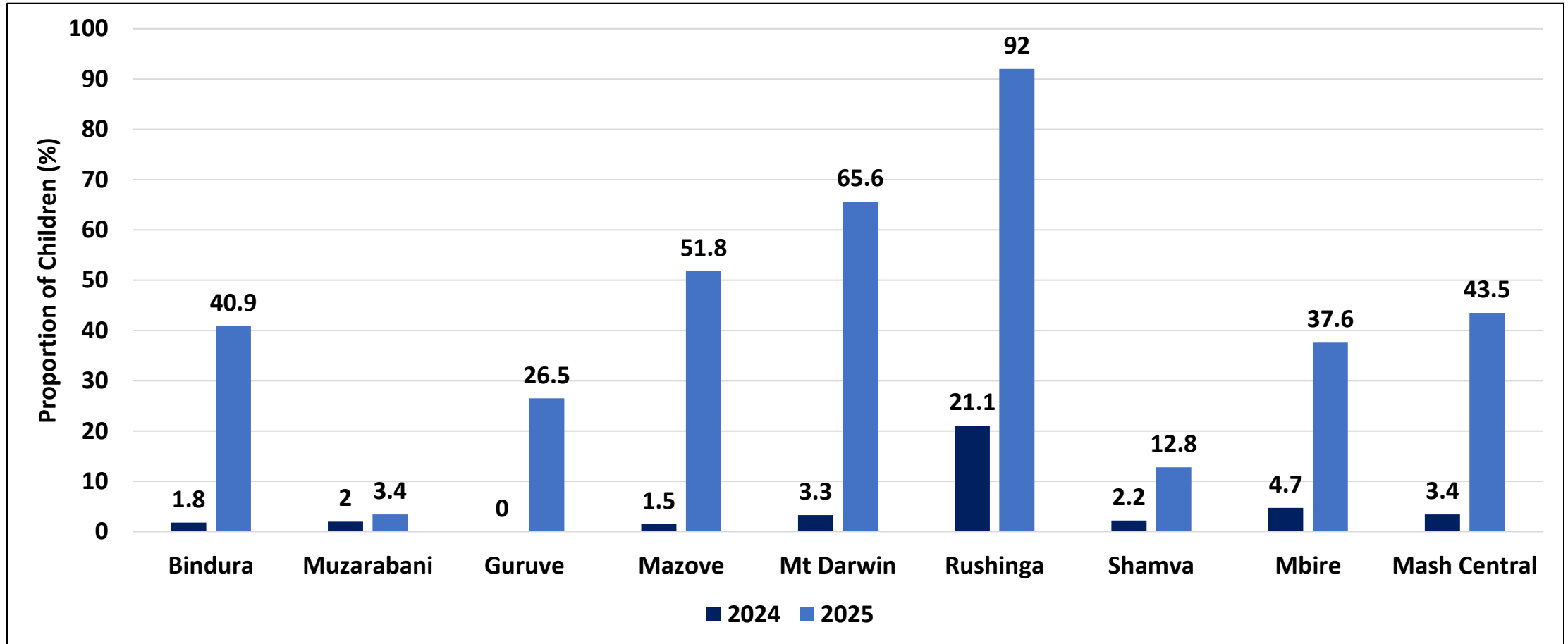
Disability Conditions



- The proportion of households with at least one person with any form of disability was 4 %.
- Shamva (9.3%) had the highest proportion of households with at least one person with any form of disability.

Education

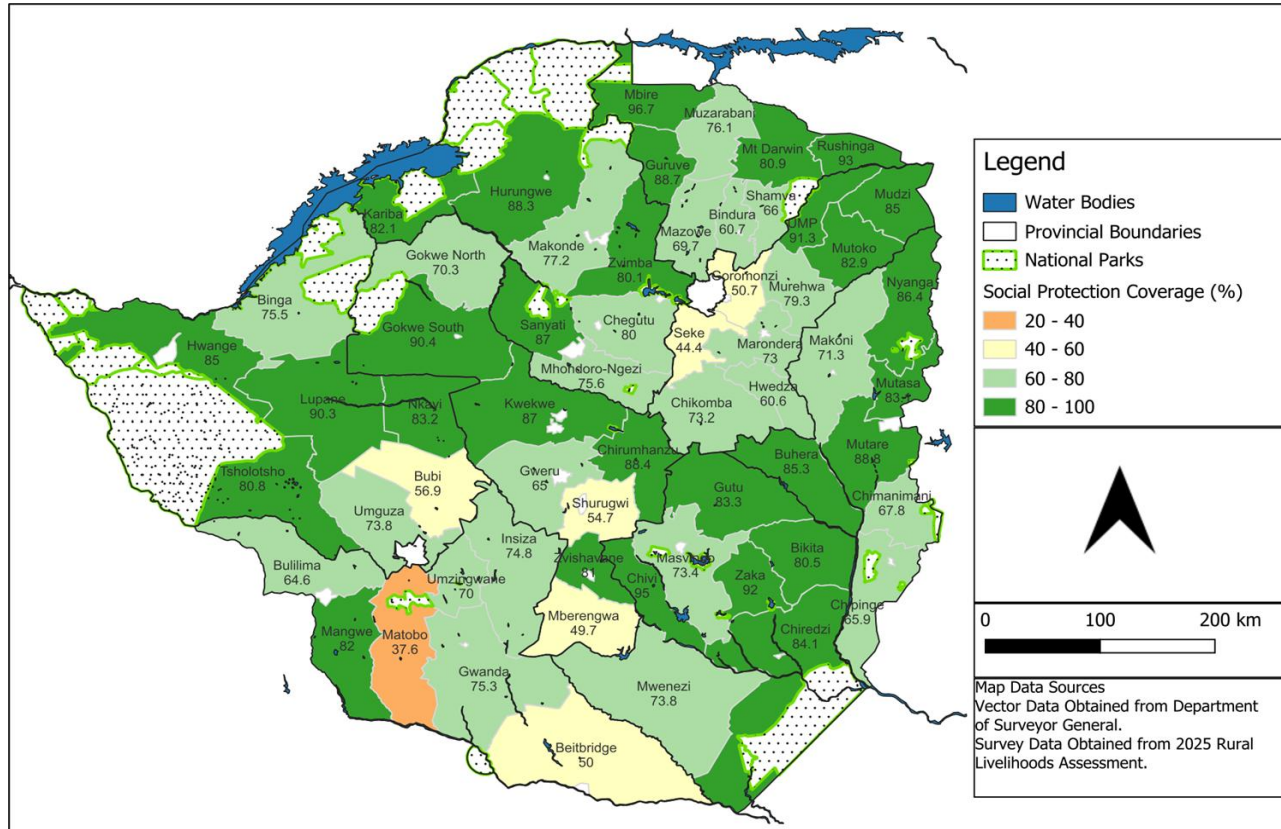
Children Receiving Hot Meals at School



- A child or young person who is hungry does not learn well. A healthy diet in sufficient quantity is essential for learning and development.
- 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 3.4% in 2024 to 43.5% in 2025.
- Rushinga (92%) had the highest proportion of children receiving hot meals at school.

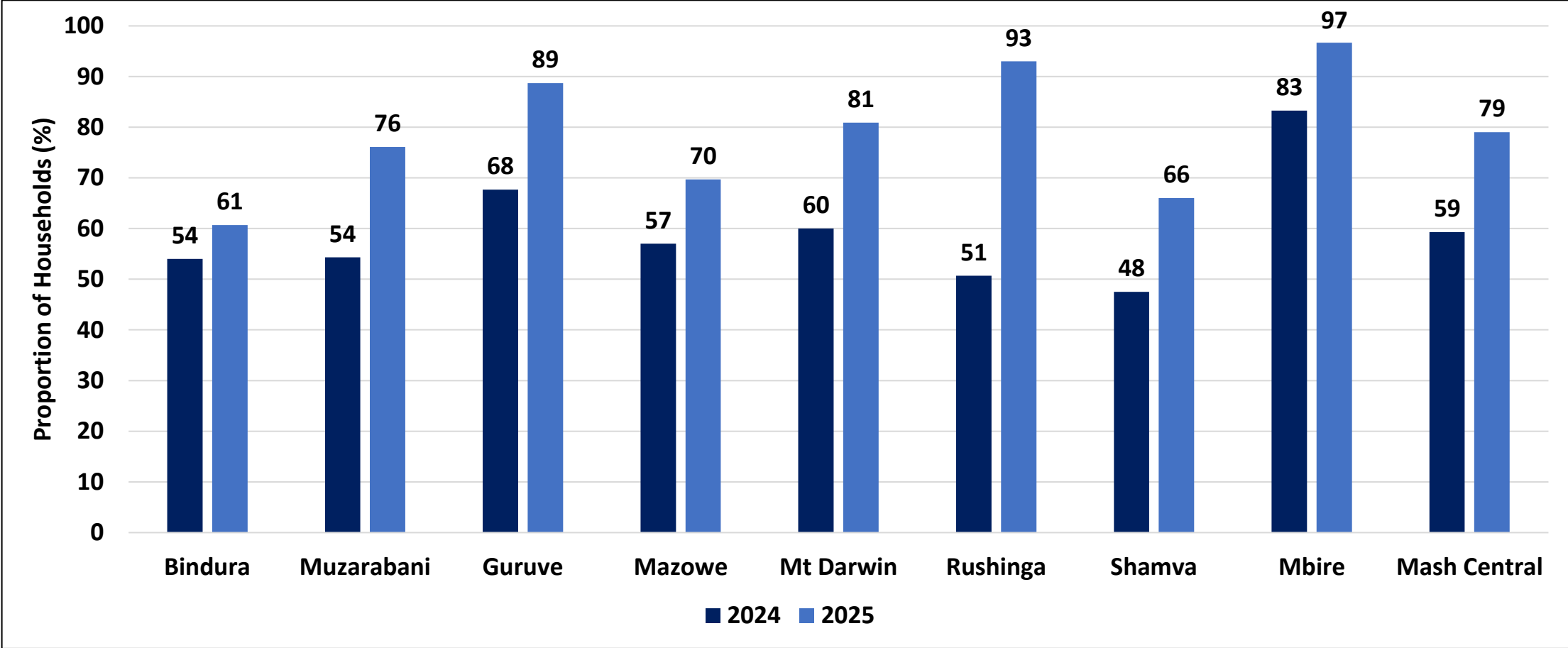
Social Protection

Households which Received Any Form of Support



- In the province Mbire (96.7%) had the highest proportion of households which received any form of support and Bindura (60.7%) had the lowest.

Households which Received any Form of Support



- About 79% of the households in the province had received some form of support.
- Support increased from 59% in 2024 to 79% 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

District	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
Bindura	52	70	1	14	0	2	1	18	0	23	1	4	1	0
Muzarabani	51	72	1	19	3	3	15	11	16	22	1	2	0	1
Guruve	67	61	0	12	0	2	0	13	0	18	0	3	0	0
Mazowe	56	73	1	6	2	3	0	10	1	23	1	4	0	1
Mt Darwin	57	64	2	18	1	3	1	16	1	23	0	13	1	3
Rushinga	45	48	10	16	1	2	1	11	1	20	1	16	1	0
Shamva	45	64	5	17	1	2	1	16	1	22	0	9	2	1
Mbire	79	65	11	27	2	6	5	27	17	35	1	13	0	3
Mash Central	57	72	4	19	1	3	3	11	5	22	1	2	1	1

- In 2025, the proportion of households that received social assistance from the different sources increased compared to 2024, except for support from mutual groups which remained constant at 1%.
- Government remained the major source of support which increased from 57% in 2024 to 72% in 2025.
- The support received from relatives (both rural and urban) reflects an enabling economic environment and social capital.

Forms of Support from Government

	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,) (%)	Livestock support: Teak grease (%)
Bindura	44.0	0.0	1.0	43.7	0.0	0.3	0.0	0.0
Muzarabani	58.8	0.0	0.7	35.5	0.0	0.0	0.0	0.0
Guruve	63.0	0.3	0.0	42.3	0.0	0.0	0.0	4.3
Mazowe	42.7	0.0	0.3	38.7	0.0	0.0	0.0	0.0
Mt Darwin	54.2	1.0	0.0	44.5	0.0	0.0	0.0	0.0
Rushinga	71.7	1.3	0.0	44.0	0.3	0.0	0.0	0.0
Shamva	20.3	1.0	0.3	49.0	0.0	0.3	7.3	6.7
Mbire	90.7	0.0	0.3	73.3	5.7	2.0	4.7	2.3
Mash Central	55.7	0.5	0.3	46.4	0.8	0.3	1.5	1.7

- About 55.7% of households in the province had received support from Government in the form of food.

Forms of Support from UN/NGOs

	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 (%)
Bindura	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Muzarabani	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Guruve	55.7	0.0	0.0	1.3	0.0	0.3	0.3	8.7	0.0	0.0	0.0
Mazowe	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0
Mt Darwin	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0
Rushinga	3.0	4.0	0.0	1.0	0.3	0.0	0.3	4.0	0.7	0.0	0.0
Shamva	28.0	0.7	0.3	5.7	0.0	0.3	13.7	14.0	2.7	0.3	0.0
Mbire	19.3	0.0	2.0	13.3	5.0	2.3	3.3	1.7	0.3	1.0	1.0
Mash Central	13.4	0.6	0.3	2.7	0.7	0.4	2.2	3.5	0.5	0.2	0.1

- About 13.4% of households received support from UN/NGOs in the form of food assistance and 2.7% in the form of crop inputs.

Migration

Types of Migration

	Migrated to Urban from Rural Areas (%)	Joined from Other Rural Areas (%)	Joined from Urban Areas (%)	Joined from Outside Zimbabwe (%)	Migrated to Stay Outside Zimbabwe (%)
Bindura	0.7	2.0	2.3	0.0	0.3
Muzarabani	3.0	0.0	0.3	0.0	0.0
Guruve	2.3	3.0	1.7	0.3	0.7
Mazowe	5.3	4.0	5.0	0.7	2.7
Mt Darwin	3.0	1.7	2.3	1.3	1.7
Rushinga	4.3	5.3	1.7	0.0	1.0
Shamva	4.7	0.3	1.0	0.3	1.3
Mbire	11.7	0.7	2.0	0.3	0.0
Mash Central	4.4	2.1	2.0	0.4	1.0

- The main type of migration reported was migrating to urban from rural areas (4.4%) and migrating from other rural areas (2.1%).

Reasons for Migrating to Urban Areas (4.4%)

	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 (%)
Bindura	0.0	0.3	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Muzarabani	0.7	1.7	0.3	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0
Guruve	0.0	1.0	1.0	0.3	0.0	0.3	0.0	0.0	0.0	0.0	0.0
Mazowe	0.7	4.0	0.0	0.0	0.0	0.3	0.0	0.3	0.0	0.3	0.0
Mt Darwin	1.0	1.0	0.3	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.3
Rushinga	0.3	1.3	0.7	0.0	0.0	1.3	0.0	0.3	0.0	0.3	0.0
Shamva	1.0	1.7	1.0	0.0	0.3	0.3	0.0	0.0	0.0	0.0	0.7
Mbire	2.0	8.7	2.3	0.3	1.0	0.7	0.3	0.3	1.7	0.0	0.3
Mash Central	0.7	2.5	0.8	0.1	0.2	0.4	0.0	0.1	0.2	0.1	0.2

- The main reason for rural to urban migration was reported to be employment opportunities (2.5%).

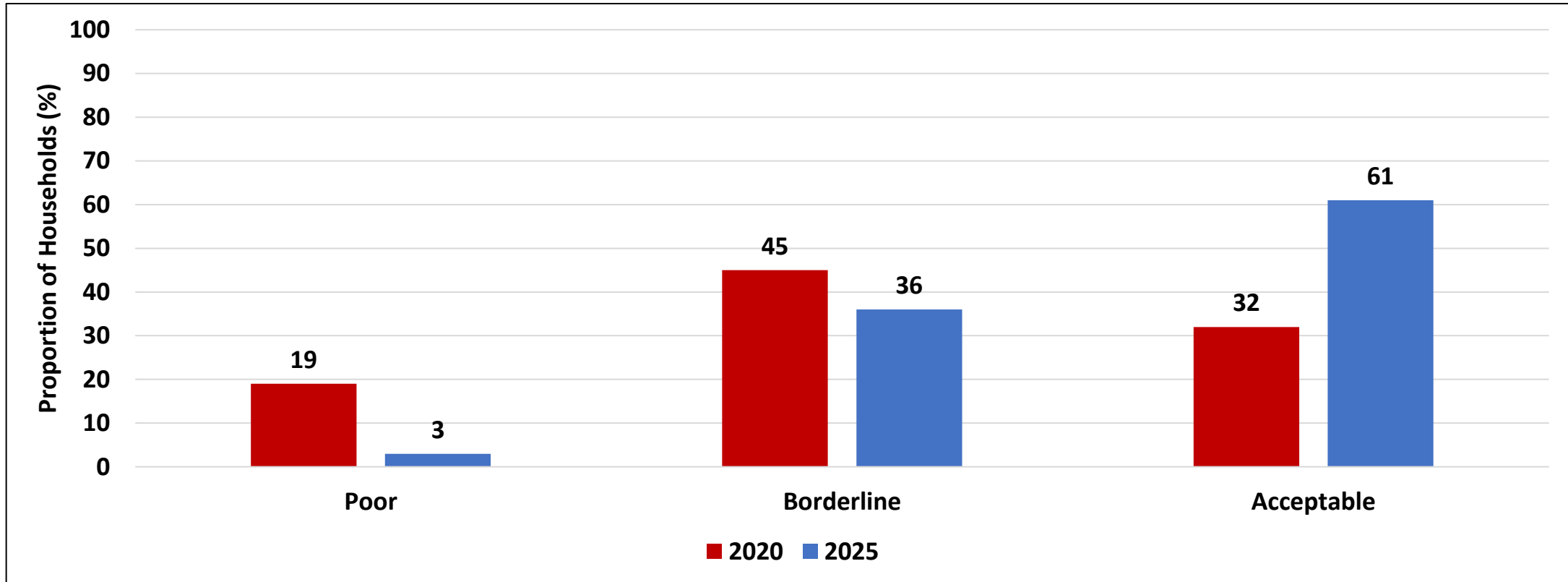
Household Consumption Patterns

Food Consumption Score (FCS)

Food Consumption Score

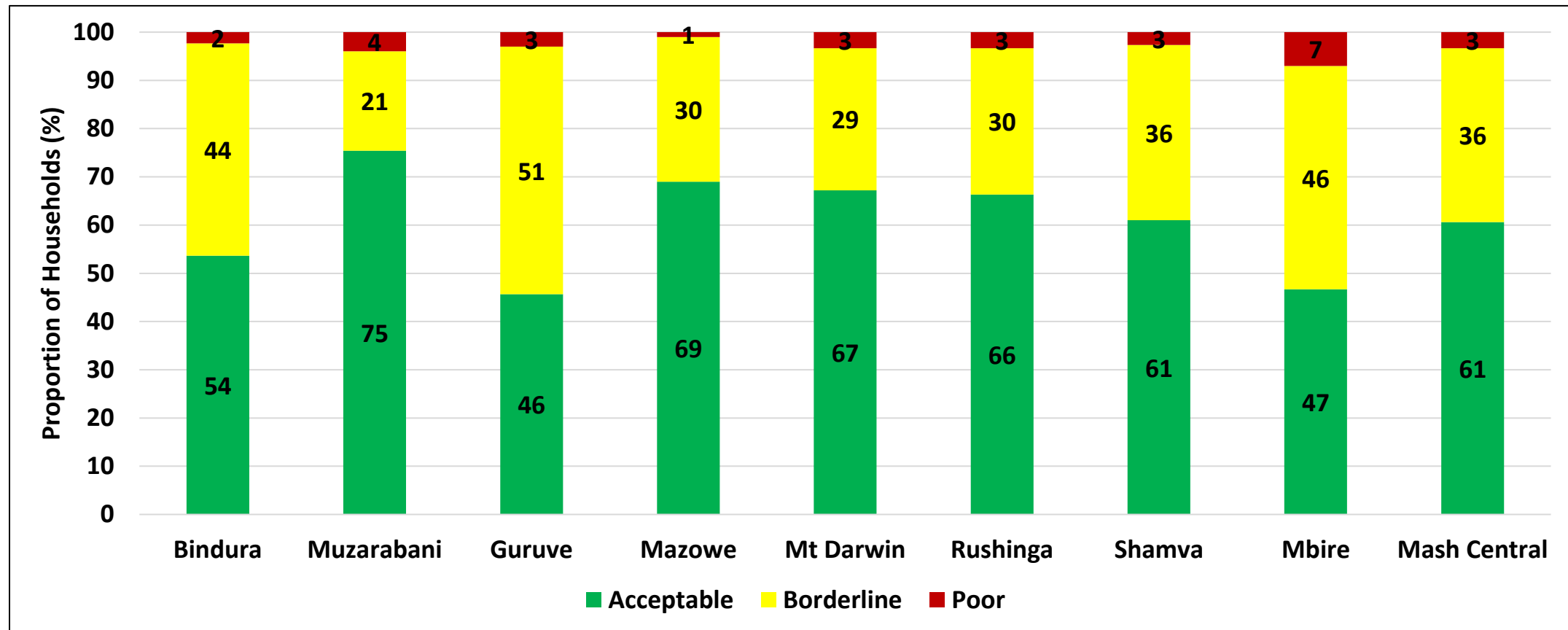
Food Consumption Score Groups	Score	Description
Poor	0-21	An expected consumption of staple 7 days, vegetables 5-6 days, sugar 3-4 days, oil/fat 1 day a week, while animal proteins are totally absent
Borderline	21.5-35	An expected consumption of staple 7 days, vegetables 6-7 days, sugar 3-4 days, oil/fat 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 Trend



- There was an increase in the proportion of households with acceptable food consumption from 2020 (32%) to 2025 (61%).
- The proportion of households which consumed poor diets decreased from 19% in 2020 to 3% in 2025.
- This reflects an improvement in the quality of diets being consumed by rural households as evidenced by the consumption of more diverse and nutritious food groups.

Food Consumption Patterns

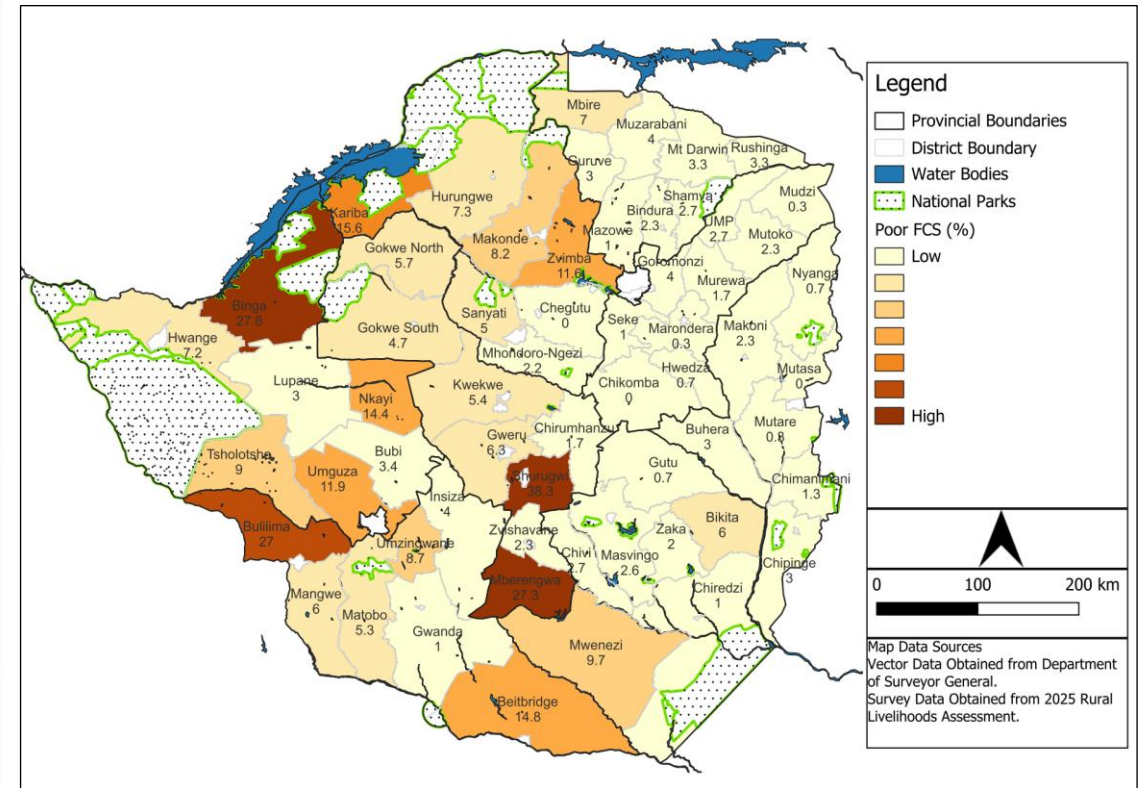
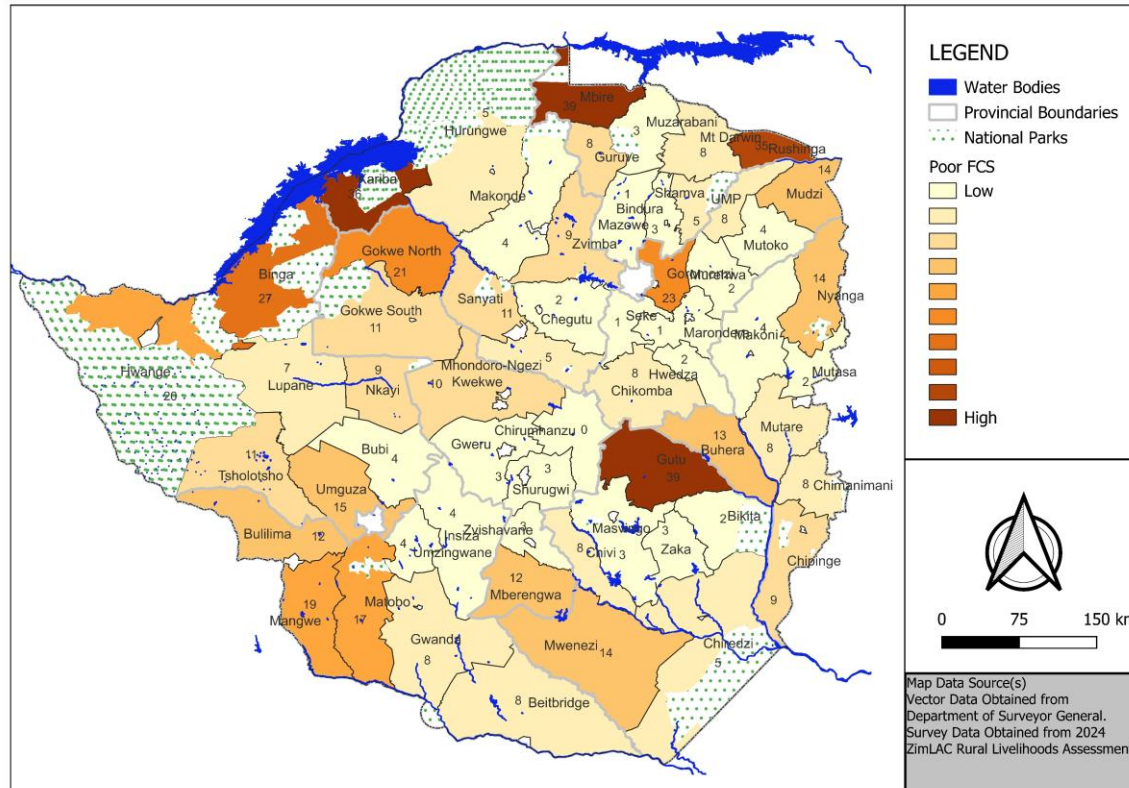


- In the province, 3% of households had poor consumption patterns.
- Districts with highest poor consumption patterns were Mbire (7%) and Muzarabani (4%).

Poor Food Consumption Patterns by District

2024

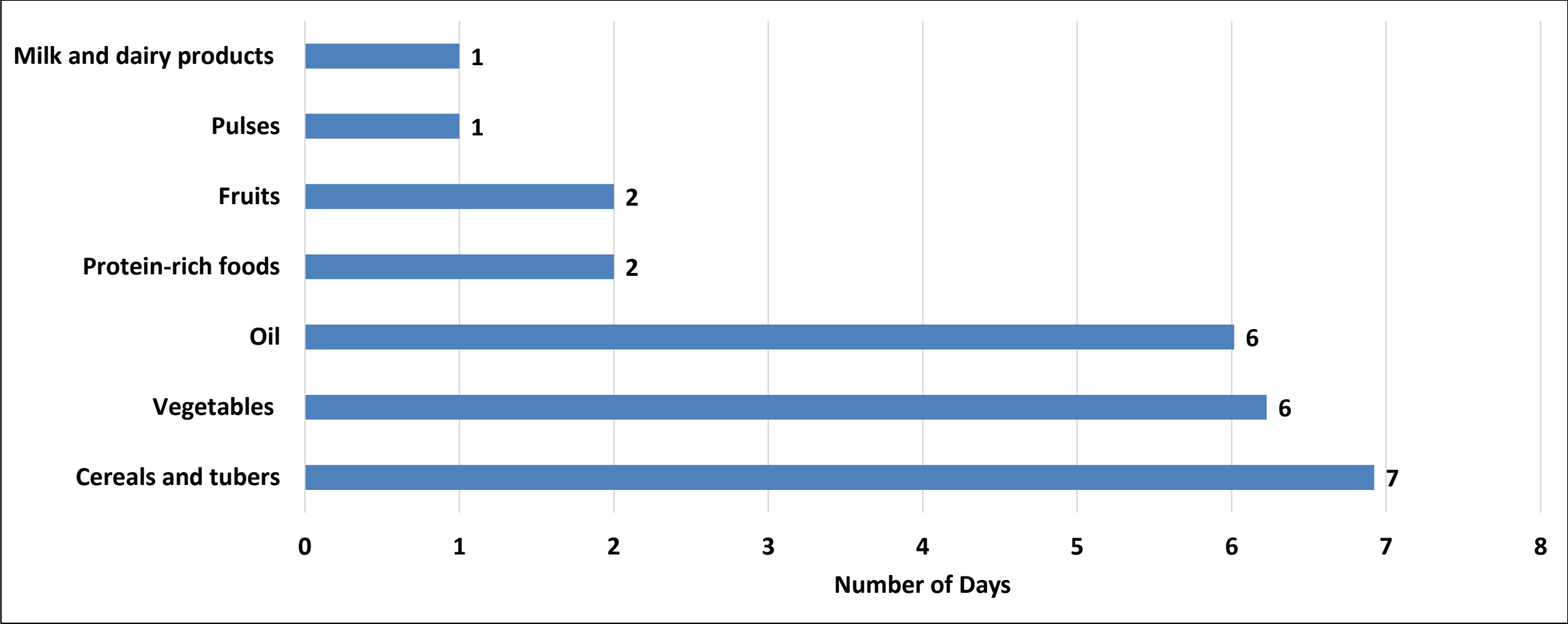
2025



- The proportion of households with poor food consumption decreased in most districts in 2025 when compared to 2024.
- In the province, Mbire had the highest proportion of households with poor consumption patterns.

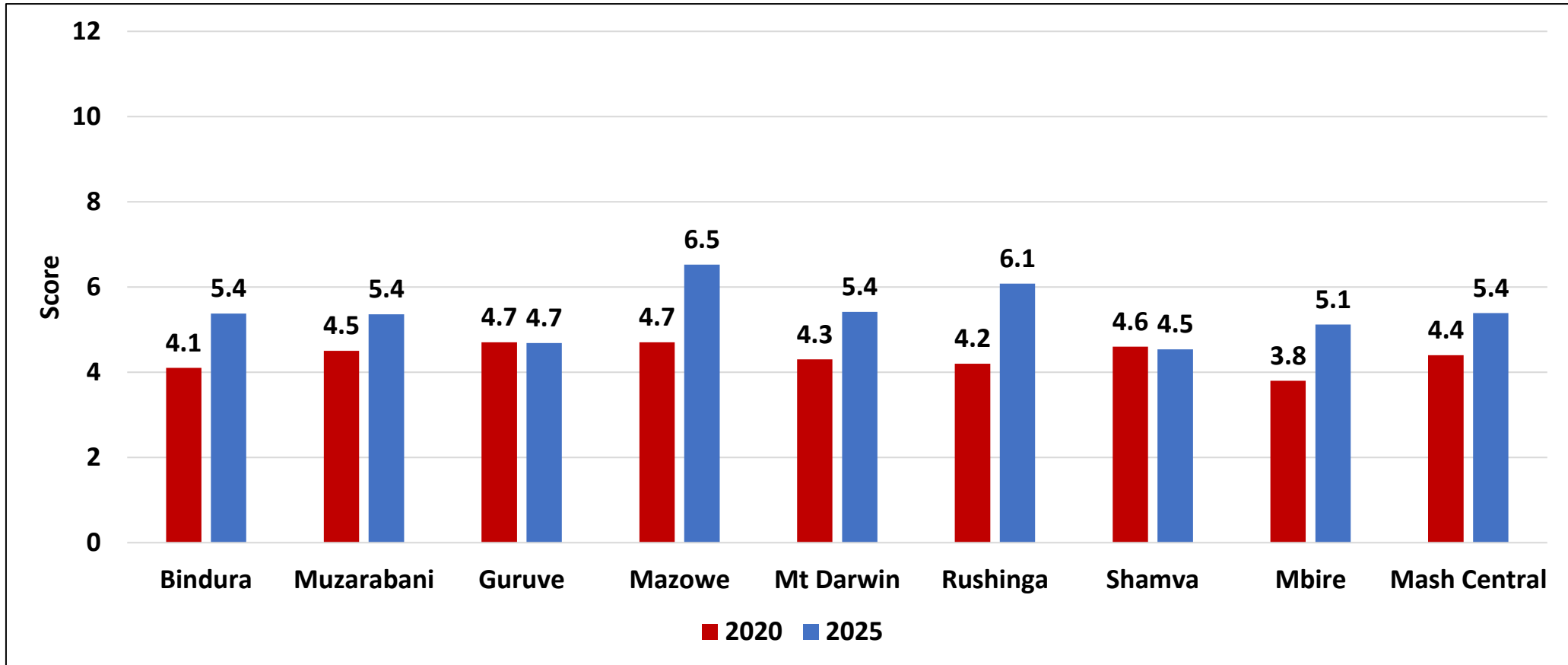
Household Dietary Diversity

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



- Cereals, vegetables and oil have remained the most frequently consumed foods.
- Milk and dairy products and pulses have been the least consumed food items.

Average Household Dietary Diversity Score



- There was an improvement in the dietary diversity score from 4.4 in 2020 to 5.4 in 2025.
- Mazowe (6.5) and Rushinga (6.1) had the highest household diversity score in the province.

Household Dietary Diversity Score by Food Groups

Province	Cereals (%)	Tubers (%)	Pulses (%)	Dairy products (%)	Meat (%)	Fish (%)	Eggs (%)	Vegetables (%)	Fruits (%)	Oil (%)	Sugar (%)	Condiments (%)
Bindura	99.3	59.7	34.3	77.1	47.7	21.1	58.0	92.0	71.1	98.6	81.3	98.9
Muzarabani	100.0	37.8	43.0	57.6	46.9	29.7	36.2	96.5	75.2	97.4	88.9	95.0
Guruve	93.3	39.9	43.9	26.9	45.3	10.0	46.4	89.8	38.4	96.5	85.6	87.9
Mazowe	99.7	57.0	50.0	49.3	55.5	44.3	37.6	98.7	65.4	99.0	93.2	98.6
Mt Darwin	95.0	50.6	44.9	46.4	48.0	40.5	31.8	86.7	61.3	93.6	83.3	90.2
Rushinga	99.7	60.2	58.5	75.8	51.6	26.5	59.3	95.3	83.9	93.5	88.2	97.6
Shamva	94.7	45.3	42.9	35.8	32.7	17.1	34.5	87.9	43.1	86.9	61.9	82.8
Mbire	99.7	42.6	57.5	34.1	54.2	17.8	36.2	90.6	67.1	91.9	79.5	98.4
Mash Central	97.8	50.1	47.9	52.5	47.9	30.3	41.6	92.3	65.0	94.8	83.1	94.2

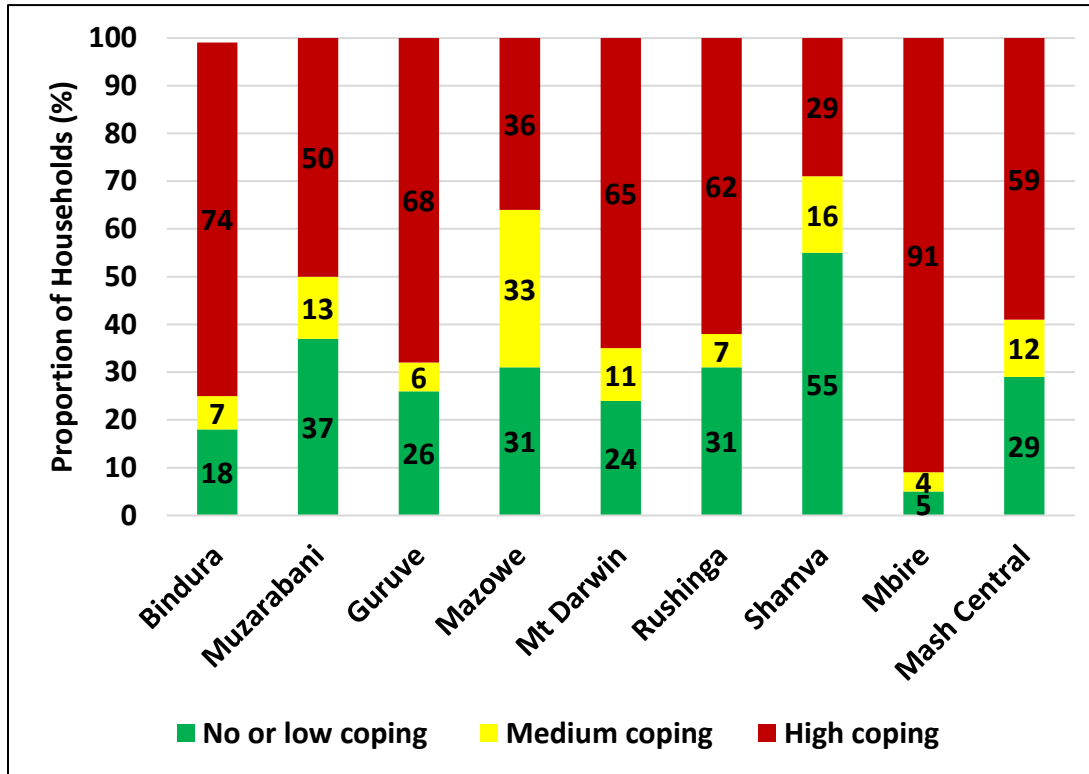
- Cereals (97.8%), oil (94.8%) and vegetables (92.3%) were the most consumed food groups.
- Meat consumption was highest in Mazowe (55.5%) whilst consumption of eggs was high in Rushinga (59.3%).

Household Coping

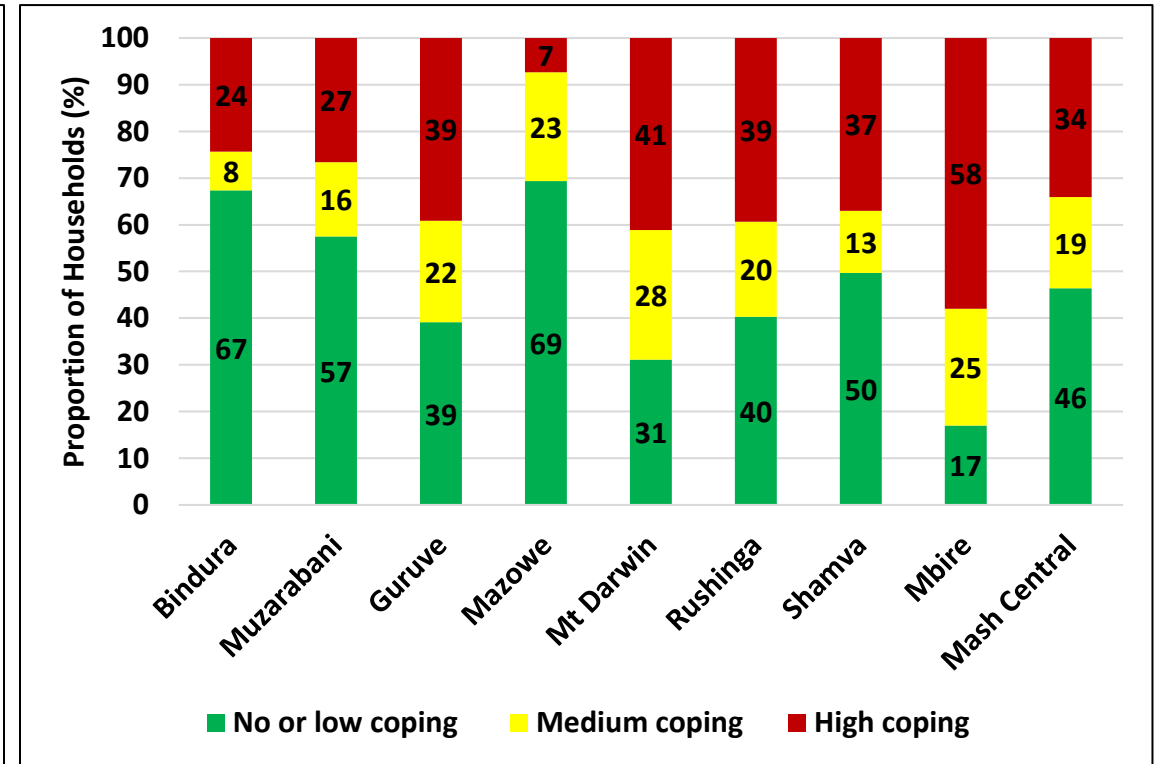
Reduced Consumption Coping Strategy Index (rCSI)

Reduced Consumption Coping Strategy Index

2024

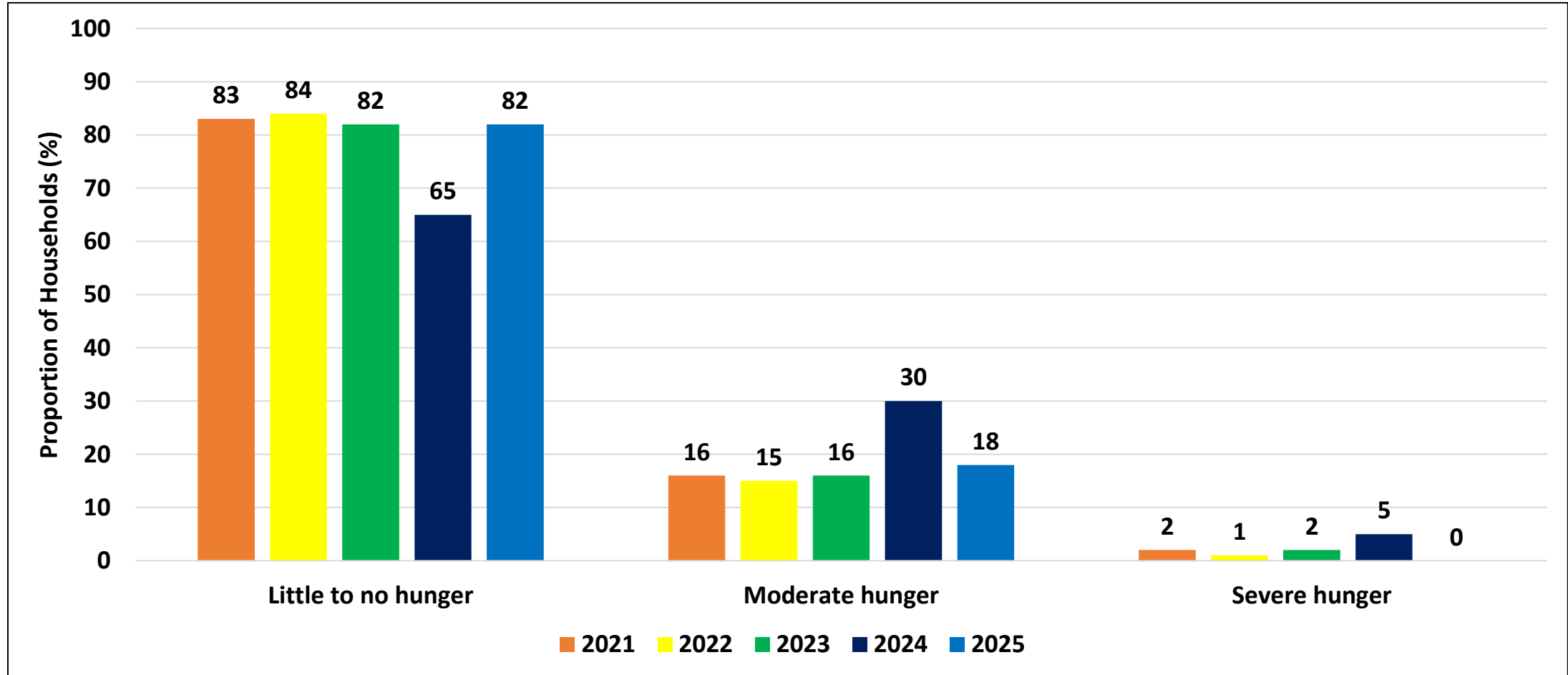


2025



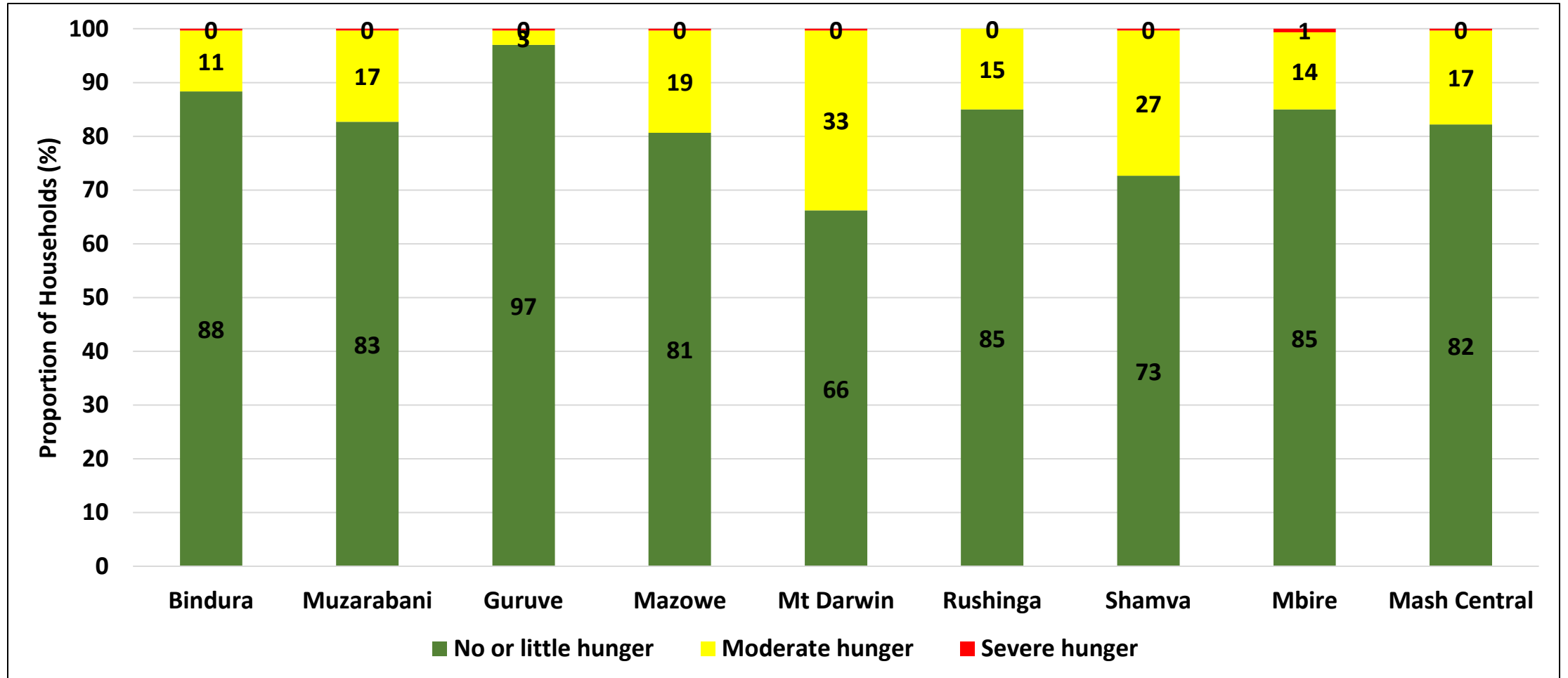
- High food consumption coping decreased from 59% in 2024 to 34% in 2025 in the province.
- All the districts had a decrease in high food consumption coping.

Household Hunger Scale



- The proportion of households which experienced no or little hunger increased from 65% in 2024 to 82% in 2025.
- The proportion of households which experienced severe hunger decreased from 2% in 2020 to 0% in 2025.

Household Hunger Scale



- Mt Darwin (33%) had the highest proportion of households with moderate hunger.

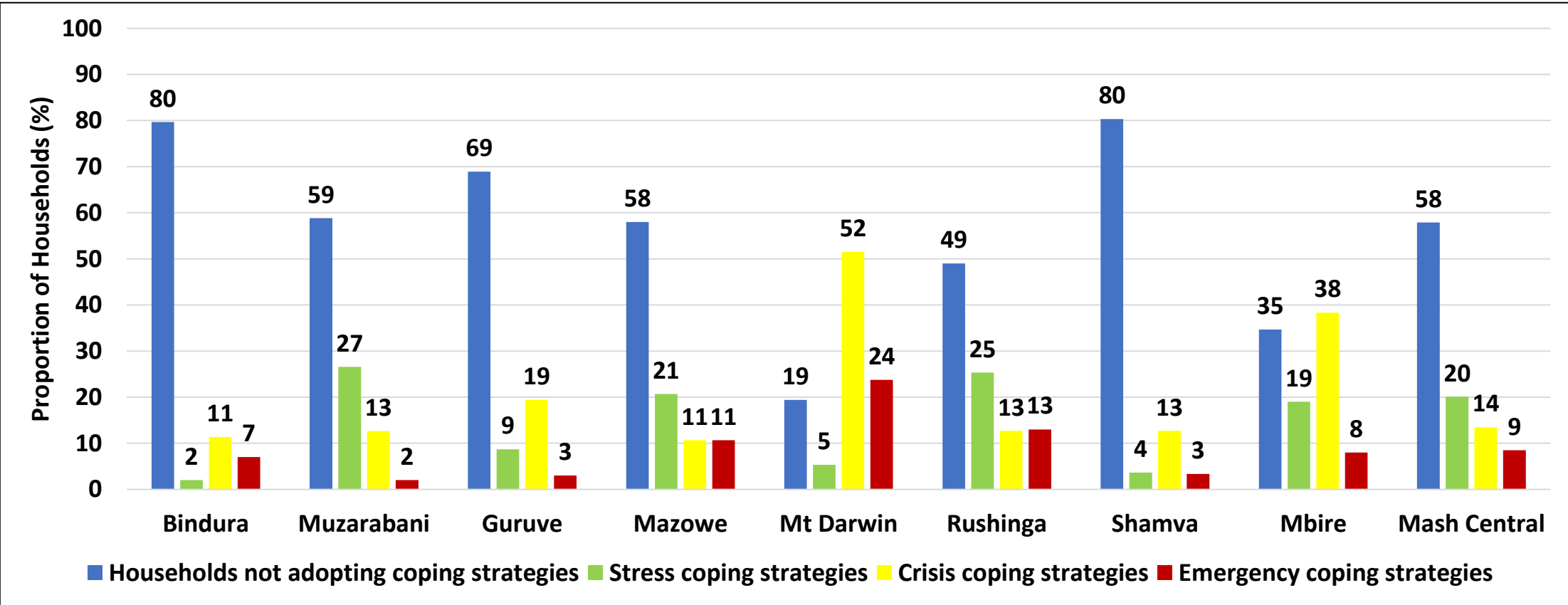
Livelihoods Based Coping Strategies

Livelihoods Coping Strategies

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

Category	Coping Strategy
Stress	<ul style="list-style-type: none">• Sold household assets/goods (radio, furniture, television, jewellery etc.)• Sold more animals than usual• Spent savings• Borrowed money
Crisis	<ul style="list-style-type: none">• Consumed seed stocks that were to be saved for the next season• Decreased expenditures on fertilizer, pesticide, fodder, animal feed, veterinary care, etc.• Harvest immature crops (e.g., green maize)
Emergency	<ul style="list-style-type: none">• Mortgaged/sold the house where the household was permanently living or land• Begged (asked strangers for money/food) or scavenged• Sold last female (productive) animal

Households Maximum Livelihoods Coping Strategies



- About 9% of the households in the province were engaging in emergency coping strategies.
- Mt Darwin (24%) had the highest proportion of households engaging in emergency coping strategies.

Food Safety

Importance of Food Labelling

Importance of Food Labelling

- Provides essential nutritional information (e.g., energy, fat, sugar, salt) to help make healthier choices.
- Lists ingredients and allergens, protecting consumers with dietary restrictions or food allergies.
- Shows expiry and manufacturing dates, helping avoid consumption of unsafe or expired products.
- Displays origin and manufacturer details, supporting traceability and product accountability.
- Indicates certifications and standards compliance (e.g., fortification logo, organic, Halal), ensuring quality and regulatory adherence.

Why Consumers Should Read Food Labels

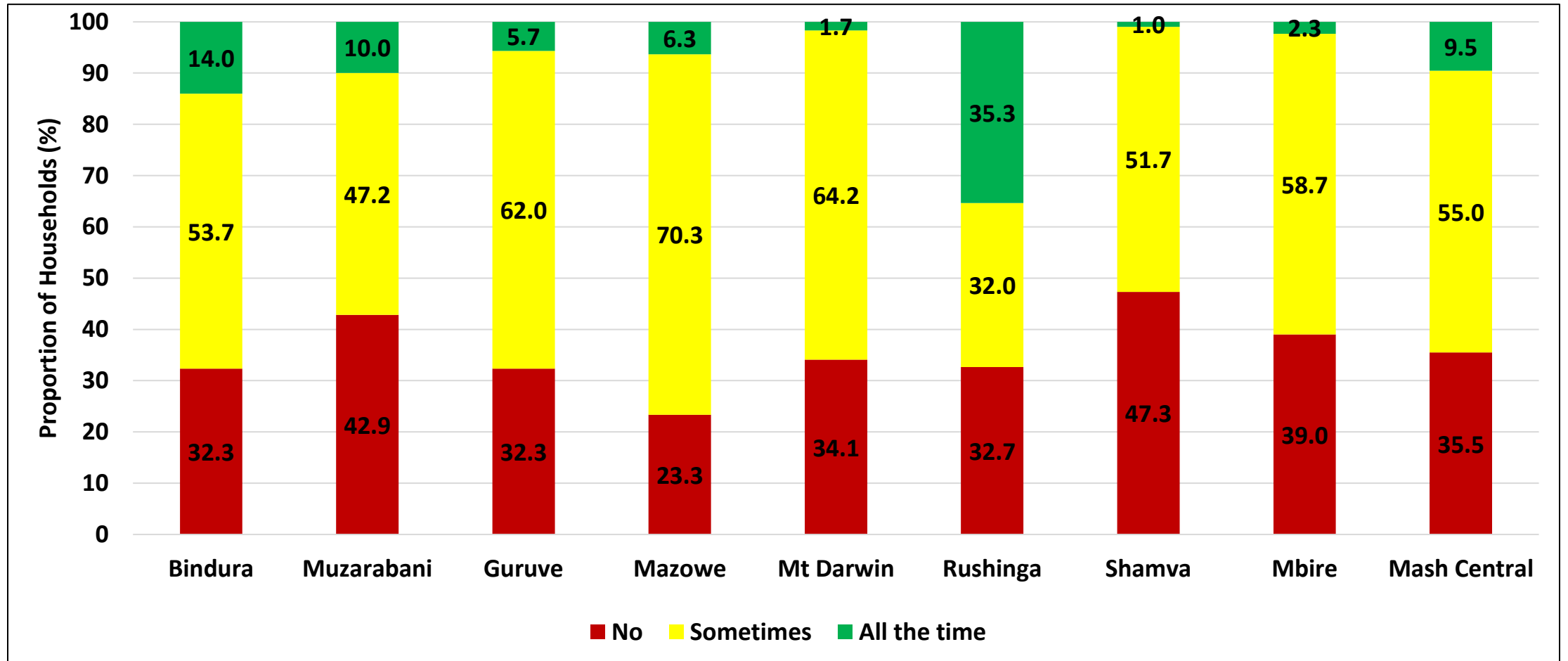
- Helps choose foods that align with health needs (e.g., diabetes, hypertension, child feeding).
- Avoids misleading claims (e.g., “sugar-free”, “natural”) by checking actual contents.
- Supports informed decisions on food value, cost-efficiency, and portion size.
- Protects against adverse reactions by identifying allergens (e.g., peanuts, gluten, sulphites).
- Empowers consumers to hold food producers accountable for food safety and nutrition quality.

Factors Considered by Households When Purchasing Food Items

Province	Brand/Source (%)	Expiry /Best Before Date (%)	Nutritional Content (%)	Storage Instructions (%)	Other (%)	No Other Consideration (%)
Bindura	44.0	65.7	5.0	3.3	0.0	24.3
Muzarabani	53.5	69.1	38.5	23.3	0.7	17.9
Guruve	9.0	59.3	6.0	4.7	1.0	33.7
Mazowe	63.7	66.7	6.0	0.7	1.0	16.7
Mt Darwin	72.9	28.4	7.7	1.0	0.7	23.1
Rushinga	15.0	76.0	2.7	5.0	0.7	23.0
Shamva	74.7	82.0	31.7	21.3	10.0	1.0
Mbire	70.3	81.0	44.0	38.3	6.0	16.0
Mash Central	50.4	66.0	17.7	12.2	2.5	19.5

- Holding price constant, about 66% of the households reported that they considered product expiry dates, brand (50.4%) and nutritional content (17.7%) when purchasing food items.

Reading of Food Labels Before Purchasing



- About 35.5% of the households reported not reading food labels before purchasing food items.

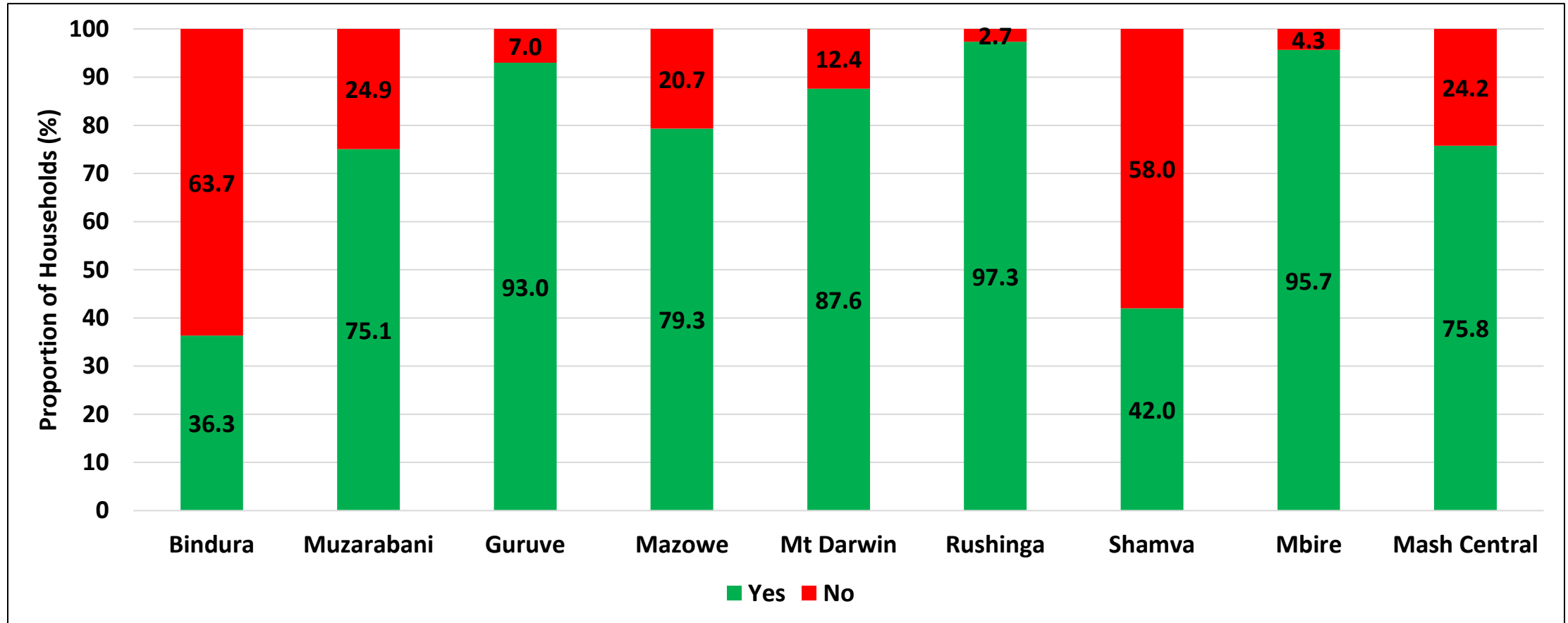
Importance of Observing Pre-Harvest Intervals (PHIs) on Pesticides

- The Pre-Harvest Interval (PHI) is the minimum number of days that must pass between the last pesticide application and the harvesting of fruits or vegetables. This allows pesticide residues to degrade to safe levels before the crop is consumed.

Importance of Observing PHI

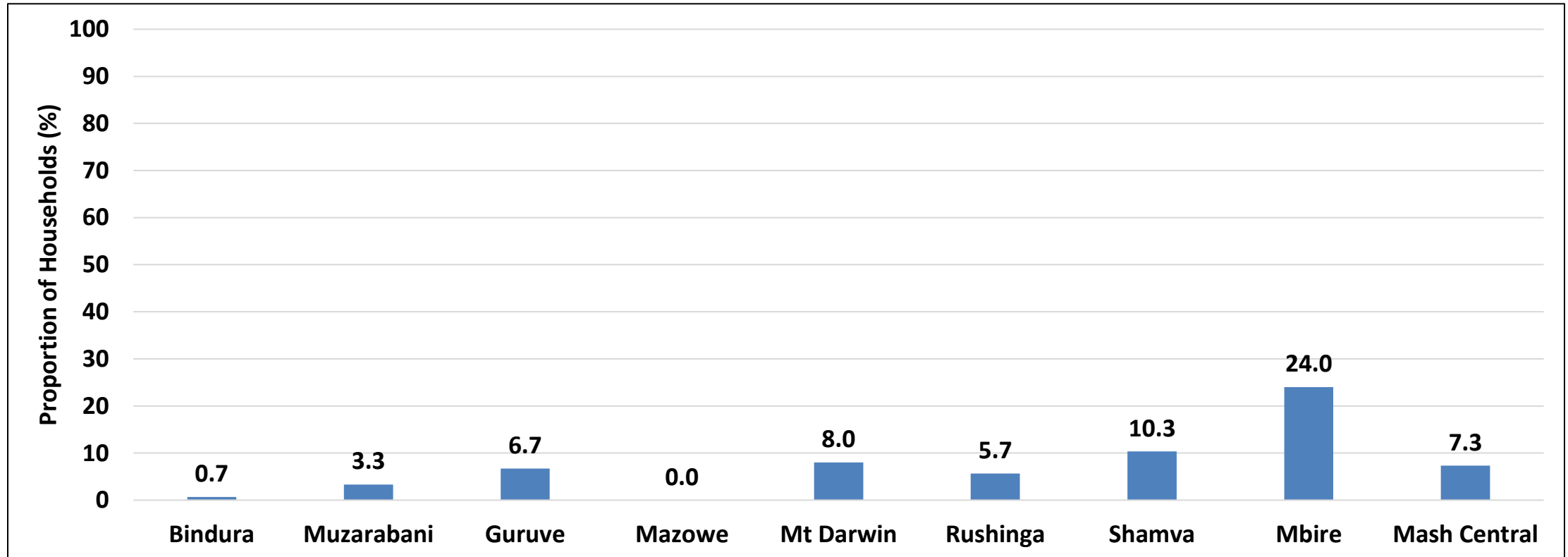
- Protects consumer health by preventing exposure to harmful pesticide residues that can cause acute poisoning, cancer or reproductive issues.
- Reduces residue levels to within acceptable safety limits set by regulatory authorities (e.g., WHO, FAO, Codex).
- Supports food safety and quality, ensuring that fruits and vegetables meet national standards and retain consumer trust.
- Preserves export markets by complying with international residue limits (Maximum Residue Limits – MRLs).
- Promotes responsible farming by reinforcing good agricultural practice.

Knowledge on Pre-harvest Interval of Fruits and Vegetables Sprayed with Pesticides



- About 75.8% of the households reported that they had knowledge about the preharvest interval to be observed after spraying fruits and vegetables with pesticides.

Consumption of Vegetables or Fruits that were Sprayed with Pesticides



- About 7.3% of the households reported consuming vegetables or fruits before the recommended pre-harvest interval after pesticide application.

Importance of Observing Withdrawal Periods on Antibiotics in Livestock

- The withdrawal period is the minimum time that must pass between the last antibiotic treatment of an animal and the slaughter or harvesting of animal products (milk, eggs, meat) to ensure no harmful drug residues remain.

Importance of Observing Withdrawal Periods

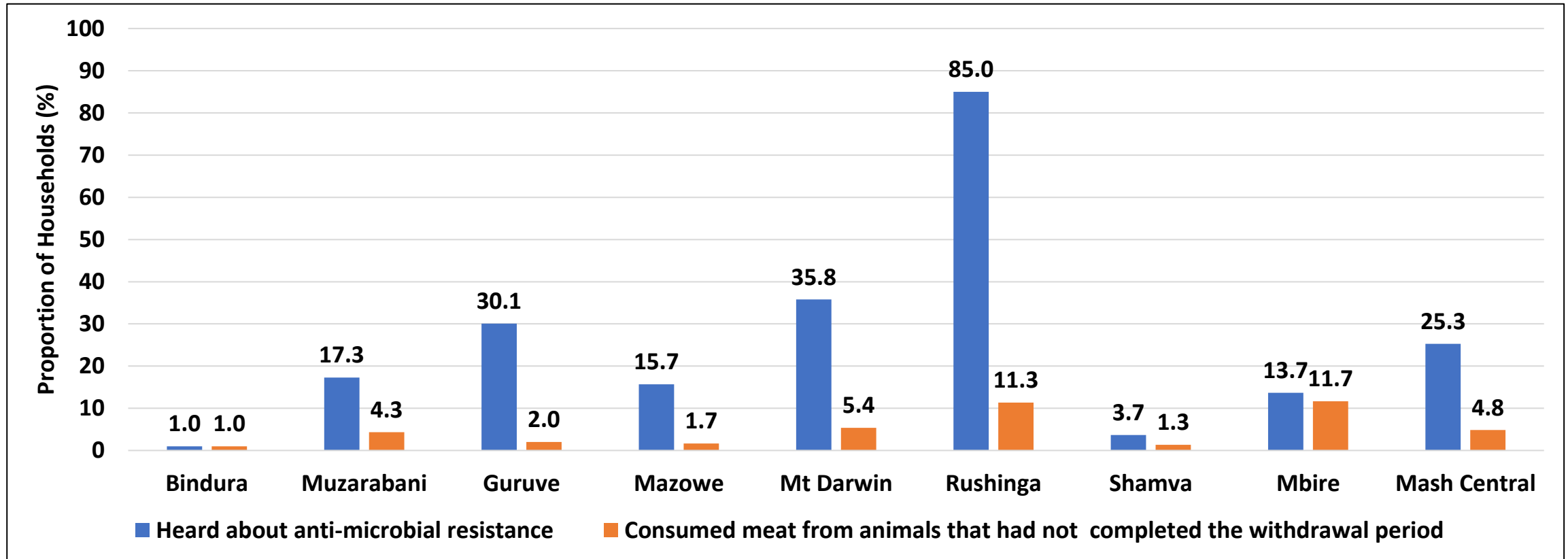
- Protects human health by preventing consumption of animal products with antibiotic residues that can cause allergic reactions or toxicity.
- Prevents antibiotic resistance, a major global threat where bacteria become resistant to treatment due to overexposure to antibiotics.
- Ensures compliance with food safety standards, helping farmers to meet national and international regulations (e.g., Codex, WHO).
- Preserves market access by ensuring products are safe for trade.
- Maintains consumer trust in animal-derived foods such as meat, milk and eggs.

Use of Antibiotics to Treat Livestock

	Use antibiotics to treat livestock				Read instructions regarding withdrawal periods			
	(%)				(%)			
	Rarely	Sometimes	Often	Always	Rarely	Sometimes	Often	Always
Bindura	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.7
Muzarabani	0.0	2.6	0.0	0.0	1.3	3.9	0.0	0.0
Guruve	5.2	7.8	0.0	1.3	5.2	9.1	2.6	2.6
Mazowe	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Mt Darwin	34.1	2.2	1.1	0.0	38.5	2.2	1.1	1.1
Rushinga	0.0	9.1	0.0	18.2	0.0	18.2	0.0	27.3
Shamva	0.0	0.0	0.0	0.0	1.7	0.0	0.0	0.8
Mbire	12.1	3.0	0.0	0.0	3.0	6.1	0.0	3.0
Mash Central	5.8	1.7	0.1	0.4	6.2	2.3	0.4	1.3

- About 6.2% of the households indicated that they rarely read instructions on the withdrawal period when treating animals with antibiotics.

Knowledge of Anti-microbial Resistance



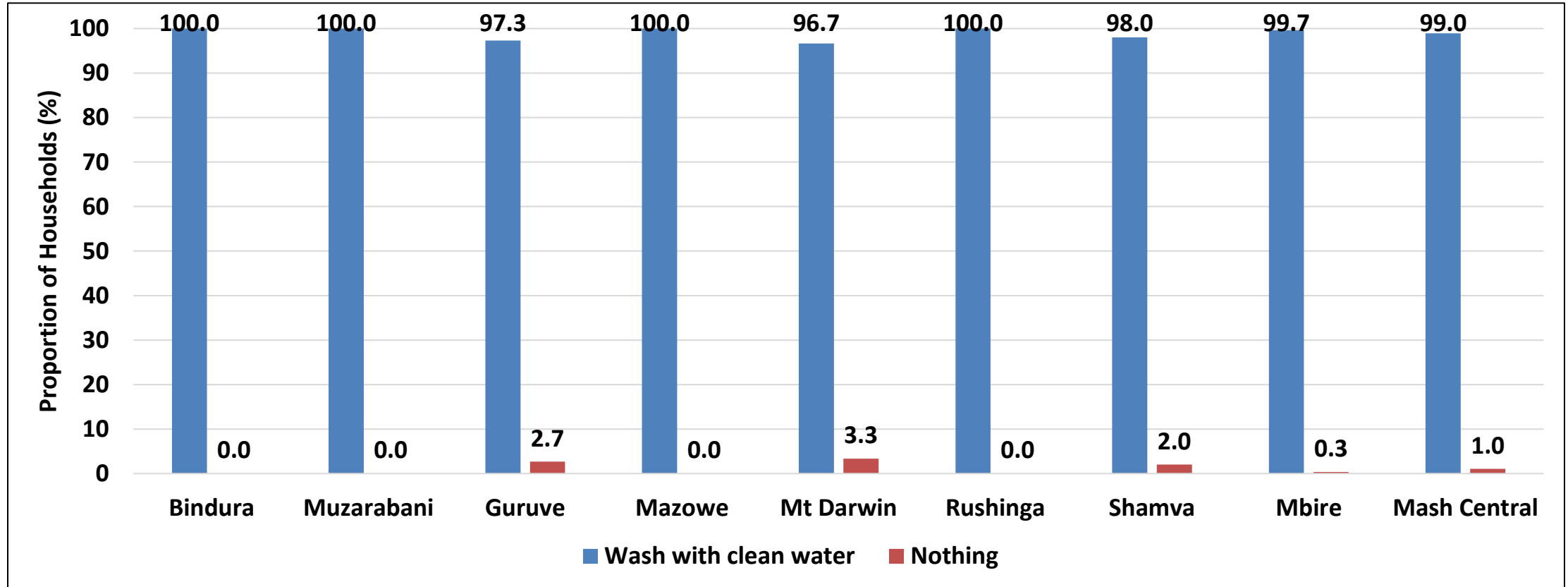
- About 25.3% of the households had heard about anti-microbial resistance and 4.8% consumed meat from livestock that had not completed the withdrawal period.

WHO Five Keys to Safer Food

Ensuring food safety is key to preventing food borne illnesses which are contracted through consumption of unsafe foods:

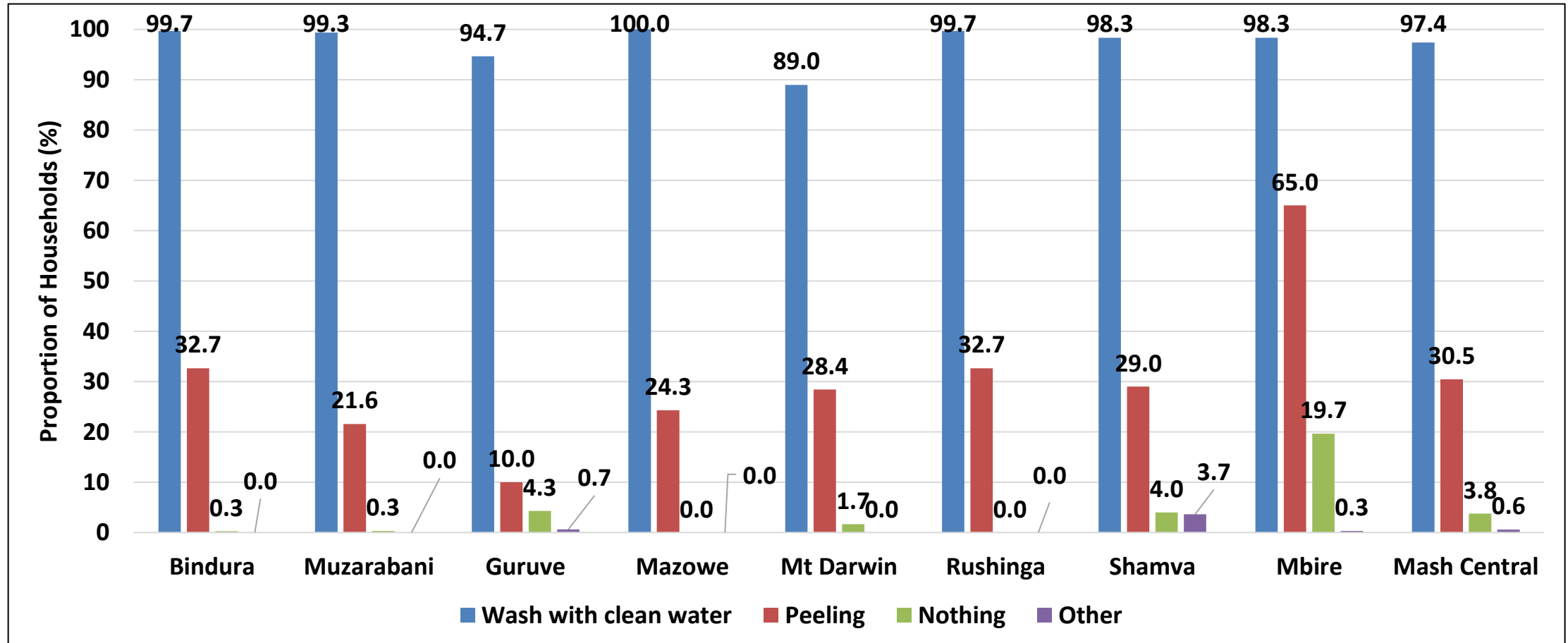
Five Keys	Key Steps
Keep clean	<ul style="list-style-type: none"> • Wash hands before handling food and often during food preparation • Wash hands after going to the toilet • Wash and sanitise all surfaces and equipment used for food preparation • Protect kitchen areas and food from insects, pests and other animals
Use safe water and raw materials	<ul style="list-style-type: none"> • Use safe water (<i>households improved water source</i>) or treat it to make it safe (<i>households treat water</i>) • Select fresh and wholesome foods • Choose foods processed for safety, such as pasteurised milk • Wash fruits and vegetables, especially if eaten raw • Do not use food beyond its expiry date
Separate raw and cooked	<ul style="list-style-type: none"> • Separate raw meat, poultry and seafood from other foods • Use separate equipment and utensils such as knives and cutting boards for handling raw foods • Store food in containers to avoid contact between raw and prepared foods
Cook thoroughly	<ul style="list-style-type: none"> • Cook food thoroughly, especially meat, poultry, eggs and fish • Bring foods like soups and stews to boiling to make sure that they have reached 70°C • Reheat cooked food thoroughly
Keep food at safe temperatures	<ul style="list-style-type: none"> • Do not leave cooked food at room temperature for more than 2 hours • Refrigerate promptly all cooked and perishable food (preferably below 5°C) • Keep cooked food piping hot (more than 60°C) prior to serving • Do not store food too long even in the refrigerator • Do not thaw frozen food at room temperature

Safe Ways of Handling Meat and Fish Before Cooking



- Most of the households (99%) washed meat and fish with clean water before cooking.

Safe Ways of Handling Fruits and Vegetables



- Most of the households (97.4%) washed fruits and vegetables with clean water before eating.

Safety of Food During Storage, Cooking and Serving

Province	Use Clean and Fresh Utensils (%)	Keep Food at Correct Temperatures (%)	Keep Food Closed or Covered (%)	Separate Raw and Cooked Food (%)	Cook Food Completely and not Leave any Part Raw (%)	Other (%)
Bindura	94.3	29.3	88.0	34.3	15.0	0.3
Muzarabani	97.0	41.5	40.5	26.6	32.2	0
Guruve	94.7	11.3	79.0	12.7	10.3	0
Mazowe	79.0	20.7	72.0	9.0	24.7	0
Mt Darwin	69.9	36.5	70.9	42.5	38.8	2.0
Rushinga	99.7	27.0	88.3	37.7	22.7	0.3
Shamva	89.3	56.0	55.3	46.3	33.3	0.7
Mbire	87.0	76.0	69.0	46.3	34.3	0.0
Mash Central	88.9	37.3	70.4	31.9	26.4	0.4

- At least 88.9% of households used clean and fresh utensils and 70.4% kept food closed or covered during storage, cooking and serving.

Most Common Food Items Purchased from Vendors

District	Cereal (Rice, Pasta, Mealie Meal, Traditional Grains) (%)	Biscuits, sweets and snacks (%)	Drinks (%)	Fruits and vegetables (%)	Meat and Meat Products (%)	Dairy Products (%)	Other (%)
Bindura	1.0	1.3	6.0	76.3	12.7	2.0	0
Muzarabani	27.6	1.7	2.3	74.4	4.7	3.3	1.0
Guruve	4.3	11.3	2.7	68.7	6.3	1.7	1.0
Mazowe	0.7	1.3	0.3	84.3	11.7	2.0	0
Mt Darwin	1.3	21.7	3.3	72.9	4.0	.3	0.7
Rushinga	18.3	2.3	2.0	54.3	3.7	7.0	13.0
Shamva	19.7	38.7	18.0	52.3	10.0	3.7	6.0
Mbire	7.7	5.3	6.7	61.3	31.0	3.0	3.3
Mash Central	10.1	10.5	5.2	68.1	10.5	2.9	3.1

- The majority of the households (68.1%) reported that they purchased fruits and vegetables from vendors.
- About 10.5% of the households reported that they bought meat and meat products from vendors.

Water, Sanitation and Hygiene

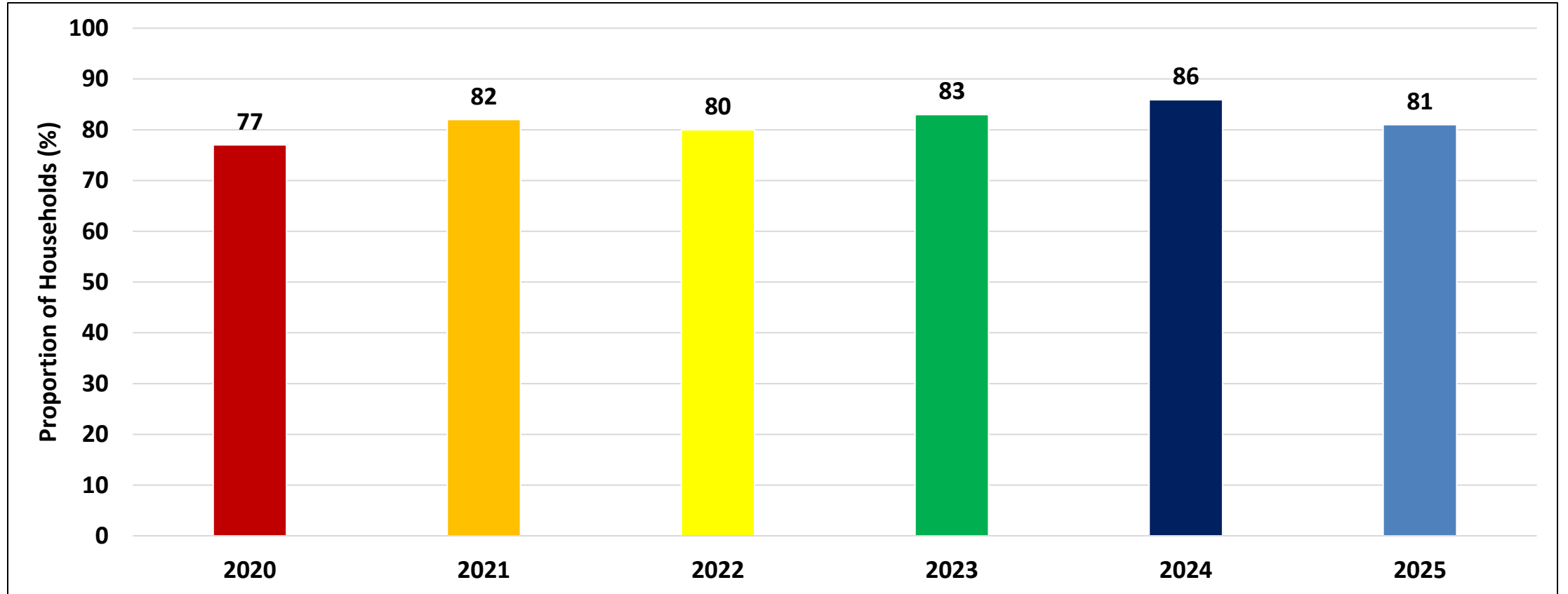
Ladder for Drinking Water Services

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 :

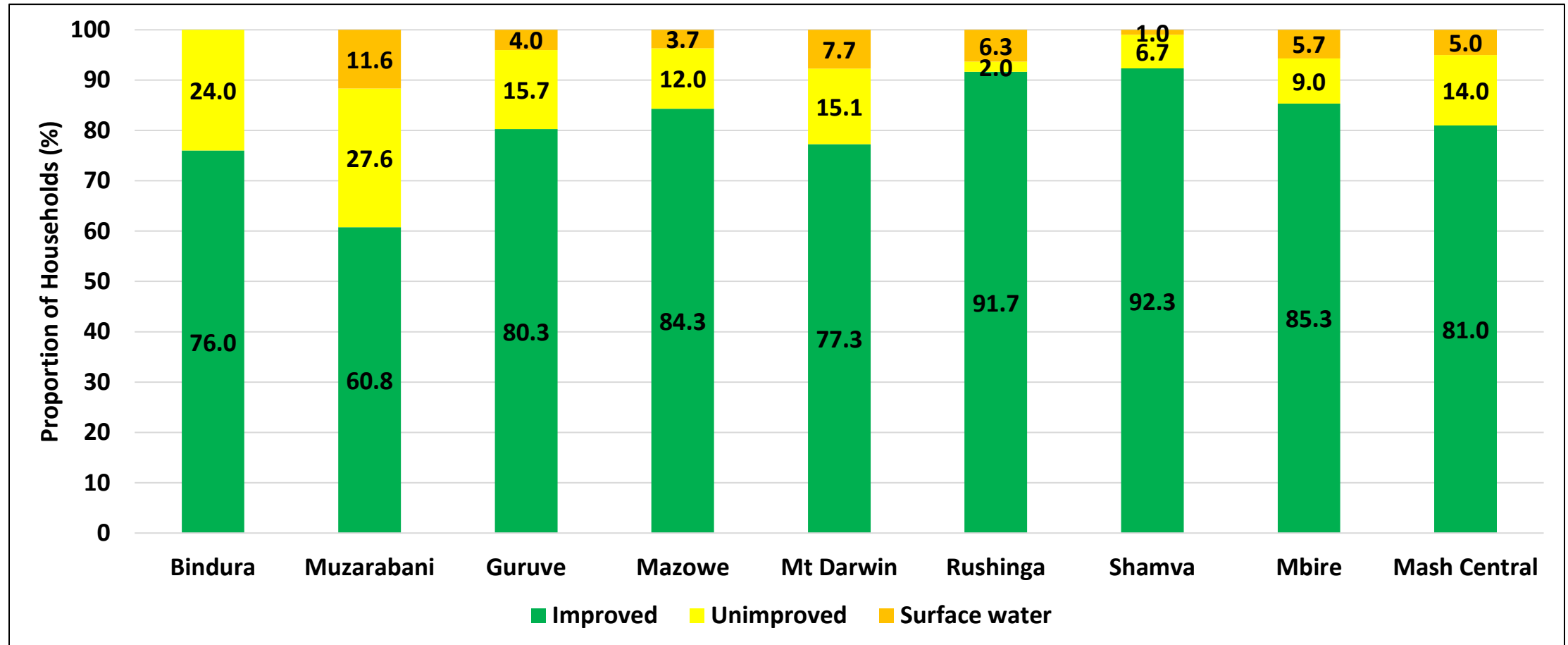
“Improved” drinking water sources are further defined by the quality of the water they produce, and are protected from faecal contamination by the nature of their construction or through an intervention to protect from outside contamination. Such sources include: piped water into dwelling, plot, or yard; 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 77% (2020) to 81% (2025).

Access to Improved Water Source by District



- Access to improved water sources in the province was 81%.

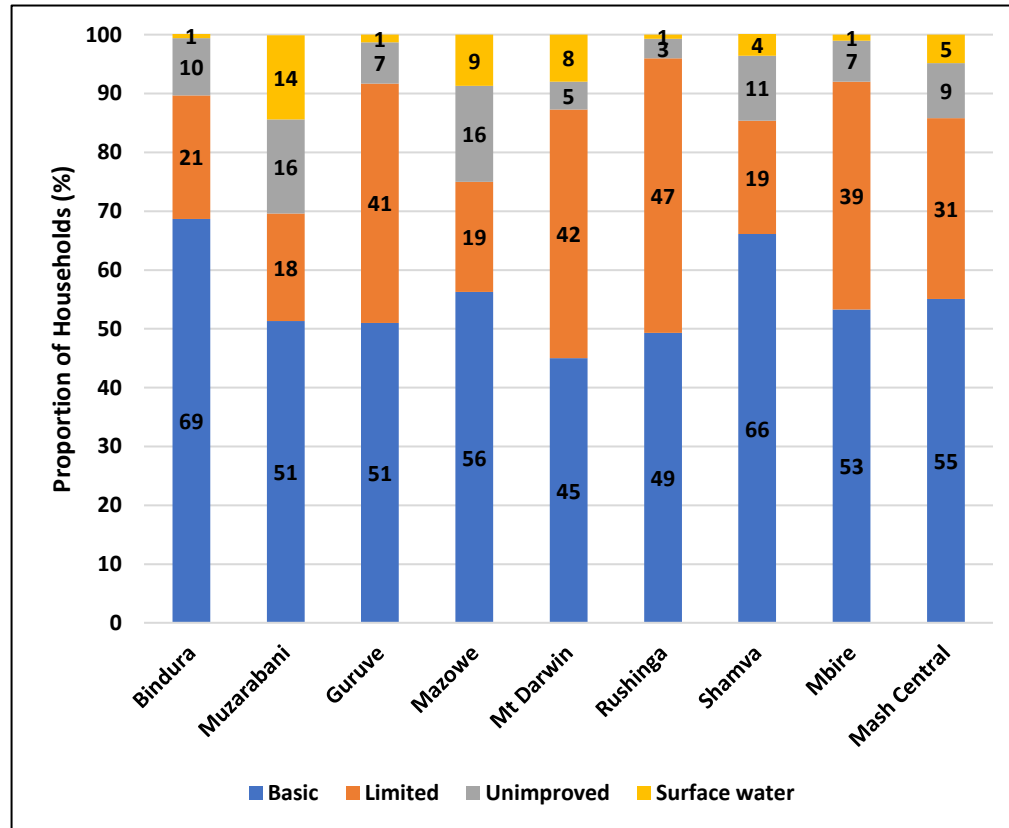
Main Source of Drinking Water

	Piped into dwelling (%)	Piped into yard or plot (%)	Piped into public tap or standpipe (%)	Piped into neighbour's yard (%)	Borehole/ Tubewell (%)	Protected well (%)	Unprotected well (%)	Protected spring (%)	Unprotected spring (%)	Surface water (%)
Bindura	3.0	2.3	13.3	0	14.3	43.0	23.0	0	1.0	0
Muzarabani	0	1.0	5.6	0	25.2	27.9	21.3	1.0	6.3	11.6
Guruve	0	1.3	3.7	1.0	64.2	10.0	14.4	0	0.3	4.0
Mazowe	0.3	0.7	19.7	0.7	24.7	38.3	11.3	0	0.7	3.7
Mt Darwin	1.7	0.3	7.7	0	61.2	5.7	13.0	0.3	0	7.7
Rushinga	0	0	25.0	0	65.7	1.0	2.0	0	0	6.3
Shamva	0.3	1.3	5.7	0.3	50.3	33.7	6.3	0.3	0	1.0
Mbire	0	0.3	14.0	0.3	54.0	16.7	3.3	0	0	5.7
Mash Central	0.7	0.9	11.8	0.3	44.9	22.1	11.8	0.2	1.0	5.0

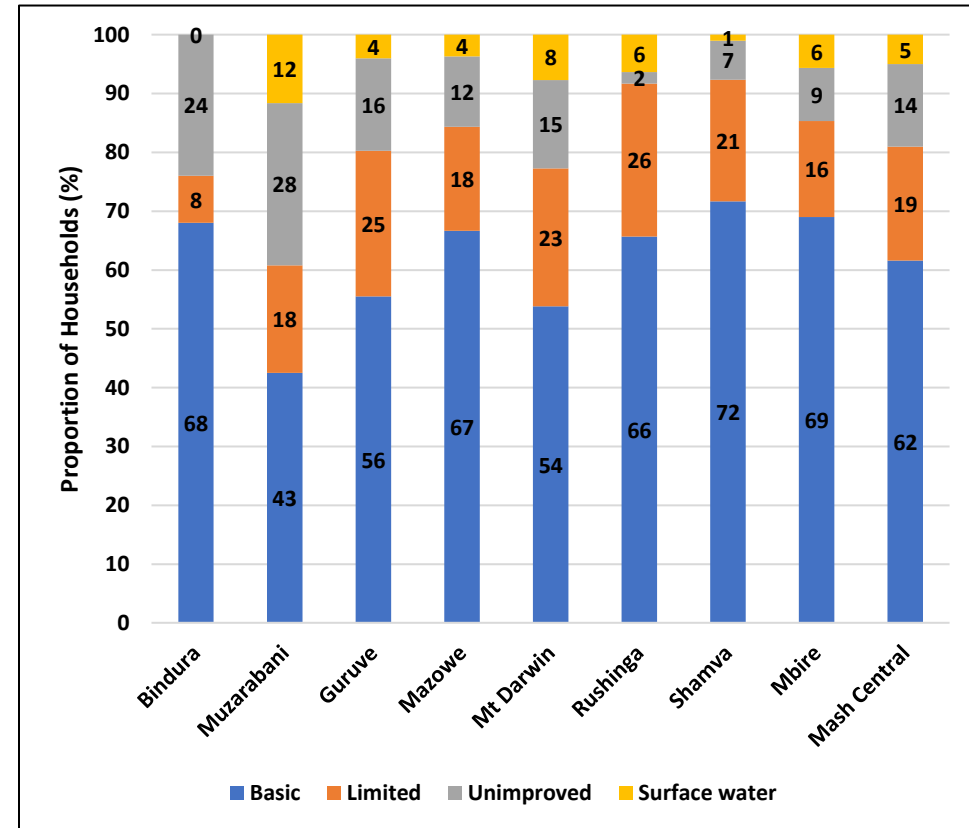
- The majority of households were drinking water from boreholes or tubewells (44.9%) and protected wells (22.1%).
- About 5% of the households were drinking surface water.

Main Drinking Water Services

2024



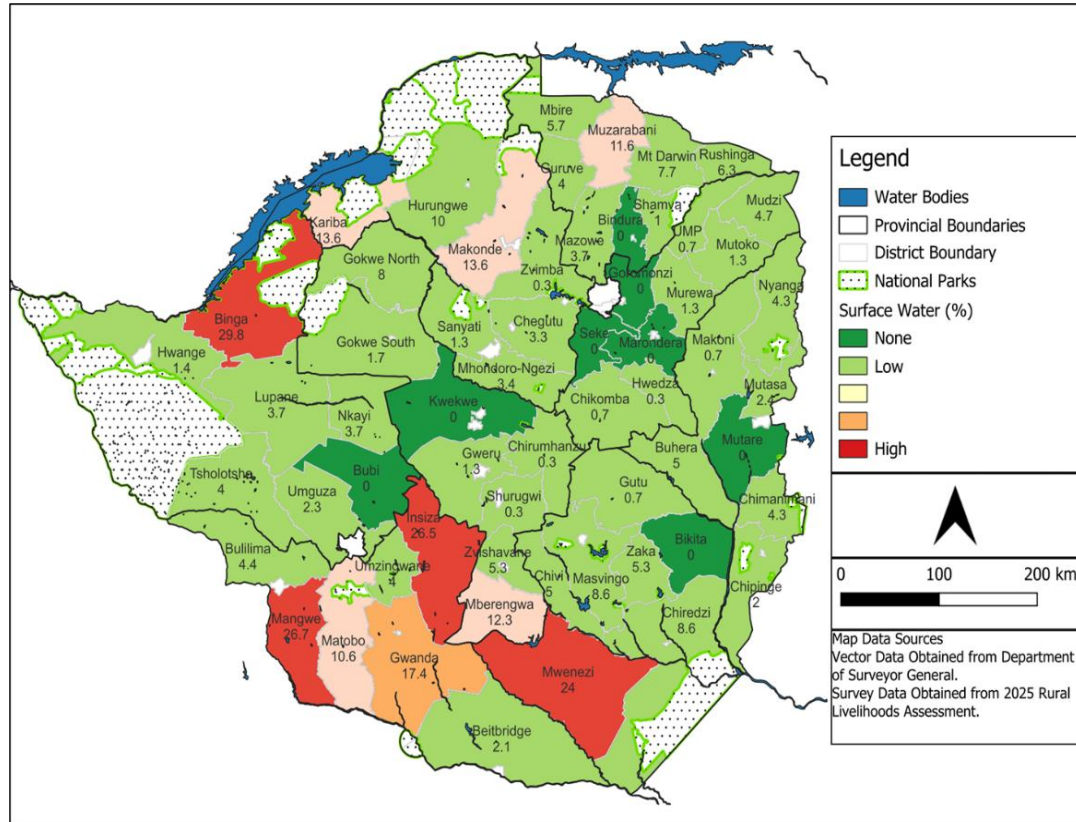
2025



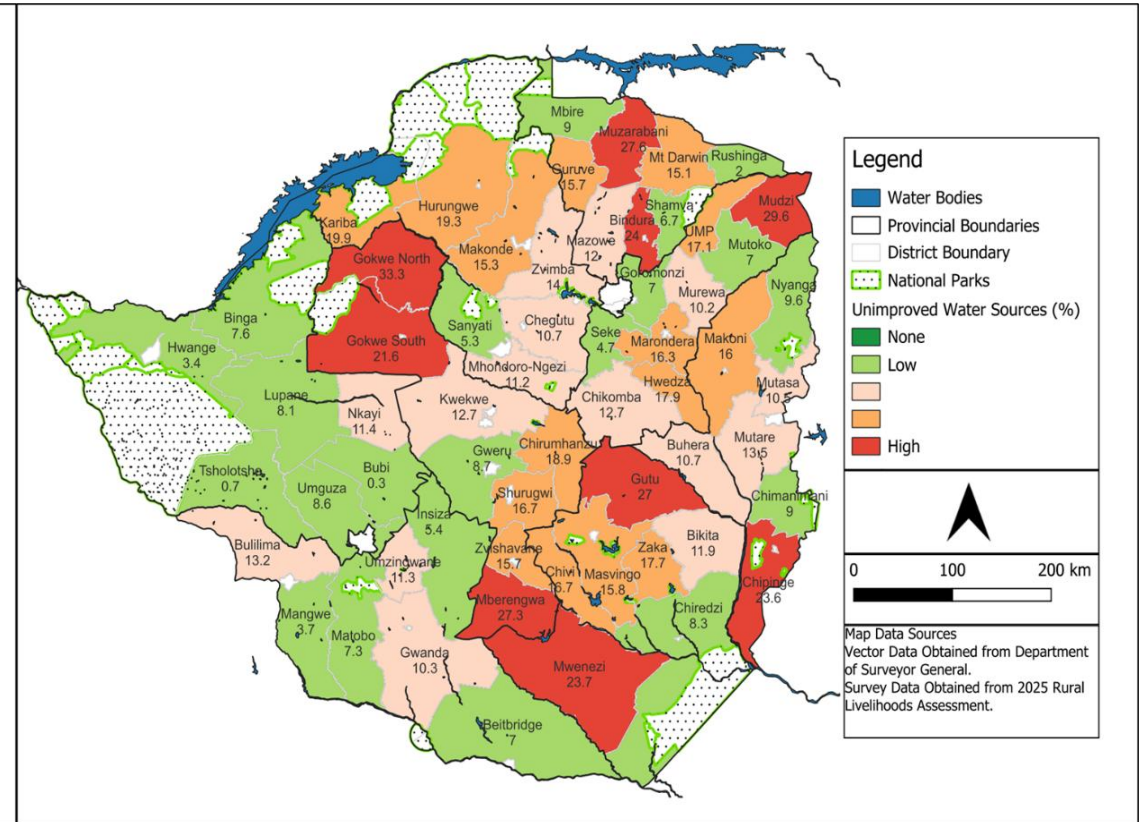
- There was an increase in the proportion of households accessing basic water services from 55% in 2024 to 62% in 2025.
- Attention should be given to the 19% of households which were drinking water from improved sources, but their collection time was exceeding 30minutes for a round trip including queuing.

Water Services

Households Drinking Surface Water

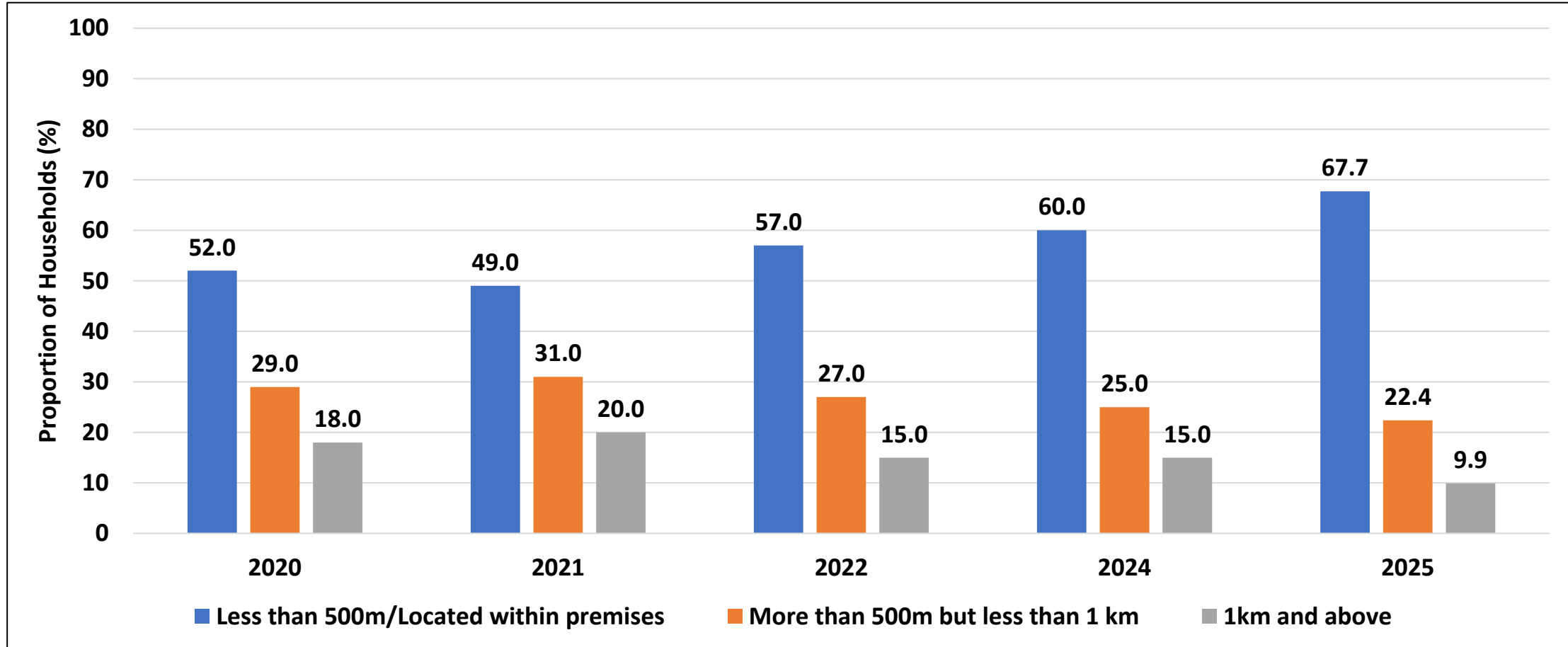


Households Using Unimproved Water



- Muzarabani (11.6%) had the highest proportion of households which were drinking surface water and using unimproved water sources (27.6%).

Distance Travelled to Main Water Source



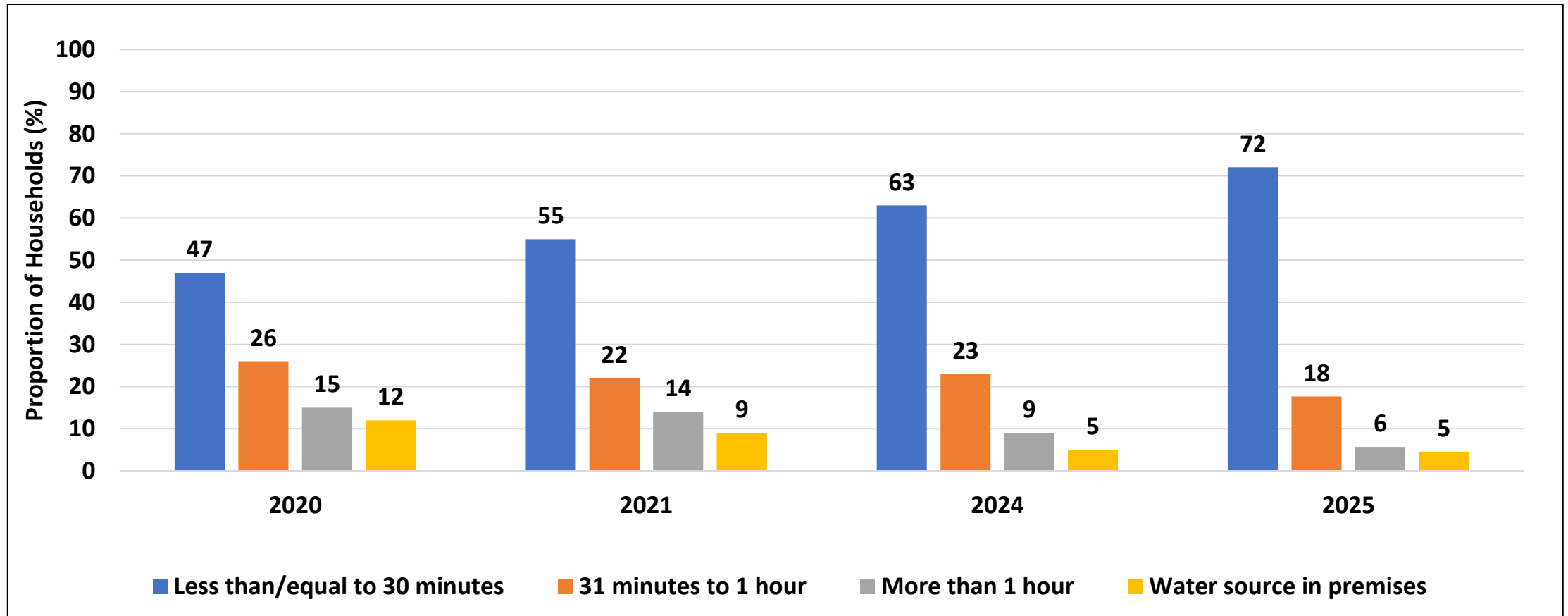
- About 67.7% of the households accessed water less than 500m from their homes in 2025, an increase from 52% in 2020.
- The proportion of households travelling 1km and above to their main water source decreased from 18% in 2020 to 10% in 2025.

Distance to Main Water Source

	Less than 500m/Located within premises (%)	More than 500m but less than 1 km (%)	1km and above (%)	Don't know (%)
Bindura	82.3	16.3	1.3	0.0
Muzarabani	55.5	13.6	30.9	0.0
Guruve	65.2	28.4	6.4	0.0
Mazowe	85.7	10.0	1.7	2.7
Mt Darwin	48.2	38.8	12.7	0.3
Rushinga	46.7	40.0	13.3	0.0
Shamva	75	20.7	4.3	0.0
Mbire	83	11.3	5.7	0.0
Mash Central	67.7	22.4	9.5	0.4

- About 67.7% of the households accessed water within their premises or within a distance less than 500m from their homes.
- However, attention should be given to 9.5% of the households travelling a distance above one kilometer.

Time Taken to and from Main Drinking Water Source



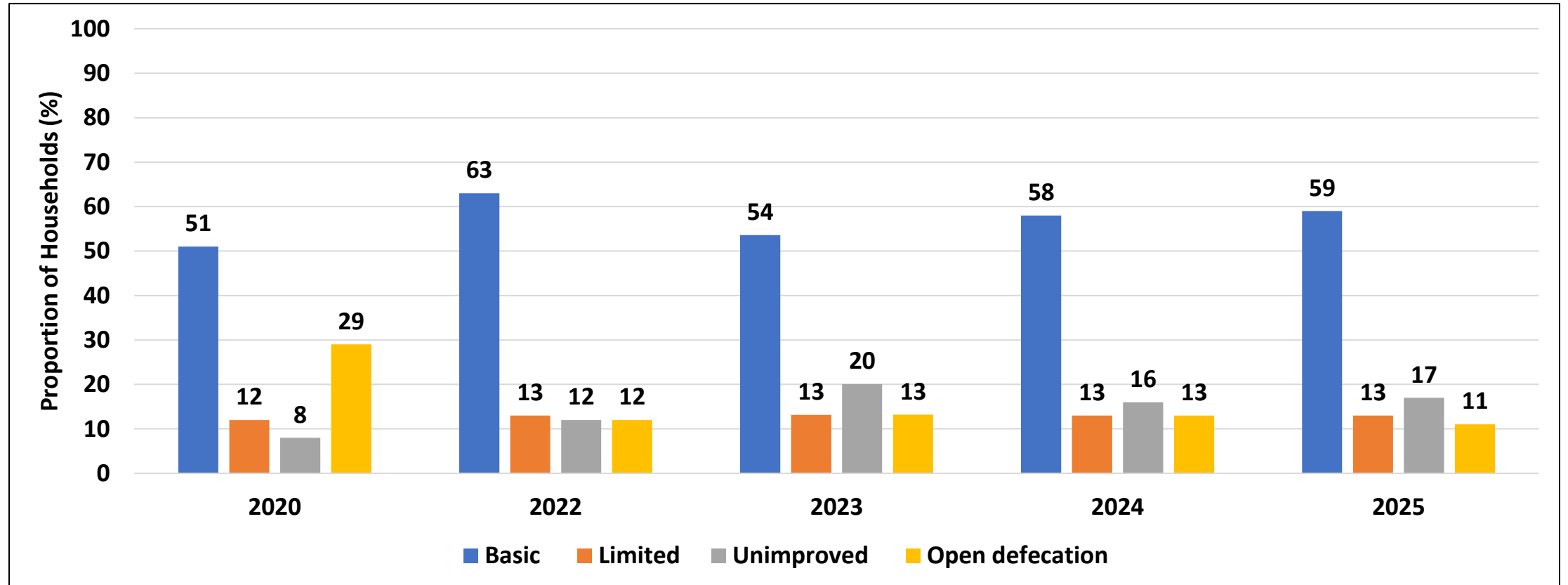
- The proportion of households spending thirty minutes or less for a round trip to collect water from their main drinking water source increased from 47% in 2020 to 72% in 2025.
- About 6% of the households spent more than one hour for a round trip to collect water from the main drinking water source

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



- The proportion of households with basic sanitation services increased from 51% in 2020 to 59% in 2025.
- The proportion of households practising open defecation decreased from 29% in 2020 to 11% in 2025.

Access to Sanitation

	Sharing a toilet Facility (%)	Open defecation (%)	Unimproved (%)	Limited (%)	Basic (%)
Bindura	12	5	39	7	50
Muzarabani	14	8	26	9	57
Guruve	4	13	4	4	79
Mazowe	36	8	21	25	46
Mt Darwin	37	5	7	36	53
Rushinga	15	13	3	14	70
Shamva	5	15	15	4	66
Mbire	9	19	20	8	53
Mash Central	16	11	17	13	59

- About 11% of the households in the province are still practicing open defecation.

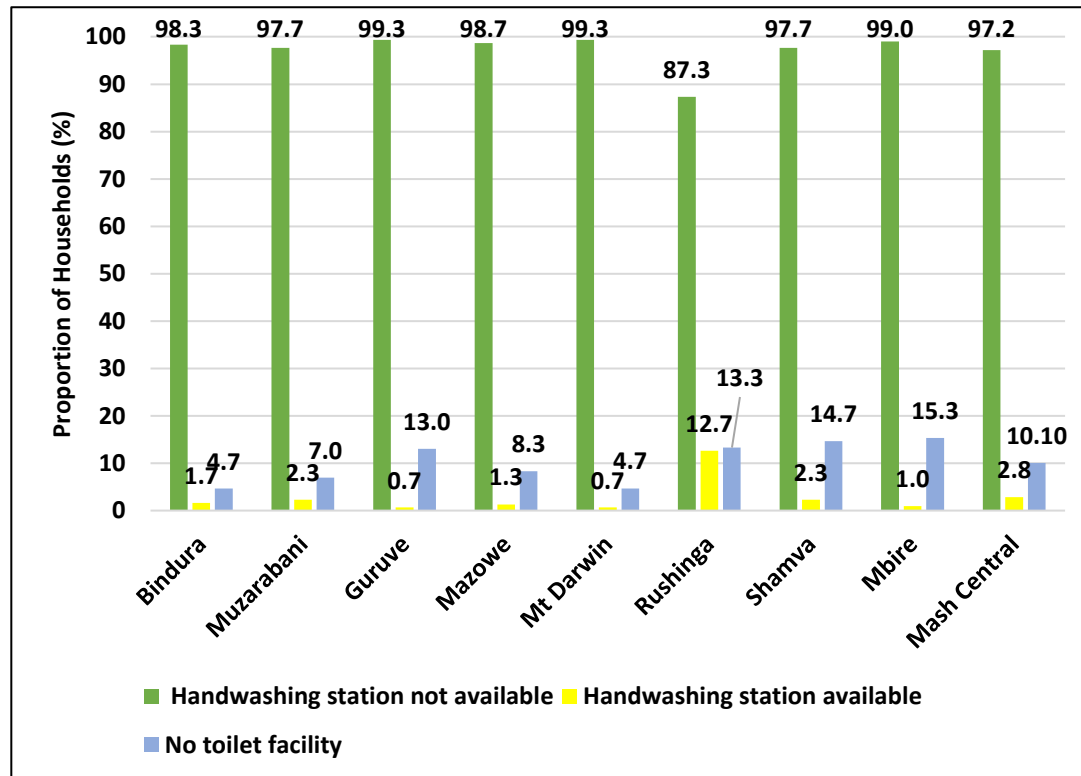
Ladder for Hygiene

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

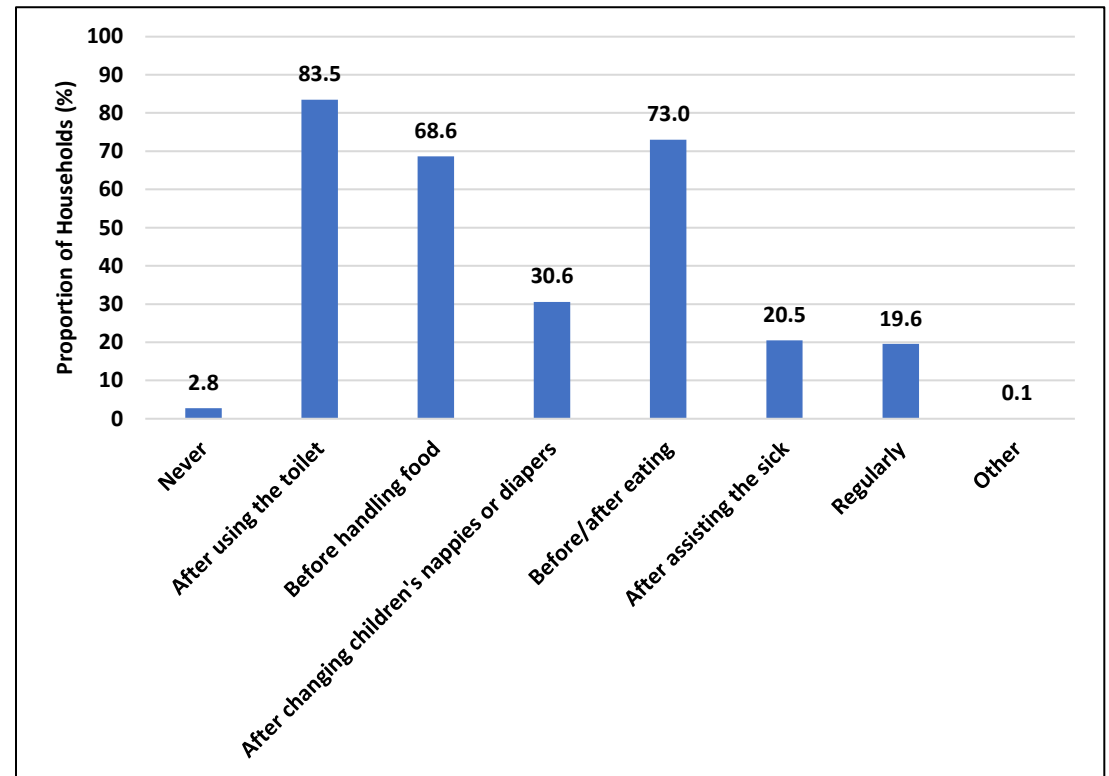
Note: handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy taps, and jugs or basins designated for hand washing. Soap includes bar soap, liquid soap, powdered detergents and soapy water but does not include sand, soil, ash and other handwashing agents.

Handwashing

Handwashing facilities



Handwashing at Critical Times



- The proportion of households without handwashing facilities in the province was 97.2% and 10% had no toilet facility.
- The majority of households reported that they washed their hands after using the toilet (83.5%) whilst 2.8% that they never washed their hands.

Energy

Energy Used for Cooking

	Wood (%)	Liquefied Petroleum Gas (LPG) (%)	Electricity (ZESA) (%)	Other (Biogas, Generator, Coal, Charcoal, Sawdust, Gel) (%)
Bindura	96.0	1.7	2.3	0.0
Muzarabani	97.0	2.3	0.0	0.7
Guruve	97.0	2.0	0.0	1.0
Mazowe	87.7	7.0	3.3	2.0
Mt Darwin	95.3	1.7	1.0	2.0
Rushinga	99.0	1.0	0.0	0.0
Shamva	95.3	3.3	0.0	1.3
Mbire	99.3	0.3	0.0	0.3
Mash Central	95.8	2.4	0.8	0.9

- The main form of energy used for cooking in the province was wood (95.8%).

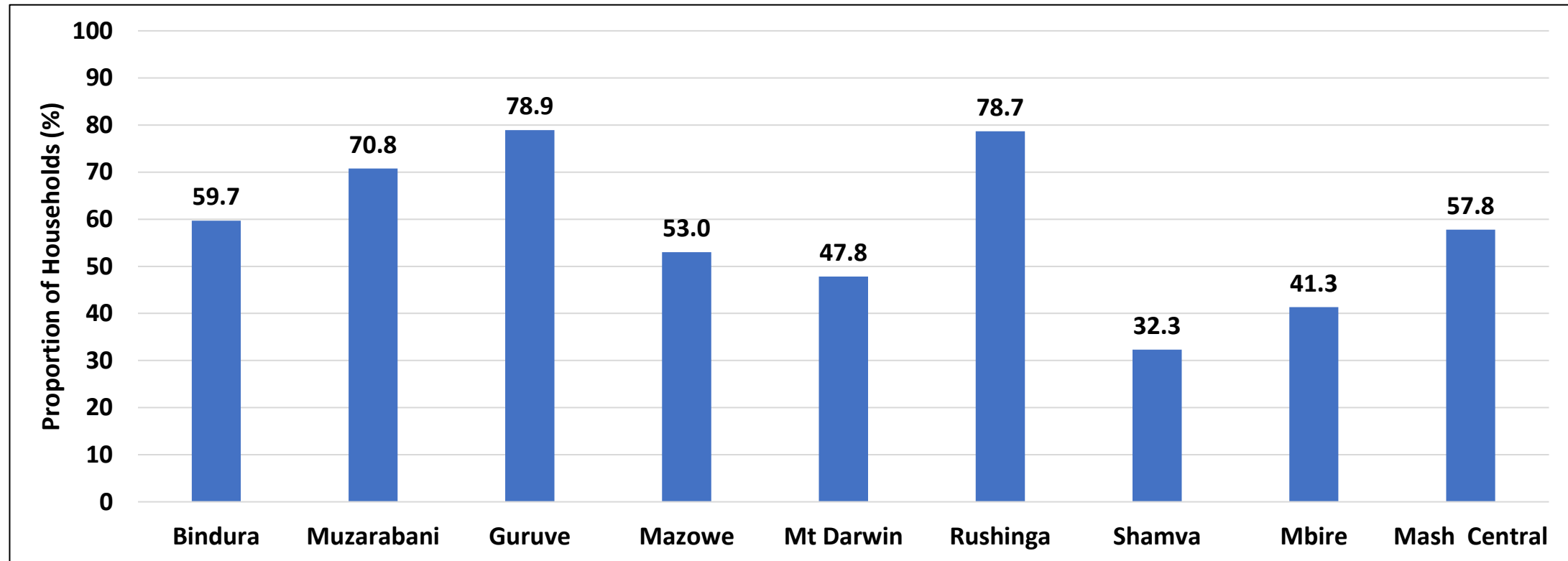
Energy Used for Lighting

	Solar/ Battery (%)	Torch (%)	Candle (%)	Wood (%)	Electricity (ZESA) (%)	Kerosene/ paraffin (%)	Liquefied petroleum gas (LPG) (%)	Other (Biogas, generator, Coal, Charcoal, Sawdust, Gel) (%)
Bindura	75.0	16.7	1.0	0.3	6.7	0.0	0.0	0.3
Muzarabani	72.1	4.3	20.3	1.3	1.7	0.0	0.0	0.3
Guruve	79.9	14.7	1.3	3.0	0.7	0.0	0.0	0.3
Mazowe	63.0	13.7	2.0	5.0	15.3	0.3	0.0	0.7
Mt Darwin	83.9	10.0	0.3	3.0	2.0	0.0	0.3	0.3
Rushinga	57.3	32.7	4.3	5.3	0.0	0.3	0.0	0.0
Shamva	86.3	0.7	1.7	10.3	0.3	0.0	0.0	0.7
Mbire	34.7	42.0	0.0	22.0	0.0	0.7	0.0	0.7
Mash Central	69.0	16.8	3.9	6.3	3.3	0.2	0.0	0.4

- The main form of energy used for lighting in the province was solar/ battery (69.0%).

Climate Change

Knowledge on Climate Change



- The proportion of households that reported having knowledge on climate change was 57.8%.
- Guruve (78.9%) had the highest proportion of households with knowledge on climate change while Shamva (32.3%) had the lowest.

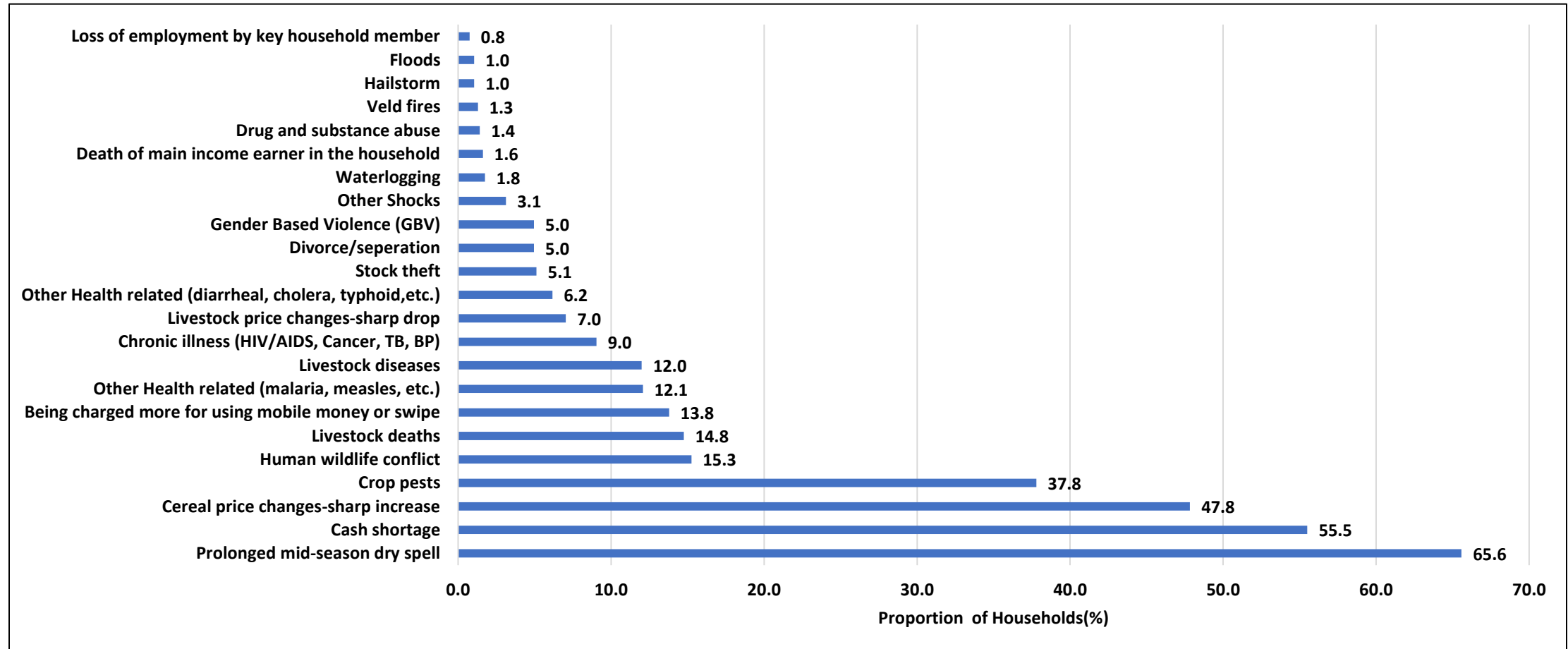
Perceived Effects of Climate Change on Households

Province	Not enough food (%)	Increased droughts (%)	More health risks (%)	Extreme temperatures (%)	Severe storms (%)	Loss of species (%)	Poverty and displacement (%)
Bindura	19.3	22.7	1.3	14.0	2.3	.0	.0
Muzarabani	25.6	43.2	.3	.3	.3	.0	1.0
Guruve	37.3	29.0	2.0	7.7	1.7	.3	.7
Mazowe	20.3	10.7	5.3	16.7	.0	.0	.0
Mt Darwin	20.1	24.7	1.3	1.0	.3	.3	.0
Rushinga	55.0	17.0	.3	1.0	.0	.0	5.3
Shamva	13.3	8.7	1.0	9.0	.0	.3	.0
Mbire	23.0	15.0	.0	2.7	.7	.0	.0
Mash Central	26.8	21.4	1.5	6.5	0.7	0.1	0.9

- Not enough food (26.8%) and increased droughts (21.4%) were the most reported perceived effects of climate change.

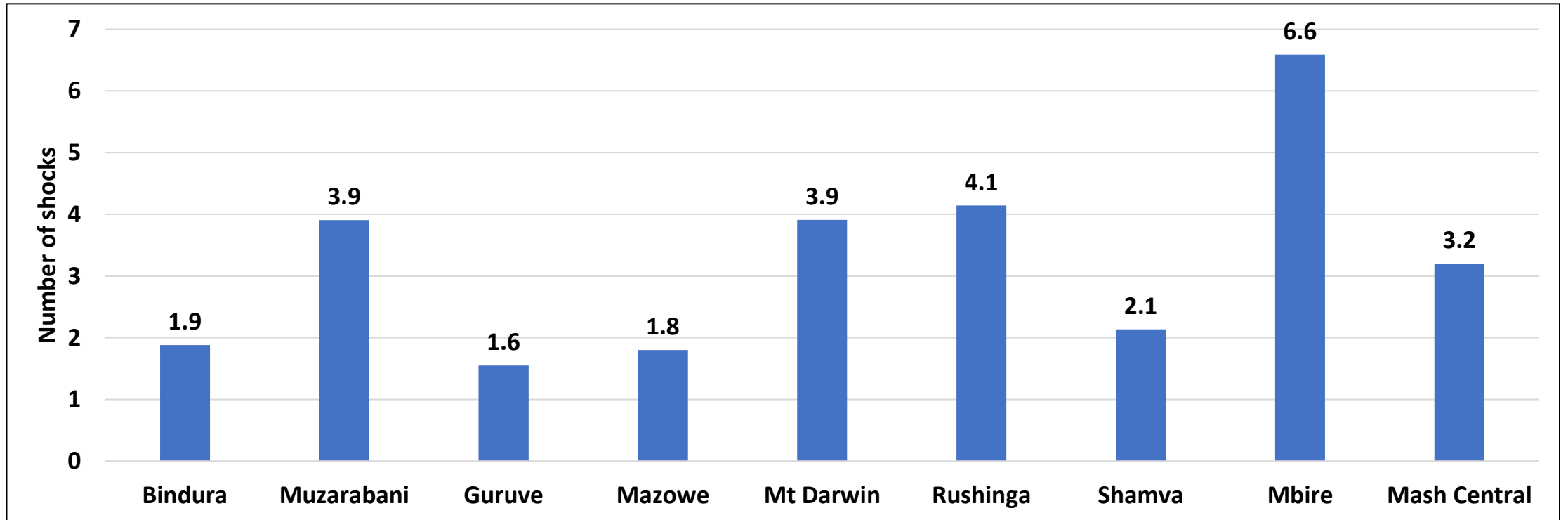
Shocks and Stressors

Households that Experienced Shocks and Stressors



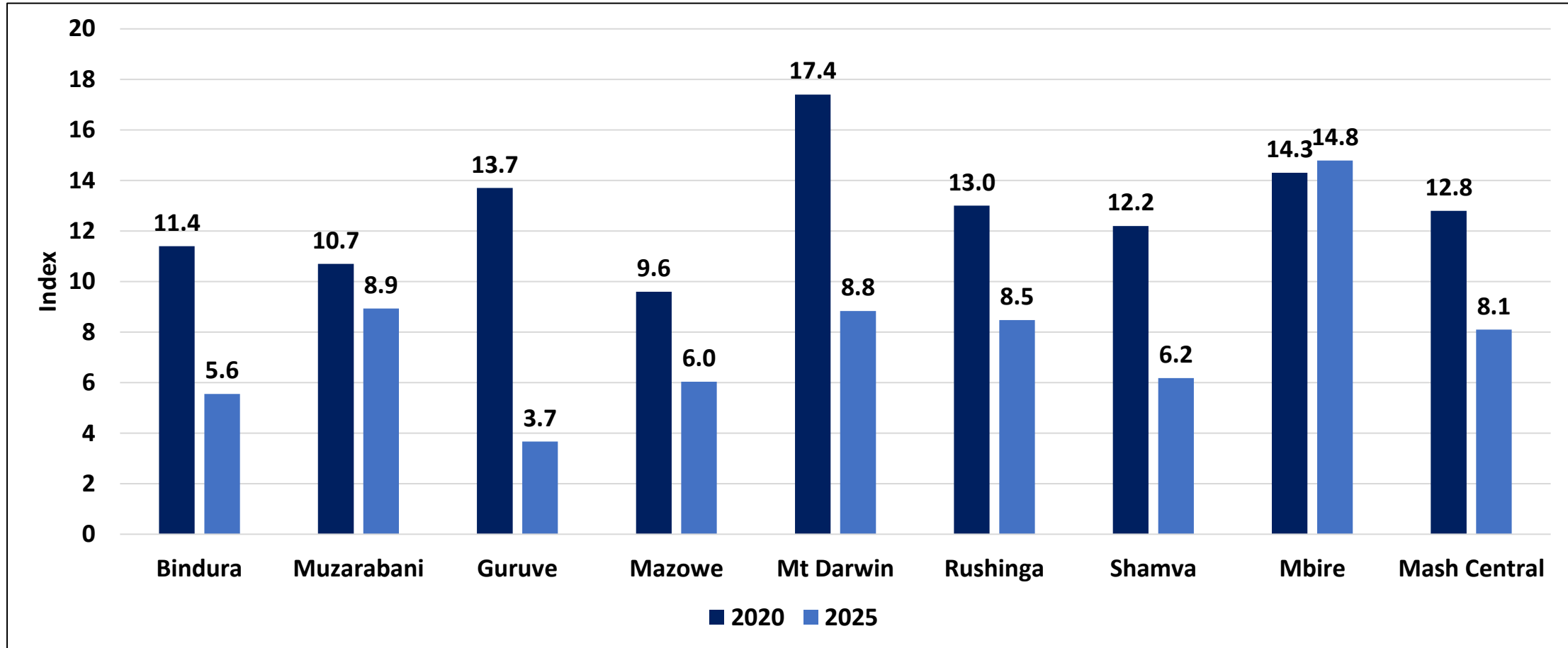
- Prolonged mid-season dry spells (65.6%) and cash shortage (55.5%) were the most prevalent shocks or stressors experienced by the households.

Number of Shocks and Stressors Experienced by Households



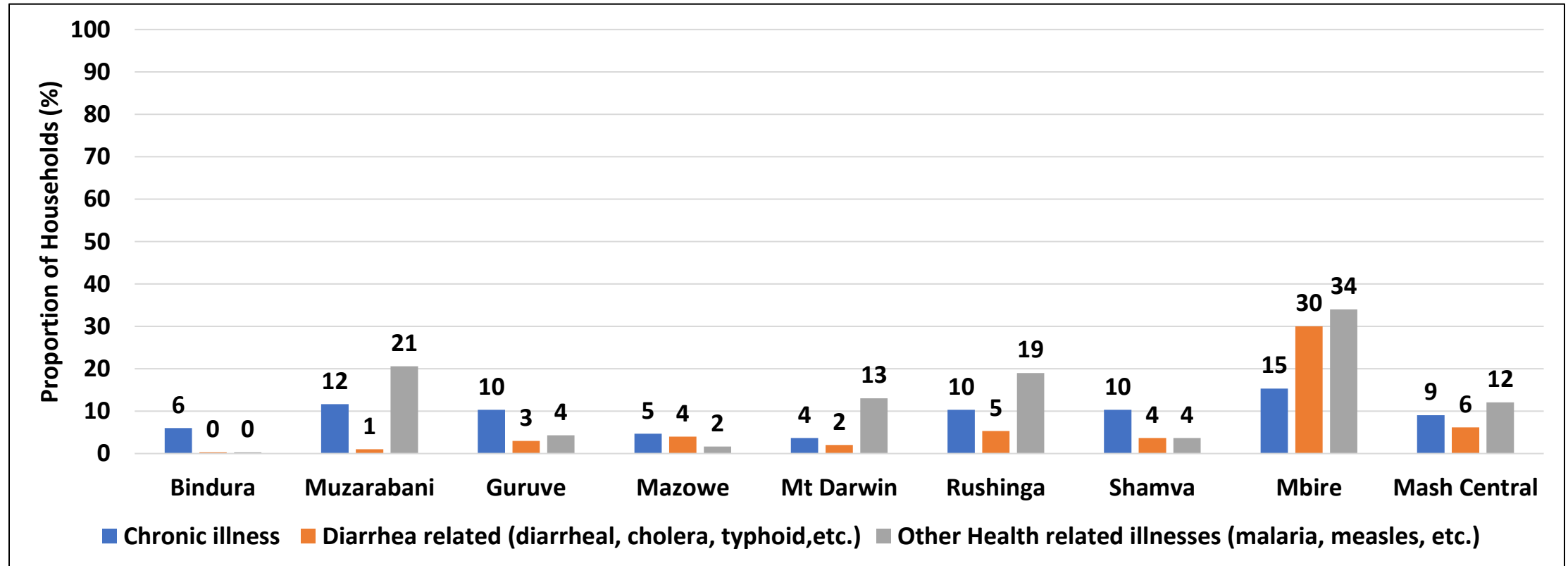
- The average number of shocks or stressors experienced by households was 3.2 in the province
- Mbire (6.6) had the highest average number of shocks or stressors experienced by households

Average Shock Exposure Index



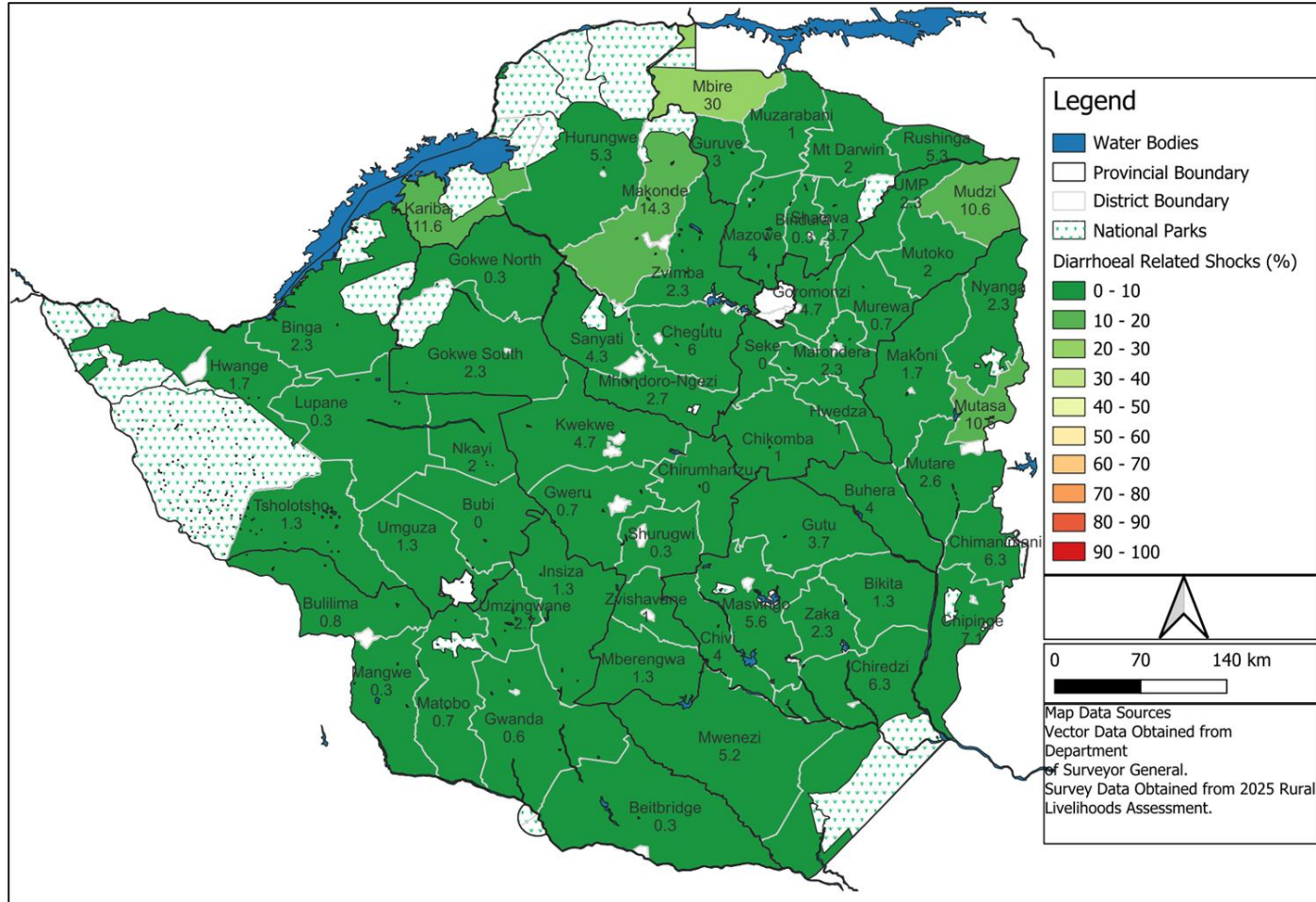
- Shock exposure index was calculated by multiplying the number of shocks experienced with the impact severity of the shock or stressor on the household.
- Shock exposure index decreased as compared to 2020.
- Mbire (14.8) and Muzarabani (8.9) had the highest average shock exposure index while Guruve (3.7) had the lowest.

Health Related Shocks or Stressors



- Other health related illnesses were the most reported health shock (12%).

Diarrhoeal Related Shocks or Stressors



- Mbire (30%) had the highest proportion of households reporting diarrheal diseases as a shock.

Economic and Social Shocks and Stressors

	Bindura (%)	Muzarabani (%)	Guruve (%)	Mazowe (%)	Mt Darwin (%)	Rushinga (%)	Shamva (%)	Mbire (%)	Mash Central (%)
Cash shortage	37.3	81.4	37.0	32.7	70.2	56.3	32.7	96.3	55.5
Being charged more for using mobile money or swipe	2.7	21.9	0.7	4.0	45.5	10.0	3.3	22.3	13.8
Cereal price changes-sharp increase	61.7	44.2	36.0	31.0	67.6	58.7	31.7	52.0	47.8
Livestock diseases	2.3	17.9	1.7	5.3	11.7	24.0	5.0	28.0	12.0
Livestock price changes	0.7	16.9	0.3	1.0	4.3	6.7	4.3	22.0	7.0
Divorce / separation	3.3	2.7	4.0	8.3	3.3	7.7	5.0	5.3	5.0
Death of main income earner in the household	1.7	0.0	0.0	1.7	1.7	3.0	2.3	2.7	1.6
Loss of employment by key household member	0.0	1.0	0.0	2.3	1.7	0.3	0.0	0.7	0.8
Drug and substance abuse	0.3	0.0	0.3	2.7	1.0	3.7	0.7	2.7	1.4

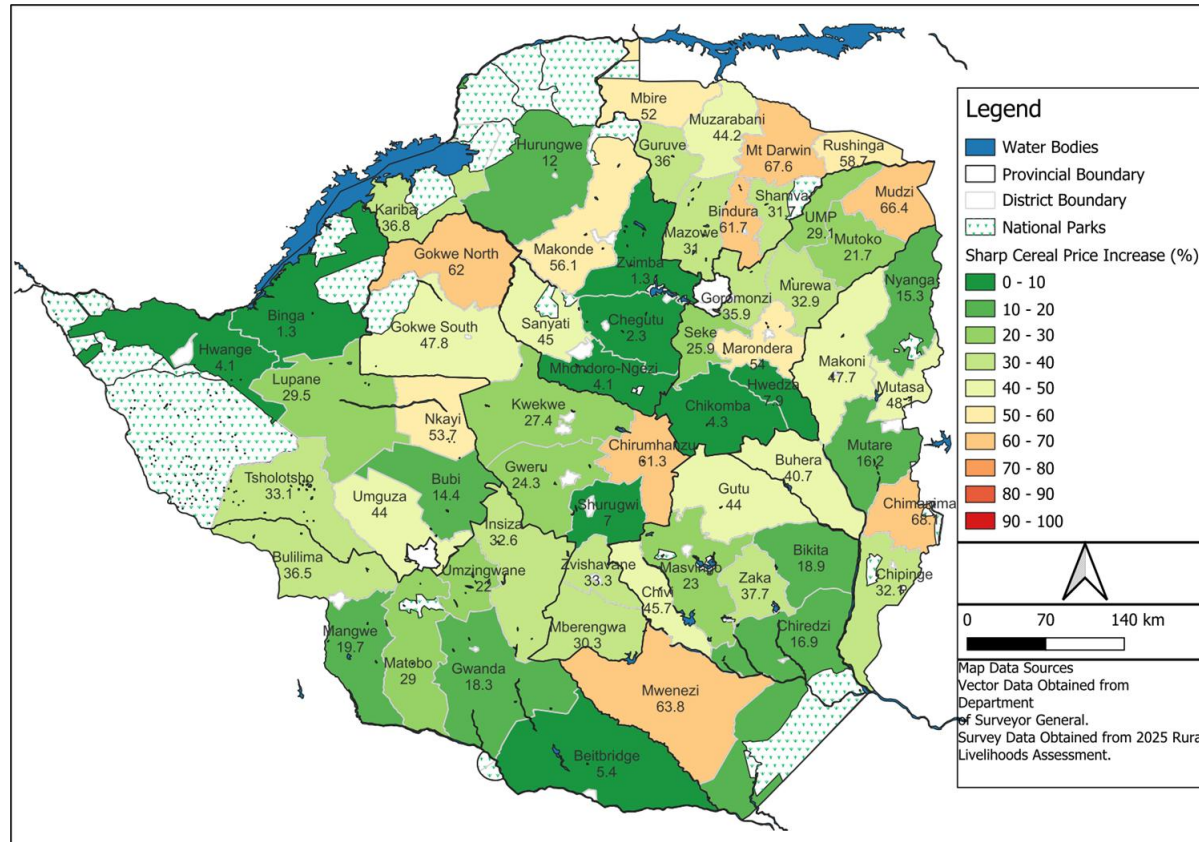
- Cash shortage was the most reported economic/social shock or stressor (55.5%).

Climate Related Shocks and Stressors

Shock Type	Bindura (%)	Muzarabani (%)	Guruve (%)	Mazowe (%)	Mt Darwin (%)	Rushinga (%)	Shamva (%)	Mbire (%)	Mash Central (%)
Prolonged mid-season dry spell	42.0	82.7	47.0	27.7	83.6	94.0	61.7	86.0	65.6
Hailstorm	0.3	0.0	0.0	1.7	1.0	2.3	1.0	2.0	1.0
Floods	0.0	1.0	0.0	0.0	0.3	0.0	0.0	7.0	1.0
Waterlogging	0.3	6.3	0.3	0.7	0.3	0.0	2.0	4.0	1.8
Veld fires	0.3	0.3	0.0	1.0	3.0	3.7	0.3	1.7	1.3

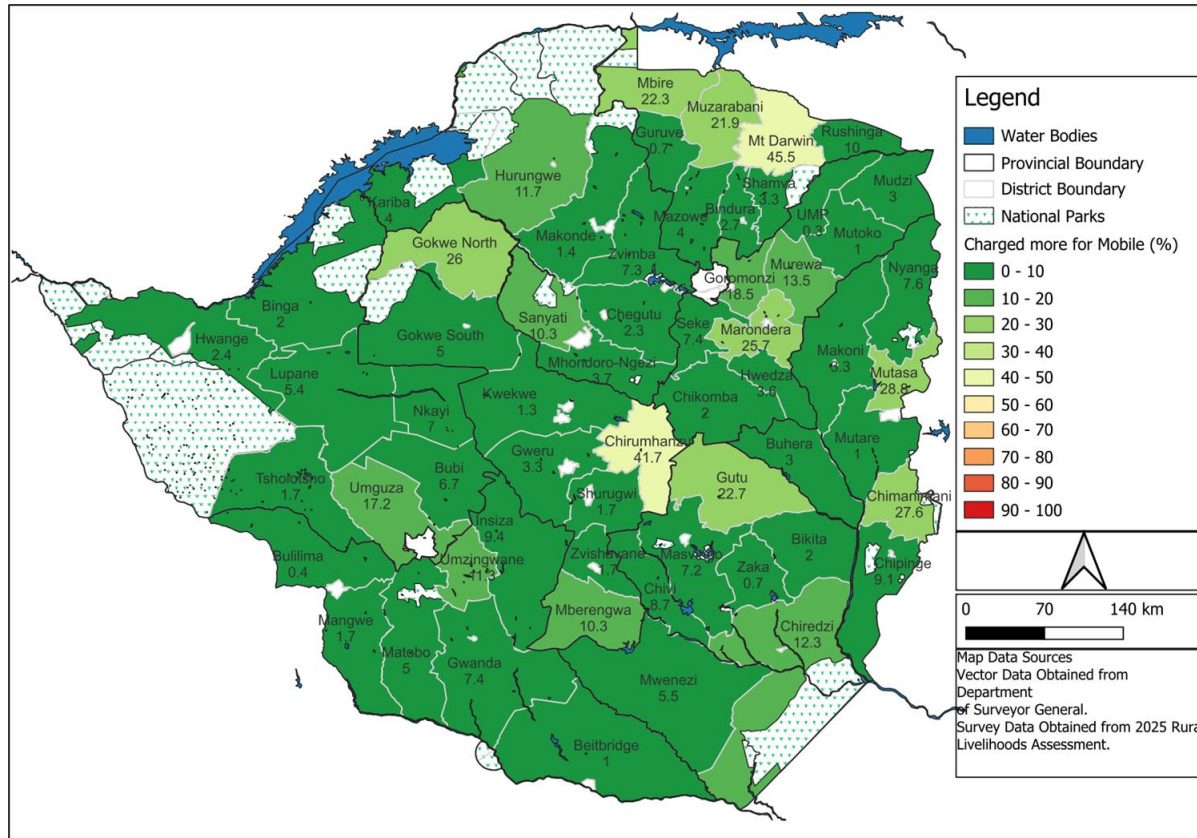
- Prolonged mid-season dry spell (65.6%) was the most reported climate related shock or stressor.
- Rushinga (94.0%) and Mbire (86.0%) had the highest proportion of households which reported prolonged mid-season dry spells as a shock.

Sharp Cereal Prices Increases



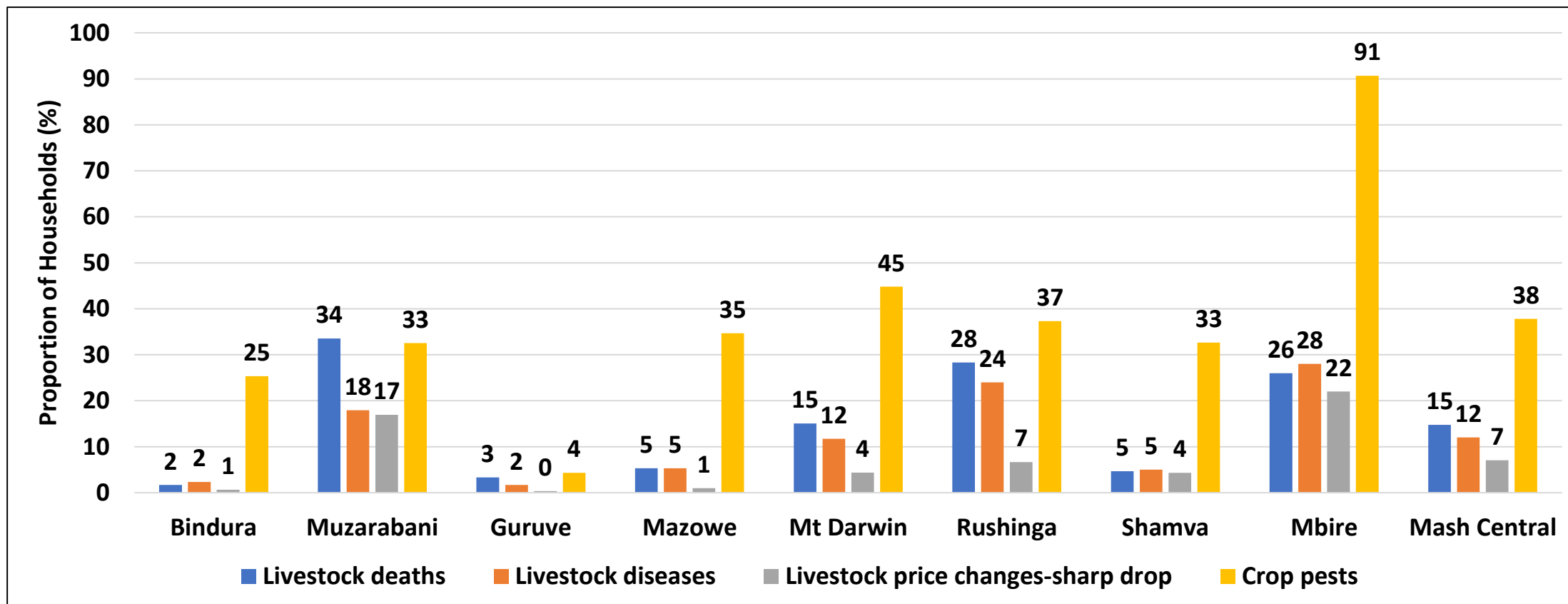
- Mt Darwin (67.6%), and Bindura (61.7%) had the highest proportion of households reporting sharp price increases in cereals as a shock or stressor in the province.

Being Charged More for Using Mobile Money or Swipe



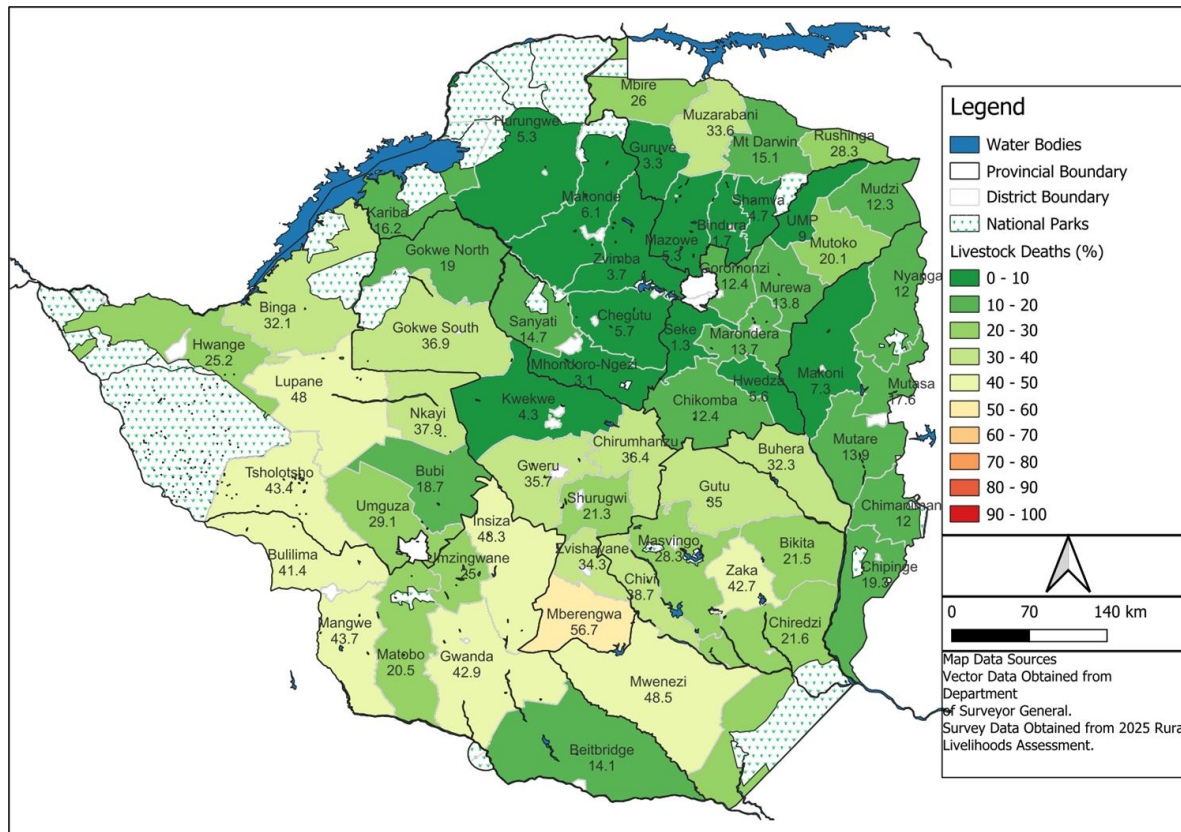
- Mt Darwin (45.5%) had the highest proportion of households reporting being charged more for using mobile money or swipe as a shock or stressor in the province.

Agriculture Related Shocks and Stressors



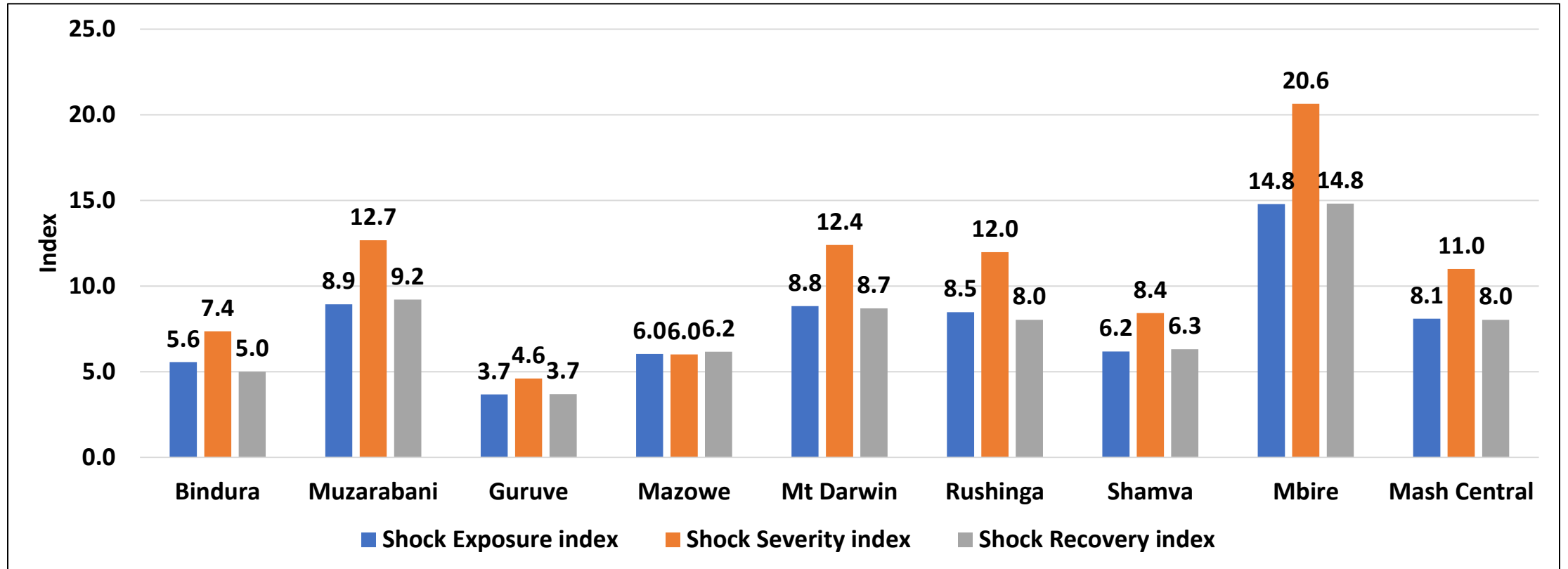
- Crop pests (38%) were the most reported agriculture related shock whilst sharp drop in livestock prices was the least reported (7%).
- Mbire (91%) and Mt Darwin (45%) had the highest proportion of households which reported crop pests as a shock.

Livestock Deaths



- Muzarabani (33.6%) and Rushinga (28.3%) had the highest proportion of households reporting livestock deaths as a shock or stressor in the province.

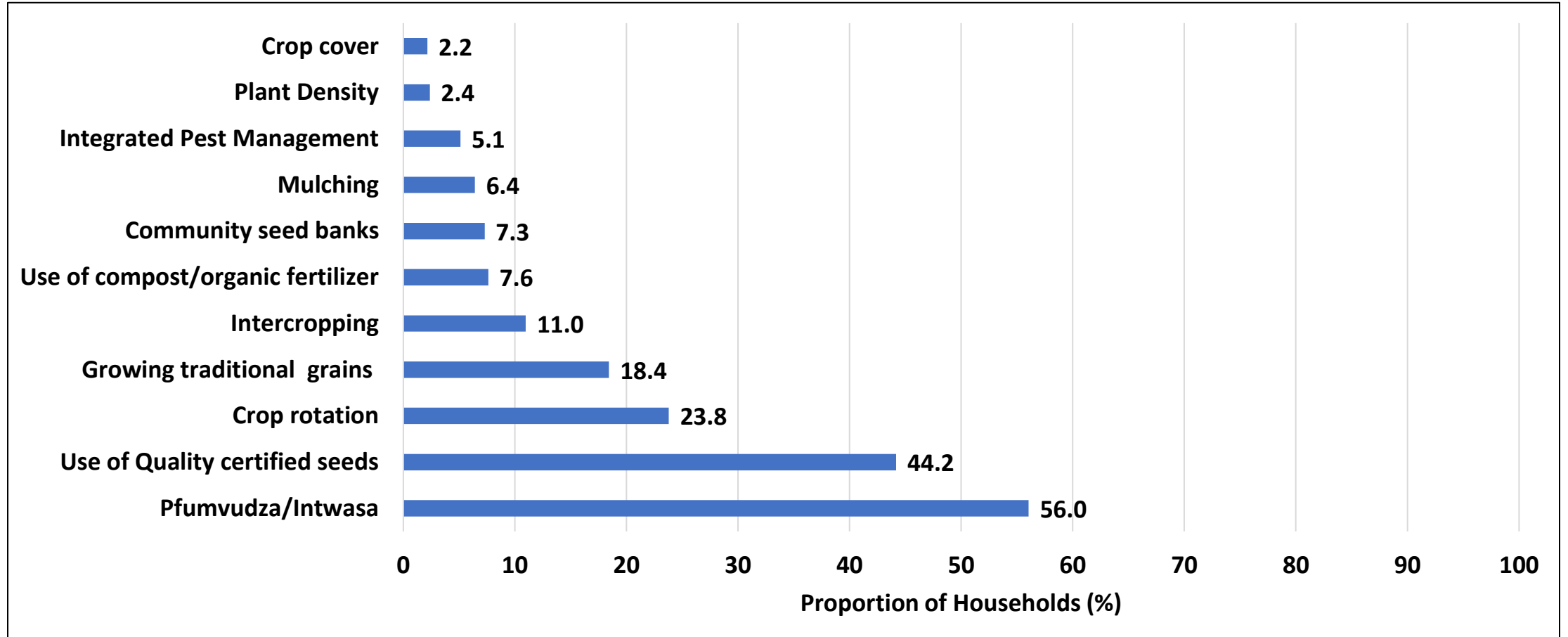
Comparison Between Shock Exposure and Ability to Cope Indices



- The average Shock Exposure Index for the province was 8.1. Shock severity Index was 11. Average Shock Recovery Index was 8.0.
- The shock recovery index (8) was slightly lower than shock exposure index (8.1).

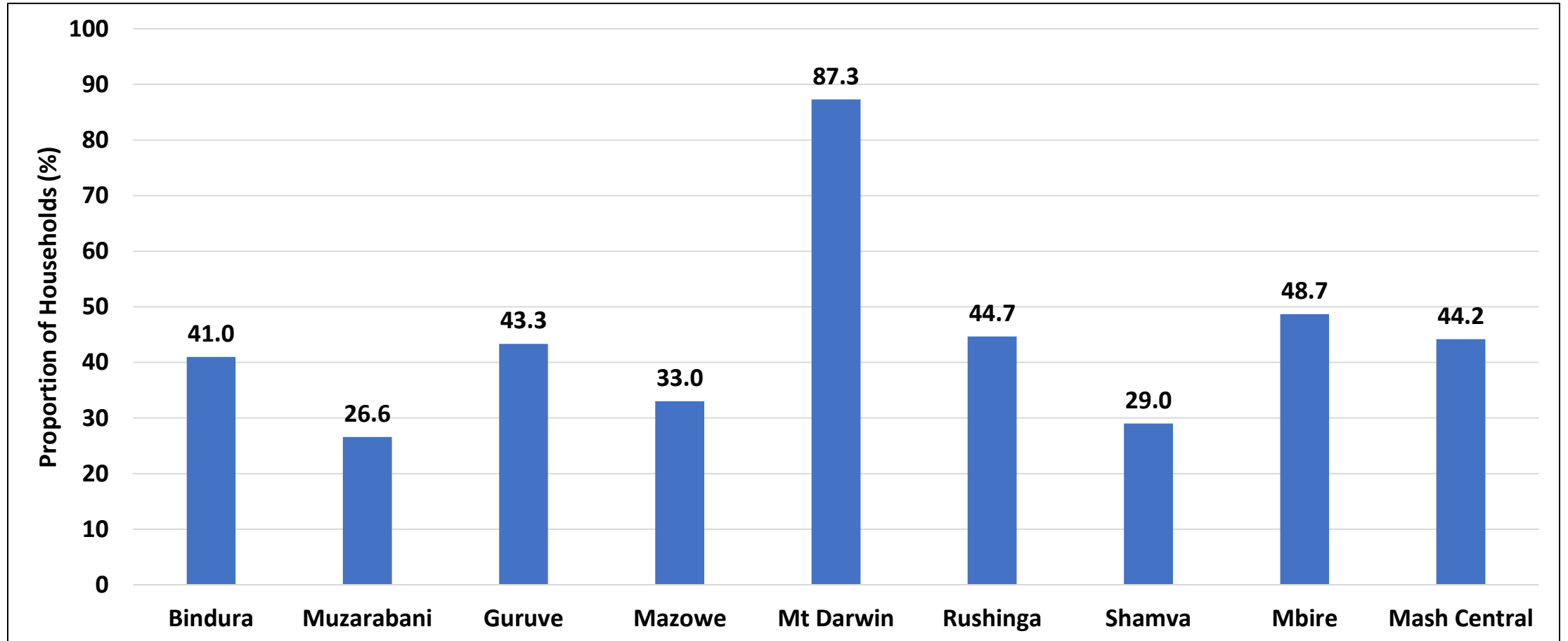
Agricultural Production Technologies

Climate Smart Technologies



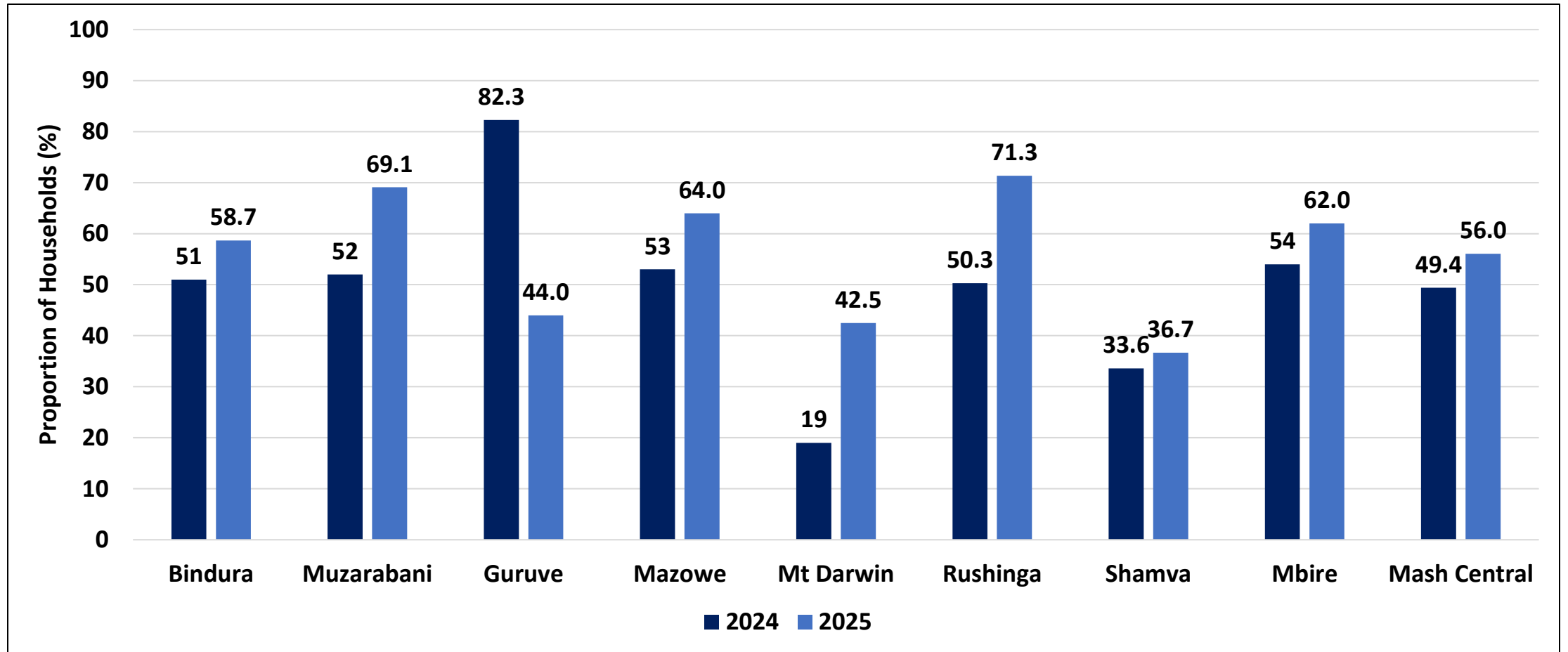
- About 56% of households practised Pfumvudza/Intwasa.

Use of Quality Certified Seed



- Mt Darwin (87.3%) had the highest proportion of households using quality certified seed.

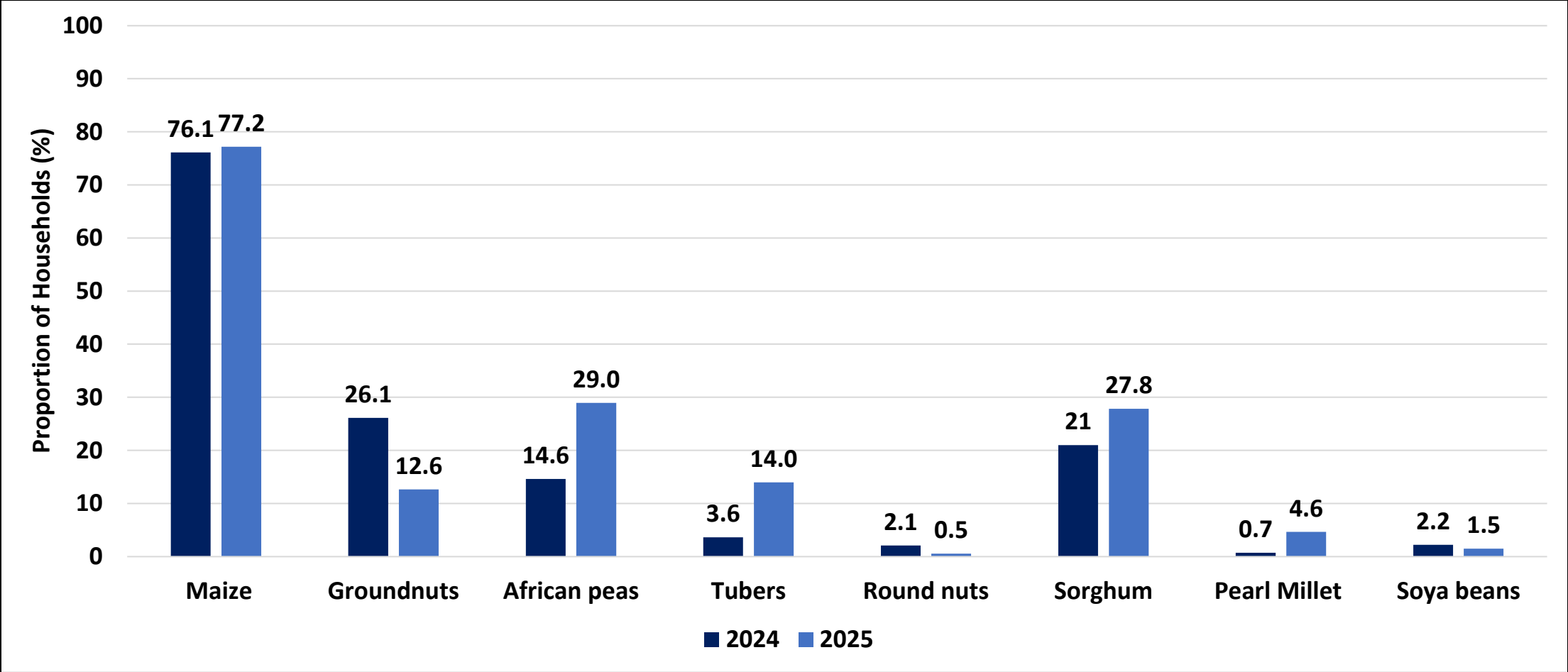
Pfumvudza/Intwasa



- An increased in households practicing Pfumvudza/Intwasa was recorded from 49.4% in 2024 to 56.0% in 2025.
- Rushinga district (71.3%) having the highest proportion of households.

Crop Production

Households that Grew Crops



- About 77.2% of the households had grown maize, 29% African peas and 27.8% had grown sorghum.
- Production of traditional grains increased in 2025 compared to 2024.

Households that Grew Crops

	Maize (%)	Sorghum (%)	Finger Millet (%)	Pearl Millet (%)	Tubers (%)	African peas (%)	Groundnuts (%)	Round nuts (%)	Sugar beans (%)	Soya beans (%)	Tobacco (%)	Cotton (%)
Bindura	74.7	0.0	0.7	0.3	20.3	2.0	17.3	0.3	11.7	1.3	6.3	0.0
Muzarabani	75.7	42.5	1.0	4.0	4.7	30.6	10.6	0.3	5.3	2.3	27.2	5.3
Guruve	92.0	3.0	1.3	0.0	8.7	14.7	8.3	0.0	5.0	5.0	32.7	0.3
Mazowe	71.3	1.7	0.0	0.0	18.0	7.0	10.0	0.3	9.7	2.0	13.3	0.3
Mt Darwin	75.6	26.1	0.3	1.7	19.4	32.8	21.4	1.7	4.7	0.3	34.8	1.0
Rushinga	71.3	71.0	1.0	25.7	15.0	56.7	10.7	1.0	0.0	0.0	3.0	1.3
Shamva	80.7	2.3	0.0	0.3	19.7	8.3	8.3	0.7	7.3	1.0	12.3	1.7
Mbire	76.0	76.0	0.3	5.0	6.0	79.7	14.3	0.0	0.7	0.0	0.3	17.3
Mash Central	77.2	27.8	0.6	4.6	14.0	29.0	12.6	0.5	5.5	1.5	16.3	3.4

- Maize, African peas and sorghum are the most commonly grown crops in the province.

Cereals from Casual Labour and Remittances

District	Cereals from Casual Labour (kgs)		Cereals from Remittances (kgs)	
	2024	2025	2024	2025
Bindura	6.9	25.6	0.0	1.5
Muzarabani	25.5	52.9	0.8	7.4
Guruve	0.0	5.8	0.0	0.4
Mazowe	7.7	22.3	1.7	1.2
Mt Darwin	18.9	16.0	0.0	0.8
Rushinga	0.1	35.8	0.0	16.7
Shamva	0.3	15.2	0.0	1.2
Mbire	9.6	110.9	1.5	24.0
Mash Central	6.7	35.6	0.0	6.6

- There was a significant increase in the amount of cereals accessed through casual labour in Mashonaland Central from 6.7kgs in 2024 to 35.6 kgs in 2025.

Cereal Stocks as at 1 April 2025

District	Maize (kgs)		Sorghum (kgs)		Finger Millet (kgs)		Pearl Millet (kgs)	
	2024	2025	2024	2025	2024	2025	2024	2025
Bindura	3.2	25.4	0.7	0.0	0	0.0	0	0.0
Muzarabani	13.9	24.6	1.8	7.7	0	0.0	0	2.1
Guruve	1.1	11.3	0	4.5	0	0.0	0	0.0
Mazowe	3.4	50.0	0	0.0	0	0.0	0	0.0
Mt Darwin	8.5	33.8	0.5	2.6	0	0.0	0	0.0
Rushinga	12.8	29.8	0	11.5	0	0.0	0	1.3
Shamva	16.0	35.1	0	0.5	0	0.0	0	0.0
Mbire	0.7	124.2	0.1	142.6	0	0.0	0	2.8
Mash Central	6.2	41.8	0	21.2	0	0.0	0	0.8

- On average, households had 41.8 kgs of maize in stock on the 1st of April 2025, a significant increase from 6.2 kgs reported in 2024.

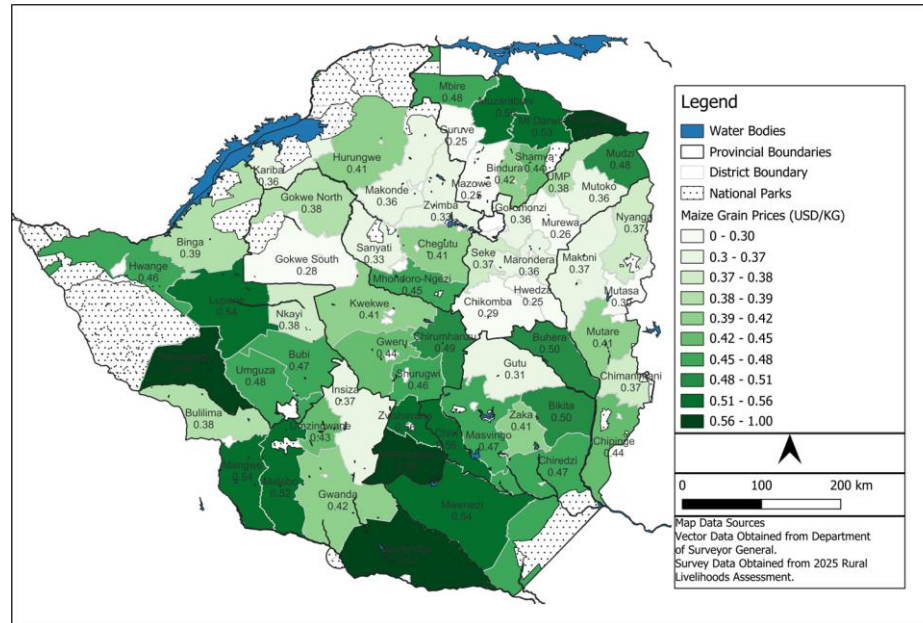
Season Harvest

District	Maize (kgs)		Sorghum (kgs)		Finger millets (kgs)		Pearl millets (kgs)		Total (kgs)	
	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025
Bindura	136	357.8	0	0.0	0	0.5	0	0.3	136.0	358.6
Muzarabani	73	277.2	19	379.8	0	0.8	0	7.4	93	665.2
Guruve	31	547.2	0	3.2	0	0.0	0	0.0	31	550.4
Mazowe	101	391.1	0	1.2	0	0.0	0	0.0	101	392.3
Mt Darwin	310	243.8	19	85.4	0	0.3	0	3.2	329	332.7
Rushinga	101	143.4	34	186.5	0	0.8	0	46.7	136	377.4
Shamva	100	449.7	0	3.4	0	0.0	0	0.2	100	453.2
Mbire	5	203.8	5	364.0	0	0.0	0	14.6	10	582.4
Mash Central	107	326.8	10	128.1	0	0.3	0	9.0	117	462.2

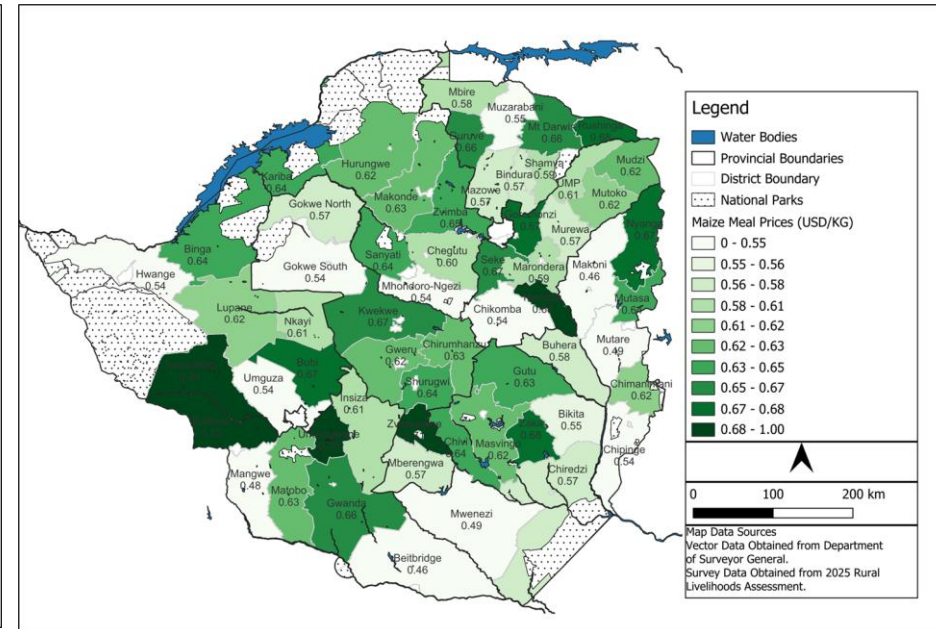
- On average households harvested 326.8kgs and 128.1kgs of maize and sorghum respectively.
- The average household cereal availability was 462.2kgs

Maize Grain and Maize Meal Prices

Maize Grain



Maize Meal



- Maize grain prices ranged from USD0.25 to USD0.57 in the province.
- Maize grain prices were high in Rushinga (USD 0.57) and low in Mazowe and Guruve (USD 0.25).
- Maize meal prices ranged from USD0.55 to USD0.58.
- Maize meal prices were high in Rushinga (USD0.68) and low in Muzarabani (USD0.55).

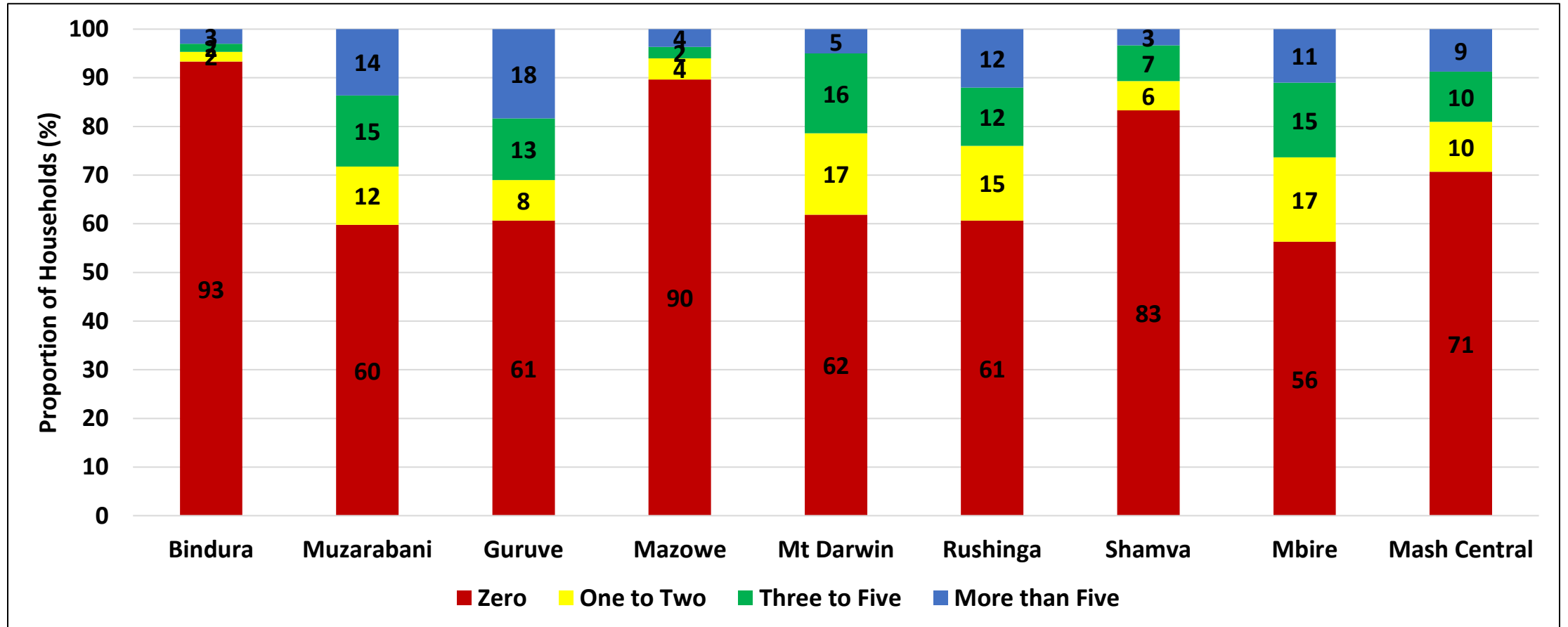
Livestock Production

Households which Owned Livestock

	Cattle (%)	Donkey (%)	Sheep (%)	Goats (%)	Pigs (%)	Poultry (%)	Rabbits (%)
Bindura	6.7	0.3	0.0	17.0	0.0	34.3	0.3
Muzarabani	40.2	4.7	2.7	42.5	1.7	45.5	0.7
Guruve	39.3	1.0	0.3	26.0	0.0	48.7	0.0
Mazowe	10.3	1.0	0.3	18.0	0.3	33.0	2.3
Mt Darwin	38.1	0.7	0.7	32.1	1.0	47.5	0.0
Rushinga	39.3	1.0	2.0	50.3	1.0	66.7	0.0
Shamva	16.7	0.0	0.3	16.7	0.0	20.0	0.3
Mbire	43.7	1.7	3.7	60.0	2.7	58.3	0.0
Mash Central	29.3	1.3	1.3	32.8	0.8	44.3	0.5

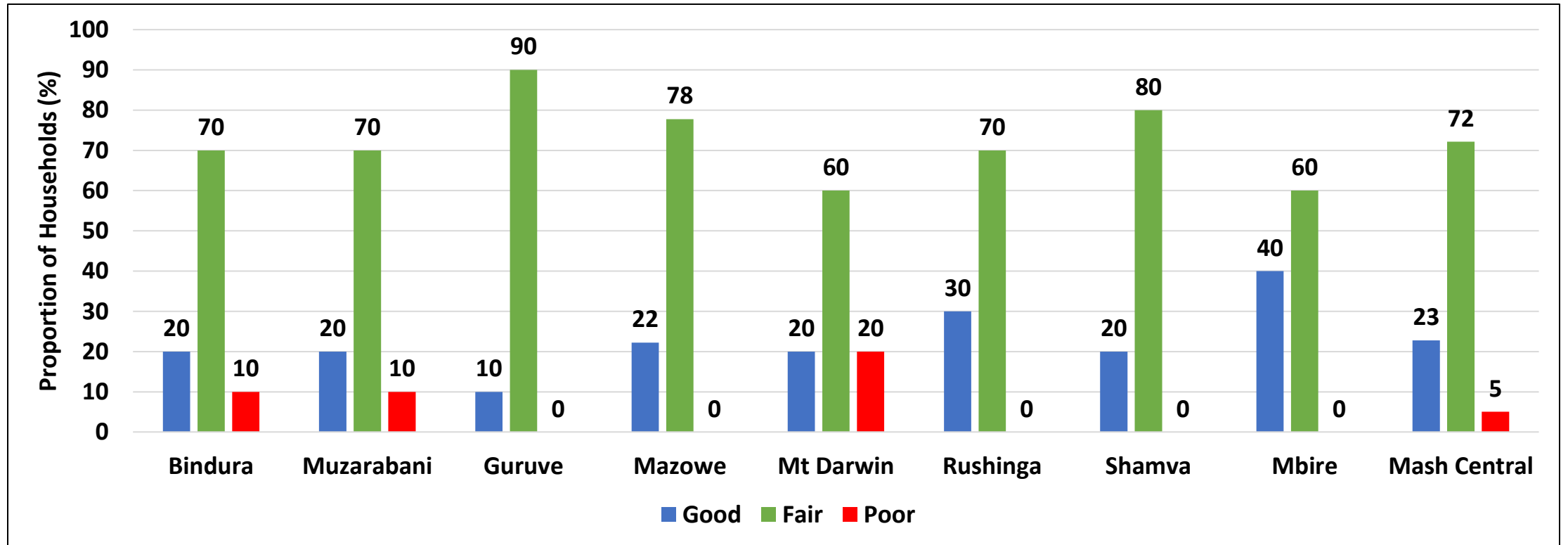
- About 32.8% of households owned goats and 29.3% owned cattle.

Cattle Ownership



- In the province, about 71% of the households did not own any cattle.
- Only 9% of the households owned cattle in excess of 5 animals.

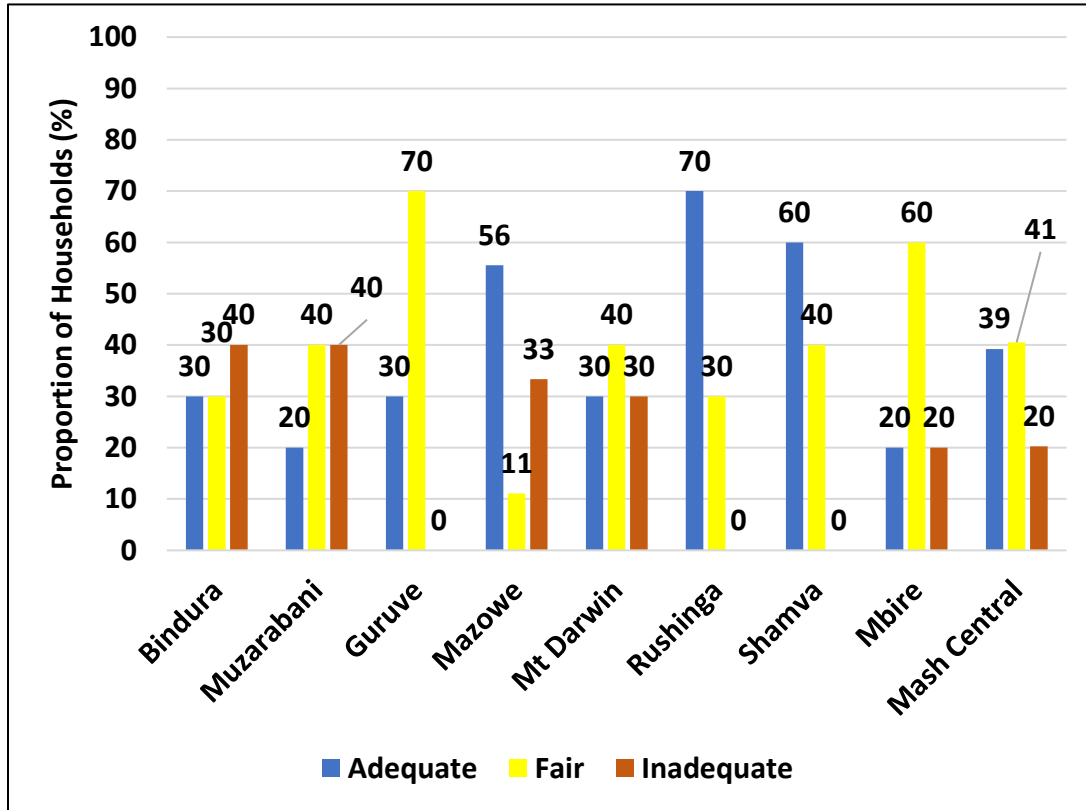
Livestock Condition



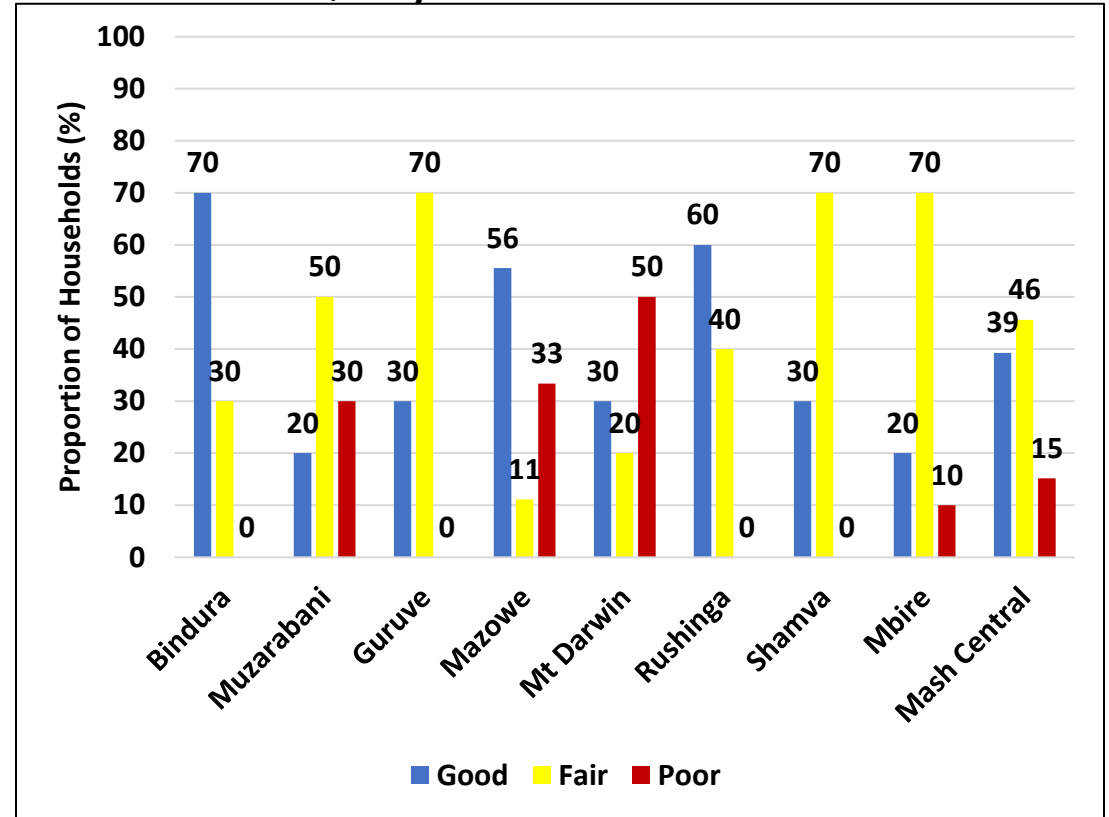
- About 5% of the communities indicated that their livestock was in a poor condition.

Pasture Availability and Quality

Availability



Quality

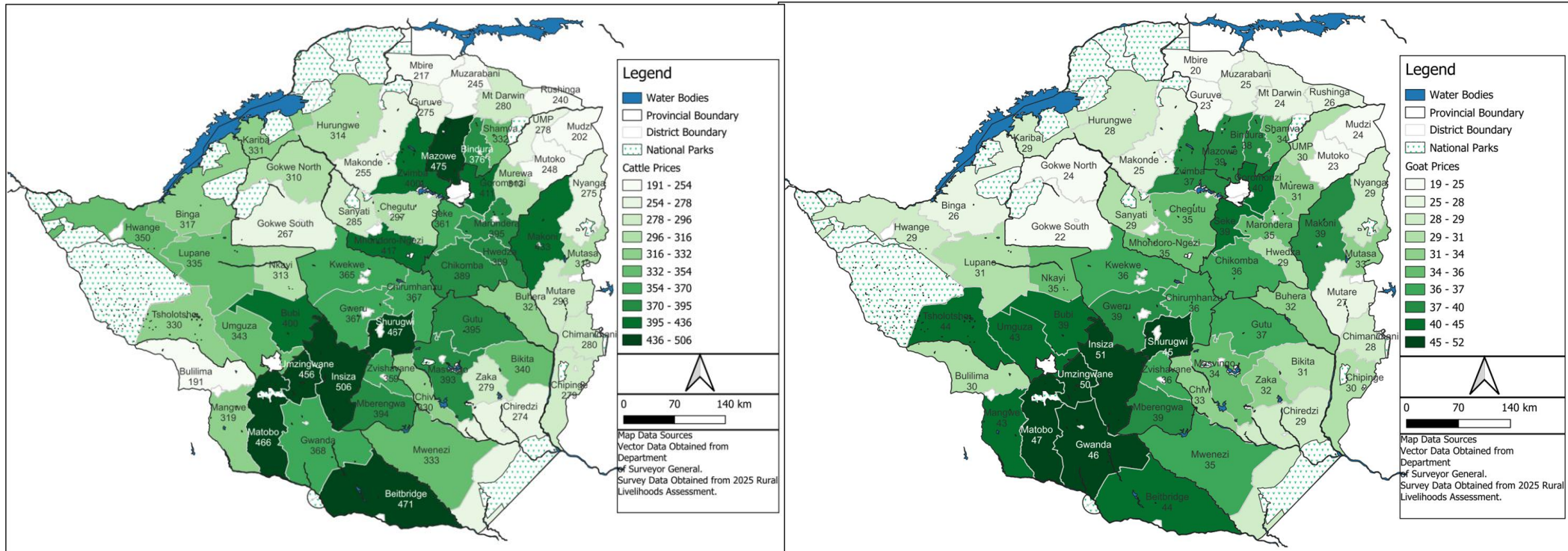


- Most communities indicated that pasture availability (41%) and pasture quality (46%) were fair at the time of the assessment.

Livestock Prices

Cattle Prices

Goat Prices



- The cattle prices ranged from USD 217 to USD 475.
- The highest prices of cattle were reported in Mazowe (USD475) and the lowest were reported in Mbire (USD217).
- Goat prices ranged from USD 20 to USD 38.
- The highest prices were reported in Mazowe (USD38) and the lowest were reported in Mbire (USD20).

Access to Information and Critical Services

Access to Extension Services

	Received Extension support (%)	Training-cropping advice (%)	Training - Livestock services (%)	Training-Weather and climate advice (%)	Extension Visit (%)	Other training (%)
Bindura	30.7	19.7	2.0	11.7	24.7	0.0
Muzarabani	52.2	51.5	40.2	41.2	25.6	0.0
Guruve	75.3	58.0	17.0	10.7	39.7	0.7
Mazowe	54.0	49.0	12.7	1.3	13.0	0.0
Mt Darwin	58.5	55.5	22.1	24.1	32.1	1.0
Rushinga	89.0	87.7	54.7	63.7	45.7	0.0
Shamva	37.3	29.0	28.0	28.3	27.3	1.0
Mbire	70.3	67.7	42.7	30.3	42.3	7.3
Mash Central	58.4	52.2	27.4	26.4	31.3	1.3

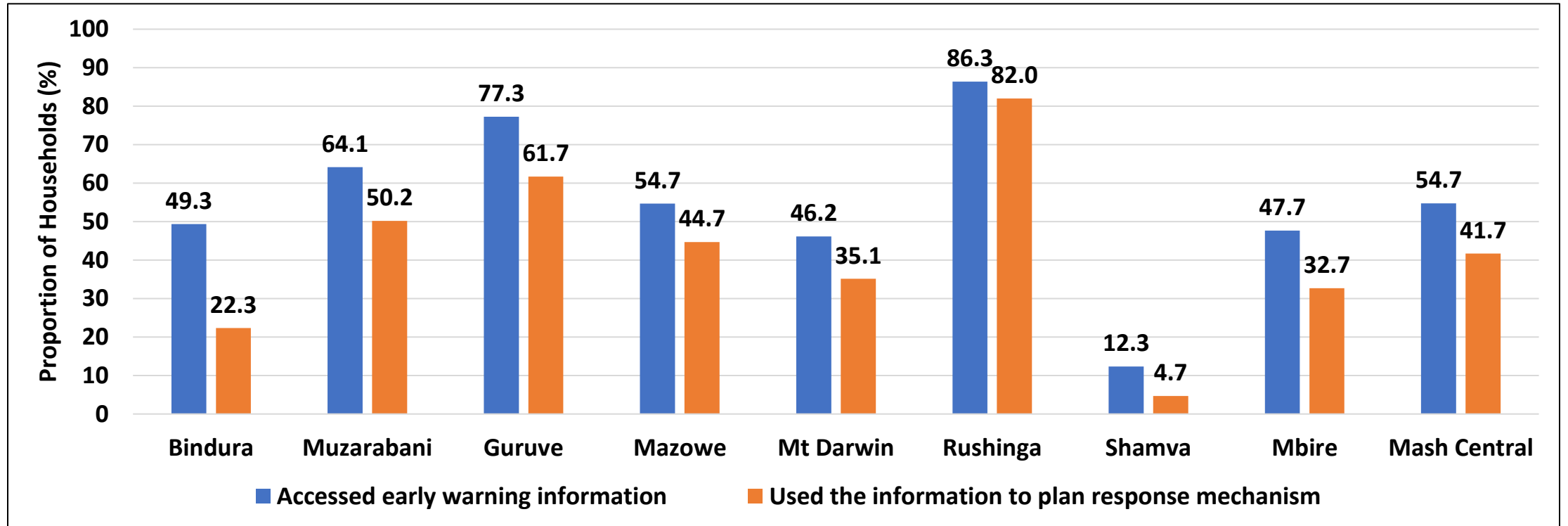
- About 58.4% of the households received extension support.
- The majority of the households (52.2%) received extension support in the form of cropping advice.

Community Access to Information on Infectious and Contagious Diseases

Province	Rabies (%)	Anthrax (%)	Cholera (%)	Typhoid (%)	Dysentery (%)	Salmonella (%)	Listeria (%)	Other (%)
Bindura	60.0	20.0	100.0	50.0	40.0	0.0	0.0	0.0
Muzarabani	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Guruve	90.0	30.0	90.0	60.0	50.0	10.0	10.0	10.0
Mazowe	11.1	11.1	33.3	11.1	11.1	0.0	0.0	33.3
Mt Darwin	70.0	50.0	100.0	60.0	60.0	10.0	0.0	20.0
Rushinga	90.0	90.0	100.0	70.0	70.0	0.0	0.0	10.0
Shamva	70.0	60.0	90.0	80.0	50.0	30.0	0.0	10.0
Mbire	100.0	80.0	100.0	100.0	80.0	30.0	20.0	30.0
Mash Central	74.7	43.0	77.2	54.4	45.6	10.1	3.8	13.9

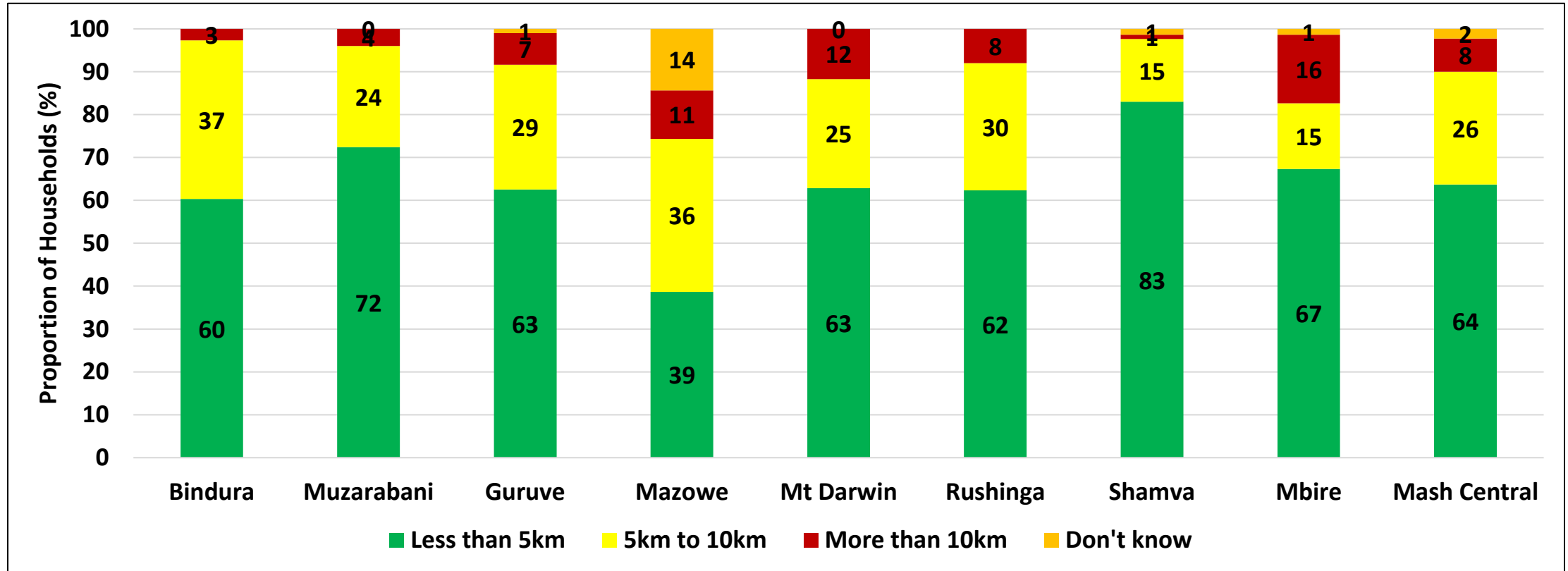
- About 74.7% of the communities had accessed information on rabies.
- Information on listeria (3.8%) was the least accessed by communities.

Access to and Use of Early Warning Information



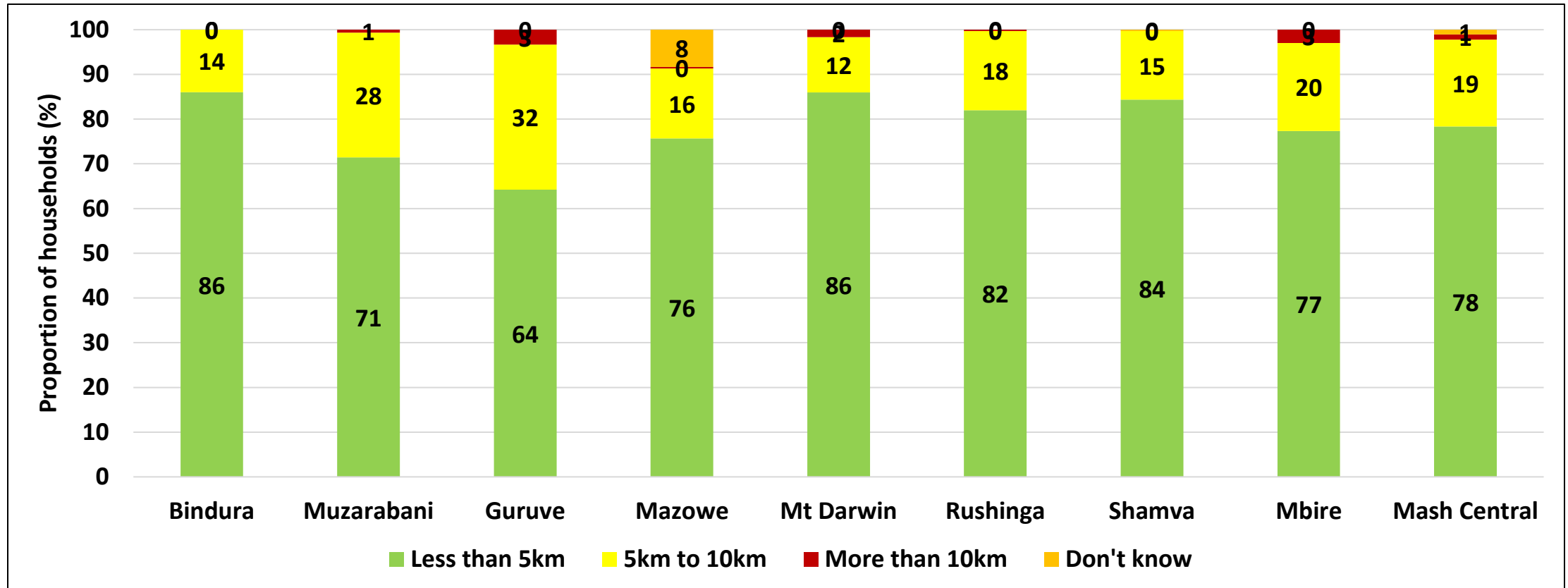
- About 54.7% of the households received information on early warning and about 41.7% of these households used the information to plan response mechanisms.

Distance to the Nearest Health Facility/ Clinic



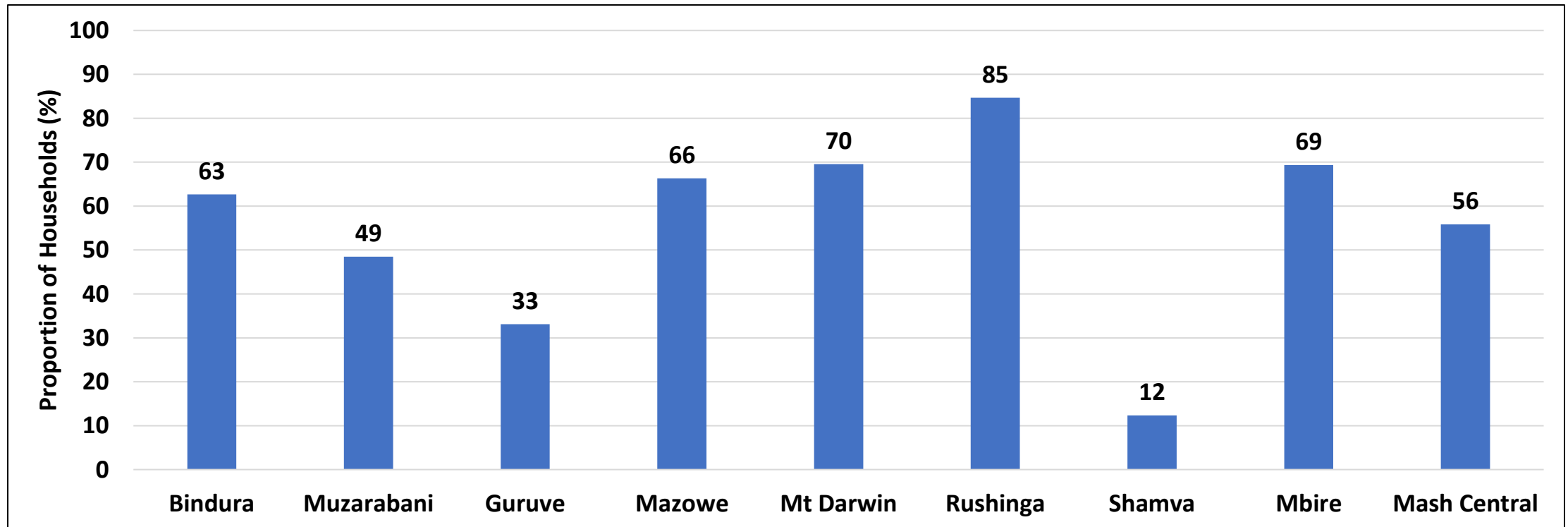
- The majority of the households in the province (64%) had their nearest health facility within a 5 km.
- However, about 8% of households were travelling more than 10km to access a health facility.

Distance to the Nearest Primary School



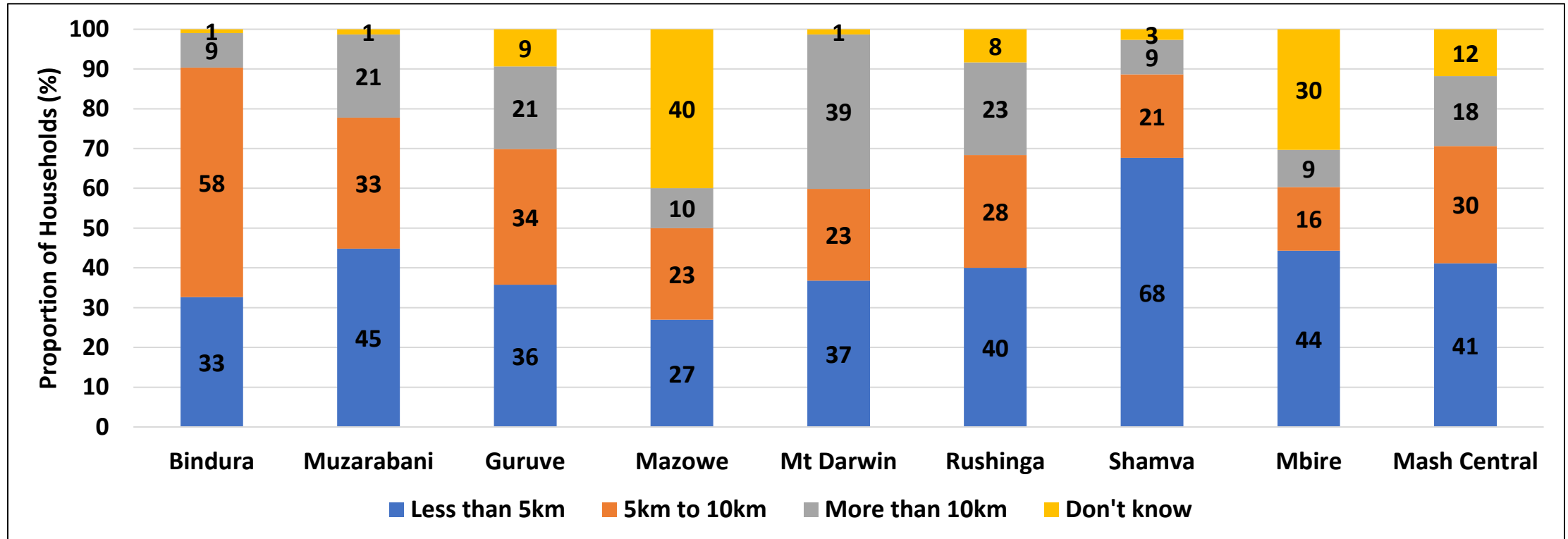
- About 1% of the households had their nearest primary school more than 10km away.

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



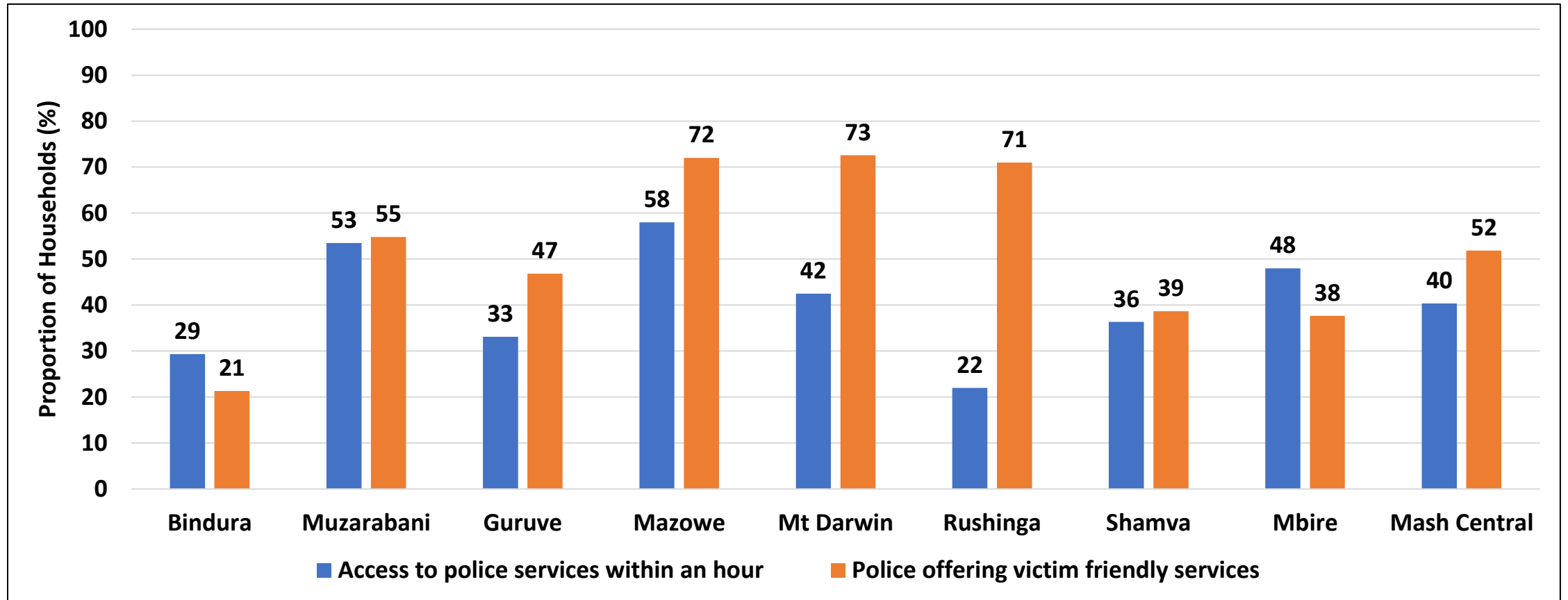
- About 56% of the households had access to information on services available for victims of physical and sexual abuse.

Distance to Facilities Providing Services for Physical and Sexual Abuse



- About 41% of the households could access a facility providing services for physical and sexual violence within a 5km radius.

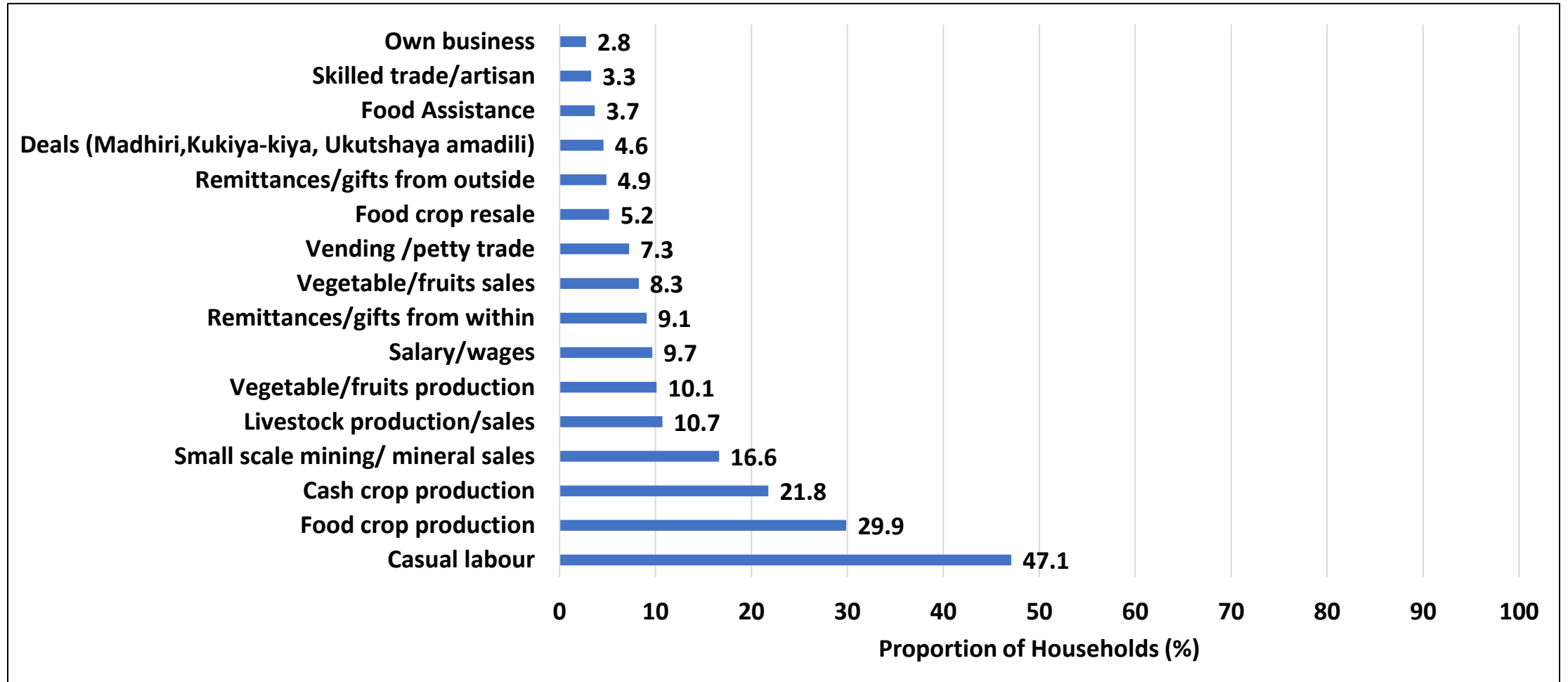
Access to Police Services



- About 40% of the households were accessing police services within one hour and 52% reported that the police services were offering victim friendly services.

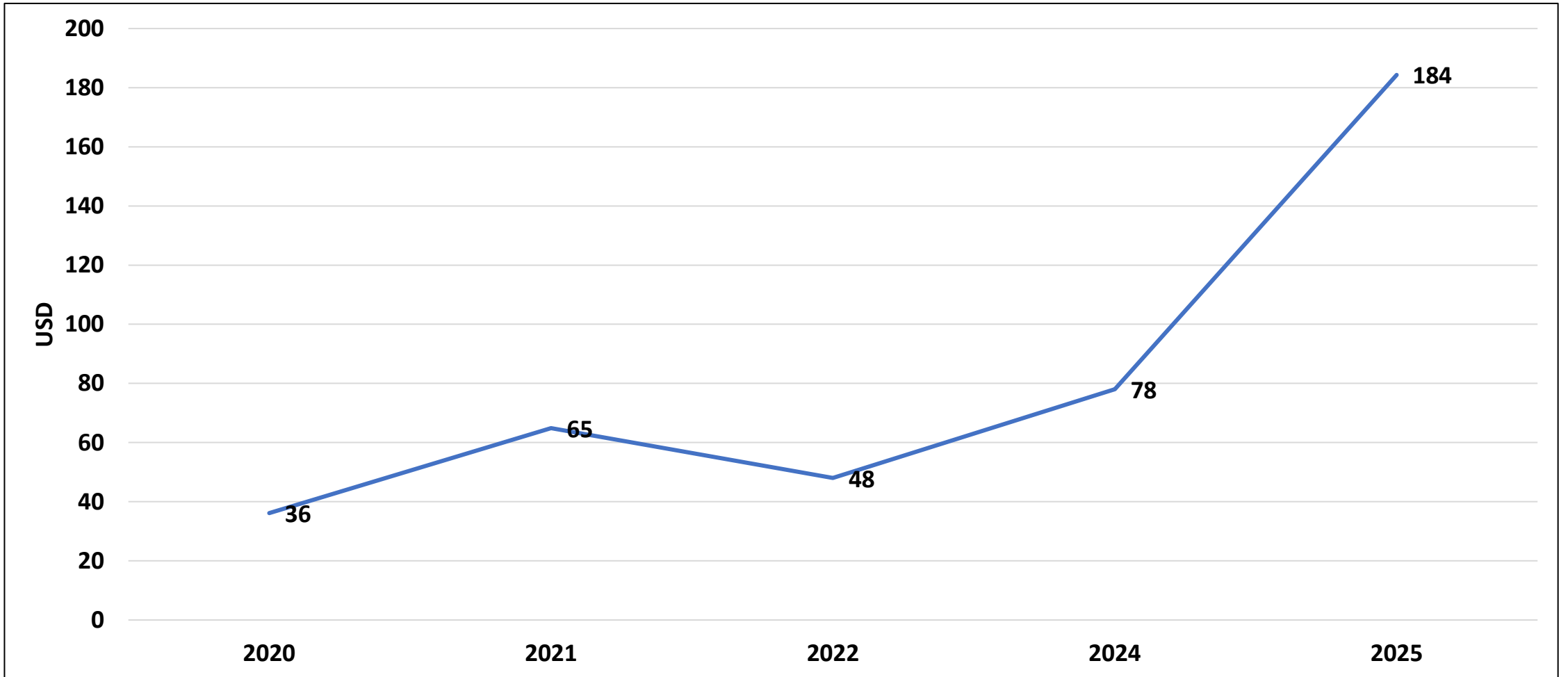
Income and Expenditure

Most Important Income Sources



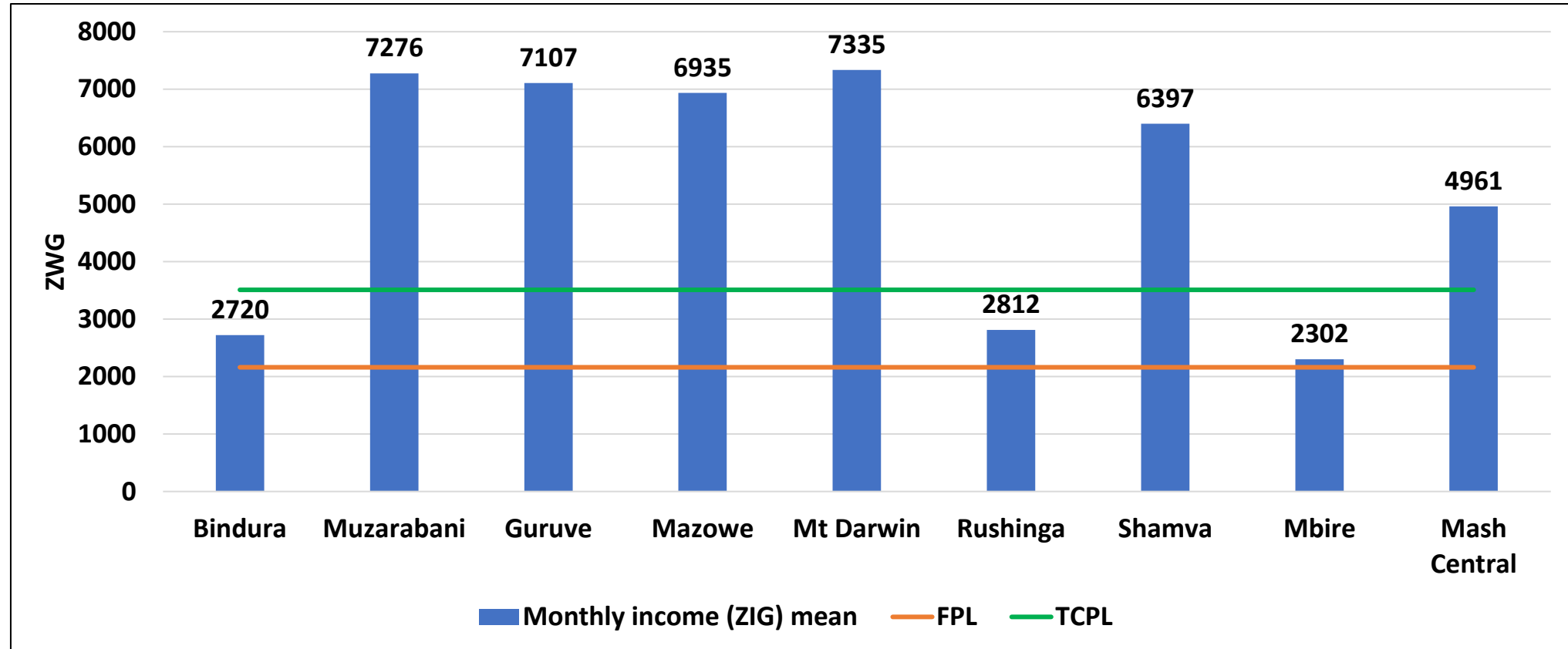
- Most households relied on casual labour (47.1%), food crop production(29.9%) and cash crop production (21.8%) in 2025.

Income Trends: 2020-2025



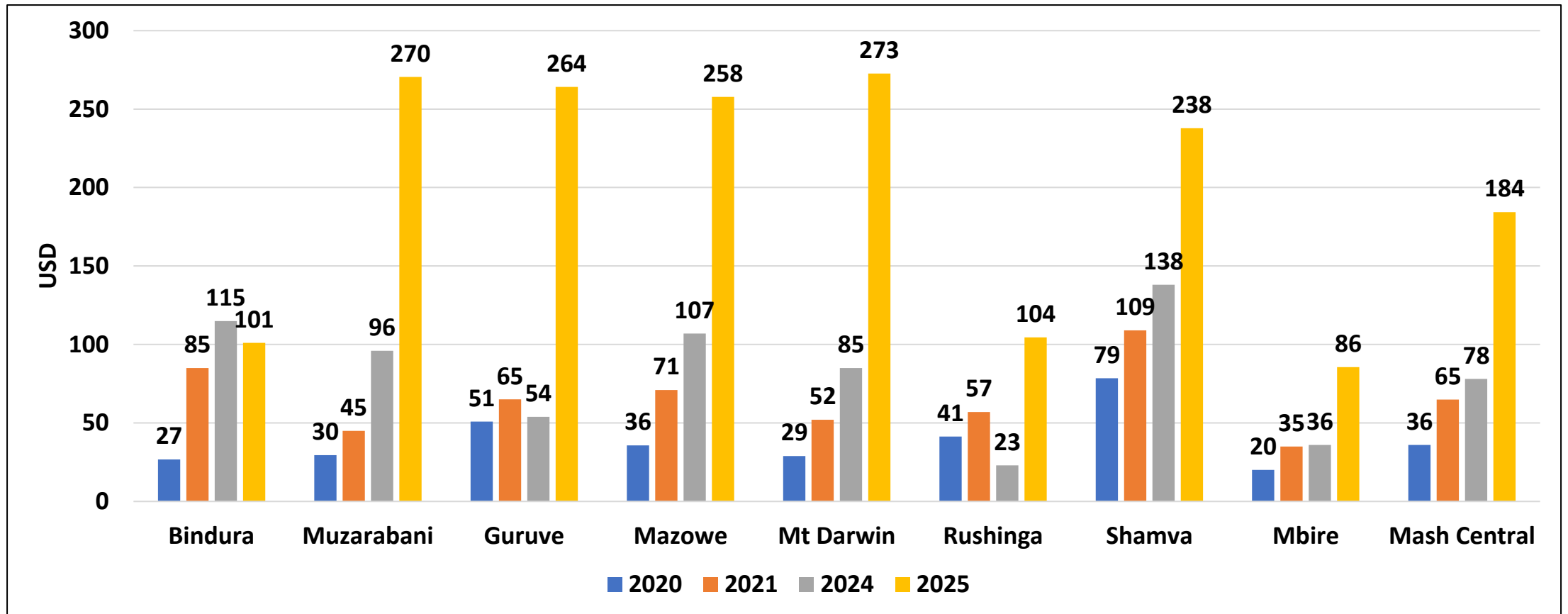
- Compared to base year 2020, rural incomes have been increasing.

Average Household Monthly Income (ZWG) For April 2025



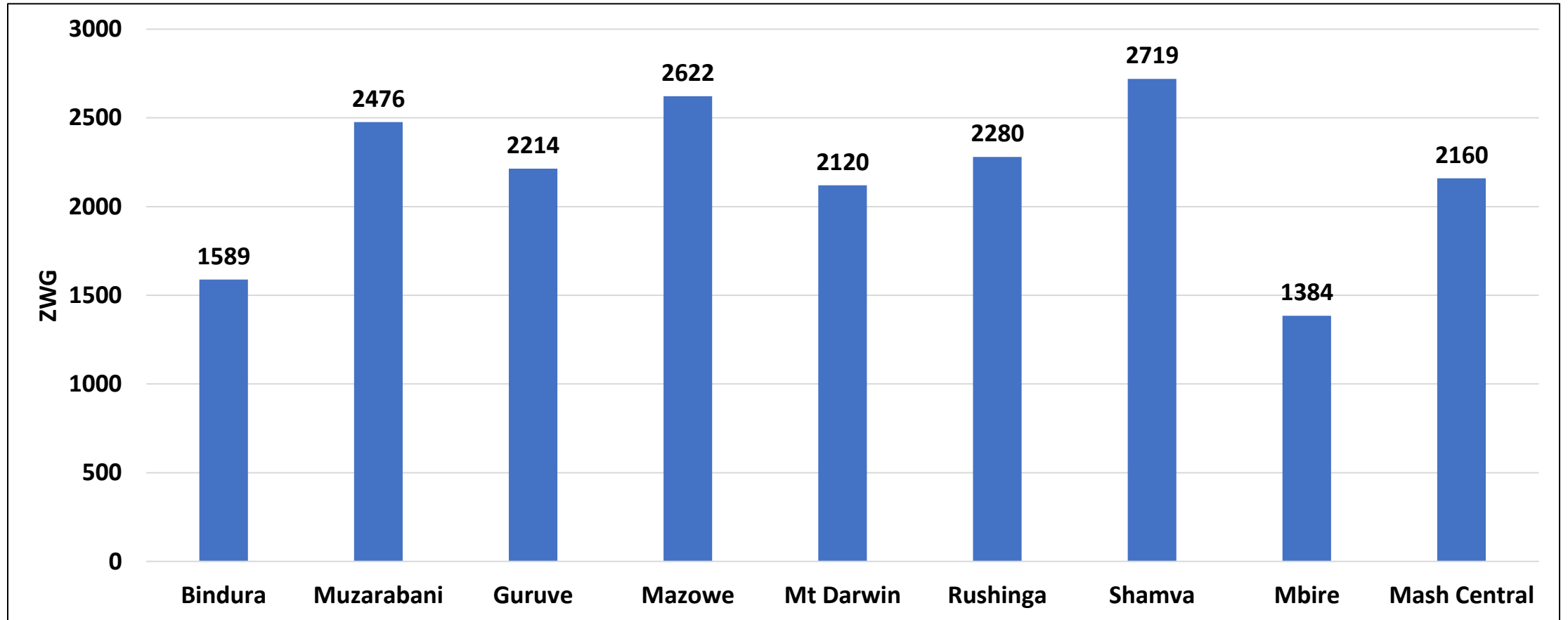
- Average monthly income for the Month of April 2025 was ZWG 4,961. This was above the Food Poverty Line.
- Mt Darwin (ZWG 7,335) had the highest income.

Average Household Monthly Income (USD) for April 2025



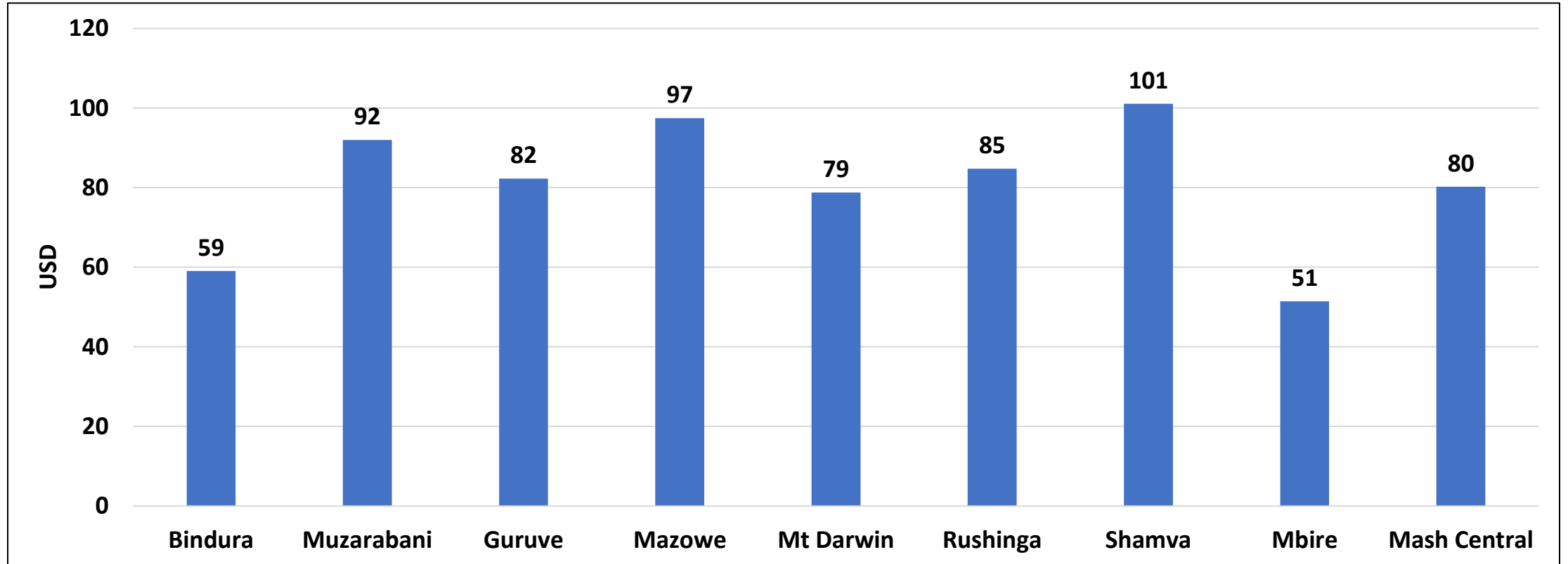
- The average household monthly income increased from USD 36 in April 2020 to USD 184 in April 2025.
- Mt Darwin had the highest average household monthly income (USD 273) for April 2025.

Average Household Monthly Expenditure (ZWG) for April 2025



- The average household monthly expenditure was ZWG 2160 in April 2025.
- Mbire (ZWG1,384) had the lowest monthly expenditure.

Average Household Monthly Expenditure (USD) for April 2025

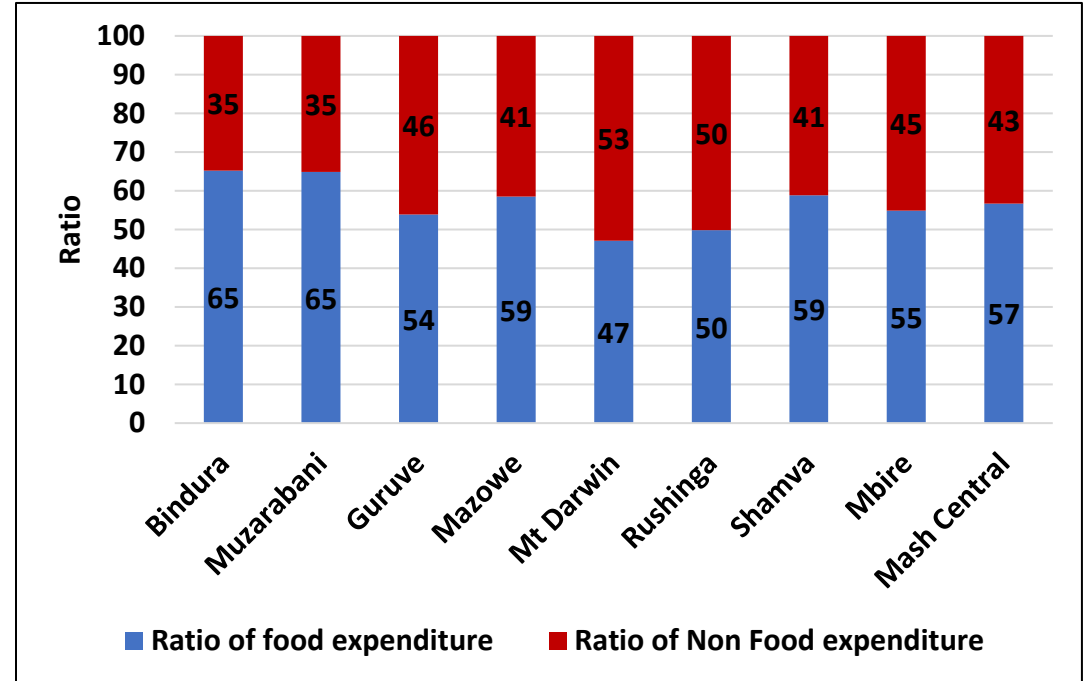
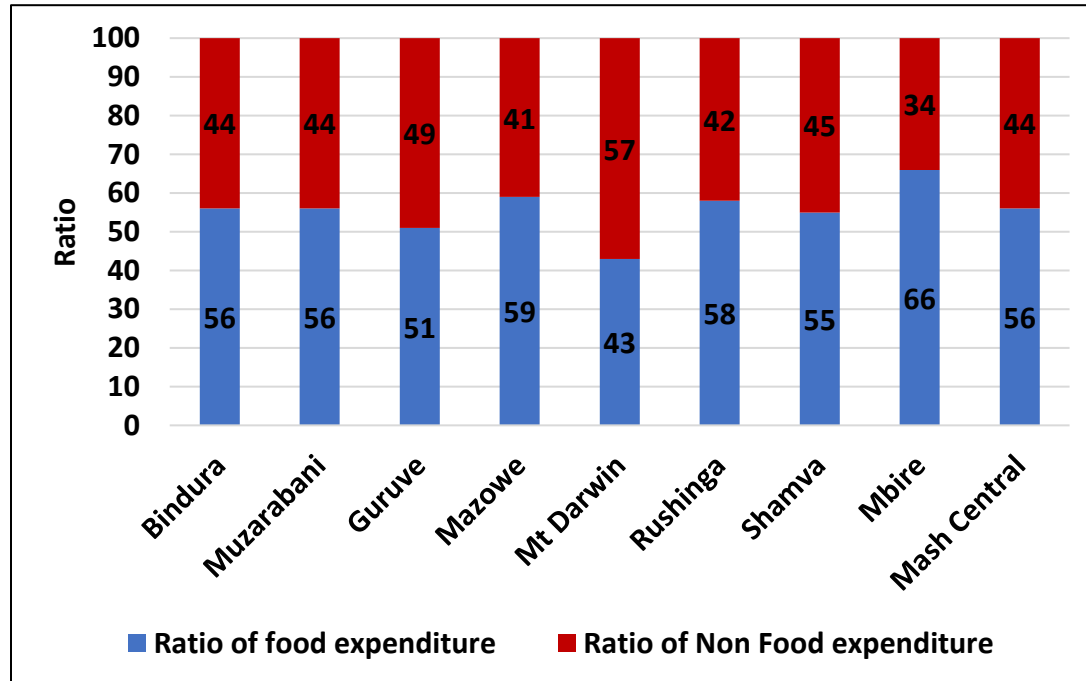


- The average household monthly expenditure for the month of April 2025 was USD80.
- Mbire (USD 51) reported the lowest expenditure.

Food and Non-Food Expenditure Ratio

2024

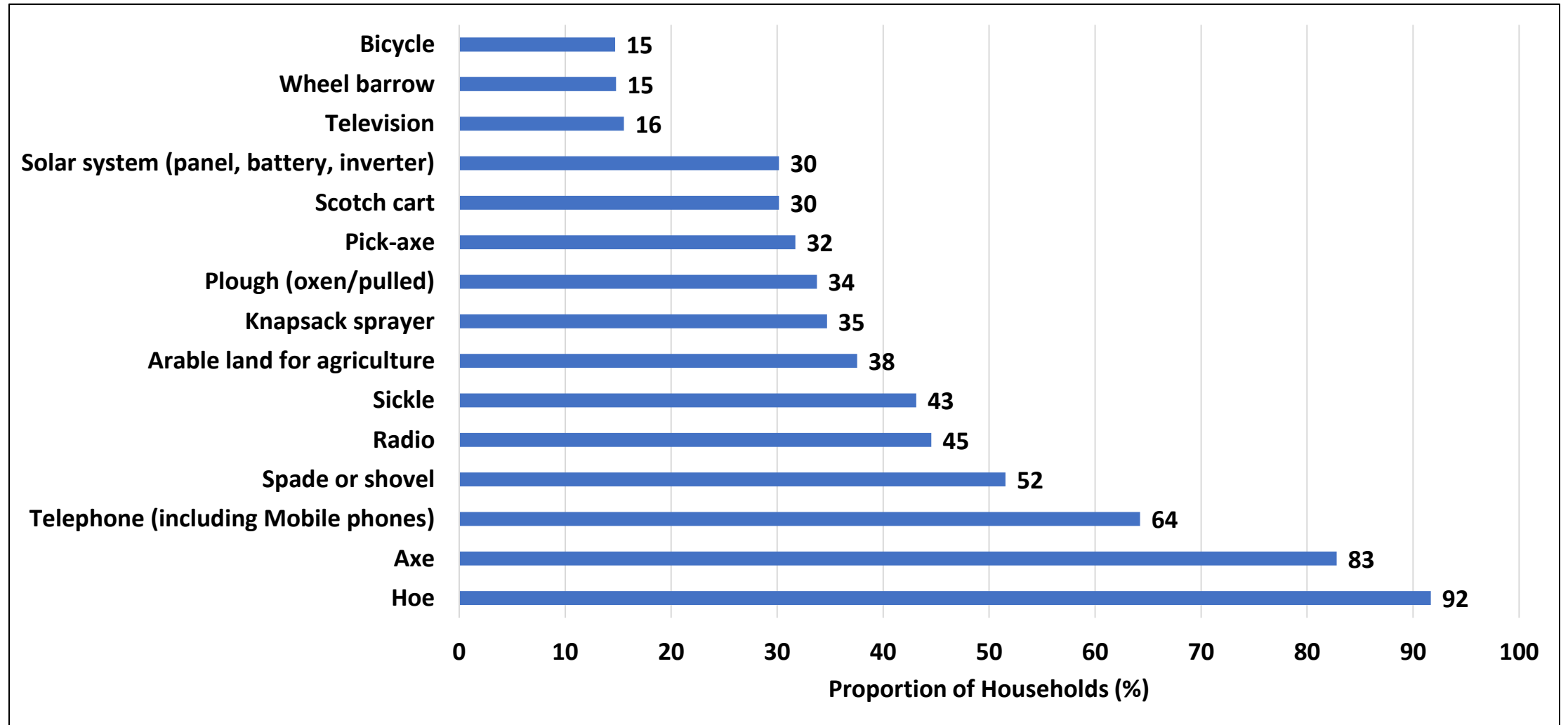
2025



- The food expenditure ratio increased from 56 in 2024 to 57 in 2025
- The non-food expenditure decreased from 44 in 2024 to 43 in 2025

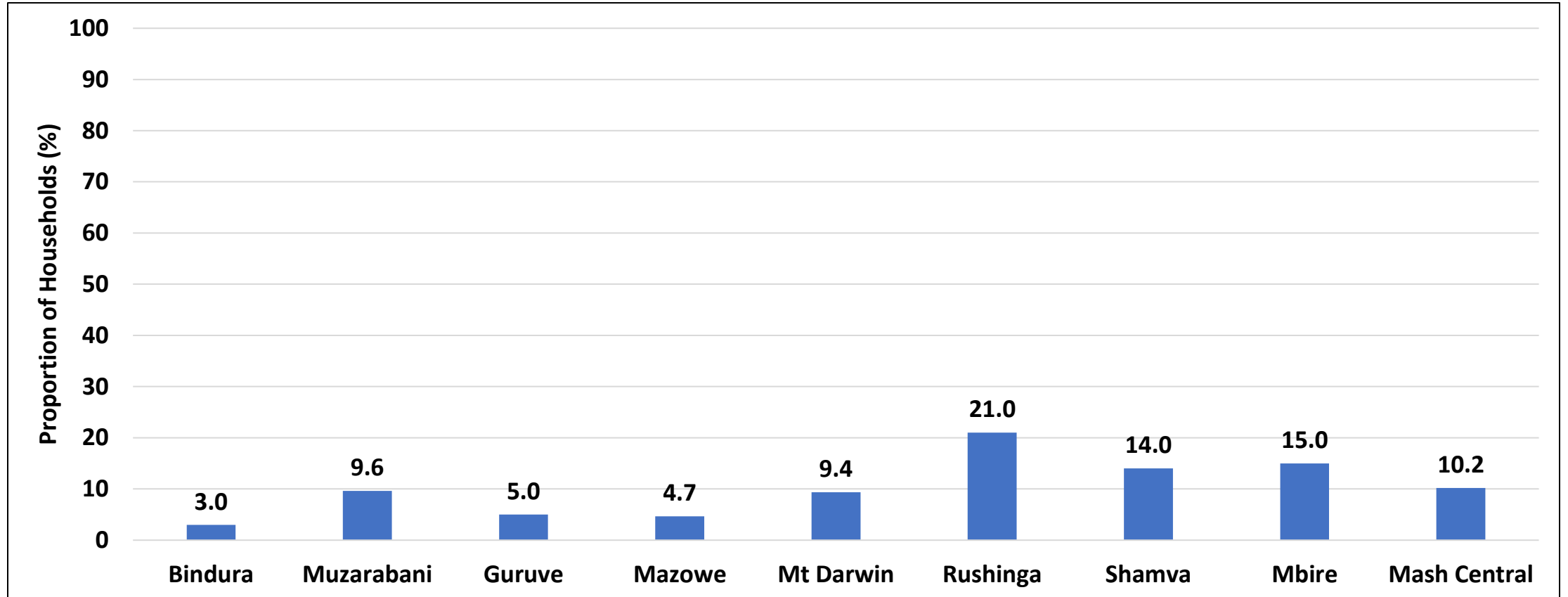
Assets, Loans and Remittances

Assets



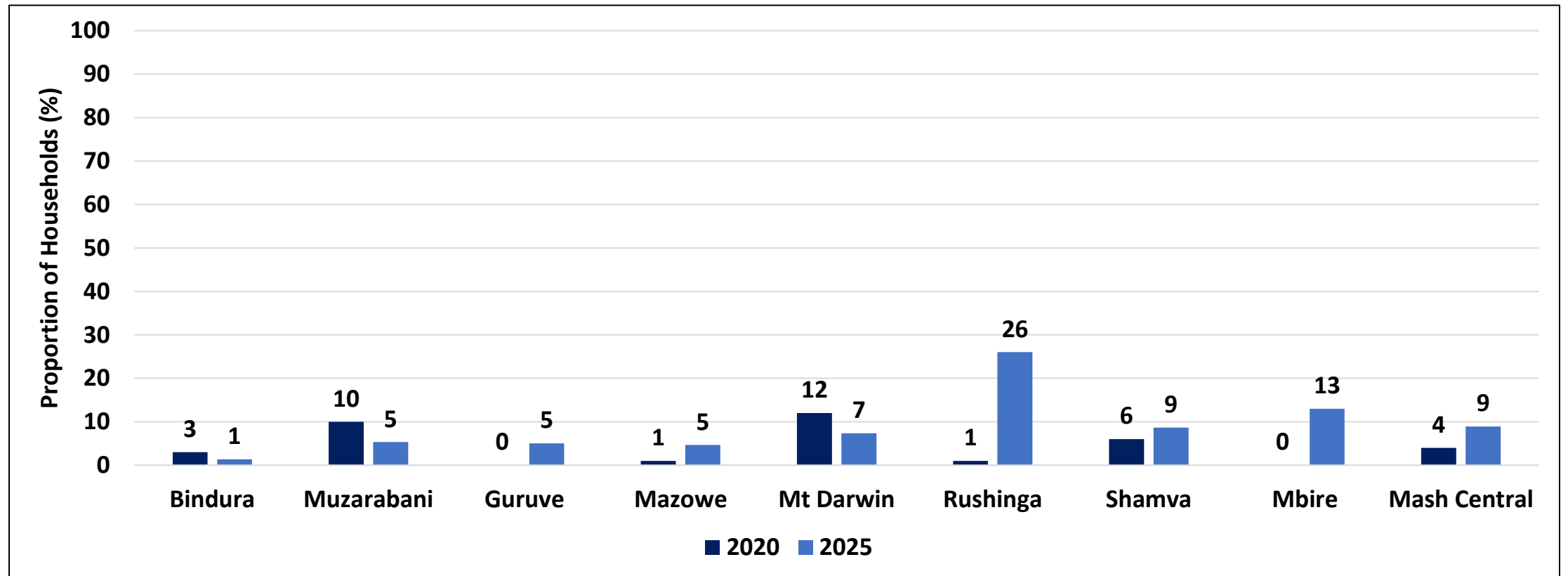
- The most commonly owned assets by households were hoes (92%) axes (83) and telephones (64%).

Households Participating in ISALS/Mukando/Ukuqogelela



- About 10.2% of the households in the province had members participating in ISALS/Mukando/Ukuqogelela.

Households that Accessed Loans



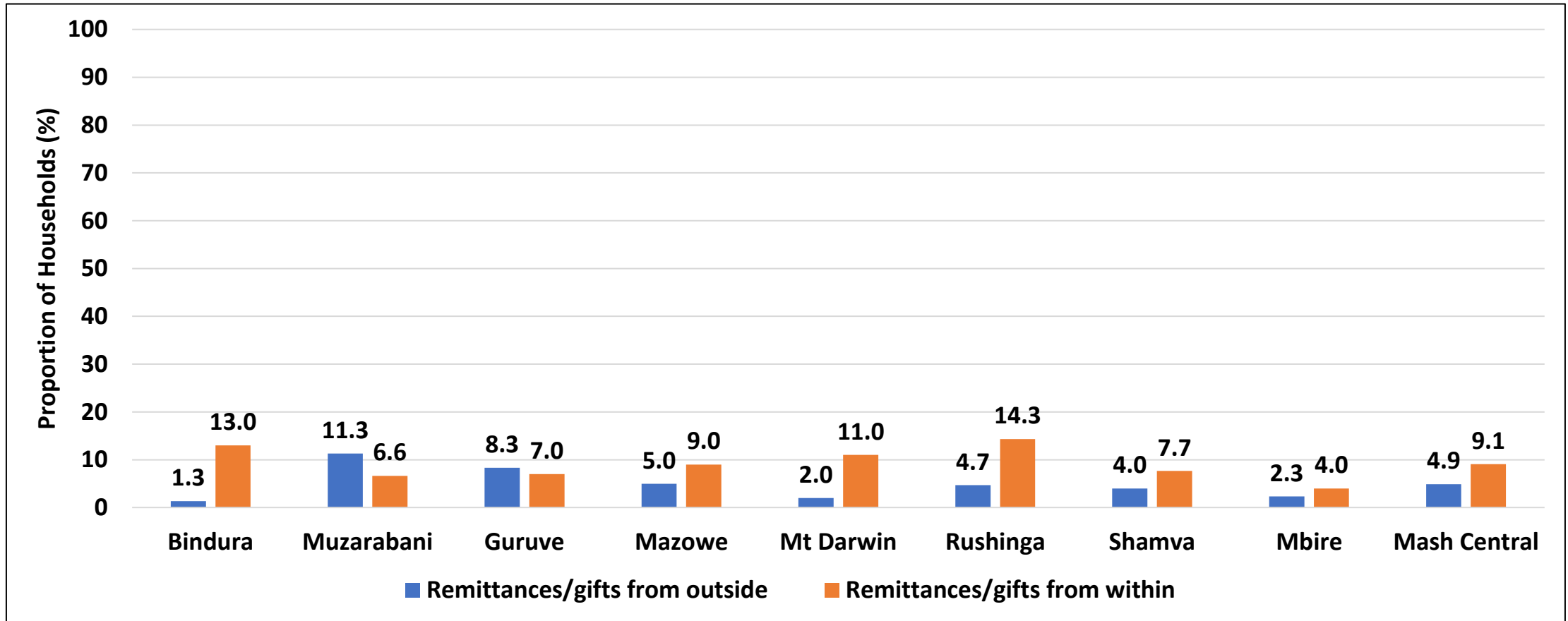
- The proportion of households that accessed loans was 9% in 2025, an increase from 4% in 2020.
- Rushinga (26%) had the highest proportion of households that accessed loans in 2025.

Sources of Loans

	Friend/relative (%)	Money lender (%)	Banks (%)	Micro finance institutions (%)	Other Financial Services (%)	ISAL/Mukando/Ukuqogelela (%)	Farmer's organization (%)	Local trader/shopkeeper (%)
Bindura	0.3	0.0	0.0	0.0	0.0	1.0	0.0	0.0
Muzarabani	0.0	0.0	0.3	0.0	0.0	3.0	2.0	0.0
Guruve	0.0	0.0	0.3	0.3	0.0	1.0	3.3	0.0
Mazowe	0.3	0.0	0.0	0.0	0.3	2.0	1.0	0.0
Mt Darwin	0.7	0.0	0.7	0.0	0.0	5.7	0.7	0.3
Rushinga	10.7	1.7	0.3	0.0	0.0	12.3	0.0	0.7
Shamva	0.7	0.7	0.7	0.7	0.0	5.3	0.7	0.0
Mbire	2.3	2.0	0.3	0.0	0.0	11.7	0.0	0.0
Mash Central	1.9	0.5	0.3	0.1	0.0	5.3	1.0	0.1

- The main source of loans for the households was ISALS/Mukando/Ukuqogelela (5.3%).

Households which Received Remittances/Gifts

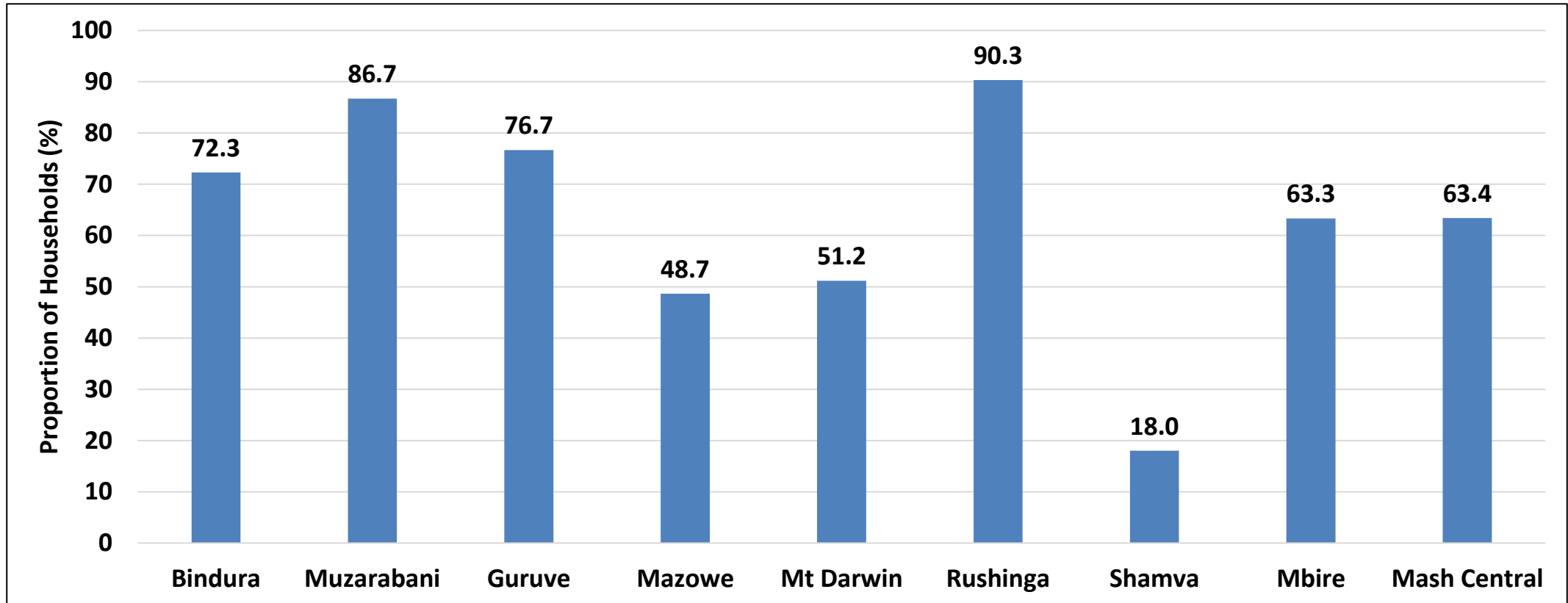


- Remittances/gifts received were mainly from within the country (9.1%).
- Rushinga (14.3%) had the highest proportion of households that received remittances/gifts from within the country
- Muzarabani (11.3%) had the highest proportion of households that received remittances from outside the country.

Nutrition

Information on Health and Nutrition

Households that Received Information on Health and Nutrition



- Access to nutrition and health information empowers communities in making health and nutrition behavior changes.
- In Mashonaland central about 63.4% reported to have received information about health and nutrition.

Actions Done After Receiving Information on Health and Nutrition

	Changed the foods eaten (%)	Started healthy eating (%)	Changed eating portions (%)	Undertook physical activities (%)	Changed agricultural practices (%)
Bindura	4.3	16.3	2.3	0.7	1.7
Muzarabani	31.9	56.1	3.0	2.0	6.0
Guruve	33.0	10.7	10.7	0.7	25.7
Mazowe	23.0	26.7	0.7	1.7	0.3
Mt Darwin	17.1	24.1	4.0	14.7	0.7
Rushinga	69.7	65.3	31.0	24.7	27.0
Shamva	12.3	6.0	2.0	1.3	0.7
Mbire	34.3	39.7	19.0	9.7	19.7
Mash Central	26.4	29.7	9.7	7.4	9.6

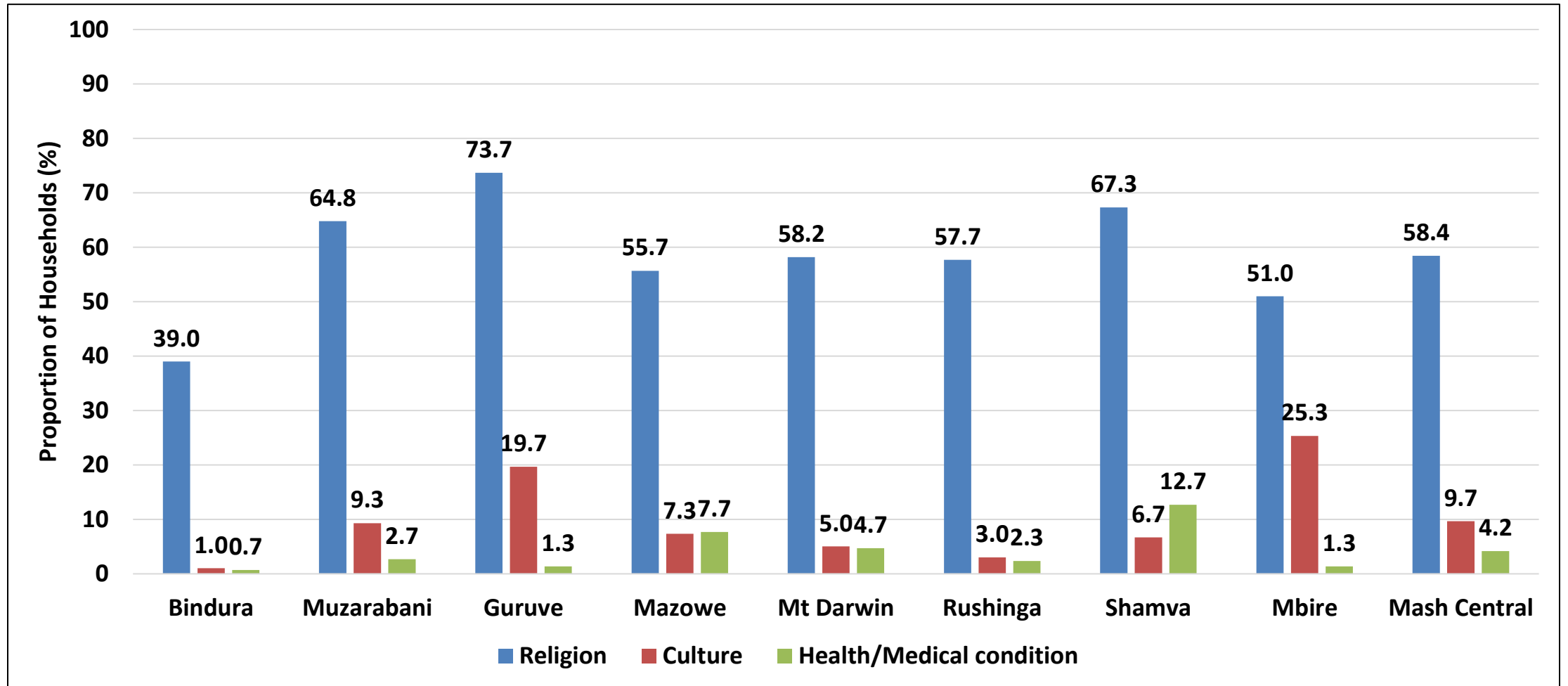
- Rushinga (69.7%) had the highest proportion of households which changed foods eaten.

Food Dietary Taboos

	Certain meat and meat products not consumed (%)	Certain fruits not consumed (%)	Traditional cereals not consumed (%)	Certain insects not consumed (%)	Age and gender restrictions on consumption of particular foods (%)	Other (%)	No taboos or restrictions (%)
Bindura	40.3	0	0	0.3	0	0.3	59.7
Muzarabani	68.1	1.3	1.0	18.9	0	0	31.2
Guruve	79.3	0	0	0	0	0	20.3
Mazowe	63.0	0.3	0	22.7	0	1.0	34.0
Mt Darwin	58.2	7.4	4.3	4.3	2.0	1.0	34.1
Rushinga	60.0	0.7	1.0	23.7	0	1.3	38.0
Shamva	73.3	23.7	18.3	14.7	7.3	5.7	19.0
Mbire	39.3	24.3	4.3	35.3	1.7	3.0	34.3
Mash Central	60.2	7.2	3.6	15.0	1.4	1.5	33.8

- The most common food taboo mentioned in the province was not consuming certain meat and meat products.
- About 60.2% of households had taboos on consumption of certain meat and meat products

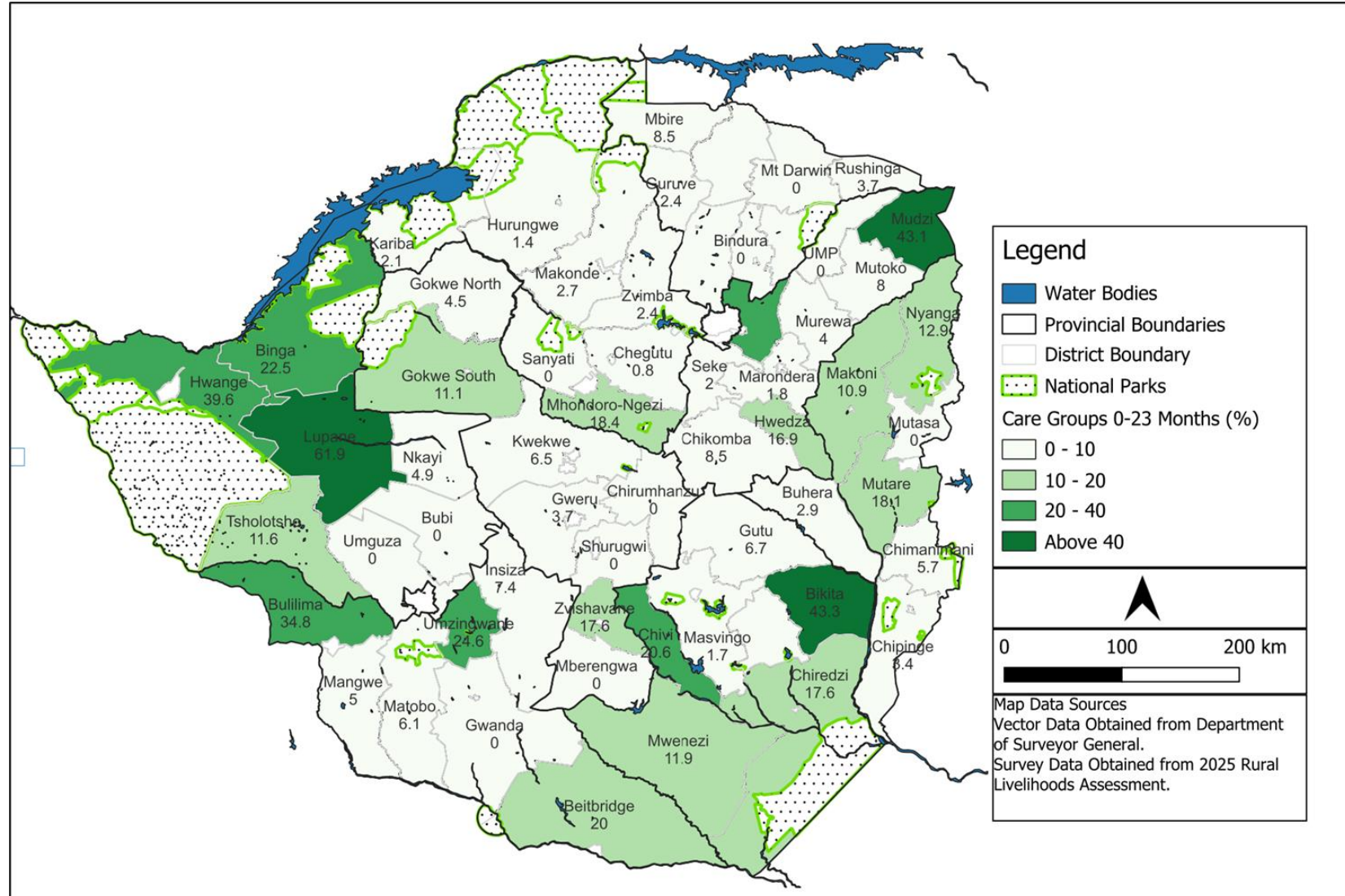
Reasons for Taboos



- Across all districts, the main reason for food taboos was religion.

Care Groups

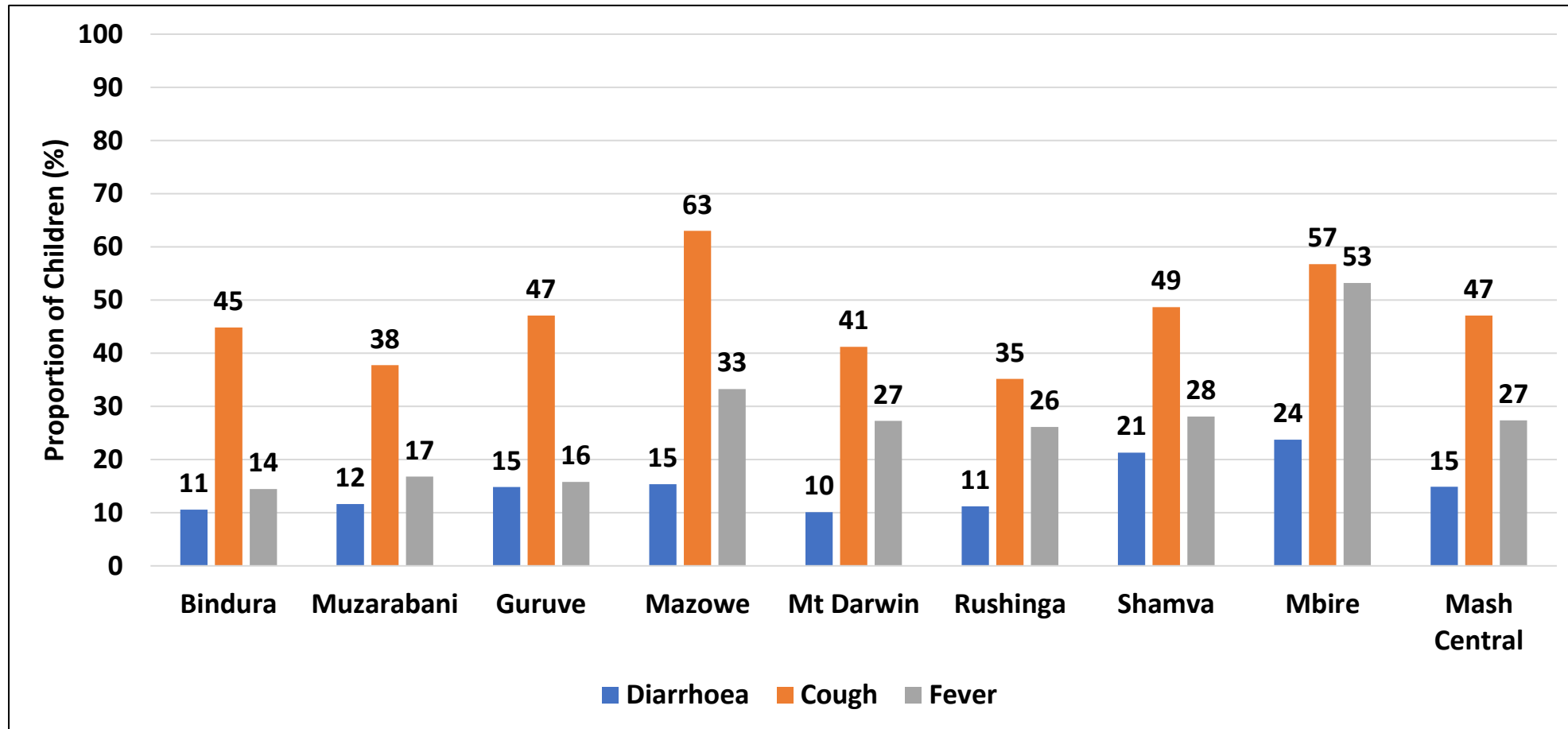
Membership of a Care Group or IYCF Support Groups (0-23 months) by District



- The care-group approach is a community-based strategy for promoting health and nutrition behavior change.
- Existence of care groups or IYCF support groups is still very low across Mashonaland Central hence more still needs to be done to establish these groups since they are key in promoting positive behaviors amongst communities.

Child Health

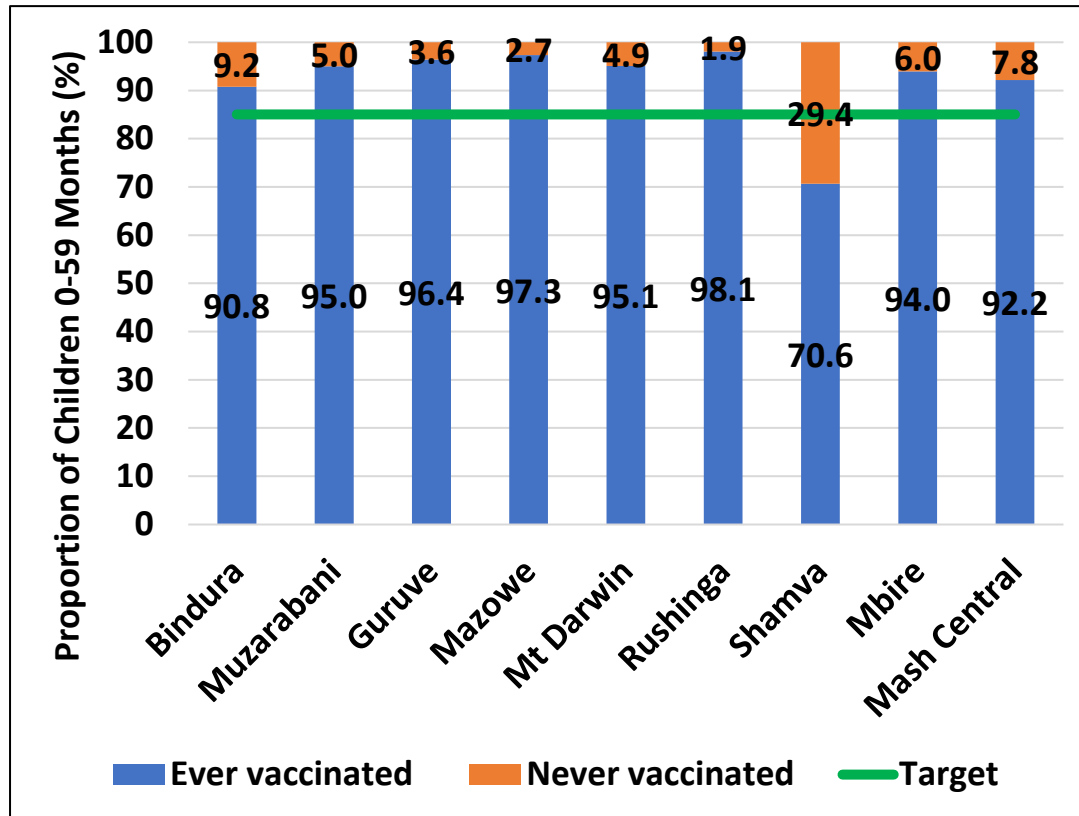
Child Illness 6-59 Months



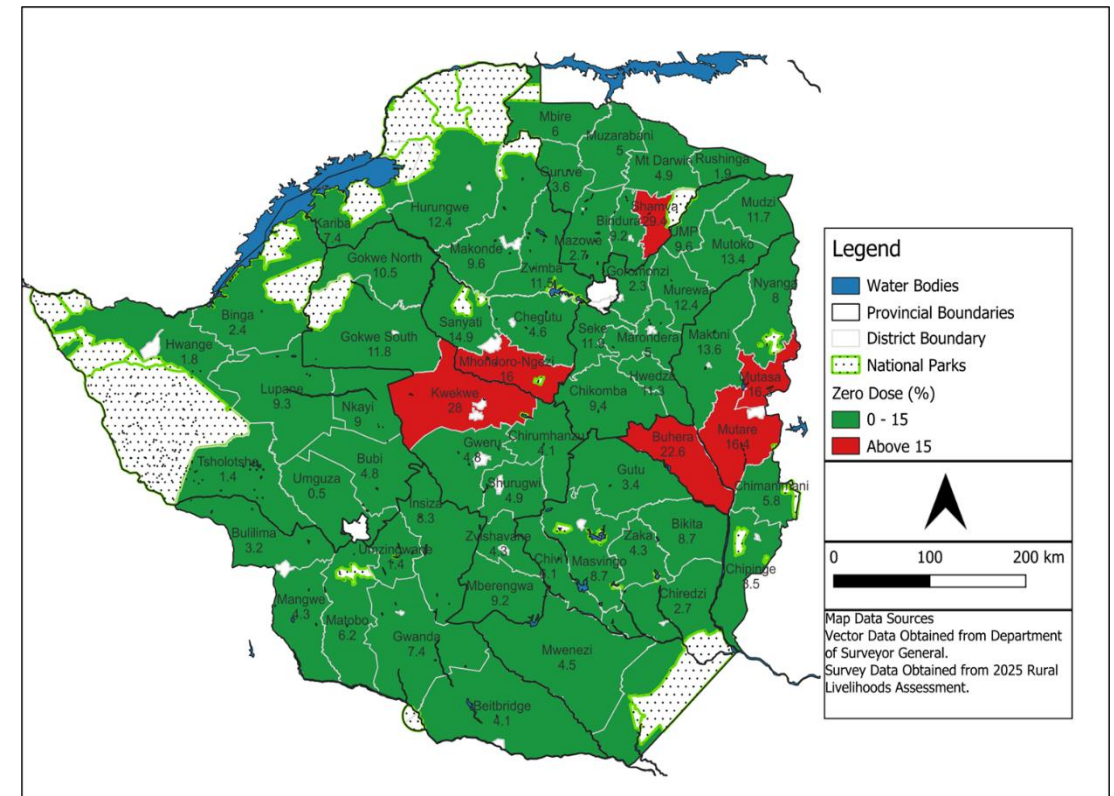
- Child illness can impact negatively on the child nutrition status.
- Cough was the most prevalent illness amongst children 6 to 59 months.

Vaccination Status of Children 0-59 Months

Vaccination since Birth



Zero-Dose by District

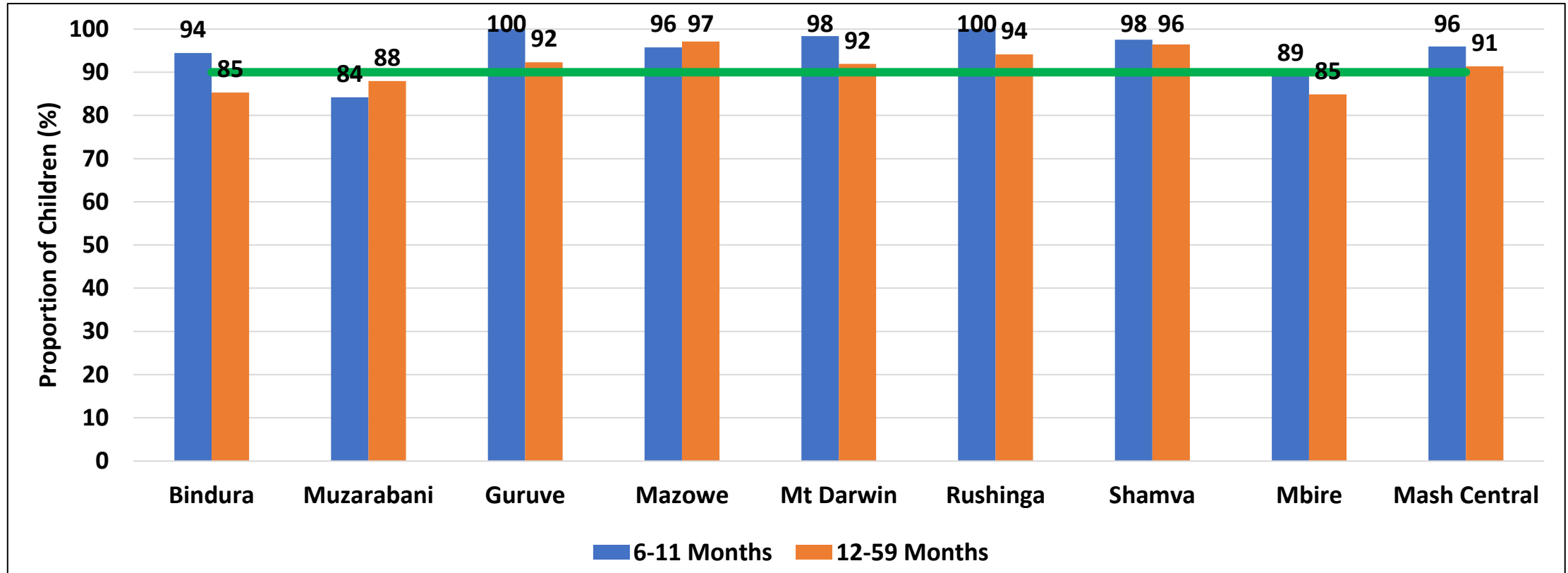


National Target

- Immunisation allows children everywhere to live lives free of many forms of disability and illness. The Government is commended for successfully reaching the national target of 85% for children that had received vaccination since birth. However, attention should be given to Shamva which had 29.4% of children 0-59 months who were never vaccinated.

Vitamin A Supplementation

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



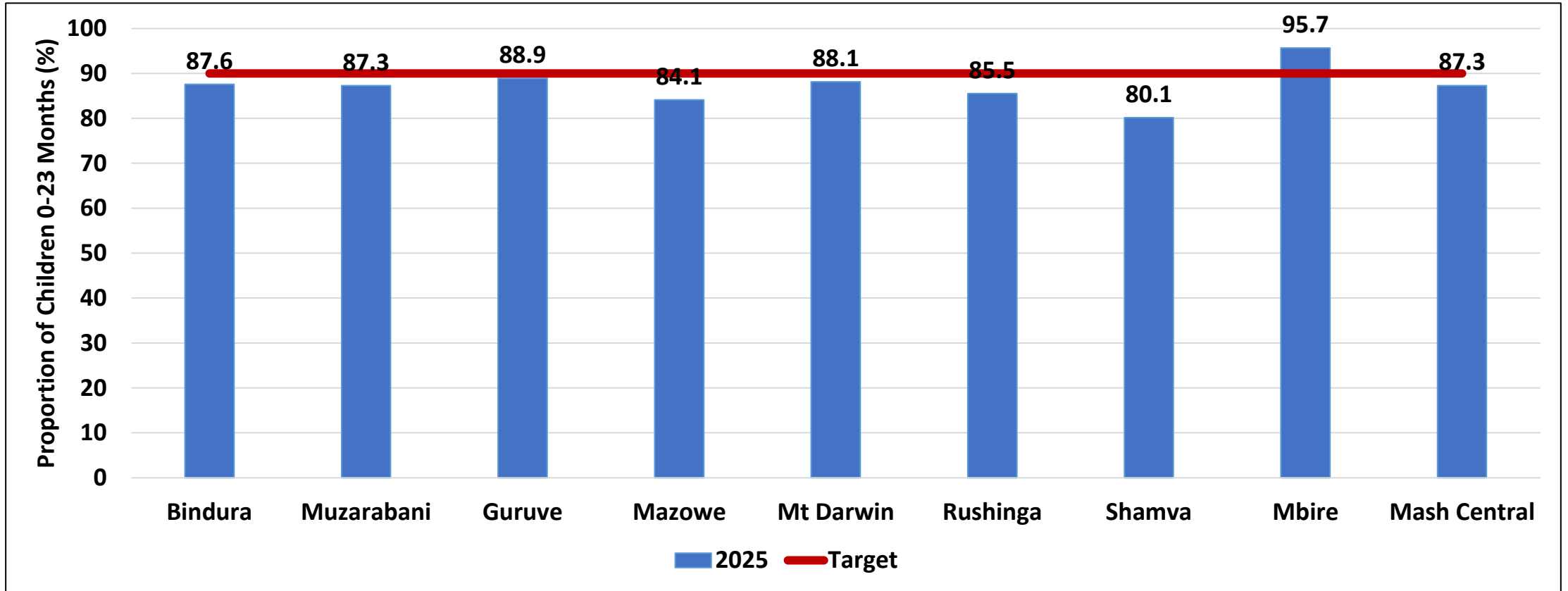
- All districts except Bindura (85%), Muzarabani (88%) and Mbire (85%) had a vitamin A supplementation coverage above the national target of 90% for the 12-59 months age group.

Infant and Young Child Feeding

Infant and Young Child Feeding

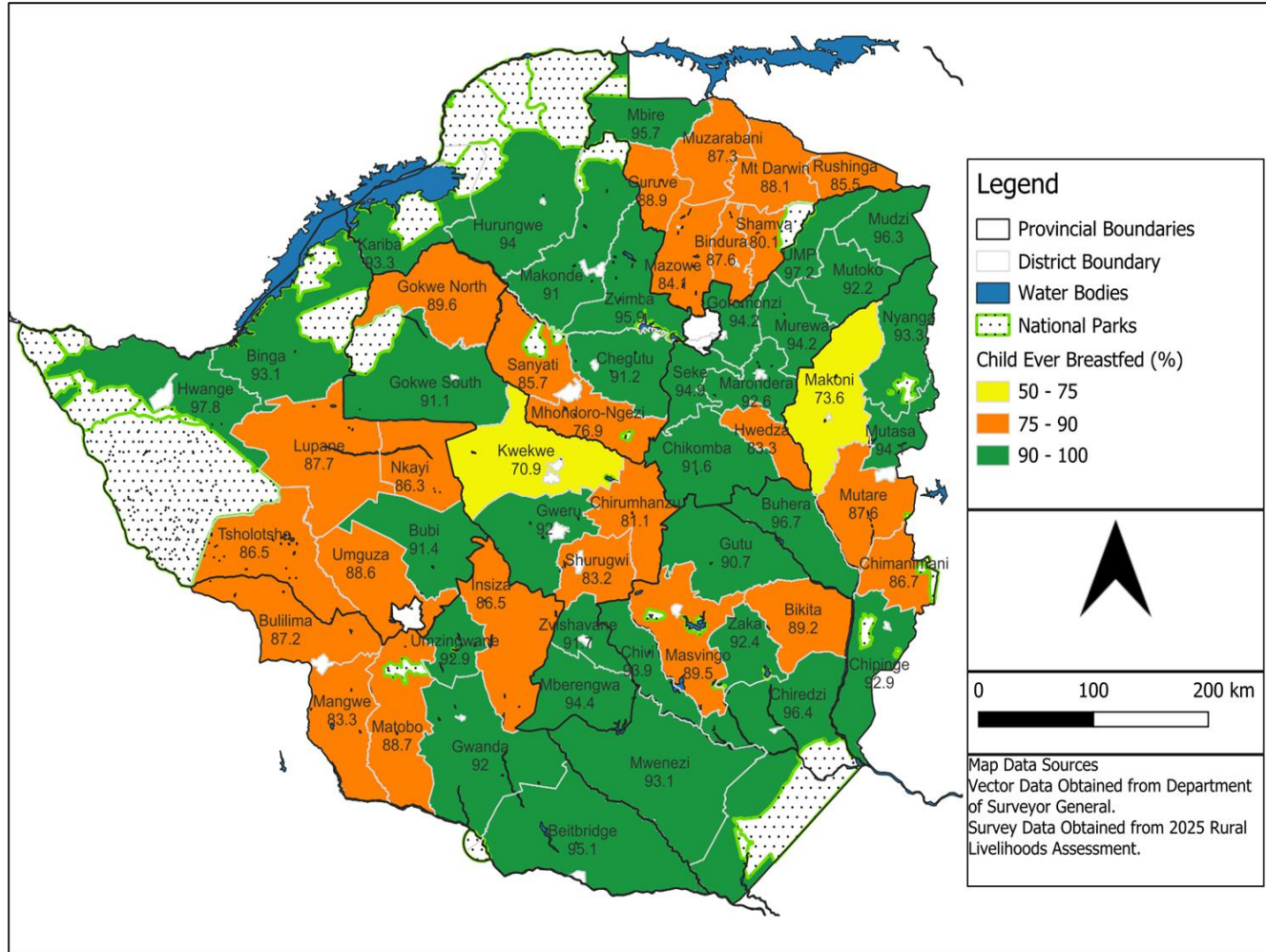
- Infant and young child feeding (IYCF) practices directly affect the health, development and nutritional status of children less than two years of age and ultimately, impact child survival. Improving IYCF practices in children 0–23 months of age is therefore critical to improved nutrition, health and 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



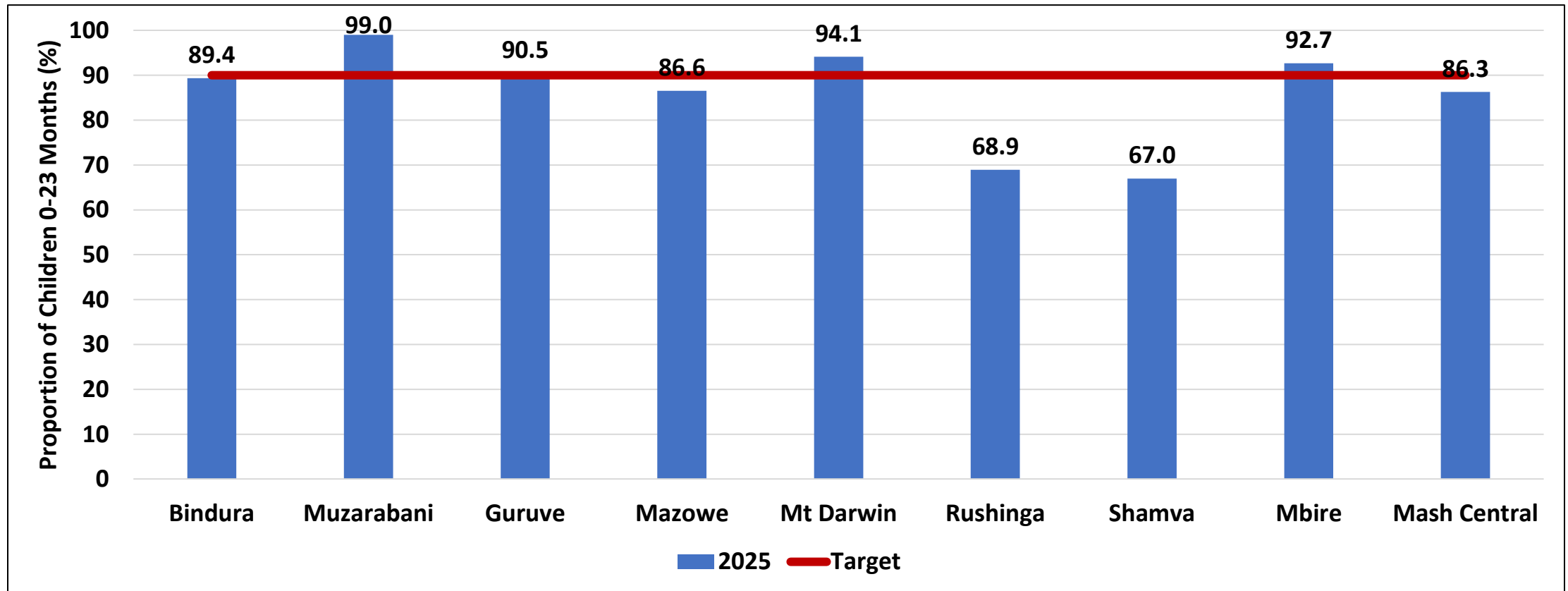
- Breastfeeding is one of the low cost high impact live-saving interventions. At birth it provides 100% of the required daily nutrient intake.
- Mbire (95.7%) had the highest proportion whilst Shamva (80.1%) had the lowest.

Ever Breastfed by District



- In Mashonaland Central province, Mbire district (95.7%) had the highest proportion of children who were ever breastfed whilst Shamva (80.1%) had the least.

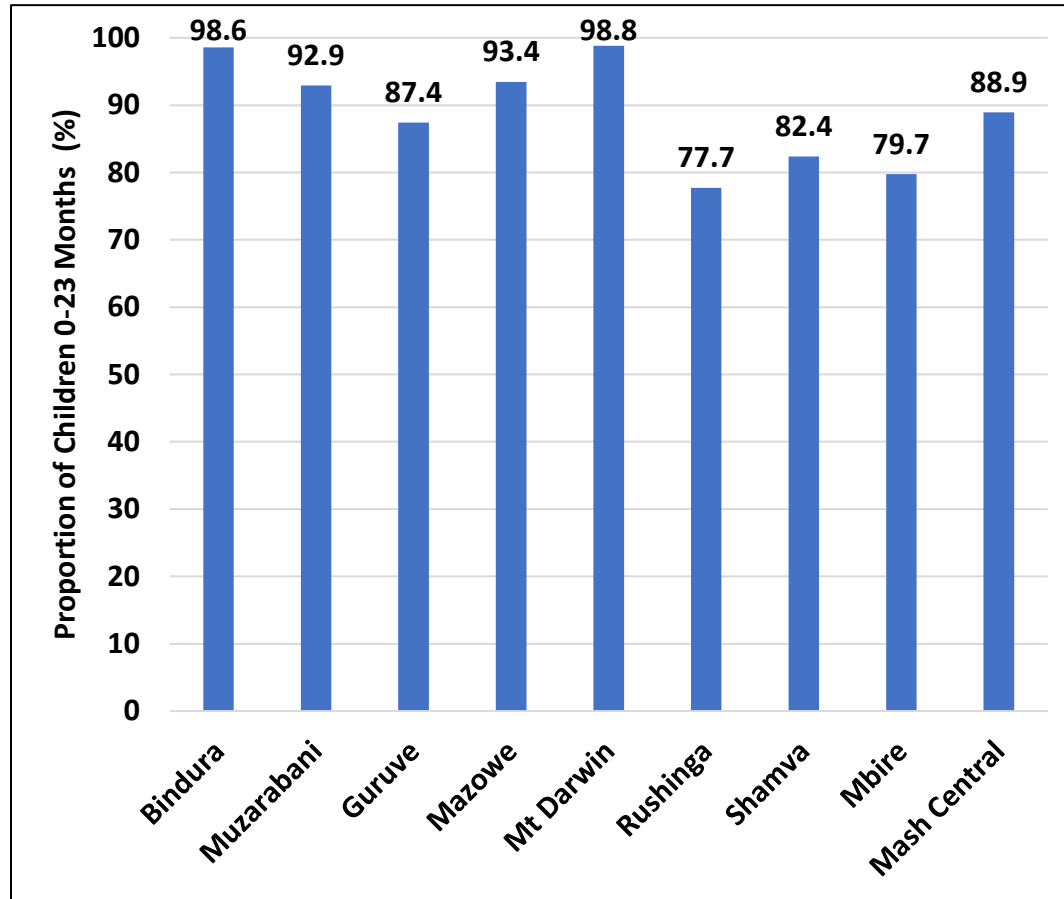
Early Initiation of Breastfeeding



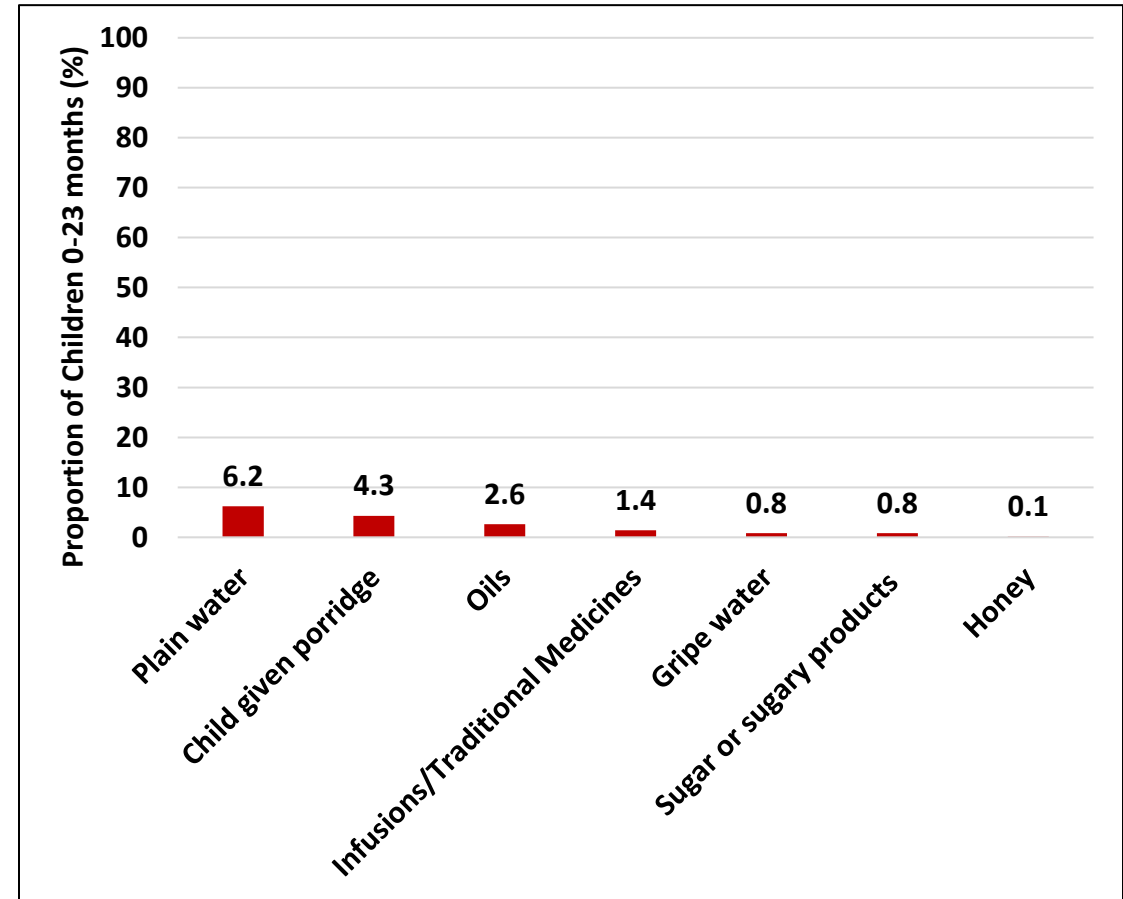
- The Government is applauded for taking accelerated action aimed at maintaining early initiation rates relatively above 80% over the past 5 years reflected by investments in baby and community baby-friendly initiatives.
- Shamva (67%) had the lowest early initiation of breastfeeding while Muzarabani (99%) had the highest.
- Mashonaland Central had an early initiation rate of 86.3%.

Exclusive Breastfeeding First Two Days

Exclusive breastfeeding First Two days

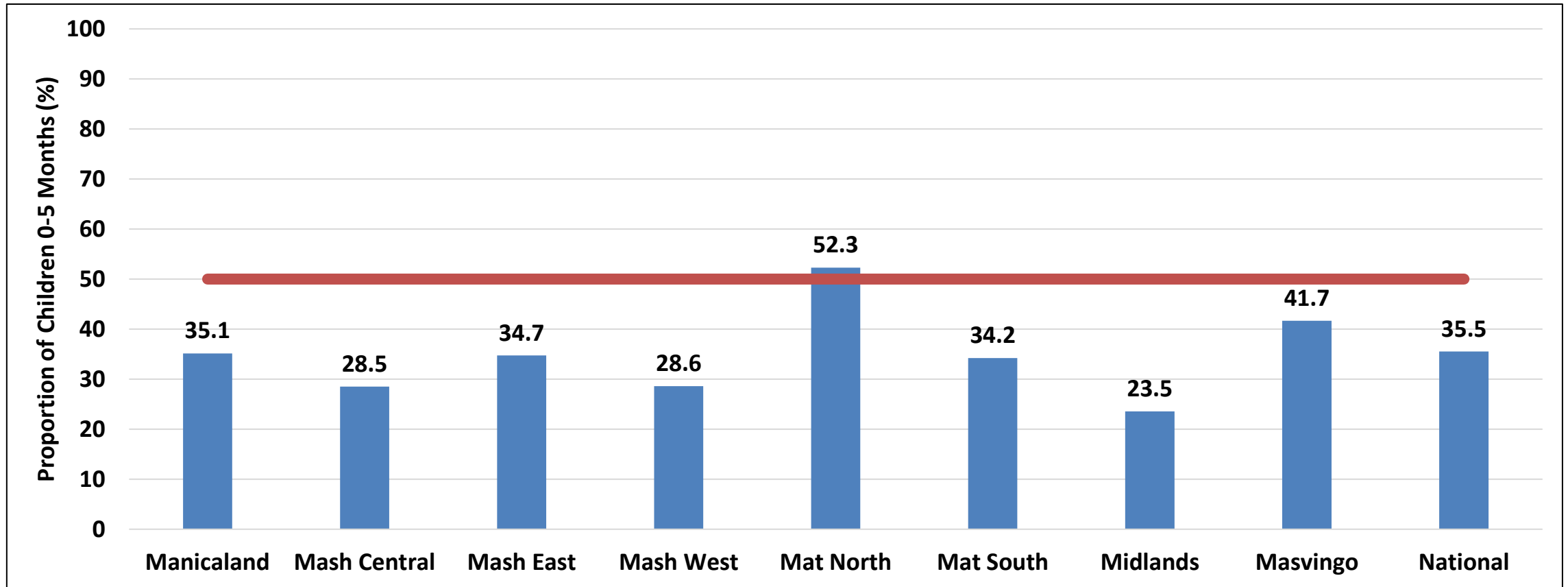


Foods Mostly Given to Children



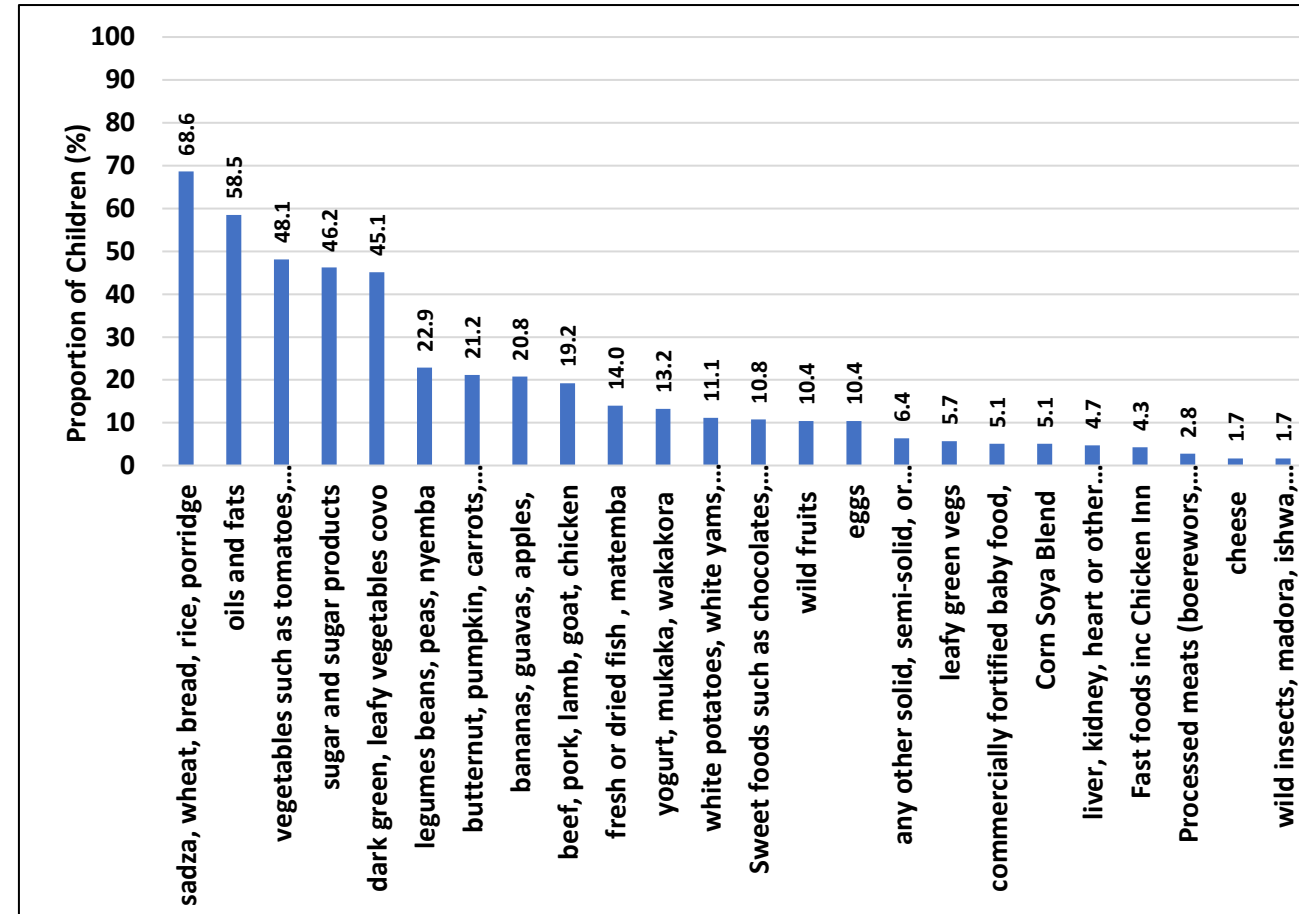
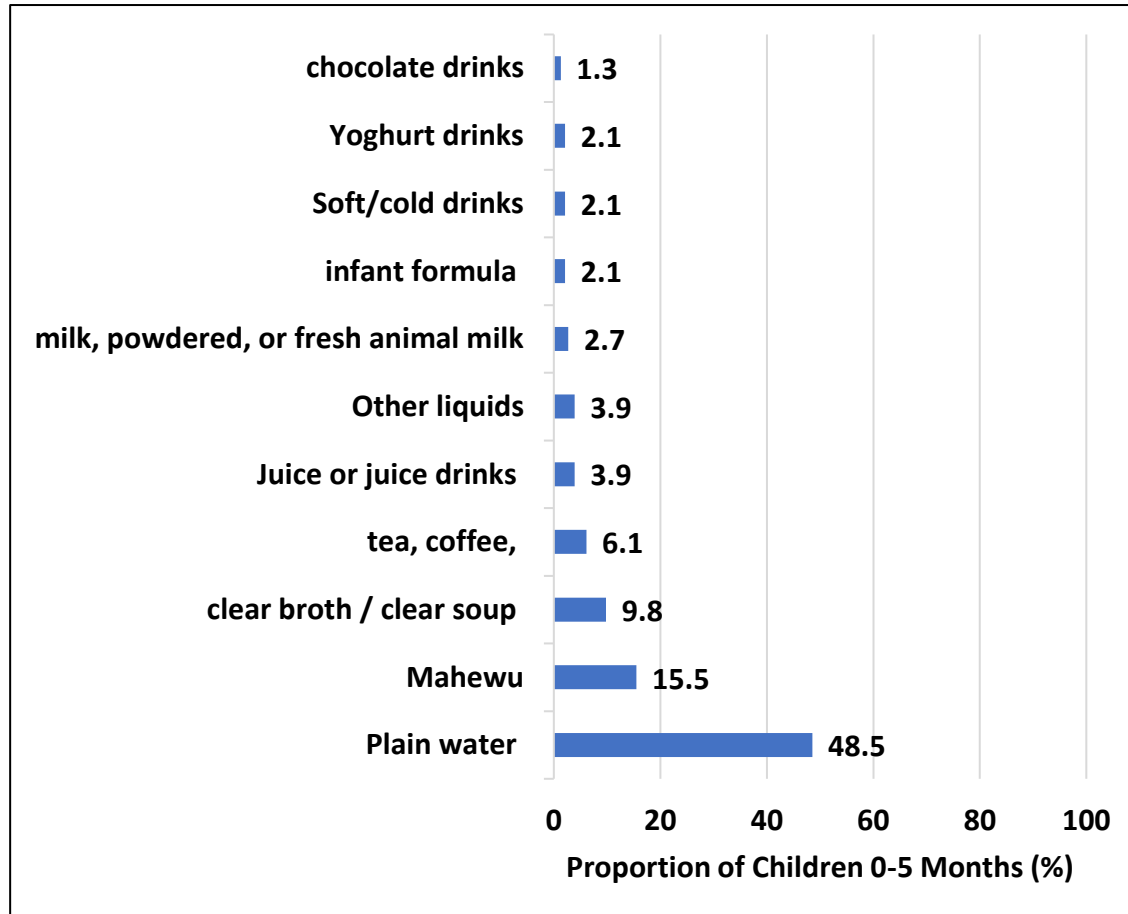
- Prelacteal feeds undermine the success of exclusive breastfeeding for the first six months.
- The exclusive breastfeeding during first two days was 88.9% and was highest in Mt Darwin (98.8%).
- Plain water (6.2%), porridge (4.3%) and oils (2.6%) were the common foods given to children during the first 2 days after birth.

Exclusive Breastfeeding 0 to 5 Months



- Exclusive breastfeeding rate for Mashonaland Central was 28.5%.

Liquids and Foods Consumed by Infants 0-5 Months



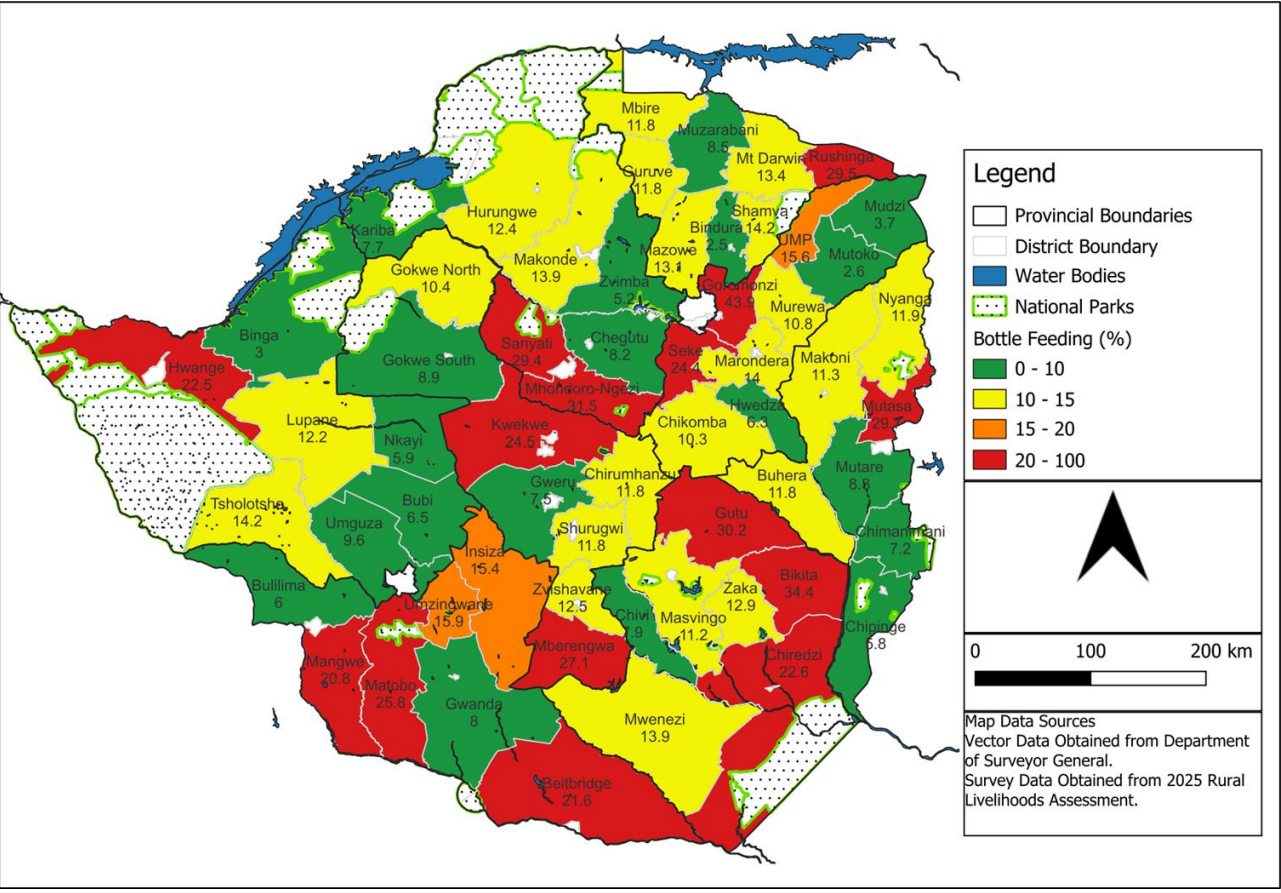
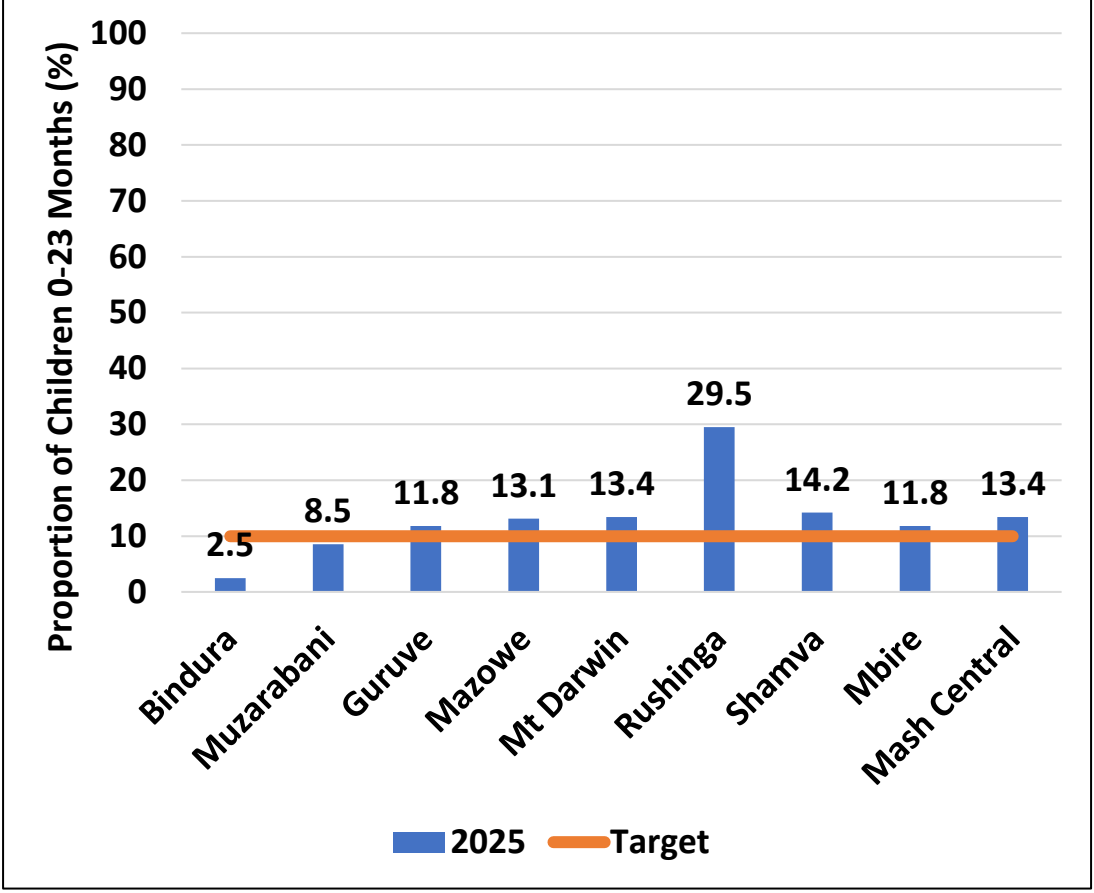
- Plain Water (48.5%) and mahewu (15.5%) were the main liquids given to infants 0-5months.
- The most common foods that were consumed by infants 0-5 months included sadza, wheat (68.6%), oils and fats (58.5%), vegetables (tomatoes, onions) 48.1%, sugar and sugar products (46.2%) and dark green vegetables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

Liquids Given to Children Less than 6 Months in Addition to Breastfeeding

	Plain water (%)	Mahewu (%)	Clear Broth / Clear Soup (%)	Tea, Coffee, or Herbal Drinks (%)	Juice or juice drinks (%)	Milk (Tinned, Powdered, Fresh Animal Milk) (%)	Infant Formula (%)	Yoghurt Drinks (%)	Soft/cold drinks (%)	Chocolate Drinks (%)
Manicaland	45.0	13.2	6.2	2.3	0.8	2.3	3.9	0.0	0.0	0.0
Mash Central	56.4	16.1	9.0	9.0	3.8	3.8	1.9	3.2	1.3	1.3
Mash East	51.9	15.1	16.2	6.0	7.6	2.2	1.1	2.7	2.2	2.2
Mash West	56.0	13.6	8.7	4.3	3.3	1.6	3.3	0.0	2.2	0.0
Mat North	34.5	11.7	10.5	6.4	2.9	1.8	1.8	1.8	1.8	0.0
Mat South	44.4	12.2	10.0	1.1	2.2	3.3	3.3	5.6	2.2	0.0
Midlands	53.7	26.9	10.6	11.9	3.0	4.5	3.0	1.5	1.5	3.0
Masvingo	45.9	21.8	5.3	9.0	6.0	3.8	0.8	3.0	5.3	5.3
National	48.5	15.5	9.8	6.1	3.9	2.7	2.2	2.1	2.1	1.3

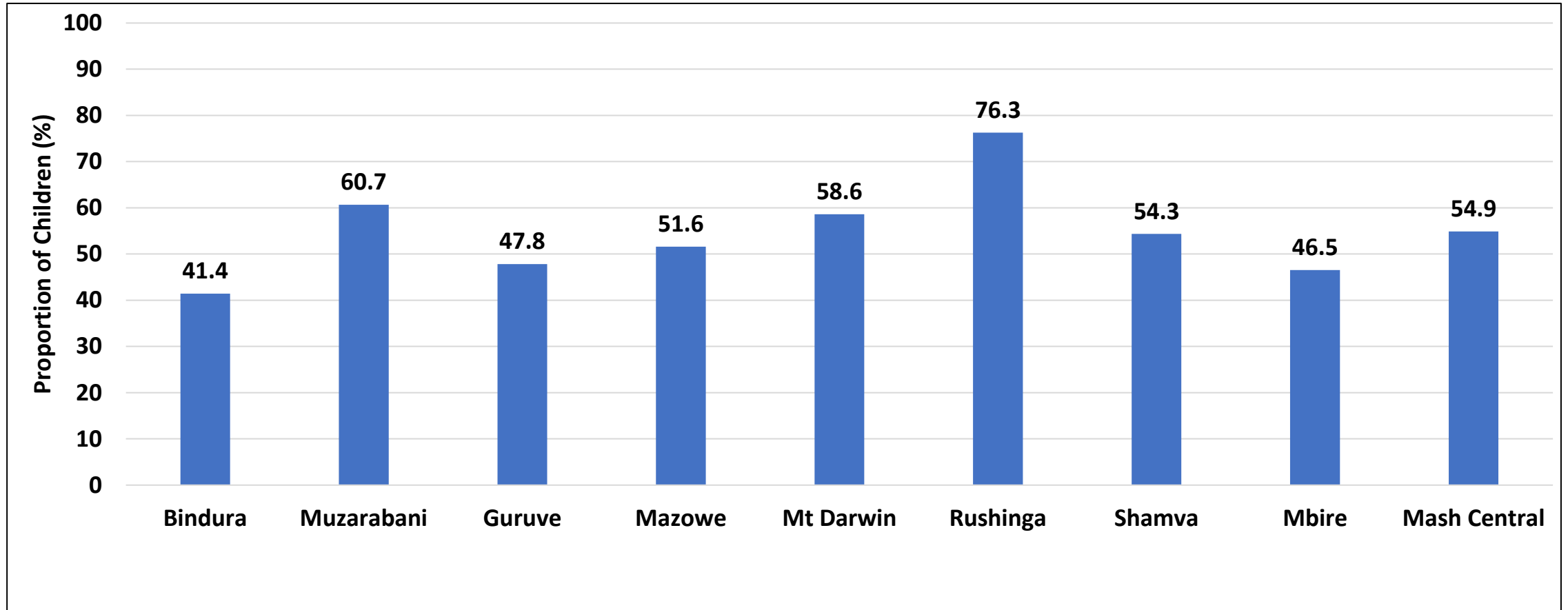
- Plain water (48.5%), mahewu (15.5%) and clear broth (9.8%) were the most common foods given to children less than 6 months during the 24 hours preceding the survey.

Bottle Feeding



- 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. In unhygienic conditions and poor preparation of infant formula, it puts the infant at a great risk of illness, resulting in increased risk of illnesses amongst children. WHO recommends that bottle feeding should be below 10%.
- Rushinga (29.5%) had the highest proportion of children who were bottle feeding.

Continued Breastfeeding by Year

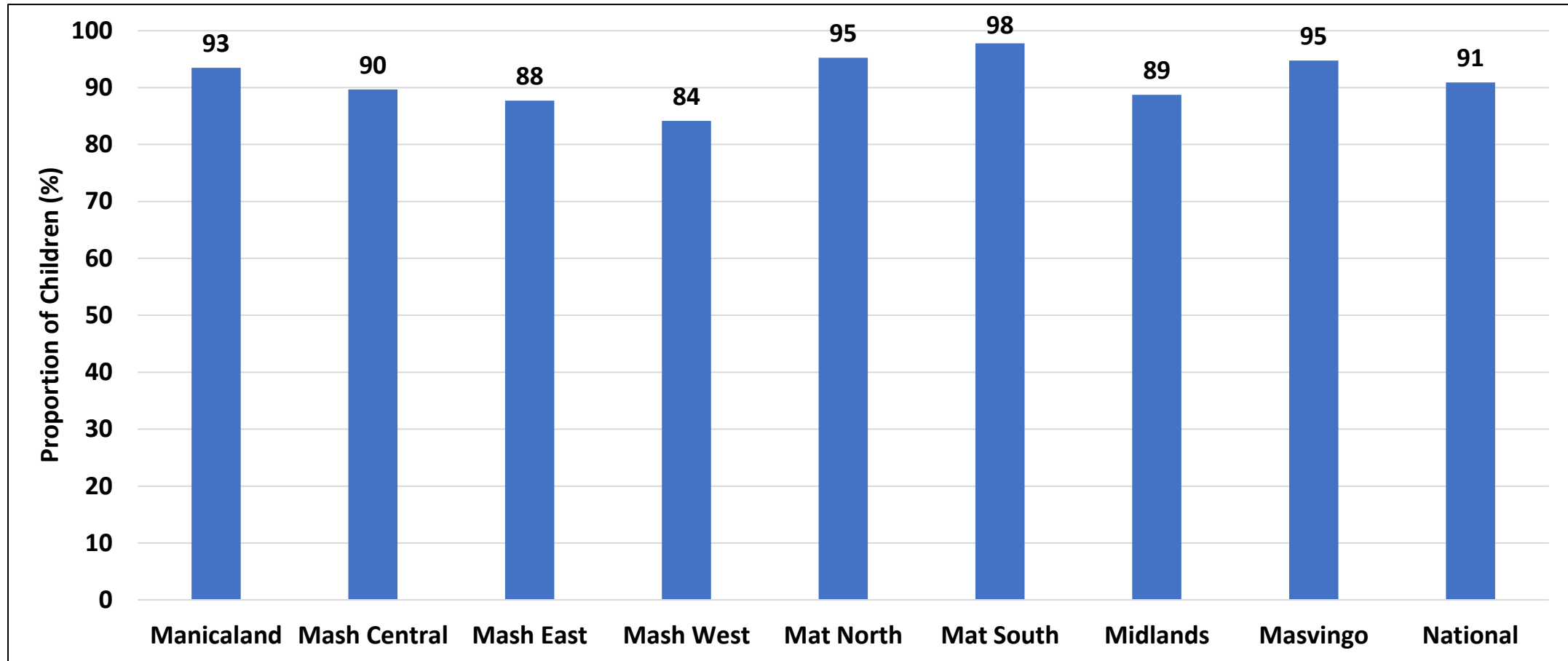


- Breast milk is a significant source of energy and nutrients in children. It provides one third of energy and nutrient needs for children aged between 12 and 24 months of age.
- In Mashonaland Central, the proportion of children who continued to be breastfed beyond one year was 54.9%.
- Rushinga (76.3%) had the highest proportion of children who continued breastfeeding at one year.

Complementary Feeding

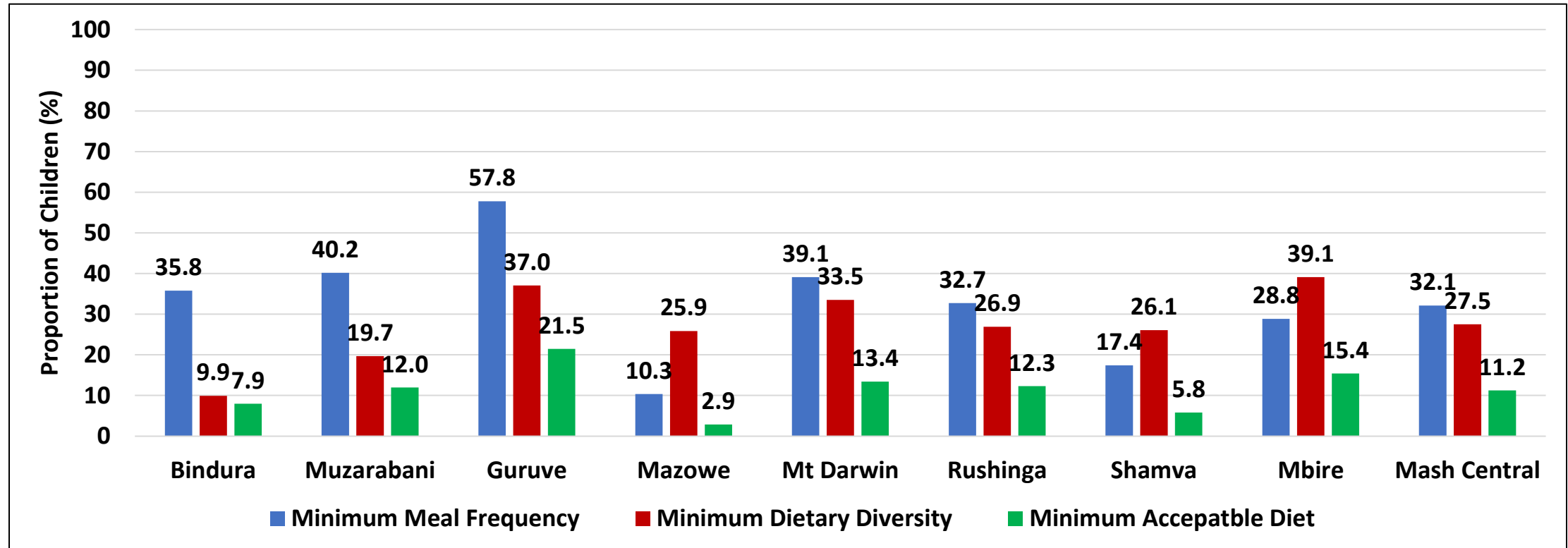
- Minimum Dietary Diversity (MDD) is a proxy indicator for adequate micronutrient density. Both breastfed and non-breastfed infants are expected to consume at least five of the seven food groups that are recommended by the World Health Organisation.
- Minimum Meal Frequency (MMF) is a proxy for a child's 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)



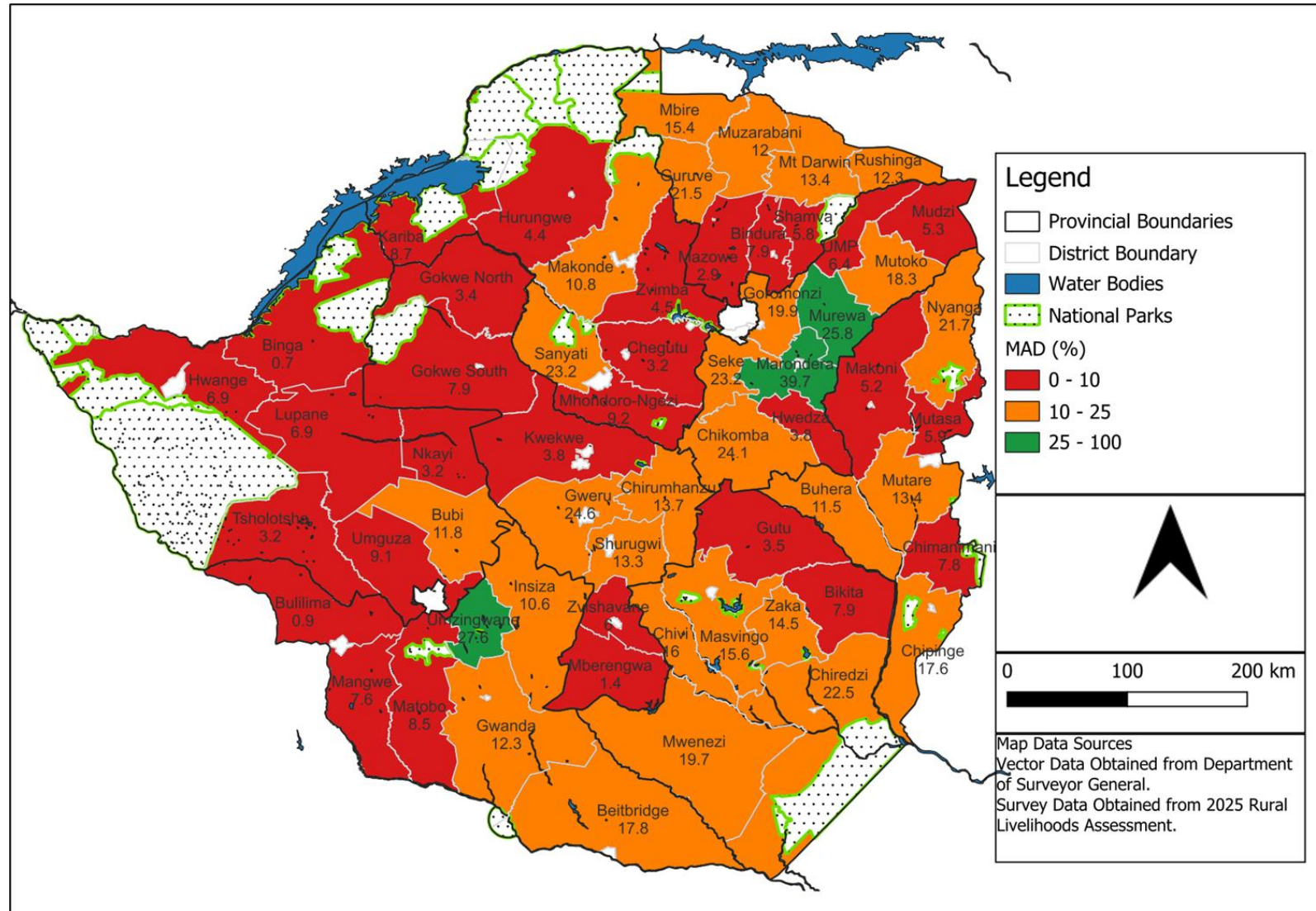
- Ninety percent of children 6-8 months of age in Mashonaland Central were introduced to solids or soft foods within the 6 to 8 months age range.

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



- Children aged 6–23 months should be fed meals at an appropriate frequency and in a sufficient variety to ensure that energy and nutrient needs are met.
- The proportion of children fed a Minimum Acceptable Diet was 11.2% in 2025 which falls short of the Multisectoral Food and Nutrition Security Strategy target of 25%.
- In Mashonaland Central 11.2% of children 6-23 months were receiving a minimum acceptable diet.

Minimum Acceptable Diet (MAD) Children 6-23 Months



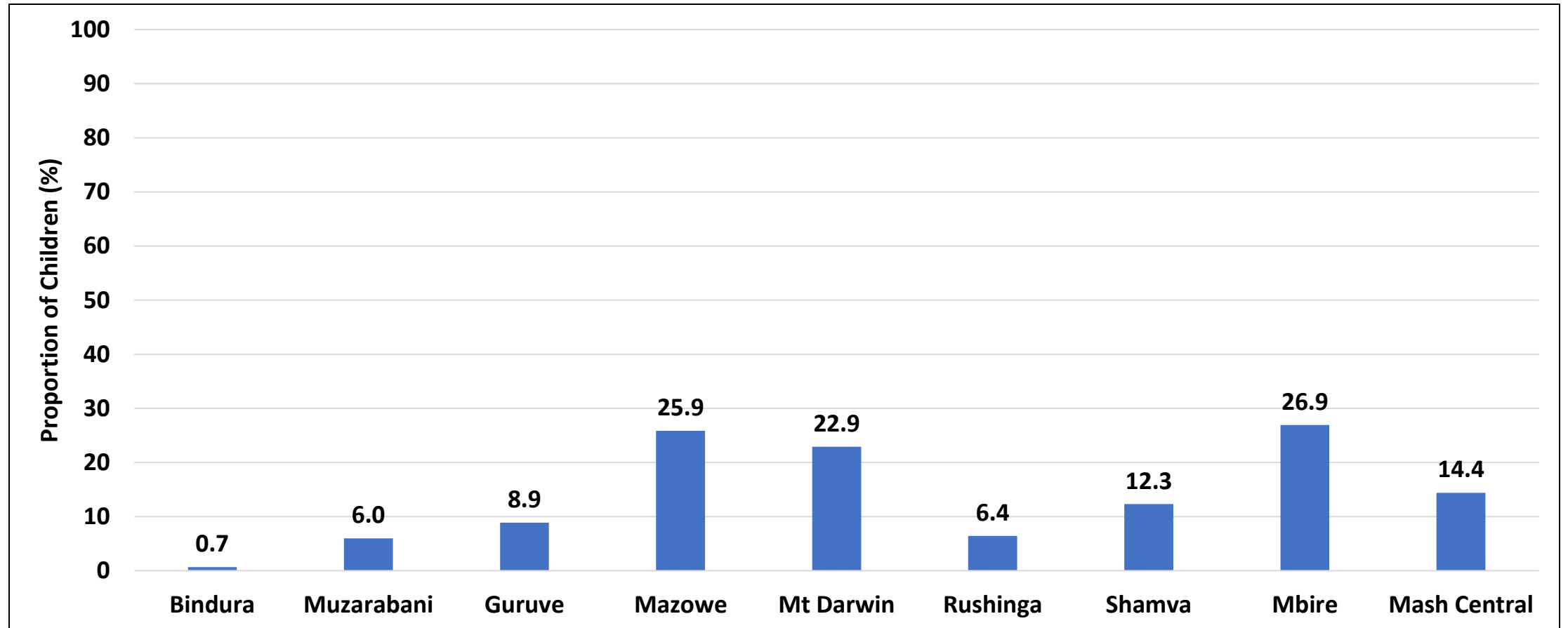
- Very poor MAD was in Mazowe (5.8%), Shamva (5.8%) and Bindura 7.9%.

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



- The proportion of children 6-23 months who were consuming unhealthy foods was 14.4%.
- Mbire (26.9%), Mazowe (25.9%) and Mt Darwin (22.9%) had the highest proportion of children consuming unhealthy foods

Notes

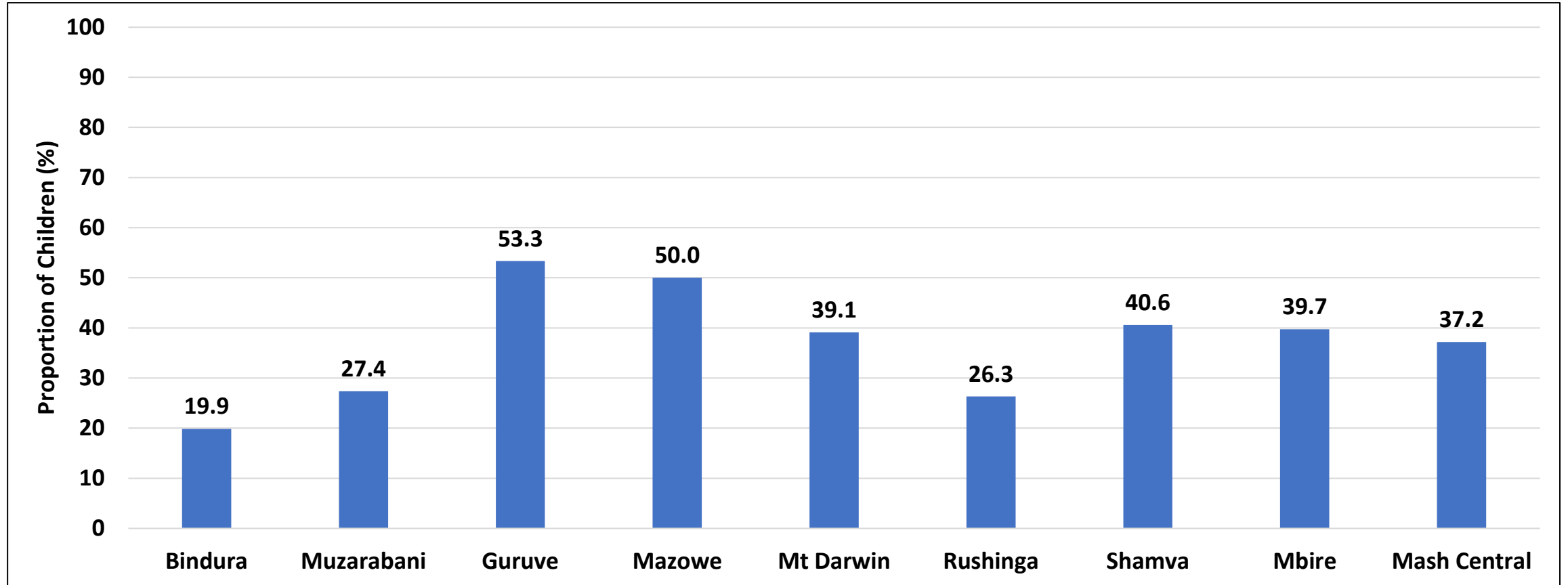
EGG AND/OR FLESH FOOD CONSUMPTION 6–23 MONTHS (EFF)

- 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)

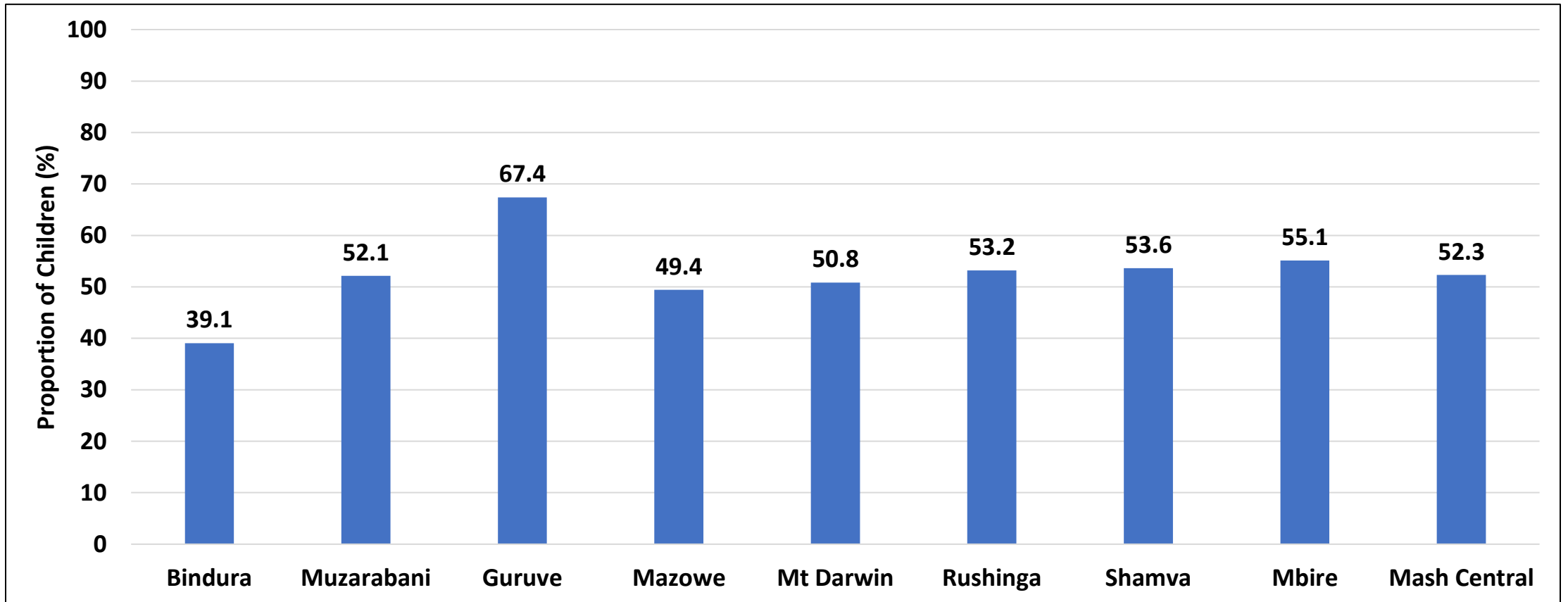
- WHO guiding principles for complementary feeding advise against giving sweet drinks, such as soft drinks, as they contribute no nutrients other than energy and may displace more nutritious foods.
- Higher intakes of sugar-sweetened beverages (SSBs) have been associated with an increased obesity risk 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



- In Mashonaland Central the proportion of children who consumed egg and/or flesh foods was 37.2%.
- Guruve (53.3%) had the highest proportion of children consuming egg and/or flesh foods whilst Bindura (19.9%) had the least.

Sweet Beverage Consumption 6–23 Months



- In Mashonaland Central sweet beverage consumption among 6-23 month was 52.3%.
- Guruve (67.4%) had the highest proportion of children aged 6-23 months consuming sweet beverages whilst Bindura (39.1%) had the least.

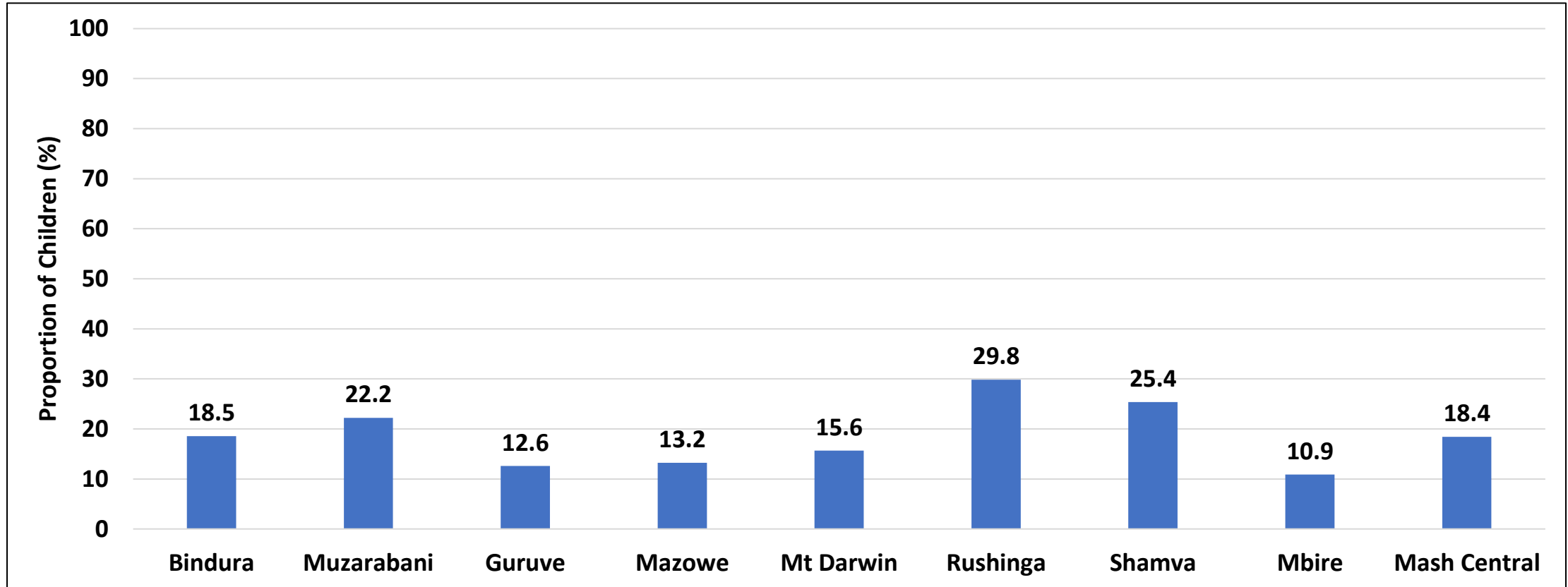
Notes

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.

Non- Vegetable or Fruit Consumption 6–23 Months

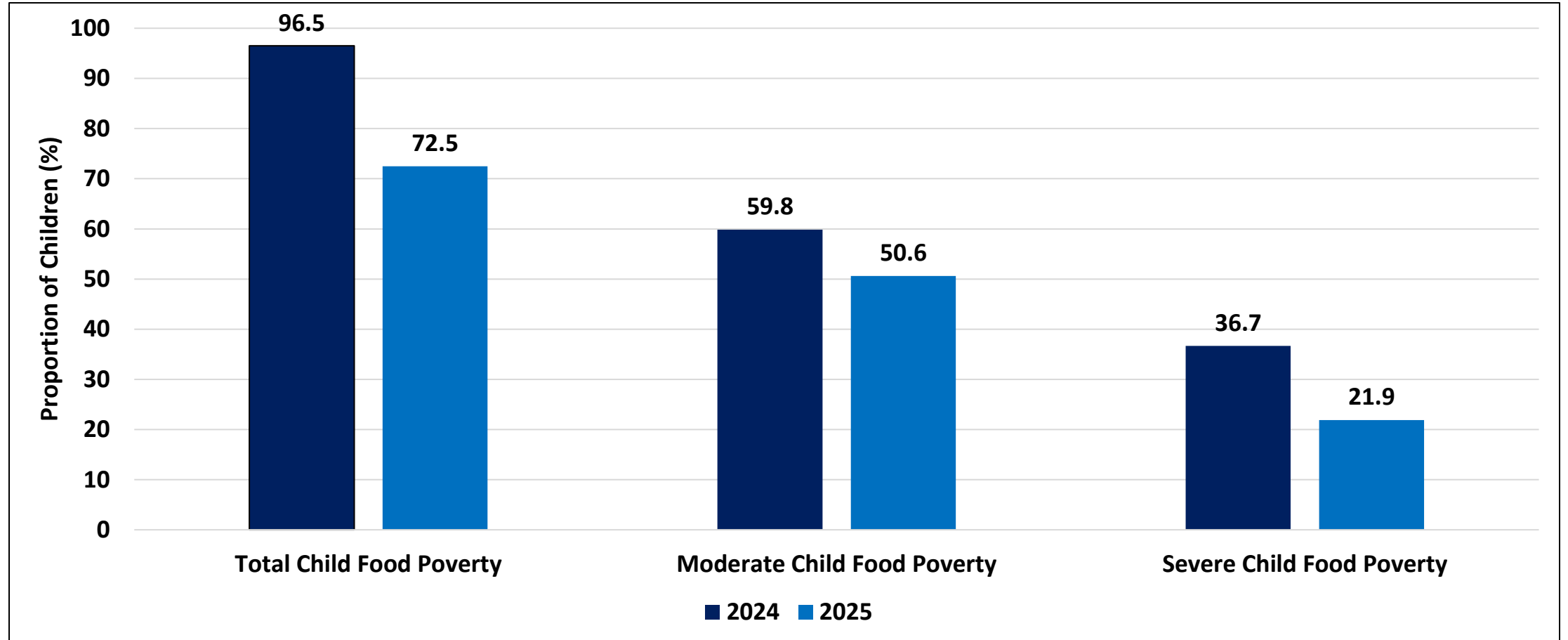


- In Mashonaland Central, 18.4% of children 6-23 months did not consume any vegetables or fruits.

Child Food Poverty

- **Children living in food poverty** is defined as the proportion of children under five years of age consuming foods and beverages from four or fewer of the eight defined food groups.
- **Severe child food poverty** refers to the proportion of children under 5 consuming foods and beverages from zero, one or two out of eight defined food groups during the previous day.
- **Moderate child food poverty** refers to the proportion of children under five 5 consuming foods and beverages from three or four out of eight defined food groups during the previous day.





Child Food Poverty



- There has been an improvement in the proportion of children who did not meet a minimum dietary diversity from 96.5% in 2024 to 72.7% in 2025.
- Attention needs to be given to the 21.9% of children who were in severe food poverty.

Nutrition Status

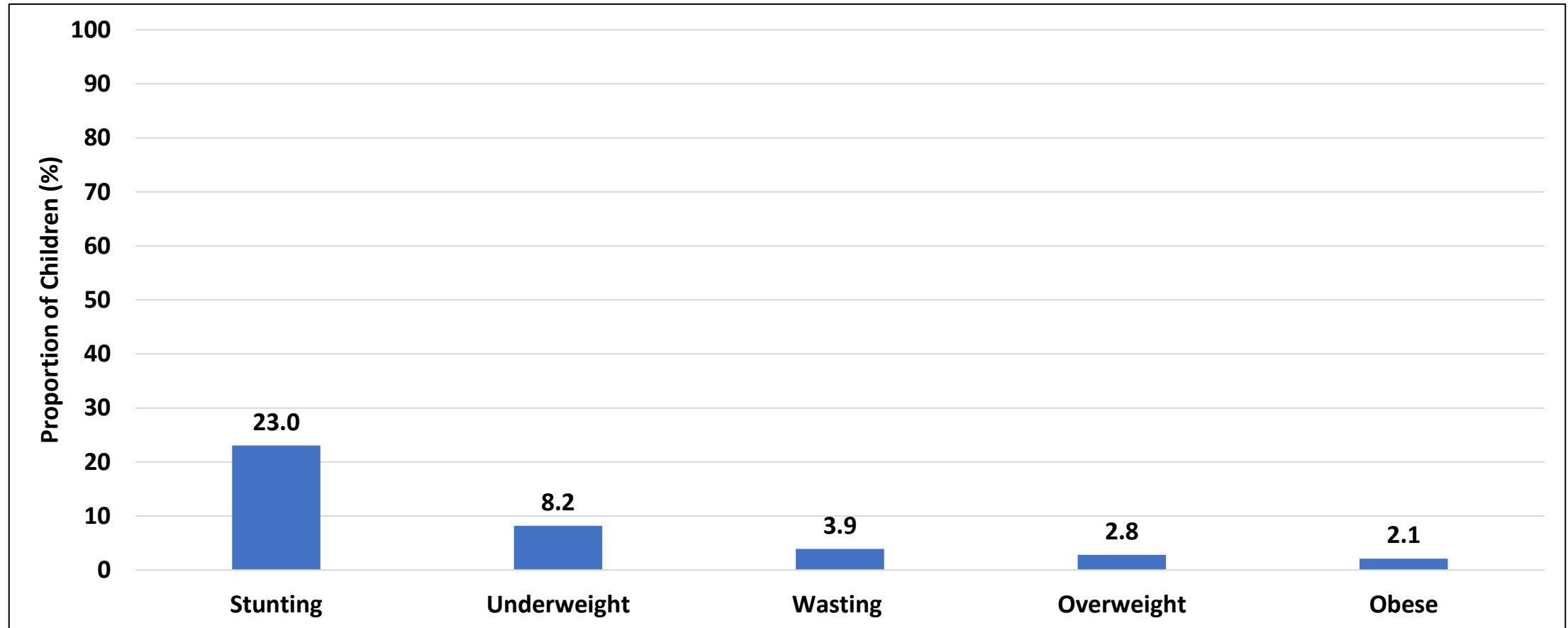
Child Nutrition Status

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

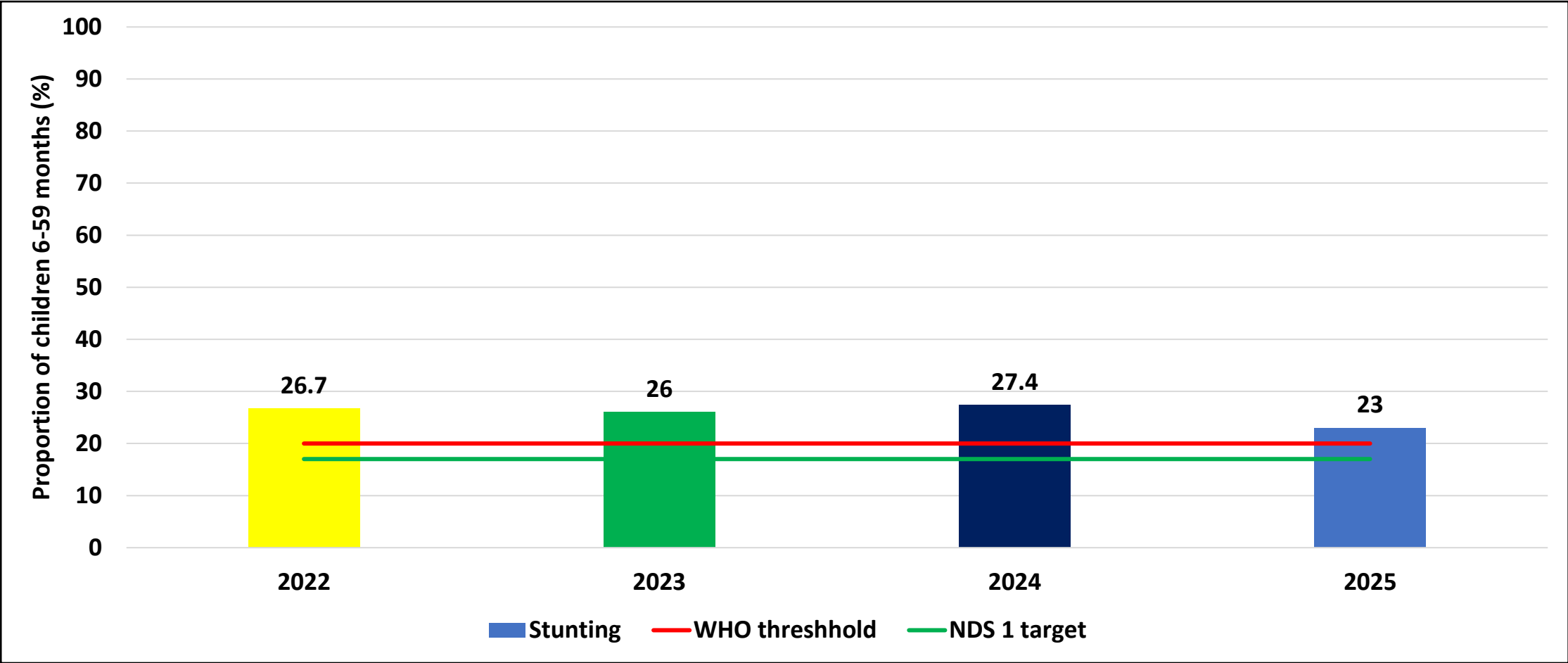
Indicator	Indicator definition (WHO standards, 2006)	National Target (%)	Prevalence cut-off values for public health significance
Stunting	Height/Length for age ≤ -2 SD of the WHO Child Growth Standards median	17	<2.5%: Very Low 2.5-<10%: Low 10-<20%: Medium 20-<30%: High $\geq 30\%$: Very High (DeOniset al., 2019)
Global Acute Malnutrition	Weight for height ≤ -2 SD 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 ≤ -2 SD 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 $\geq 15\%$: very high
obesity	Weight for height $> +3$ SD of the WHO Child Growth Standards median		

Nutrition Status of Children 6-59 Months



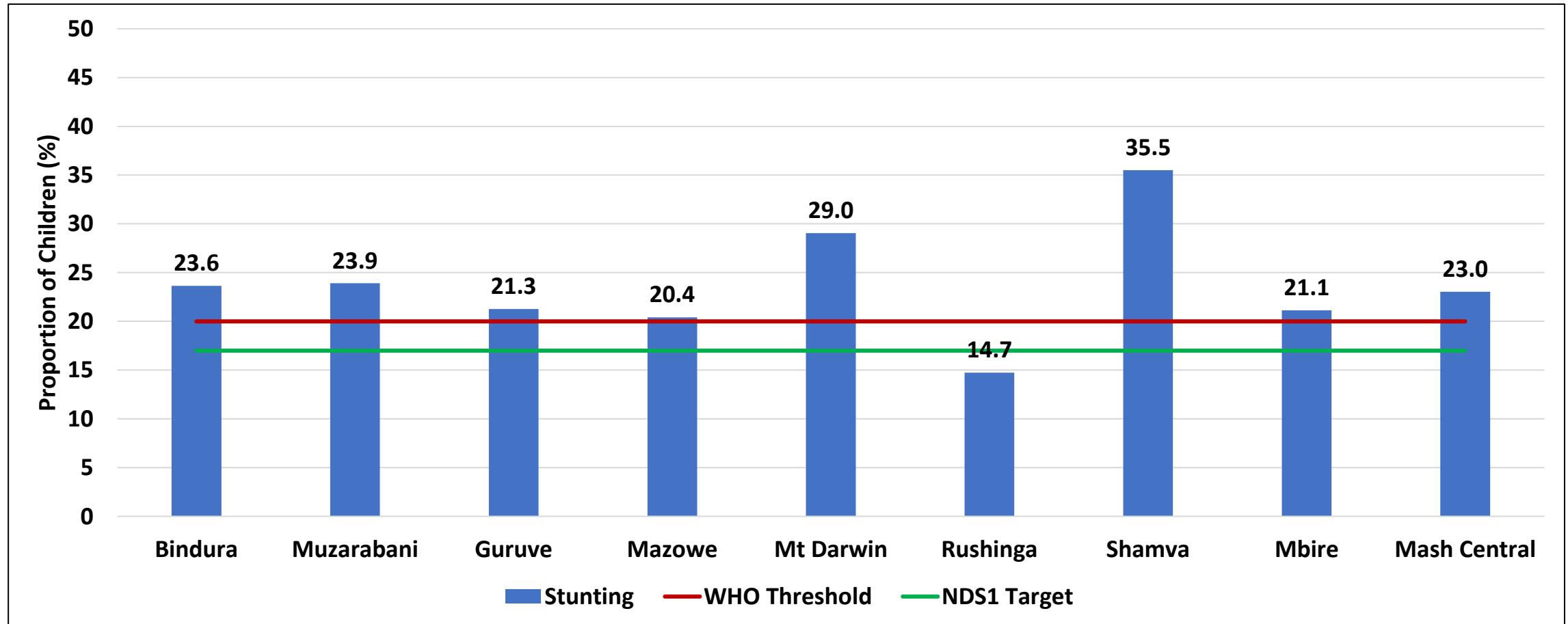
- In Mashonaland Central, the prevalence of Global Acute Malnutrition (GAM)/ wasting was 3.9% which is acceptable and is below the WHO threshold of 5%.
- Stunting prevalence (23%) remains high according to the World Health Organization classification.

Prevalence of Stunting for Children 6-59 Months by Year



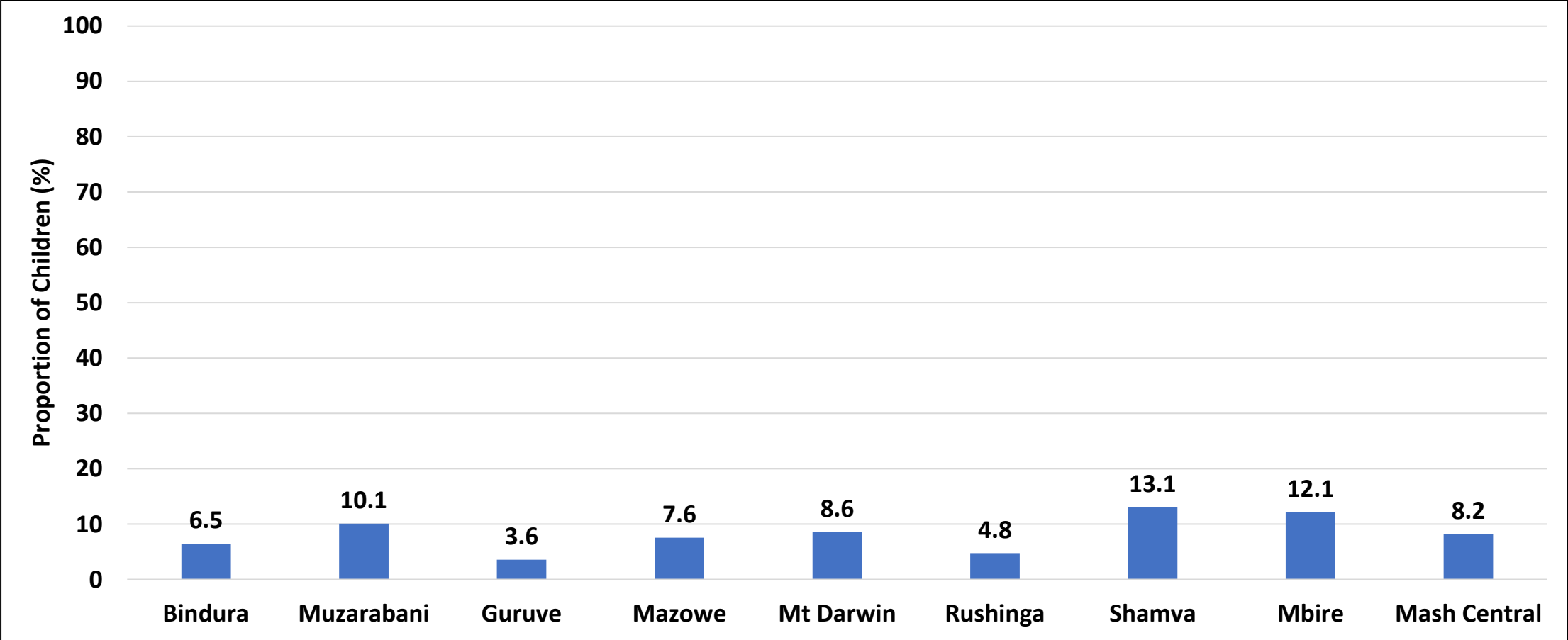
- Over the years, stunting prevalence has not yet met the NDS1 target (17%) nor the WHO threshold (at least 20%).

Prevalence of Stunting for Children 6-59 Months by District



- All districts except Rushinga (14.7%) recorded stunting levels above the WHO threshold of at least 20% classified as high (20-30%).
- Stunting levels were highest in Shamva (35.5%) and least in Rushinga (14.7%).

Prevalence of Underweight in Children aged 6-59 Months



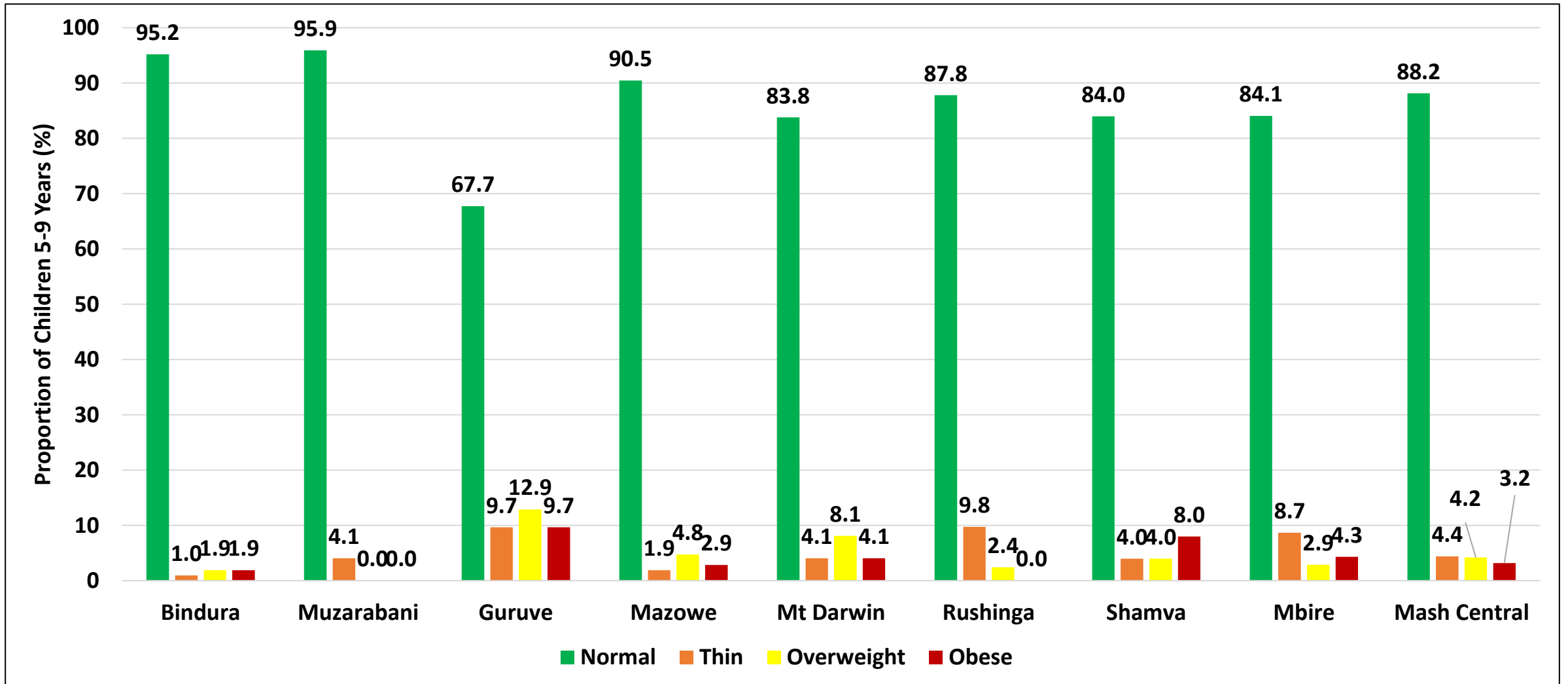
- The provincial average for underweight children was 8.2%.

Nutrition Status Children aged 6-59 Months by District

	Stunting	Underweight	Wasting (GAM)	Overweight	Obese
Bindura	23.6	6.5	1.1	2.7	0.5
Muzarabani	23.9	10.1	3.6	1.4	0.5
Guruve	21.3	3.6	3.4	3.6	2.2
Mazowe	20.4	7.6	2.1	1.5	0.2
Mt Darwin	29.0	8.6	5.4	2.8	1.3
Rushinga	14.7	4.8	2.8	3.6	0.2
Shamva	35.5	13.1	4.0	6.5	14.1
Mbire	21.1	12.1	9.1	0.9	0.2
Mashonaland Central	23.0	8.2	3.9	2.8	2.1

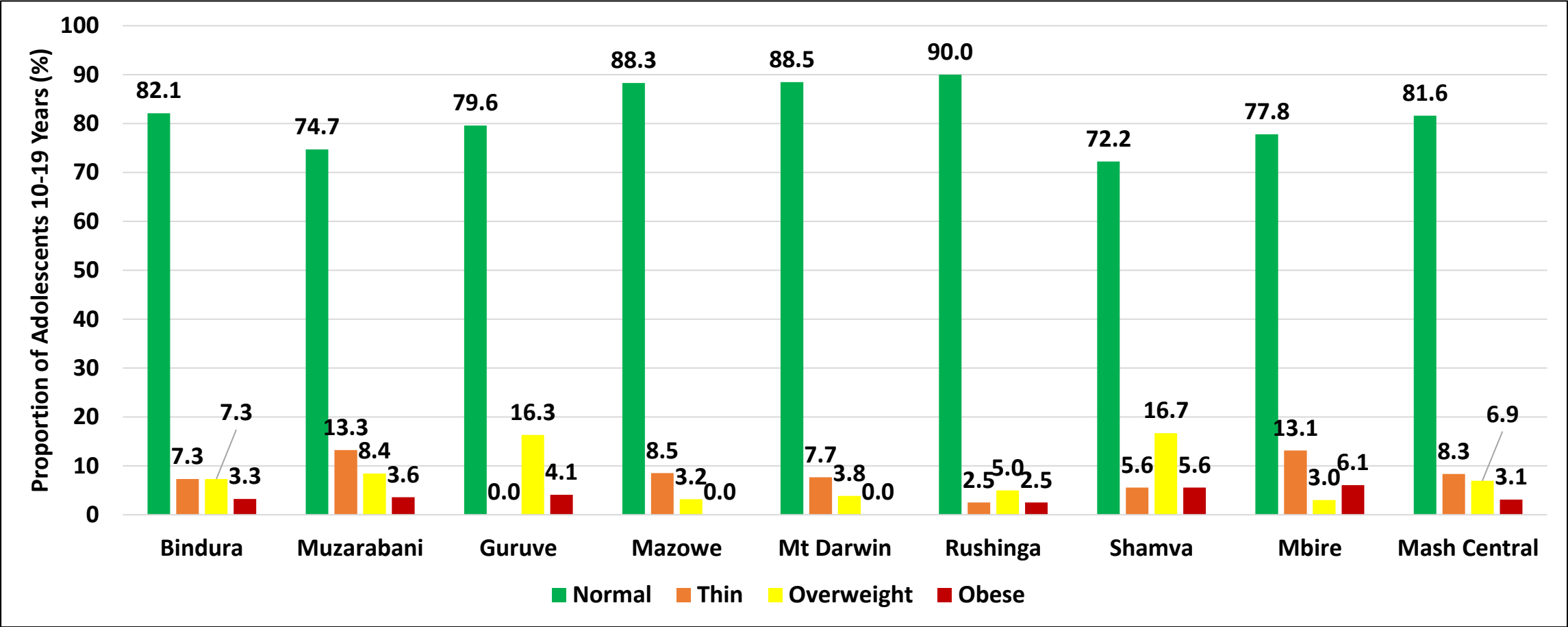
Nutrition Status: 5 to 19 Years

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



- In Mashonaland Central, 3.2% of the children aged 5 to 9 years were obese, 4.2% were overweight whilst 4.4% were thin.

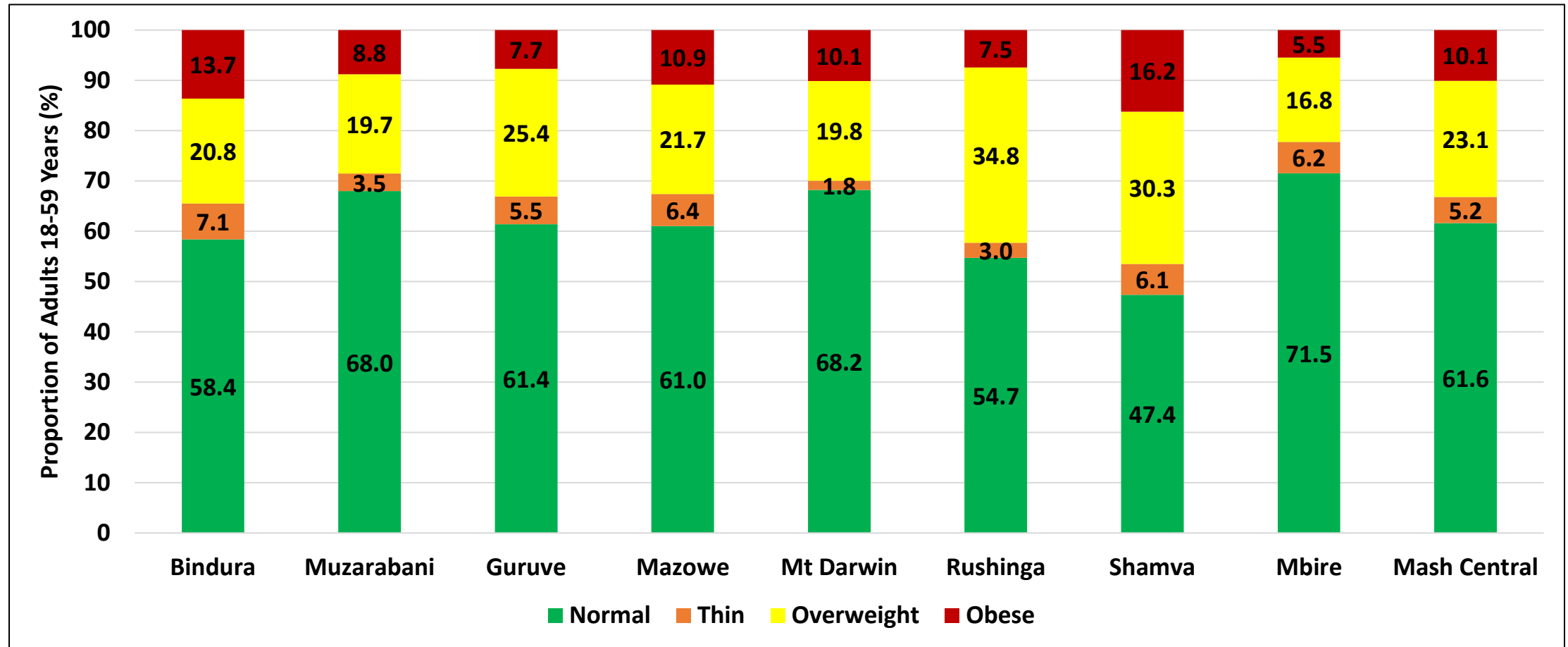
Nutrition Status of Adolescents 10-19 Years



- In Mashonaland Central, 3.1% of the adolescents aged 10 to 19 years were obese and 6.9% were overweight whilst 81.6% were normal.

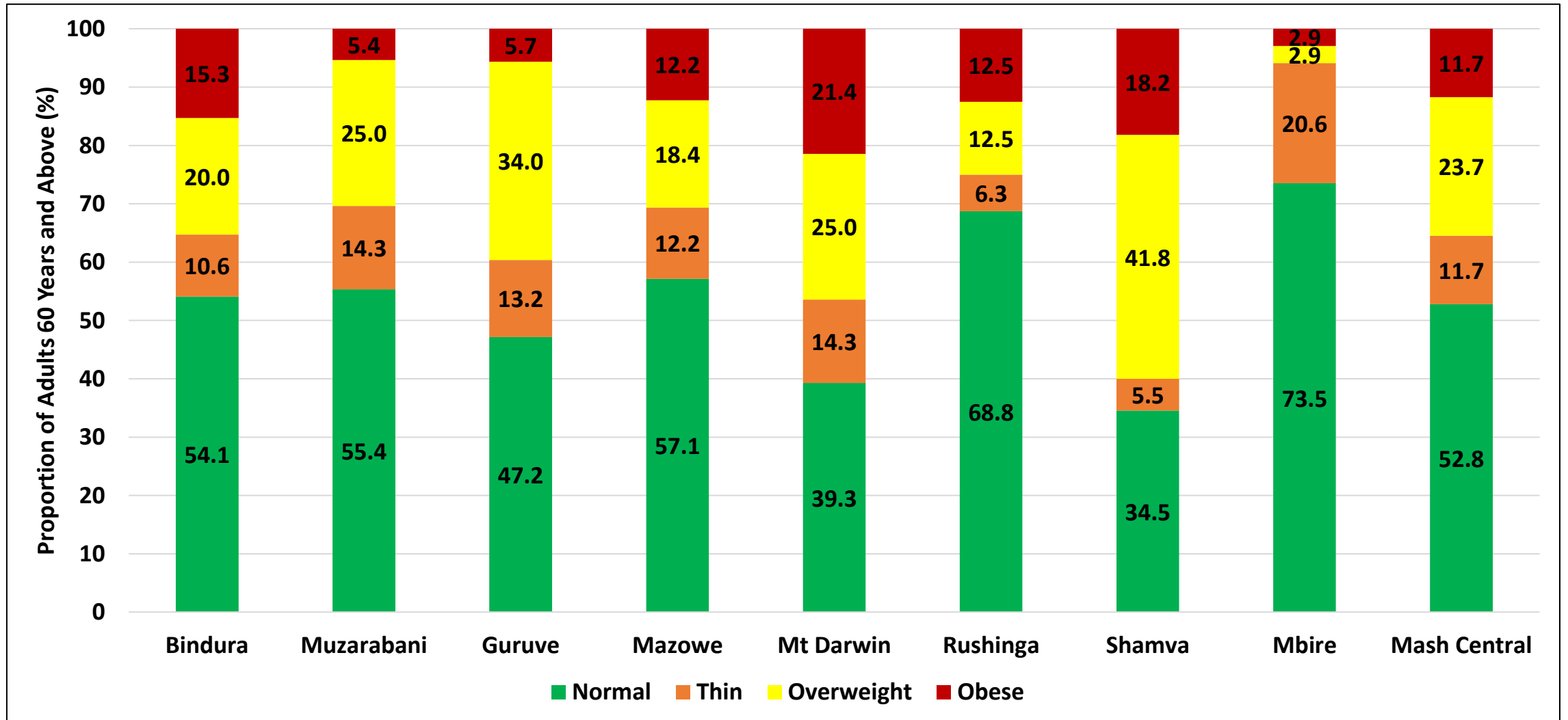
Adult Nutrition Status

Nutrition Status for Adults 18-59 Years (BMI)



- Body mass index was used to classify adults aged 18 years and above. Having excess fat deposits in the body leads 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 Mashonaland Central, 33.2% of the adults aged 18-59 years were overweight and obese.

Nutrition Status for Adults 60 Years and (BMI)



- In Mashonaland Central, 35.4% of adults above 60 were overweight and obese, whilst 52.8% were normal.

Food Security

Food Security Dimensions

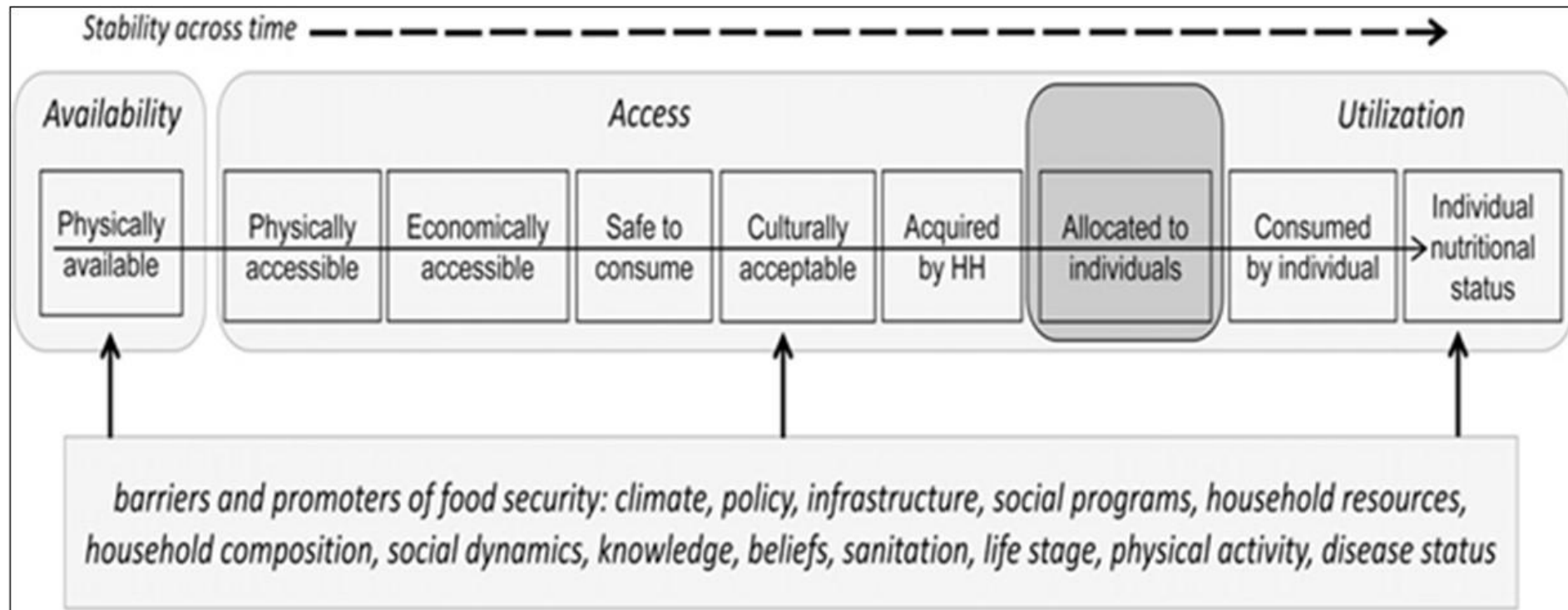


Figure 3: Dimensions of Food Security (Jones et al., 2013)

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.

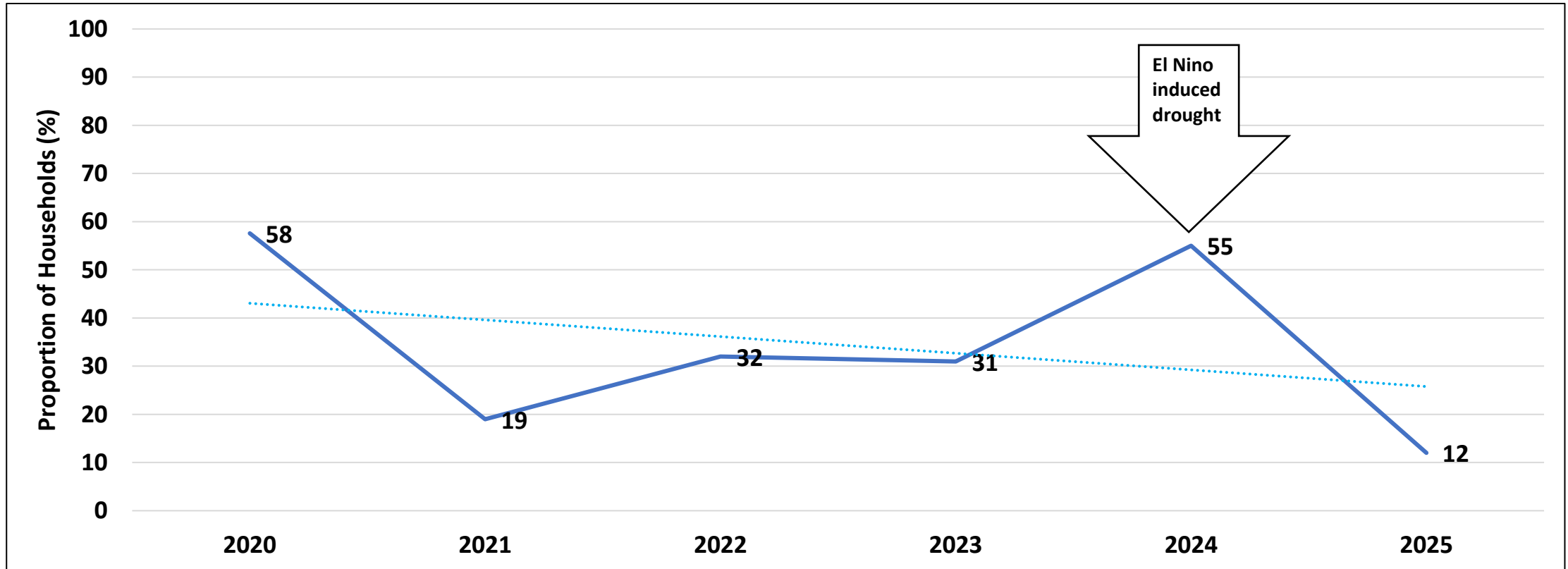
Food Security Analytical Framework

- 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 Period

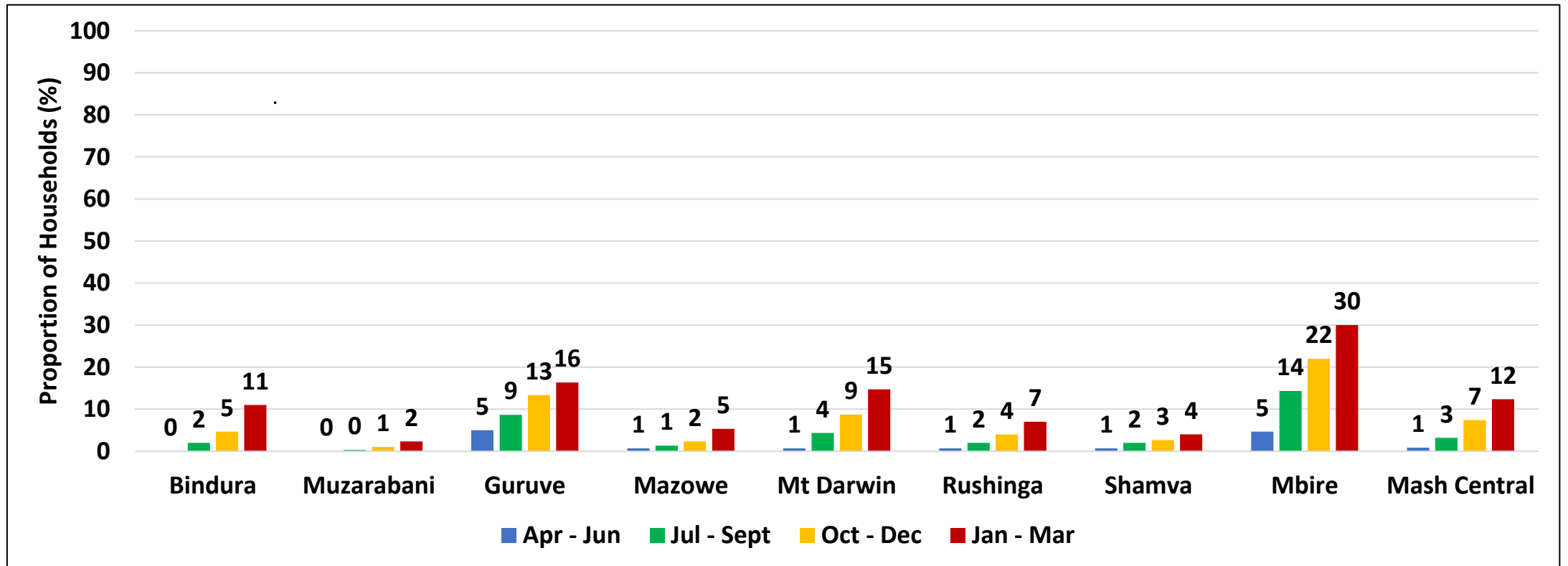
- During the peak hunger period (January to March 2026) it was estimated that approximately **12%** of the rural households will be cereal insecure.
- The 12% of rural households translated into approximately **135,084** individuals requiring a total of **4,998MT** of cereal (maize grain) from the National Strategic Grain Reserves.

Cereal Insecurity Trends 2020-2025



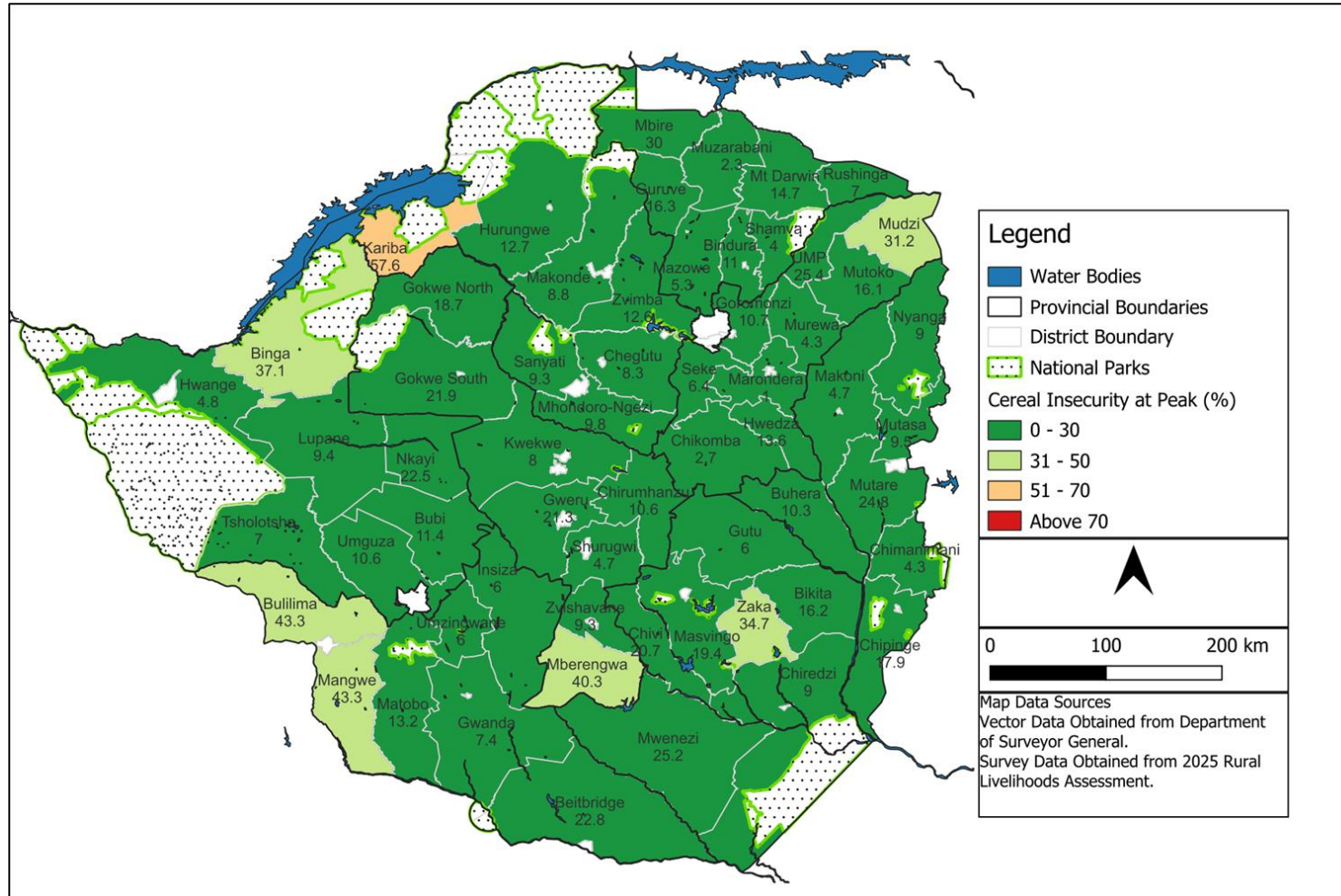
- Cereal insecurity dropped from 58% in 2020 to 12% in 2025.
- Government is complimented for implementing shock responsive interventions.

Cereal Insecurity Progression by Quarter



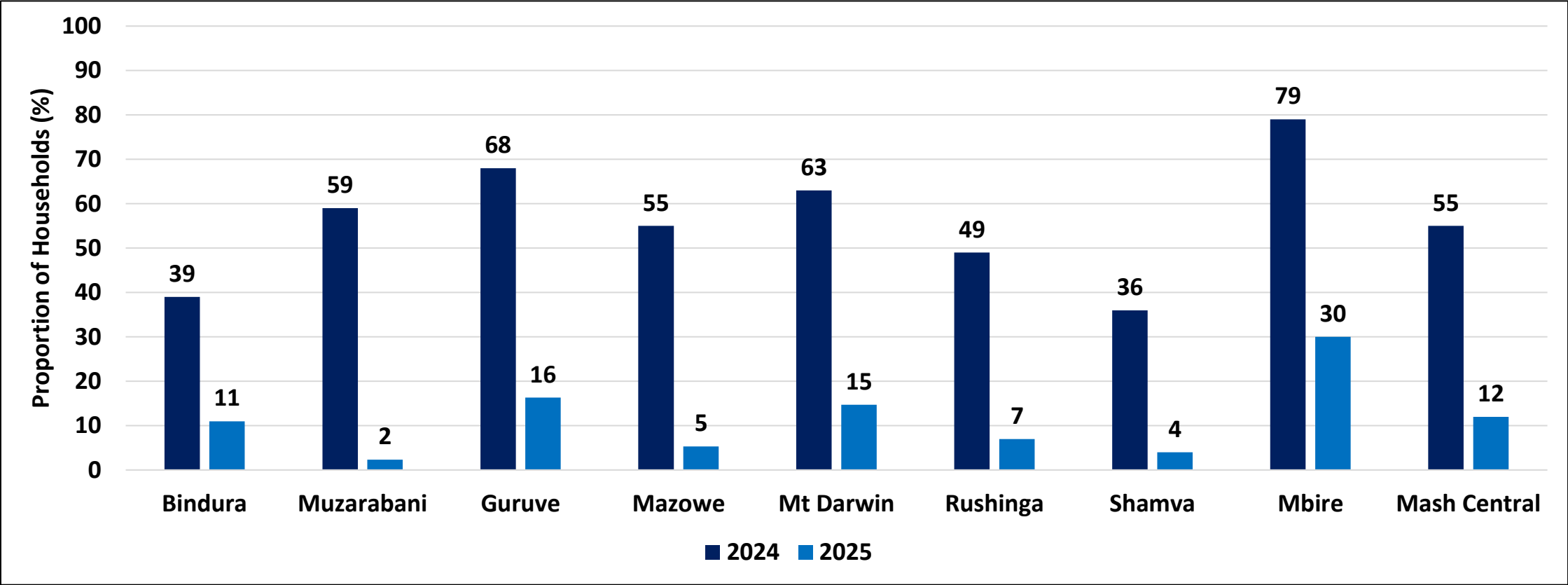
- About 3% of the rural households were projected to be facing cereal access challenges in the July to September 2025 quarter.
- Mbire (30%) and Guruve (16%) had the highest proportion of households projected to be cereal insecure during peak of hunger period January to March 2026.

Food Security Status



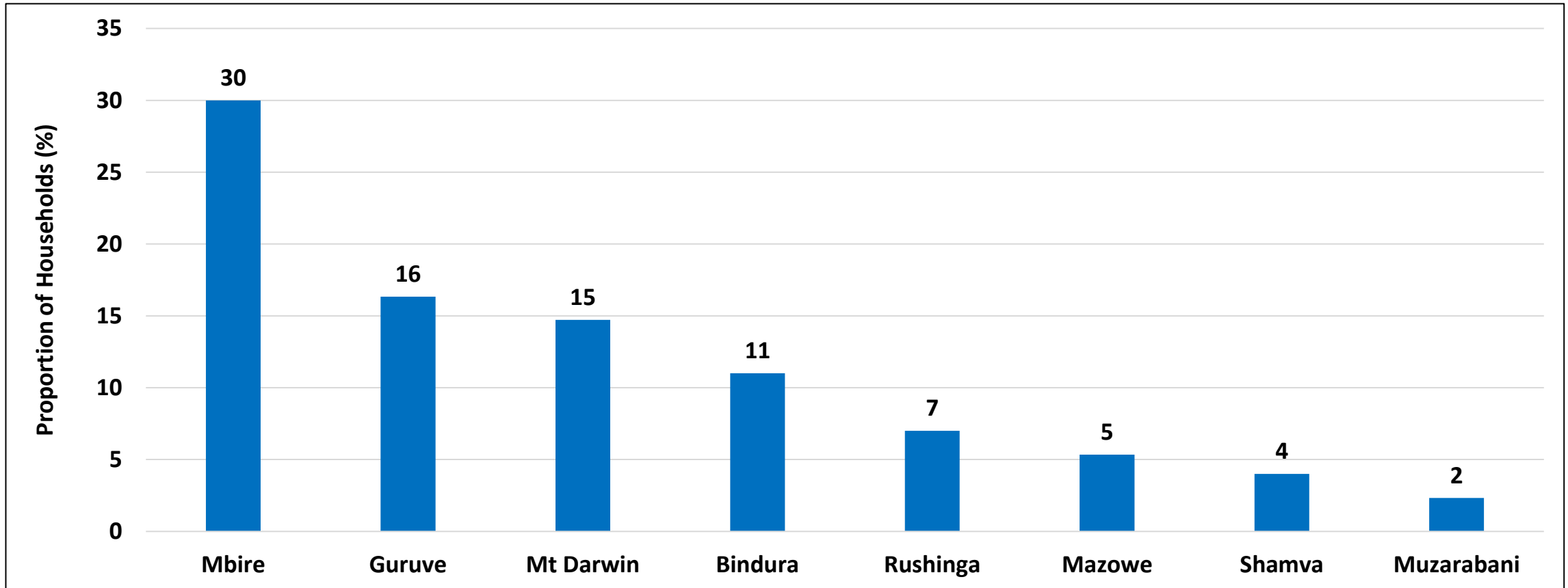
- Mbire (30%) had the highest proportion of households that were projected to be food insecure during the peak hunger period.
- Muzarabani (2%) was projected to have the least proportion of households which will be food insecure during the peak hunger period.

Cereal Insecurity (Peak Hunger Period)



- The proportion of food insecure households during the peak hunger period is projected to be lower compared to recorded 2024.

Cereal Insecurity by District During Peak Hunger Period



- During the peak hunger period Mbire (30%) will have the highest proportions of households that will be cereal insecure.

Cereal Insecure Populations By Quarter

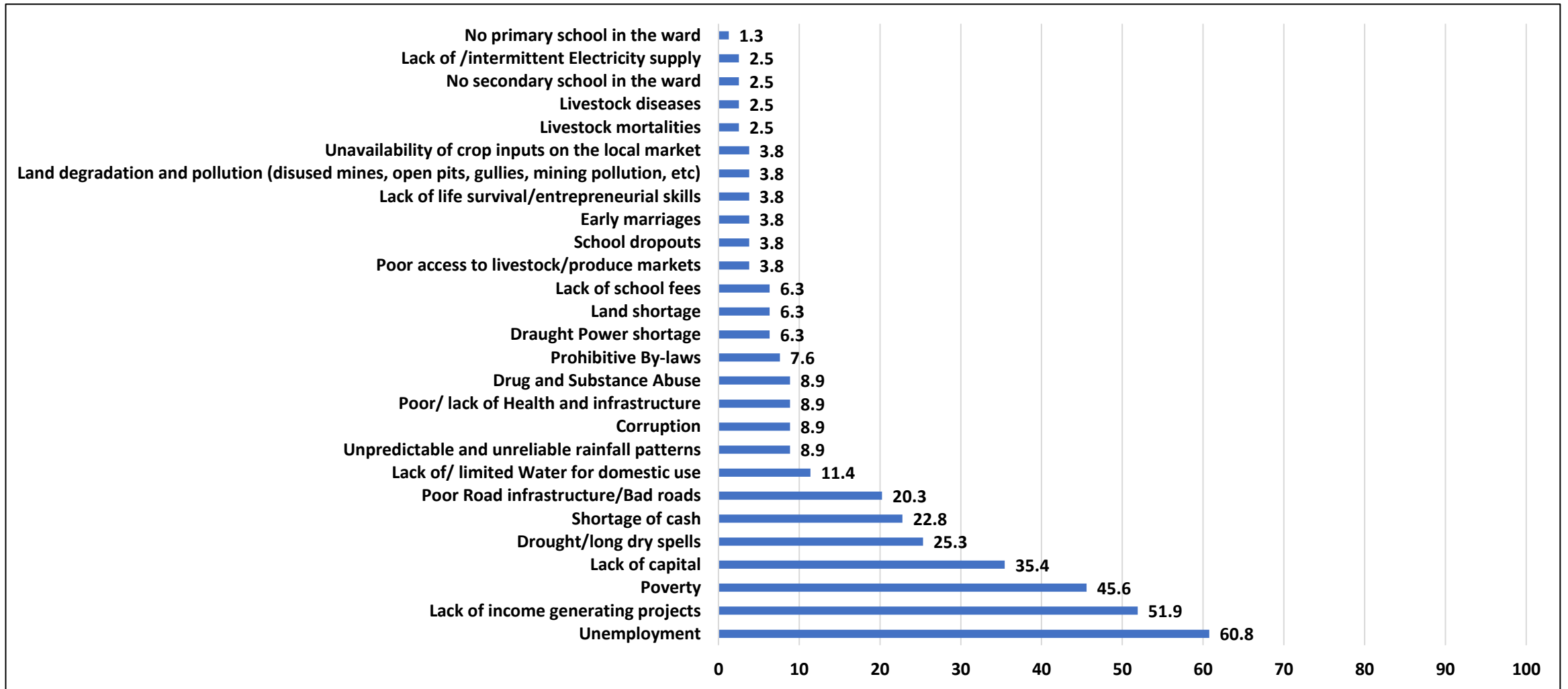
	Jul - Sept	Oct - Dec	Jan - Mar
Bindura	3,397	7,926	18,683
Muzarabani	445	1,336	3,118
Guruve	13,312	20,480	25,088
Mazowe	3,911	6,845	15,646
Mt Darwin	10,466	20,933	35,425
Rushinga	1,538	3,075	5,382
Shamva	3,313	4,417	6,626
Mbire	12,000	18,419	25,117
Mash Central	48,383	83,432	135,084

Cereal Requirements By Quarter (MT)

	Jul - Sept	Oct - Dec	Jan - Mar
Bindura	126	293	691
Muzarabani	16	49	115
Guruve	493	758	928
Mazowe	145	253	579
Mt Darwin	387	775	1,311
Rushinga	57	114	199
Shamva	123	163	245
Mbire	444	682	929
Mash Central	1,790	3,087	4,998

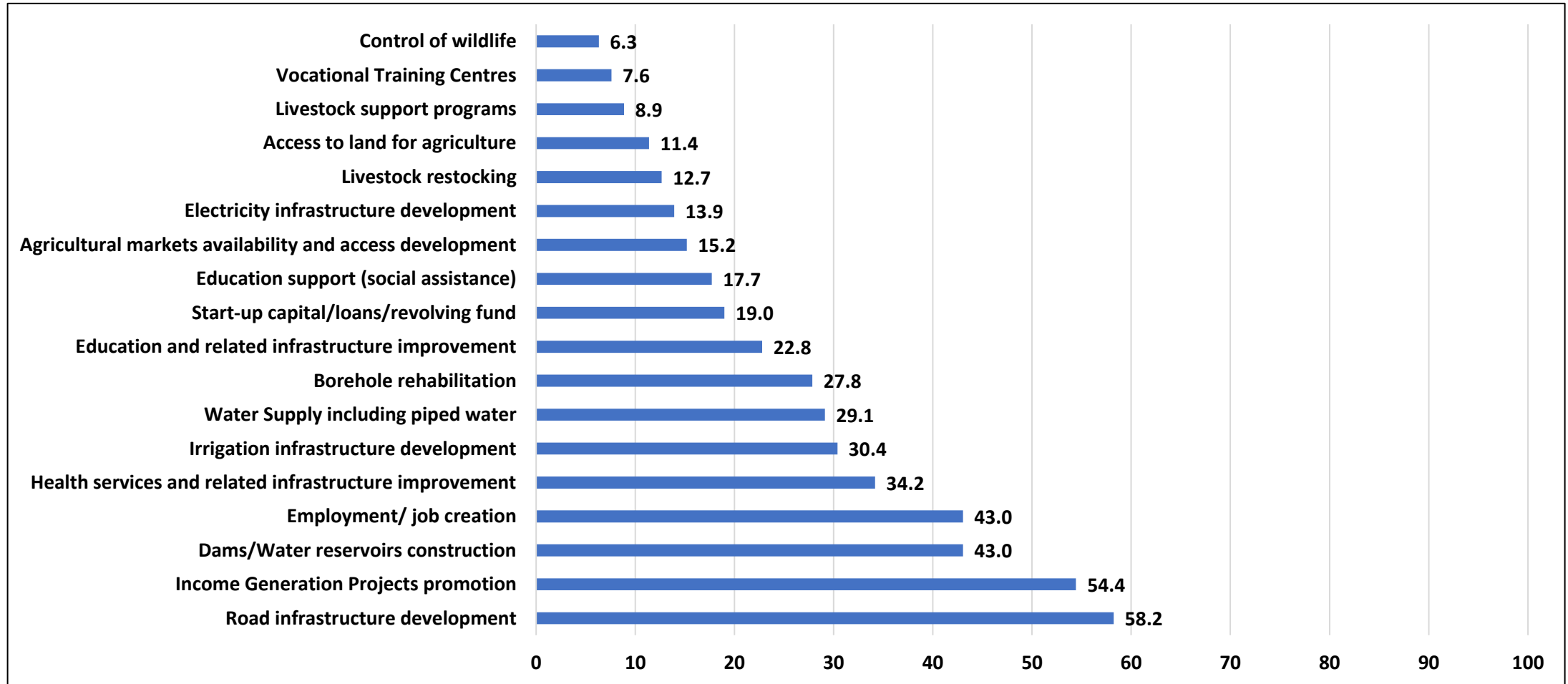
Community Development Challenges and Priorities

Community Development Challenges



- Unemployment (60.8%) and lack of income generating projects (51.9%) were the most reported community development challenges.

Community Development Priorities



- Road infrastructure development (58.2%), income generating projects promotion (54.4%), dams/ water reservoirs construction (43%) and employment/job creation (43%) were the most reported development priorities.

Conclusions and Recommendations

Conclusions and Recommendations

Education

- The proportion of primary school pupils who received a hot meal at school was 43.5%, an increase from 3.4% in 2024. Government is commended for scaling up support towards the school feeding programme. Studies have shown that the benefits of school feeding include alleviation of short-term hunger, increasing school enrolment, reducing school dropouts and absenteeism. Furthermore, the education sector needs to intensify rollout and operationalisation of the school health and nutrition programmes through Commercial Ventures and School Business Units.

Social Protection

- Support from Government increased from 57% in 2024 to 72% in 2025 due to low harvests caused by the El-Nino induced drought. The Ministry responsible for Finance is encouraged to continue with Sovereign Insurance to strengthen disaster risk management systems and access rapid and predictable financing to protect the food and nutrition security and livelihoods of vulnerable populations.
- About 46.4% of the households received crop inputs from Government. Government is commended for providing this support to households and is urged to continue equipping farmers with inputs, skills and knowledge so as to increase productivity and resilience while decreasing dependency on food assistance .

Conclusion and Recommendations

Household Income

- Rural households' incomes have been on an increase since 2020. Government is commended for implementing robust economic stabilisation measures which have contributed to this improvement. However, the major income sources (casual labour (47.1%) and food crop production (29.9%) are susceptible to climate related shocks. Therefore, there is need to up-scale rural development programmes which promote livelihoods diversification and enhance resilience.

Shocks and Stressors

- In addressing climate-related shocks and stressors which include prolonged dry spells (65.6%), the Ministry responsible for Agriculture should continue to accelerate implementation of the Rural Development 8.0 Strategy which focuses on drought-proofing, resilience building programmes and drought relief programmes effective at mitigating the impact of drought on households' livelihoods.
- Mbire (76%), had the highest proportion of households reporting human wildlife conflict as a shock. There is need for the Ministry responsible for Environment to continue implementing strategies to mitigate and manage human wildlife conflict in the short and long term.

Conclusion and Recommendations

Food Safety

- The proportion of households which had no knowledge on the pre-harvest interval of fruits and vegetables sprayed with pesticides was 24.2% while 7.3% reported that they were consuming vegetables or fruits before the recommended pre-harvest interval. There is need for the Ministries responsible for Health and Agriculture to increase awareness on the importance of observing pre-harvest intervals. This will help to protect households' health by preventing exposure to harmful pesticides residues that can cause acute poisoning, cancer or reproductive problems.
- About 35.5% of the households reported that they were not reading food package labels when purchasing food items. Improving food safety is an essential element of improving food security. There is need for the Ministry of Health and Child Care to scale-up consumer education and awareness on food safety issues to enable households to make healthy food choices.

Conclusion and Recommendations

Agriculture Production and Technologies

- Adoption of climate-smart technologies was prominent in practicing Pfumvudza/Intwasa (56%). 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.
- About 95.8% of the households reported using firewood as the main source of energy for cooking. There is need to maintain the country's biodiversity and wildlife in a good state. The Ministry responsible for Environment needs to prioritize programmes and strategies on re-afforestation and sustainable use of timber and non-timber forest products.

Conclusions and Recommendations

Child Health

- Vaccination Status of Children 0-59 months was above the national target of 85% across all districts except Shamva. The proportion of children who had zero vaccination doses was 7.8%. The Sustainable Development Goals require that countries reduce the number of zero-dose children by 50% by 2030. The Ministry of Health and Child Care should work collaboratively with other stakeholders to improve access to immunisation.
- Vitamin A supplementation of children 6 to 59 months was above the NDS1 target of 90%. The Ministry of Health and Child Care 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

Dietary Intake and Taboos

- Household food taboos and restrictions may contribute to negative health and nutrition outcomes. In Mashonaland Central province 60.2% of communities reported food taboos that restricted the consumption of certain meat and meat products. There are potential links of these social dimensions of food access to the high reported levels of malnutrition and low minimum acceptable diets. There is need to enhance operationalisation of Social Behavior Change messages whilst increasing the interface with the communities and individuals.

Infant and Young Child Feeding

- In Mashonaland Central the rate of children who were ever breastfed was 87.3% and early initiation of breastfeeding prevalence was 86.3%. The proportion of children who were initiated early on breastfeeding was highest in Muzarabani district (99%) and lowest in Shamva district (67%). These district variations require continued investments in health and nutrition interventions such as Baby Friendly Hospital Initiative and care groups which should be scaled up across all districts.

Conclusions and Recommendations

Infant and Young Child Feeding

- The exclusive breastfeeding rate (28.5%) has remained below the global target of 50% by 2025. Exclusive breastfeeding is the safest and healthiest option for children guaranteeing infants a food source that uniquely meets their nutrient needs in the first 6 months of life. The Ministry of Health and Child Care should scale up interventions that promote, protect and support exclusive breastfeeding through multisectoral platforms. These efforts should be augmented by strengthening operationalisation and enforcement of regulations particularly SI 192 of 2024.
- Continued breastfeeding is a vital life saving practice as it provides about a third of the nutrients required for growth and development for children 12 to 23 months. The findings show that at provincial level 54.9% of children aged 12-23 months are being breastfed beyond one year against a target of at least 90%. Continued breastfeeding improves with home and family-based interventions, such as home visits by community health workers and scaling up of infant and young child feeding support groups. The Ministry of Health and Child Care, working in collaboration with other sectors such as ministries responsible for Women Affairs and Gender, Social Welfare, Agriculture should scale up approaches which provide support to mothers and communities through existing food and nutrition security committees, care groups and IYCF support groups. Overlaying of nutrition activities during planned/ongoing sectoral activities eg during food fairs should be prioritised.

Conclusions and Recommendations

- The quality of diets which is measured by the proportion of children consuming a Minimum Acceptable Diet (MAD) was 11.2% in 2025. This however remains below the Multi-Sectoral Food and Nutrition Security Strategy (MFNSS) target of 25%. There is compelling evidence that supports the provision of nutritional counseling to caregivers through local multi-sector support group platforms, one-on-one mother support and feeding demonstrations as potential interventions to improve complementary feeding practices and ultimately the nutritional status of children in developing countries. The Ministry of Health and Child Care should scale up caregiver access to care groups that are linked with other multi-sector interventions.
- 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 27.5% of children were reported to be consuming a diverse diet. The Ministry responsible for Agriculture working in collaboration with other stakeholders should prioritize the scale up of food-based strategies involving dietary diversification (homestead nutrition gardening, animal husbandry, and nutrition education) as the long-term sustainable strategies to address the lack of diversified foods amongst children.

Conclusions and Recommendations

Nutrition Status

- Child wasting (Global Acute Malnutrition) was 3.9% in Mashonaland Central. Mbire (9.1%) and Mt Darwin (5.4%) had the highest proportions of children above the 5% WHO threshold for emergency response. Child wasting carries a high risk of death if left unmanaged. 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. It is recommended to set up sentinel site surveillance mechanisms in districts with high Global Acute Malnutrition (GAM) rates to define and monitor early warning indicators and trigger levels that will facilitate implementation of anticipatory actions and an appropriate timely response in the event of a continued deterioration of the nutritional status in children under-five.
- Stunting reflects the cumulative effects of under nutrition and infections during the first 1000 days. The proportion of children that were stunted was 23%, which remains high according to the WHO classification and the NDS1 set target of 17%. The Government should continue to implement interventions to address context specific drivers of stunting. Lessons can also be drawn from districts with low stunting levels like Rushinga (14.7%).

Conclusion and Recommendations

- In the face of high overweight and obesity among adults 18-59 years (33.2%) and adults 60 years and above (35.4%), policies and legislation are needed to promote healthy food environments, both formal and informal and to empower consumers to make nutritious food choices. The Ministry of Health and Child Care needs to scale-up nutrition education and awareness to prevent risk factors for Non-Communicable Diseases (NCDs). Nutrition education can raise awareness about the consequences of poor dietary behaviours. More locally tailor-made nutrition education campaigns and awareness efforts are needed to educate the communities about healthy nutritional behaviours.

Food Security

- At peak (January to March 2026), 12% of the rural households (approximately **135,084** individuals) will be cereal insecure. The quarterly requirements will be **1,790MT** for the July to September 2025 period, **3,087MT** for the October to December 2025 period and **4,998MT** 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 national Development Strategy 2 (NDS 2) priorities these issues to spur development within rural communities.

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