

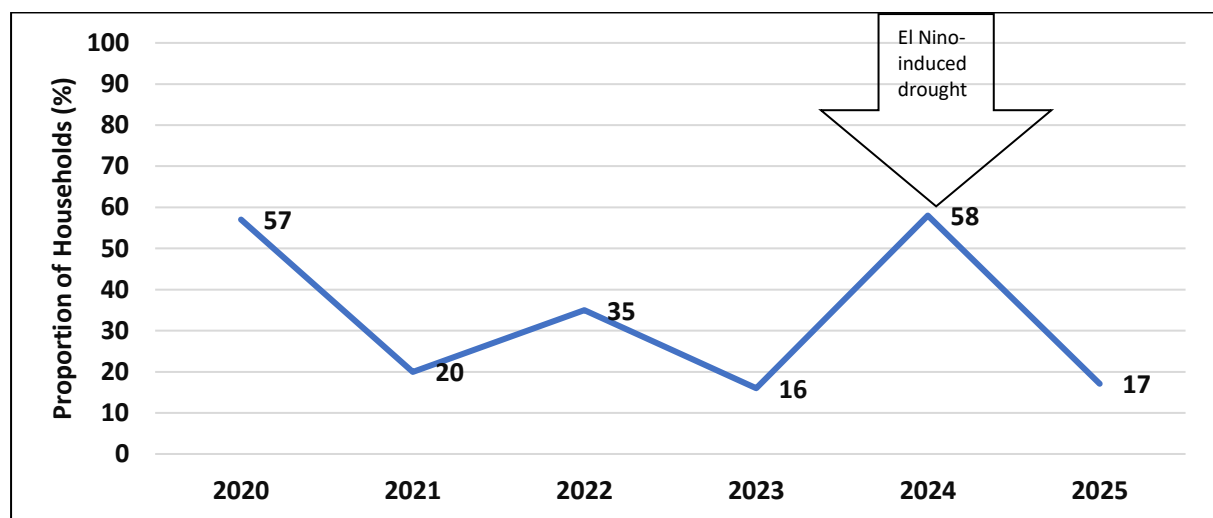


Zimbabwe Livelihoods Assessment Committee (ZimLAC) 2025 Rural Livelihoods Assessment *Mashonaland East Province Factsheet*

The Zimbabwe Livelihoods Assessment Committee (ZimLAC) continues to undertake annual livelihoods assessments in fulfilment of Commitment 6 of the Food and Nutrition Security Policy. The overall purpose of the 2025 Rural Livelihoods Assessment was to provide an annual update on livelihoods in Zimbabwe's rural areas to inform policy formulation and programming appropriate interventions. This assessment was also guided by the need to demonstrate the impact of the National Development Strategy 1 (NDS1) and to provide the baseline for NDS2.

1. Cereal Insecurity

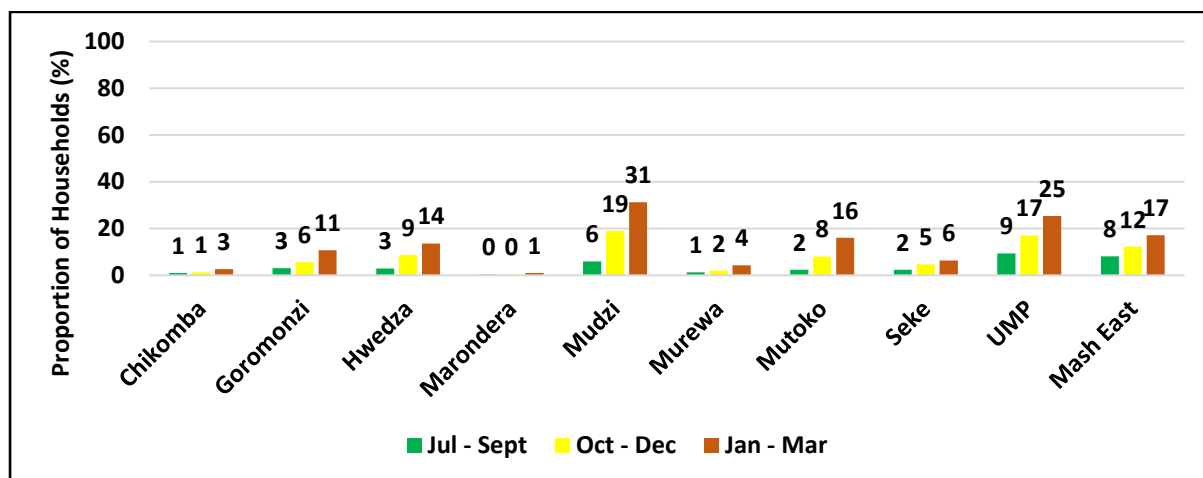
The cereal insecurity prevalence was projected to be 17% during the peak hunger period (January to March 2025) in the 2025/26 consumption year.



Cereal Insecurity Trends: 2020 – 2025

There was a 70.6% drop in cereal insecurity from 58% in 2020 to 17% in 2025. Government is complimented for implementing shock responsive interventions that resulted in improved food security.

During the peak hunger period (January–March 2025), Mudzi (31%) and UMP (25%) were projected to have the highest proportion of households facing cereal insecurity.



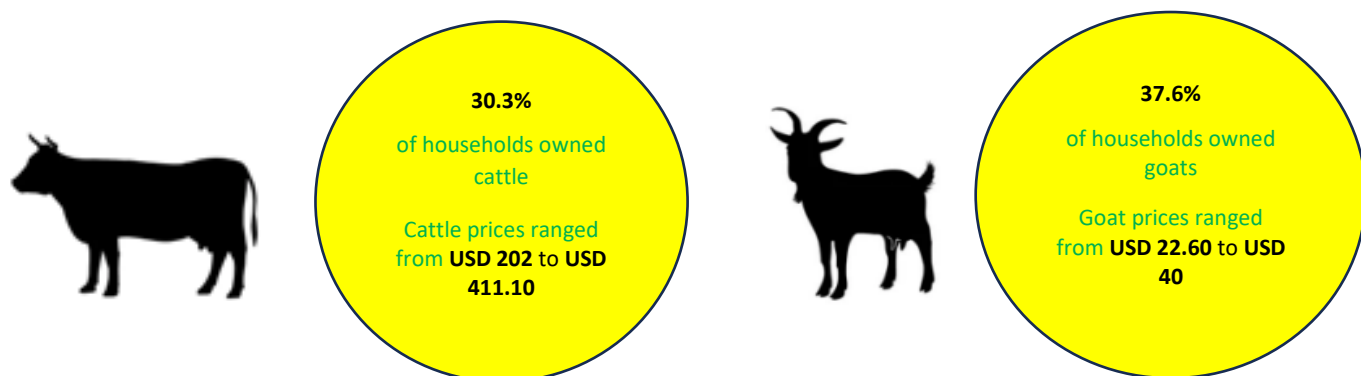
Cereal Insecurity

Cereal Insecure Population by Quarter

	Jul - Sept	Oct - Dec	Jan - Mar
Chikomba	1244	1658	3316
Goromonzi	11664	22031	41471
Hwedza	2231	6446	10164
Marondera	454	454	1362
Mudzi	9477	30012	49493
Murewa	2703	4055	8785
Mutoko	3771	12930	25861
Seke	4725	9450	12825
UMP	11633	21189	31576
Mashonaland East	47,902	108,225	184,853

Mudzi (49,493) was projected to have the highest population of cereal insecure people during the peak hunger period.

2. Livestock Production



3. Crop Production

Maize grain (79.7%), tubers (32.6%), African peas (25.7%) and groundnuts (23.1%) were the mostly common grown crop.

District	Maize (%)	Sorghum (%)	Finger Millet (%)	Pearl Millet (%)	Tubers (%)	African peas (%)	Groundnut (%)	Roundnuts (%)	Sugar beans (%)	Soya beans (%)	Tobacco (%)
Chikomba	90.3	4.0	10.0	1.7	54.8	16.4	27.8	13.7	13.7	1.0	7.7
Goromonzi	63.8	0.3	2.0	0.0	24.2	2.0	6.4	2.0	4.4	0	0
Hwedza	88.7	2.3	4.0	1.0	37.4	26.8	27.2	11.9	19.9	1.0	14.9
Marondera	82.3	1.7	2.7	0.0	39.0	12.3	19.3	3.7	22.0	0.3	7.3
Mudzi	60.8	64.1	1.3	27.9	7.0	60.8	18.3	2.3	1.3	0.0	0.0
Murewa	90.8	5.3	9.5	1.0	41.4	15.5	37.8	8.6	11.2	1.6	17.1
Mutoko	94.6	32.1	3.3	6.0	32.4	35.8	33.4	2.0	6.0	0	14.0
Seke	52.9	0.0	1.0	0.0	38.4	10.8	11.4	4.4	6.7	0	0.3
UMP	92.3	34.1	7.4	12.4	18.4	50.8	25.8	4.0	8.0	0	0
Mash East	79.7	16.0	4.6	5.6	32.6	25.7	23.1	5.9	10.4	0.4	6.9

Households Which Grew Crops

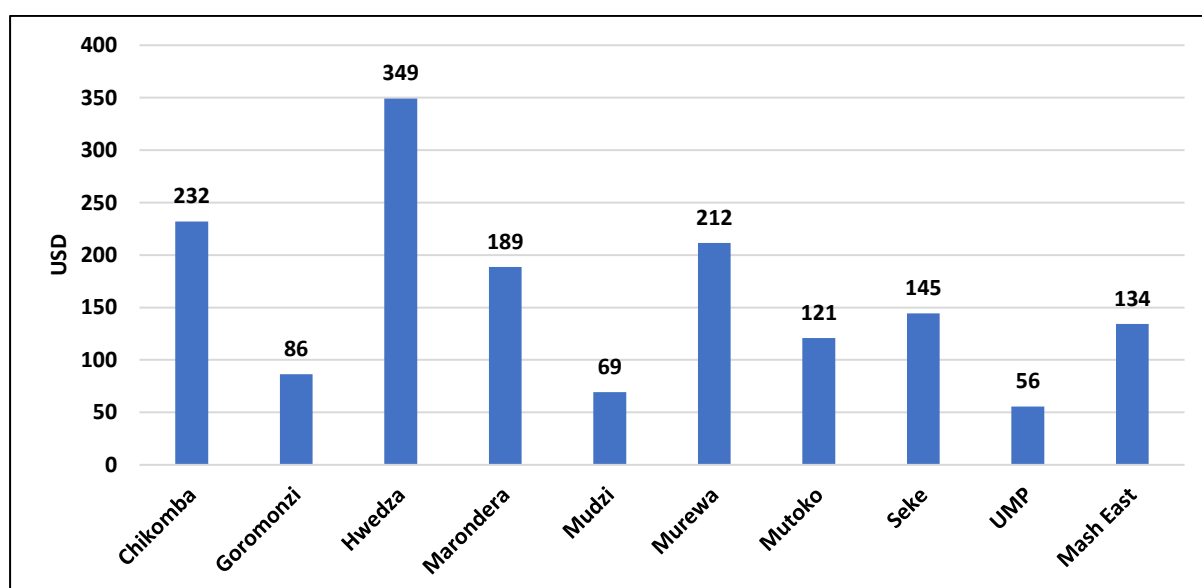
Season Harvest

	Maize (kgs)		Sorghum (kgs)		Finger Millet (kgs)		Pearl Millet (kgs)		Total (kgs)	
	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025
Manicaland	105	316.7	6	37.5	3	6.6	1	18.7	115	379.4
Mash Central	107	326.8	10	128.1	0	0.3	0	9.0	117	464.2
Mash East	88	436.2	2	21.7	0	5.8	1	6.5	91	470.2
Mash West	50	389.0	4	57.6	0	0.4	0	0.6	54	447.6
Mat North	30	168.7	39	152.0	30	0.6	0	135.9	99	457.2
Mat South	26	118.6	19	29.3	8	0.9	0	17.8	53	166.7
Midlands	136	360.9	9	40.8	0	3.4	0	3.6	145	408.7
Masvingo	61	229.1	28	71.5	16	11.3	2	56.6	108	368.4
National	77	299.9	14	66.4	7	3.7	1	29.5	99	399.4

There was an increase in the amount of cereals harvested by households across all provinces. This may be attributed to a favourable rainfall season. Mashonaland East (436.2kgs) had the highest average harvest for maize.

4. Household Income

Average Household Monthly Income (USD) for April 2025

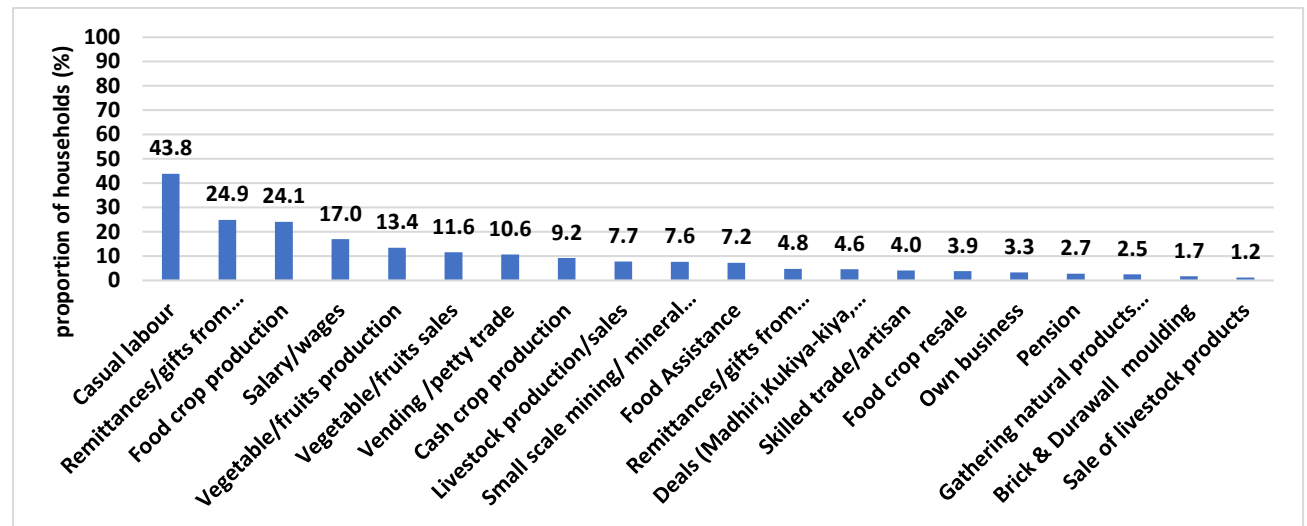


Average Household Income

Hwedza had the highest average household monthly income (USD 349) for April 2025 while UMP (USD 56) had the lowest.

Income Sources

Most households relied on casual labour (43.8%), remittances from outside (24.9%) and food crop production (24.1%) in 2025.



Households' Most Important Income Sources

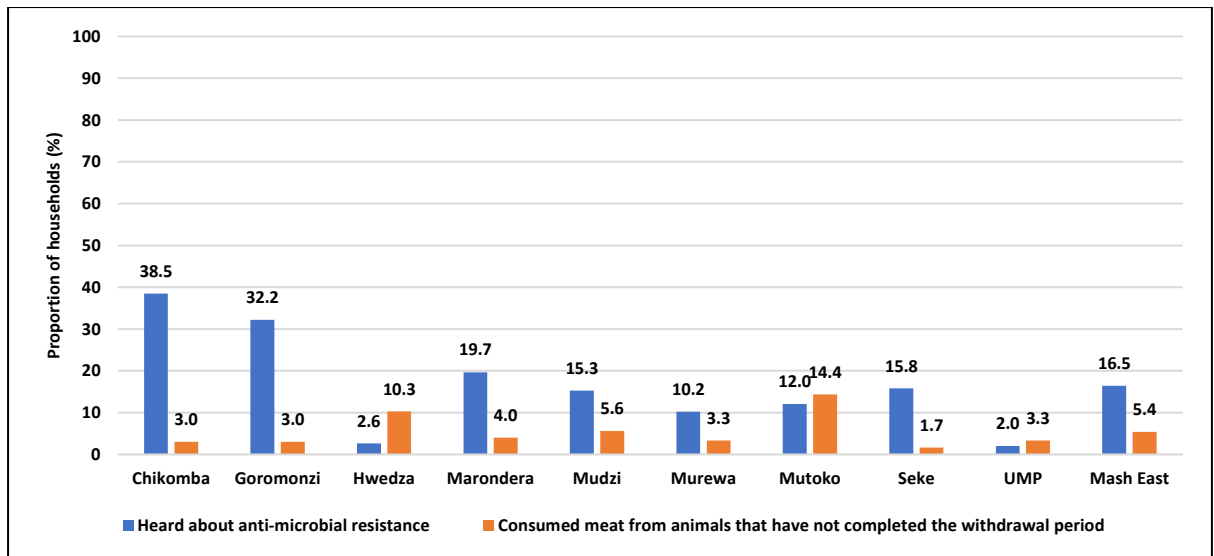
5. Social Assistance

	Received any form of support (%)	Government Support (%)	Rural Relatives (%)	UN/NGO Support (%)	Urban Relatives (%)	Diaspora Relatives (%)	Church Support (%)	Mutual Groups Support (%)
Chikomba	73.2	68.2	3.3	28.8	2.0	1.3	1.0	0.3
Goromonzi	50.7	44.6	14.4	5.7	6.7	5.4	5.0	1.7
Hwedza	60.6	49.3	30.1	1.0	6.6	5.0	0.3	0.7
Marondera	73.0	65.0	19.3	1.0	17.0	4.3	3.3	0.0
Mudzi	85.0	72.4	34.2	9.0	8.0	1.7	1.7	0.3
Murewa	79.3	74.7	4.3	1.3	18.1	5.6	1.3	1.0
Mutoko	82.9	76.6	21.7	3.7	25.8	2.7	1.0	0.0
Seke	44.4	31.3	10.4	0.3	19.9	2.0	0.3	0.3
UMP	91.3	69.2	23.7	61.2	11.4	0.3	3.3	0.0
Mash East	71.2	61.3	18.0	12.4	12.8	3.1	1.9	0.5

Sources of Support

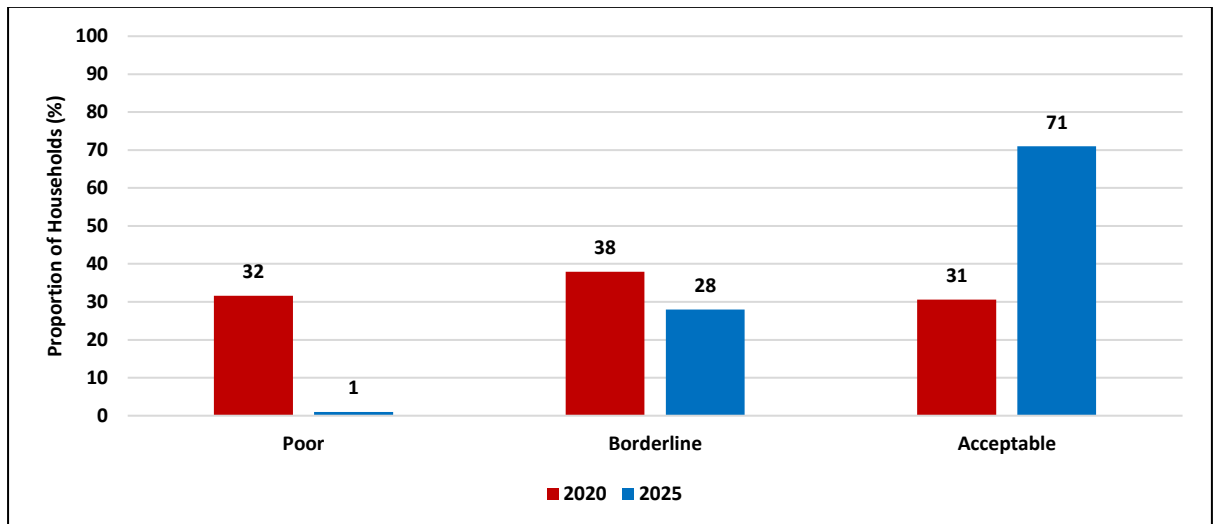
Government remains as the main source of support (61.3%), followed by rural relatives (18%), urban relatives (12.8%) and UN/NGO Support (12.4%). The support received from relatives (both rural and urban) reflects a positive enabling economic environment and evidence of social capital.

School Meals: The proportion of the children in primary school who received a hot meal at school during the first term of 2025 was 64.2%.



Knowledge of Antimicrobial Resistance

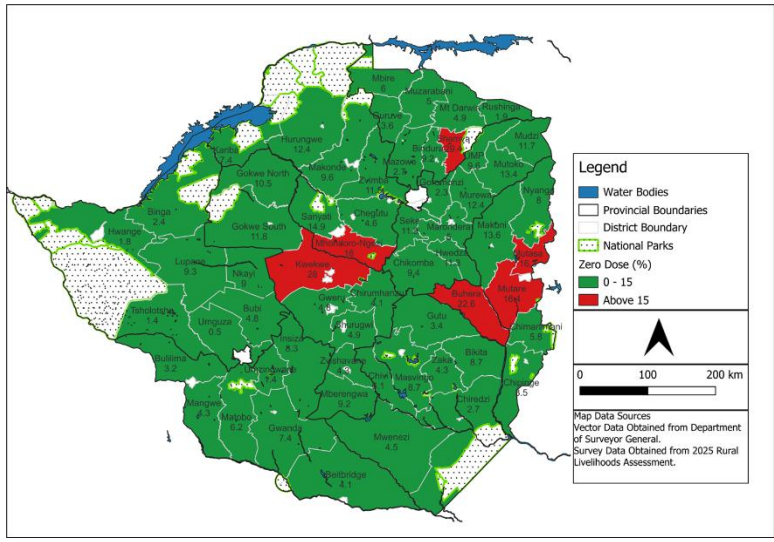
8. Food Consumption Patterns



There was a general increase in the proportion of households with acceptable food consumption from 2020 (31%) to 2025 (71%).

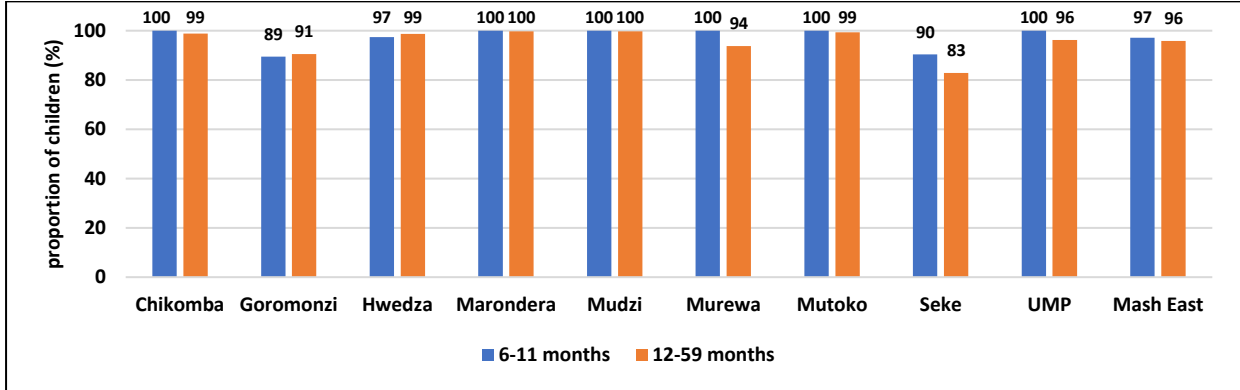
9. Child Health

All districts in Mashonaland East reported a zero-dose less than 15%.



Zero Dose

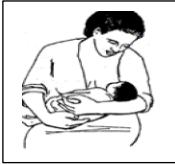
Vitamin A Supplementation



Vitamin A Supplementation

The proportion of children who received Vitamin A supplementation in Mashonaland East was 97% (6-11 months) and 96% (12-59 months).

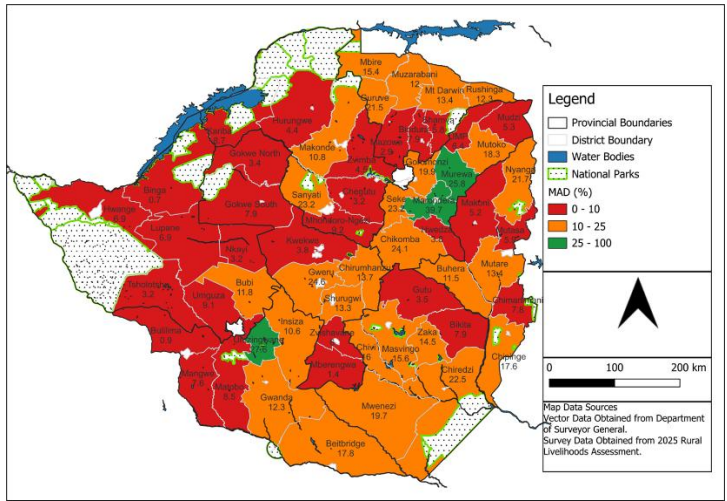
10. Infant and Young Child Feeding Practices



Early initiation of Breastfeeding ranged from 66% to 97.1%.
 Exclusive breastfeeding was 34.7%.

Infant and Young Child Feeding Diet Quality

The Minimum Acceptable Diet for children 6 to 23 months was high in Marondera (39.7%) and Murewa (25.8%).

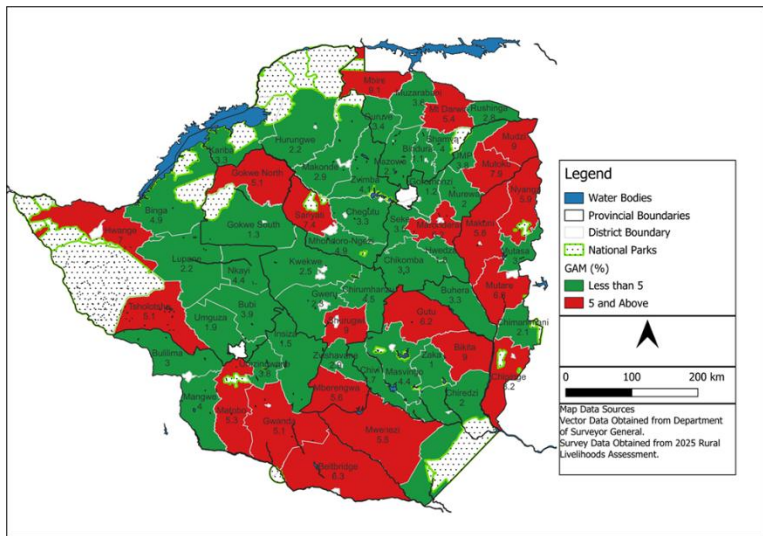


Infant and Young Child Feeding Diet Quality _ Minimum Acceptable Diet

11. Child Nutrition Status

Nutrition Status of Children 6-59 Months

Global Acute Malnutrition was 4.4%. Mudzi (9%), Mutoko (7.9%) and Marondera (6.2%) recorded the highest proportions of GAM which are above the WHO threshold of 5%.



Global Acute Malnutrition

initiatives need Traditional Leadership and Local Authorities to lead and enforce sanitation programmes through the implementation of local by- laws and punitive fines for actions such as practising open defecation and setting up new structures without toilets. There is need for the Ministry responsible for Health to scale up targeted campaigns to strengthen behaviour change interventions aimed at creating awareness on the acute dangers of open defecation on health and nutrition.

- d) Household Incomes:** 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 source was casual labour, which is susceptible to climate related shocks. Therefore, there is need to up-scale rural development programmes which promote livelihoods diversification and enhance resilience through the expansion of school-based, village-level and youth-led business units as anchors for local economic growth and employment generation.
- e) Social Protection:** About 46.1% 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.
- f) Infant and Young Child Feeding:** The quality of diet practice which is measured by proportion of children consuming a Minimum Acceptable Diet (MAD) was low in Hwedza (3.8%), UMP (6.4%) and Mudzi (5.3%). There is compelling evidence that supports the provision of nutritional counseling to caregivers through local multi-sector support group platforms, one-on-one and feeding demonstrations as potential interventions to improve complementary feeding practices and ultimately the nutritional status of children in developing countries. The Ministry responsible for Health should scale up caregiver access to care groups that are linked with other multi-sector interventions.
- g) Education:** The proportion of primary school pupils who received a hot meal at school was 64.2%. 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 sector needs to intensify rollout and operationalisation of the school health and nutrition programmes through Commercial Ventures and School Business Units.



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