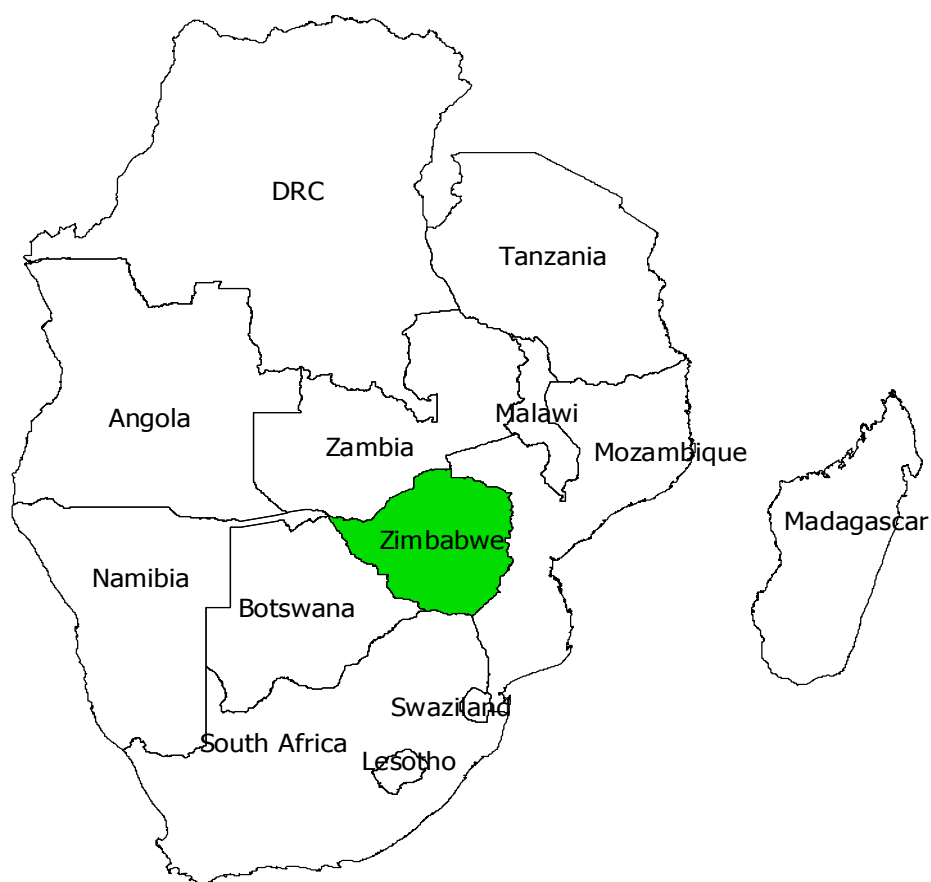


**ZIMBABWE
RURAL FOOD SECURITY AND
VULNERABILITY ASSESSMENTS – MAY 2006
REPORT**

Report No. 6



**MAY 2006
Harare**

Prepared in collaboration with SIRDC – Food and Nutrition Council; Ministry of Agriculture- AREX and NEWU, Ministry of Health and Child Welfare, Ministry of Local Government, Public Works and Urban Development, CSO, UNWFP, FAO, UNICEF, OCHA-UNDP, FEWSNET, SC(uk) and UZ

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Preface

The May 2006 Zimbabwe Food Security and Vulnerability Assessment Report presents the detailed results of the fifth rural food security and vulnerability assessment conducted by the Zimbabwe Vulnerability Assessment Committee (ZimVAC) which is a sub committee of Poverty Eradication and Social Services Delivery Development Action Committee (PESSA). This sub Committee is chaired by the Food and Nutrition Council (FNC), which is part of the Scientific and Industrial Research Centre (SIRDC). These annual assessments started in August 2002 with technical support and part funding from the SADC Food Agriculture and Natural Resources (SADC-FANR) Regional Vulnerability Assessment Committee (RVAC). This followed the SADC Ministers of Agriculture meeting in 2001, which set out a medium term strategy to combat food insecurity in the region.

To date, four rural and one urban food security and Vulnerability Assessments (VA) have been carried out in Zimbabwe. These assessments have increasingly become an important instrument for understanding and updating food security and vulnerability information in the country. They have provided the Government and other stakeholders with vital information for policy formulation, planning, decision-making, evaluation and research at both national and sub-national levels. The Ministries of Health and Child Welfare as well as Public Service, Labour and Social Welfare and the development partners have been using the VA reports for targeting their intervention programmes.

This report seeks to further guide interventions in areas where issues concerning food availability, accessibility and utilisation, education, household health, water and sanitation have gone below acceptable levels.

It also provides highlights and major findings in line with the specific objectives of the assessments, defines methodology used in both data collection and analysis. It goes on to address sectoral issues like health and nutrition, child protection, water and sanitation, education and agriculture and then concludes with recommendations.

Acknowledgements

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- Government of Zimbabwe
 - Scientific and Industrial Research Development Centre
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 - UNWFP
 - UNICEF
 - FAO
 - OCHA - UNDP
- NGOS
 - Save the Children (UK)
 - Famine Early Warning System Network (FEWSNET)
- Others
 - University of Zimbabwe
 - SADC Regional Vulnerability Assessment Committee

Field researchers were drawn from Government, NGOs and UN Agencies.

ZimVAC acknowledges this invaluable support from these organizations. Last but not the least, we would also like to acknowledge the support of our communities. This assessment would not have been possible without their corporation and participation.

Acronyms

AREX	Agricultural, Research, and Extension Service
BEAM	Basic Education Assistance Module
BMI	Body Mass Index
CSO	Central Statistical Office
EA	Enumeration Area
EHHs	Elderly Headed Household
FANR	Food, Agriculture and Natural Resources
FAO	Food and Agricultural Organization
FEWSNET	Famine Early Warning System Network
FEZ	Food Economy Zone
FHHs	Female Headed Household
FNC	Food and Nutrition Council
GMB	Grain Marketing Board
GoZ	Government of Zimbabwe
HBC	Home Based Care
HHs	Households
LBVA	Livelihoods Based Vulnerability Analysis
MHHs	Male Headed Households
OVC	Orphaned and Vulnerable Children
OCHA	Office for the Co-ordination of Humanitarian Affairs
PESSA	Poverty Eradication and Social Services Delivery Development Action Committee
RVAC	Regional Vulnerability Assessment Committee
SADC	Southern Africa Development Community
SC (UK)	Save the Children United Kingdom
SIRDC	Scientific and Industrial Research and Development Centre
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Education Fund
UNWFP	United Nations World Food Programme
VAC	Vulnerability Assessment Committee
ZimVAC	Zimbabwe Vulnerability Assessment Committee

Glossary of terms

BMI	Weight for Height squared. The cut-off points for underweight and overweight are <18.50 and > 25.00 respectively.
Child	A person aged between 0-17 yrs
Chronically ill	A person who has been ill to the extent of being unable to do normal activities around the house for at least 3 months of the past 12 months
Coping Strategy	Coping strategies refer to the specific efforts that people employ to reduce or minimize stressful situations.
Dietary Diversity	Is the number of different foods consumed over a given period of time. A 7-day recall period was used in this assessment.
Food Consumption Index	A measure of dietary diversity of the household. Households that consume a less diversified diet have a low FCI and are likely to be food insecure.
Food Economy Zone	A geographical area in which people obtain food in more or less the same ways.
Food Insecure Households	Households that will not be able to meet their daily minimum energy requirements of 2100 Kcals per person (of which at least 70 percent will be from cereals), at all times during the April 2006 to March 2007 period.
Food Secure Households	Households that will be able to meet their daily minimum energy requirements of 2100 Kcals per person (of which at least 70 percent will be from cereals), at all times during the April 2006 to March 2007 period.
Food Security	Access to adequate food through own production, purchases and direct sources for productive and healthy living at all times.
Head of Household	The key decision maker in the household as perceived by the respondent.
Household	A group of people living and eating together whether or not they are related by blood or marriage.
Livelihoods Based Vulnerability Analysis	Acknowledges that access to food is not exclusively related to food production or availability, but also the ability of people to purchase and use other food entitlements at their disposal.
Livelihoods Stunting	All the activities that the households engage in to earn a living. Height for Age, A prevalence exceeding 29 percent (WHO, 1997) is considered high.
Underweight	Underweight Weight for Age, A prevalence exceeding 19 percent (WHO, 1997) is considered high.
Village	An administrative unit headed by the head of village.
Vulnerability	The level of exposure of a household or community to particular shock (external vulnerability) and their capacity to cope with that shock (internal vulnerability)
Wasting	Height for Weight, Zimbabwe uses a cut-off point of 7 percent to determine an emergency situation.

The working definition of OVC used in this survey was the following:

A child (0-17 years old) –

- Who is an orphan, that is
 - Who has lost one or both parents (maternal, paternal or double orphan)
- Who is vulnerable, that is
 - Lives in a household where at least 1 adult died in the last 12 months
 - Lives in a household where at least 1 adult was chronically ill for at least 3 months in the last 12 months
 - Lives in a child-headed household (where household head is < 18 years of age)
 - Lives in a household with only elderly adults

Highlights of the Report

Food Security

- A cumulative total population of 1.4 million people (2.9 million in 2005), which constitutes 17 percent (36 % in 2005) of the rural population, will not be able to meet their household cereal requirements during the 2006/07 marketing year even if cereals was available on the market.
- A total of 91,000 MT (225 455MT in 2005) of maize will be required to meet the household deficit for this population.
- The highest concentration of food insecure people (24% of its rural population) will be in Matabeleland North Province followed by Masvingo (20%) and Matabeleland South (20%).
- The districts identified to have the highest concentration of food insecure people in order of severity (between 30 to 40% of their rural populations) are Chiredzi, Rushinga, Binga, Mudzi, Kariba, and, Hwange. These districts were amongst the top twenty food insecure districts again last year.

Characteristics of Food Insecure Households

The food insecure households are more likely to be:

- Large households with orphans
- Households headed by people with low educational levels
- Households without relatives who assist
- Households with a mentally or physically challenged member
- Households headed by the elderly
- Households with chronically ill head or member

Health

- 23% of the household indicated that they had at least one chronically ill member and most of the chronically ill members were in the economically active age group of 18 – 59 years.
- The main diseases mentioned by households were HIV and AIDS - related such as tuberculosis (19%), meningitis (2%) pneumonia (6%) and diarrhoea (6%). Headaches (6.5%), and malaria (9%) were also mentioned and at times these illnesses are possible proxies for HIV and AIDS.

Nutrition

- The current agricultural season is better than the previous one (2004/2005) as most households (88.5%) had a high dietary diversity compared to last year(40%).
- Although wasting has improved overall, children from rural households headed by females were more likely to be wasted.
- Underweight (among under-fives) an indicator of millennium development goals has improved comparing to national results of 2003.
- Stunting which reflects past experiences of a child and also a proxy for socio-economic status, has deteriorated comparing with national results of 2003. This could be a reflection of the hard economic situation that the current has experienced.
- Malnutrition among women of child bearing was worst in Matabeleland South Province.

Education and Child Welfare

- Of all those children not in school, (33%) (29 percent in 2005) were aged 6-12 years. This result is showing a growing problem of children dropping out of school at primary education level.
- Among the dropouts, the major reason for being out of school (68%) compared to 60 percent last year was lack of school fees.
- Of the food insecure households, 79% of them were headed by household heads whose education levels were primary education and below.

Water & Sanitation

- At national level 73% of the households had access to safe water while 27% of them were using unsafe water and 80% of the were in the communal areas.
- At provincial level, Mashonaland West, Matabeleland North, Matabeleland South had the most households, which were using unsafe water sources the most that is unprotected wells, ponds, rivers and dams.
- At national level most households use the bush for sanitation; this is mainly in Matabeleland North, Midlands, and Masvingo.

Agriculture

- Shortage of fertilizer was the major problem faced by farmers across all farming sectors, draft power was problem for communal, A1 and small scale farmers
- Lack of dipping chemicals, animal diseases and deaths were the main livestock problems faced by farmers

Community challenges and priorities

- The major challenges identified by communities in order of severity were: shortages of food, transport, unstable prices, water and sanitation and health problems.
- The main needs in order of priority identified by communities were water, education, agricultural inputs, livestock, transport, health and income generating projects.

1.0 Introduction

1.1 Background of Assessment

In terms of rainfall performance the 2005/06 agricultural season was the best since 2000/01 in both total amount received and distribution in space and time. Most of the country received more than their long-term average rainfall. This has resulted in a significant overall improvement in crop production compared to last season. However, the south eastern parts of the country received less than 75 percent of their long term average rainfall. This situation was further aggravated by the fact that the season started late in those south eastern districts; Beitbridge, Masvingo and parts of Chipinge.

Despite the good rainfall experienced by the greater part of the country, farmers faced a number of challenges with regards to agricultural inputs. Shortage of fertiliser was the major problem across all farming sectors. Communal areas, A1 and small scale farming sectors also faced a shortage of draught power. This problem was exacerbated by animal diseases and livestock deaths due to a lack of dipping chemicals. As a result, farmers failed to take advantage of the favourable rainfall season to maximise production.

The general country context remained one aggravated by wide-ranging socio-economic challenges such as high inflation, diminishing purchasing power of the Zimbabwe dollar, periodic shortages of some basic commodities, and a high HIV and AIDS prevalence rate although the trend is now on a decline.

1.2 Purpose of Assessment

The assessment is meant to provide Government and relevant stakeholders at various levels with information for planning and decision-making. The broad objectives of the assessment were, to understand rural household vulnerability, to appraise the rural food security situation throughout the country in order to identify areas and populations likely to be food insecure in the 2006/2007 marketing year. Thirdly, explore rural livelihoods in order to determine short and medium term needs and opportunities for sustainable interventions.

The specific objectives were:

- To investigate changes to rural livelihoods over the past four years in order to better understand factors that make rural households vulnerable.
- Examine the minimum sectoral information that affects rural livelihoods such as the gender dimension, education, asset ownership, child protection, health and nutrition, HIV and AIDS and water and sanitation.
- To identify geographic areas and socio-economic groups likely to be food insecure in the 2006/07 Marketing year: To estimate the number of food insecure households (chronic and transitory), where they live, their characteristics and possible ways to address their food insecurity.
 - To estimate the number of rural households who are *likely* to become food insecure during the 2006/07 marketing year, where they live, their characteristics and possible ways to address their food insecurity.
 - To examine the linkages of food security in rural livelihoods to various sectors, including urban livelihoods, the gender dimension, education, child protection, health, HIV and AIDS and water and sanitation.
 - To link household food security with the nutritional status of vulnerable groups such as women of reproductive age and pre-school children.

- To identify key variables to be monitored during the marketing year in order to update the food security situation.

2.0 Methodology

The survey sampled a total of 230 sites representing all of the 23 Food Economy Zones (FEZ), across all the eight provinces and farming sectors. A FEZ is - geographical area in which people obtain food in more or less the same ways. The sample was then stratified proportionally as follows: communal areas (73% of sample), Old resettlement areas and small scale farms (9%), newly resettled A1 areas (7%) and newly resettled A2 areas (8) and large scale commercial farms (not resettled) (3%). For the purpose of the survey large-scale commercial farms were considered to be commercial farms whose size is greater than A2 newly resettled areas. At each selected site, one village was randomly selected and a total of 12 households were then systematically selected for the household interviews. A total of 2765 households and 227 key informants' interviews were conducted.

The data was then analysed within the Livelihood Based Vulnerability Analysis (LBVA) framework. The framework acknowledges that access to food is not exclusively related to food production or availability, but also the ability of people to purchase and use other food entitlements at their disposal. The data collected was then triangulated with other secondary information. The main findings of which are summarized below.

Nutritional measurements were included in this survey in order to assess the utilization component of food security. Anthropometrical measurements were carried out for women of child-bearing age (15-49years) and children under the age of five (6-59months). A total of 2713 women and 3248 children were assessed.

3.0 Findings

3.1 Livelihoods

Households were relying on more than one income activity (livelihood). The analysis revealed that 54% of the households' main livelihood activity was dry land farming followed by informal and formal employment at 12% and 11% respectively. Market gardening seems to have grown in importance for most households as it was cited as the second, third and fourth income activity (27%, 24%, and 25%). Last year, market gardening was (21%), informal and formal employment were (14%) and (12%) respectively. About 27 percent of households reported that they have other children who do not stay at the household but assisted from time to time through remittances.

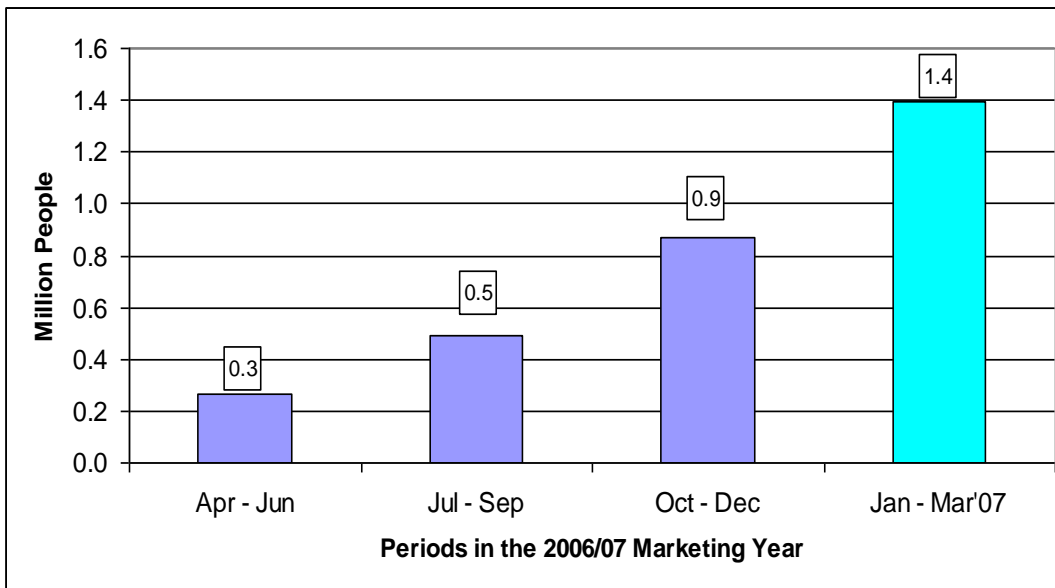
The main sources of income received by households in April 2006 were cereals and cash crop sales (15%), sales of livestock sales (15%) and formal employment (10%) contributed more to income.

3.2 Food Insecure Rural Population (2006/07 marketing year)

A significant improvement in the food security situation for Zimbabwe's rural population is expected in the period from April 2006 to March 2007 (2006/07 consumption year). A total of 1.4 million people, which is about 17 percent of the rural population are estimated to be food insecure in the current consumption year compared to about 2.9 million people last year, which comprised about 36% of the population. The sum total household cereal deficits for this population is estimated at 91,000MT compared to about 225,500MT last year.

The population breakdown of households projected to be food insecure for the different time periods is as shown on Fig 3.21:

Fig 3.21 Progression of number of Projected Food insecure people



The food insecure people were defined as those who will not be able to meet their daily minimum energy requirements of 2100 Kcals (of which 70 percent will be from cereals) at all times during the period April 2006 to March 2007.

3.3 Geographic Distribution of the food Insecure

With 24 percent of its rural population expected to be food insecure, Matabeleland North is the province with the highest concentration of food insecure people. Masvingo and Matabeleland South follow closely with (20%) each respectively. Masvingo suffered late rains this agricultural season and last year it was the province with the highest food insecure people. It is also the third highest province where households obtain their incomes from sales of livestock. Midlands and Mashonaland West are expected to have the lowest proportions of food insecure people. Table 3.31 shows the number of food insecure people by province and periods.

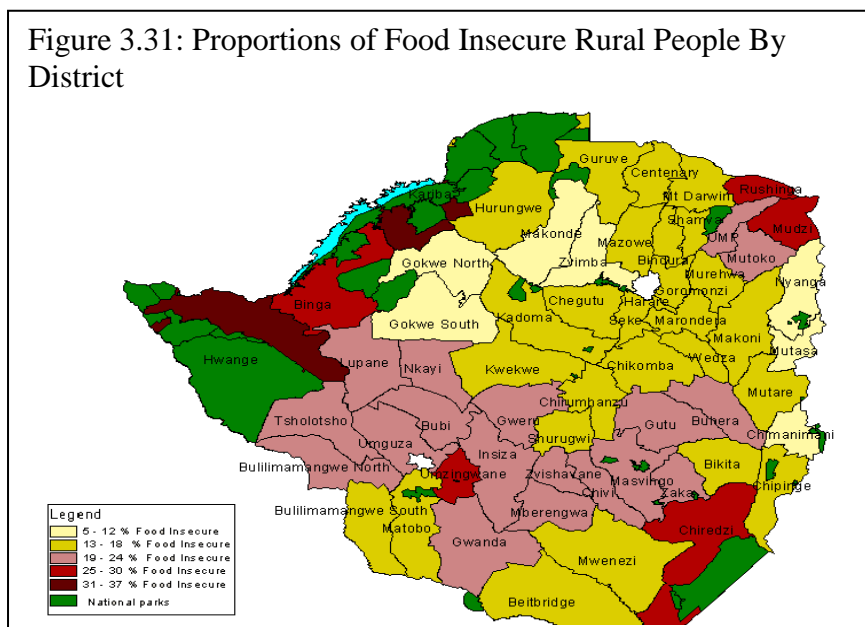
Table 3.31 Food Insecure Populations by Province

Province	Rural Pop Aug-06	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	% Insecure
Manicaland	1,347,041	28,682	56,906	111,334	200,656	15
Mash. Central	1,013,231	44,861	67,294	111,122	164,390	16
Mash. East	1,046,979	54,683	77,429	125,563	194,362	19
Mash. West	957,286	34,521	54,700	83,825	125,447	13
Masvingo	1,270,954	33,125	78,828	152,003	260,292	20
Mat. North	651,969	25,286	55,866	107,916	159,597	24
Mat. South	644,281	10,968	36,612	71,531	129,726	20
Midlands	1,190,840	36,531	66,464	104,838	158,078	13
Grand	8,122,581	268,656	494,100	868,131	1,392,548	17

Food Insecure Populations by District

As shown in fig 3.31, Kariba, Binga, Hwange, Rushinga, Mudzi and Chiredzi districts are expected to have the highest concentration of food insecure people relative to their respective rural populations; between 30 and 40 percent of the rural populations in these districts are estimated to be food insecure. These districts had the highest concentration of food insecure populations again last year.

The least concentration of food insecure people is expected in the north and central districts of the country; the traditional maize producing region of Zimbabwe. The southern half of the country has districts with between 25 and 30 percent of their rural population being food insecure. Beitbridge and Matobo are expected to have unusually low proportions of their rural populations being food insecure. No, obvious factors explain this apparent



inconsistency between the two districts and the rest of the southern districts.

3.4 Characteristics of Food Insecure Households

The food insecure households are more likely to be:

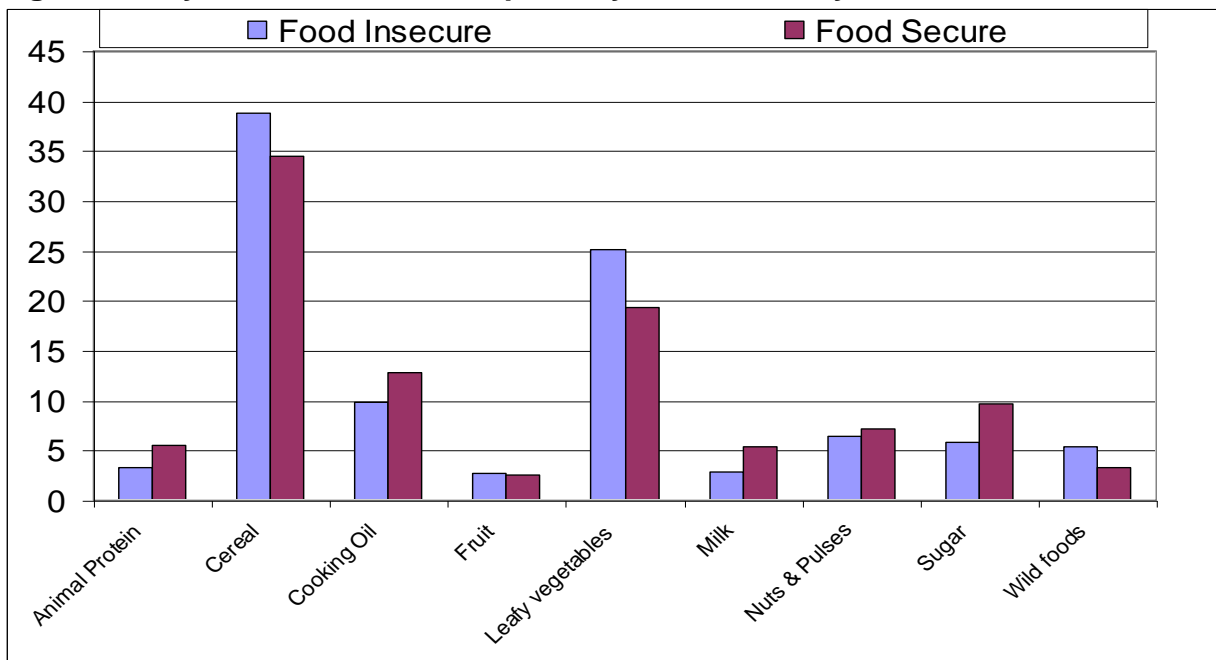
- Large households with orphans
- Households headed by people with low educational levels
- Households without relatives who assist
- Households with a mentally or physically challenged member
- Households headed by the elderly
- Households with chronically ill head or member

3.5 Food Consumption by Food Security Status

Cereals (maize, sorghum and millets), followed by leafy vegetables were reported to be the most consumed type of foods by both the food secure and food insecure households in May 2006 see fig. 3.51. Cereals and leafy vegetables accounted for a relatively higher proportion of the total food consumed by the food insecure households compared to that consumed by their food secure counterparts.

While consumption of animal proteins, milk and pulses by both food security groups was low, the food secure households tended to consume more of these foods than the food insecure households. As the food secure are the only group that seems to receive remittances, the study shows that they tend to buy more meat, sugar and cooking oil with this extra income.

Fig 3.51: May 2006 Food Consumption by Food Security Status



It is however gratifying to note that the food insecure are augmenting their protein intake by consuming more plant than animal proteins. The food insecure households tended to consume relatively more wild foods than the food secure households.

3.6 Health

Chronic illness was defined as an illness, which incapacitated a person for to the extent of being unable to do normal activities around the house for at least 3 months of the past 12 months. Chronic illness was used as a proxy for HIV and AIDS.

A total number of 734 (23%) households out of the total sample indicated that they had had at least one ill member. Of this total number of responses, only 35 (4%) declared that the ill member had suffered from HIV and AIDS.

Most of the responses mentioned HIV and AIDS related diseases like tuberculosis (19%), meningitis (2%) pneumonia (6%) and diarrhea (6%). Headaches (6.5%), and malaria (9%) were also mentioned and at times these illnesses are possible proxies for HIV and AIDS.

The most cited reason (44%) for not seeking medical attention from health institutions was lack of money, religious and cultural reasons was the second most cited reason (30%) .

3.7 Nutrition

Food Consumption

Majority of the under-fives (66%) had three or more meals per day. When comparing the nutritional assessments done in November 2005 and the current results, there has been an increase in the numbers of children eating three meals per day and a reduction in those who were eating one meal. The change in the results could be due to seasonality differences. There was more food available in May which was the post harvest period compared to November which was the planting period. Graph 1A shows the trends in number of meals eaten per day among children 24-59months.

Fig 1A Trends in feeding practices among 24-59 months

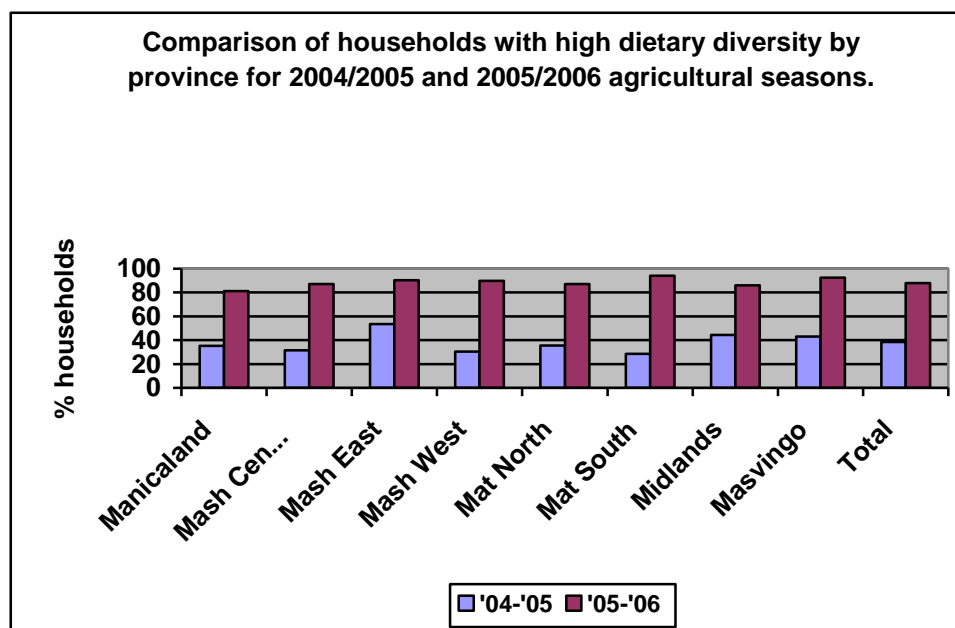


Dietary Diversity

Dietary diversity is a term used to explain the extent to which a diet consists different foods consumed over a given period of time. Food consumption index (FCI) measures dietary diversity of the household. Households that consume a less diversified diet have a low FCI and are likely to be food insecure. FCI was computed from a 7 day food frequency recall. The following cut off points were used.

- <14 Inadequate dietary diversity
- 14-22 Medium dietary diversity
- >22 High dietary diversity

Less than one percent households had an inadequate diversity. Majority of the households had high dietary diversity (85%). This shows that this agricultural year (2005/2006) is better compared to the previous year (2004/2005). FIGxxx shows a comparison of households with high dietary diversity by province for the two agricultural seasons.



Malnutrition among Under-fives

The three indices of nutritional status wasting, underweight and stunting were assessed. A cut off point of <-2 standard deviations was used for all the three indices to depict children that were malnourished on the three indicators. Table 1B shows the distribution of nutritional status by Province for the three indicators.

Table !B: Distribution of nutritional status by Province

Province	Wasting (<-2sd)		Underweight (<-2sd)		Stunting (<-2sd)	
	n	%	n	%	n	%
Mashonaland East	9	3.1	45	15.6	89	30.9
Mashonaland Central	14	2.9	74	15.0	153	31.2
Mashonaland West	12	4.1	58	19.7	82	28.2
Midlands	2	0.6	42	12.1	104	30.1
Manicaland	18	4.2	84	19.5	148	34.7
Masvingo	10	2.8	51	13.9	114	31.2
Matebeleland North	30	4.1	109	14.9	179	24.6
Matebeleland South	10	3.4	56	18.9	107	37.3
Total	105	3.3	519	16	976	30.3

Factors Associated with Malnutrition

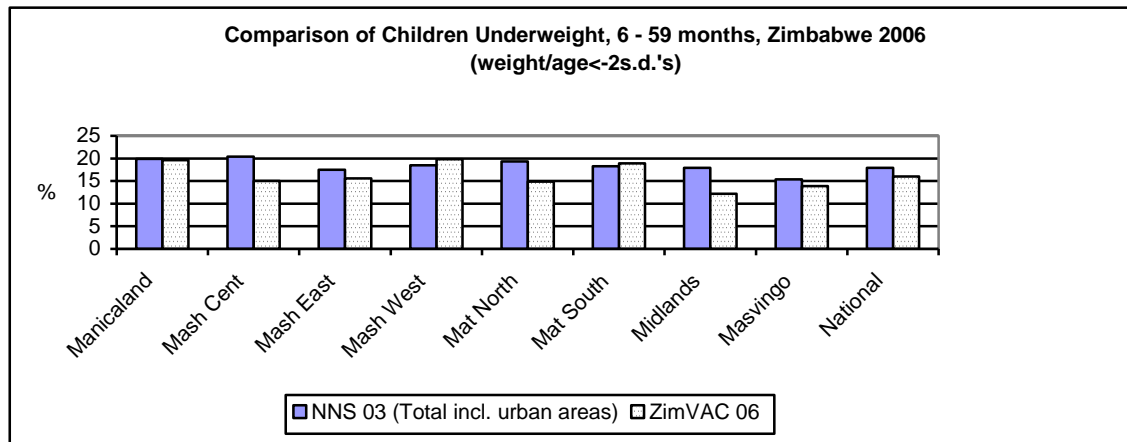
According to the malnutrition conceptual framework, there are basically three categories of underlying causes of malnutrition. These are household food insecurity, diseases and maternal child caring practices. In this assessment, having suffered any sickness in the past 2 weeks especially from diarrhea was significantly associated with being underweight. Children who were coming from households that were female headed were more than one and a half times likely to be wasted (OR 1.63, p-value 0.019).

Comparison of 2003 and 2006 Underweight in Children 6 – 59 months

Underweight overall for the eight provinces is 16.0%, with the highest levels in Mashonaland West (19.8%), Manicaland (19.6%) and Matabeleland South (18.9%) as shown in fig 3.71. The National Nutrition Survey of 2003 had an underweight prevalence of 17.9% overall. While the difference

between the two periods is small, it appears that there has been some improvement over the three-year period.

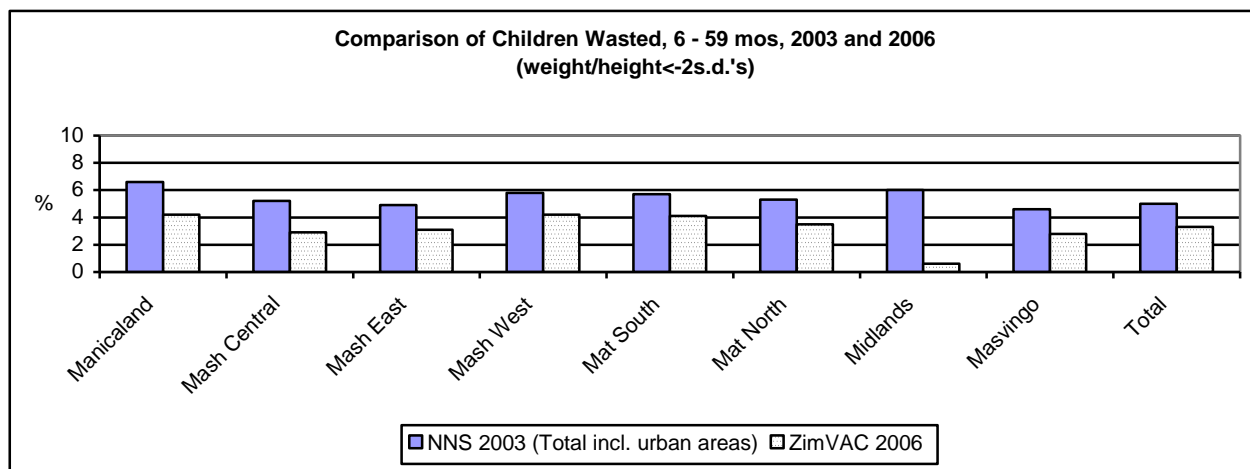
Figure 3.71 Comparison of underweight in children 6 – 59 months, Zimbabwe 2006.



Comparison of 2003 and 2006 of wasted children 6 – 59 months.

The overall level of wasting for the eight provinces was 3.3%, as compared to 4.4% in the NNS 03 (Fig 3.72). Comparing the current context to 2003 would indicate that levels of acute malnutrition have improved somewhat if not remained static. Provincial level trends seem to indicate that acute malnutrition has improved somewhat since 2003.

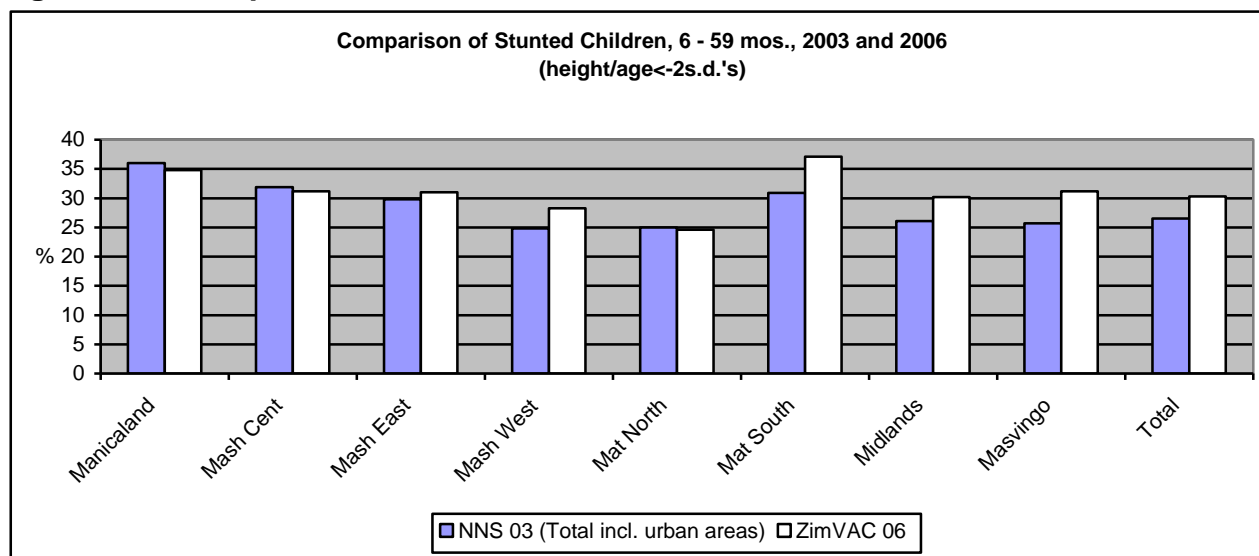
Figure 3.72 Comparison of wasted children 6 – 59 months, 2003 and 2006.



Comparison of stunted children 6 – 59 months, 2003 and 2006.

Stunting levels, in contrast to wasting, appear to be deteriorating. Overall for the eight provinces, stunting was 30.3%, while the NNS 03 found 26.5 %. Fig 3.73 shows that by province, Matabeleland South had a very high level of 37.1% and Manicaland 34.8%.

Figure 3.73 Comparison of stunted children 6 – 59 months, 2003 and 2006



The descriptive statistics by area indicate that wasting, which is typically seen with increased levels of food insecurity, has improved slightly, which is also what appears to be the trend since the drought of 2002-2003. Stunting, or chronic malnutrition, however, has deteriorated. This could be an overall reflection of the current hard economic situation, as stunting is also a proxy of socio-economic status. cursory examination of these two situations together, i.e. lower acute malnutrition and higher chronic malnutrition, would suggest that medium term interventions, such as education around nutrition issues, continuing efforts programmes focusing on the 12-23 month old children, and long term poverty reduction solutions including the development of a food and nutrition policy, need to be considered in order to deal with the problem of malnutrition.

Nutritional status by Food Security and illness

Preliminary analysis indicates that there is no relationship between wasting (acute malnutrition) and household food security status. Wasting among those households food secure is 3.5% and 2.5% in those households food insecure, with a difference between the two of 1.0 percentage points (table 3.74).

Table 3.74 Relationship of nutritional status with HH food security status.

Food security status	Underweight	Wasting	Stunting
Food secure	15.3 (397)	3.5 (90)	29.5 (759)
Food insecure	18.0 (102)	2.5 (14)	33.3 (188)
<i>Difference between, p</i>	2.7, p=.113	<i>1.0, not significant</i>	3.8, p=.078
Very Food insecure (>50% deficit)	21.9 (51)	3.4 (8)	36.4 (89)
Food insecure (<50% deficit)	16.8 (71)	1.7 (7)	31.7 (133)
Food secure	15.3 (397)	3.5 (90)	29.5 (759)
<i>ns = not significant</i>	* Underweight, wasting and stunting measured by <-2s.d.'s ** Interpretation of p values needs to be done with scrutiny, as various factors influence significance, such as sample size. Another important factor to consider is the difference in percentage points between two categories, as presented above.		

However, as the level of food insecurity increases there appears to be a relationship between underweight and stunting and food insecurity status. Those who are very insecure show underweight levels of 21.9%, while those who are food insecure have levels of 16.8%, a difference of 5.1 percentage points.

Health Interventions

The vitamin A supplementation coverage, as indicated by those mothers with health cards, was 47.2%. This was an improvement on the 30% reported from the nutrition surveillance system in November of 2004. Out of those who did receive, 12.7% received in the December 2005 Child Health Days. For women, who are supposed to receive VAS within 8 weeks after the birth of a child, it was found that only 28% had received it. This needs to be closely examined to see how coverage can be increased.

Maternal Nutrition

Body mass index (BMI) was used to assess the nutritional status of women of child bearing age. Body Mass Index (BMI) is a simple index of weight-for-height that is commonly used to classify underweight, overweight and obesity in adults. It is defined as the weight in kilograms divided by the square of the height in metres (kg/m^2). Table 1E shows the classification of nutritional status using BMI.

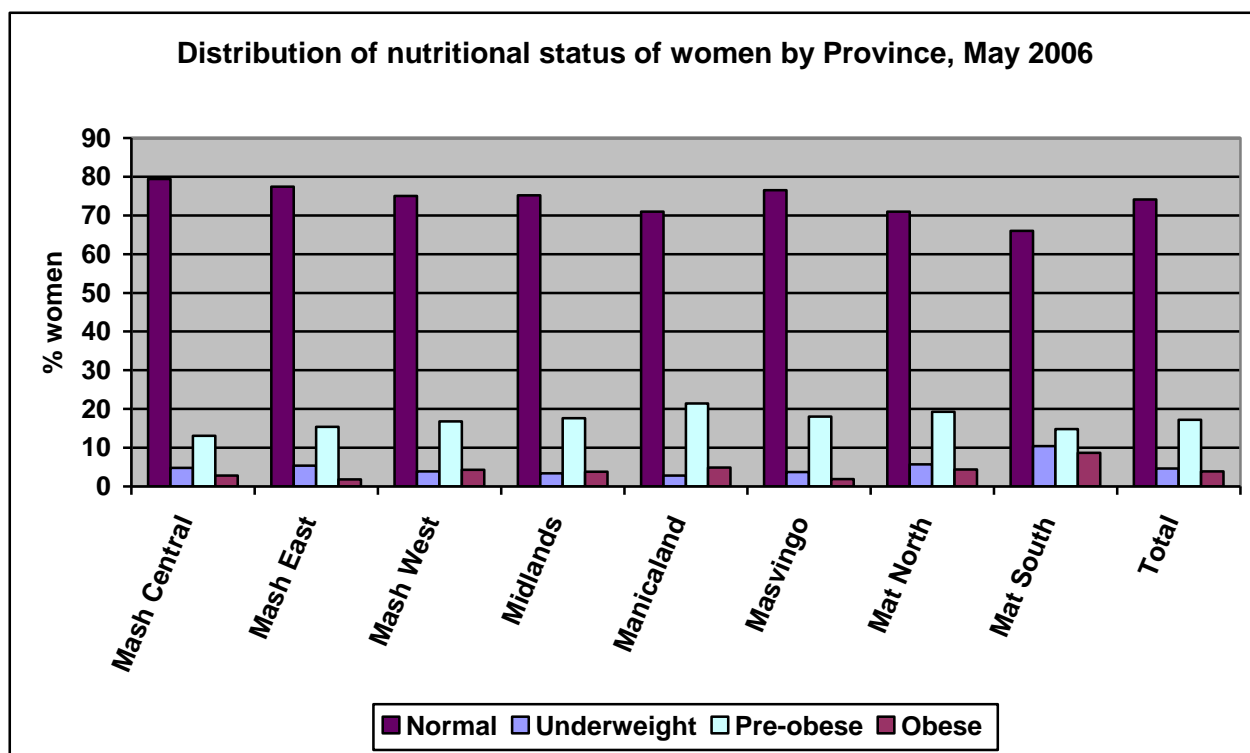
Table 1: The International Classification of adult underweight, overweight and obesity according to BMI

Classification	BMI(kg/m^2)	
	Principal cut-off points	Additional cut-off points
Underweight	<18.50	<18.50
Severe thinness	<16.00	<16.00
Moderate thinness	16.00 - 16.99	16.00 - 16.99
Mild thinness	17.00 - 18.49	17.00 - 18.49
Normal range	18.50 - 24.99	18.50 - 22.99
		23.00 - 24.99
Overweight	≥ 25.00	≥ 25.00
Pre-obese	25.00 - 29.99	25.00 - 27.49
		27.50 - 29.99
Obese	≥ 30.00	≥ 30.00
Obese class I	30.00 - 34.99	30.00 - 32.49
		32.50 - 34.99
Obese class II	35.00 - 39.99	35.00 - 37.49
		37.50 - 39.99
Obese class III	≥ 40.00	≥ 40.00

Source: Adapted from WHO, 1995, WHO, 2000 and WHO 2004.

BMI values are age-independent and the same for both sexes. However, BMI may not correspond to the same degree of fatness in different populations due, in part, to different body proportions. The health risks associated with increasing BMI are continuous and the interpretation of BMI gradings in relation to risk may differ for different populations.

A total of 4.6% of the women assessed were underweight and 4% were obese. Fig 1B shows the distribution of nutritional status of women by Province. Obesity is a risk factor for cardiovascular diseases and being underweight predisposes individuals to increased morbidity and mortality.



Matabeleland South has the highest burden of both over and under nutrition problems. There is need for an in-depth study of the underlying causes of malnutrition problems in this province.

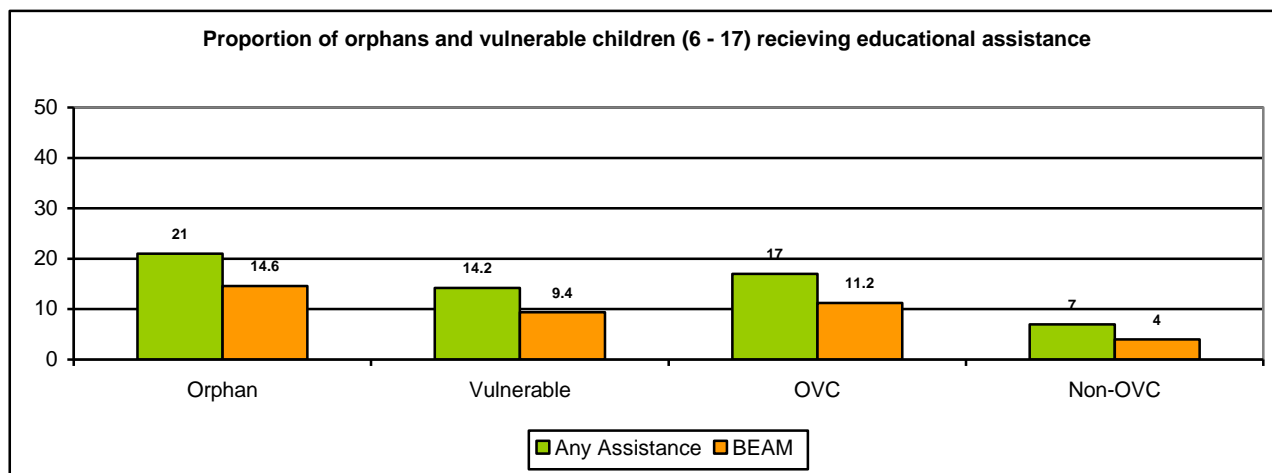
3.8 Education

About 14% of households had at least one school drop out. This compares favourably to last year when about (18%) of households reported a drop out. Of all those children not in school, (33%) (29 percent in 2005) were aged 6-12 years and (67%) (71 percent in 2005) were aged 13-17 years. This result is showing a growing problem of children dropping out of school at primary education level. Among the dropouts, the major reason for being out of school (68%) compared to 60% last year was lack of school fees.

Educational Assistance for OVCs

Figure 3.81 shows that out of the orphans and vulnerable children, only 17% were receiving any assistance, including BEAM and humanitarian assistance, while 11% of OVCs are receiving BEAM support. Orphans seem to be receiving slightly more assistance than vulnerable children, 21% and 14% for any assistance, and 15% and 10% for BEAM, respectively. It appears that orphaned children are specially targeted for these programmes. However the other vulnerable children should not be left out.

Figure 3.81 Proportion of orphans and vulnerable children (6-17) Receiving educational assistance



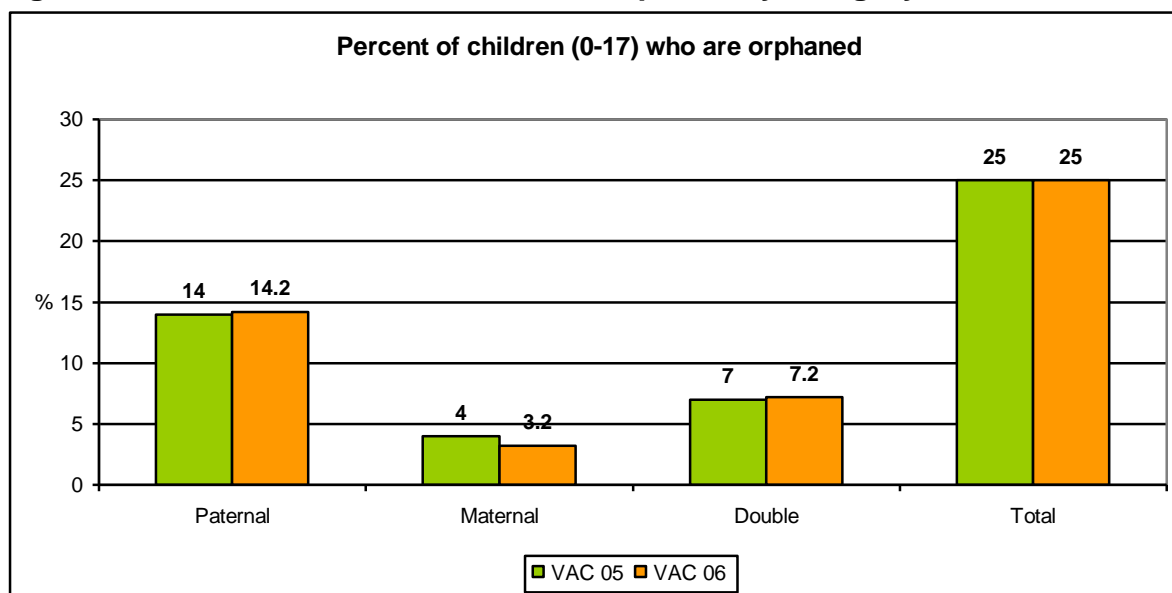
3.9 Orphans and Vulnerable Children

Prevalence of Orphans and Vulnerable Children

Orphaned Children

Figure 3.91 shows that the largest proportion of orphans is due to paternal deaths (14%) with overall, 25% of children under 18 being orphaned. Demographically, the situation has not changed since 2005, where the levels have remained static.

Figure 3.91 Percent of children who are orphans by category, Zimbabwe 2006

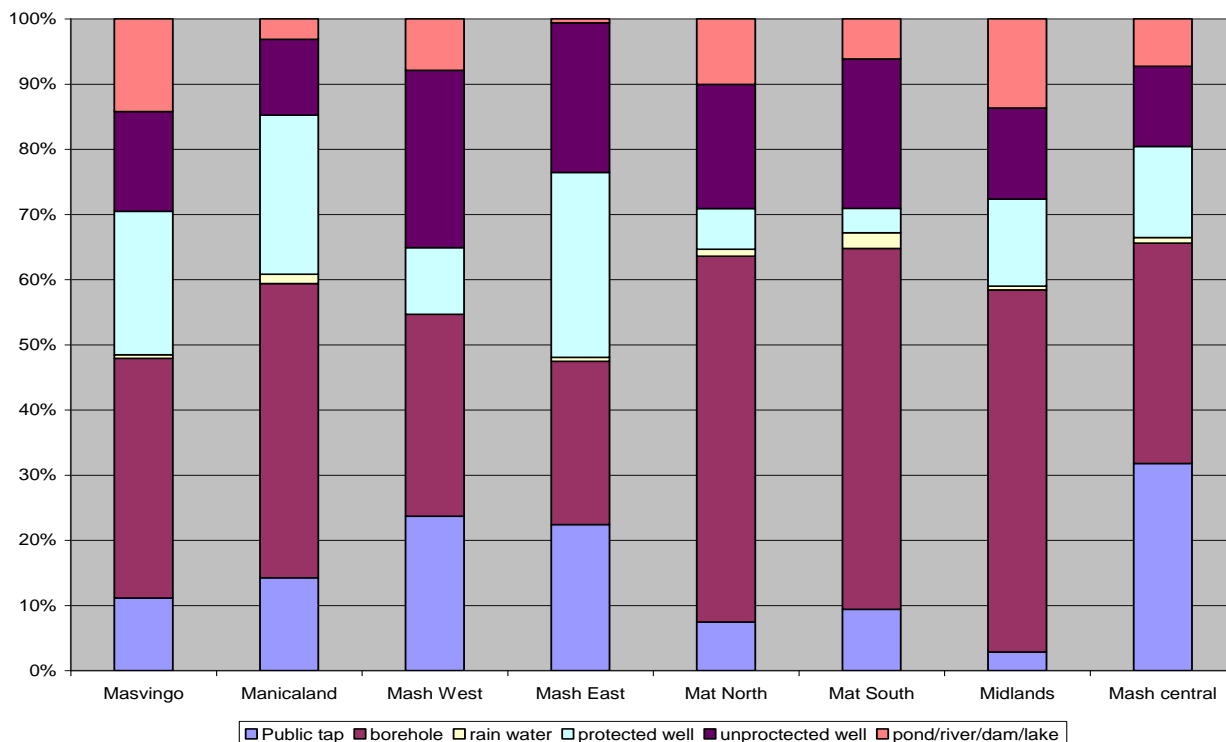


Midlands has the lowest percent of OVC's at 35%, with four provinces reaching 45%, Mashonaland East, Matabeleland North and South and Masvingo.

3.10 Water and sanitation

As shown in fig 3.101 Mashonaland West, Matabeleland North, Matabeleland South had households, which were using unsafe water sources the most (i.e. unprotected wells, ponds, rivers and dams).

Fig 3.101: Sources of Water by Province



Poor water and sanitation are predisposing factors to communicable diseases such as cholera, which resulted in outbreaks in parts of the country last year.

Sanitation facilities

At national level, 43% of the households used the bush , 34% used VIP, 19% used traditional pit latrine, 2% used flush toilets and 2% used open pits. Matabeleland North, Midlands, and Masvingo had the highest number of households that did not have toilet facilities: i.e. 70%, 60% and 52% respectively.

3.11 Agriculture

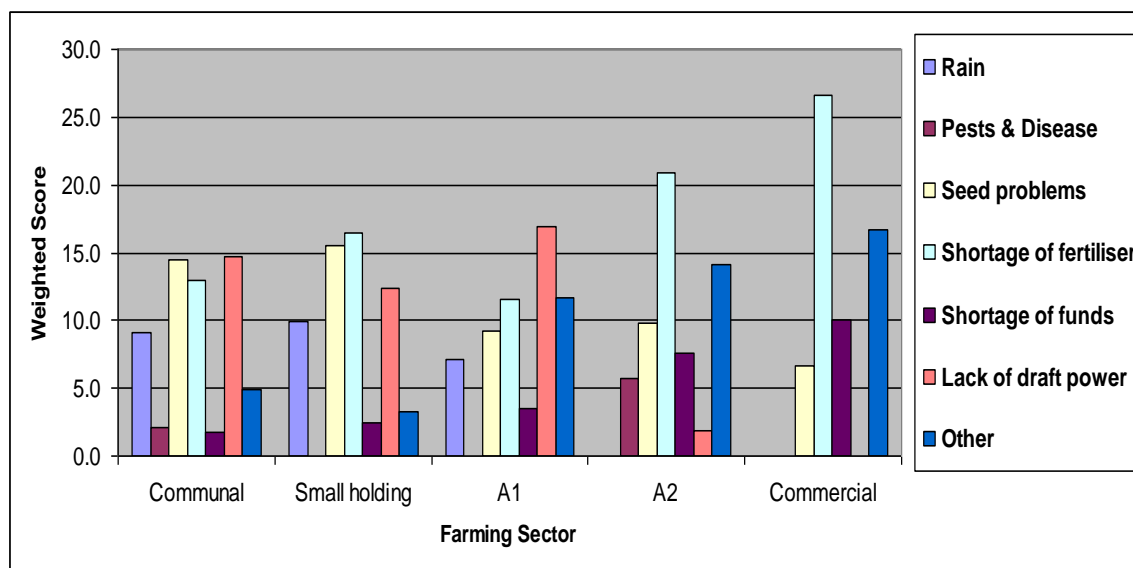
Agriculture continues to be the main source of livelihood for the majority of households in the rural areas. A multiple response analysis of households’ main sources of income revealed that 65 percent of the households derived most of their income from dry land farming followed by market gardening (27%), which is also agricultural.

The rainfall performance for the 2005/06 agricultural season was the best since 2000/01 in both total amount received and distribution in space and time. Most of the country received more than a

100% of their long-term average. However, the southeastern parts of the country received less than 75 percent of their long term average rainfall. This situation was further aggravated by the fact that the season started late in those south eastern districts; Beitbridge, Masvingo and parts of Chipinge.

Despite the good rainfall season farmers faced a number of agricultural related problems. The assessment results show that shortage of fertilizer was the major challenge across all farming sectors in the country (see figure 3.11). The shortage of draft power emerged as a major problem faced by farmers in the communal, A1 and small-scale farming sectors. This emphasizes the importance of draught animals in smallholder farming. Animal diseases and deaths caused by a lack and/or shortage of dipping chemicals further exacerbated the draft power problem.

Figure 3.11: Crop Related Problems across Farming Sectors

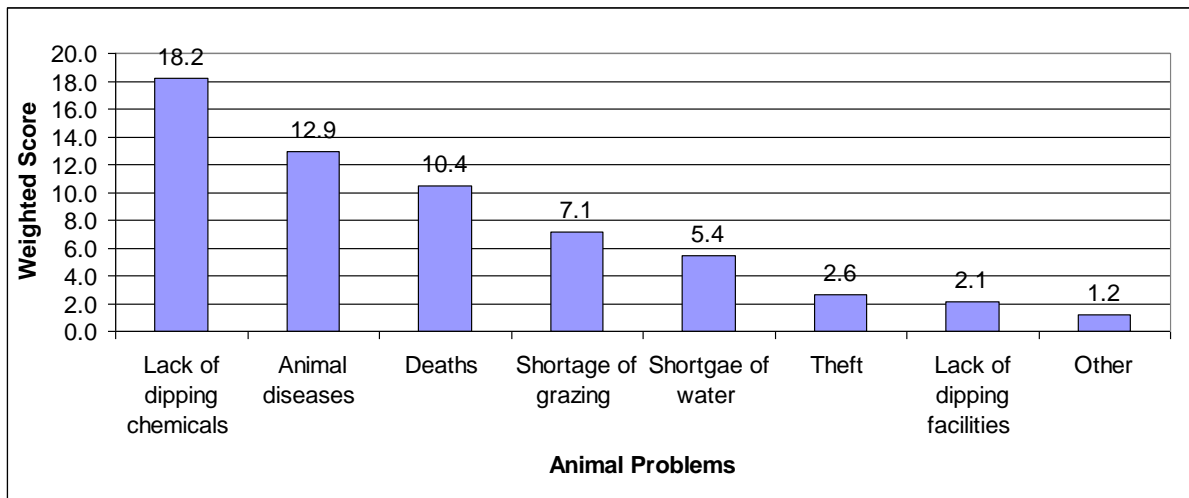


Farmers also cited difficulties in accessing seeds, pests and diseases. Shortage of funds was cited by A2 and households in the commercial farming sectors.

Livestock Problems

Further to the cropping problems, farmers across the country also experienced problems with livestock production and management. Lack of dipping chemicals (acaricides), animal diseases and deaths were the main livestock problems that were mentioned in the assessment (see Figure 3.7b). These problems were interrelated. It can be inferred from the findings that livestock were dying of mainly tick-borne diseases from lack of regular dipping.

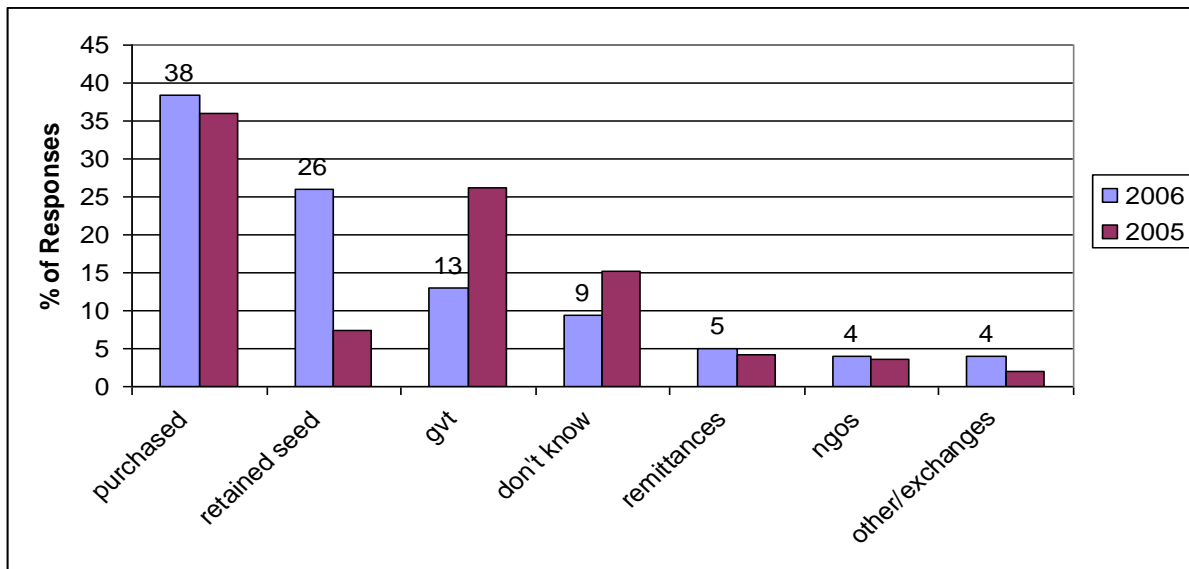
Figure 3.12: Animal Related Problems



Future Cropping Plans

Households were also asked about their plans for the coming agricultural season. A multiple response analysis of households' possible sources of seed for indicate that purchases (38 %) and retained seed (26 %) will be the two main sources of seed (see Figure 3.13). Only 13 percent indicated expecting to obtain seed from the government compared to 26 percent in 2005. The number of responses expecting to get seed from the NGOs remained at around 4%. Across all provinces, farmers are expecting to plant more cereals in the next agricultural season.

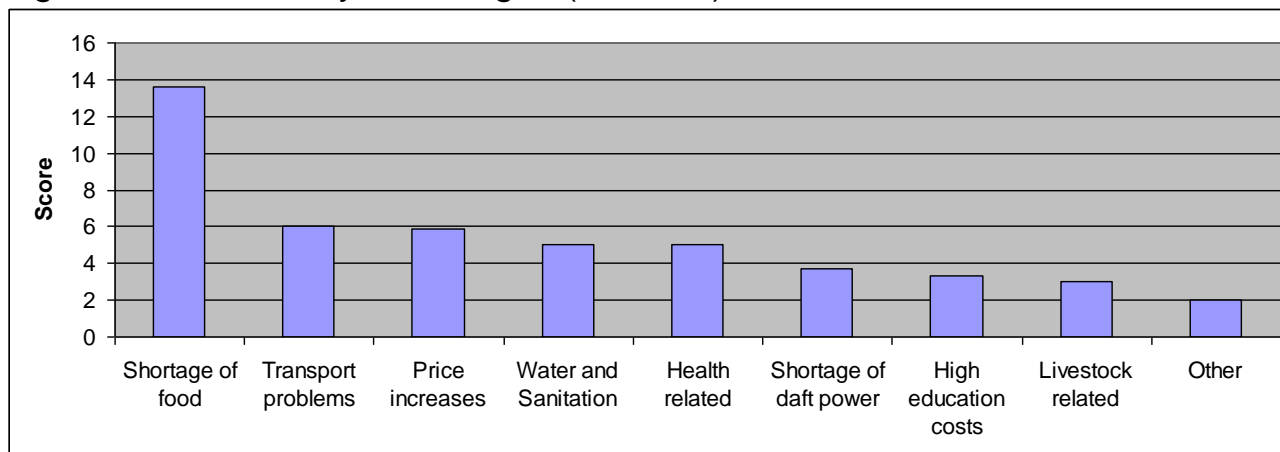
Figure 3.13. Future Sources of Seeds 2006/07 compared 2005/06



3.12 Community Challenges

Figure 3.121 shows the challenges faced by communities during the 2005/06 marketing year; the greatest challenge was shortage of food, followed by transport related problems, unstable prices and water and sanitation problems.

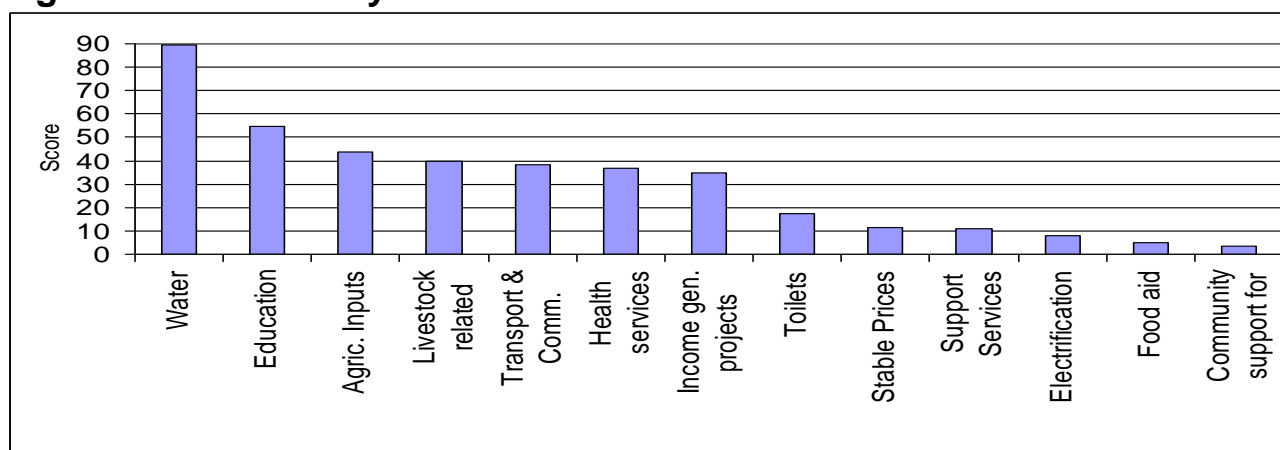
Fig 3.121 Community Challenges (2005/06)



3.13 Community Priority Needs

The main needs in order of priority identified by communities were water, education and agricultural inputs as indicated in Fig 3.131

Fig. 3.131 Community Priorities



Priority Needs	
Water	Drilling & rehabilitation of boreholes, construction of dams and irrigation
Education	Establishment of schools and tertiary institutes
Agric. Inputs	Timely availability of inputs and draft power
Livestock related	Restocking and dipping chemicals
Transport and comm.	Roads, public transport and telephones
Health Services	Drugs, facilities and personnel
Support Services	Grinding Mills & Market stalls

4.0 Recommendations

4.1 Food security

- The results indicate an improved harvest from the 2005/06 cropping season and an increased number of households will depend on their own production. However some households will depend on purchases, therefore grain should be made available and accessible on the market.
- The food security status is dependent on among other things, price and availability of maize as well as rural household's incomes. There is need therefore to monitor these factors in order to update the food security situation and revise interventions appropriately.
- Programmes targeted at vulnerable groups should be continued but rationalised on the basis of the presented food security situation, these include programmes such as
 - Public Works and Targeted Cash Transfers
 - Child Supplementary and School feeding
 - Therapeutic feeding and Home Based Care
 - GMB vulnerable people support programmes

4.2 Health, Nutrition and Child Care

- There is need to intensify HIV and AIDS prevention activities and to strengthen mitigation and support programmes for those affected.
- Given the deteriorating stunting levels among children interventions, such as education around nutrition issues, programmes focusing on the 12-23 month old child and long-term poverty reduction interventions need to be continued and expanded.
- Continue and expand maternal care programs, including antenatal care to address maternal health and low birth weight.
- There is need for continued monitoring of the situation of OVCs
- There is need to have an in-depth study of the underlying causes of maternal malnutrition problems in Matabeleland South province in order to recommend appropriate interventions measures.

4.3 Education

- ZimVAC surveys have shown growing problems of children dropping out of school at primary level. The main reason cited was lack of school fees. Therefore educational support programmes such as BEAM, District Aids Fund, Education Transitional Reform Programme should continued, expanded and monitored.

4.4 Water and Sanitation

- There is low coverage of safe water and sanitation facilities in some of the provinces like Masvingo and Matabeleland North. The Government through Ministry of Health and other development partners working in the area of water and sanitation should prioritise the worst affected provinces.
- Provision of toilets should be prioritised.

4.5 Agriculture

Given the challenges and opportunities identified by the communities, the following proposed actions could be considered:

- Draft power continues to be the major challenge facing communities. This problem was made worse by lack of dipping chemicals and facilities around the country, it is therefore vital for government and its development partners to:
 - Support the re-habilitation of dipping facilities and provide dipping chemicals to ensure that the animals are in good health in order to provide draft power.
 - Support livestock restocking programmes
 - Encourage and support fodder production to address the shortage of grazing identified by smallholder farmers.
 - Monitor the availability of grazing (controlled burning of veld), and intensify animal disease surveillance.
- Fertilizer and seeds should be made available on the local market timely and at affordable prices.
- Input schemes should distribute inputs before the onset of the cropping season.
- Government and development partners at all levels are urged to continue and expand irrigation programmes and also the drilling and rehabilitation of boreholes.

4.6 Funding for Vulnerability Assessments

- ZimVAC is a government programme and as such it is recommended that government should provide core funding for its implementation.

Annex 1: Number of Food Insecurity People by District in the 2006/07 Marketing Year

District	Population Aug-06	Number of Food Insecurity People in the 2006/07 Marketing Year					% Insecure
		Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar'07		
Hwange	62,805	2,893	7,221	14,168	22,862	36	
Kariba	38,349	2,008	6,247	9,246	12,287	32	
Mudzi	138,601	14,463	18,078	26,515	42,183	30	
Binga	132,073	5,869	16,180	26,891	38,612	29	
Rushinga	67,134	6,307	7,978	11,864	18,904	28	
Chiredzi	229,952	14,274	22,946	36,047	61,759	27	
Umzingwane	58,813	1,662	4,197	9,319	14,558	25	
Insiza	95,661	2,806	6,826	14,963	23,429	24	
Tsholotsho	122,092	1,118	5,258	17,671	29,117	24	
Bulilimangwe North	99,655	1,285	4,493	14,076	23,255	23	
Bubi	47,694	2,096	3,698	6,873	10,357	22	
Mberengwa	185,563	2,438	11,427	24,455	41,621	22	
Nkayi	111,118	5,677	10,299	18,636	24,341	22	
UMP	114,719	7,592	10,212	16,265	25,782	22	
Umguzu	79,078	3,555	5,631	10,024	16,340	21	
Zvishavane	68,729	1,007	3,930	8,294	14,433	21	
Buhera	225,004	4,336	11,981	27,144	43,966	20	
Gutu	196,115	3,742	10,506	23,894	38,696	20	
Gweru	84,075	4,479	6,906	11,680	16,742	20	
Masvingo	209,339	5,766	12,274	25,046	41,318	20	
Chivi	155,442	951	8,054	15,648	29,854	19	
Gwanda	125,251	2,091	7,386	12,580	23,887	19	
Lupane	97,109	4,079	7,579	13,653	17,966	19	
Mutoko	116,505	6,703	9,020	13,750	21,790	19	
Zaka	184,814	3,306	9,592	21,641	35,424	19	
Bikita	156,894	3,445	8,174	17,315	28,553	18	
Bulilimangwe South	72,282	726	3,446	6,742	13,363	18	
Chipinge	266,213	5,531	13,049	24,089	48,518	18	
Chirumanzu	67,284	1,956	3,773	7,486	12,300	18	
Guruve	213,412	9,560	14,778	25,676	37,385	18	
Murehwa	151,677	6,473	10,241	18,478	27,456	18	
Mwenezi	138,397	1,640	7,282	12,410	24,687	18	
Centenary	127,456	5,928	9,003	15,134	21,654	17	
Matobo	104,715	1,418	5,785	8,630	18,102	17	
Mt. Darwin	204,936	8,089	12,598	21,857	32,466	16	
Mutare	221,628	2,916	8,910	20,667	36,057	16	
Beitbridge	87,904	981	4,480	5,222	13,132	15	
Chegutu	137,576	5,777	8,545	13,914	21,024	15	
Goromonzi	162,105	6,289	9,723	16,110	23,821	15	
Makoni	247,831	9,664	14,299	24,429	38,178	15	
Marondera	102,869	4,034	6,253	10,470	15,491	15	
Seke	78,948	3,237	4,858	7,968	11,956	15	
Shamva	97,409	3,768	5,822	9,618	14,219	15	
Wedza	71,274	2,405	3,808	6,794	10,658	15	
Chikomba	110,281	3,488	5,235	9,213	15,225	14	
Kadoma	152,346	6,702	9,445	14,143	21,395	14	
Kwekwe	166,306	6,747	11,584	18,546	24,001	14	

Shurugwi	72,082	1,770	3,188	6,277	10,224	14
Bindura	117,461	4,369	6,680	10,587	15,612	13
Hurungwe	301,328	9,239	14,433	24,149	37,732	13
Mazowe	185,423	6,841	10,436	16,386	24,149	13
Chimanimani	112,212	1,067	2,774	6,555	13,517	12
Nyanga	113,622	3,585	4,312	6,455	13,193	12
Zvimba	211,014	7,197	10,736	15,252	22,330	11
Makonde	116,674	3,598	5,295	7,120	10,679	9
Gokwe North	240,216	8,457	11,365	12,001	17,549	7
Gokwe South	306,584	9,676	14,288	16,099	21,207	7
Mutasa	160,531	1,582	1,582	1,996	7,228	5
Grand Total	8,122,581	268,656	494,100	868,131	1,392,548	17