Zimbabwe Vulnerability Assessment Committee (ZimVAC)
2020 Urban Livelihoods Assessment

Food & Nutrition Council
Every Zimbabwean Free from Hunger & Malnutrition

VAC
ZIMBABWE
Vulnerability
Assessment Committee

Foreword

The Zimbabwe Vulnerability Assessment Committee (ZimVAC) successfully carried out the 8th Urban Livelihoods Assessment (ULA) in December 2020 under the overall coordination of the Food and Nutrition Council (FNC). This report provides updates on pertinent urban household livelihoods issues such as demographics, housing, education, health, nutrition, WASH, energy, social protection, food consumption patterns, food and income sources, income levels, expenditure patterns, debts, coping strategies, COVID-19, shocks and food security.

The survey was undertaken during a time when the country was continuing to grapple with the COVID-19 pandemic and was necessitated by the need to collect up to date food and nutrition security data to effectively support the planning and implementation of actions in a timely and responsive manner. The findings from the ULA will also go a long way in providing local insights into the full impact of the Corona Virus on food and nutrition security in urban areas in this country as the spread of the virus continues to evolve differently by continent and by country. In addition, the data will be of great use to Government, development partners, programme planners and communities in the recovery from the pandemic, providing timely information and helping monitor, prepare for, and respond to COVID-19 and any similar future pandemics. Thematic areas covered in this report include the following: education, food and income sources, income levels, expenditure patterns and food security, among other issues.

We would like to express our profound gratitude to ZimVAC for successfully conducting this survey during this unprecedented time, without under-estimating the active role played by the food and nutrition security structures at both provincial and district levels. All their efforts are greatly appreciated. This whole process received financial support and technical leadership from the Government of Zimbabwe and its Development Partners. Without this support, the 2020 Urban Livelihoods Assessment would not have been successful. We would also like to thank the urban communities of Zimbabwe as well as the local authorities for cooperating and supporting this assessment.

We submit this report to you for your use and reference in your invaluable work. We hope it will light your way as you search for lasting measures in addressing priority issues keeping many of our urban households vulnerable to food and nutrition insecurity.

George D. Kembo (Dr.)

FNC Director/ ZimVAC Chairperson

Table of Contents

Acknowledgements

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

- Office of the President and Cabinet
- Food and Nutrition Council
- SIRDC
- Ministry of Finance and Economic Development
- Zimbabwe National Statistics Agency (ZIMSTAT)
- Ministry of Lands, Agriculture, Water and Rural Resettlement
- Ministry 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
- United Nations Development Programme (UNDP)
- United States Agency for International Development (USAID)
- Food and Agriculture Organization (FAO)
- United Nations Children's Fund (UNICEF)
- ENTERPRIZE

- World Food Programme (WFP)
- Famine Early Warning System Network (FEWSNET)
- Urban Councils
- MAVAMBO Orphan Care
- Mercy Corps
- World Vision
- Welthungerhilfe (WHH)
- Renewed Efforts Against Child Hunger (REACH)
- CARE International
- CARITAS
- Plan International
- REDCROSS
- Goal
- Dan Church Aid
- Hope for Child in Christ (HOCIC)
- OXFAM
- TRINITY
- Health Excellence

3

Acknowledgement of Support

ZIMBABWE
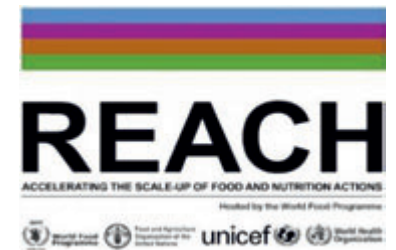
Acronyms

EA   Enumeration Area

FNC   Food and Nutrition Council

FNSP   Food and Nutrition Security Policy

FNSIS   Food and Nutrition Security Information System

HDDS   Household Dietary Diversity Score

HHS   Household Hunger Score

ULA   Urban Livelihoods Assessment

SAM   Severe Acute Malnutrition

ZimVAC   Zimbabwe Vulnerability Assessment Committee

Introduction

Introduction

- ZimVAC 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. To date, 20 rural and 8 urban livelihoods updates have been produced.

- ZimVAC plays a significant role in fulfilling Commitment Six, of the Food and Nutrition Security Policy (FNSP) (GoZ, 2012), in which the "Government of Zimbabwe is committed to ensuring a national integrated food and nutrition security information system that provides timely and reliable information on the food and nutrition security situation and the effectiveness of programmes and informs decision-making".

- It has become mandatory for FNC to coordinate annual livelihood updates with the technical support of ZimVAC.

Zimbabwe Vulnerability Assessment Committee (ZimVAC)

ZimVAC is a consortium of Government, Development Partners, UN, NGOs, Technical Agencies and the Academia. It was established in 2002 and is led and regulated by Government. It is chaired by FNC, a department in the Office of the President and Cabinet whose mandate is to promote a multi-sectoral response to food insecurity and nutrition problems in a manner that ensures that every Zimbabwean is free from hunger and malnutrition.

ZimVAC supports Government, particularly FNC in:

- Convening and coordinating national food and nutrition security issues in Zimbabwe

- Charting a practical way forward for fulfilling legal and existing policy commitments in food and nutrition security

- Advising Government on the strategic direction in food and nutrition security

- Undertaking a "watchdog role" and supporting and facilitating action to ensure sector commitments in food and nutrition are kept on track through a number of core functions such as:

    - Undertaking food and nutrition assessments, analysis and research;

    - Promoting multi-sectoral and innovative approaches for addressing food and nutrition insecurity, and:

    - Supporting and building national capacity for food and nutrition security including at sub-national levels.

Assessment Rationale

- The performance of the agricultural season, the COVID-19 pandemic coupled with the prevailing macro-economic environment has affected the livelihoods of the urban population.

- The impact on the livelihoods, which has ripple effects on household wellbeing outcomes, has not been quantified and ascertained hence the need to carry out a livelihoods assessment.

- The assessment results will be used to guide the following:

  - Evidence based planning and programming for targeted interventions.

  - Development of short to medium- and long-term interventions that addresses immediate and long term needs as well as building resilient livelihoods.

  - Evaluation of the socio-economic impact of the COVID-19 pandemic on urban households.

  - 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, SDG and the Zero Hunger strategy.

Purpose

The overall purpose of the assessment is to provide an annual update on livelihoods in Zimbabwe's urban areas, for the purposes of informing

policy formulation and programming appropriate interventions.

Objectives

The specific objectives of the assessment were;

- To estimate the urban population that is likely to be food insecure in the 2020/21 consumption year, their geographic distribution and the severity of their food insecurity

- Assess impact and severity of COVID-19 on urban livelihoods.

- To assess the nutrition status of children of 6 – 59 months.

- To describe the socio-economic profiles of and urban households in terms of such characteristics as their demographics, access to basic services (education, health services and water and sanitation facilities), assets, income sources, urban agriculture, incomes and expenditure patterns, food consumption patterns and consumption coping strategies.

- To determine the coverage of humanitarian and developmental interventions.

- To determine the effects of shocks experienced by communities on food and nutrition security.

- To document opportunities for enhanced urban livelihoods.

Background

- The 2020 ULA was undertaken against a continuously evolving food and nutrition security situation.

- Zimbabwe, like the rest of the world, has not been spared from the scourge of COVID-19. The pandemic is a health and human crisis threatening the food security and nutrition among the Zimbabwean population. Since its outbreak, the COVID-19 pandemic has been seen to put both lives and livelihoods at risk. Specifically, some of the measures which have been implemented by the Government to contain the spread of the virus such as lockdowns and border restrictions have inadvertently affected the food supply chains, thus restricting people's access to adequate and diverse nutritious sources of food.

- The 2019/2020 agriculture season can be summed up as a period characterised by negative weather phenomenon. Coming out of Cyclone Idai which was experienced in early 2019, the summer season experienced delayed onset of rain, which had a high knock-on cattle (death due to drought), delayed planting season and limited availability of productive water for those with irrigation infrastructures.

- Urban areas provide a number of socio-economic opportunities for many people, but are also becoming increasingly precarious places to live in, especially for low-income residents of cities in developing countries.

Background

- Along with the benefits of urbanization and agglomeration come environmental and social ills, including lack of access to drinking water and sanitation, pollution and carbon emissions. Clearly, there are cyclical links between urban areas, lifestyles and consumption patterns on one hand, and global environmental problems on the other.

- The effect of climate related shocks is also dominant in urban areas, as most households practice urban agriculture, inclusive of crop production, vegetable sales and livestock rearing (chickens). Thus, the current drought threatens to exacerbate the precarious water situation in the urban areas, as it results in prolonged water cuts and increased incidents of load shedding which affect access to energy.

- In addition to this, structural macro-economic and social factors also contribute significantly to urban food insecurity.

Background

Impact of COVID-19

- COVID-19, declared a pandemic on 11 March 2020, has literally turned the world 'upside down' since it started in Wuhan, China with global reported cases of more than 118,000 and more than 4,291 deaths. The Government of Zimbabwe, responded to the pandemic by gazetting a Statutory Instrument 83 of 2020 Public Health (COVID-19 Prevention, Containment and Treatment) Order 2020, on March 27, 2020 declaring the COVID-19 crisis a "national disaster" and introduced a nationwide 21 days lockdown from Monday, March 30, 2020 with the aim of slowing down the spread of COVID-19. The lockdown indicated that essential industries and services needed to remain open to support the health sector and ensure minimal disruption in critical goods and services. During the lockdown the public was strongly encouraged to stay in their homes and to practice social distancing, among other critical preventative measures outlined.

- These measures risk to exacerbate the precarious food security situation through the following impacts on exports, imports (supply chain of essential goods such as food, medicine and other essential supplies such as seeds and fertilizers), livelihoods (employment and income reduction) and fiscal pressure on the health sector. Furthermore, none of the countries will be spared from the downstream impact of policy interventions and regulations being implemented to control the spread of COVID-19 which will be felt at individual, household, community and national levels.

- The COVID-19 outbreak and its debilitating impacts on livelihoods will only further exacerbate the situation, eroding community coping capacities and deepening food and nutrition insecurity of vulnerable households and individuals. Furthermore, we are likely to see an increase in the number of vulnerable people as those who typically are able to cope may find themselves struggling to meet needs given the unprecedented challenging environment.

Background

Impact on Trade

- The immediate impact of COVID-19 is already being realized through its impact on trade.

- Zimbabwe is already being hit by a drop in export revenues due to slow-down in demand and weakening of its currency.

- On the import side, Zimbabwe with high food (wheat, cooking oil) import burden will be affected.

- The decision for lockdown is needed for reducing infection and "flattening the curve" but it will also have far reaching effects on people and their livelihoods, especially of daily wage earners, small businesses, the informal sector and the large population already at risk because of pre-existing vulnerability conditions.

*Impact on programme and supply chain*

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

- Travel restrictions and border closures are likely to delay the movement of the essential supplies such as seed and fertilizers (for the winter season).

- Programmes will inherently have to depend on reduced information and evidence and it is also crucial for Government and partners to ensure that the delivery of assistance is provided in a manner that enforces the "Do No Harm" principle.

Background

Affected populations

- There is a high likelihood that urban areas are at the highest risk because of high density settlements as they are also the main entry points for international travel. The population group most affected would include the urban poor and the daily wage employees whose livelihoods are curtailed by the distancing measures.

- Markets play a major role in enhancing food and nutrition security in urban areas. However, market dynamics, failures and shortcomings often weaken the desired impacts and long-term effects. The lockdown has affected access to food for most urban households. Furthermore, households with livelihood options such as petty trade, vending, casual labour, skilled trade and own businesses are likely to experience the most impact of no trade during the lockdown period.

Methodology – Assessment Design

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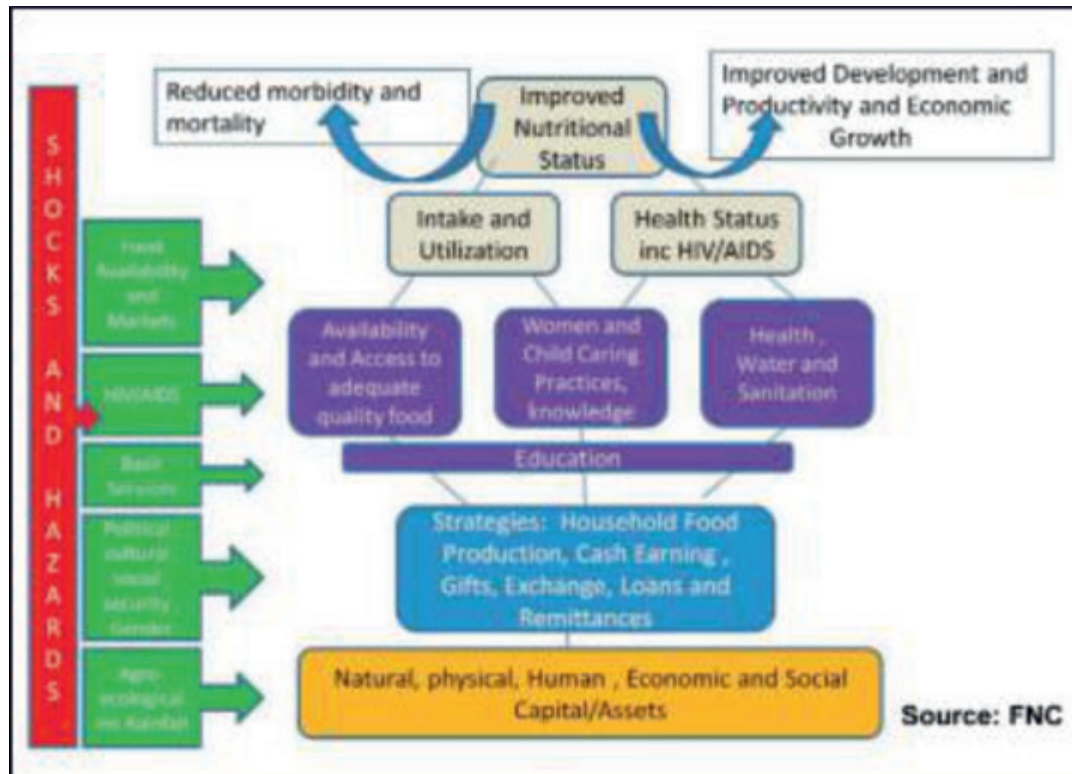
- The assessment was a cross-sectional study whose design was guided and informed by the Food and Nutrition Security Conceptual framework (Figure 1), which Zimbabwe adopted in the FNSP (GoZ, 2012), and the conceptual framework on food security dimensions propounded by Jones et al. (2013).

- The assessment 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.

Methodology – Assessment Process

- ZimVAC, through multi-stakeholder consultations, developed an appropriate assessment design concept note and data collection tools informed by the assessment objectives.

- The primary data collection tools used in the assessment was the android–based structured household tool.

- ZimVAC national supervisors (including Provincial Agritex Extension Officers and Provincial Nutritionists) and enumerators were recruited from Government, United Nations, Technical partners and Non-Governmental Organisations. These underwent training in all aspects of the assessment. In order to minimise risk of spreading COVID-19, training for both supervisors and enumerators was done virtually.

- The Ministry of Health and Child Care was the lead ministry in the development of the Infection, Prevention and Control (IPC) guidelines for the assessment. These were used to train all enumerators and supervisors on how to practice IPC measures during the whole assessment process.

- The Ministry of Local Government, through the Provincial Development Coordinators' offices coordinated the recruitment of domain level enumerators and mobilisation of provincial and district enumeration vehicles. Enumerators for the current assessment were drawn from an already existing database of those who participated in one or two previous ZimVAC assessments. Four enumerators were selected from each domain for data collection.

Methodology: Sampling

- The sample design was such that key livelihood indicators, particularly food insecurity prevalence, could be reported at domain level with at least 95% confidence.

- The sample was drawn from 38 reporting domains made up of cities, towns, service centres and growth points.

- It focused on urban households residing in the medium-density, high density, and peri-urban areas of Zimbabwe. It covered Urban Council Areas (UCAs), Administrative Centers (ACs), Growth Points (GPs) and Other Urban Areas. The sector consists of designated areas comprising of usually 2500 households or more with compact settlement pattern and at least 50 percent of the employed persons are engaged in non-agricultural occupations.

- The 2012 ZimSTAT master sampling frame was used to draw 25 enumeration areas (EAs) for each domain using Probability Proportional to Population Size (PPS) method.

- The households enumerated were selected using systematic random sampling within the sampled EAs.

- A total of 9,474 households were interviewed.

Sample Characterization - Domains

Province	Domain	Province	Domain
Harare	Harare South- Hopley, Southlea, Ushewokunze, Hatcliffe	**Mashonaland Central**	Bindura Urban
	Greater Harare 1 -(Mbare - Sunningdale)		Mazowe, Mvurwi
	Greater Harare 2 -(Glen View, Glenorah - Budiriro, Mufakose, Highfields)	**Mashonaland East**	Marondera Urban
	Greater Harare 3-(Tafara - Mabvuku, Caledonia)		Murehwa Mutoko Mudzi
	Greater Harare 4 (Kuwadzana, Warren Park, Dzivarasekwa)		Chivhu, Seke, Hwedza
	Epworth		Ruwa, Domboshava, Goromonzi
	Chitungwiza	**Mashonaland West**	Kadoma
Bulawayo	Bulawayo 1 (Makokoba, Mzilikazi, Nguboyenja, Soshangane flats, Thokozani Flats, Matshobana, Mpopoma, Old Lobengula		Chegutu
	Bulawayo 2 (Old Luveve, Emakhandeni, Ntumbane, Cowdry Park, Luveve 5, Lobengula West, Old Magwegwe, New Luveve)		Chinhoyi
	Bulawayo 3 (Enqameni, Pelandaba West, Hyde Park, Gwabalanda, Magwegwe North, Magwegwe West, Old Pumula East)		Kariba, Karoi
	Bulawayo 4 (Tshabalala, Nkulumane 1-14, Nketa 6-9, Sizinda, Tshabalala Extension, Emganwini, Mbundane, Rangemore)		Norton
Manicaland	Mutare Urban	**Matabeleland North**	Victoria Falls, Hwange
	Rusape		Binga, Lupane, Nkayi
	Chipinge, Chimanimani, Buhera	**Matabeleland South**	Beitbridge Urban
Midlands	Gweru Urban		Gwanda Urban
	Kwekwe Urban		Plumtree
	Redcliff	**Masvingo**	Masvingo Urban
	Zvishavane Urban		Gutu, Bikita, Zaka- Jerera
	Gokwe centre, Nembudziya		Chiredzi Urban

Methodology – Assessment Process

- Primary data collection took place from 4 to 13 December, 2020. In recognising the risk of spreading COVID-19 during data collection, innovative approaches were used to collect vital information without causing any harm.

- The ULA was guided by global and country specific recommendations and all necessary precautions were taken to avoid potential transmission of COVID-19 between enumerators and community members. In order to reduce exposure to COVID-19 through person to person physical contact, primary caregivers were capacitated to measure their children using Mid-Upper Arm Circumference (MUAC) tapes and assessment of oedema.

- Data analysis and report writing ran from 19-28 January 2021. Various secondary data sources and field observations were used to contextualise the analysis and reporting.

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.

- 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 2020 RLA collected and analysed information on the following thematic areas:

- Education

- Health

- WASH

- Nutrition

- Agriculture and other rural livelihoods activities

- Food Security

- Shocks and stressors

- Social Protection

- Markets

- COVID-19

- Linkages amongst the key sectoral and thematic areas

- Cross-cutting issues such as gender

Sample Characterisation

Sample Characterisation-Households

Province	N	Average Household size	Questionnaire Completeness(%)			Suburb Type (%)				Respondent Sex (%)		Respondent Average Age
			Completed	Partially Completed	Refused	High Density	Medium Density	Informal Settlement	Low Density	Male	Female	
Bulawayo	1003	4.3	92	7.5	0.5	99.4	0.5	0.1	0	14.7	85.3	38.7
Manicaland	750	4.2	89.8	9.8	0.4	69.3	16.3	1.5	12.9	19.2	80.8	37.9
Mash Central	498	4.2	42.5	55.2	2.2	72.3	23.8	0	4	21.7	78.3	37
Mash East	998	4	99.4	0.2	0.4	67.7	16.7	0	15.6	21.1	78.9	37.7
Mash West	1244	4.4	98	1.6	0.4	86.4	8.2	1	4.4	19.3	80.7	37.3
Mat North	496	3.7	80.8	17.6	1.6	85.2	5	4.6	5.2	29.6	70.4	36.3
Mat South	742	4.2	98.7	0.9	0.4	81.5	12	0.3	6.3	16.6	83.4	35.1
Midlands	1242	4.3	98.4	0.8	0.8	81.8	8.7	0.8	8.7	20.2	79.8	38.8
Masvingo	748	3.5	99.2	0.7	0.1	90.7	2.7	0.1	6.5	24.9	75.1	37.7
Harare	1753	3.9	89.2	10.3	0.6	97.8	2.1	0	0.1	19.2	80.8	38.1
National	**9474**	**4.1**	**91.7**	**7.7**	**0.6**	**85.1**	**8.4**	**0.6**	**5.9**	**20**	**80**	**37.7**

- A total of 9474 households were interviewed of which 85.1% were in the high density, 8.4% in the medium density, 5.9% in the low density and 0.6% in informal settlements.

- The average age of the respondents was 37.7years and 80% were females.

- The average household size was 4.1 and this was similar with previous assessments.

Sample Characterisation-Children

Province	Total	Child Sex		Age group			
	Children 0-59 months	Boys (%)	Girls (%)	6 to 11 (%)	12 to 17 (%)	18 to 23 (%)	24 to 59 (%)
Bulawayo	298	50.3	49.7	7.0	9.7	9.7	67.8
Manicaland	147	53.1	46.9	6.8	15.6	12.9	59.9
Mash Central	102	56.9	43.1	13.7	19.6	8.8	51.0
Mash East	171	56.1	43.9	9.9	9.4	15.2	56.1
Mash West	231	48.1	51.9	9.1	12.1	10.8	60.2
Mat North	112	50.0	50.0	7.1	13.4	10.7	57.1
Mat South	225	44.4	55.6	12.4	9.8	14.7	56.9
Midlands	186	50.0	50.0	9.7	9.7	12.4	54.3
Masvingo	71	42.3	57.7	11.3	8.5	7.0	70.4
Harare	260	52.7	47.3	11.9	10.0	10.0	62.3
National	**1803**	**50.4**	**49.6**	**9.8**	**11.3**	**11.5**	**60.0**

- A total of 1803 children 0 to 59 months were in the sample with a gender representation ratio of approximately 1:1.

- Of the measured children 6 to 59 months, 60% were in the 24-59 months age group, 11.5% in the 18-23 months age group, 11.3% in the 12-17 months and 9.8% in the 6-11 months age groups.

Household Demographics and Characteristics

Household Characteristics

Households	Proportion of Households (%)			
	2016	**2018**	**2019**	**2020**
Male headed household	69	71	74	50
Female headed household	31	29	26	50
Child headed household	0.2	0.4	0.1	0.4
Elderly headed household	11.9	12.3	11	11.1
Presence of at least one orphan	13.9	24.1	12	20
Presence of chronically ill person	1	10.4	34.1	24
Presence of a person with disability	1.7	4	6	6

- Nationally, there was an increase in the proportion of households with at least one orphan from 12% in 2019 to 20% in 2020.

- The proportion of female headed households was 50%, an increase from 2019 (26%).

- Twenty-four percent of the households had a chronically ill member.

Child and Elderly Headed Households
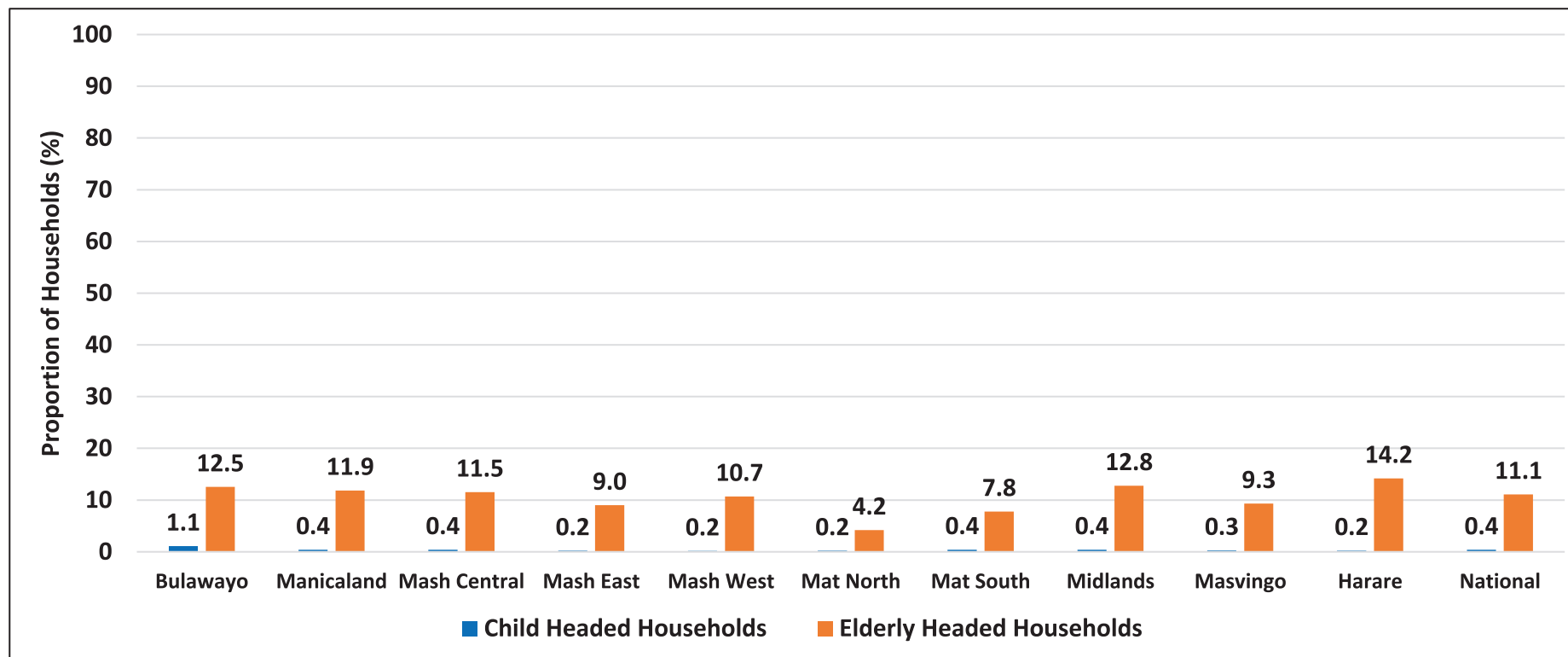
- Nationally, 11.1% of the households were headed by elderly persons whilst 0.4% were child-headed.

- Harare (14.2%) had the highest proportion of elderly headed households and Bulawayo (1.1%) had the highest proportion of child headed households.

Characteristics of Household Head

	Average Age (Years)	Marital Status				
		Married living together (%)	Married living apart (%)	Divorced/separated (%)	Widow/widower (%)	Never married (%)
Bulawayo	40.4	50.1	7.6	8	11.5	22.8
Manicaland	41.4	61.5	5.9	12	11.1	9.5
Mash Central	42.3	71.1	4.3	8.6	8.2	7.8
Mash East	40.5	60.7	8.7	13	10.5	7.1
Mash West	40.6	70.4	3.7	10.5	8.4	7
Mat North	38.8	66.5	11	10.1	6.3	6.1
Mat South	38.1	59.7	7.2	9.6	8.5	15
Midlands	42.2	60.5	7.5	11	12.3	8.8
Masvingo	39.7	53.4	9	11.1	12.3	14.1
Harare	42.2	66.2	5.3	9.7	10.6	8.2
National	**40.9**	**62.1**	**6.7**	**10.4**	**10.3**	**10.5**

- The average age of the household head was 40.9 years.

- The majority of the household heads were married and living together(62.1%).

- Midlands and Masvingo (12.3%) had the highest proportion of widowed household heads.

Education Level of Household Head
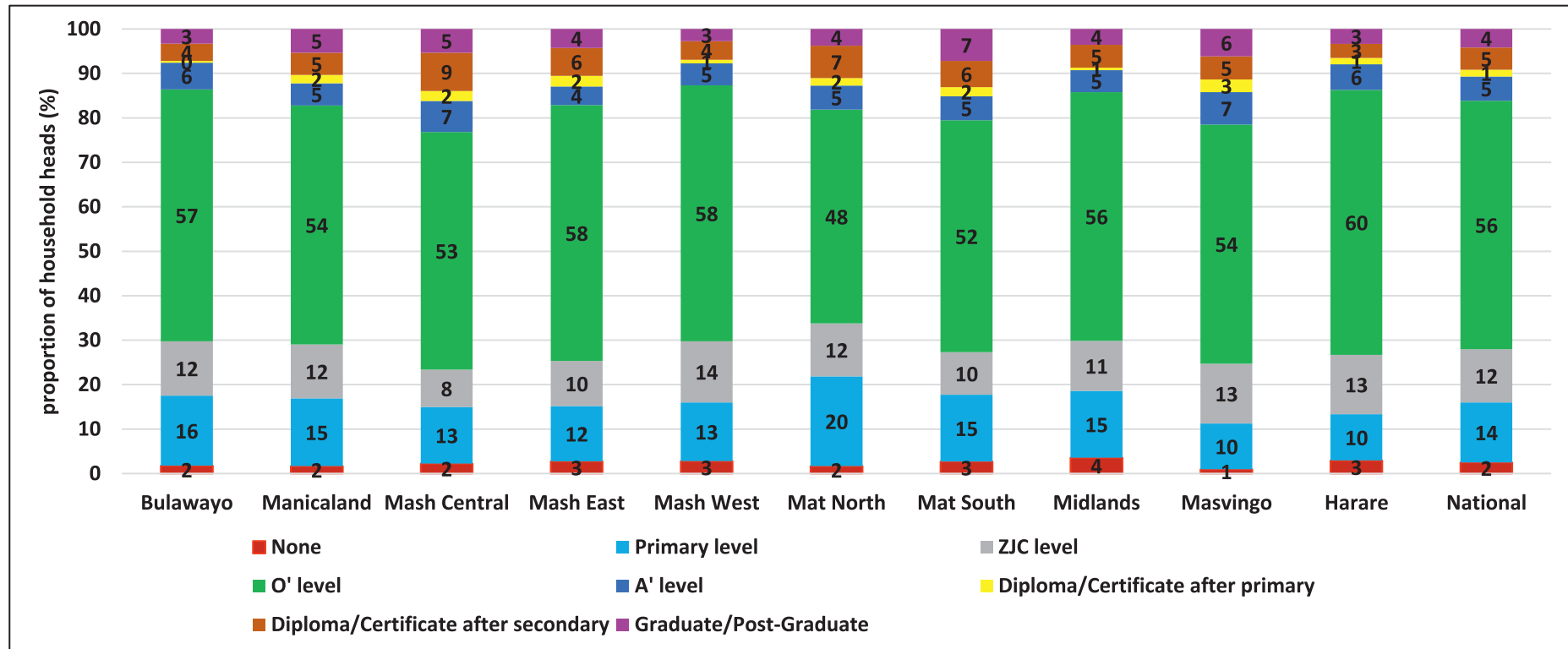
- About 98% of the household heads had attained at least primary level.

- Midlands (4%) had the highest proportion of household heads who had not attained any level of education.

Employment Status of Household Head
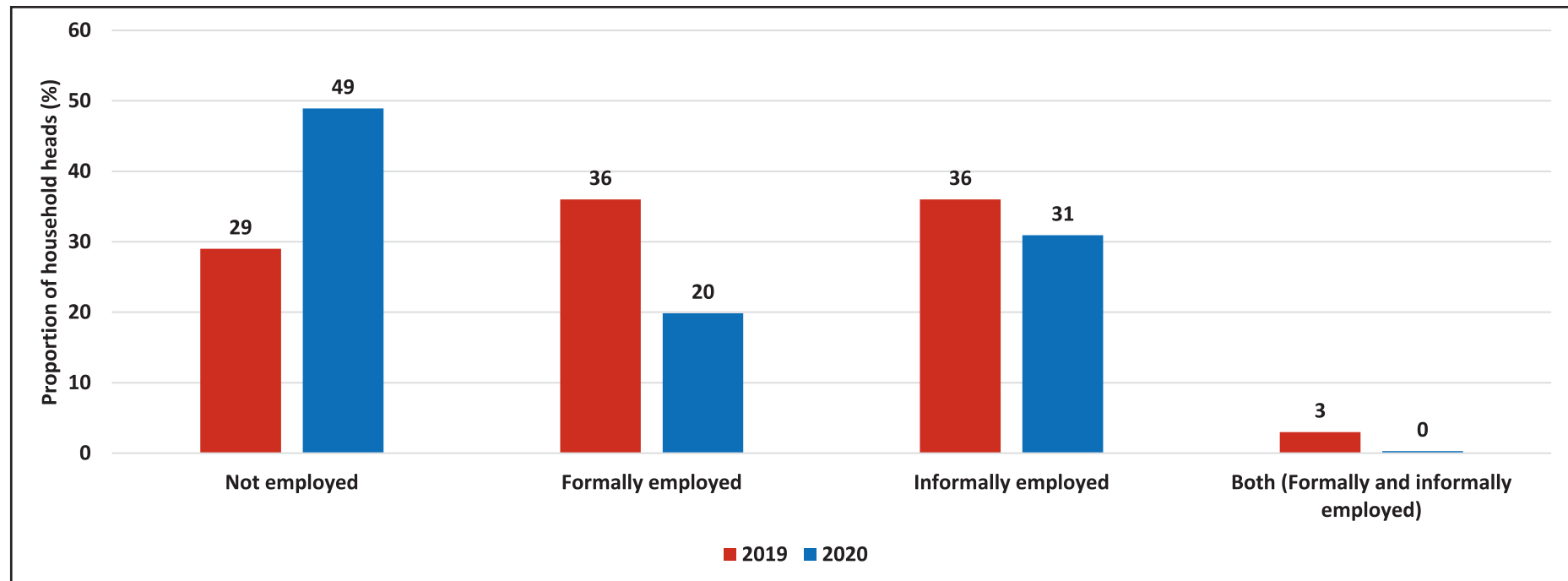
- The proportion of households heads who were not employed increased to 49% from 29% in 2019.

- There was a decrease in the proportion of household heads who were formally employed from 36% (2019) to 20% in 2020.

Employment Status of Household Head by Age Category

Household head age category	Not employed (%)	Formally employed (%)	Informally employed(%)	Both (Formally and informally employed) (%)
18 to 29 years	61.8	12.3	25.7	0.1
30 to 39 years	39.7	23.2	36.9	0.3
40 to 49 years	36.7	25.3	37.4	0.6
50 to 59 years	45.1	25.3	29.4	0.3
Greater than 59 years	82.1	6.5	11.1	0.2
National	**48.9**	**19.9**	**30.9**	**0.3**

- The unemployed household heads had the highest proportion among those aged over 59 years (82.1%) and those between the ages 18 to 29 years (61.8%).

- The informally employed household heads had the highest proportion among those aged 40 to 49 years (37.4%).

Religion of Household Head
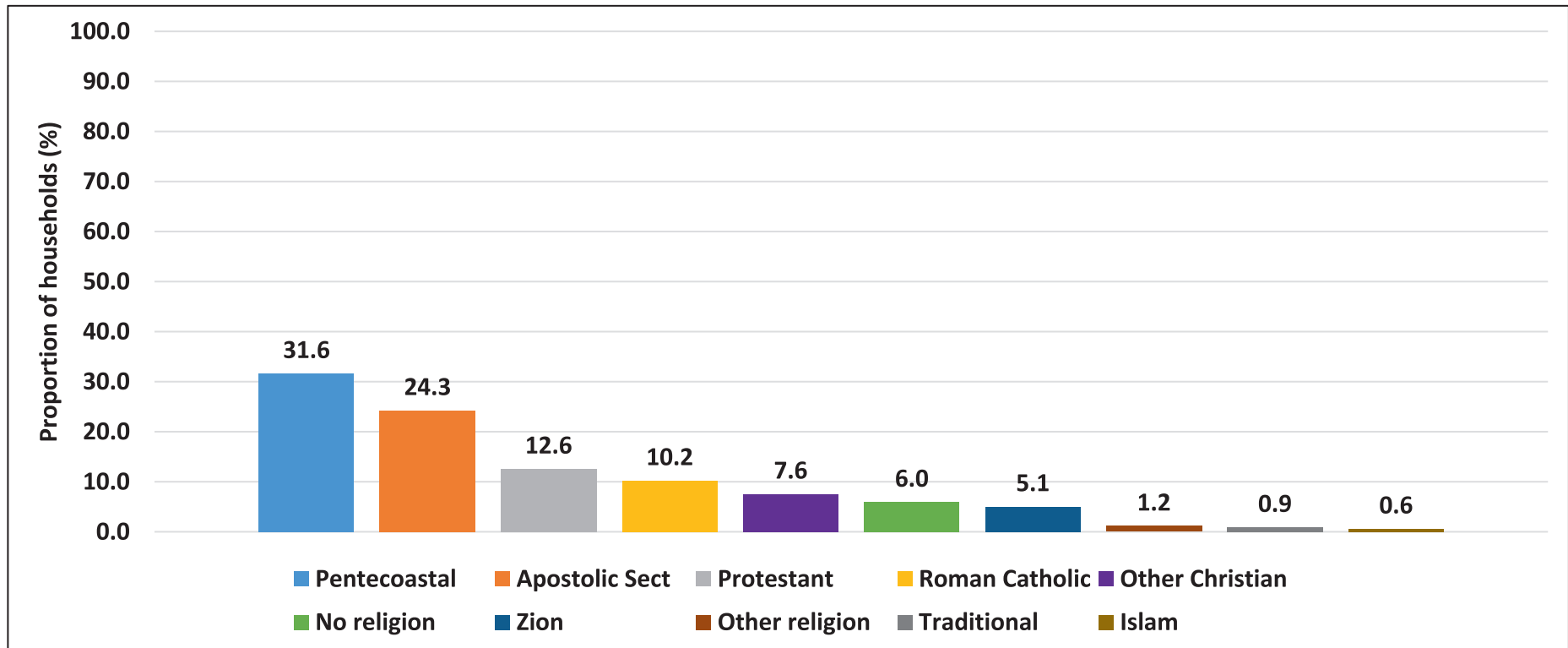
- The most common religion for household heads was Pentecostal (32.6%) and the Apostolic sect (24.3%).

Vulnerability Attributes

Orphans
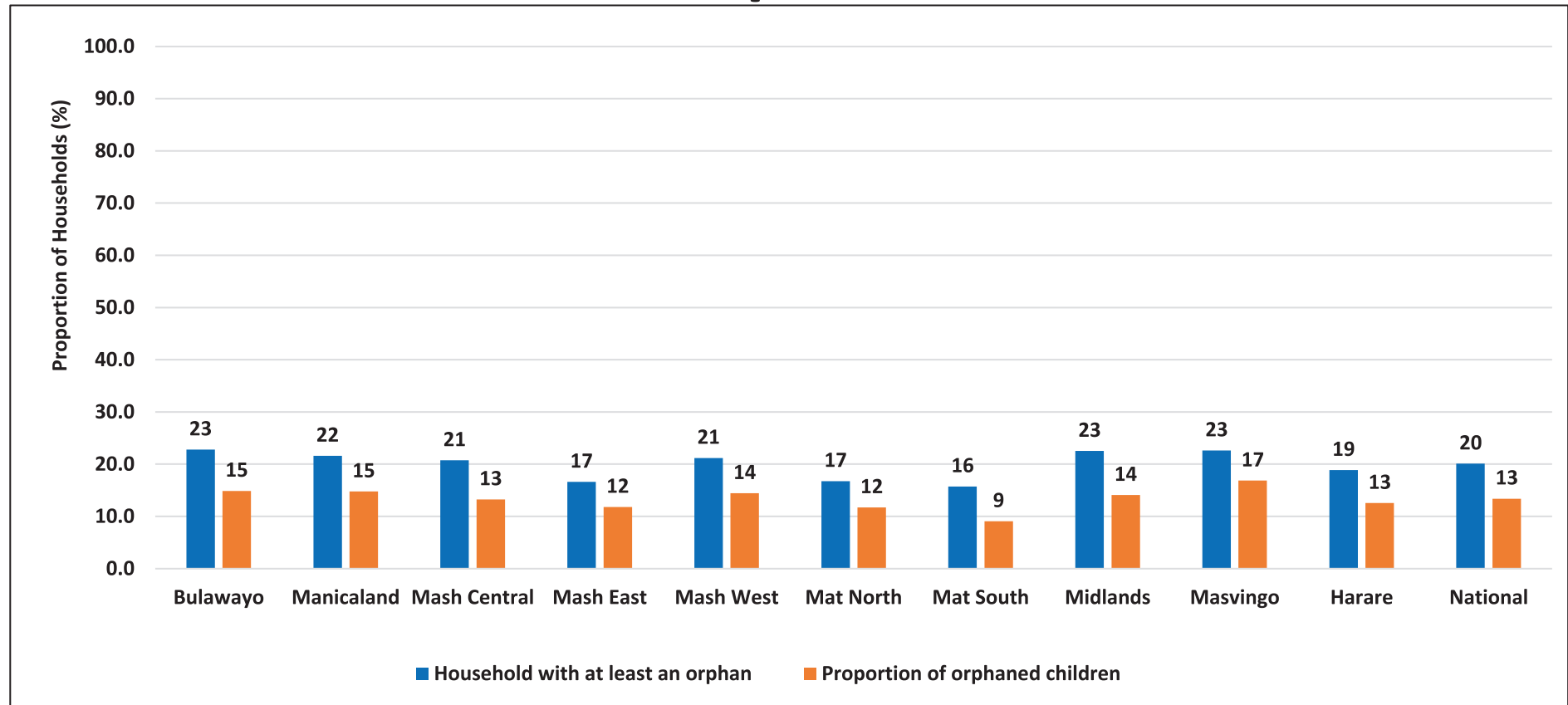
- About 20% of the households reported having at least an orphan in the household.

- About 13% of children aged 0-17 years were orphans.

- Bulawayo (23%), Masvingo (23%) and Midlands (23%) reported higher proportions of households with orphans.

Households with Mentally or Physically Challenged Members

Province	Proportion of Mentally or Physically Challenged Members (%)
Bulawayo	1.6
Manicaland	2.2
Mash Central	0.7
Mash East	1.1
Mash West	1.7
Mat North	1.2
Mat South	1.2
Midlands	1.8
Masvingo	1.8
Harare	1.9
National	**1.6**

- At least 1.6% of urban households reported having a mentally or physically challenged member.

- Manicaland (2.2%), Harare (1.9%), Masvingo (1.8%) and Midlands (1.8%) recorded the highest proportion of households with a physically or mentally challenged member.

Type of Disability

Province	Psychiatric or mental illness (%)	Visual impairment (%)	Hearing impairment (%)	Speech impairment (%)	Mobility impairment or amputated leg (%)	Impaired or amputated hand/arm (%)	Stroke/trauma/ Neurological impairment (%)	Intellectual impairment (Downs syndrome, autism, epilepsy, cerebral palsy) (%)	Albinism (%)	Other (%)
Bulawayo	17.6	20.0	4.7	2.4	2.7	0.0	12.9	11.8	0.0	5.9
Manicaland	22.4	18.4	0.0	3.9	28.9	3.9	10.5	6.6	0.0	5.3
Mash Central	17.4	17.4	17.4	13.0	8.7	8.7	0.0	13.0	0.0	4.3
Mash East	17.8	17.8	13.3	2.2	28.9	2.2	2.2	0.0	2.2	13.3
Mash West	17.1	14.3	6.7	5.7	21.0	3.8	13.3	5.7	1.9	10.5
Mat North	23.1	7.7	7.7	11.5	3.8	11.5	11.5	7.7	0.0	15.4
Mat South	8.9	13.3	6.7	4.4	22.2	6.7	20.0	8.9	4.4	4.4
Midlands	15.8	17.5	8.8	7.9	20.2	2.6	6.1	10.5	0.0	10.5
Masvingo	11.3	11.3	7.5	3.8	37.7	13.2	7.5	1.9	3.8	1.9
Harare	15.8	12.5	6.6	5.3	17.1	3.9	17.8	11.2	1.3	8.6
National	**16.6**	**15.3**	**6.9**	**5.4**	**22.1**	**4.4**	**11.6**	**8.3**	**1.2**	**8.1**

- Of the 1.6% households which reported having a physically or mentally challenged member, mobility impairment or amputated leg (22.1%), psychiatric or mental illness (16.6%), visual impairment (15.3%) and Stroke or trauma (11.6%) were common among household members with disability.

- Matabeleland North (23.1%) had the highest proportion of household members suffering from psychiatric or mental illness whilst Masvingo (37.7%)had the highest proportion for those with mobility impairment or amputated leg.

Education

Children in School Before Lockdown
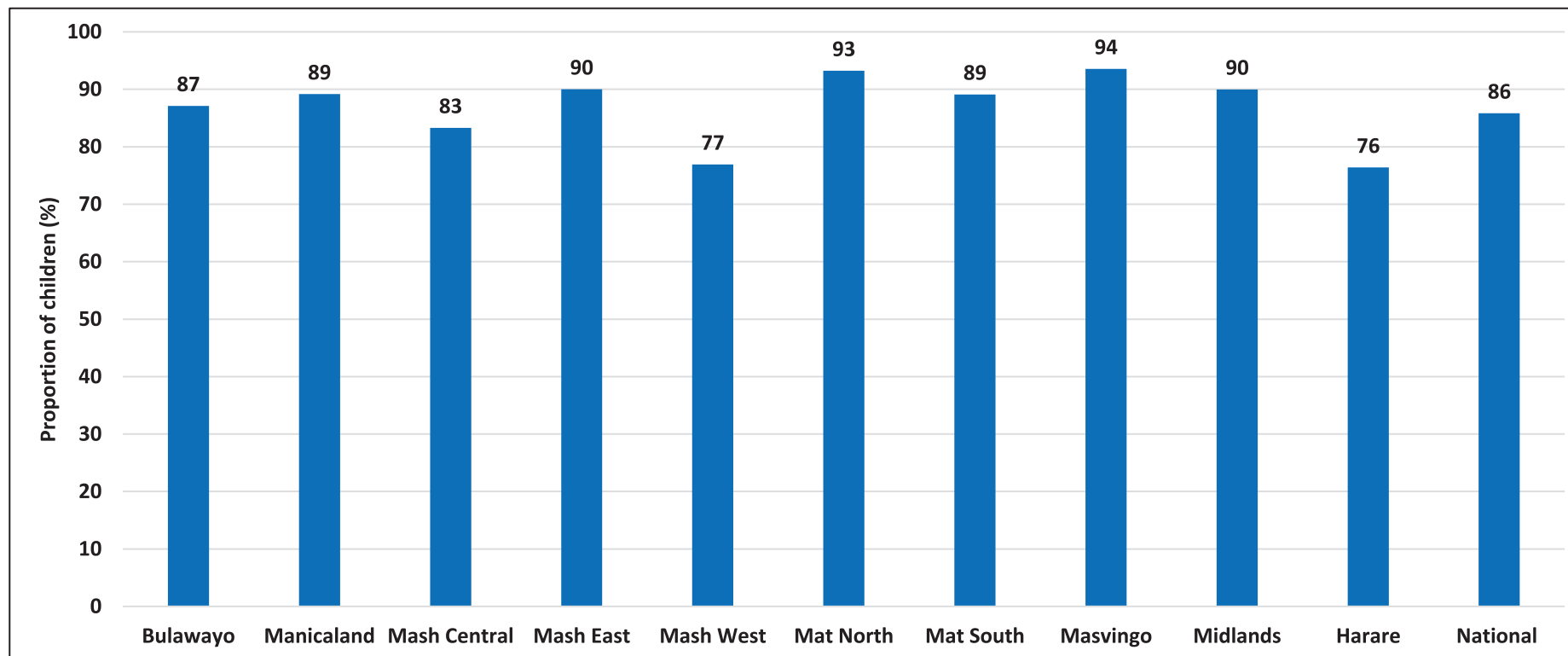
- The proportion of children 4-17 years who were in school before the March 2020 lockdown was 86%.

- Harare (24%) and Mashonaland West (23%) has the highest proportion of children 4-17 years who were out of school before the lockdown.

Access to Online Schooling
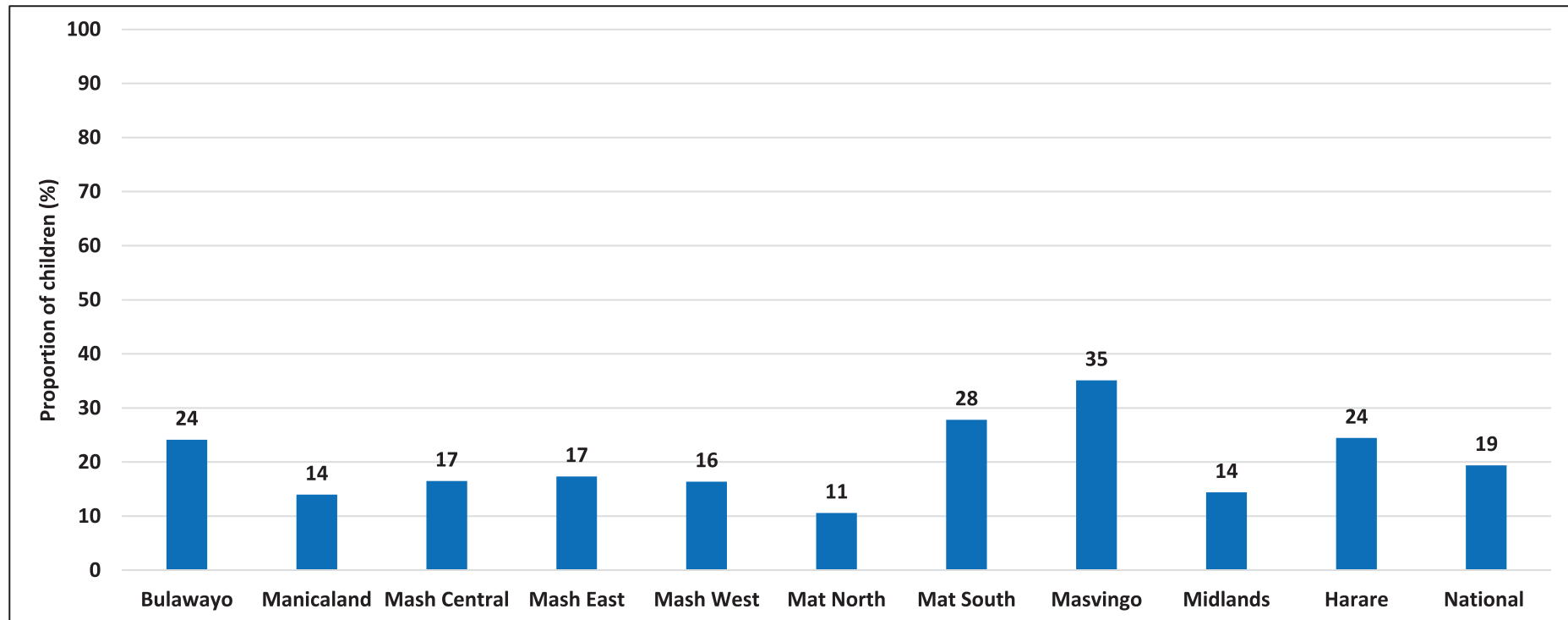
- Nationally, 19% of children aged 4-17 years were accessing online schooling during the lockdown.

- The highest proportion was in Masvingo (35%) and lowest in Matabeleland North (11%).

Social Protection

Households which Received Support

2019
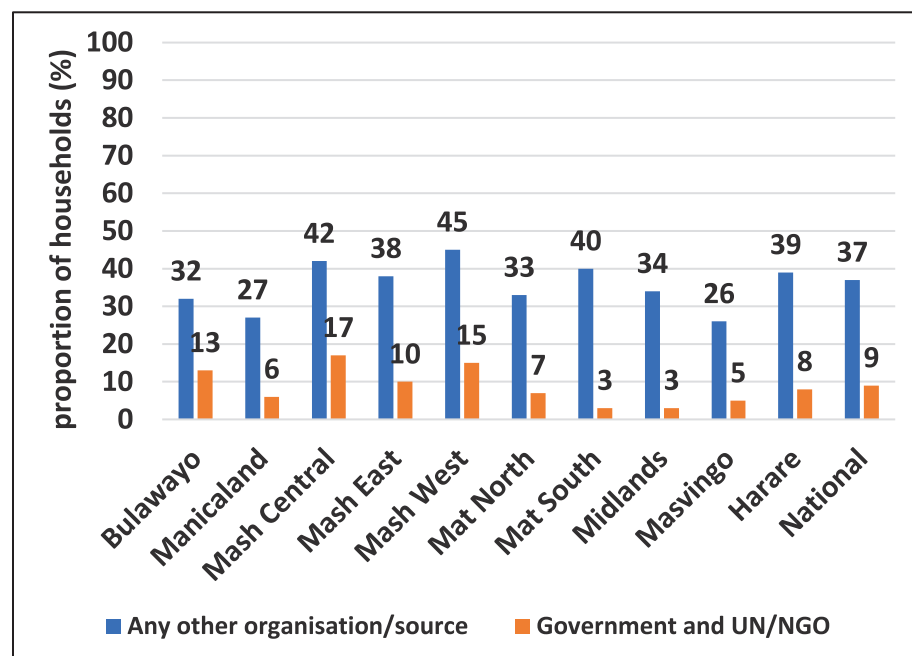
2020
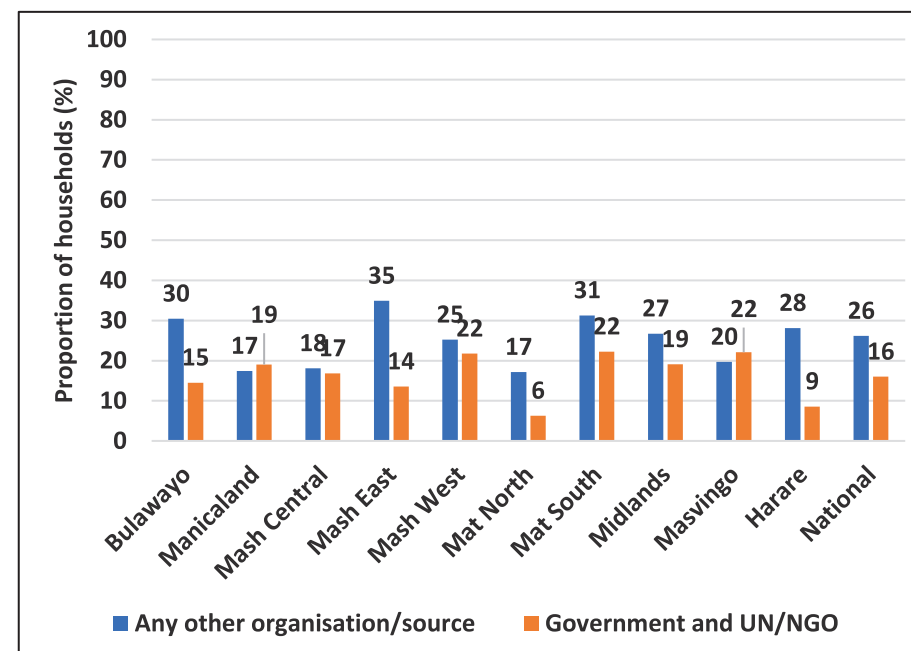
- Nationally, 42% of the households received some form of support which was a decrease from 46% in 2019.
- There was an increase in the proportion of households which received support from government and UN/NGO from 9% in 2019 to 16 % in 2020.

Sources of Support

Province	Relatives outside community (including rural areas) (%)	UN/NGO (%)	Relatives outside Zimbabwe (%)	Relatives within community(Suburb) (%)	Non-relatives within community(Suburb) (%)	Government (%)	Churches (%)	Non-relatives outside community (including rural areas) (%)	Mutual help group(including burial societies and women/men groups) (%)	Charitable group (Helping others) (%)	Private sector (%)	Civic (improving community) group (%)
Bulawayo	7.9	9.5	18.2	6.5	4.5	5.3	5.4	1.8	0.8	0.3	0.4	0.4
Manicaland	8.3	15.5	3.7	5.8	3.1	3.9	2.4	1.9	0.5	0.3	0.7	0.0
Mash Central	9.2	1.4	7.7	9.1	6.4	**15.2**	3.9	3.0	0.7	0.0	0.0	0.2
Mash East	**14.8**	6.0	8.1	**17.7**	**14.5**	7.6	3.6	2.8	0.3	0.1	0.2	0.4
Mash West	13.6	**19.2**	5.4	10.5	7.2	2.9	4.4	2.4	0.6	0.3	0.2	0.3
Mat North	6.9	4.7	6.5	7.7	5.5	1.6	1.4	2.2	0.2	0.0	0.0	0.0
Mat South	12.9	16.9	**16.7**	7.1	5.9	5.9	4.2	2.2	0.7	0.4	0.0	0.1
Midlands	11.5	12.7	8.2	8.8	5.5	6.7	5.0	1.5	0.6	1.1	0.7	0.2
Masvingo	8.5	15.1	5.9	5.2	5.9	7.3	3.1	0.7	0.3	0.5	0.1	0.3
Harare	12.2	5.0	9.4	9.3	5.2	3.7	5.0	2.2	0.6	0.3	0.3	0.3
National	**11.2**	**10.9**	**9.1**	**9.1**	**6.4**	**5.5**	**4.1**	**2.0**	**0.6**	**0.4**	**0.3**	**0.2**

- The highest sources of support were relatives outside community (11.2%), UN/NGO(10.9%) and relatives outside Zimbabwe and within community (9.1%).

- Mashonaland Central had the highest proportion of households which received Government support (15.2%).

Forms of Support Received from Government and UN/NGOs

Government

	Food (%)	Cash (%)	Crop inputs (%)	Livestock inputs (%)	WASH inputs (%)	Other non-food items (%)	Livelihood programming (%)
Bulawayo	55.4	53.6	0.0	0.0	8.9	1.8	0.0
Harare	46.5	40.8	5.6	1.4	4.2	11.3	2.8
Manicaland	43.3	23.3	30.0	0.0	3.3	10.0	3.3
Mash Central	26.9	9.0	70.1	1.5	0.0	3.0	0.0
Mash East	35.0	11.3	65.0	0.0	0.0	1.3	3.8
Mash West	52.5	35.0	7.5	0.0	0.0	7.5	2.5
Masvingo	58.6	20.7	50.0	0.0	0.0	5.2	0.0
Mat North	77.8	22.2	0.0	0.0	0.0	0.0	0.0
Mat South	45.5	59.1	4.5	4.5	4.5	9.1	2.3
Midlands	31.8	62.4	3.5	0.0	0.0	11.8	1.2
National	**43.0**	**34.8**	**27.6**	**0.7**	**2.0**	**6.5**	**1.7**

UN/NGOs

	Food (%)	Cash (%)	Crop inputs (%)	Livestock inputs (%)	WASH inputs (%)	Other non-food items (%)	Livelihood programming (%)
Bulawayo	57.6	30.3	1.0	1.0	26.3	15.2	2.0
Harare	60.2	19.3	1.1	0.0	20.5	11.4	0.0
Manicaland	32.8	62.1	0.9	0.0	9.5	6.0	0.9
Mash Central	83.3	0.0	16.7	0.0	0.0	0.0	0.0
Mash East	90.0	56.7	1.7	0.0	0.0	20.0	3.3
Mash West	56.0	48.5	0.4	0.0	20.7	7.9	0.0
Masvingo	42.1	51.8	0.0	0.0	3.5	3.5	4.4
Mat North	30.4	78.3	0.0	0.0	0.0	0.0	0.0
Mat South	8.5	3.8	0.0	0.8	56.9	50.0	0.0
Midlands	27.2	71.5	0.0	0.0	1.3	2.5	2.5
National	**43.6**	**44.9**	**0.6**	**0.2**	**17.9**	**13.1**	**1.4**

- The main forms of support from Government were food (43%), cash (34.8%) and crop inputs (27.6%).

- About 18% of the households received WASH inputs from UN/NGOs.

- Mashonaland East received 90% of food support from UN/NGOs.

Consumption Patterns and Coping

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 Score
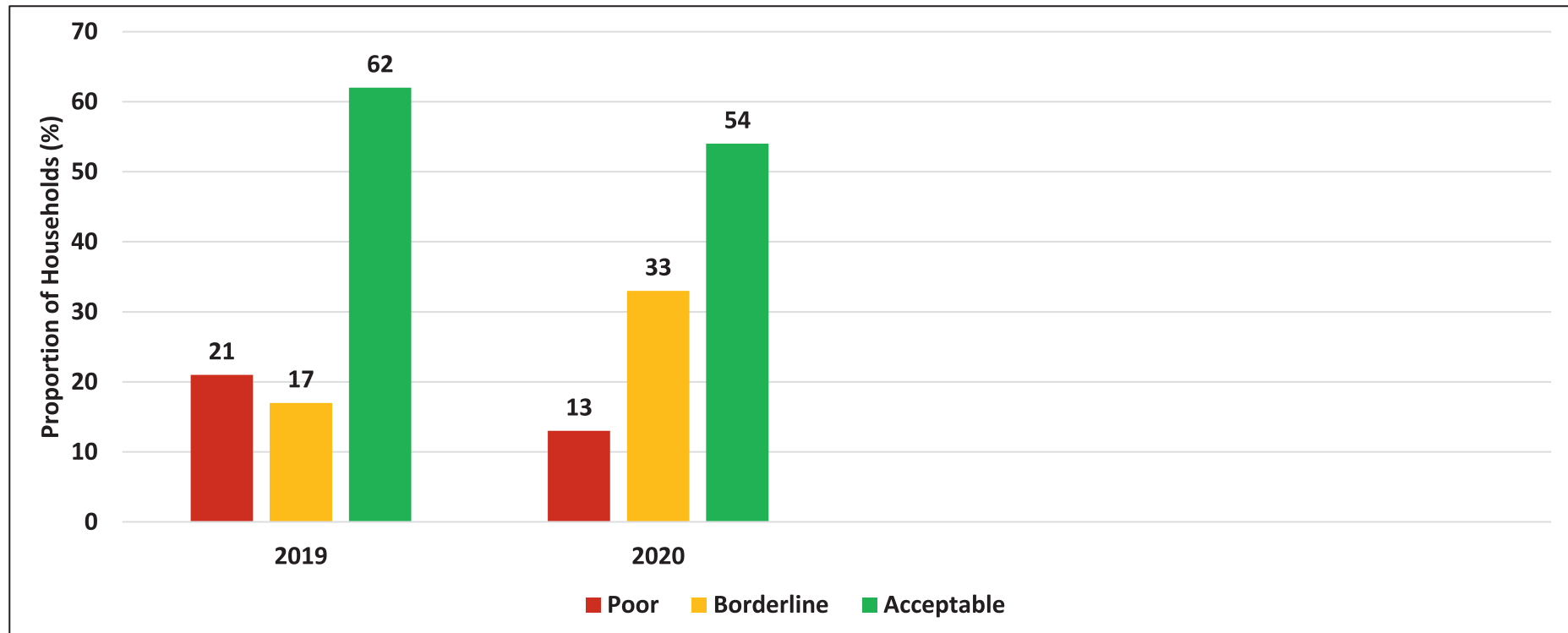
- At national level only 54% of households consumed acceptable diets which was a decrease from 62% in 2019.

- The proportion of households consuming borderline diets almost doubled from 17% in 2019 to 33% in 2020.

- The continuous deterioration in the quality of diets consumed by households in urban areas remains a cause for concern.

Food Consumption Score by Domain
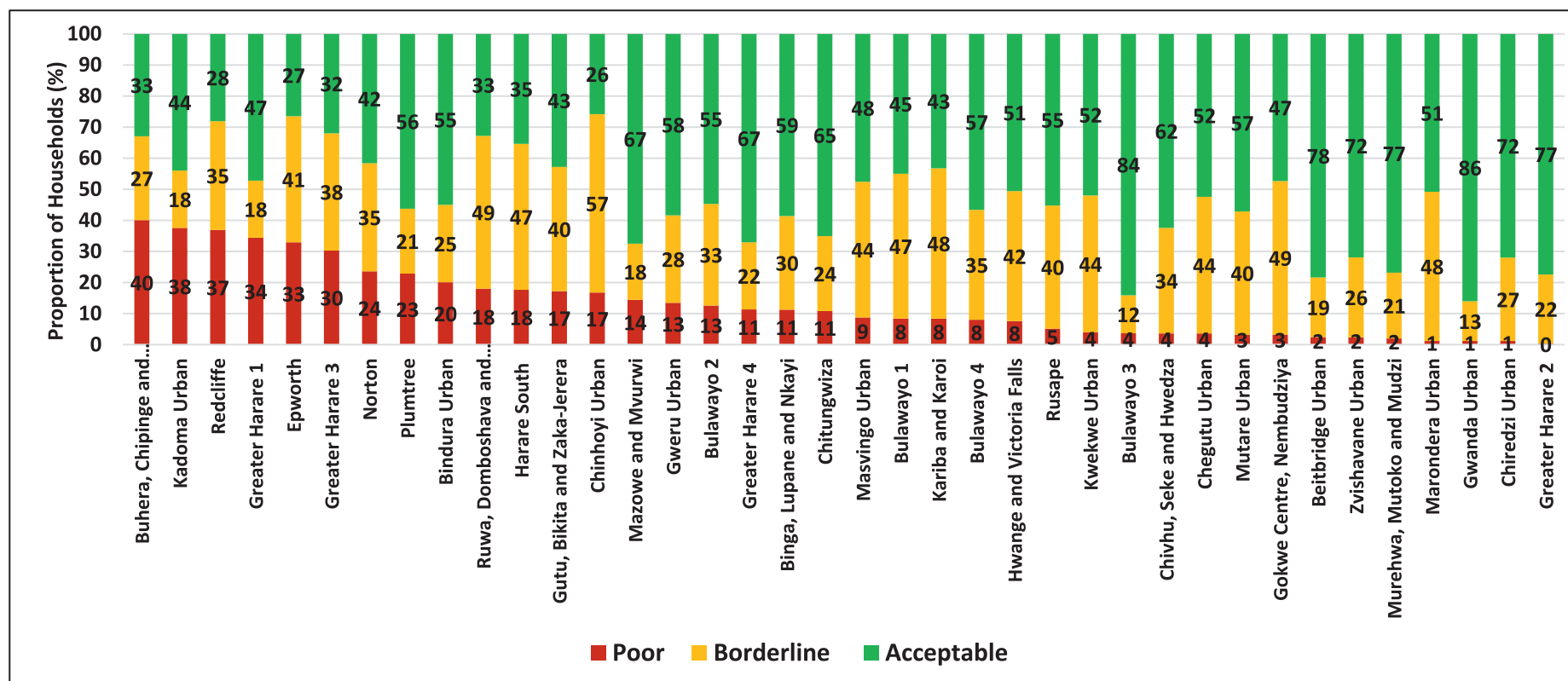
- The top five domains with households consuming poor diets were Buhera, Chipinge and Chimanimani (40%),Kadoma (38%),Redcliffe (37%),Greater Harare 1 (34%) and Epworth (33%).

Minimum Dietary Diversity for Women of Child Bearing Age (WCBA)
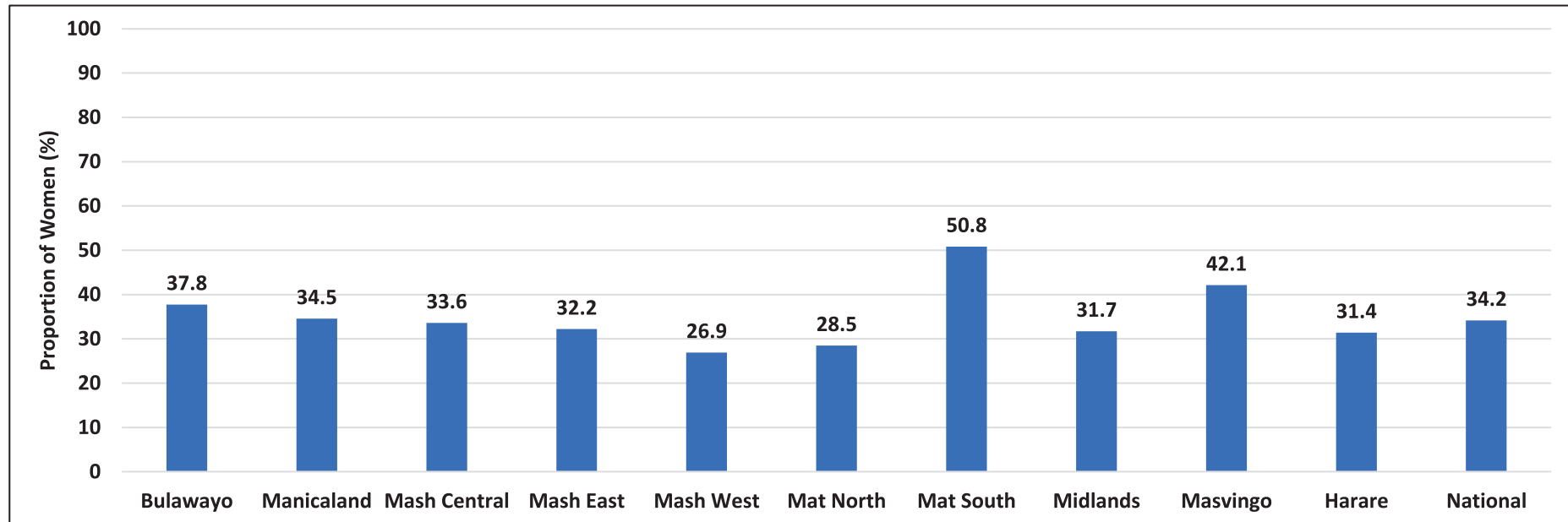
- At national level only 34.2% of women aged 15-49 years consumed at least five out of ten defined food groups the day/night preceding the survey.
- Matabeleland South (50.8%) had the highest proportion of women consuming at least five food groups whilst Mashonaland West (26.9%) had the least.

Women Dietary Diversity Score
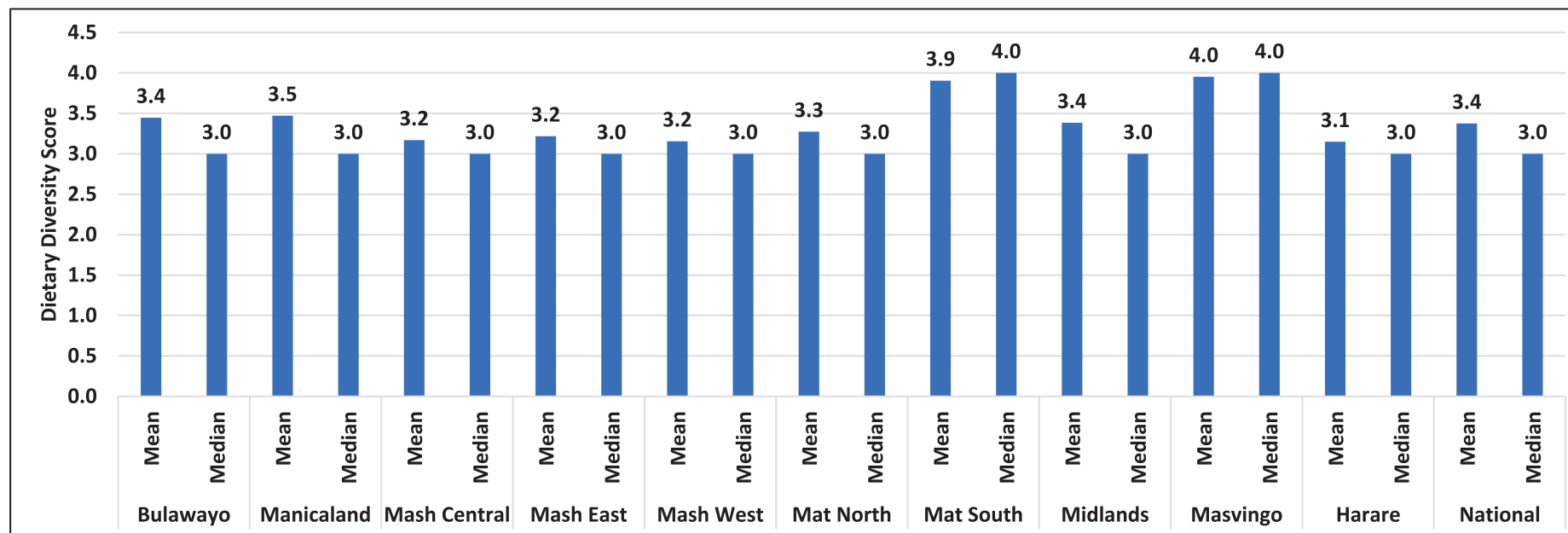
- Dietary diversity score indicates changes in the micronutrient adequacy of women's diets, one important dimension of diet quality. A lower dietary diversity score for women of child bearing age is a cause for concern where maternal mortality, low birth weight, and childhood stunting are still major health problems.

- The national average dietary diversity score for women of child bearing age was 3.4 out of a possible 9 food groups.

- Masvingo (4.0) and Matabeleland South (3.9) had the highest mean dietary diversity scores whilst Harare (3.1) had the least.

Consumption of Protein, Iron and Vitamin-A Rich Foods by WCBA
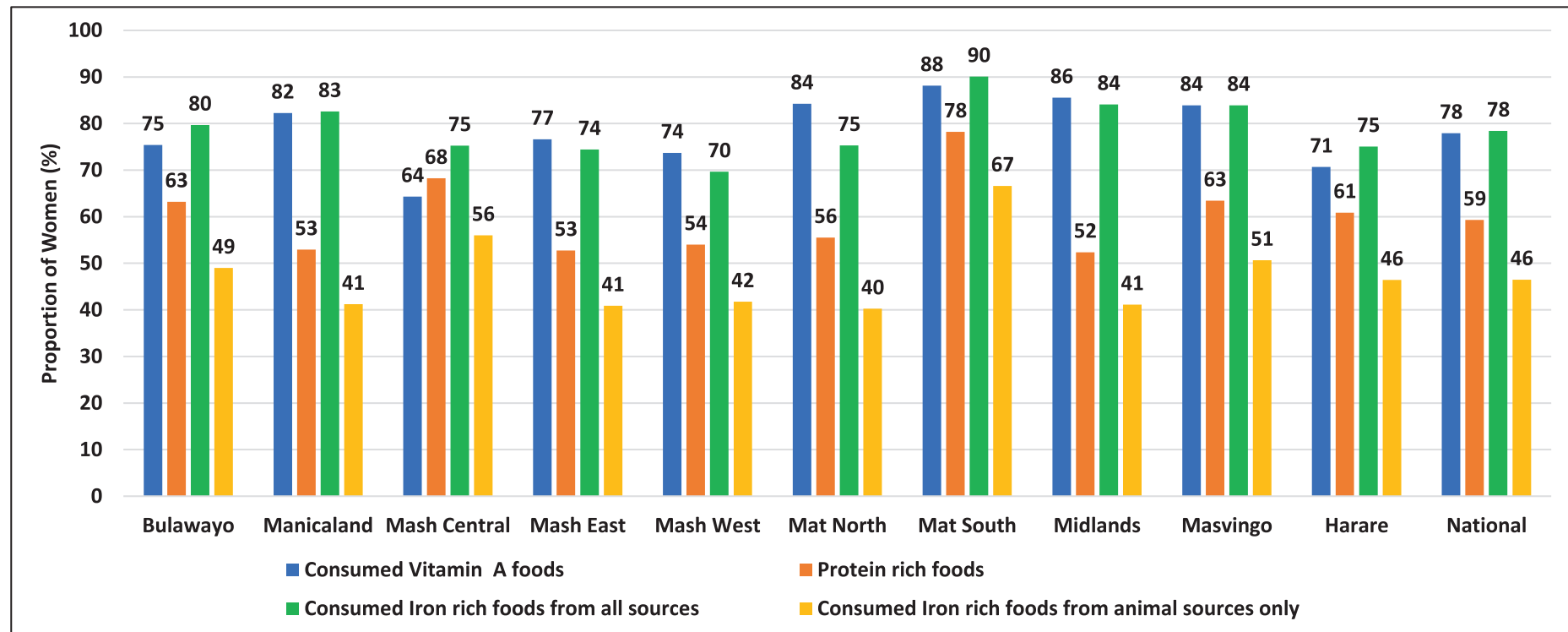
- Vitamin A rich foods (78%) and iron rich foods (78%) were the most common foods consumed by women of child bearing age.
- Protein rich foods from all sources (59%) and protein rich foods from animal sources (46%) were the least consumed foods by women of child bearing age.

Household Hunger Scale
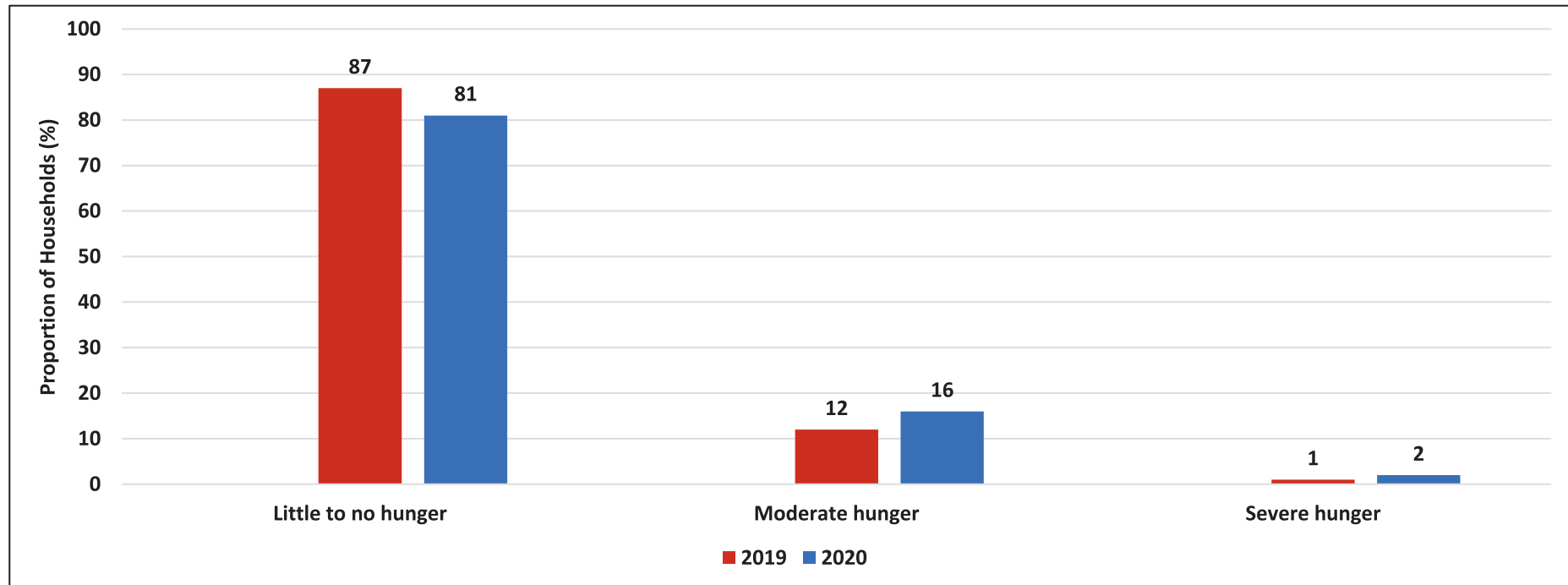
- Approximately 81% of the households had little to no hunger compared to 87% in 2019.

- The trend shows an increase in moderate and severe hunger from 2019.

- Moderate hunger increased from 12% in 2019 to 16% in 2020 and severe hunger increased from 1% in 2019 to 2% in 2020.

Household Hunger Scale By Domain

Chart showing Proportion of Households (%) by domain with three categories: Little to no hunger (green), Moderate hunger (yellow), Severe hunger (red).

Domain	Little to no hunger	Moderate hunger	Severe hunger
Epworth	58	29	13
Chinhoyi Urban	70	22	8
Bulawayo 4	73	22	5
Greater Harare 3	64	31	5
Mutare Urban	76	19	5
Bulawayo 1	61	35	4
Zvishavane Urban	79	16	4
Bulawayo 2	73	23	4
Buhera, Chipinge and…	73	24	4
Gutu, Bikita and Zaka-Jerera	86	11	3
Greater Harare 1	78	19	3
Harare South	68	30	2
Kadoma Urban	86	12	2
Norton	79	19	2
Gokwe Centre, Nembudziya	82	16	2
Rusape	74	24	2
Masvingo Urban	86	13	2
Kwekwe Urban	83	16	2
Hwange and Victoria Falls	88	11	1
Redcliffe	76	23	1
Chitungwiza	84	15	1
Mazowe and Mvurwi	84	15	1
Kariba and Karoi	82	16	1
Greater Harare 2	88	11	1
Plumtree	95	4	1
Gwanda Urban	83	16	1
Chiredzi Urban	82	17	1
Bindura Urban	95	5	0
Binga, Lupane and Nkayi	92	8	0
Beitbridge Urban	89	10	0
Marondera Urban	87	12	0
Gweru Urban	80	19	0
Chegutu Urban	84	16	0
Murehwa, Mutoko and…	93	7	0
Ruwa, Domboshava and…	86	14	0
Greater Harare 4	86	13	0
Bulawayo 3	94	6	0
Chivhu, Seke and Hwedza	97	3	0

- Epworth (13%) and Chinhoyi urban (8%) had the highest proportion of households reporting severe hunger.

- Bulawayo 1 (35%), Greater Harare 3 (31%), Harare South (30%) and Epworth (29%) had the highest proportion of households reporting moderate hunger.

- Chivhu, Seke and Hwedza (97%), Plumtree (95%) and Bindura Urban (95%) had the highest proportion of households facing little to no hunger

Coping Strategy Index

Consumption Coping Strategy Index (CSI)Trend
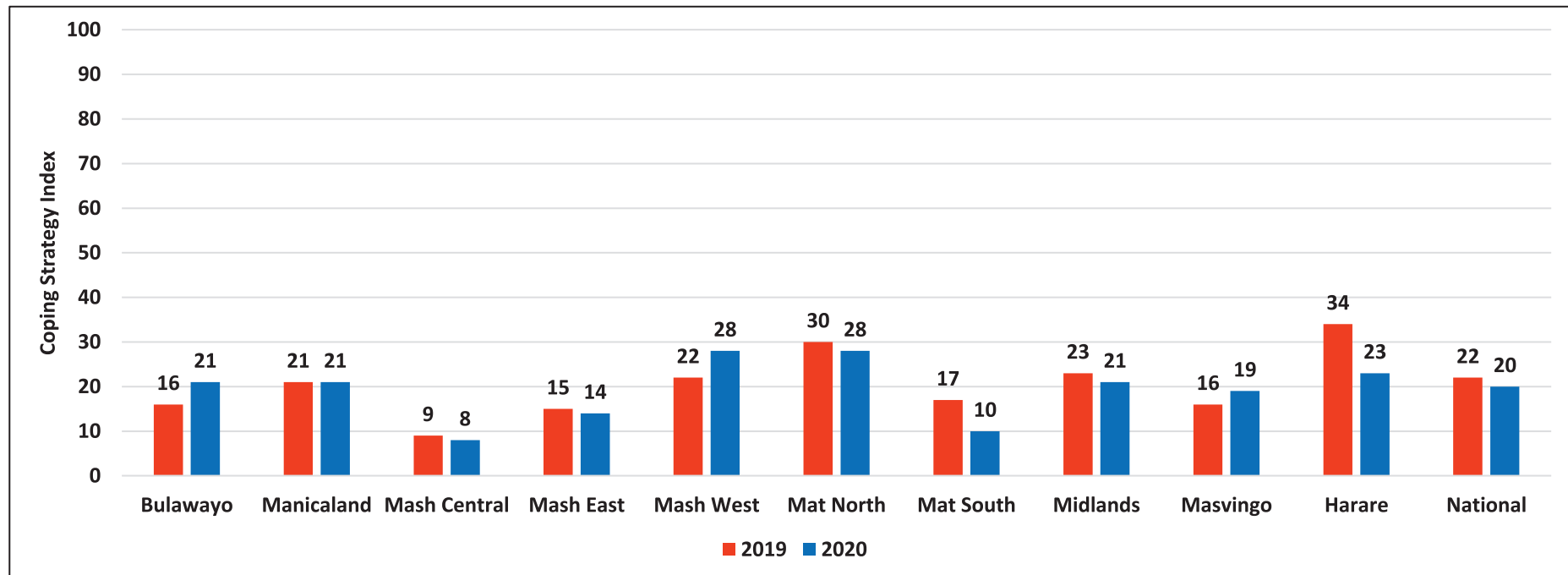
- Coping in 2020 decreased compared to 2019 in all provinces except for Mashonaland West, Bulawayo and Masvingo.

- Nationally, coping between 2019 and 2020 remained relatively stable.

Household Consumption Coping Strategies
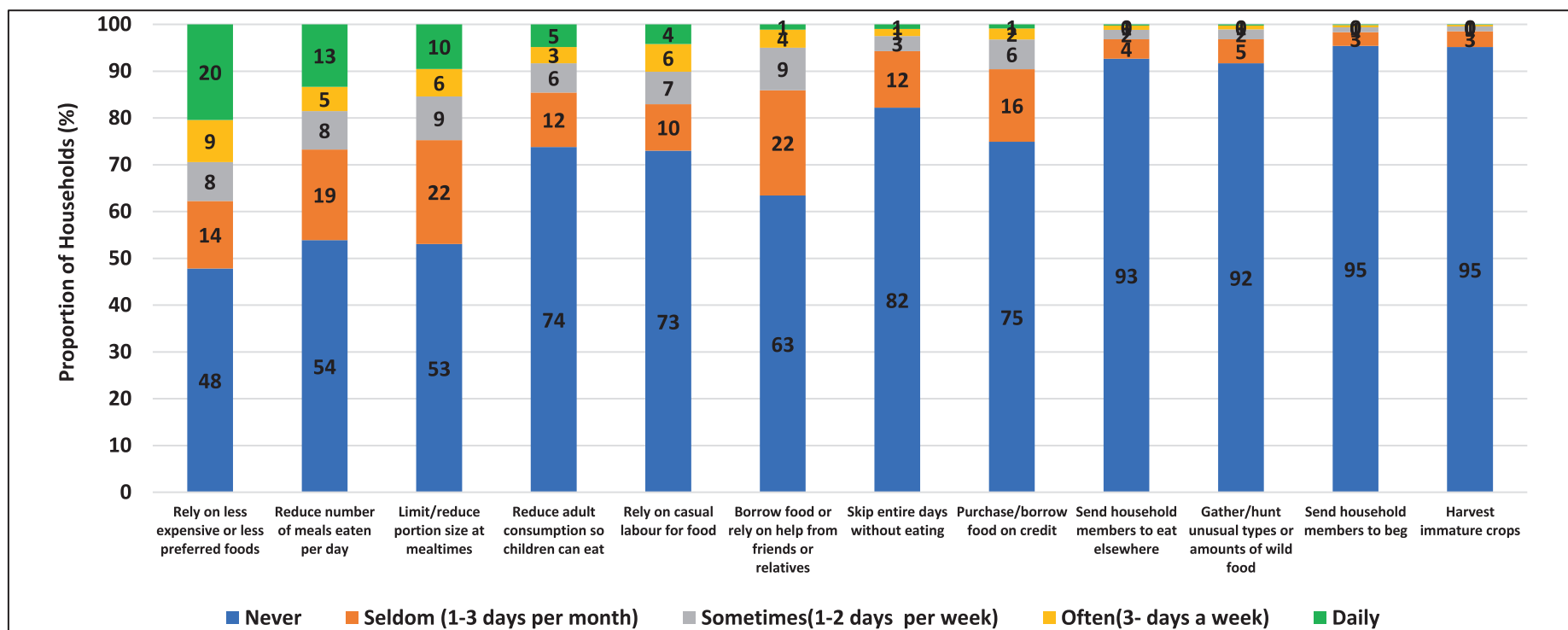
- The most commonly employed coping strategies were reducing number of meals eaten per day, limiting/reducing portion size at mealtimes and relying on less expensive or less preferred foods which were employed at least 1 day during the recall period.
- The three major drivers of CSI had the highest proportion of households employing them on a daily basis at 20%, 13% and 10% respectively.
- The least employed strategies were sending household members to beg (5%), harvesting immature crops (5%), sending household members to eat elsewhere (7%) and gathering/hunting unusual types or amounts of wild food(8%).

Average Consumption Coping Strategy by Domain
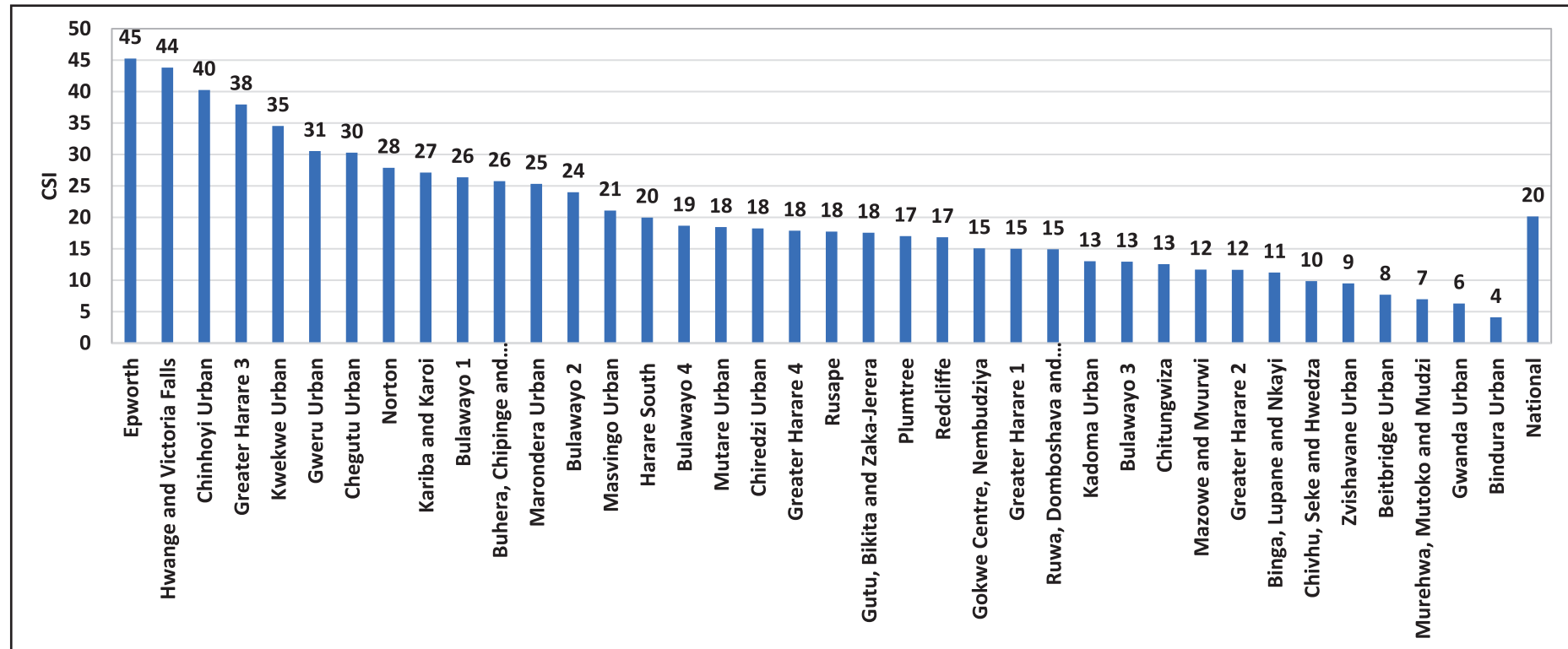
- Epworth (45), Hwange and Victoria Falls (44) and Chinhoyi (40) were the domains with the highest Coping Strategy Index.

- Murehwa, Mutoko, Mudzi (8), Gwanda (6) and Bindura (4) domains had the lowest Coping Strategy Index.

Reduced Coping Strategy Index

Reduced Coping Strategy Index
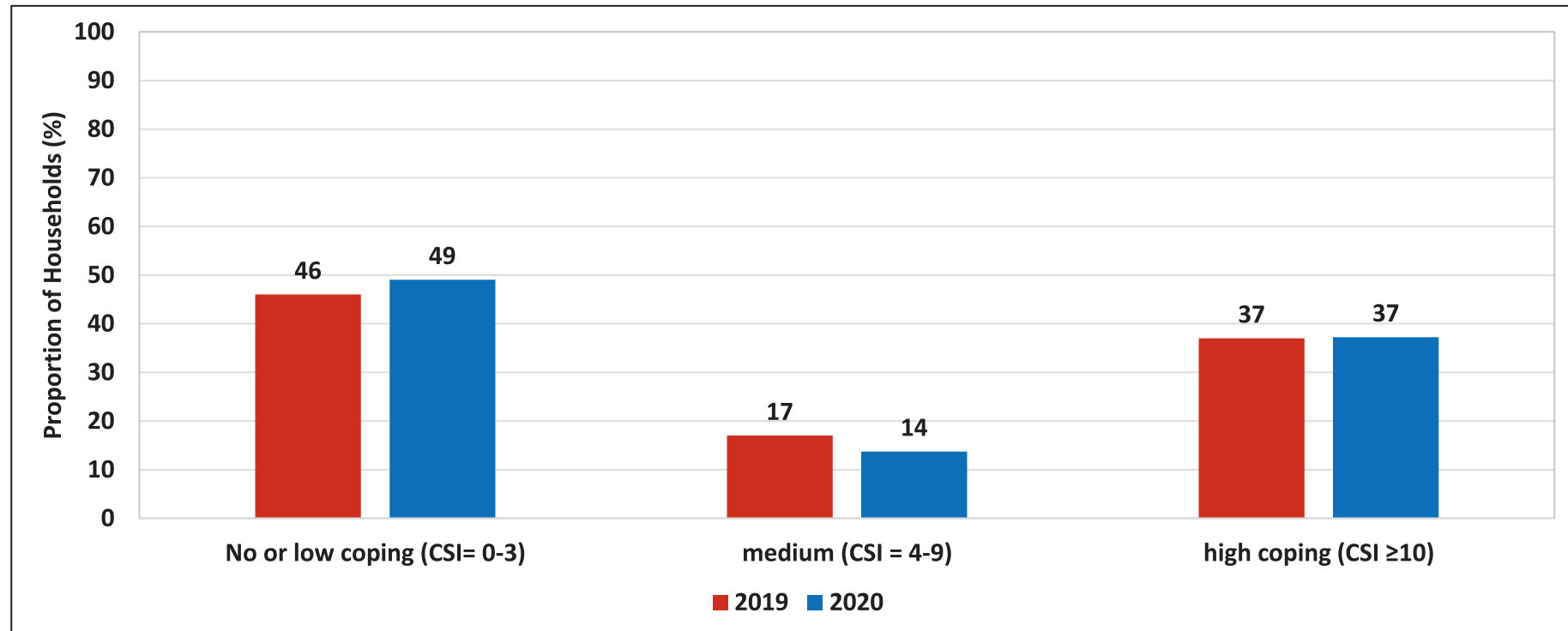
- The trend in reduced Coping Strategy Index has not changed between 2019 and 2020.

- The highest proportion of households were in the category of no to low coping.

Households in the High rCSI Category
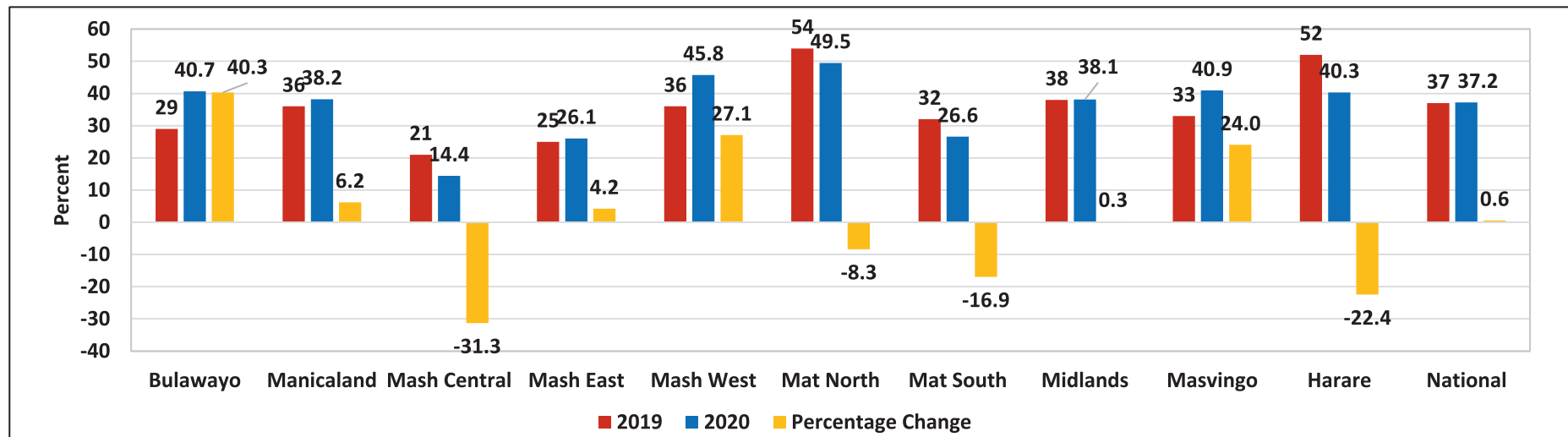
- The reduced coping strategy index(rCSI) has remained stable at national level with a percentage change of 0.6 between 2019 and 2020.
- Bulawayo, Mashonaland West and Masvingo province had the highest increase in the proportion of households in the high coping category with percentage changes of 40.3, 27.1 and 24% respectively.
- Matabeleland North remains the province with highest proportion of households employing high coping.
- Mashonaland Central, Matabeleland South and Harare had the highest decrease in the proportion of households in the high coping category with percentage changes of -31.3, -22.4 and -16.9% respectively.

Reduced Coping Strategy Index by Domain
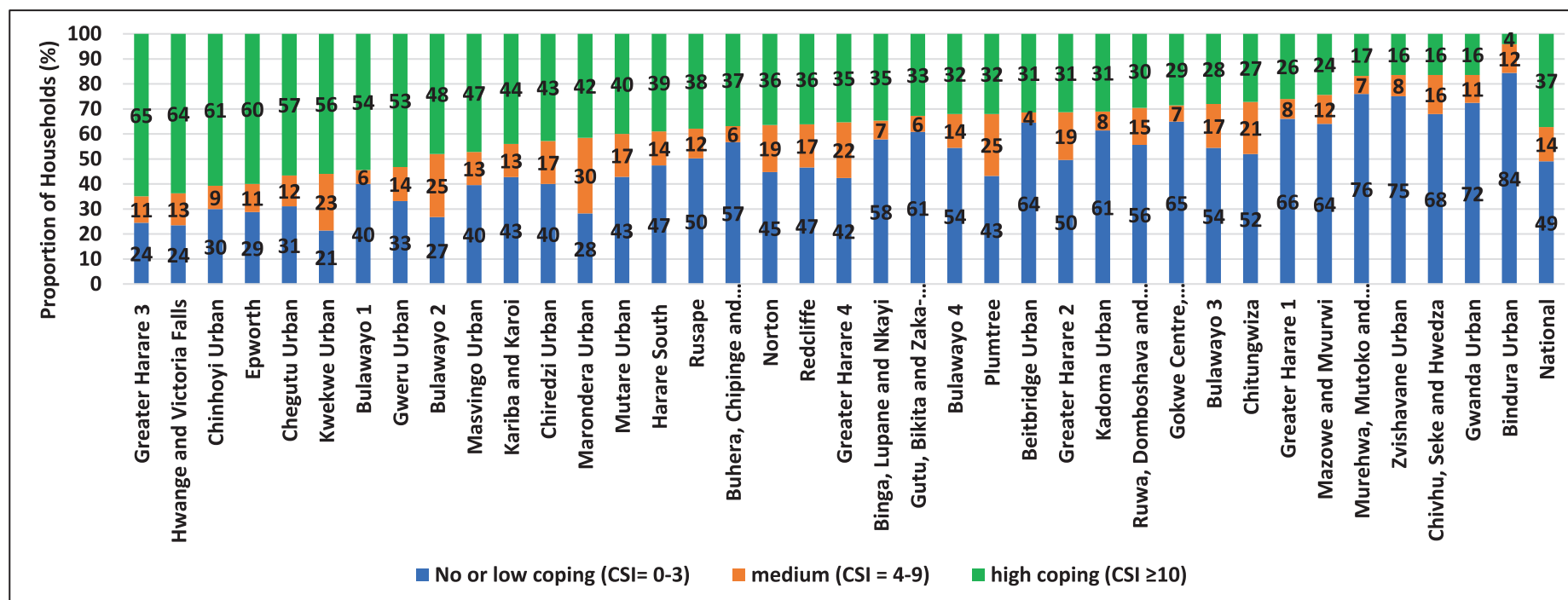
- Greater Harare 3 (65%), Hwange and Victoria Falls (64%), Chinhoyi (61%) and Epworth (60%) were the domains with the highest proportion of households in the high coping category.

- Murehwa, Mutoko and Mudzi, Zvishavane, Chivhu, Seke and Hwedza and Gwanda all with 16% and Bindura (4%) had the lowest proportion of households in the high coping category.

Livelihood Based Coping Strategy Index

Household Livelihood Coping Strategies

Category	Coping Strategies
Stress	• Borrowing money, spending savings, selling assets and selling more livestock than usual.
Crisis	• Selling productive assets directly reducing future productivity, including human capital formation. • Withdrawing children from school • Reducing non food expenditure.
Emergency	• Selling of one's land thus affecting future productivity, more difficult to reverse /dramatic in nature. • Begging of food. • Selling the last breeding stock to buy food.

Maximum Coping Strategies Categories
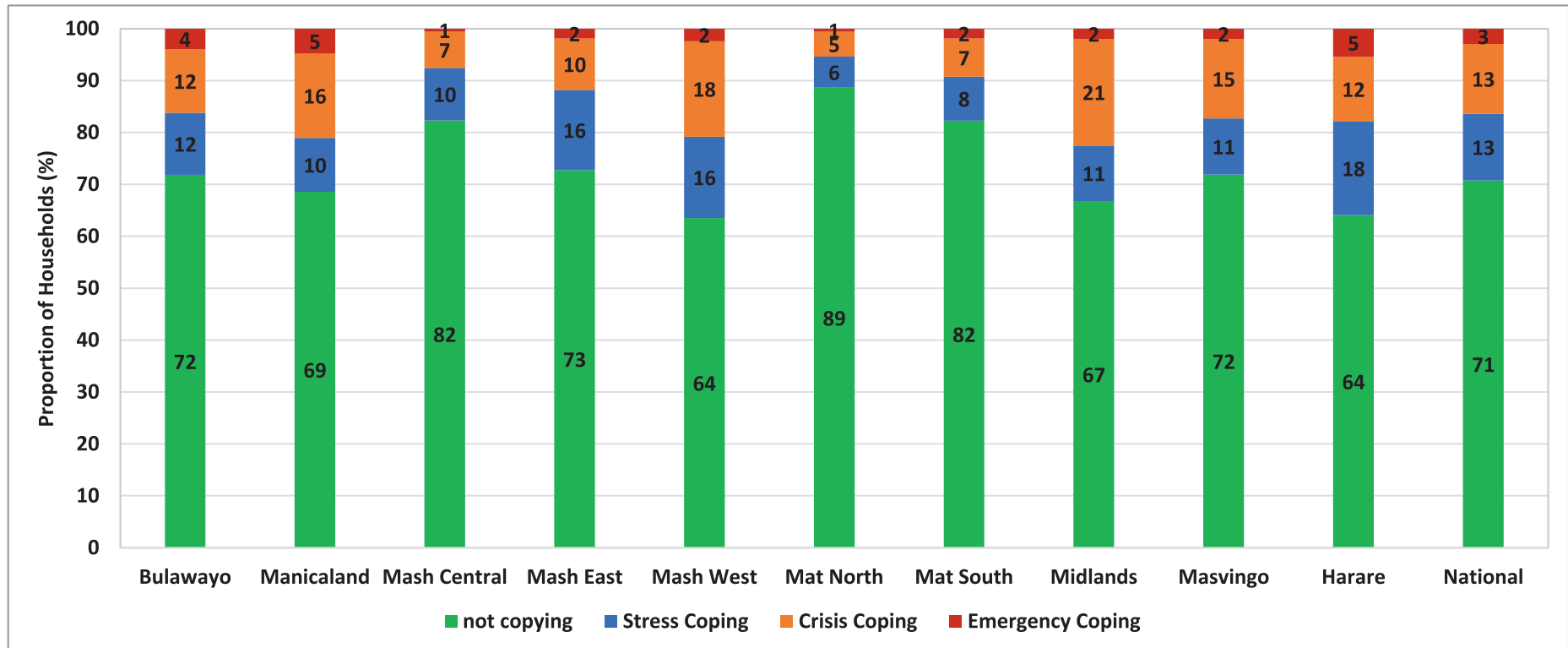
- About 29% of urban households employed some form of livelihood based coping strategy to deal with challenges in accessing essential needs.

Maximum Coping by Domain
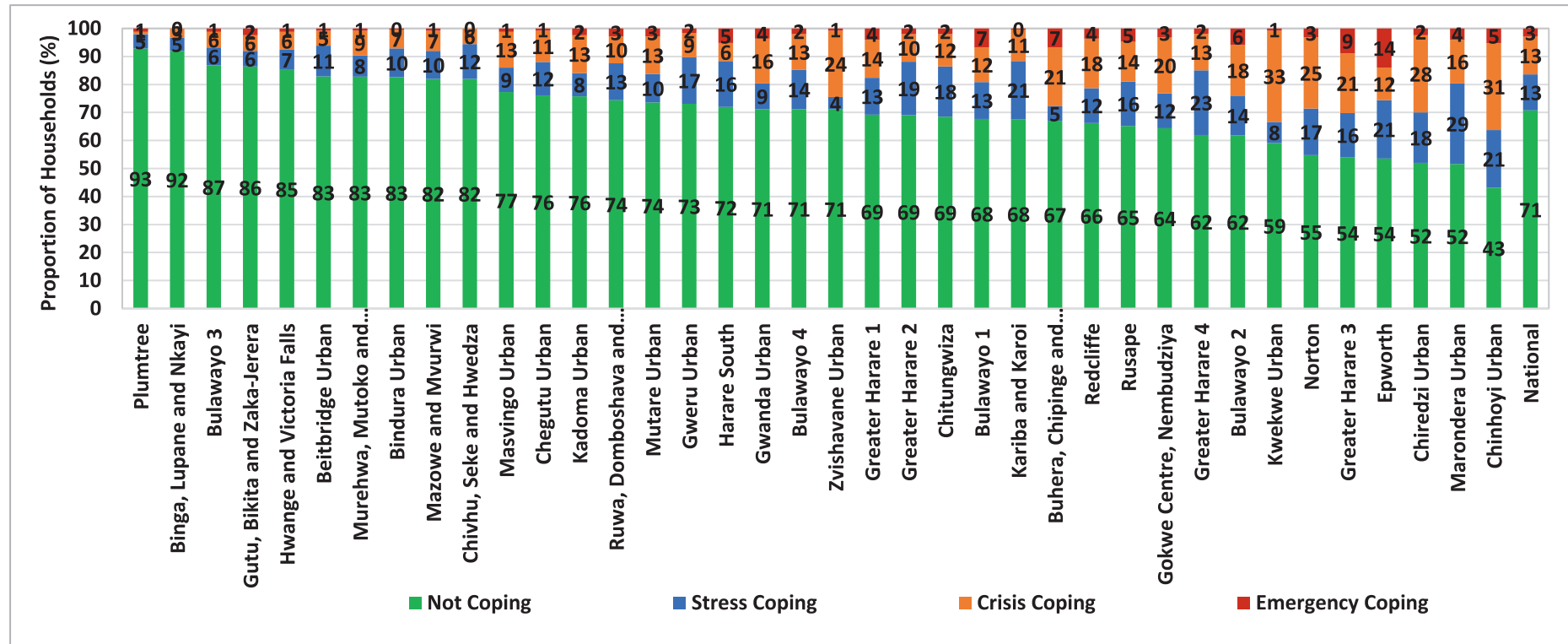
- Coping was highest in Chinhoyi Urban with approximately 57% of the households reporting some form of coping and lowest in Plumtree with approximately 7% of the households reporting some form of coping.

- Emergency coping was highest in Epworth (14%) and Greater Harare 3 (9%).

- Chivhu, Seke and Hwedza domain, Binga, Lupane and Nkayi domain, Bindura Urban domain and Kariba and Karoi domain had no households employing emergency coping strategies.

Coping Strategies Employed by Households
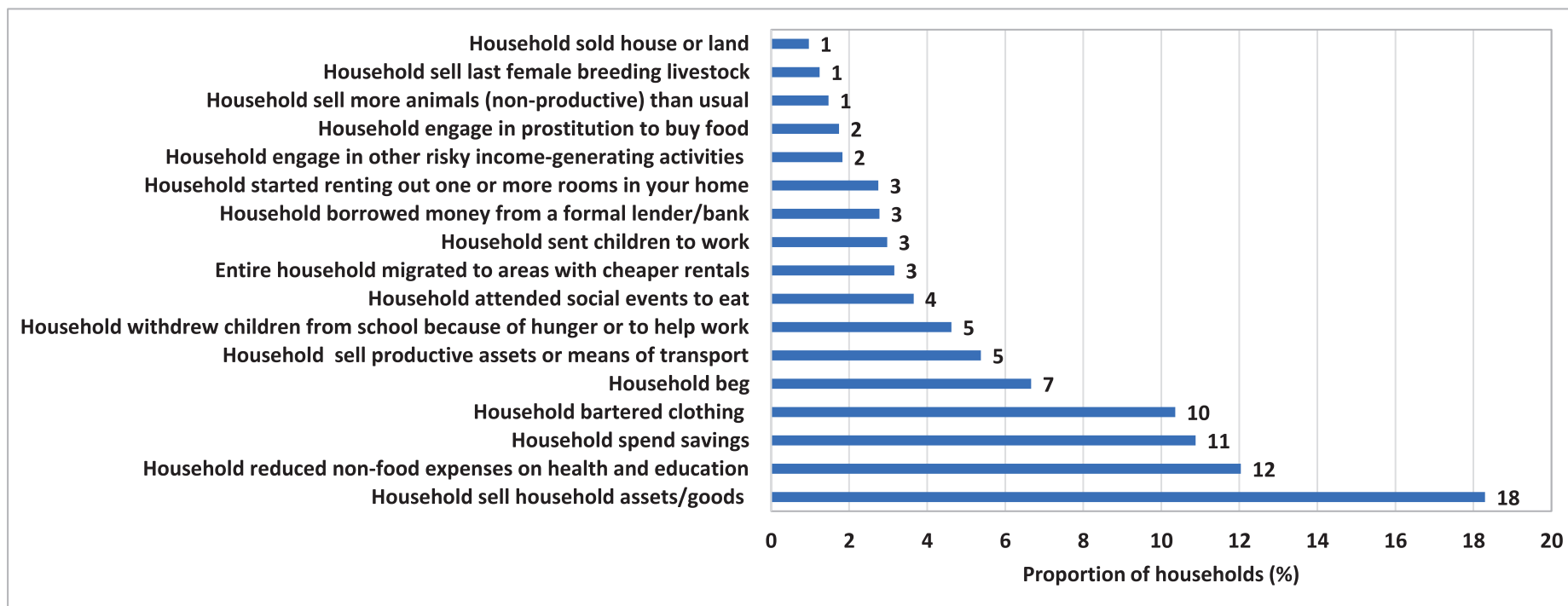
- The most common livelihood coping strategy was selling of household goods/assets (18%) followed by the reduction in health and educational expenses (12%), spending household savings (11%) and bartering of clothes (10%).

- The least employed strategy was selling of a house or land, selling more animals than usual and selling the last female breeding stock (1%).

Reasons for Engaging the Livelihood Coping Strategies
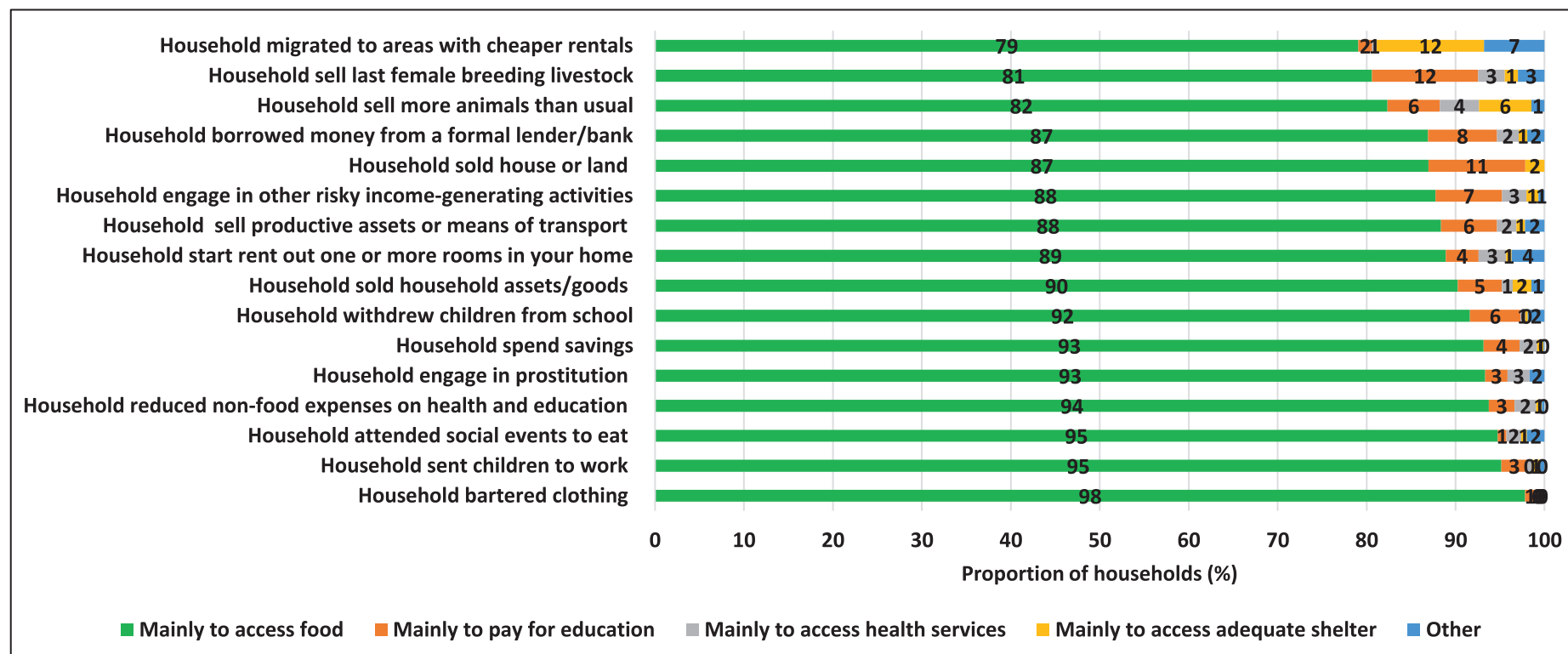
- The major reason for employing livelihood based coping strategies by the majority of the households was to buy food followed by the need to cover educational costs.

Health: Chronic Illness

Households with at Least One Member with Chronic Illness by Domain
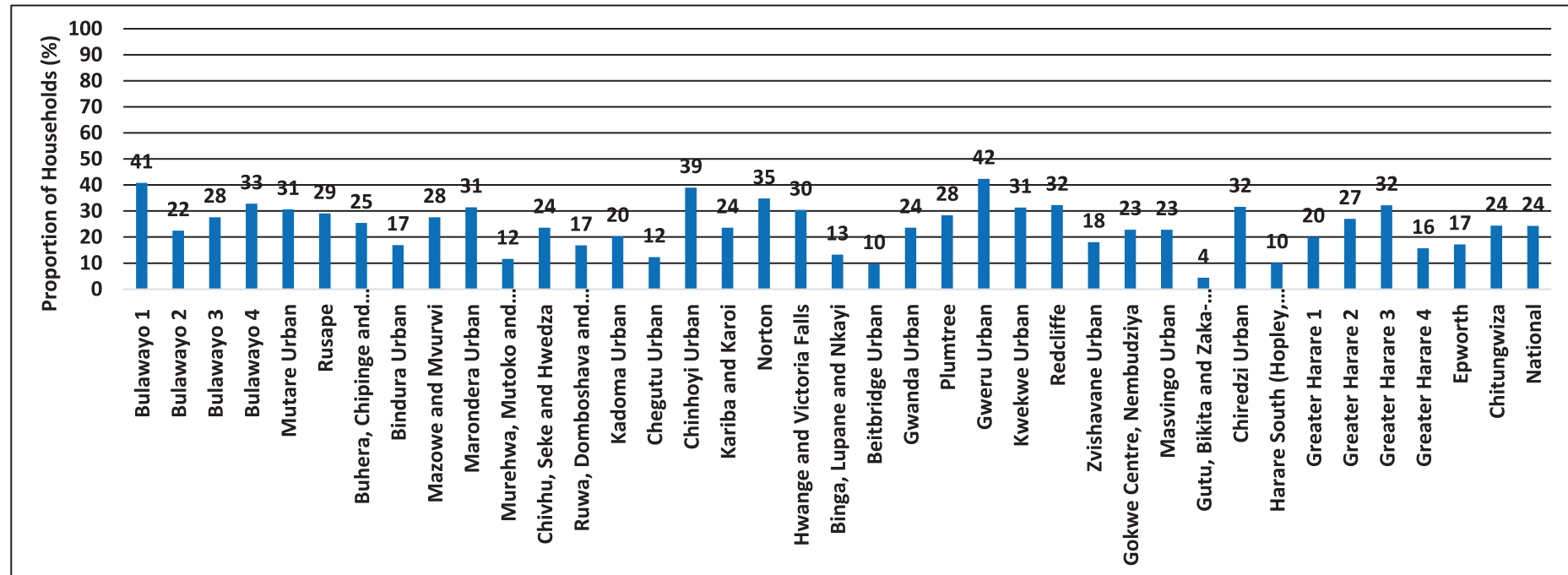
- Nationally, the proportion of households with at least one member with a chronic illness was 24%.

- Gweru Urban (42%) and Bulawayo 1 (41%) had the highest proportion of households with members with chronic illnesses.

Households with at Least one Member with Chronic Illness by Year
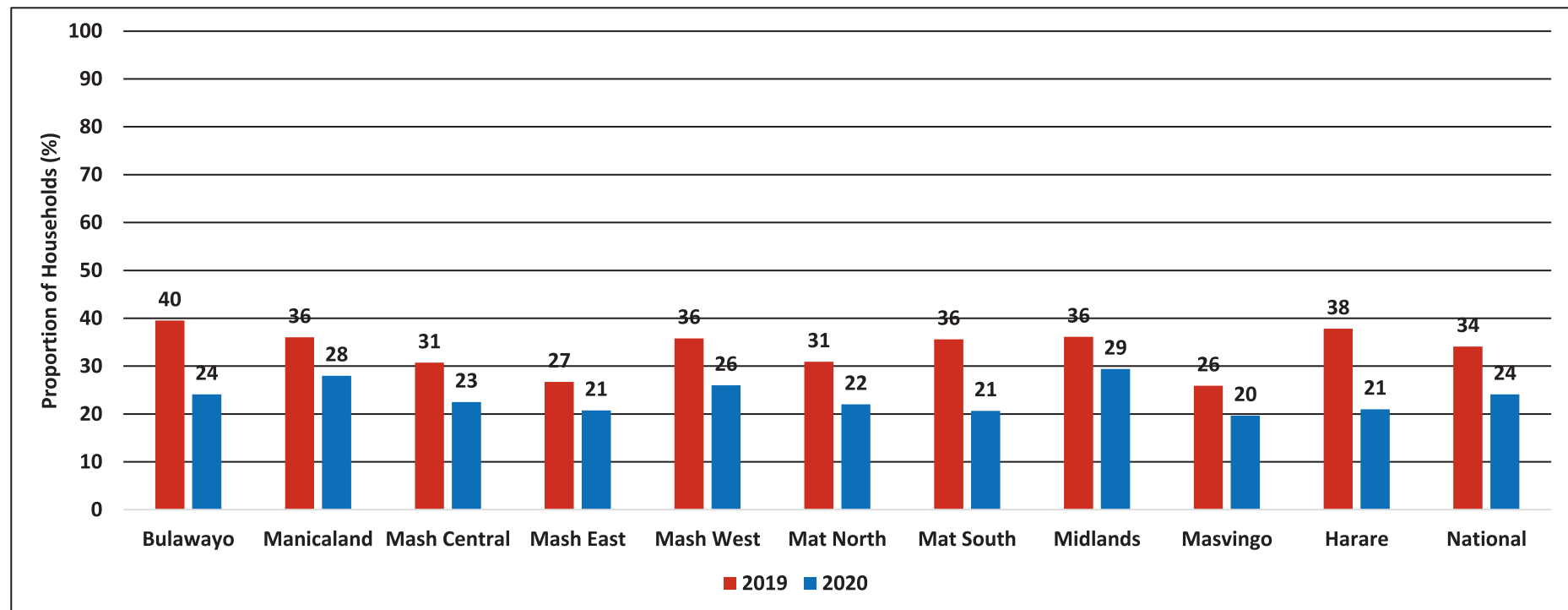
- Nationally, the proportion of households with at least one member with a chronic illness was 24% a decrease from 34% in 2019.

- Generally there was a decrease in the proportion of households with at one member with chronic illness across all urban domains

The Average Age and Sex of Chronically Ill Members

Province	Average Age (Years)	Sex (%)	
		Male	Female
Bulawayo	49	31	69
Manicaland	46	36	64
Mash Central	45	40	60
Mash East	45	26	74
Mash West	55	35	65
Mat North	40	39	61
Mat South	44	30	70
Midlands	46	33	67
Masvingo	48	28	72
Harare	48	30	70
National	47	33	67

- On average the age of a chronically ill household members across all domains was 47 years.

- The majority of chronically ill members were females (67%).

Proportion of Chronically Ill Members by Condition

Proportion of Chronic ill Members (%)
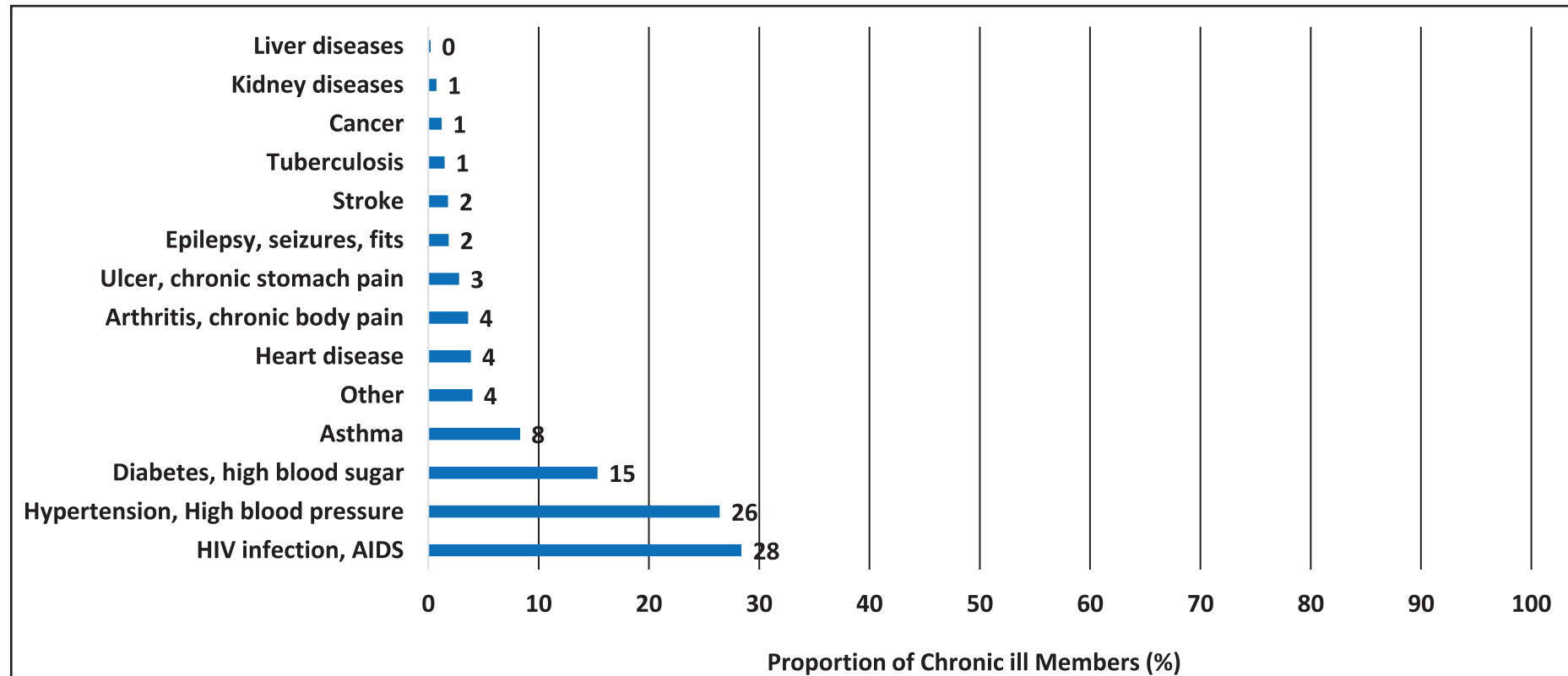
- HIV/AIDS (28%), hypertension (26%), diabetes (15%) and asthma (8%) were the most common chronic conditions reported.

Chronically ill Members who Missed Medication 30 days Prior to Survey
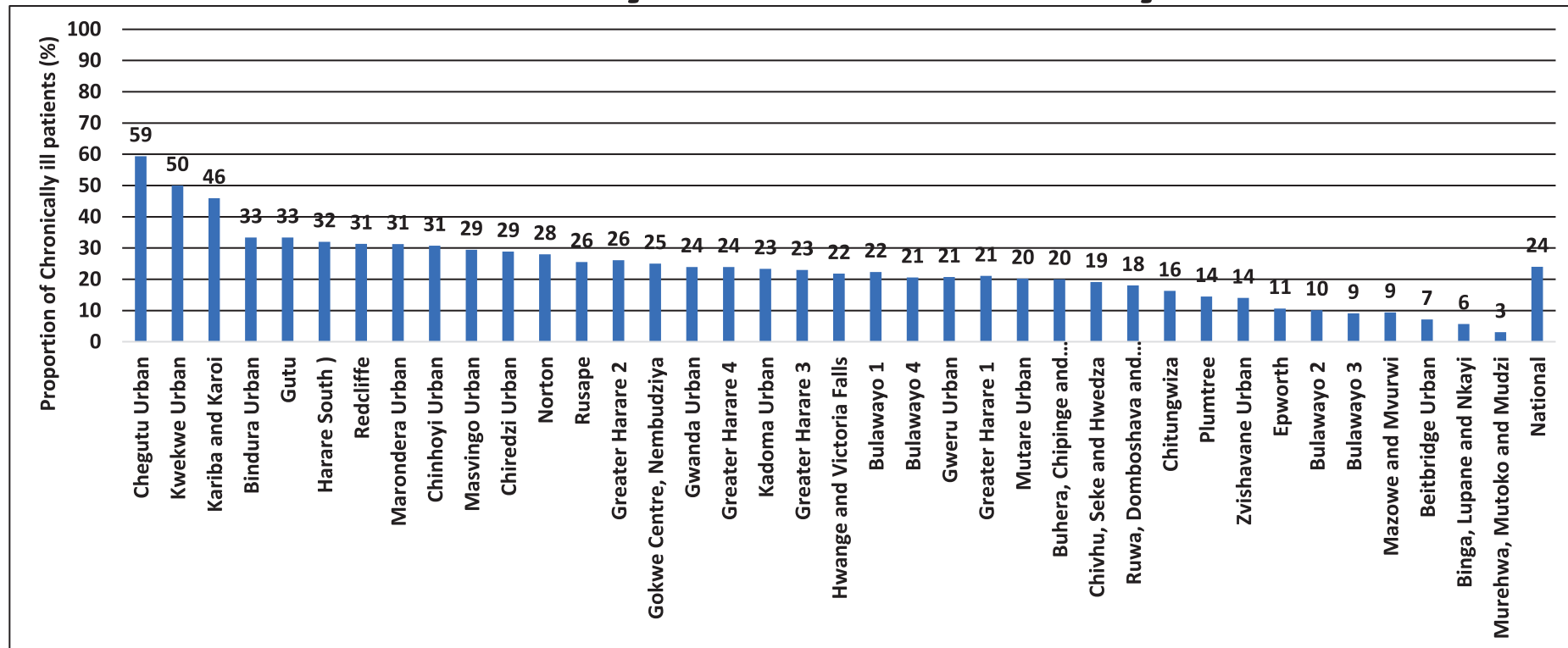
- About 24% of the chronically ill members reported to have missed medication 30 days prior to the survey.

- Chegutu (59%), Kwekwe (50%) and Kariba-Karoi (46%) reported higher proportions of members who missed taking their medication.

Reasons for Missing Medication
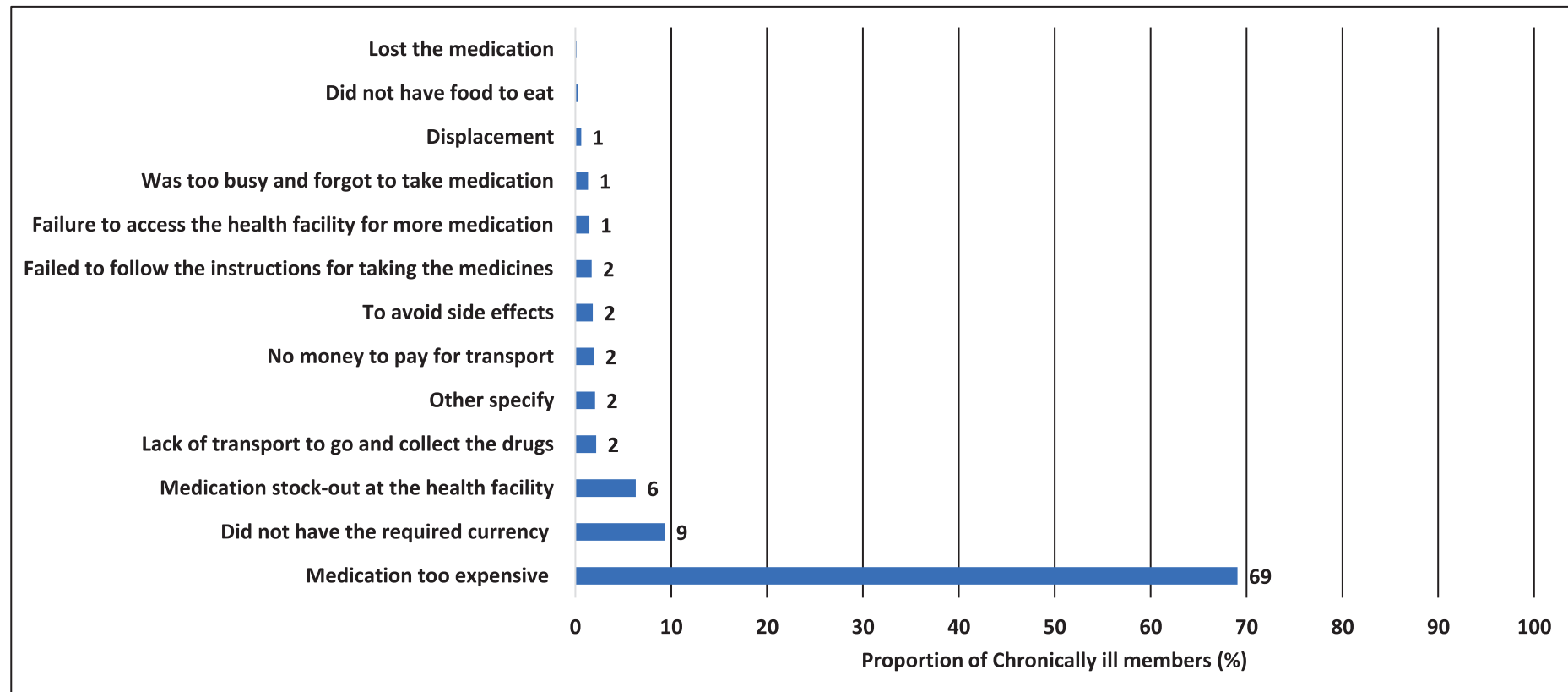
- The main reasons for missing medication were, medication was too expensive (69%), lack of the required currency (9%), and medication was out of stock (6%).

Proportion of Chronically Ill Members Living with HIV/AIDS
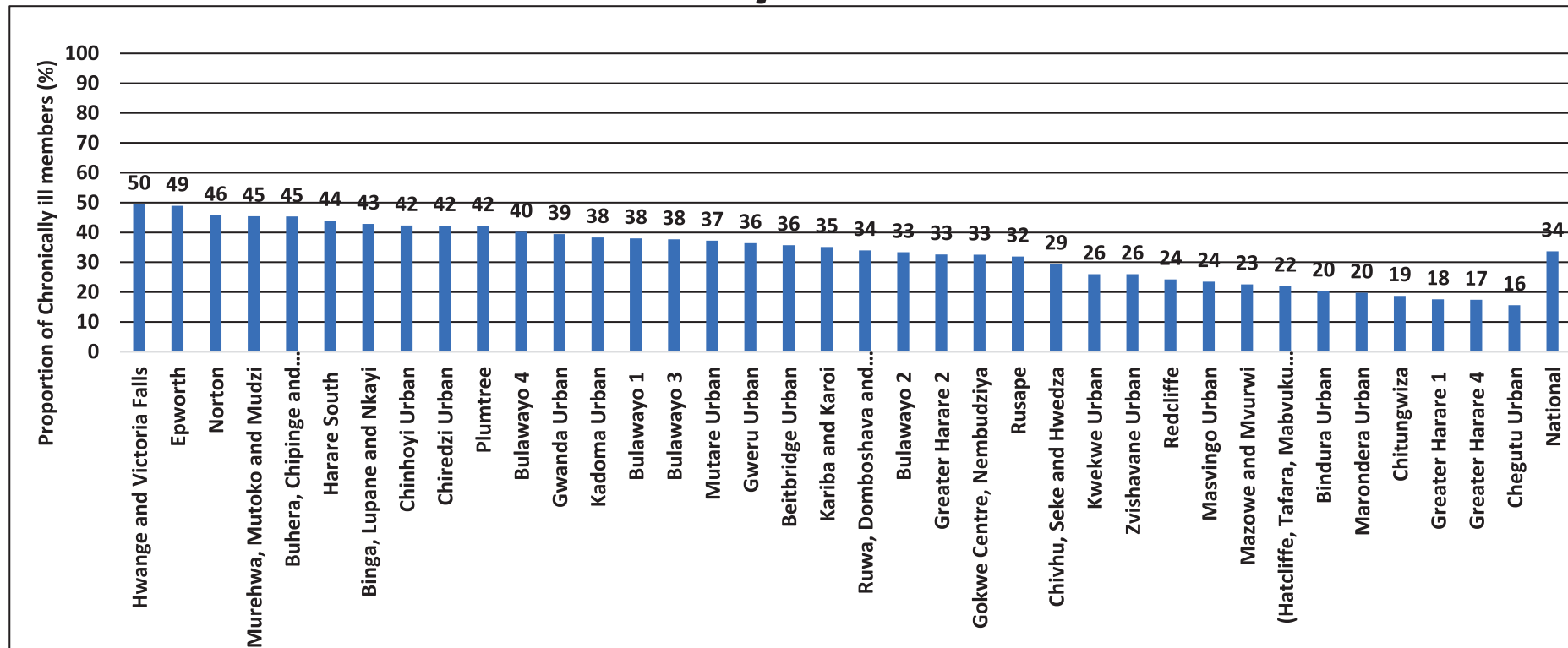
- About 34% of chronically ill members were living with HIV/AIDS.

- Higher proportions were reported in Hwange-Victoria Falls (50%), Epworth (49%) and Norton (46%).

Forms of Support Received by Members Living with HIV/AIDS
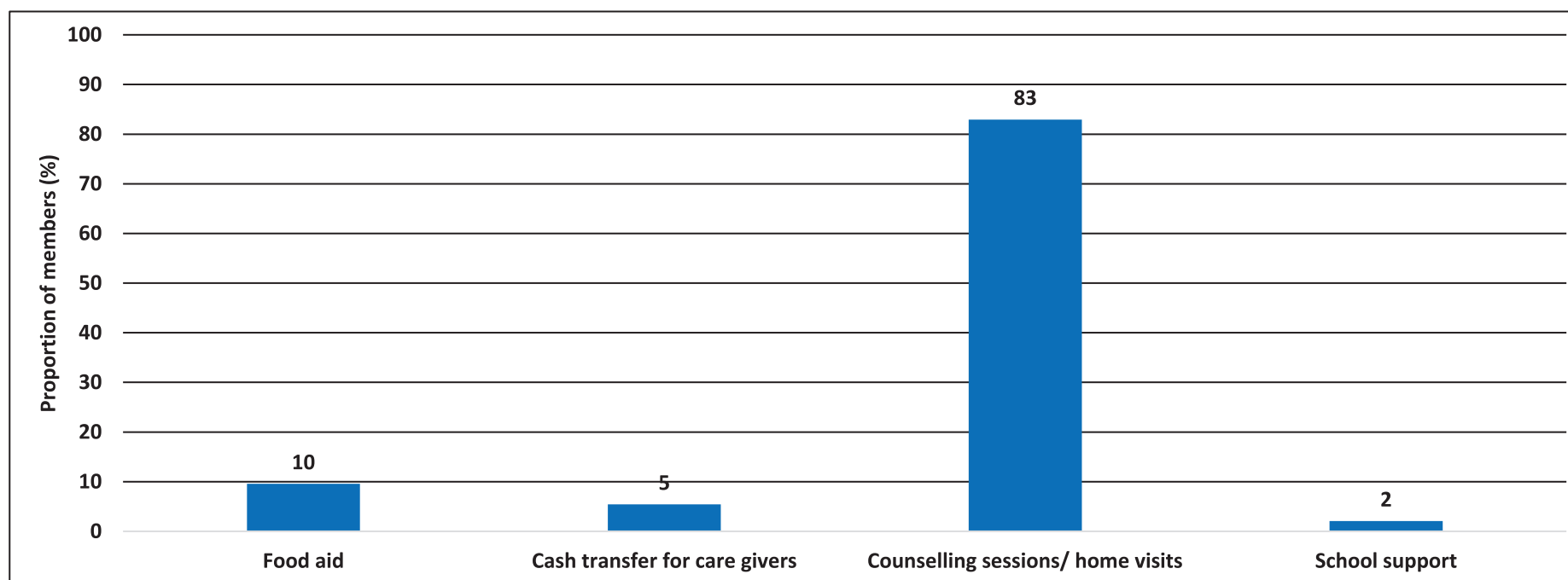
- Counselling sessions or home visits (83%) was the most common form of support received by members living with HIV/AIDS

- Only 10% of members living with HIV/AIDS reported to have received food aid support which was important in complementing the diet they were already receiving at home.

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.

Main Drinking Water Sources
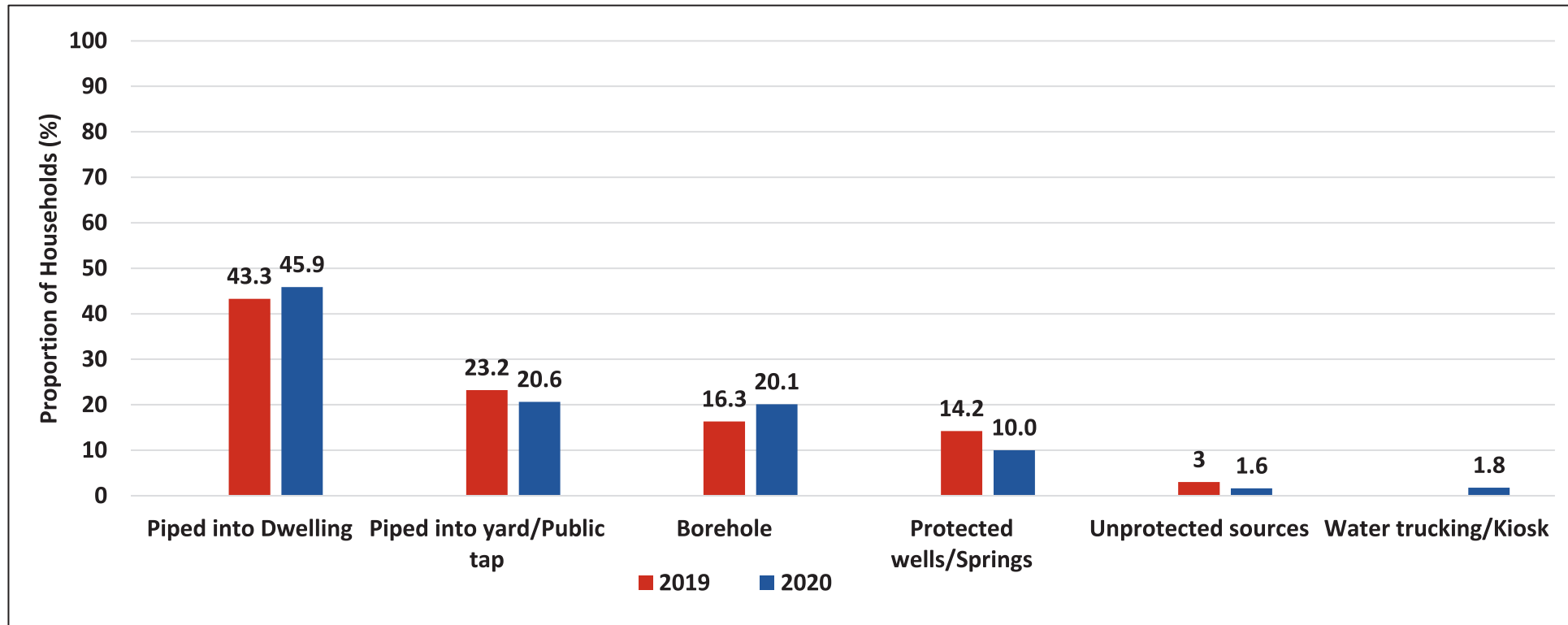
- Nationally, 45.9% of the households had water piped into their dwellings.

- Boreholes were the main source for drinking water for 20.1% of the households.

- There was an increase in the proportion of households using boreholes as their main source of water from 16.3% in 2019 to 20.1% in 2020.

Main Drinking Water Sources
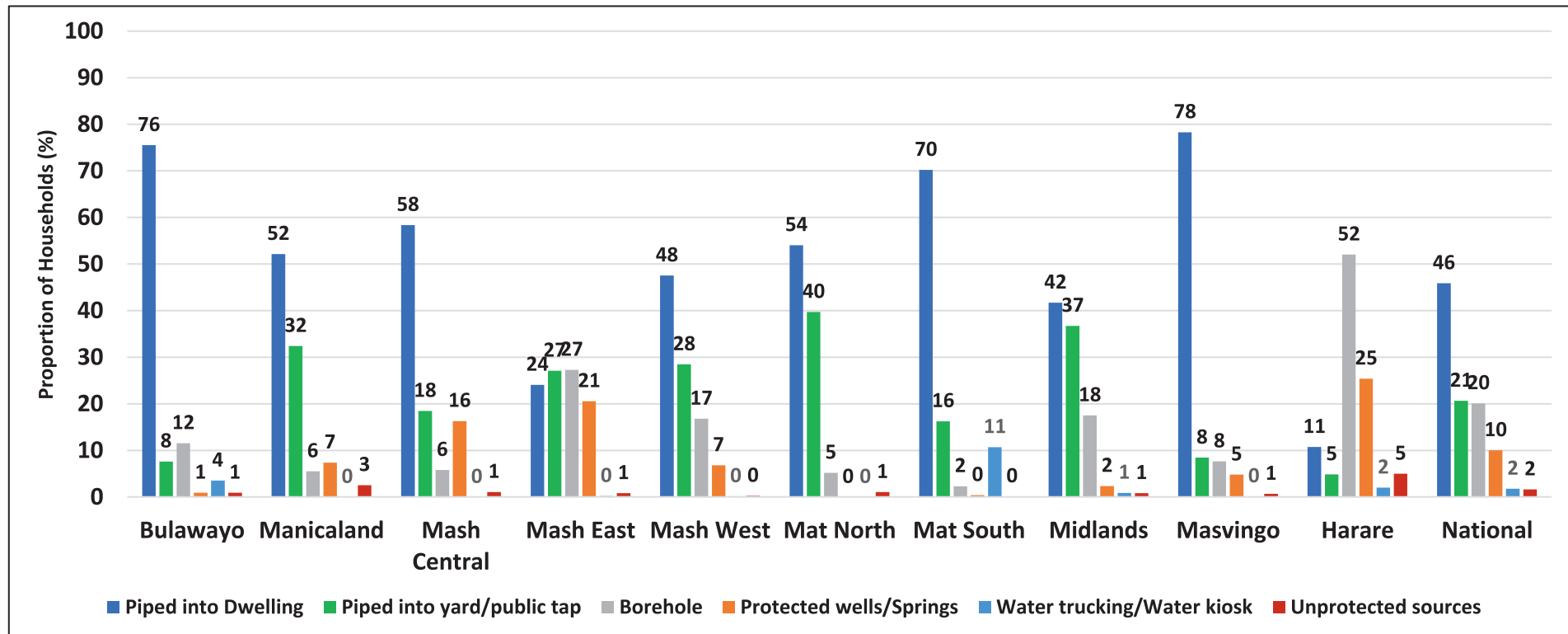
- For most urban domains, main drinking water was piped into the dwelling except for Harare (11%), and Mashonaland East (24%).

- Boreholes were the main source for drinking water for most households in Harare (52%) and Mashonaland East (27%).

- Harare and Manicaland had the highest proportion of households using water from unprotected sources, 5% and 3% respectively.

Main Drinking Water Sources

Domain	Piped into Dwelling (%)	Piped into yard/public tap (%)	Borehole (%)	Protected wells/Springs (%)	Unprotected sources (%)	Water trucking/Water kiosk (%)
Bulawayo 2	**97**	0	2	0	1	0
Masvingo Urban	95	4	1	0	0	0
Gwanda Urban	91	9	0	0	0	0
Chiredzi Urban	85	5	9	0	1	0
Kwekwe Urban	84	15	0	0	0	0
Chinhoyi Urban	83	16	0	1	0	0
Plumtree	81	17	1	0	0	0
Bulawayo 3	77	4	5	3	3	8
Bulawayo 1	73	25	2	0	0	0
Gutu, Bikita and Zaka-Jerera	64	7	13	13	2	1
Buhera, Chipinge and Chimanimani	61	5	10	16	8	0
Hwange and Victoria Falls	58	42	0	0	0	0
Kadoma Urban	57	32	7	2	1	0
Mazowe and Mvurwi	56	13	11	19	0	0
Bindura Urban	55	27	0	14	3	0
Rusape	55	31	7	6	0	0
Bulawayo 4	54	3	37	0	0	5

Domain	Piped into Dwelling (%)	Piped into yard/public tap (%)	Borehole (%)	Protected wells/Springs (%)	Unprotected sources (%)	Water trucking/Water kiosk (%)
Binga, Lupane and Nkayi	50	40	9	0	2	0
Kariba and Karoi	49	48	2	0	0	0
Zvishavane Urban	47	51	1	0	0	0
Chegutu Urban	42	29	24	4	0	0
Marondera Urban	39	7	35	19	0	1
Redcliffe	38	4	54	3	0	1
Beitbridge Urban	37	24	5	1	0	32
Murehwa, Mutoko and Mudzi	35	17	24	23	2	0
Mutare Urban	35	65	0	0	0	0
Gweru Urban	22	64	13	0	1	0
Greater Harare 2	21	5	65	9	0	0
Gokwe Centre, Nembudziya	21	46	17	9	3	4
Greater Harare 1	16	15	69	0	0	0
Chitungwiza	15	1	56	19	0	8
Chivhu, Seke and Hwedza	15	62	10	13	0	0
Greater Harare 4	15	7	64	14	0	0
Norton	7	16	50	27	0	0
Ruwa, Domboshava and Goromonzi	6	24	43	26	2	0
Greater Harare 3	2	2	62	23	9	1
Harare South	0	9	44	40	4	3
Epworth	0	0	9	70	20	0

- Bulawayo 2 (97%) had the highest proportion of households which had water piped into their dwellings.

- Harare South and Epworth had no households with water piped into their dwellings.

Main Drinking Water Services
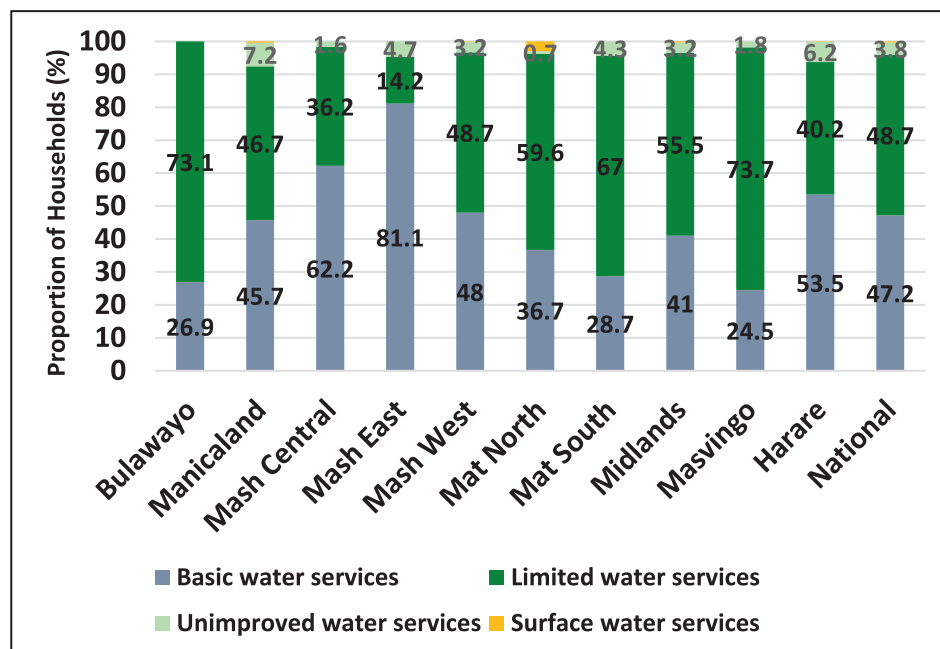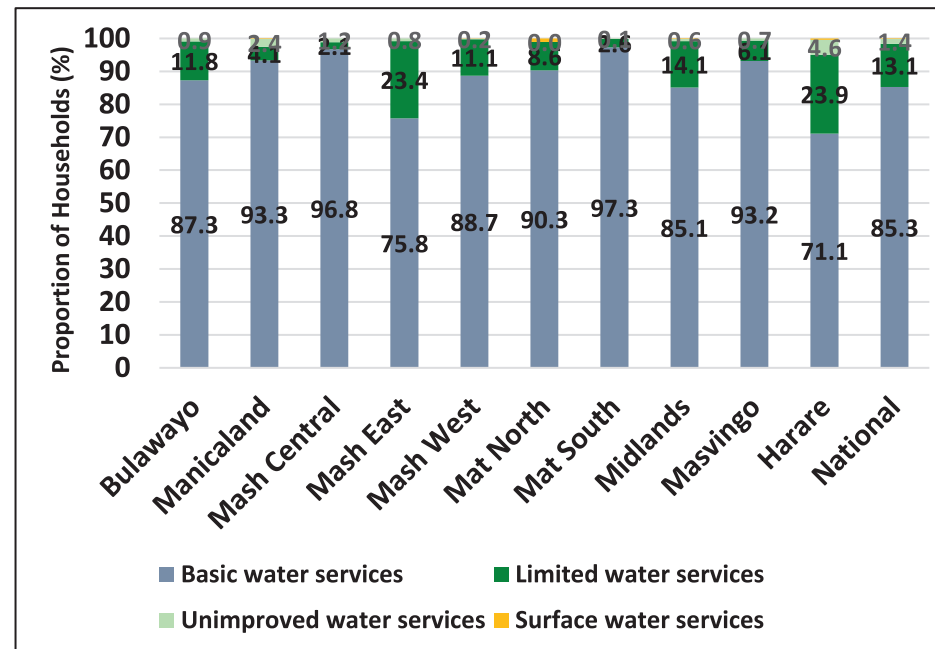
- Nationally, the proportion of households accessing basic water services significantly increased from 47.2% in 2019 to 85.3% in 2020.

- Harare (71.1%) had the lowest proportion of households accessing basic water services for their drinking water.

Main Drinking Water Services by Domain

Domain	Basic water services (%)	Limited water services (%)	Unimproved water services (%)	Surface water services (%)
Rusape	98	2	0	0
Masvingo Urban	98	2	0	0
Kwekwe Urban	98	2	0	0
Kariba and Karoi	98	2	0	0
Plumtree	98	2	0	0
Beitbridge Urban	98	2	0	0
Mazowe and Mvurwi	97	3	0	0
Chinhoyi Urban	97	2	0	0
Bulawayo 2	97	2	1	0
Gwanda Urban	97	3	0	0
Mutare Urban	96	4	0	0
Bindura Urban	96	1	3	0
Gweru Urban	95	4	1	0
Chivhu, Seke and Hwedza	94	6	0	0
Bulawayo 1	93	7	0	0
Chiredzi Urban	93	6	1	0
Hwange and Victoria Falls	93	7	0	0
Zvishavane Urban	92	8	0	0
Kadoma Urban	92	7	1	0

Domain	Basic water services (%)	Limited water services (%)	Unimproved water services (%)	Surface water services (%)
Chegutu Urban	91	9	0	0
Gutu, Bikita and Zaka-Jerera	88	11	1	0
Binga, Lupane and Nkayi	88	10	0	2
Buhera, Chipinge and Chimanimani	85	7	7	0
Chitungwiza	84	16	0	0
Bulawayo 3	81	16	3	0
Murehwa, Mutoko and Mudzi	80	18	2	0
Greater Harare 2	78	22	0	0
Bulawayo 4	78	22	0	0
Gokwe Centre, Nembudziya	77	20	2	1
Harare South	76	18	7	0
Greater Harare 4	72	27	0	0
Epworth	69	13	17	1
Marondera Urban	67	33	0	0
Norton	66	34	0	0
Greater Harare 1	64	36	0	0
Redcliffe	63	37	0	0
Ruwa, Domboshava and Goromonzi	62	36	2	0
Greater Harare 3	56	36	7	2

- Most of the households in the majority of the domains were accessing drinking water from basic water services.

- Greater Harare 3 (56%) had the lowest proportion of households getting their drinking water from basic water services.

Current Availability of Water at Main Source and Frequency of Unavailability Per Week

Water Currently Available at Main Source 2020
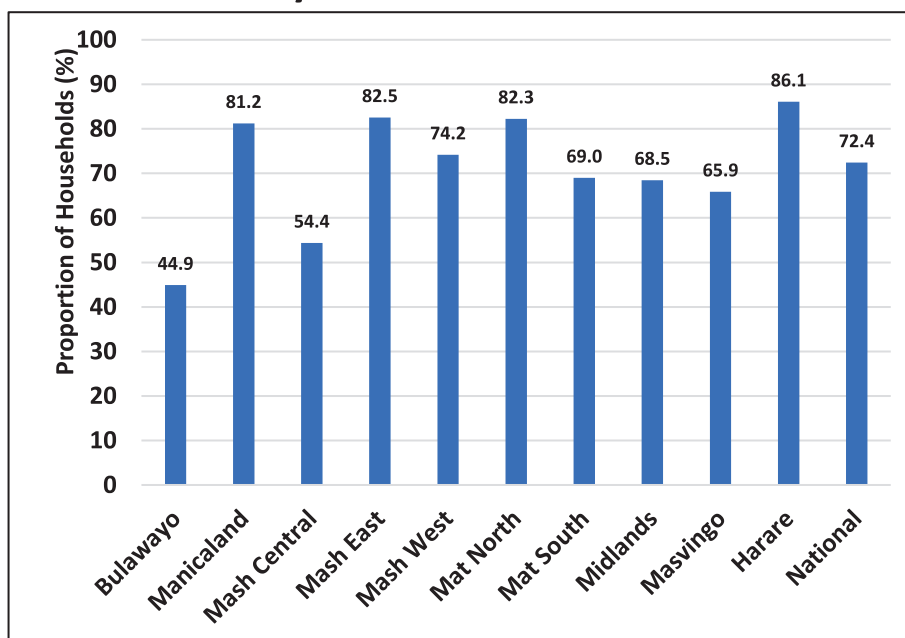
Frequency of Water Unavailability at Main Source
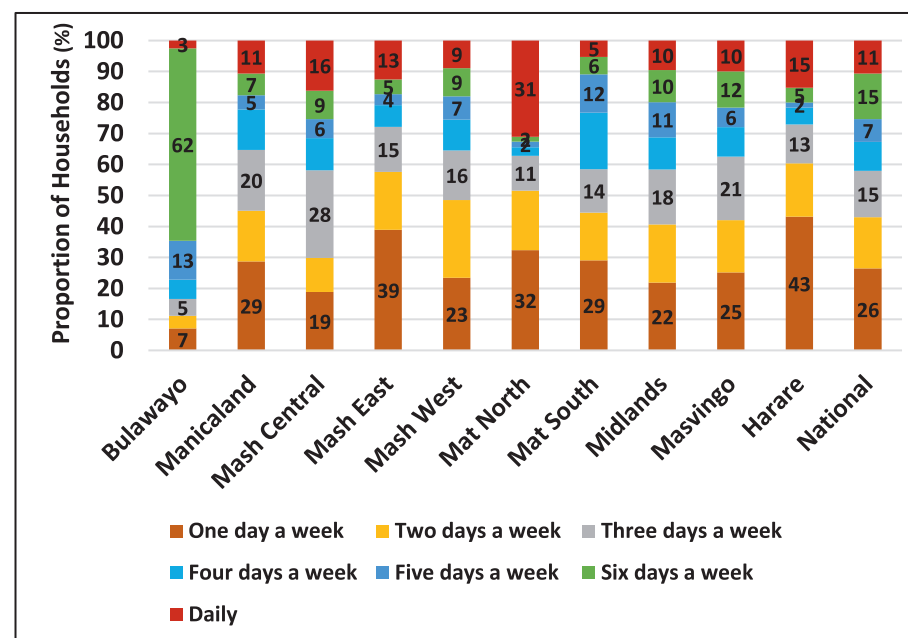
- Nationally, water was available at the main source for 72.4% of the households at the time of the survey.

- Unavailability of water at the main source was a major problem in Bulawayo province where it was reported to be unavailable for six days in a week (62%) and daily (3%).

Households Without Water From Main Source on Survey Day
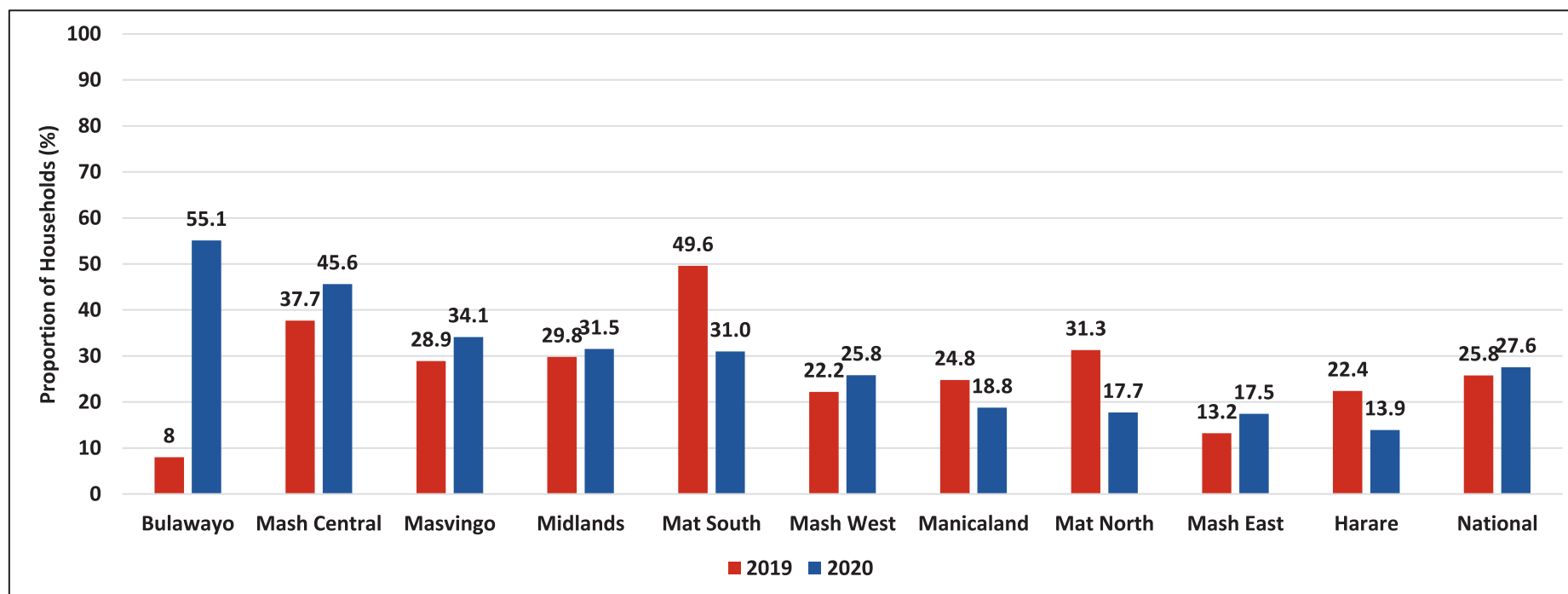
- There was a marginal increase in the proportion of households without water from their main source on survey day nationally.

- There was a significant increase in the proportion of households without water on survey day in Bulawayo province from 8% in 2019 to 55.1% in 2020.

Satisfaction with Water Provision and Quality(Local Authority or ZINWA)

Satisfaction with Water Provision
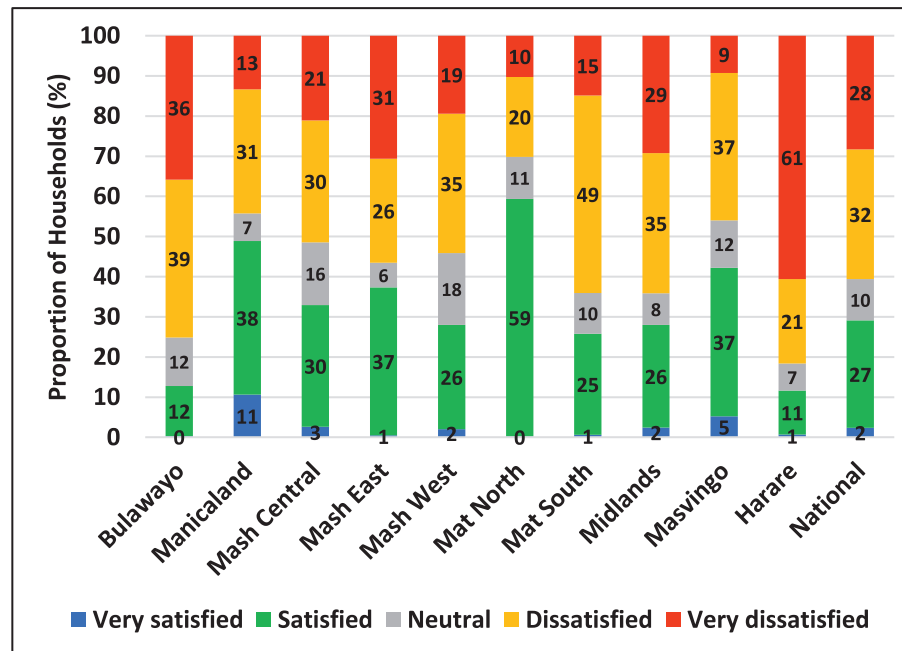
Satisfaction with Water Quality
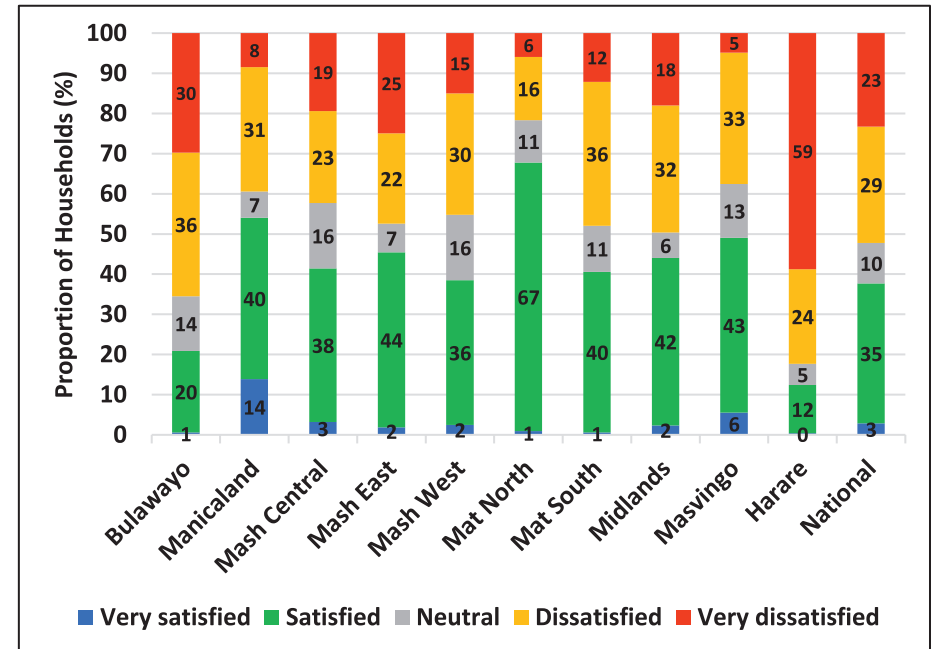
- Nationally most households were not satisfied with water provision service being offered by either the local authority or Zimbabwe Water Authority (ZINWA), 32% were dissatisfied and 28% very dissatisfied.

- The quality of the water provided was said to be satisfactory by only 35% of the households nationally.

- Matabeleland North (67%) had the greatest proportion of households which reported that they were satisfied with the water quality.

Households Fetching Water from Unimproved Alternative Water Sources
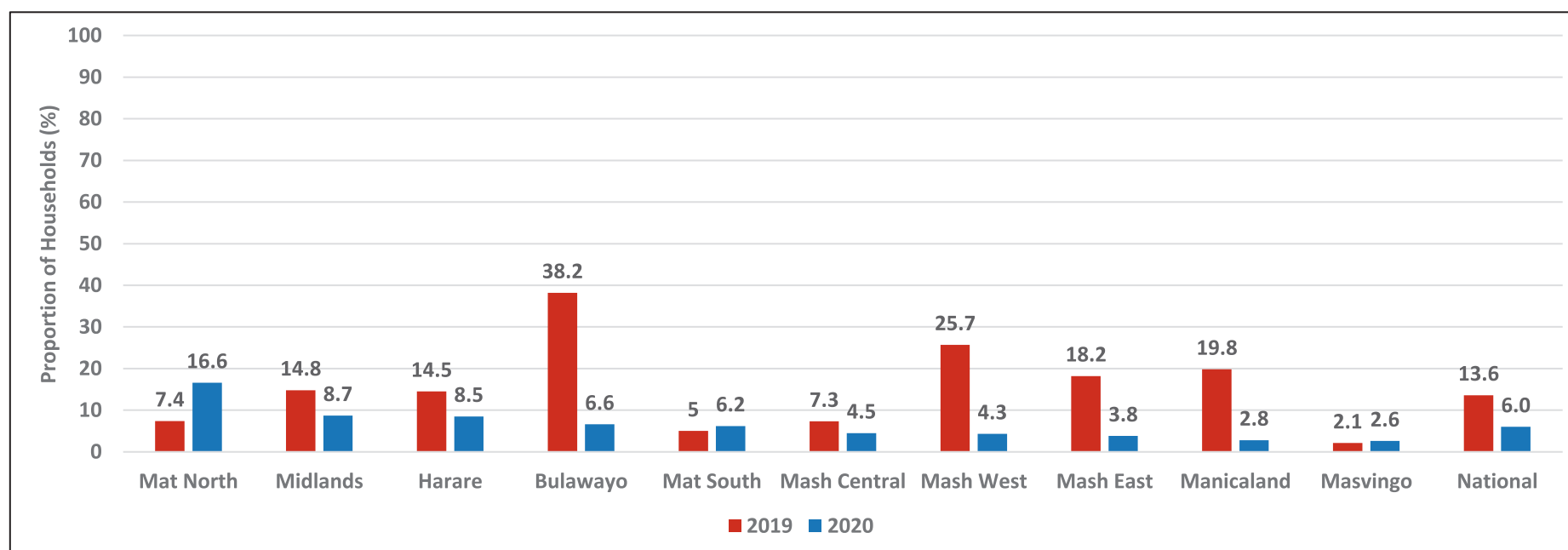
- Across all provinces, some households still fetched water from unimproved alternative water sources, even though there was a notable decrease in the proportion of households that did so.
- Matabeleland North province had an increase in the proportion of households which fetched water from unimproved alternative water sources, from 7.4% in 2019 to 16.6% in 2020.

Treatment of Household Drinking Water (Main Source)
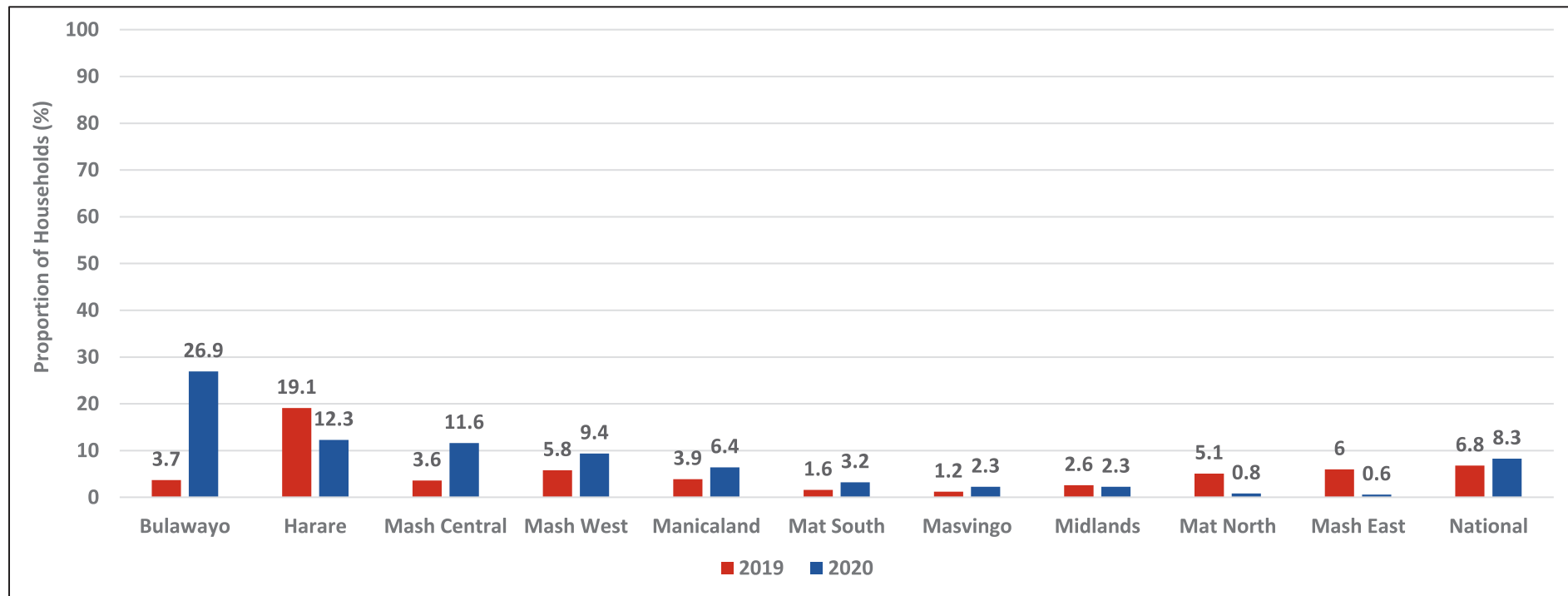
- Treatment of drinking water from the main source was low across all the provinces.

- Nationally, there was a marginal increase in the proportion of households which treated their drinking water from 6.8% in 2019 to 8.3% in 2020.

Distance to Main Drinking Water Source
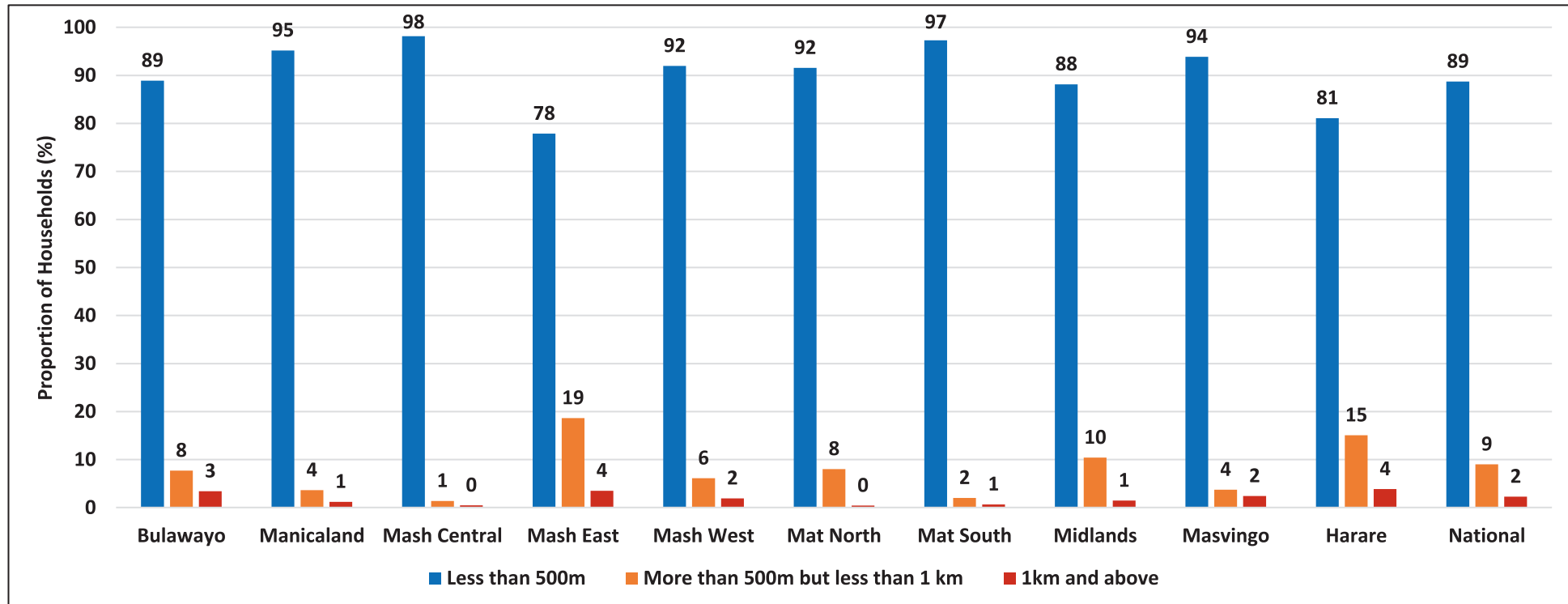
- The maximum distance to be travelled by a household to fetch water is 500m (Sphere Standards).

- Nationally, about 11% of households travelled more than the recommended 500m to the nearest water source. Of these, 2% travelled more than 1 km.

- Mashonaland East (4%) and Harare (4%) had the highest proportion of households which travelled more than 1km to their main drinking water source.

90

Ladder for Sanitation

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

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

Access to Improved Sanitation
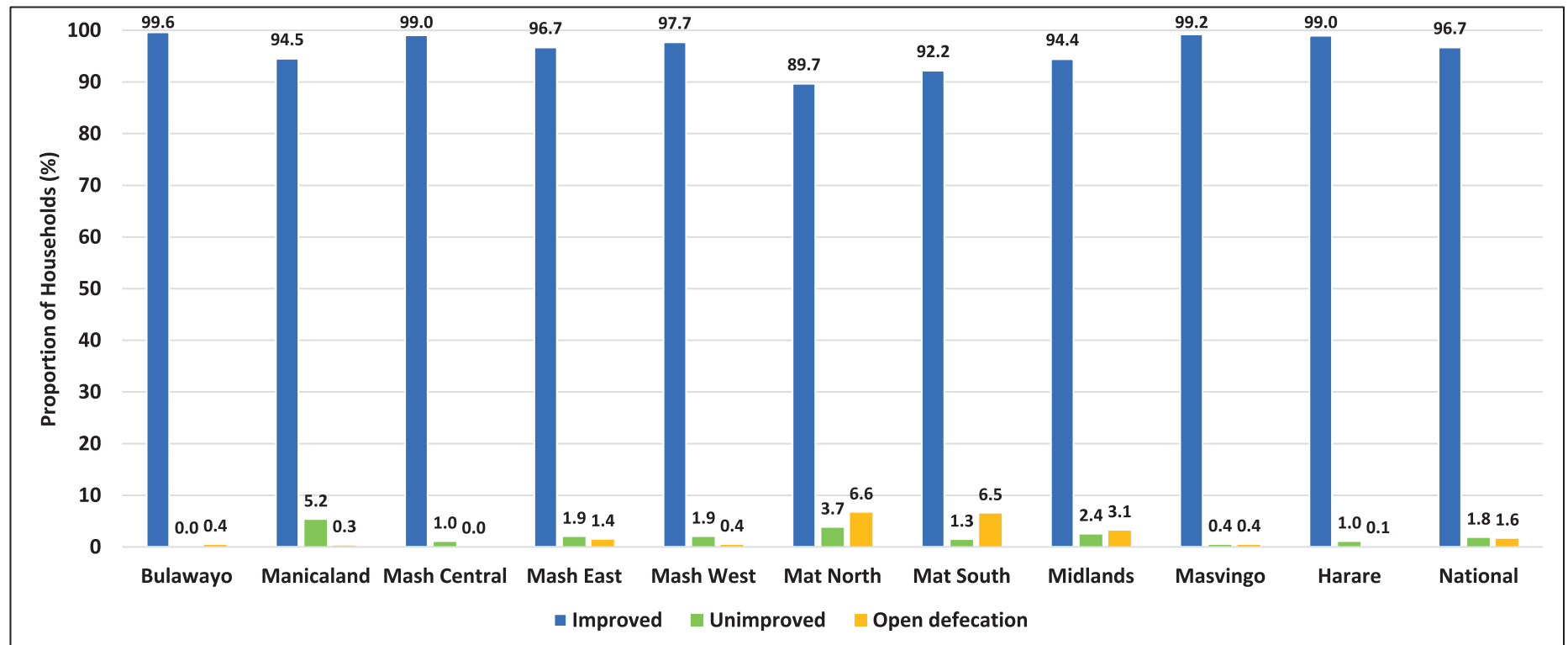
- Nationally, 96.7% of the households had access to improved sanitation facilities.

- Manicaland (5.2%) and Matabeleland North (3.7%) had the highest proportion of households using unimproved sanitation facilities

- Open defecation was highest in Matabeleland North (6.6%) .

Access to Improved Sanitation Services
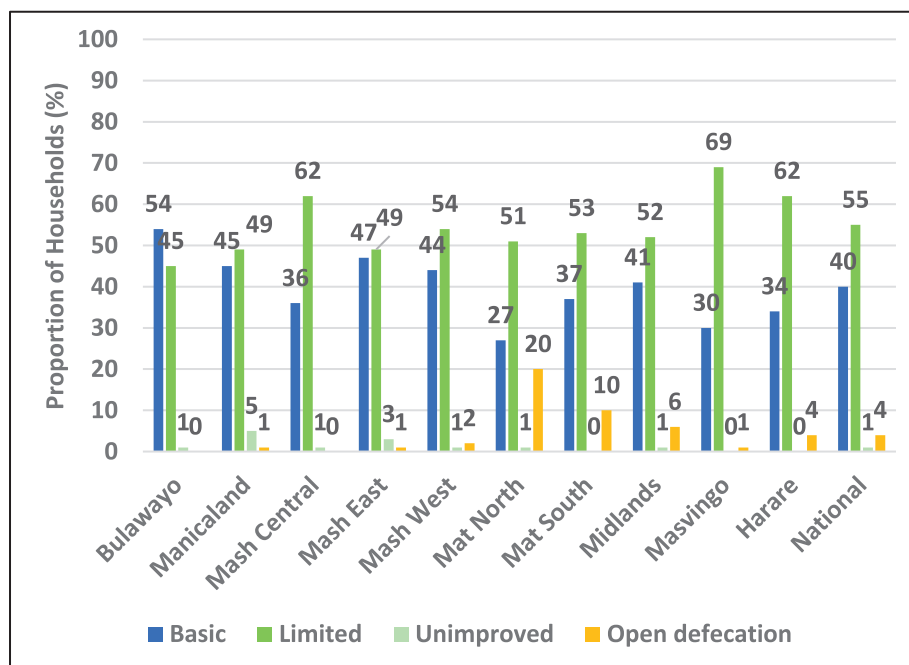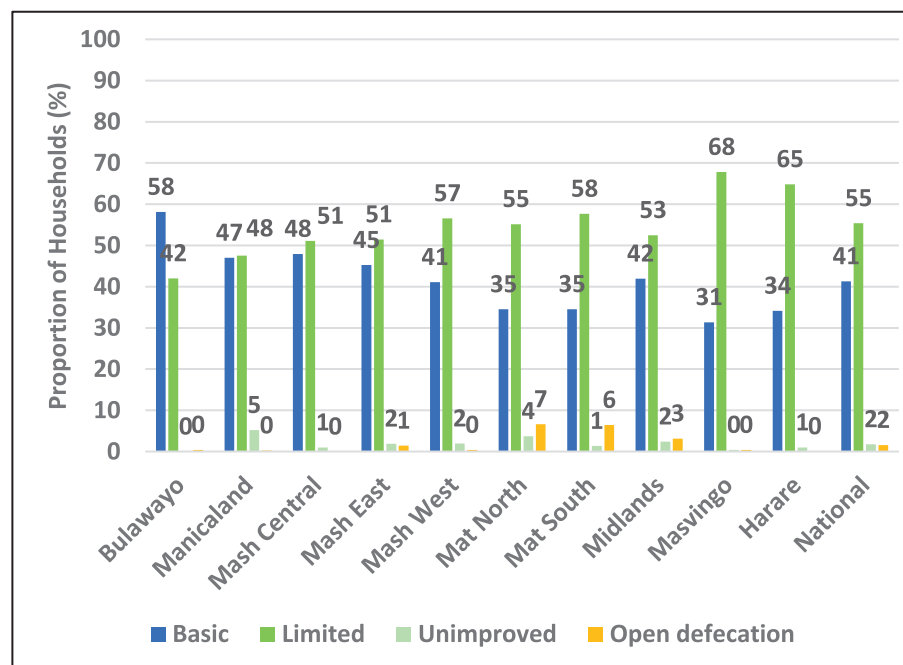
- Nationally, open defecation decreased from 4% in 2019 to 2% in 2020. No open defecation should be practiced in urban areas.
- Unimproved facilities include pit latrines without a slab or platform, hanging latrines and bucket latrines. Nationally, 2% of the households were using unimproved sanitation facilities, an increase from 1% in 2019.

Open Defecation by Domain
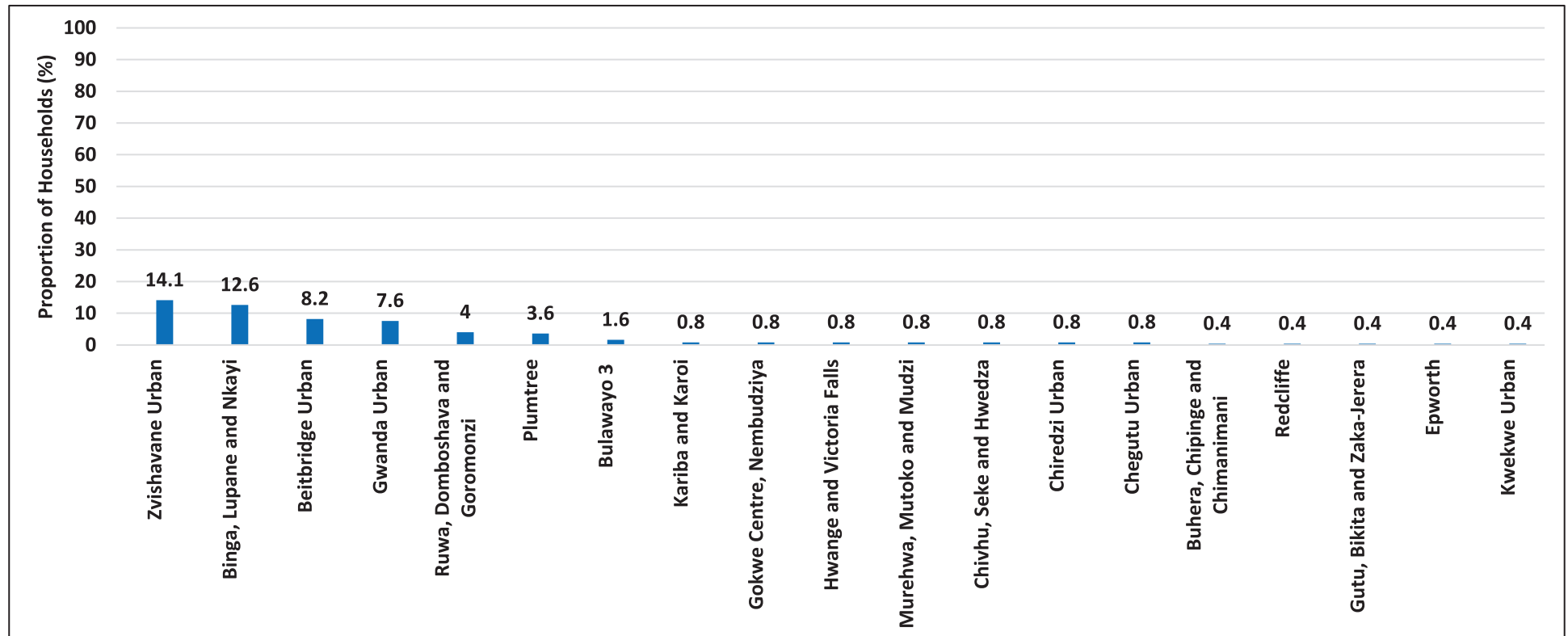
- Zvishavane Urban (14.1%), had the highest proportion of households practising open defaecation followed by Binga-Lupane-Nkayi (12.6%).

- There was no open defecation reported in all other domains not shown on the graph.

94

Households Sharing Sanitation Facilities
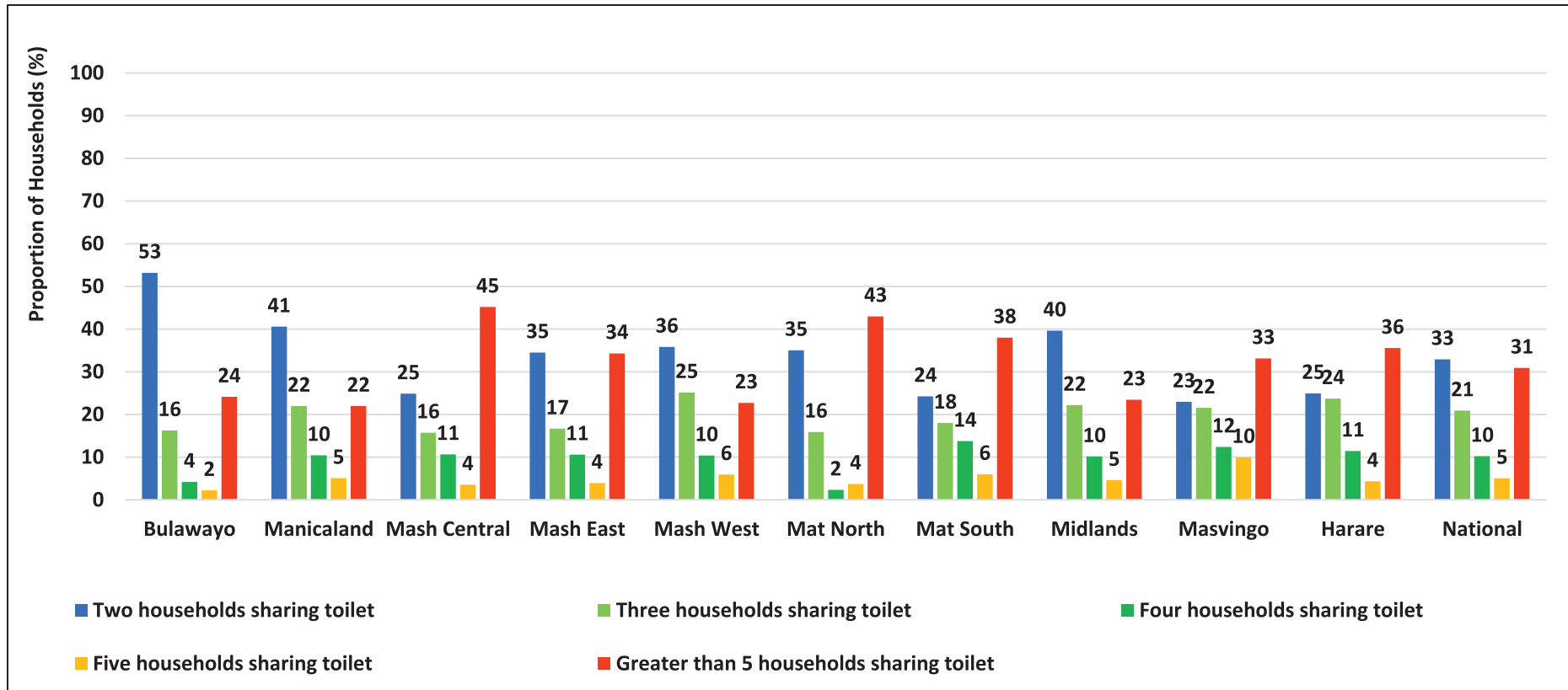
- Mashonaland Central (45%) had the greatest proportion of dwellings where more than five households were sharing a toilet.

Ladder for Hygiene

Service level	Definition
Basic	Availability of a handwashing facility on premises with soap and water.
Limited	Availability of a handwashing facility on premises without soap and water.
No Facility	No hand washing facility on premises.
Note: handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy taps, and jugs or basins designated for hand washing. Soap includes bar soap, liquid soap, powdered detergents and soapy water but does not include sand, soil, ash and other handwashing agents.	

Access to Hand Washing Facilities
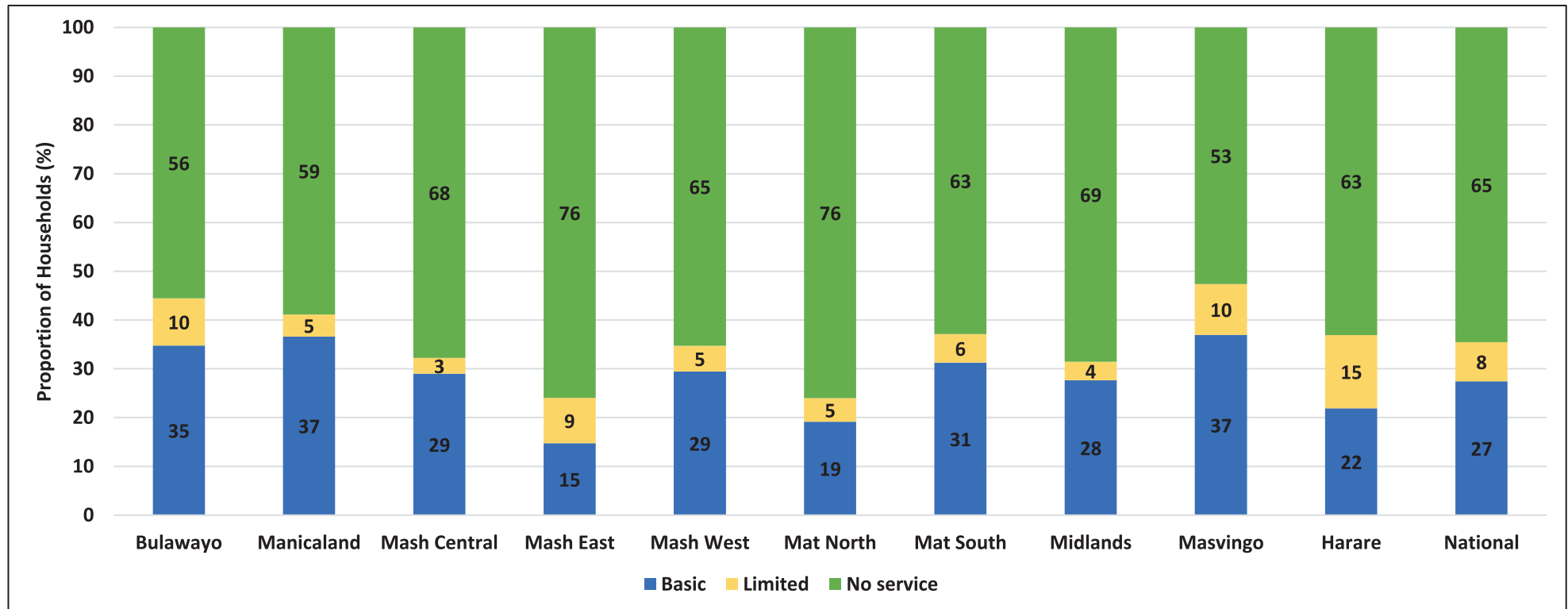
- Matabeleland North (76%) and Mashonaland East (76%), had the highest proportion of households without hand hygiene services.

- Manicaland and Masvingo (37%) had the highest proportion of households with basic hygiene services, i.e. handwashing facility with soap and water.

- Harare (15%) had the highest proportion of households with limited services, where a facility is present but without soap and water.

Access to Hand Washing Facilities by Domain
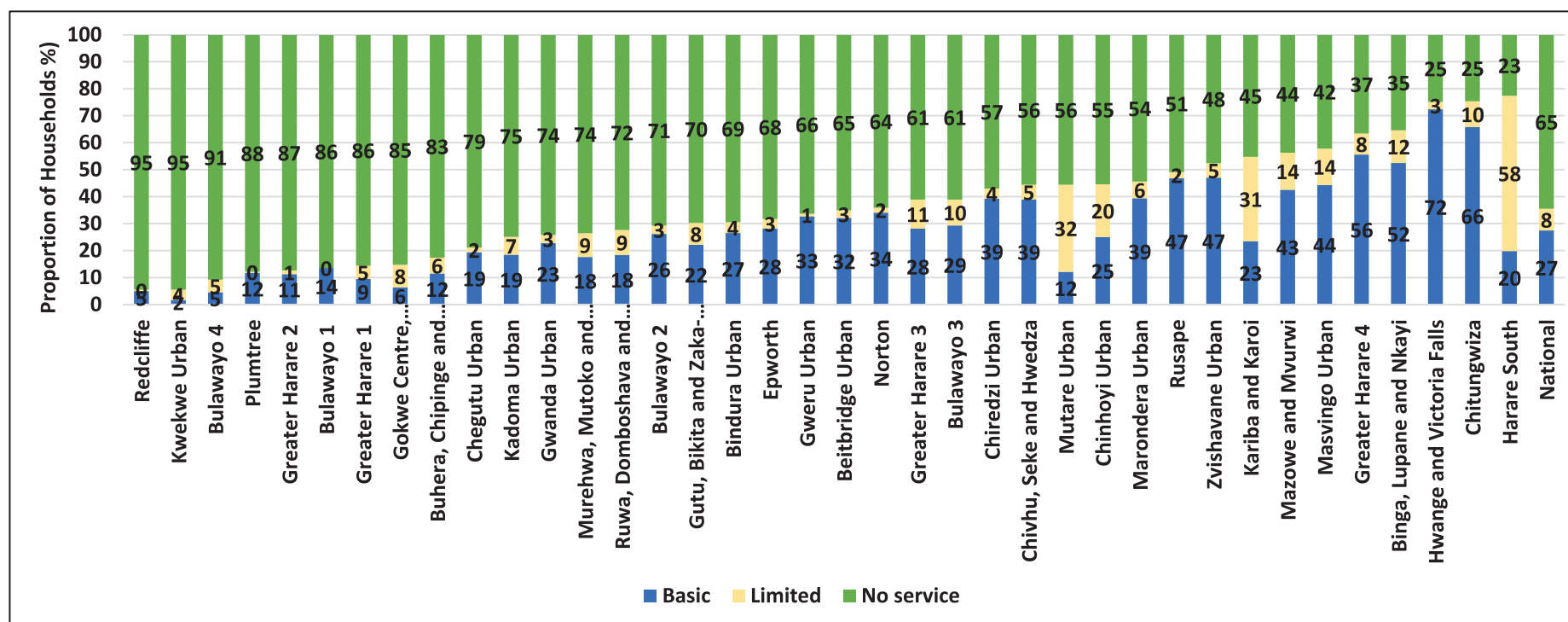
- Hwange/Victoria Falls domain had the highest proportion of households with basic hygiene facilities, while Kwekwe Urban (2%) had the least.

Frequency of Refuse Collection per Month
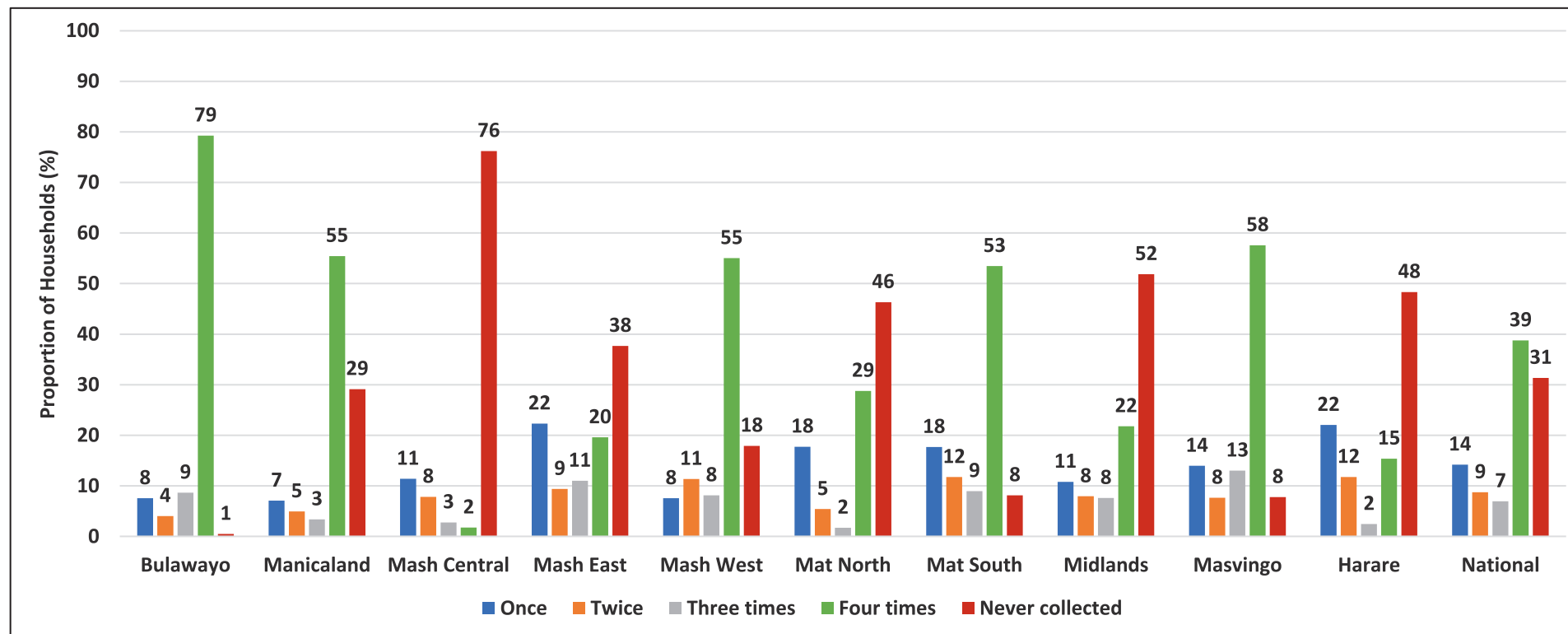
- Nationally, 31% of households reported that refuse was never collected in the month preceding the survey. Mashonaland Central (76%) had the highest proportion of households which reported that refuse was never collected.
- Bulawayo (79%), had the highest proportion households that reported that collection of refuse was done four times during the specified period.

Disposal of Uncollected Refuse
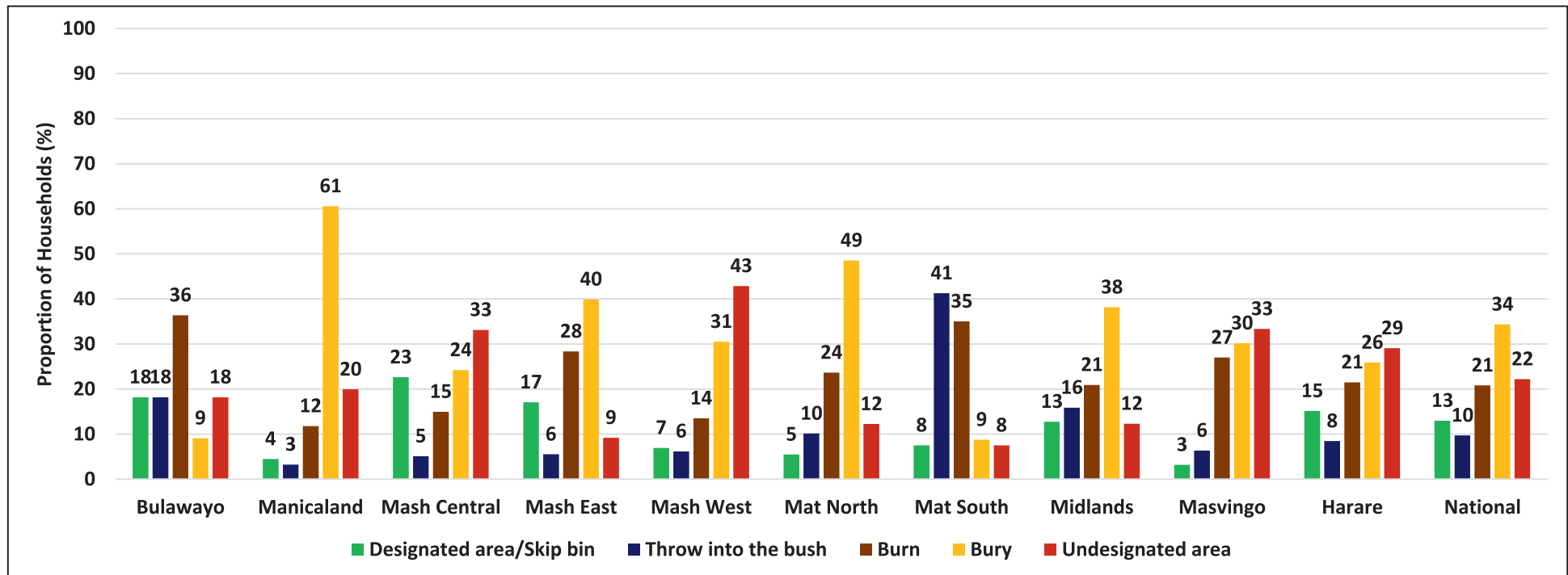
- When refuse is not collected by local authorities, residents often find ways of disposing it, both approved and not approved.

- Nationally, 34% of households buried their uncollected refuse while 22% dumped it in undesignated areas.

COVID-19 and Livelihoods

Risk Perception of Contracting COVID-19 by Domain
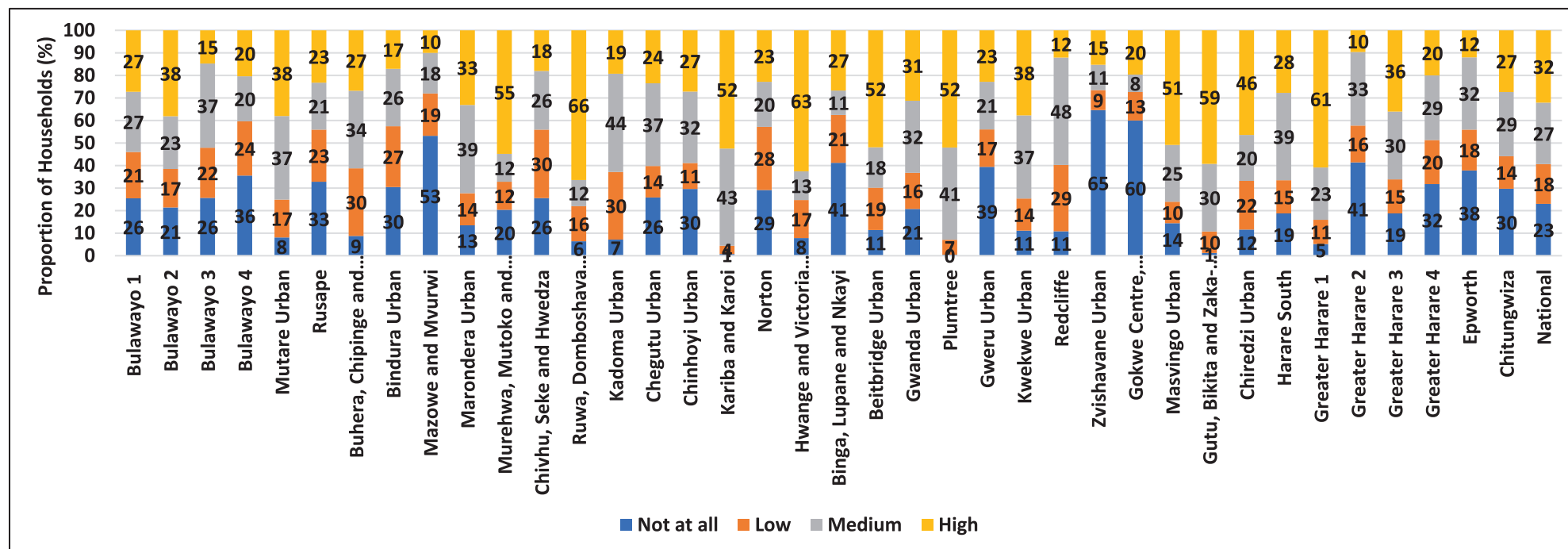
- Nationally, risk perception was fairly high among urban households with 32% of the interviewed households perceiving that they were at high risk of contracting COVID-19.

- Of concern however were the 23% nationally that indicated that they were not at risk at all, with the highest proportions coming from Zvishavane urban (65%) and Gokwe Centre and Nembudziya (60%) .

Reasons for Being at Risk of Contracting COVID-19

Legend:
- One of the family members is a health worker/other frontline worker who work with high risk groups
- Inability to stay at home due to different circumstances
- Visitors to the household
- One of the family members is infected
- Live in overcrowded conditions
- Do not have PPE
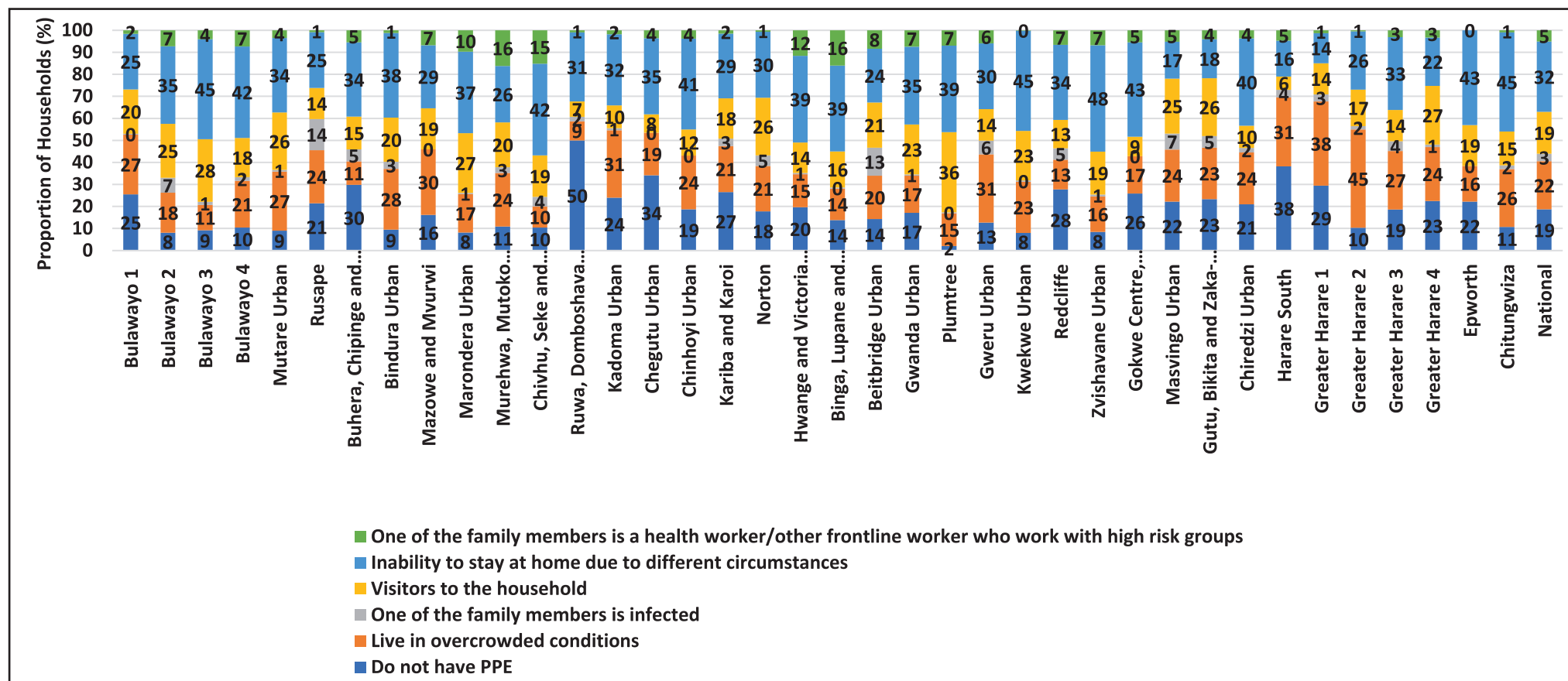
- A significant proportion of households (32%) cited inability to stay at home due to different reasons as the main reason for being at risk of contracting COVID-19 with 22% citing living under overcrowded conditions as a risk factor.

103

Measures Used to Protect Household Members from Contracting COVID-19
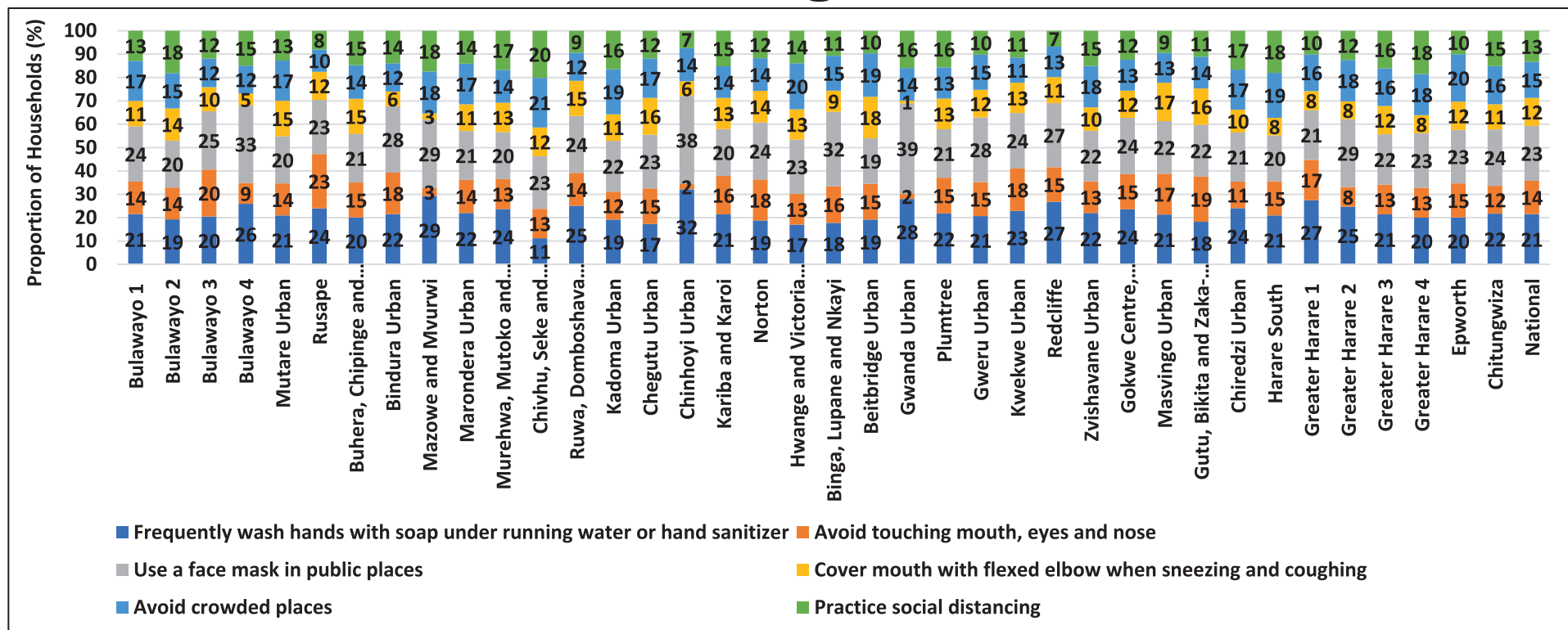
- Nationally the use of face masks (23%) as well as frequent washing of hands or using hand sanitizers (21%) were reported as the main measures used to protect household members from contracting COVID -19.

Households with Access to PPE
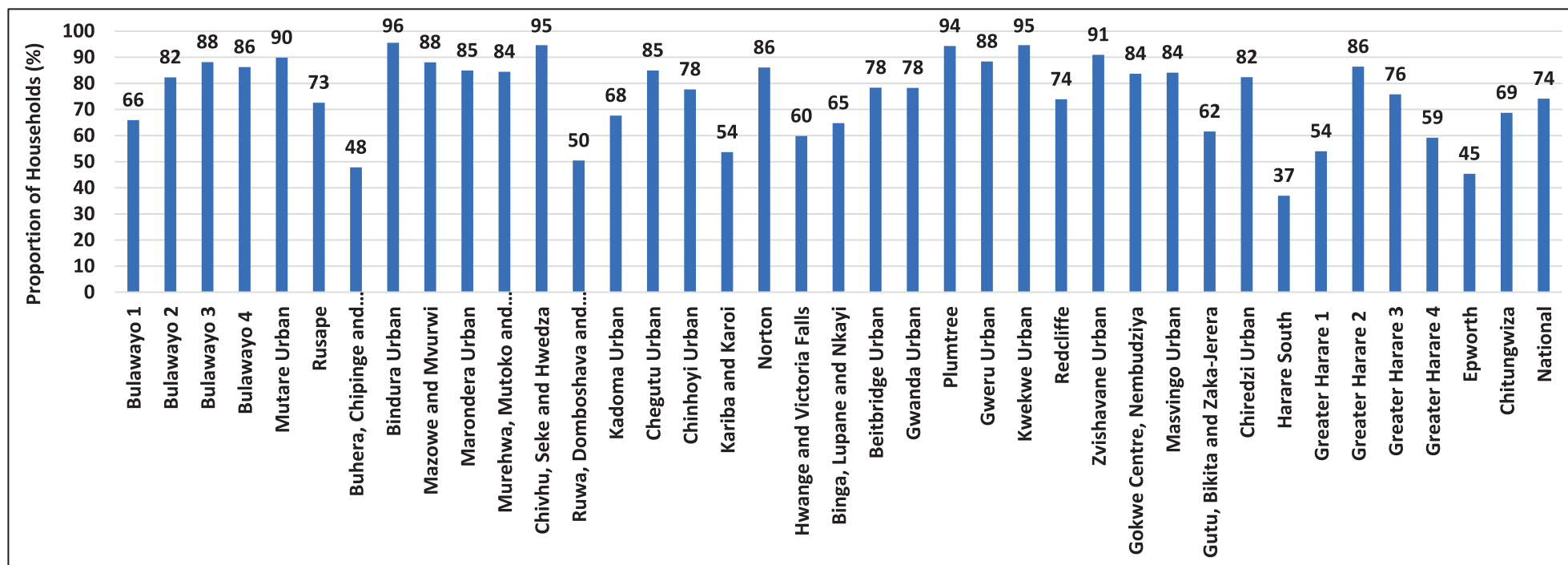
- Access to PPE was 74% nationally, with some domains reporting more than 90% access (Bindura Urban (96%) , Chivhu Seke and Hwedza as well as Kwekwe (95%) and Plumtree (94%)).

- Of concern were Harare South and Epworth where only 37% and 45% of households had access to PPE, respectively.

Sources of PPE
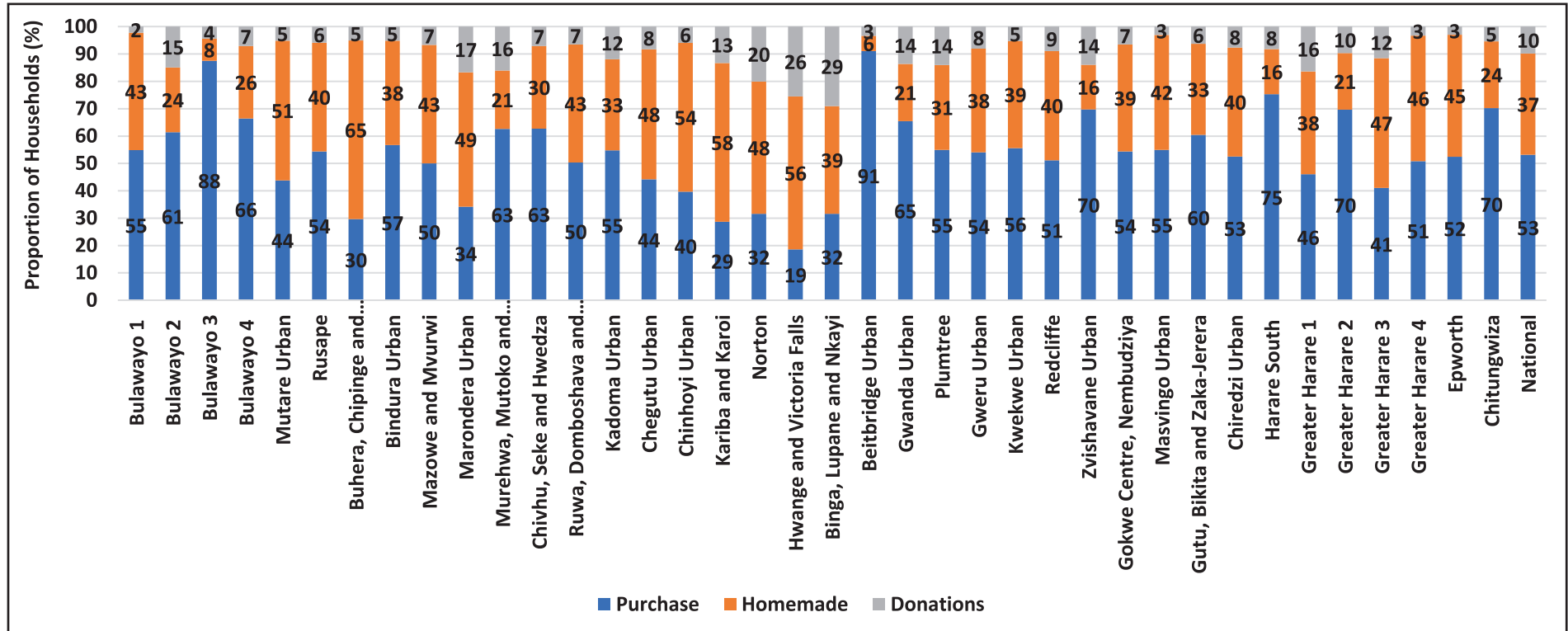
- Nationally 53% of the households reported sourcing their PPE through purchases with 37% using homemade PPE.

- Only 10% of households reported receiving donated PPE.

# Households which Regarded PPE as Affordable
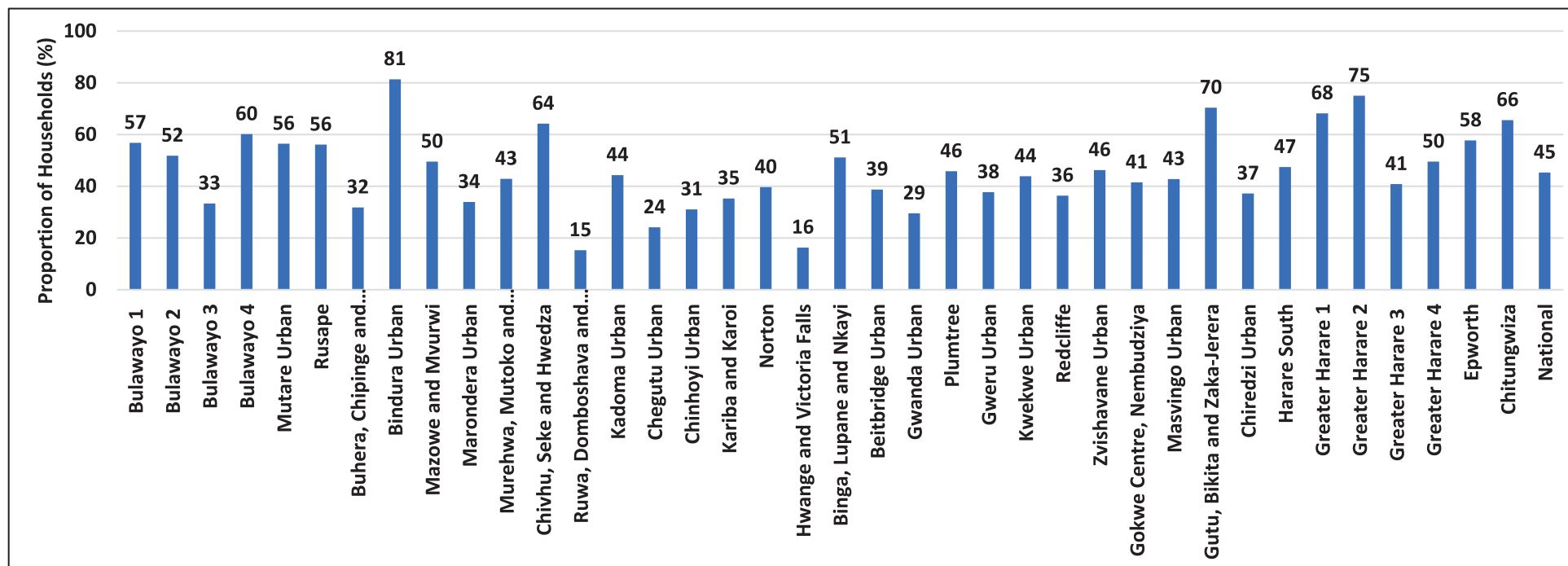
- Nationally less than half of the households regarded PPE as affordable (45%).

- Bindura Urban had the highest proportion of households which regarded PPE as affordable (81%).

# Households which Experienced Difficulties in Accessing Goods/Services During Lockdown
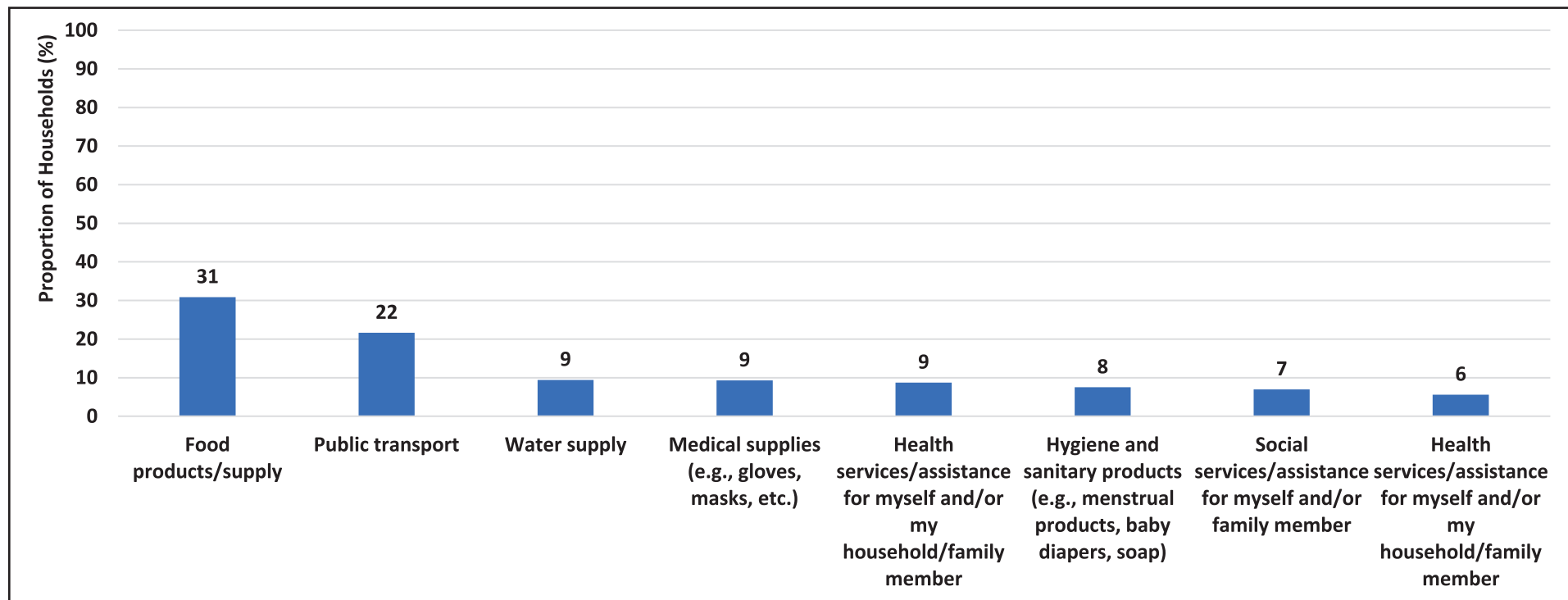
- Nationally, 31% of households experienced difficulties in accessing food products/supplies during the lockdown whilst 22% failed to access public transport.

# Households which Visited a Health Facility During Lockdown
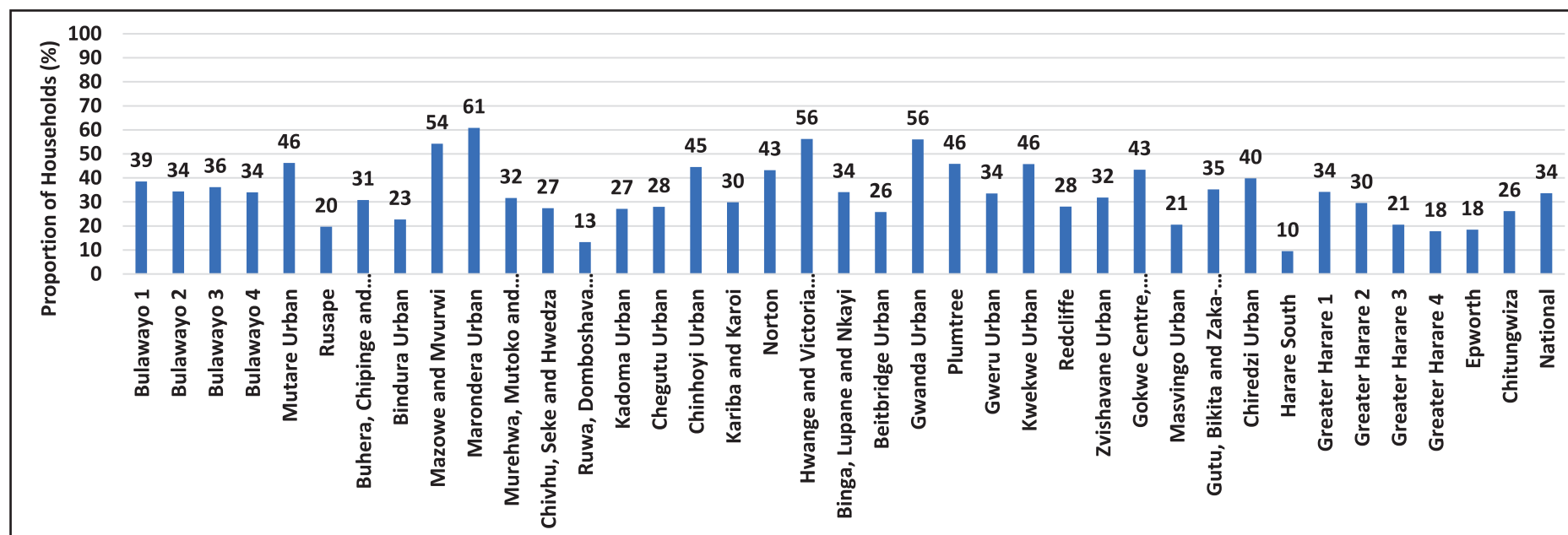
- Nationally 34% of the households visited a health facility during the lockdown.

- Harare South (10%) and Ruwa Domboshava and Goromonzi (13%) domains had the lowest proportion of households which visited a health facility during the lockdown.

Health Services Sought During Lockdown
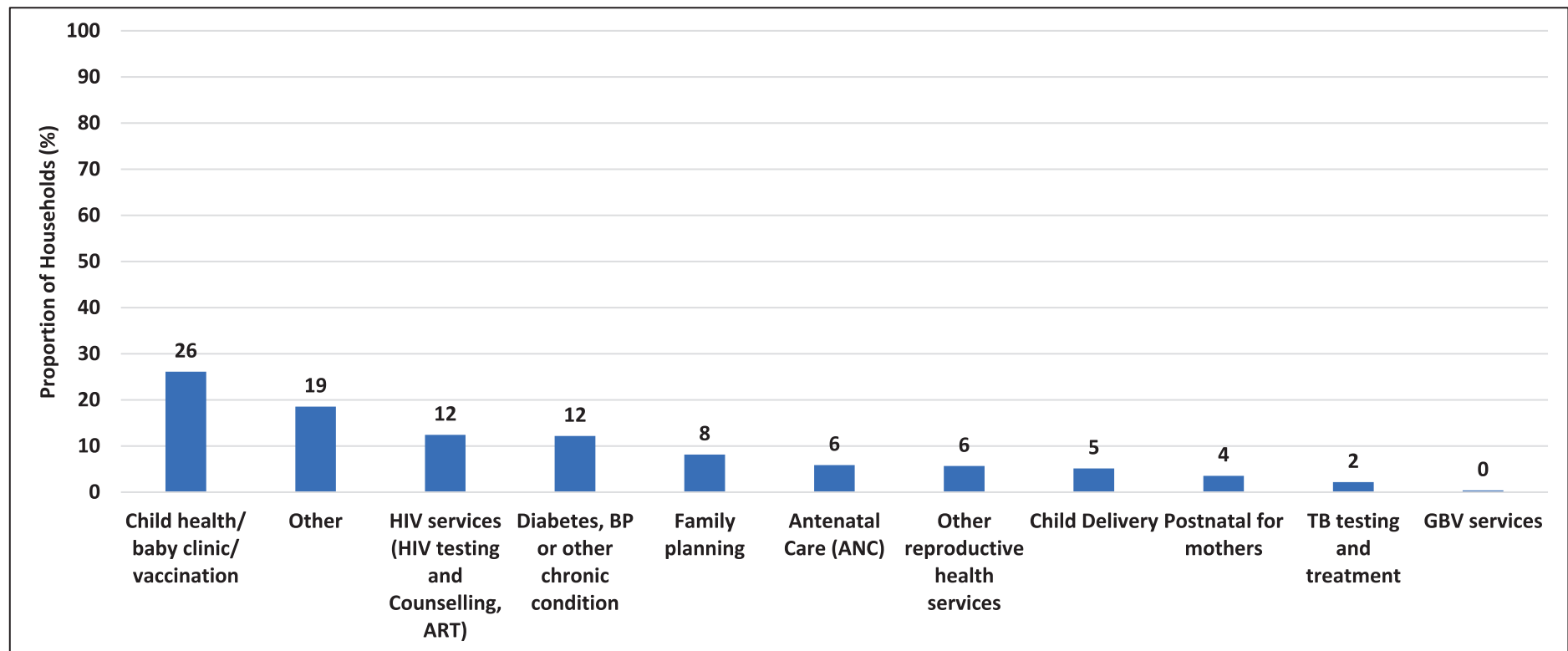
- Nationally the most sought after health services during the lockdown were child heath services (26%).

- HIV services (12%) and services for chronic conditions such as diabetes, BP were also on demand (12%).

Most Important Household Income Sources During Lockdown
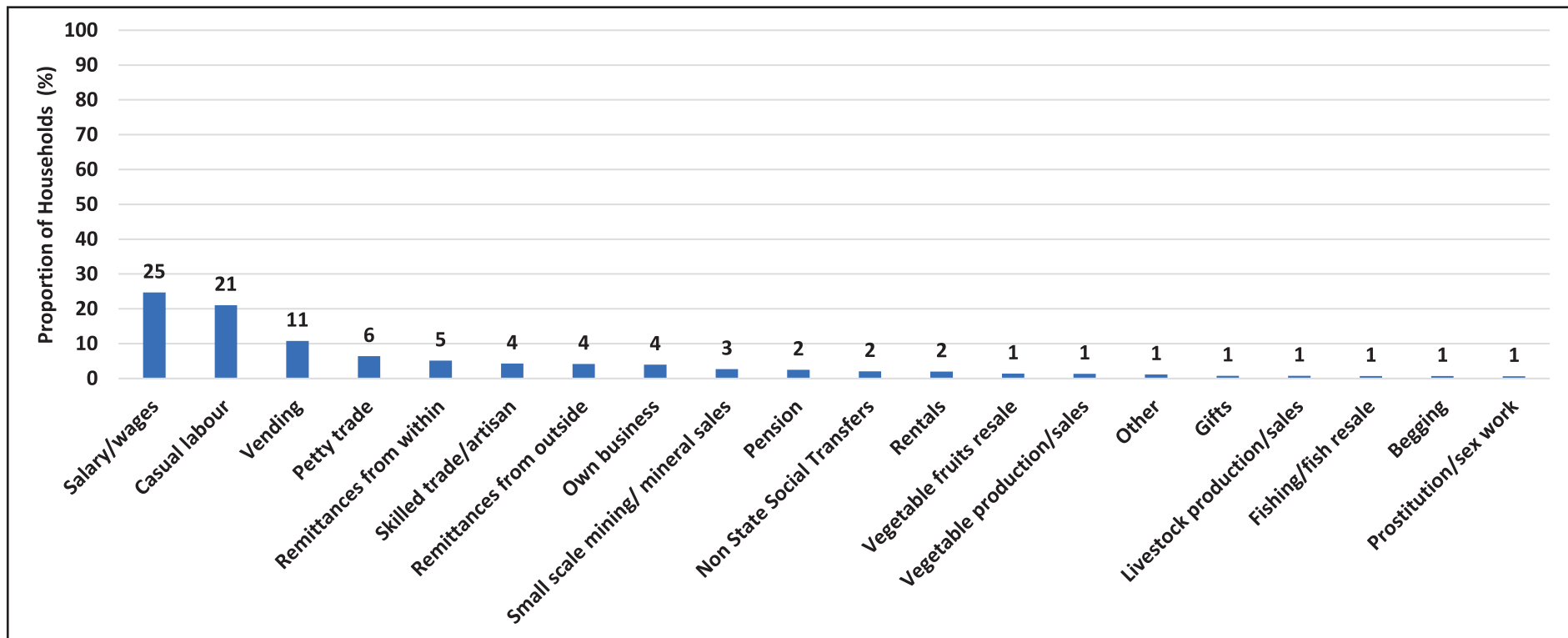
- Nationally salaries/ wages (25%) were reported as the most important source of household income during the lockdown followed by casual labour (21%) and vending (11%).

Effects of COVID-19 on Livelihoods
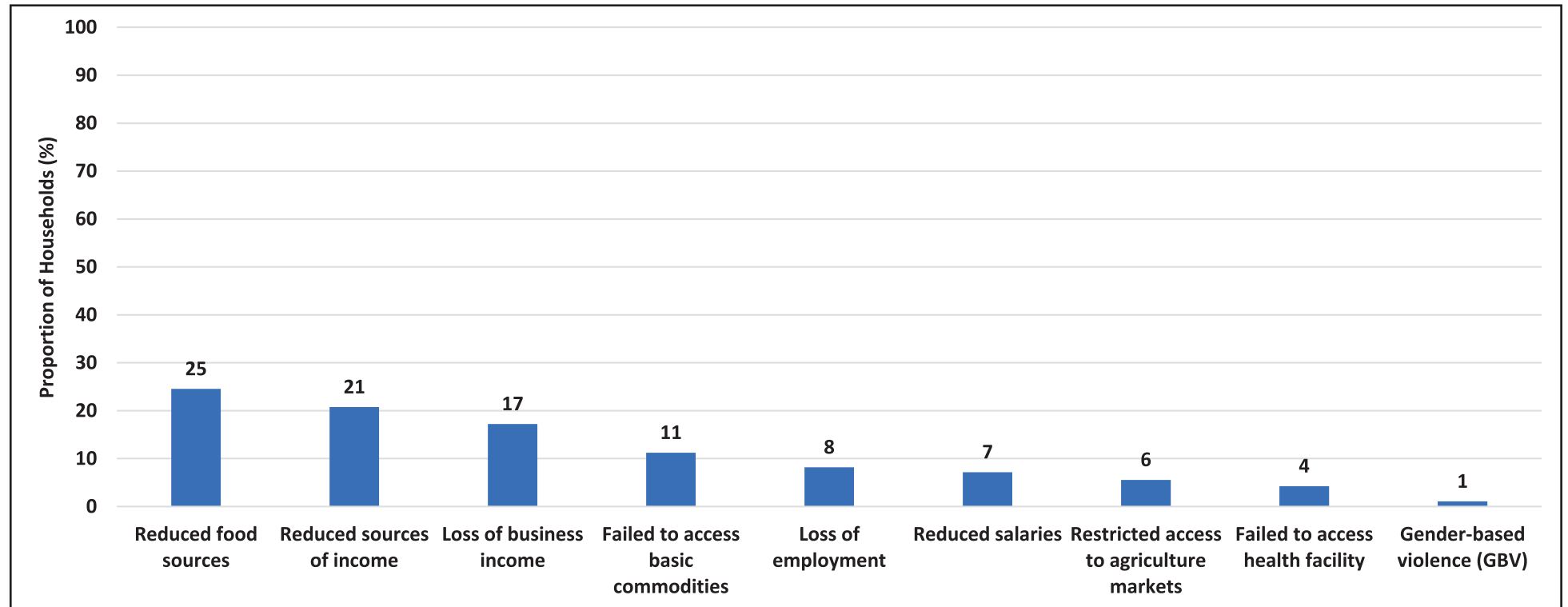
- COVID- 19 lockdowns impacted differently on households lives with 25% reporting reduced food sources, 21% reduced sources of income whilst 17% reported loss of business income.

Child Nutrition
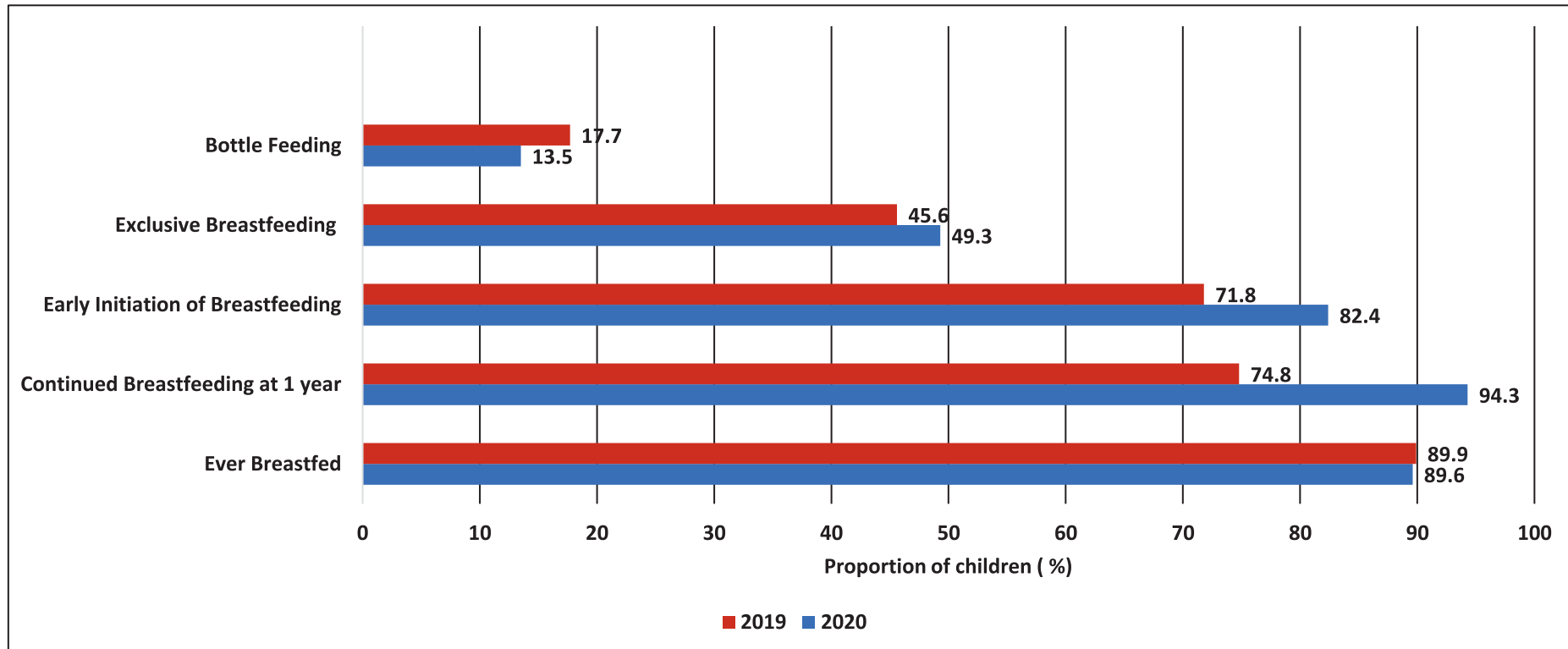
Infant and Young Child Feeding

Infant and young child feeding is a key area to improve child survival and promote healthy growth and development. The first 2 years of a child's life are particularly important, as optimal nutrition during this period lowers morbidity and mortality, reduces the risk of chronic disease, and fosters better development overall.

The indicators for assessing feeding practices in children 6–23 months of age include Minimum Dietary Diversity (MDD), Minimum Meal Frequency (MMF), Minimum Acceptable Diet (MAD) among others.

- **Minimum Dietary Diversity**: Proportion of children 6–23 months of age who receive foods from 4 or more food groups. The 7 foods groups used for this indicator are: — grains, roots and tubers — legumes and nuts — dairy products (milk, yogurt, cheese) — flesh foods (meat, fish, poultry and liver/organ meats) — eggs — vitamin-A rich fruits and vegetables — other fruits and vegetables.

- **Minimum Meal Frequency:** Proportion of breastfed and non-breastfed children 6–23 months of age who receive solid, semi-solid, or soft foods (but also including milk feeds for non-breastfed children) the minimum number of times or more. Minimum number of times refers to:— 2 times for breastfed infants 6–8 months, — 3 times for breastfed children 9–23 months and — 4 times for non-breastfed children 6–23 months.

- **Minimum Acceptable Diet:** Proportion of children 6–23 months of age who receive a minimum acceptable diet (apart from breast milk).

114

Summary of Breastfeeding Practices

Proportion of children (%)

Legend: ■ 2019 ■ 2020

Bottle Feeding: 2019 = 17.7, 2020 = 13.5
Exclusive Breastfeeding: 2019 = 45.6, 2020 = 49.3
Early Initiation of Breastfeeding: 2019 = 71.8, 2020 = 82.4
Continued Breastfeeding at 1 year: 2019 = 74.8, 2020 = 94.3
Ever Breastfed: 2019 = 89.9, 2020 = 89.6

- Generally, breastfeeding practices improved in 2020 as compared to 2019

- The proportion of exclusive breastfeeding increased from 45.6% in 2019 to 49.3% in 2020

- The proportion of mothers who continued to breastfeed up to 1 year increased from 74.8% in 2019 to 94.3% in 2020

Quality of Children's Diets
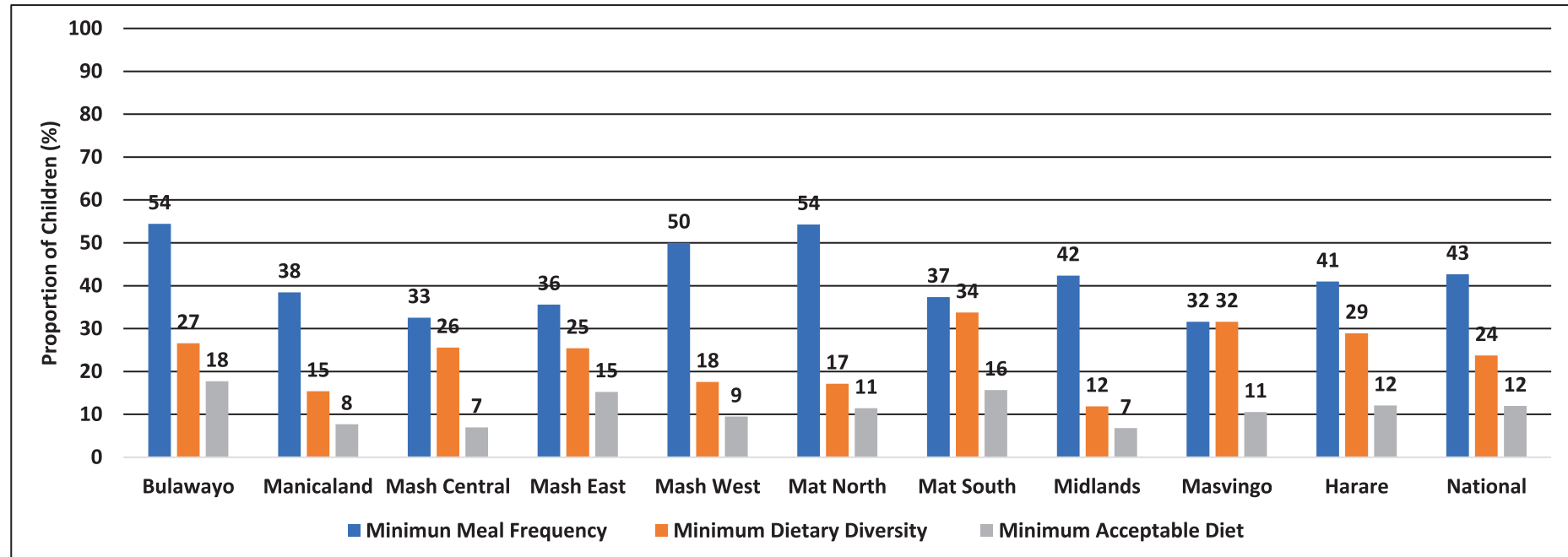
- Nationally, 12% of children were consuming a minimum acceptable diet.
- The range for children who received a minimum meal frequency was 32% to 54%. Masvingo (32%) had the least whilst Bulawayo and Matabeleland North (54%) had the highest frequencies.
- Matabeleland South (34%) had the highest proportion of children who were consuming meals with a minimum dietary diversity for their age whilst Midlands (12%) had the least.

Vitamin A Supplementation in Children 6-59 months of age

- The World Health Organisation recommends vitamin A Supplementation every 6 months to children 6–59 months of age in settings where vitamin A deficiency is a public health problem. Vitamin A supplementation is known to reduce all-cause mortality and the incidence of diarrhoea and measles in children aged six months to five years. The Vitamin A Supplementation scheme is as below:


Vitamin A supplementation scheme for infants children 6–59 months of age		
Target group	Infants 6–11 months of age	Children 12–59 months of age
Dose	100 000 IU (30 mg RE) vitamin A	200 000 IU (60 mg RE) vitamin A
Frequency	Once	Every 6 months

# Vitamin A Supplementation for the 6-11 Months Age Group
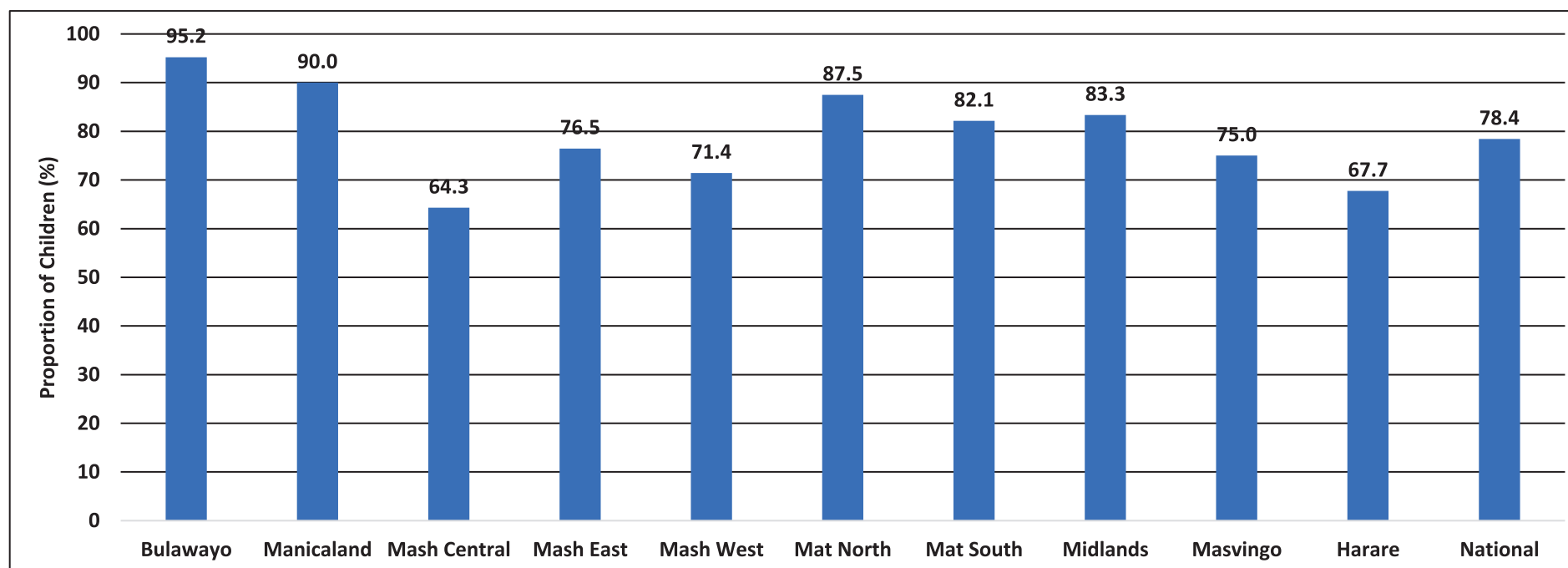
- Nationally, 78.4% of children aged 6-11months received Vitamin A.

- Bulawayo (95.2%) had the highest proportion of children aged 6-11 months who received Vitamin A whilst Mashonaland Central (64.3%) had the least.

Children Aged 12-59 months who Received Vitamin A Supplementation Twice in the Past 12 months
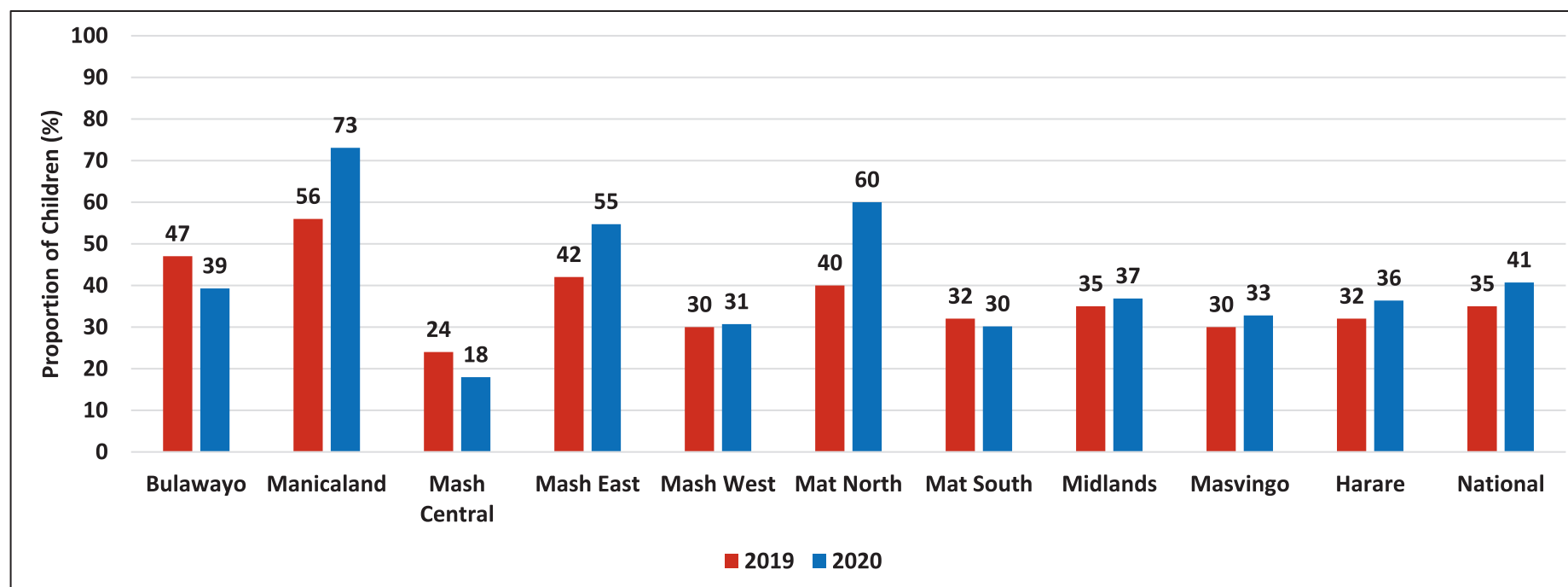
- Nationally, the proportion of children aged 12-59 months who received Vitamin A in the 12 months preceding the survey increased from 35% in 2019 to 41% in 2020.

- There was however a decrease in Bulawayo (from 47% in 2019 to 39%)and Mashonaland Central (from 24% to 18%).

Child Illness
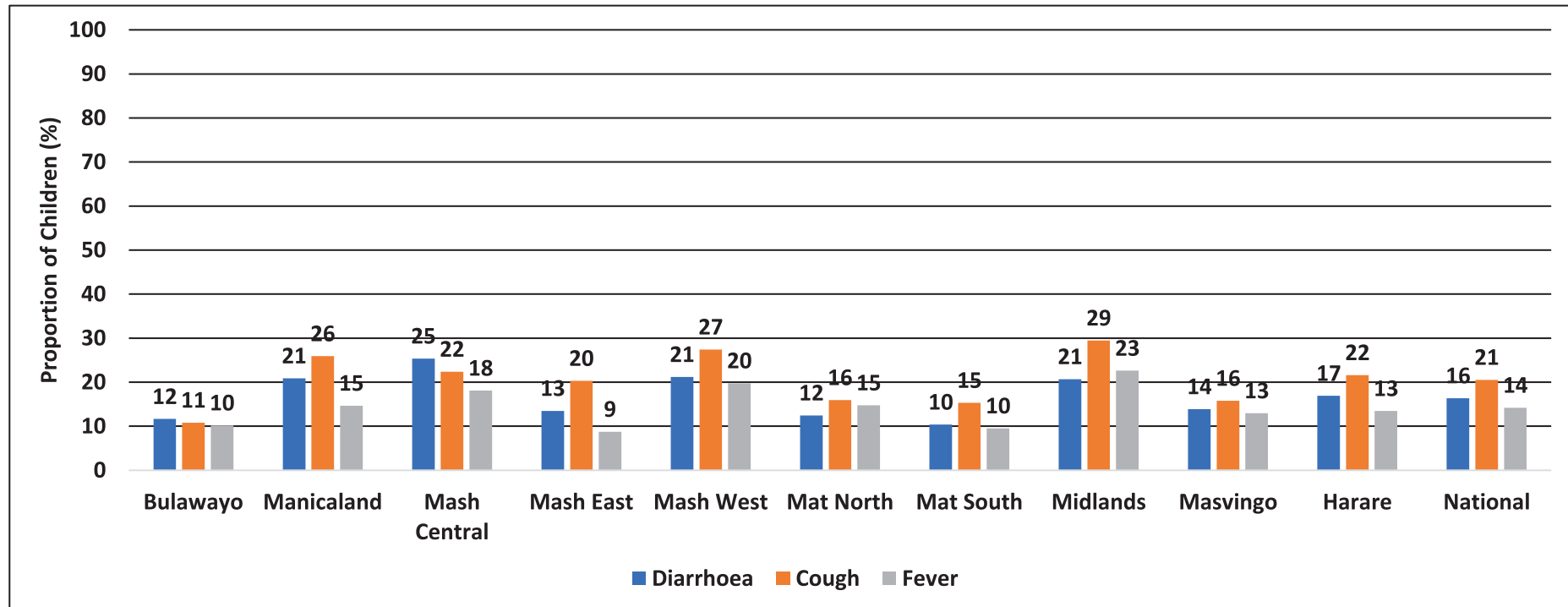
- Nationally, the highest proportion of children were affected with cough(21%) followed by diarrhoea (16%) and fever (14%).

Acute Malnutrition in Children 6-59 months of age

- Acute malnutrition is a form of under-nutrition caused by a decrease in food consumption and/or illness that results in sudden weight loss or oedema (fluid retention). Acute malnutrition can be moderate or severe, and prolonged malnutrition can cause stunted growth, otherwise known as stunting.
  - *Moderate Acute Malnutrition (MAM)*, refers to weight-for-height z-score (WHZ) between −2 and −3 or mid-upper arm circumference (MUAC) between 115 millimetres and <125 millimetres.
  - *Severe Acute Malnutrition (SAM)*, refers to WHZ < −3 or MUAC < 115 millimetres, or the presence of bilateral pitting oedema, or both.
  - *Global acute malnutrition (GAM)* refers to MAM and SAM together; it is used as a measurement of nutritional status at a population level and as an indicator of the severity of an emergency situation .
- Treatment of acute malnutrition includes a combination of community-based management and therapeutic foods/Ready-to-use therapeutic foods (RUTFs).

Acute Malnutrition Based on MUAC for Age Standards
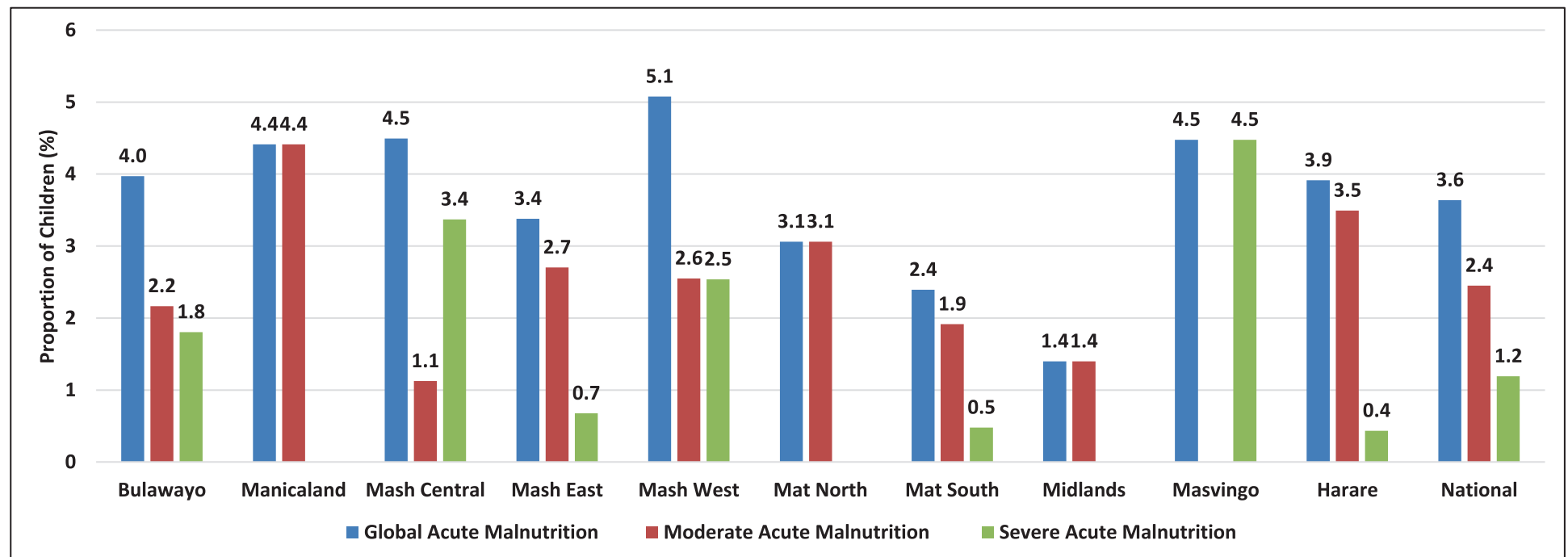
- Nationally, the prevalence rate of Global Acute Malnutrition was 3.6%
- Mashonaland West (5.1%), Mashonaland Central (4.5%), Masvingo (4.5%) and Manicaland (4.4%) had G.A.M rates above the national average (3.6%).
- The prevalence rate of Severe Acute Malnutrition was high in Masvingo (4.5%), Mashonaland Central (3.4%)and Mashonaland West (2.5%) as compared to other provinces.
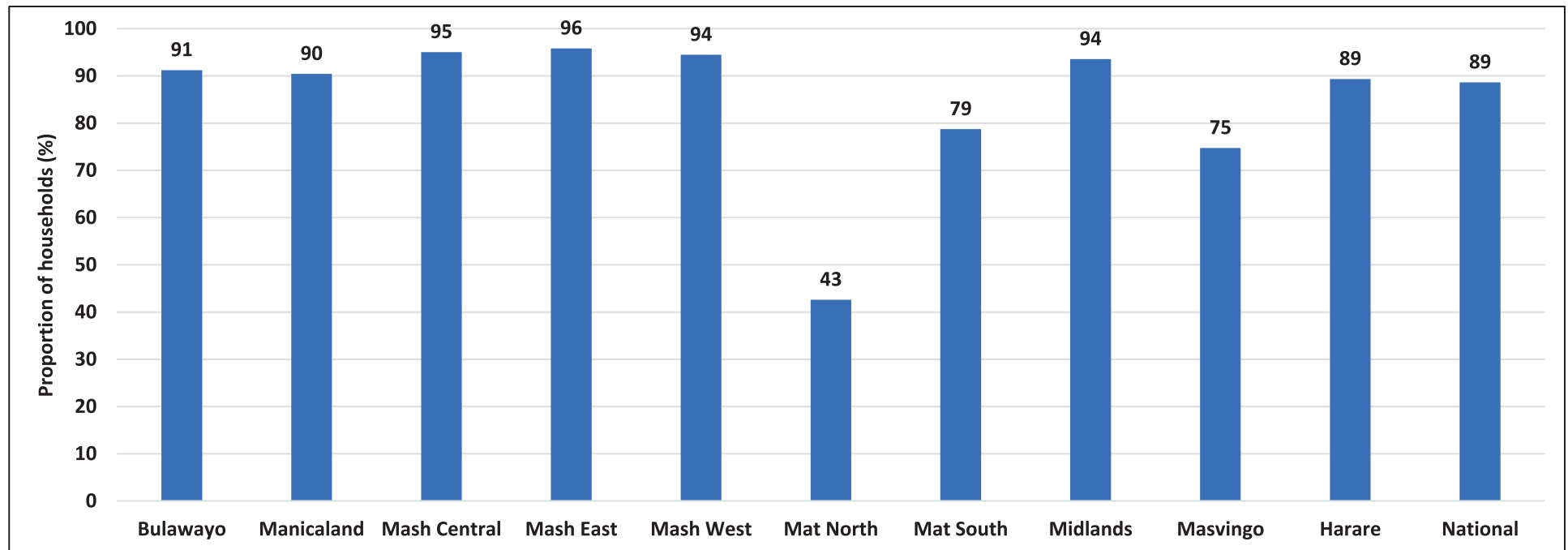
122

Urban Agriculture

Households Practising Urban Agriculture
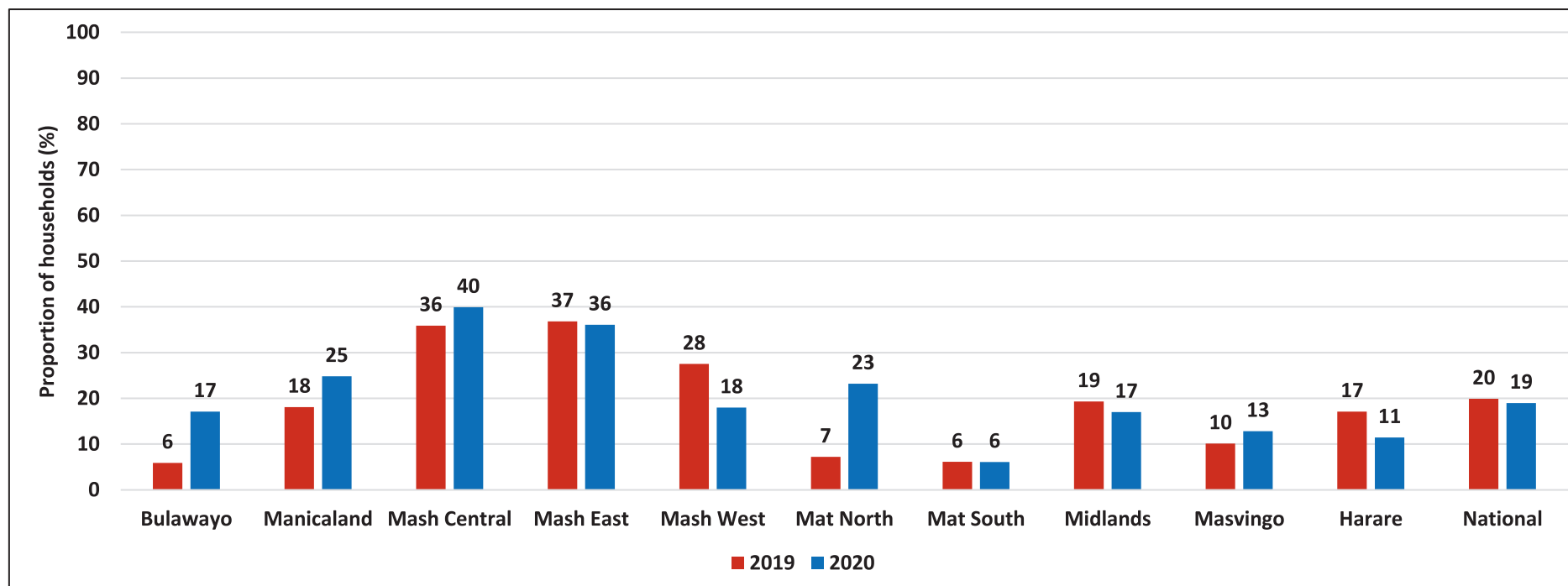
- The proportion of households practising urban agriculture remained within the same for the 2-year under review.
- Mashonaland Central (40%) and Mashonaland East (36%) had the highest proportion of households practising urban agriculture.

Households Projected to Grow Summer Crops

- Nationally, approximately 89% of urban households were planning to grow summer crops in the 2020/21 cropping season.

- Mashonaland East (96%) had the highest proportion of urban households planning to grow summer crops.

- Matabeleland North (43%) had the lowest proportion of urban households planning to grow summer crops in 2020/21 season.
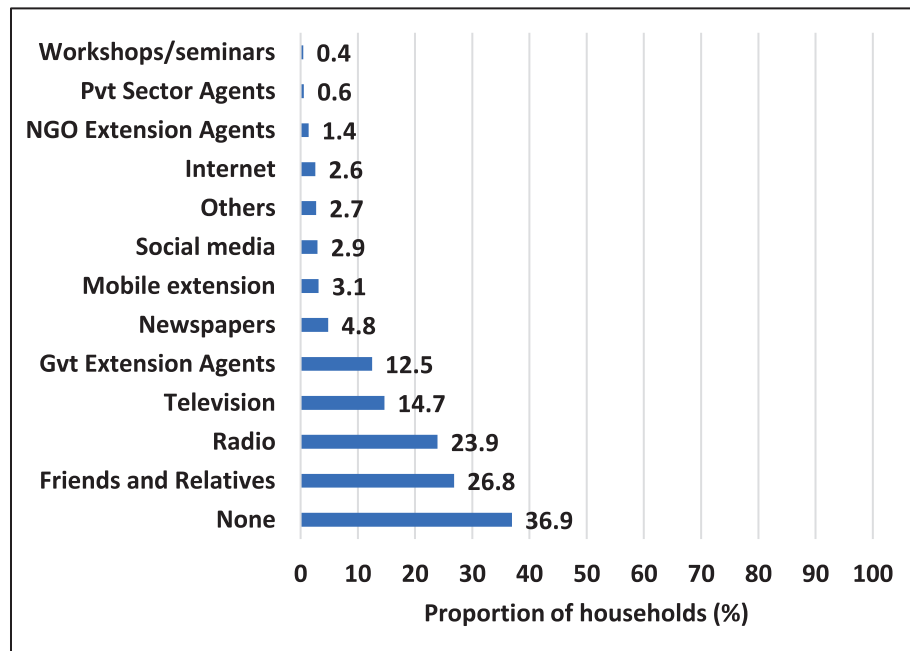
Reasons for not Growing Crops

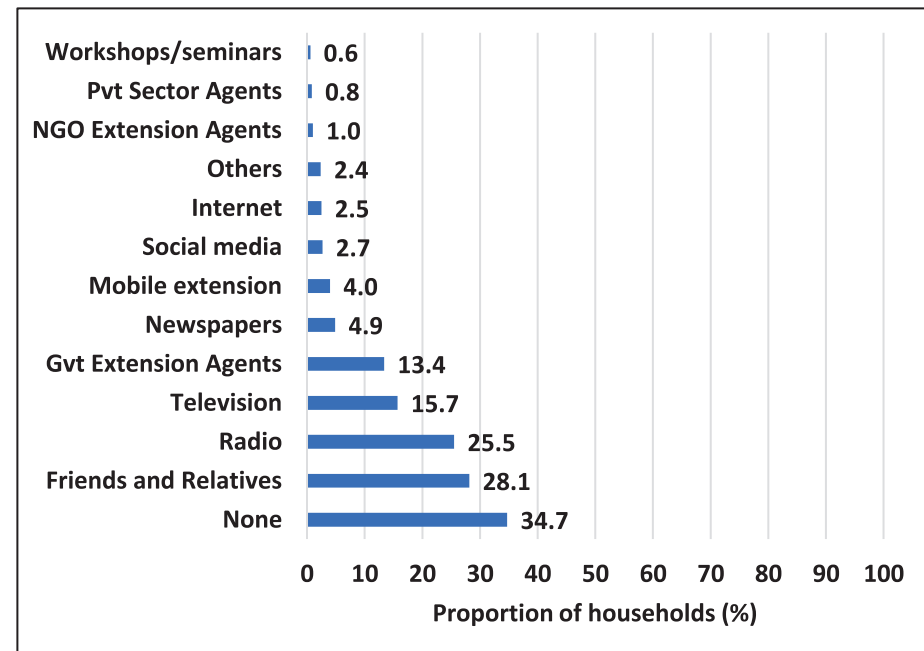|	No access to land (%)	Council By-laws (%)	Viability (%)	Lack of time (%)	Not interested (%)	Late onset of the rains (%)	Other (%)
Bulawayo	66.7	13.3	0.0	20.0	0.0	0.0	0.0
Harare	42.9	4.8	4.8	14.3	14.3	9.5	9.5
Manicaland	73.3	13.3	6.7	13.3	13.3	0.0	0.0
Mash Central	20.0	0.0	0.0	20.0	40.0	0.0	20.0
Mash East	28.6	0.0	0.0	7.1	7.1	21.4	35.7
Mash West	33.3	0.0	0.0	11.1	0.0	11.1	55.6
Masvingo	80.0	4.0	4.0	4.0	4.0	0.0	4.0
Mat North	77.3	1.5	3.0	6.1	1.5	0.0	10.6
Mat South	87.5	12.5	0.0	12.5	0.0	12.5	0.0
Midlands	58.3	0.0	8.3	8.3	8.3	8.3	8.3
National	64.7	4.2	3.2	9.5	5.8	4.2	11.6

- Of the 11% urban households which were not planning to undertake crop production, 64.7% were reluctant because they had no access to land.
- Most of the urban households in Mashonaland Central (40%) were not interested in growing summer crops.
- Prohibition by Council regulations was cited by households in Bulawayo (13.3%), Manicaland (13.3%) and Matabeleland South (12.5%).

126

Sources of Information on Crop Husbandry and Disease

Sources of Information on Crop Husbandry

Source	Proportion (%)
Workshops/seminars	0.4
Pvt Sector Agents	0.6
NGO Extension Agents	1.4
Internet	2.6
Others	2.7
Social media	2.9
Mobile extension	3.1
Newspapers	4.8
Gvt Extension Agents	12.5
Television	14.7
Radio	23.9
Friends and Relatives	26.8
None	36.9

Proportion of households (%)

Sources of Information on Crop Disease

| Source	Proportion (%)
Workshops/seminars	0.6
Pvt Sector Agents	0.8
NGO Extension Agents	1.0
Others	2.4
Internet	2.5
Social media	2.7
Mobile extension	4.0
Newspapers	4.9
Gvt Extension Agents	13.4
Television	15.7
Radio	25.5
Friends and Relatives	28.1
None	34.7

Proportion of households (%)

- The most common source of information for both crop husbandry and crop diseases was friends and relatives, 26.8% and 28.1% respectively .

Households Practising Livestock Production
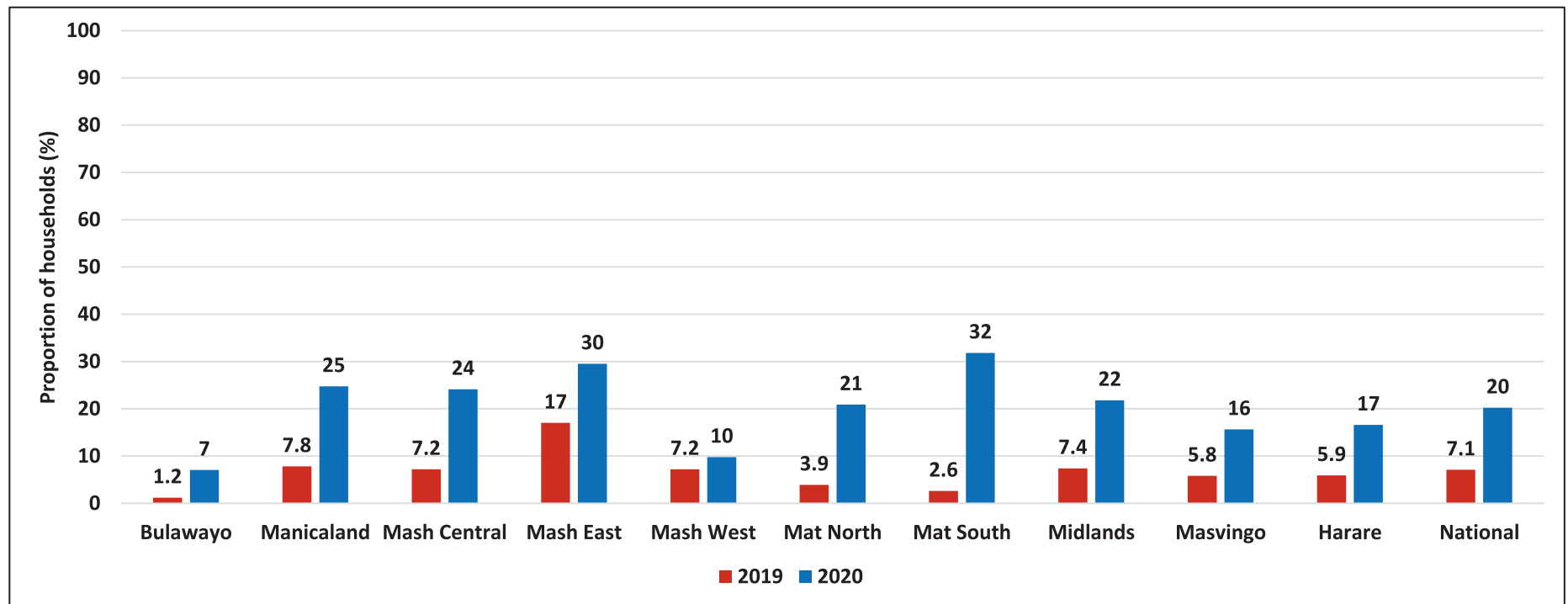
- The proportion of households practising livestock production in urban areas increased from 7.1% in 2019 to 20% in 2020.

Proportion of Households Rearing Poultry
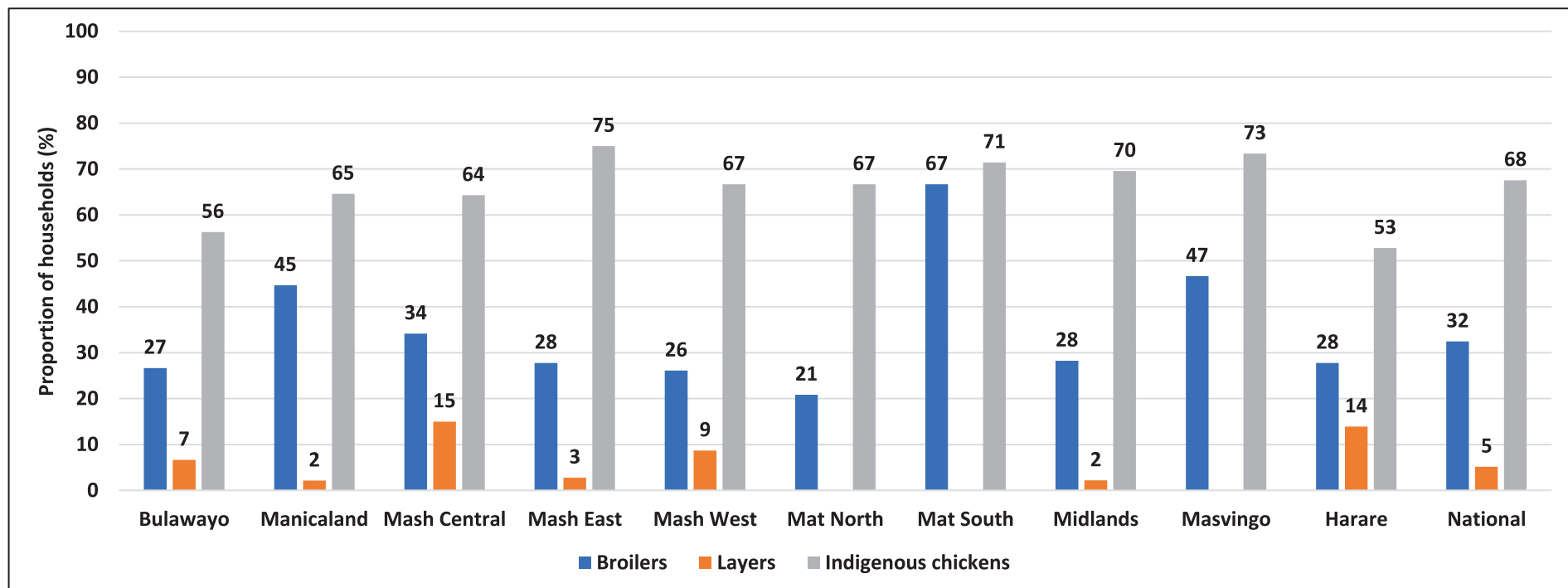
- Nationally, 68% of urban households practicing livestock production were rearing indigenous chickens while 32% were rearing broilers and 5% were rearing layers.

# Reasons for Rearing Broiler Chickens
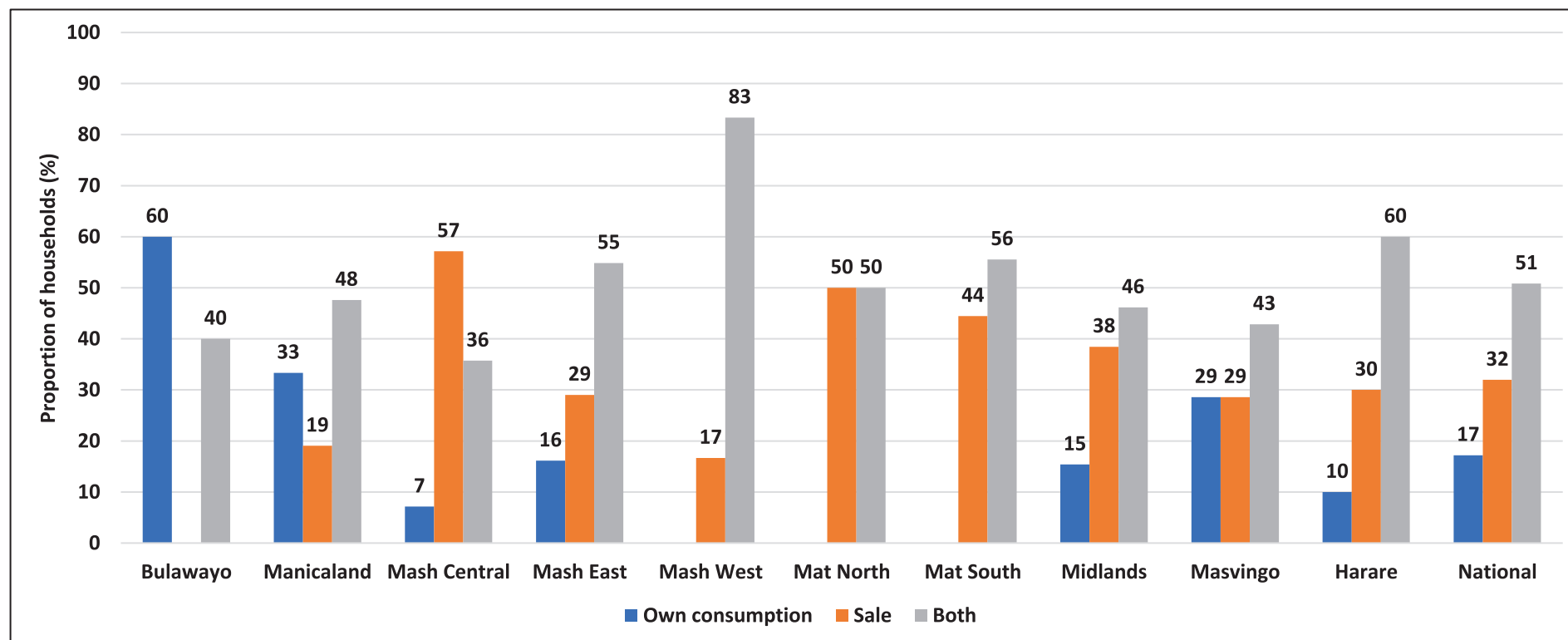
- Nationally, 51% of households kept broiler chickens for both consumption and sale.

- Mashonaland Central (57%) had the highest proportion of households that kept broilers for sale only.

Reasons for Rearing Layers
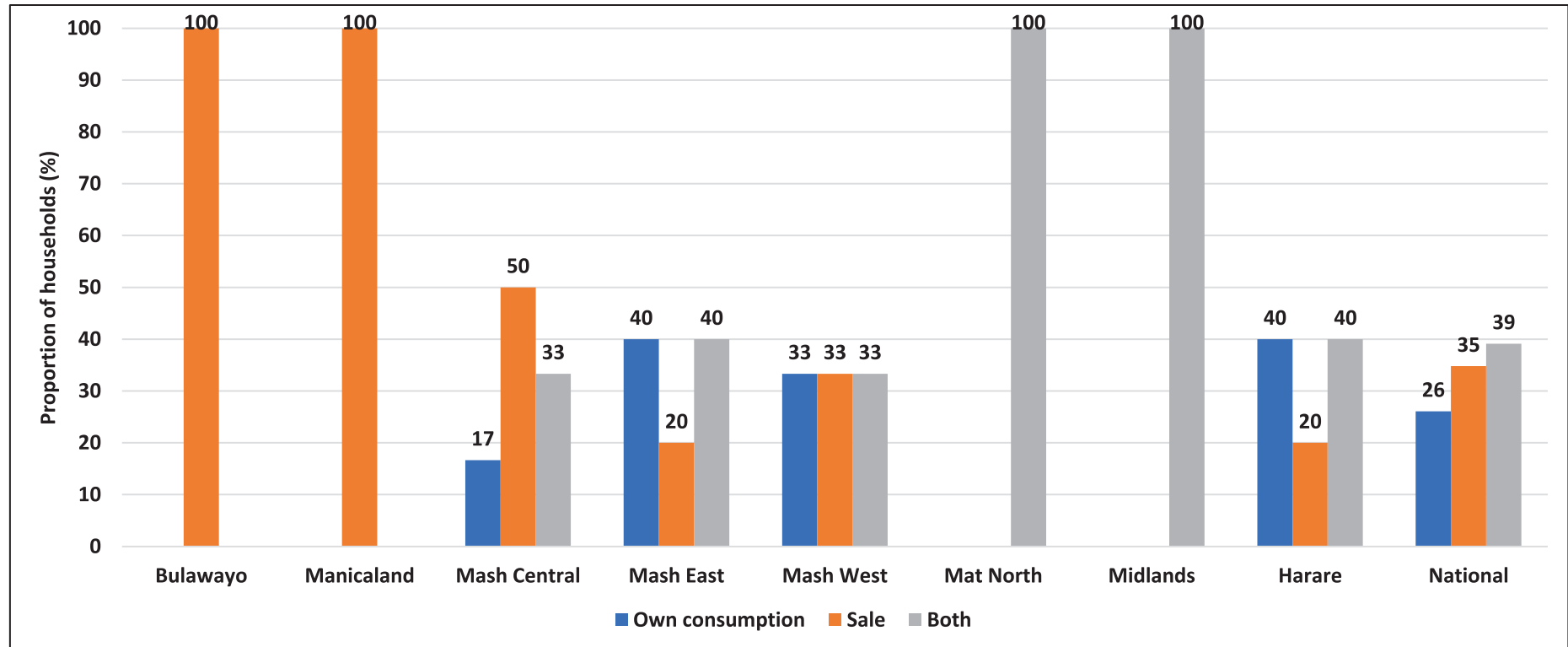
- Nationally, 39% of households kept layers for both consumption and sale.
- Matabeleland North (100%) and Midlands (100%) had the highest proportion of households which kept layers for both consumption and sale.
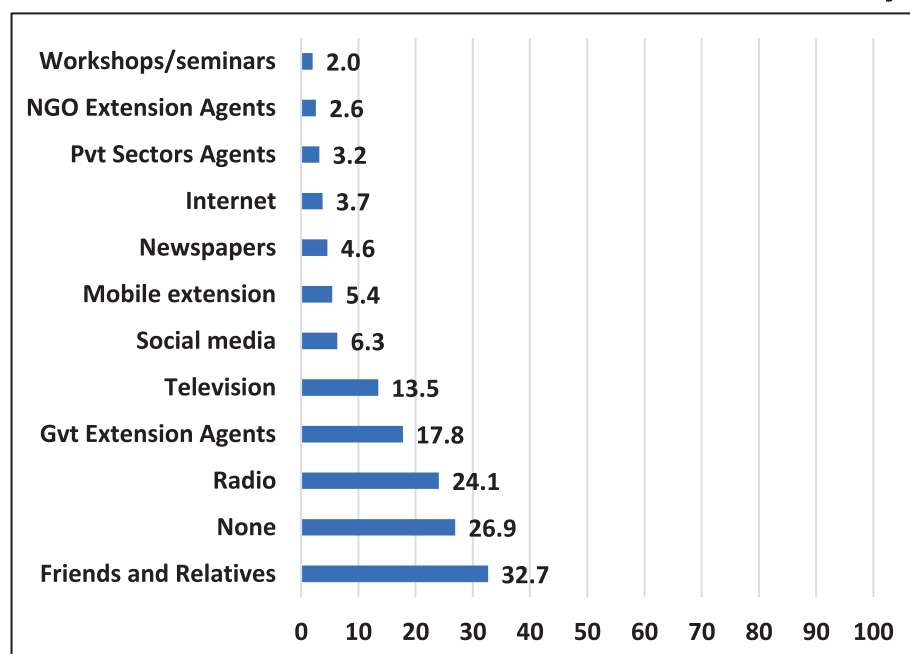- Households in Bulawayo (100%) and Manicaland (100%) kept layers for sale only.

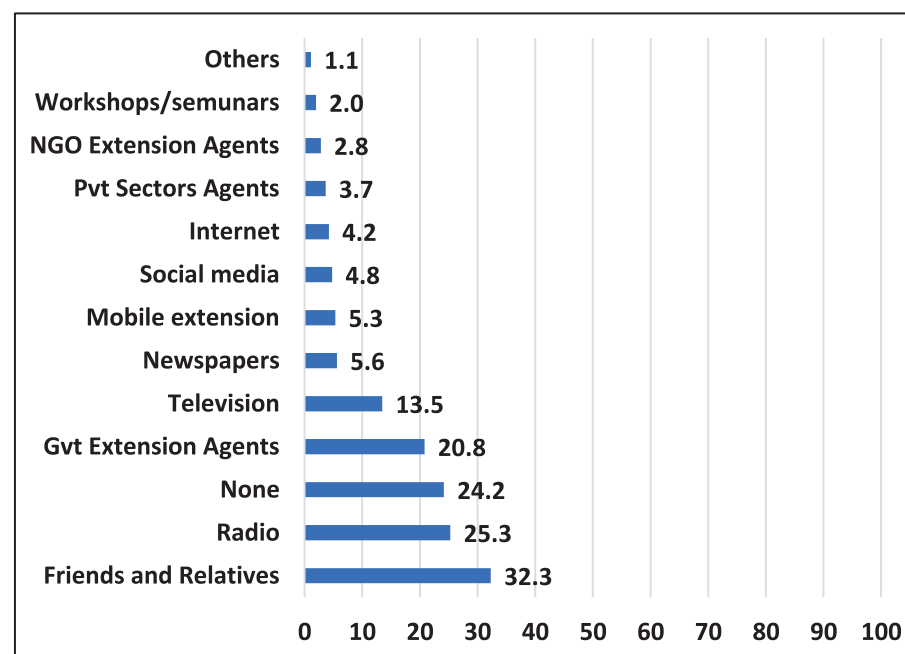# Reasons for Rearing Indigenous Chickens
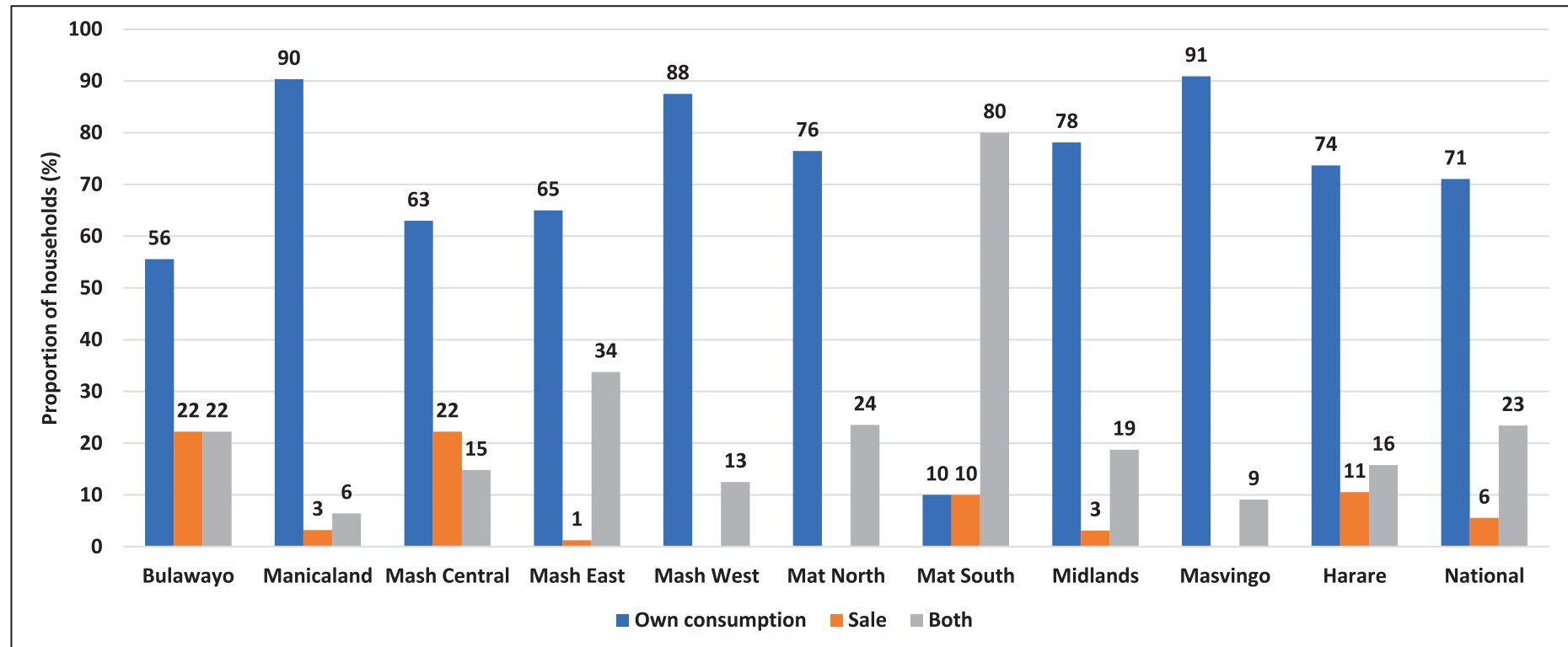
- Across all provinces the main reason for keeping indigenous chickens was household consumption.

- Nationally, 71% of households kept indigenous chickens for consumption purposes.

Sources of Information on Livestock Husbandry and Disease

Sources of Information on Livestock Husbandry

Category	Value
Workshops/seminars	2.0
NGO Extension Agents	2.6
Pvt Sectors Agents	3.2
Internet	3.7
Newspapers	4.6
Mobile extension	5.4
Social media	6.3
Television	13.5
Gvt Extension Agents	17.8
Radio	24.1
None	26.9
Friends and Relatives	32.7

Sources of Information on Livestock Disease

Category	Value
Others	1.1
Workshops/semunars	2.0
NGO Extension Agents	2.8
Pvt Sectors Agents	3.7
Internet	4.2
Social media	4.8
Mobile extension	5.3
Newspapers	5.6
Television	13.5
Gvt Extension Agents	20.8
None	24.2
Radio	25.3
Friends and Relatives	32.3

- The main source of information for both livestock husbandry (32.7%) and livestock diseases (32.3%) were friends and relatives.
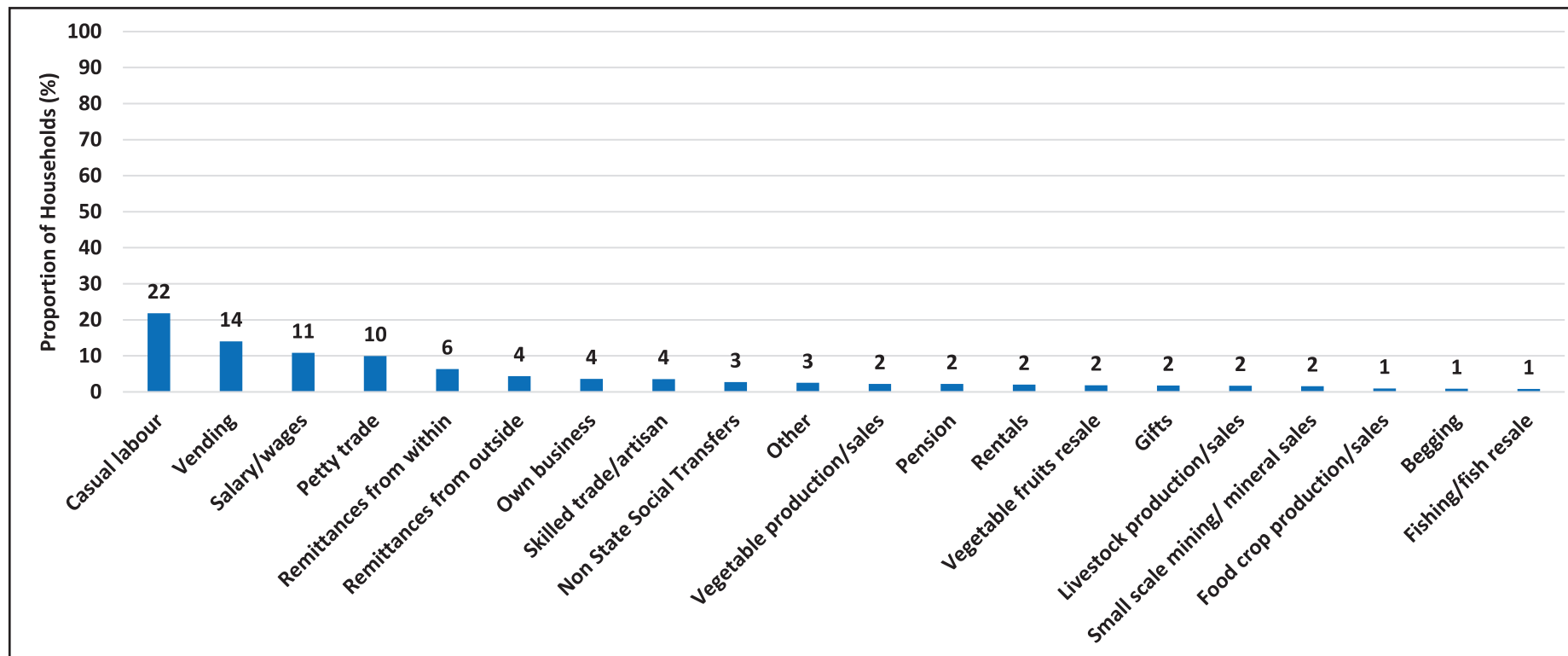
133

Income, Expenditure and Remittances
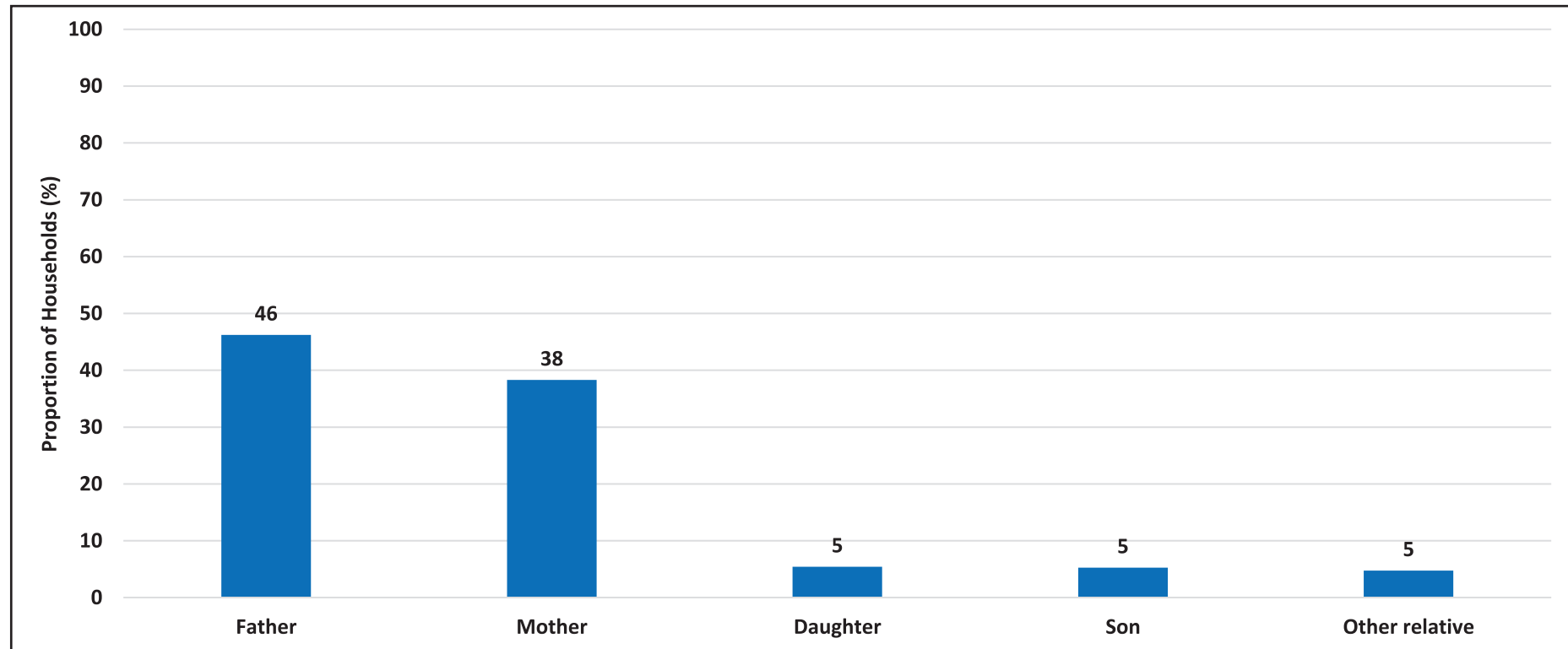
Household Main Income Sources
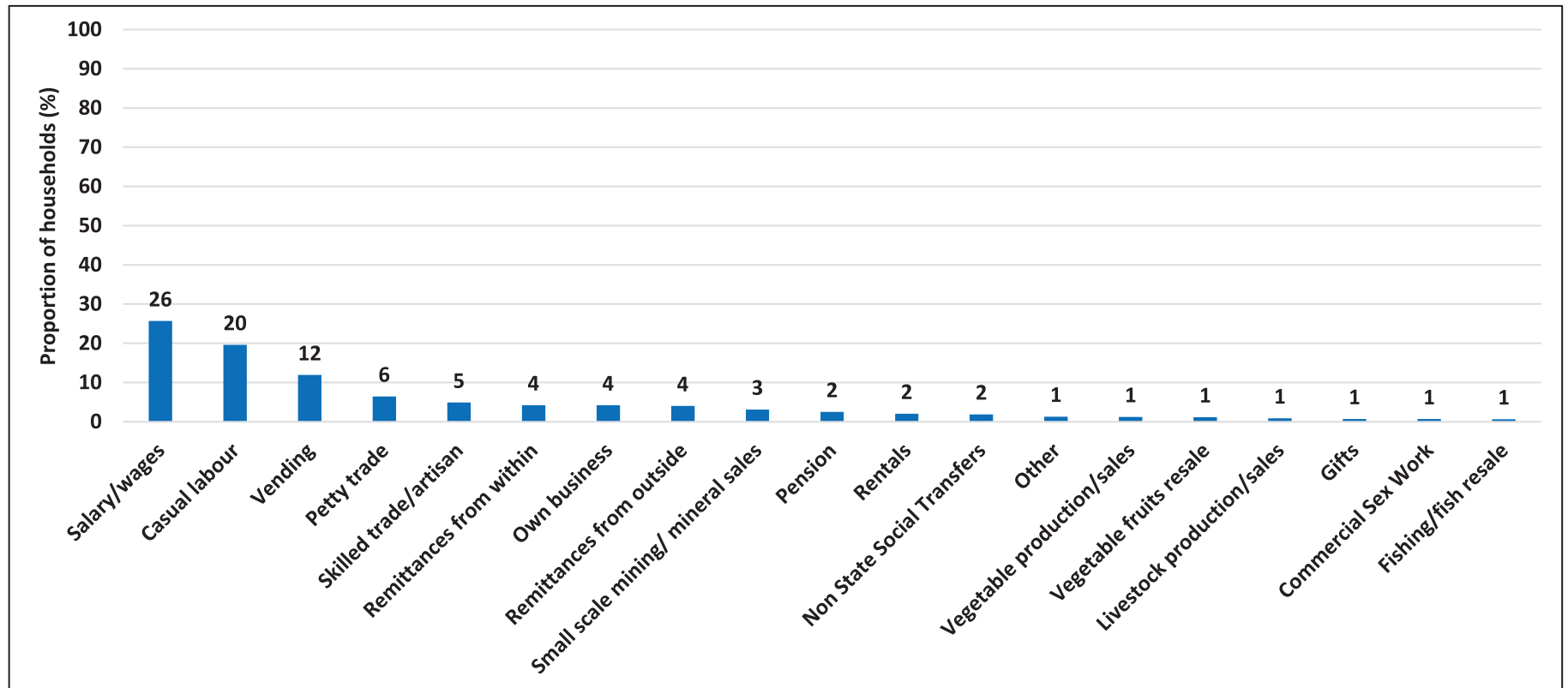
- The main sources of income for urban households were salary/ wages (26%), casual labour (20%) and vending (12%).
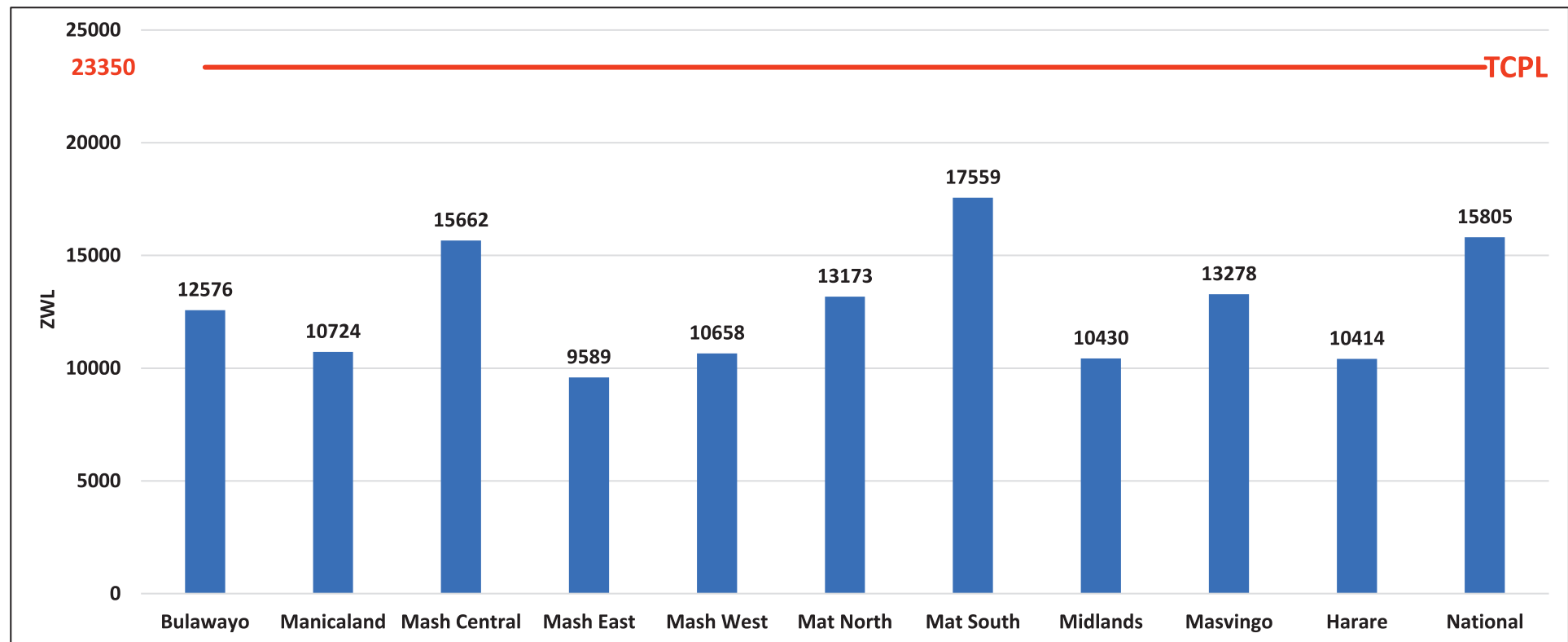
Alternative Income Sources

- Casual labor (22%) was reported as the most important alternative source of income followed by vending (14%) while salaries were the third (11%).

Main Contributor of Household Income

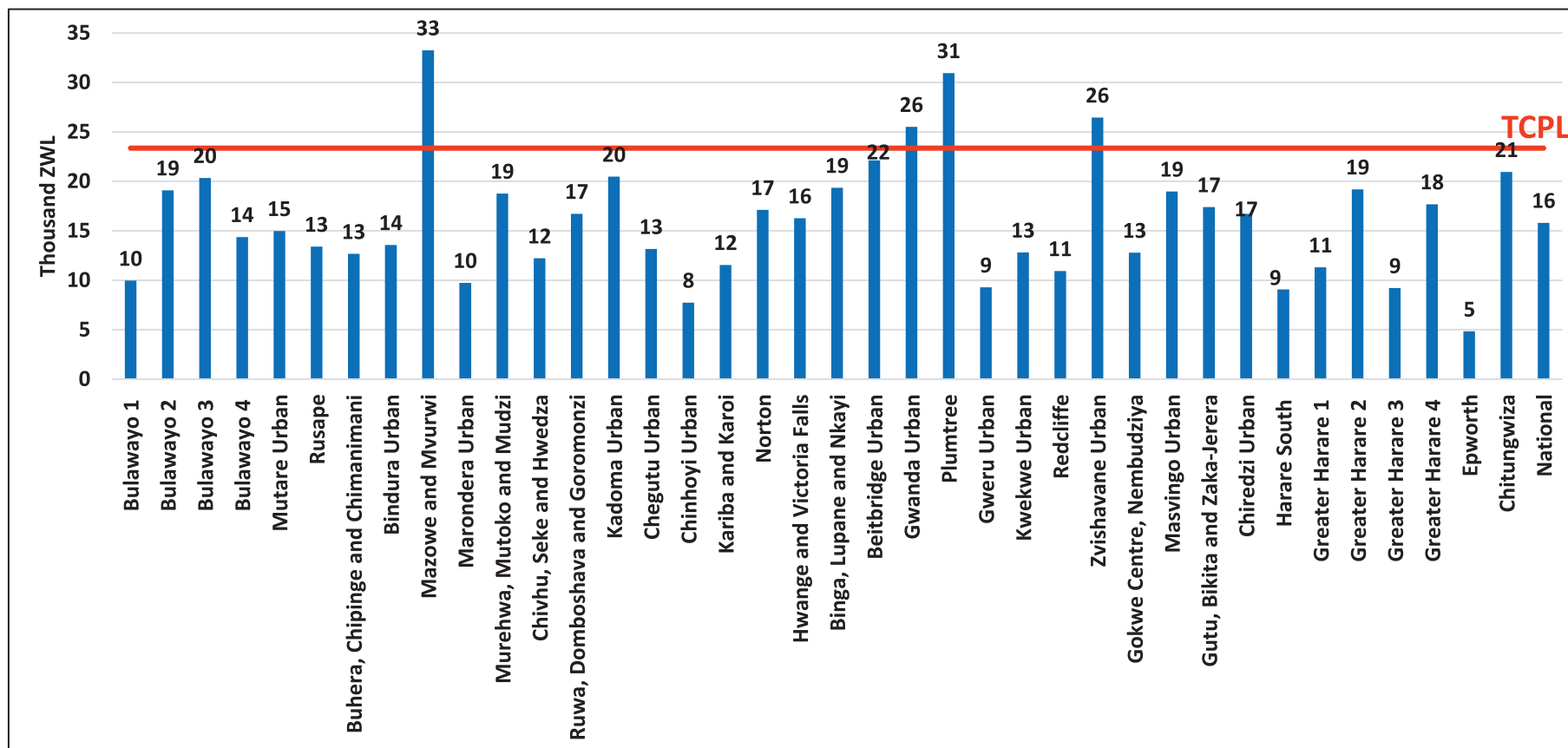- The main income contributors were fathers (46%) followed by mothers (38%).

Average Household Monthly Income

- The national average income was approximately ZWL 15 805.
- This was below the TCPL, signifying vulnerability of urban households.

Average Household Monthly Income by Domain

- Mazowe-Mvurwi, Gwanda, Plumtree and Zvishavane urban households had average incomes above the TCPL.

Average Household Monthly Expenditure
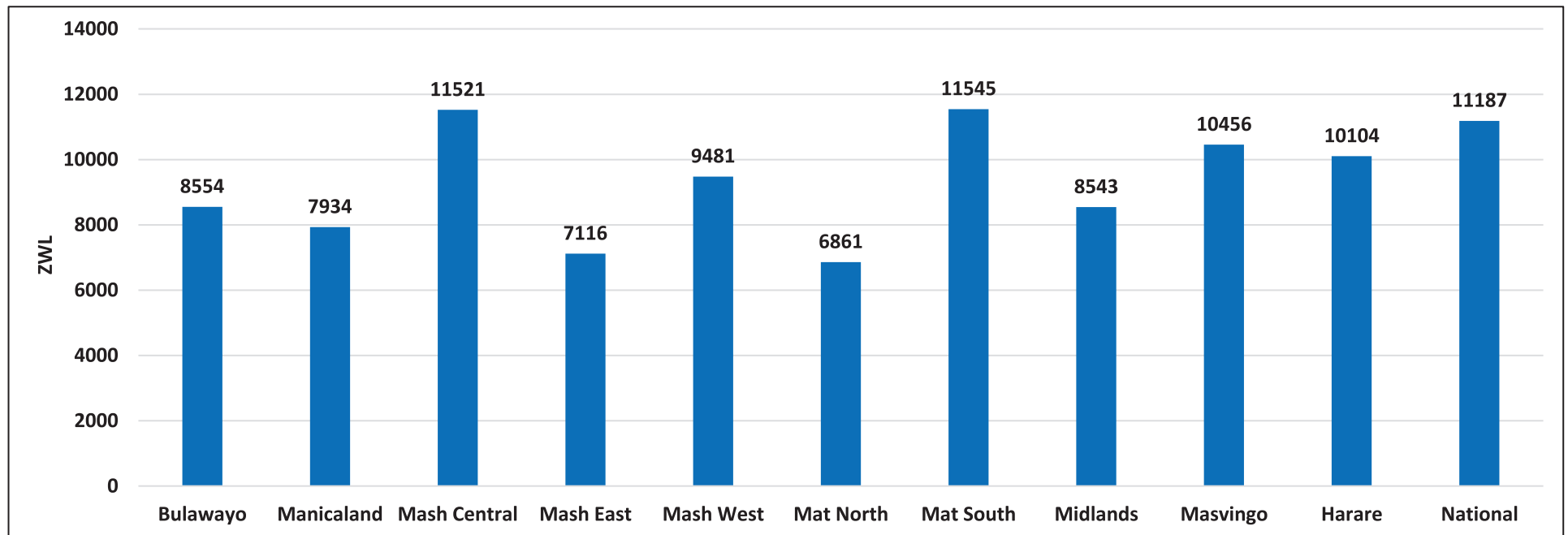
- The average monthly expenditure was ZWL 11 187.

- Matabeleland South (ZWL11 545) had the highest expenditure while Matabeleland North (ZWL6 861) had the least.

Average Household Monthly Expenditure by Domain
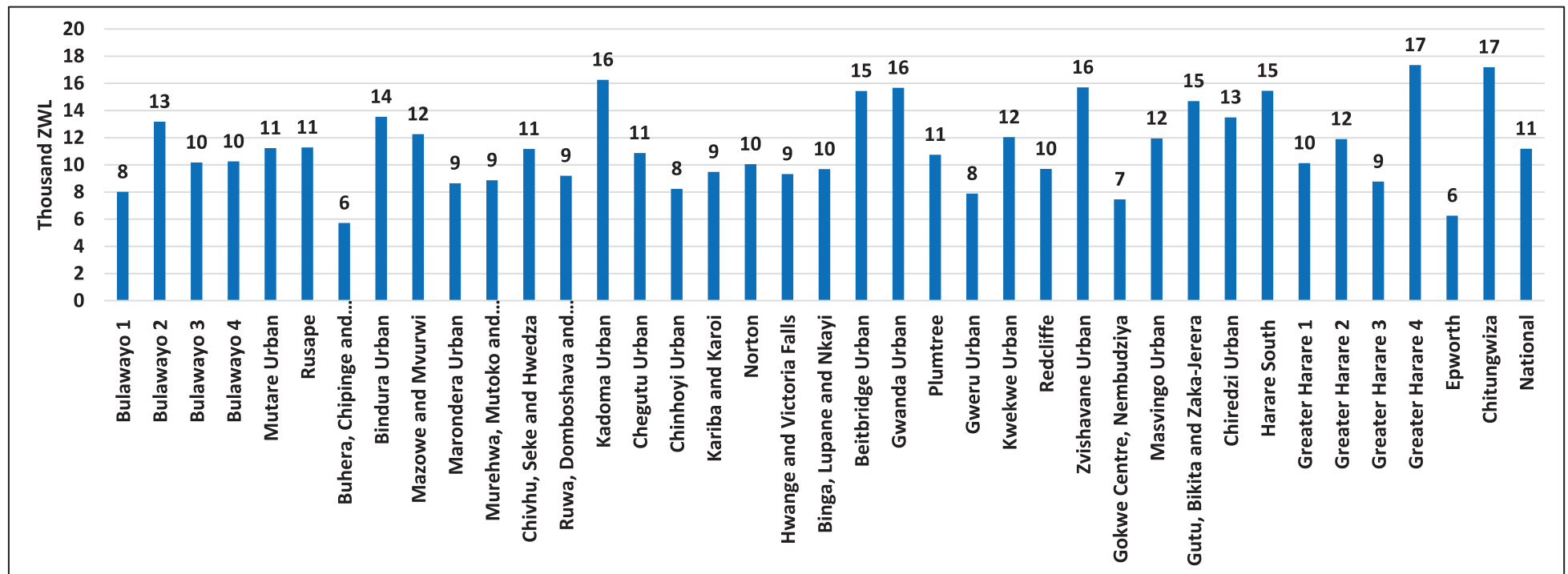
- Greater Harare 4 and Chitungwiza (ZWL17 000) had the highest average household monthly expenditure, while Buhera-Chipinge-Chimanimani and Epworth (ZWL 6 000) had the least.

Average Household Expenditure for 6 months
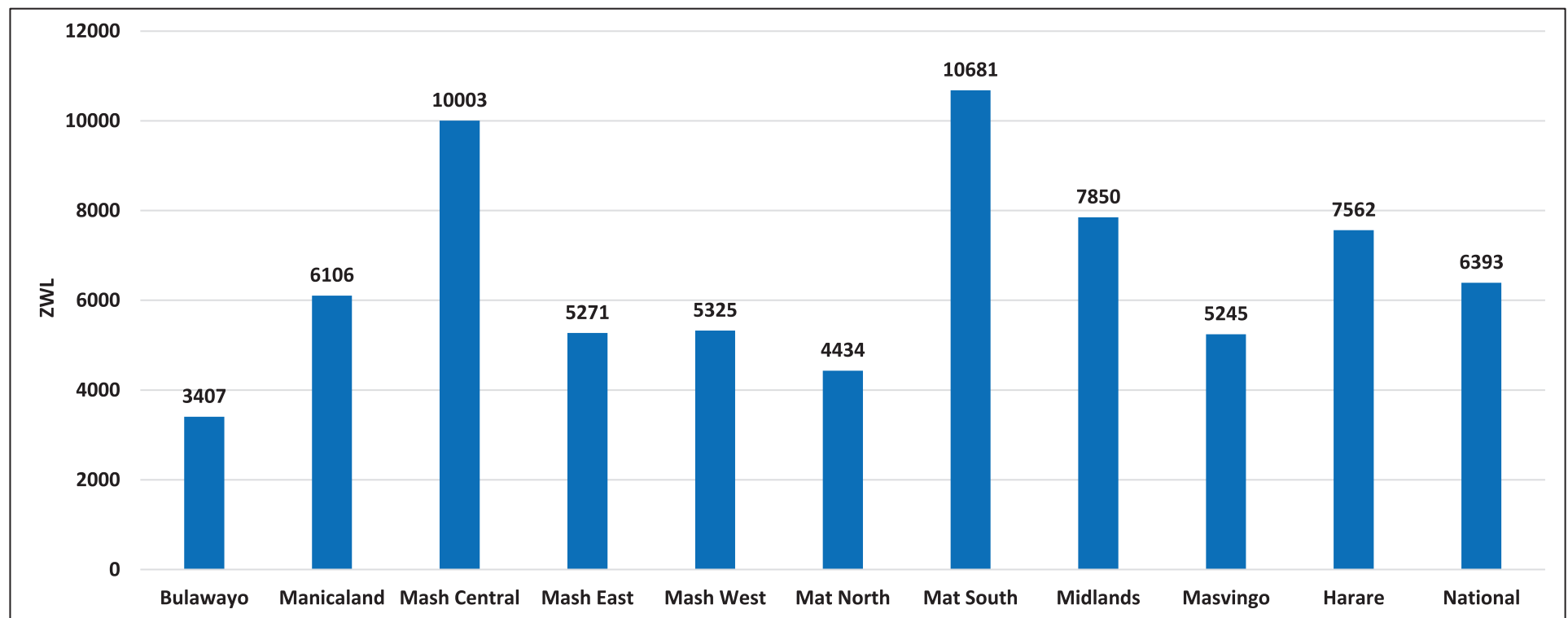
- Nationally, the average household expenditure for six months was ZWL 6 393.

Average Household Expenditure for 6 months
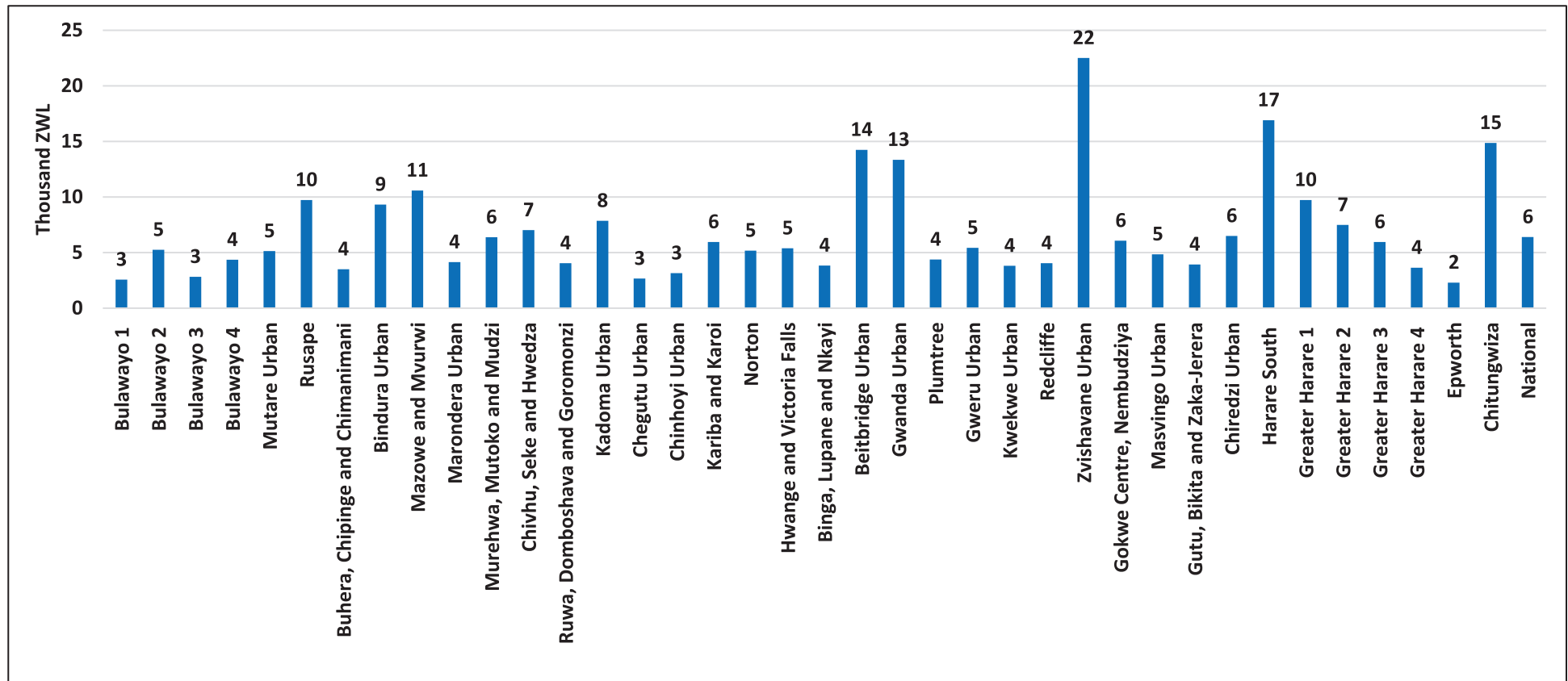
- Zvishavane had the highest (ZWL22 000) expenditure for the 6 months preceding the assessment.

Ratio of Food and Non-Food Expenditure
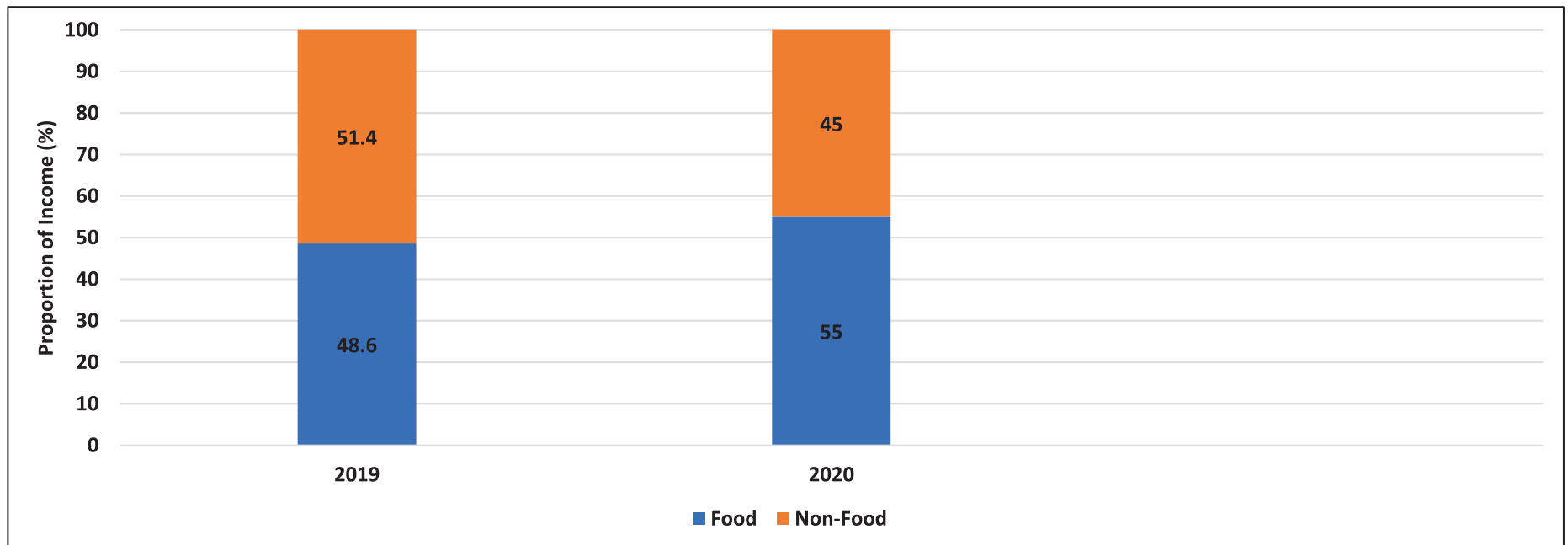
- Household food expenditure ratio increased from 48.6% in 2019 to 55% in 2020, an indication that households were spending more on food items than before.

- An increasing food expenditure ratio is an indication of increasing vulnerability, compounded by negative effects of the COVID-19 pandemic on household incomes.

Food Expenditure Ratio
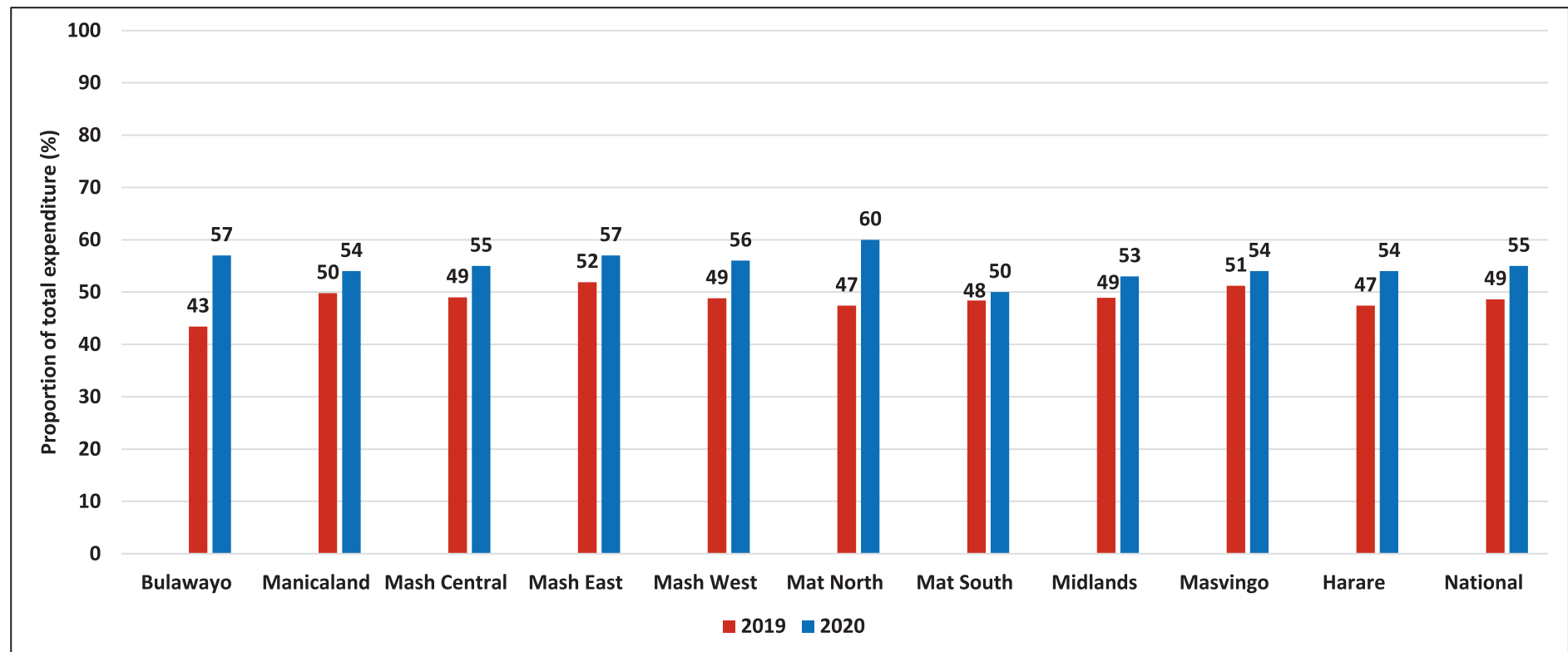
- Matabeleland North (60%) had the highest food expenditure ratio followed by Bulawayo (57%) and Mashonaland East (57%).

- There was an upward trend from 2019 to 2020 due to the COVID-19 pandemic.

Food Expenditure Ratio by Domain
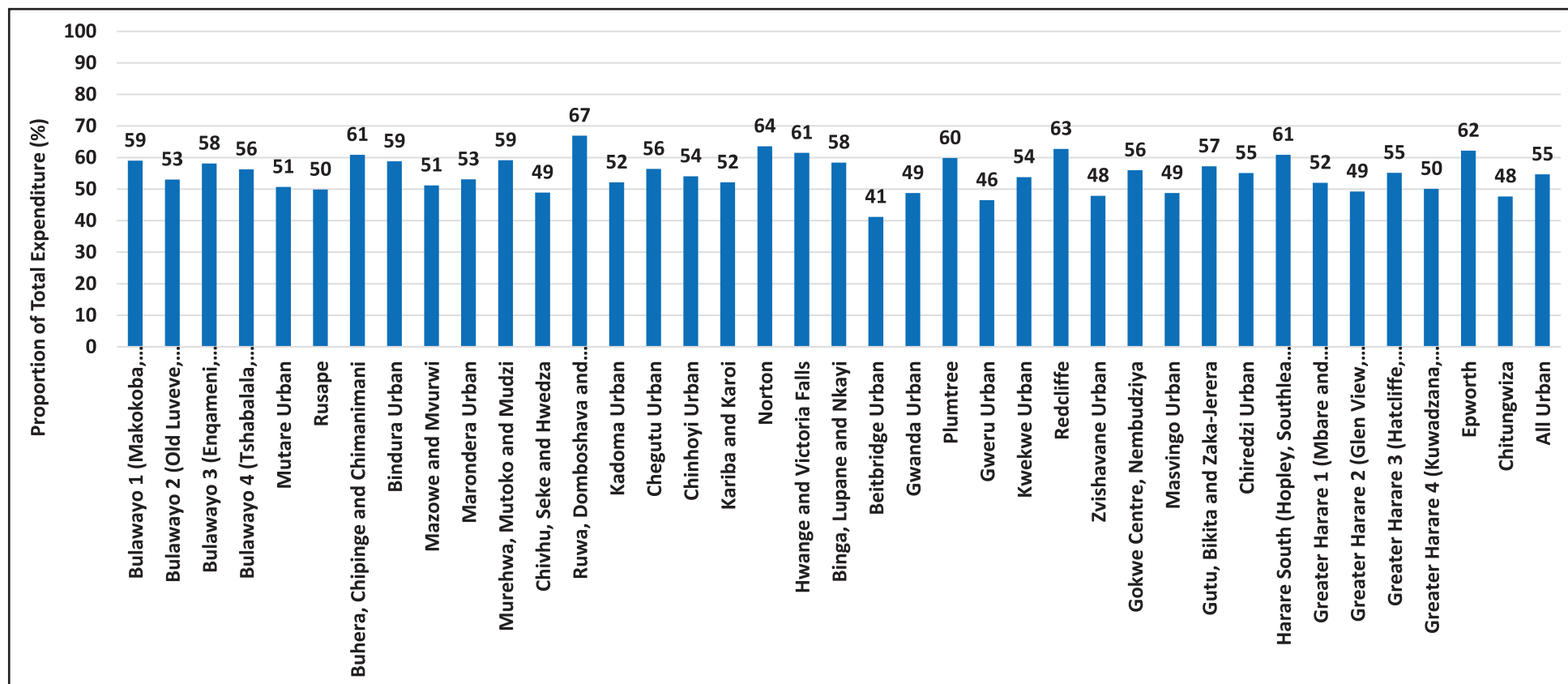
- Nationally, the Ruwa, Goromonzi and Domboshava domain had the biggest ratio of food expenditure (67%), Whilst Beitbridge had the lowest (41%).

Remittances Given Out in Cash or Kind

Households which Gave Out Remittances
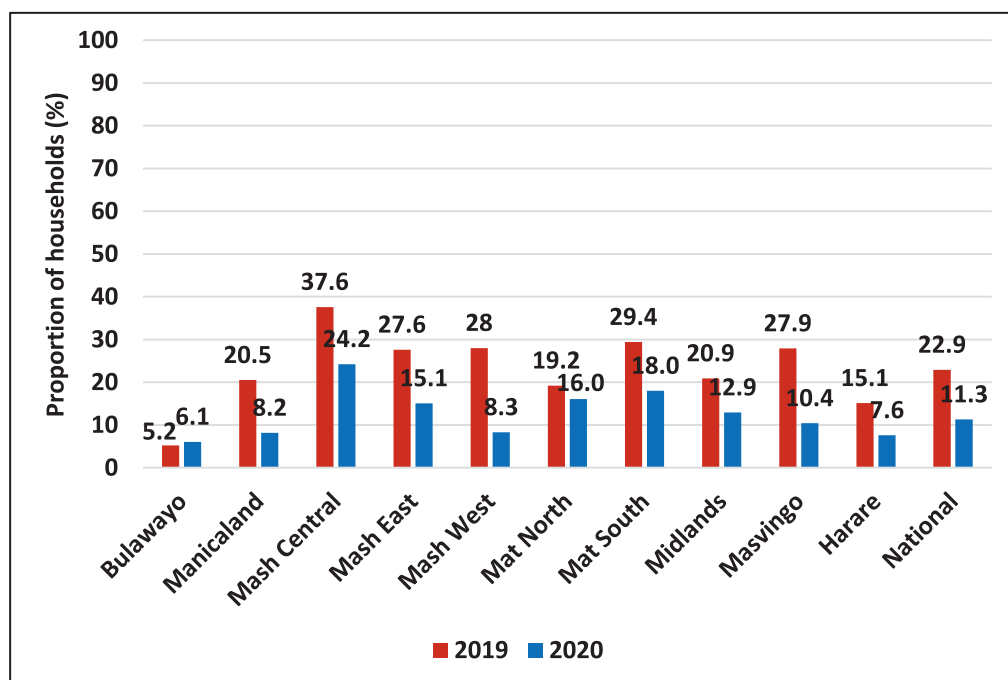
Recipients of the Remittances
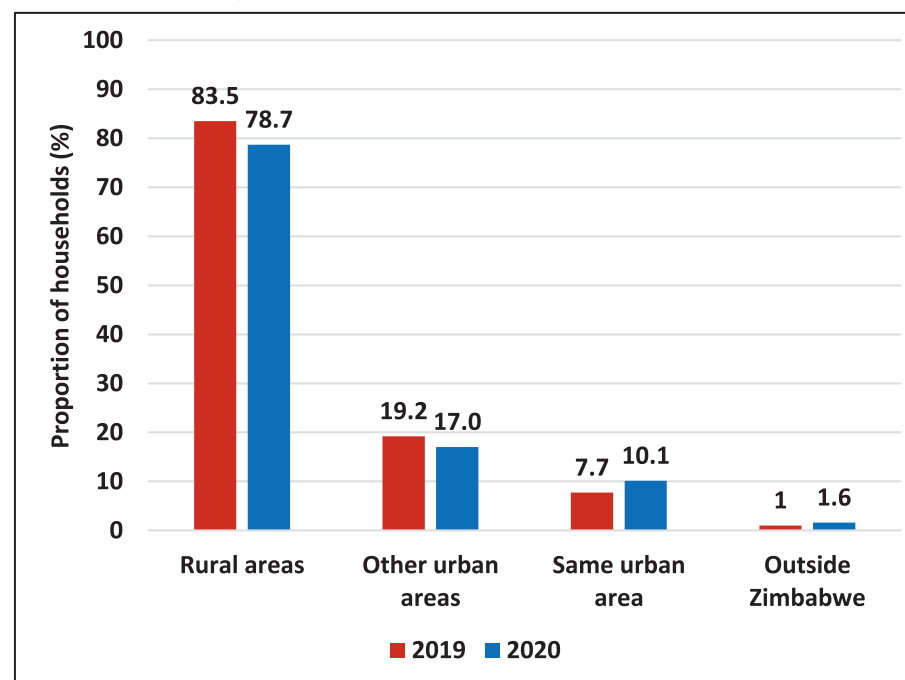
- Nationally, 11.3% of urban households gave out remittances of which 78.7% was given out to rural areas, 17% to other urban areas and 10.1% to within the same urban area.

- Mashonaland Central (24.2%) had the highest proportion of households remitting out while Bulawayo (6.1%) had the least.

Household Remittances Given Out by Domain
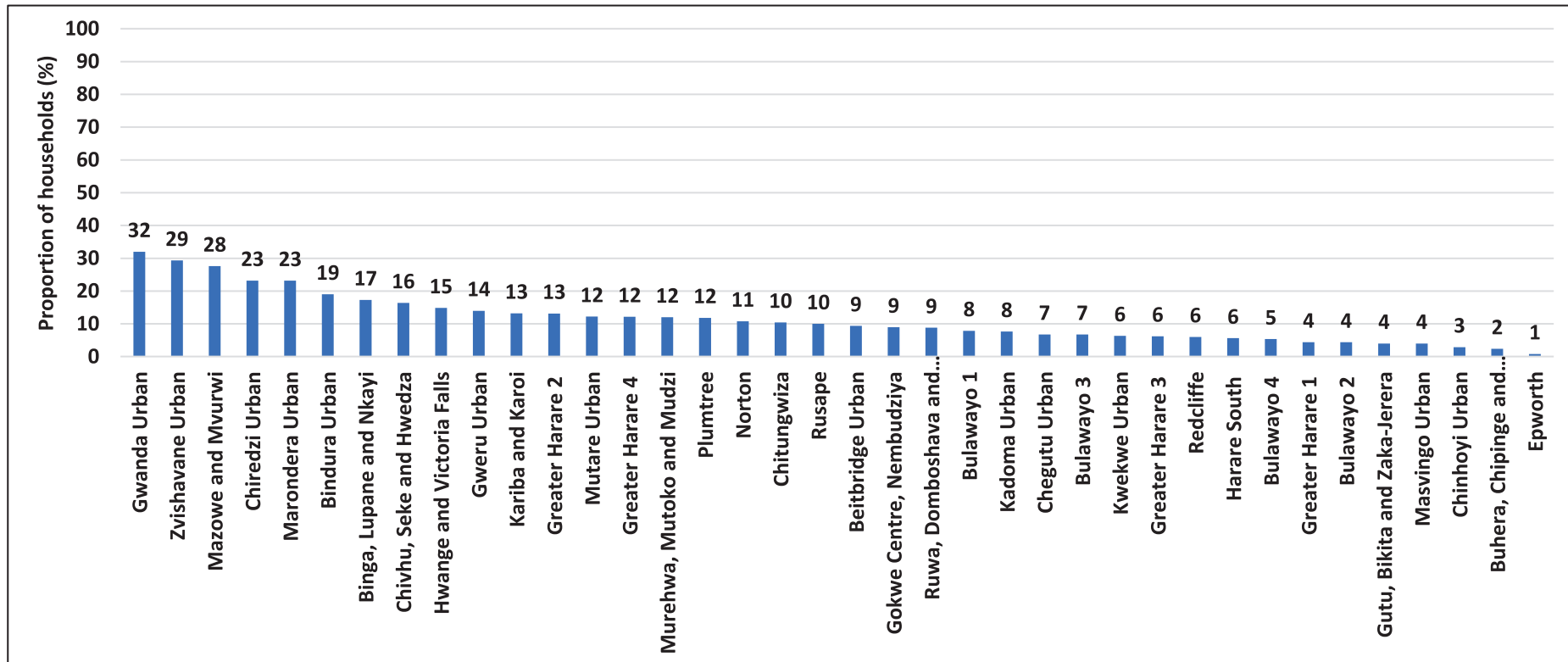
- Gwanda urban (32%) had the highest proportion of households giving out remittances whilst Epworth had the least (1%).

Debts and Savings

Households with Outstanding Debts
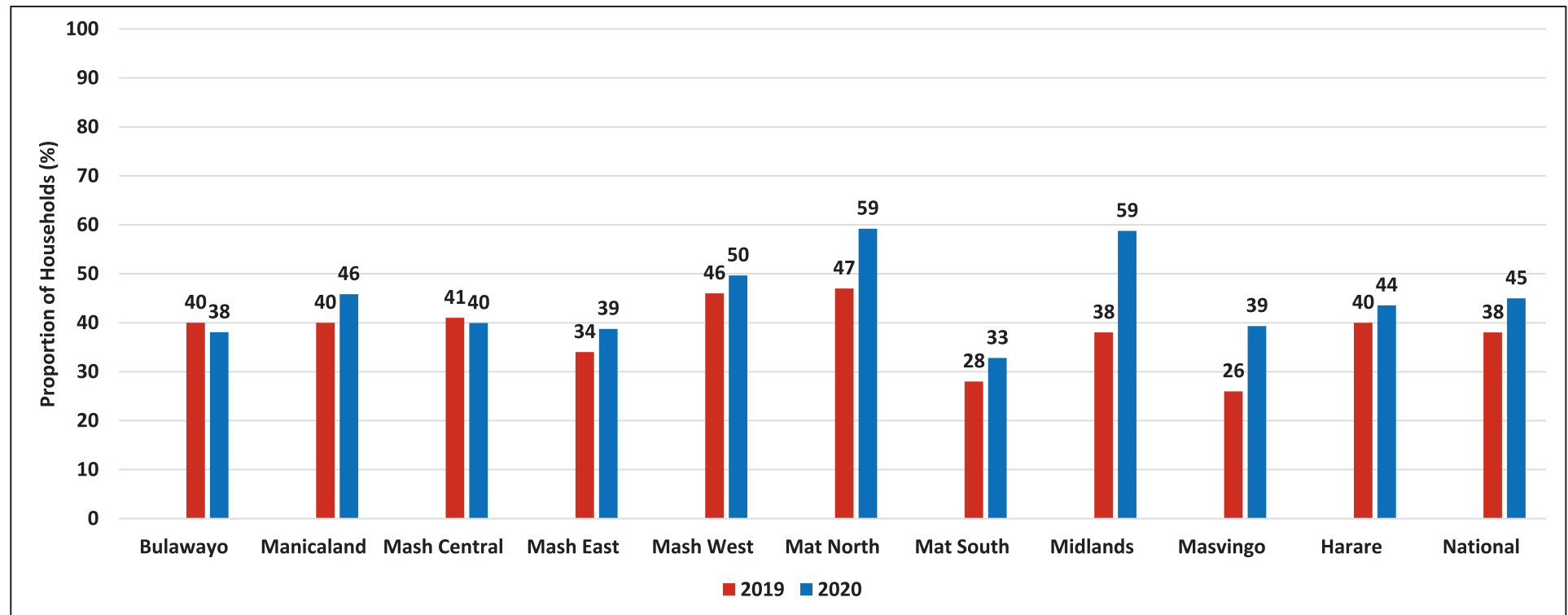
- Nationally, the proportion of households with outstanding debts has been increasing from 38% in 2019 to 45% in 2020.

- In 2020, Matabeleland North and Midlands had the highest proportion of households (59%) with outstanding debts whilst Matabeleland South (33%) had the least.

Households with Outstanding Debts by Domain
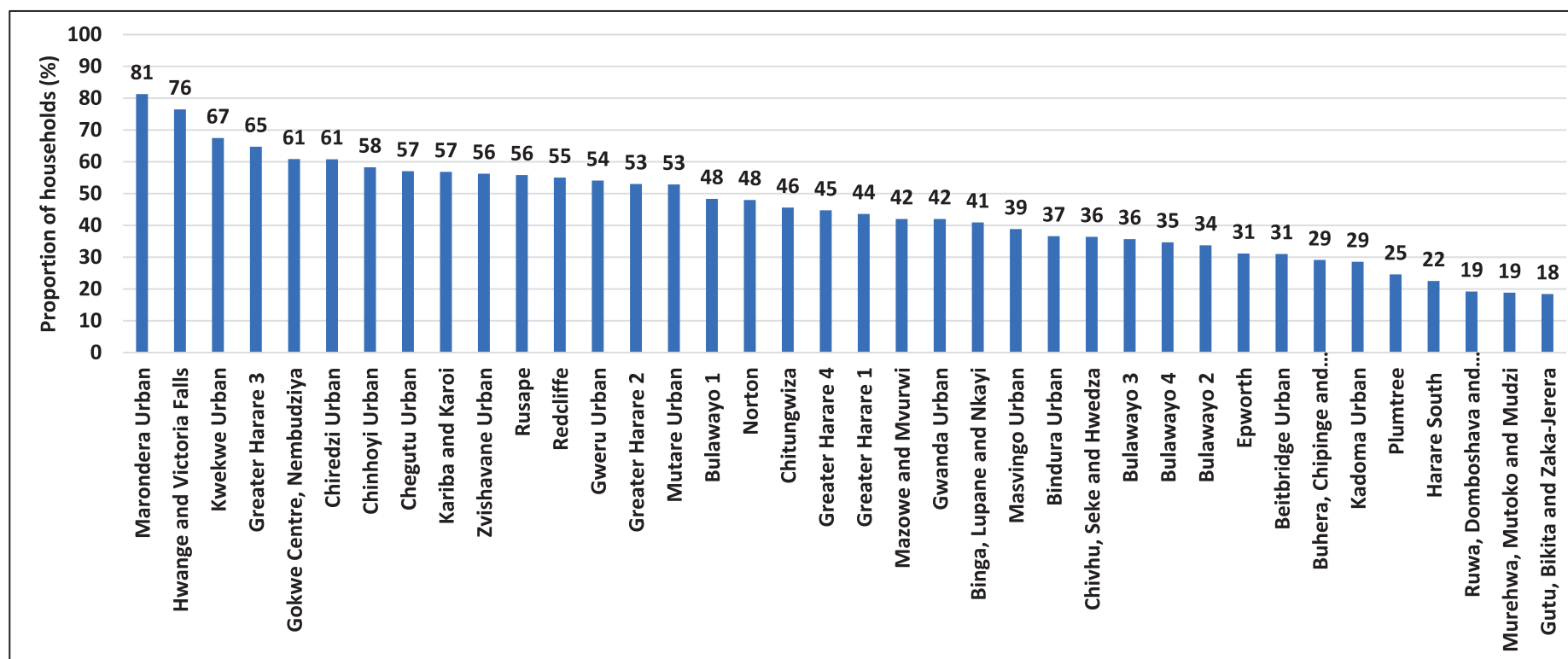
- Marondera urban (81%) had the highest proportion of households with outstanding debts followed by Hwange-Victoria Falls (76%).

Major Creditors to Households
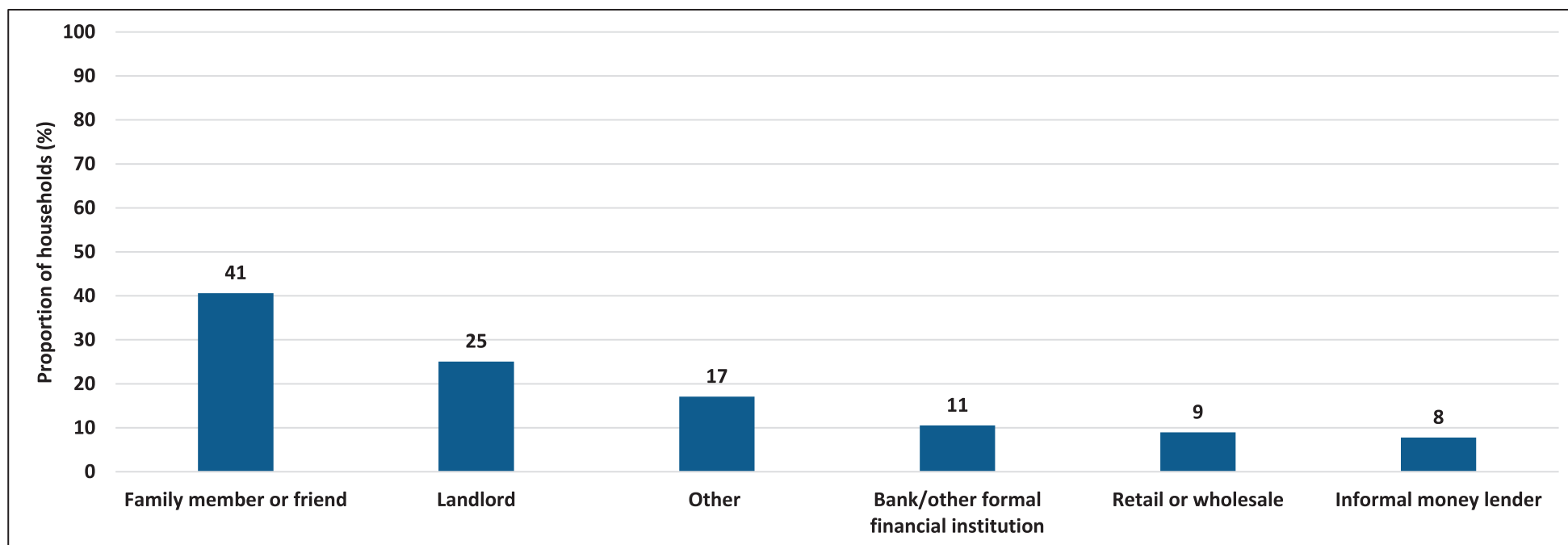
- The main sources of outstanding debts/ loans were family members (41%), followed by landlords (25%).

- Only 11% of urban households had outstanding debts/ loans from banks and other formal financial institutions.

Burden of Debts by Amount

	School fees and Levies arrears (ZWL$)	Water and Rates arrears(ZWL$)	Rentals arrears (ZWL$)	Loans repayment arrears (ZWL$)	Electricity arrears (ZWL$)	Land arrears (in ZWL$)	Health Institutions arrears (ZWL$)	Hire purchase instalments arrears (ZWL$)
Bulawayo	644.19	1053.12	236.27	14.51	334.40	3.25	77.21	8.08
Harare	1486.27	796.27	423.79	124.48	749.19	212.48	118.81	6.40
Manicaland	1171.28	873.81	453.13	227.38	10.21	243.18	61.50	5.79
Mash Central	544.72	812.40	151.55	398.42	0.78	23.36	6.90	52.81
Mash East	819.03	877.58	144.68	100.87	53.56	123.02	14.50	19.11
Mash West	1002.68	772.29	871.56	933.20	72.67	672.85	39.88	63.62
Masvingo	1058.14	537.78	169.71	162.44	3.44	0.01	39.97	13.64
Mat North	1110.84	1315.25	1170.16	206.49	73.01	15.79	2.99	115.91
Mat South	894.78	2175.91	226.08	297.76	19.02	373.44	59.74	48.55
Midlands	1389.52	1441.66	658.42	774.84	51.59	0.01	83.27	30.88
National	**1084.97**	**1035.80**	**460.29**	**346.56**	**203.69**	**194.51**	**61.63**	**30.41**

- The largest burden of debts were reported in school fees and levies arrears (ZWL$ 1 084.97) followed by water and rates arrears (ZWL$ 1 035.80).

Disruption of Services Due to Arrears by Province

	Water cuts (%)			Electricity Cuts (%)			Household evicted due to rent/bills arrears (%)		
	2018	2019	2020	2018	2019	2020	2018	2019	2020
Bulawayo	6	0.7	1.4	4	1.0	2.0	2	7.6	10.3
Manicaland	19	5.1	4.6	17	1.8	4.1	4	7.5	8.9
Mash Central	18	5.1	4.2	7	0.4	1.3	1	10.2	8.5
Mash East	28	5.3	2.4	8	1.4	1.4	6	8.7	9.1
Mash West	11	4.2	5.5	4	0.6	5.4	2	5.9	8.1
Mat North	23	1.7	4.7	3	2.1	2.0	5	3.1	10.9
Mat South	15	3.9	3.9	4	0.4	0.4	5	4.2	7.6
Midlands	18	2.5	10.5	7	0.5	8.9	4	8.1	13.7
Masvingo	15	4.2	5.2	6	0.8	14.0	12	9.3	7.8
Harare	9	4.1	2.9	9	2.6	6.3	4	6	10.2
National	15	3.8	4.7	7	1.2	5.1	4	6.9	9.7

- Nationally, about 9.7% of the households in urban areas had been evicted due to rent/ bills arrears, whilst 5.1% had experienced electricity cuts and 4.7% had experienced water cuts due to arrears.

- Midlands had the highest proportion of households (13.7%) evicted due to rent arrears.

Households With Prepaid Electricity and Their Experience With Electricity Cut In The Past 6 Months
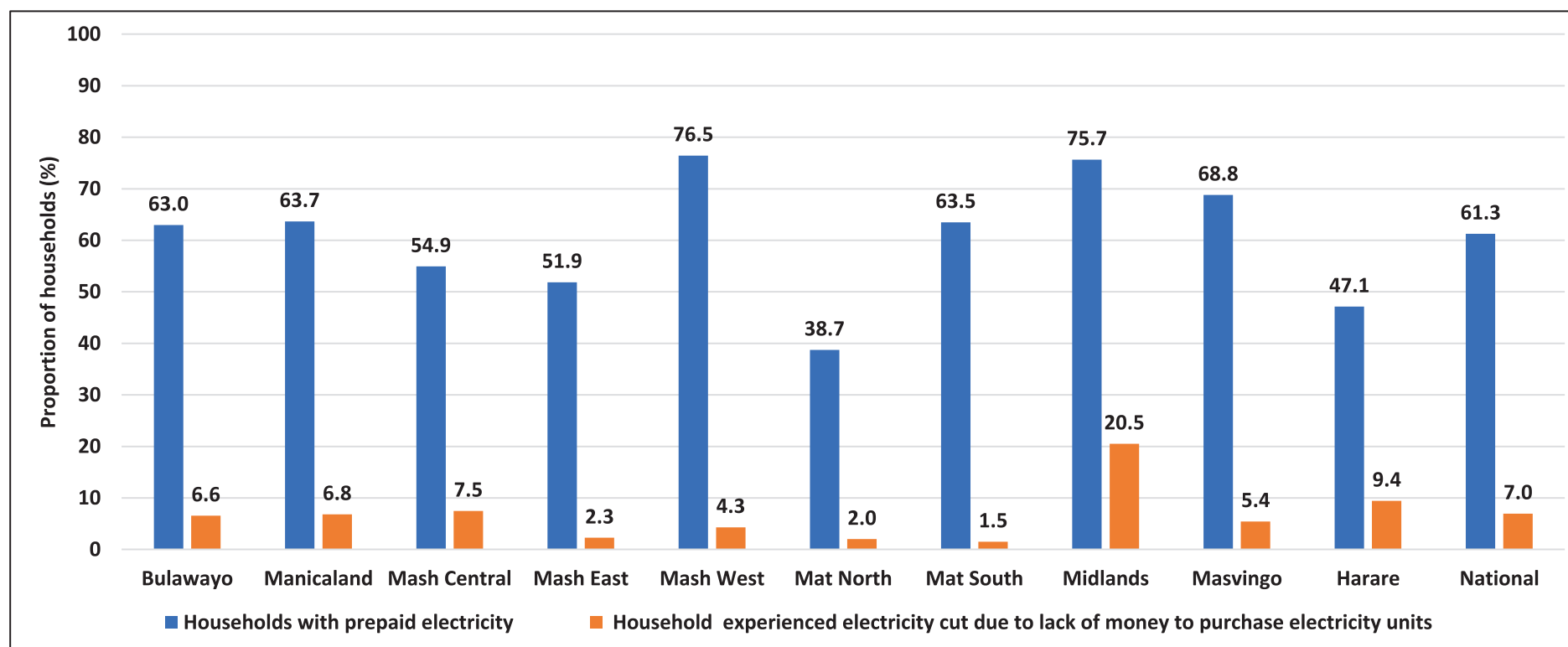
- Nationally 61.3% of the urban households had pre-paid electricity and of these about 7% of them had experienced electricity cut due to failure to purchase electricity units.

Household Savings by Province
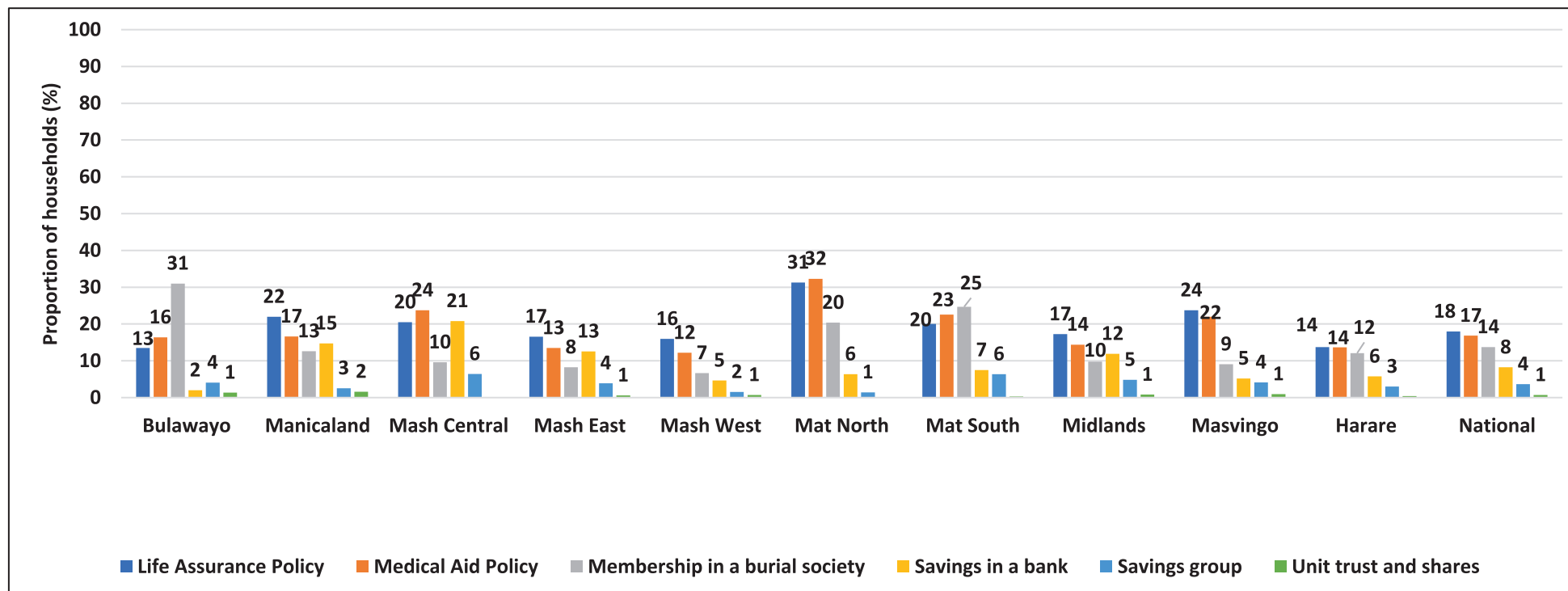
- Nationally, only 18% of the urban households had life assurance policies, 17% had medical aid policies and 14% had membership in a burial society.

Markets for Basic Commodities

Purchasing of Basic Commodities in the 30 Days Preceding the Survey
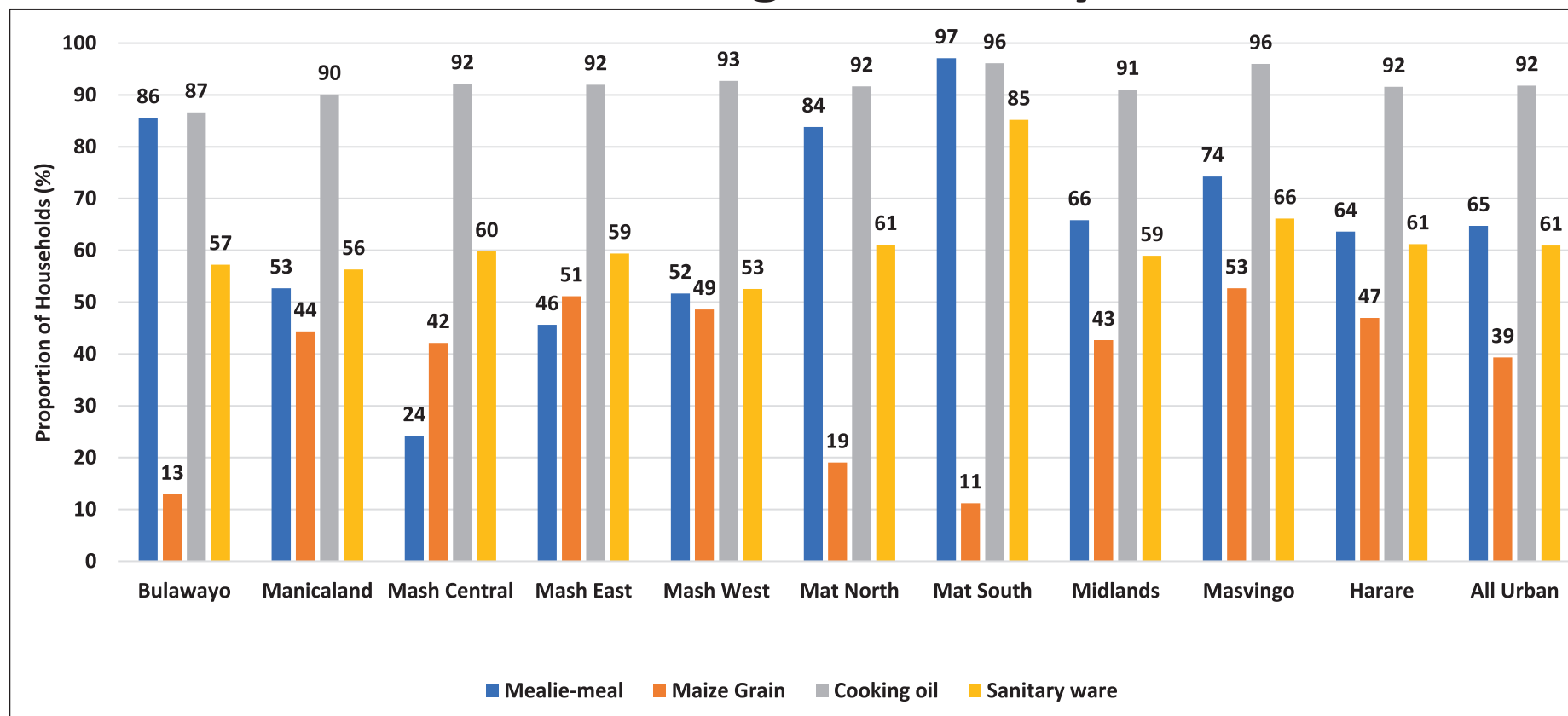
- Nationally, 65% of the households had purchased mealie-meal, whilst 92% had purchased cooking oil, 39% had purchased maize grain and 61% had purchased sanitary ware in the 30days preceding the survey.

Households Which Accessed Commodities Within 1Km Radius

	Mealie- meal (%)	Maize grain (%)	Cooking oil (%)	Sanitary wear (%)
Bulawayo	58.3	21.3	58.9	60.1
Manicaland	72.3	33.4	63.2	64.4
Mash Central	80.2	16.7	75.5	73.6
Mash East	68.8	25.5	65.1	68.2
Mash West	56.3	36.6	49.9	61.1
Mat North	46.3	38.3	44.5	50.3
Mat South	67.1	6.1	67.0	69.5
Midlands	59.7	28.8	59.1	59.6
Masvingo	78.4	16.2	76.8	84.3
Harare	82.3	12.2	83.2	85.8
National	66.9	23.9	65.4	69.3

- Only 23.9% of those households which purchased maize, were accessing it within 1km radius.

Food Security

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 is supported by an environment of adequate sanitation, health services and care allowing for a healthy and active life (Food and Nutrition Security Policy, 2013).

- The four dimensions of food security are:

  - Availability of food

  - Access to food

  - The safe and healthy utilization of food

  - The stability of food availability , access and utilization

Food Security Analytical Framework

- Each of the surveyed households' potential to acquire the minimum expenditure food basket was computed by estimating the households' likely disposable income (both cash and non-cash) from all possible income sources.

- Household Cereal Security Status:

  - From the total minimum expenditure food basket (cereals only), the total energy that could be acquire by the household from the cheapest available source using its potential disposable income was also extracted and compared to the households' minimum energy requirements.

  - When the potential energy household could acquire was greater than its minimum energy requirements, the household was considered to be food secure. When converse was true, the household was defined as food insecure.

  - The severity of household food insecurity was computed by the margin with which its potential energy access was below its minimum energy requirements

Cereal Insecurity
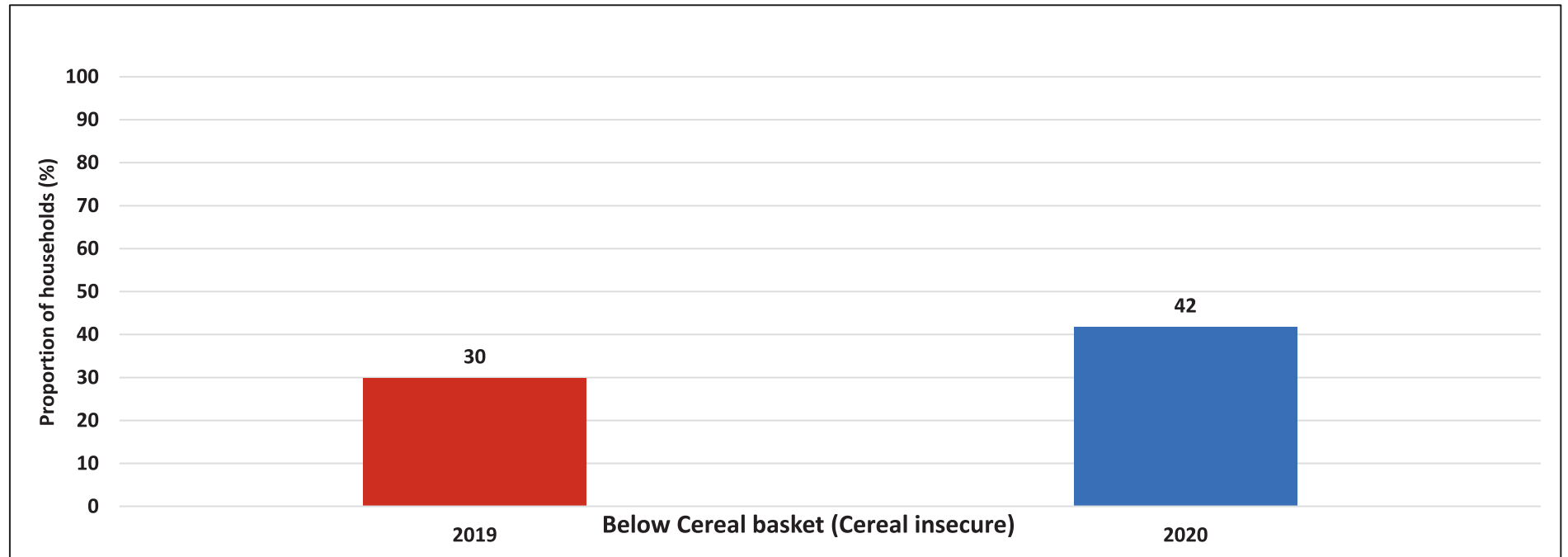
- At least 42% of the urban households are projected to be cereal insecure compared to 30% in 2019. These households cannot meet their cereal needs and require assistance.

Cereal Insecurity by Province
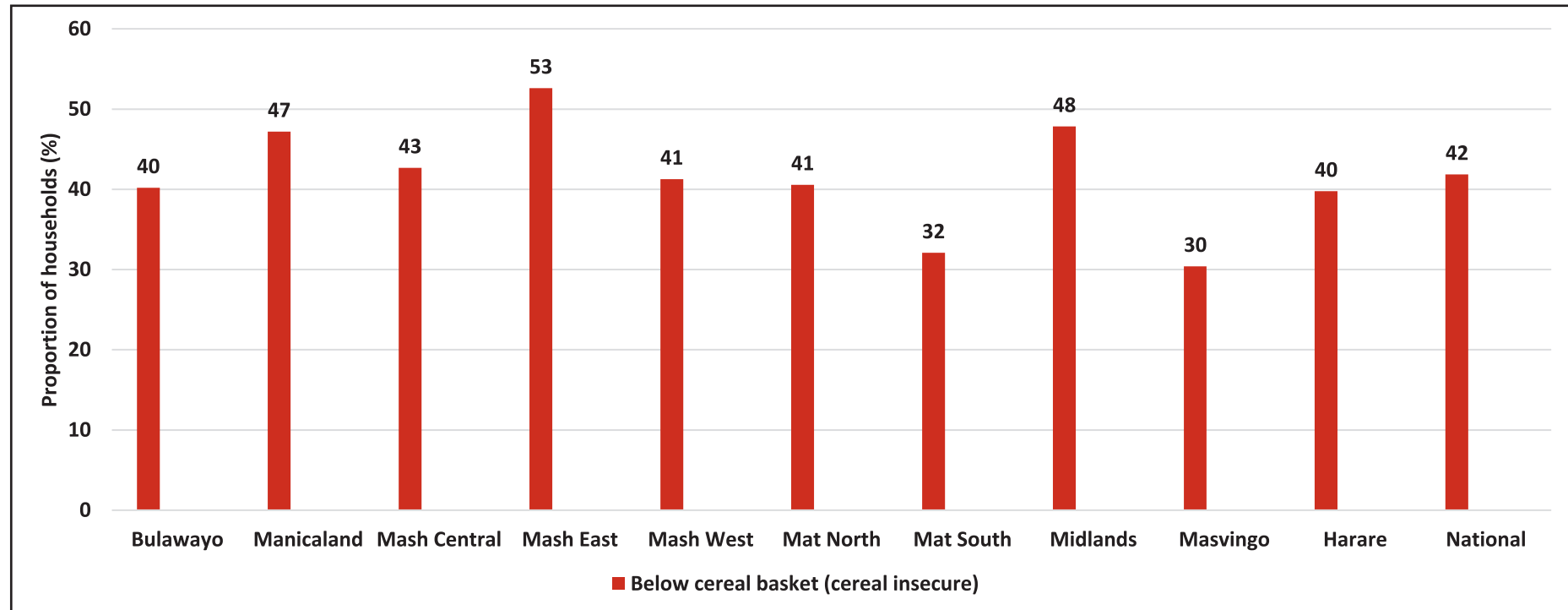
- Mashonaland East (53%), Midlands (47%), Manicaland (48%) and Mashonaland Central (43%) are projected to have the highest proportion of cereal insecure households, above the national average of 42%.

Cereal Insecurity by Domain
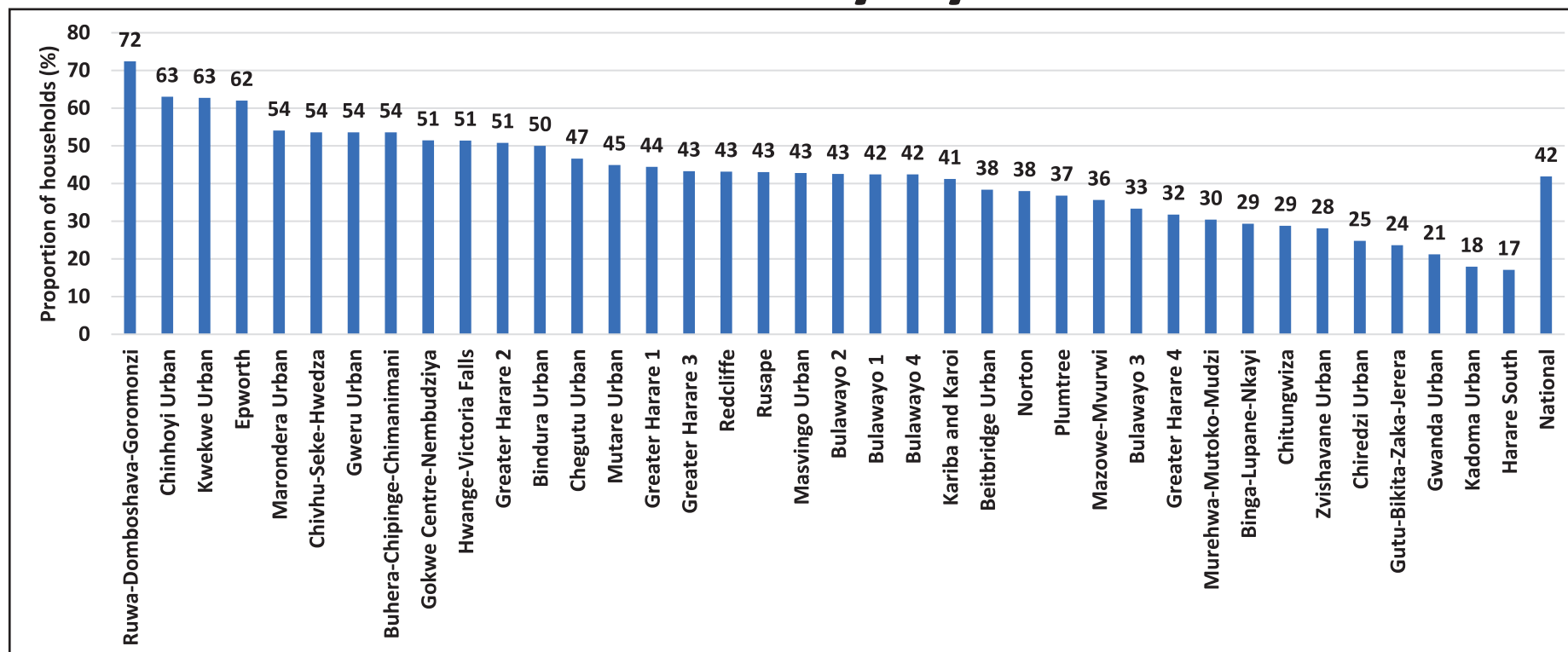
- The proportion of cereal insecure households is projected to be highest in Ruwa-Domboshava-Goromonzi (72%), Chinhoyi (63%), Kwekwe (63%) and Epworth (62%).

- The lowest proportions are projected to be in Kadoma (18%) and Gwanda (21%).

Food Security and Poverty Lines
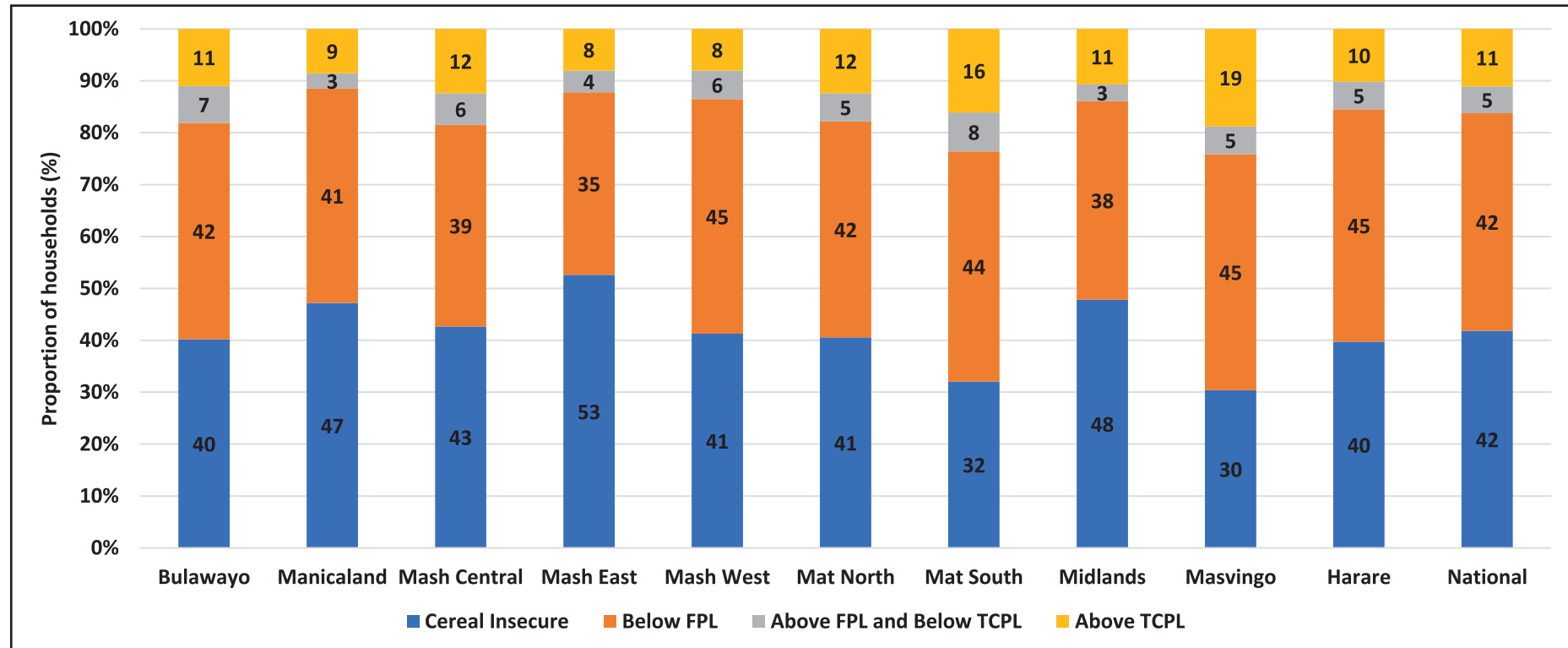
- Only 11% of the urban population was above the Total Consumption Line.

- Masvingo (19%) and Matabeleland South (16%) had the highest proportion of households above the Total Consumption Line.

Food Insecurity by Domain
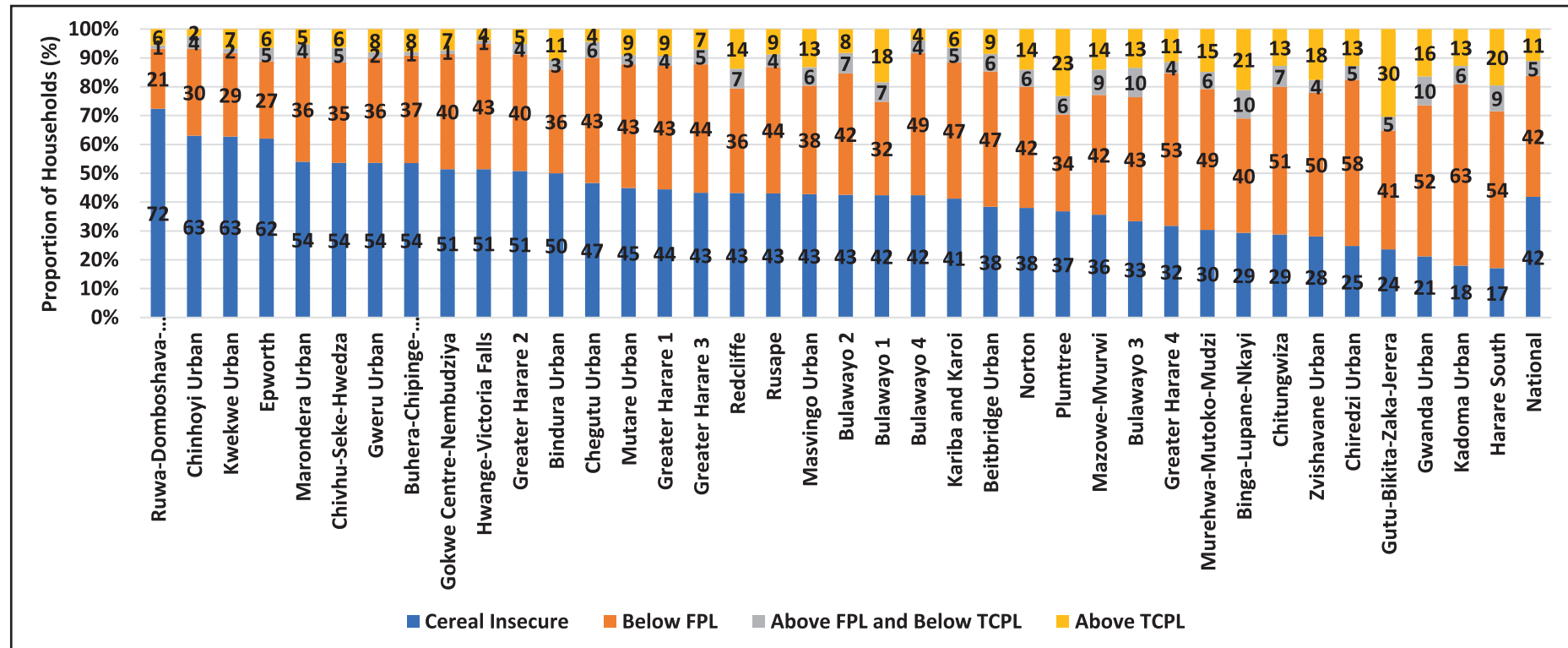
- The Gutu-Bikita-Zaka domain (30%) and Plumtree(23%) had the highest proportion of households above the Total Consumption Line.

Food Insecure Population

Province	Food Insecure Population	Monthly Cereal Requirements (MT)	Quarterly Cereal Requirements (MT)	Annual Cereal Requirements (MT)
Bulawayo	311,366	3,840	11,521	46,082
Manicaland	175,174	2,160	6,481	25,926
Mashonaland Central	33,213	410	1,229	4,916
Mashonaland East	138,983	1,714	5,142	20,569
Mashonaland West	190,697	2,352	7,056	28,223
Matabeleland North	64,235	792	2,377	9,507
Matabeleland South	38,573	476	1,427	5,709
Midlands	89,835	1,108	3,324	13,296
Masvingo	150,616	1,858	5,573	22,291
Harare	1,152,388	14,213	42,638	170,553
National	2,431,816	29,992	89,977	359,909

- Approximately 2,4 million people were food insecure compared to 2,2 million in 2019.
- Harare (1,152,388) had the largest food insecure population, Mashonaland Central (33,213) had the least.
- Nationally, total monthly cereal requirements is 29,992 MT

Cereal Insecure Population by Domain

Domain	Food Insecure Population	Monthly Cereal Requirements (MT)	Quarterly Cereal Requirements (MT)	Annual Cereal Requirements (MT)
Harare	1,164,120	9,845	29,536	172,290
Bulawayo	311,366	3,840	11,521	46,082
Chitungwiza	138,385	2,121	6,363	20,481
Epworth	117,933	1,707	5,120	17,454
Gweru	108,416	1,337	4,011	16,046
Mutare	98,963	1,221	3,662	14,646
Kwekwe	78,219	965	2,894	11,576
Chinhoyi	69,998	863	2,590	10,360
Ruwa - Goromonzi-Domboshava	62,800	775	2,324	9,294
Chipinge-Buhera-Chimanimani	58,605	723	2,168	8,674
Masvingo	51,339	633	1,900	7,598
Hwange-Victoria Falls	44,961	555	1,664	6,654
Harare South	44,880	554	1,661	6,642
Marondera	42,620	526	1,577	6,308
Norton	38,855	479	1,438	5,750
Bindura	31,320	386	1,159	4,635

Cereal Insecure Population by Domain

Domain	Food Insecure Population	Monthly Cereal Requirements (MT)	Quarterly Cereal Requirements (MT)	Annual Cereal Requirements (MT)
Gokwe Centre - Nembudziya	30,037	370	1,111	4,446
Chegutu	28,922	357	1,070	4,281
Kariba - Karoi	28,438	351	1,052	4,209
Beitbridge	27,943	345	1,034	4,136
Kadoma	21,102	260	781	3,123
Binga-Lupane-Nkayi	20,789	256	769	3,077
Redcliff	19,642	242	727	2,907
Chivhu -Seke-Hwedza	19,483	240	721	2,883
Murehwa, Mutoko-Mudzi	18,919	233	700	2,800
Zvishavane	18,130	224	671	2,683
Rusape	17,804	220	659	2,635
Chiredzi	9,755	120	361	1,444
Gwanda	6,737	83	249	997
Bikita, Gutu-Zaka-Jerera	6,735	83	249	997
Plumtree	5,752	71	213	851
Mvurwi	5,402	370	1,111	799

Shocks and Stressors

Households which Experienced Shocks/Stressors
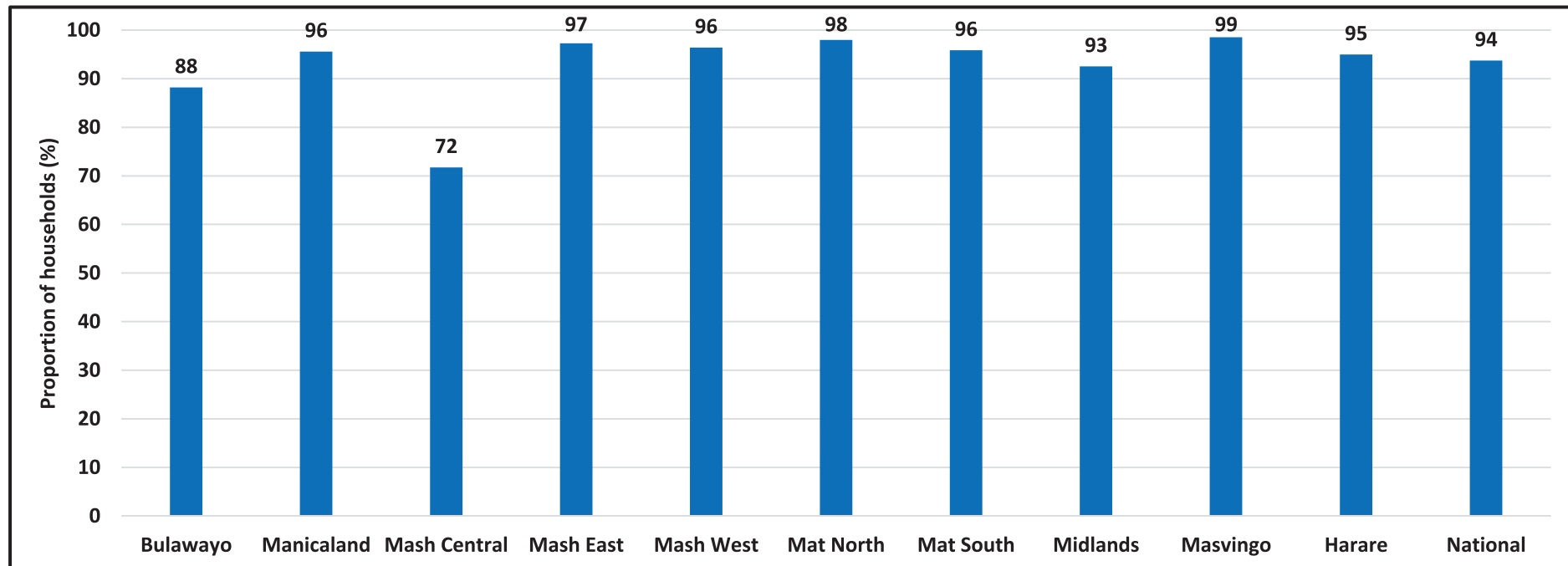
- Nationally, the majority of households (94%) in urban areas experienced a shock/stressor with the highest proportions in Masvingo (99%) and the lowest in Mashonaland Central (72%).

Households which Experienced a Shock/Stressor by Domain
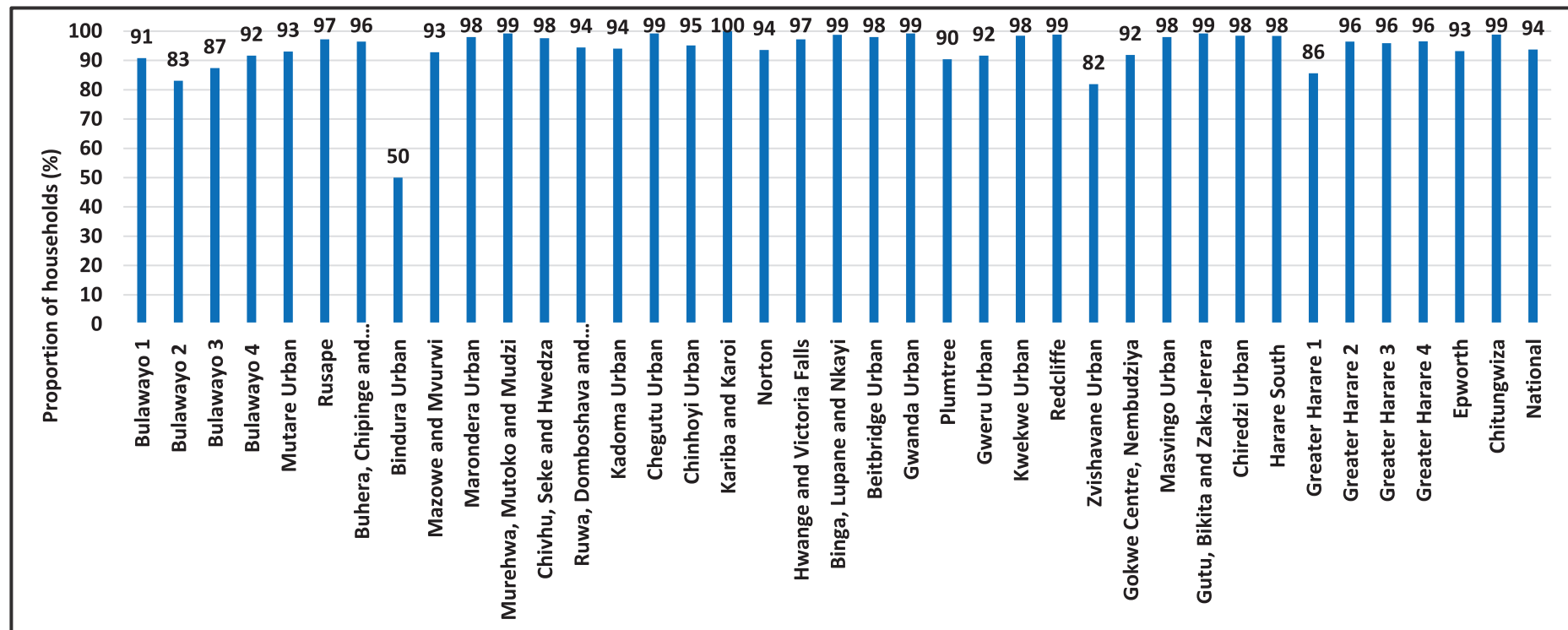
- Kariba-Karoi (100%) reported highest proportion of households which experienced a shock/stressor and Bindura (50%) reported the least.

Shocks and Stressors Experienced by Households
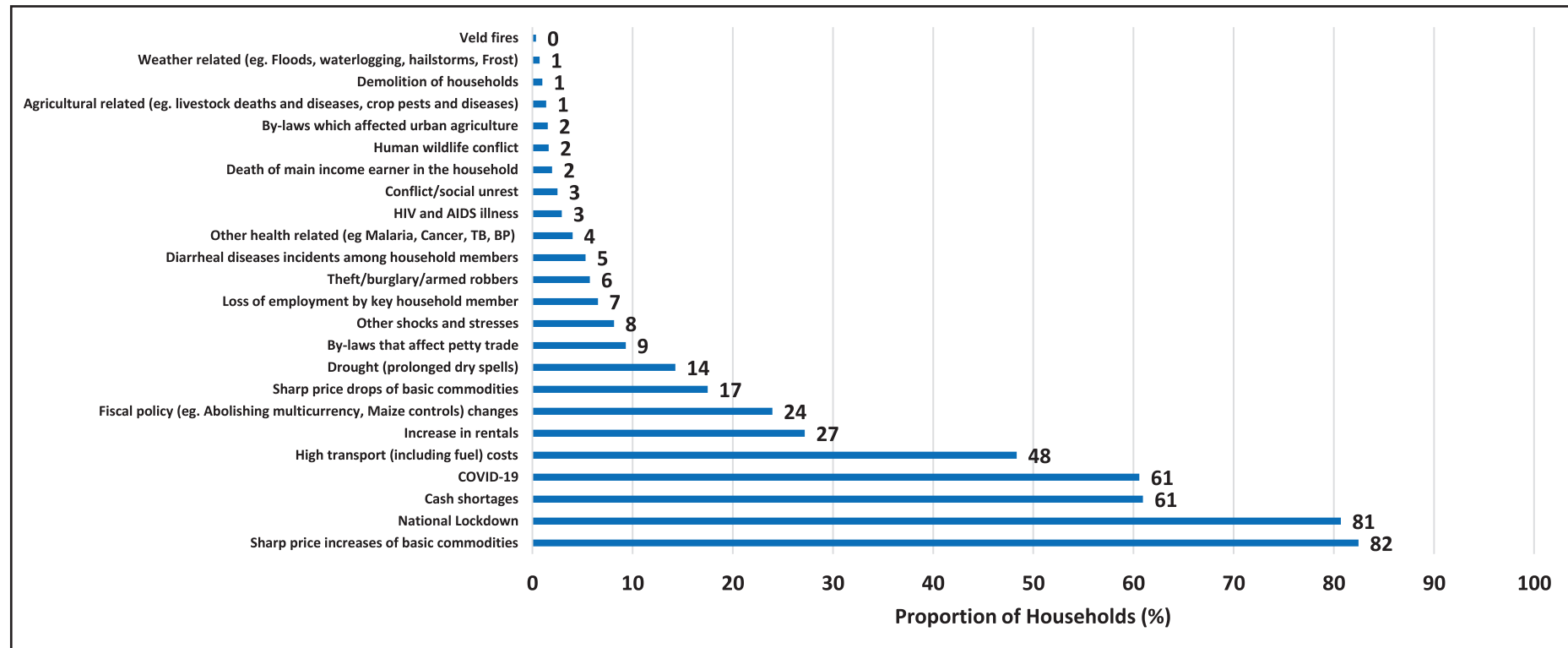
- The most prevalent shocks experienced by the urban households were sharp price increases of basic commodities (82%) followed by the impacts of the national lockdown (81%).

- In 2019, sharp price increases of basic commodities were reported by 95% of the households. This is indicative of a 13% drop in households in reporting sharp price increases in 2021.

Strategies Employed by Households

|	Lockdown (%)	COVID-19 (%)	Rental (%)	Transport Costs (%)	Cash Shortages (%)	Price Increases (%)
Did nothing	38.4	42.0	41.0	50.6	46.1	33.1
Reduce non-essential household expenses	20.5	18.9	19.6	15.8	19.9	25.4
Walking				9,8		
Reduce food consumption (quantity/number of meals)	18.8	16.6	15.5	9.7	15.3	22.6
Take up new/additional work (casual labour, wage labour)	5.9	5.9	7.8	4.0	6.6	5.7
Use money from savings	2.9	2.5	2.4	2.8	1.8	2.5
Gotten food on credit from a local market	2.5	2.2	1.2	1.4	1.7	1.3
Remittances from a relative that migrated	1.9	1.8	1.0	0.9	1.0	1.7
Sell household items (e.g. radio, bed)	1.1	1.2	1.3	0.8	1.0	0.9
Household member migrated for work	0.5	0.3	0.1	0.5	0.3	0.3
Car pooling				0,5		
Take out loan (no interest) from friends or relatives within the community (bonding)	0.5	0.7	0.2	0.4	0.4	0.6
Send children or an adult to stay with relatives	1.2	1.1	0.7	0.4	0.9	1.0
Send children to the streets to beg (begging)	0.2	0.3	0.5	0.3	0.3	0.4
Take out a loan (with interest) from a bank or micro finance institutions	0.2	0.2	0.1	0.3	0.4	0.2
Sell livestock	0.2	0.3	0.3	0.3	0.3	0.3
Down grade accommodation (to go for cheaper accommodation)	0.4	0.6	6.1	0.3	0.4	
Slaughter livestock for consumption	0.3	0.2	0.2	0.2	0.3	0.1
Sell production assets (eg. Plough, water pump)	0.1	0.4	0.1	0.2	0.1	0.2
Take out loan (no interest) from friends or relatives outside of the community	0.4	0.4		0.2	0.3	0.4
Take out a loan (with interest) from a village savings group	0.1	0.1	0.5	0.2	0.1	0.1
Lease out land	0.0	0.1	0.1	0.2	0.2	0.1
Take children out of school	1.0	2.0	0.2	0.1	0.5	0.7

- Generally, most households did nothing after experiencing shocks and stressors.

- Common strategies employed by households were reducing non-essential household expenses, reducing food consumption and taking up new/additional work.

- At least 9.8% of households resorted to walking when they were faced with high transport costs.

Average Shocks experienced by Households
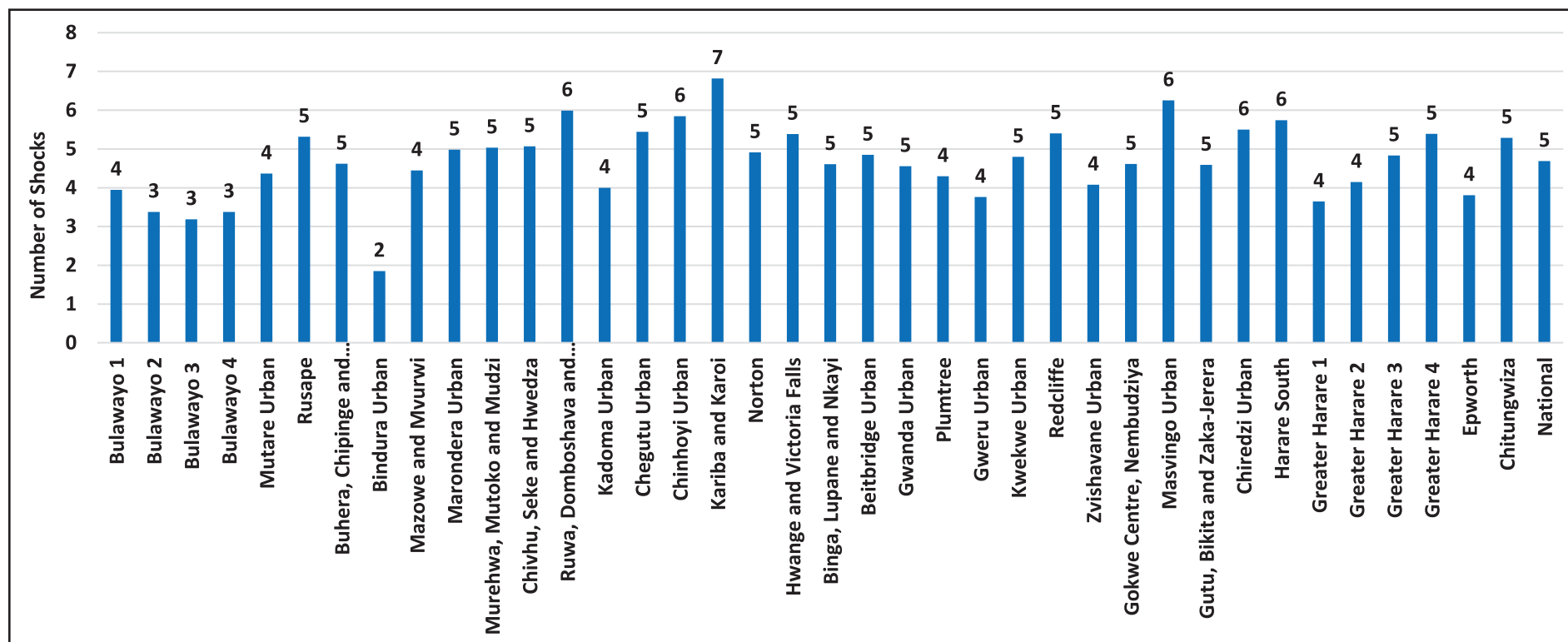
- On average, the highest number of shocks were reported by households in Kariba and Karoi (7) and the least in Bindura Urban.

- Generally, most households experienced an average of 5 shocks and above.

Shock Exposure Index by Domain
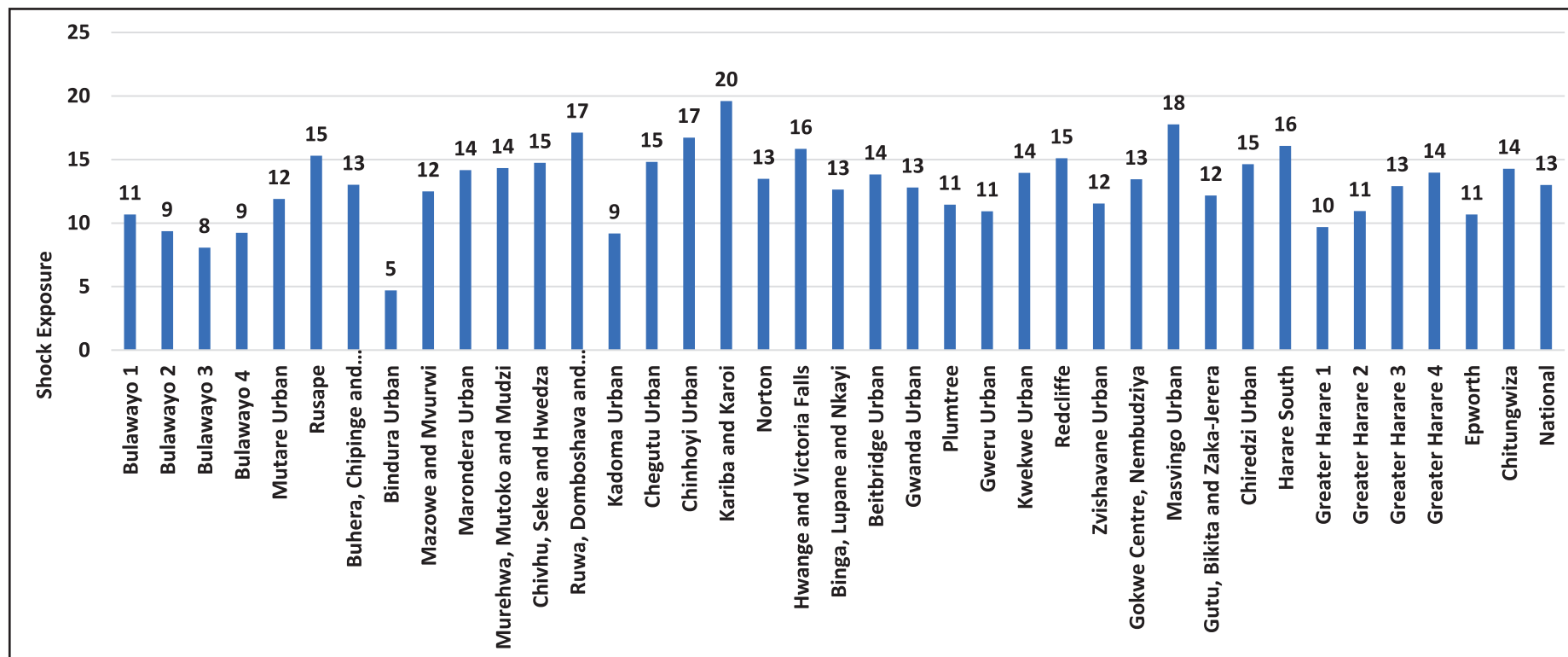
- Shock exposure index was calculated by multiplying the number of shocks experienced by the impact severity of the shock to the household.
- Kariba and Karoi reported the highest shock exposure index of 20 which was above all urban areas' average.
- The least shock exposure index was reported in Bindura Urban (5).

Ability to Cope Index by Domain
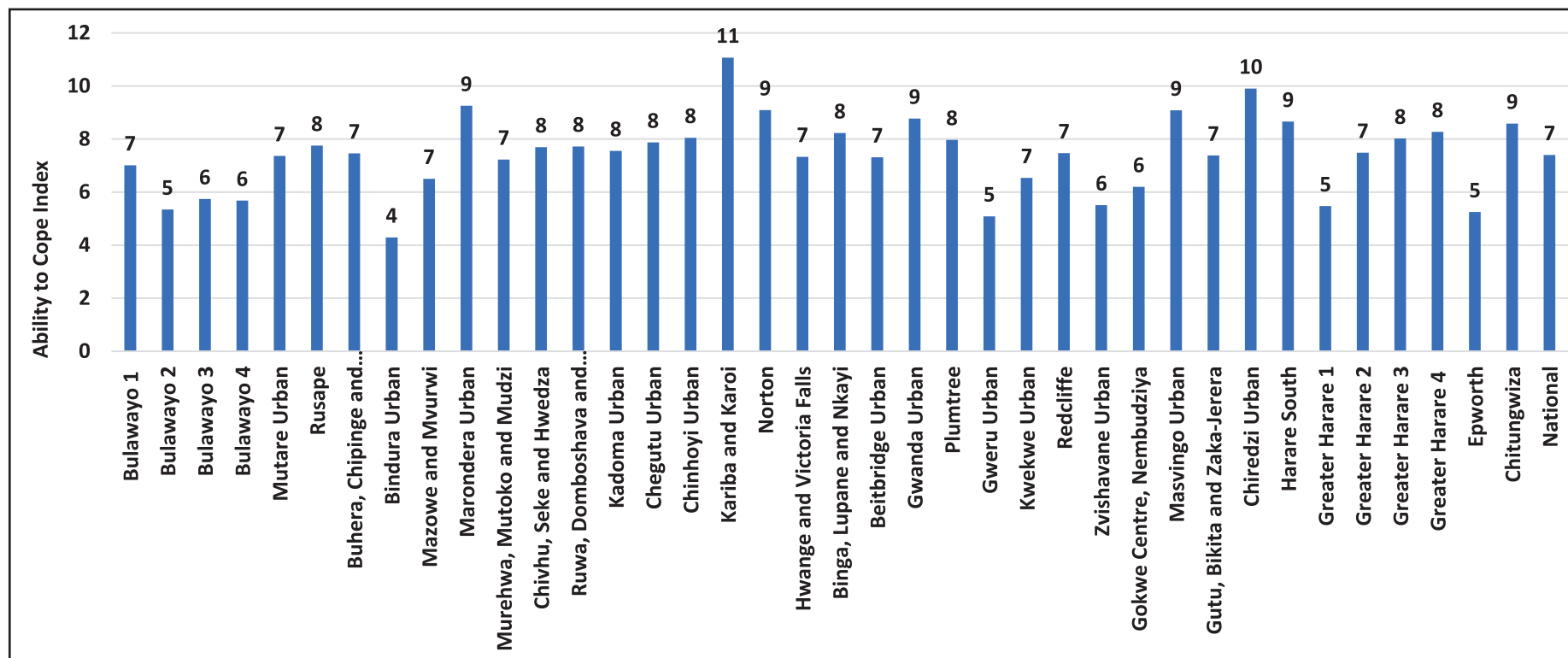
- Whilst the highest proportion of households from Kariba and Karoi reported the highest number of shocks (7) and the highest shock exposure index (20), the ability to cope index was also the highest in the same domains (11).
- The lowest ability to cope index was reported in Bindura Urban (4).

Energy and Housing

Types of Energy Used for Cooking
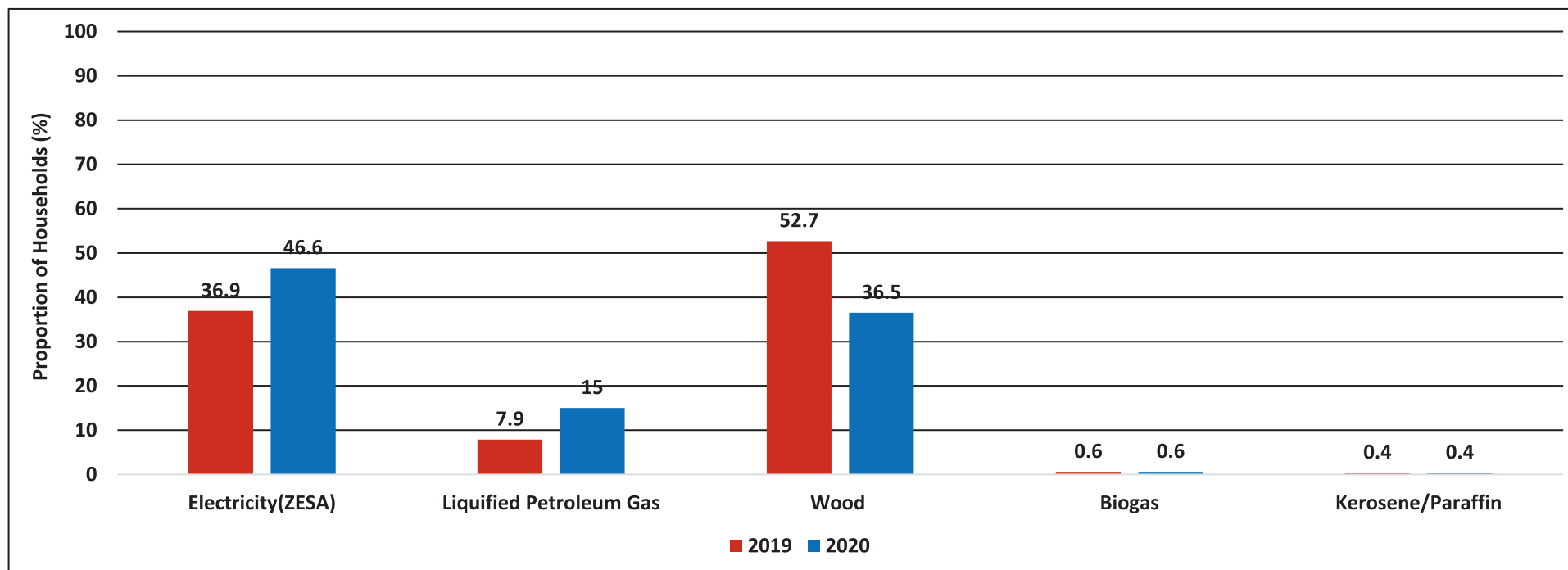
- Electricity (46.6 %) was the main type of energy used for cooking by urban households.

- The use of Liquefied Petroleum Gas (LPG) for cooking increased from 7.9 % in 2019 to 15% in 2020.

- About 37% of urban households were using wood for cooking.

Type of Energy Used for Cooking

	Electricity (ZESA) (%)		Liquid Petroleum Gas(LPG) (%)		Wood (%)		Biogas (%)		Kerosene/Paraffin (%)	
	2019	**2020**	**2019**	**2020**	**2019**	**2020**	**2019**	**2020**	**2019**	**2020**
Bulawayo	89.3	85.0	1.7	5.9	8.3	7.4	0.2	0.3	0.5	0.1
Manicaland	19.1	**33.2**	4.5	11.2	72.1	**51.4**	1.1	0.7	0.0	0.3
Mash Central	11.2	50.6	20.0	25.4	67.7	24.6	0.0	0.0	0.5	0.0
Mash East	9.4	**32.6**	13.2	15.6	73.6	**49.6**	2.4	0.6	0.1	0.6
Mash West	18.8	38.3	7.8	10.8	71.9	47.7	0.1	0.0	0.4	0.5
Mat North	56.1	55.3	1.8	1.0	39.9	34.7	0.5	0.2	0.0	0.0
Mat South	45.5	47.2	9.4	19.0	42.7	36.0	0.6	0.8	1.0	**1.1**
Midlands	51.4	44.3	2.6	8.2	45.4	46.1	0.1	0.3	0.1	0.2
Masvingo	18.6	**32.7**	2.2	8.9	77.3	**56.9**	0.6	0.7	0.3	0.3
Harare	55.9	48.3	11.7	**31.4**	27.3	19.6	0.2	**1.4**	0.9	0.5
National	**36.9**	**46.6**	**7.9**	**15.0**	**52.7**	**36.5**	**0.6**	**0.6**	**0.4**	**0.4**

- About 46.6% of the households were using electricity for cooking.

- Approximately 56.9% and 51.4% of the households in Masvingo and Manicaland respectively, relied on wood for cooking.

Affordability of Main Energy Sources
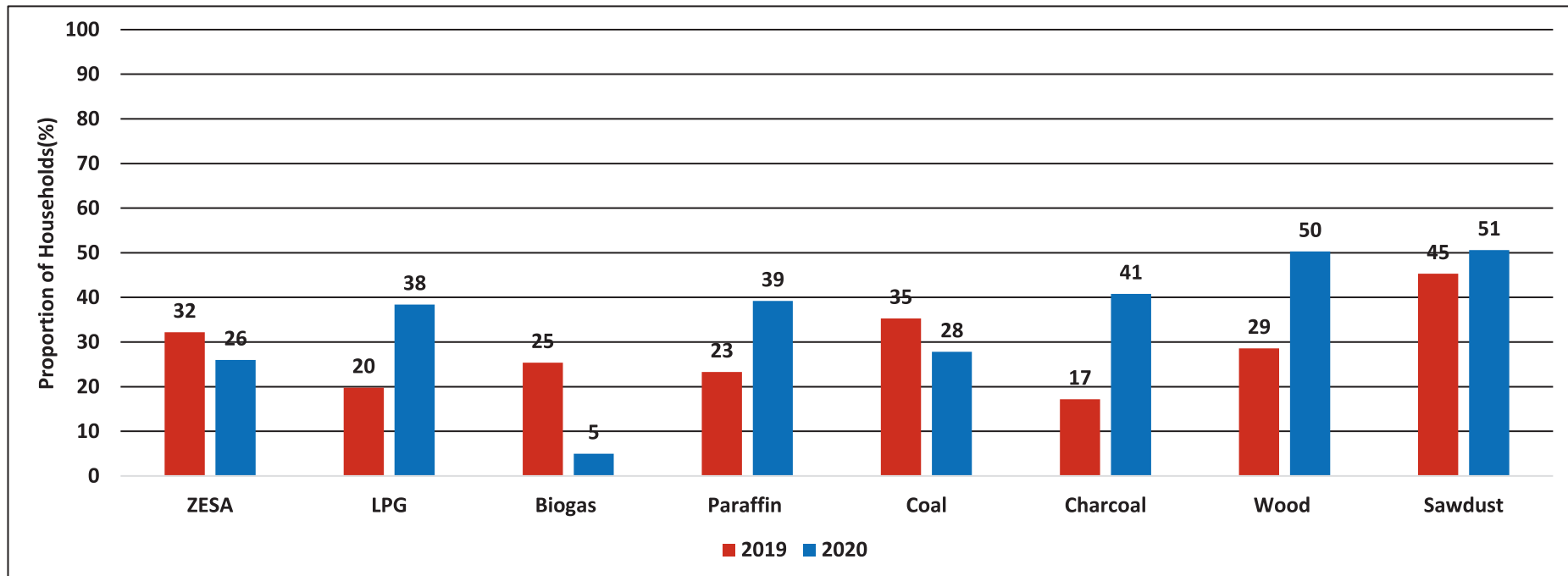
- Only 26% of urban households that were using electricity as their main energy source reported that it was affordable.

- Wood and sawdust were affordable to almost 50% of households that were using them as their main energy source.

Types of Energy Used for Lighting
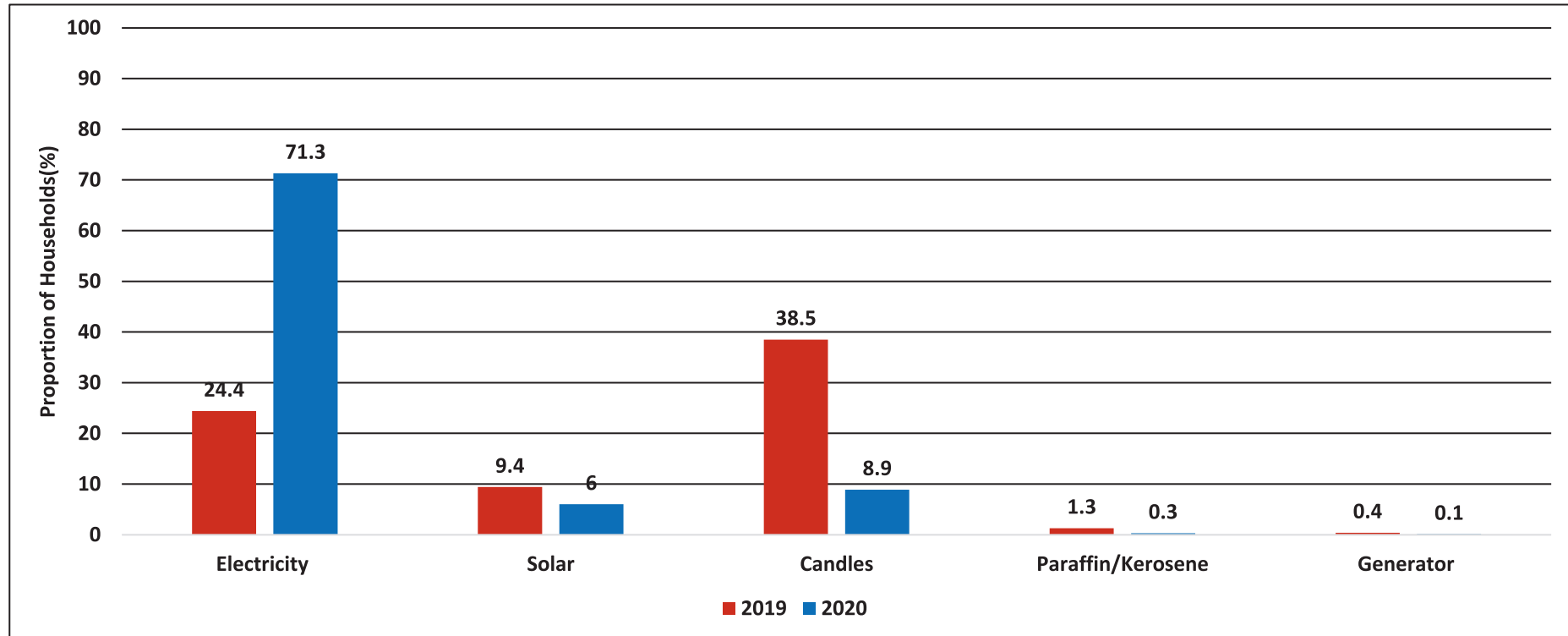
- Electricity (71.3%), candles (8.9%) and solar (6%) were the most common sources of lighting used by urban households.

- There was an increase in the proportion of households which used electricity for lighting from 24.4% in 2019 to 71.3% in 2020.

- The proportion of households which used candles for lighting decreased from 38.5% in 2019 to 8.9% in 2020.

Types of Energy Used for Lighting

	Electricity (%)		Solar (%)		Battery (%)		Candle (%)		Kerosene/Paraffin (%)		LPG and Generator (%)	
	2019	**2020**	**2019**	**2020**	**2019**	**2020**	**2019**	**2020**	**2019**	**2020**	**2019**	**2020**
Bulawayo	8.7	92.4	7.7	0.6	0.2	0.3	57.1	1.4	0.5	0.0	1.4	0.4
Manicaland	23.4	67.6	9.8	3.2	1.6	2.0	26.2	7.2	2.4	0.0	0.6	2.3
Mash Central	54.8	64.1	5.5	9.0	4.5	4.0	21.6	5.2	0.2	0.0	0	1.1
Mash East	38.9	**58.3**	10.4	**12.5**	1.3	5.2	28.5	**15.2**	0.8	0.4	0.1	2.1
Mash West	36	75.8	5.6	3.9	0.8	2.8	30.6	9.3	1.0	0.4	0.2	0.9
Mat North	4.2	72.7	14.3	7.0	1.1	3.1	42.7	6.6	0.4	0.0	0.2	0.6
Mat South	16.5	62.4	9.5	10.4	2.2	3.8	45.7	13.9	0.3	0.3	0.3	1.7
Midlands	15.3	78.2	8.6	3.5	3.6	**5.6**	42.9	3.9	0.4	0.1	0.4	0.4
Masvingo	55.8	75.5	5.6	2.9	0.5	5.1	20.1	5.9	0.7	0.1	0.1	2.1
Harare	5.4	63.7	14.2	8.2	1.6	3.2	55.7	14.0	3.6	0.9	0.5	**4.9**
National	24.4	71.3	9.2	6.0	1.7	3.5	38.5	8.9	1.3	0.3	0.4	1.9

- Mashonaland East had the highest proportion of households using solar energy for lighting (12.5%).

- There was an increase in the use of renewable energy sources for lighting by urban households across the country.

Housing Characteristics

Notes:

- **Rooms occupied:** Refers to enclosed areas within a dwelling which are used by a household for all year-round living. The number of rooms occupied for dwelling excludes bathrooms, toilets, vestibules and rooms used solely for business purposes. Partially divided rooms are considered to be separate rooms if they are considered as such by the respondent.

- **Dwelling:** A set of living quarters.

- **Sleeping rooms:** Refers to rooms in a private dwelling that are used for sleeping purposes. It also includes rooms designed for other uses during the day such as dining rooms and living rooms. Also included are rooms currently used as bedrooms, even if they were not originally built as bedrooms.

Tenure Status of Households

	Owner/ purchaser with title deeds (%)		Owner/purchaser without title deeds (%)		Tenant/Lodger (%)		Tied accommodation (%)		Other (%)	
	2019	**2020**	**2019**	**2020**	**2019**	**2020**	**2019**	**2020**	**2019**	**2020**
Bulawayo	42	**38**	2	5	45	48	0	2	10	8
Manicaland	26	20	8	13	58	58	4	4	4	4
Mash Central	20	27	9	**18**	54	43	9	9	7	3
Mash East	26	26	10	6	53	57	4	5	7	6
Mash West	16	19	15	12	48	56	9	5	12	9
Mat North	12	13	4	3	47	51	31	**22**	6	12
Mat South	22	22	8	6	59	58	3	9	7	4
Midlands	16	20	8	6	61	60	7	8	8	6
Masvingo	15	20	6	4	71	**68**	5	6	3	2
Harare	25	31	17	11	47	51	4	2	9	6
National	**21**	**25**	**11**	**8**	**53**	**55**	**7**	**6**	**8**	**6**

- About 55% of households were tenants or lodgers, while 25% were owners with title deeds and 8% were owners without title deeds

- Tied accommodation was reported by 6% of the households.

- Masvingo (68%) had the highest proportion of tenants or lodgers, while Bulawayo (38%) had the highest proportion of households which were owners of the properties they were living in and had title deeds.

Owner/Purchaser Without Title
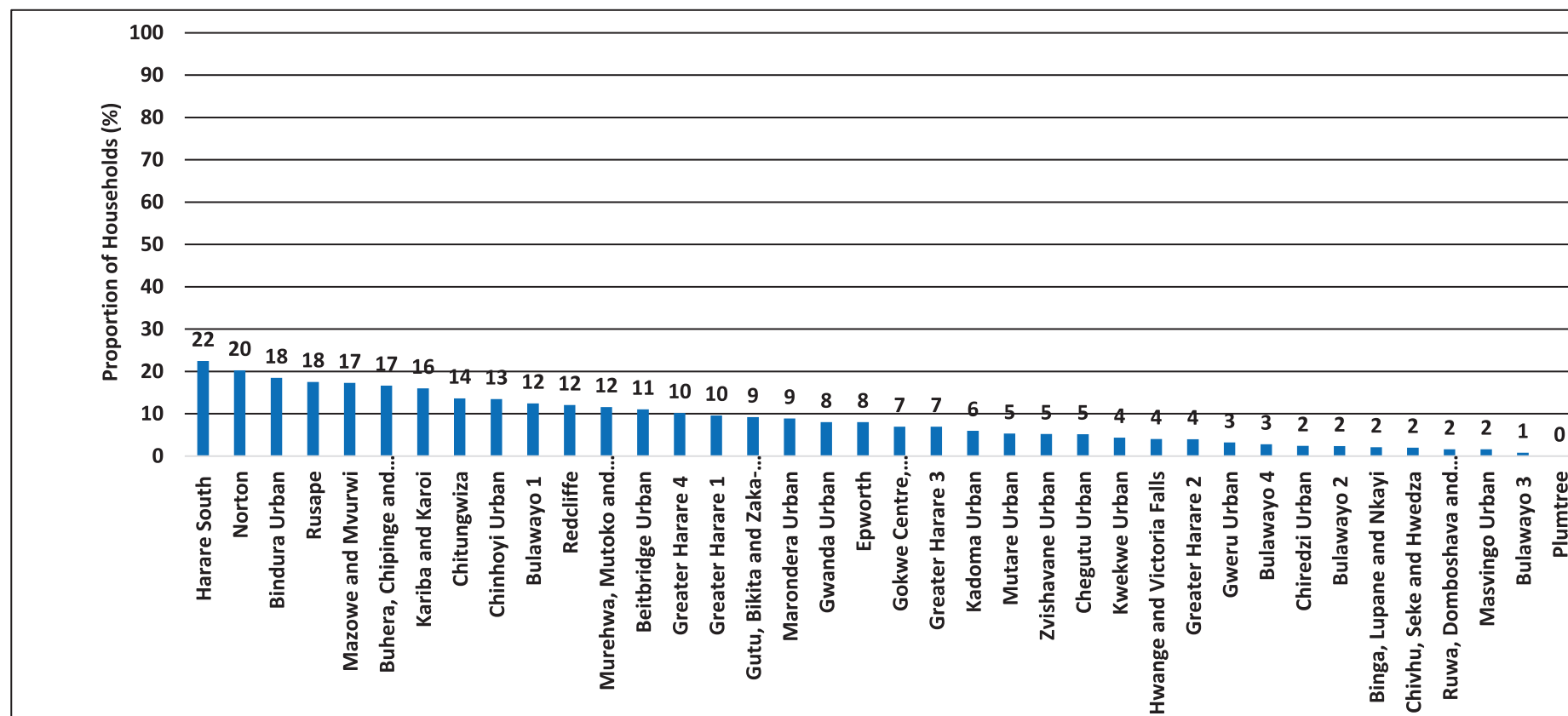
- Harare South (22%) and Norton (20%) had the highest largest proportion of house owners/purchasers without title deeds.

Types of Dwellings

|	Traditional (%)		Mixed (%)		Detached (%)		Semi detached (%)		Flat/ Townhouse (%)		Wooden Cabin (%)		Other (%)	
	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020
Bulawayo	0	9	0	0	64	55	27	**30**	8	6	0	0	0	0
Manicaland	0	5	1	4	63	55	14	20	20	**14**	2	2	1	1
Mash Central	0	0	0	3	84	**80**	11	15	4	1	1	1	0	1
Mash East	0	**12**	0	2	9	68	2	15	0	1	0	2	0	0
Mash West	3	6	1	0	68	58	27	25	1	10	1	1	1	0
Mat North	5	3	1	2	68	59	18	27	4	8	2	2	3	0
Mat South	0	0	1	1	80	78	18	14	1	7	0	0	0	0
Midlands	1	1	1	1	68	73	23	18	6	6	0	0	1	0
Masvingo	0	1	2	1	81	76	15	21	2	1	0	0	0	0
Harare	4	0	3	5	52	58	19	27	16	8	2	1	4	1
National	2	4	1	2	68	65	19	22	7	7	1	1	1	1

- The majority of dwellings in urban areas were detached (65%) and semi detached houses (22%).

- Mashonaland East (12%) and Bulawayo (9%) reported the highest proportion of traditional dwellings (made of mud, pole and dagga), whilst Manicaland (14%) reported the highest proportion of flat/townhouses.

Sources of Residential Stands

|	Established/ council allocated (%)	Council registered cooperative (%)	Inheritance (%)	Private developer (%)	Government/National housing (%)	Other cooperatives including companies (%)	Other (%)	Unregistered co-operative (%)
Bulawayo	70	8	14	2	1	2	1	1
Manicaland	63	21	9	3	3	1	1	-
Mash Central	73	13	2	8	3	2	-	-
Mash East	80	9	5	2	1	2	1	-
Mash West	68	4	5	11	2	5	4	1
Mat North	76	8	1	2	10	-	1	1
Mat South	84	5	1	2	5	-	1	-
Midlands	62	8	9	6	2	10	4	-
Masvingo	77	7	5	1	7	1	2	-
Harare	57	16	11	1	7	1	2	4
National	**68**	**10**	**8**	**4**	**4**	**3**	**2**	**1**

- Nationally, 68% of the dwellings were on stands that were established or allocated by local council authorities.

- Midlands province had the highest proportion of households which had stands allocated by private developers (16%).

189

Households which Shared Dwellings
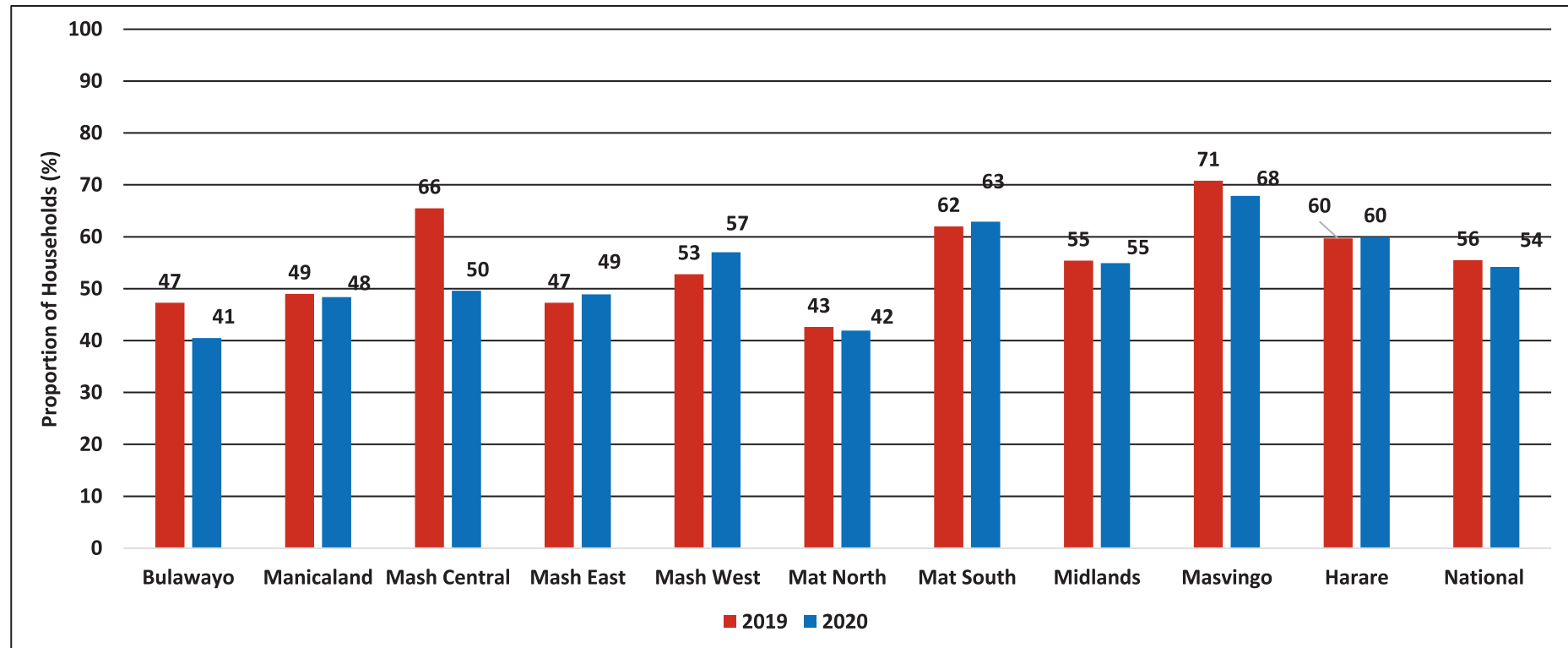
- There was a decline in the proportion of households sharing dwellings from 56% in 2019 to 54% in 2020.
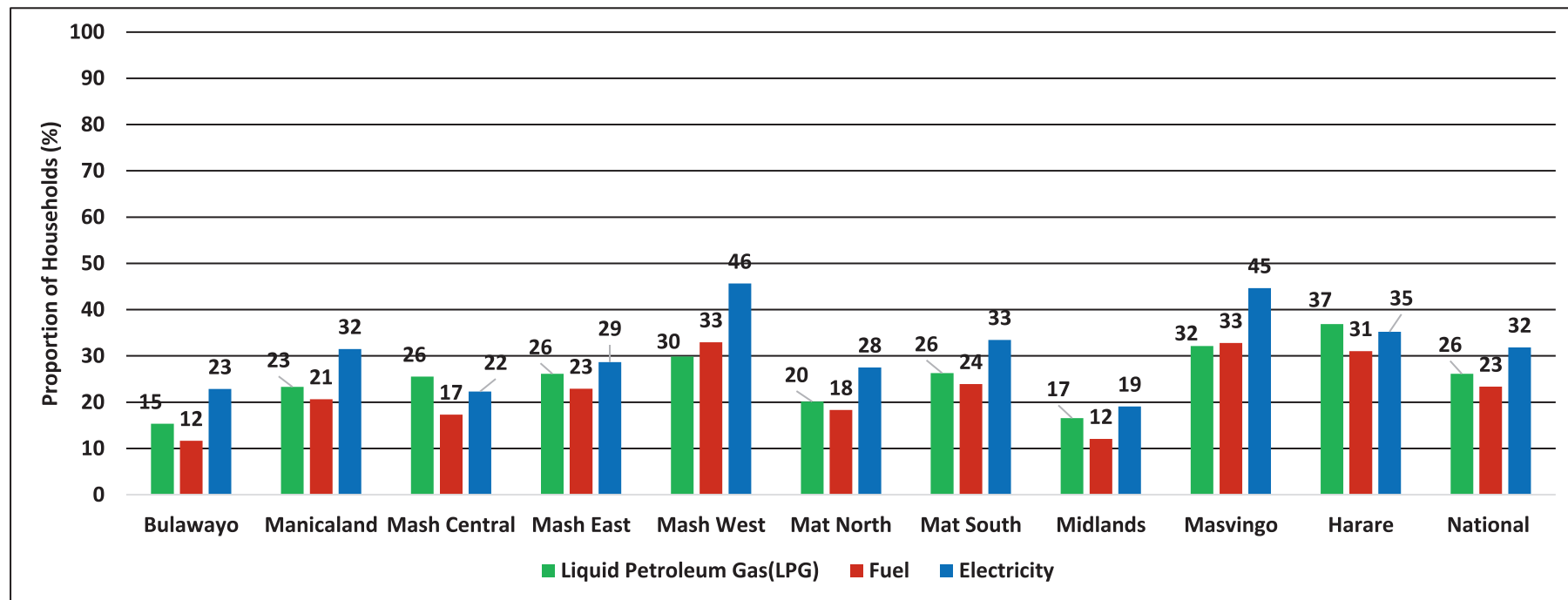
Number of Households Sharing a Dwelling
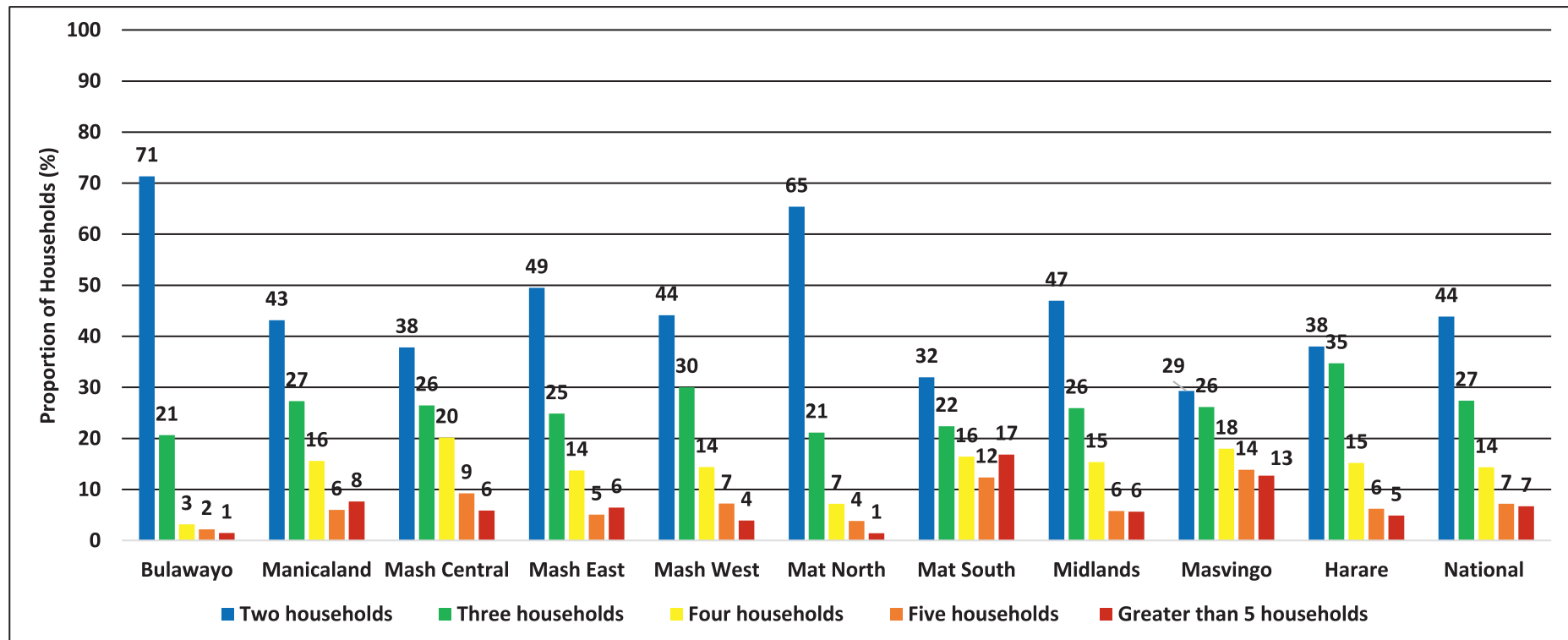
- Nationally, 44% of households lived in shared dwellings with at least two households.

- Matabeleland South (17%) had the highest proportion of households sharing a dwelling with more than five households.

Infrastructure and Services

# Access to information on Safe Use of LPG, Fuel and Electricity

- About 26% of the households had access to information on the safe use of Liquid Petroleum Gas (LPG).

- Mashonaland West had the highest proportion (46%) with access to information on the safe use of electricity.

Sources of Information on Safe Use of LPG, Fuel and Electricity

|	Radio (%)	Television (%)	LPG sellers (%)	Other household members (%)	Social media (%)	Newspaper (%)	LPG equipment technician (%)	Internet browsing (%)	Government Extension Worker (%)
Bulawayo	17	16	23	12	8	8	8	6	2
Harare	26	21	18	16	9	5	2	1	0
Manicaland	28	23	17	9	10	5	7	2	0
Mash Central	40	20	21	10	0	2	4	4	0
Mash East	25	21	15	10	18	7	4	0	0
Mash West	21	18	18	17	14	5	5	3	0
Masvingo	31	24	18	6	7	3	6	5	0
Mat North	13	14	18	26	21	2	3	4	0
Mat South	12	10	21	14	24	6	7	4	2
Midlands	21	20	22	13	16	3	3	1	0
National	**23**	**19**	**19**	**13**	**13**	5	**4**	**3**	**0**

- Radio (23%) was the most common source of information on the safe use of energy sources followed by television and LPG sellers (19%).

Access to Health Services
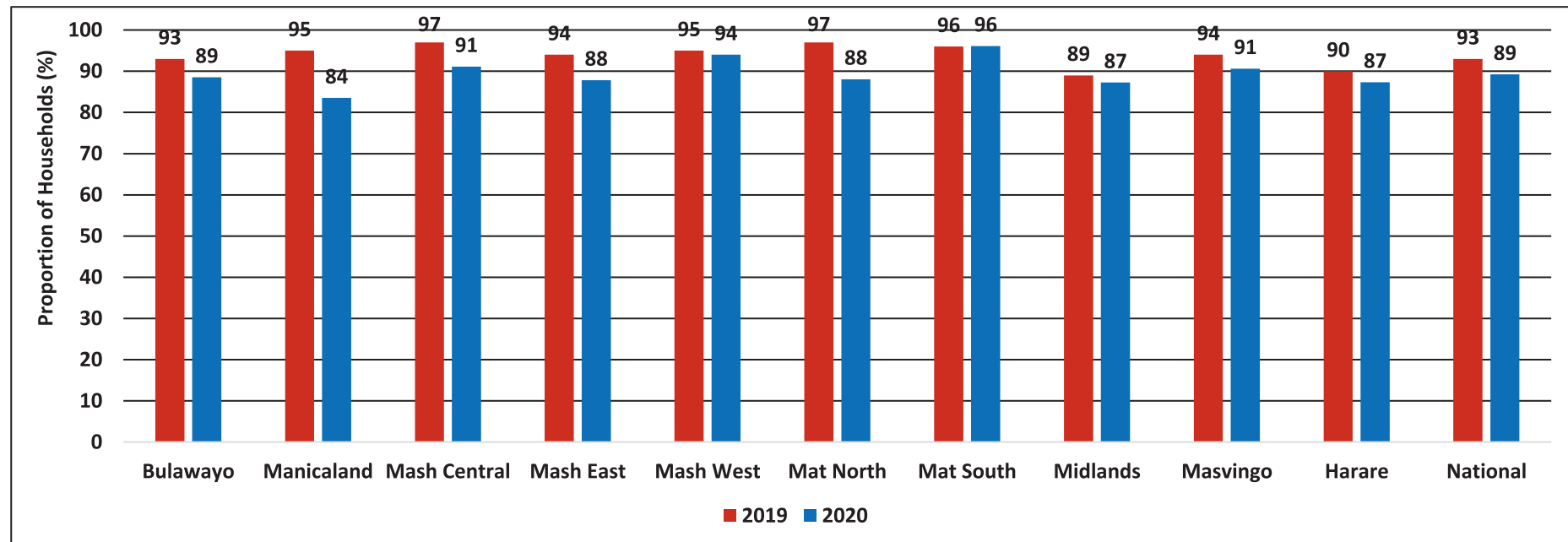
- The proportion of households with access to health services remained unchanged in Matabeleland South (96%).

Access to Health Information
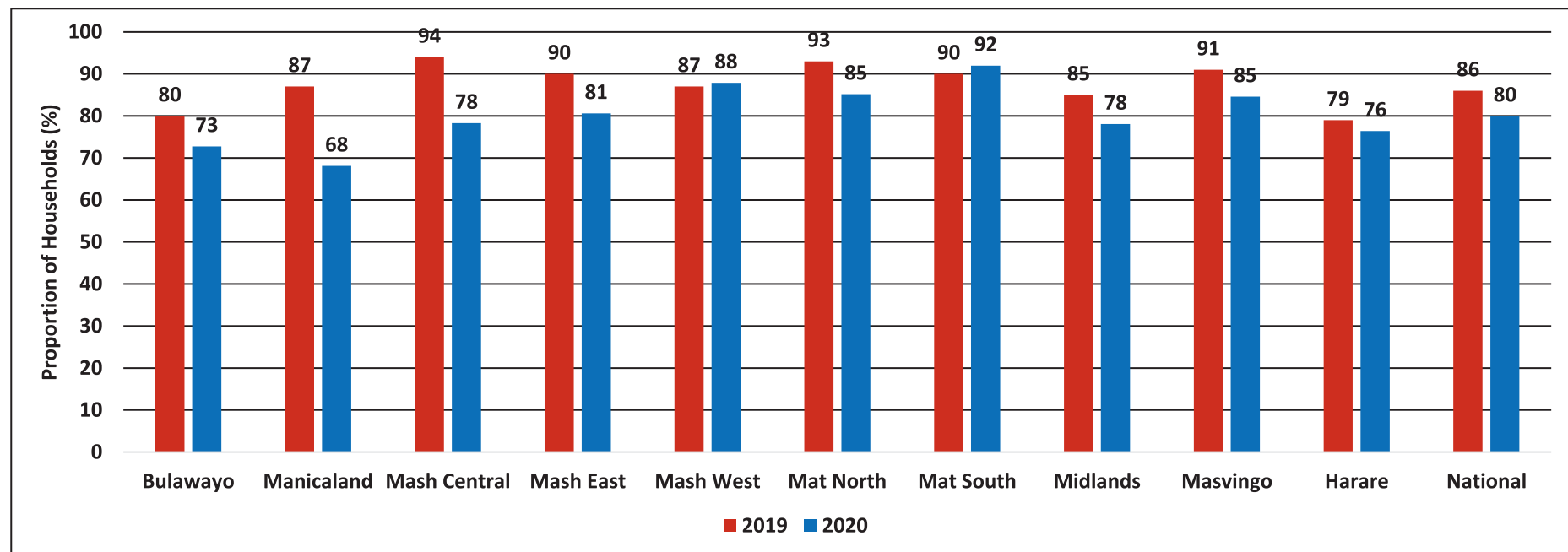
- Nationally, the proportion of households which had access to health information declined from 86% in 2019 to 80% in 2020.

- Matabeleland South recorded an increase in the proportion of households with access to health information from 90% in 2019 to 92% in 2020.

Sources of Health Related Information

|	Health facilities (%)	Radio (%)	Television (%)	Social media (%)	Friends and relatives (%)	Other household members (%)	Government Extension Worker (%)	Newspaper (%)	Internet browsing (%)	Other (%)
Bulawayo	23	20	17	9	7	9	3	8	2	
Harare	27	21	13	8	10	5	10	4	1	1
Manicaland	32	18	15	5	10	5	9	4	2	1
Mash Central	52	14	13	4	9	4	1	1	1	1
Mash East	32	21	12	10	9	5	5	5	1	
Mash West	31	17	12	9	10	8	6	6	1	1
Masvingo	23	22	18	8	8	5	10	3	3	
Mat North	34	16	12	16	8	6	3	4	2	
Mat South	43	15	8	12	7	5	4	4	2	
Midlands	39	19	14	10	6	6	2	3	1	1
National	**32**	**19**	**13**	**9**	**8**	**6**	**6**	**4**	**2**	

- Health facilities (32%) remained the main source of health related information followed by radio (19%) and television (13%).
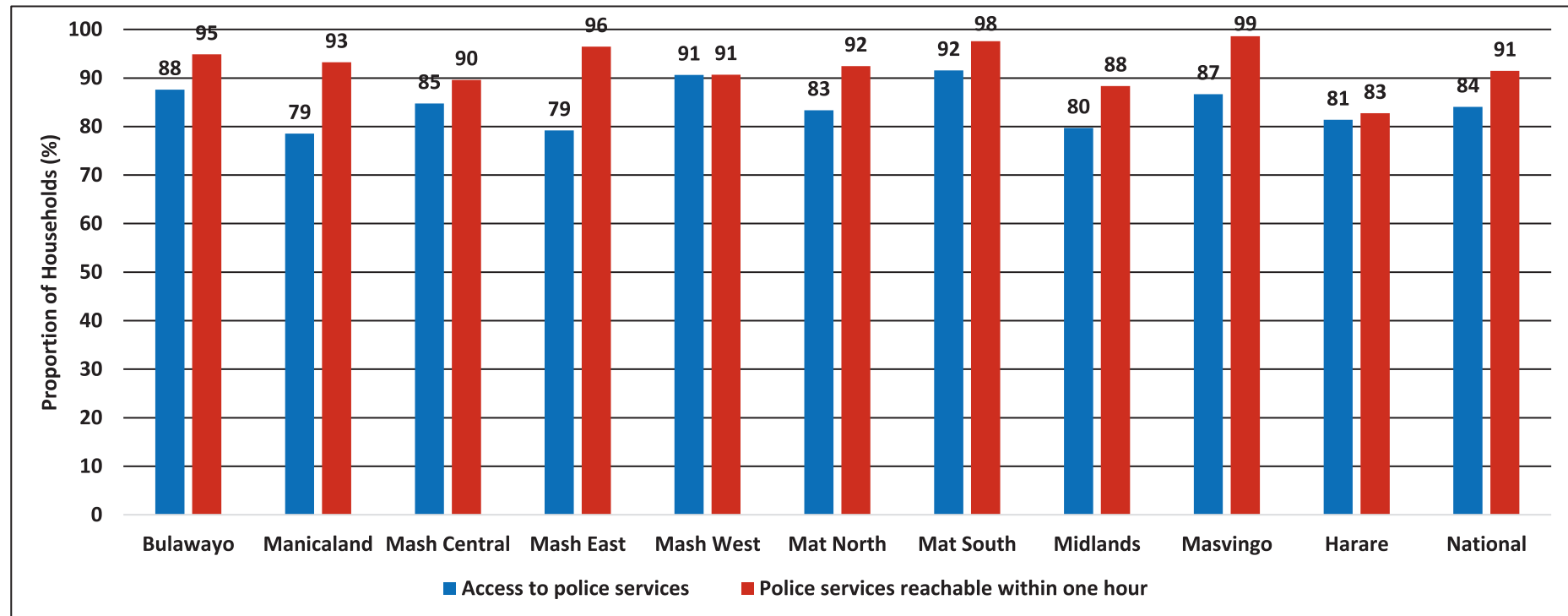
Distance to Nearest Primary School
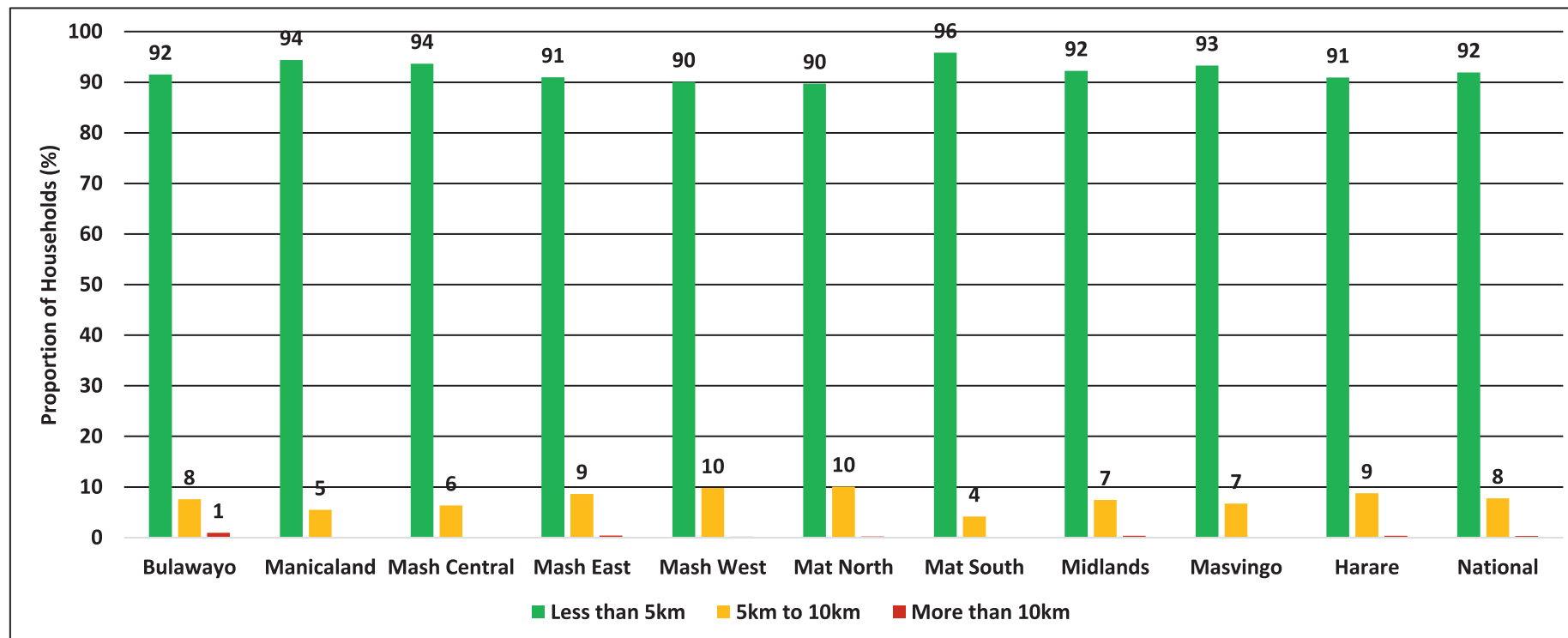
- Nationally, almost 92% of households reported that the average distance to the nearest primary school was less than 5 kilometres.

Rating of Service at Nearest Primary School
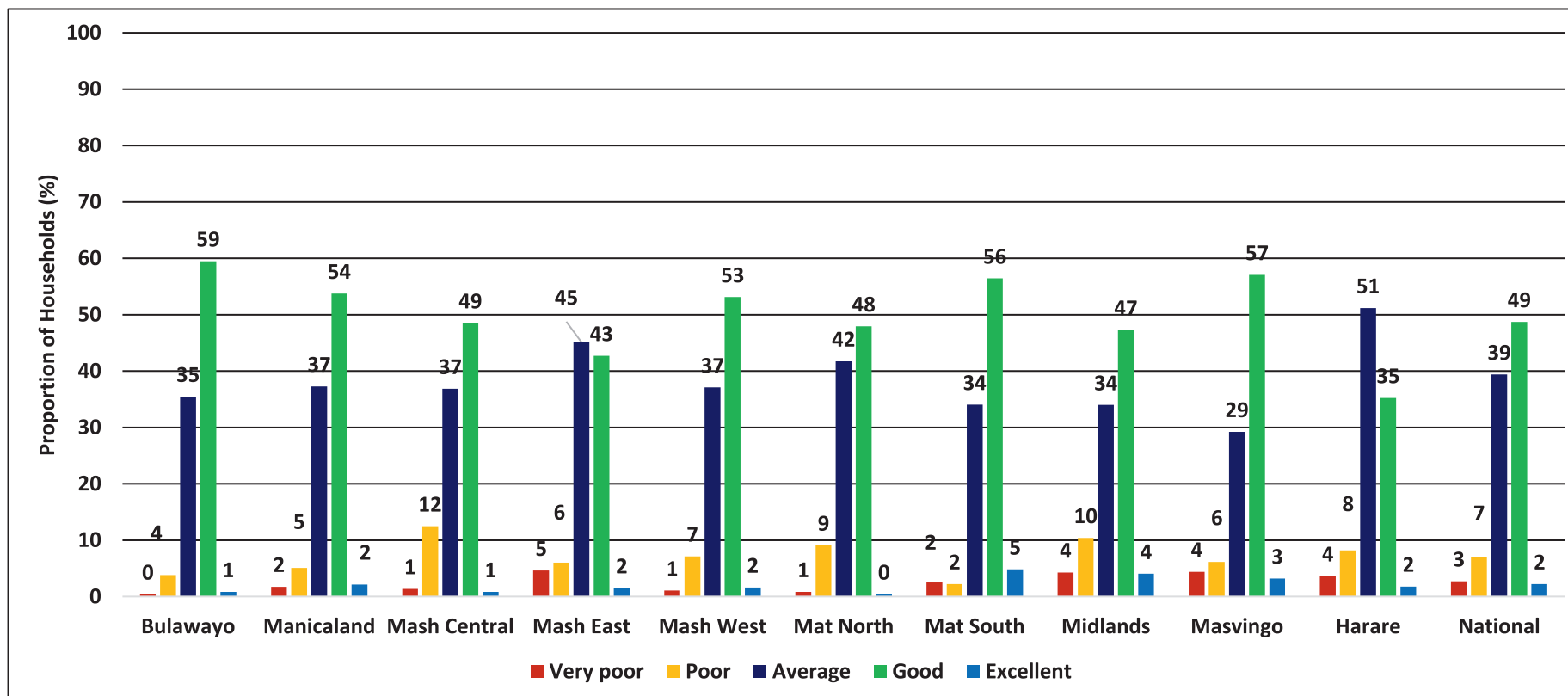
- Almost 50% of urban respondents rated the service at the nearest primary school as good.
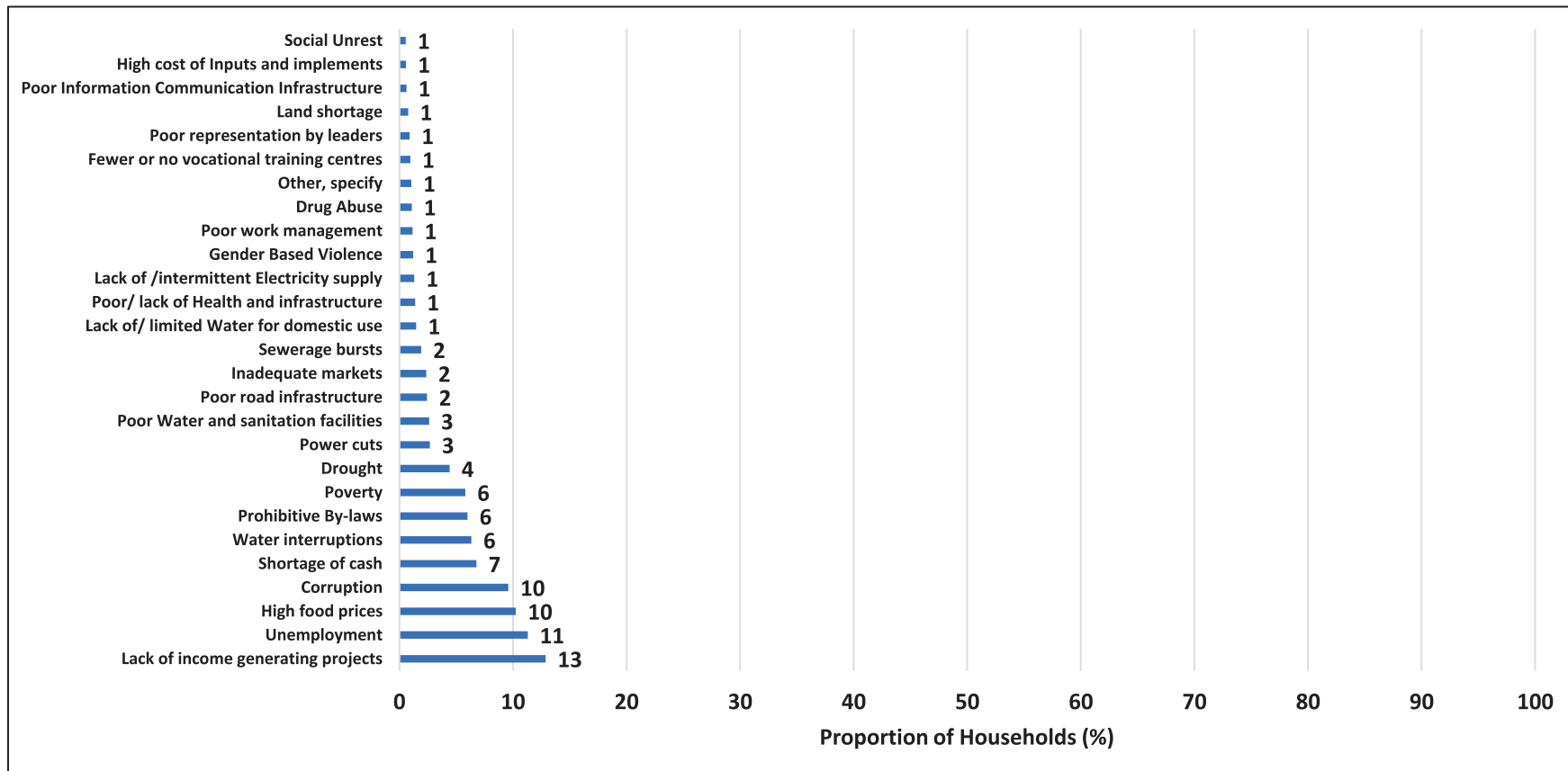
Access to Police Services

- The proportion of households with access to police services increased from 84% in 2019 to 91% in 2020.
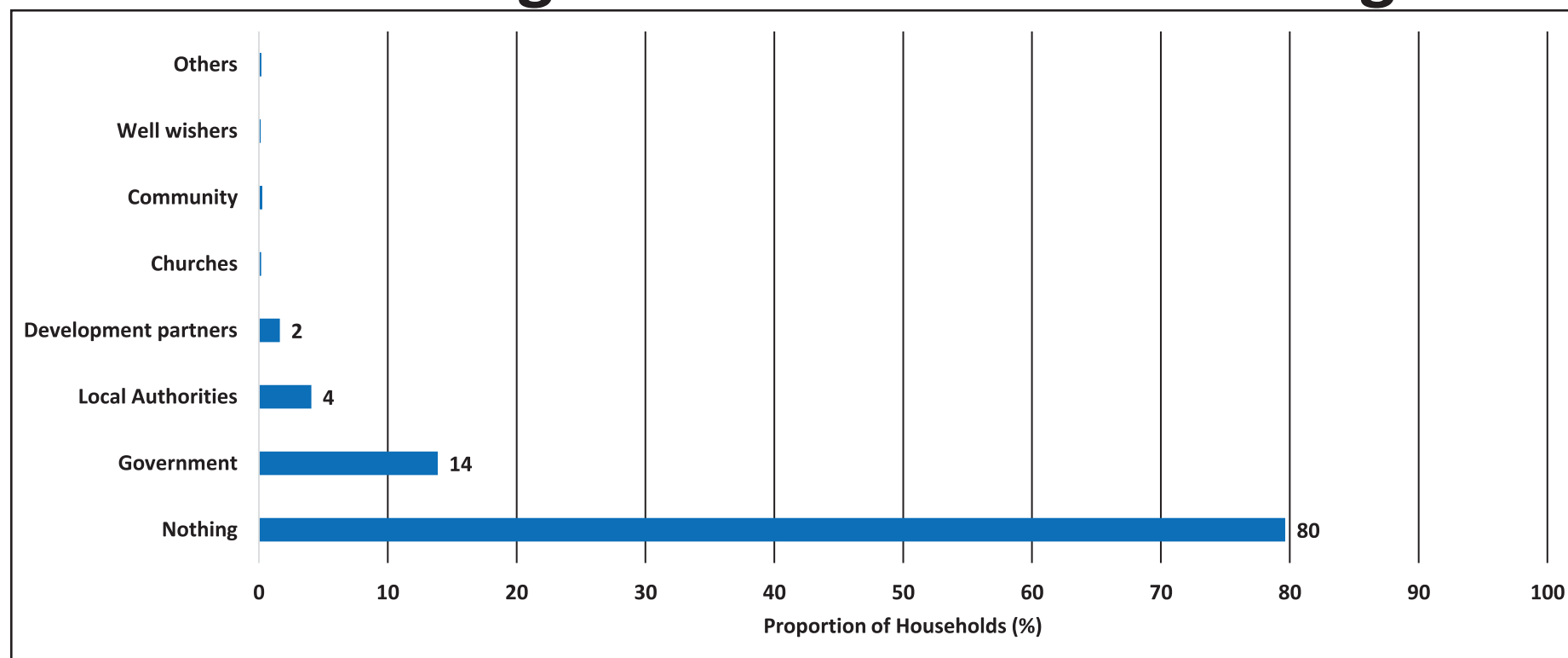
Development Challenges and Development Priorities

Development Challenges

- Lack of income generating projects (13%), unemployment (11%), high food prices (10%) and corruption (10%) were the most common development challenges reported by urban households throughout the country.

Efforts Being Made to Address Challenges

- Almost 80% of urban households reported that nothing had been done to address development challenges they experienced within their communities.

- The most common development efforts were reported to be from Government (14%) and Local Authorities (4%) and Development Partners (2%).

Development Priorities to Improve Livelihoods
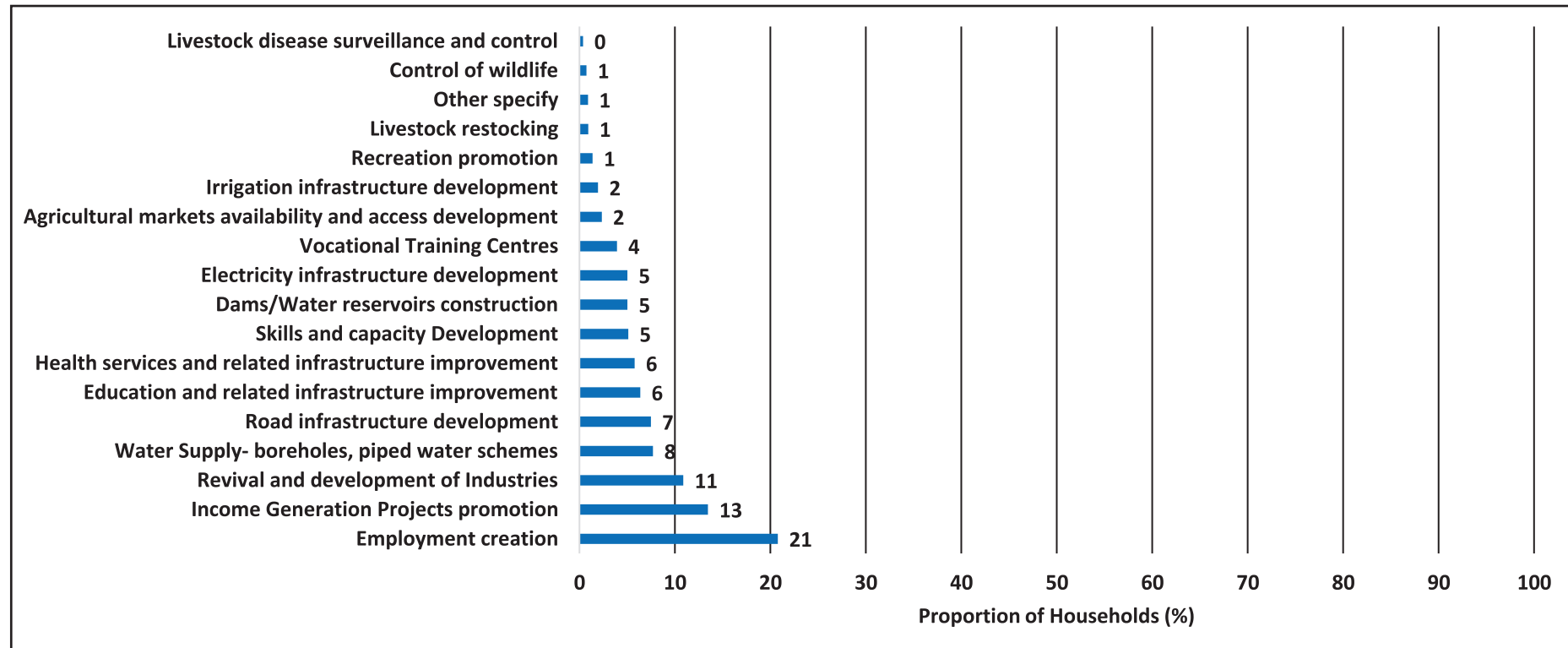
- Employment creation (21%), income generation projects promotion (13%), revival and development of industries (11%) were the most households' most common development priorities.

Conclusions and Recommendations

Conclusions and Recommendations

- The results indicated that approximately 49% of the household heads were unemployed compared to 29% from the 2019 survey. The increase in the proportion of unemployed people depicts the severity of the economic hardships that are being faced by the households as well as the negative impacts of COVID-19 and its associated lockdown restrictions. It is recommended that Government mobilises and avails resources in order to cushion or create sustainable livelihoods against such adversities.

- Relatives provided the highest sources of social support (29.4%) to urban households in 2020. Given the current COVID-19 pandemic and its effects on income, the disruption in the social capital may require cushioning for urban livelihoods for them to withstand shocks and build resilience.

- Only 19% of the urban children were accessing online schooling during the nationwide lockdown in 2020. The disparity in access to education services could lead to future inequalities in the education sector. The ministry responsible for education should take up innovations and scale up context-specific interventions to ensure universal access to education by all deserving children during the pandemic.

Conclusions and Recommendations

- Only 19% of the urban households were practising urban agriculture in 2020. About 20% were also undertaking livestock production. Urban agriculture is one of the main contributors to food and nutrition security. However, no access to land was highlighted by most urban households (64.7%) as the reason for not practising urban agriculture. It is recommended that the Government operationalise the urban agriculture policy.

- The main income sources in the urban areas were salary/ wages (26%) and casual labour (20%), whilst the alternative income sources were casual labour (22%) and vending (14%). Given that currently the country is suffering from the effects of the COVID-19 pandemic which has resulted in the country implementing lockdown measures to try and curb the spread of the virus. This has resulted in disruption of operations for most companies and those undertaking vending. The Government needs to put in place measures to cushion both the formally employed and those not in the informal sector. Furthermore, it may be necessary to create a conducive environment for vendors to operate in line with by-laws of the local authorities or proffer alternative diversified livelihoods options for urban households.

- Income levels of urban households (ZWL 15805) were way below the total consumption poverty line (ZWL 23350). The purchasing power of the Zimbabwe dollar has been heavily eroded by inflation and negative economic effects of COVID-19. This could have undermined the ability of urban households to access food and basic services. Efforts should be made to improve the level of household income in line with the currently prevailing cost of living.

Conclusions and Recommendations

- There was an increase in the food expenditure ratio from 48.6% in 2019 to 55% in 2020 . This increase shows an increase in urban household poverty, and could be attributed to the inflation rates and loss of income due to COVID-19 restrictions. Government needs to ease the tax burden in order to increase disposable incomes for households.

- The prevalence of urban cereal insecure households increased to 42% from 30% reported in 2019. This translates to 2,431,816 people in the urban areas. The Ruwa-Domboshava -Goromonzi domain (72%), Chinhoyi (63%), Kwekwe (63%) and Epworth (62%) had the highest prevalence.

- The majority of households (84%) could not meet their food needs. The Ruwa-Domboshava-Goromonzi domain (93%) and Chinhoyi (93%) had the highest proportion of households below the Food Poverty Line.

- There is need for urgent interventions to prevent the food and nutrition situation from deteriorating. These interventions should also cater for vulnerable groups among them female headed, elderly headed and child headed households.

Conclusions and Recommendations

- The prevalence of Global Acute Malnutrition (GAM) based on MUAC for Age was ranging between 3% and 5% across all domains. The Ministry of Health and Child Care should continue capacitating community health workers and care givers to conduct early screening and acute malnutrition detection. Food and Nutrition Security Committees at all levels should implement interventions that improve dietary diversity and create a safe and healthy enabling environment for children under the age of five.

- Vitamin A supplementation coverage, particularly for the 12-59 months age group has yearly continued to below 80% across all domains. The department of National Nutrition and Community Nursing should employ strategies that will increase the persistent below national average prevalence of Vitamin A supplementation across all domains.

- Poor infant feeding practices remain a common challenge across all urban domains. The department of National Nutrition should consider conducting an in depth assessment to understand the drivers of poor feeding practices in Urban areas.

- Generally, urban populations continue to consume poor diets as evidenced by the decrease in acceptable food consumption score from 62% in 2019 to 54% in 2020. More so, women of childbearing age were also consuming only 3.4 out of the recommended 9 food groups. Therefore, this calls for a holistic multi-sectoral approach across all sectors to ensure that urban diets are improved and at least reach the minimum quality required.

Conclusions and Recommendations

- Boreholes have remained a significant source of drinking water in urban areas with the proportion of households accessing drinking water from boreholes increasing from 10.6% in 2018 to 20.1% in 2020. The provision of safe portable water in local authority areas is the duty of the responsible local authority and this mandate has to be met as per policy. There is therefore urgent need for government to assist in mobilizing resources for local authorities and ZINWA to establish improved water sources in all urban areas and ideally have water piped into dwellings.

- Open defecation is still a practice in some sections of urban areas with Matabeleland North (6.6%) and Matabeleland South (6.5%) with the highest proportion of households practicing this. Sanitation is one of the major indicators used to measure the attainment of Upper Middle Income economy status which the country is aspiring towards, hence there is need for government and its partners to intensify investment in sanitation to ensure the country does not lag behind on attaining the status. In addition, Local authorities need to ensure that no people settle on urban dwellings which have no approved sanitation facilities.

- Over 60% of urban households did not have hygiene services available i.e. they had no handwashing facility, water and soap available. Handwashing after using the toilet is very critical in the prevention of diarrheal diseases and of late constant handwashing is critical in COVID-19 control. The government and its partners as well as local authorities need to come up with promotional campaigns to encourage households to put up handwashing facilities at their dwellings and making sure there is a constant supply of water and soap at the facilities.

Conclusions and Recommendations

- The proportion of households which shared dwelling units was 54% nationally and in Matabeleland South (17%) of the households had more than five households sharing a dwelling. This predisposes these households to various risks. In light of the Corona virus, these areas are likely to be at the highest risk as it may become difficult to maintain social/ physical distance to prevent the spread of the COVID-19 virus. The Government needs to roll-out pro-poor housing provision programmes for the urban population to reduce issues of crowding in urban areas.

- COVID-19 is a new disease hence there is need for continued research including local research institutes to inform on appropriate interventions such as types of suitable masks in view of the new variant of COVID-19 B117, and ensuring that supply chain for these interventions are affordable to the common public as more than half of the population felt that recommended PPE were unaffordable.

- Food product/supplies were the most difficult to access during the lockdown with 31% of interviewed households reporting so. The Government should consider availing food subsidies to vulnerable population groups in the wake of continued lockdowns.
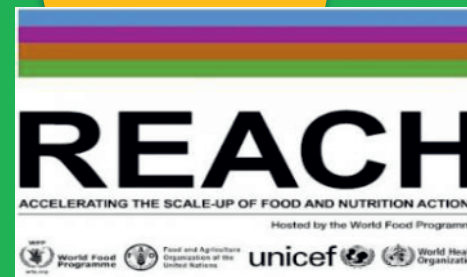
Conclusions and Recommendations

- The quality of life of members living with chronic conditions depends on adherence to taking of life long medication. In Urban areas 24% of chronically ill members reported to have missed medication. The main reason cited was that medication was too expensive. The Ministry responsible for health services should consider subsidizing chronic illness medication so that they can be accessible to the majority of patients .

- Nationally, support in the form of livelihoods programming both from the government (1.7 %) and UN/NGOs (1.4%) were low. There is need to roll out interventions that target improving community livelihoods by both the government and UN/NGO sectors if sustainable development is to be attained. Moreso, engaging the private sector in community programs and lobbying for resources from the same may improve the livelihoods of households in the urban domains given that private sector support was low (0.3%).

Conclusions and Recommendations

- The most predominant shocks were economically driven and were worsened by COVID-19 national lockdown related challenges. These shocks were having a severe impact on households and having negative impact on food security as households began to reduce food consumption (quantity/ number of meals). The ability of households to recover from such a multiplicity of shocks and challenges proved difficult so there is need for Government and partners to come up with policies and strategies to focus on resilience building, strengthening and capacitation of households to deal with challenges in order to ensure sustainable livelihoods and economic growth in the urban areas.

- The most common development challenges reported by urban households were lack of income generating projects (13%), unemployment (11%), high food prices (10%) and corruption (10%). As the country aims to become an upper-middle income economy, there is need to implement strategies that address these development challenges in urban areas. Government and development partners working in urban areas should consider empowering urban households with interventions that enhance urban household resilience and livelihoods.

- Efforts to address urban development challenges were reported to be mostly by the Government. It is recommended that local authorities engage in development projects and or interventions aimed at addressing urban development challenges in addition to provision of municipal services and governance issues.