Manicaland Province

ZimVAC Rural Livelihoods Assessment
Provincial Report

September 2020

Foreword

The Zimbabwe Vulnerability Assessment Committee (ZimVAC) under the coordination of the Food and Nutrition Council, successfully undertook the 2020 Rural Livelihoods Assessment (RLA), the 20th since its inception. ZimVAC is a technical advisory committee comprised of representatives from Government, Development Partners, UN, NGOs, Technical Agencies and the Academia. In its endeavour to 'promote and ensure adequate food and nutrition security for all people at all times', the Government of Zimbabwe has continued to exhibit its commitment for reducing food and nutrition insecurity, poverty and improving livelihoods amongst the vulnerable populations in Zimbabwe through operationalization of Commitment 6 of the Food and Nutrition Security Policy (FNSP).

As the country is grappling with the COVID-19 pandemic, this assessment was undertaken at an opportune time as there was an increasing need to urgently 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 RLA will also go a long way in providing local insights into the full impact of the COVID-19 pandemic on food and nutrition security 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, COVID-19 and gender based violence, among other issues.

We want to applaud the ZimVAC as well as the food and nutrition security structures at both provincial and district levels for successfully carrying out the survey during this unprecedented time. In spite of the apparent risks, they exhibited great commitment towards ensuring that every Zimbabwean remains free from hunger and malnutrition. We also extend our appreciation to the Government and Development Partners for the financial support and technical leadership which made the assessment a resounding success. The collaboration of the rural communities as well as the rural local authorities is sincerely appreciated. The leadership, coordination and management of the whole assessment displayed by the staff at the Food and Nutrition Council (FNC) is also greatly appreciated.

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 rural households vulnerable to food and nutrition insecurity.

George D. Kembo (DR.)

FNC Director/ ZimVAC Chairperson

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Acknowledgements

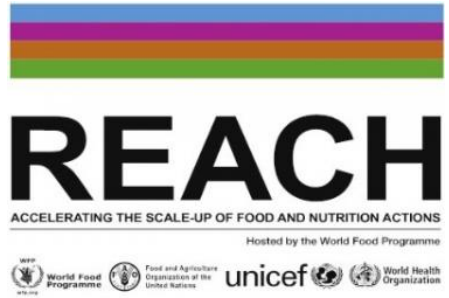
The technical and financial support received from the following is very much appreciated:

- 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, Climate and Rural Resettlement
- Ministry Public Service, Labour and Social Welfare
- Ministry of Health and Child Care
- Ministry of Local Government, Public Works and National Housing
- Ministry of Women Affairs, Community, Small and Medium Enterprise Development
- Makoni Rural District Councils
- Buhera Rural District Councils
- World Vision
- Plan International
- Tsuro Trust
- Sustainable Agricultural Technology (SAT)
- Practical Action

Acknowledgement of Support

ZIMBABWE

World Health Organization



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
MAD	Minimum Acceptable Diet
MDD	Minimum Dietary Diversity
MMF	Minimum Meal Frequency
NNS	National Nutrition Survey
RLA	Rural Livelihoods Assessment
SAM	Severe Acute Malnutrition
TSP	Transitional Stabilisation Programme
ZimVAC	Zimbabwe Vulnerability Assessment Committee

Background and 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 insecurity situation. To date, 20 rural and 6 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 the Food and Nutrition Council (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 2020 RLA was undertaken to guide the following:

- Evidence based planning and programming.
- Early warning for early action.
- Evaluation of the socio-economic impact of the COVID-19 pandemic.
- Monitoring and reporting towards commitments made within the guiding frameworks of existing national food and nutrition policies and strategies (TSP, FNSP, Zero Hunger strategy) and the SDGs.
- Development of the National Development strategy and the Food and Nutrition Security Strategy, for the next five years.
- The rapidly evolving food and nutrition security situation which was feared to be further deteriorating since the beginning of the COVID-19 crisis in Zimbabwe in April 2020 called for collection of additional and up to date FNS data.
- The current seasonal analysis could not rely on data collected in February 2020 prior to the COVID-19 crisis.
- The survey was envisioned to support the setting-up of the food and nutrition security near real time monitoring and capacitation of sub-national Food and Nutrition Security Committees.

Purpose

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

Objectives

The specific objectives of the assessment were:

1. To assess impact and severity of both Drought and COVID 19 on rural livelihoods.
2. To estimate the population that is likely to be food insecure in the 2020/21 consumption year, their geographic distribution and the severity of their food insecurity
3. To assess the nutrition status of children of 6 – 59 months.
4. To describe the socio-economic profiles of rural households in terms of such characteristics as their demographics, access to basic services (education, health services, protection services and water and sanitation facilities), assets, income sources, income and expenditure patterns, food consumption patterns and consumption coping strategies.
5. To determine the coverage (accessibility, availability and quality) of humanitarian and developmental interventions in the country.
6. To determine the effects of shocks experienced by communities on food and nutrition security.
7. To measure resilience at all levels and identify constraints to improving resilience.
8. To identify early recovery needs in order to determine short to long term recovery strategies.
9. To assess the medium and long term (future) sources of vulnerability and risks to food and nutrition security.

Background

- The 2020 RLA was undertaken against a continuously evolving food and nutrition security situation. The performance of the agricultural season negated by the consecutive drought, coupled with the COVID -19 pandemic having affected the livelihoods of the rural and urban population.
- 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 21 million and more than 760, 000 deaths (14 August 2020).
- The Government of Zimbabwe, responded to the pandemic by gazetting Statutory Instrument 83 of 2020 Public Health (COVID-19 Prevention, Containment and Treatment), Order 2020, on March 27, declaring the COVID-19 crisis a "national disaster" and introducing a nationwide lockdown 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.
- The COVID-19 Pandemic hit Manicaland Province in May 2020 and this comes a year later after Cyclone Idai hit the province with the most impact being felt in Chimanimani and Chipinge districts.
- COVID-19 has come at a time when some communities have not yet recovered from the effects of the devastating Cyclone Idai.
- The food insecurity situation in the province is most likely to deteriorate with already 832,147 rural people reported in the 2019/20 season not being able to meet their cereal requirements and the adverse economic effects of COVID 19 on the population's livelihoods.
- 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***

- Immediate impact of COVID-19 being realized through its impact on trade.
- Zimbabwe being hit by a drop in export revenues due to slow-down in demand and weakening of its currency.
- Consequently, the province's economic activities depend on its trade with neighbouring countries such as Mozambique and these have been hit the hardest.
- The decision for lockdown is needed for reducing infection and "flattening the curve" but has 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.

Background

- ***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) which are crucial for the preparation for the 2020/2021 planting season. This could have longer-term implications on the food security of households.

- Programmes will inherently have to depend on reduced information and evidence.

- Response to COVID-19 will likely be at the expense of other programming needs.

Background

- ***COVID-19 Effect on 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 lockdown measures.

- The disruption of supplies of agricultural inputs is likely to affect the preparations for the next agricultural season which is very much needed to start the recovery from the back-to-back droughts that have been experienced so far and affect farmers' livelihoods.

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

Background

- Poverty continues to be one of the major underlying causes of vulnerability to food and nutrition insecurity as well as precarious livelihoods in Zimbabwe. According to the ZIMSTAT Poverty, Income, Consumption and Expenditure Survey 2017 Report, 71% of the population were poor whilst 27.9% were deemed extremely poor in Manicaland.
- Nationally, the projected GDP growth rate for 2019 was -6.5% and 3% for 2020 and year on year inflation for May 2020 was at 785.55%.
- The Total Consumption Poverty Line (TCPL) for April 2020 was ZWL 7,425.81 which is 703.4% higher compared to the same time last year.
- The impact of poor rainfall distribution was compounded by the unaffordability of key agricultural inputs such as seed, fertilisers and herbicides. Consequently, the area planted to major crops in the 2019/20 season was lower in most areas compared to the same time in the previous season.

Assessment Methodology

Methodology – Assessment Design

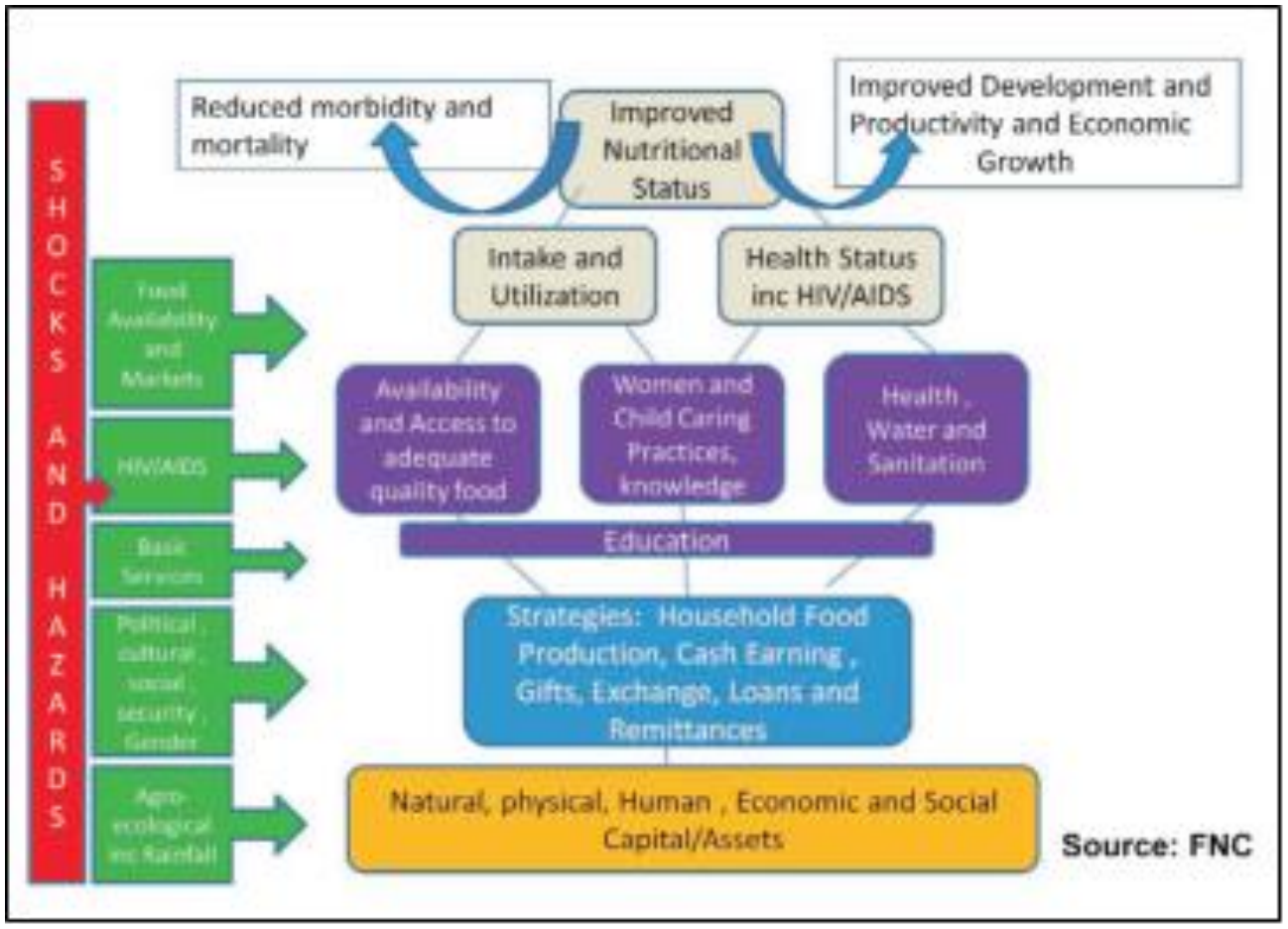


Figure 1: Food and Nutrition Conceptual Framework

- The assessment was a cross-sectional study whose design was guided and informed by the Food and Nutrition Security Conceptual framework (Figure 1), which Zimbabwe adopted in the FNSP (GoZ, 2012), and the conceptual framework on food security dimensions propounded by Jones et al. (2013) .
- The assessment was also guided and informed by the resilience framework (figure 2) so as to influence the early recovery of households affected by various shocks.
- The assessment looked at food availability and access as pillars that have confounding effects on food security as defined in the FNSP (GoZ, 2012).
- Accordingly, the assessment measured the amount of energy available to a household from all its potential sources hence the **primary sampling unit** for the assessment was the household.

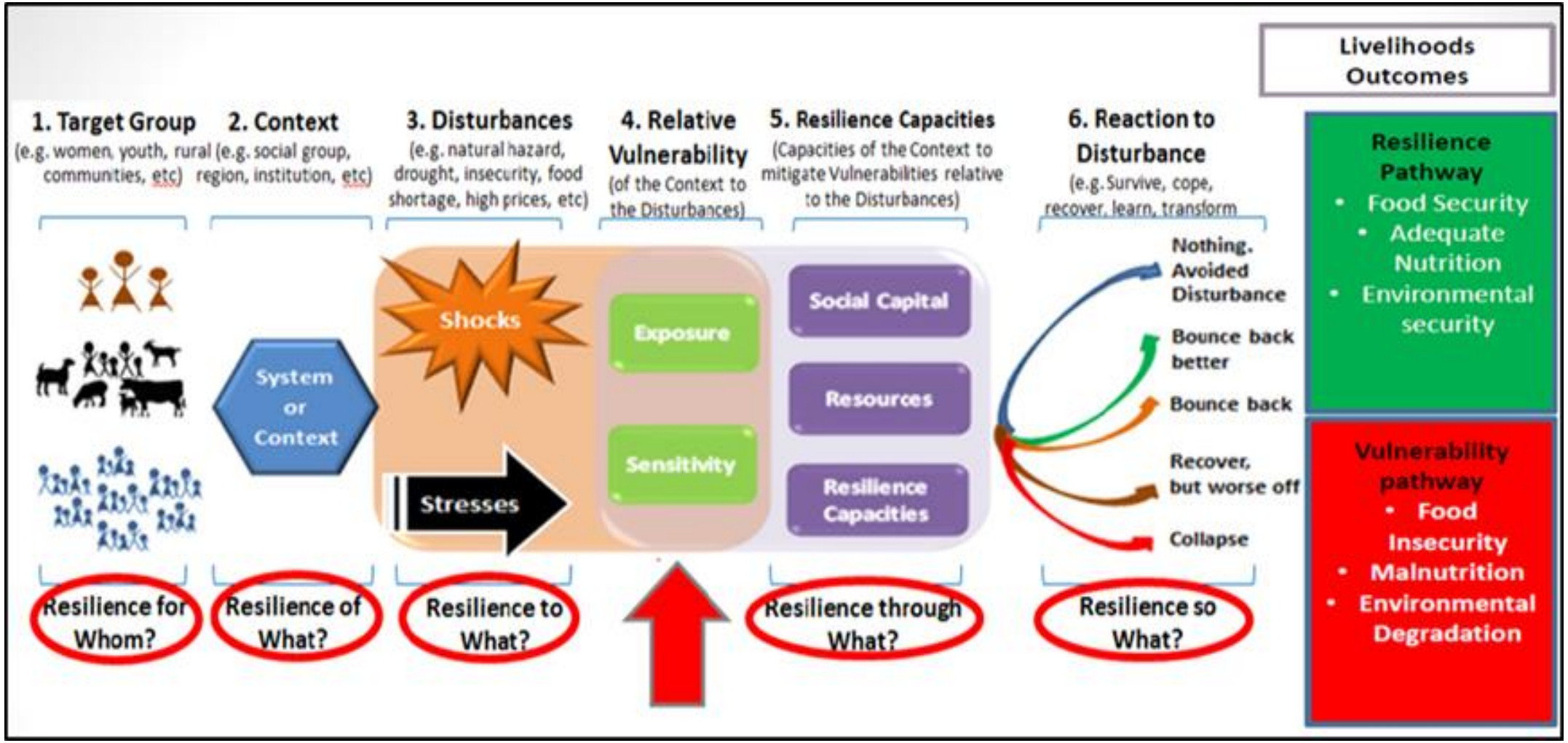


Figure 2: Zimbabwe resilience framework (UNDP Zimbabwe, 2015)

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 were the android–based structured household tool and the District key informant 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 district 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 district for data collection.

Methodology – Assessment Process

- Primary data collection took place from 11 to 25 July, 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 RLA 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 27 July to 4th of September 2020. Various secondary data sources and field observations were used to contextualise the analysis and reporting.

Methodology - Sampling and Sample Size

- Household food insecurity prevalence was used as the key indicator to determine the sample to ensure 95% confidence level of statistical representativeness at district, provincial and national level.
- The survey collected data from 20 randomly selected EAs that were enumerated in the 2019 RLA.
- A two staged cluster sampling was used and comprised of;
    - Sampling of 20 clusters per each of the rural districts, denoted as EAs in this assessment, from the Zimbabwe Statistics Agency (ZIMSTAT) 2012 master sampling frame using the PPS methodology
- The second stage involved the systematic random sampling of 10 households per EA (village).

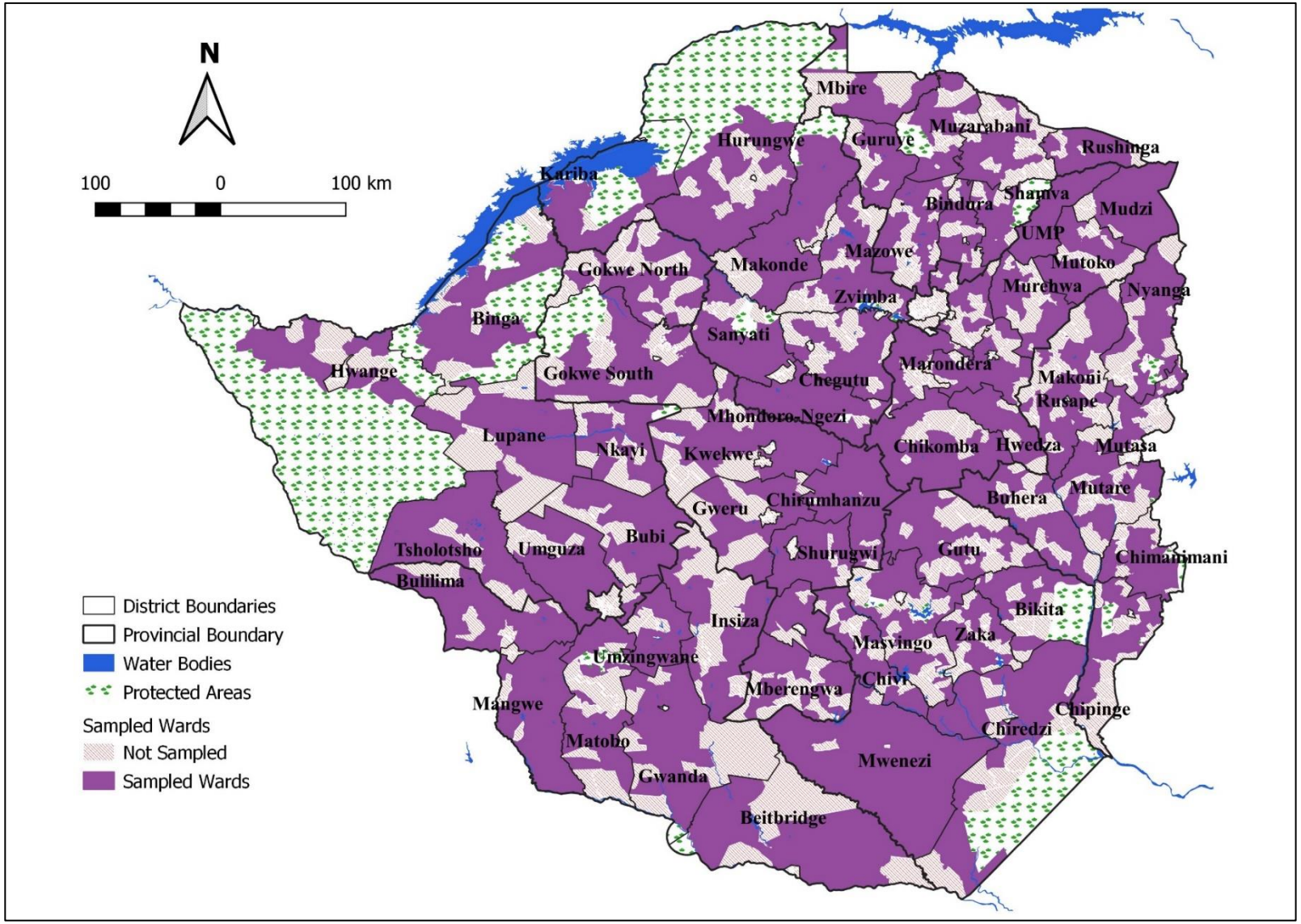
Selection of Households for the "Panel" survey: From a selected village, a list of the households that were interviewed during the 2019 survey was created and 5 households selected using systematic random sampling. Household data interviews were conducted in the sampled households.

Selection of Non-Panel Households: From the same randomly selected village a household list of non-panel households from the village head was generated and the remaining number of households (5) from the sample was identified using systematic random sampling.

- A total of about 200 households were interviewed per district, bringing the total sampled households to 1400.

	Number of Sampled Households
Buhera	209
Chimanimani	201
Chipinge	202
Makoni	201
Mutare	201
Mutasa	200
Nyanga	201
Manicaland	1415

Methodology – Sampled Wards



Data Preparation and Analysis

- Primary data was transcribed using CSEntry on android gadgets and using CSPro, it was consolidated and converted into SPSS, STATA and DBF datasets for:
    - Household structured interviews
    - District key informant Focus Group Discussion (transcribed in excel)
- 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

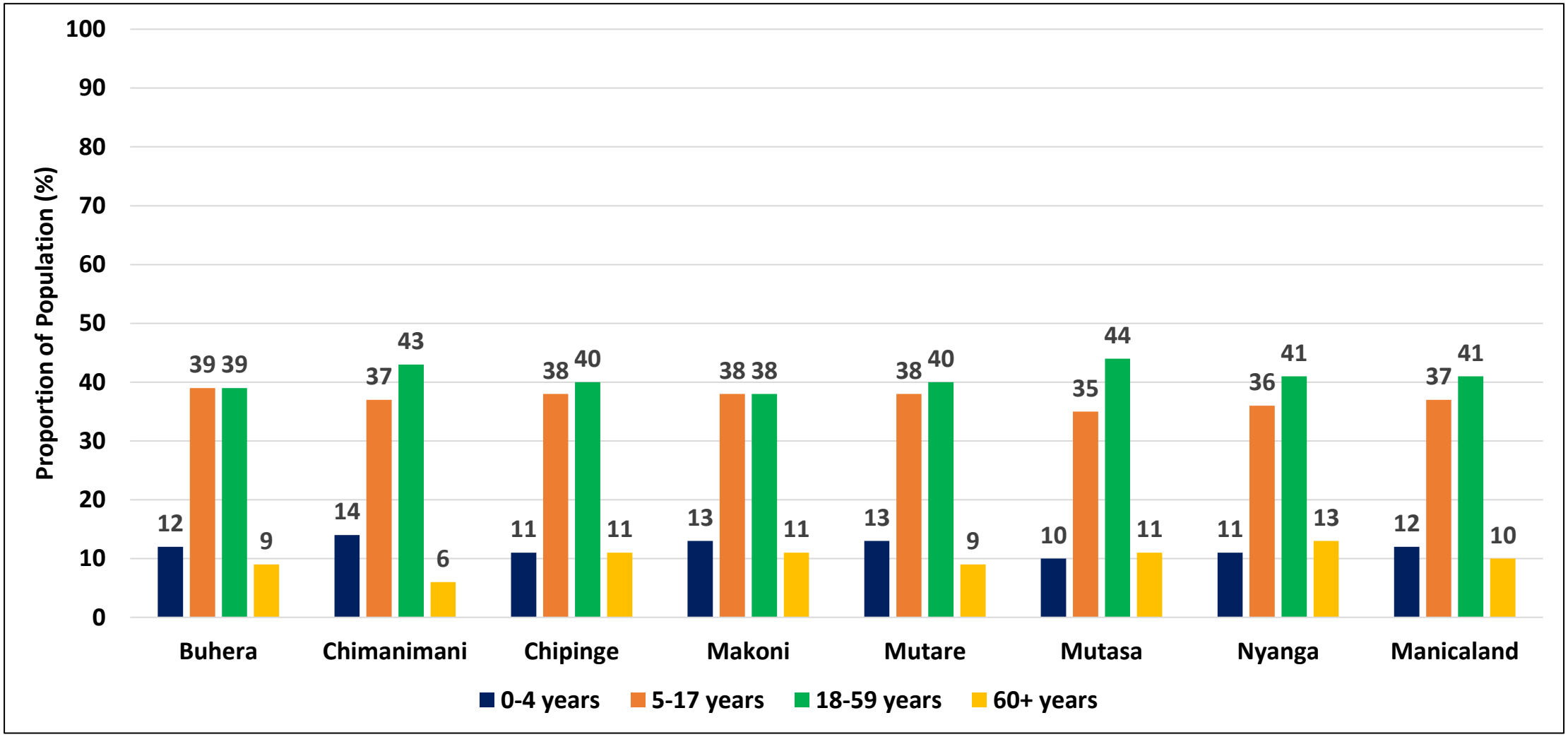
The 2020 RLA collected and analysed information on the following thematic areas:

- Education
- Health
- WASH
- Nutrition
- Agriculture and other rural livelihoods activities
- Food Security
- Shocks and stressors
- Social Protection
- Markets
- Gender Based Violence
- COVID-19
- Linkages amongst the key sectoral and thematic areas
- Cross-cutting issues such as gender

Assessment Findings

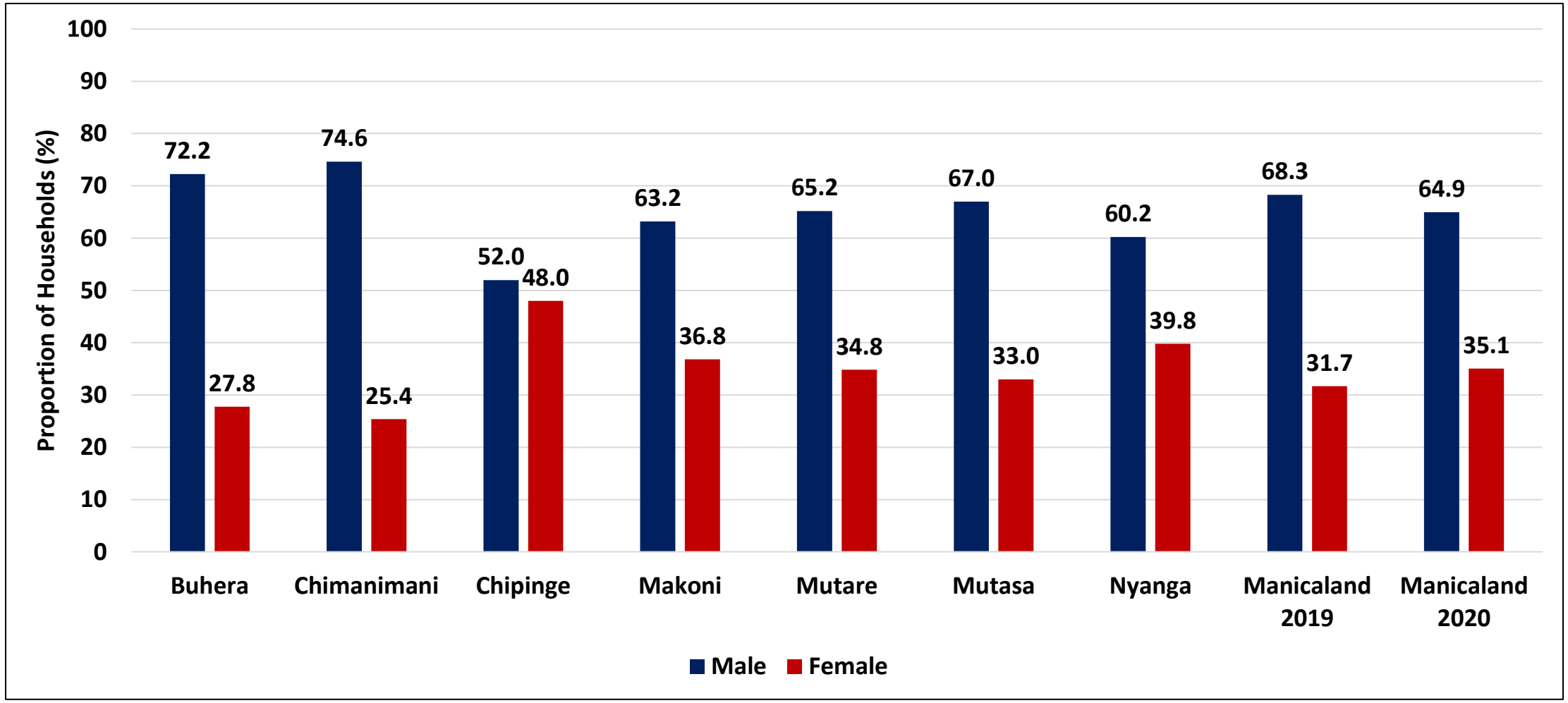
Demographic Description of the Sample

Population Distribution by Age



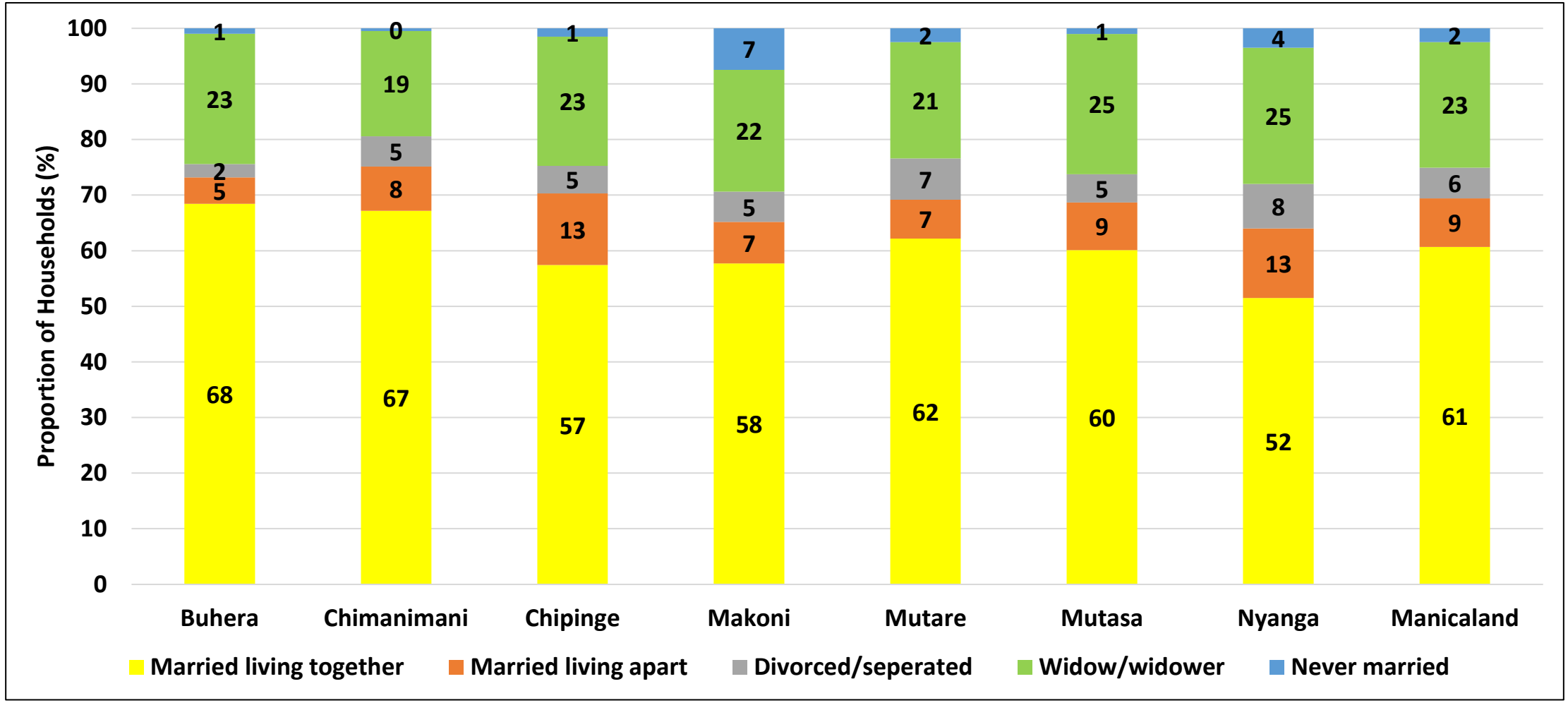
- The majority of the population was in the 18 to 59 years age group (41%) and was highest in Mutasa district (44%).
- This was followed by the 5 to 17 years age group at 37% and the 0 to 4 years at 12%.
- The elderly age group 60 plus years was at 10% of the population.

Characteristics of Household Head: Sex



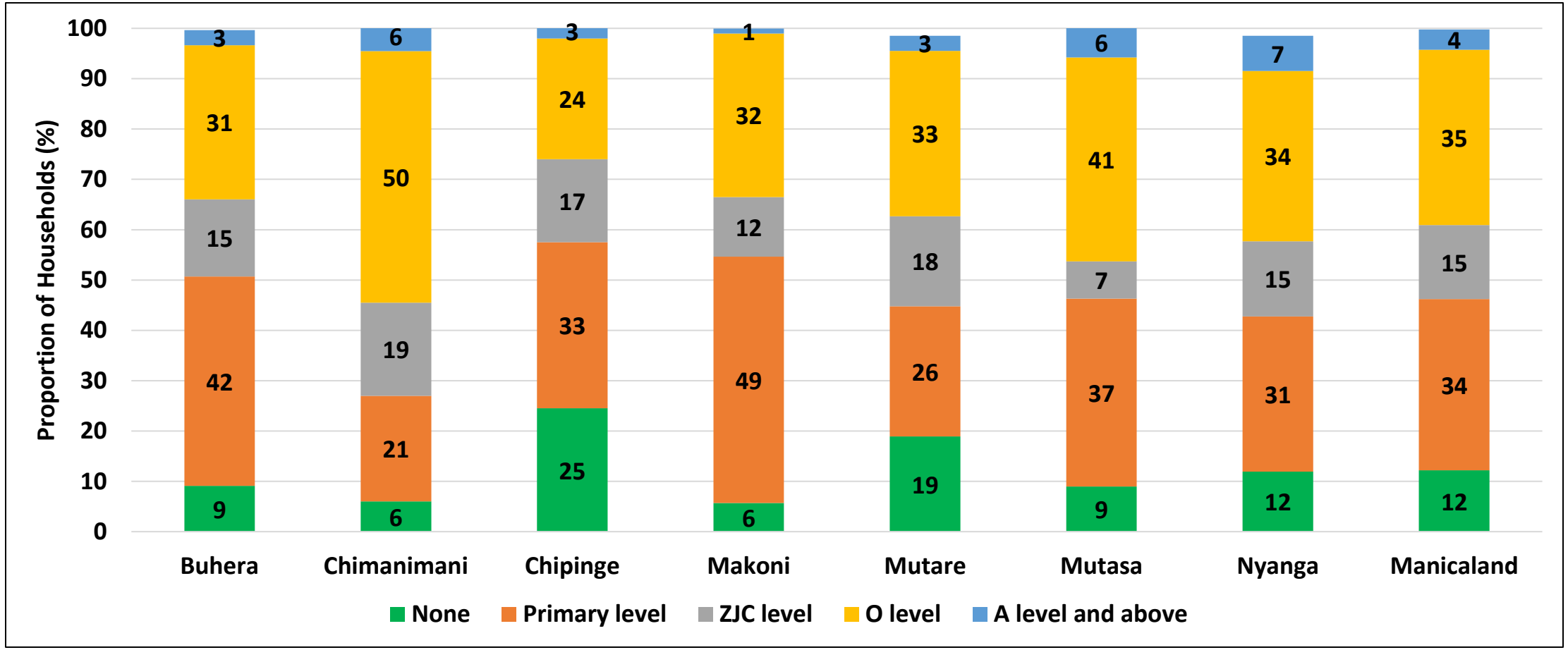
- About 65% of the sampled households were male headed.
- Across all the districts, there were more male headed than female headed households.
- However, there has been an increase in the proportion of female headed households from about 31% in 2019 to about 35% in 2020.

Characteristics of Household Head: Marital Status



- Sixty one percent of household heads were married and living together.
- The highest proportion of household heads who were married and living apart were in Chipinge and Nyanga both at 13%.
- The proportion of household heads who were widows or widowers was 23%.

Characteristics of Household Head: Education Level Attained



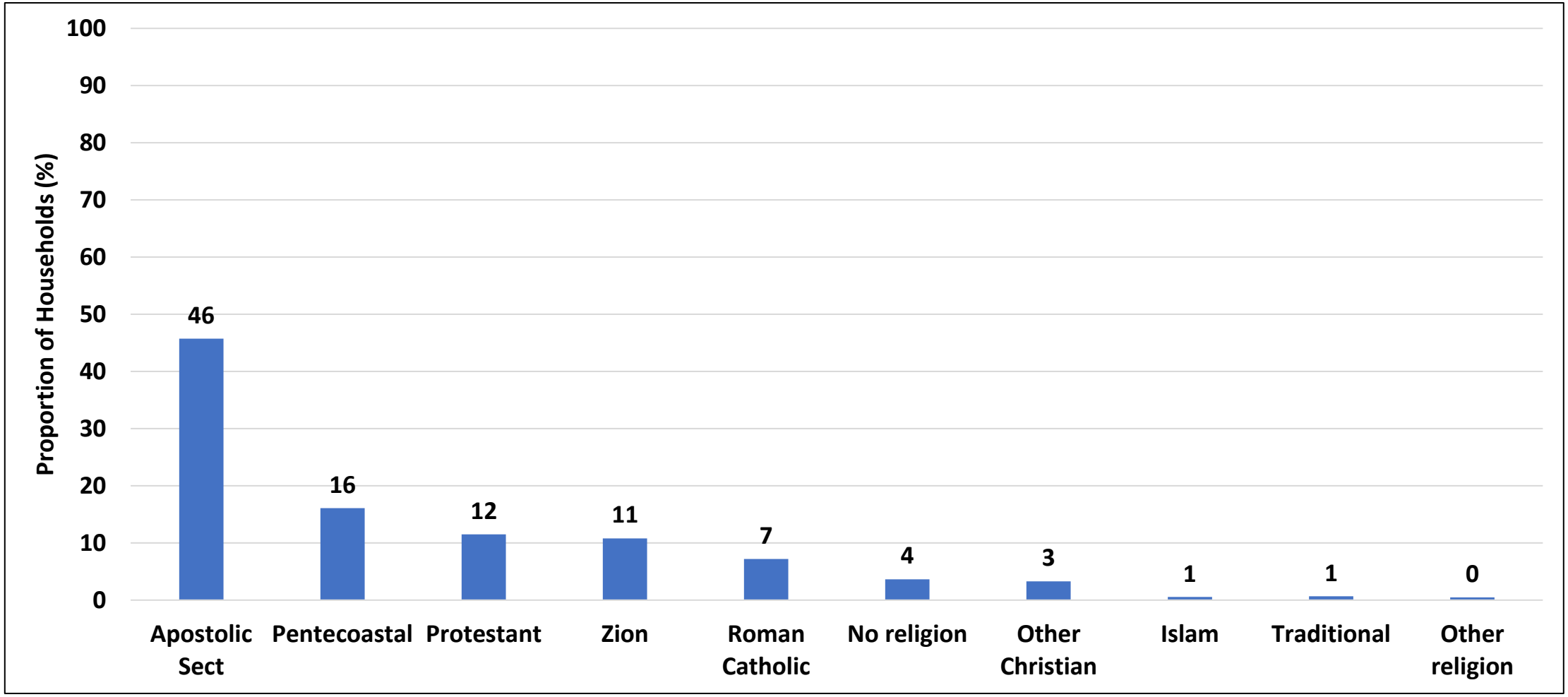
- Thirty five percent of household heads had attained Ordinary level with Chimanimani having the highest proportion at 50%.
- However, 12% also reported to have no education, with Chipinge having the highest proportion at 25%.

Characteristics of Household Head: Religion

	Apostolic Sect (%)	Pentecostal (%)	Protestant (%)	Zion (%)	Roman Catholic (%)	No religion (%)	Other Christian (%)	Traditional (%)	Islam (%)	Other religion (%)
Buhera	51	7	6	15	7	10	1	0	2	0
Chimanimani	42	17	12	16	2	9	1	3	0	0
Chipinge	33	21	9	17	3	8	0	8	0	1
Makoni	33	15	22	1	18	5	3	0	2	1
Mutare	39	10	17	14	5	7	8	0	0	1
Mutasa	43	16	9	1	11	7	11	0	1	2
Nyanga	32	14	12	4	15	12	5	3	0	0
Manicaland	39	14	12	10	9	8	4	2	1	1

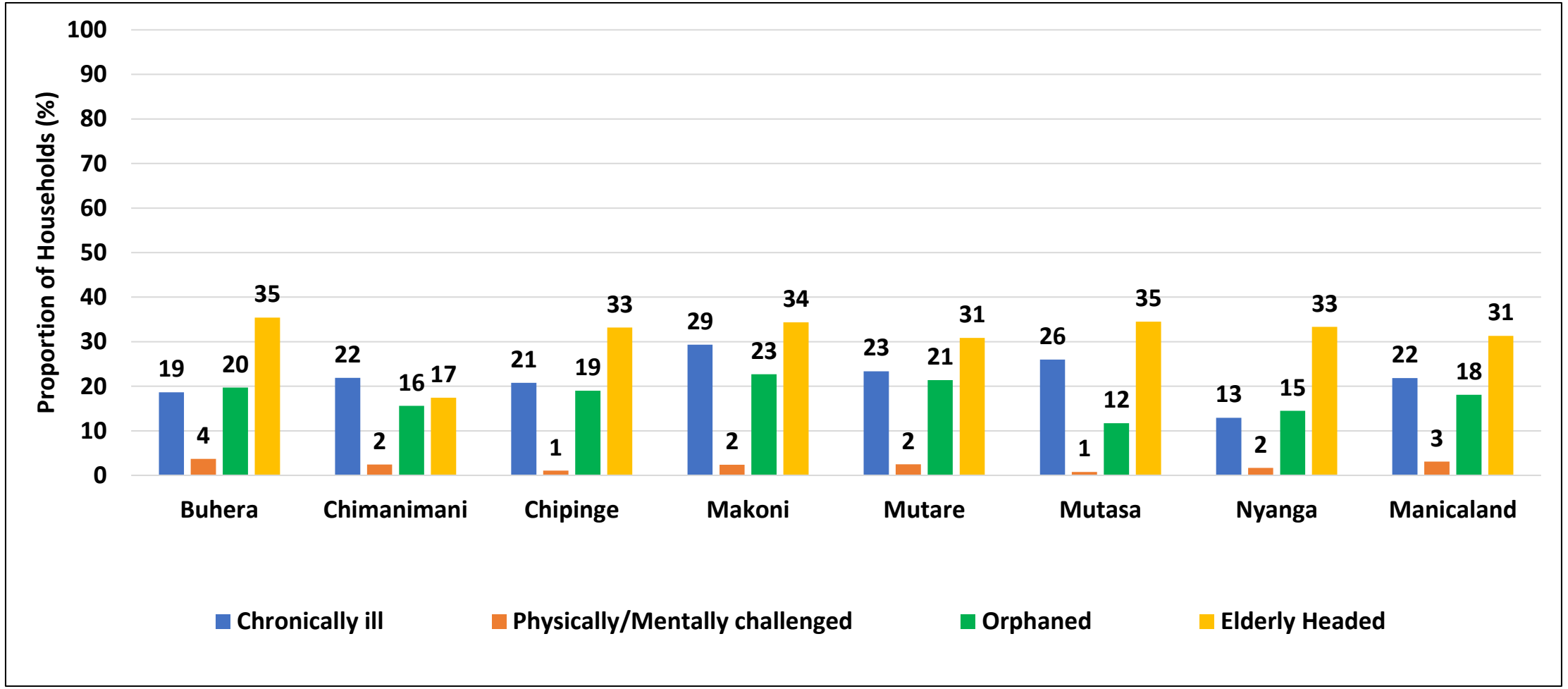
- The highest proportion of household heads were of the Apostolic Sect (39%) with Buhera having the highest proportion at 51%.
- This was followed by Pentecostal and Protestant at 14% and 12 % respectively.

Religion of Other Household Members



- About 46% of the household members were of the Apostolic sect.
- This was followed by Pentecostal and Protestant at 16% and 12% respectively.
- The religion of the other household members is consistent with that of the household head.

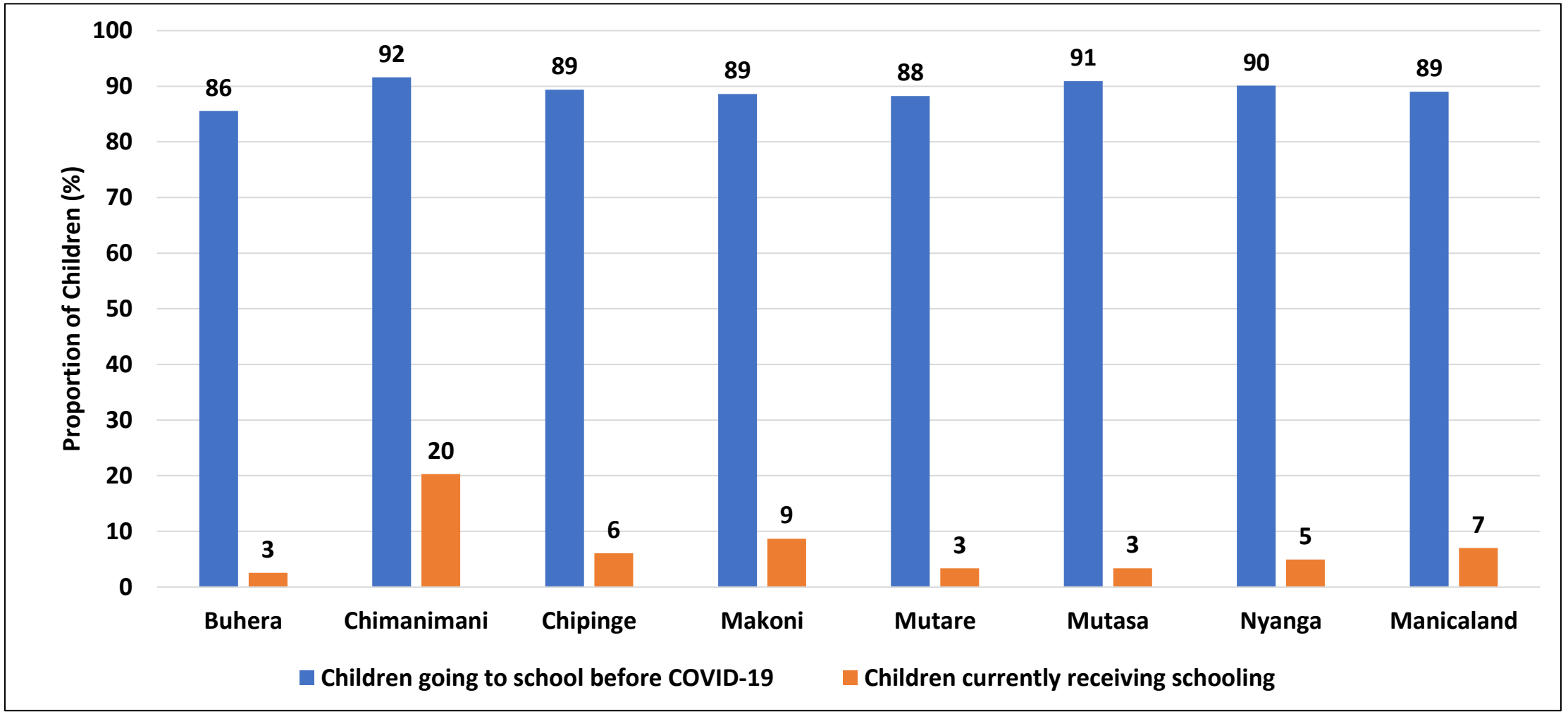
Household Vulnerability Attributes



- Makoni district had the highest proportion of households with a chronically ill member (29%) and orphans (23%).
- Buhera district had the highest proportion of households with a physically or mentally challenged member (4%).
- Mutasa district and Buhera district had the highest proportion of households which were elderly headed both at (35%).

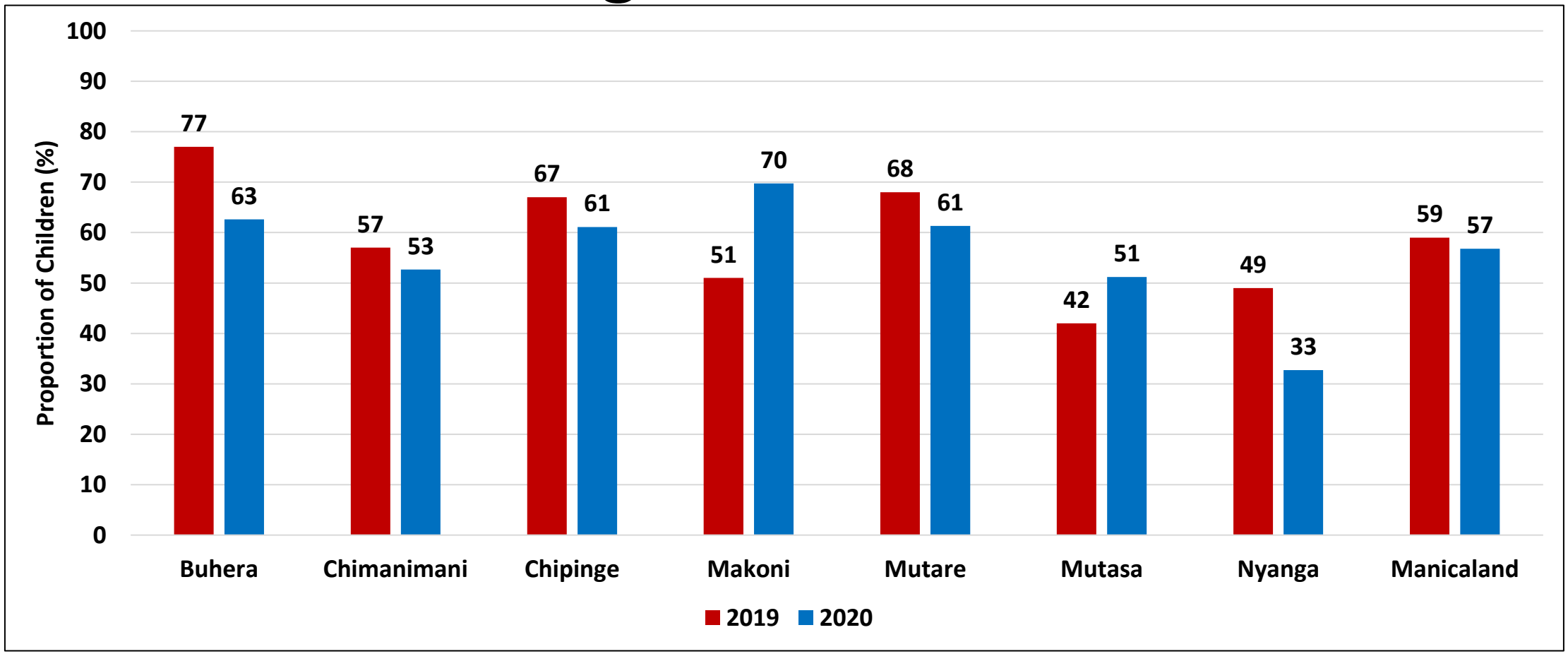
Education

School Attendance



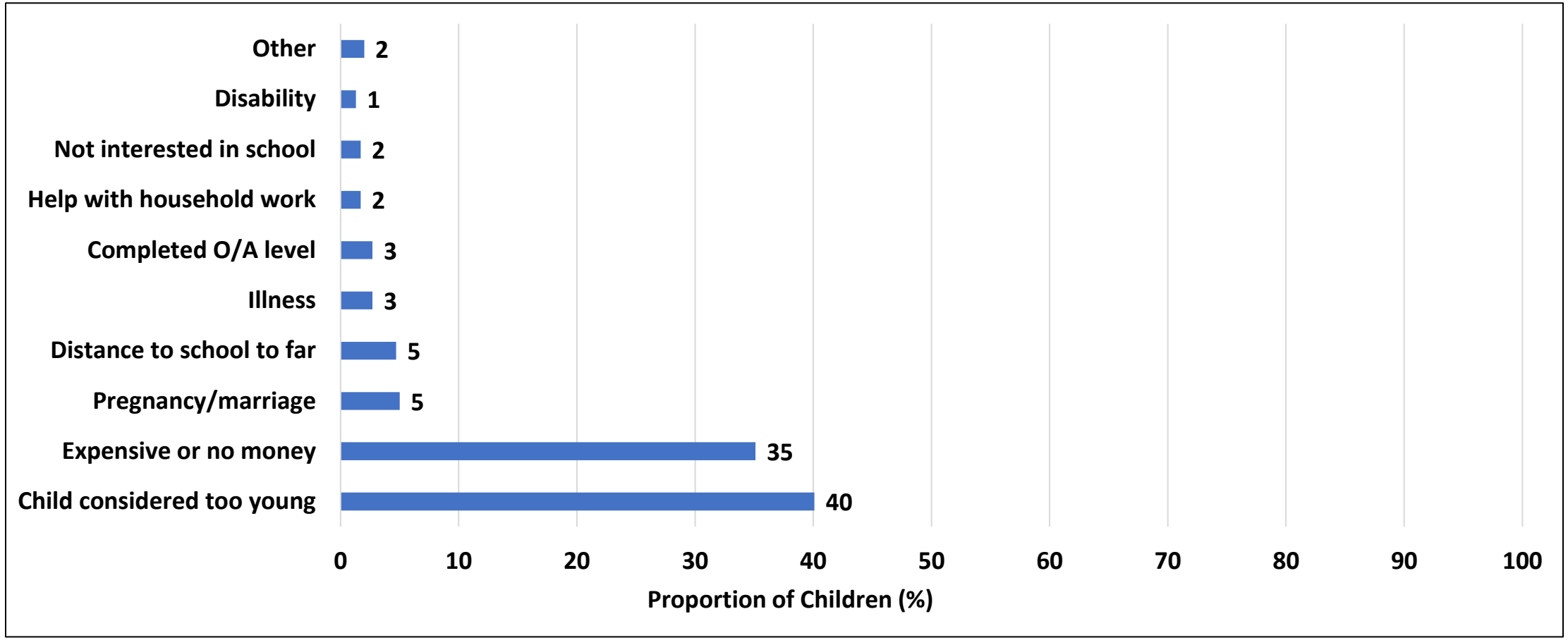
- The proportion of children who were going to school before COVID-19 was 89% with Chimanimani having the highest proportion at 92%.
- However, only 7% were receiving some form of schooling whilst at home. Chimanimani had the highest proportion at 20%.

Children Turned Away Due to Non-Payment of Fees During the First Term of School



- Despite the Government Policy that no child should be turned away for non-payment of school fees, children continue to be turned away.
- There has been a slight decrease in the proportion of children turned away from 59% in 2019 to 57 % in 2020 during the first term of school before lockdown.
- However, there has been an increase in Makoni district from 51% in 2019 to 70% in 2020.

Major Reasons for Children not Being in School



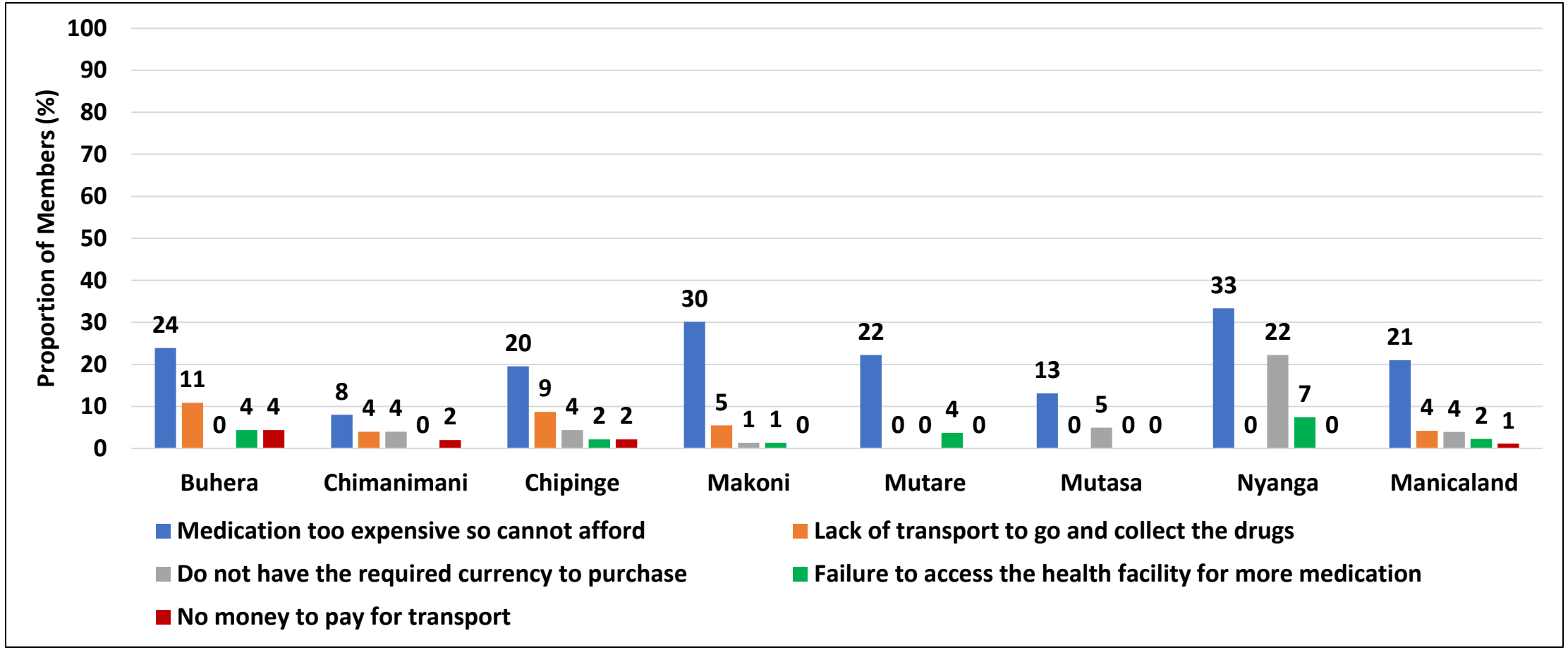
- Generally, children were not going to school because of the child being considered too young (40%) and the fees being expensive or the household having no money (35%).
- Of major concern was the proportion of children not in school due to pregnancy or marriage (5%).

Prevalence of Chronic illness

	Hypertension (%)	HIV/AIDS (%)	Diabetes (%)	Heart disease (%)	Asthma (%)	Arthritis (%)	Ulcers (%)	Epilepsy (%)	Stroke (%)	Cancer (%)	Tuberculosis (%)	Kidney (%)
Buhera	33	24	13	9	4	2	2	0	11	2	2	2
Chimanimani	40	36	8	4	2	2	2	2	2	2	2	0
Chipinge	35	33	13	0	7	2	2	4	2	2	4	4
Makoni	25	48	12	7	7	1	7	4	3	1	0	0
Mutare	46	26	24	2	4	6	0	4	2	0	0	0
Mutasa	52	30	13	2	3	7	3	0	0	0	2	0
Nyanga	30	33	19	4	4	7	4	7	0	0	0	0
Manicaland	38	34	14	4	4	4	3	3	3	1	1	1

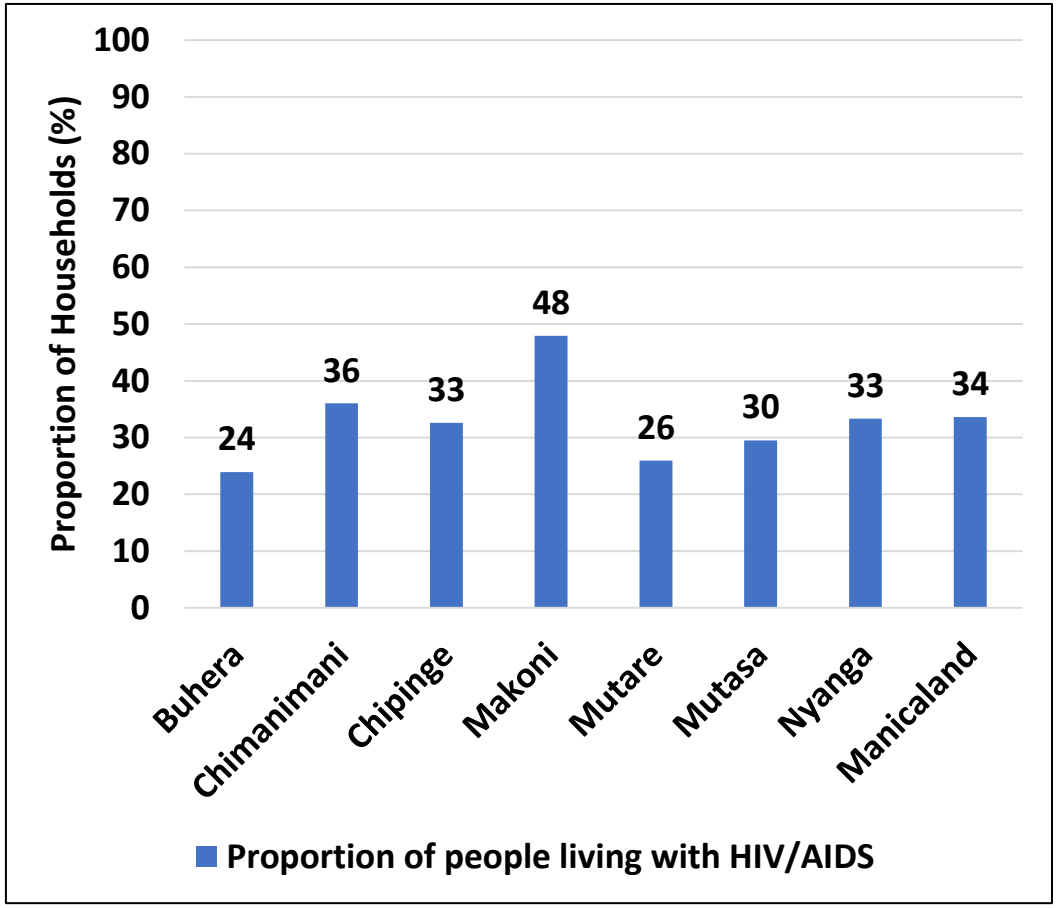
- The most prevalent chronic illnesses were hypertension (38%) and HIV/AIDS (34%) and Makoni district had the highest prevalence of HIV/AIDS at 48%.
- The prevalence of diabetes was 14%.

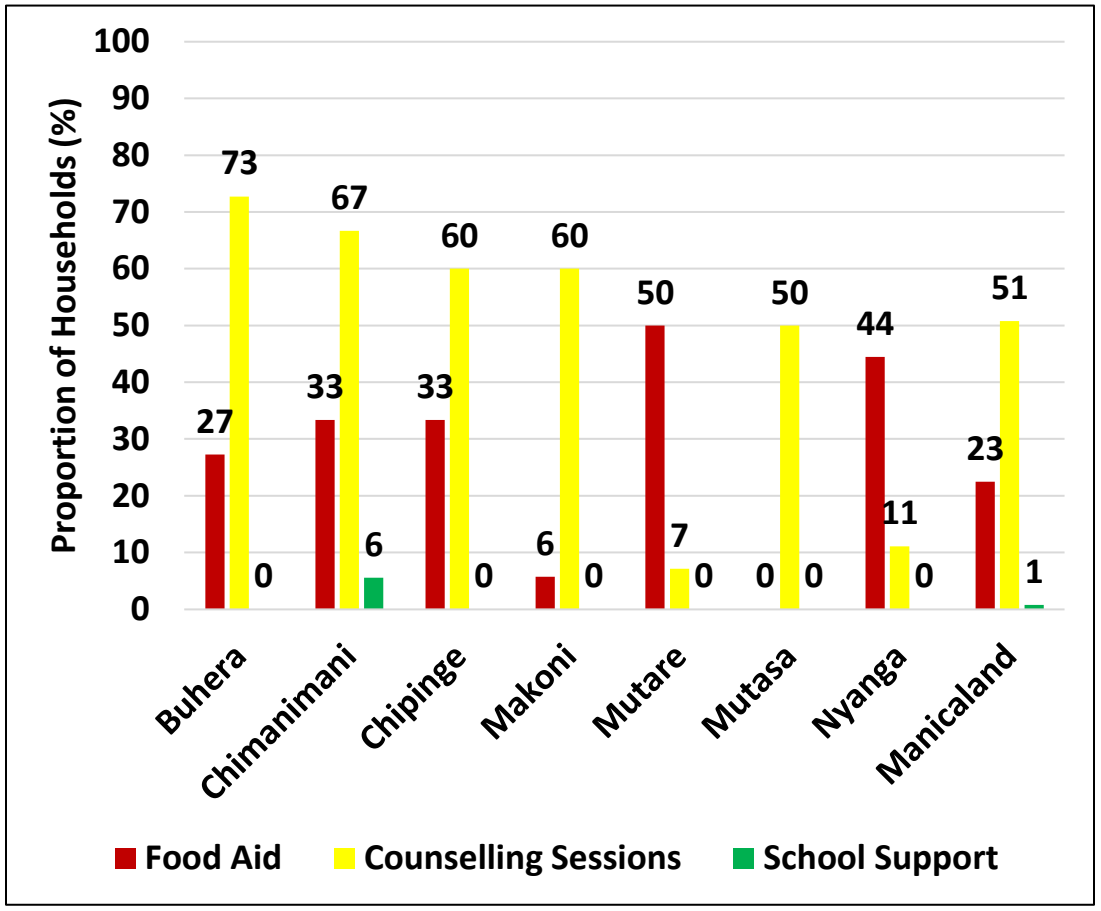
Major Reasons for Chronically ill Member to Miss Dosses



- The major reasons for chronically ill members to miss their dosses was medication being too expensive (21%).
- Lack of transport to go and collect drugs and not having required currency were also cited by 4% of the households.

Proportion of Households with Member Living with HIV/AIDS and Receiving Support

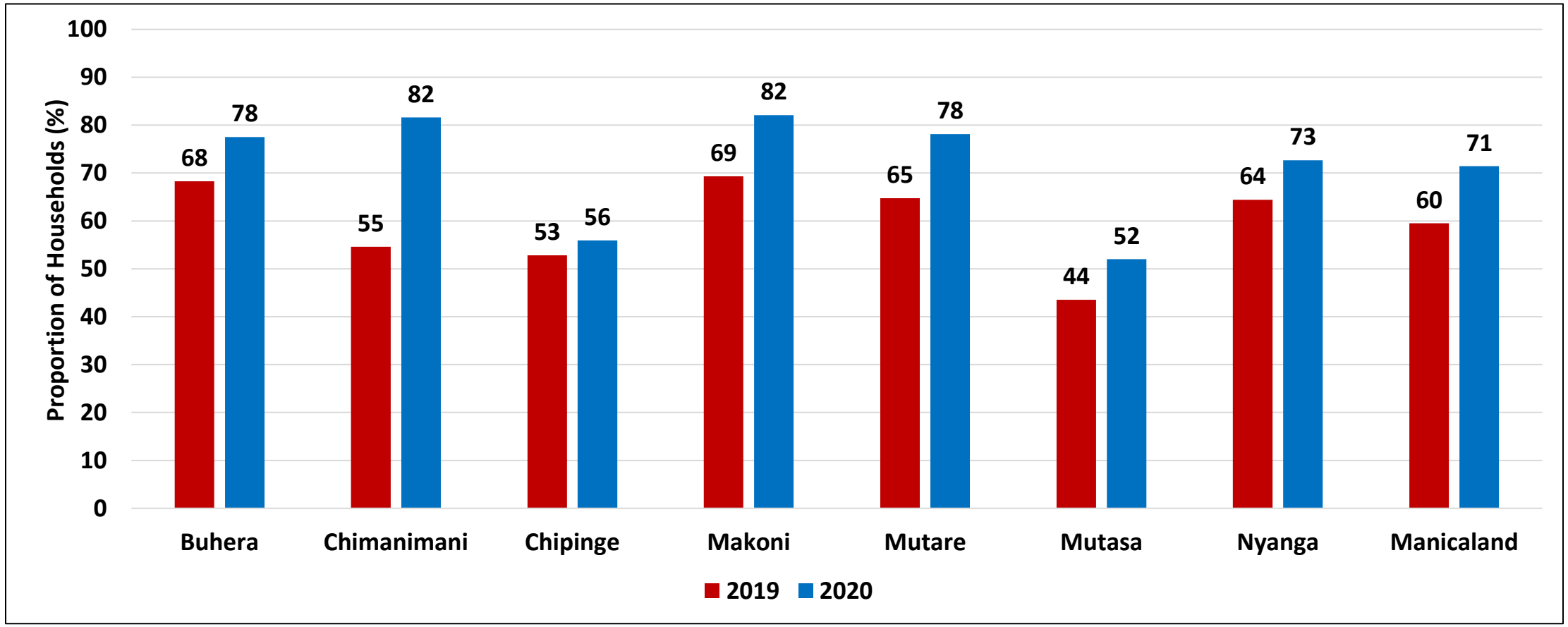




- The highest proportion of people living with HIV/AIDS was in Makoni district (48%) and this was higher than the provincial average of 34%.
- Fifty one percent reported that they were receiving counselling sessions, whilst 23% were receiving food aid and only 1% were receiving school support.

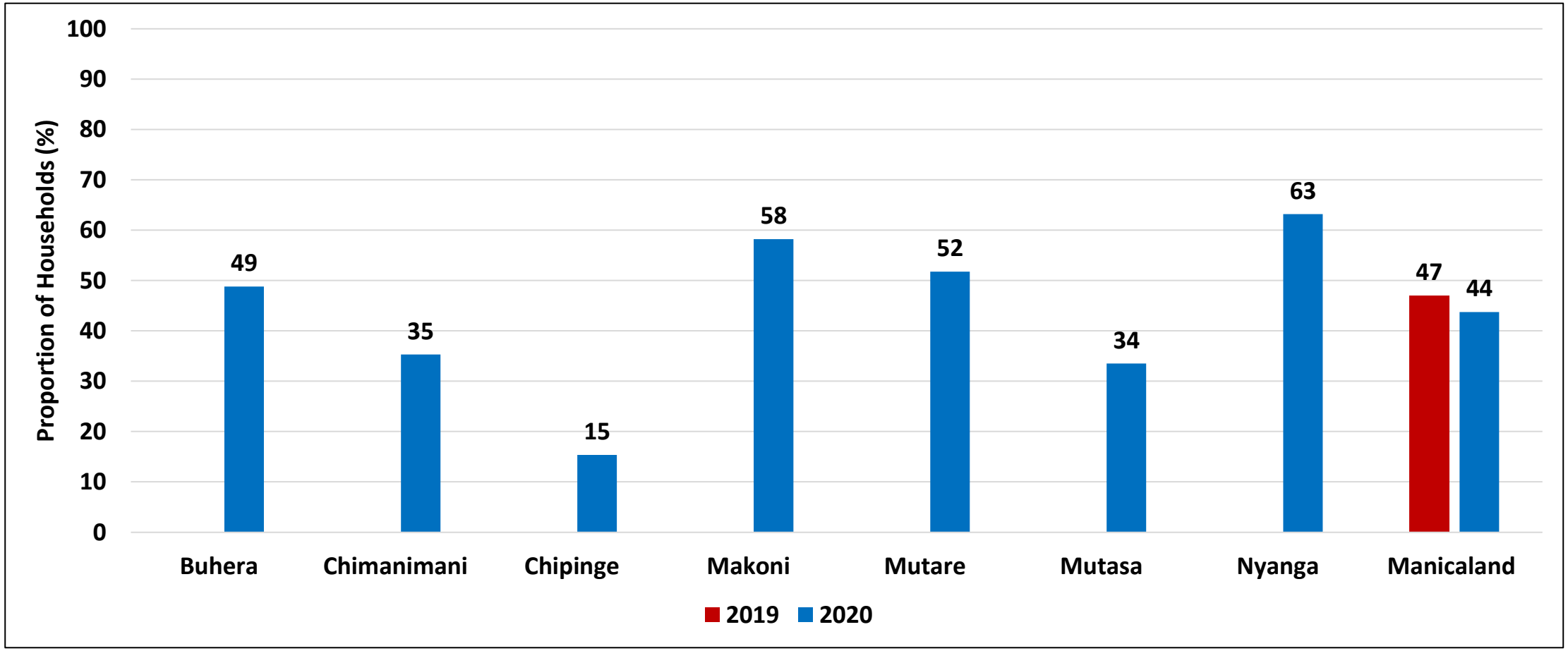
Social Protection

Households which Received Support



- The proportion of households which received any form of support has increased from 60% in 2019 to 71% in 2020 and this is consistent across all districts in the province.
- The highest proportion of households which received any form of support was in Chimanimani and Makoni at 82% respectively.

Households which Received Support from Government



- The Government continues to be an important source of support for communities.
- The proportion of households which received support from Government was 44% with the highest in Nyanga district at 63%.
- However, there has been a slight decline in Government support from 47% in 2019 to 44% in 2020.

Households which Received Support from Different Sources

	Government support (%)	UN/NGO support (%)	Relatives within urban areas (%)	Relatives within rural areas (%)	Remittances from outside (%)	Rural non-relatives (%)	Church support (%)	Non-relatives within urban areas (%)	Mutual groups (%)
Buhera	49	39	13	12	2	4	1	0	1
Chimanimani	35	64	13	10	7	5	13	3	0
Chipinge	15	36	5	3	9	2	1	1	3
Makoni	58	29	30	19	11	8	4	7	2
Mutare	52	52	12	5	4	3	1	2	0
Mutasa	34	19	14	7	3	2	2	1	11
Nyanga	63	16	17	14	5	1	1	1	0
Manicaland 2019	47	13	9	10	3	0	4	0	0
Manicaland 2020	44	36	15	10	6	4	3	2	2

- There was a decrease in Government support from 47% in 2019 to 44% in 2020 and an increase in UN/NGO support from 13% in 2019 to 36% in 2020.
- Communities continue to rely on their relatives within urban areas for support , with an increase from 9% in 2019 to 15% in 2020.
- There has also been an increase in remittances from outside Zimbabwe, 3% in 2019 to 6% in 2020.

Proportion of Households which Rely on Various Sources of Support in Difficult Times

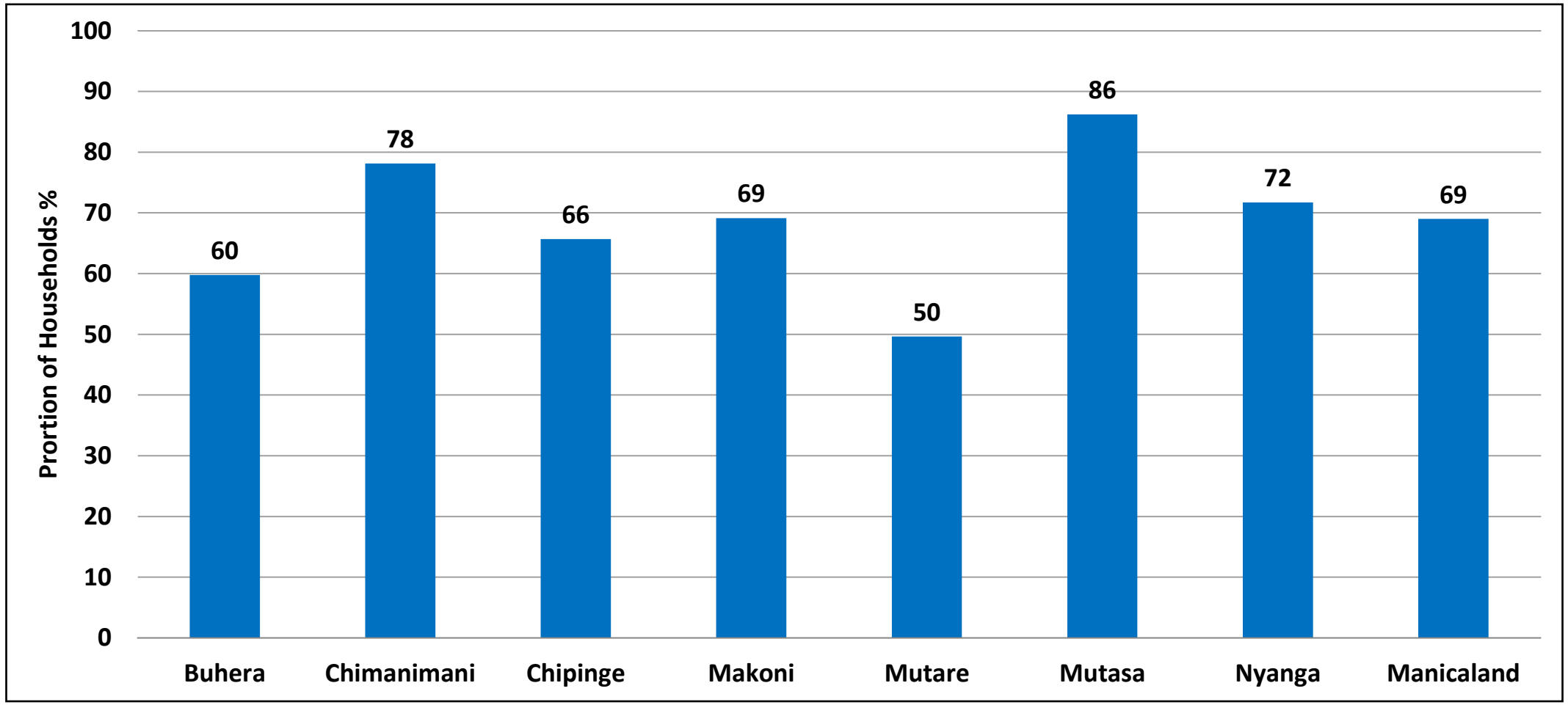
	Relatives outside Zimbabwe (%)	Churches (%)	Relatives outside the community (%)	Relatives within communities (%)	Government (%)	UN/NGO (%)	Non-relatives within community (%)	Non-relatives outside the community (%)
Buhera	40	33	60	67	34	31	29	0
Chimanimani	85	83	70	56	67	74	89	33
Chipinge	47	0	73	86	77	47	25	100
Makoni	100	100	90	100	74	88	88	75
Mutare	89	100	75	73	84	87	50	29
Mutasa	67	60	70	25	49	19	20	0
Nyanga	100	67	86	50	86	87	0	50
Manicaland	79	79	78	69	68	65	59	56

- As a way of coping in difficult times, communities often rely on various sources of support in order to ensure resilience to food and nutrition insecurity.
- The majority of households reported that the rely on relatives outside Zimbabwe and churches as a source of support in difficult times (79%).

Agricultural Production

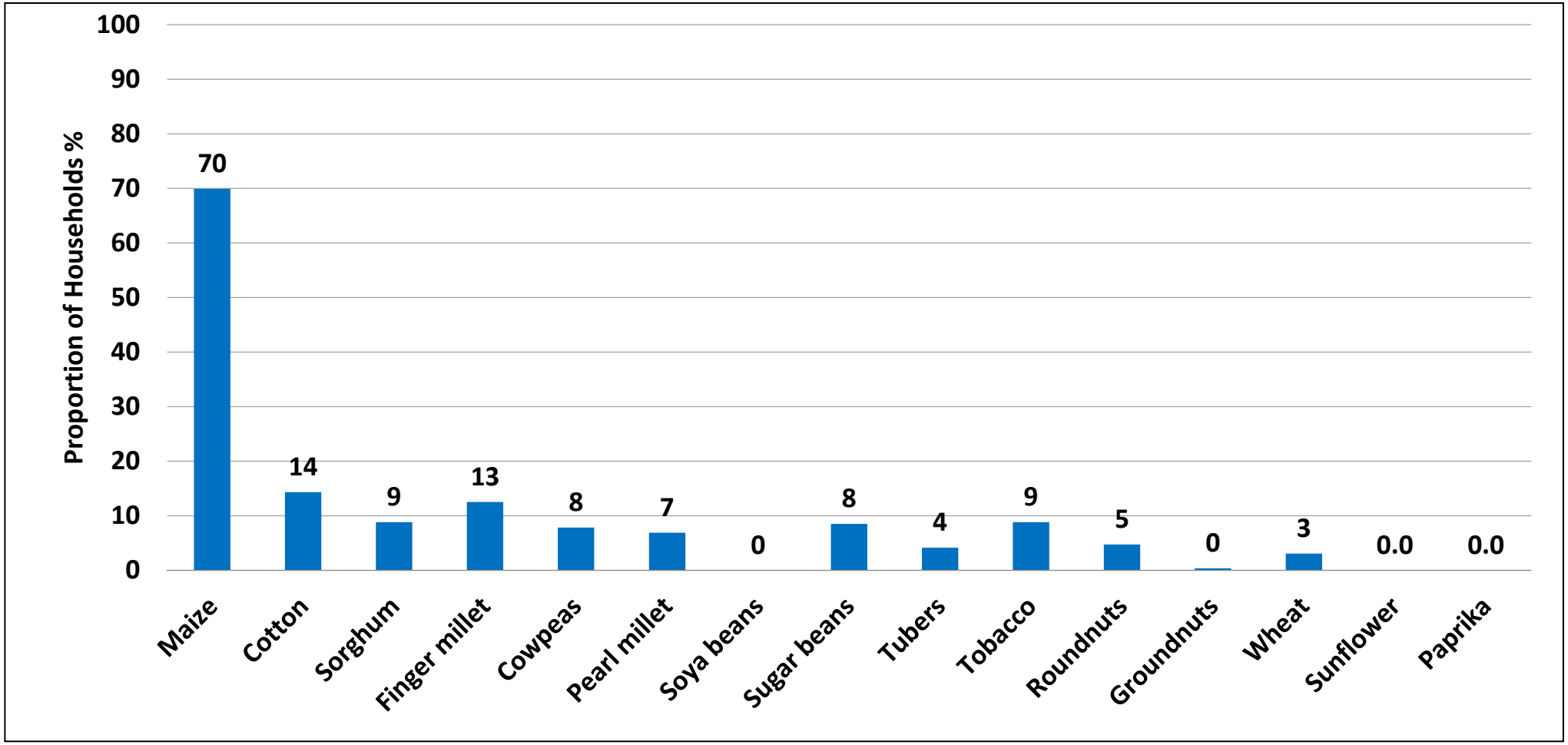
Fall Army Worm

Proportion of Households Affected by Fall Army Worm



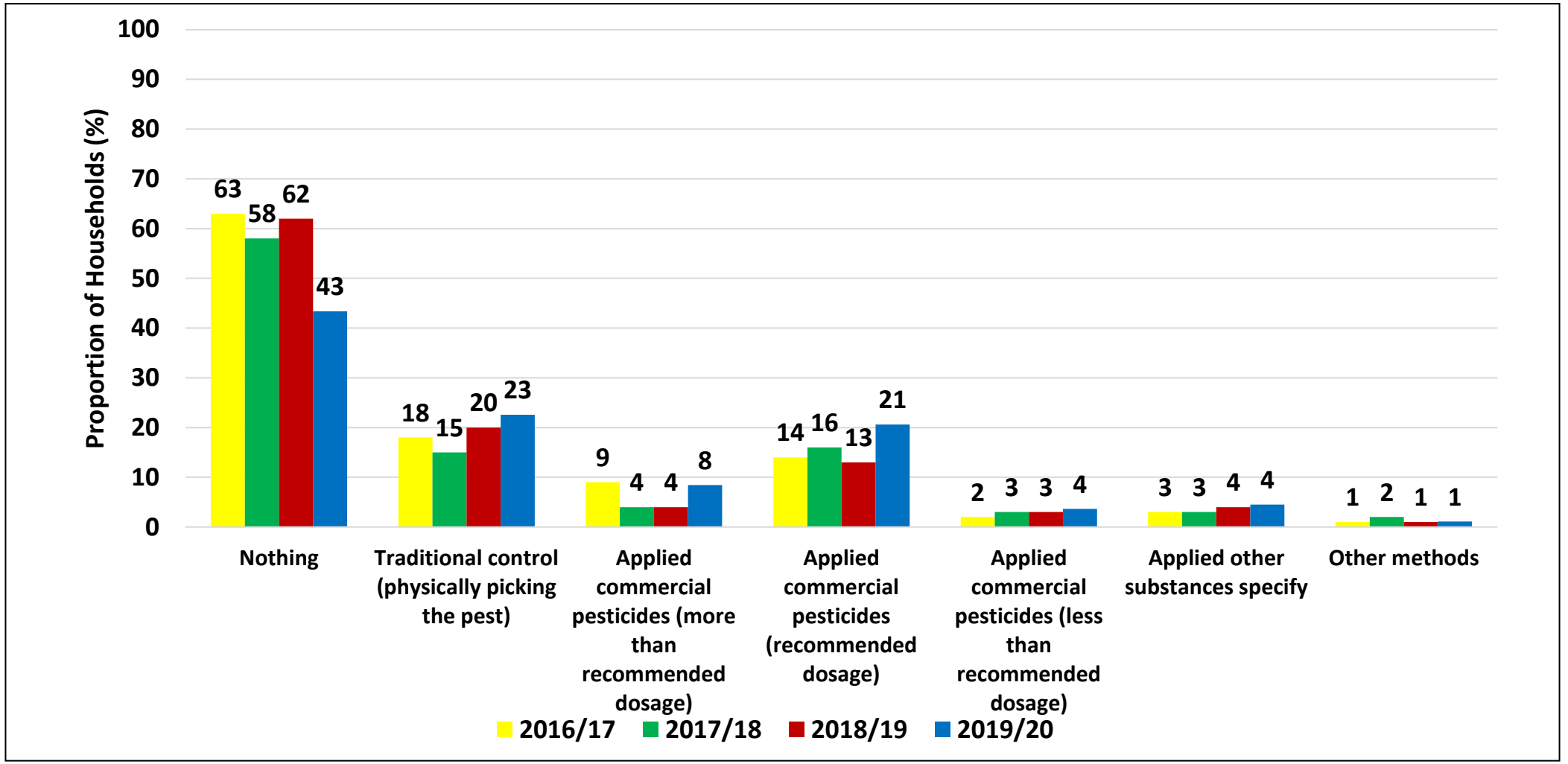
- Fall army worm was more prevalent in Mutasa district with 86% of the households reporting that they were affected.

Types of Crops Affected by Fall Army Worm



- Maize was the most affected crop by fall army worm (70%), followed by cotton (14%) and finger millet (13%).

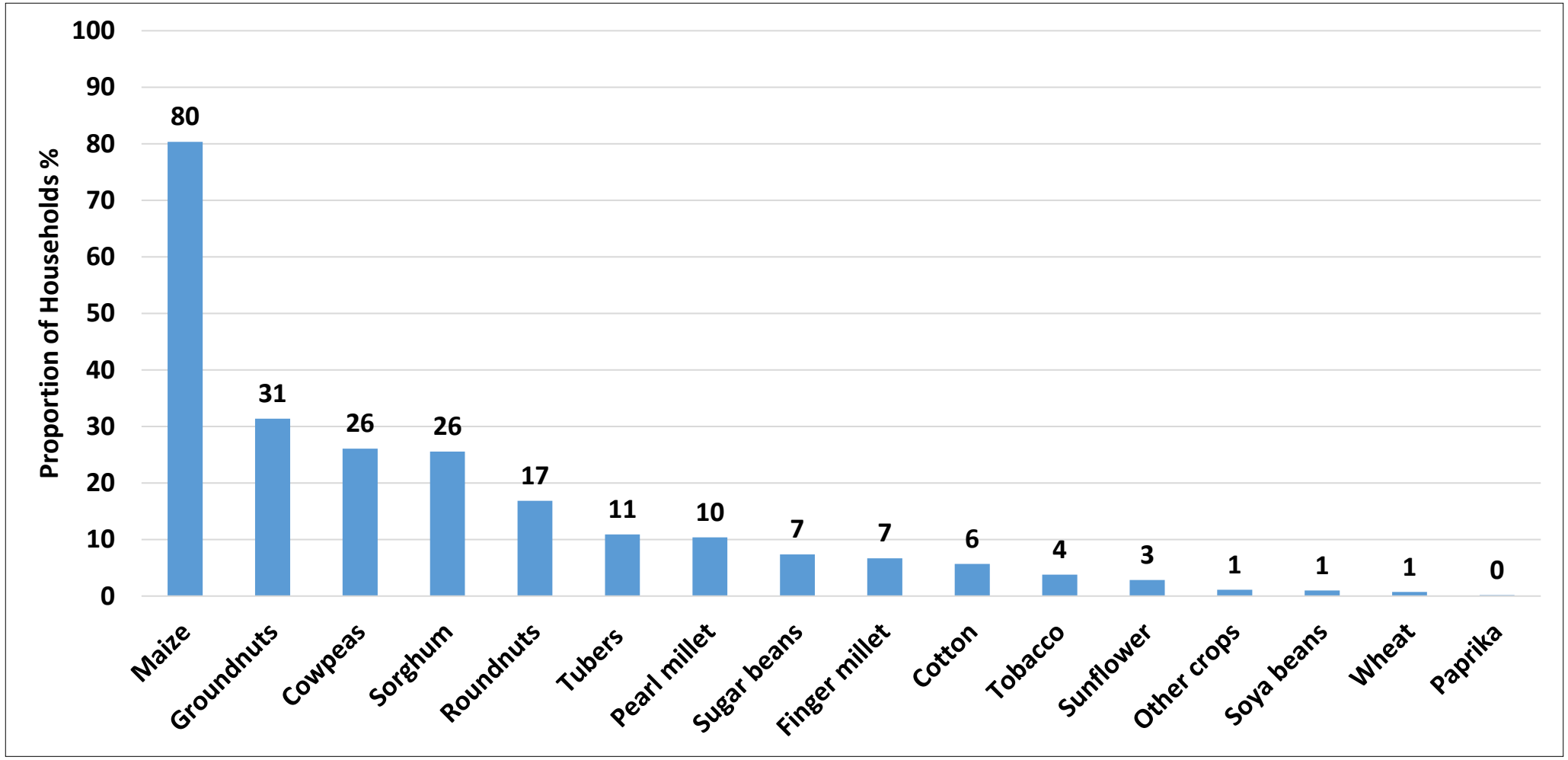
Methods of Fall Army Worm Control



- Majority of households reported that they did nothing to control Fall Army Worm and this has been consistent throughout the years.
- However, there was an increase in the proportion of households that applied commercial pesticides, from 13% in 2019 to 21% in 2020.

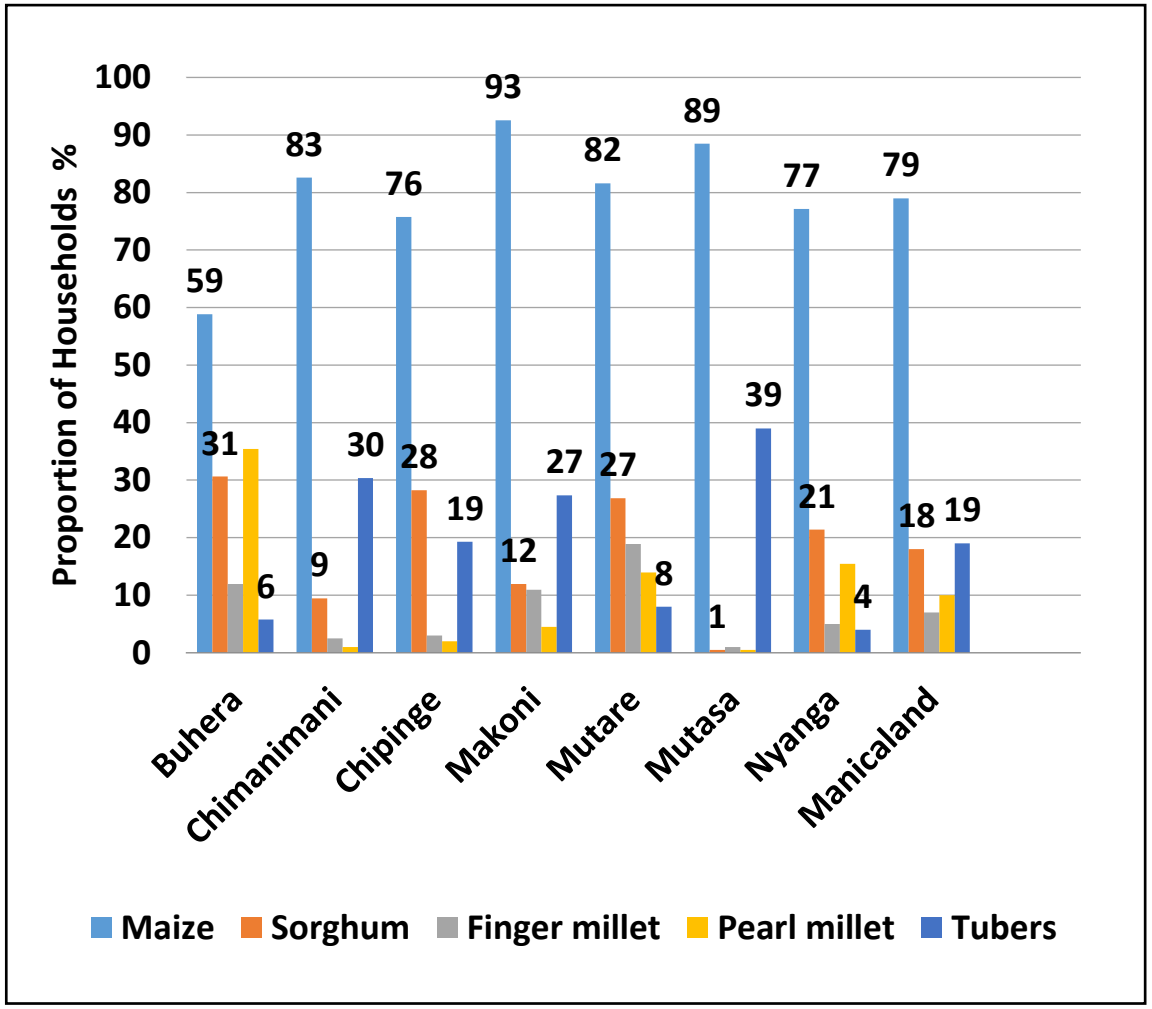
Crop Production

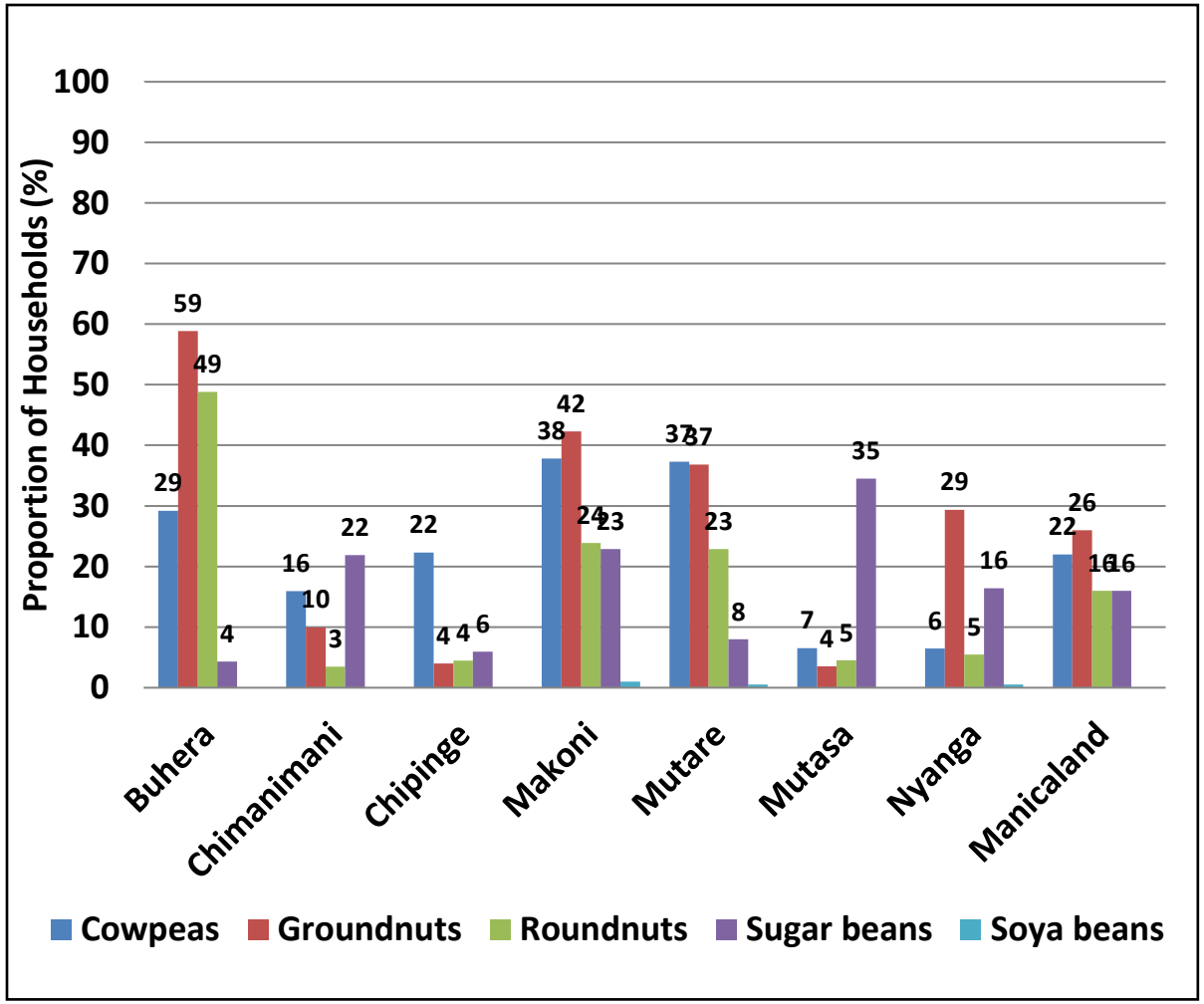
Crops Planted by Households



- The majority of households planted maize (80%), followed by groundnuts (31%), cowpeas and sorghum both at 26%.
- About 26% of the households planted sorghum, 10 % planted millet and 7% planted finger millet.

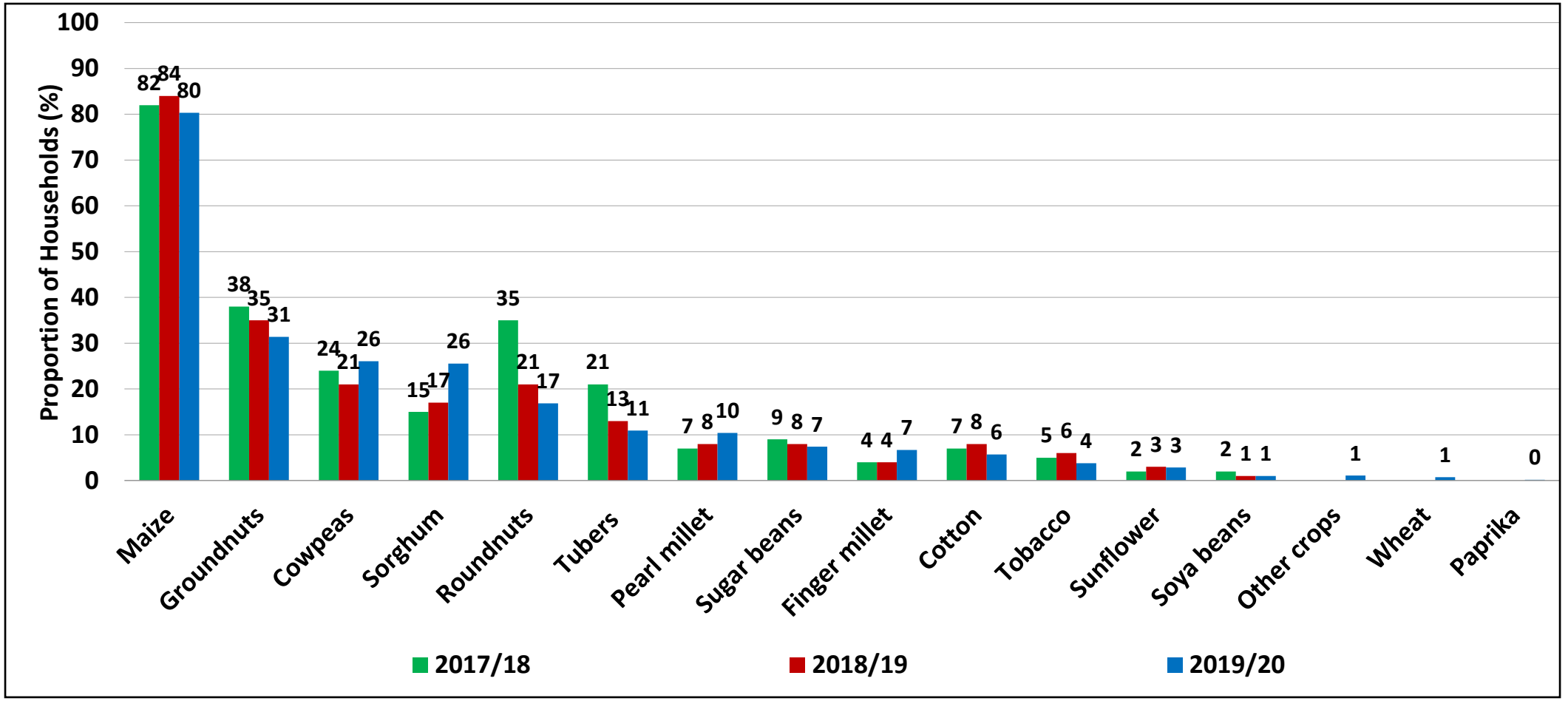
Proportion of Households which Planted Different Crops





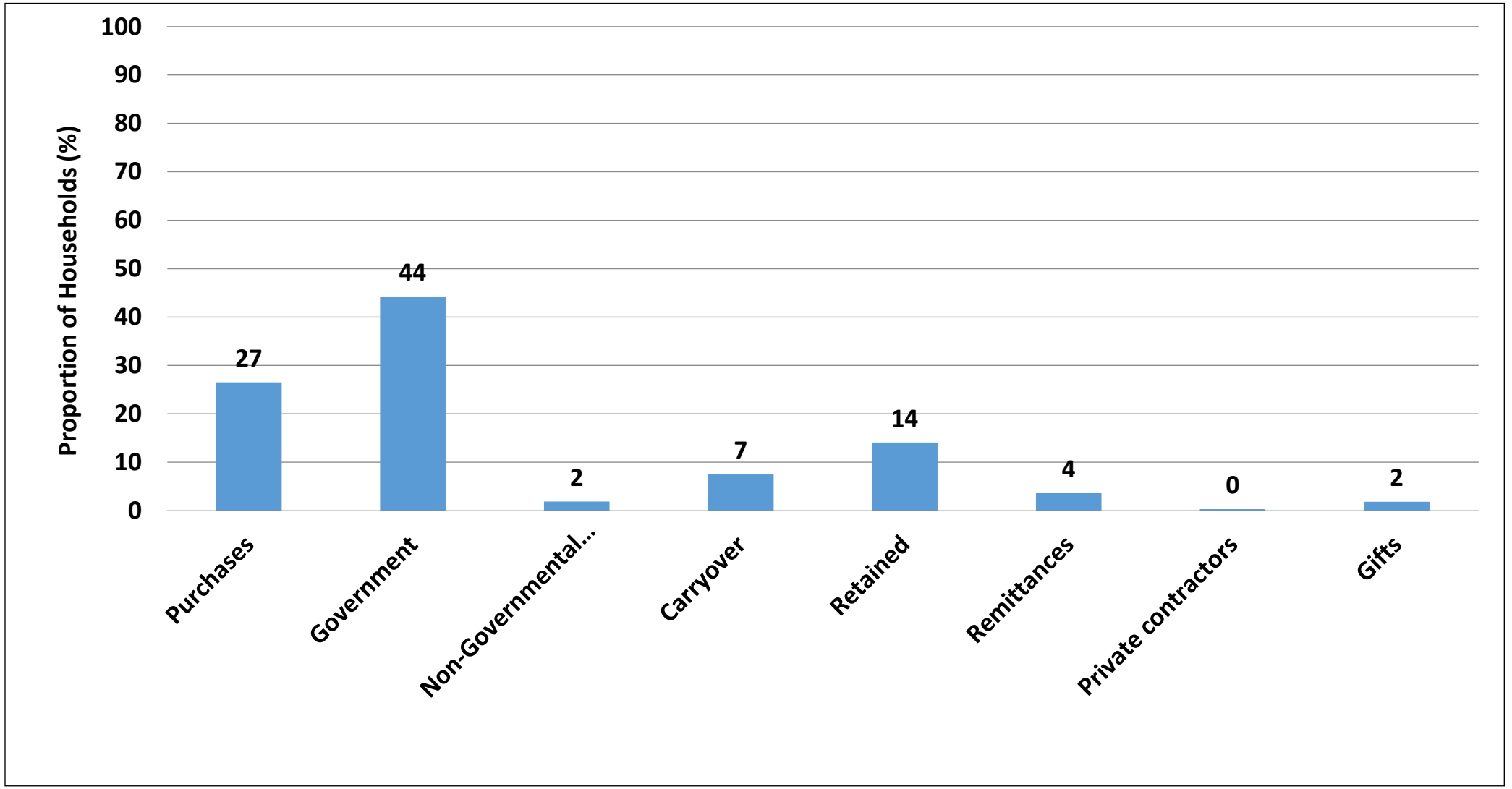
- The highest proportion of households that planted maize was in Makoni district (93%).
- Buhera district had the highest proportion of households which planted groundnuts (59%) and roundnuts (49%).

Comparison of Crops Grown for the Past Three Seasons



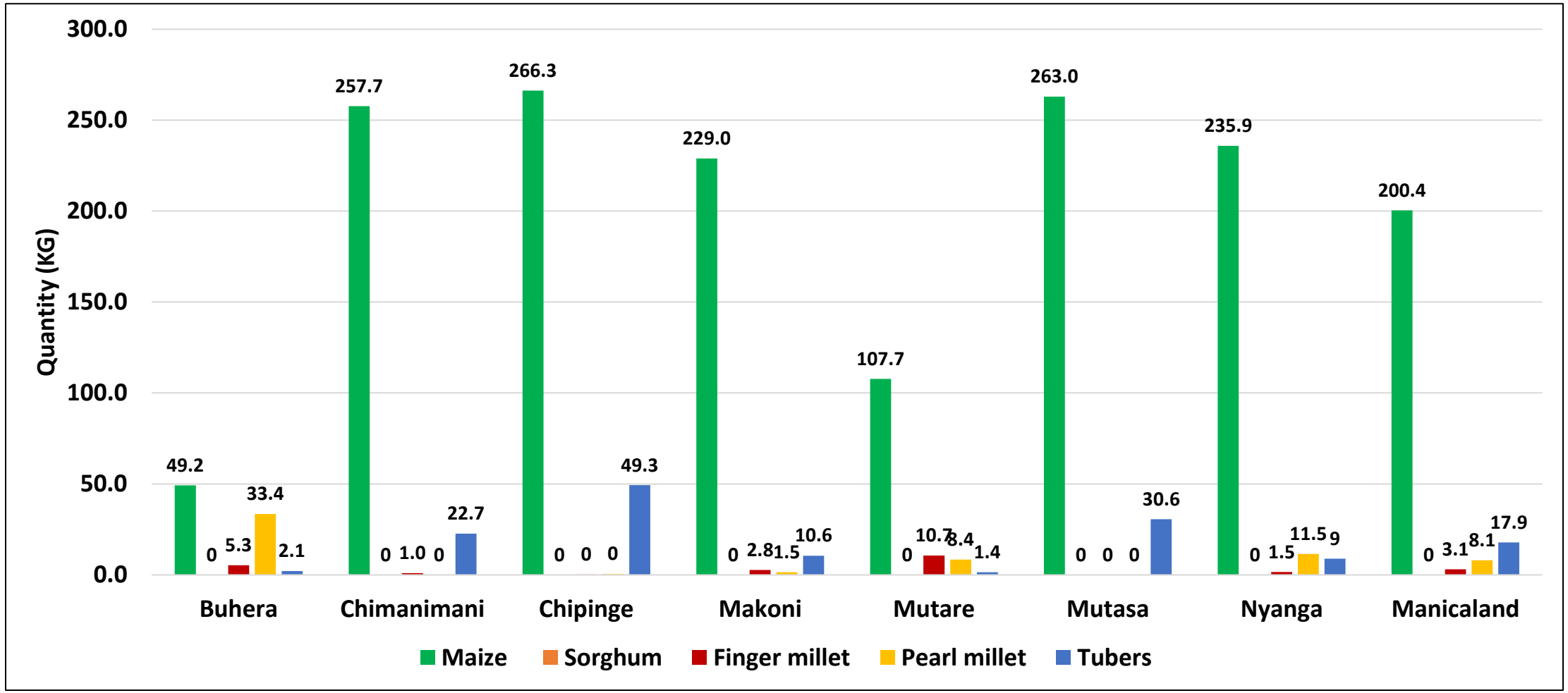
- There has been a general decrease in the proportion of households which planted different crops in the past agricultural seasons.
- The proportion of households which planted roundnuts had a significant decline from 35% in 2018 to 17% in 2020.

Sources of Maize Inputs



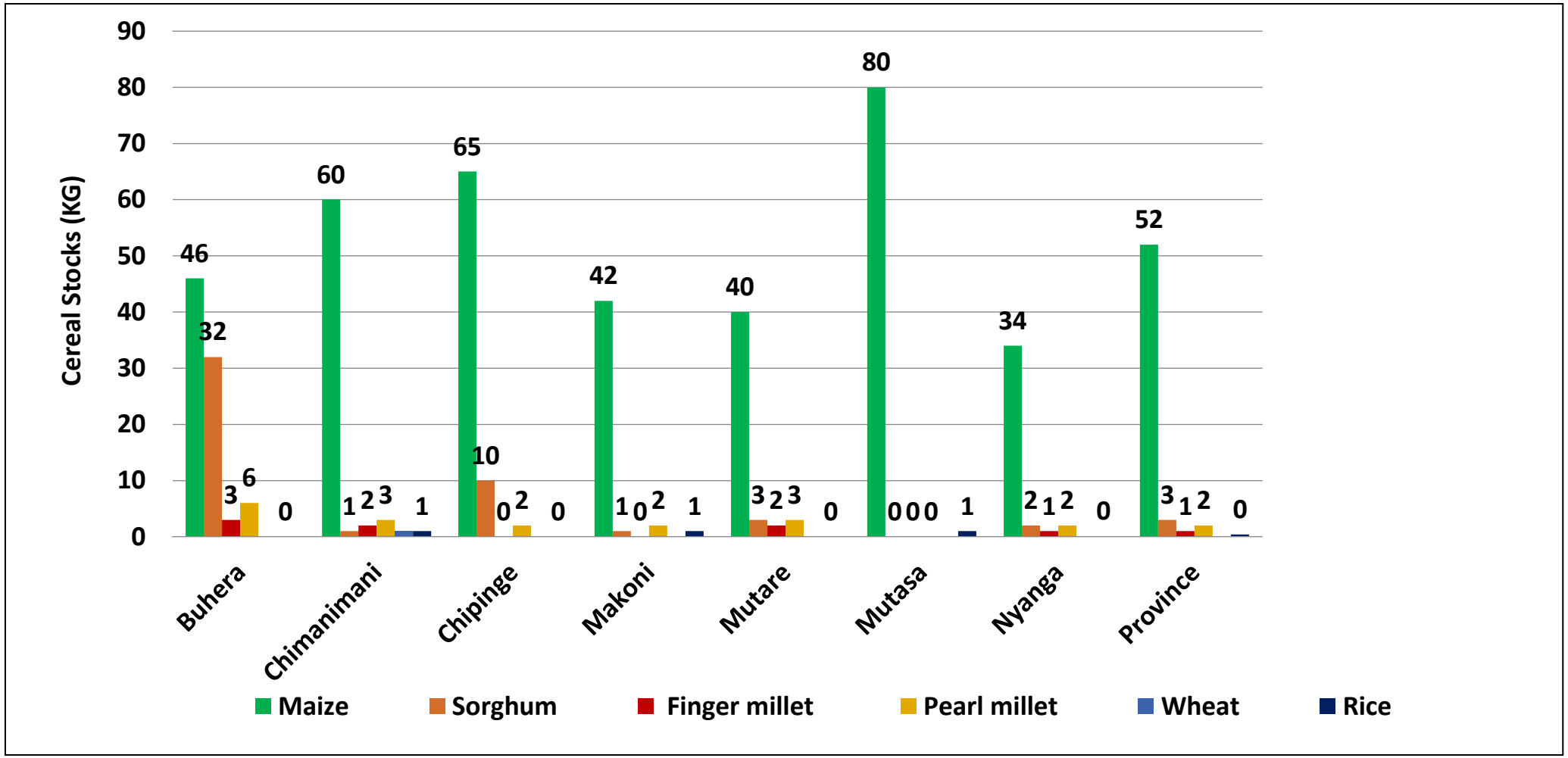
- The main source of maize input was from Government at 44% and purchases 27%.
- At least 14% of households utilized retained seed and 7% carry over as sources of maize seed.

Average Household Cereal Production



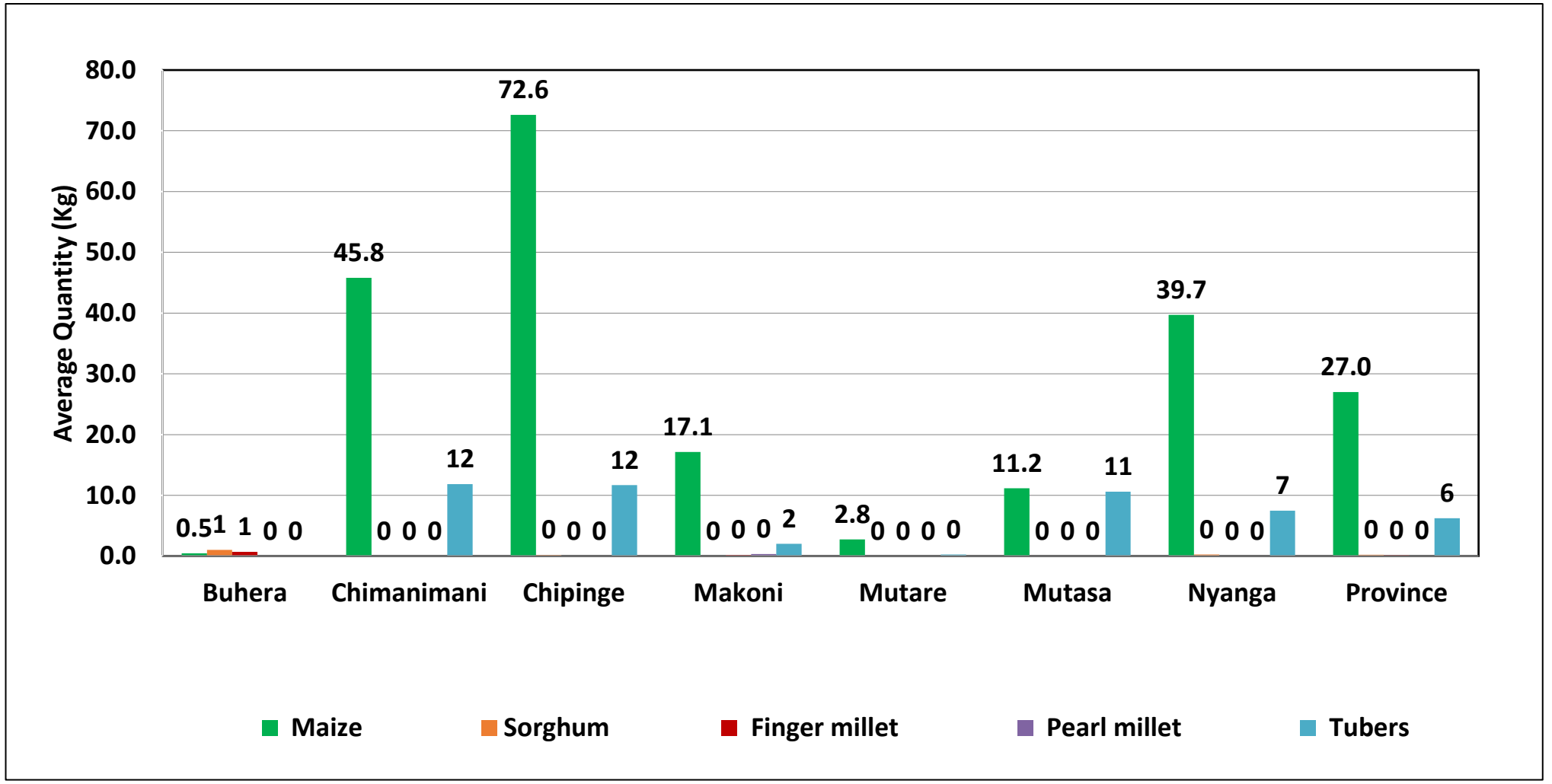
- The average maize production was 200.4kg and the average production for tubers was 17.9kg.
- The highest average maize production was about 266.3kg in Chipinge district.

Average Household Cereals in Stock as at 1 April



- The average amount of maize in stock as at 1 April was 52kg. Mutasa district had the highest average at 80kg.

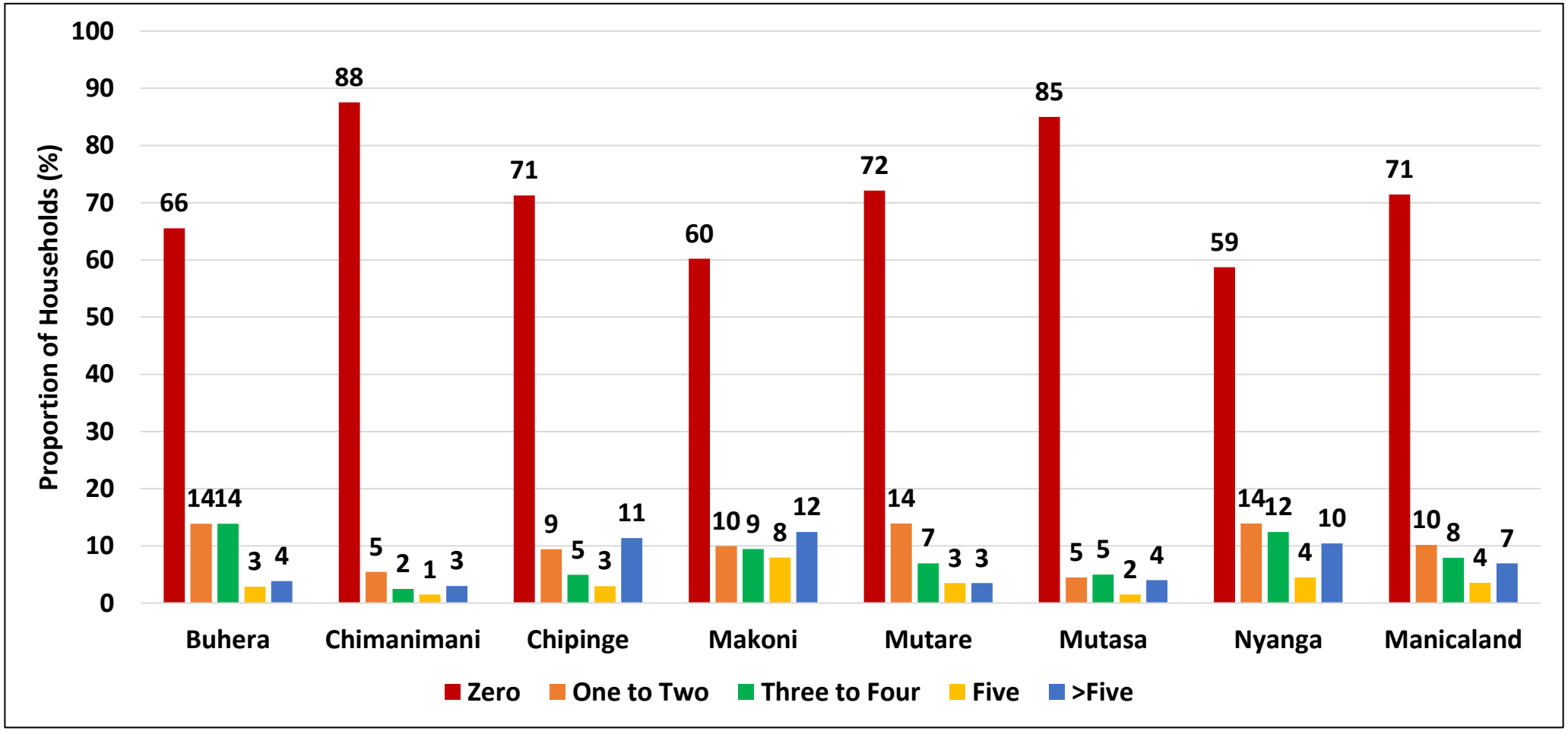
Average Household Expected Crop Sales



- The average quantity of maize that the households were expecting to sell was 27kg.
- The highest quantity of maize expected to be sold was 72.6kgs in Chipinge district.

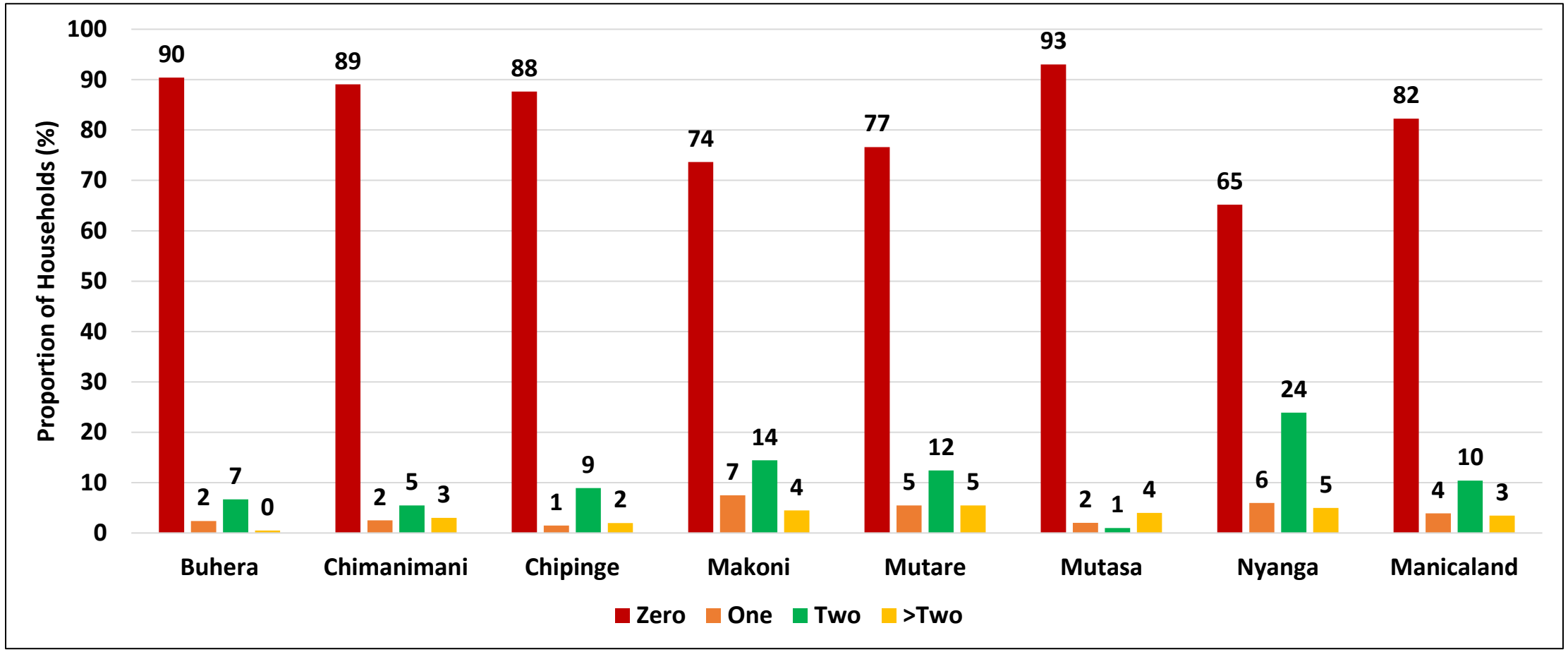
Livestock Production

Cattle Ownership



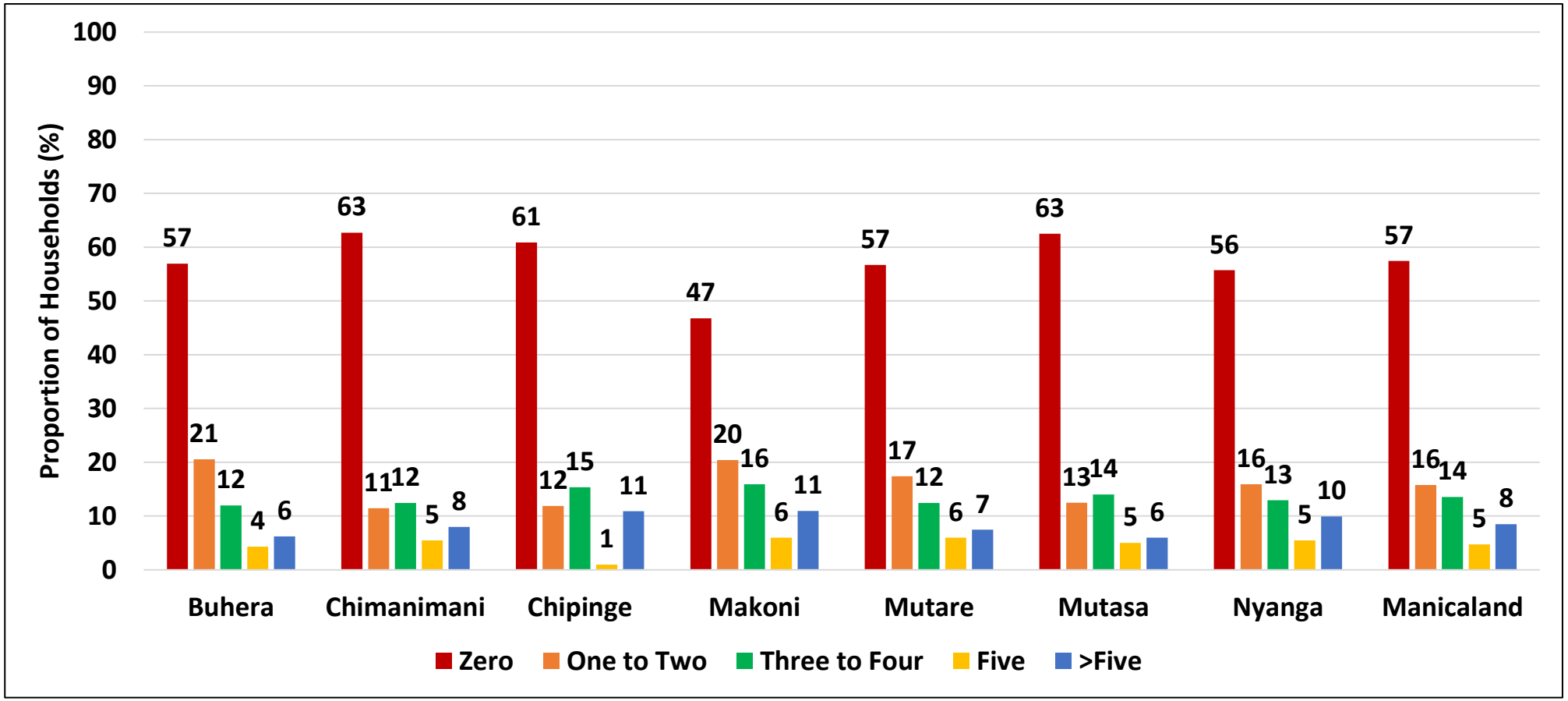
- The majority of households (71%) reported that they had no cattle.
- About 7% of households had more than five cattle.

Draught Cattle Ownership



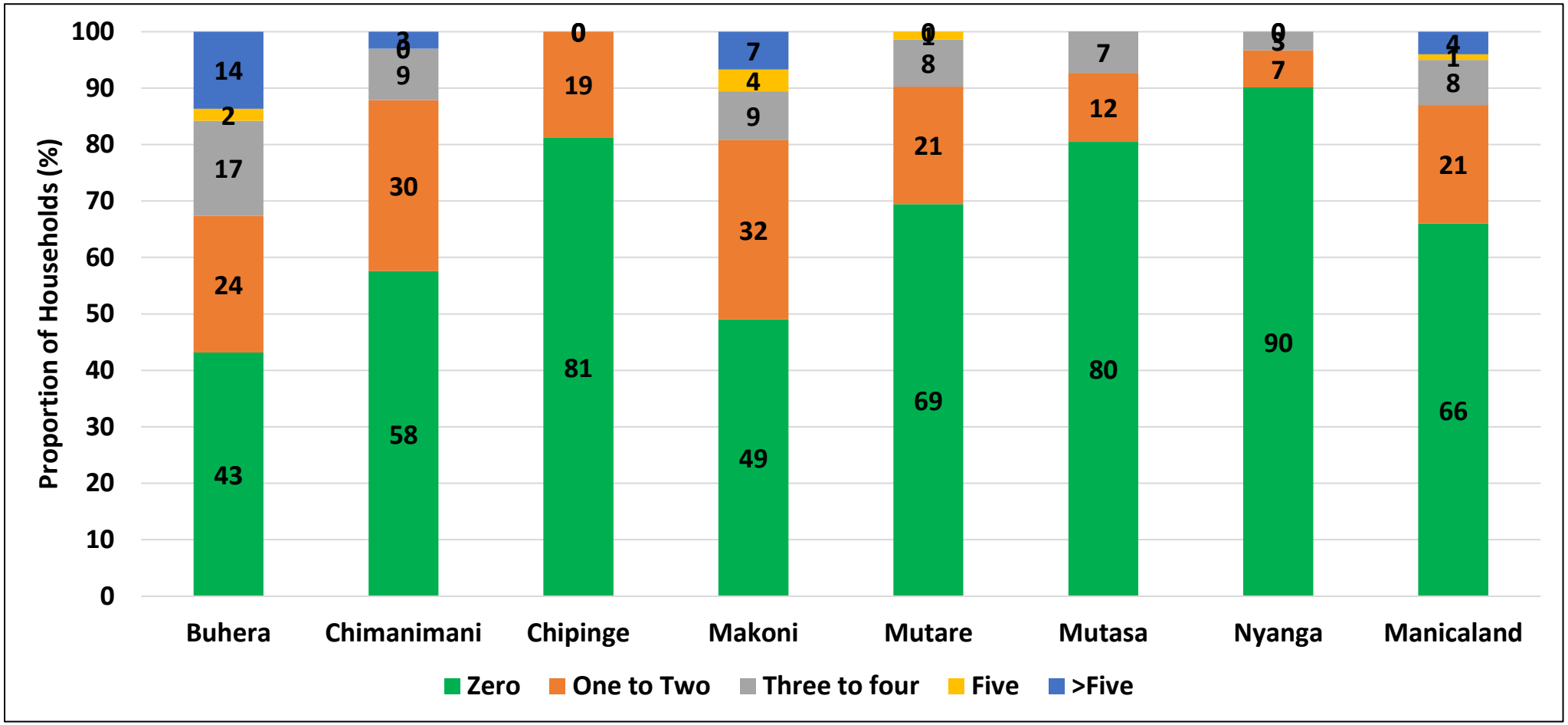
- About 82% of the households did not own any cattle for draught power.
- Only 3% owned more than two cattle for draught power.

Goat Ownership



- The highest proportion of households (57%) reported that they did not own goats.
- About 8% of the households had five or more goats.

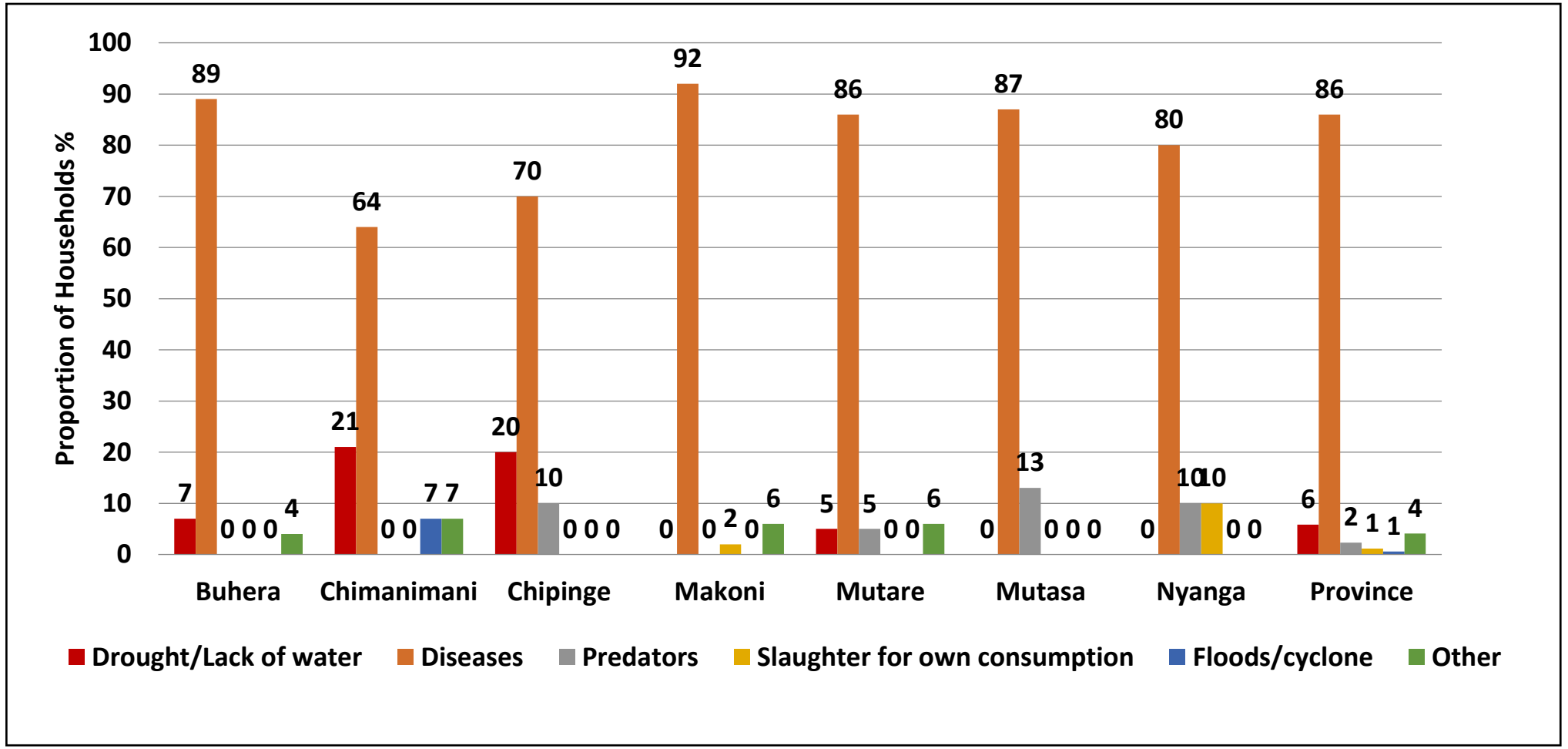
Cattle Mortality



•The majority of households(66%) reported that they had not exoerienced cattle mortality.

•Buhera had the highest proportion of households who had a cattle mortality of five or more (14%).

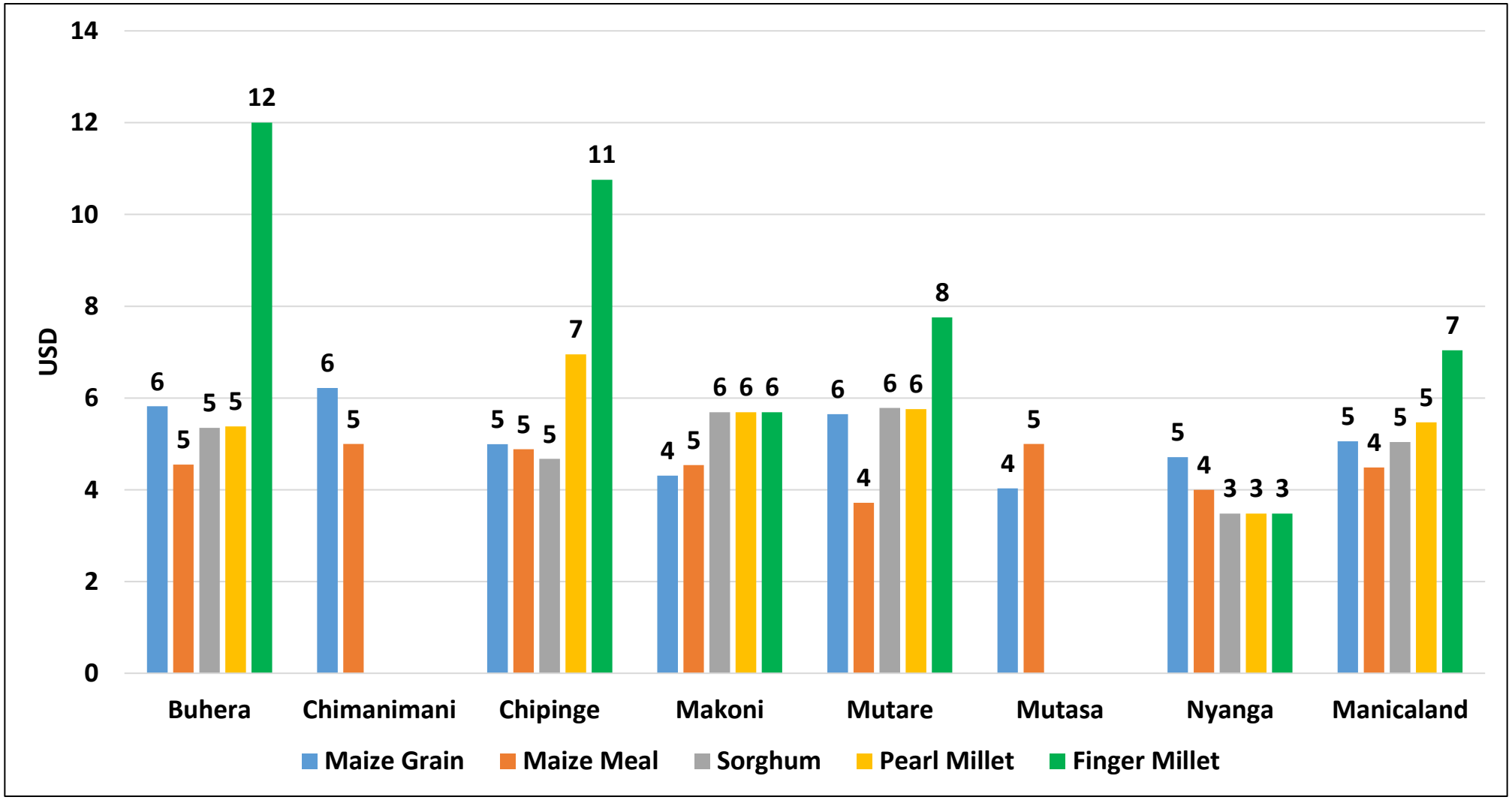
Causes of Cattle Deaths



- The most common cause for cattle death was diseases (86%) with Makoni having the highest cattle deaths due to disease at 92%.
- Chimanimani had 7% cattle deaths due to floods/cyclone.

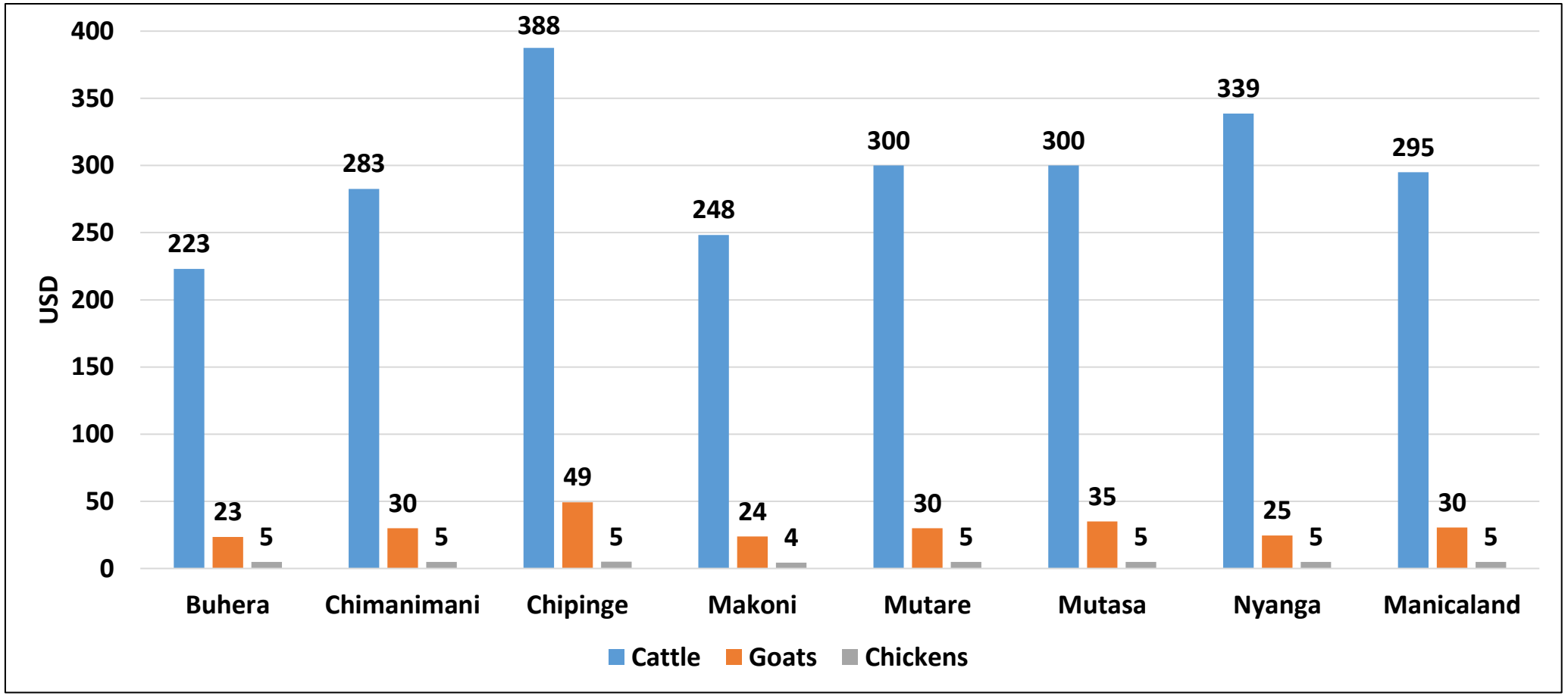
Agricultural Produce Markets

Average Cereal Price (USD)



- In Buhera finger millet was being sold as high as US$12 and maize at US$6.

Average Livestock Price (USD)



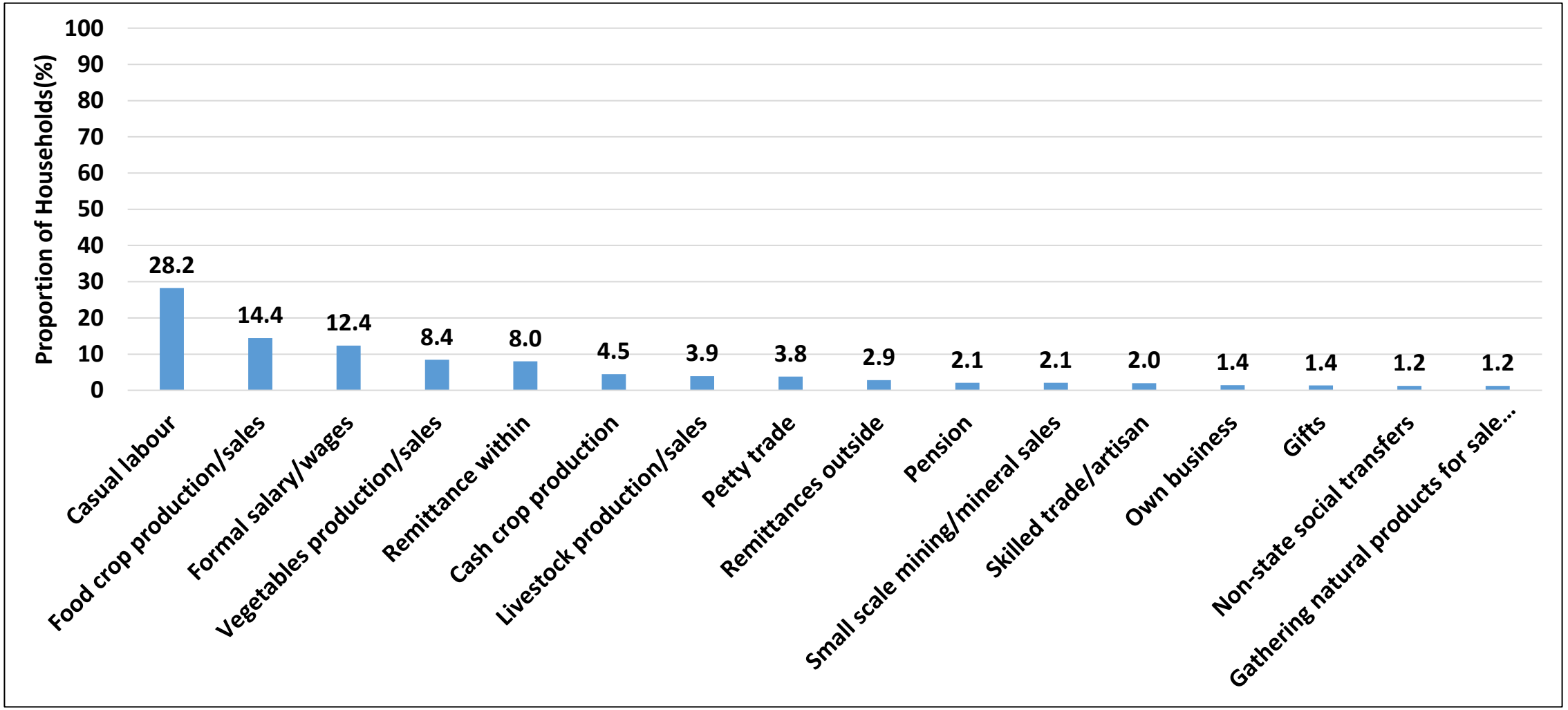
•Chipinge district reported the highest average price of cattle at US$388 while Buhera district had the lowest US$223.

•Chipinge district also reported the highest for price goats at US$49 and Buhera district lowest at US$23.

•Chickens were cheaper in Makoni district at US$4 compared to UD$5 in all the other districts.

Incomes and Expenditure

Household Most Important Sources of Income



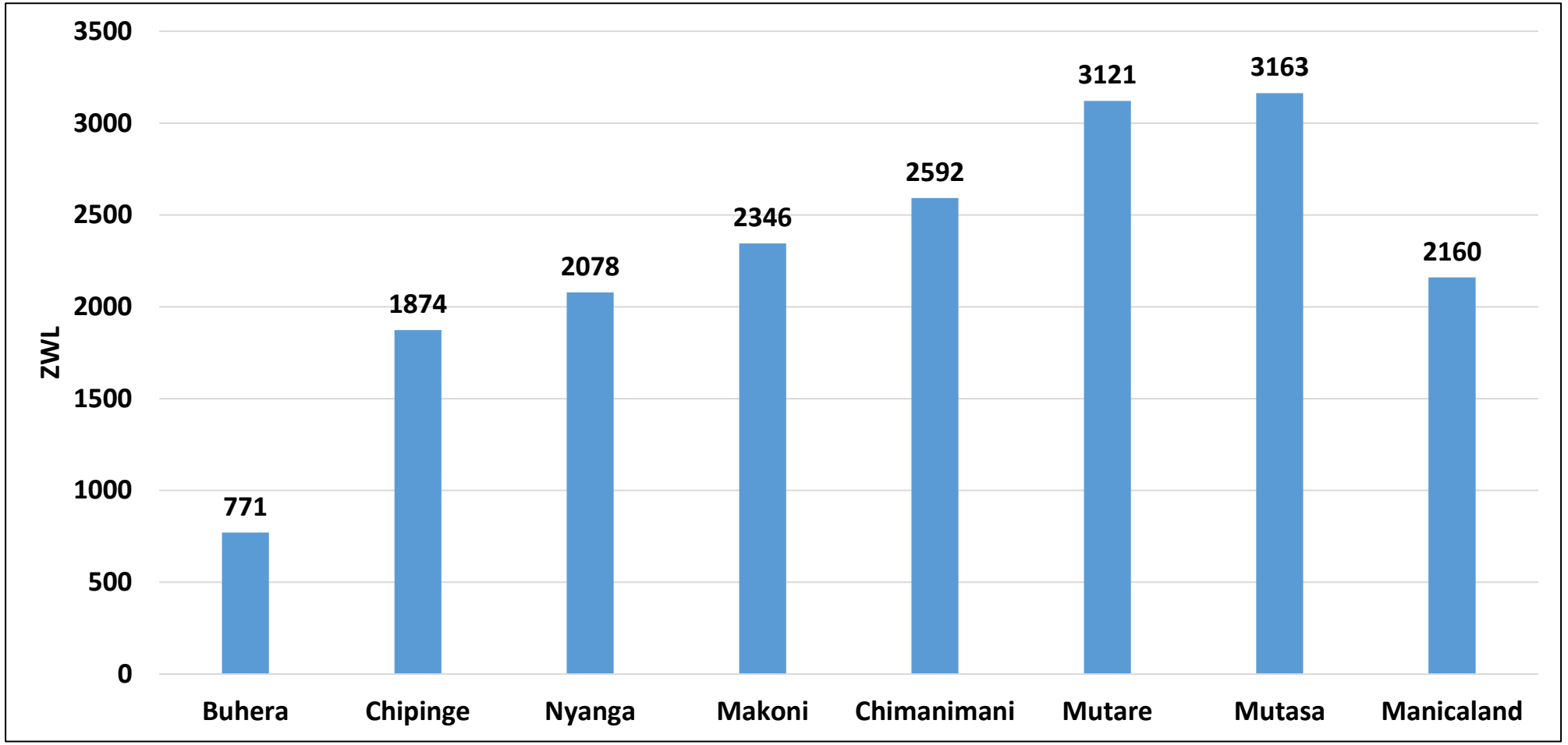
- The most important sources of income were casual labour (28.2%) followed by food crop production/sales (14.4%) and formal salary/wages (12.4%).

Household Most Important Sources of Income

	Buhera	Chimanimani	Chipinge	Makoni	Mutare	Mutasa	Nyanga	Manicaland
Casual labour	41.1	25.5	31.0	25.0	28.5	28.8	17.2	28.2
Food crop production/ sales	28.0	14.3	19.5	8.5	8.0	10.1	12.1	14.4
Formal salary/wages	2.9	21.4	10.5	12.0	10.5	13.1	16.7	12.4
Vegetables production/ sales	4.3	4.6	6.5	11.5	16.0	6.1	10.1	8.4
Remittance within	5.3	1.5	4.5	14.0	5.5	11.6	13.6	8.0
Cash crop production	2.9	6.6	6.0	5.5	3.0	4.0	3.5	4.5
Livestock production/ sales	2.9	1.5	6.5	2.0	6.0	1.0	7.6	3.9
Petty trade	1.0	5.6	3.5	6.0	4.0	2.5	4.0	3.8
Remittances outside	0.5	2.6	4.5	4.5	1.5	3.0	3.5	2.9
Pension	0.5	2.6	0.0	4.0	2.0	3.0	2.5	2.1
Small scale mining/ mineral sales	0.0	2.0	0.0	3.0	2.5	2.0	5.1	2.1
Skilled trade/artisan	2.4	3.1	1.5	0.5	2.0	3.5	1.0	2.0

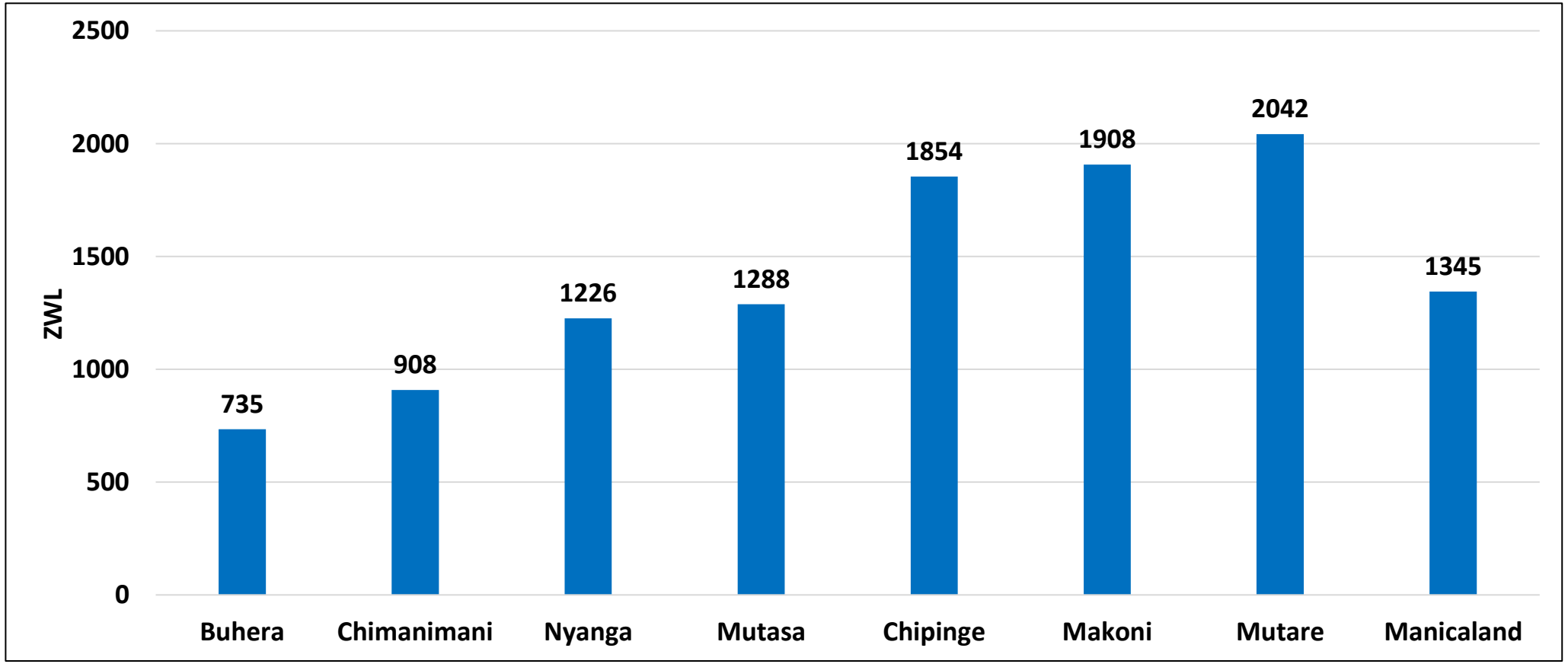
- Casual labour was the most important source of income in all districts at 28.2%.
- Buhera had the highest proportion of households which reported casual Labour as the most important income source (41.1%).

Average Household Monthly Income ZWL



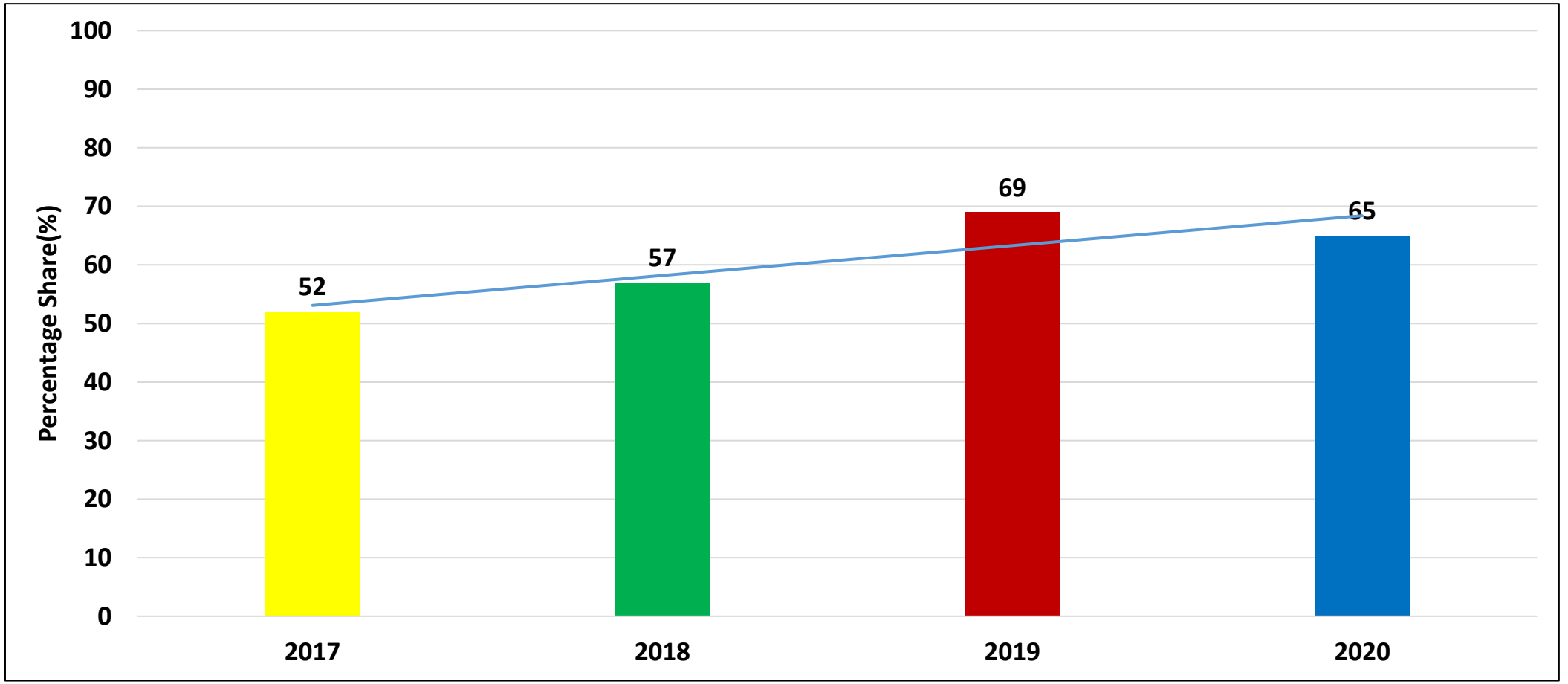
- The average household income was ZWL 2160.
- The highest average income was reported in Mutasa (ZWL 3163) while the lowest was reported in Buhera (ZWL 771).

Average Household Monthly Expenditure



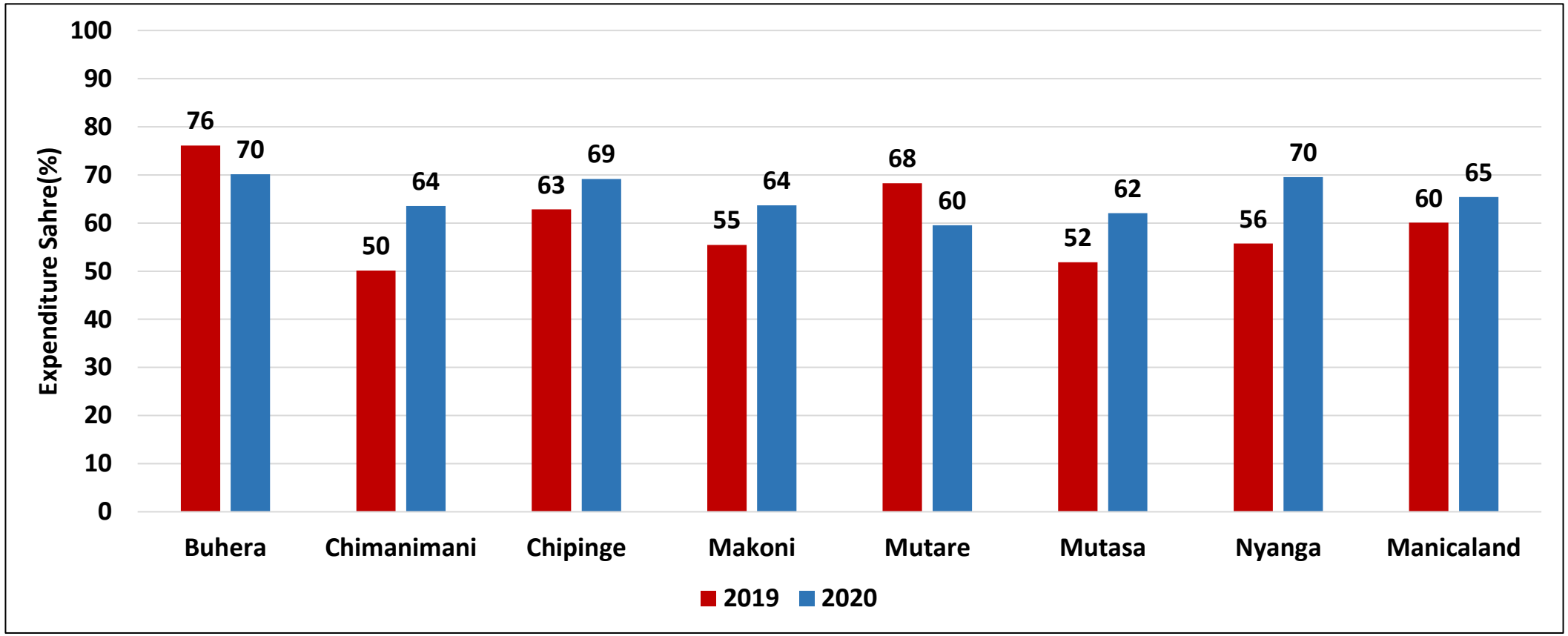
- The average household monthly expenditure for Manicaland was ZWL 1345.
- The highest average households monthly expenditure was reported in Mutare district (ZWL 2042) while the lowest was reported in Buhera district (ZWL 735).

Food Expenditure Share: 3 Year Comparison



- The food share expenditure was 65% and was 4% less than in 2019 which was 69%.
- Though the food share decreased by 4% the trend shows that the food share was increasing from 2017 to 2020.
- This shows that most of the households are more vulnerable since they use more of their income to purchase food.

Food Expenditure Share by District



- The highest food expenditure share was reported in Buhera and Nyanga district (70%) while the lowest was reported in Mutare district (60%).
- Comparing 2019 and 2020, food expenditure share for all the districts increased except for Buhera and Mutare.
- Although the food expenditure share for Buhera decreased it still had the highest food expenditure share meaning that it was still worse off compared to other districts as households still spend more on food forgoing other essential expenditures .

Water, Sanitation and Hygiene

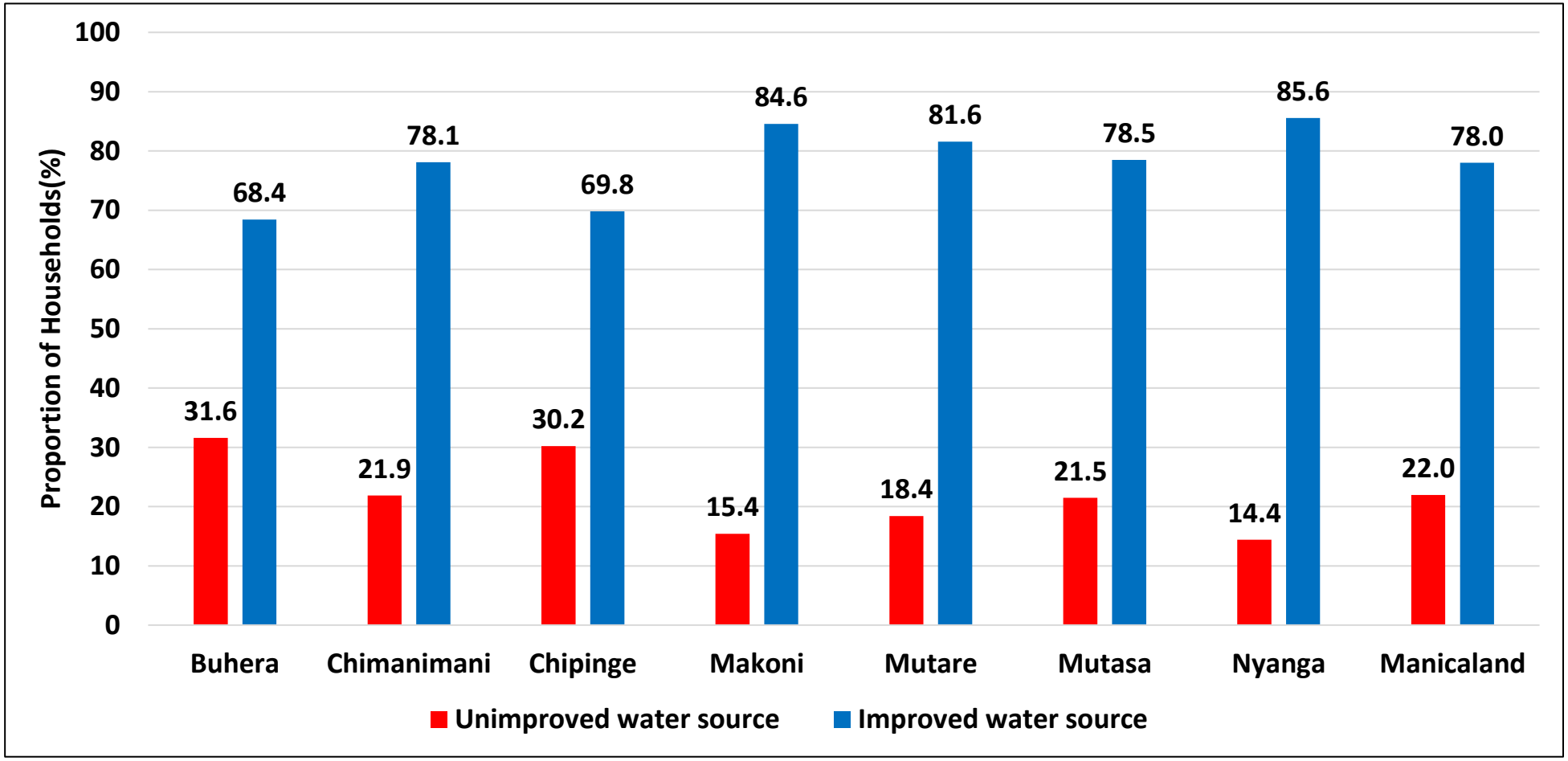
Ladder for Drinking Water Services

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 contaminaon.
Basic Drinking Water	Basic drinking water services are defined as drinking water from an improved source, provided collecon me 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 collecon me 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 irrigaon channel.

Note :

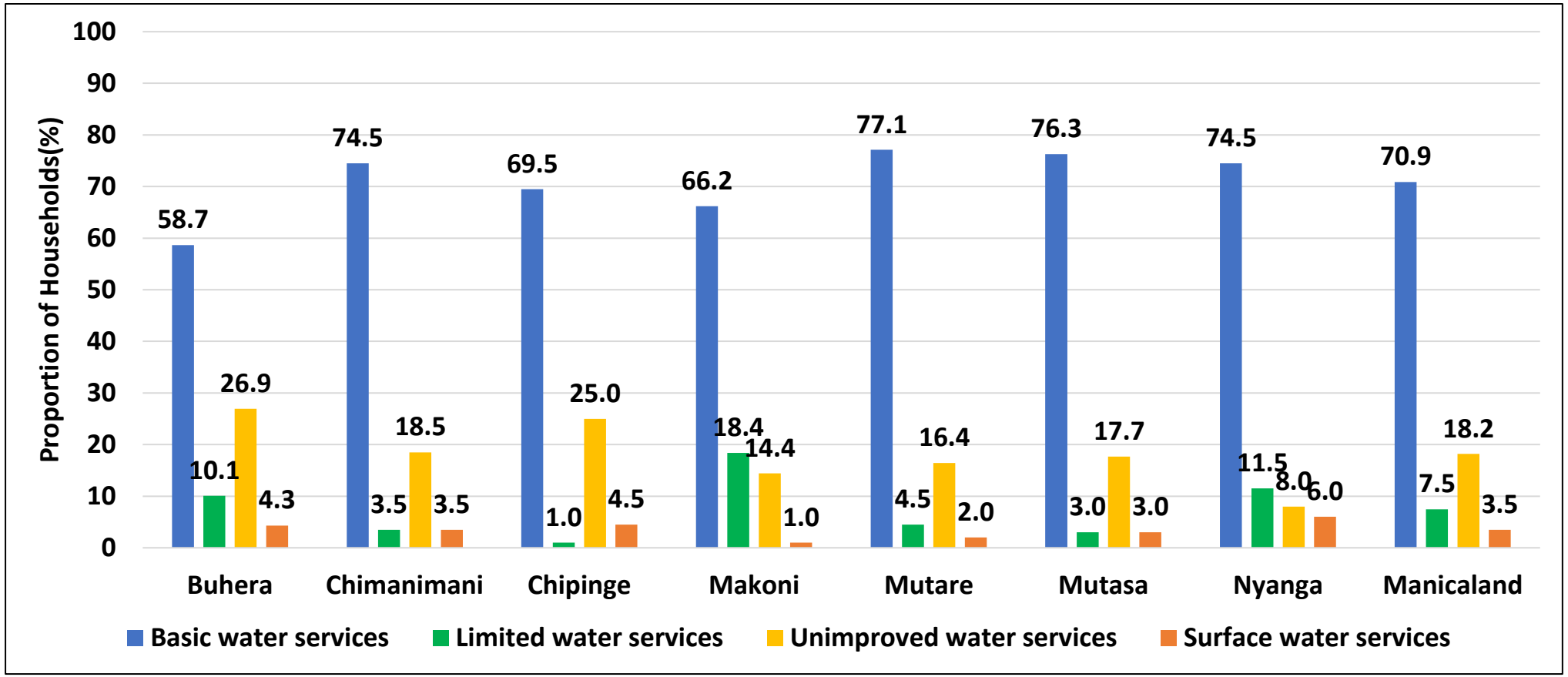
“Improved” drinking water sources are further defined by the quality of the water they produce, and are protected from faecal contamination by the nature of their construction or through an intervention to protect from outside contamination. Such sources include: piped water into dwelling, plot, or yard; public tap/standpipe; tube well/borehole; protected dug well; protected spring; or rainwater collection. This category now includes packaged and delivered water, considering that both can potentially deliver safe water.

Access to Improved Water Sources



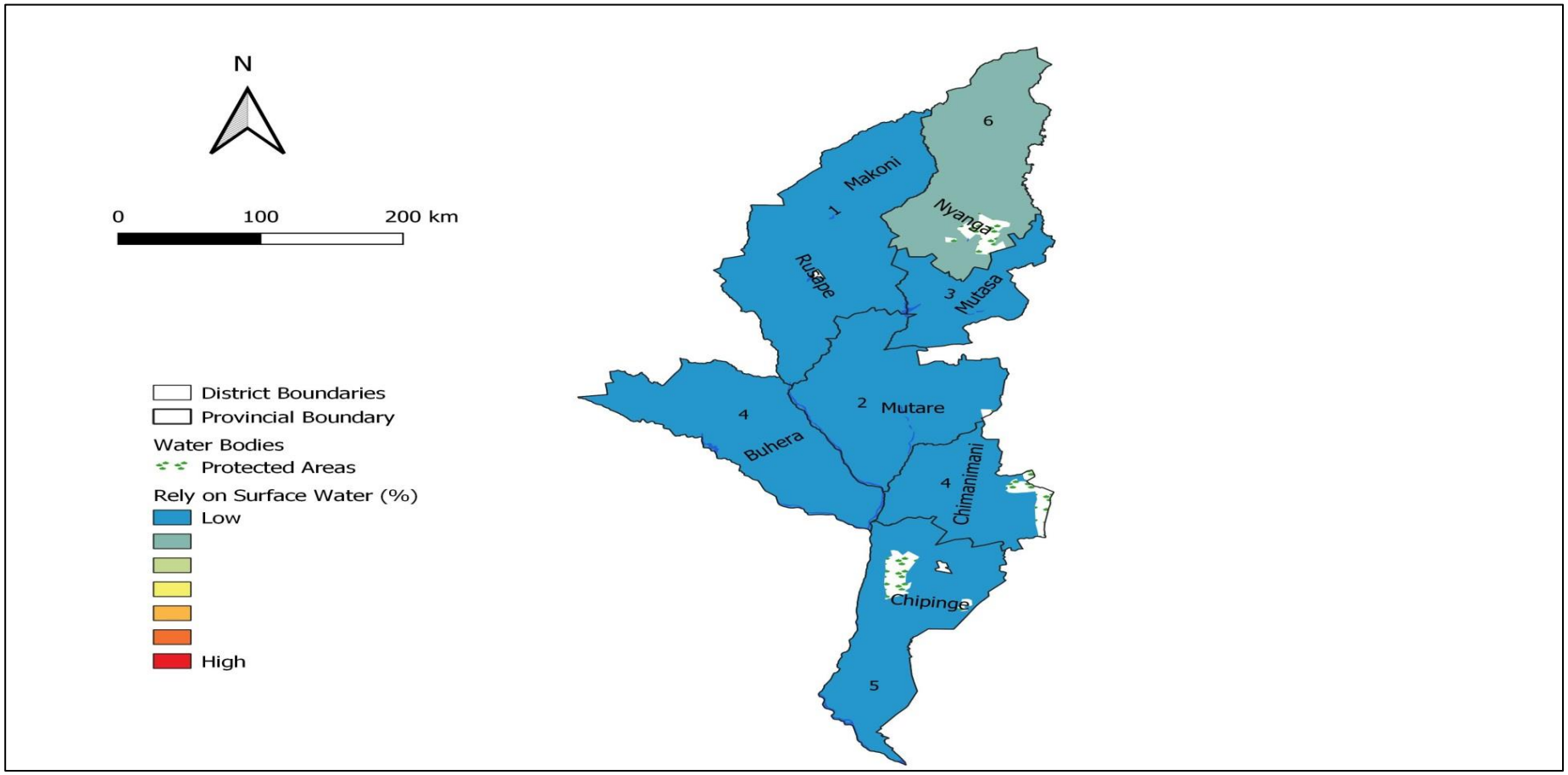
- Proportion of households with access to an improved water source was 78%.
- Buhera and Chipinge districts had about 30% of households with access to an unimproved water source. This was higher than the provincial average of about 22%.

Main Drinking Water Services



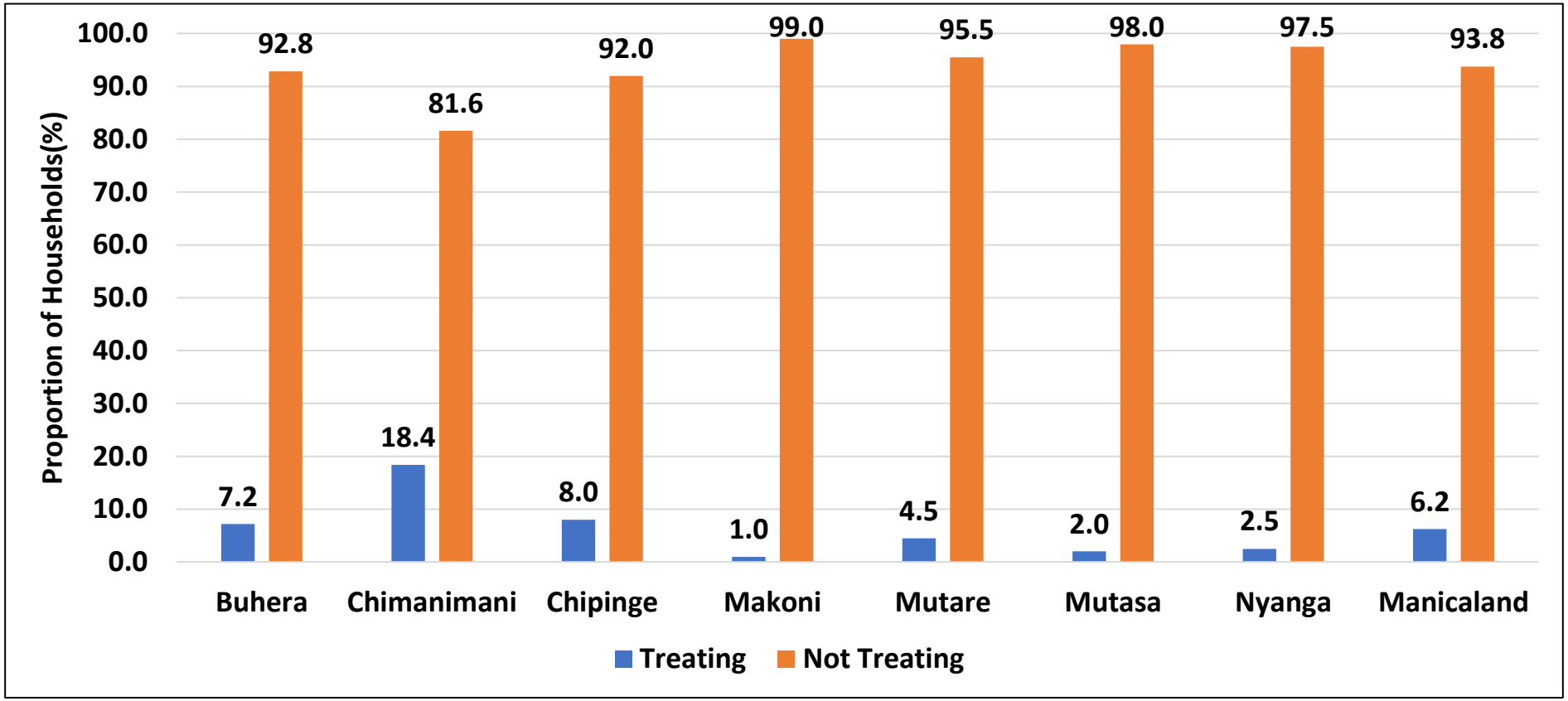
- The proportion of households in Manicaland using basic water services was 70.9%.
- Buhera and Chipinge districts had the highest proportion of households with access to unimproved water 26.9%, and 25% respectively.

Proportion of Households Using Surface Water



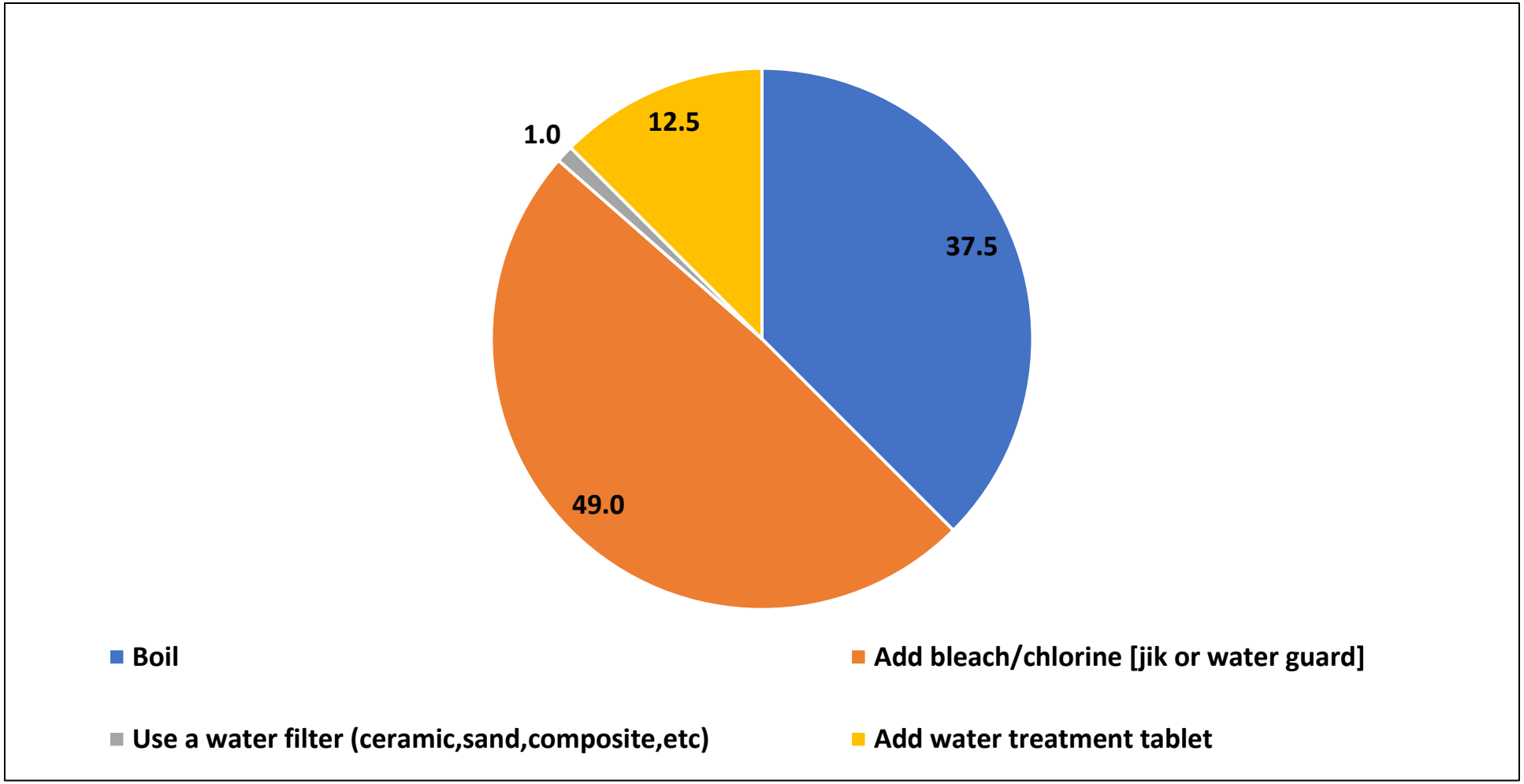
- Nyanga district had the highest proportion of households utilising surface water compared to all the other districts in the province.

Proportion of Households Treating Water Before Drinking



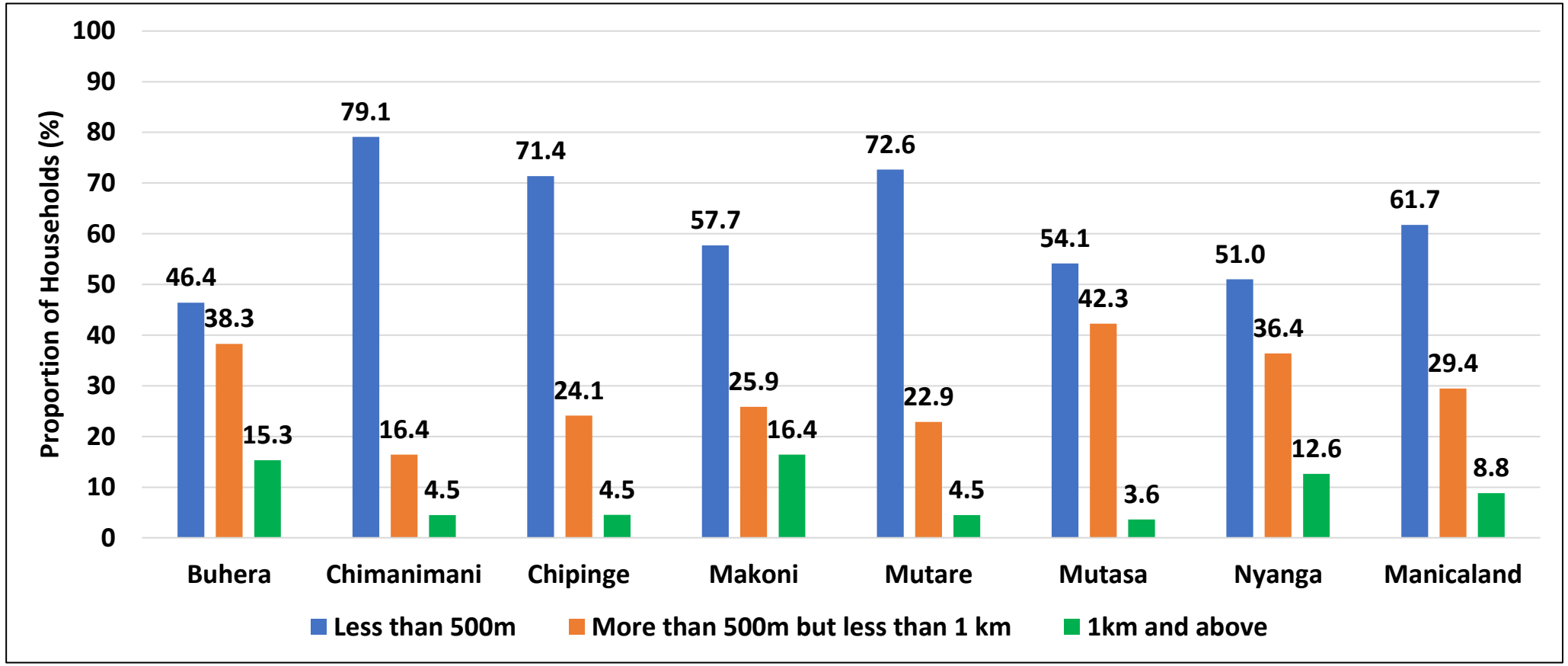
- The proportion of households treating their drinking water was 6.2% and was highest in Chimanimani at 18.4%
- However, Makoni and Mutasa districts had the highest proportion of households not treating their drinking water at 99% and 98% respectively.

Methods of Treating Drinking Water



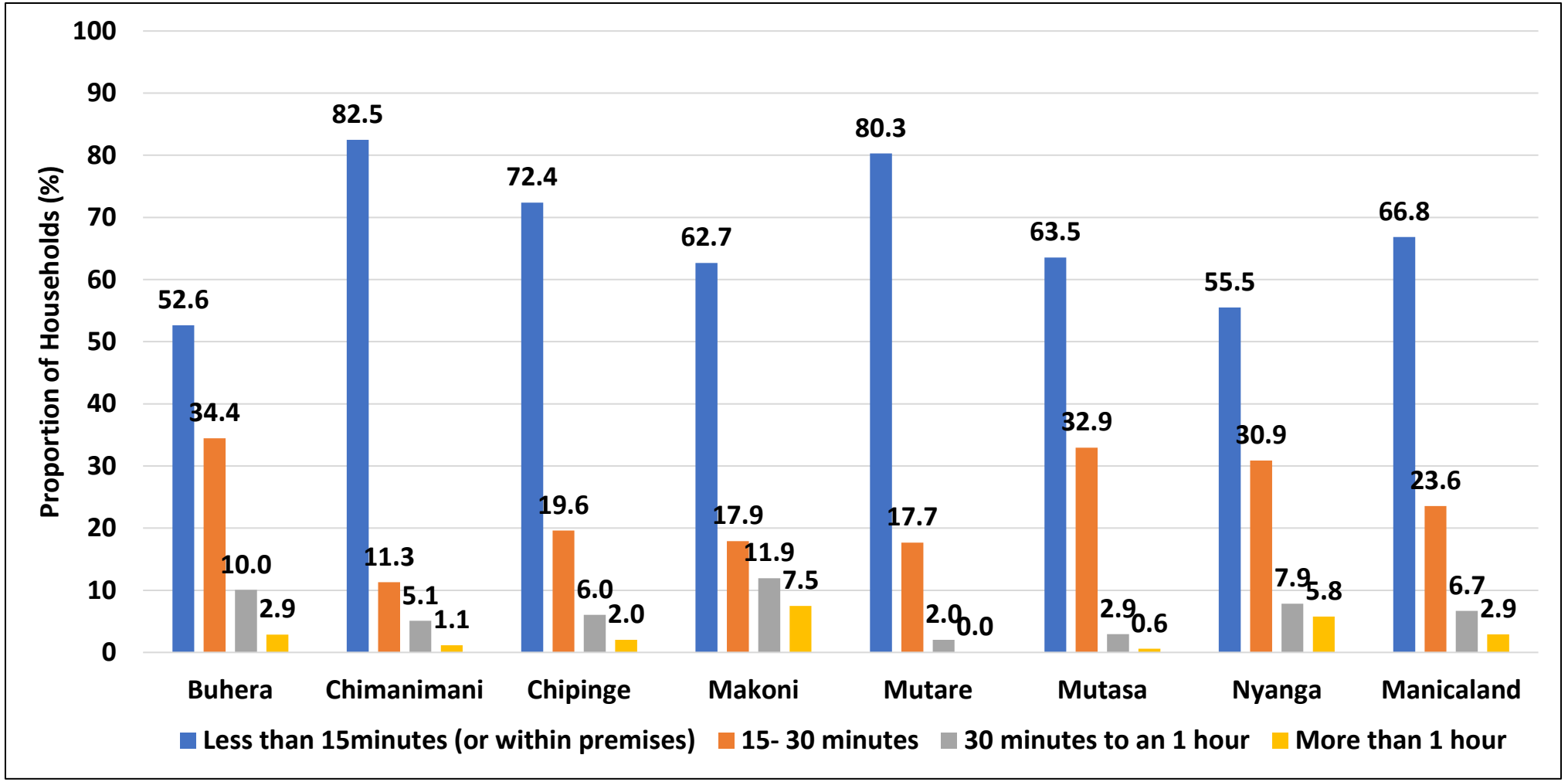
- Of the 6.2% that treated their drinking water, the majority of households reported that they add bleach or chlorine to their water before drinking (49%).
- About 12.5% of the households add water treatment tablets and 37.5% boil their water before drinking.
- Only 1% reported that they use a water filter.

Distance Travelled to Main Water Source



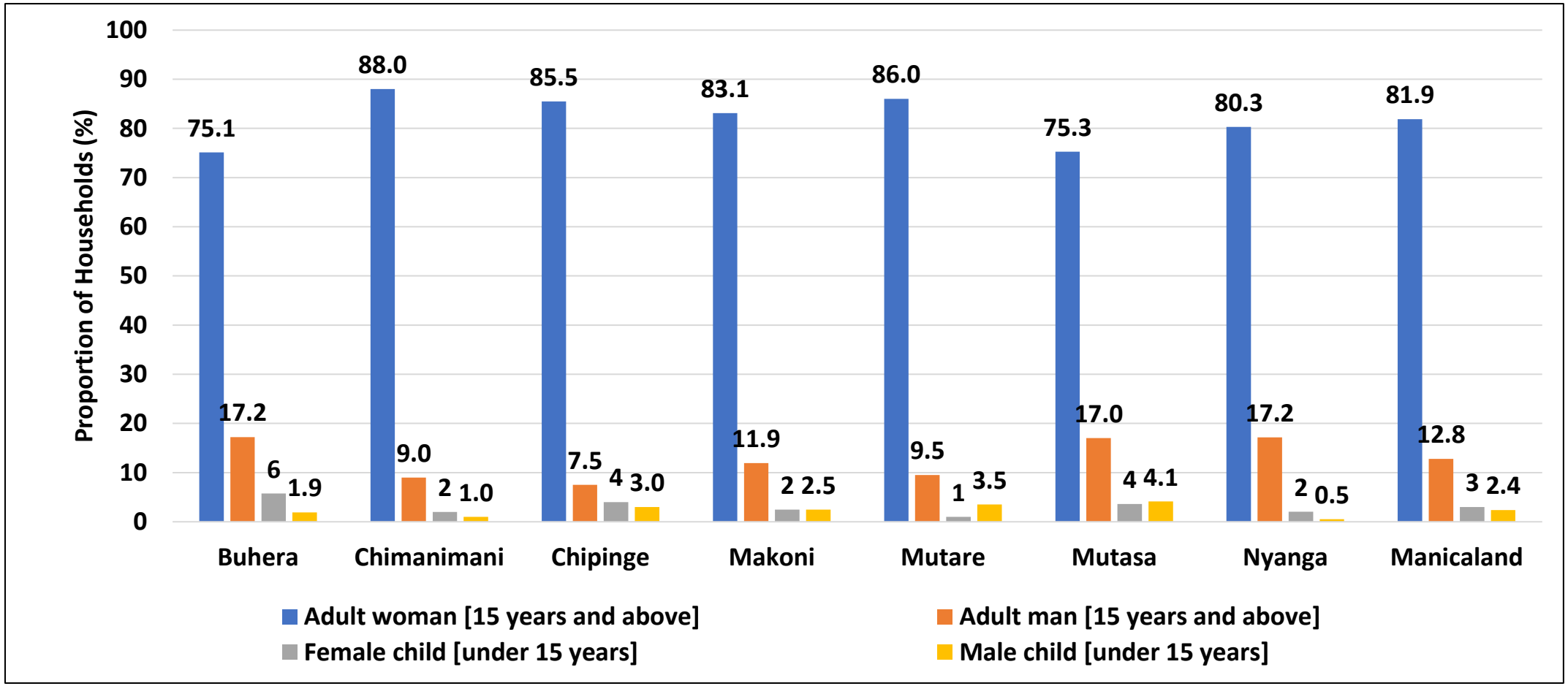
- According to Sphere Standards, the maximum distance that should be travelled to fetch water is 500 metres.
- About 8% of households reported that they travel more than one kilometre to fetch water and the highest proportion was in Buhera (15.3%).
- The proportion of households travelling less than 500m was about 61.7% with Chimanimani having the highest proportion at 79.1%.

Time Spent Queuing for Water



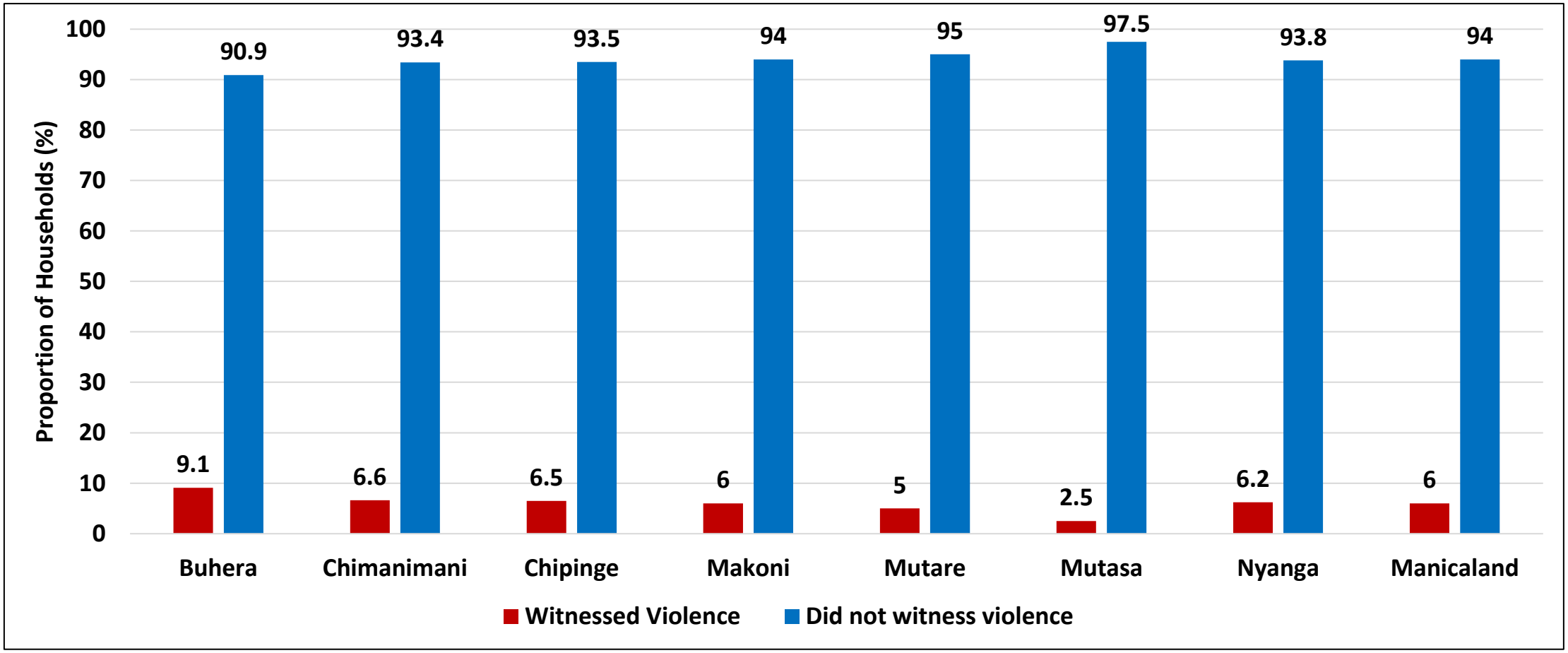
- The proportion of households that reported that they queue for more than one hour was about 2.9%.
- About 66.8 % reported that they queue for less than fifteen minutes.

Household Members who Fetch Water by Sex and Age



- Adult women (81.9%) and adult men (12.8%) fetched water more frequently than the male and female children (2.4% and 3% respectively).

Proportion of Households which Witnessed Violence at Water Points



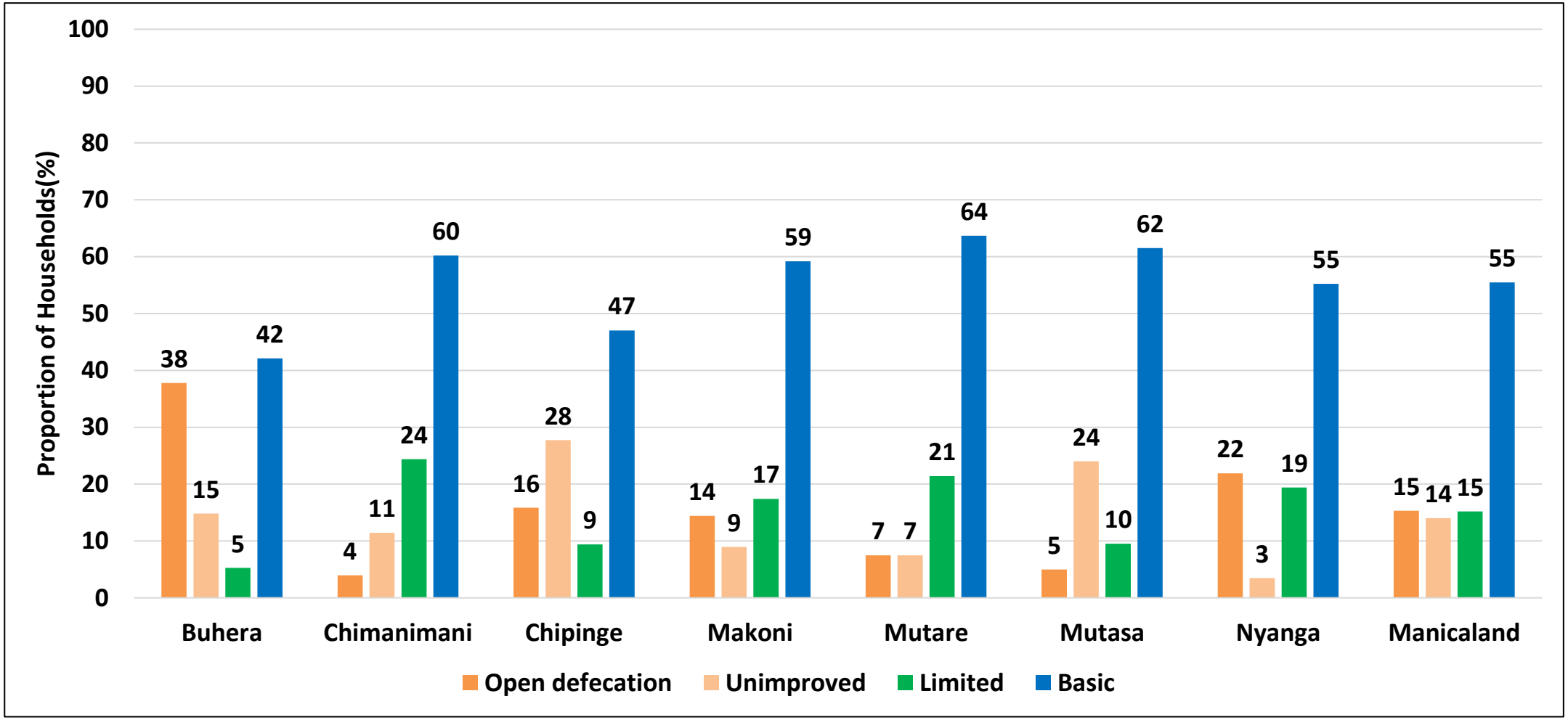
- About 6% of the households reported that they witnessed some form of violence at water points in the past three months with Buhera district having the highest proportion at 9.1%.

Sanitation

Ladder for Sanitation

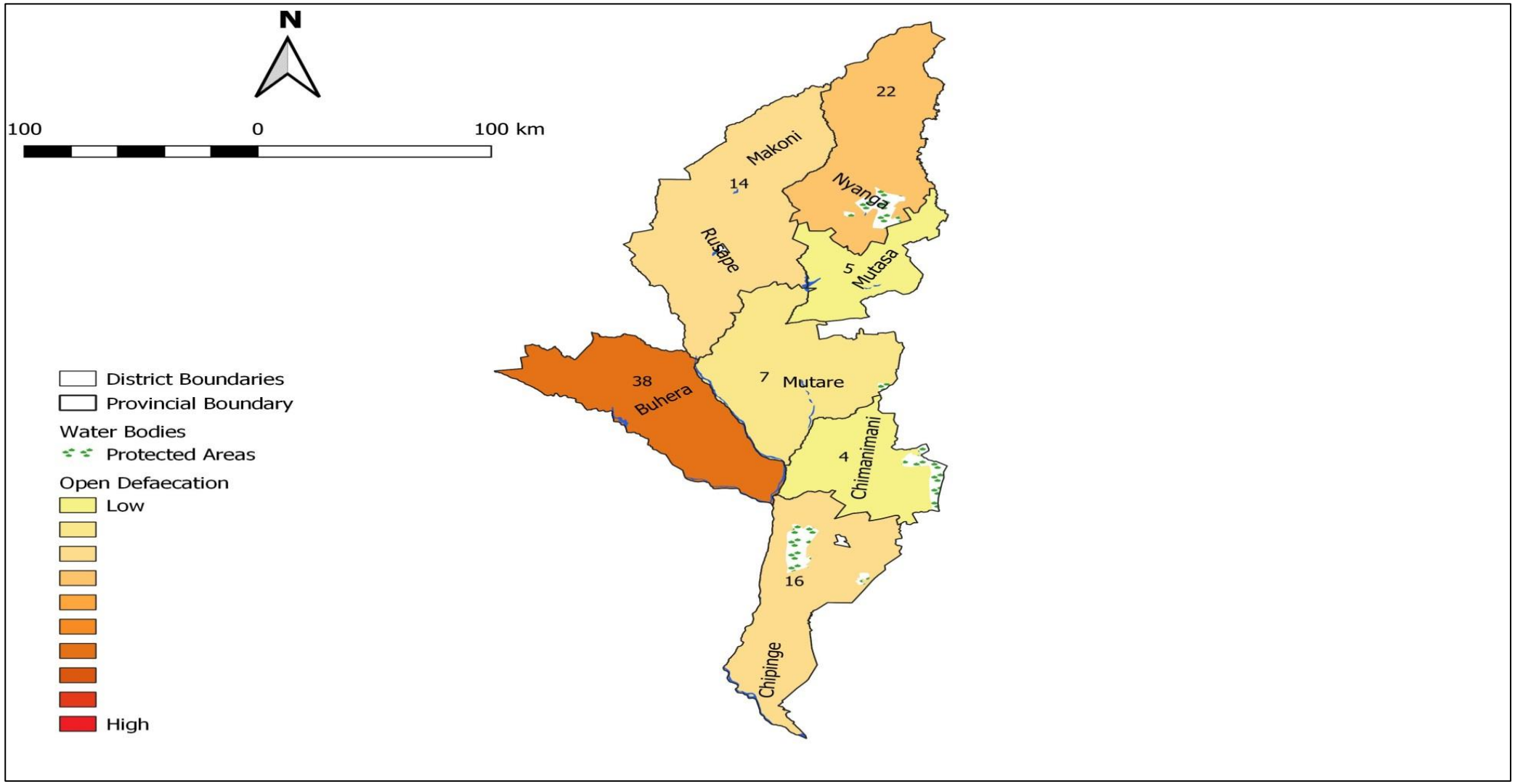
Service level	Definition
Safely Managed	Use of improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite.
Basic Sanitation Facilities	Use of improved facilities which are not shared with other households.
Limited Sanitation Facilities	Use of improved facilities shared between two or more households.
Unimproved Sanitation Facilities	Facilities that do not ensure hygienic separation of human excreta from human contact. Unimproved facilities include pit latrines without a slab or platform, hanging l trines 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 Sanitation Services



- About 55% of households had access to basic sanitation services with Chimanimani district having the highest proportion (60.2%).
- The prevalence of open defecation was highest in Buhera district 37.8% and this was higher than the provincial average of 15.2%.

Prevalence of Open Defecation



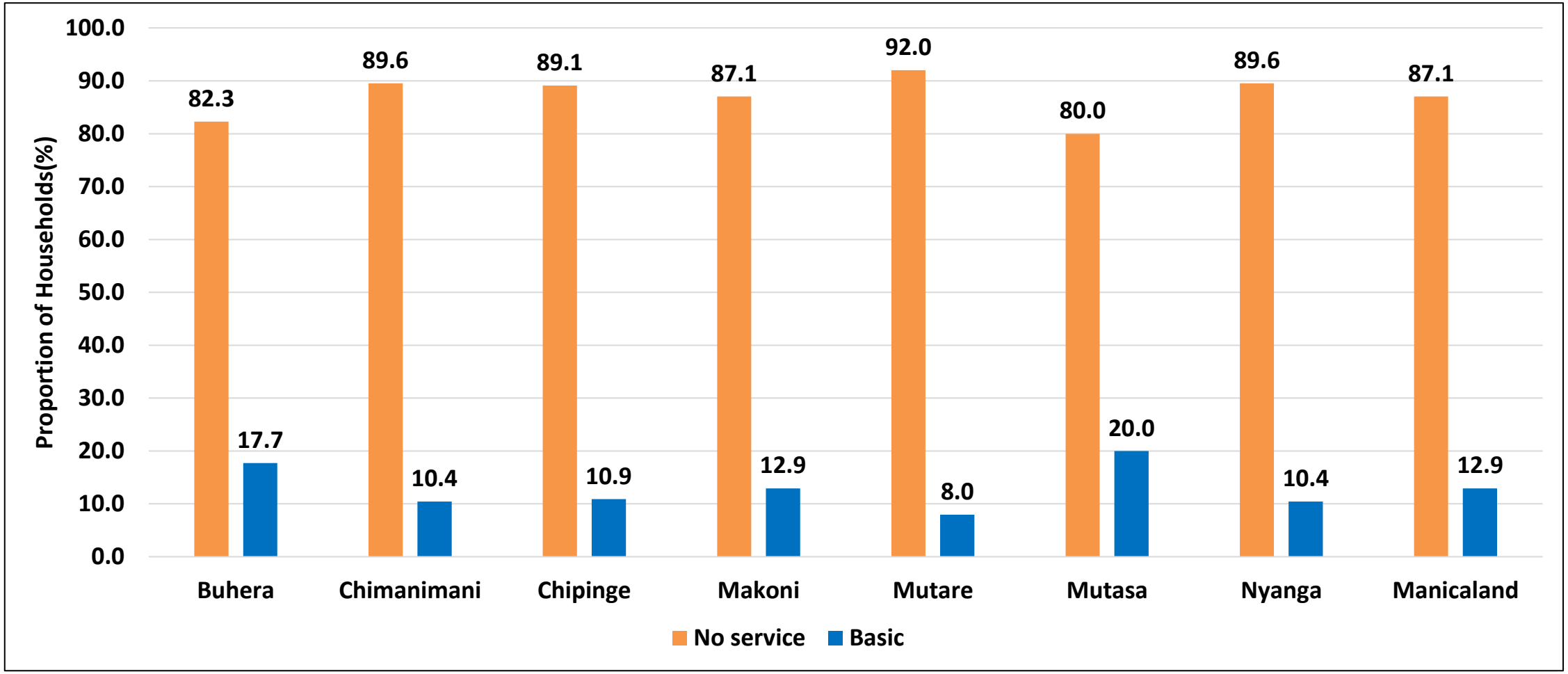
- Open defecation was high in Buhera and moderate in Nyanga, Makoni and Chipinge.

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 handwash agents.

Availability of Handwashing Facility



- The majority of household observations were of no handwashing facility near the toilet (87.1%) with Mutare district having the highest proportion at 92%.

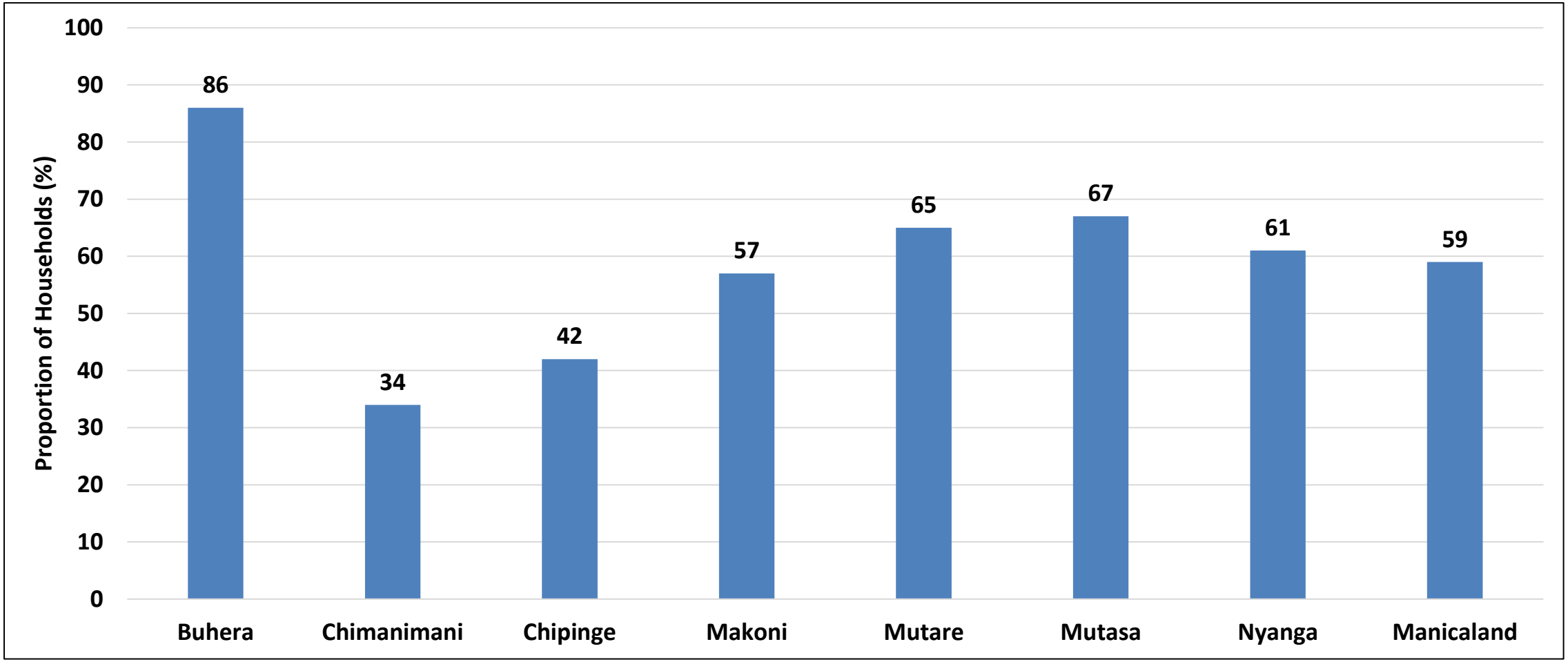
Handwashing at Critical Times

	Never (%)	After using the toilet (%)	Before handling food (%)	After changing childrens nappies/diapers (%)	Before and after eating (%)	After assisting the sick (%)	Regularly (%)	Whenever i feel like my hands are dirty (%)	Other (%)
Buhera	0.5	97.1	84.7	12.9	75.1	3.8	24.4	19.6	0.0
Chimanimani	0.0	91.5	79.1	23.4	68.2	11.9	55.2	54.2	0.0
Chipinge	1.0	67.0	81.0	20.5	40.5	8.0	18.5	2.5	0.0
Makoni	2.0	79.6	84.1	29.4	59.7	8.0	33.3	8.5	0.0
Mutare	1.5	96.0	94.0	22.9	46.3	14.9	9.5	9.5	0.0
Mutasa	4.5	94.4	81.8	12.6	46.5	5.6	21.7	9.1	1.5
Nyanga	0.0	57.5	65.5	8.0	77.5	2.5	14.0	6.0	0.0
Manicaland	1.4	83.3	81.5	18.5	59.1	7.8	25.2	15.6	0.2

- After using the toilet (83.3%), before handling food (81.5%) and before and after eating were the most critical times for handwashing reported by households.
- About 25.2% of the households wash their hands regularly.

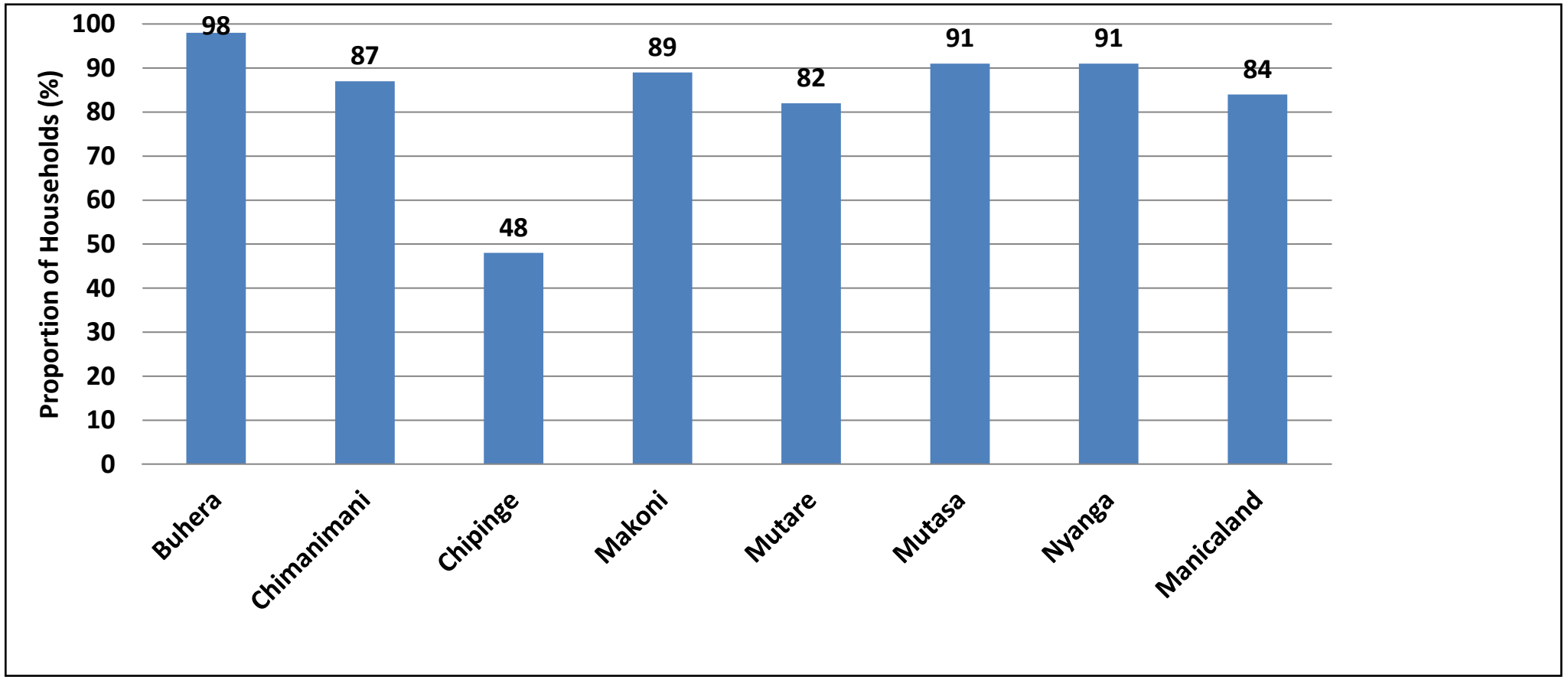
Access to Services and Infrastructure

Households which Received Agricultural Extension Services



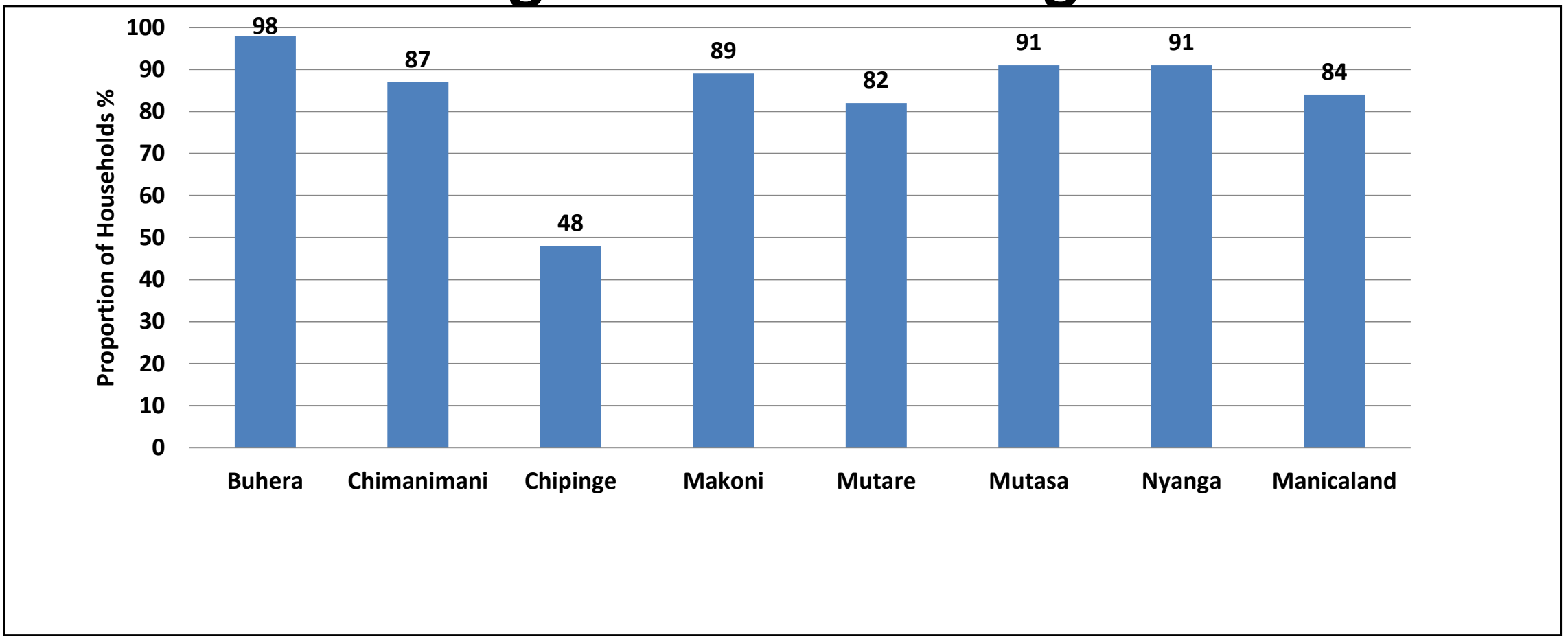
- About 59% of the households received agricultural extension services. Buhera district had the highest proportion of households which received extension services at 86%.

Proportion of Households which Received Cropping Advice



- The highest proportion of households which received cropping advice was in Buhera at 98%.

Proportion of Households which Received Agricultural Training



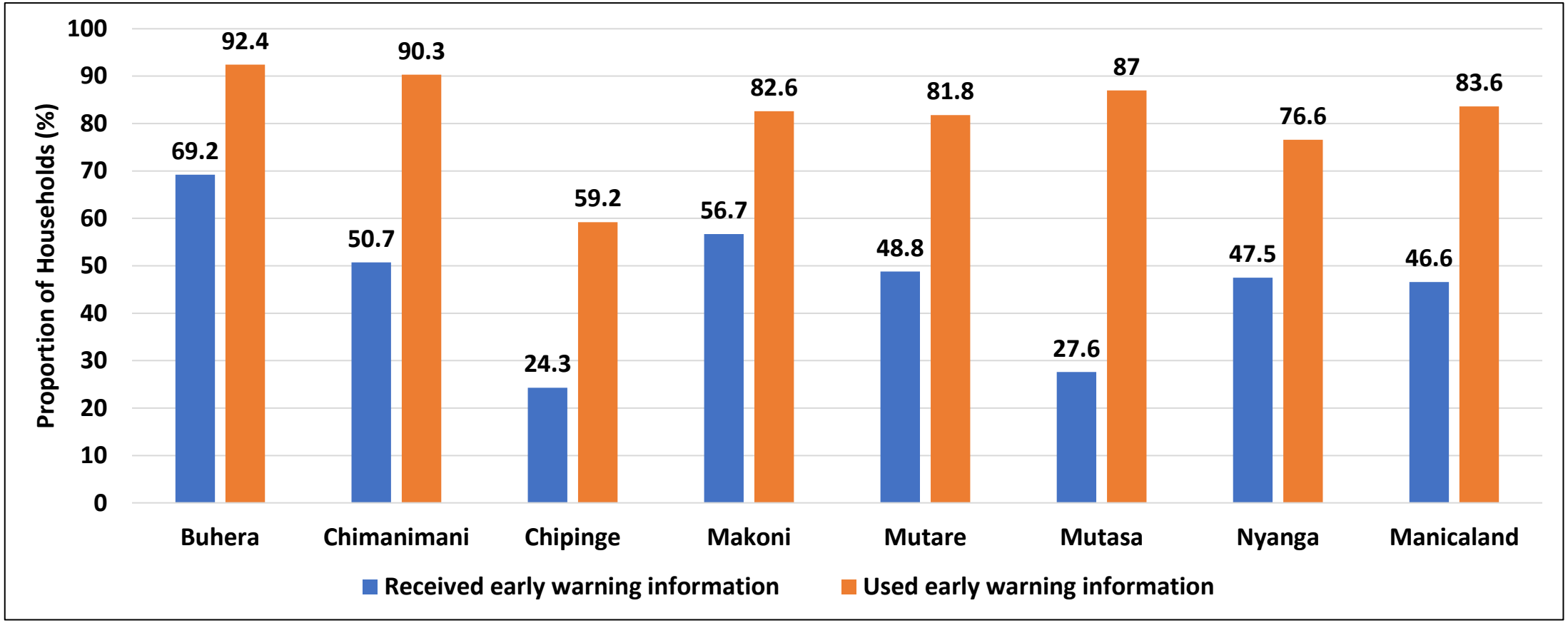
- Eighty four percent of the households reported that they received agricultural training.
- Chipinge district had the lowest proportion of households which received agricultural training at 48%.

Sources of Information on Weather and Climate

	Radio (%)	Neighbours/ Friends/Other Households (%)	Television (%)	Print media (Newspapers) (%)	Social media (%)	Internet browsing (%)	Government Extension Workers (%)	UN/NGOs (%)	Other (%)
Buhera	69	32.4	5.5	6.2	15.9	0	67.6	13.8	0
Chimanimani	69.6	48	9.8	2.9	8.8	1	31.4	1	1
Chipinge	71.4	18.4	8.2	4.1	14.3	4.1	34.7	12.2	0
Makoni	57	20.2	2.6	0	4.4	0.9	70.2	0.9	2.6
Mutare	58.2	5.1	0	1	2	0	54.1	2	0
Mutasa	59.3	0	5.6	0	3.7	0	53.7	1.9	0
Nyanga	59.6	11.7	2.1	0	2.1	0	81.9	0	0
Manicaland	63.4	22	4.6	2.3	7.6	0.6	58.8	4.7	0.6

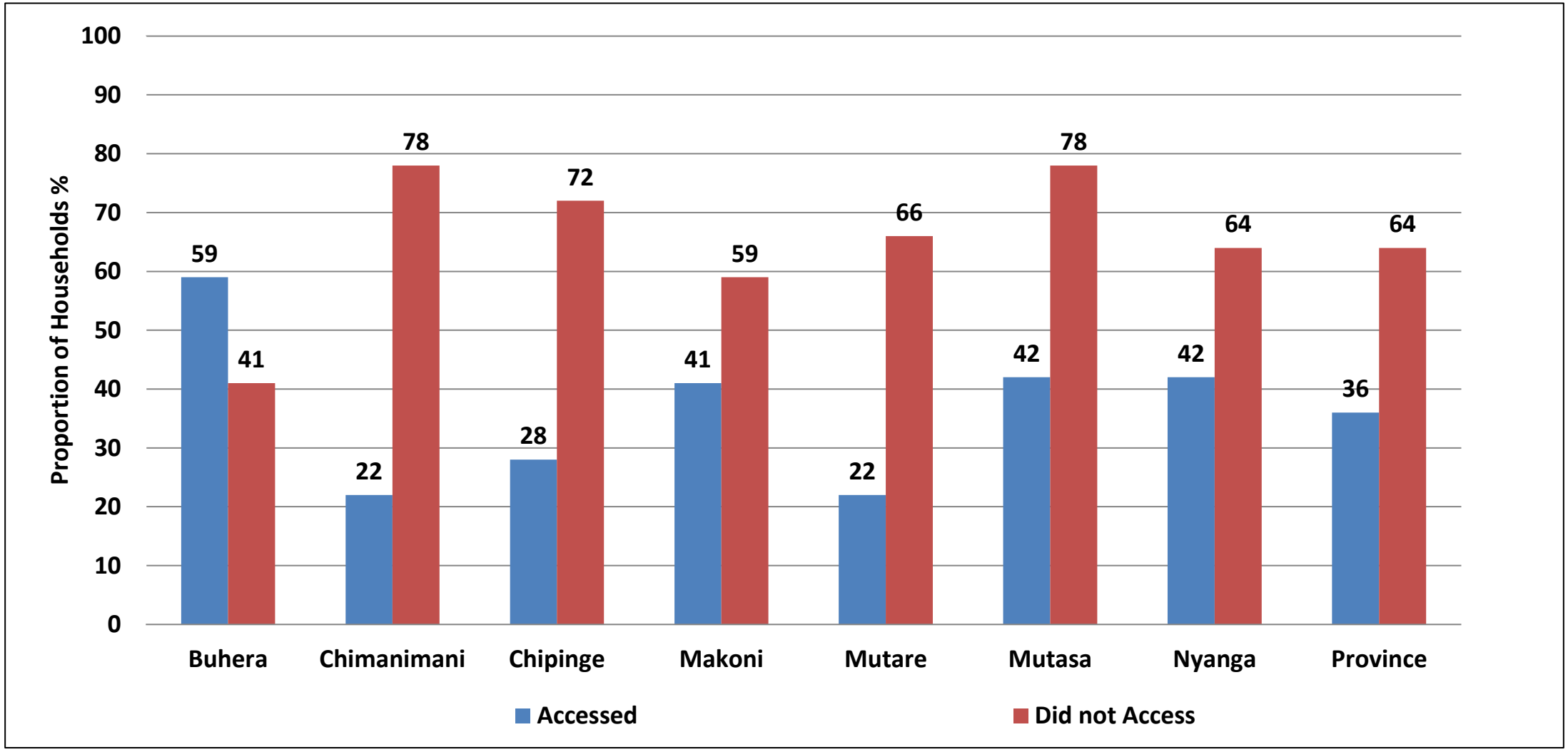
- Radio (63.4%) and government extension workers (58.8%) were the most common sources of information on climate and weather.
- Makoni district had the highest proportion of households which reported that government extension workers were their source of information on weather and climate.

Households which Received and Used Early Warning Information for Planning Response Mechanisms



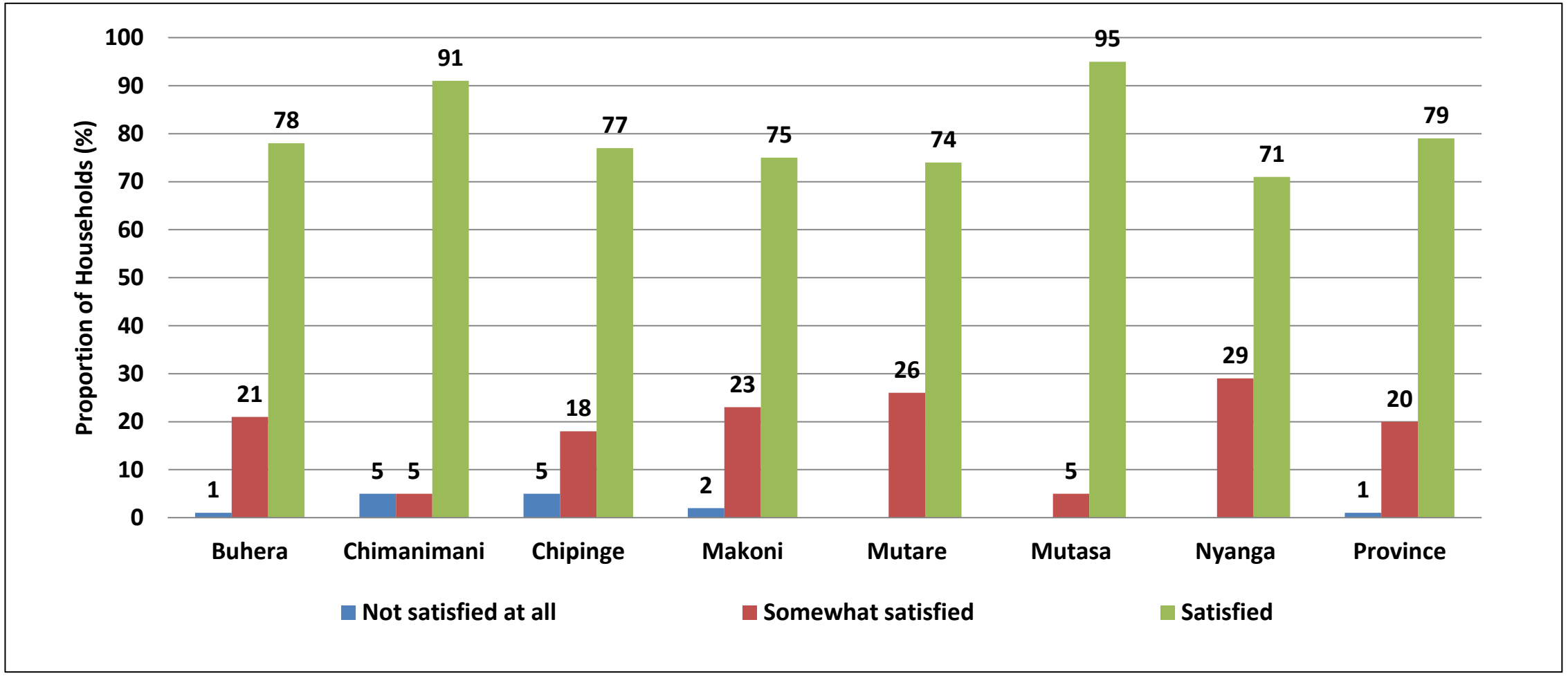
- About 46.6% of the households received early warning information.
- Of the proportion that received early warning information, 83.6% used the information for planning response mechanisms.

Access to Veterinary Services



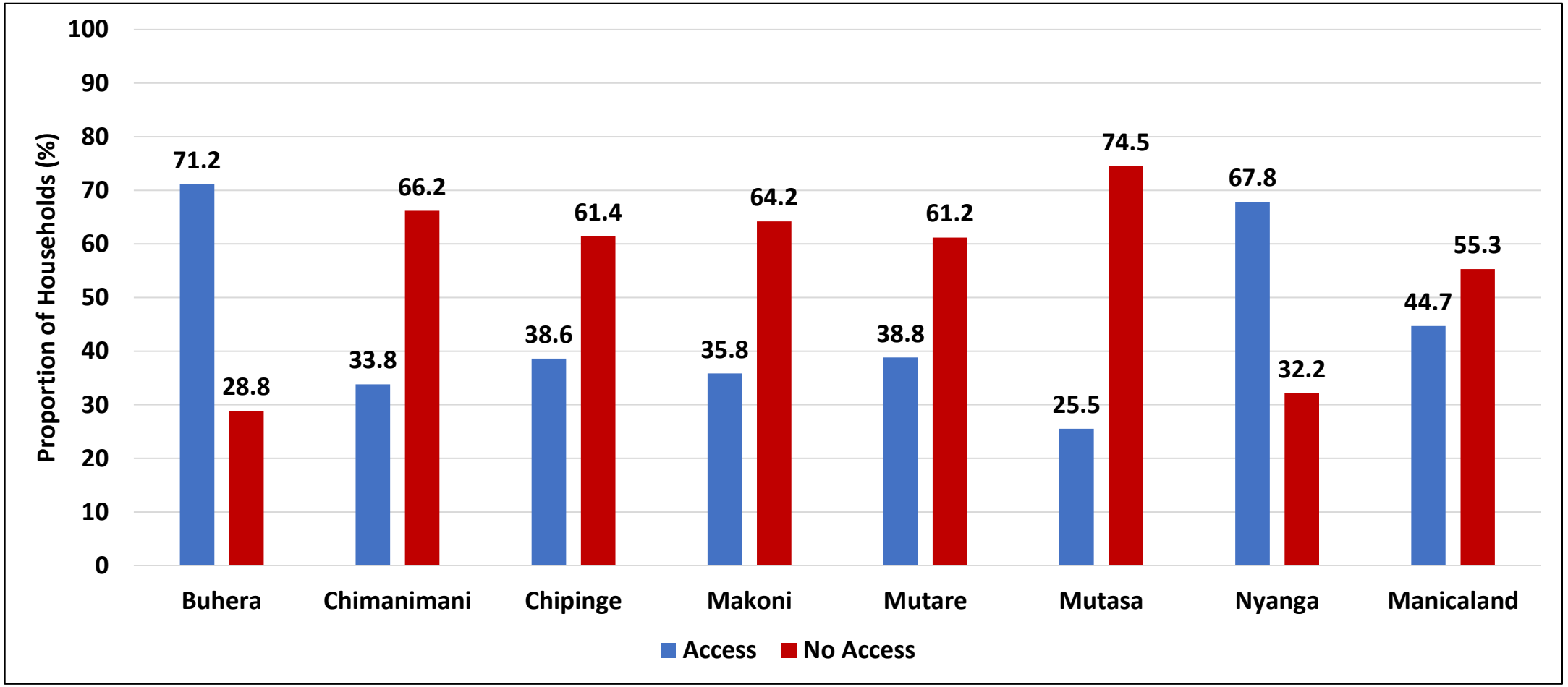
- About 64% of households reported that they did not access veterinary services when they needed them.

Households Satisfied with Veterinary Services Received



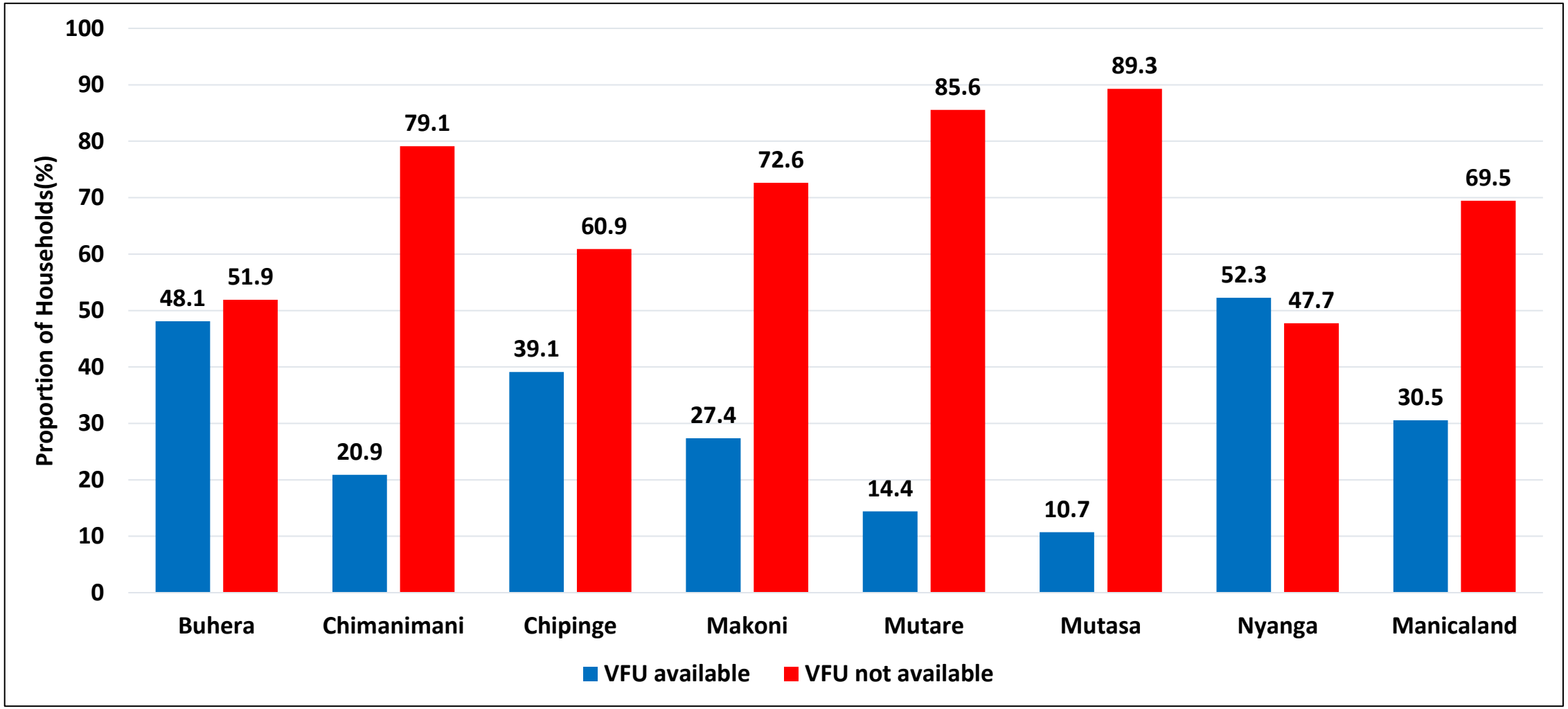
- About 79% of households were satisfied with veterinary services received.

Household Access to Police Services



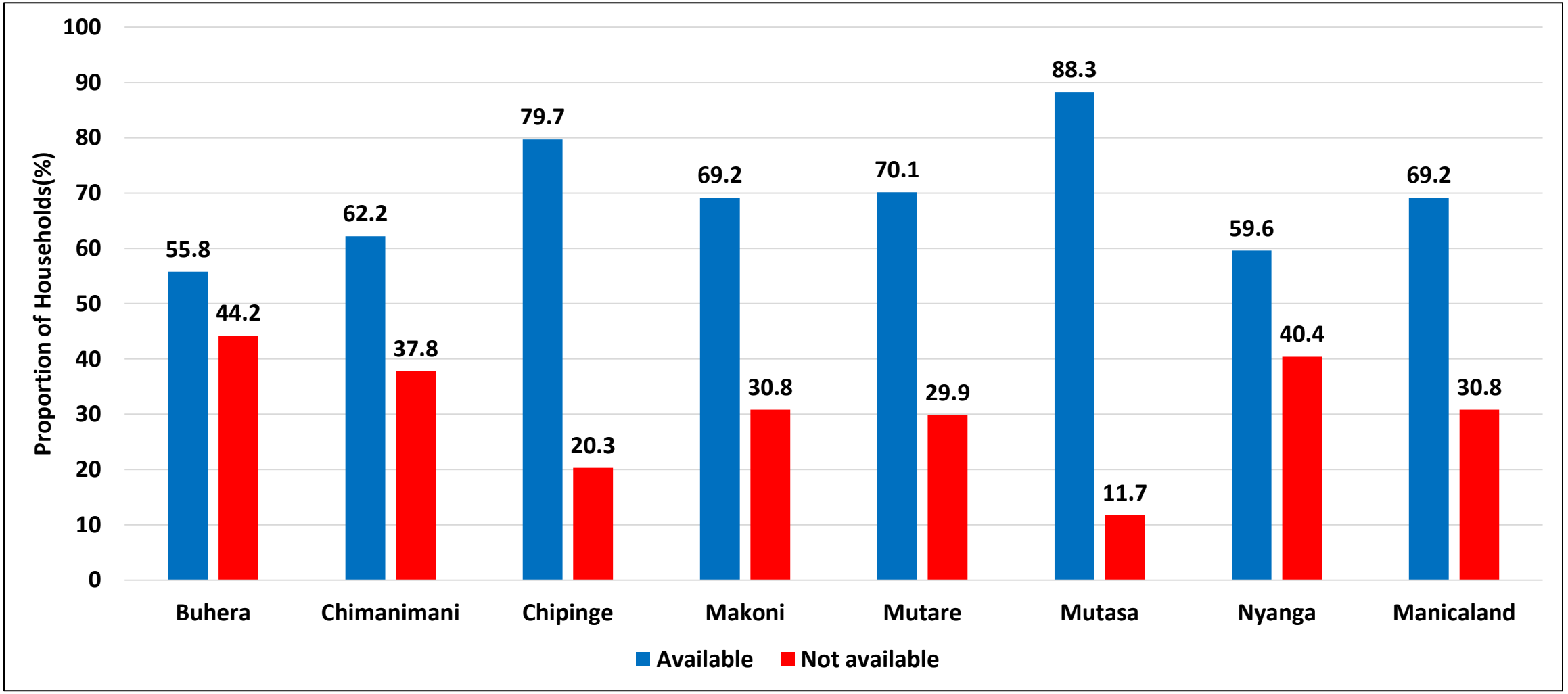
- The proportion of households accessing police services within one hour was 44.7%.
- Mutasa had the highest proportion of households with no access to police services within one hour (74.5%).

Availability Victim Friendly Unit (VFU) at Police Station



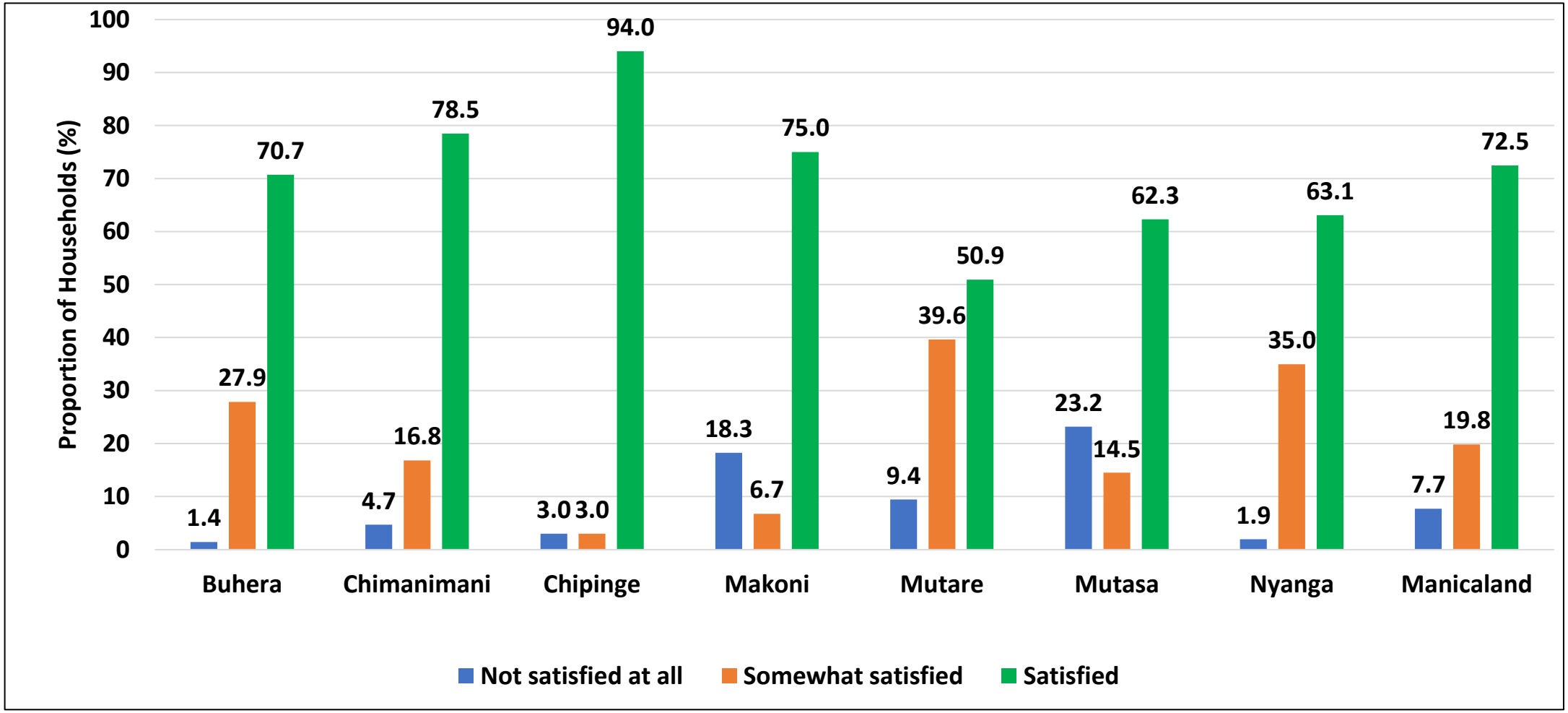
- About 69.5% of the households reported that there was no Victim Friendly Unit at their nearest police station.

Availability of GBV Services



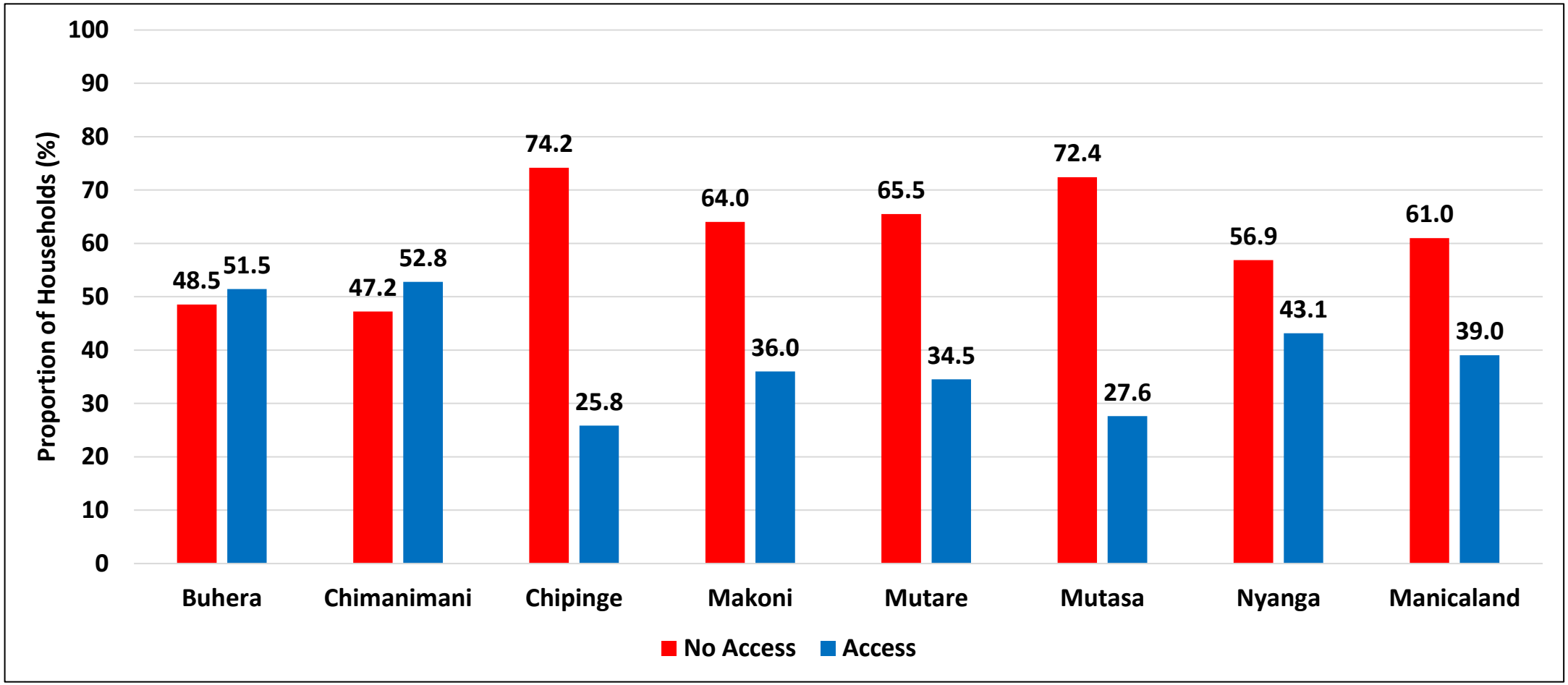
- Only 69.2%% of the households reported that there were services for physical and sexual violence available to them.
- Mutasa district had the highest proportion at about 88.3%.

Satisfaction on GBV Services Received



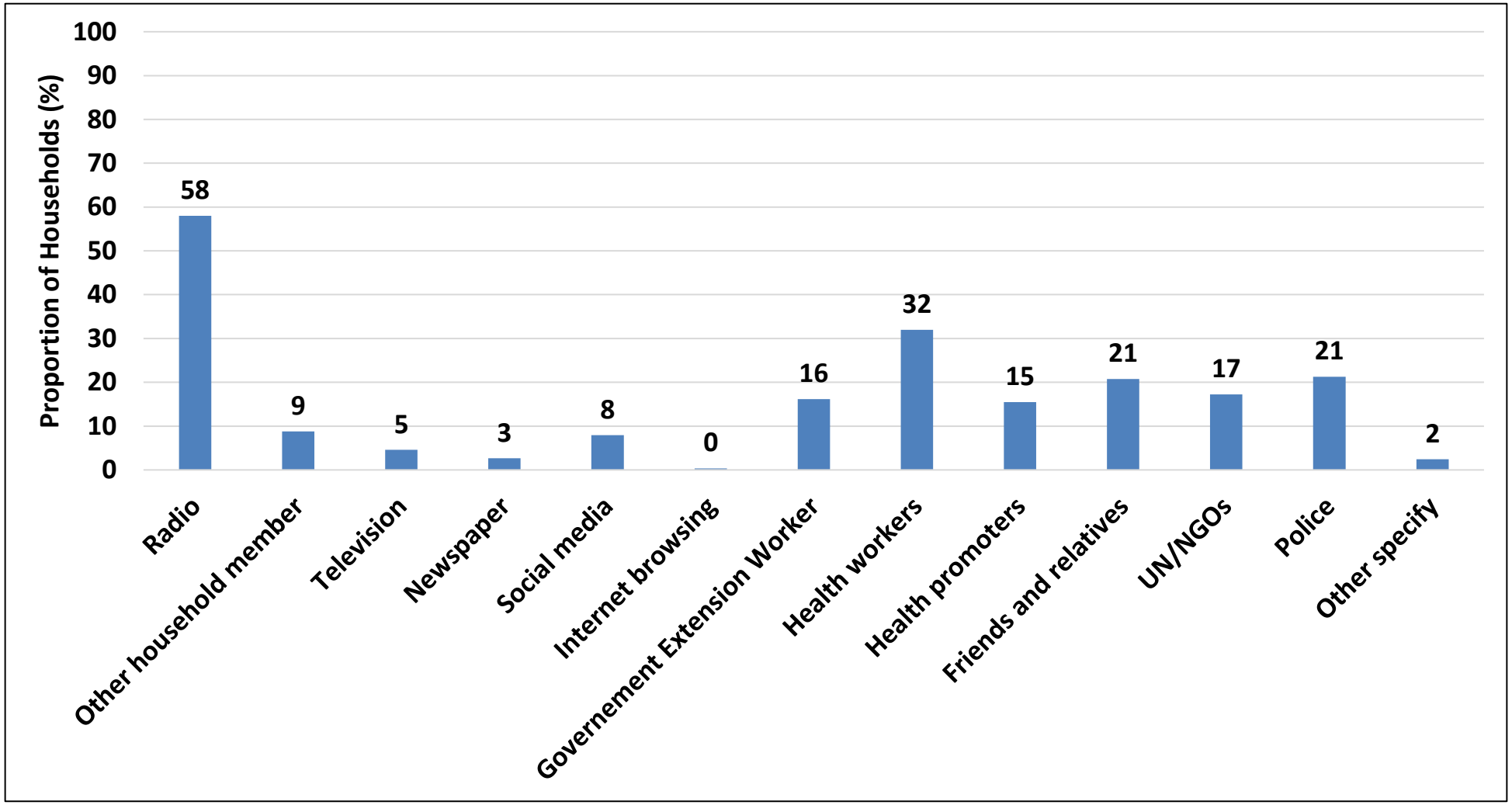
- The highest proportion of households were satisfied with services being offered at local facilities (72%).
- About 19.8% were somewhat satisfied and 7.7% who were not satisfied at all.
- Highest satisfaction was in Chipinge at 94%, and lowest satisfaction was in Mutare (50.9%).

Proportion of Households with Access to Information on Physical and Sexual Violence



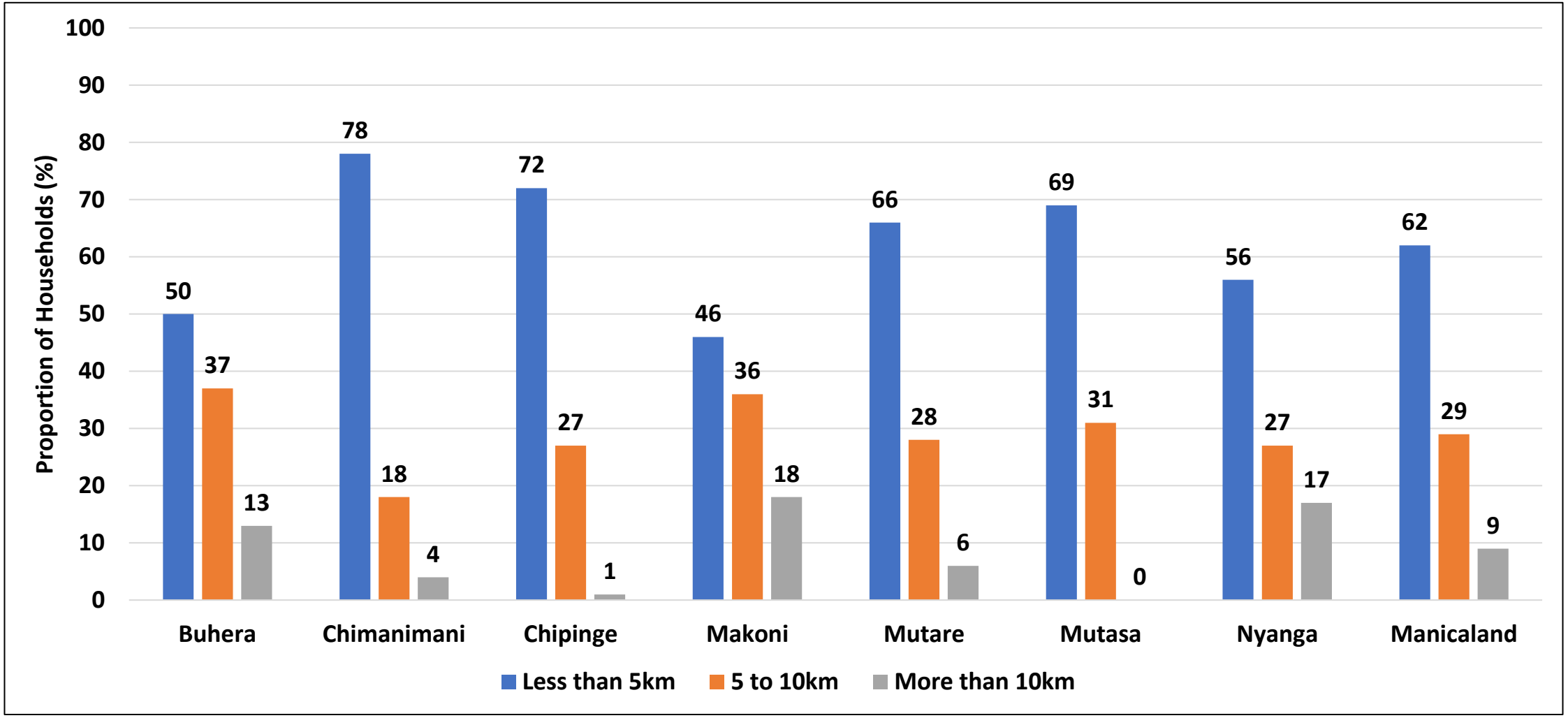
- The highest proportion of households which had access to information on sexual and physical violence was in Chimanimani (52.8%) and the lowest was in Chipinge at 25.8%.

Sources of Information on Physical and Sexual Violence



- The majority of households reported that they received information on sexual and physical violence from radio (58%), health workers (32%) and police, friends and relatives both at 21%.

Distance Travelled to Nearest Health Facility



- The majority of households reported that the nearest health facility was less than five kilometres away.

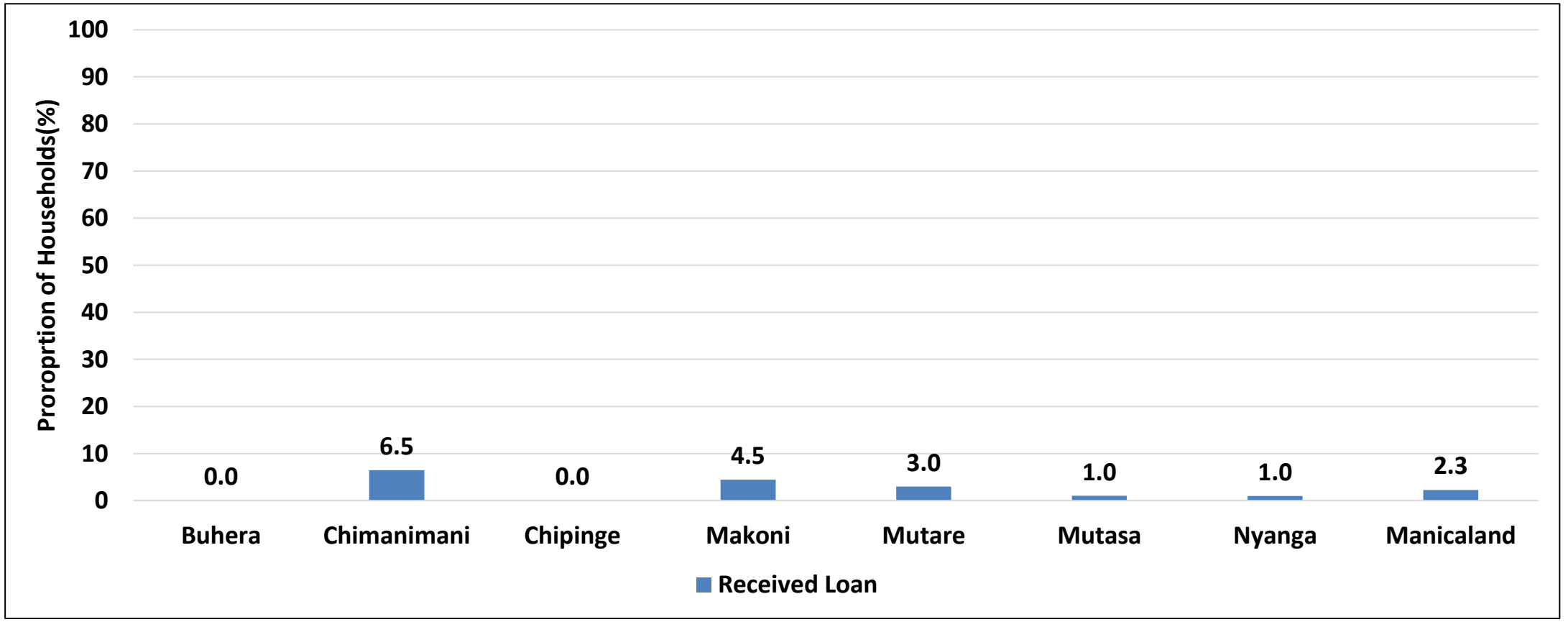
Access to Infrastructure for Food and Nutrition Security

	Irrigation (%)	Farming equipment(%)	Fowl runs (%)	Solar powered water source (%)	Borehole (%)	Storage facility (%)	Savings (%)	Beehives (%)	Nutrition gardening (%)	Agro-forestry (%)	Other (%)
Buhera	0	12	43	1	3	7	0	2	68	0	14
Chimanimani	31	12	32	1	9	15	4	2	40	1	13
Chipinge	14	17	27	1	1	6	6	0	29	0	5
Makoni	4	13	38	0	3	4	3	0	55	2	37
Mutare	2	15	21	0	15	22	1	3	52	1	4
Mutasa	8	28	46	2	7	6	9	2	49	7	14
Nyanga	11	6	30	0	1	17	5	2	45	1	19
Manicaland	10	15	34	1	5	11	4	2	48	2	15

- Nutrition gardens were the most common infrastructure for food and nutrition security reported by households (48%), followed by fowl runs (34%).

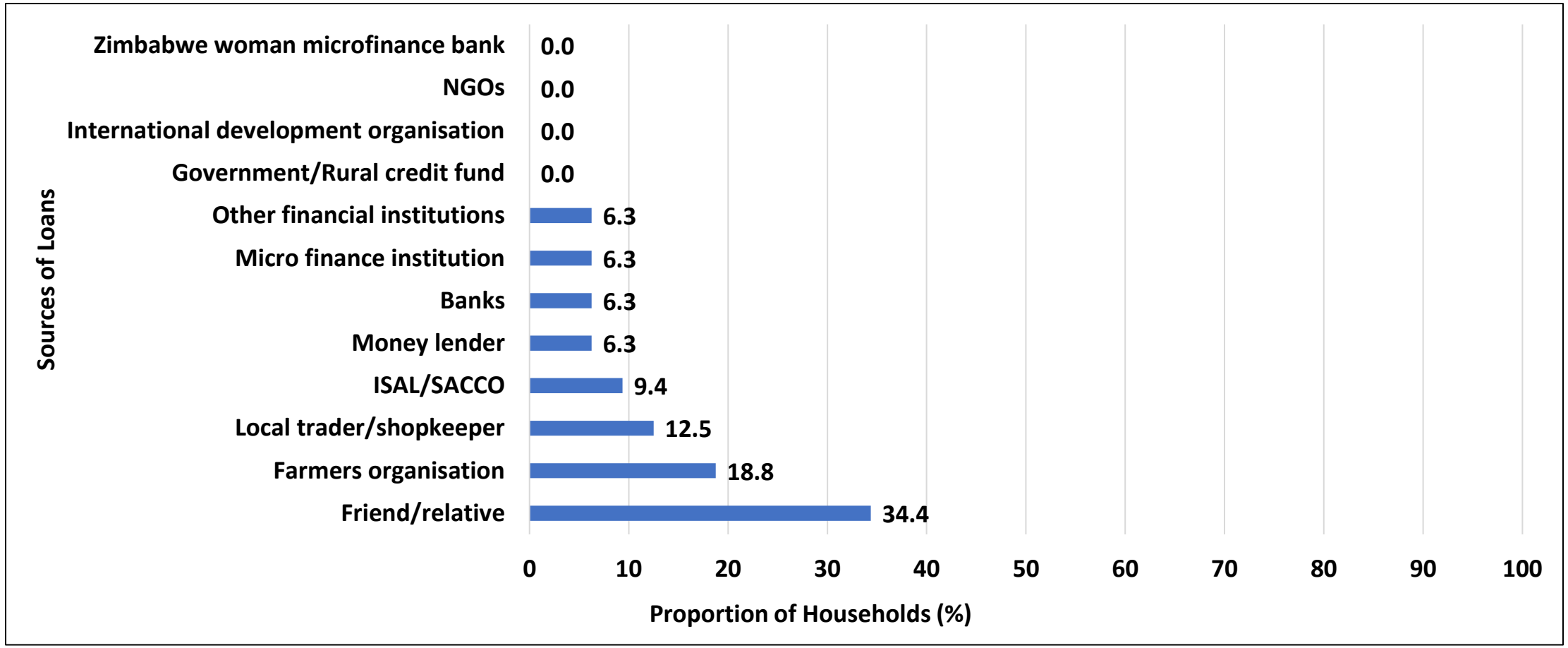
ISALS and Loans

Households with a Member who Received a Loan



- Majority of households did not received loans while only 2.3% of households received loans.
- The highest proportion of households who received loans was in Chimanimani (6.5%) while the lowest was in Buhera and Chipinge where no households received any loan.

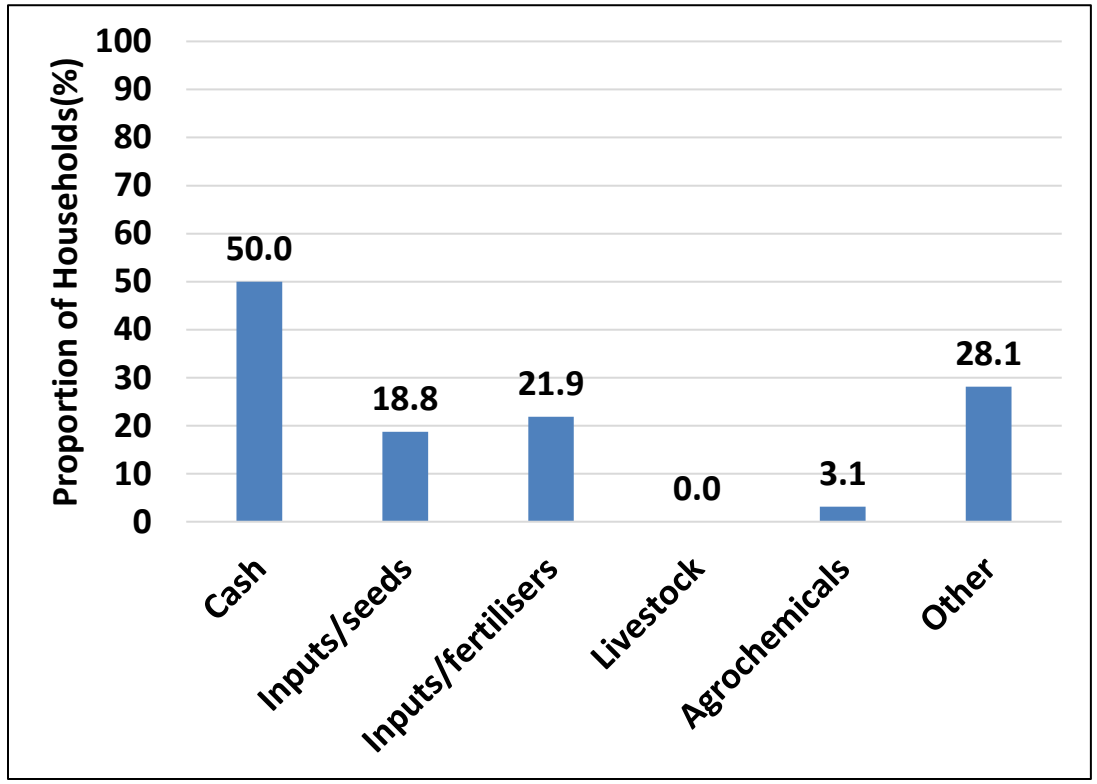
Sources of Loans



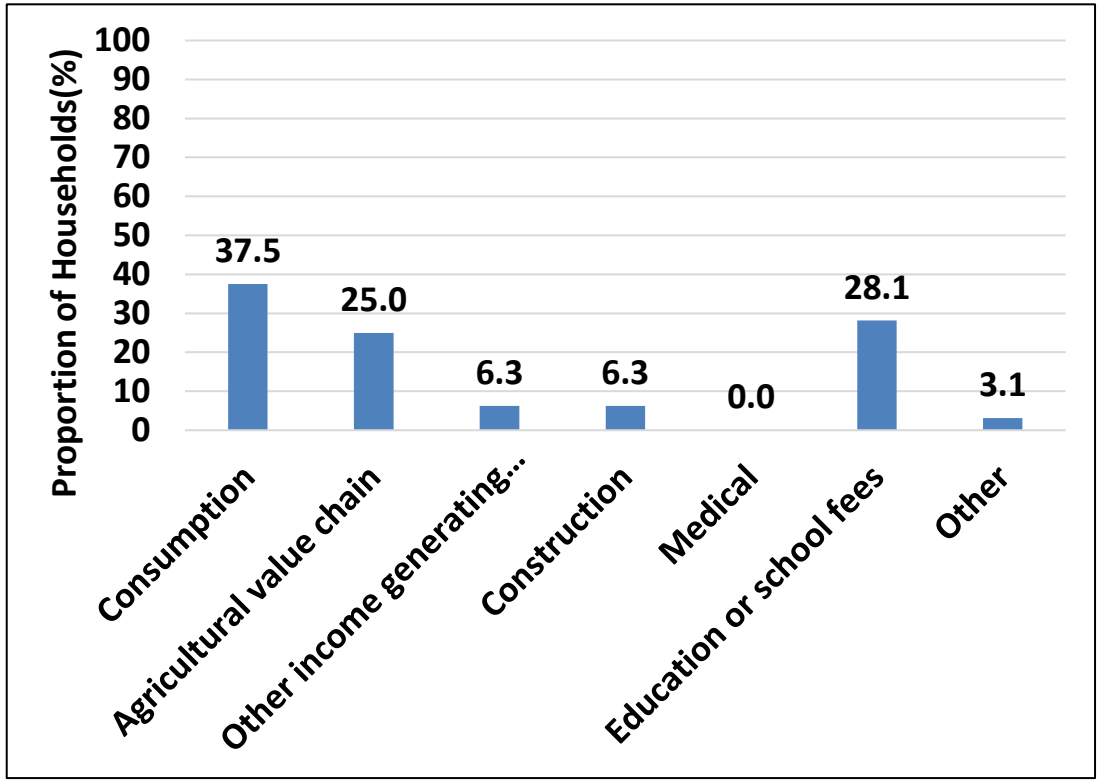
- Of the 2.3% of households which received loans, the major sources were friends and relatives (34.4%) and farmers organisations (18.8%).
- No households reported that they received loans from Zimbabwe Woman Microfinance Bank, NGOs, International Development Organisations, and Government Rural Credit Fund.

Types of Loans and Primary Use

Types of Loans

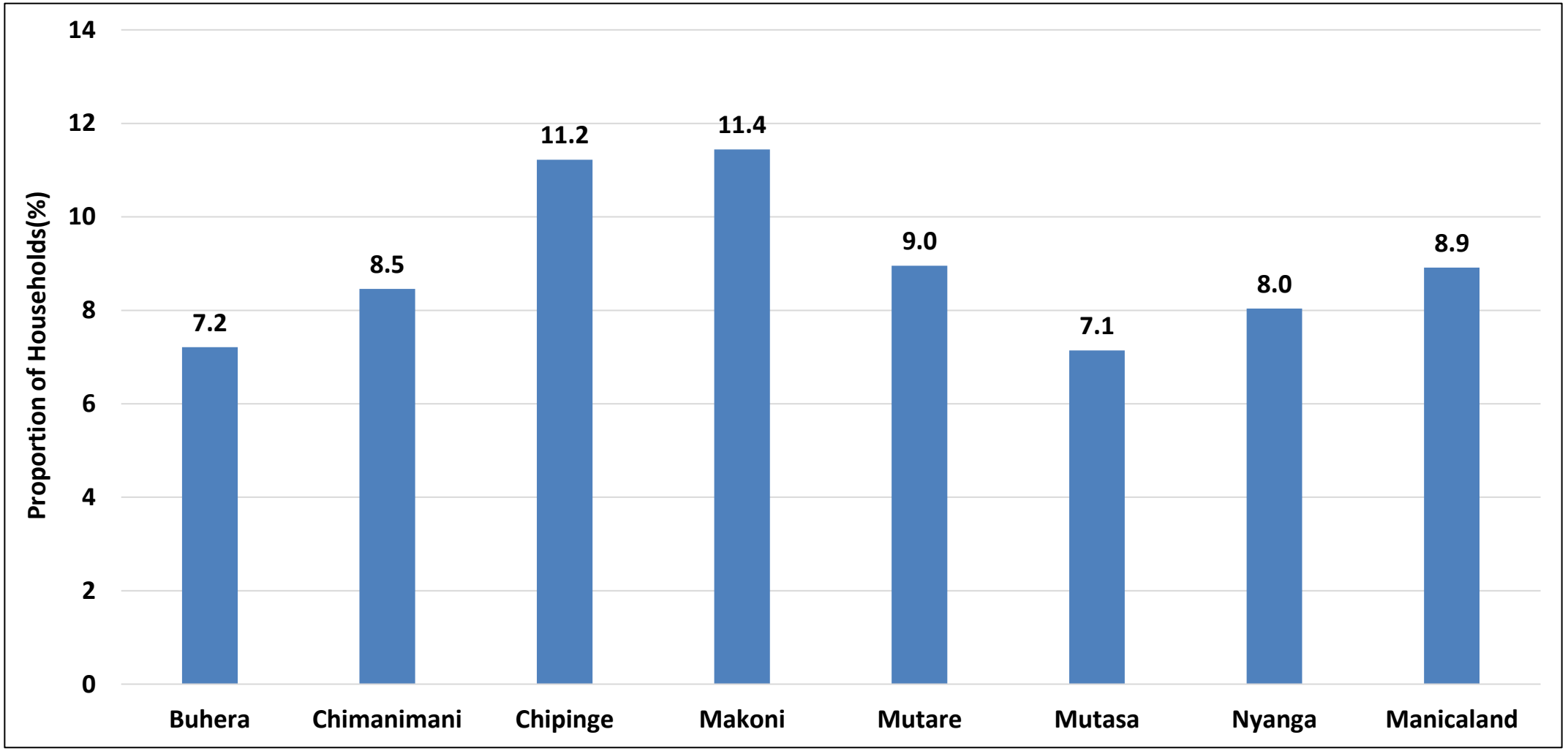


Loan primary use



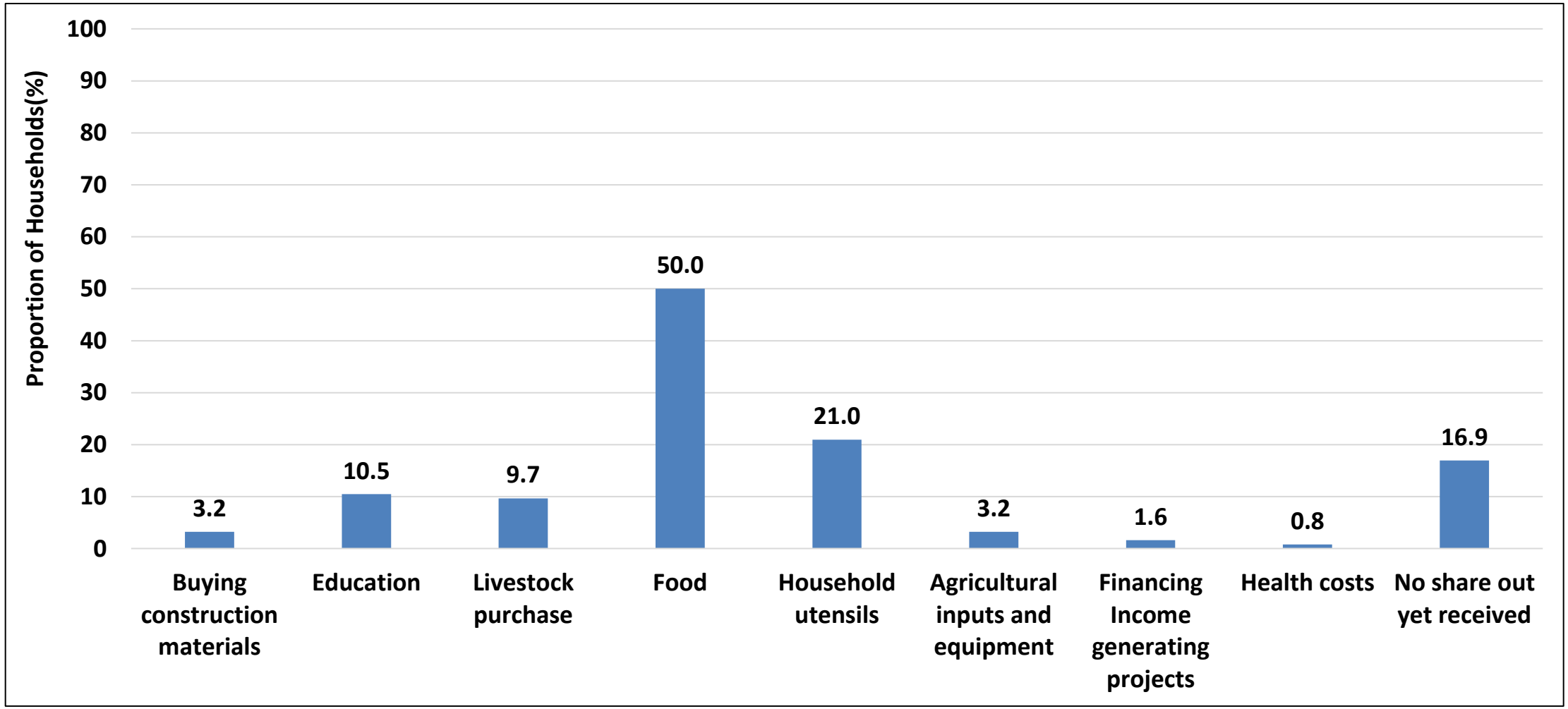
- About 50% of the households reported that they received cash as a loan while no households reported that they received livestock as a loan.
- Most the household used their loans for consumption (37.5%) and education (28.1%).

Households with a Member in an ISAL Group



- Makoni had the highest proportion of households who had a member in an ISAL group (11.4%) while Mutasa had the lowest proportion of households who had a member in an ISAL groups (7.1%)

Use of Share-out from ISAL Group



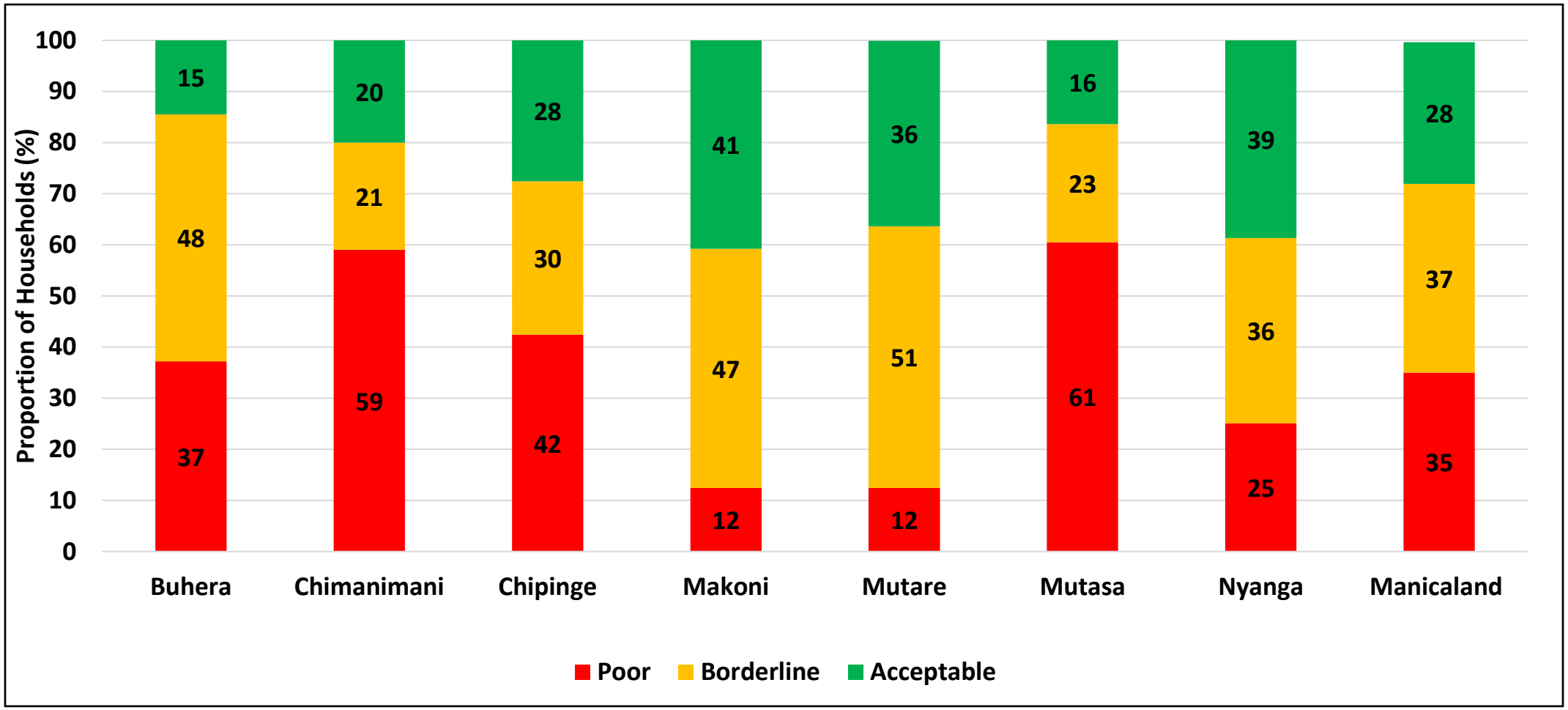
- Most of the households used their share-out for food (50%) followed by household utensils(21%) and very few households used their share for health costs (0.8%).

Food Consumption Patterns

Food Consumption Score - Nutrition

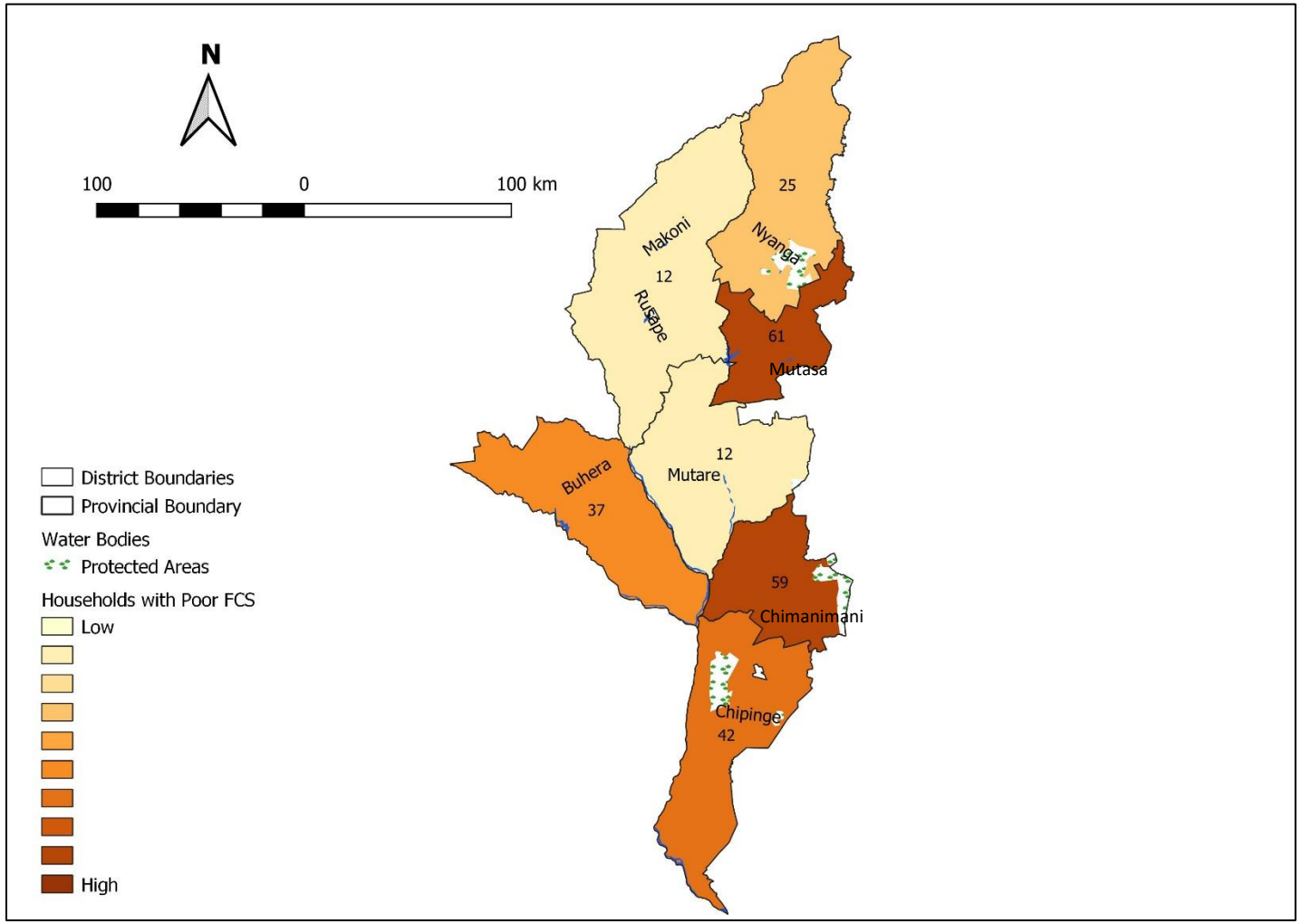
- The Food Consumption Score –Nutrition(FCS-N) is a build on the Food Consumption Score (FCS) which informs on nutrient rich groups consumed by the household which are essential for nutritional health and well-being.
- The analysis looked at how often a household ate foods rich in a certain nutrient, in particular, protein, iron and vitamin A. The following foods were used to compute the nutrients;
  - Vitamin A rich foods: Dairy, Organ meat, Eggs, Orange veg, Green veg and Orange fruits
  - Protein rich foods: Pulses, Dairy, Flesh meat, Organ meat, Fish and Eggs
  - Hem iron rich foods: Flesh meat, Organ meat, and Fish
- An insufficient intake of protein (essential for growth) is a risk for wasting and stunting. Deficiencies in micronutrients, such as vitamin A and iron, over a long period of time, lead to chronic undernutrition. Iron deficiency leads to anaemia and Vitamin A deficiency leads to blindness and interferes with the normal functioning of the immune system, growth and development as well as reproduction.
- The notion of FCS-N is that although the nutrient can be obtained from many foods, the number of times a household ate food particularly rich in this nutrient can be used to assess likely adequacy of that nutrient.

Food Consumption Patterns



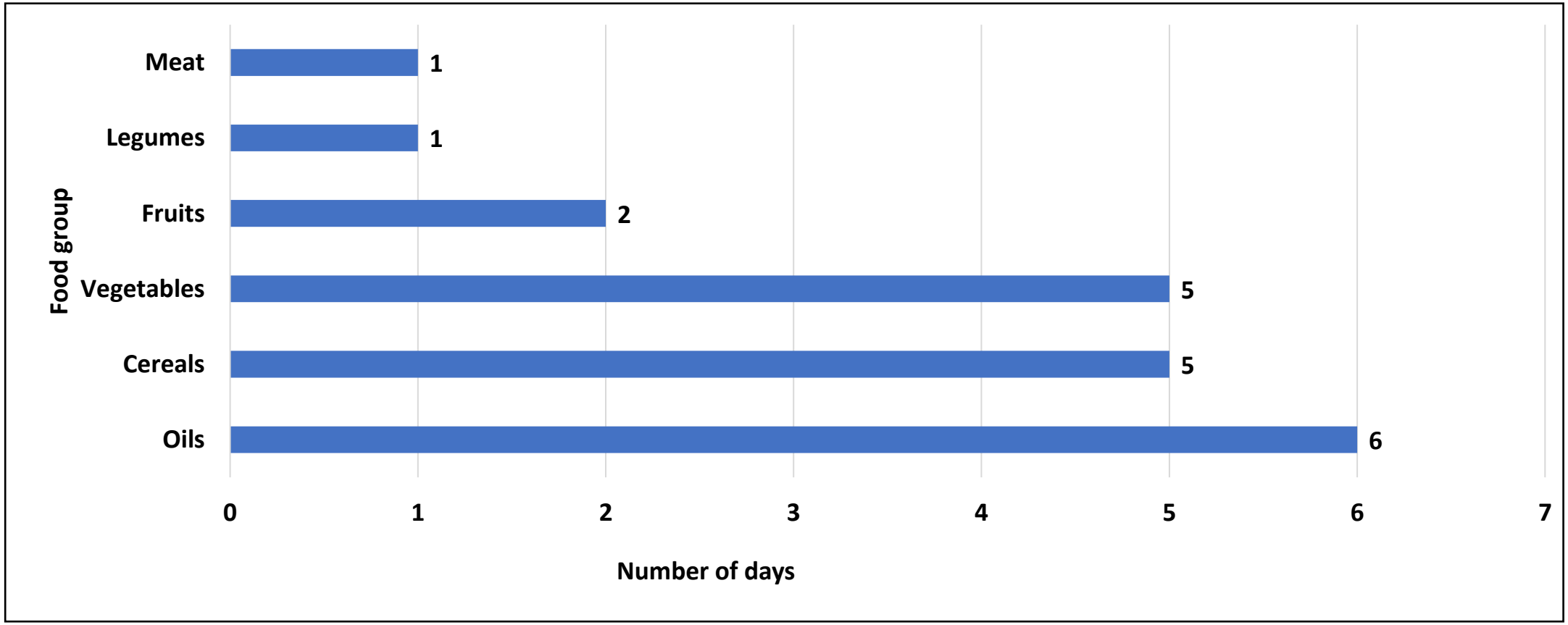
- The highest proportion of households with acceptable food consumption were in Makoni (41%) and this was higher than the provincial average of 28%.
- Mutare district had the highest proportion of households with borderline food consumption at 51%.

Households with Poor Food Consumption



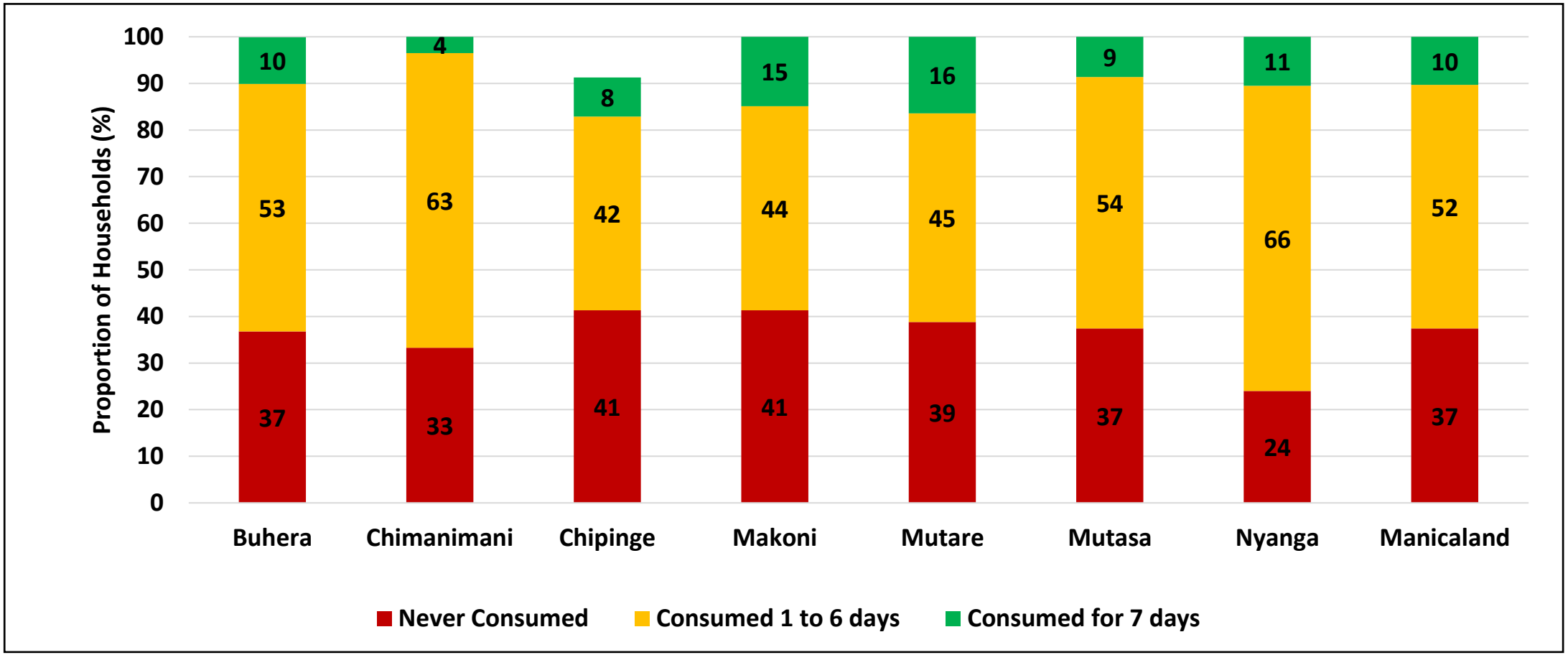
- Mutasa and Chimanimani districts had high proportions of households with poor food consumption score 61% and 59% respectively.
- Makoni and Mutare districts had the least proportions of households with poor food consumption score , 12%

Average Number of Days Households Consumed Food from Various Food Groups



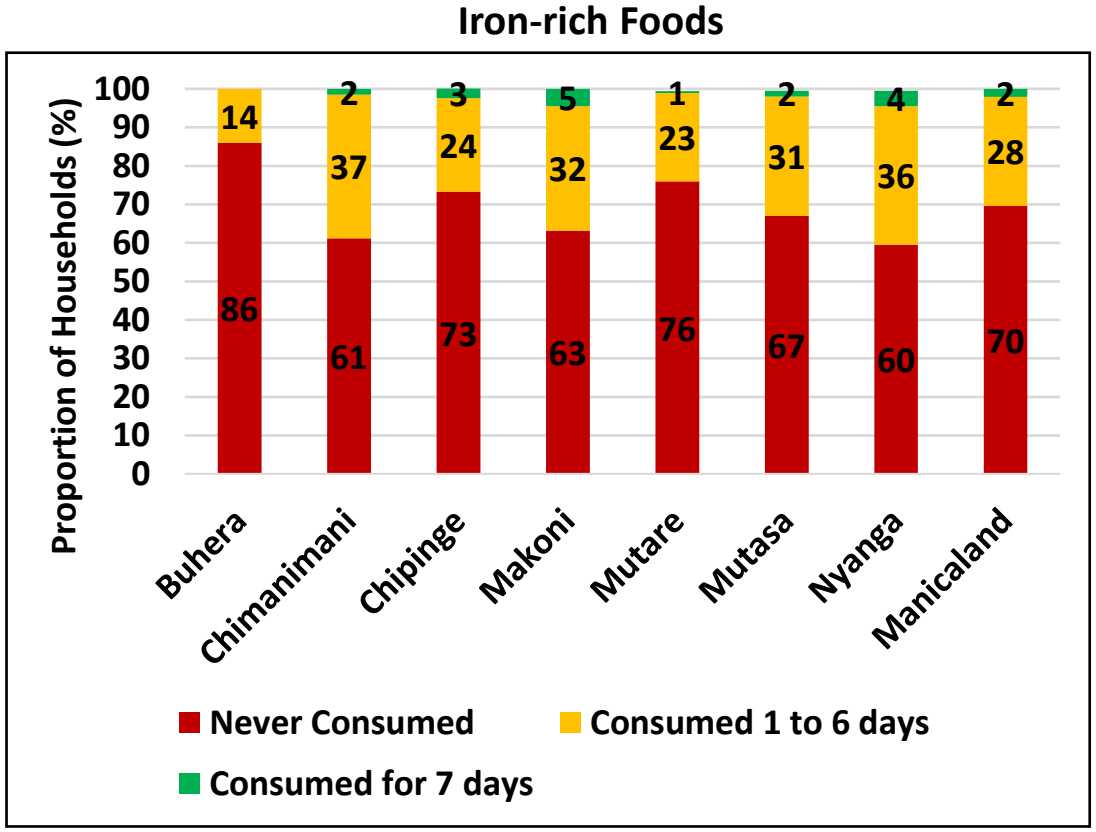
- Vegetables, cereals and oils were the food groups consumed for the most number of days by households.
- Fruits, meat and legumes were the least consumed food groups.

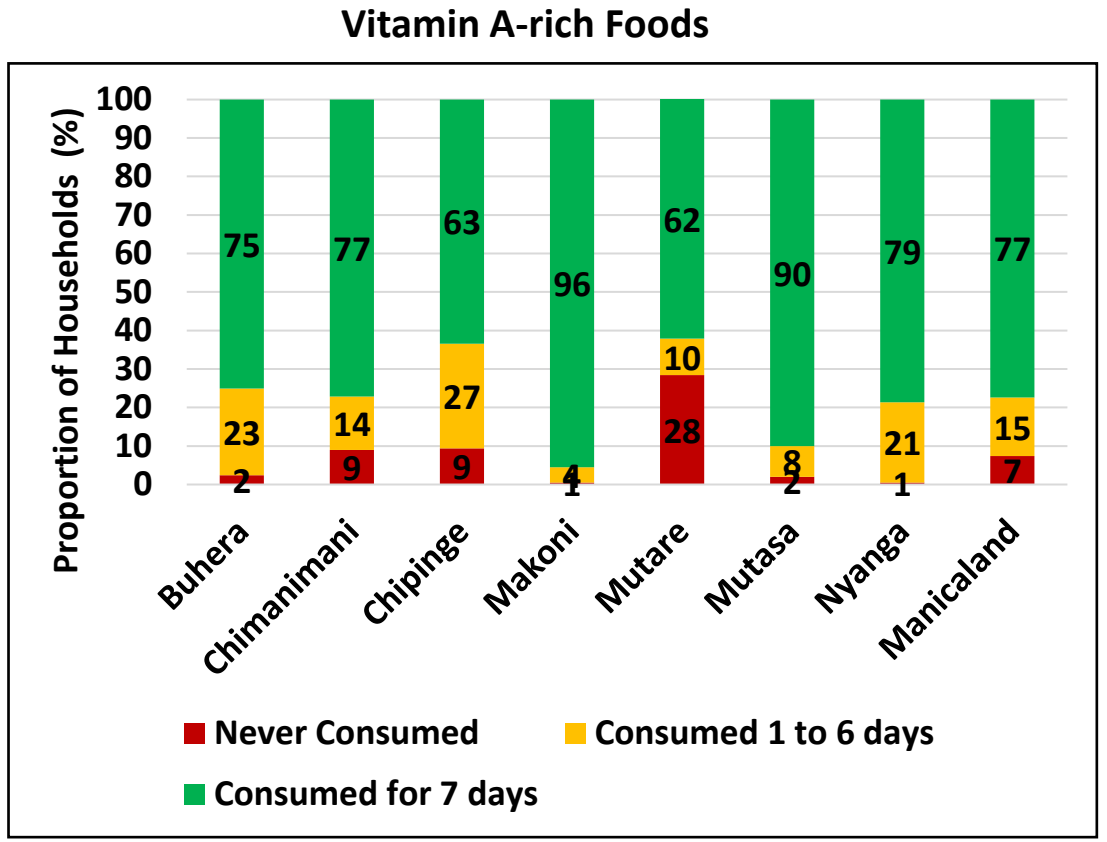
Consumption of Protein-rich Foods



- The proportion of households which never consumed any protein rich foods in the last seven days was 37%.
- Chipinge and Makoni districts had the highest proportion of households which never consumed protein rich foods in the last seven days both at 41%.
- Makoni had the highest proportion of households which consumed protein-rich food daily (15%) while Chimanimani had the lowest (4%).

Proportion of Households Consuming Specific Nutrient-Rich Foods



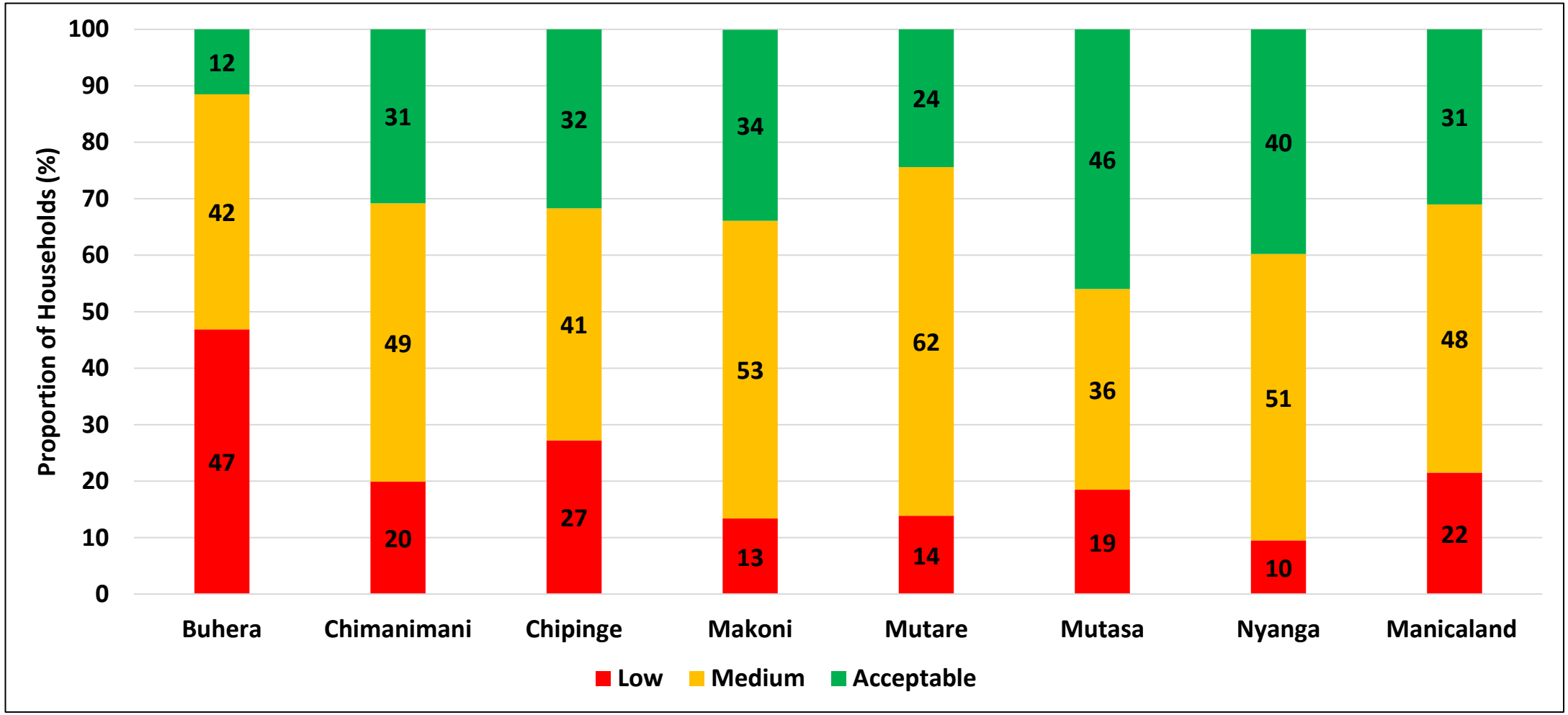


- The proportion of households which consumed iron rich foods daily was (2%) whilst for vitamin-A rich foods it was 77%.
- Buhera had no households which consumed iron rich foods daily (0%) and Makoni had the highest proportion of households which cosnumed iron rich foods daily (5%).

Household Dietary Diversity Score (HDDS)

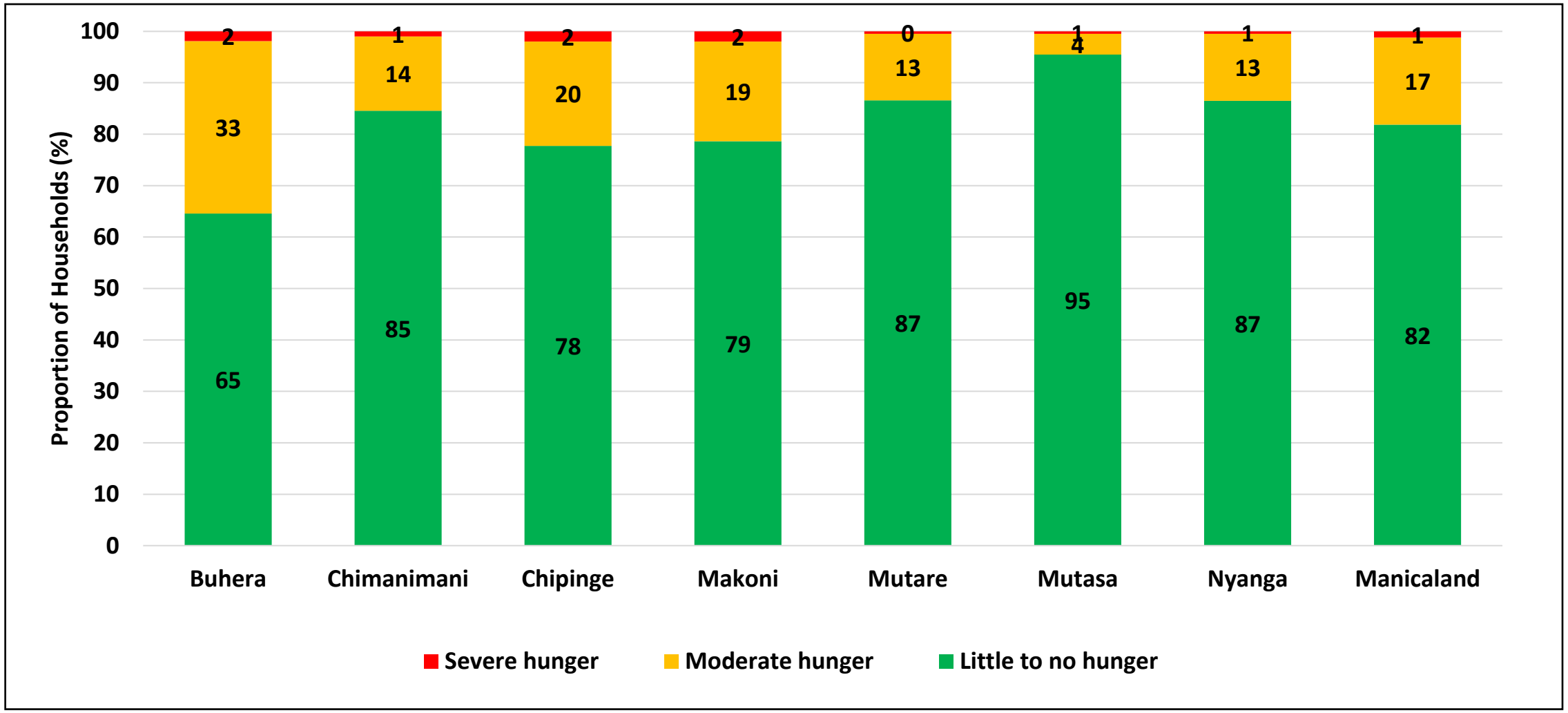
HDDS	Classification
<4	Low
4-5	Medium
>5	Acceptable

Household Dietary Diversity



- Mutasa and Nyanga districts reported the highest proportion of households with an acceptable HDDS (46% and 40% respectively).
- Buhera and Chipinge districts reported the highest proportion of households with low dietary diversity (47% and 27% respectively).

Household Hunger Scale

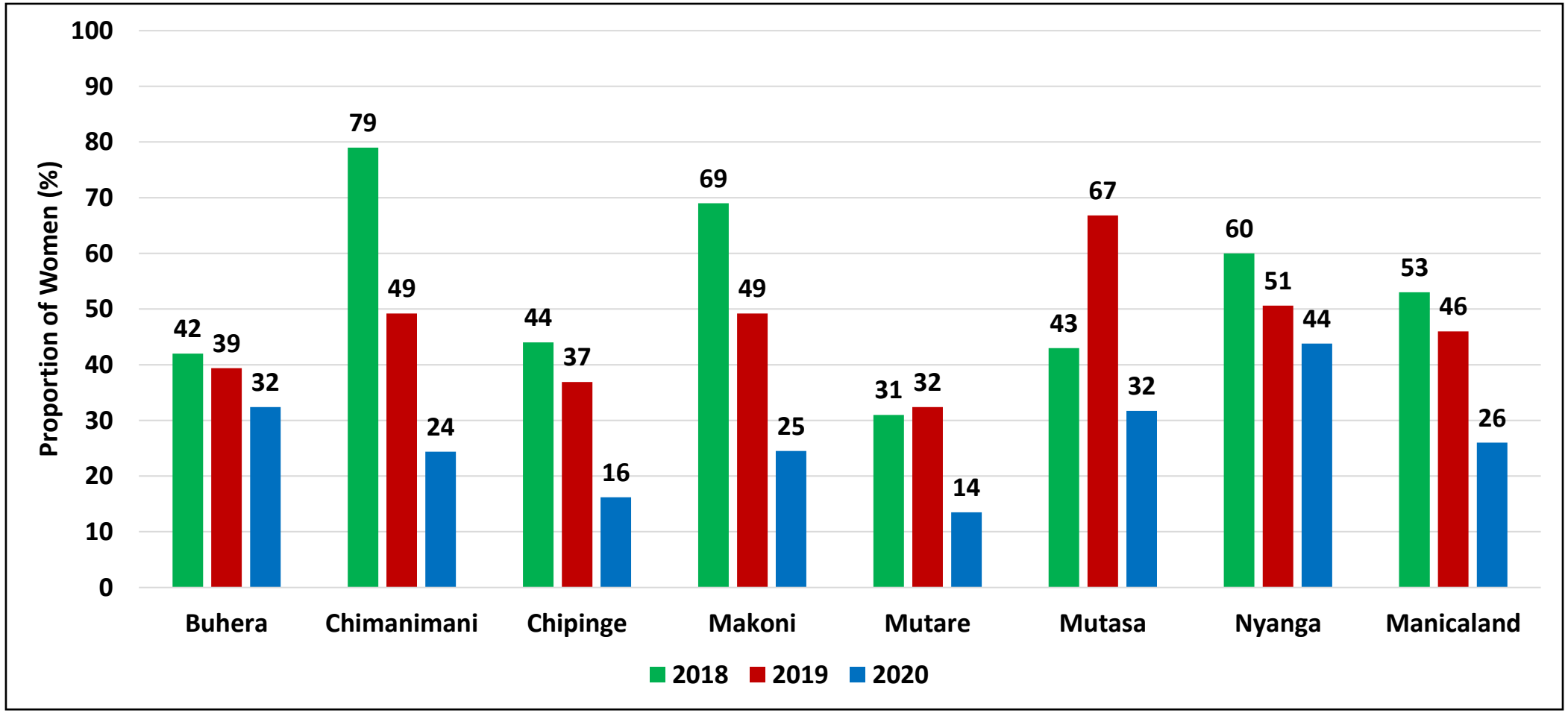


- Buhera, Chipinge, and Makoni districts reported high proportion of households with moderate hunger, 33 %, 20 % and 19% respectively.
- The average proportion of households with severe hunger was 1%.

Minimum Dietary Diversity for Women

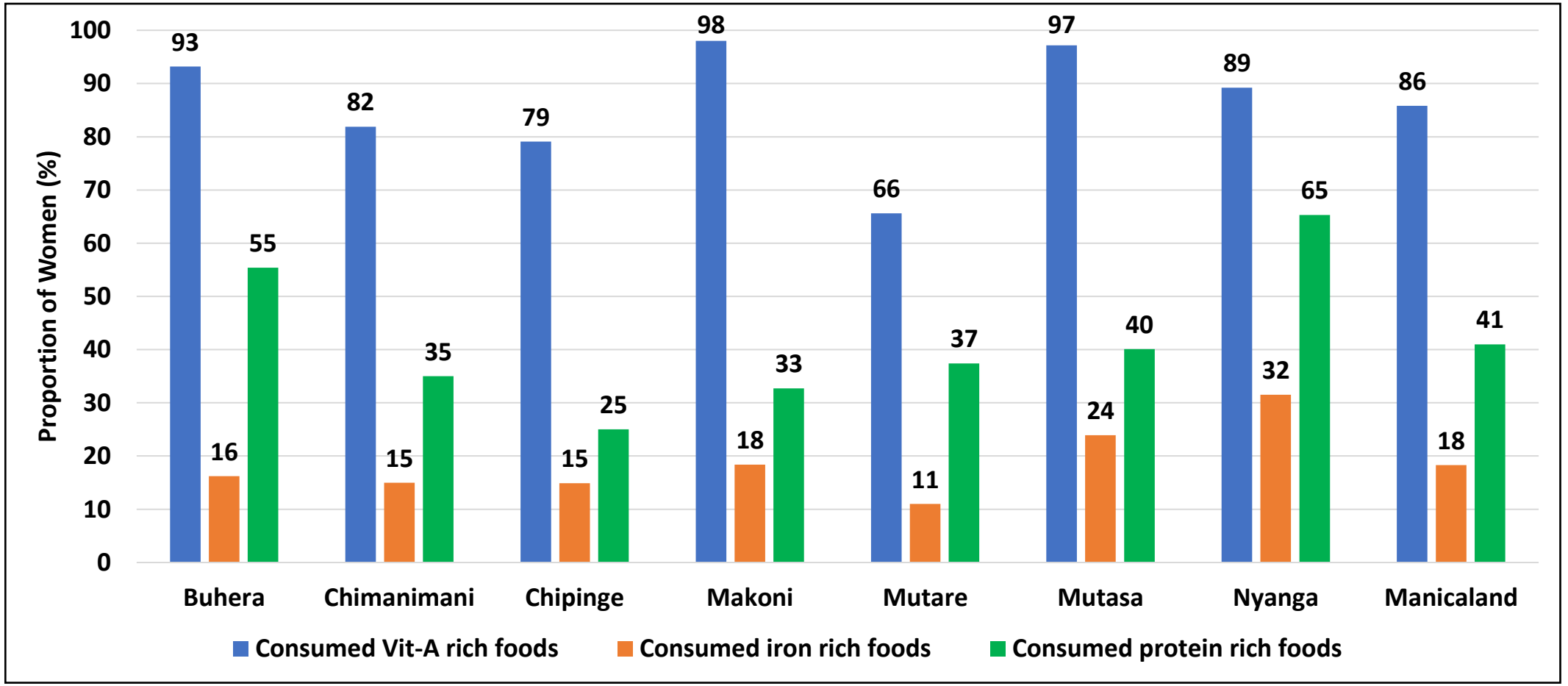
- Women of child bearing age (WOCBA) are often nutritionally vulnerable because of the physiological demands of pregnancy and lactation. Requirements for most nutrients are higher for women of child bearing age than for adult men.
- Improving women's diets is important for improving women's health and ability to work and care for their families, at the same time have a positive effect on pregnancy outcomes and the health and nutrition of infants and young children, within the 1 000-day window of opportunity.
- The Minimum Dietary Diversity for Women (MDD-W) is defined as the consumption of at least five out of ten food groups over the previous 24 hours.
- Women consuming foods from five or more of the selected ten food groups have a greater likelihood of meeting their micronutrient needs.

Minimum Dietary Diversity for Women



- Generally there was a decline in the proportion of women 15 to 49 years consuming at least five food groups.
- Chimanimani recorded the highest decrease in the proportion of women 15 to 49 years consuming at least five food groups from 79% in 2018 to 24 % in 2020.

Consumption of Protein, Iron and Vitamin A Rich Foods by Women



- Consumption of Vitamin A rich foods was high across all districts (86%) whilst consumption of iron rich foods among women 15 to 49 years was very low (18%) across all districts hence women are more likely to suffer from iron deficiency.

Coping Strategy Index (CSI)

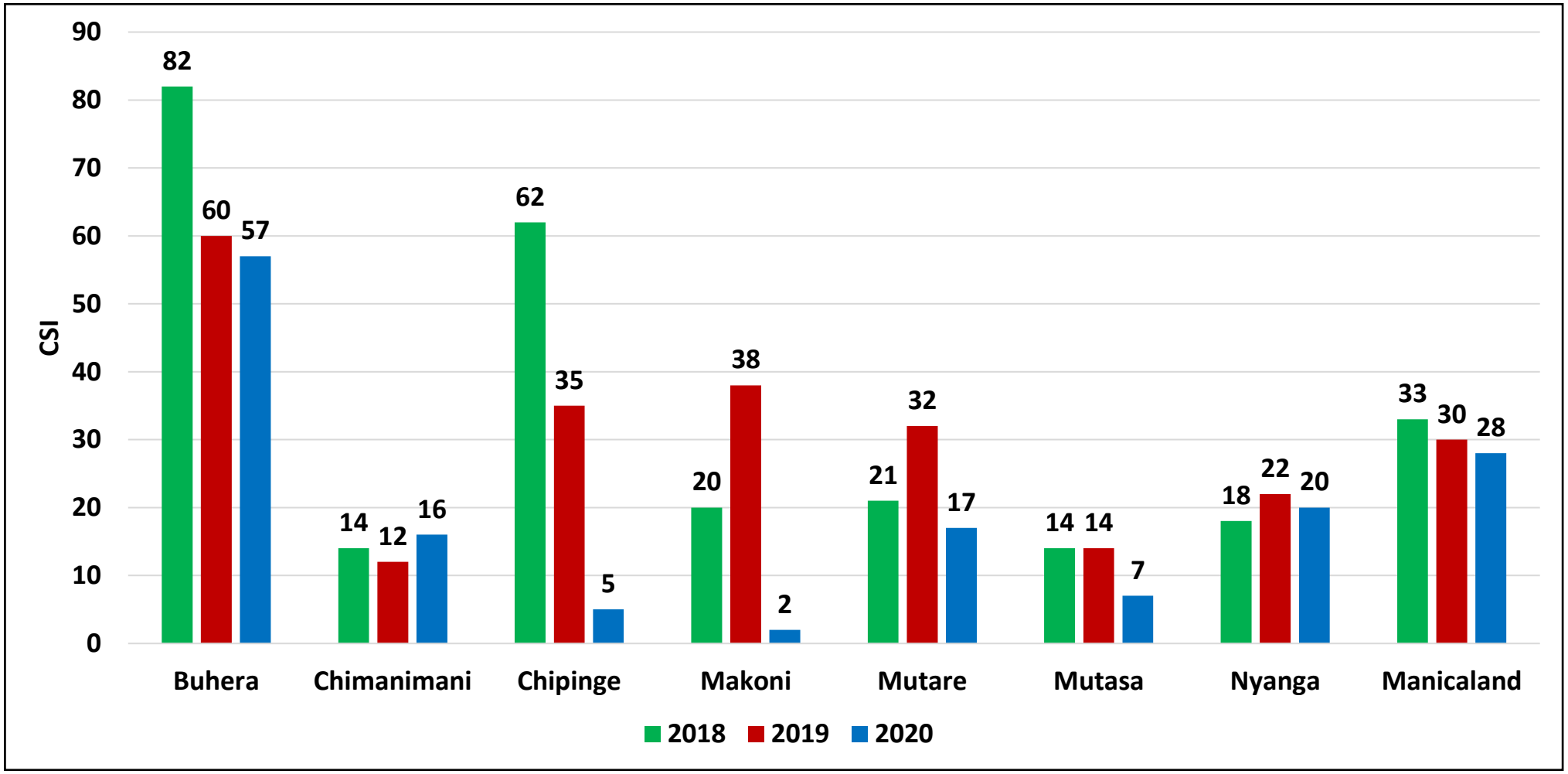
Household Consumption Coping Strategies

- When livelihoods are negatively affected by a shock /crisis, households may adopt various consumption coping (strategies) which are not adopted in a normal day-to-day life, to cope with reduced or declining access to food.

- Coping Strategy Index (CSI) is often used as a proxy indicator of household food insecurity. It is a weighted **score** that allows one to measure the frequency and severity of **coping strategies**.

- The higher the CSI the more severe and frequent the coping strategy employed.

Coping Strategy Index



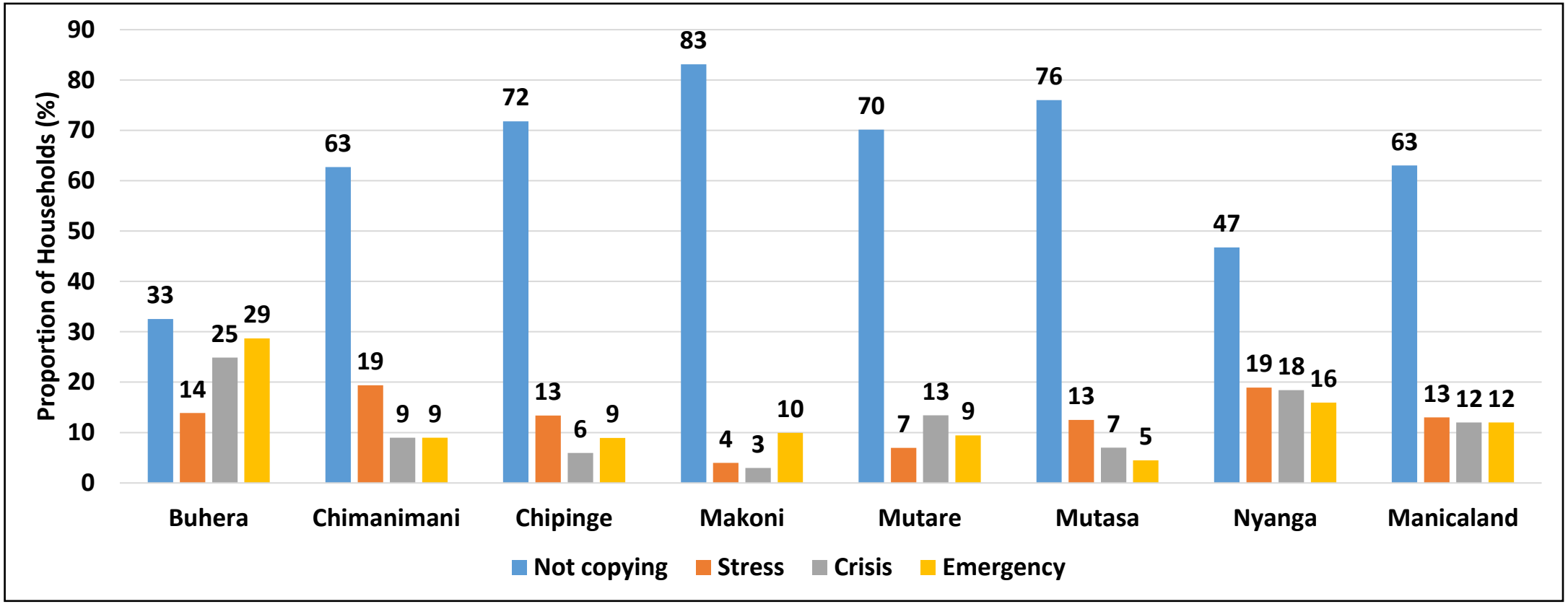
- The consumption coping strategies showed a decrease in frequency and severity from 2018 to 2020 but remained high in Buhera.
- In Chimanimani district, coping strategies slightly increased from 2018 to 2019.

Household Livelihood Coping Strategies

- Households engage various methods of coping when faced with food access challenges.
- Livelihood coping strategies are employed in order to increase food availability outside of their normal livelihoods. There is therefore either an expandability of their normal activities or an engagement of more extreme and negative livelihood coping strategies that go beyond what is typical which in turn flag those areas that are potentially food insecure.
- The livelihood coping strategies have been classified into three categories namely stress, crisis and emergency as according to the WFP Technical Guidance note 2015.

Category	Coping Strategy
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.

Households Livelihood Coping Strategies by Category



- Crisis and emergency livelihood coping strategies depict a worsening food security situation which often leads to households depleting assets and or engaging in often irreversible coping.
- Buhera district emerged as having employed these extreme measures in order to try and meet their minimum basic food needs.

Complementary Feeding

Complementary Feeding

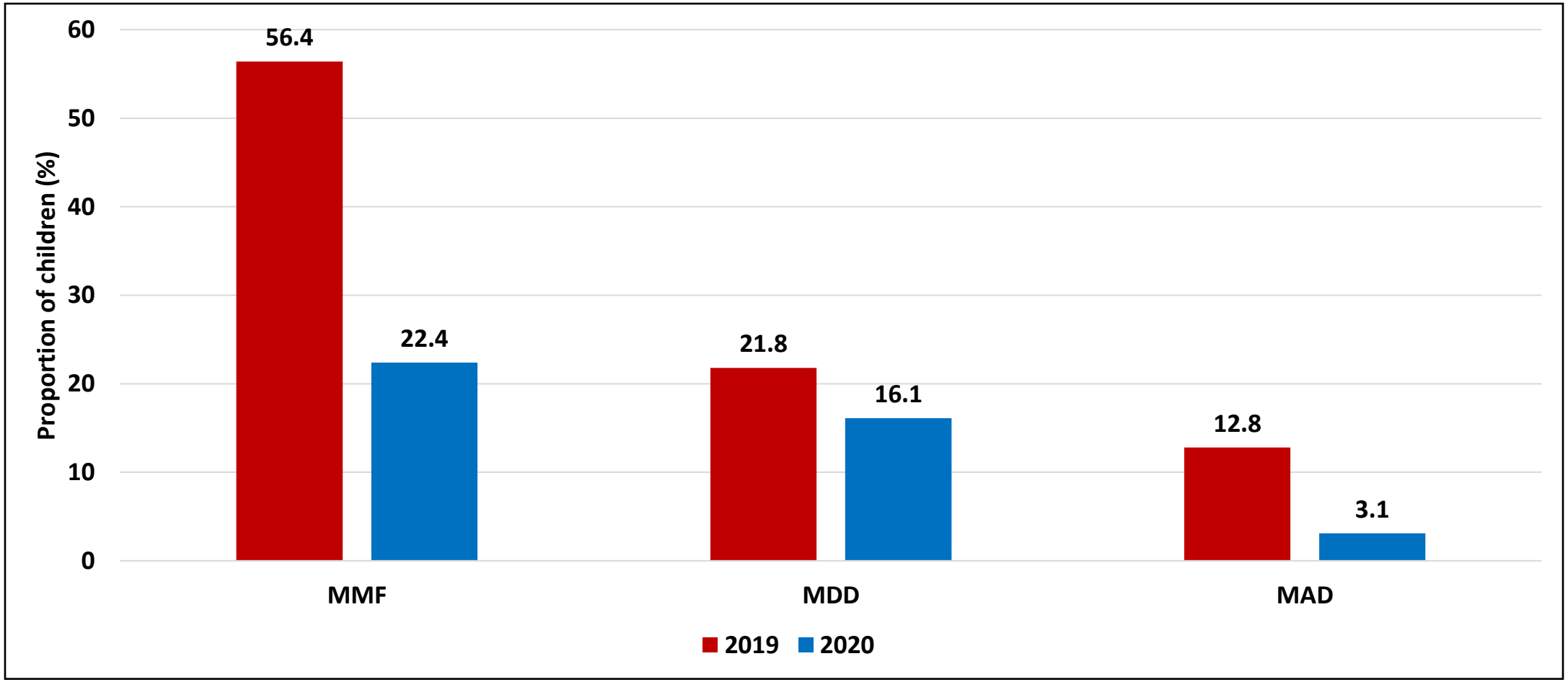
- **Complementary feeding** is the process starting when breastmilk alone is no longer sufficient to meet nutritional needs of infants and young children, requiring other foods and liquids complementing breastmilk. It is a phase between 6 and 24 months (WHO; 2010)

- **Minimum Dietary Diversity** (MDD) is a proxy indicator for micronutrient density adequacy of the diet (UNICEF, 2017). Infants and young children who consumed at least four of the seven groups are more likely to have diets that were higher in micronutrient density.

- **Minimum Meal Frequency** (MMF) is a proxy for a child's for energy density in the diet of infants and young children. It is the proportion of breastfed and non-breastfed children 6 to 23 months of age who receive solid, semi-solid, or soft-foods or milk feeds the minimum number of times or more.

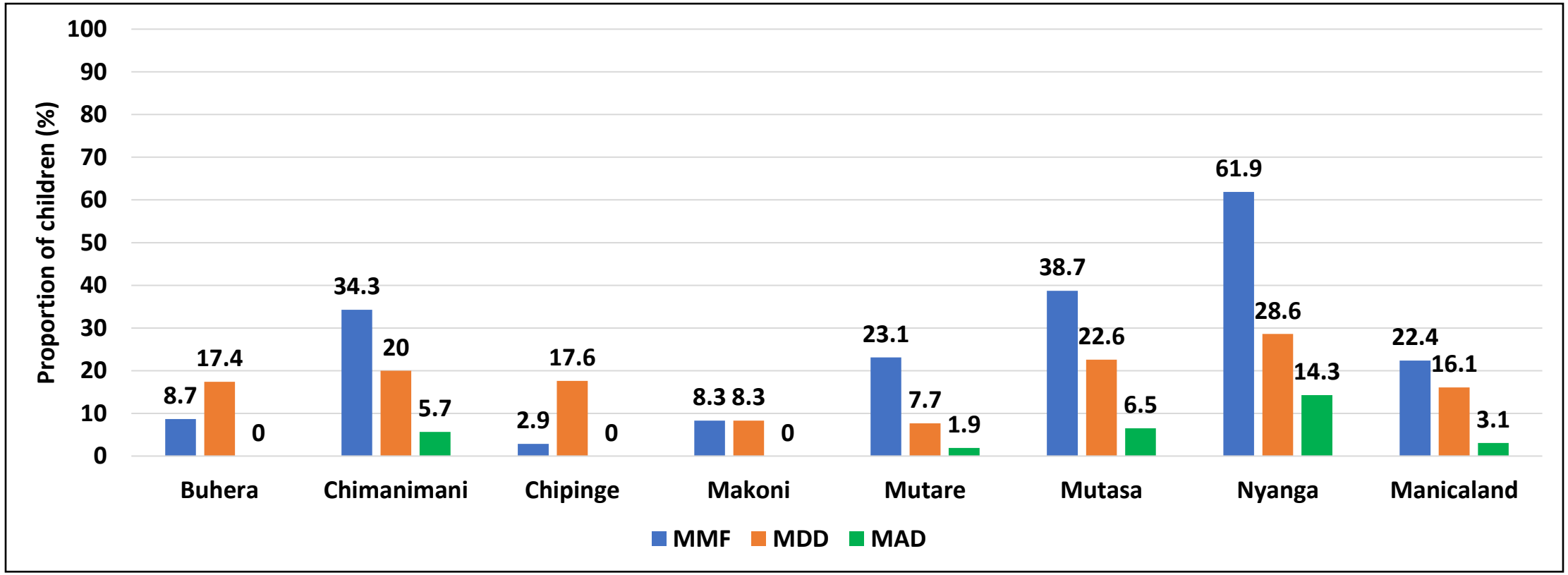
- **Minimum Acceptable Diet** (MAD) is a composite indicator of meal frequency and dietary diversity. It represents minimum standards of IYCF practices.

Complementary Feeding Practices



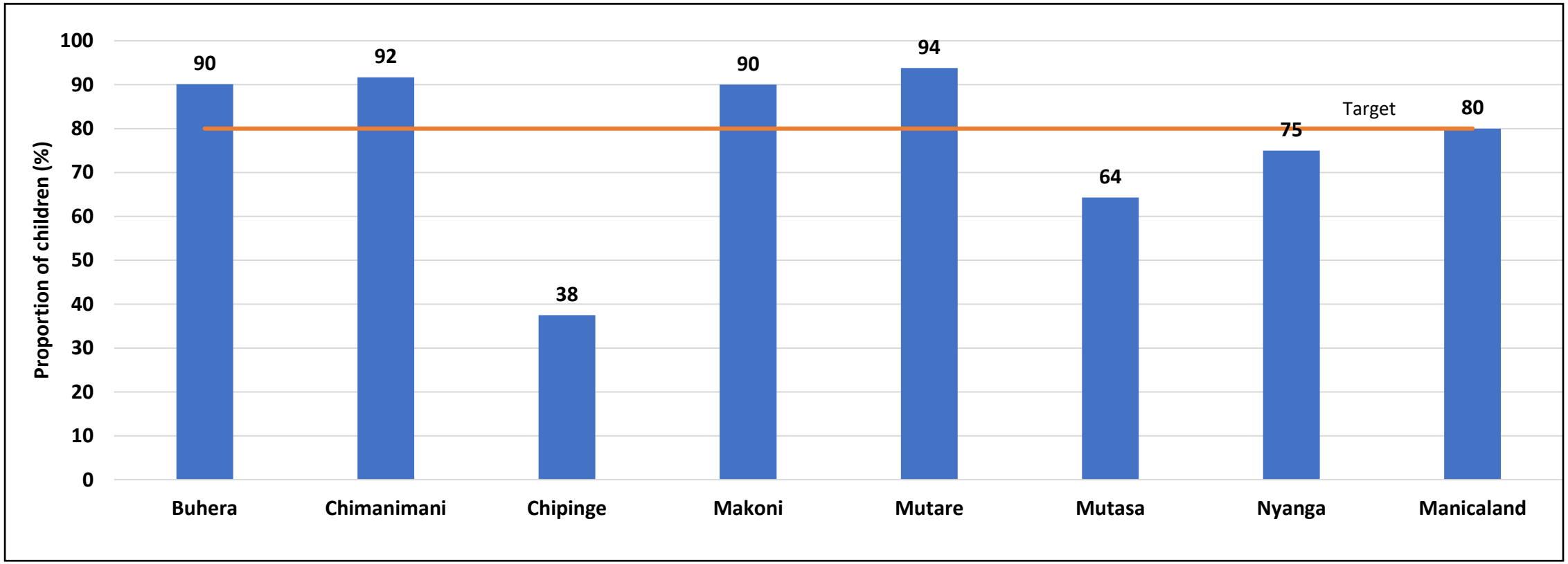
- Generally there is a decline in complementary feeding practices in the province from 12.8% in 2019 to 3.1% in 2020.

Complementary Feeding Practices by District



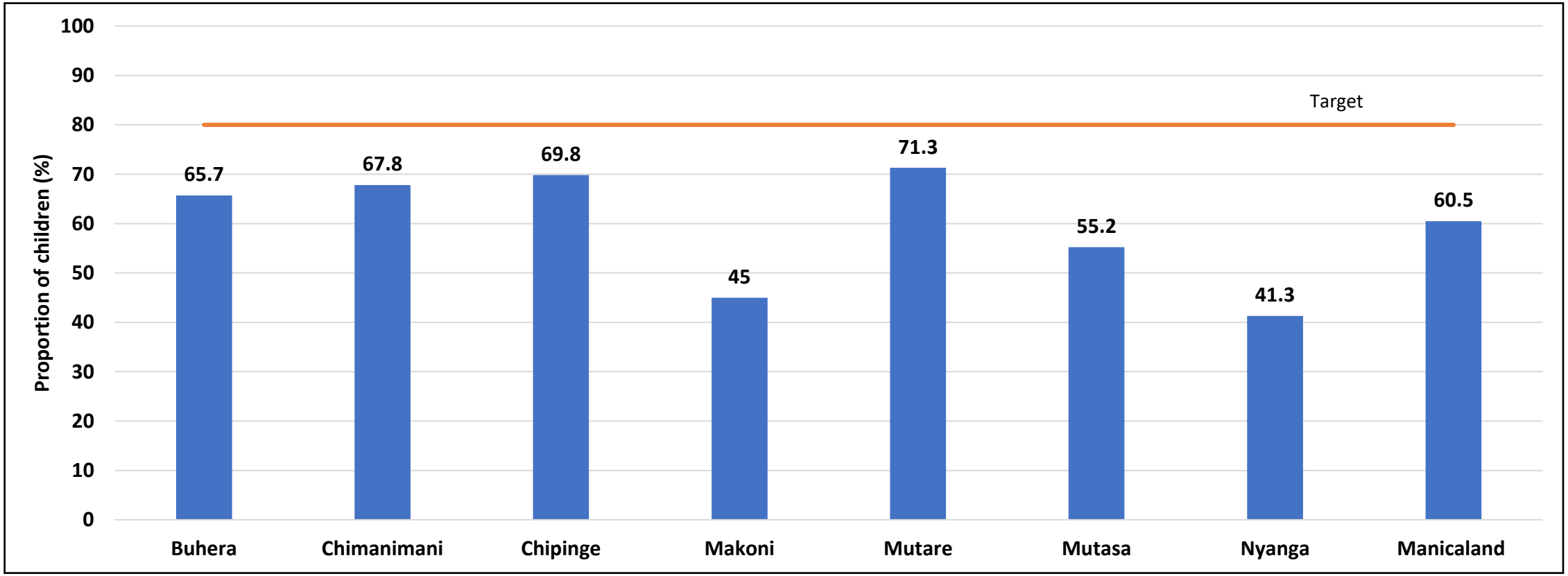
- Only 3.1% of children received a Minimum Acceptable Diet (MAD) and 22.4% had Minimum Meal Frequency (MMF) in the province.
- Minimum Acceptable Diet was highest in Nyanga 14.3%.
- There were no children getting a Minimum Acceptable Diet in Buhera, Chipinge and Makoni.
- Nyanga recorded the highest Minimum Meal Frequency of 61.9% and highest Minimum Dietary Diversity of 28.6%.

Children Aged 6 -11 Months who Received Age Appropriate Dose of Vitamin A



- Coverage of Vitamin A supplementation (VAS) for children 6 to 11 months was low in Chipinge with 38% of children who received age appropriate dose prior to the survey.
- Mutare (94%) and Chimanimani (92%) had the highest coverage of VAS for children 6 to 11 months.

Children Aged 12 -59 Months who Received Vitamin A at Least Twice in the Past 12 months



- Coverage of Vitamin A supplementation (VAS) for children 12 to 59 months was lowest in Nyanga with 41.3% of children who received at least twice in the past 12 months prior to the survey.
- Mutare had the highest coverage of VAS for children 12 to 59 months (71.3%).
- Generally the province did not perform well on Vitamin A supplementation as all districts were below the target.

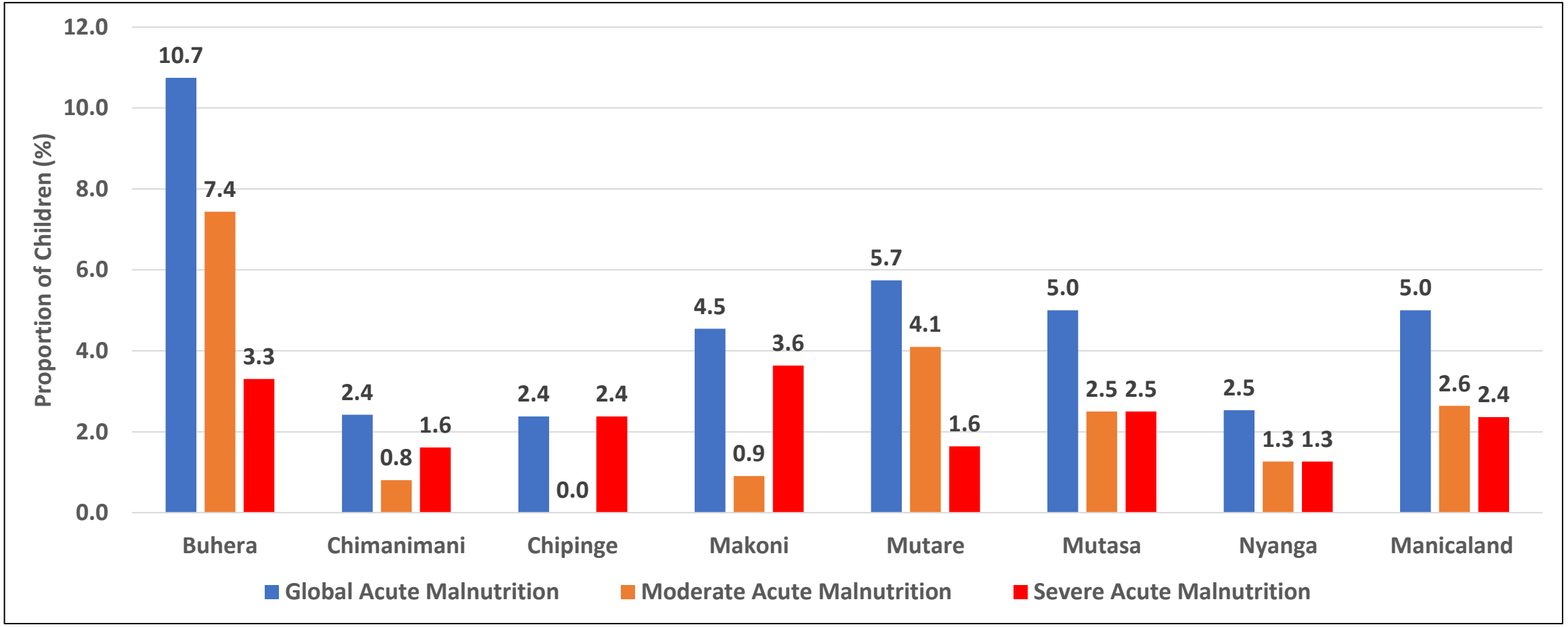
Child Nutrition Status

Child Nutrition Status

Malnutrition Prevalence thresholds for children under 5 years:

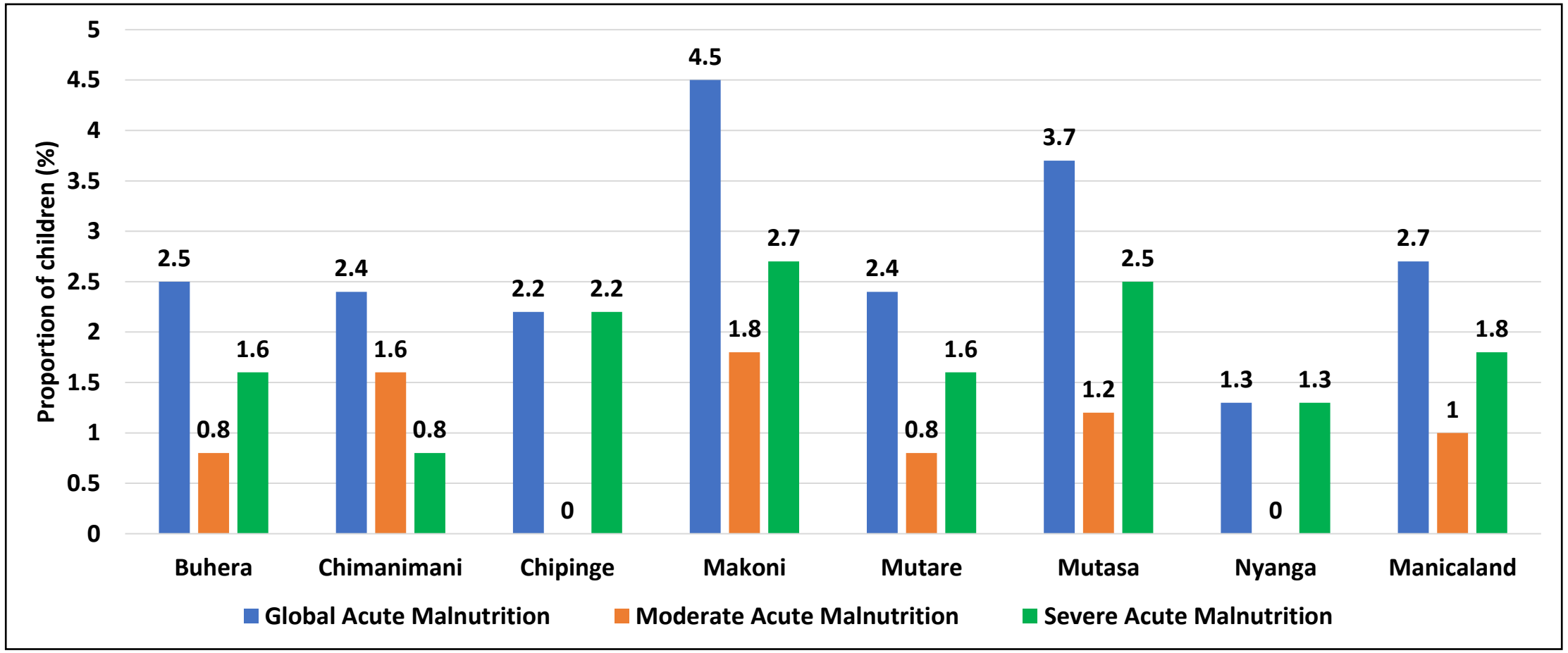
Indicator	Definition
Global Acute Malnutrition (GAM)	**MUAC < 125mm and/or Oedema** **MUAC for age Z score (MUACAZ) <-2 and/or Oedema**
Severe acute malnutrition (SAM)	**MUAC < 115mm and/or Oedema** **MUAC for age Z score (MUACAZ) <-3 and/or Oedema**

Acute Malnutrition Based on MUAC for Age Standards



- Global Acute Malnutrition prevalence for the province based on MUAC for age standards was 5%.
- Buhera (10.7%) and Mutare (5.7%) had high GAM above or equal to the WHO cut-off of 5%.

Global Acute Malnutrition Based on MUAC Measurements



- Global Acute Malnutrition prevalence for the province based on MUAC was 2.7%.
- Makoni district had the highest GAM of 4.5% followed by Mutasa district at 3.7% and these were higher than the provincial average.

Non Timber Forestry Products

Availability of Indigenous Vegetables

	Mowa /Bonongwe (%)	Nhungunira (%)	Nyevhe /Runi (%)	Nyenje /Gusha (%)	Munyemba (%)	Musemwasemwa (%)	Mundawarara (%)	Mutsine /muuwu (%)	Chechete (%)	Other (%)
Buhera	90.91	36.84	92.82	53.11	86.12	0.00	0.48	61.24	0.96	0.48
Chimanimani	80.30	57.58	42.93	37.37	41.41	8.08	1.01	68.69	0.00	1.52
Chipinge	79.55	42.05	55.11	26.70	60.80	17.61	12.50	41.48	2.27	3.98
Makoni	97.01	89.55	97.01	29.35	83.08	37.31	25.37	75.12	6.97	1.49
Mutare	71.86	90.95	90.45	62.31	50.25	25.63	21.11	53.27	1.51	0.00
Mutasa	72.82	95.38	44.62	29.23	26.67	30.77	2.56	32.31	0.51	2.56
Nyanga	77.39	83.42	65.83	1.51	38.69	5.03	0.50	40.20	0.00	0.50
Manicaland	81.55	71.02	70.37	34.50	55.56	17.65	9.01	53.52	1.74	1.45

- The most common indigenous vegetables were mowa (81.5%), nhungurira (71.02%) and nyevhe (70.37%).
- About 97% of the households in Makoni reported that mowa and nyevhe were found in the district.

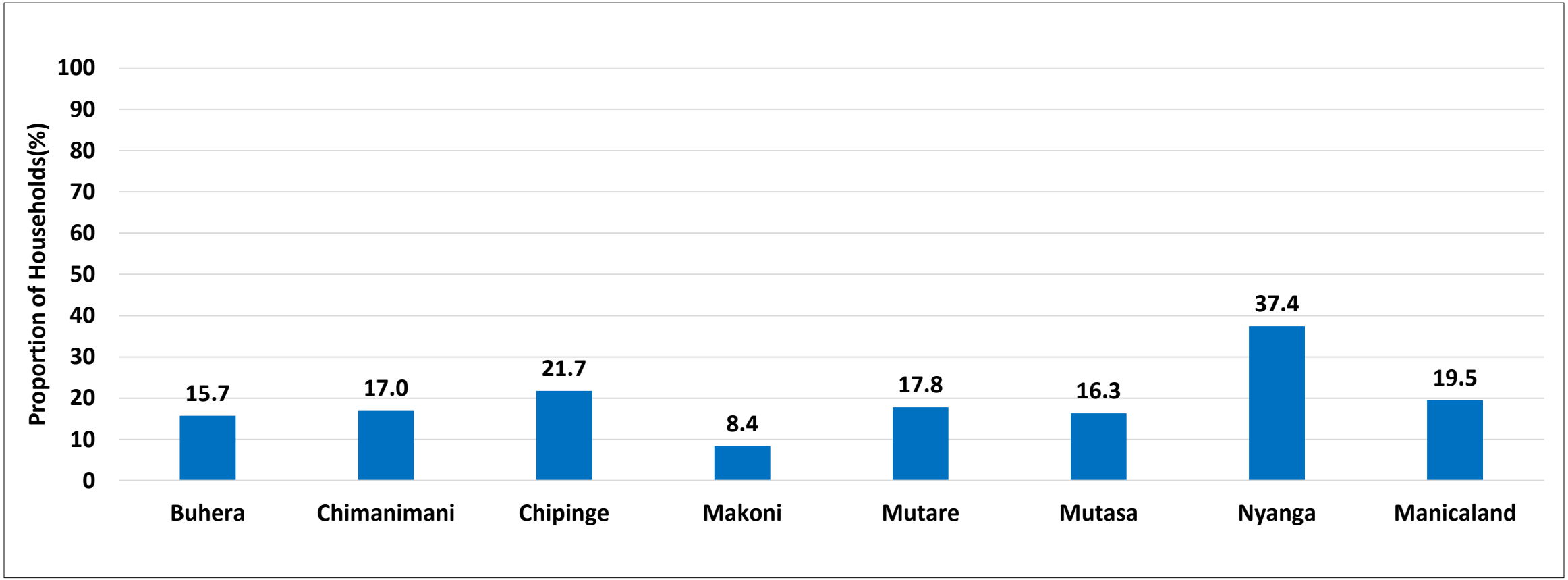
Availability of Edible Insects

	Harati (%)	Harurwa (%)	Humbwe (%)	Hwiza /Mhashu (%)	Ishwa (%)	Madora (%)	Magandari (%)	Majenya (%)	Majuru (%)	Makurwe (%)	Mandere (%)	Nyenze (%)	Tsambarafuta (%)	Tsumwaruma (%)	0ther (%)
Buhera	11.1	1.5	1	42.9	41.4	10.6	1.5	8	43.4	63.1	2	23.7	6.5	0.5	0
Chimanimani	1.3	5.9	10.5	48.0	74.3	21.1	0.7	0.7	32.9	5.3	6.6	9.2	13.2	2.6	0.7
Chipinge	0.0	0.8	2.4	39.0	13.8	13.8	0.0	0.0	41.5	22.0	3.3	12.2	5.7	0.0	4.1
Makoni	12.4	3.9	8.4	50.0	74.7	52.2	10.1	8.4	40.4	29.8	23.0	23.6	24.7	15.2	0.6
Mutare	10.3	1.3	6.4	28.2	59.6	34.6	0.6	0.6	37.2	41.7	1.3	16.0	3.2	2.6	0.6
Mutasa	3.6	4.1	22.5	29.6	39.6	33.1	4.1	0.0	14.8	3.0	4.1	8.3	9.5	4.1	0.6
Nyanga	10.4	2.1	0.0	46.9	25.0	5.2	0.0	0.0	11.5	4.2	8.3	25.0	4.2	0.0	1.0
Manicaland	7.3	2.9	7.8	40.5	49.3	25.9	2.8	3.1	32.9	26.8	7.1	16.9	10.2	4.0	0.9

- About 49.3% of the households reported that ishwa were readily found in the area and Makoni had the highest proportion at 74.7%.

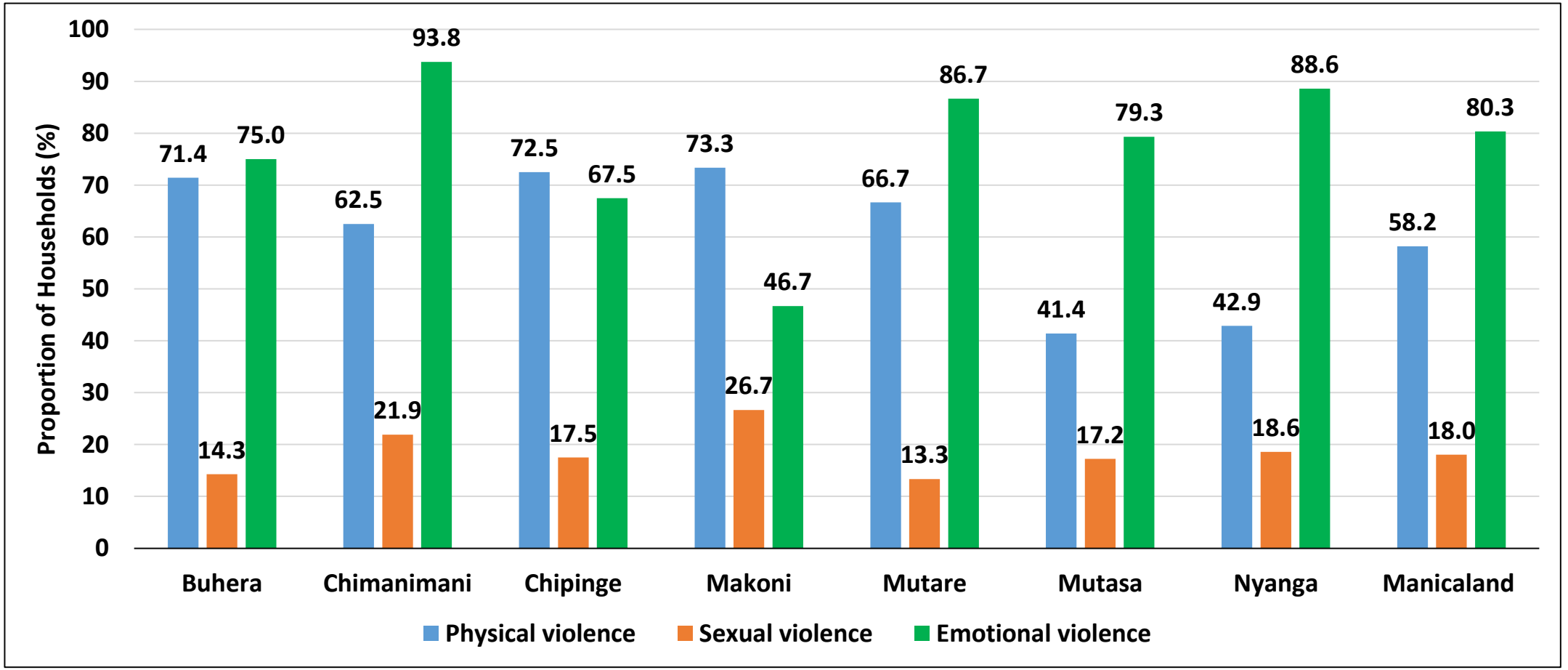
Gender Based Violence

Households which Experienced Gender Based Violence



- The average proportion of households which experienced any form of Gender Based Violence (GBV) was 19.5%.
- The highest proportion of households which experienced GBV was in Nyanga district 37.4%.

Households which Experienced Gender Based Violence by Type



- Emotional violence was the most common type of Gender Based Violence in all districts with Chimanimani having the highest proportion 93.8 %, followed by Nyanga 88.6% and Mutare 86.7%.
- Physical violence ranked second with the largest proportion in Makoni (73.3%) and Chipinge (72.5%).

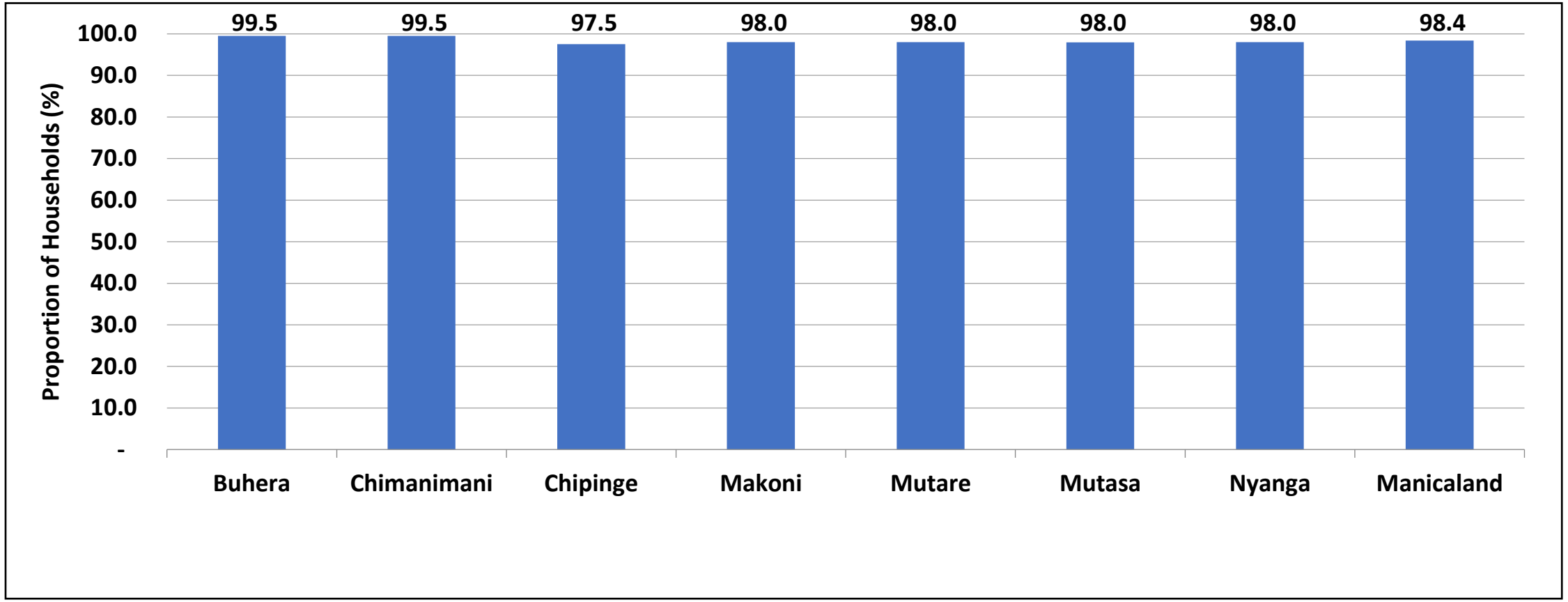
Households which Reported Abuse and Sought Medical Attention

	Sought medical attention as a result of such physical/sexual violence (%)	Reported incident of physical/sexual violence					
		Police (%)	Church(%)	Relatives /friends(%)	NGO(%)	No one(%)	Other(%)
Buhera	7.1	50.0	0.0	50.0	0.0	0.0	0.0
Chimanimani	9.7	33.3	0.0	33.3	33.3	0.0	0.0
Chipinge	10.0	75.0	0.0	25.0	0.0	0.0	0.0
Makoni	20.0	33.3	0.0	66.7	0.0	0.0	0.0
Mutare	13.3	25.0	0.0	25.0	0.0	0.0	50.0
Mutasa	7.1	50.0	0.0	50.0	0.0	0.0	0.0
Nyanga	5.7	50.0	0.0	50.0	0.0	0.0	0.0
Manicaland	9.1	45.5	0.0	40.9	4.5	0.0	9.1

- The highest proportion of households which sought medical attention was 20% in Makoni and the highest proportion which reported it was 75% in Chipinge.
- The most common places of reporting were the police and relatives/friends 45.5% and 40.9% respectively.

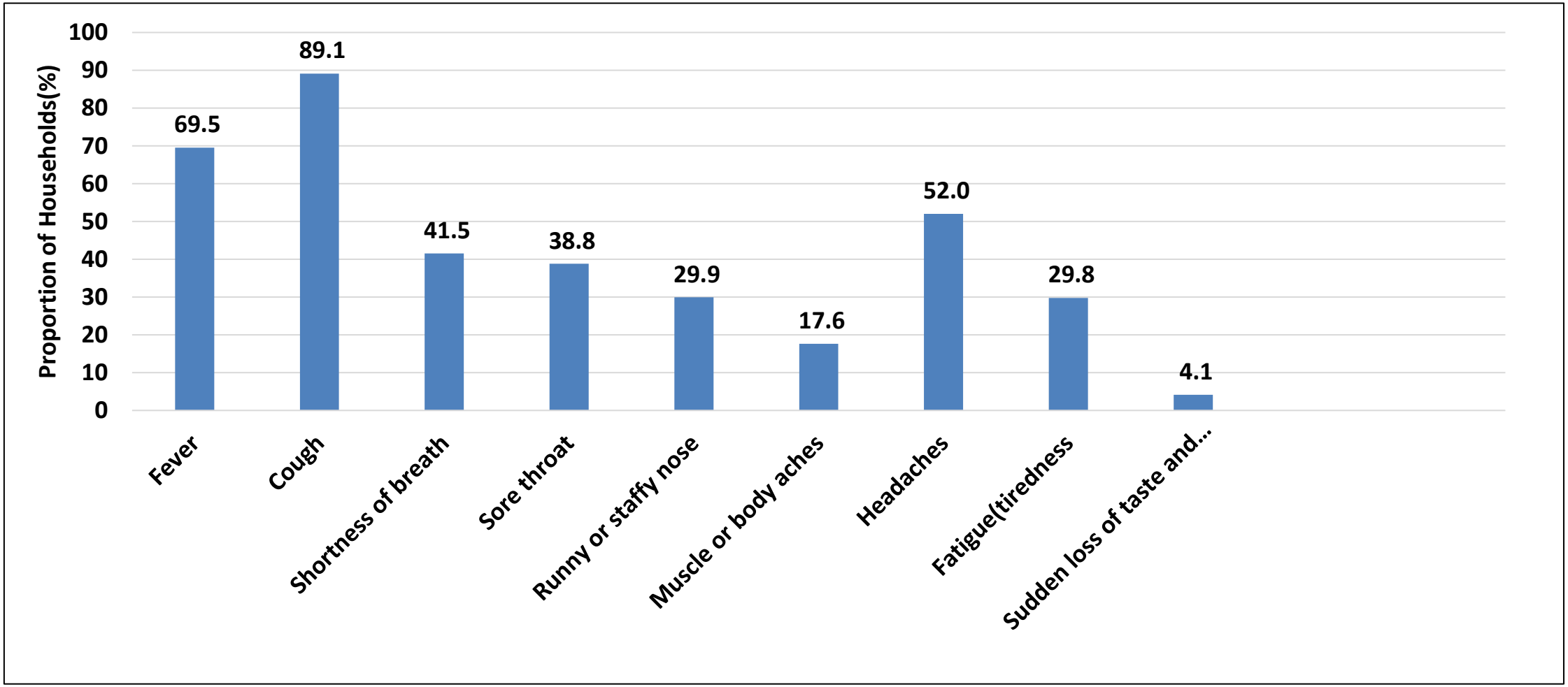
COVID-19 and Livelihoods

Proportion of Households which were Aware of COVID-19



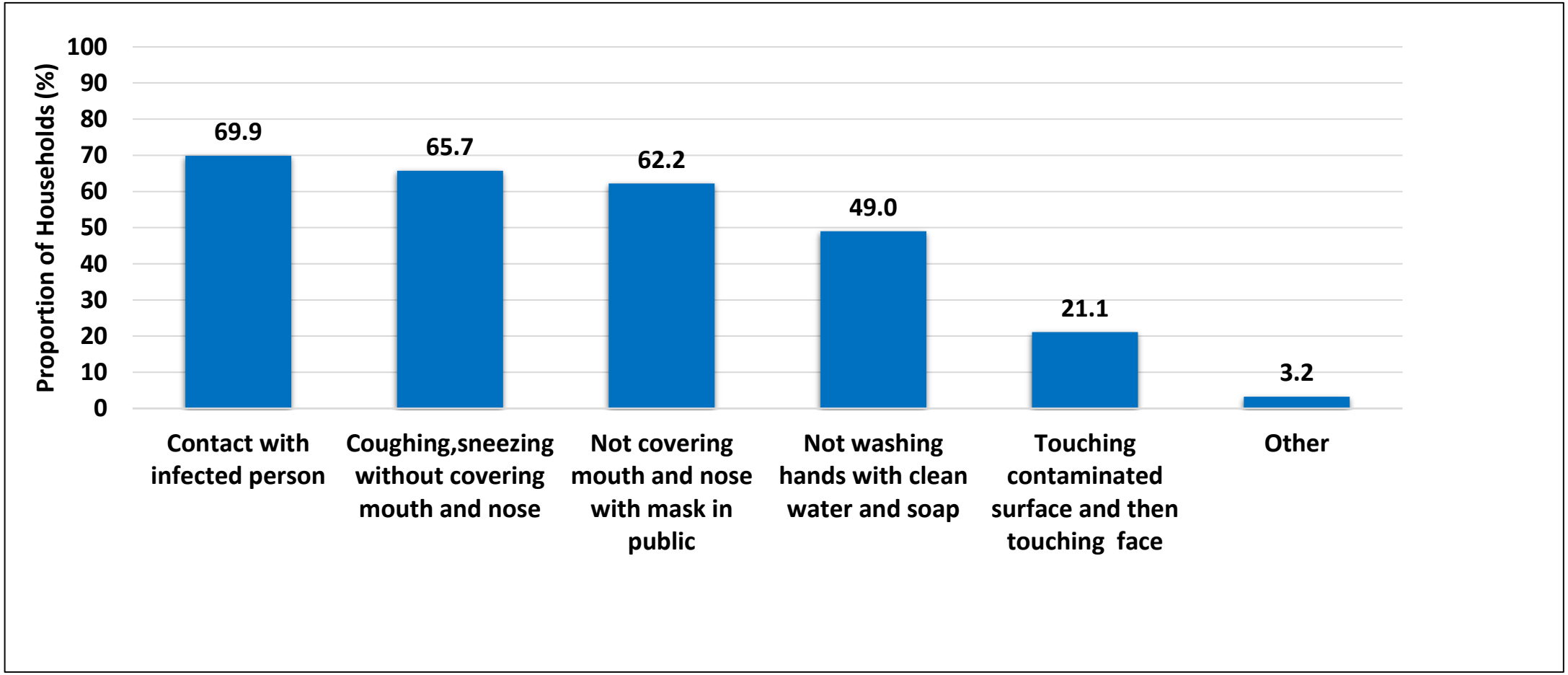
- The majority of the households (98.4%) had heard about the COVID-19 and this was consistent throughout the province.

Commonly Known COVID-19 Symptoms Indicated by Households



- The highest proportion of households knew cough (89.1%), fever (69.5%) headaches 52% as COVID-19 symptoms.

Household Knowledge About how COVID-19 is Transmitted



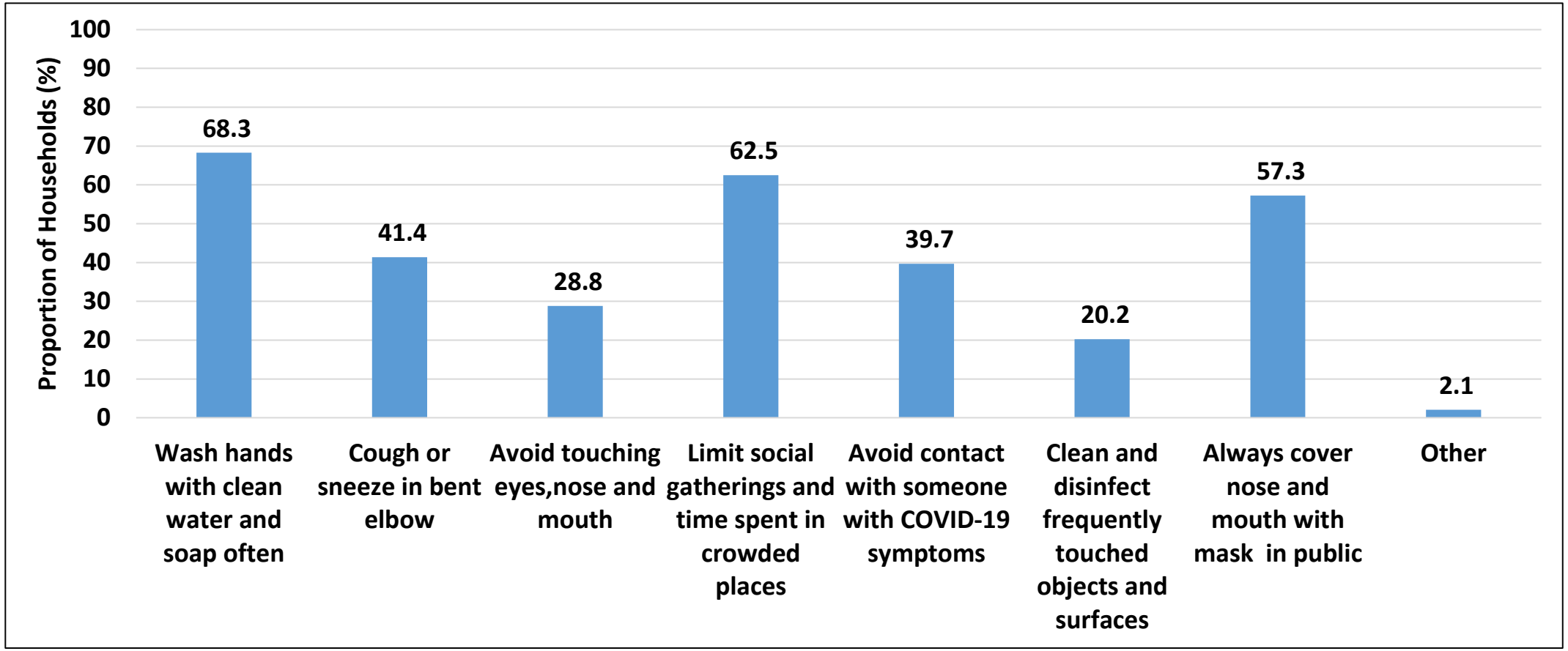
- The highest proportion indicated that being in contact with infected person(s) (69.9%), coughing and sneezing without covering mouth and nose (65.7%) and not covering mouth and nose with a mask in public (62.2%) were the most common ways through which COVID-19 is transmitted.

Household Knowledge About how COVID-19 is Transmitted by District

	Contact with infected person	Coughing, sneezing without covering mouth and nose	Not covering mouth and nose with mask in public	Not washing hands with clean water and soap	Touching contaminated surface and then touching face	Other
Buhera	66.2	78.6	**82.6**	75.1	18.9	0.5
Chimanimani	67.2	70.8	60.9	52.6	39.6	5.7
Chipinge	74.6	68.4	53.7	45.2	31.6	10.2
Makoni	81.8	70.6	48.7	55.1	20.3	1.1
Mutare	71.0	73.7	59.1	51.1	21.5	2.2
Mutasa	55.5	38.4	73.2	33.5	9.8	3.0
Nyanga	71.7	55.5	56.5	26.7	5.2	0.5

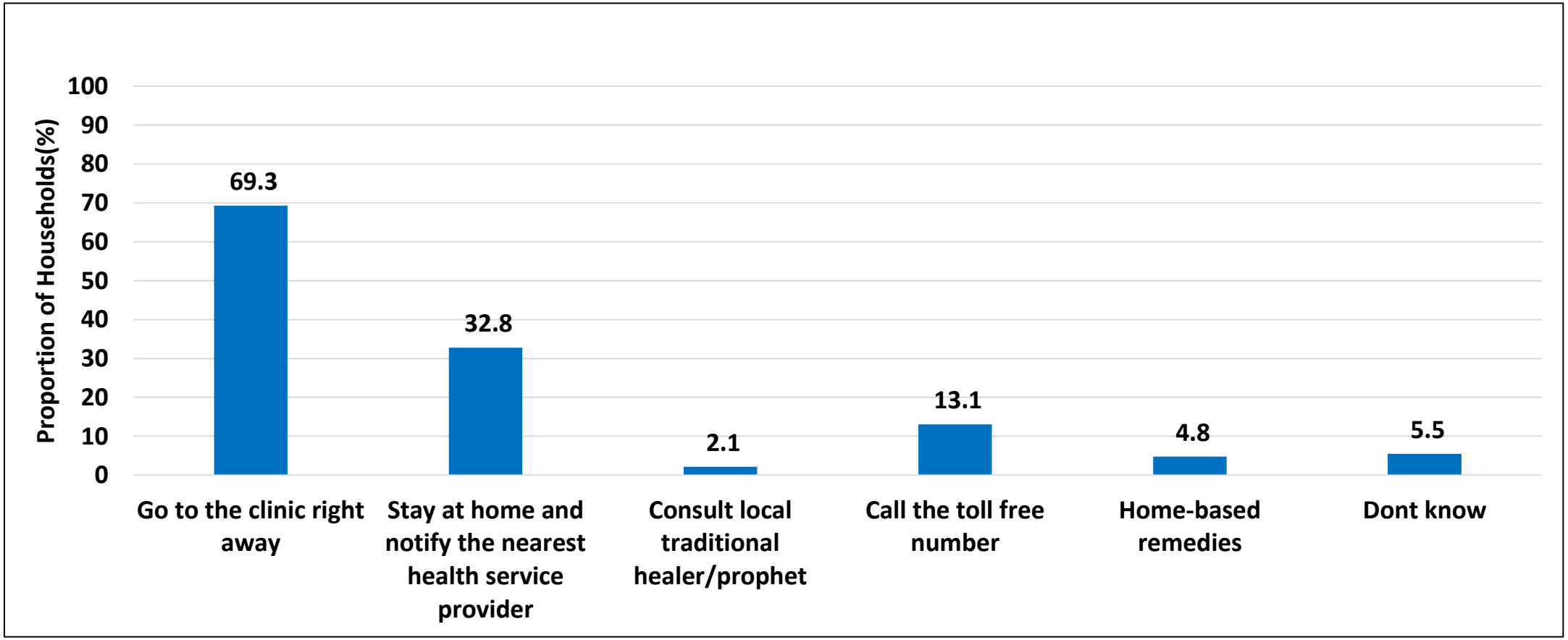
- The highest proportion (82.6%) in Buhera gave the reason that not covering the mouth and nose was the most common way through which COVID-19 was transmitted.

Household Knowledge About Slowing Down the Spread of COVID-19



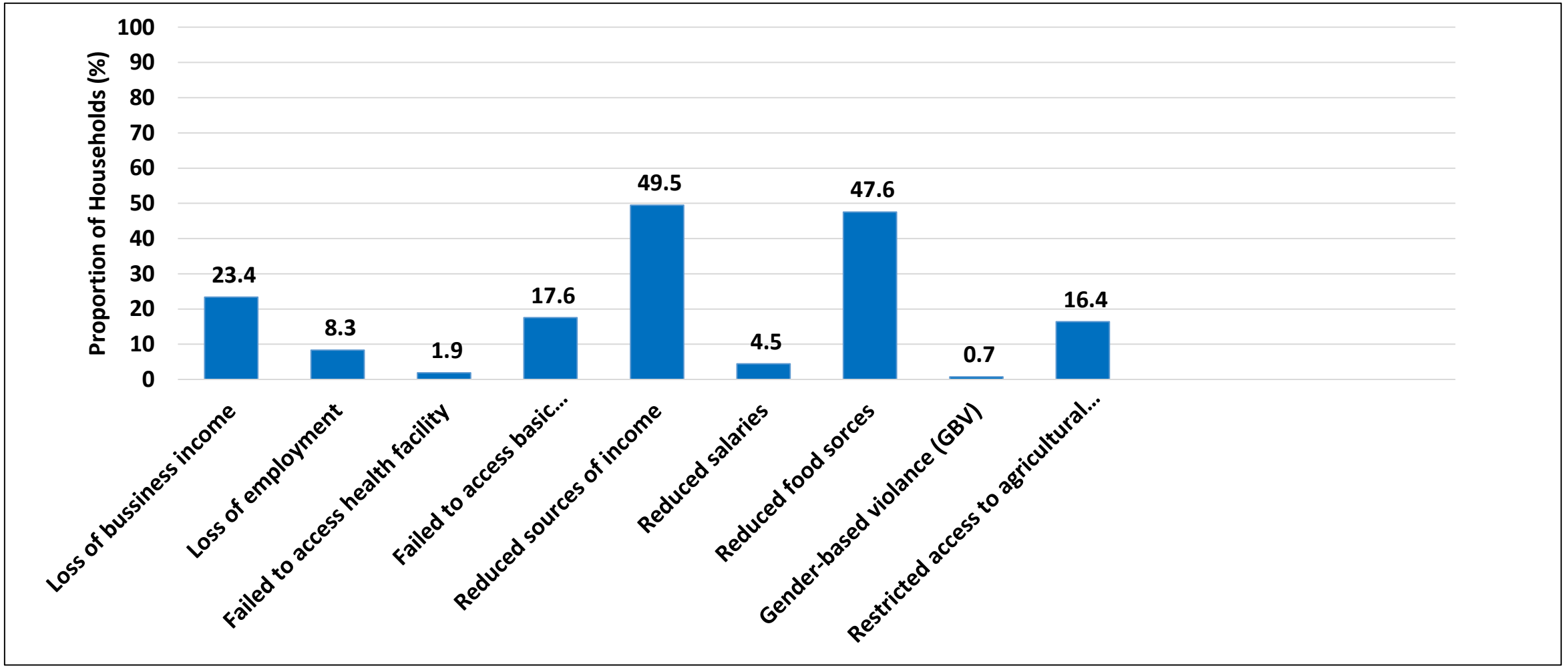
- The highest proportion of households (68.3%) perceived that washing hands with clean water was the most effective way of slowing down the spread of Covid-19 followed by limiting social gatherings (62.5%).

Household Knowledge on Actions to Take when Suspecting COVID-19 Infection



- The majority of households indicated that they would go to the clinic right away if they suspected that they had COVID-19 (69.3%).
- About 5.5% of the households indicated that they did not know what to do in case of a suspected COVID-19 infection.

Effects of Covid-19 on Income Sources



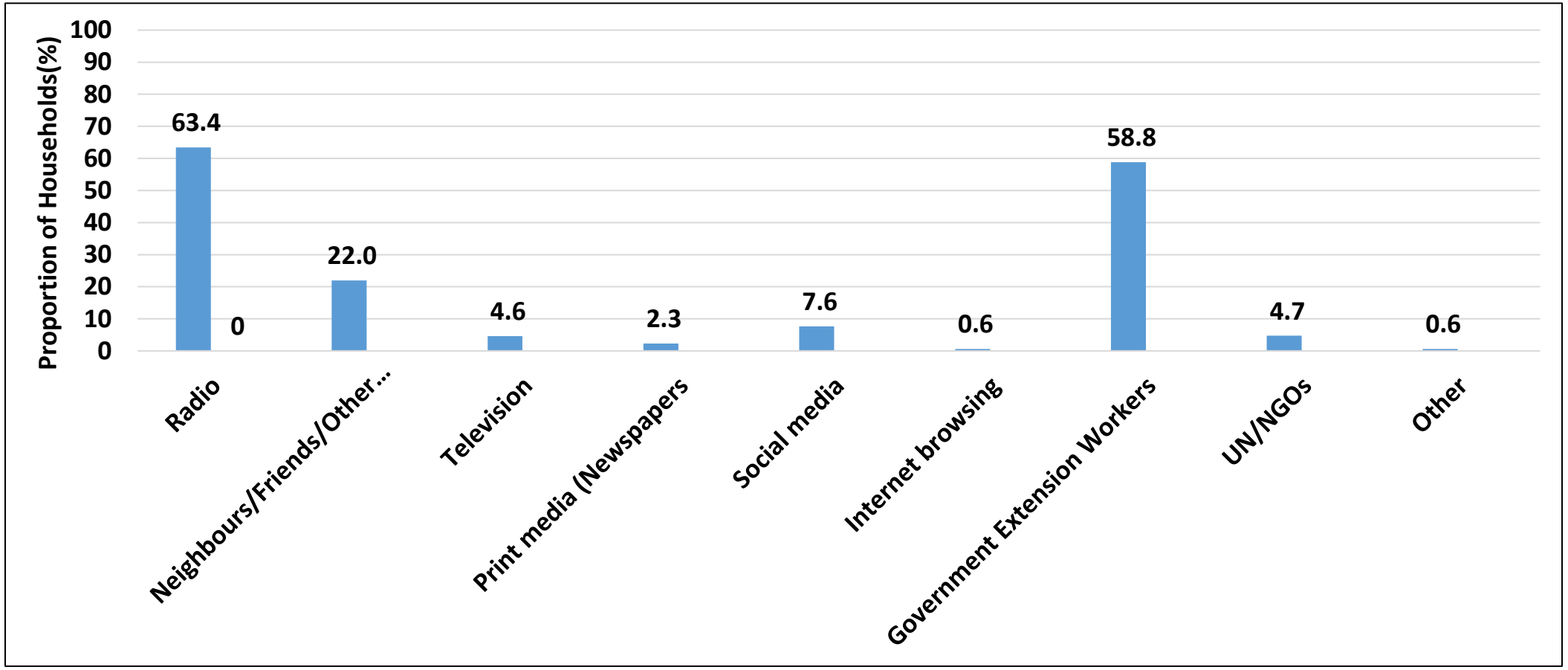
- The highest proportion (49.5%) had reduced sources of income as the main effect of COVID-19 followed by reduced food sources (47.6%).

Effects of COVID-19 on Income Sources by District

	Loss of business income (%)	Loss of employment (%)	Failed to access health facility (%)	Failed to access basic commodities (%)	Reduced sources of income (%)	Reduced salaries (%)	Reduced food access (%)	Gender-based violance (GBV) (%)	Restricted access to agricultural markets (%)
Buhera	23.8	13.9	5.9	38.6	58.4	1.5	71.8	-	2.0
Chimanimani	16.6	7.0	1.0	28.1	67.8	9.0	58.3	1.5	32.2
Chipinge	24.9	10.4	1.5	10.9	23.4	4.5	57.2	-	7.0
Makoni	35.0	12.5	2.5	19.5	35.0	5.0	23.5	1.0	37.5
Mutare	22.3	2.0	-	4.1	57.4	4.1	45.2	-	10.2
Mutasa	27.6	3.6	1.6	14.6	40.6	4.7	42.2	1.0	20.8
Nyanga	13.6	8.5	0.5	6.5	63.8	2.5	34.2	1.5	5.5

- The highest proportion of households which indicated reduced food access as the main effect of Covid-19 was in Buhera (71.8%) followed by reduced income sources 67.8% in Chimanimani.

Household Current Sources of Information on COVID-19



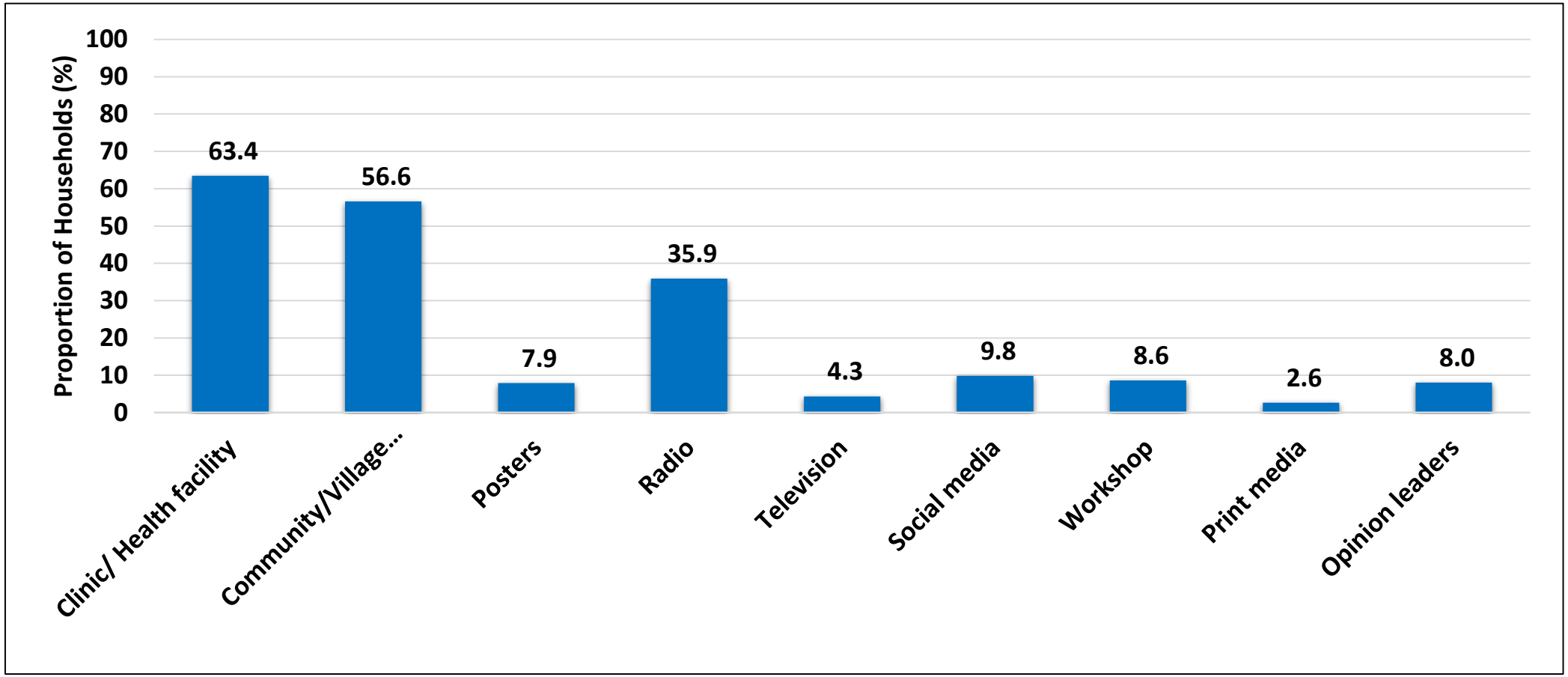
- About 63% of households reported that they heard about COVID-19 on the radio.
- Government extension workers were reported by about 58% of the households as a source of information on COVID-19.

Household Current Sources of Information on COVID-19 by District

	Radio (%)	Neighbours /Friends/Other Households (%)	Television (%)	Print media (Newspapers (%)	Social media (%)	Internet browsing (%)	Government Extension Workers (%)	UN/NGOs (%)	Other (%)
Buhera	69.0	32.4	5.5	6.2	15.9	-	67.6	13.8	-
Chimanimani	69.6	48.0	9.8	2.9	8.8	1.0	31.4	1.0	1.0
Chipinge	71.4	18.4	8.2	4.1	14.3	4.1	34.7	12.2	-
Makoni	57.0	20.2	2.6	-	4.4	0.9	70.2	0.9	2.6
Mutare	58.2	5.1	-	1.0	2.0	-	54.1	2.0	-
Mutasa	59.3	-	5.6	-	3.7	-	53.7	1.9	-
Nyanga	59.6	11.7	2.1	-	2.1	-	81.9	-	-

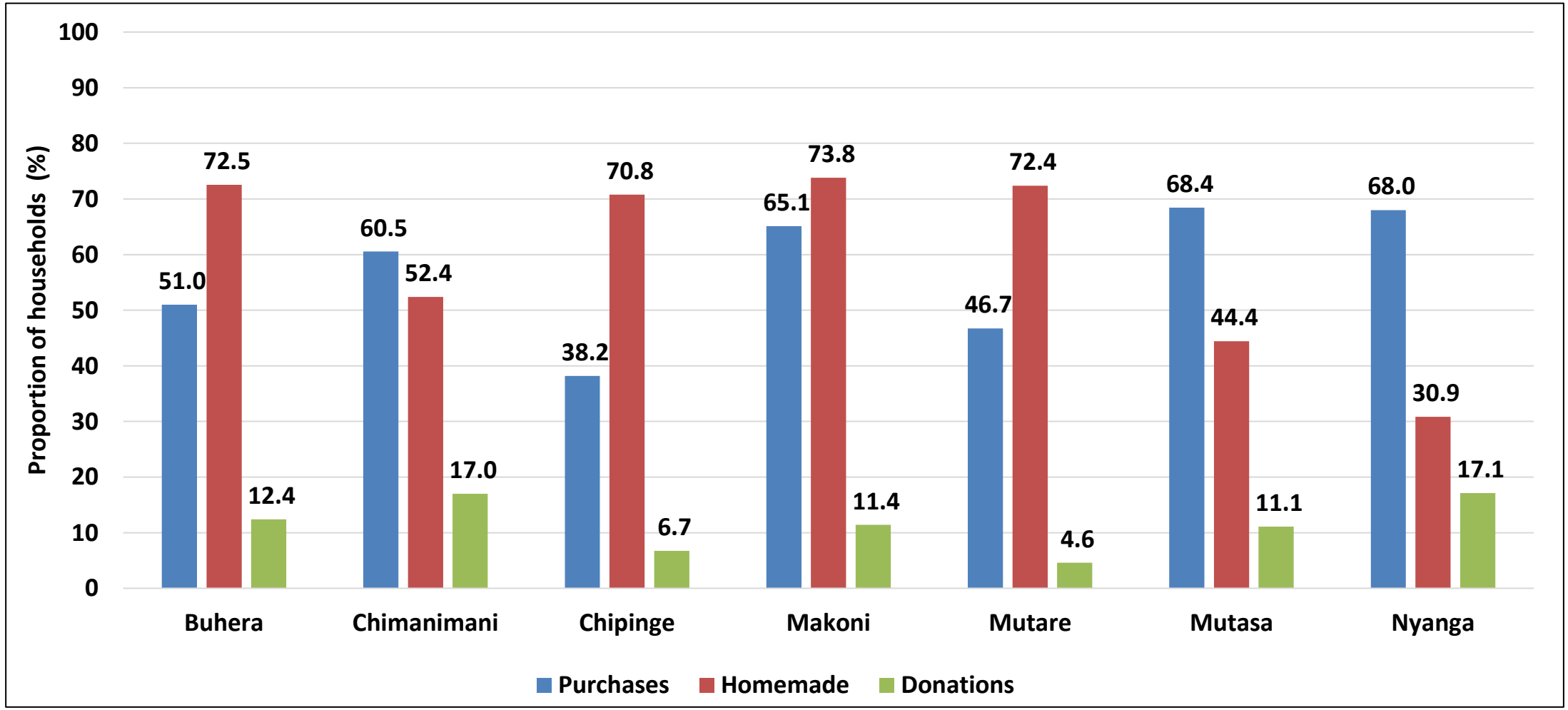
- Government extension workers were the main sources of information at 81.9% in Nyanga followed by radio 71.4% in Chipinge.

Household Preferred Sources of Information on COVID-19



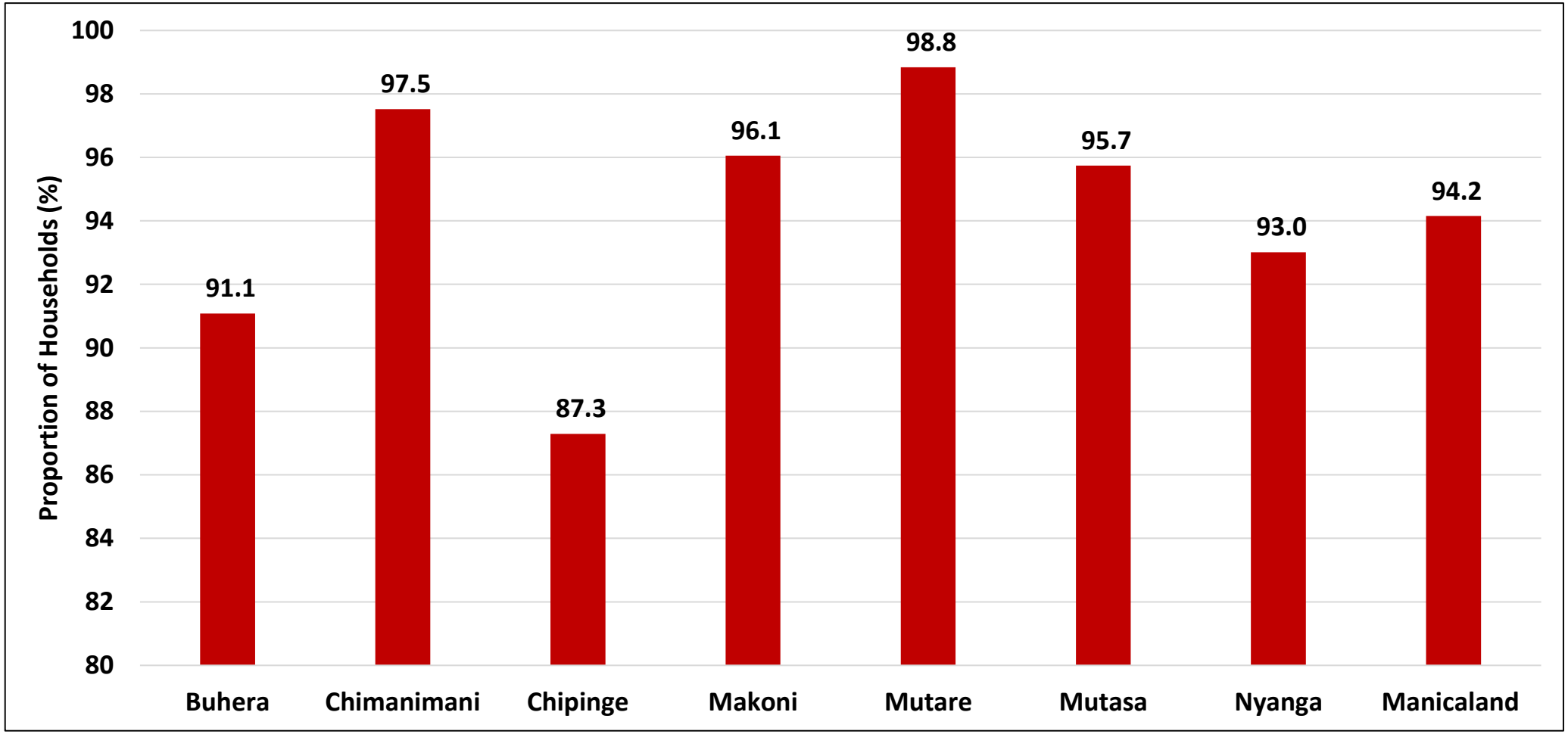
- The highest proportion of households preferred Clinic/Health facilities as future sources of information (63.4%), followed by Community/Village Health Workers (57%).
- Print media was the least preferred (2.6%) most probably because of accessibility, and affordability.

Household Sources of Personal Protective Equipment



- Makoni had the highest proportion of households which reported that their PPE was homemade (73.8%).
- About 68.4% of households in Mutasa had purchases as their source of PPE.

Affordability of COVID-19 Personal Protective Equipment and Accessories by Households



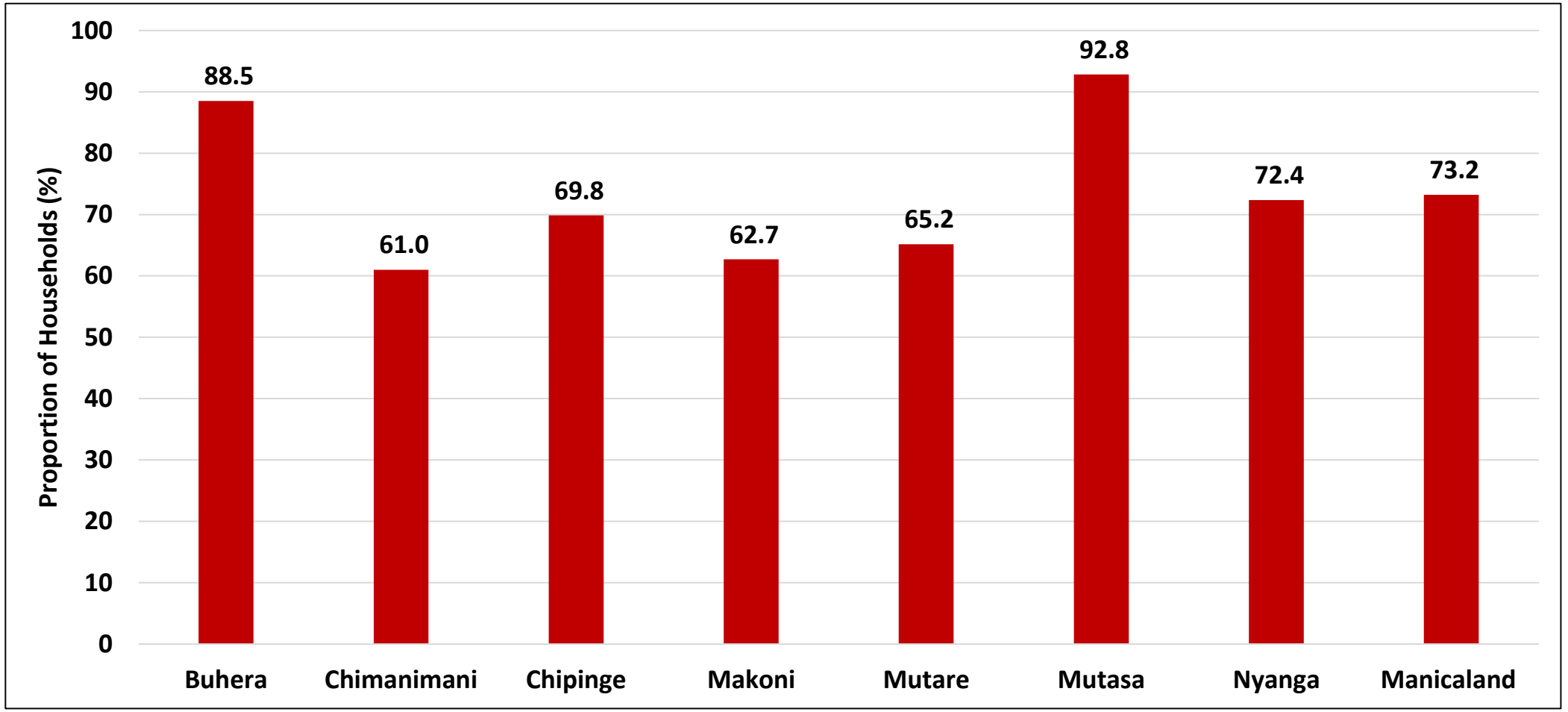
- A greater proportion of the households indicated that they could not afford COVID-19 PPE and other accessories (94.2%).

Household Practices to Protect Themselves Against Covid-19

	Frequently wash hands with soap under running water for 20 seconds (%)	Use alcohol based hand sanitizers (%)	Avoid touching mouth,eyes and nose (%)	Use a face mask in public places (%)	Cover mouth with flexed elbow when sneezing and coughing (%)	Avoid crowded places (%)	Practice social distancing (%)	Staying at home (%)	Traditional/religious practices (%)
Buhera	66.8	6.3	38.9	63.5	34.6	71.6	61.5	44.7	-
Chimanimani	61.2	16.9	28.9	56.2	33.3	57.7	74.6	76.6	2.5
Chipinge	66.2	16.4	31.3	44.8	35.8	22.9	39.3	47.8	2.0
Makoni	54.2	8.5	11.9	36.8	6.5	40.8	55.2	75.6	2.5
Mutare	51.2	21.4	25.4	43.3	40.3	59.7	65.7	49.8	3.5
Mutasa	34.7	3.1	9.7	54.6	4.1	37.8	54.6	51.0	0.5
Nyanga	42.7	7.5	13.6	32.2	7.5	37.2	45.2	44.7	2.0

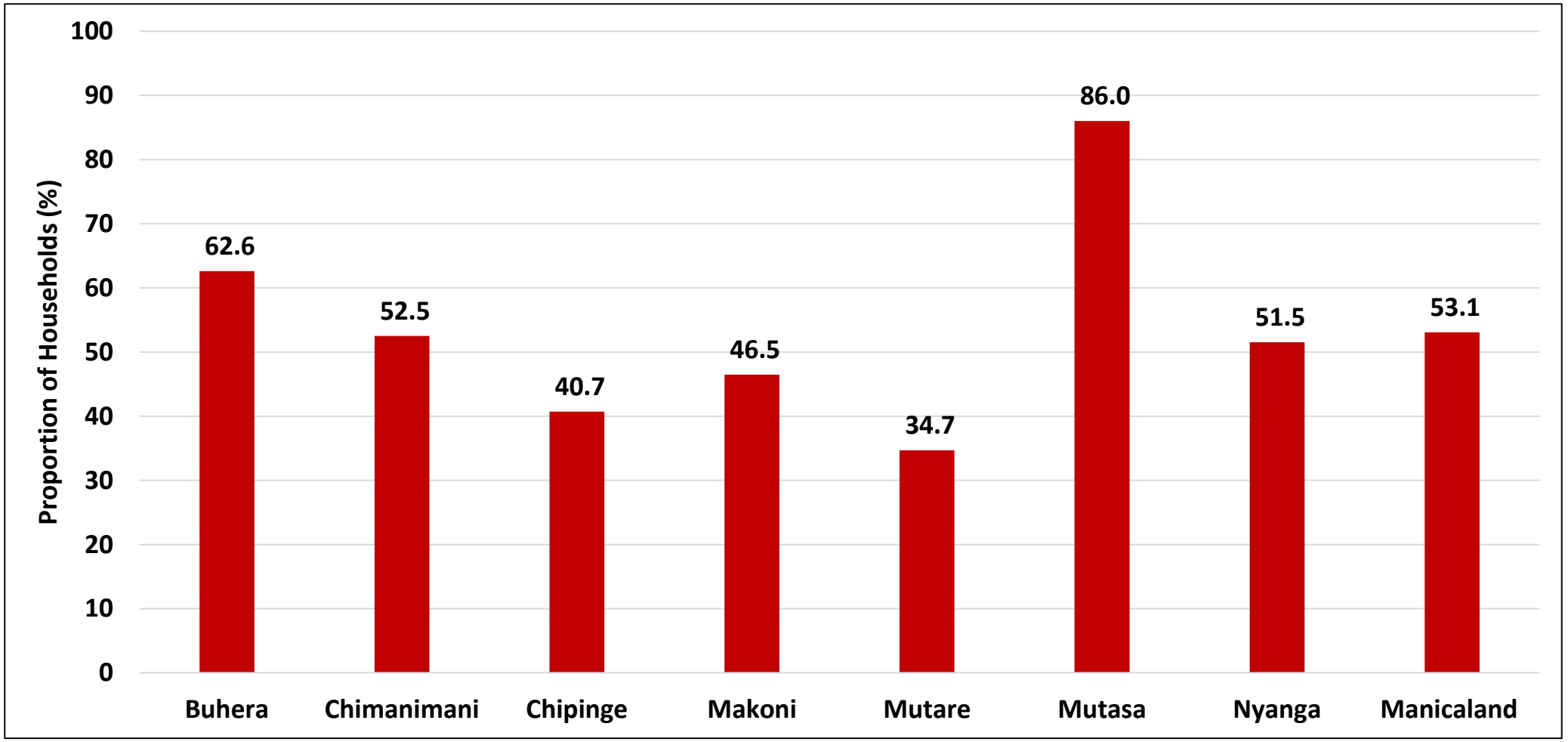
- The highest proportion of households (75.6%) in Makoni district protected themselves from COVID-19 by staying at home followed by avoiding crowded places (71.6%) in Buhera.

Impact of COVID-19 on Household Access to Food Products/Supply



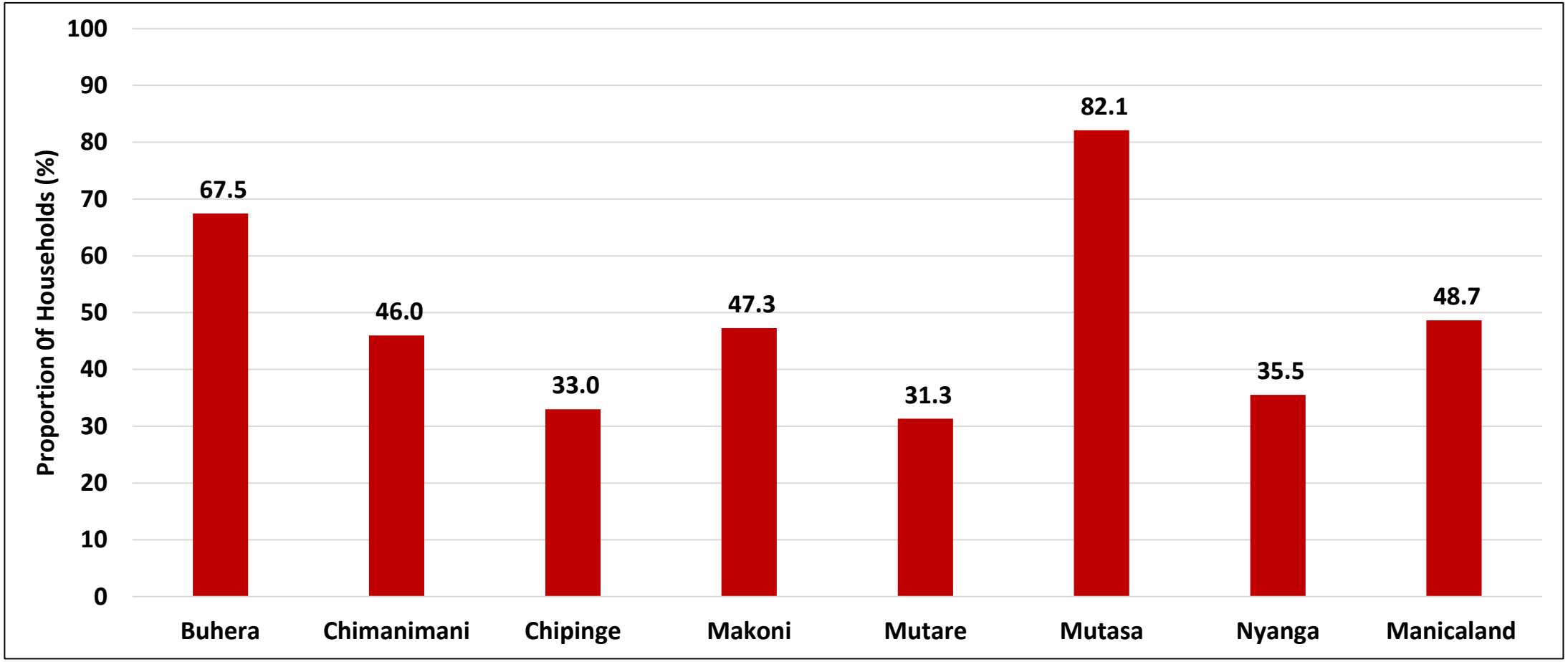
- The highest proportion of households which experienced difficulties in accessing food products/supply due to COVID-19 was in Mutasa district (92.8%) followed by Buhera (88.5%) and Nyanga (72.4%).

Impact of COVID-19 on Household Access to Medical Supplies



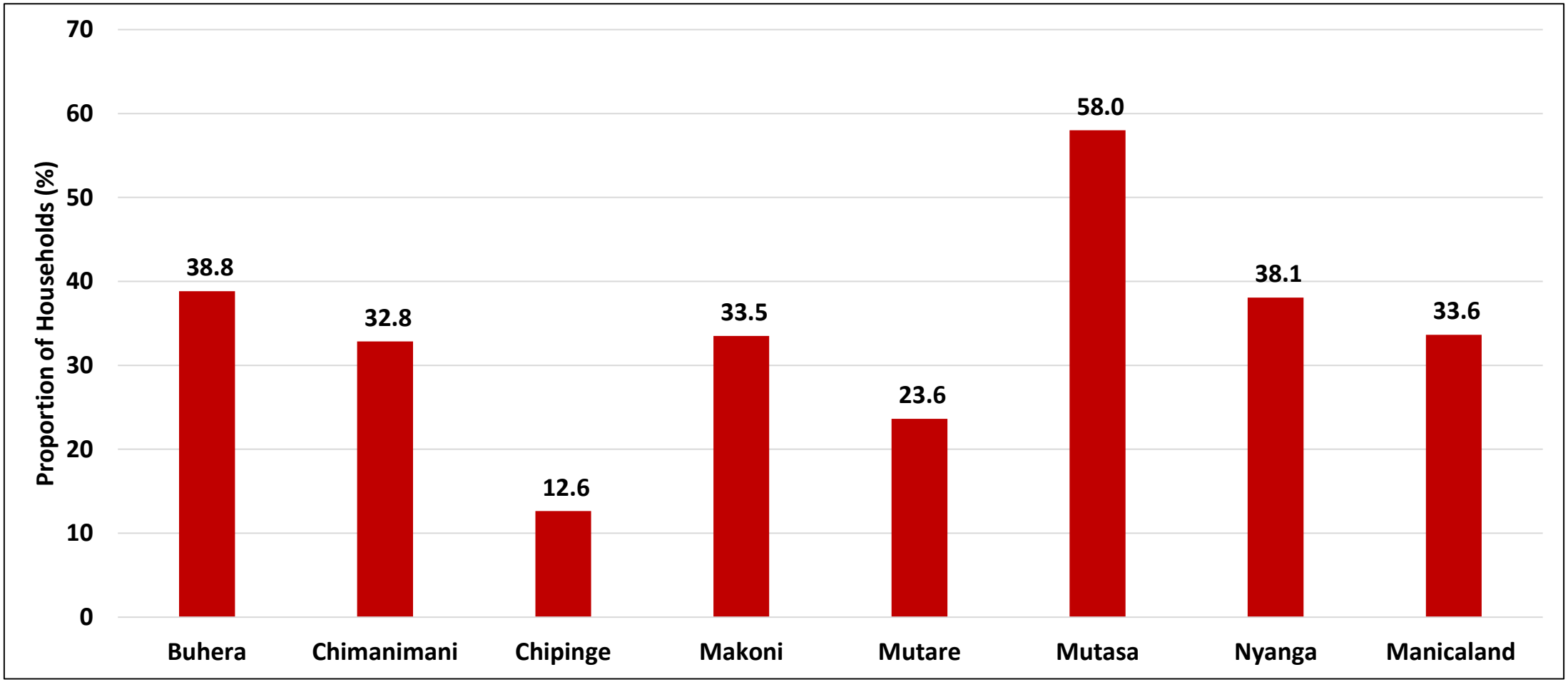
- The highest proportion of household which experienced difficulties in accessing medical supplies due to COVID-19 was in Mutasa (86%) followed by Buhera (62.6%) and Nyanga (51.5%).

Impact of COVID-19 on Household Access to Hygiene and Sanitary Products



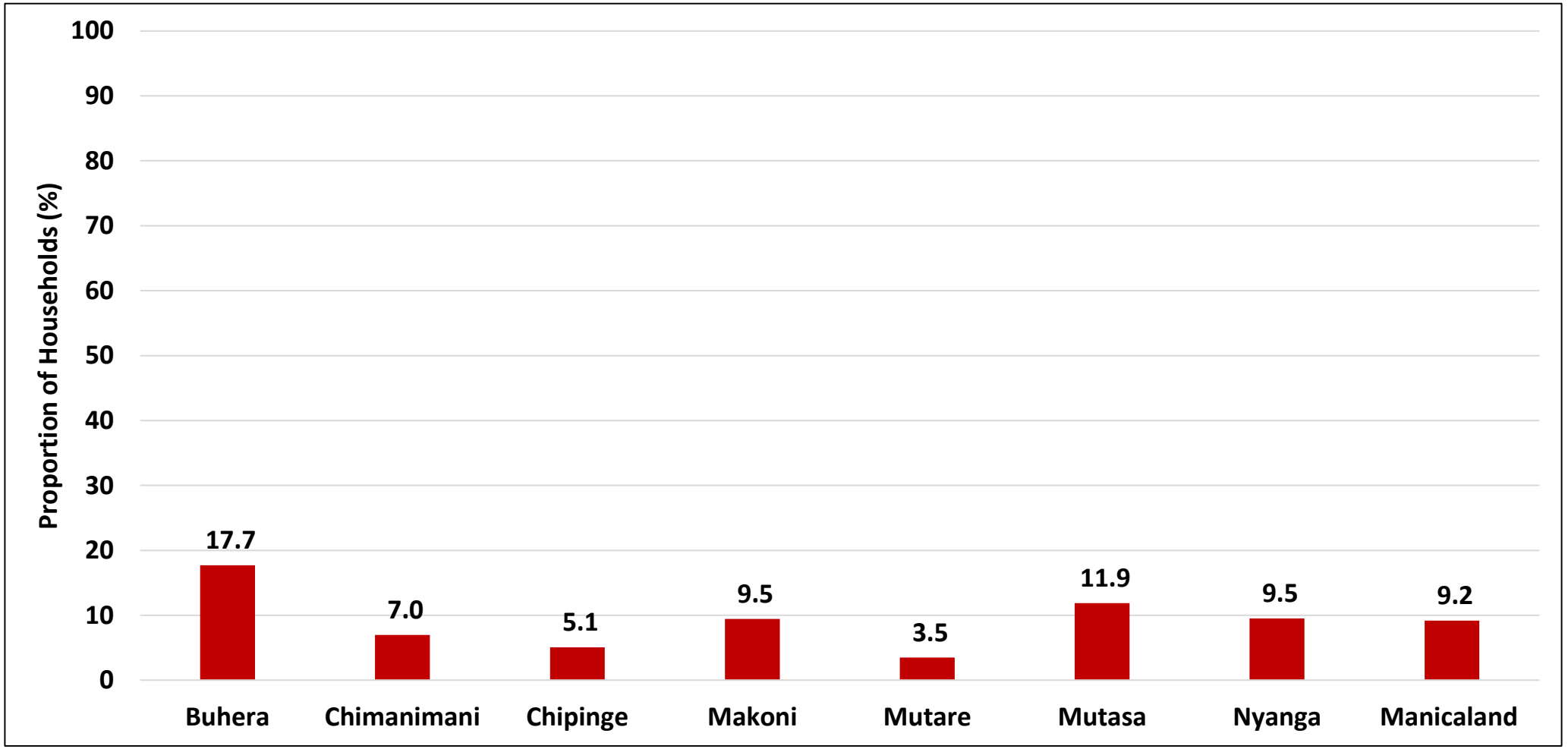
- About 48.7% of the households reported that they experienced difficulties in accessing hygiene and sanitary products due to COVID-19.

Impact of COVID-19 on Household Access to Health Services/Assistance



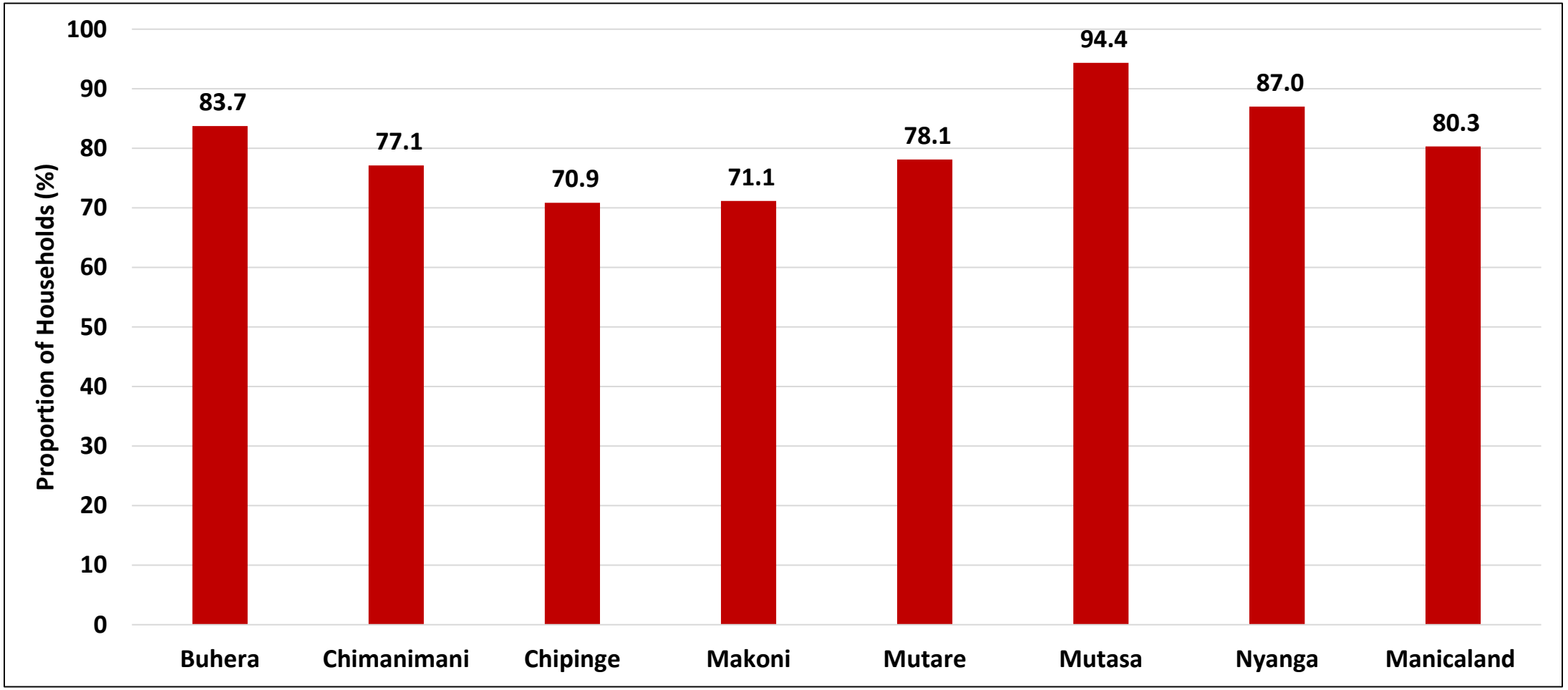
- The highest proportion of households which experienced difficulties in accessing health services/assistance due to COVID-19 was in Mutasa (58%).

Impact of COVID-19 on Household Access to Water Supply



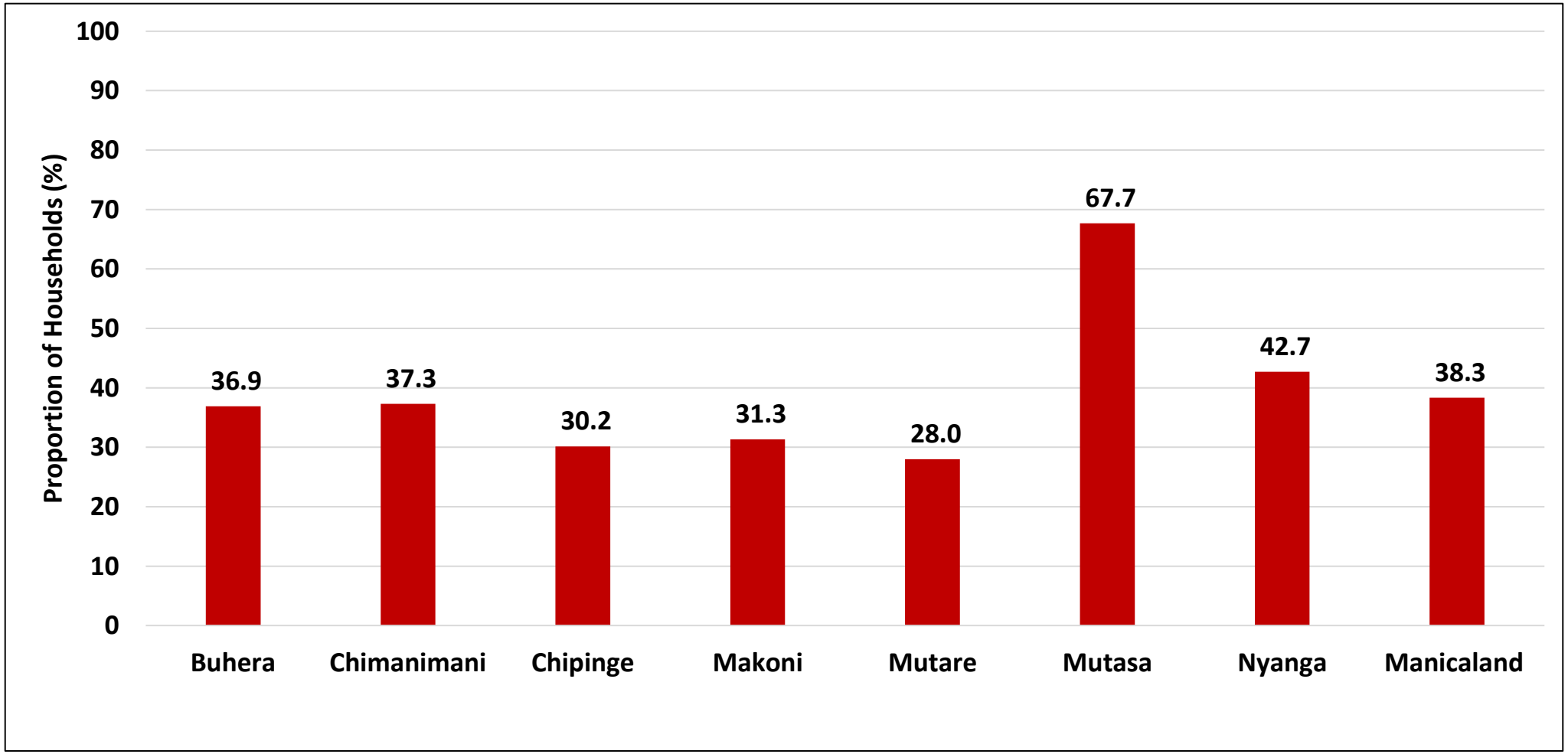
- The majority of households did not have difficulties in accessing water supply due to COVID-19 (90.8%).
- The highest proportion of households which had difficulties was in Buhera 17.7%.

Impact of COVID-19 on Household Access to Public Transport



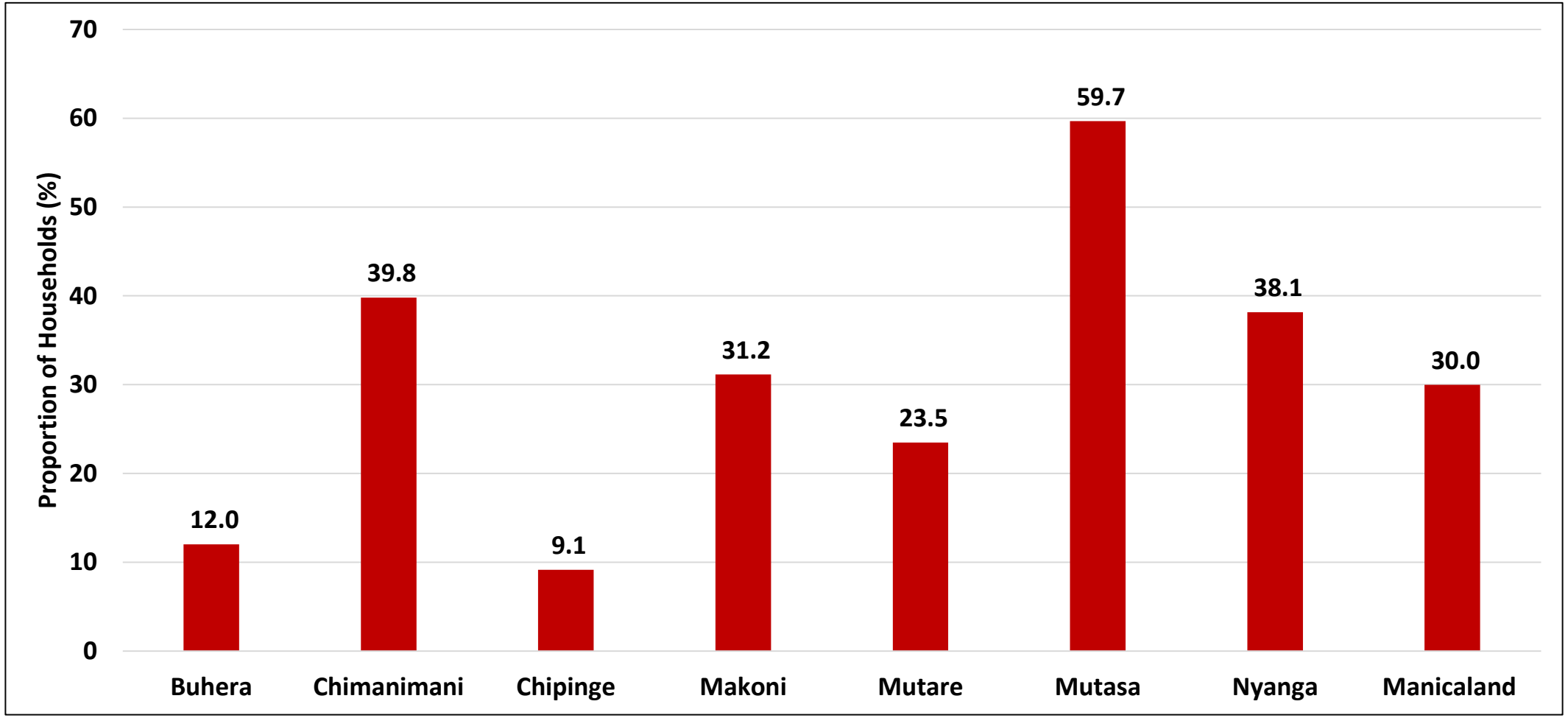
- The largest proportion of households which had difficulties in accessing public transport due to COVID-19 was in Mutasa (94.4%) followed by Nyanga (87%) and Buhera (83.7%).

Impact of COVID-19 on Household Access to Social Services



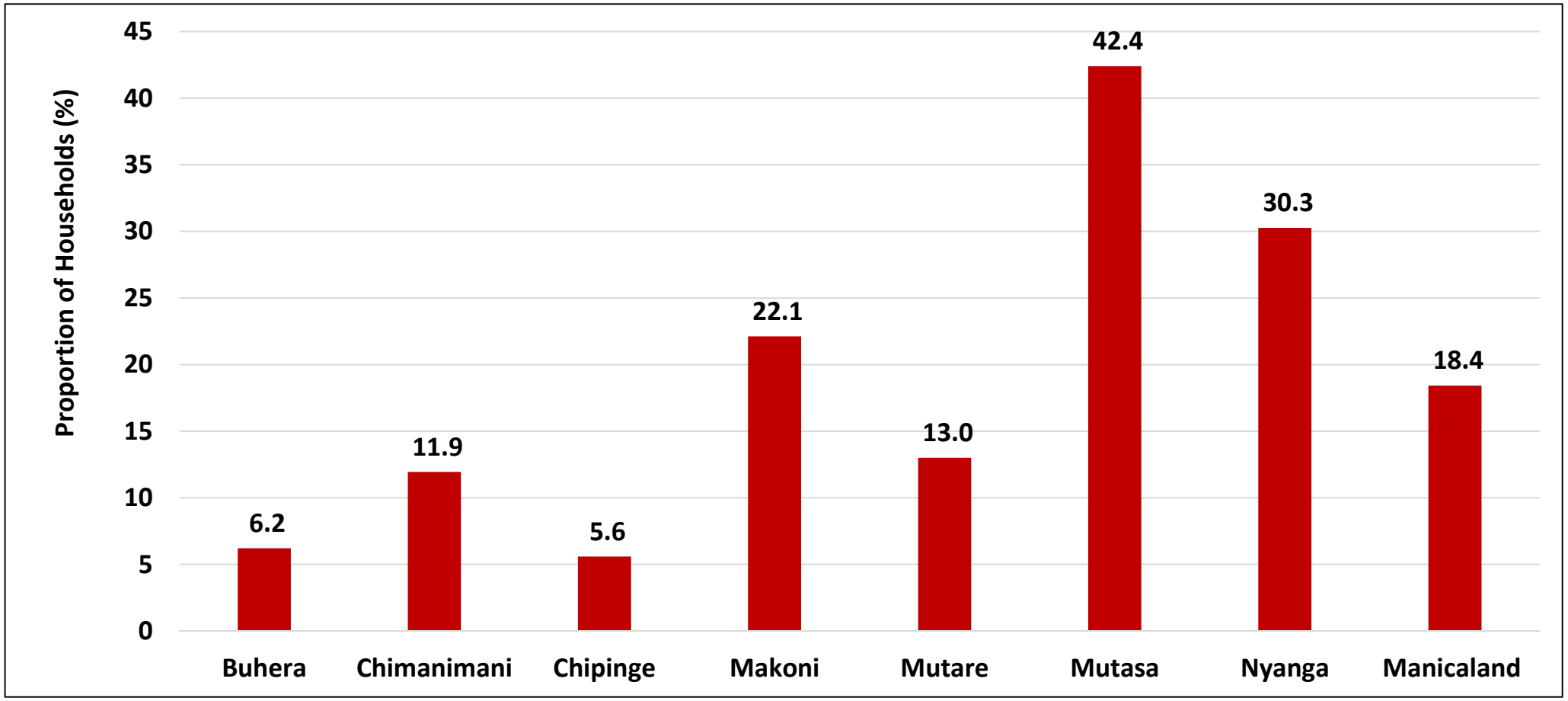
- The largest proportion of households which had difficulties in accessing social services was in Mutasa (67.7%) and this was higher than the provincial average of 38.3%.

Impact of COVID-19 on Household Access to Agriculture Extension Services



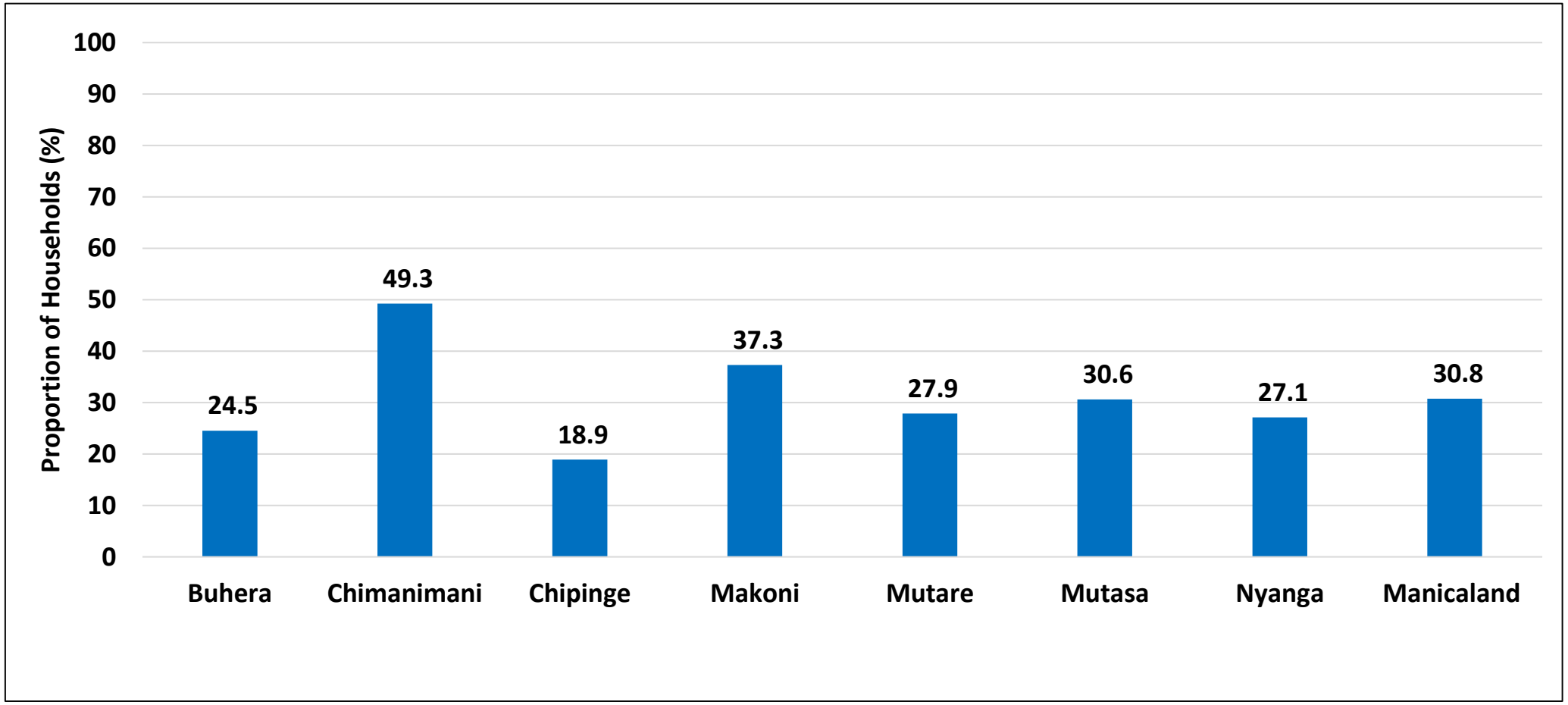
- Generally all districts had low proportions of households which had difficulties in accessing agriculture extension services except Mutasa.

Impact of COVID-19 on Household Access to Security Services



- About 18.4% of the households indicated that they had difficulties in accessing security services due to COVID-19.

Proportion of Households which were Aware of the COVID-19 Toll Free Numbers



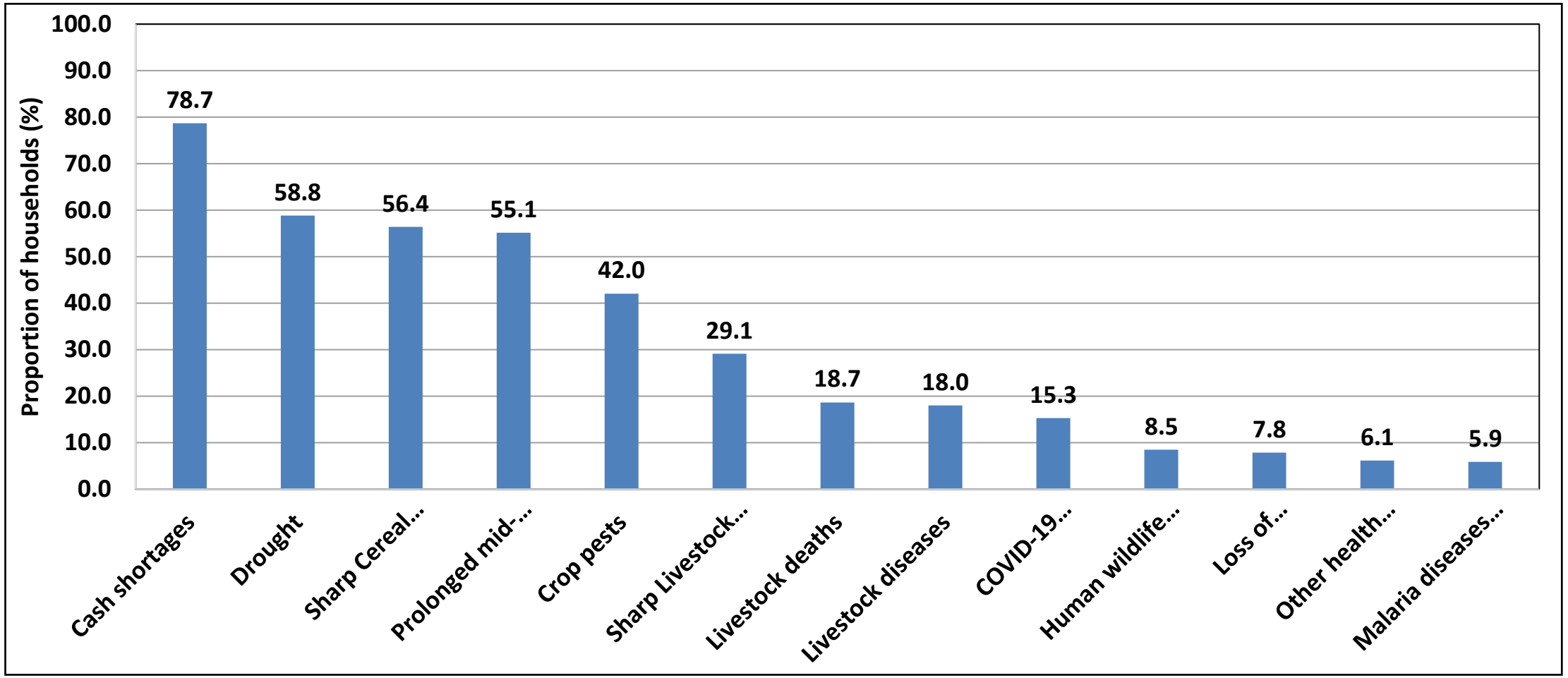
- The majority of the households indicated that they were not aware of the COVID-19 tollfree numbers (69.2%).

Shocks and Stressors

Definitions

Term	Definition
Shock	External short-term deviations from long-term trends that have substantial negative effects on people's current state of well-being, level of assets, livelihoods, or safety, or their ability to withstand future shocks (Zseleczky and Yosef, 2014)
Stressor	Long-term trends or pressures that undermine the stability of a system and increase vulnerability within it (Zseleczky and Yosef, 2014).
Shock Exposure Index	The degree to which the household feel vulnerable to prevalent shocks in their area. It is calculated by summation of number of shocks a household experienced and household perceived impact to the effects of those shocks
Ability to Cope index	This is the degree to which households have been able to recover from the shocks they experienced.

Most Common Shocks and Stressors Experienced by Households



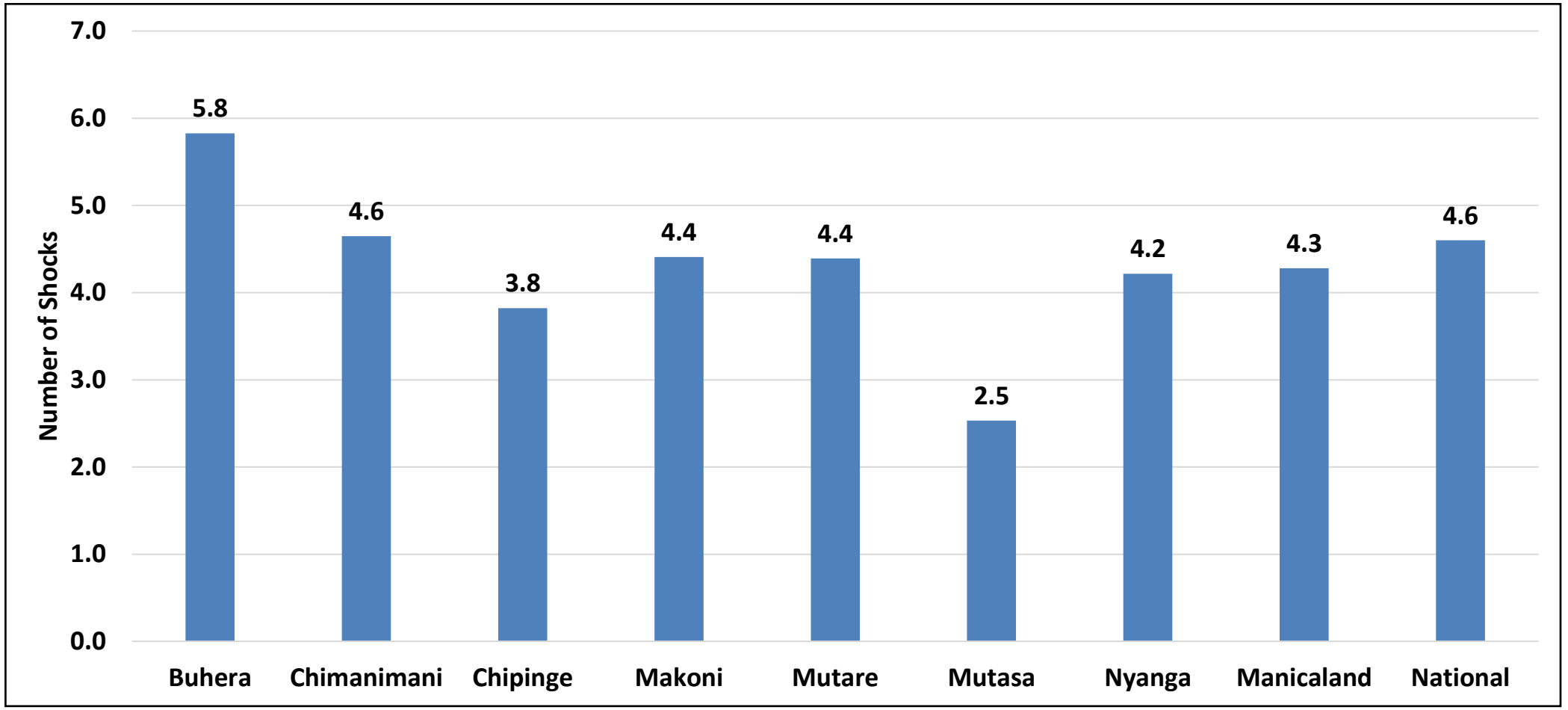
- Cash shortages (78.7%) were the most common shock in the province followed by drought (58.8%).

Most Common Shocks and Stressors Experienced by Households by District

	Buhera	Chimanimani	Chipinge	Makoni	Mutare	Mutasa	Nyanga
Cash shortages	86.1	95.0	68.3	77.6	73.1	56.0	94.0
Prolonged mid-season dry spell	82.3	34.8	58.9	60.7	58.7	33.0	56.2
Drought	97.1	34.8	56.9	60.2	79.1	17.0	64.7
Sharp Cereal price changes	68.4	65.7	45.0	54.7	65.7	43.0	51.7
Crop pests	42.6	52.7	37.6	34.8	30.3	48.0	48.3
COVID-19 Pandemic	19.1	34.3	25.2	1.5	25.9	0.0	0.5
Sharp Livestock price changes	41.1	39.3	17.8	35.3	20.9	14.5	34.3
Livestock diseases	43.1	13.4	8.4	26.4	22.4	5.0	6.5
Livestock deaths	45.5	15.9	7.4	26.9	20.4	7.0	6.5
Loss of employment by key household member	10.5	6.5	6.4	13.9	2.5	3.0	11.9
Human wildlife conflict	12.0	9.0	5.4	18.4	6.5	1.0	7.0
Malaria diseases incidents	1.0	10.0	4.5	2.5	7.0	3.0	13.4
Other health related (eg TB, BP)	8.6	10.9	0.0	3.5	10.4	5.5	4.0

- The district picture generally follows the provincial picture except for Buhera and Mutare where drought was the most prevalent shock experienced by households.

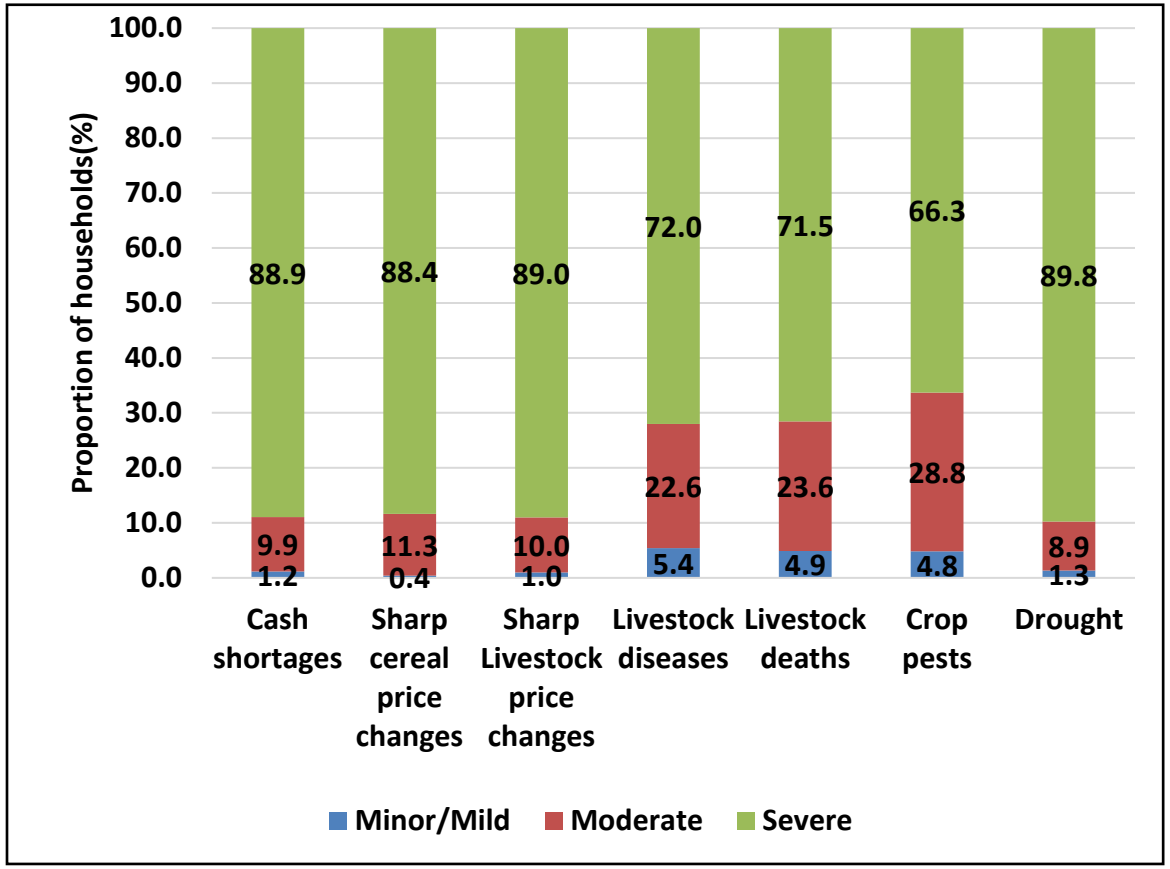
Average Number of Shocks Experienced by Households



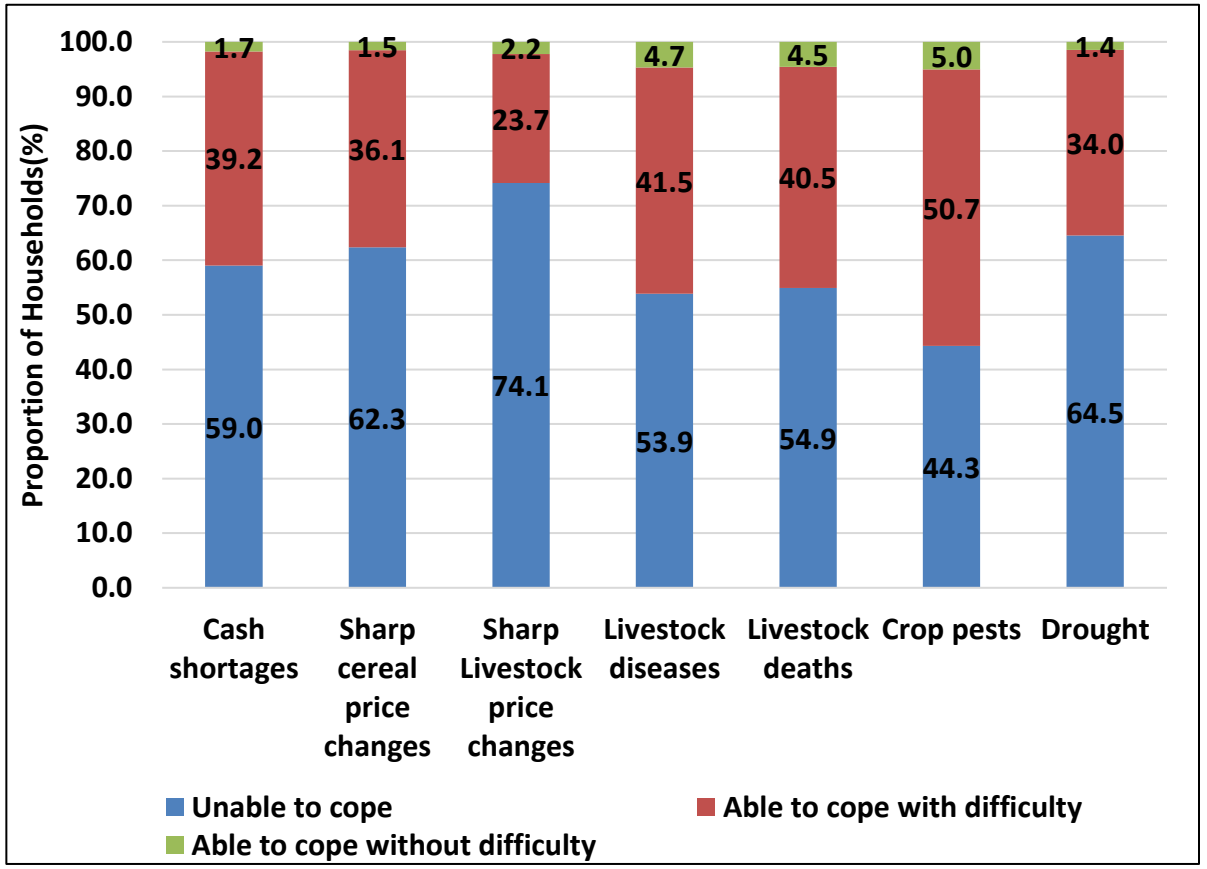
- Households in Buhera experienced the highest number of shocks (5.8) followed by Chimanimani (4.6) while households in Mutasa experienced least number of shocks (2.5).

Impact of Most Common Shocks and Household Ability to Cope

Impact of Shocks

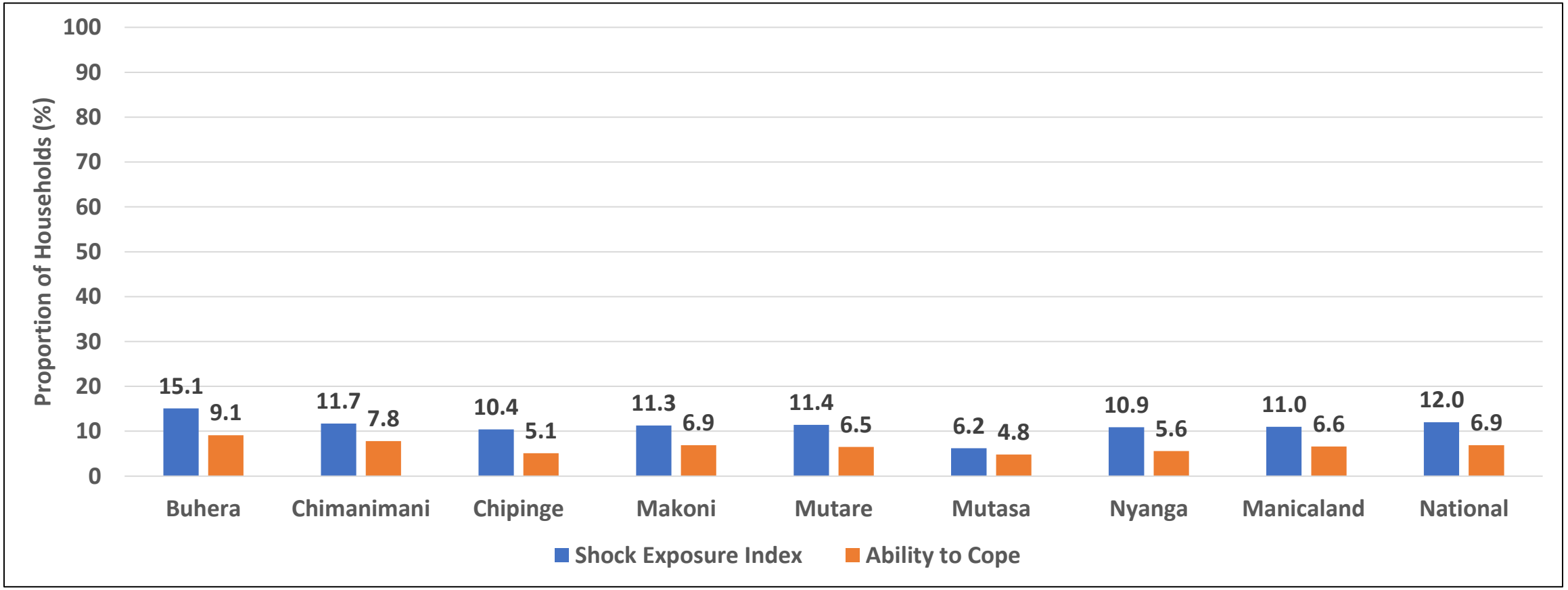


Household ability to cope



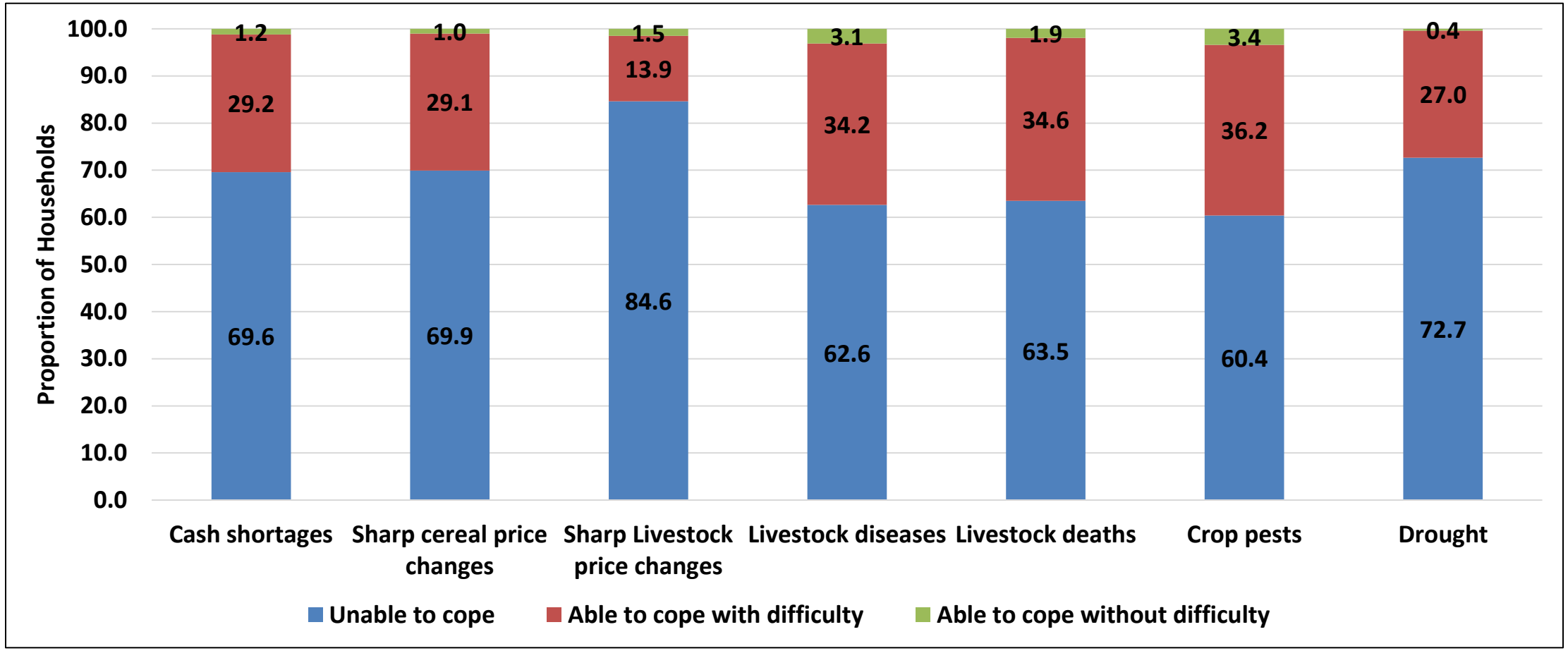
- Most households reported that the shocks they experienced had a severe impact on the households and they were not able to cope with the shocks while those who managed to cope with the shocks reported that they had difficulties in coping with the shocks.

Shock Exposure and Ability to Cope Index



- In all the districts the shock exposure index was higher than the households' perceived ability to cope with those shocks.
- Buhera district had the highest shock exposure index (15.1) and Mutasa had the least shock exposure index (6.2).

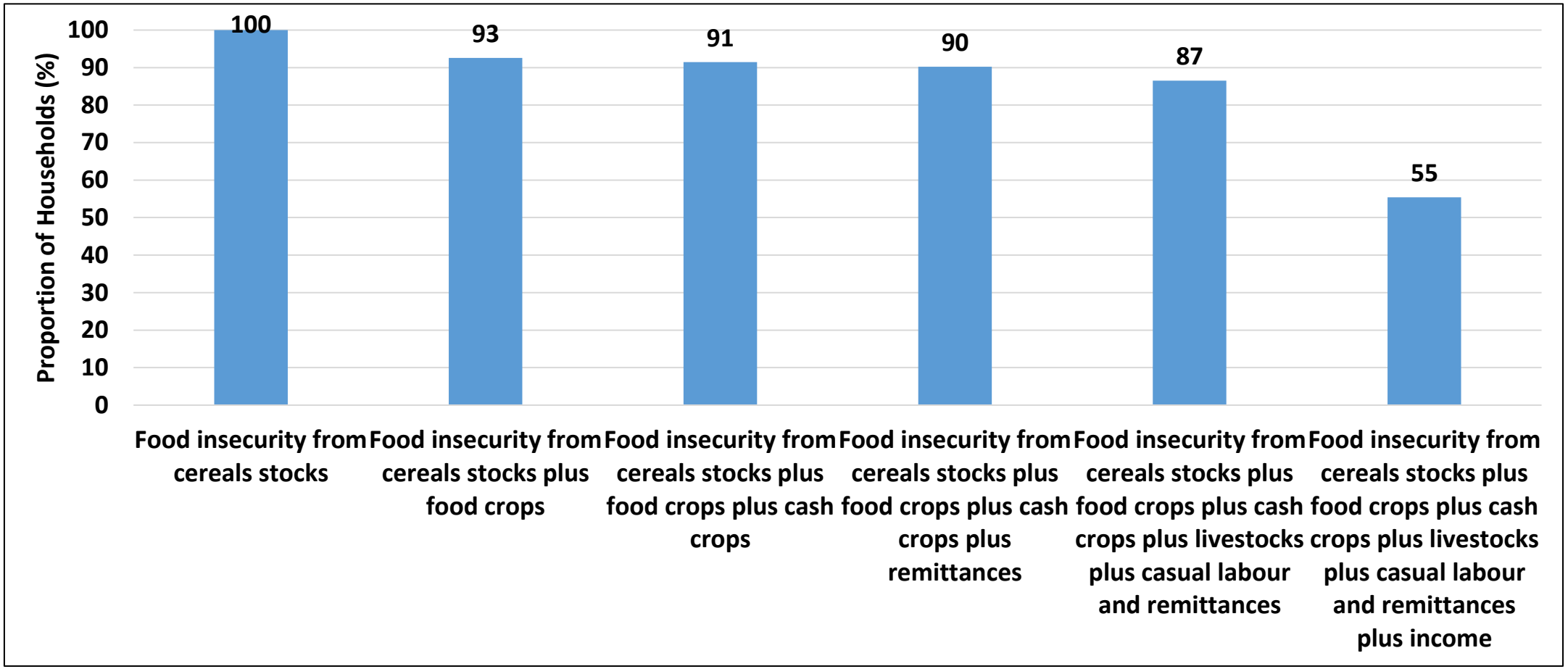
Household's Perception on their Ability to Cope with Common Shocks in the Future



- Most households reported that if they had to encounter most of the common shocks they experienced in 2019/2020 in the future they were not capable of withstanding their impacts.

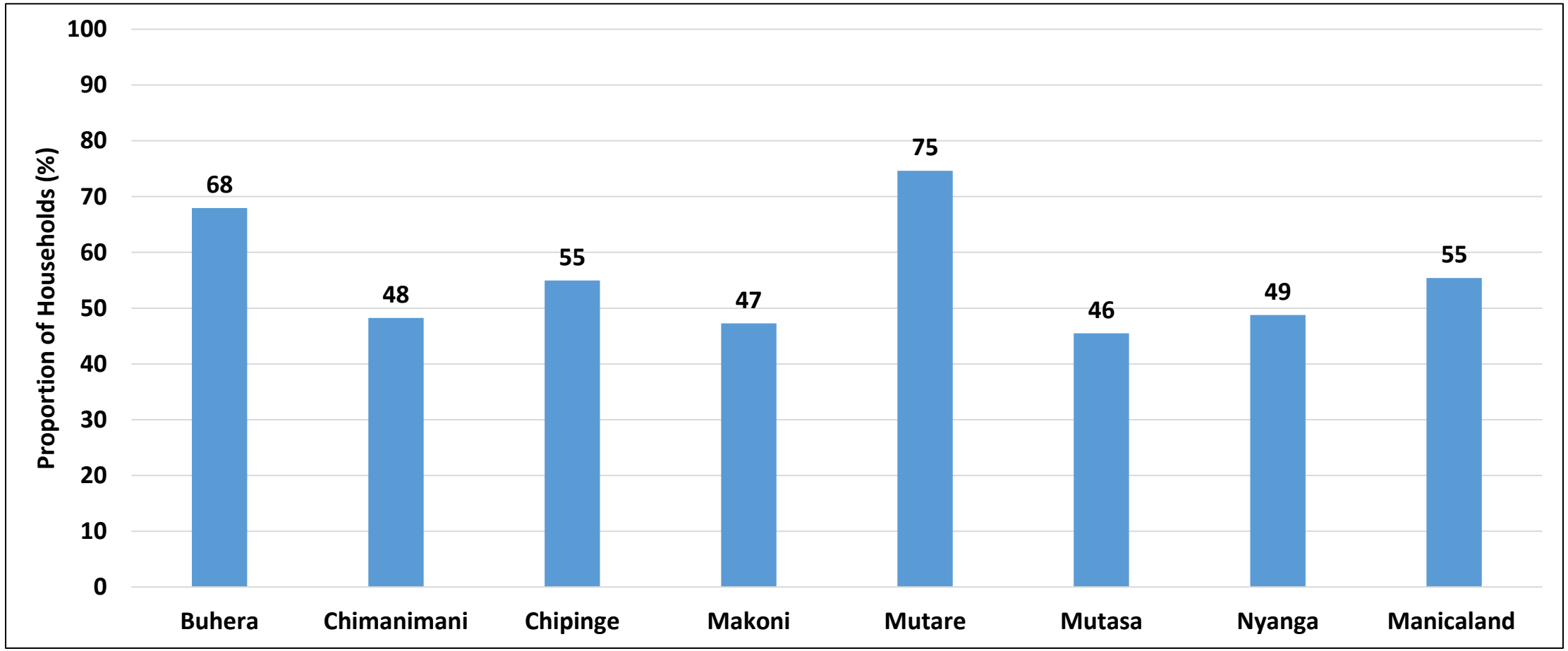
Food Security

Cereal Insecurity Progression by Income Source



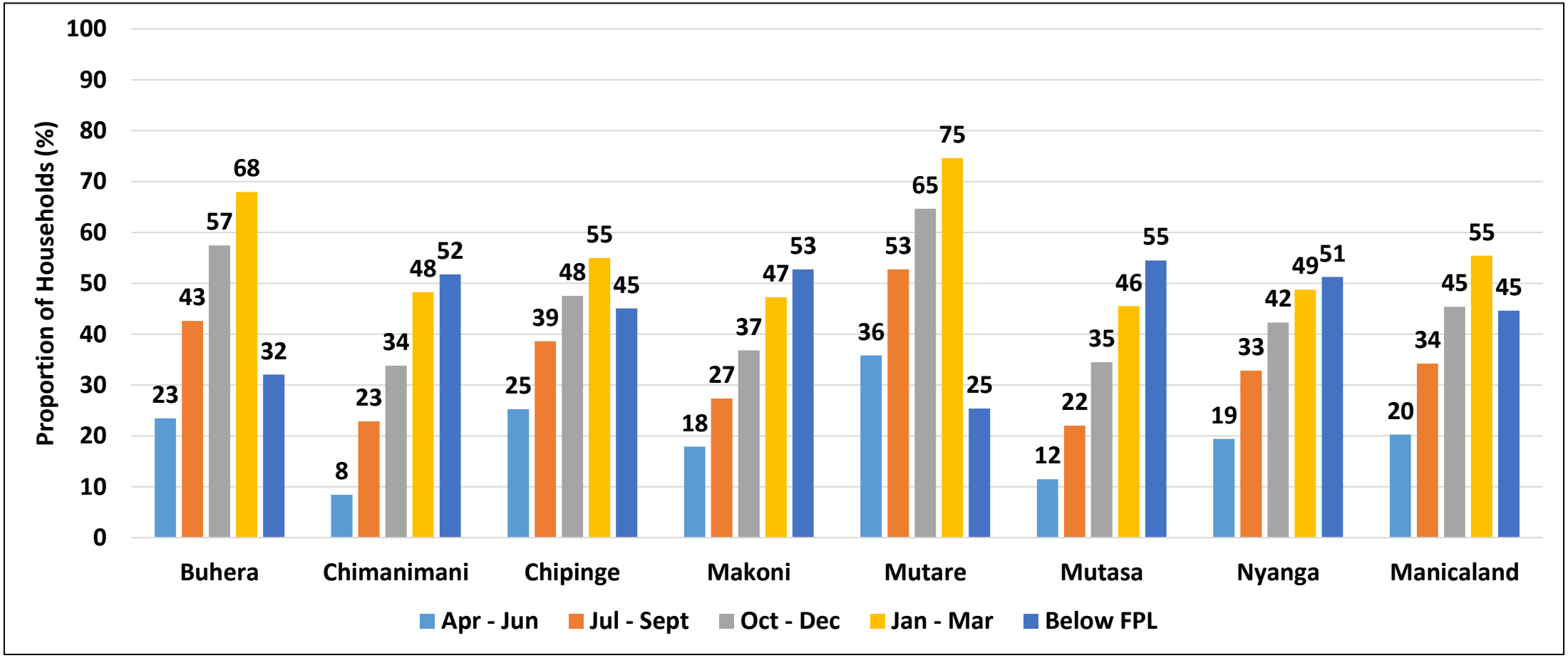
- Considering all incomes, the food insecurity prevalence (cereal) is projected to be 55% during the peak hunger in the 2020/21 consumption year.
- The food insecurity prevalence (cereal) remained almost the same, above 80%, when income sources such as stocks, cash crops and remittances were considered.

Food Insecurity by District



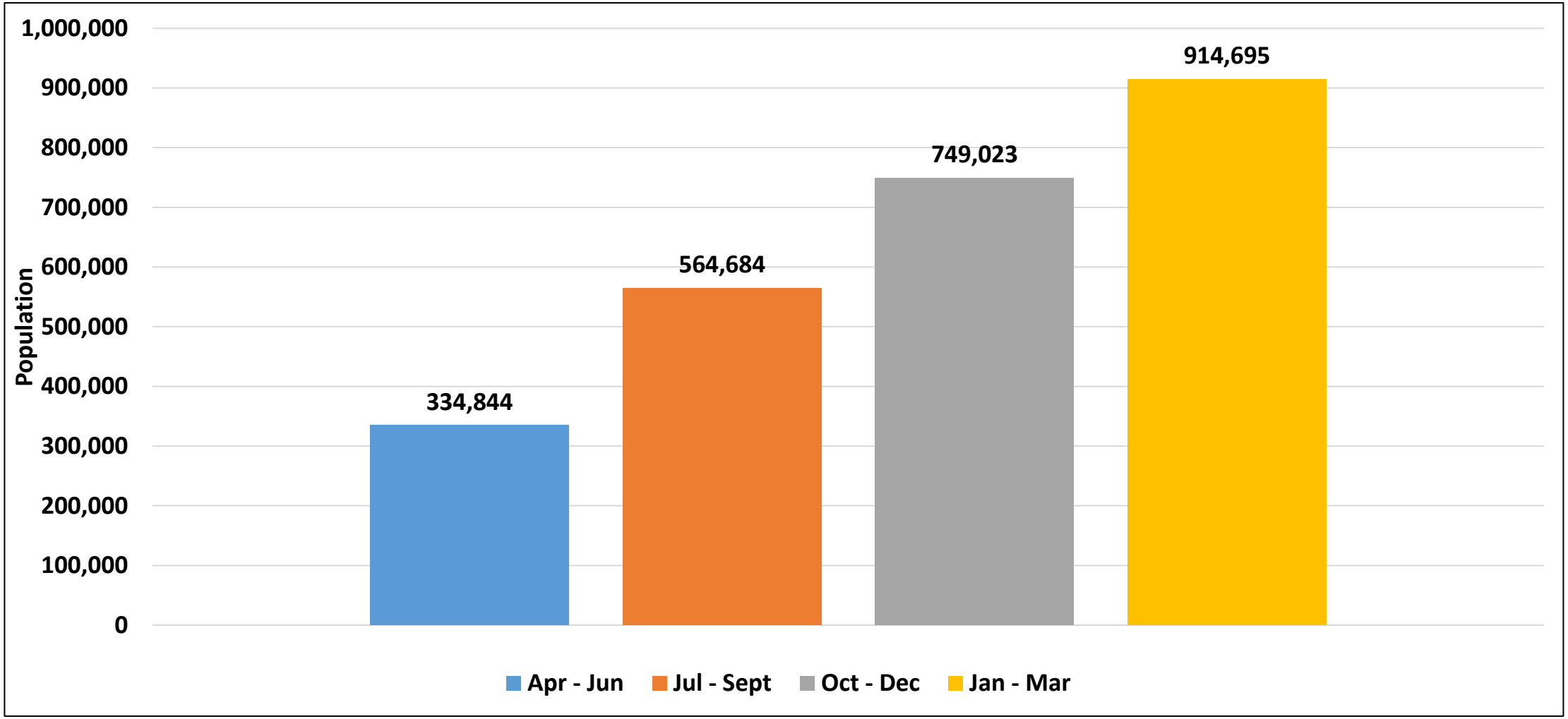
- The highest prevalence of food insecurity was in Mutare district (75%) and the lowest was in Mutasa district (46%).
- Buhera at 68% and Mutare at 75% prevalence of food insecurity were above the provincial average of 55%.

Food Insecurity Progression by Quarter



- The prevalence of food insecurity (cereal) shows a gradual increase with time.
- The proportion of the population below the Food Poverty Line (FPL) was 45%, with Mutasa district having the highest proportion at 55%.

Food Insecure Population



- The food insecure population is 334 844 and is expected to increase over time.
- At the peak hunger period January to March 2021, it is projected that 914 695 people will not be able to meet their food needs.

Food Insecure Population and Cereal Requirements

	Food Insecure Population				Cereal Requirements (MT)			
	Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar
Buhera	63,047	114,513	154,400	182,707	9,331	16,948	22,851	27,041
Chimanimani	12,482	33,775	49,928	71,221	1,847	4,999	7,389	10,541
Chipinge	82,519	126,205	155,329	179,599	12,213	18,678	22,989	26,581
Makoni	53,347	81,502	109,658	140,777	7,895	12,062	16,229	20,835
Mutare	102,692	151,185	185,416	213,941	15,198	22,375	27,442	31,663
Mutasa	21,224	40,602	63,672	83,973	3,141	6,009	9,423	12,428
Nyanga	26,865	45,464	58,553	67,508	3,976	6,729	8,666	9,991
Manicaland	334,844	564,684	749,023	914,695	49,557	83,573	110,855	135,375

Conclusions and Recommendations

- 135,375 rural people will not be able to meet their cereal requirements at peak hunger period (January to March 2021). The Government & its partners need to Improve irrigation schemes as a way of more sustainable and long term strategy to improve food insecurity. There is also a need for food aid to affected households in order for them to meet their food needs.
- Forty-one percent of the population in the province was in the age group 18-49 years which is the economically productive age group.
- The majority of households were male headed, 61%. However, there is a significant proportion of households that are female headed about 35% and this calls for the Government and its partners to enhance the drive for women empowerment in order to cushion these households against vulnerability. There is also need for programmes that cushion elderly headed households which were at 10% of the sampled households.
- Household heads had at least attained an Ordinary level certificate (35%) and were married and living together (61%) and the majority, 39% were of the Apostolic Sect.
- Before the onset of the COVID pandemic, 89% of children of school going age were in school. However, since the closing of schools due to COVID-19, only 7% were receiving some type of schooling whilst at home. This shows a significant gap in terms of the welfare of learners. There is need for the Ministry responsible for Education and its partners to strategize on the best way forward to ensure that learning continues in the short term whilst long term solutions are being sought.

- There has been a slight decrease in the proportion of children that were turned away due to non-payment of school fees from 59% in 2019 to 57% in 2020. This shows a positive trajectory in the implementation of the Government policy. However, there is need for more to be done so that no child is turned away.
- The proportion of households receiving any form of support has increased from 60% in 2019 to 71% in 2020 and this is consistent across all districts in the province and there is evidence of complementary efforts from both Government and the UN/NGOs. There is need to upscale the support to cushion vulnerable households. There is also need for scaling up community based multisectoral approaches to food and nutrition security in the long term.
- HIV/AIDS continues to be the most prevalent chronic illness (34%) as well as hypertension (38%). There is need for the Ministry responsible for Health and its partners to develop measures to ensure that chronically ill patients do not miss their dosses.
- There was a decrease in the proportion of households that planted all crops compared to the 2018/19 season and about 70% of households in Manicaland did not own cattle and 57% did not own goats. The Ministry responsible for Agriculture & its partners needs to encourage communities to take up the rearing of other small livestock such as rabbits and chickens which will also potentially contribute to their income and dietary diversity.
- The most common cause of death for livestock was disease (86%) and a significant proportion of farmers (36%) had access to veterinary services. The Ministry responsible for Agriculture should scale up measures to ensure that farmers do not lose their livestock. There is also need to increase the number of animal health centers in all districts.

- About 69% of the households that planted crops were affected by Fall Army Worm (FAW) and the most affected crop was maize 70%. The majority of households reported that they did nothing to control FAW (43%) . There is need for the Ministry responsible for Agriculture to develop researches on local cost effective controls for FAW.
- There was a significant proportion of households which had access to unimproved water (18.2%). Local authorities and District Development Fund should invest more in drilling, repair and rehabilitation of water points as well as advocacy for households to treat their drinking water.
- Only 55% of the households had access to basic sanitation services. The Ministry responsible for Health should increase efforts to address low sanitation coverage especially in Buhera where open defecation has been high in the past years. These should be done through promotion of health and hygiene programmes and construction of sanitation facilities.
- Majority of the households reported casual labour as their most important source of income (28%) and this shows that most households are vulnerable and do not have reliable sources of income. There is need for the Ministry responsible for Women Affairs to scale up income generating projects in the province.
- Only 2.3% of the households received a loan and 8.9% had at least one member in an ISAL. For those households which received loans there were no households which received a loan from the Zimbabwe Woman Microfinance Bank and Government. There is need for Government initiated programmes such as the Women's Microfinance Bank to reach women in rural areas.

- Food expenditure share is increasing (60% in 2019 and 65% in 2020) meaning that most households are using most their income to buy food forgoing other essential expenditures and this shows the level of vulnerability of the household. It is recommended that some essential services could be provided for free in rural areas to cushion these households.
- Generally there was a decline in complementary feeding practices in the province Minimum Acceptable Diet for children was 3.1% a decrease from 12.1% in 2019%. . This could be a result of the recurrent drought situation thereby affecting availability of food. There is need to educate the community on the use of locally available foods to prepare nutritious diets for their children.
- There is need to create demand for Vitamin A supplements and have strategies to reach every child in the province eligible for Vitamin A supplementation. There is also need for coordinated messaging across all sectors on Infant and Young Child Feeding (IYCF) and the involvement of males in education campaigns.
- A significant proportion of households reported that non timber forestry products such as mowa (81.5%) and ishwa (49.3%) were available in their areas and these could potentially contribute to household dietary diversity which was low at 22%. These could also potentially contribute to child complementary feeding practices.

- Cash shortages remain the most important shock experienced by households (78.7%) followed by drought (58.8%).It is recommended that long term developmental assistance be implemented in order to build resilience of households to be able to cope with future shocks and hazards.
- The majority of households had heard about COVID-19 (98.2%) and knew at least one method of transmission and how COVID-19 can be prevented and indicated Community Health Workers as their preferred source of information.
- The largest proportion (49.5) had reduced income sources as the main effect of COVID-19 followed by reduced food sources (47.6%). There is need for the Government to put in place measures to cushion households against the effects of COVID-19.
- The majority of the households reported that their sources of PPE were homemade and they could not afford to buy them (94.2%). The Ministry responsible for Health needs to continue putting in place measures to ensure that people are protected from COVID-19 and that PPE is also available in rural areas.
- Decentralisation of Police stations or Police Posts and Victim Friendly Unit in hard to reach areas and improvement of quality services in handling of GBV cases is key for case management. Continuous trainings are recommended for officers in various Government Departments responsible for handling sexual and physical violence as these were the most common forms of abuse.