Mashonaland Central Province

Zimbabwe Vulnerability Assessment Committee (ZimVAC)

2020 Rural Livelihoods Assessment Report




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ZIMBABWE
Vulnerability
Assessment Committee

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 Corona virus 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 Government and Development Partners for the financial support and technical leadership which made the assessment a resounding success. The collaboration of the rural communities of Zimbabwe 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 greatly appreciated:

- Office of the President and Cabinet
- Food and Nutrition Council
- SIRDC
- Ministry of Finance and Economic Development
- Zimbabwe National Statistics Agency (ZIMSTAT)
- Ministry of Lands, Agriculture, Water and Rural Resettlement
- Ministry Public Service, Labour and Social Welfare
- Ministry of Health and Child Care
- Ministry of Local Government and Public Works
- Ministry of Women Affairs, Community, Small and Medium Enterprise Development
- Ministry of Justice and Parliamentary Affairs
- Ministry of Environment, Water and Climate
- Rural District Councils
- Zimbabwe Resilience Building Fund(ZRBF)
- United Nations Population Fund (UNFPA)
- Red Cross
- LFSP-ENTERPRIZE

Acknowledgement of Support

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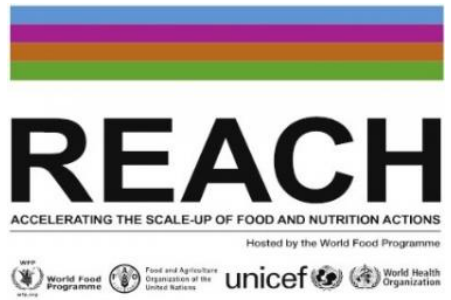


Acronyms

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
NNS	National Nutrition Survey
RLA	Rural Livelihoods Assessment
SAM	Severe Acute Malnutrition
MAM	Moderate Acute Malnutrition
GAM	Global 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 security 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 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.

Assessment Rationale cont.

- 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, incomes 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 their 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 have 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, 2020 declaring the COVID-19 crisis a "national disaster" and introduced 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.
- Prior to the COVID-19 pandemic, food insecurity in the Southern African region was already alarmingly high, with a record 45 million food insecure people across the SADC countries. Key drivers of this food insecurity include climatic shocks (drought, flooding) and structural macro-economic and social factors.
- The risks which threaten to exacerbate the precarious food security situation through the following:

- impacts on exports, imports (supply chain of essential goods such as food, medicine and other essential supplies such as seeds and fertilizers),
- livelihoods (employment and income reduction) and fiscal pressure on the health sector.
- the downstream impact of policy interventions and regulations being implemented to control the spread of COVID-19 which will be felt at individual, household, community and national levels.

Background

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

Background

- ***Impact on Trade***

- immediate impact of COVID-19 being realized through its effect on trade.
- Zimbabwe being hit by a drop in export revenues due to slow-down in demand and weakening of its currency.
- On the import side, Zimbabwe with high food import burden will be affected.
- 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 long-term implications on the food security of households.

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

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, 70.5% of the population were poor whilst 29.3% were deemed extremely poor.
- The projected GDP growth rate for 2019 was -6.5% and 3% for 2020.
- 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

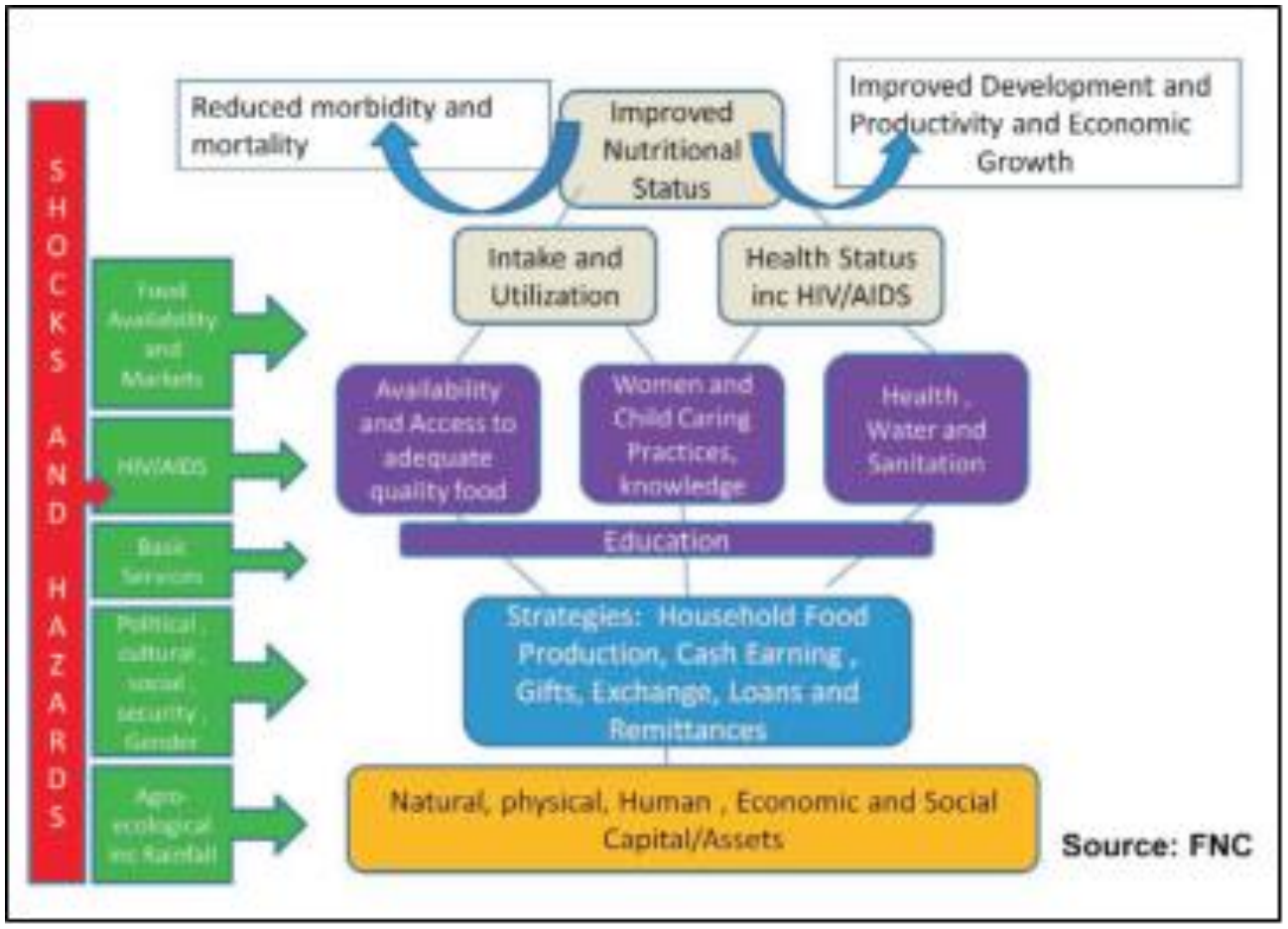


Figure 1: Food and Nutrition Conceptual Framework

- 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.

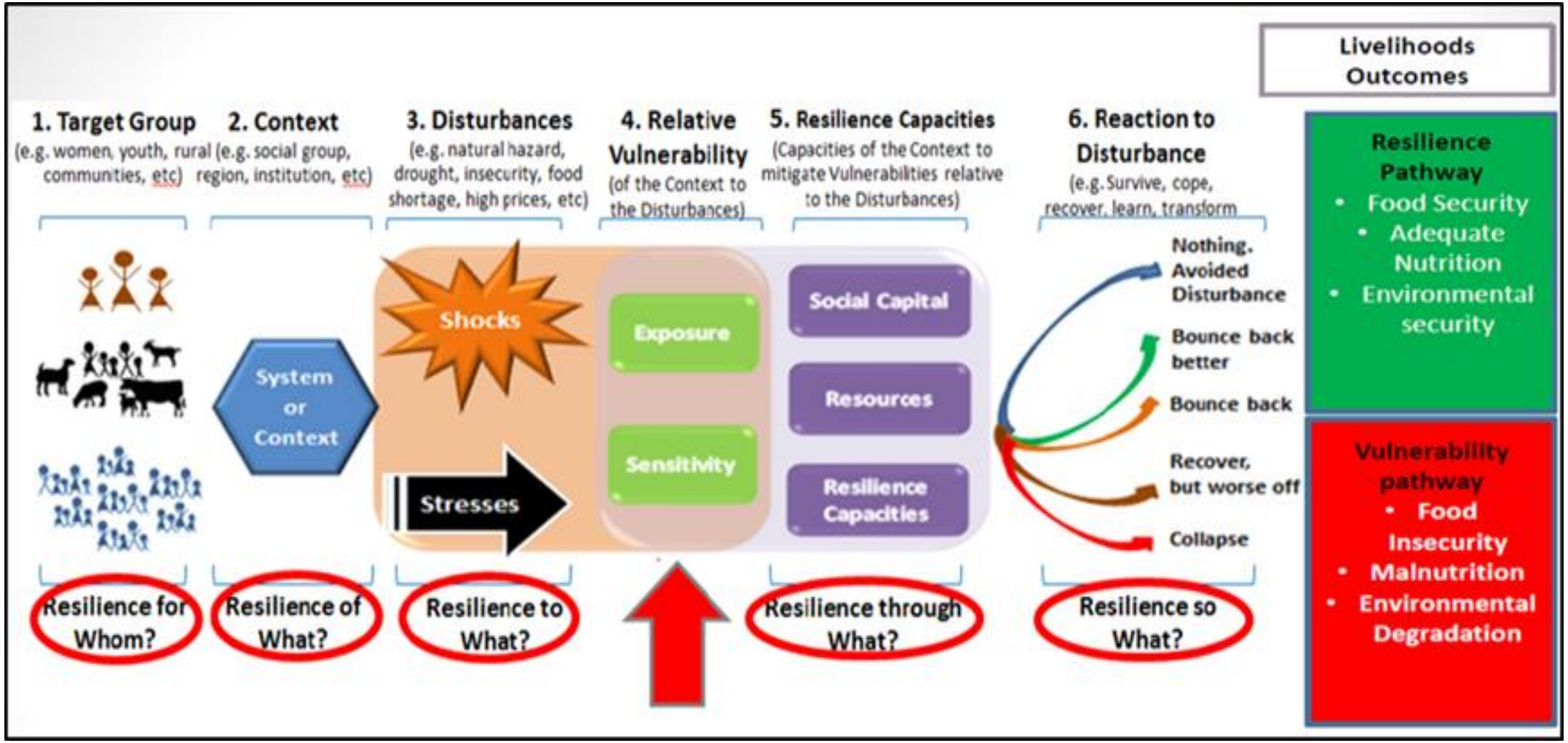


Figure 2: Zimbabwe resilience framework (UNDP Zimbabwe, 2015)

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 21 August 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 60 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).

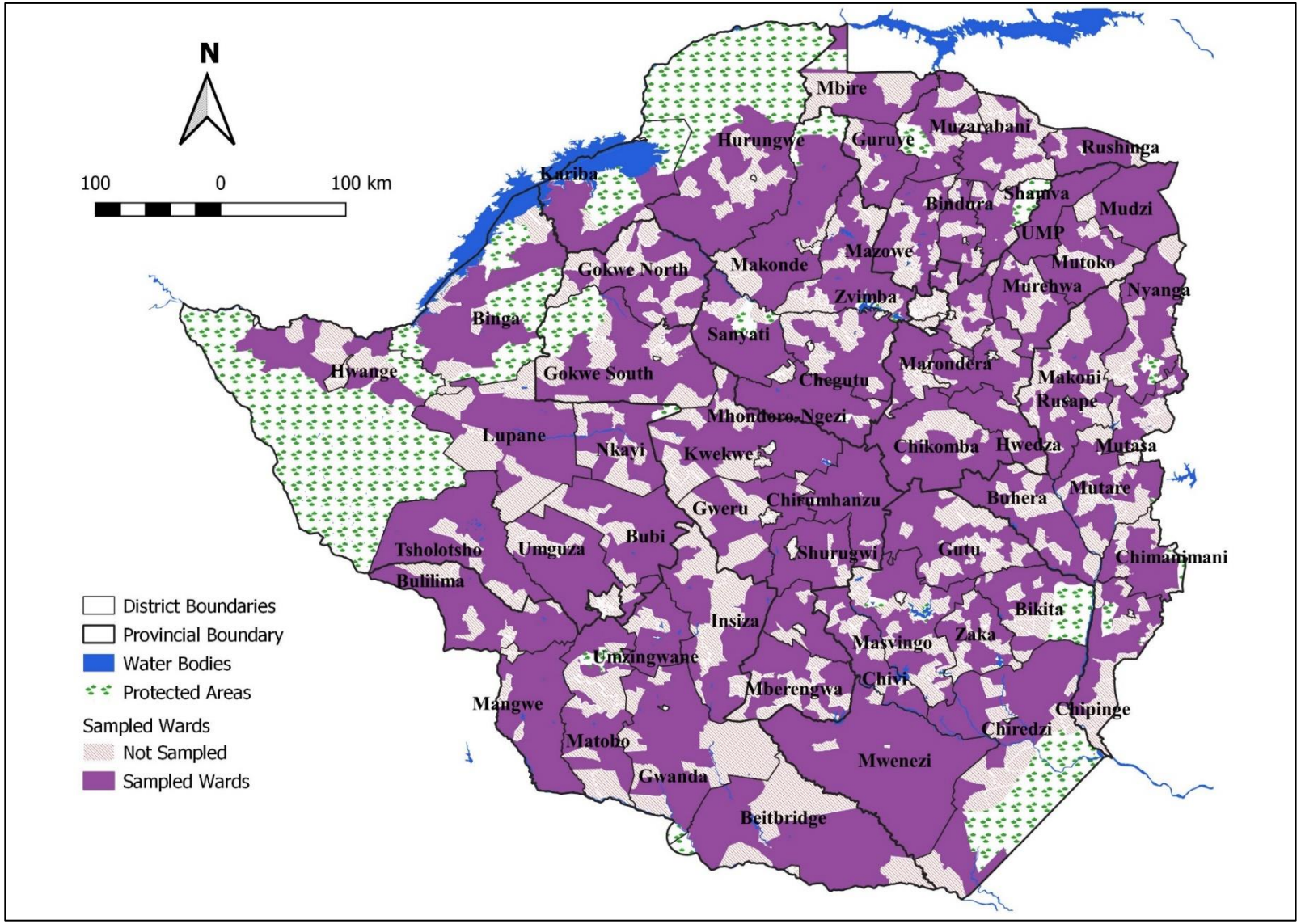
Selection of Households for the "Panel" survey: From a selected village, a list of the households that were interviewed during the 2019 survey was created and 5 households selected using systematic random sampling. Household data interviews were conducted in the sampled households.

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.

- Around 200 households were interviewed per district, bringing the total sampled households to 1593.

	Number of Sampled Households
Bindura	201
Muzarabani	200
Guruve	201
Mazowe	198
Mt Darwin	199
Rushinga	195
Shamva	199
Mbire	200
Total	1593

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.

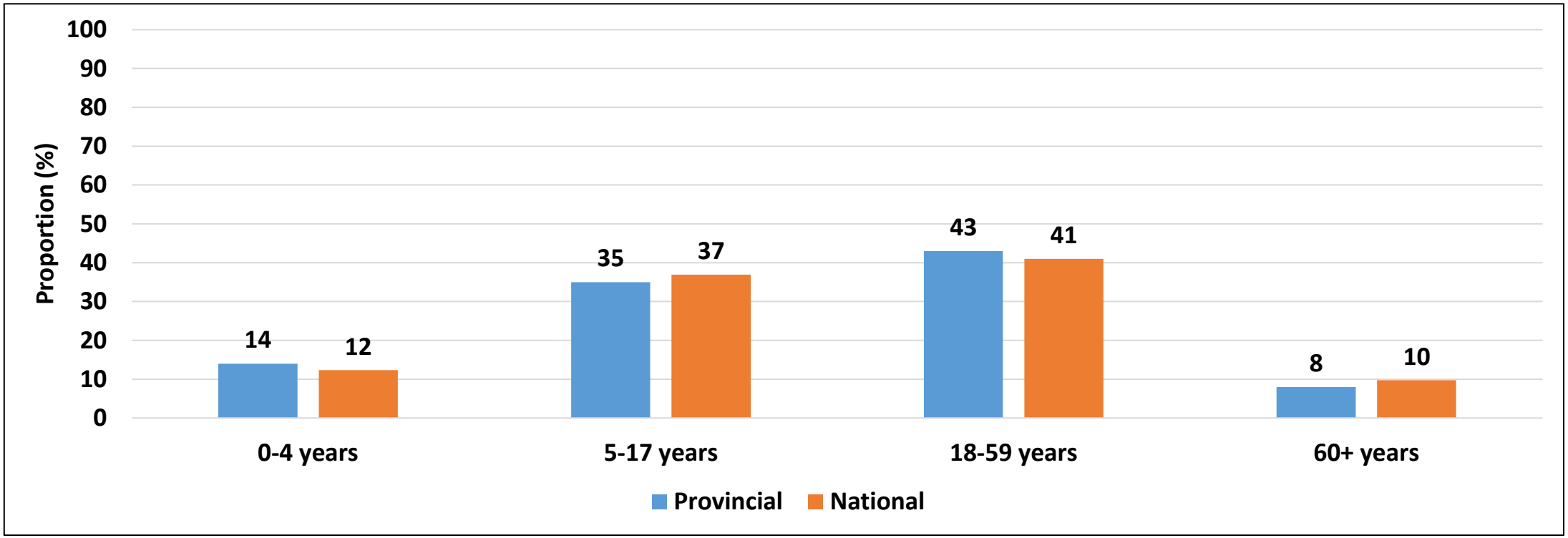
Technical Scope

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

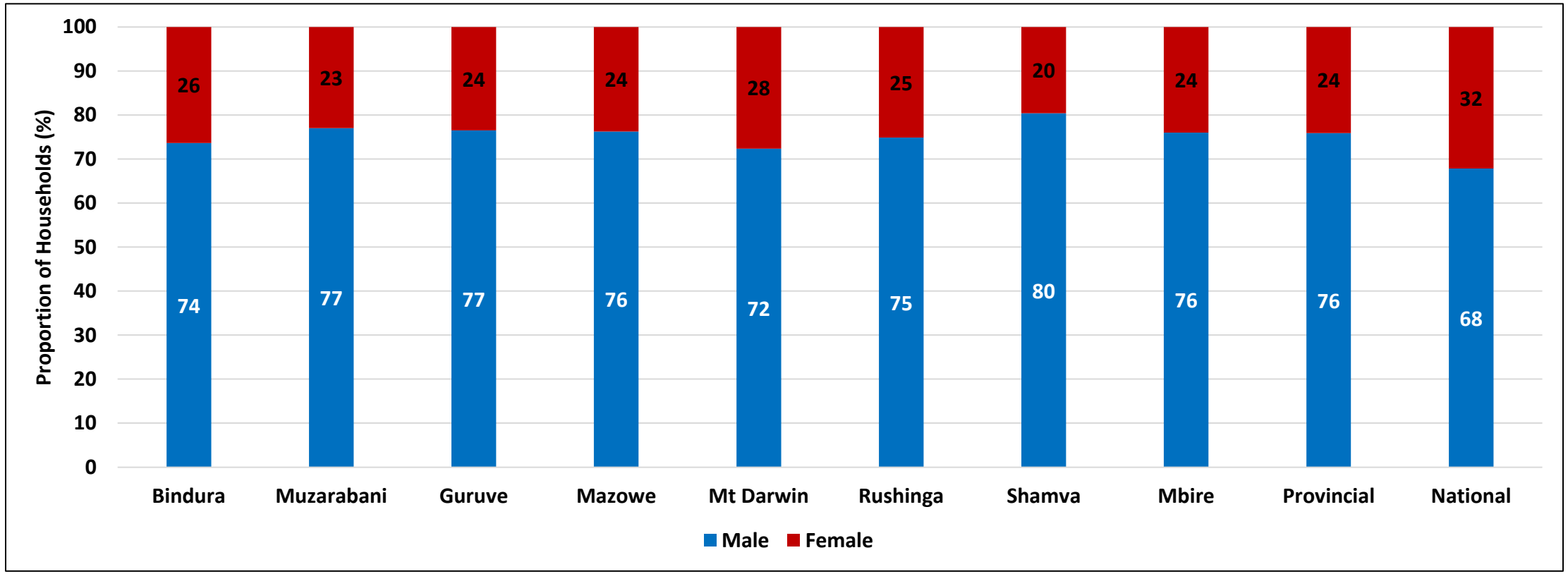
Demographic Description of the Sample

Population Distribution by Age



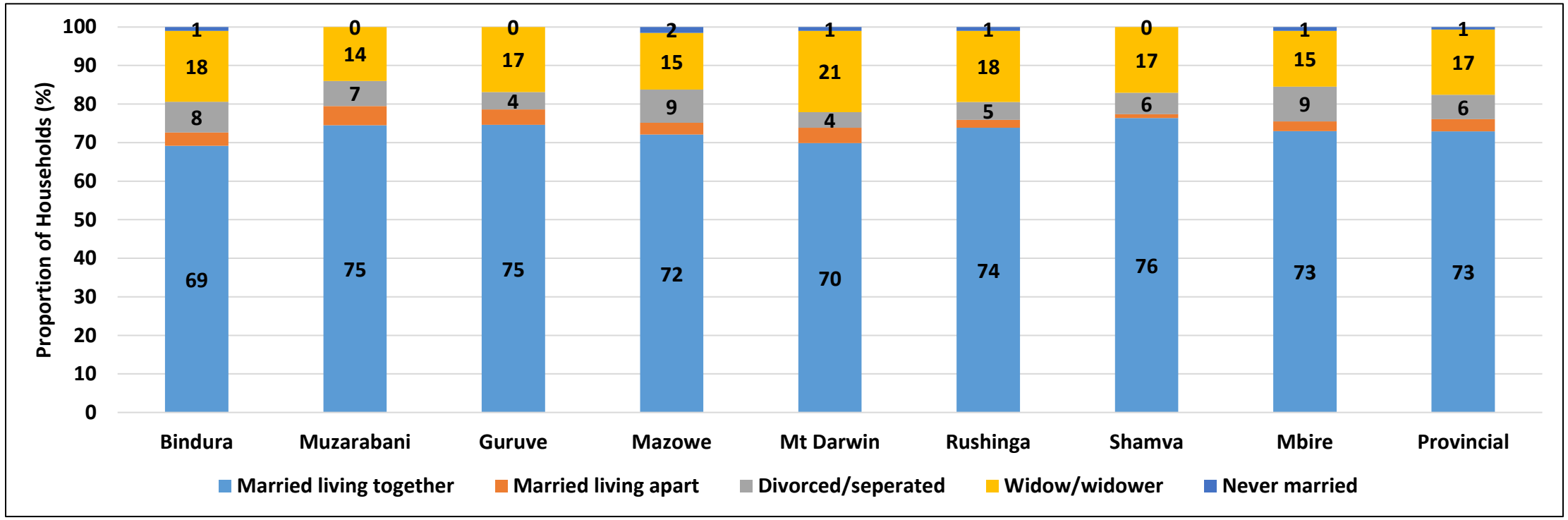
- The 18-59 years age group constituted the highest proportion of the sample (43%), followed by 5-17 years age group.

Characteristics of Household Head: Sex



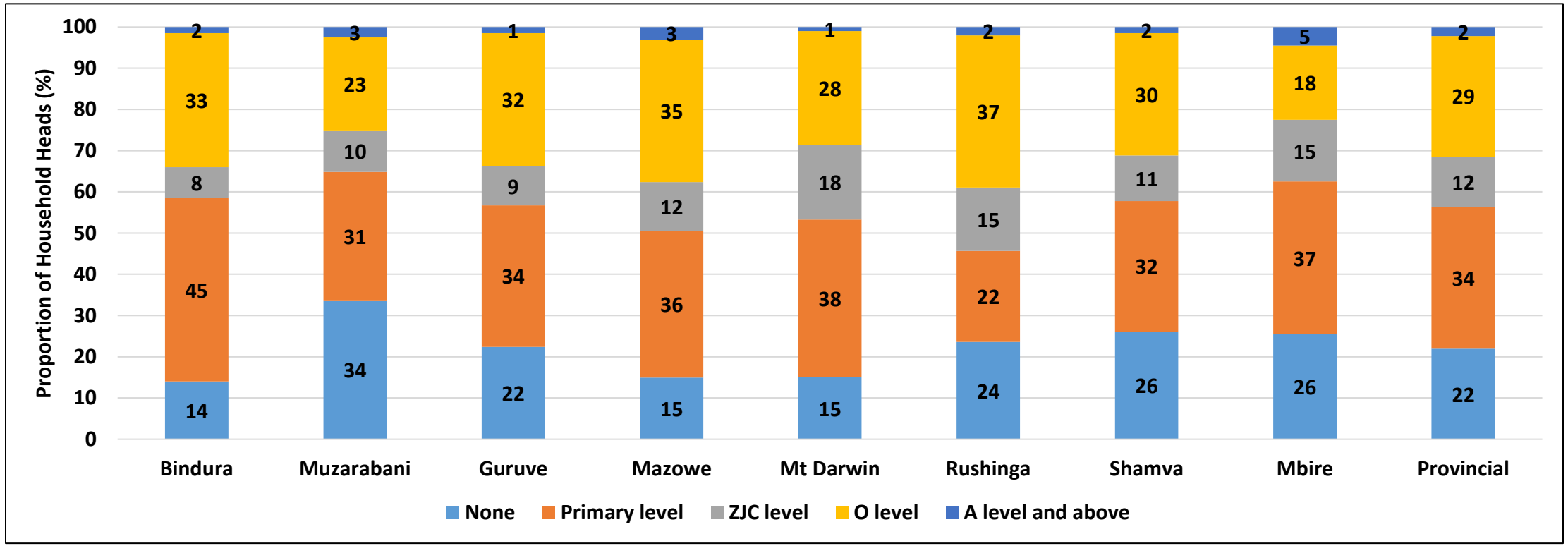
- There were more male headed households across the country (68%) and province (76%).
- Shamva (80%) had comparatively the highest proportion of male headed households in the province.

Characteristics of Household Head: Marital Status



- The majority of the household heads in the province were married and living together with their spouses (73%).
- Shamva (76%) had the greatest proportion of household heads married and living together.
- Muzarabani (5%) had highest proportion of married and living apart.
- Mt Darwin (21%) had highest proportion of widow or widower household heads.

Characteristics of Household Head: Education Level Attained



- Consistent with the national average of 86%, 78% of household heads in the province had attained at least primary level of education.
- Muzarabani (34%) had the highest proportion of household heads who had not attained primary level of education whereas Bindura (86%) had the highest proportion of household heads that had attained at least primary level of education.

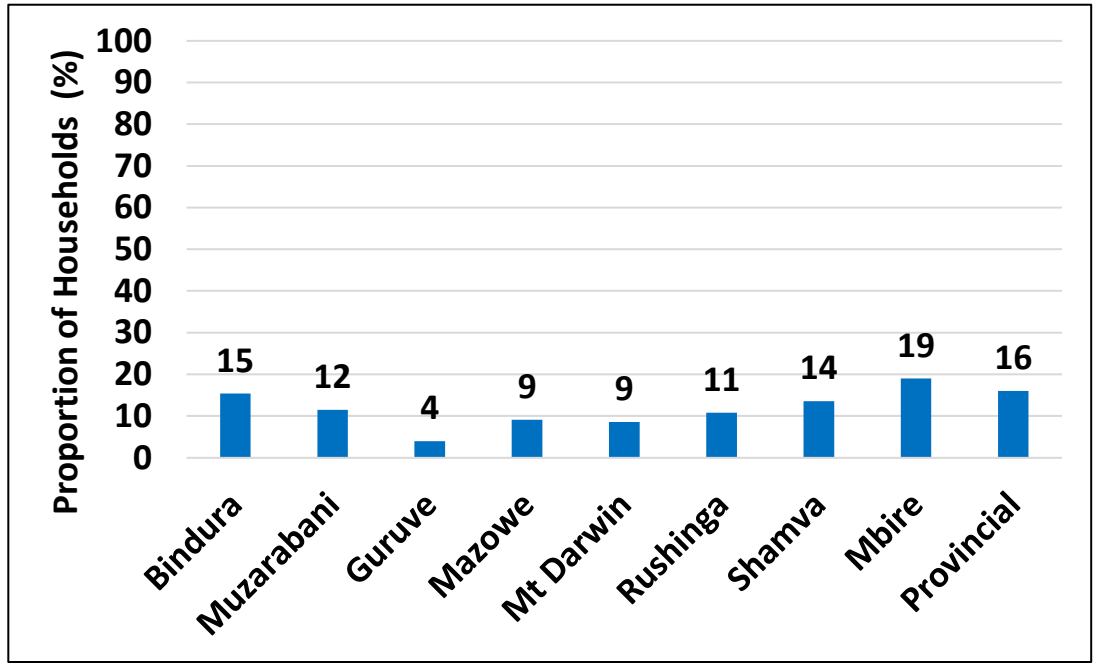
Household Vulnerability Attributes

Households	Proportion of Households (%)			
	Provincial		National	
	2019	2020	2019	2020
Presence of at least one orphan	22	15.7	16	17.2
Presence of chronically ill person	3	19	3	22
Presence of disabled person	4	8.9	5	9.7

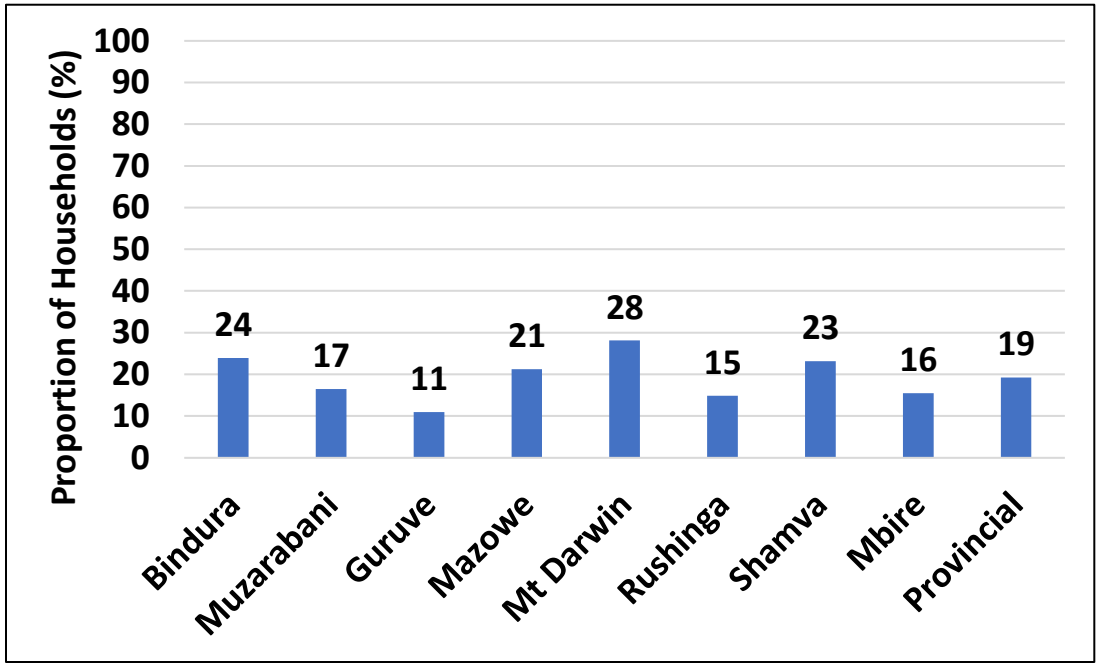
- Compared with the previous year, vulnerability attributes regarding presence of chronically ill and disabled persons in a household had generally increased.
- The presence of at least an orphan in a household had significantly decreased

Households with Orphans and Chronically Ill Members

Households with Orphaned Members

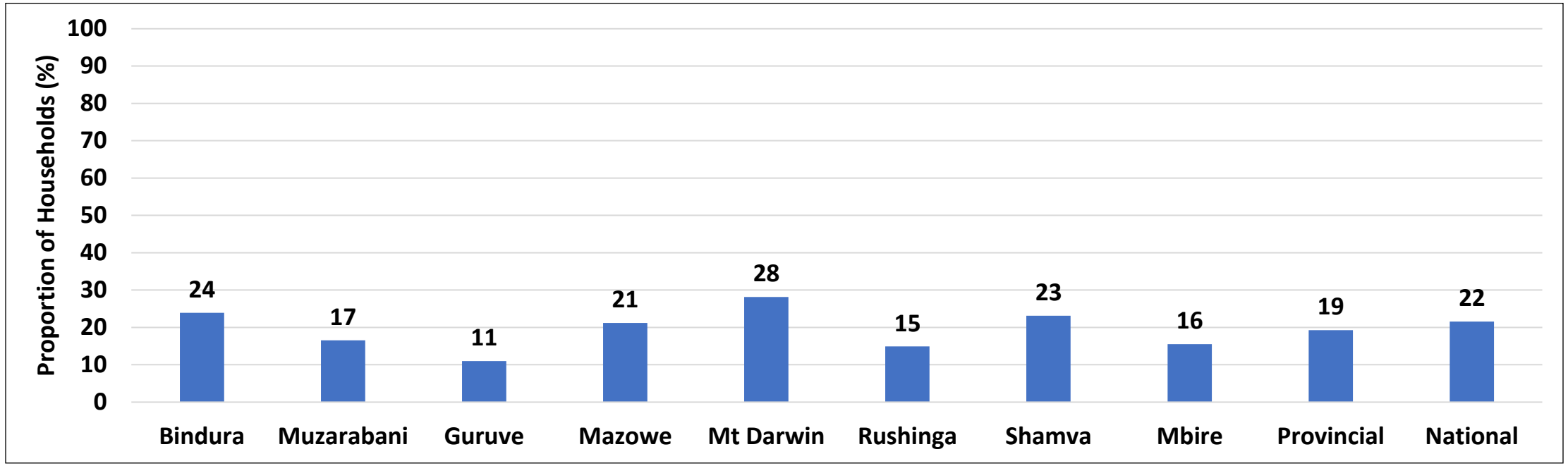


Households with Chronically Ill Members



- Mbire (19%) had the highest proportion of households with orphans while Guruve (4%) had the least which was below the provincial average (16%).
- Mt Darwin (28%) had the highest proportion of households with chronically ill members above the provincial average (19%) indicating a huge burden.

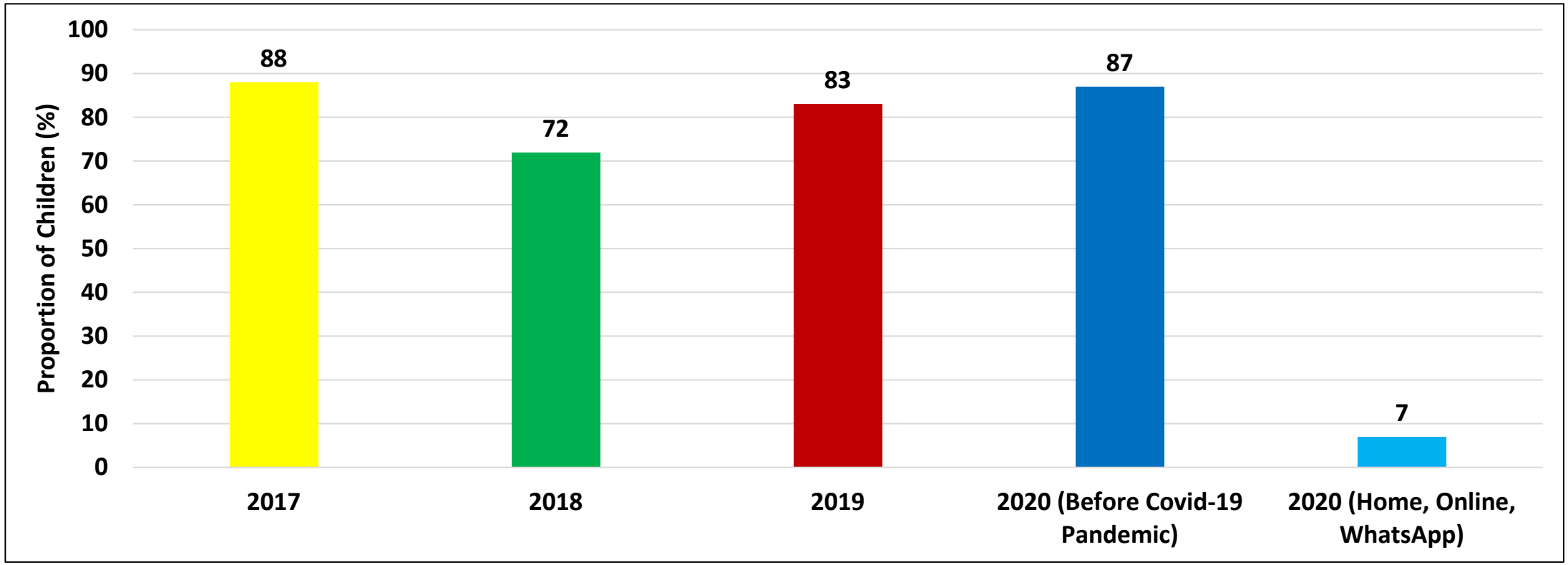
Proportion of Households with Chronically Ill Persons



- The province had 19% of households with persons who reported to be chronically ill.
- Mt Darwin(28%),Bindura(24%) and Shamva(23%) had higher proportions of households with chronically ill persons. The least was observed in Guruve at 11%.

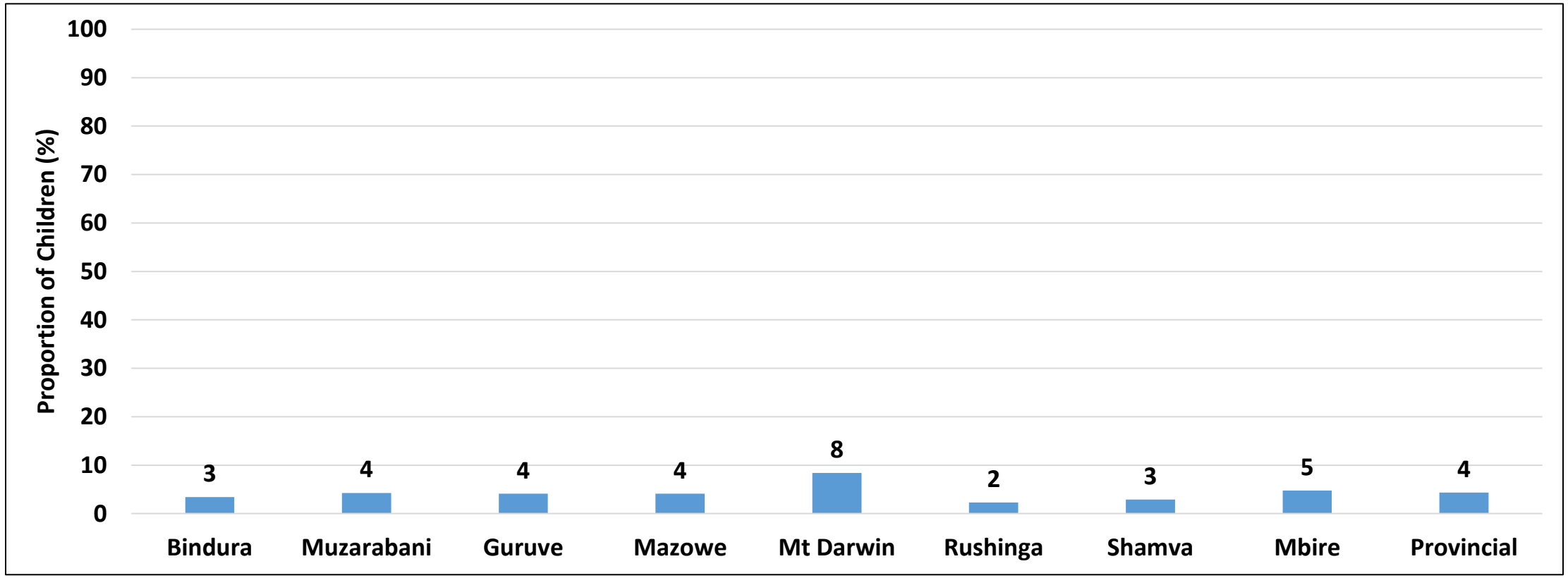
Education

School Attendance



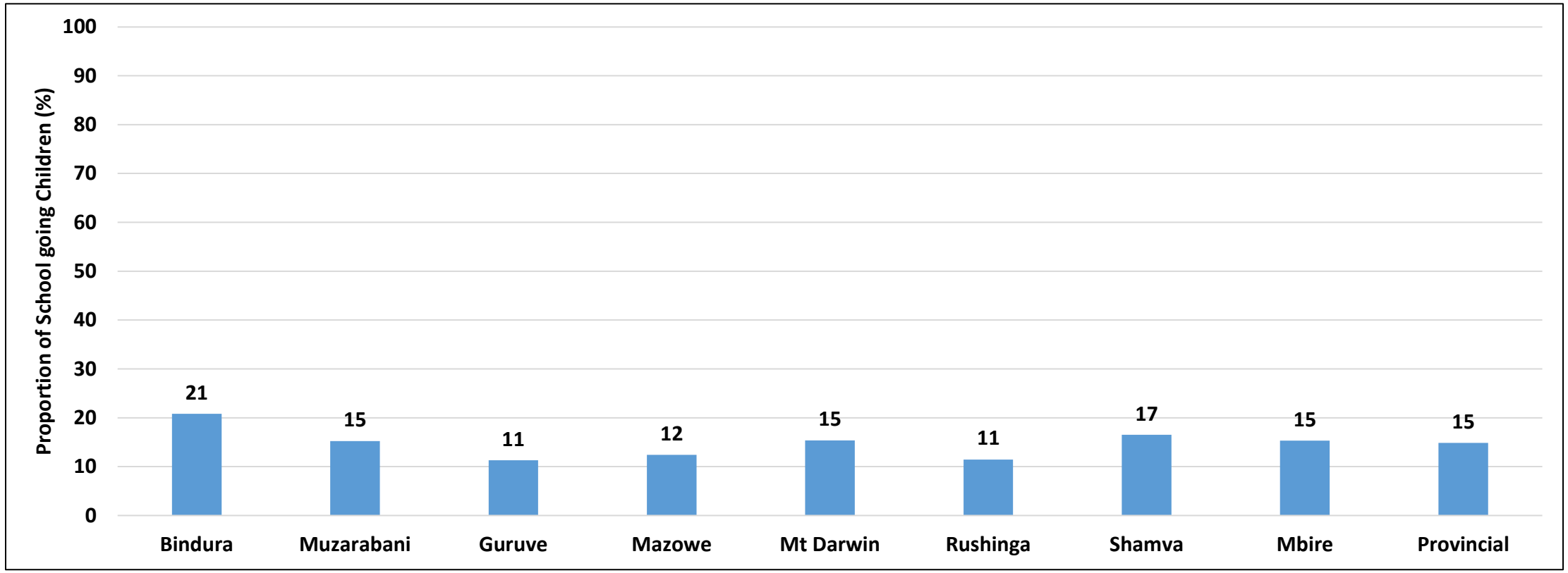
- Nationally, school attendance by children (4-17years) had increased to 87% before the onset of the Covid-19 pandemic from 83% in 2019
- School attendance through virtual means was at 7% across the provinces

Children Currently Receiving Any Form of Schooling



- Mt Darwin (8%) had the highest proportion of children accessing any form of schooling (home, online, WhatsApp) while Rushinga (2%) had the least.

Children Not Going to School before COVID-19 Pandemic



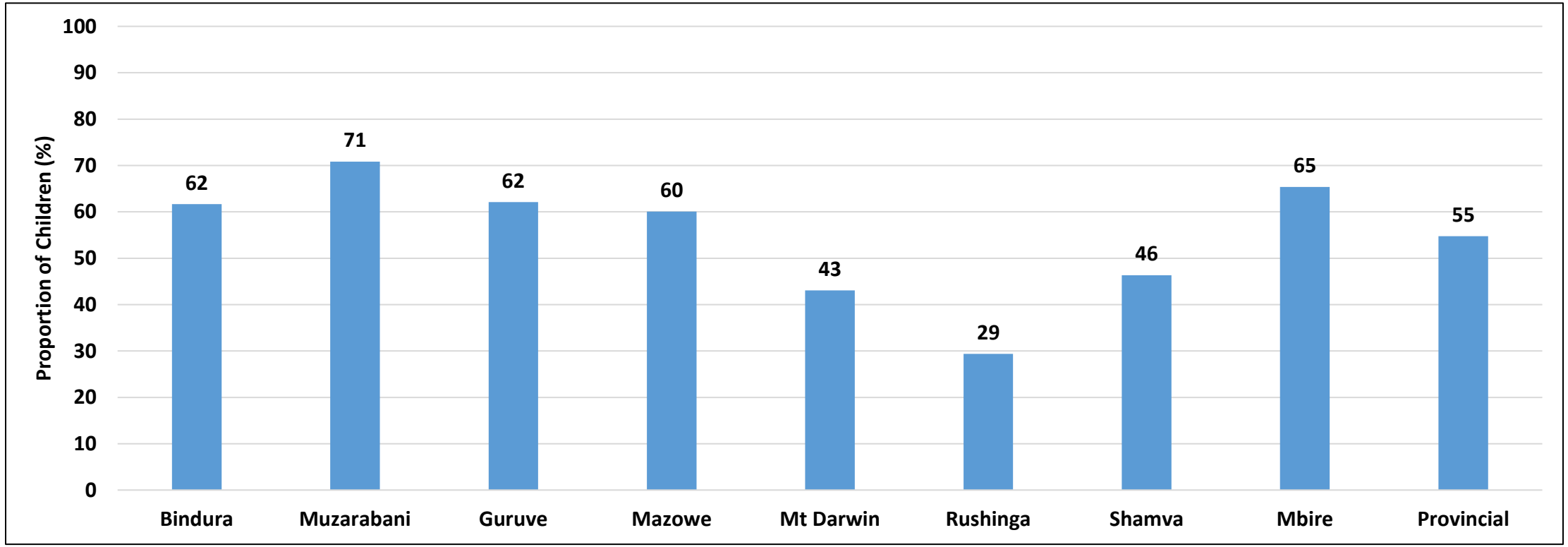
- In the province, 15% of children of school going age were not attending school before the onset of COVID-19.
- Bindura District (21%) had the largest proportion of school going children not attending school before the onset of COVID -19 while Guruve and Rushinga had the least (11%).

Major Reasons for Children not Being in School

	Expensive or no money	Child considered too young	Not interested in school	Pregnancy /marriage	Distance to school to far	Completed O/A level	Other	Disability	Non-payment of last term school fees	Illness	Work for food or money
Bindura	38.3	33.3	6.2	3.7	2.5	1.2	3.7	**4.9**	1.2	2.5	0.0
Muzarabani	42.4	31.8	4.5	3.0	1.5	0.0	9.1	1.5	1.5	0.0	1.5
Guruve	34.0	41.5	3.8	**11.3**	3.8	3.8	0.0	1.9	0.0	0.0	0.0
Mazowe	43.6	38.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.6	**12.8**
Mt Darwin	40.6	28.1	14.1	3.1	6.3	3.1	1.6	0.0	0.0	0.0	0.0
Rushinga	24.4	34.1	14.6	9.8	**14.6**	0.0	0.0	0.0	0.0	0.0	0.0
Shamva	**48.5**	30.9	2.9	4.4	4.4	2.9	1.5	0.0	1.5	0.0	0.0
Mbire	20.4	42.9	8.2	2.0	0.0	2.0	2.0	2.0	**12.2**	**6.1**	2.0
Provincial	**44.8**	24.8	6.6	5.7	3.8	3.5	2.6	2.4	0.9	0.9	0.5
National	38.9	31.3	5.3	4.1	5.4	3.5	3.1	1.5	1.1	1.6	1.2

- Non-availability of money for fees or expensive fees was the main reason for not being in school by children of school going age before the onset of Covid-19 in the province

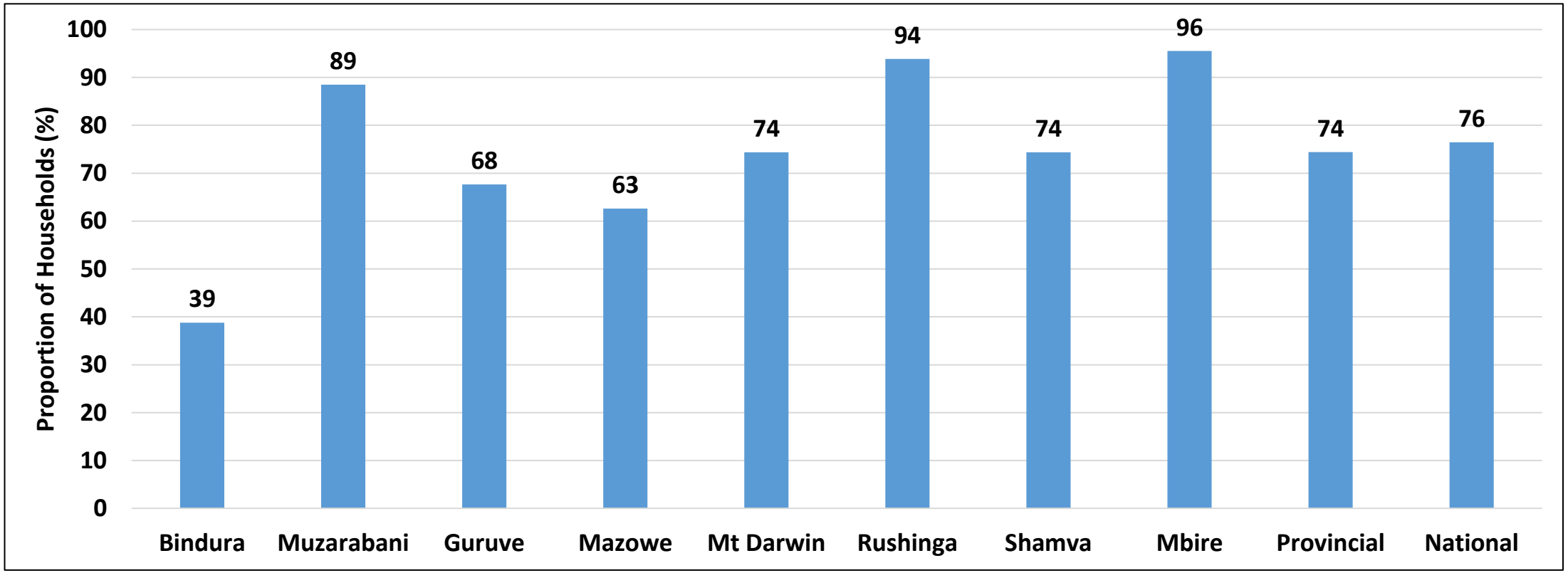
Children Turned Away from School Due to Non-Payment of Fees



- In the province, children continued to be turned away from school during first term for non-payment of fees (55%).
- Muzarabani (71%) had the highest proportion of children turned away from school for non-payment of fees while Rushinga (29%) had the least.

Social Protection

Households which Received Any Kind of Support



- All districts had households that were receiving some form of support
- Bindura had the lowest proportion of households receiving support (39%)

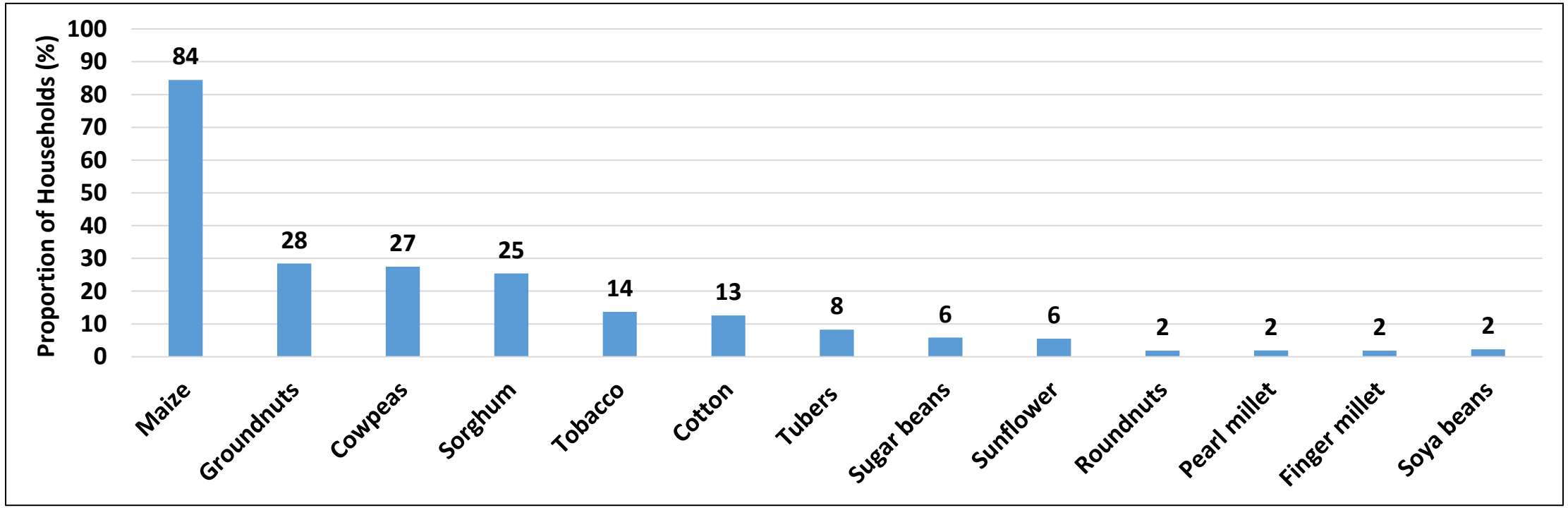
Households which Received Support from Different Sources

	Government support	UN/NGO support	Church support	Rural relatives	Rural non-relatives	Urban relatives	Urban non-relatives	Diaspora relatives
Bindura	21.9	13.9	1.0	5.5	3.5	11.4	1.5	1.5
Muzarabani	76.0	49.0	3.5	24.5	11.5	25.0	1.5	4.5
Guruve	44.8	10.4	5.0	17.4	20.4	17.9	1.5	1.5
Mazowe	51.0	15.2	1.5	4.0	2.0	11.1	2.5	4.5
Mt Darwin	48.7	31.7	3.5	7.0	3.0	9.5	2.5	1.0
Rushinga	85.1	57.4	1.5	10.3	1.5	6.7	0.0	0.0
Shamva	50.8	37.2	1.5	5.0	1.5	12.1	0.5	3.5
Mbire	**87.0**	**65.5**	2.5	5.0	2.5	11.5	2.5	2.5
Provincial	**58.1**	35.0	2.5	9.9	5.8	13.2	1.6	2.4
National	**55.1**	**32.7**	2.8	12.9	6.8	16.0	1.9	**10.9**

- The majority of support to households came from government (55%) with an average of 58 % in the province
- Mbire was receiving more support from both government (87%) and UN/ NGO (65.5%) compared to the rest of the districts

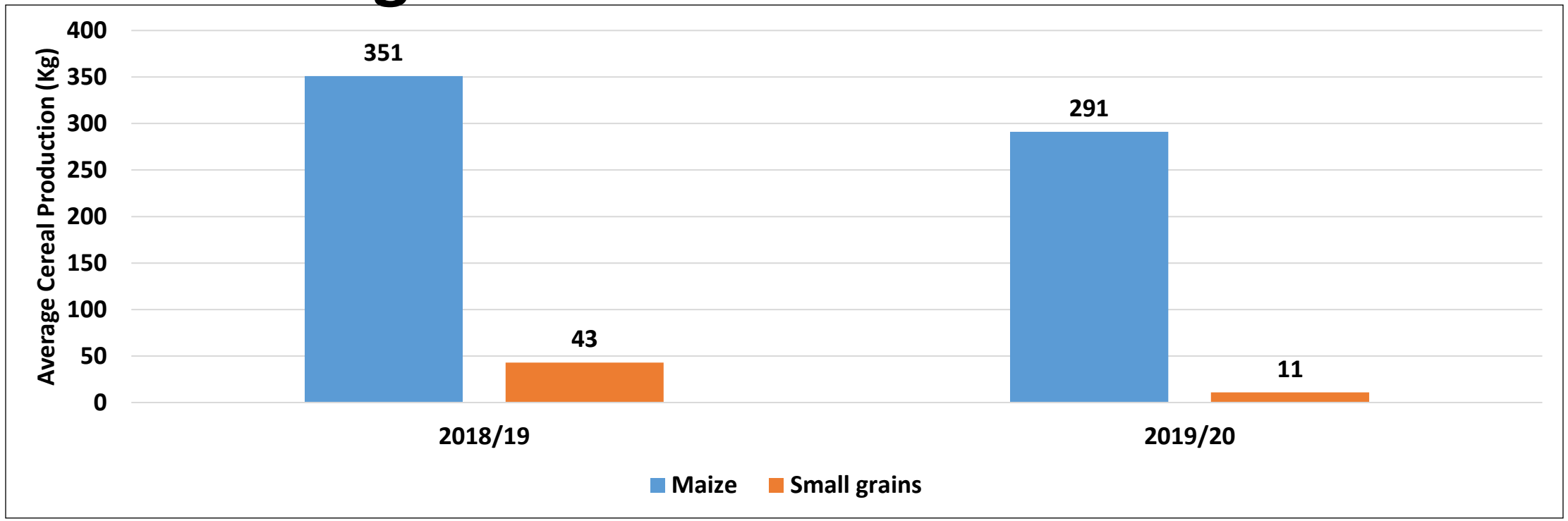
Crop Production

Type of Crops Planted



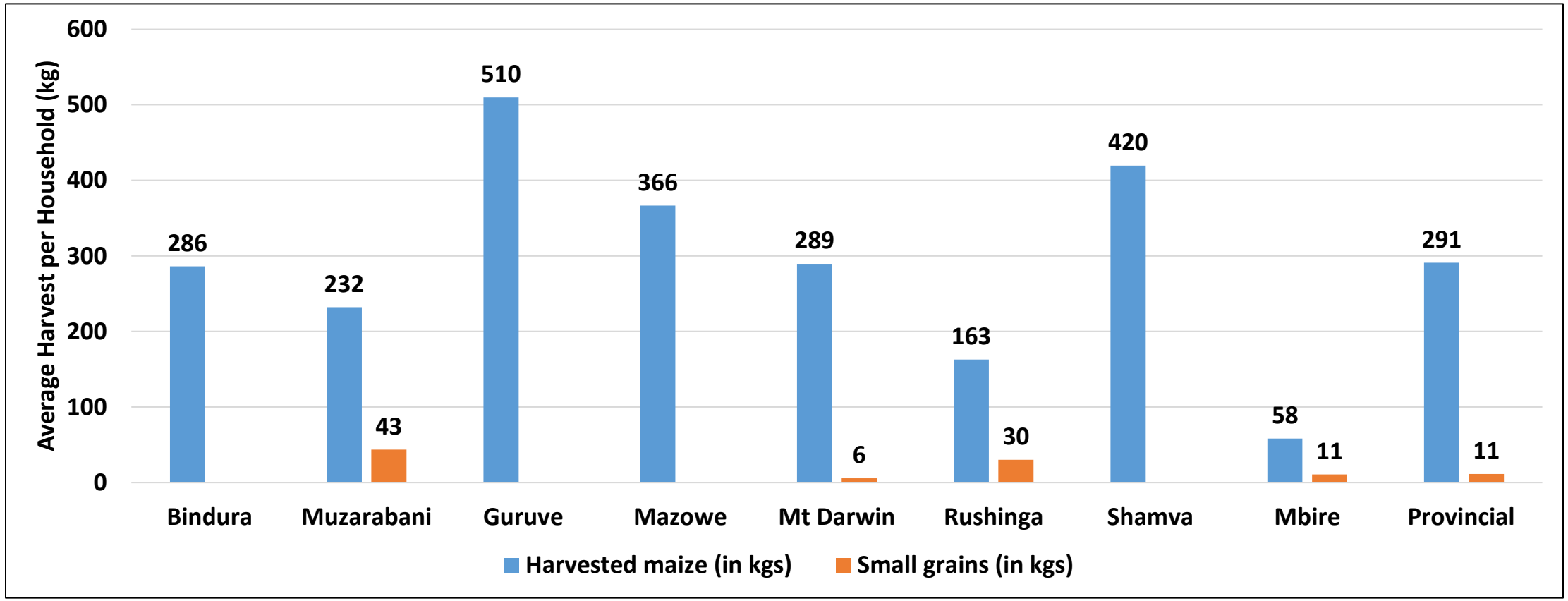
- Maize was the major crop grown by the households (84%) followed by groundnuts and cowpeas at 28% and 27% respectively.
- There was a general low proportion of households that planted small grains like sorghum (25%) ,pearl millet and finger millet both at 2% and oil producing crops like cotton (13%), sunflower(6%) and soyabean (2%).
- No households planted wheat during the 2019/20 season.

Average Household Cereal Production



- There was a decrease on average households cereal production for the province during the 2019/20 season as compared to the 2018/19 season.
- Average household maize production decreased from 351kg to 291 kgs whilst average small grains production decreased from 43 kgs to 11kgs per household.

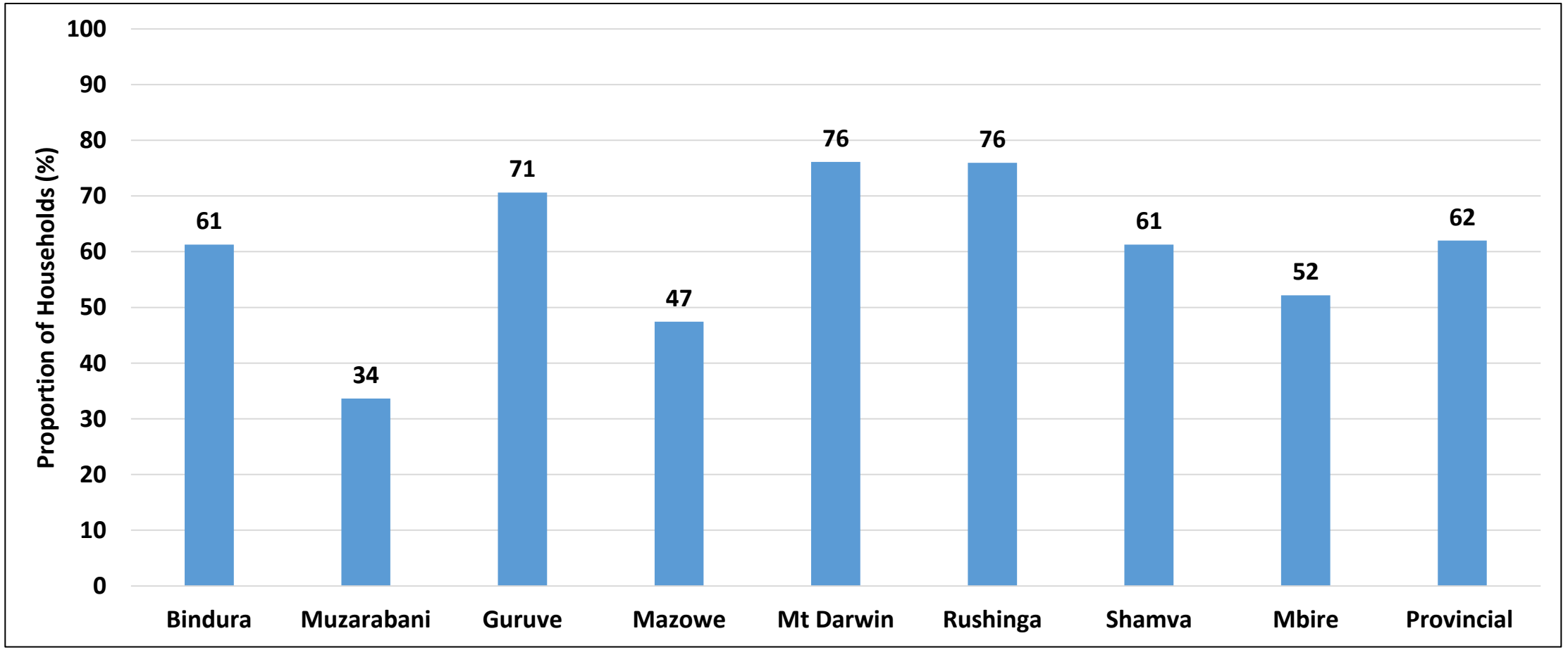
Average Household Cereal Production



- The province had an average household maize production of 291kg.
- All districts except Rushinga and Mbire had an average maize production which was above the province.
- Guruve had the highest average household maize production of 510 kgs, followed by Shamva (420kgs) and Mazowe (366kgs) whilst Mbire district had the lowest average maize production (58kg).
- The province generally recorded low average households production on small grains.

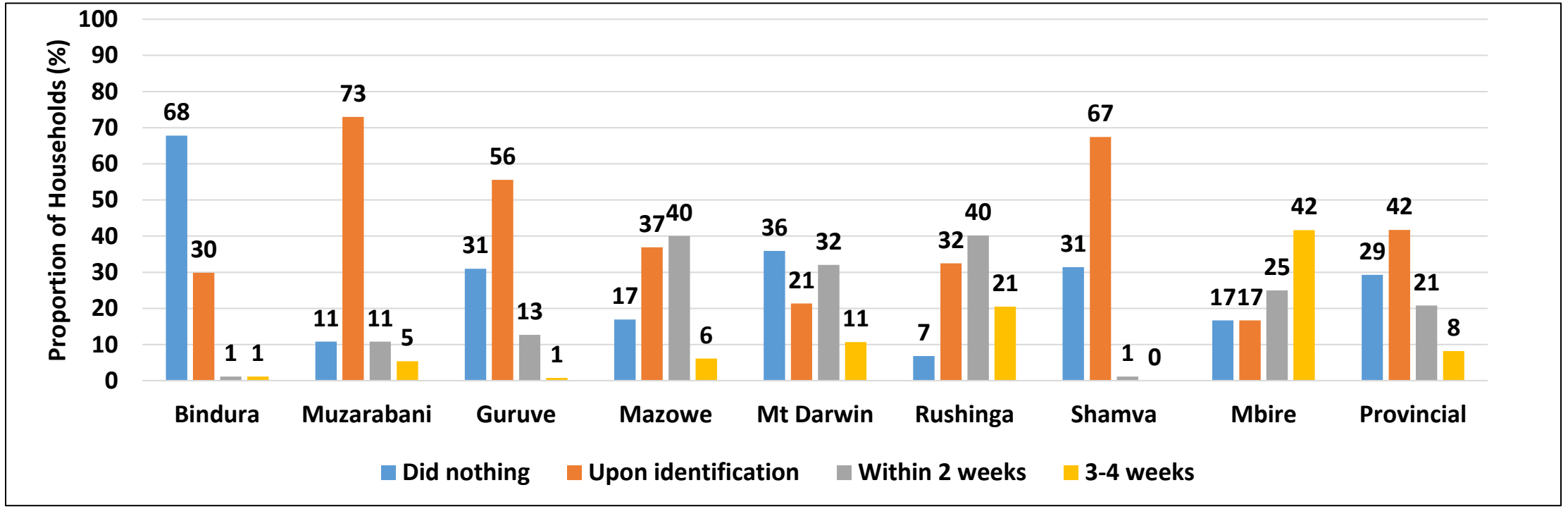
Effects of the Fall Armyworm

Households Affected by Fall Armyworm



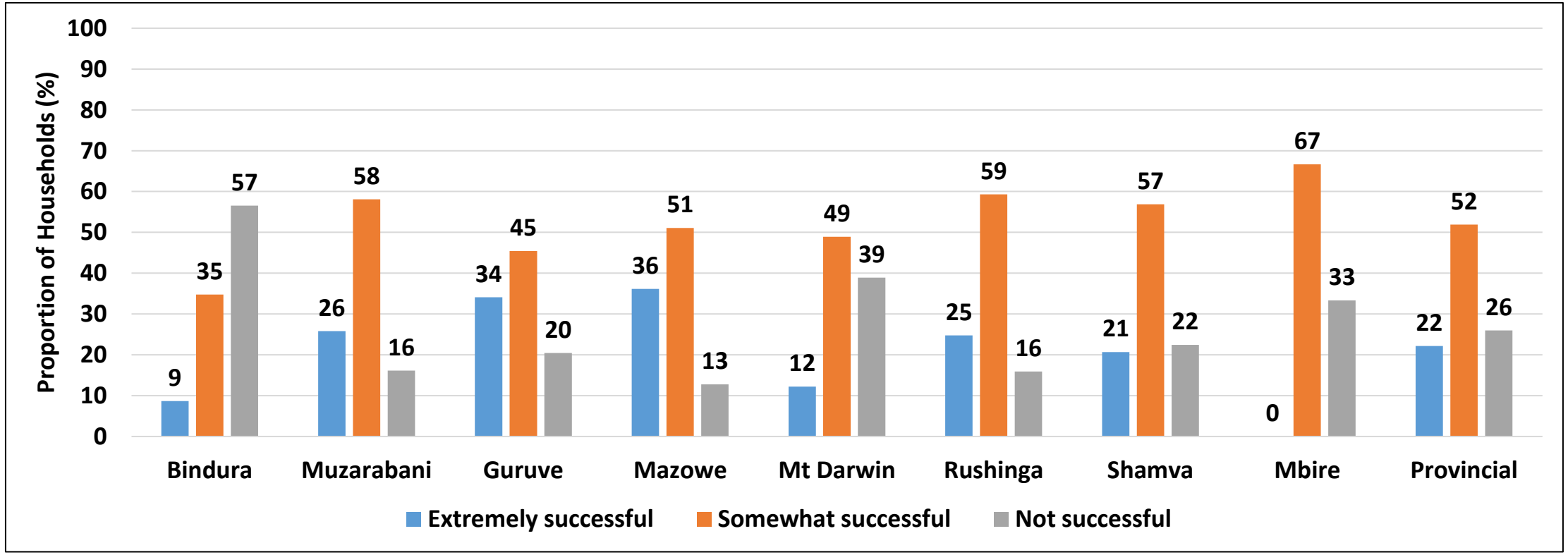
- All districts in the province were affected by Fall Armyworm this season
- Mt Darwin and Rushinga had the highest proportion of households (76%) affected by Fall Armyworm followed by Guruve (71%).
- Muzarabani had the least number of households affected by fall army worm (34%)

Fall Armyworm Management and Control Measures



- A total of 42% of the households took action upon identification and 21% within 2-3 weeks of identification.
- Muzarabani had the highest proportion of households (73%) that took measures against fall armyworm upon identification followed by Shamva (67%) and Guruve (56%).
- Bindura recorded the highest proportion of households (68%) who took no management and control measures followed by Mt Darwin (36%) and Guruve and Shamva (31%).

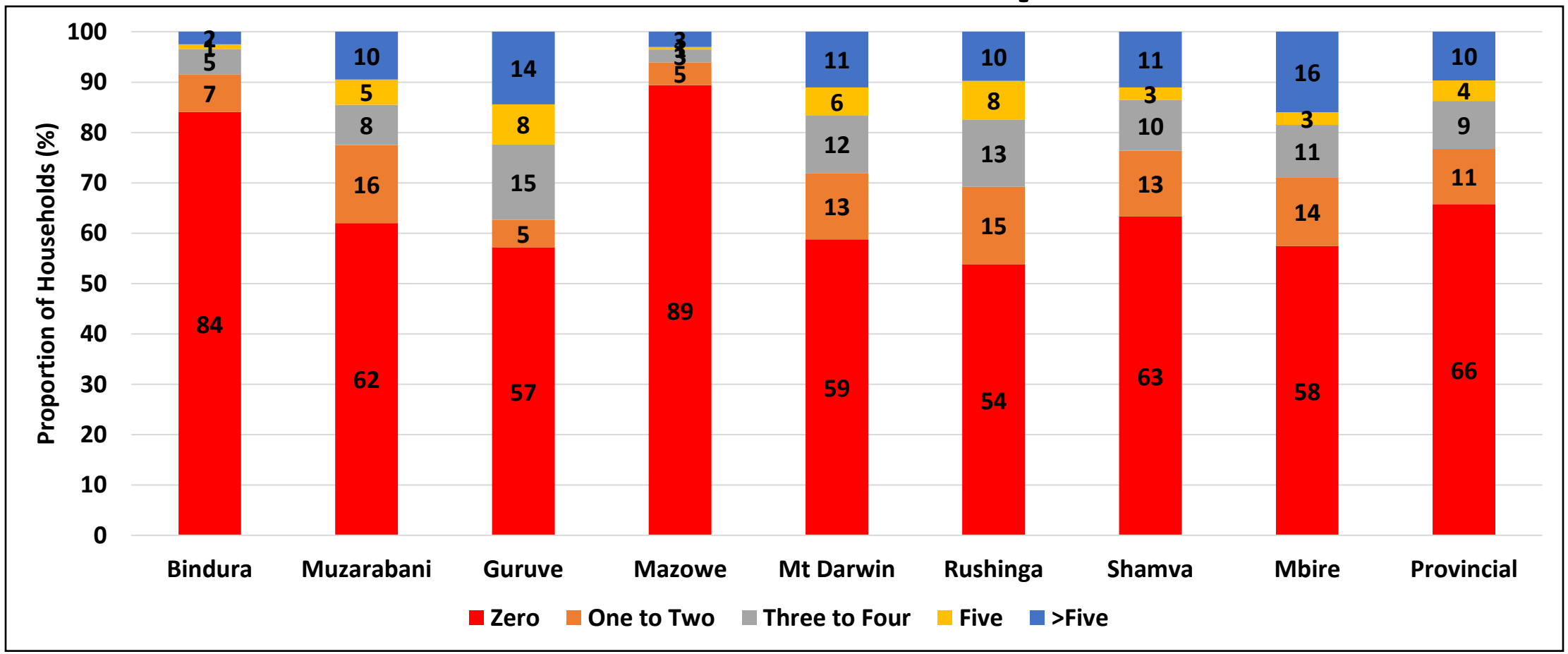
Effectiveness of Fall Armyworm Management and Control Measures



- The majority of households (52%) at provincial level reported that the Fall Armyworm control measures used were somewhat successful whilst 26% reported measures used were not successful.
- Generally all districts had low proportions of households that used management and control measures that were extremely successful.

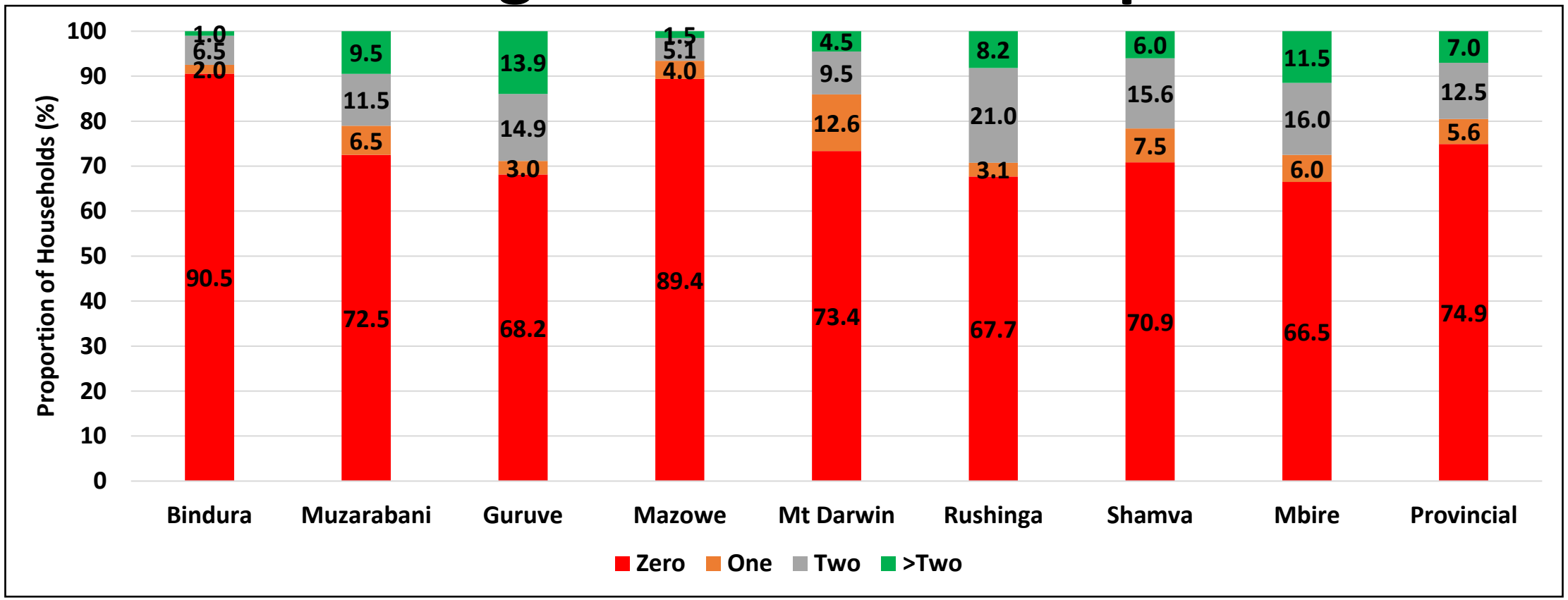
Livestock Ownership

Cattle Ownership



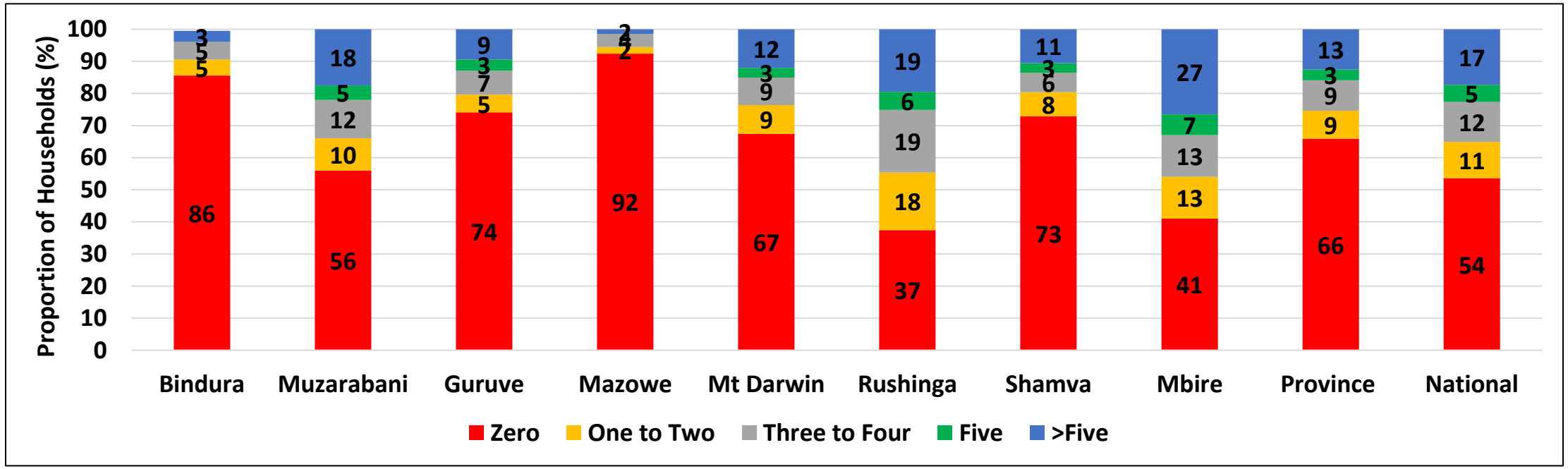
- At the provincial level, 66% of households did not own cattle
- Mazowe district had the highest proportion of households (89%) with no cattle followed by Bindura (84%) and Shamva (63%).
- Cattle ownership is generally low in the province with much of the upper districts being predominantly crop growing areas while the valley is mainly livestock rearing areas.

Draught Cattle Ownership



- A high proportion of households (75%) in the province did not own draught cattle.
- Mbire district (33%) had the highest ownership of draught cattle while Bindura district had the lowest (8%).
- Low cattle ownership in the province was attributed to high losses of cattle due to January disease which occurred in the 2019/20 season.

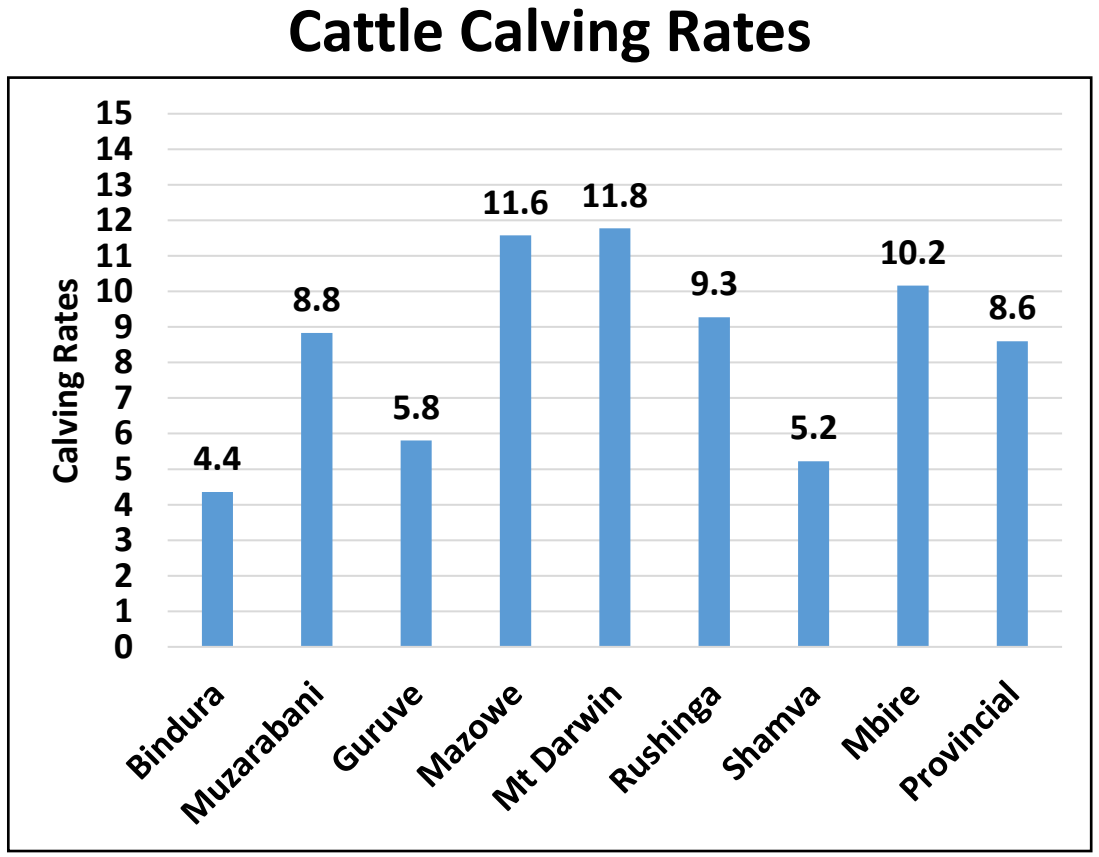
Goats Ownership

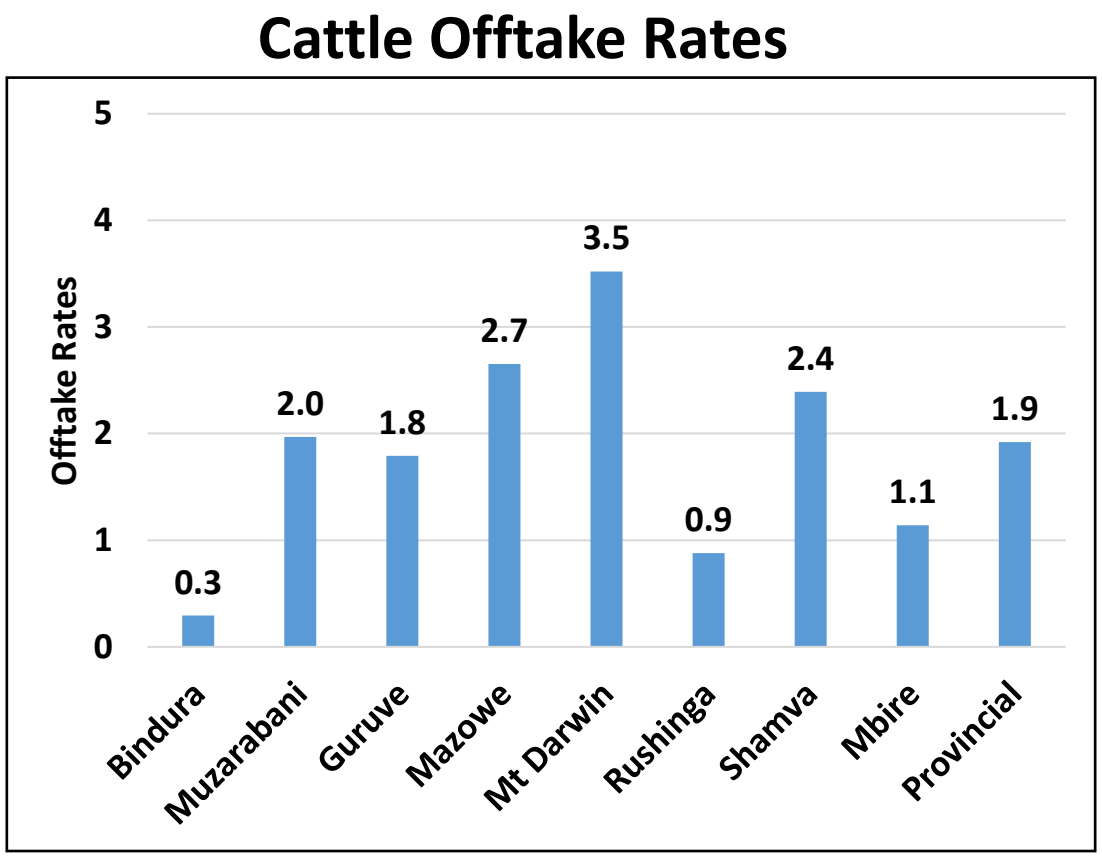


- Goat ownership was low in the province (34%) and was below national proportion of 46%
- Rushinga had the highest proportion of households(63%) who owned at least one goat or more whilst Bindura had the lowest (14%) proportion of households.

Livestock Mortality

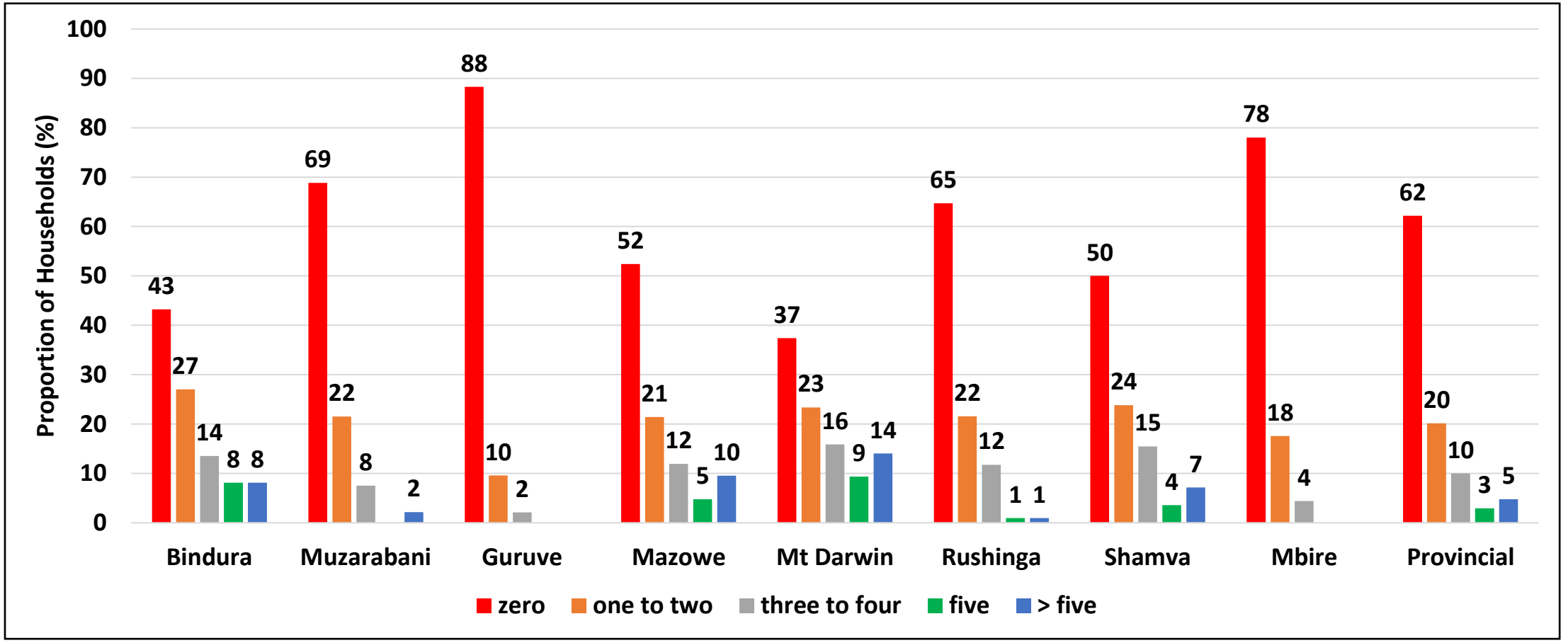
Cattle Calving and Offtake Rates





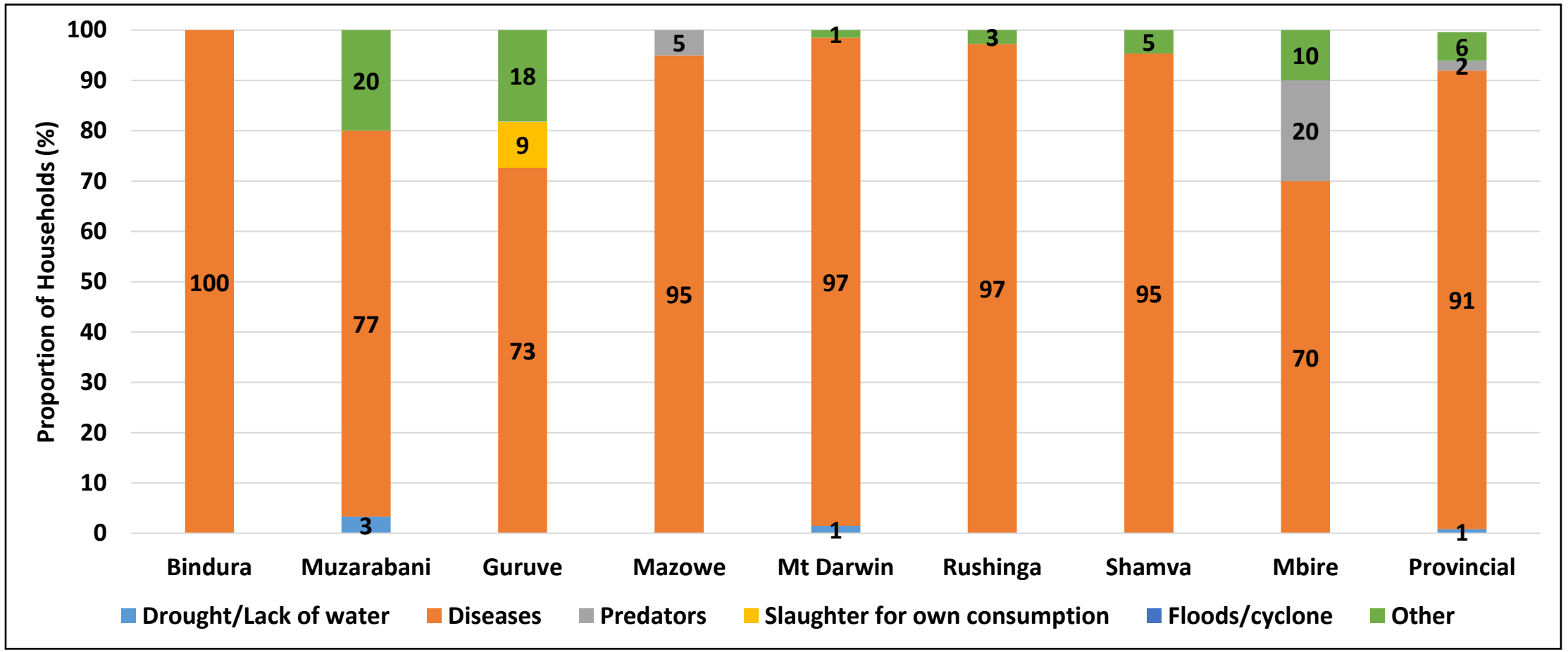
- The province had a cattle calving rate of 1.9 and an offtake rate of 8.6.
- Mt Darwin district had both the highest cattle calving rate(3.5) and offtake rate (11.8).
- Bindura had the lowest cattle calving rate (0.3) and offtake rate (4.4).

Cattle Deaths



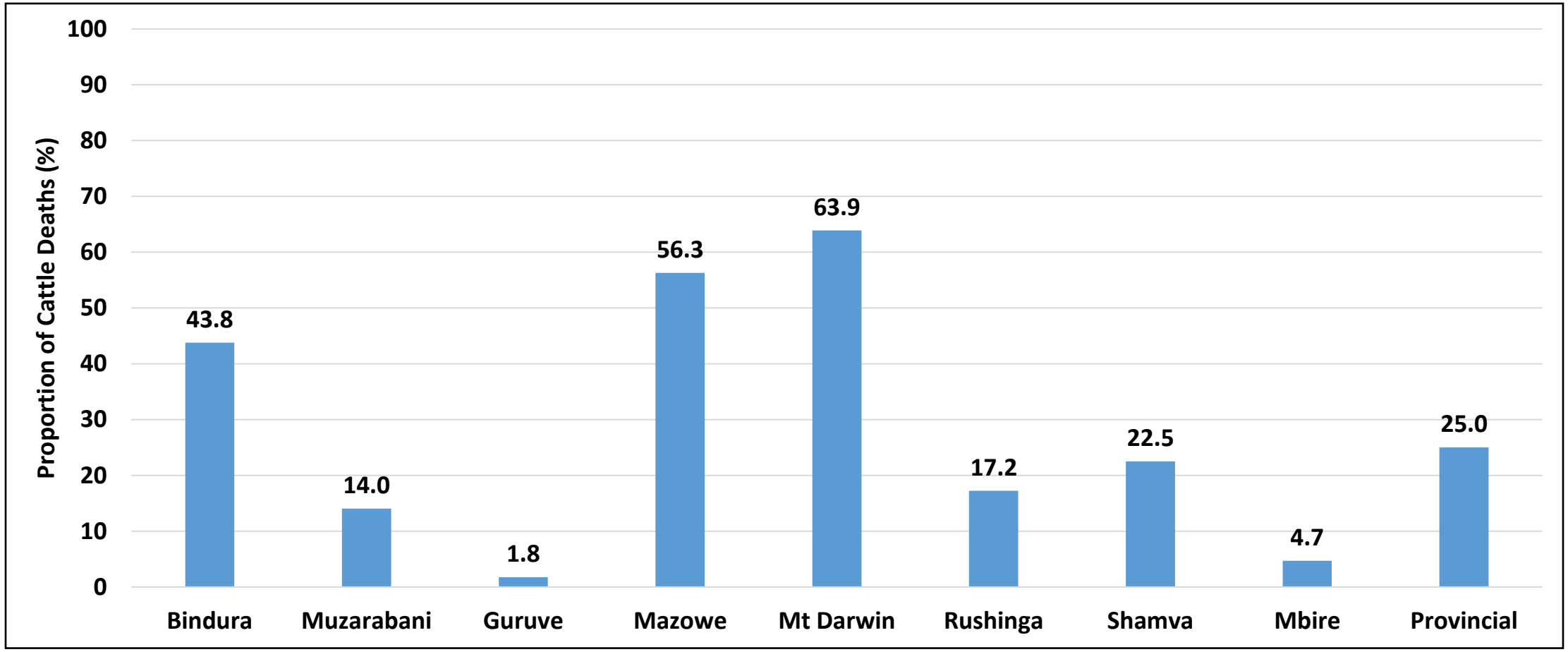
- At provincial level a high proportion of households (62%) did not record any cattle deaths whilst (20%) lost one to two cattle followed by (8%) who lost five or more cattle.
- Bindura (67%) had the highest number of households that lost at least one or more cattle followed by Shamva (50%) and Mazowe (48%).
- The low cattle ownership in this season was attributed to high losses of cattle due to January disease which occurred in the 2019/20 season and this calls for intervention in disease prevention management .

Cause of Cattle Deaths



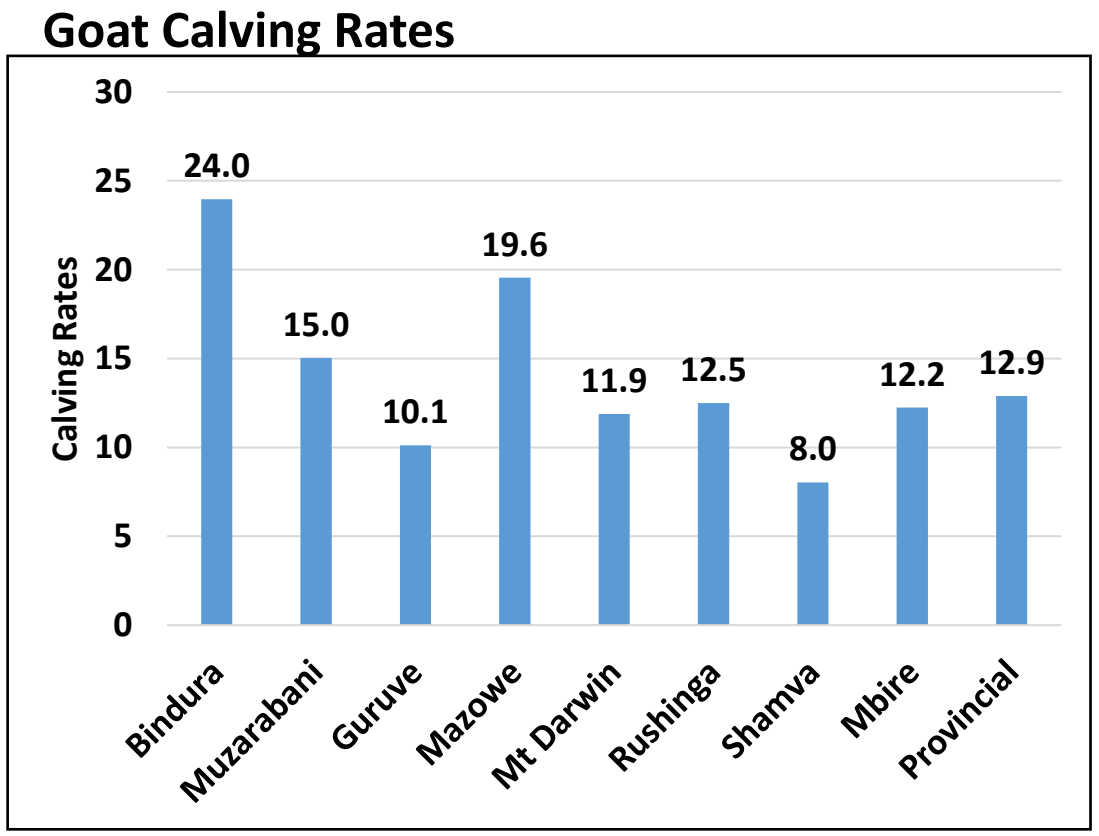
- The major cause of death in cattle was diseases (91%) at provincial level and in all districts.
- Death caused by other unknown causes was high which might require further investigations in districts like Muzarabani, Mbire, Guruve and Shamva.

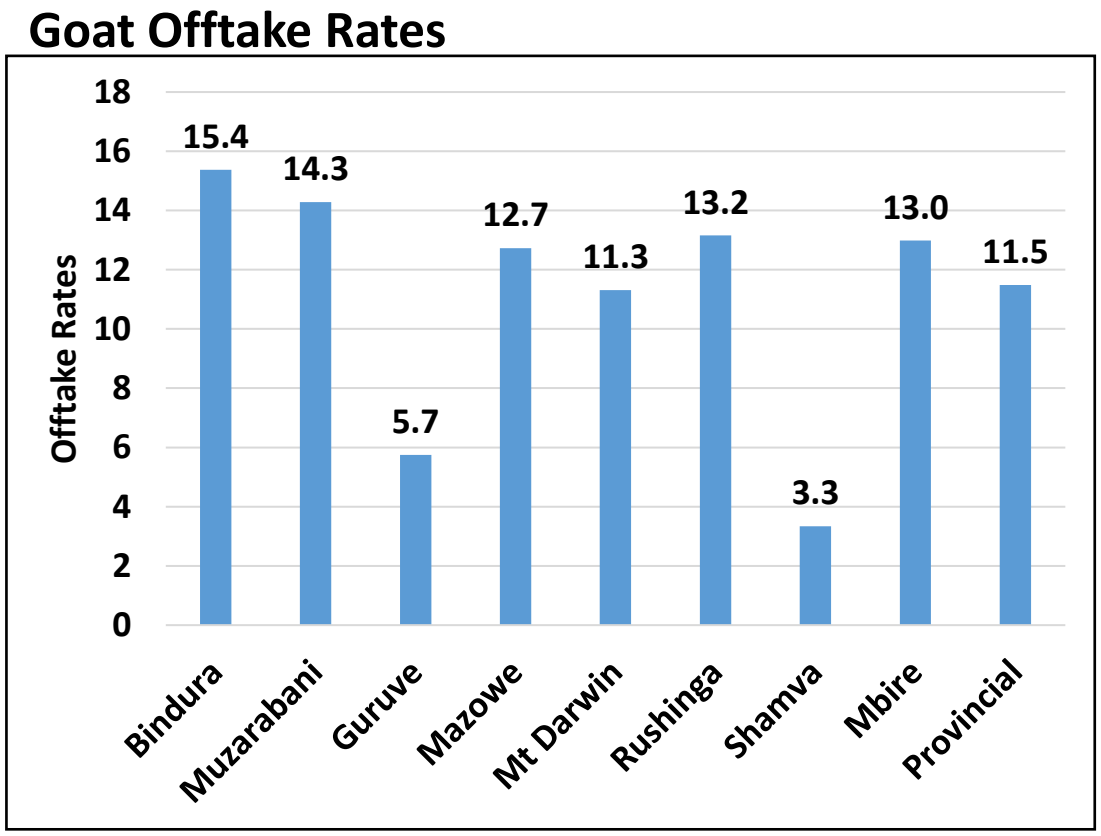
Proportion of Cattle Deaths By District



- The province had a cattle mortality rate of 25.
- Mt Darwin district (63.9) had the highest goat mortality rate followed by Mazowe (56.3) and Bindura (43.8).

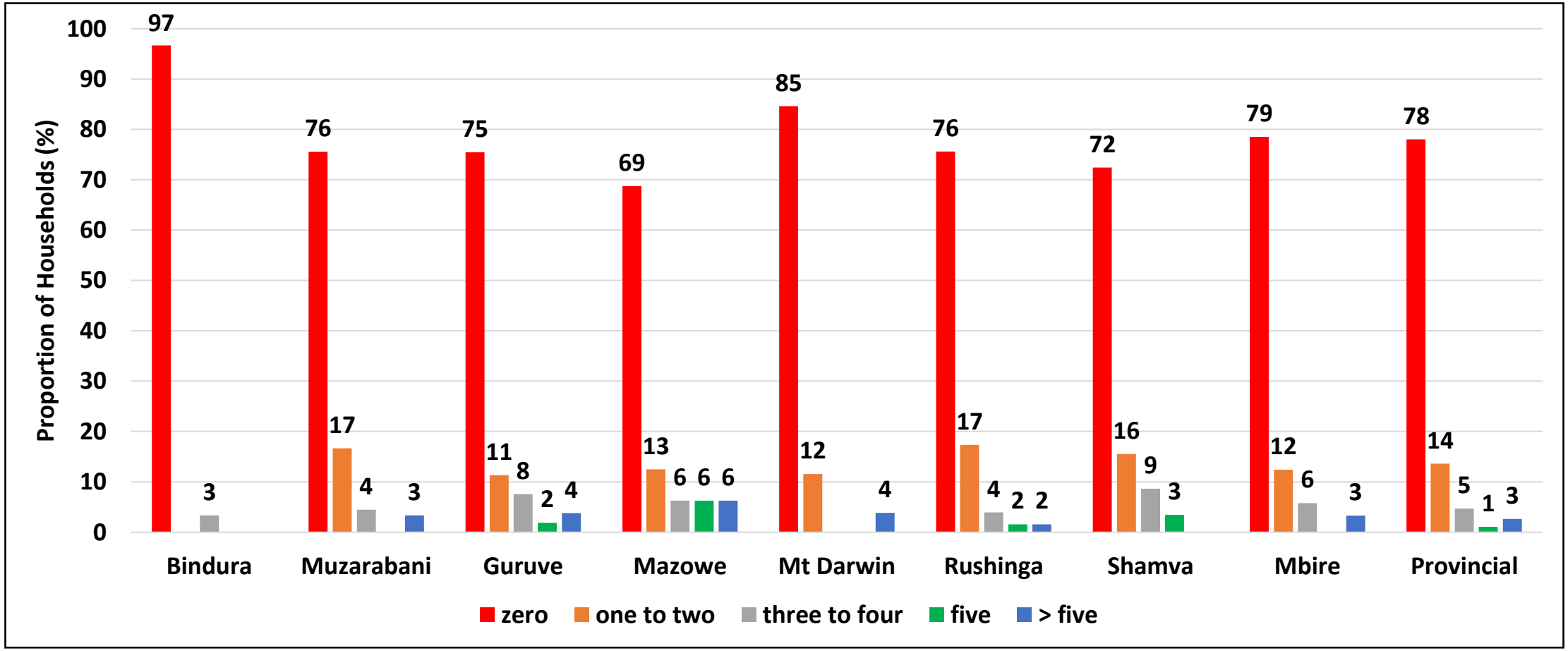
Goat Calving and Offtake Rates





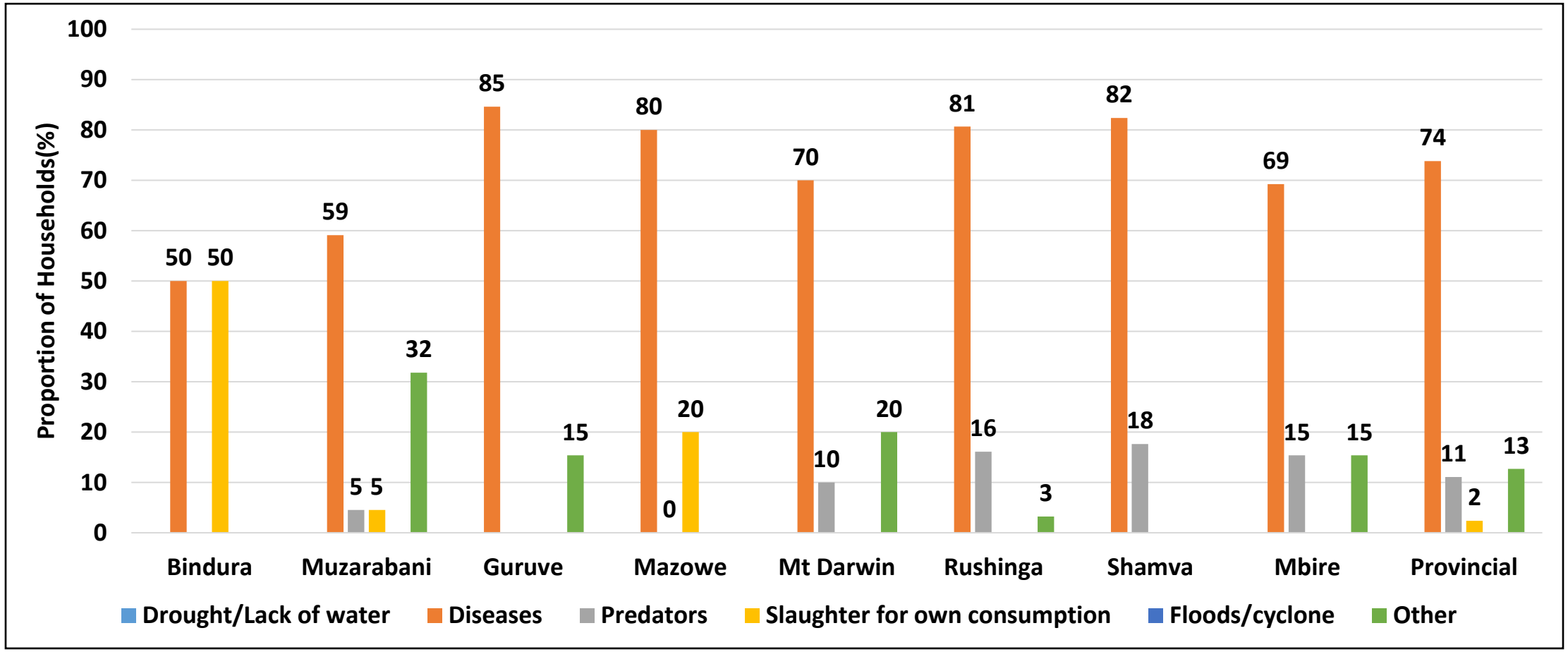
- The province had a goat calving rate of 12.9 and an off take rate of 11.5
- Bindura district had both the highest goat calving rate (24) and offtake rate (15.4).
- Shamva had the lowest goat calving rate (8.0) and offtake rate(3.3).

Goat Deaths



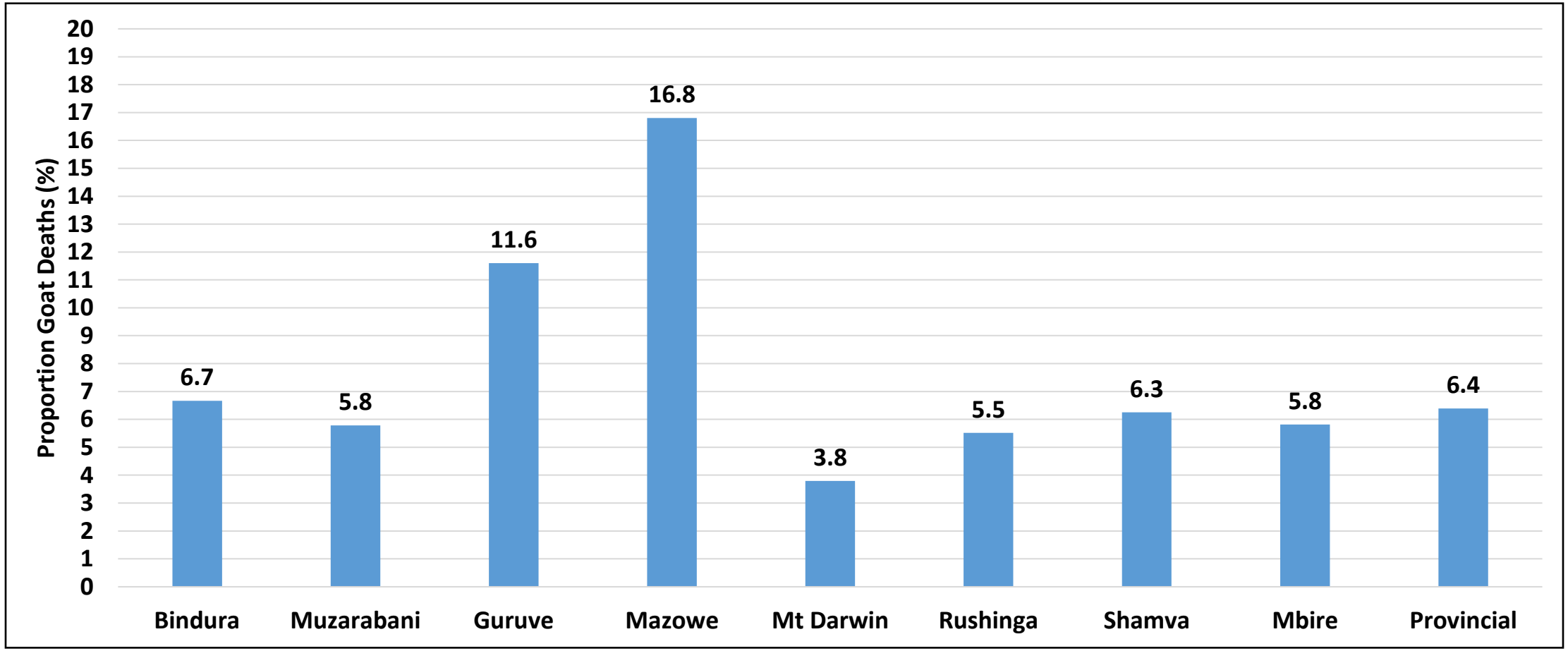
- At provincial level a high proportion of households (78%) did not record any goat deaths whilst 14% lost one to two goats followed by 5% who lost three to four goats.
- Mazowe district had the highest number of households that lost at least one or more goats (31%) followed by Shamva (28%) and Guruve (25%).

Cause of Goat Deaths



- The major cause of death in goats was diseases (74%) at provincial level and in all districts.
- Death caused by other unknown causes was high which might require further investigations in districts like Muzarabani, Mt Darwin, Guruve and Mbire.

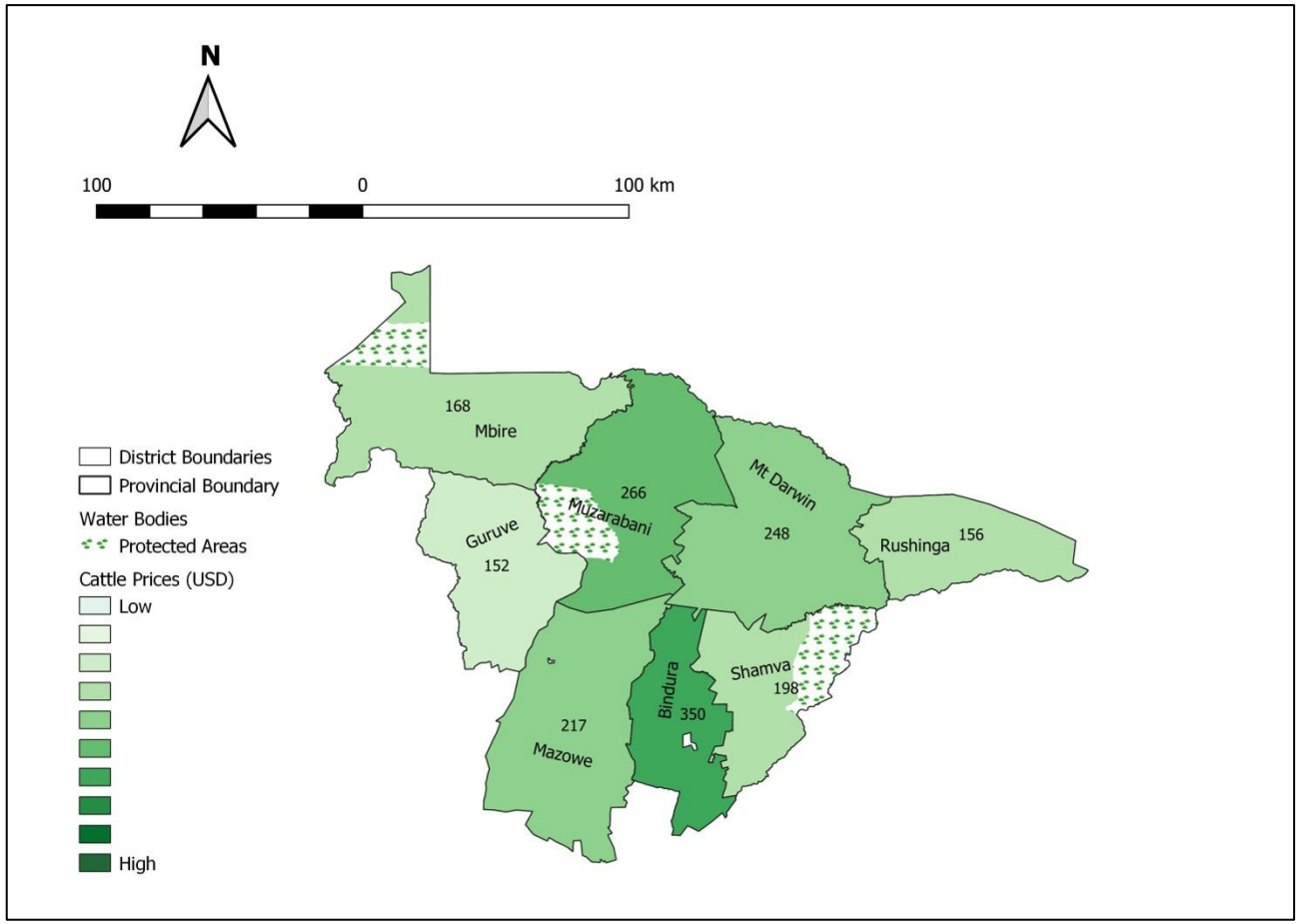
Proportion of Goat Deaths By District



- The province had a goat mortality rate of 6.4.
- Mazowe district had the highest goat mortality rate (16.8) followed by Guruve (11.6) and Bindura (6.7)

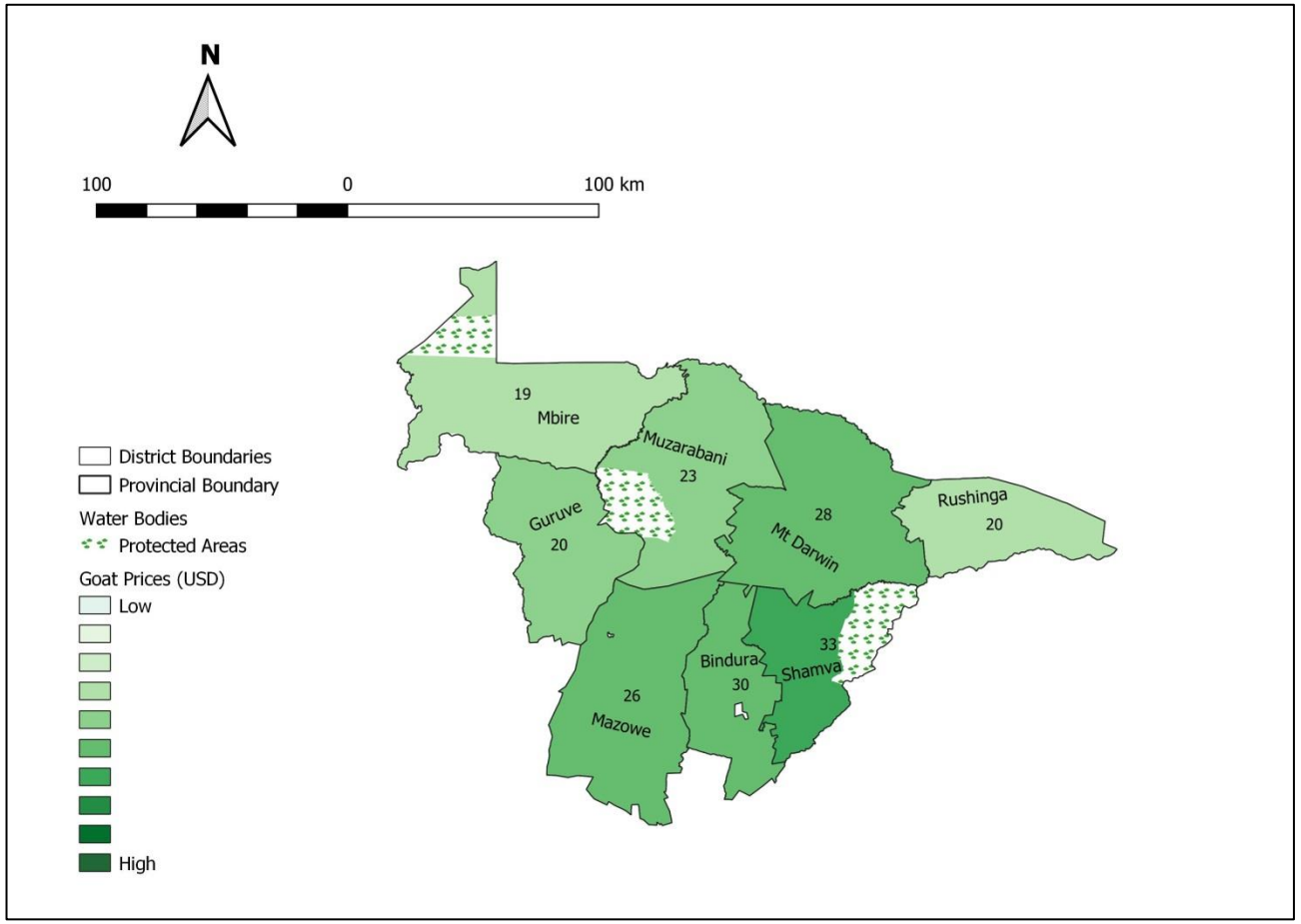
Cattle prices

Cattle prices



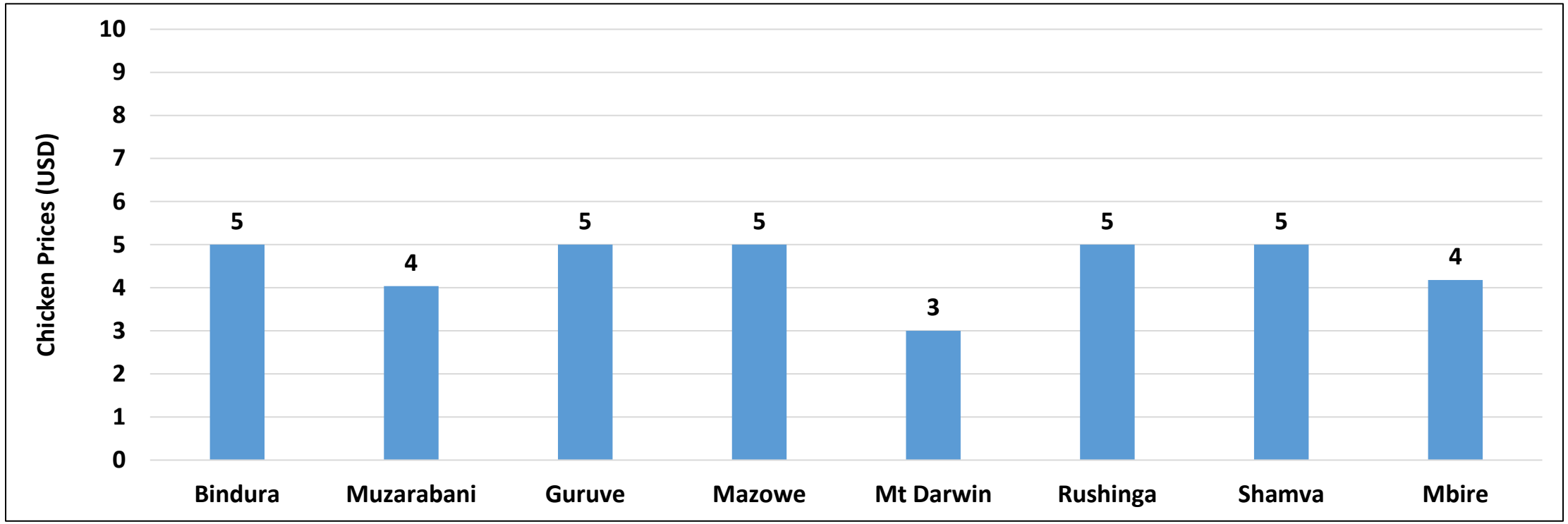
- The highest cattle prices in the province were in Bindura district US$350-00 (ZWL 28 163 at that time)
- The lowest cattle prices in the province were in Guruve district US$150-00 (ZWL 12 553 at that time)

Goat Prices



- The highest goat prices in the province were in Shamva district at US$33-00, and lowest were in Mbire district at US$19-00.
- The low prices in Mbire could reflect scarcity of money in the district as it is perennially hit by drought

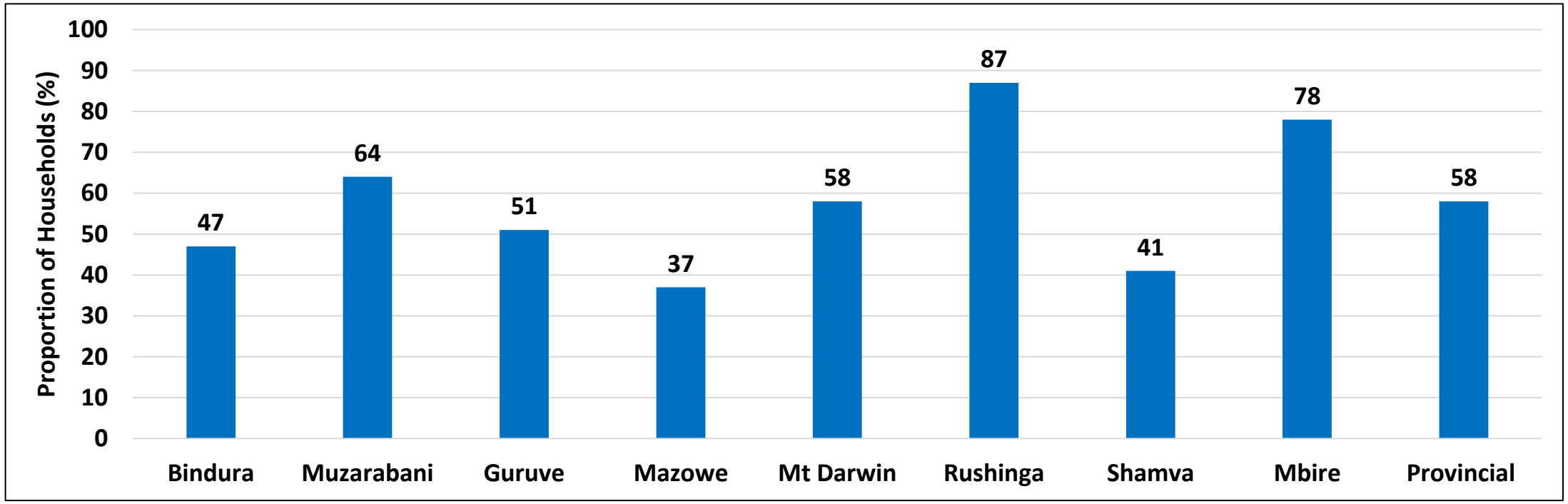
Chicken Prices (USD)



- The most common price of chicken in the province was US$5-00
- Mt Darwin had exceptionally low prices averaging US$3-00

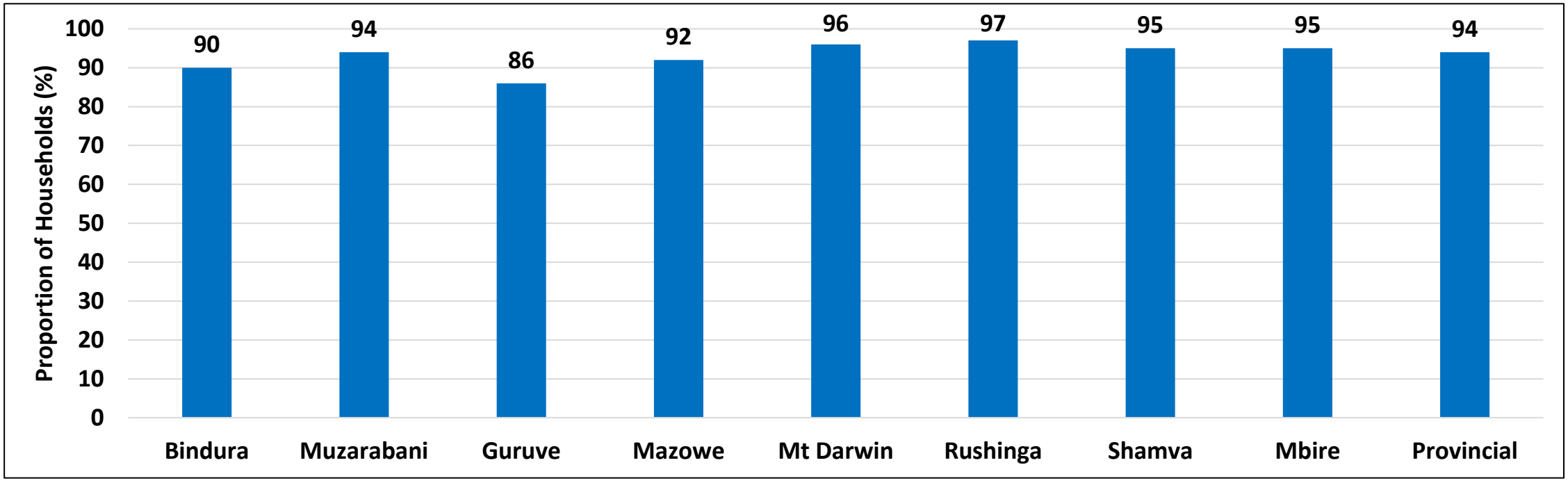
Extension Services Provision

Households which Received Extension Services



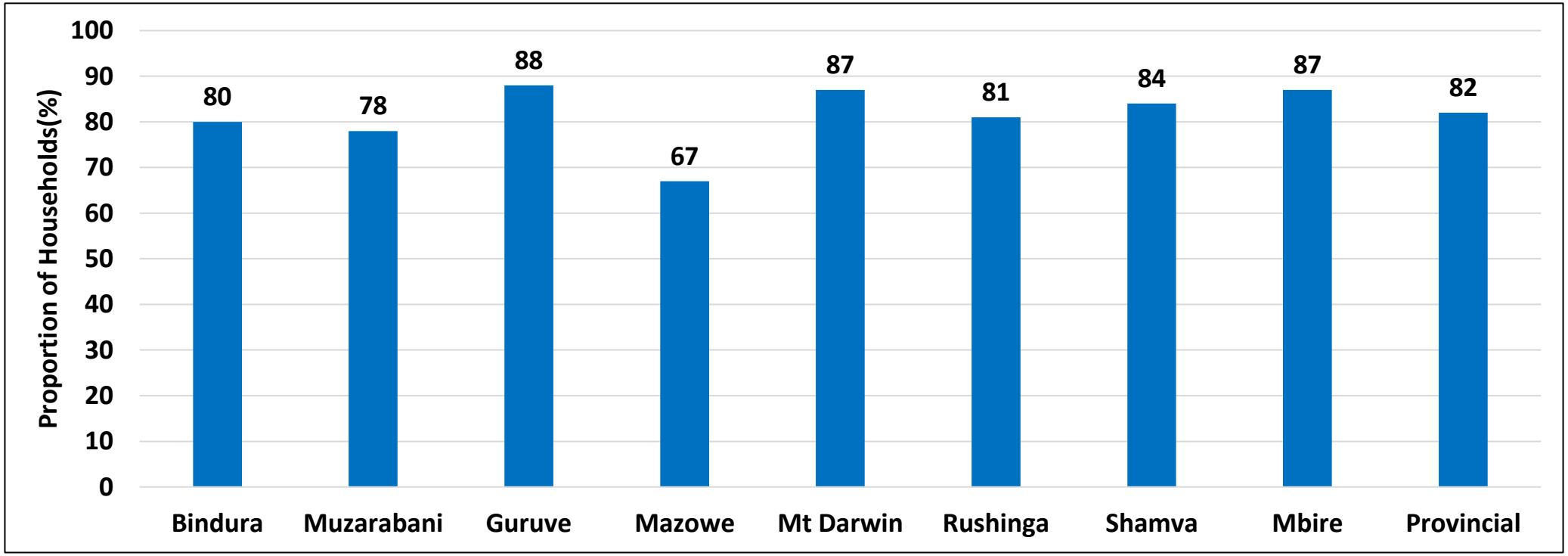
- A high proportion of households in the province (58%) received extension services.
- Rushinga had the highest proportion (87%) of households which received extension services followed by Mbire (78%) and Muzarabani (64%).
- Mazowe had the lowest proportion of households(37%) which received extension services.

Households which Received Agricultural Training



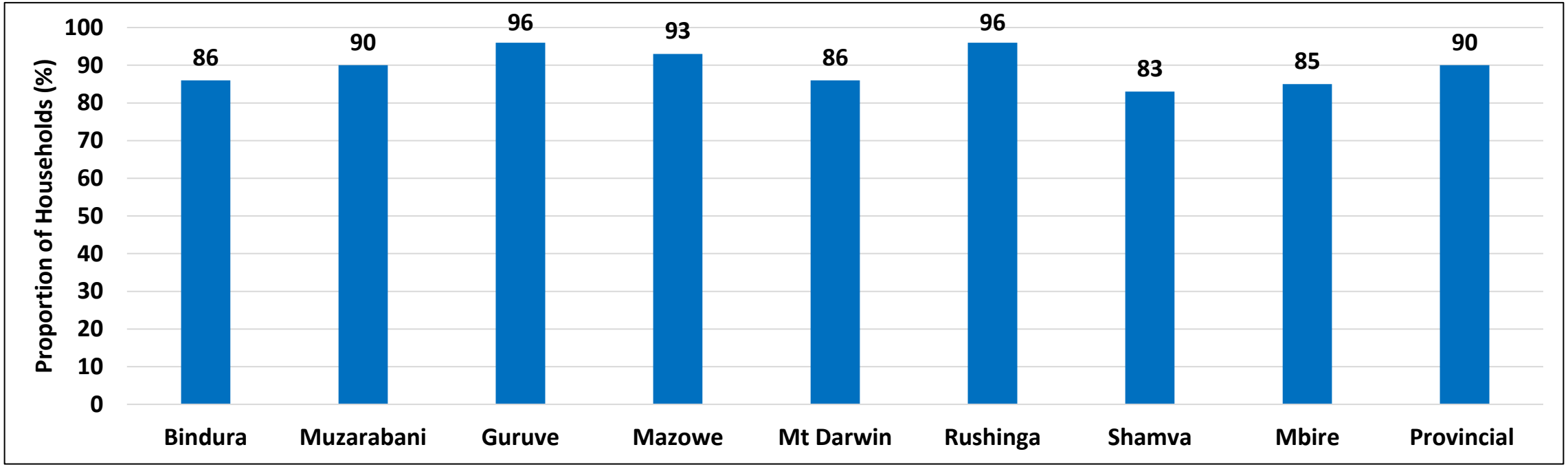
- Generally the province had a high proportion of households (94%) which received agricultural training.
- All 8 districts expect Guruve had above 90% household coverage on agricultural training .

Households which Received Extension Visits



- A high proportion of households (82%) in the province received extension visits.
- Districts which had the highest proportion of extension visits were Guruve (88%) followed by Mbire and Mt Darwin (87%).
- In the face of Covid 19 where gatherings for formal training sessions are limited, individual farm visits by extension workers will need to be supported by provision of transport facilities .

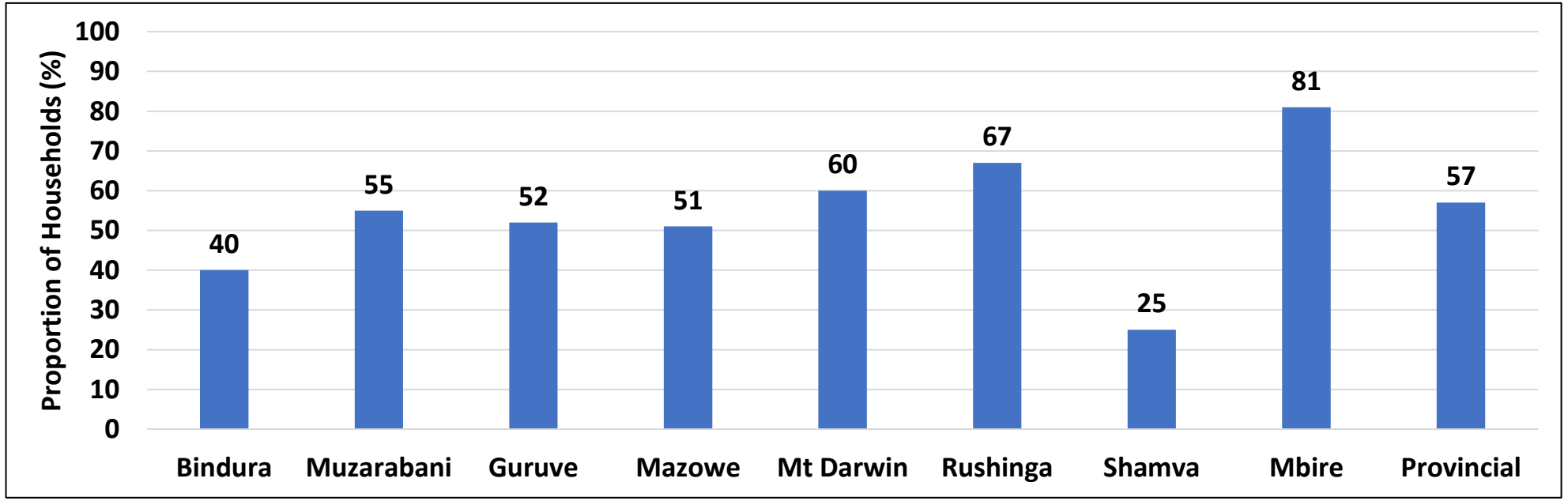
Households which Received Cropping Advice



- A high proportion of households (90%) in the province received cropping advice.
- Rushinga and Guruve had the highest proportion of households (96%) who received cropping advice followed by Mazowe and Muzarabani (93 % and 90% respectively).
- Shamva had the lowest proportion of households which received cropping advice.

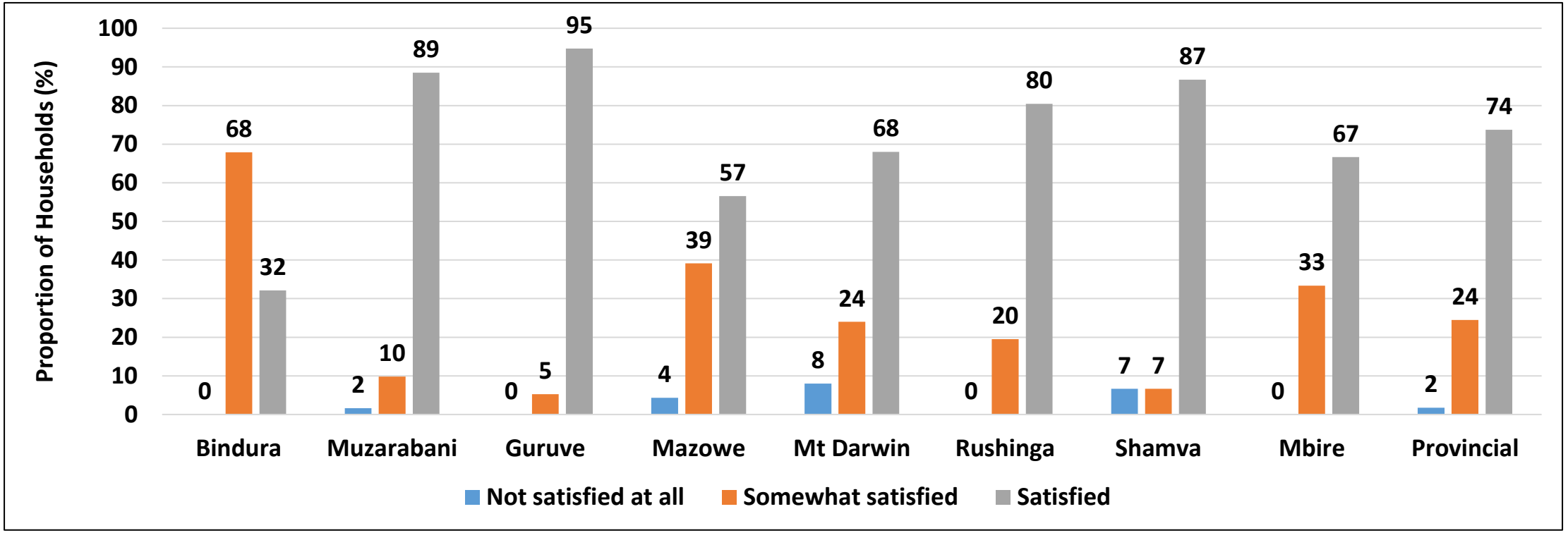
Access to Livestock Extension Services

Households which Received Livestock Extension Advice



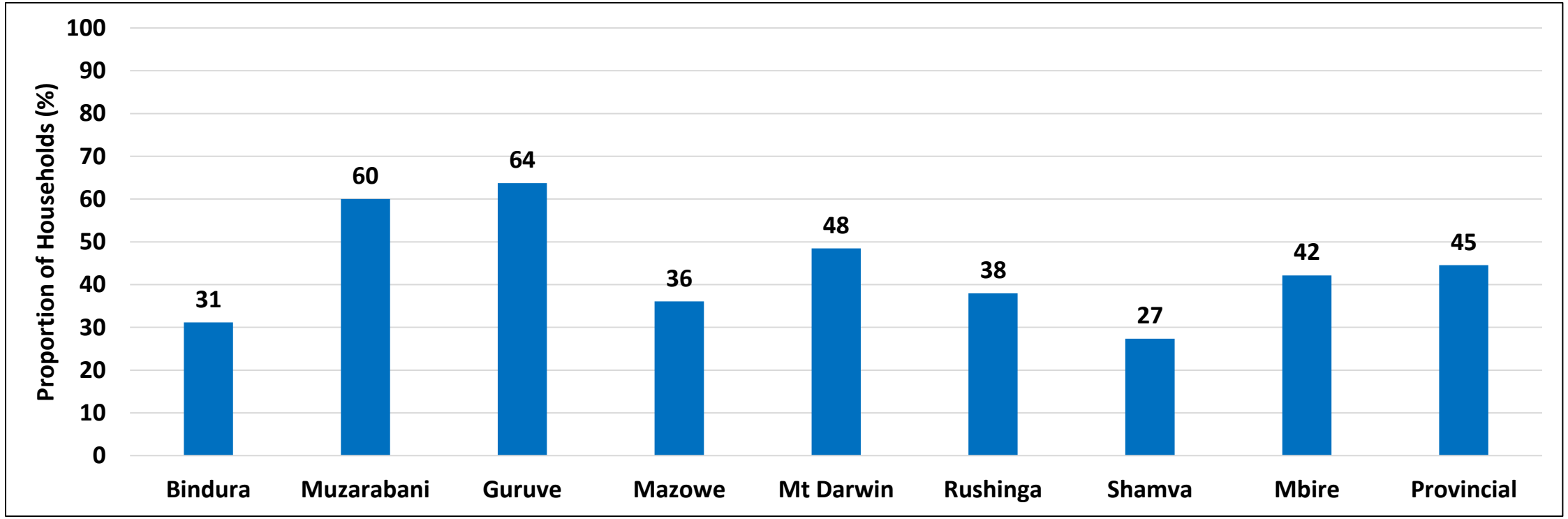
- At provincial level, 57% of the households received livestock advice from extension officers
- Mbire had the highest proportion of households (81%) which received livestock advice from extension officers followed by Rushinga (67%) and Mt Darwin (60%).
- Shamva had the lowest proportion of households (25%) which receive livestock advice from extension officers.

Satisfaction with Livestock Advice Received



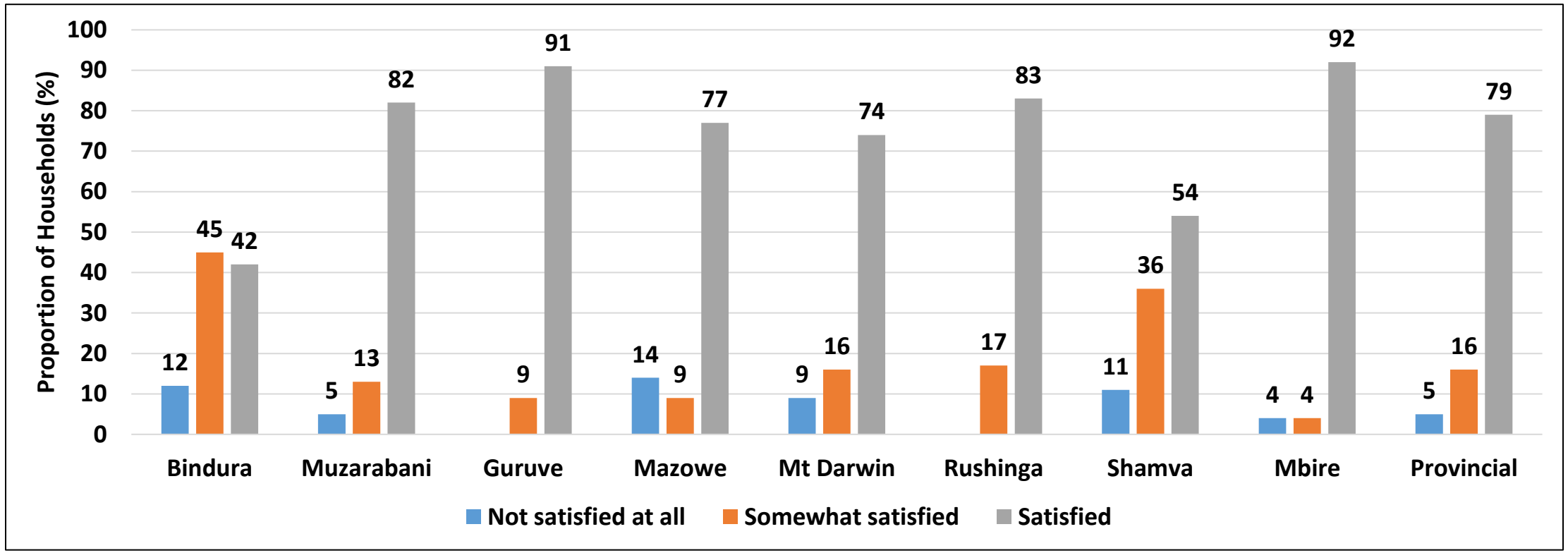
- At provincial level, 74% of households were satisfied with livestock advice received whilst 24% were somewhat satisfied.
- Guruve (95%) had the highest proportion of households which were satisfied with livestock advice received followed by Muzarabani (89%) and Shamva (87%).
- Bindura (68%) had the highest proportion of households which were somewhat satisfied with livestock advice received.

Access to Animal Health Services



- In the province, the proportion of households with access to animal health services was low (45%).
- Guruve (64%) had the highest proportion of households which had access to animal health services followed by Muzarabani (60%) and Mt Darwin (48%).
- Shamva (27%) had the lowest proportion of households which did not have access to animal health services.

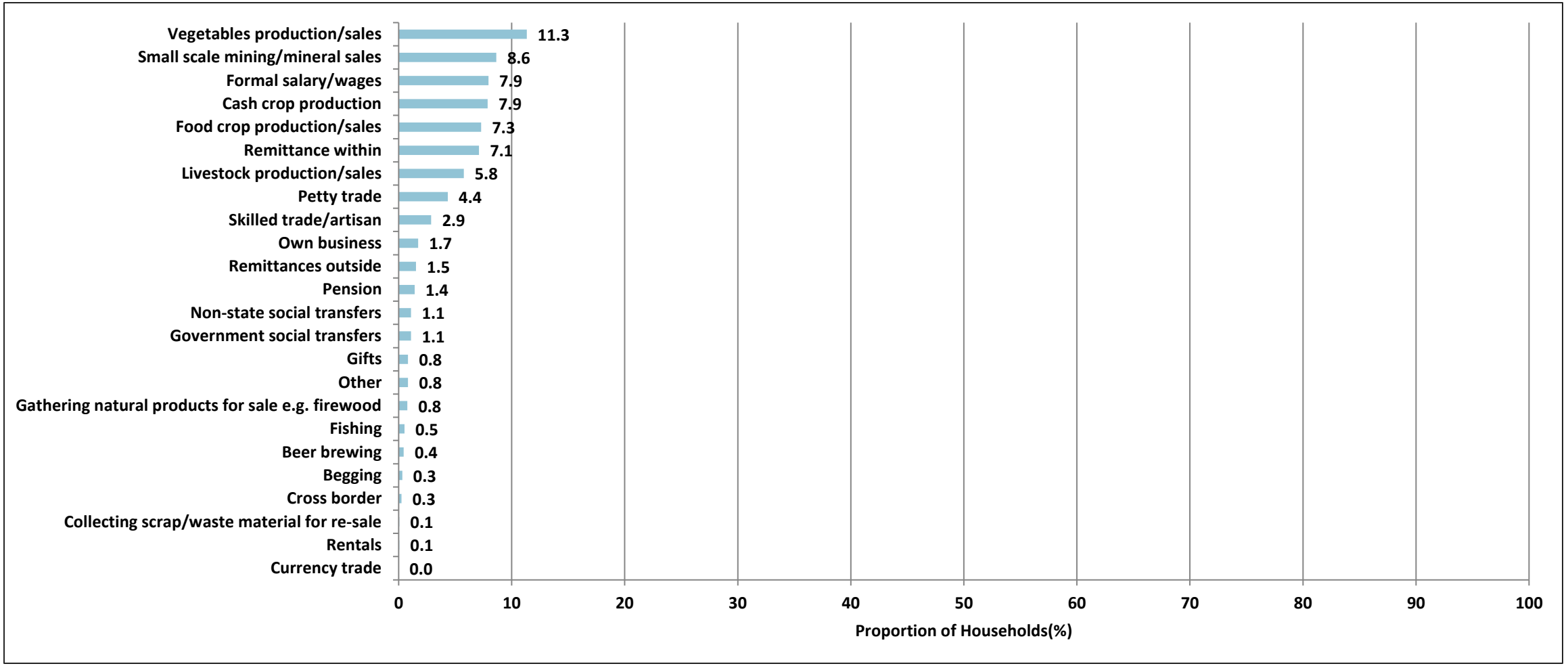
Satisfaction with Animal Health Services



- At provincial level (79%) of the households were satisfied with the animal health services provided.
- Guruve (91%) had the highest proportion of households satisfied with animal health services followed by Mbire (93%) and Rushinga (83%)
- Shamva (54%) had the lowest proportion of households that were satisfied with animal health services.

Income and Expenditure

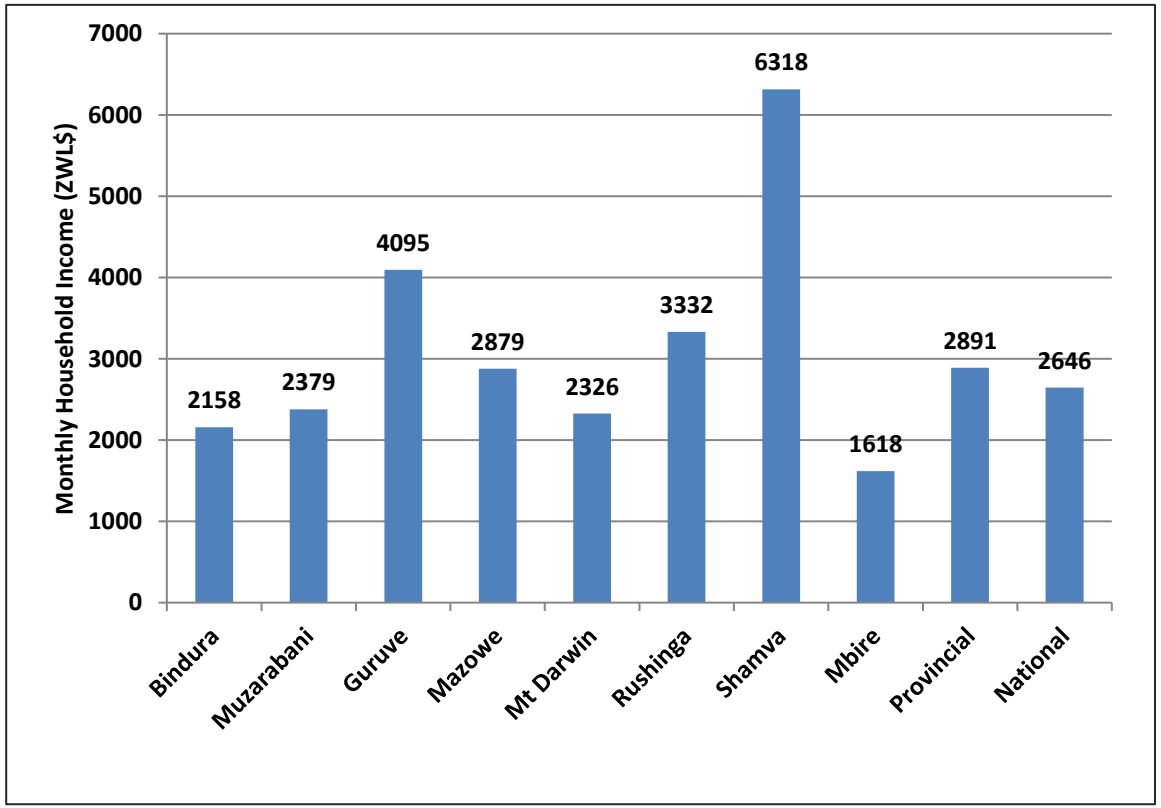
Sources of Income from January to March 2020



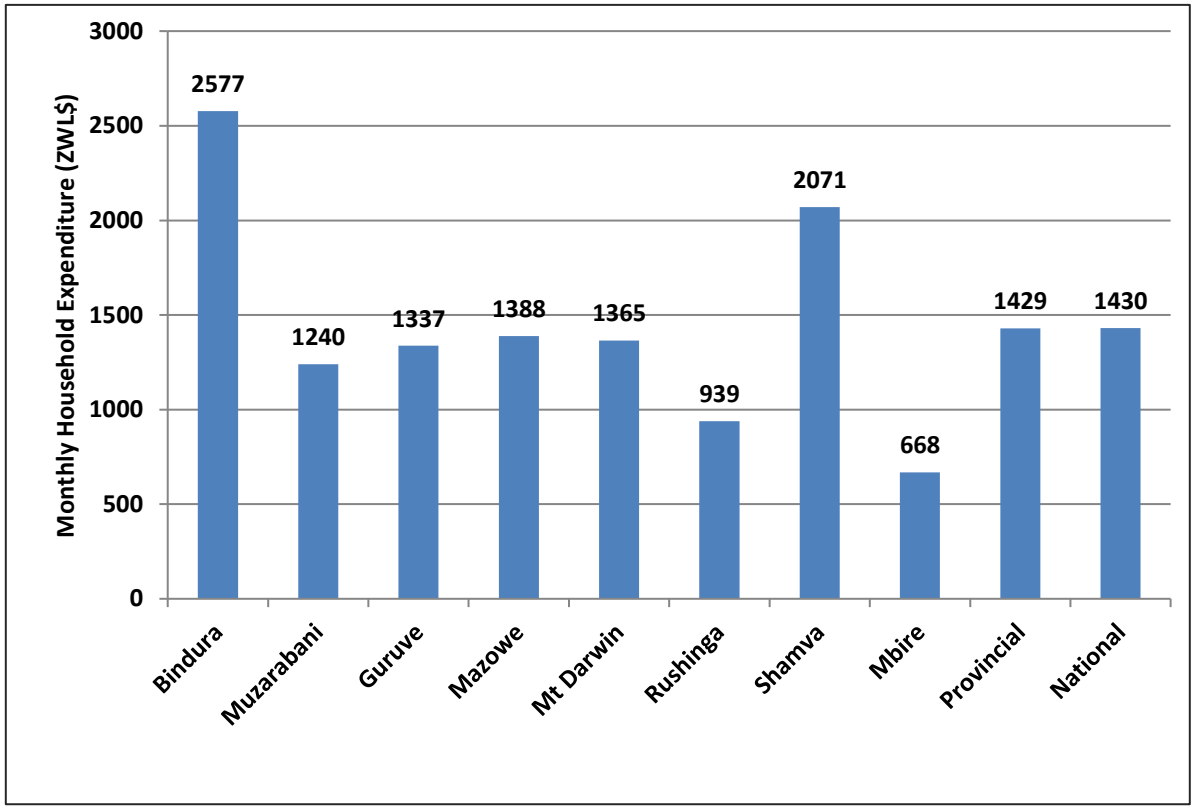
- In Mashonaland Central, 25.9% of households reported that their most important source of income was casual labour
- Vegetable production and small scale mining were ranked as second and third income sources in the province (11.3% and 8.6 % respectively).

Average Household Monthly Income and Expenditure for June 2020

Income

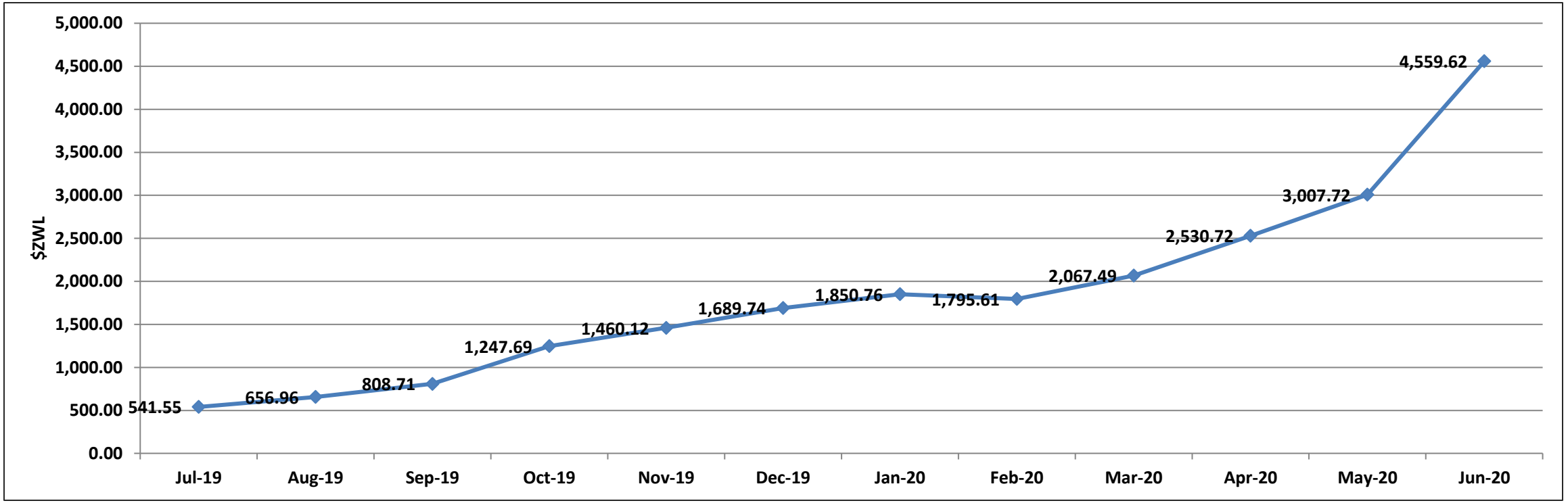


Expenditure



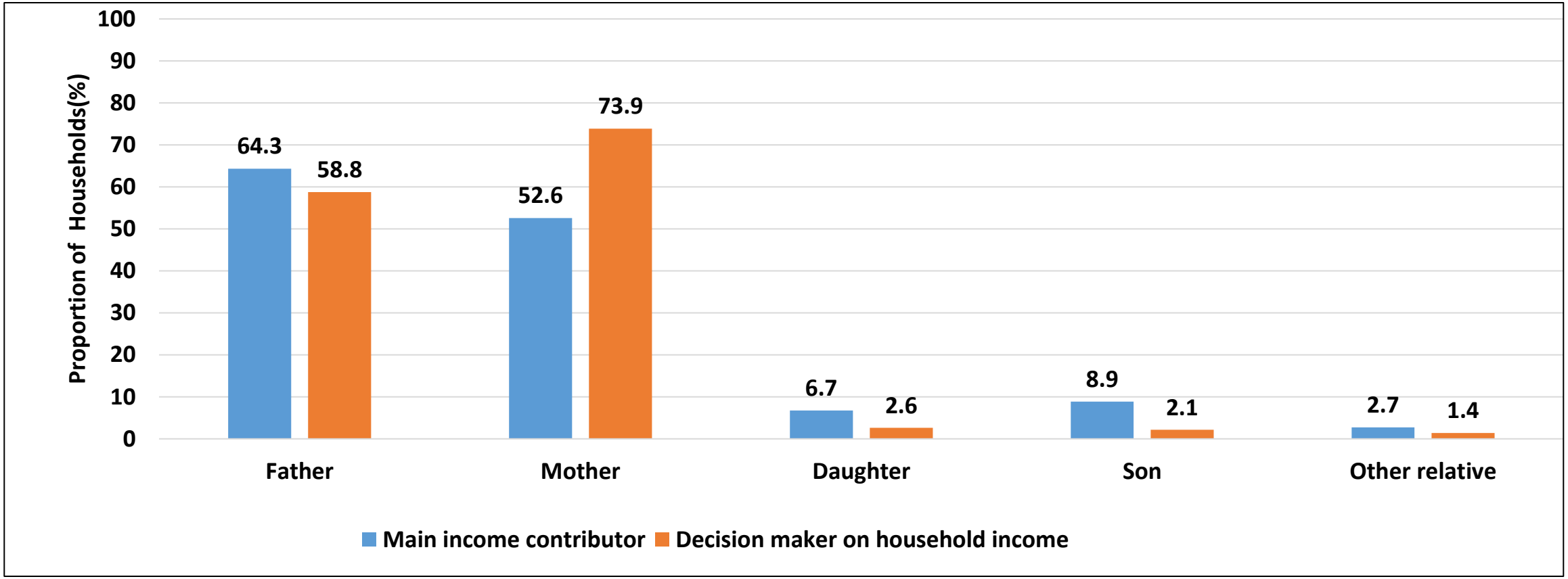
- The average household monthly income for the province was $ZWL 2891 whilst expenditure for the province was $ZWL1429.
- Shamva reported the highest income in the province at $ZWL 6318 and Mbire the least at $ZWL 1618.

Food Poverty Line



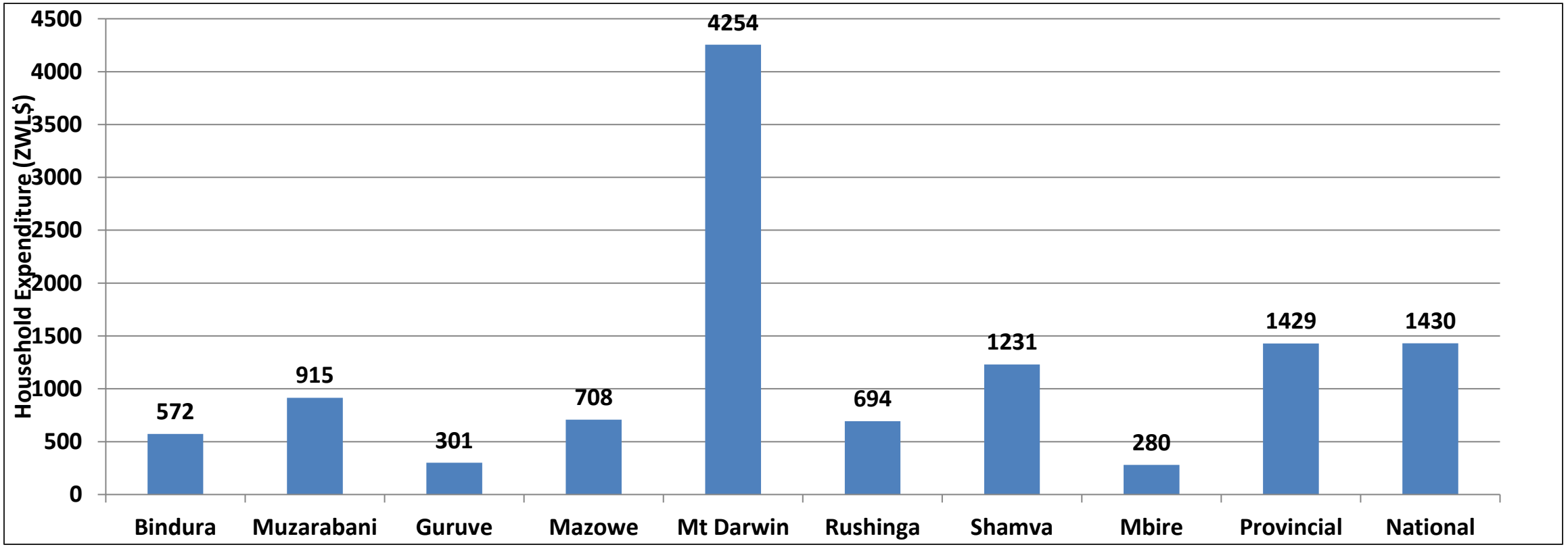
- The food poverty line continues to increase over time ,June 2020 was at $ZWL 4560 whilst the average household income of the province was $ZWL 2891.
- This is evidence that households' ability to purchase food continues to deteriorate.

Main Contributor of Income



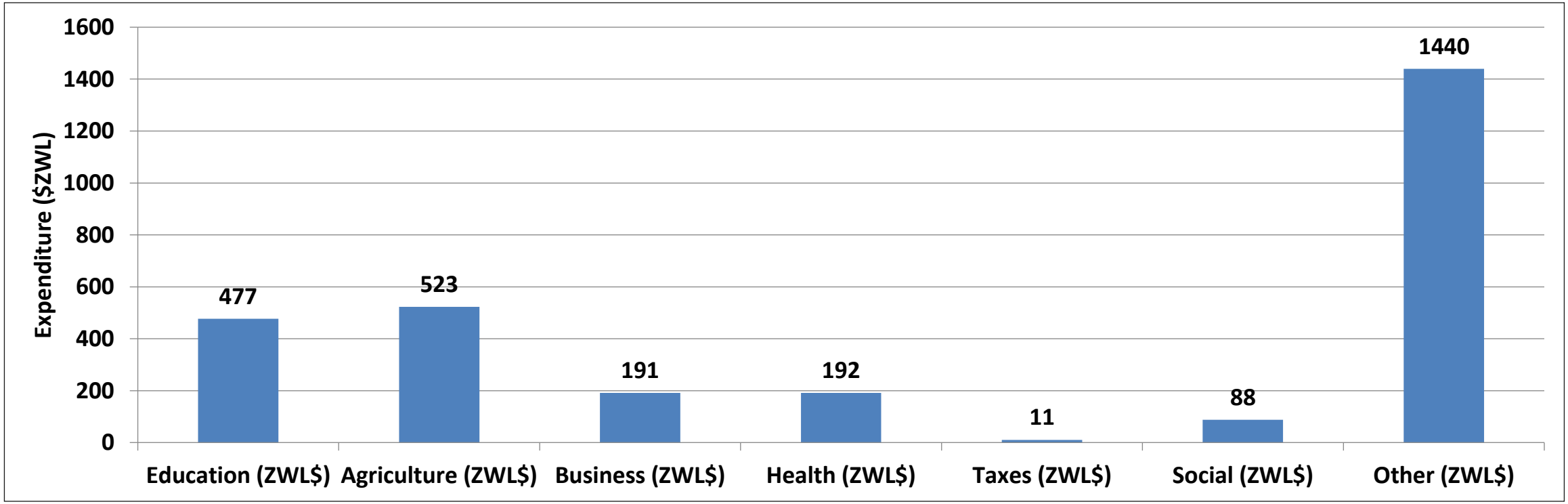
- Fathers were reported to be the main Income contributors (64.3%) whilst mothers were reported to be the main decision makers of household income (73.9%).

Six Months Average Household Expenditure (January-June 2020)



- Mt Darwin ($ZWL 4254) reported the highest expenditures in 6 months whilst Mbire ($ZWL 280) reported the least.
- The provincial average expenditure for the 6 months was $ZWL 1429

Household 6 Month Expenditure by Type



- Agriculture ($ZWL 523) and education ($ZWL 477), had significantly high expenses incurred by households.
- Taxes had the least expenses at ZWL$11
- Average expenses incurred on health was $ZWL 192

Water, Sanitation and Hygiene (WASH)

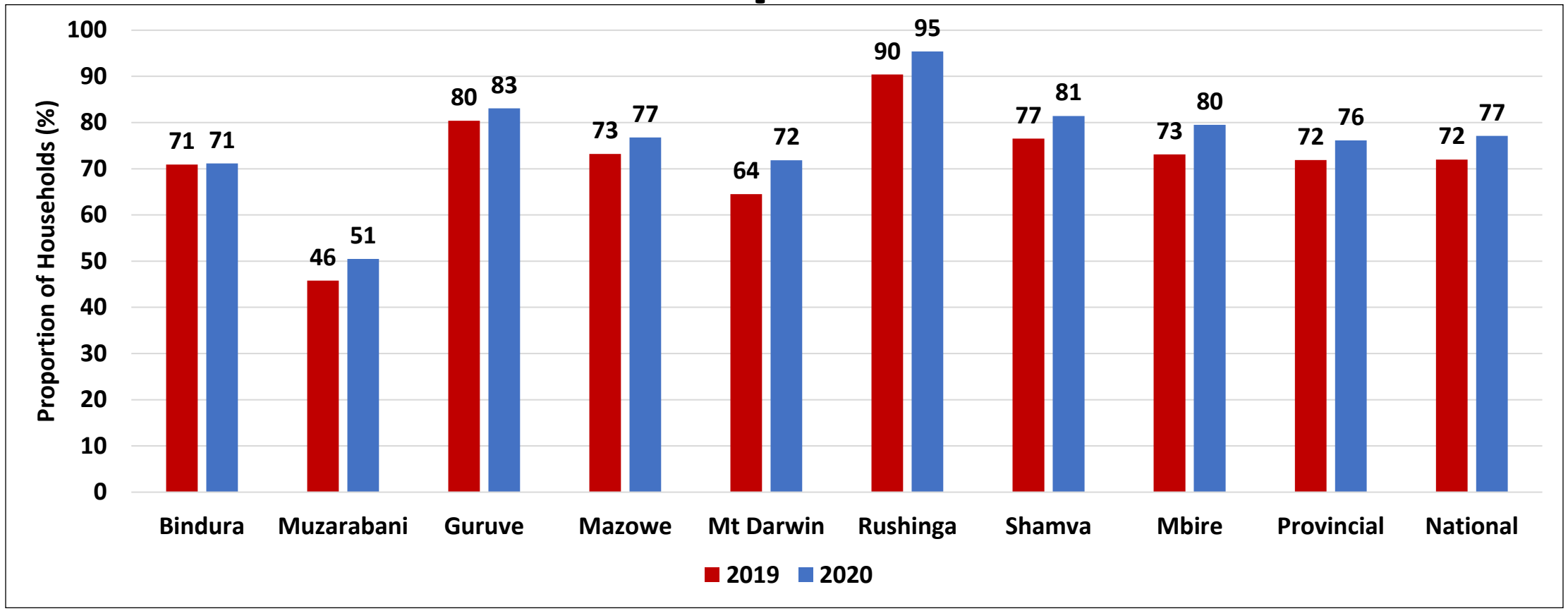
Ladder for Drinking Water Services

Service Level	Definition
Safely Managed	Drinking water from an improved water source that is located on premises, available when needed and free from faecal and priority chemical contamination.
Basic Drinking Water Services	Basic drinking water services are defined as drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing.
Limited Drinking Water Services	Limited water services are defined as drinking water from an improved source, where collection time exceeds 30 minutes for a roundtrip including queuing.
Unimproved Water Sources	Drinking water from an unprotected dug well or unprotected spring.
Surface Water Sources	Drinking water directly from a river, dam, lake, pond, stream, canal or irrigation channel.

Note :

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

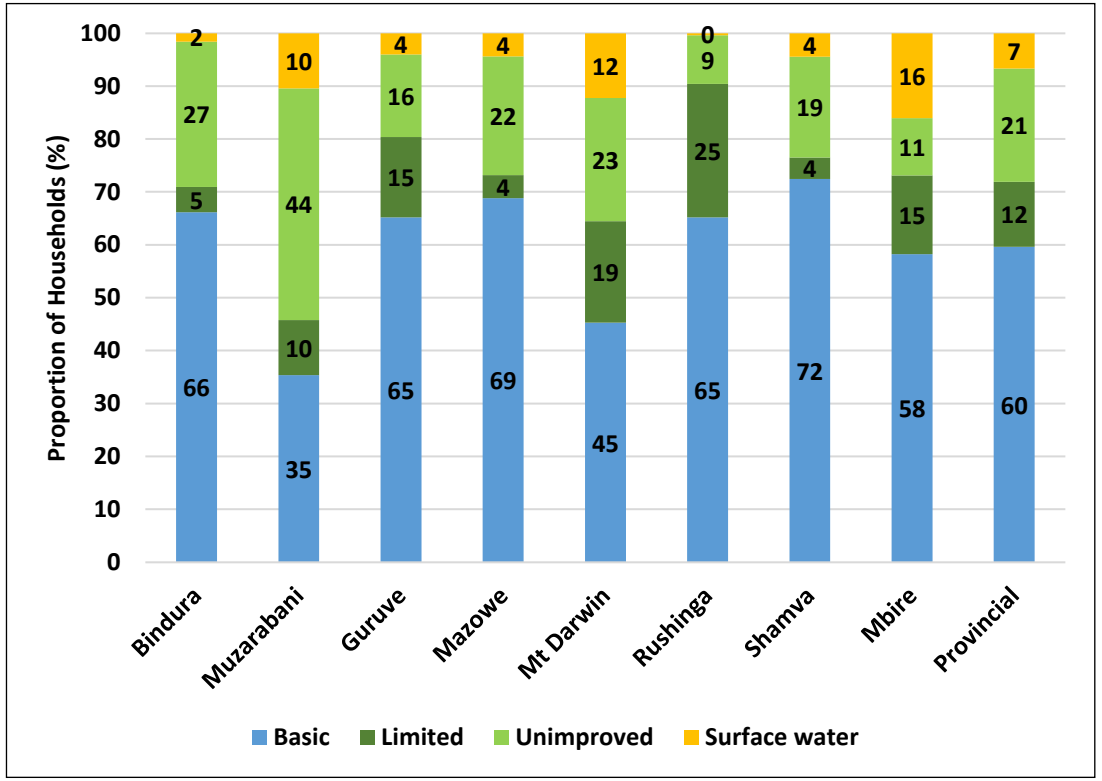
Access to Improved Water



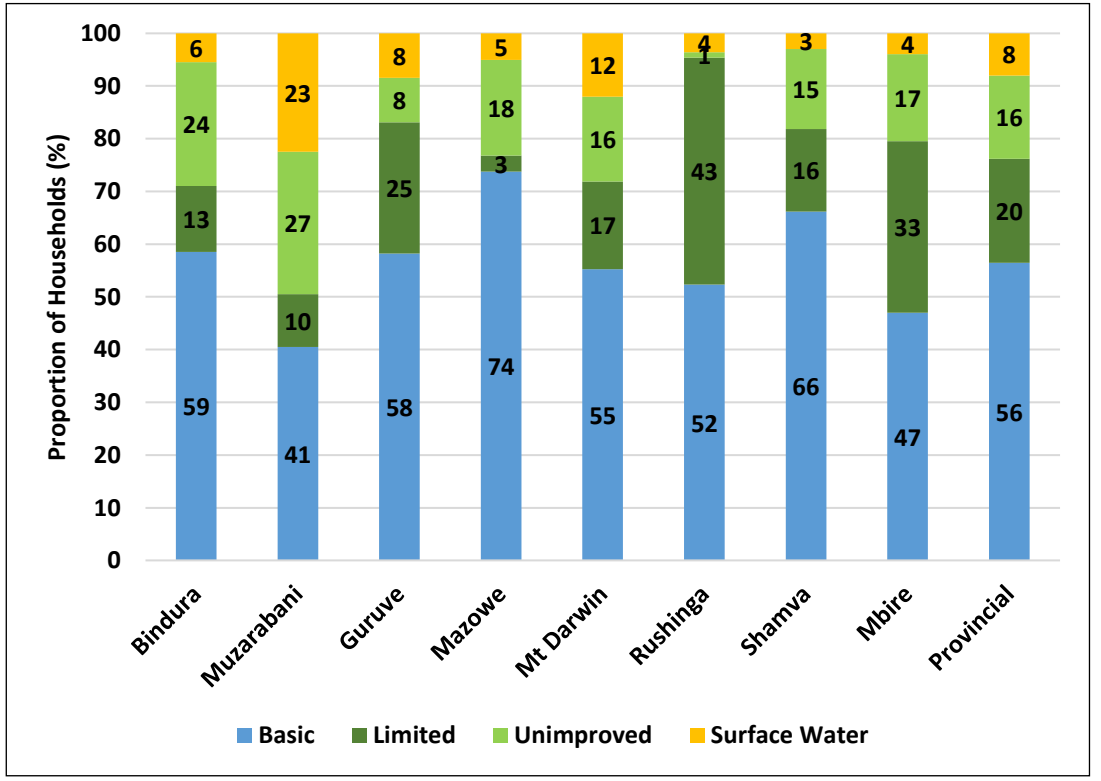
- The province had 76% of households accessing water from improved sources.
- Compared to 2019 Mashonaland Central recorded an increase in households accessing water from improved water sources 72% in 2019 to 76% in 2020.
- Rushinga (95%) had the highest proportion of households accessing water from improved sources whilst Muzarabani (51%) had the least. According to the WHO drinking contaminated water can transmit diseases such diarrhoea, cholera, dysentery, typhoid, and polio.

Main Drinking Water Services

2019

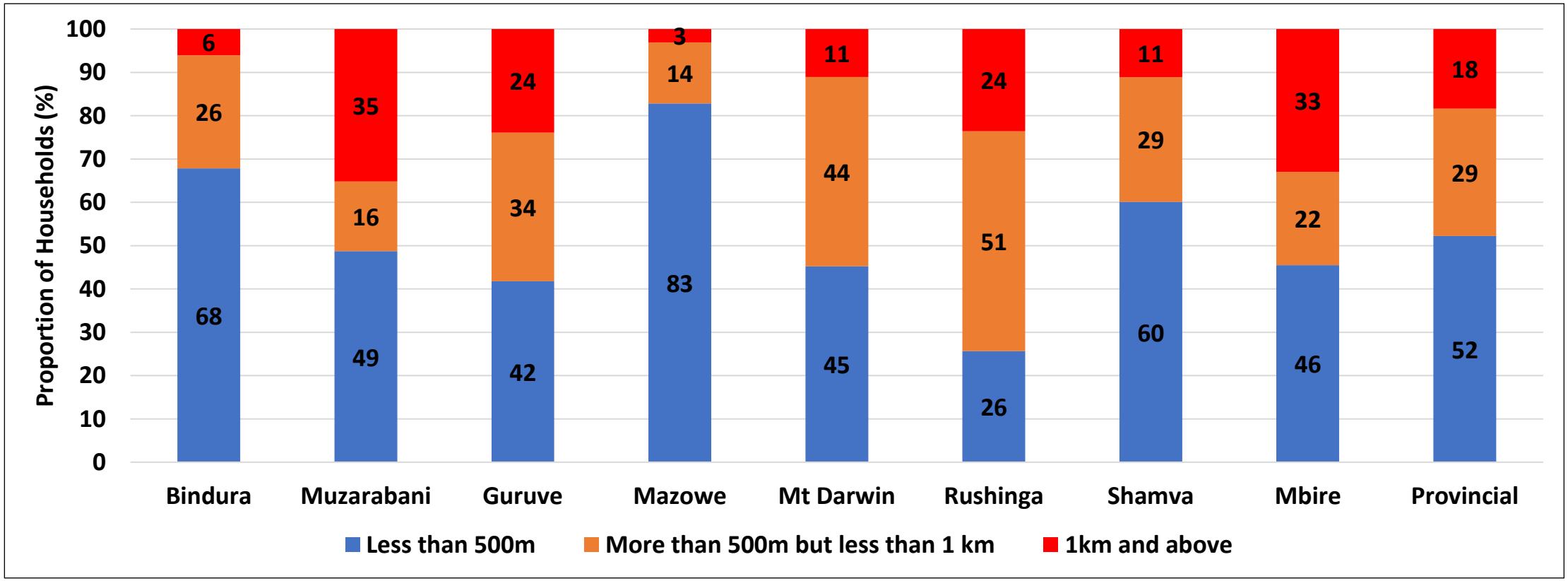


2020



- The province had 56% of households accessing drinking water from basic water services.
- Compared to 2019 Mashonaland central recorded a decrease in households accessing water from basic services from 60% in 2019 to 56% in 2020 whilst an increase was noted in households accessing water from limited services from 12% in 2019 to 20% in 2020.
- Mazowe District (74%) had the highest proportion of households accessing water from basic water services whilst the least was Muzarabani district at 41%.

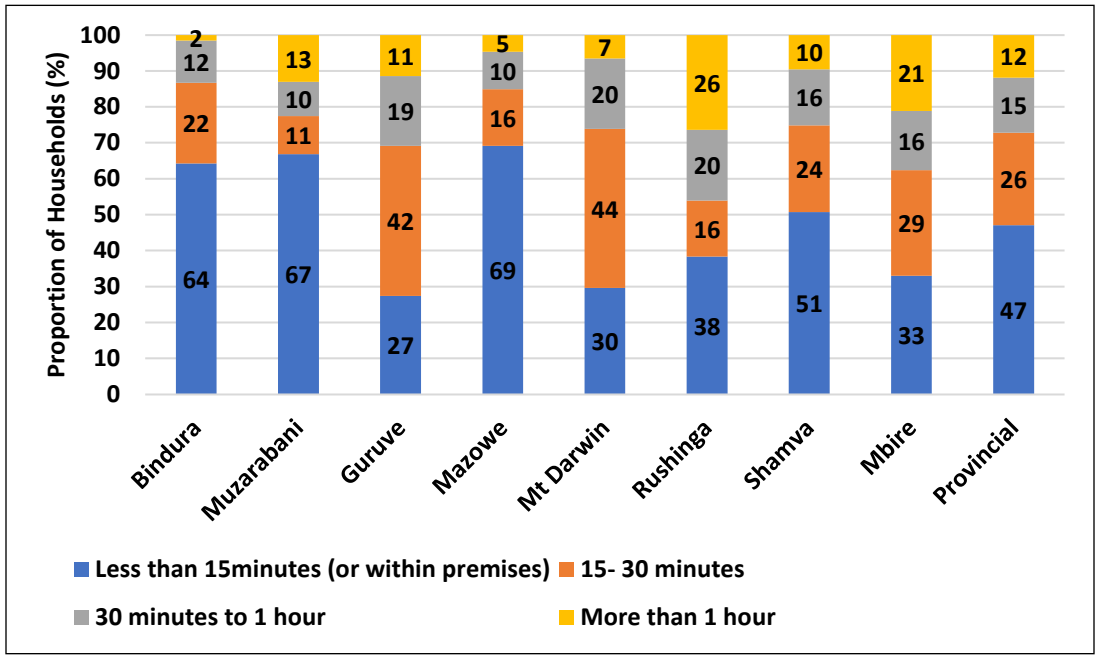
Distance to Main Water Source



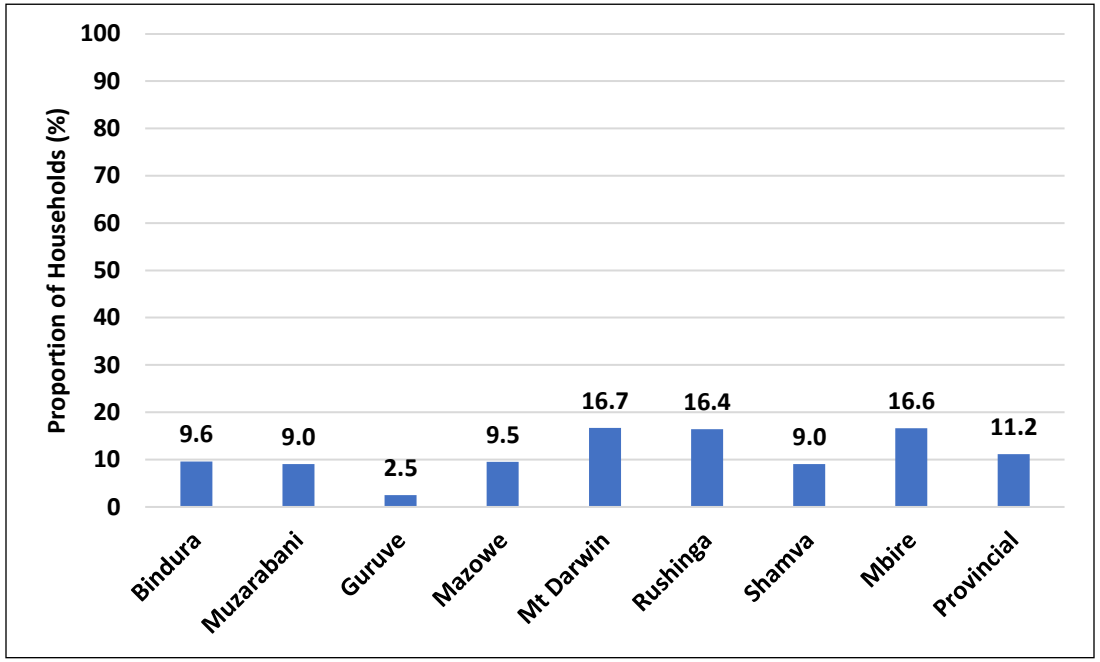
- The province had 52% of households accessing drinking water within a distance of less than 500 metres.
- Mazowe district (83%) had more households accessing water within a distance less than 500 metres whilst Rushinga district (26%) had the least.
- Muzarabani district (35%) ,Mbire (33%), Guruve and Rushinga (24%) had the highest proportion of households walking more than 1km to fetch drinking water.

Time Spent Queuing and Prevalence of Violence at Water Point

Time Spent Queuing to Access Drinking Water

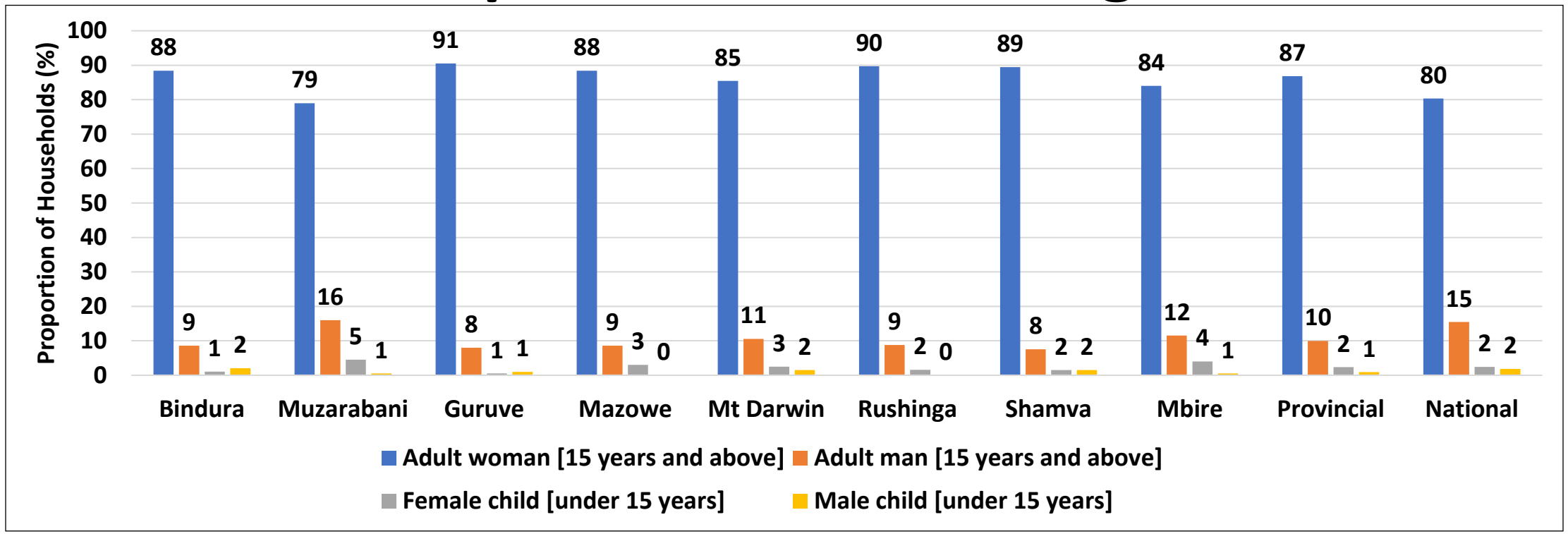


Violence at Water Point



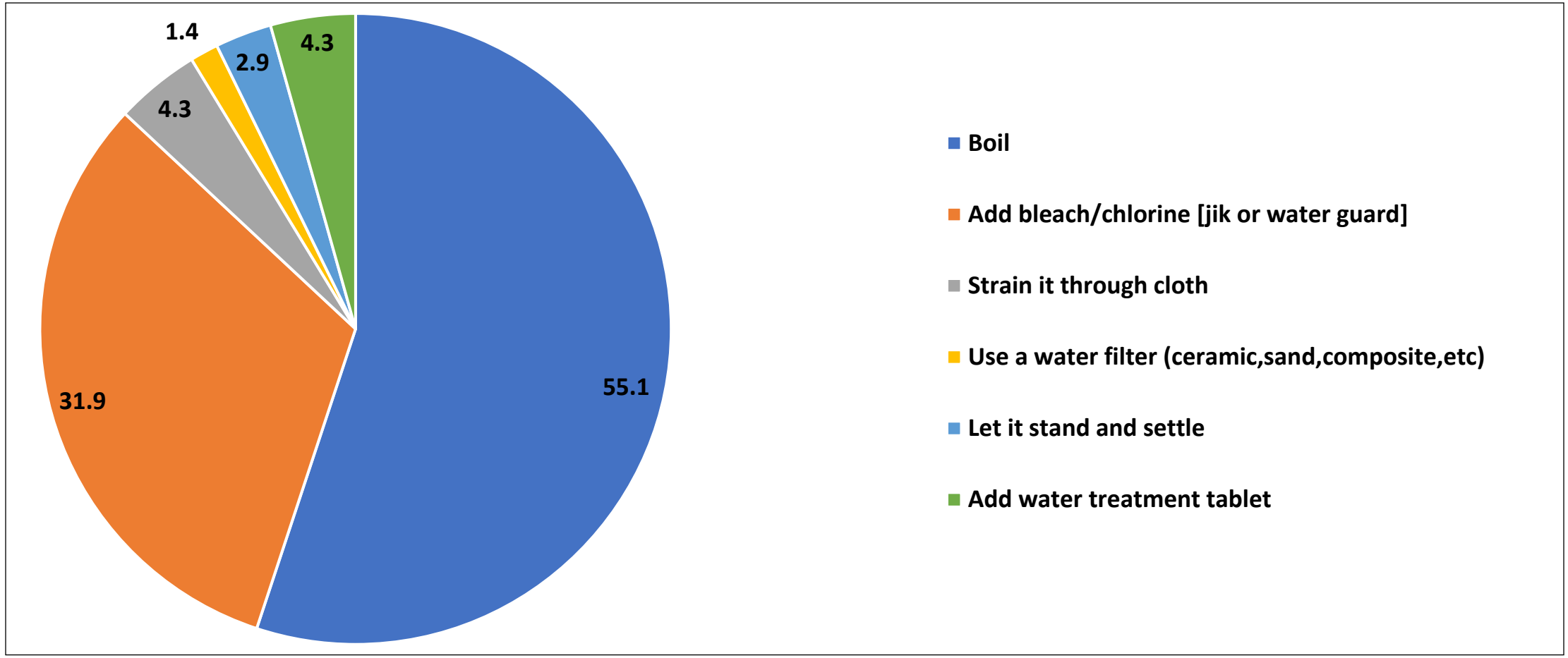
- In the province, 47% of households spent an average of less than 15 minutes queuing to access drinking water.
- Rushinga (46%), Mbire (37%) and Guruve (30%), had the highest proportion of households spending at least 30 minutes whilst queuing to access water.
- Except for Guruve, districts with households spending more time queuing generally have higher prevalence of violence at water points these are Mt Darwin (16.7%), Rushinga (16.4%) and Mbire (16.6%).

Person Responsible for Fetching of Water



- Generally across all the districts the person responsible for fetching water was an adult woman 15 years and above.
- Muzarabani(16%), Mbire(12%) and Mt Darwin(11%) had higher proportion of households with adult man 15 years and above fetching water.

Water Treatment Methods



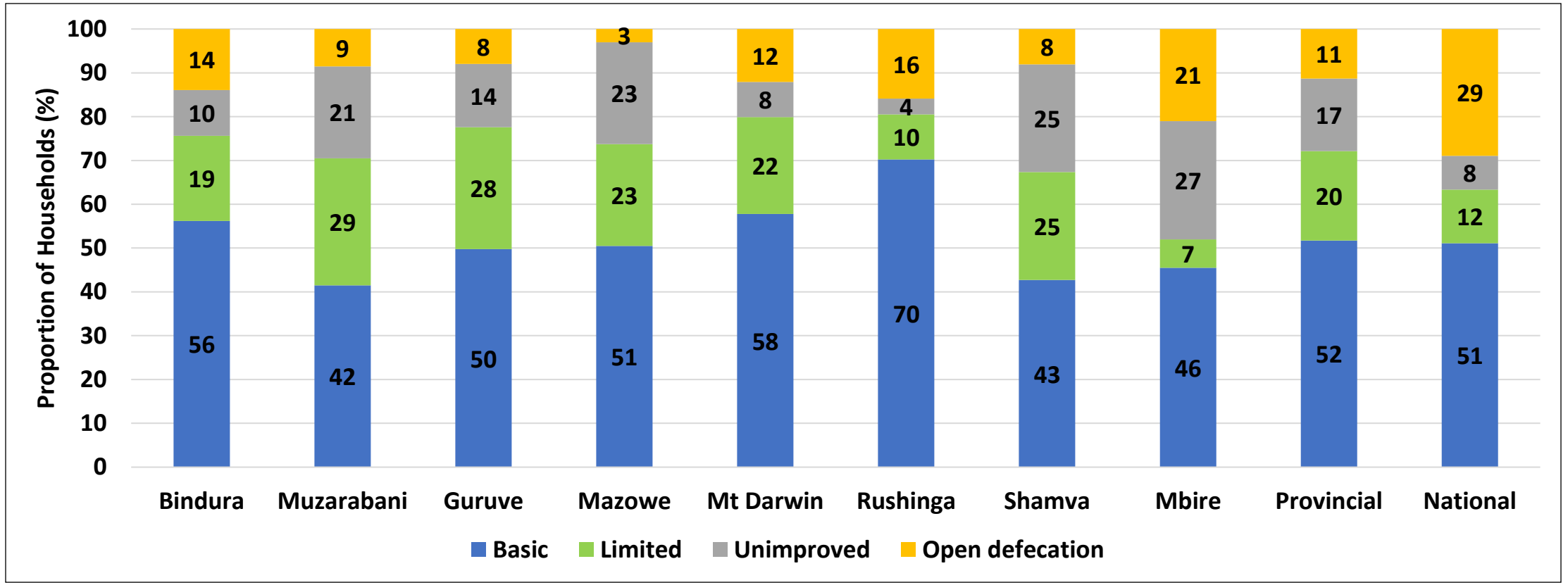
- Of the 3.3% of households that treated water, the main method was boiling at 55.1% followed by the addition of bleach/chlorination at 31.9%.

Ladder for Sanitation

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

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

Sanitation Services



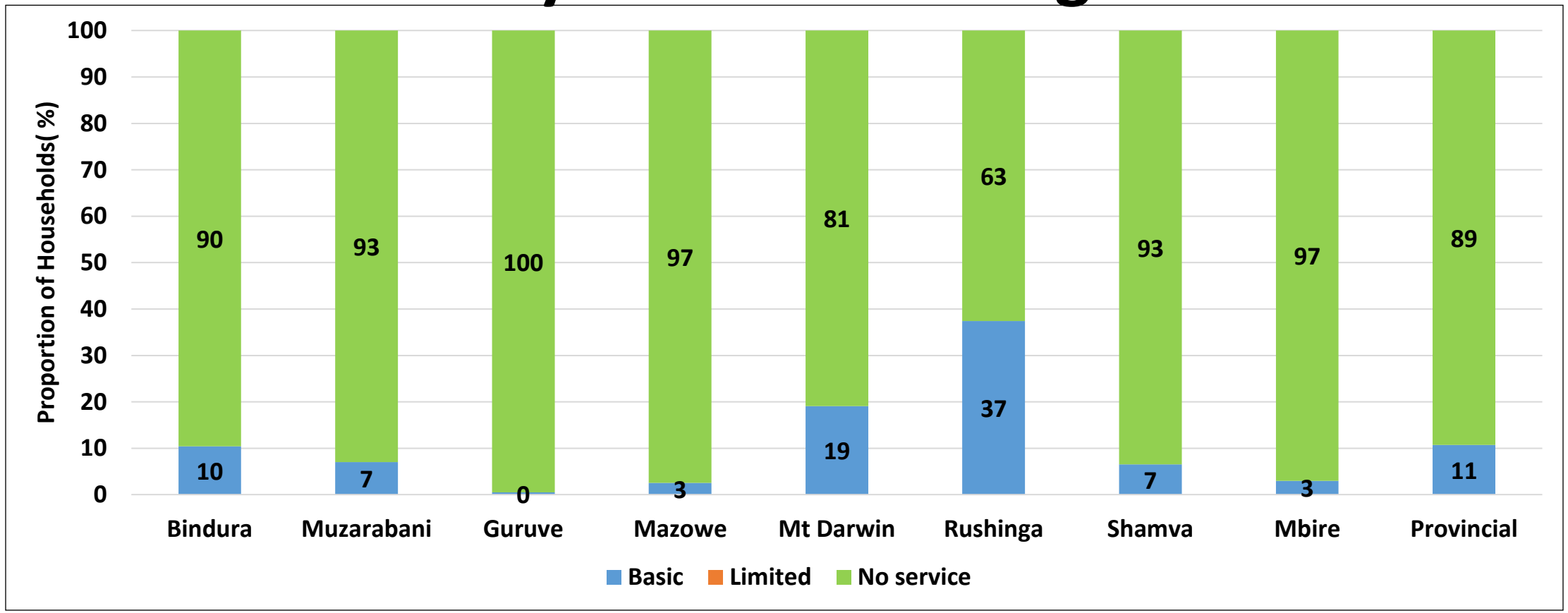
- In the province ,52% of households had access to basic sanitation services. This was slightly above the national average.
- Rushinga (70%) had the highest proportion of households with access to basic sanitation services whilst Muzarabani (42%) and Shamva (43%) respectively had the least.
- Households practicing open defecation were high in Mbire(21%),Rushinga(16%) and Bindura(14%).
- Open Defecation has serious detrimental effects on human health including among them increase in waterborne diseases, vector-borne diseases , malnutrition in children and increased cases gender based violence especially amongst girls and women.

Ladder for Hygiene

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

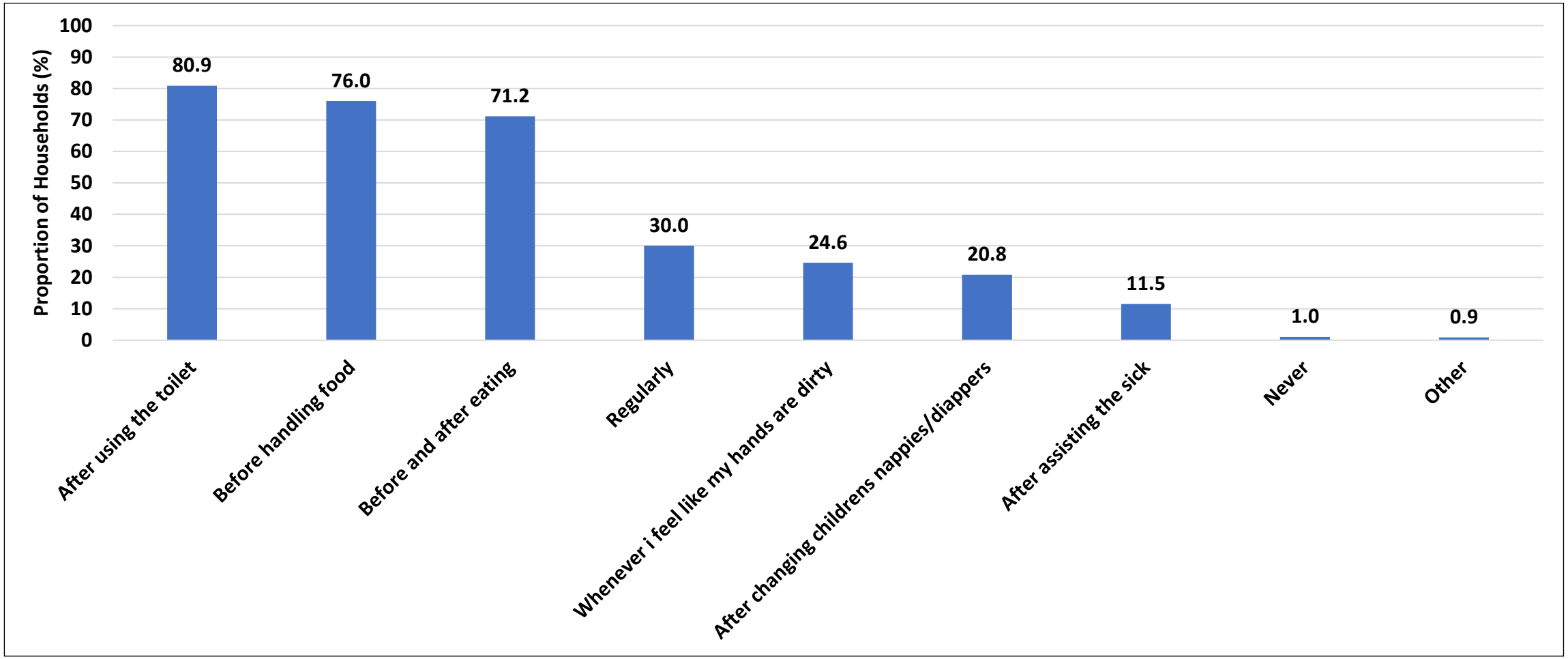
Note: handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy taps, and jugs or basins designated for hand washing. Soap includes bar soap, liquid soap, powdered detergents and soapy water but does not include sand, soil, ash and other handwashing agents.

Availability of Handwashing Services



- The proportion of households with available hand washing services in the province was 11%.
- Rushinga (37%) and Mt Darwin (19%) had the highest proportion of households with handwashing services and the least was observed in Guruve at 0%.
- The major unavailability of handwashing services across districts is worrisome during this time of COVID-19 pandemic.

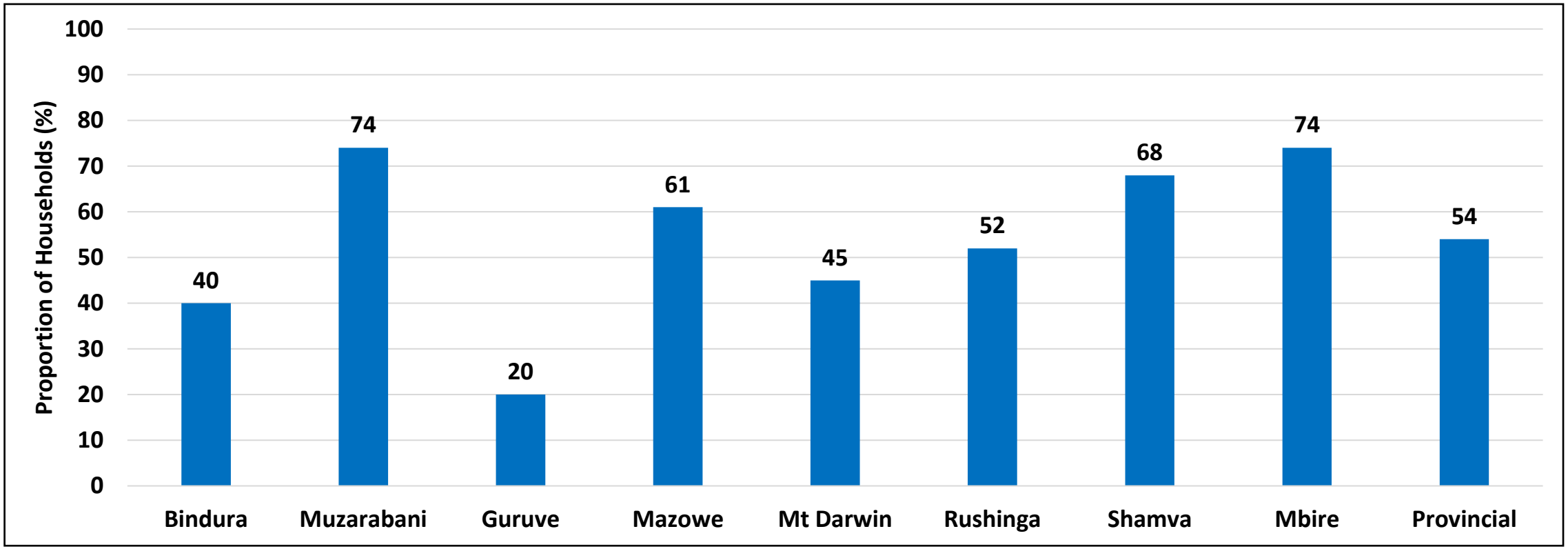
Critical Moments for Handwashing



- In Mashonaland Central province the most frequently observed critical times for handwashing were after using the toilet(80.9%),before handling food (76.0%) and before and after eating (71.2%).
- Thirty percent of households reported they wash their hands regularly.

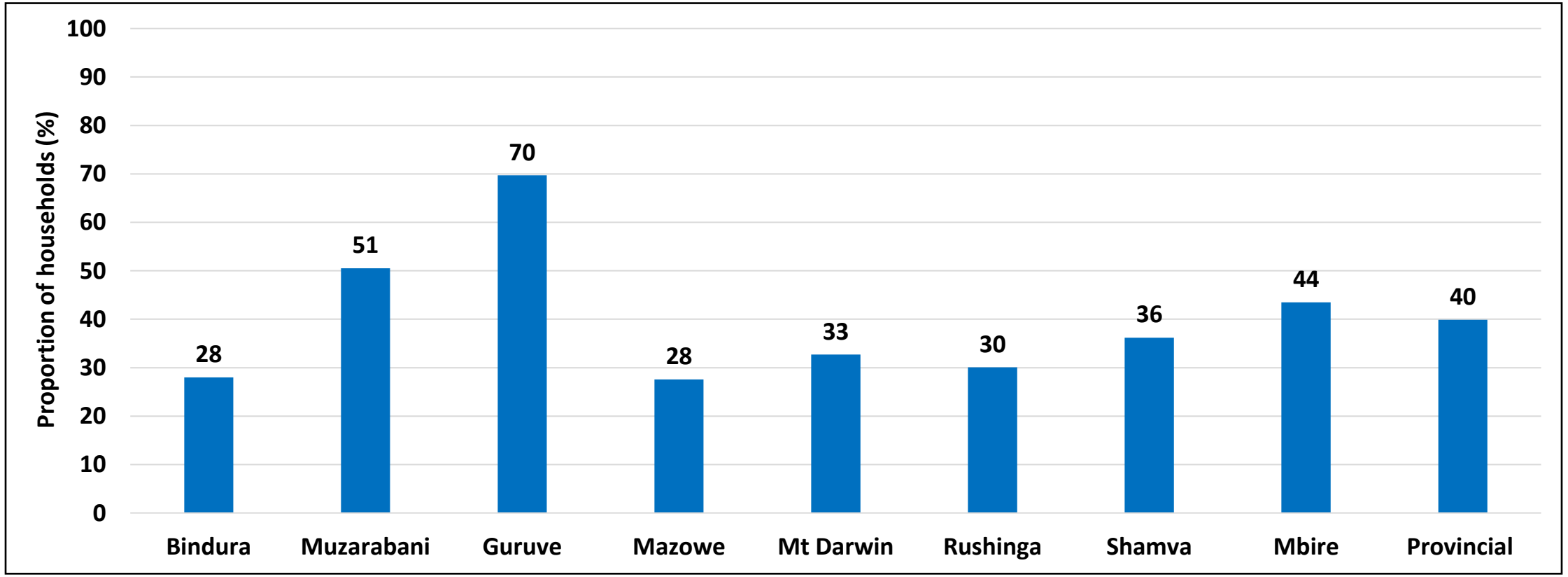
Access to Infrastructure

Households with Access to Police Services Within One Hour



- Approximately 54% of rural households across the province had access to police services within one hour
- Guruve district had the least proportion of households (20%) who had access to police services within one hour which should be a cause for concern.
- Districts which had the highest access were Muzarabani and Mbire (74%).

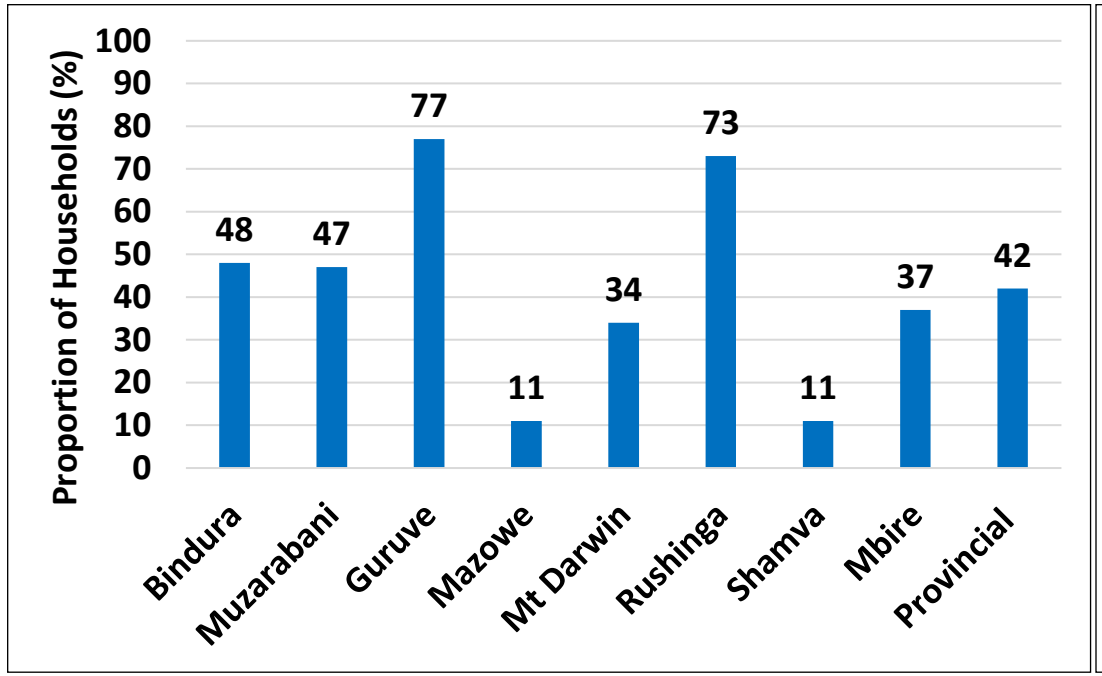
Households with Access to Victim Friendly Unit



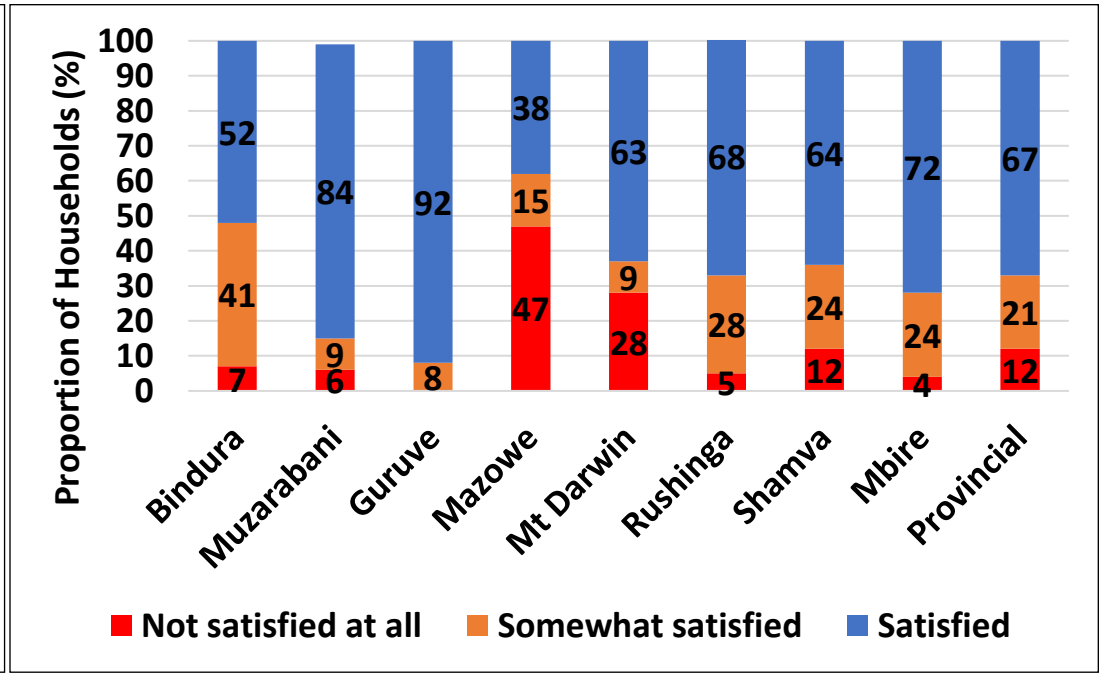
- Only 40% of the households in the province had access to victim friendly unit (VFU) which shows a significantly huge gap in this service that requires attention.
- Guruve (70%) had the highest proportion of households who had access to VFU while Bindura and Mazowe (28%) had the least.

Access and Satisfaction with Physical and Sexual Violence Services

Access to Physical and Sexual Violence Services

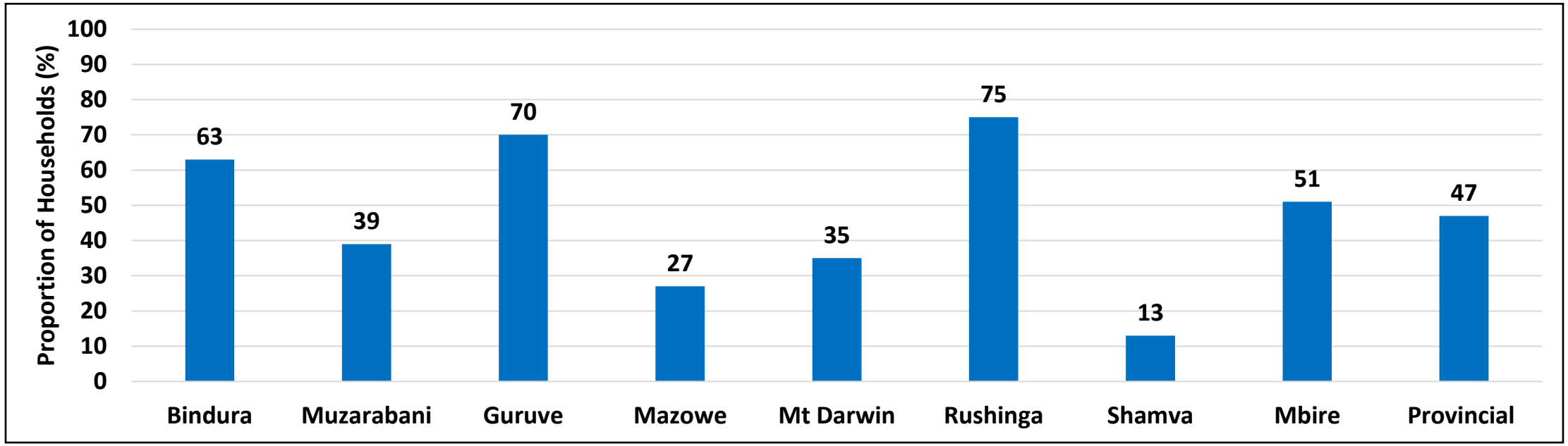


Satisfaction with Service



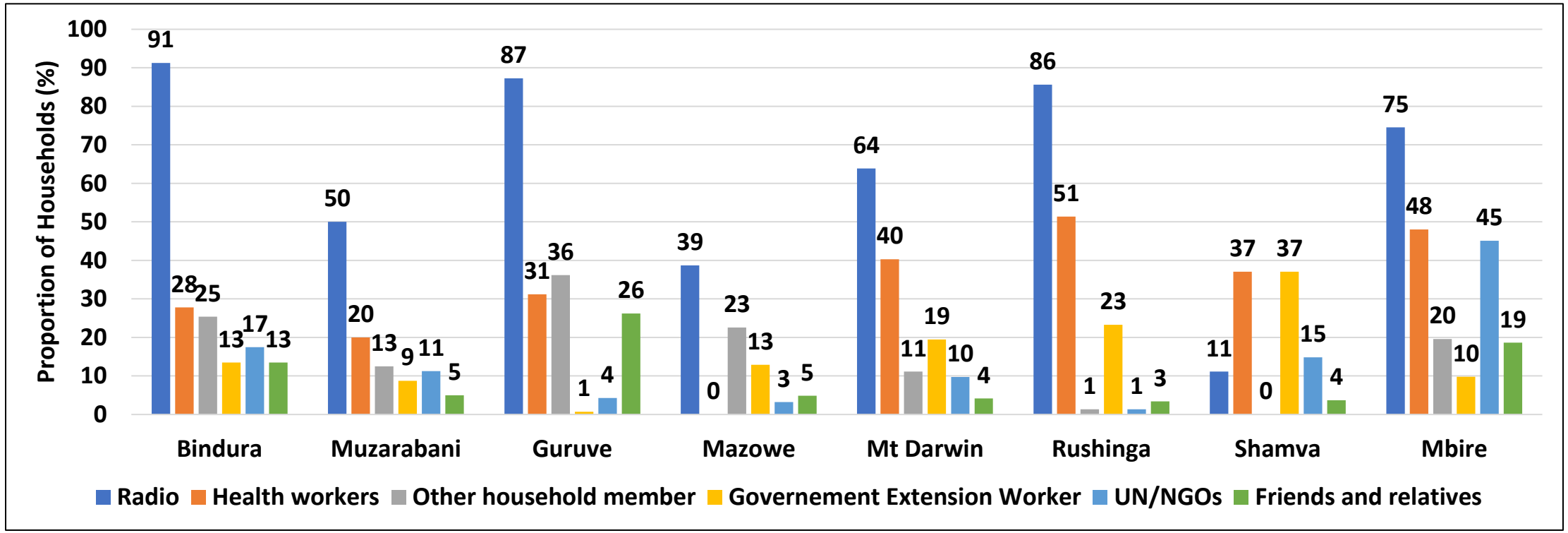
- Out of the 42% households who had access to physical and sexual violence services , 67% said they were satisfied with the service .
- Guruve recorded the highest proportion of households which access to physical and sexual violence services (77%) and satisfaction with the services provided to them (92%).
- Mazowe (47%) had a significantly high proportion of households which were not satisfied with services provided.

Households with Access to Information on Services for Physical and Sexual violence



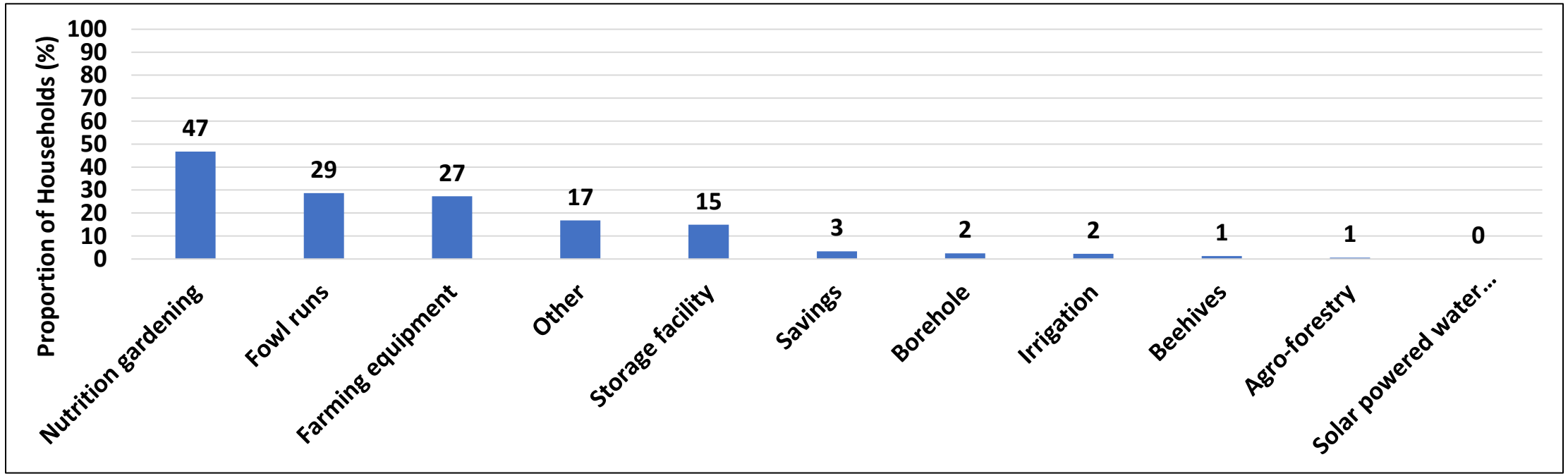
- Only 47% of the households in the province had access to services for physical and sexual violence which shows a significantly high gap in this service that requires attention.
- Rushinga recorded the highest proportion of households (75%) who had access to such services whilst Shamva had the least proportion of households (13%).

Major Sources of Information on Gender Based Violence



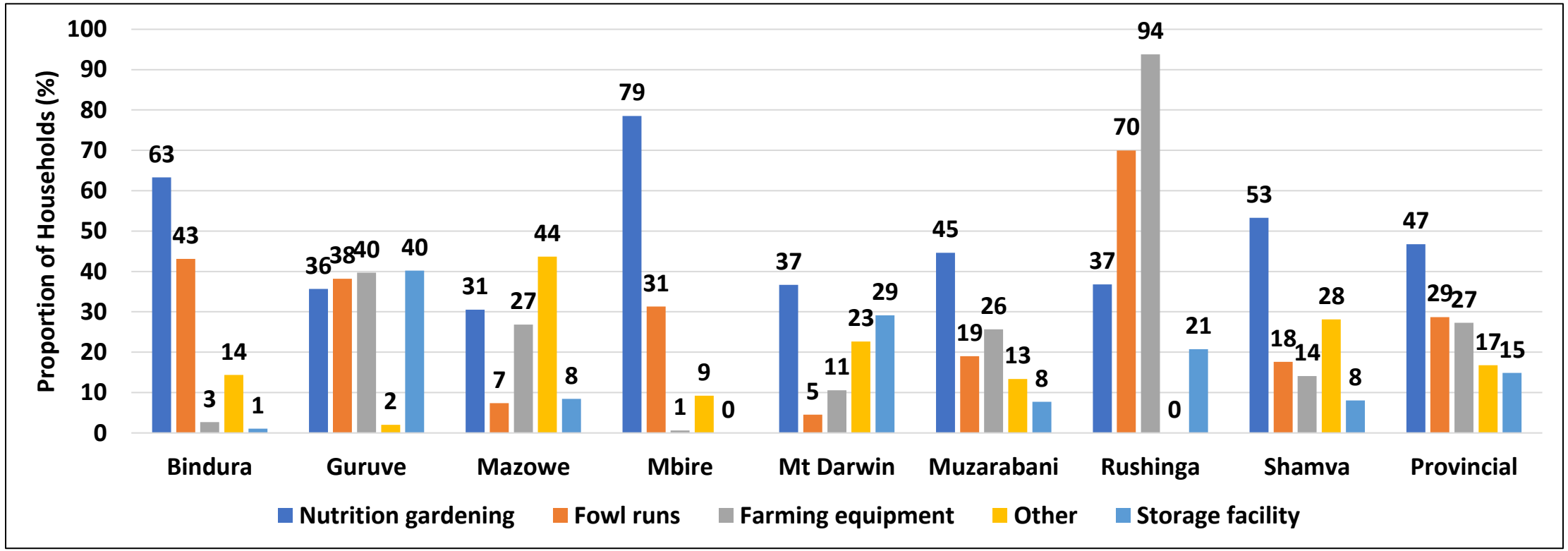
- The major source of information on gender based violence for most of the districts in the province was radio, however for Shamva district the major source was mainly through health workers.

Infrastructure that Supports Food and Nutrition Security



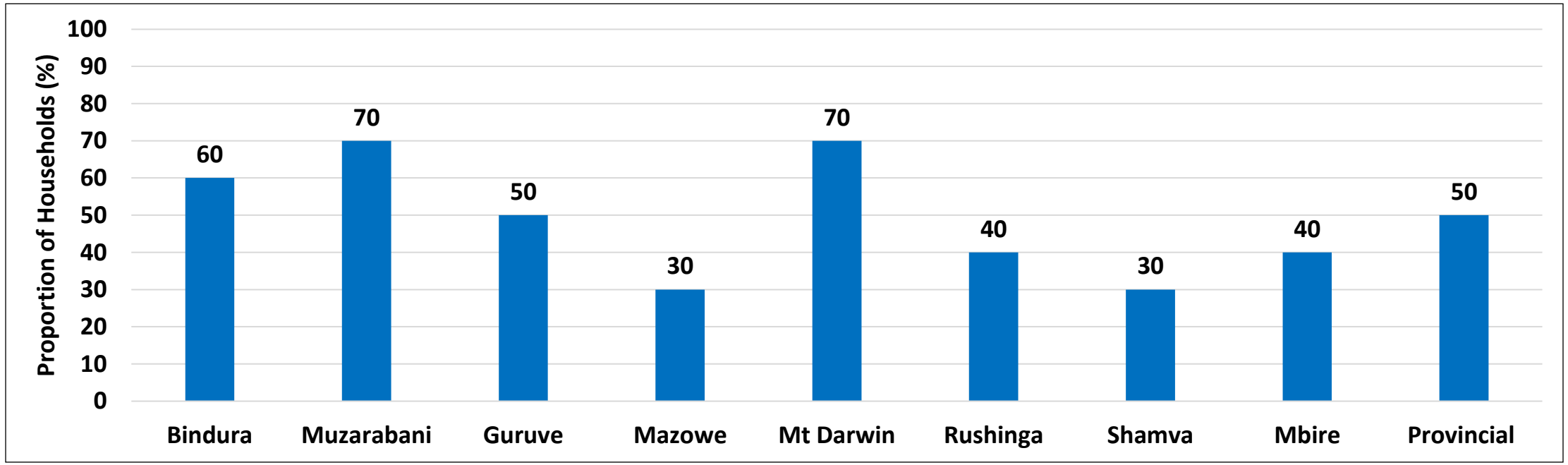
- The major infrastructure that supported food and nutrition security in the province were nutrition gardening (47%) , fowl runs (29%) and farming equipment (27%).
- Resilience building interventions need to target development of these infrastructures.

Major Infrastructure that Supports Food and Nutrition Security



- The major infrastructure that supported food and nutrition security in the province were nutrition gardening (47%) , fowl runs (29%) and farming equipment (27%).
- Resilience building interventions need to target development of these infrastructures.

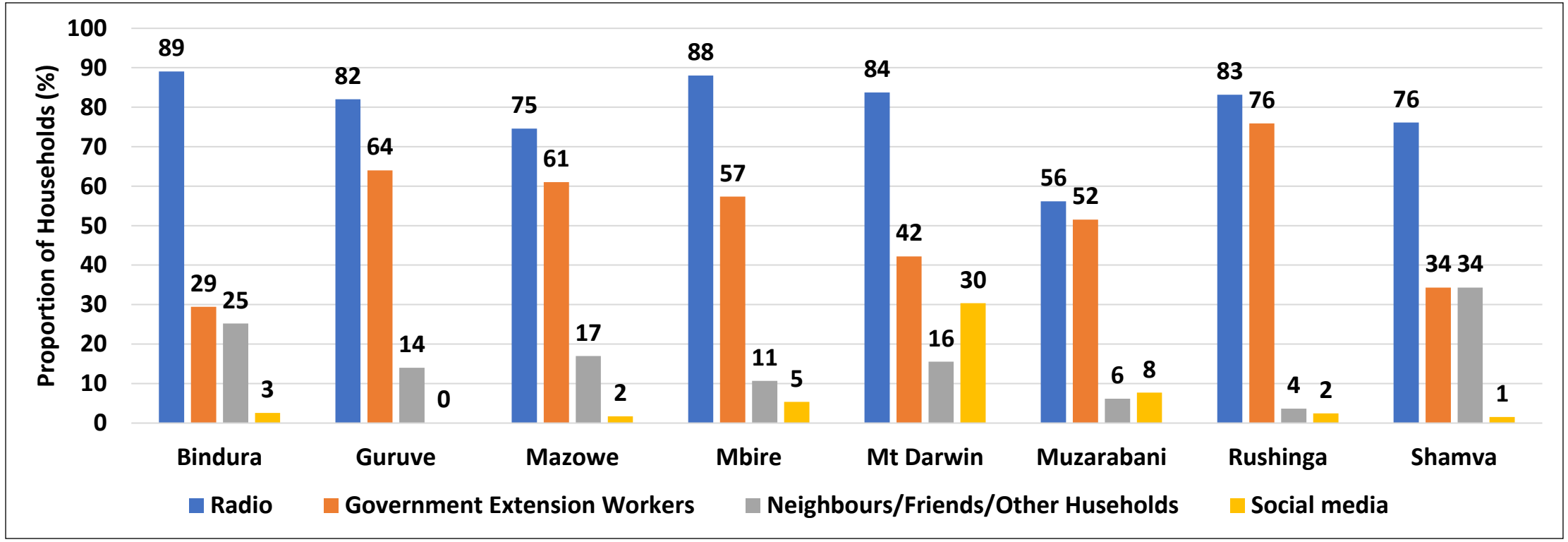
Households that Received Early Warning Information on Climate and Weather



- Access to early warning information on climate and weather was at 50% in the province .

- Muzarabani and Mt Darwin recorded the highest proportion of households (70%) that had access to information on climate and weather.
- Low access recorded in Mazowe (30%), Rushinga (40%), Shamva (30%) and Mbire (40%) is a cause for concern.

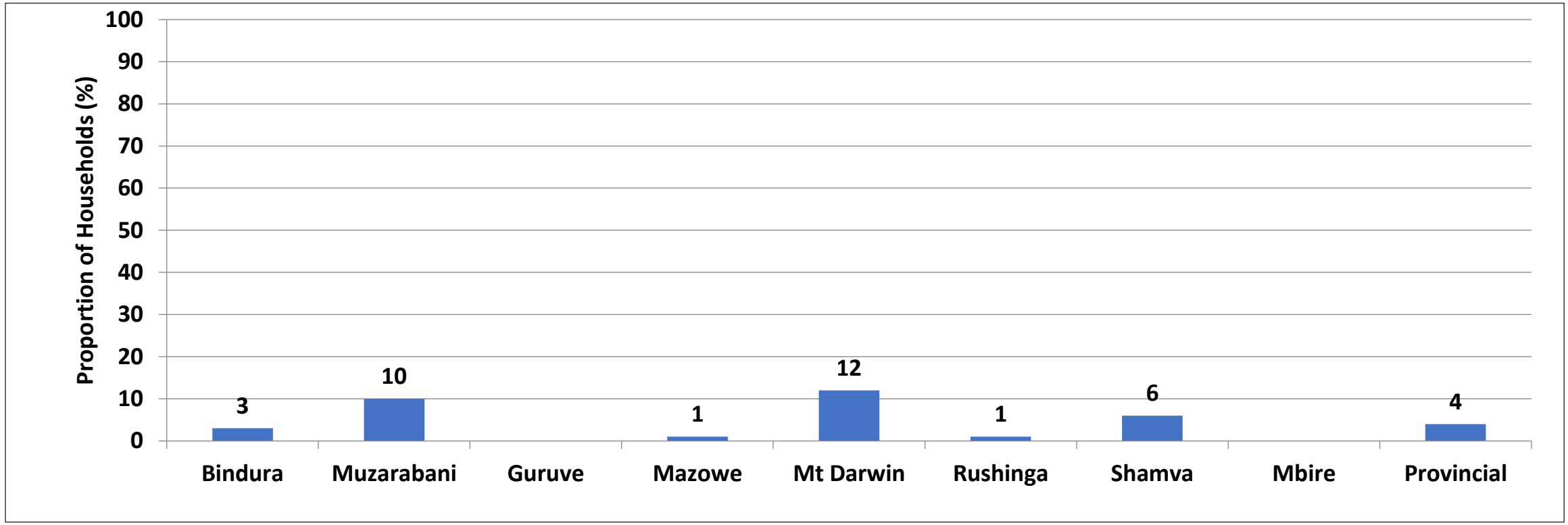
Major Sources of Early Warning Information on Climate and Weather



- The major sources of information on climate and weather across all districts were radio and government extension workers.

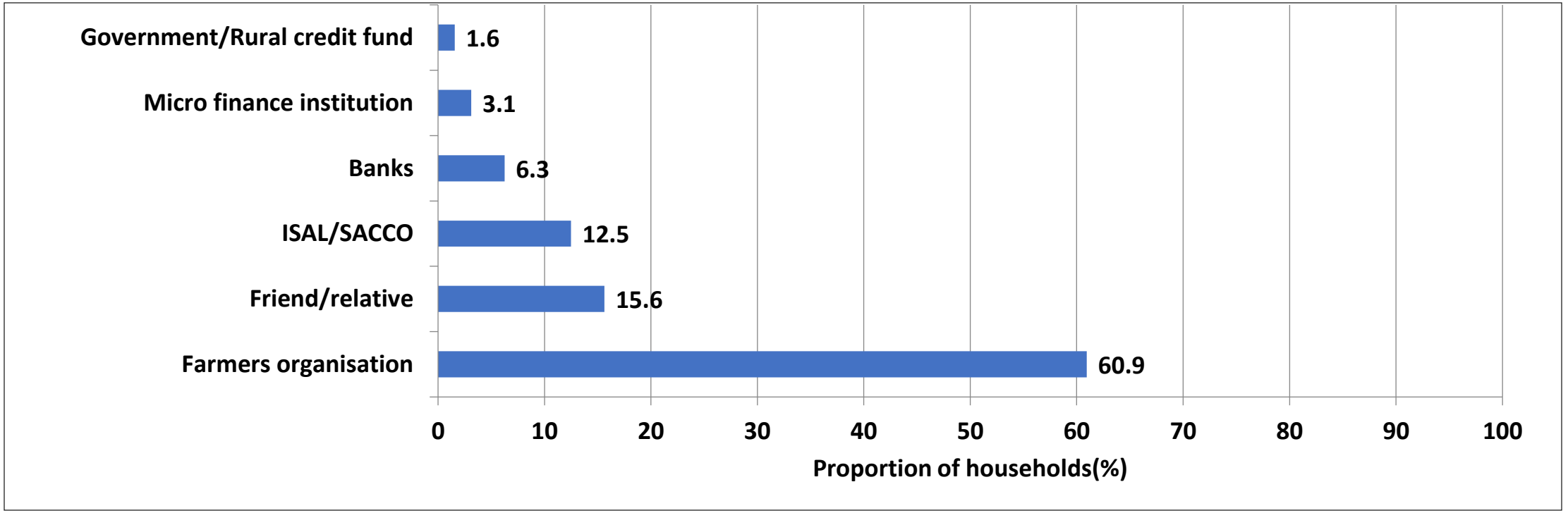
ISALS and Loans

Households that Received Loans



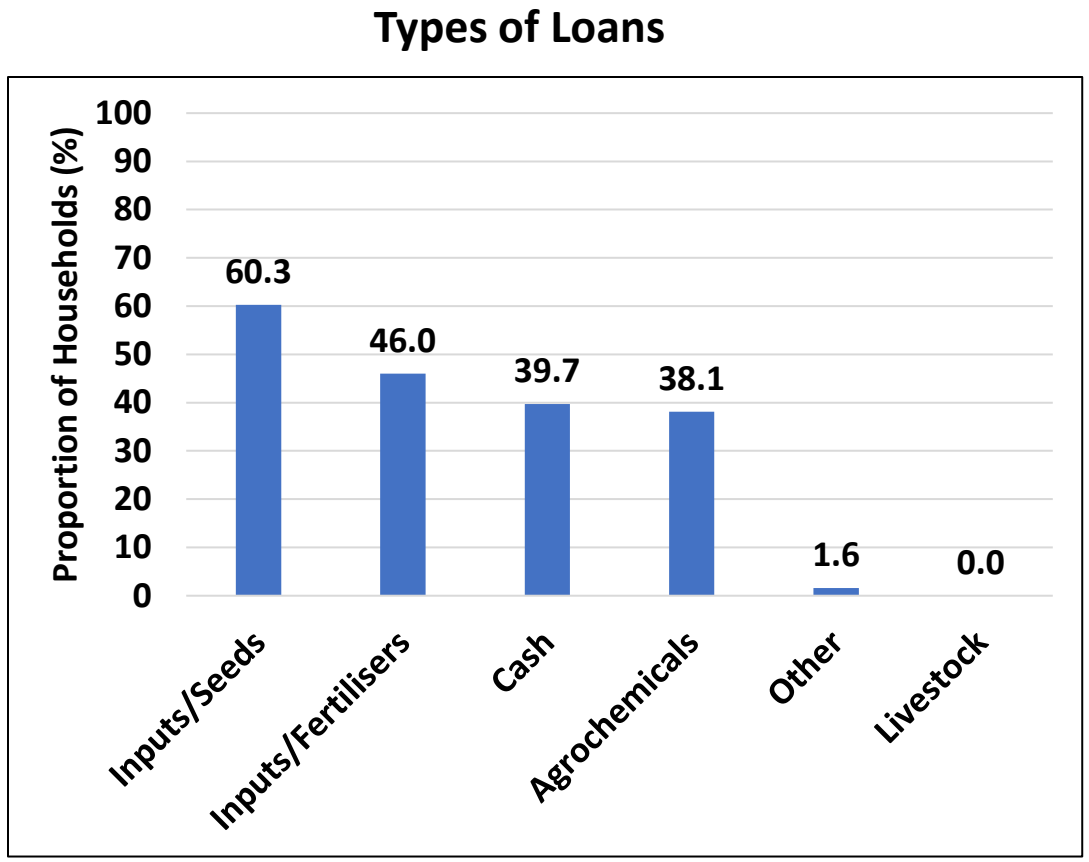
- Mt Darwin (12%) reported the highest number of households with a member that received a loan in the past 12 months (May 2019 to April 2020).
- Guruve and Mbire had no households members that received any form of loan.

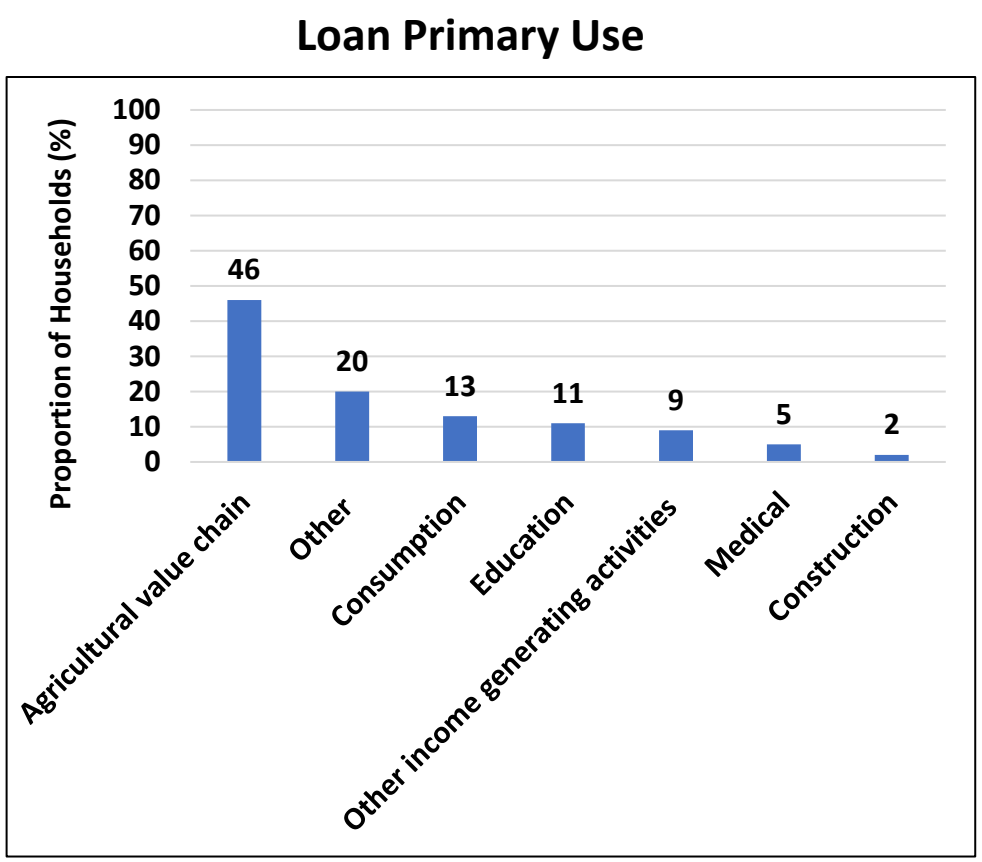
Sources of Loans



- Of the 4% of households that received loans, the main source was from Farmer organisation (60.9%).

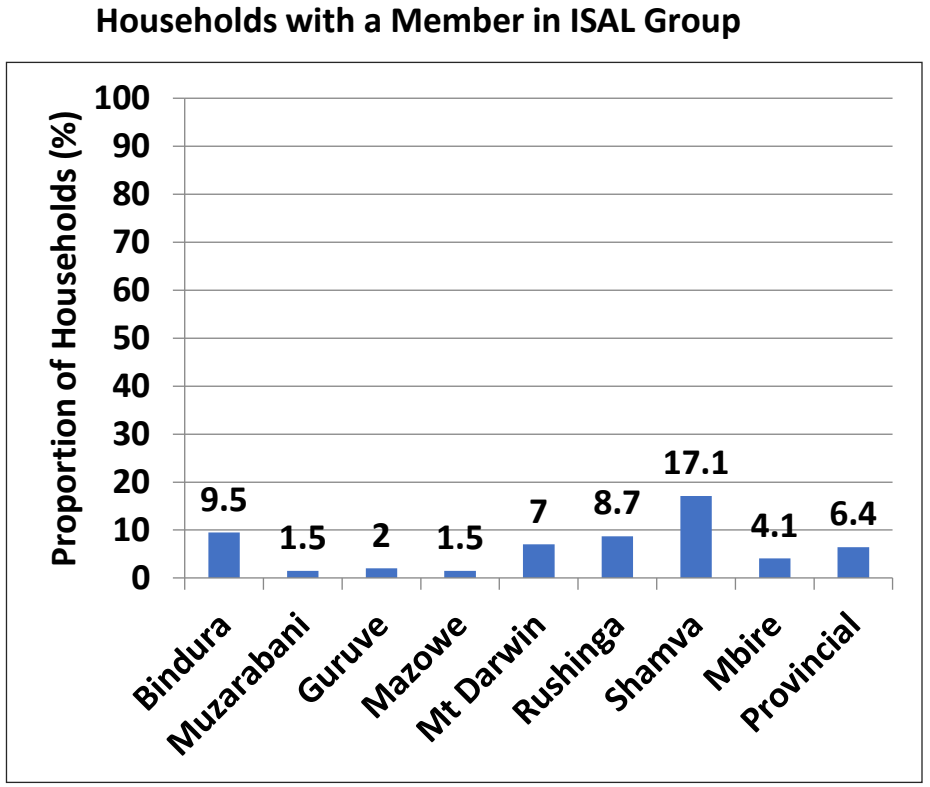
Types of Loans and Primary Use

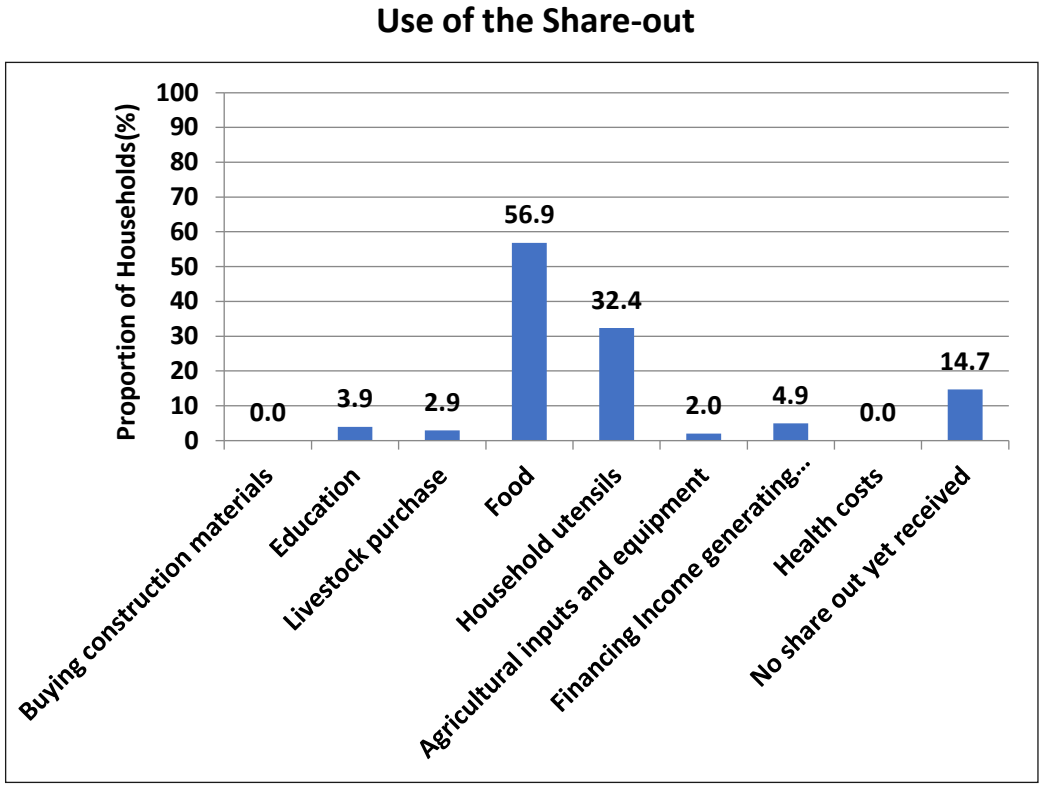




- Of the households that received loans, 60.3% received them in the form of inputs. About 39.7% accessed them as cash disbursements.
- About 46% of households used the loans for agricultural purposes whilst 13% used them for consumption.

Households with a Member in an ISAL Group and Use of the Share-out





- In Mashonaland Central the proportion of households with a member in an ISAL group was 6,4%
- About 57% of the Households used their share out to by food. This is evidence that households' ability to purchase food continues to deteriorate as households are using their share out to buy food rather than investing somewhere productive.

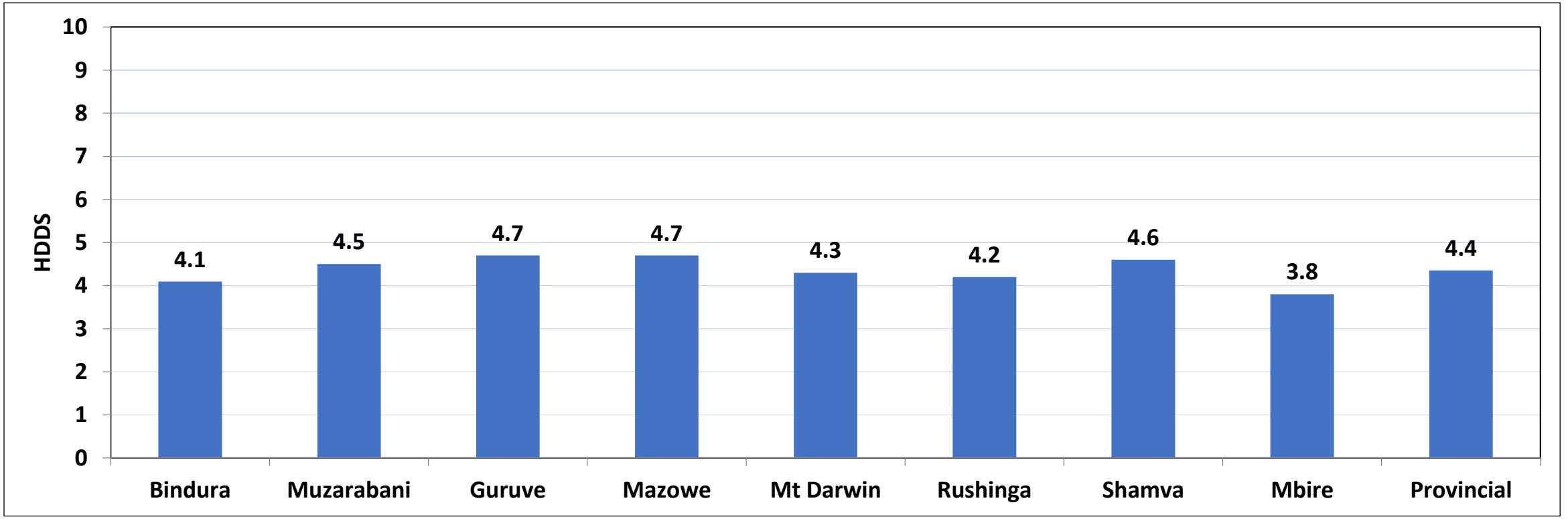
Food Consumption Patterns

Household Dietary Diversity Scores (HDDS)

- Household Dietary Diversity Score (HDDS) is used as a proxy measure of food access and the socio-economic status of the household.
- HDDS shows the number of food groups consumed by households.

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

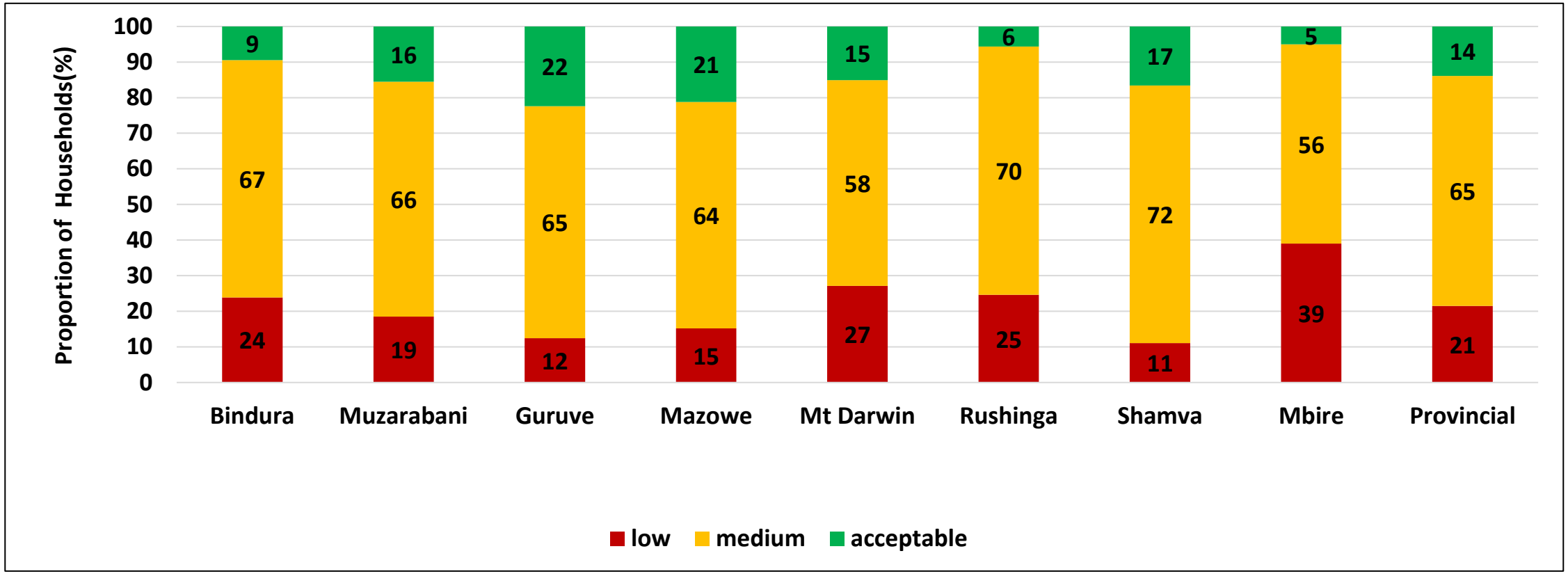
Household Dietary Diversity Score (HDDS)



•The highest dietary diversity score was approximately 5 food groups out of the possible 12 and this was in Guruve, Mazowe, Muzarabani and Shamva.

•The lowest dietary diversity score was in Mbire with a mean score of 3.8

Household Dietary Diversity Categories



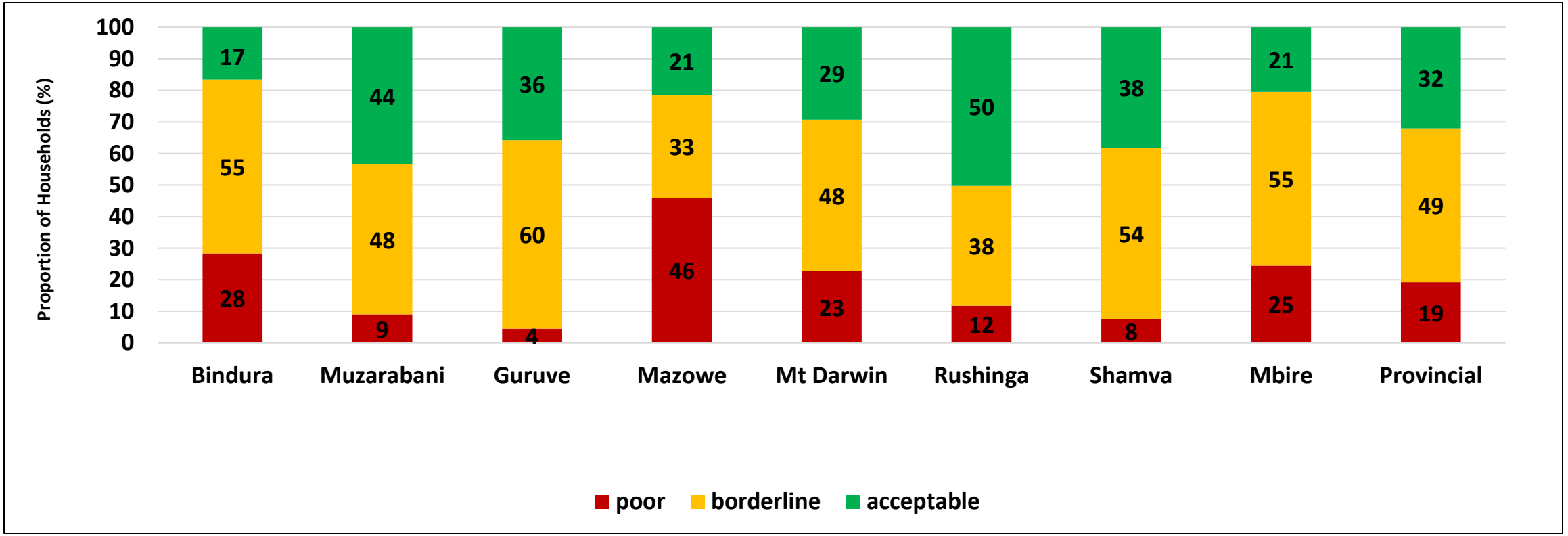
- Mashonaland Central had a 14% proportion of households with acceptable dietary diversity.
- Mbire had the lowest proportion of households with acceptable household dietary diversity at 5%

Food Consumption Scores

- The Food Consumption Score is a measure of dietary diversity, food frequency and the relative nutritional importance of the food consumed.
- The FCS is used to classify households into three groups: poor, borderline or acceptable food consumption,
- The households with acceptable food consumption are considered food secure, while those with borderline or poor food consumption are considered moderately or severely food insecure respectively.

Score	Food Consumption Score group
0-21	Poor
21.5-35	Borderline
>35	Acceptable

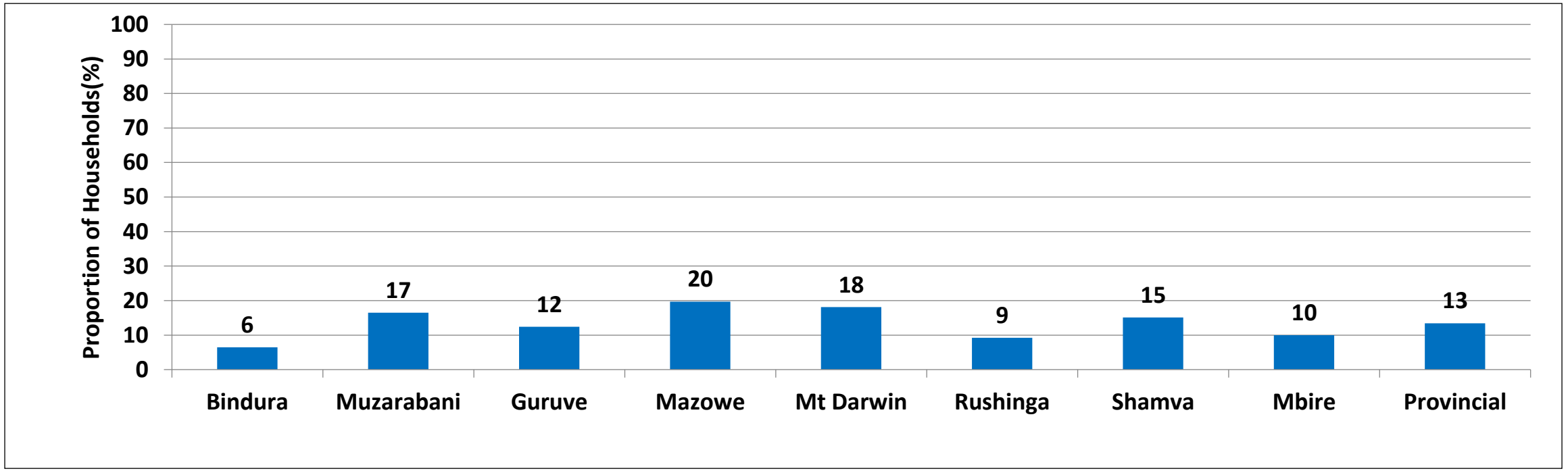
Food Consumption Score



•The province had a proportion of 32% households consuming acceptable diets.

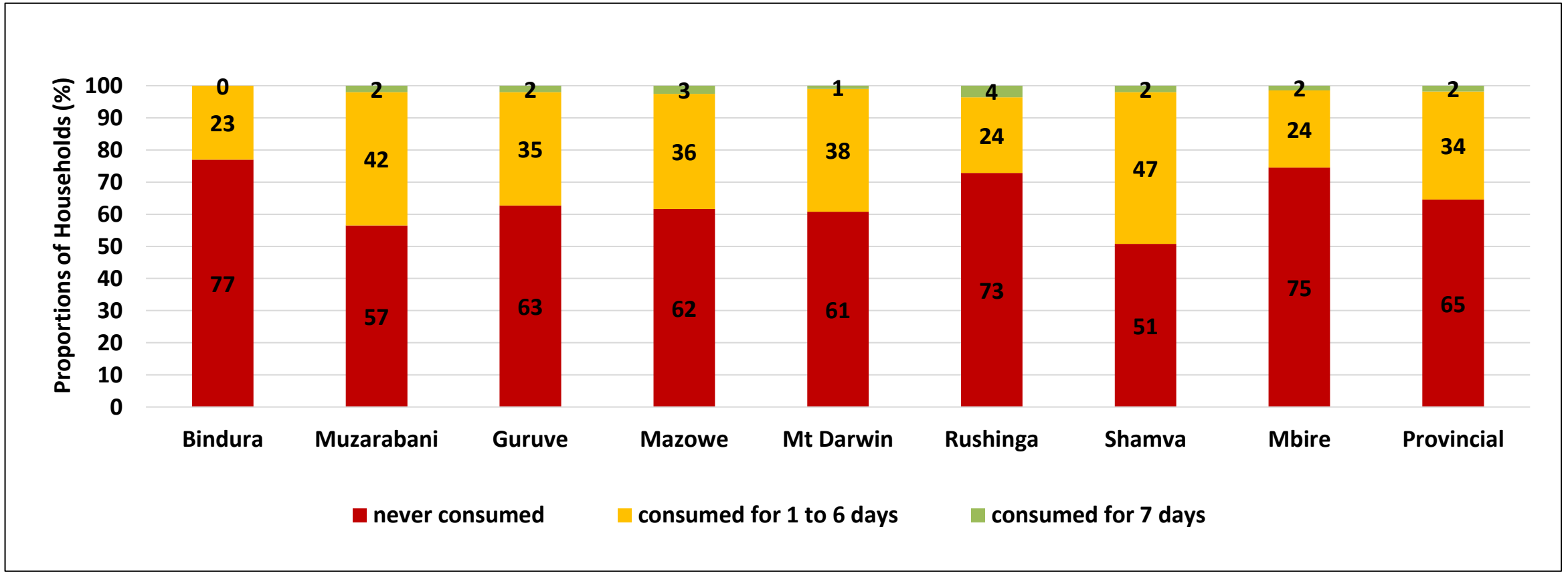
•Mazowe had the highest proportion of households consuming poor diets at 46% and Guruve had the lowest at 4%.

Consumption of Iron Rich Foods: Previous Day Consumption



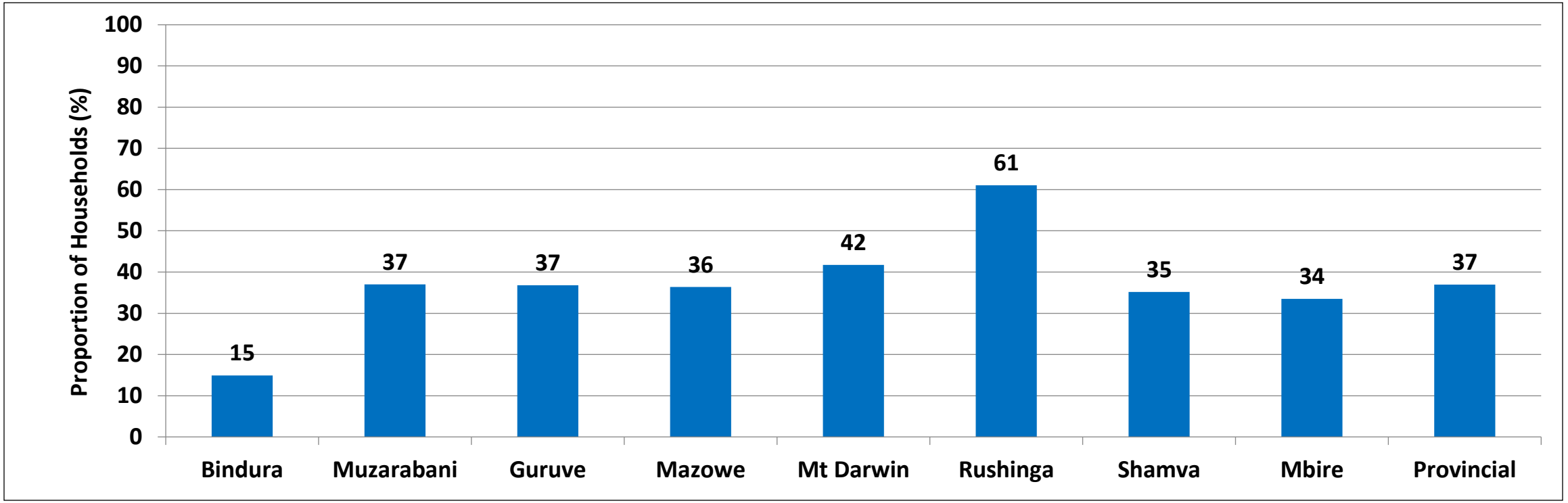
- The proportion of households which consumed iron rich foods in 24 hours prior to the day of survey was 13% for the province.
- Bindura had the least proportion of households which consumed iron rich foods the previous day preceding the survey at 6%.

Consumption of Iron Rich Foods: 7 Day Consumption



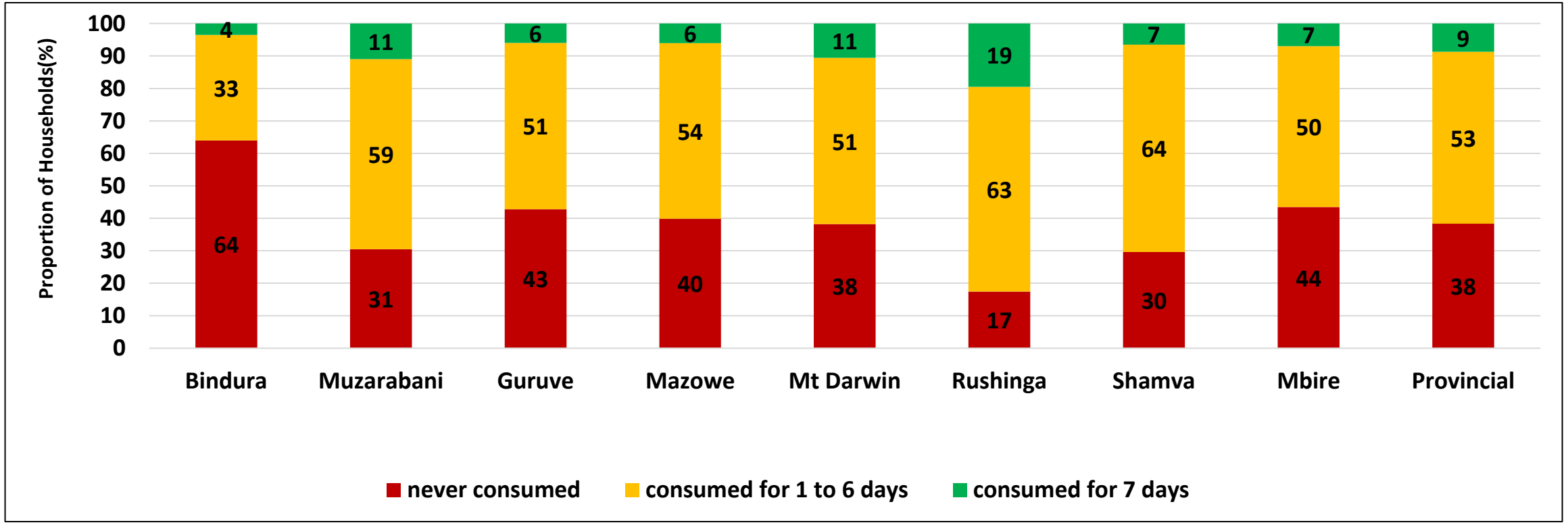
- About 65% of the households did not consume iron rich foods for in the 7 days prior to the survey.
- Bindura had the highest proportion of 77% of households which did not consume iron rich foods in the 7 days prior to the survey.

Consumption of Protein-Rich Foods: Previous Day Consumption



- The proportion of households which consumed protein rich foods in 24 hours prior to the day of survey was 37% for the province.
- Bindura had the least proportion of households which consumed iron rich foods in 24 hours preceding the survey at 15%.

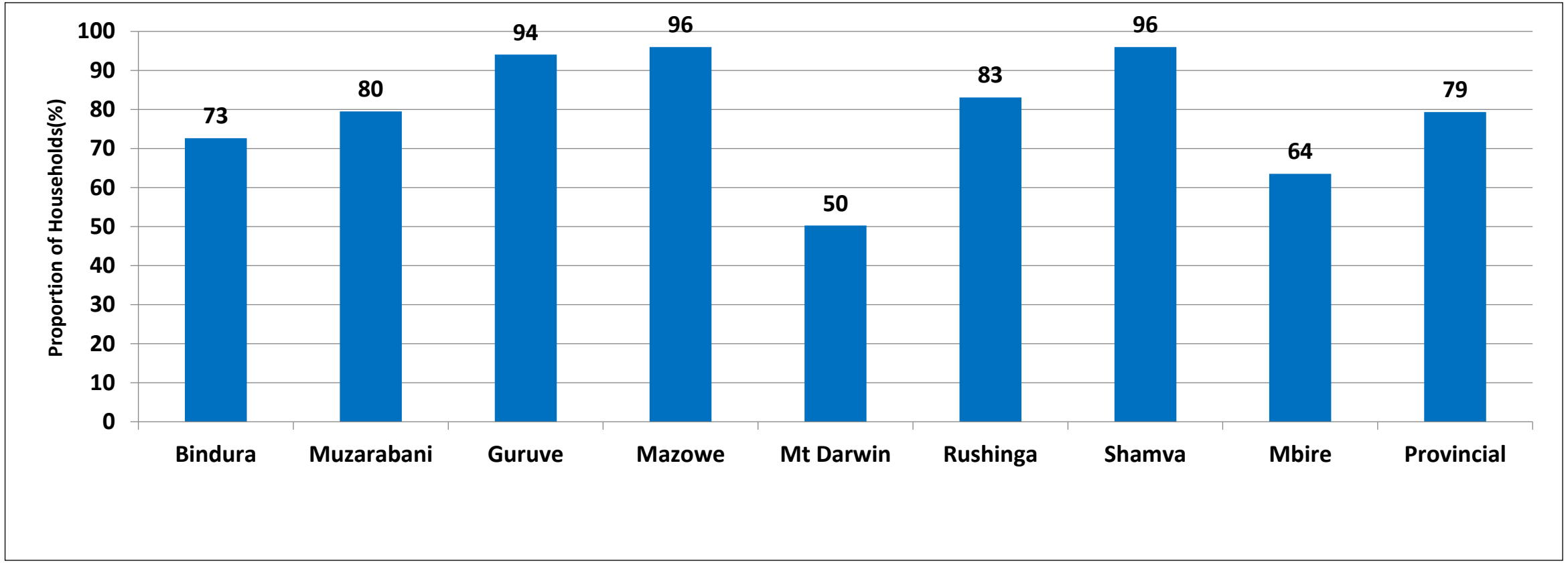
Consumption of Protein-Rich Foods: 7 day Consumption



•The proportion of households not consuming protein in the past 7 days prior to the day of the assessment was at 38%.

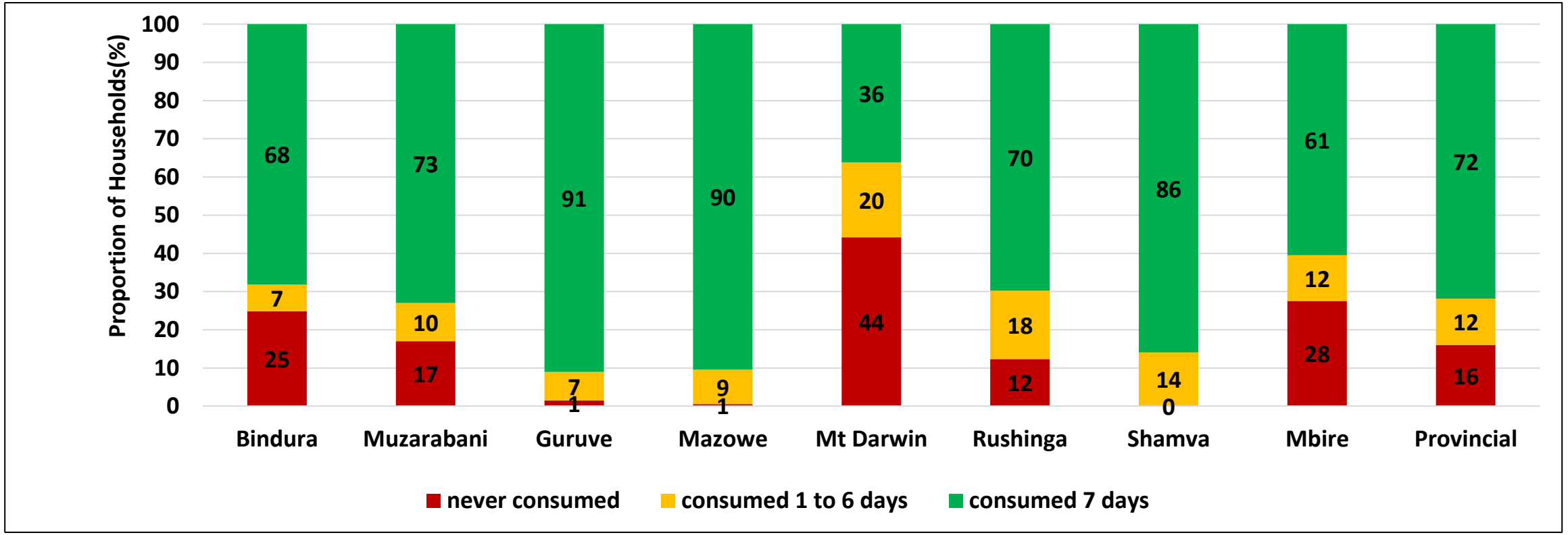
•The proportion of households not consuming protein in the past 7 days prior to the day of assessment was highest in Bindura at 64% while the lowest was in Rushinga.

Consuming Vitamin A- Rich Foods: Previous Day Consumption



•All districts had proportions of households above 50% reporting having consumed vitamin A rich foods the previous day preceding the survey. The districts with the highest proportion were Mazowe and Shamva at 96%.The lowest proportion was in Mt Darwin at 50% .

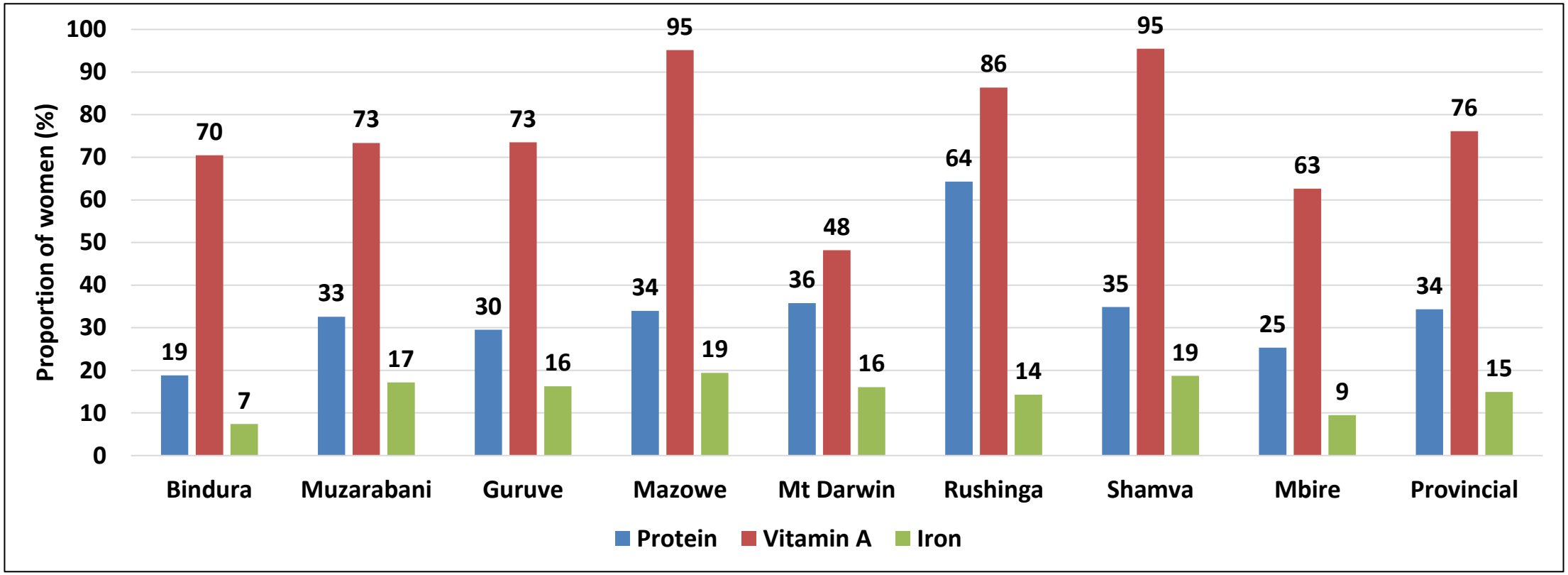
Consumption of Vitamin A Rich Foods: 7 Day Consumption



•Vitamin A consumption for 7 days in the past 7 days preceding the survey was highest in Mazowe at 90%.

•Lowest proportion of household members consuming vitamin A for 7 days in the past 7 days preceding the survey was in Mt Darwin at 36%

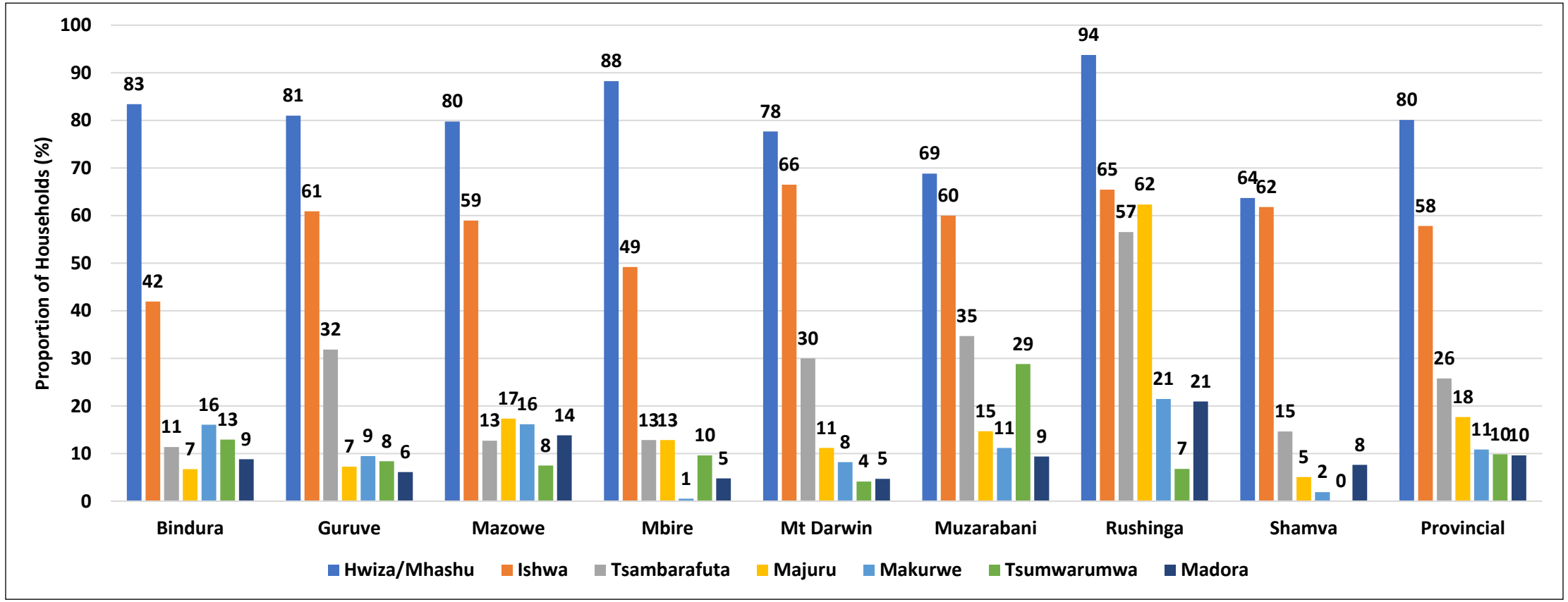
Consumption of Protein, Iron and Vitamin A Rich Foods by Women



- The provincial proportion of women of child bearing age consuming protein, Vitamin A and iron rich foods was 34%, 76% and 15% respectively.
- Iron rich foods were consumed by few women across all districts and this is a cause of concern as the age group is already at risk of iron deficiency due to monthly blood losses and during pregnancy and lactation..
- Bindura had the lowest proportion of women consuming protein and iron-rich foods, at 19% and 7% respectively.

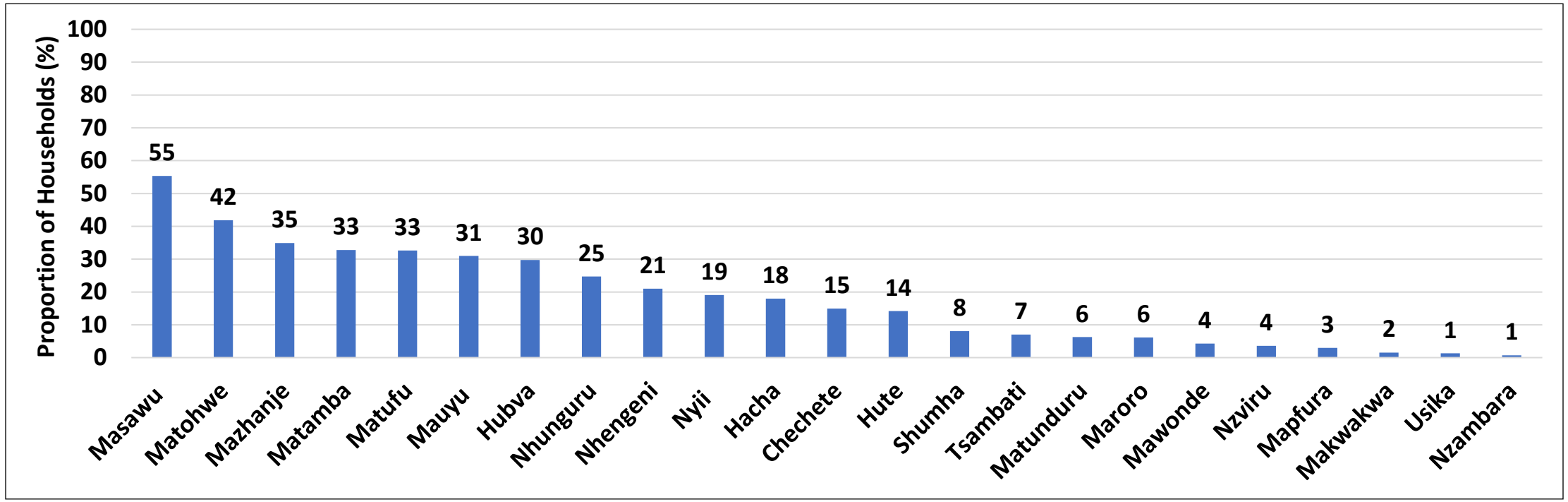
Consumption of Non-Timber Forest Food Products

Top 7 Widely Consumed Indigenous Insects by District



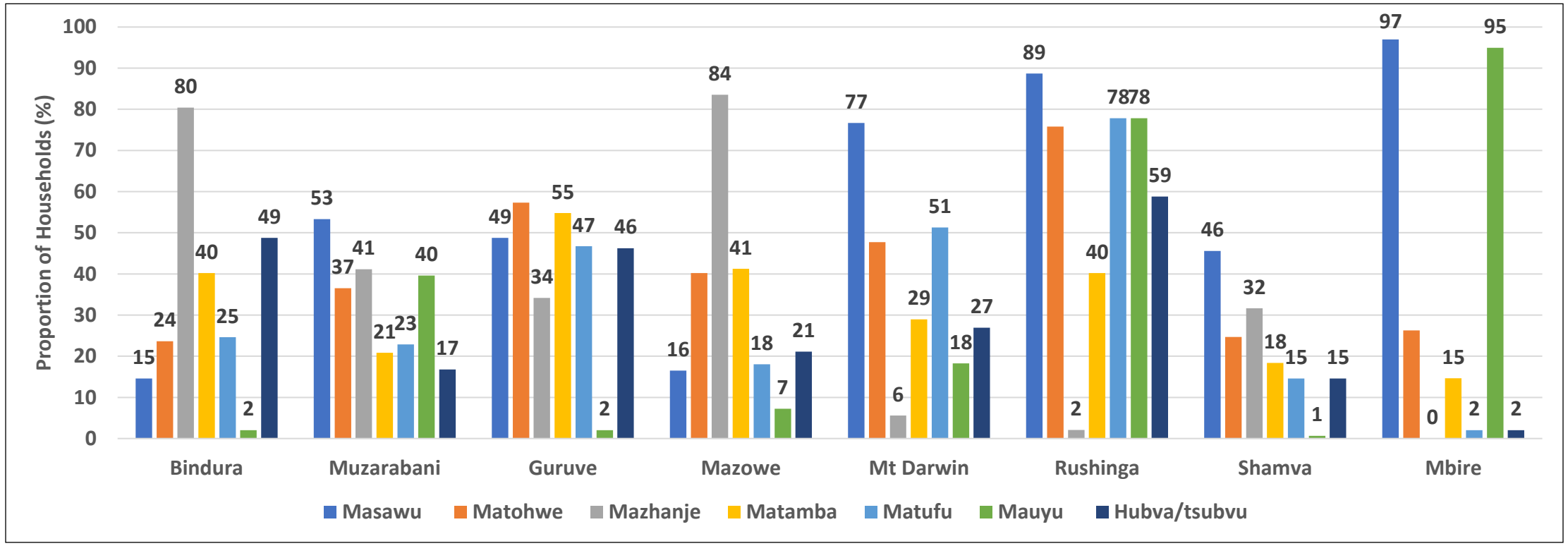
- The widely consumed insects by most households in the province were *hwiza* (80%), *ishwa* (58%) and *tsambarafuta* (26%).
- The least consumed insects included *tsumwarumwa* and *madora* at 10%.

Indigenous Fruits Consumed in the Province



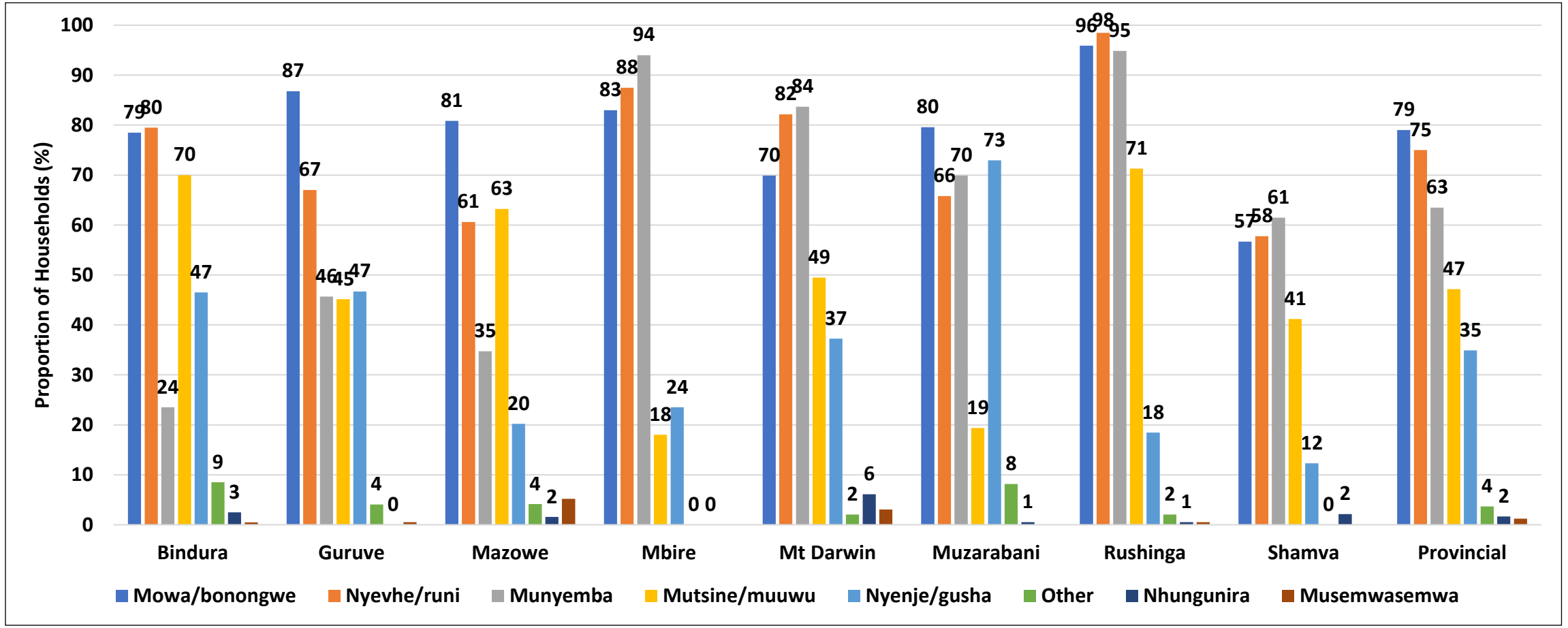
- The commonly consumed indigenous fruits were *masawu* (55%), *matohwe* (42%), *mazhanje* (35%), *matamba* (33%) and *matufu* (33%).
- The least consumed indigenous fruits were *mawonde, nzviru* at 4%, *mapfura* (3%), *makwakwa* (2%), *usika* and *nzambara* at 1%.

Top 7 Widely Consumed Indigenous Fruits By District



- A greater proportion of households in Mbire (97%), Rushinga (89%) and Mt Darwin (77%) consumed *masawu* whilst *mazhanje* were predominantly consumed in Bindura (80%) and Mazowe (84%).
- *Mauyu* were mostly consumed in Mbire (95%), Rushinga (78%) and Muzarabani (40%).

Top 8 Widely Consumed Vegetables by District



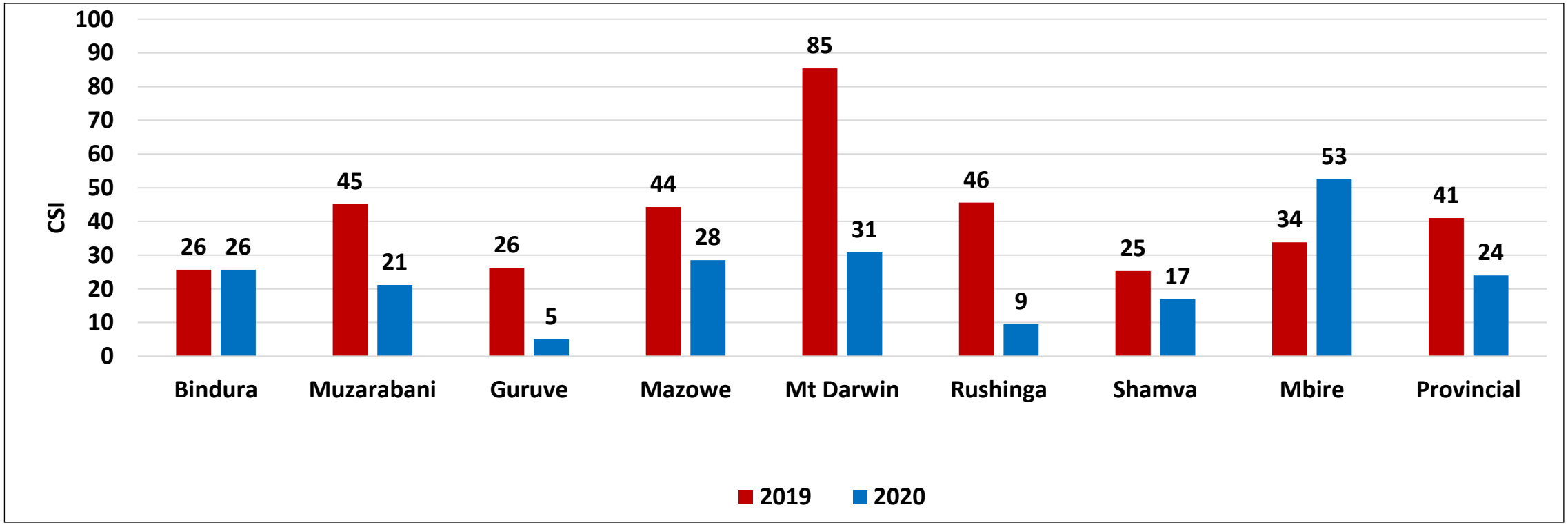
- The commonly consumed indigenous vegetables in the province were *mowa* (79%), *nyevhe* (75%), *munyemba* (63%), *mutsine* (47%) and *nyenje/gusha* (35%).

Household Coping Strategies

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



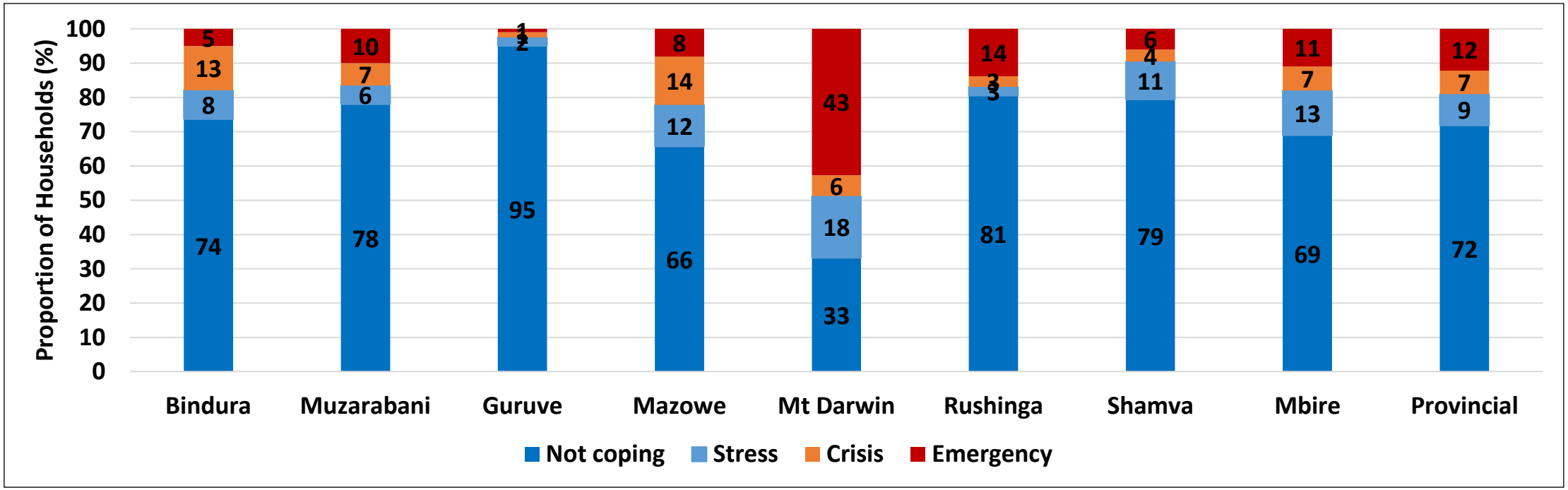
- Mbire district had the highest and increasing CSI of 53, implying that more severe coping strategies are employed by people as food access is reduced.
- Guruve had the least CSI of 5 and households are not adopting much coping strategies in response to shocks experienced.

Household Livelihood-based 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.
- 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 description of activities
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.

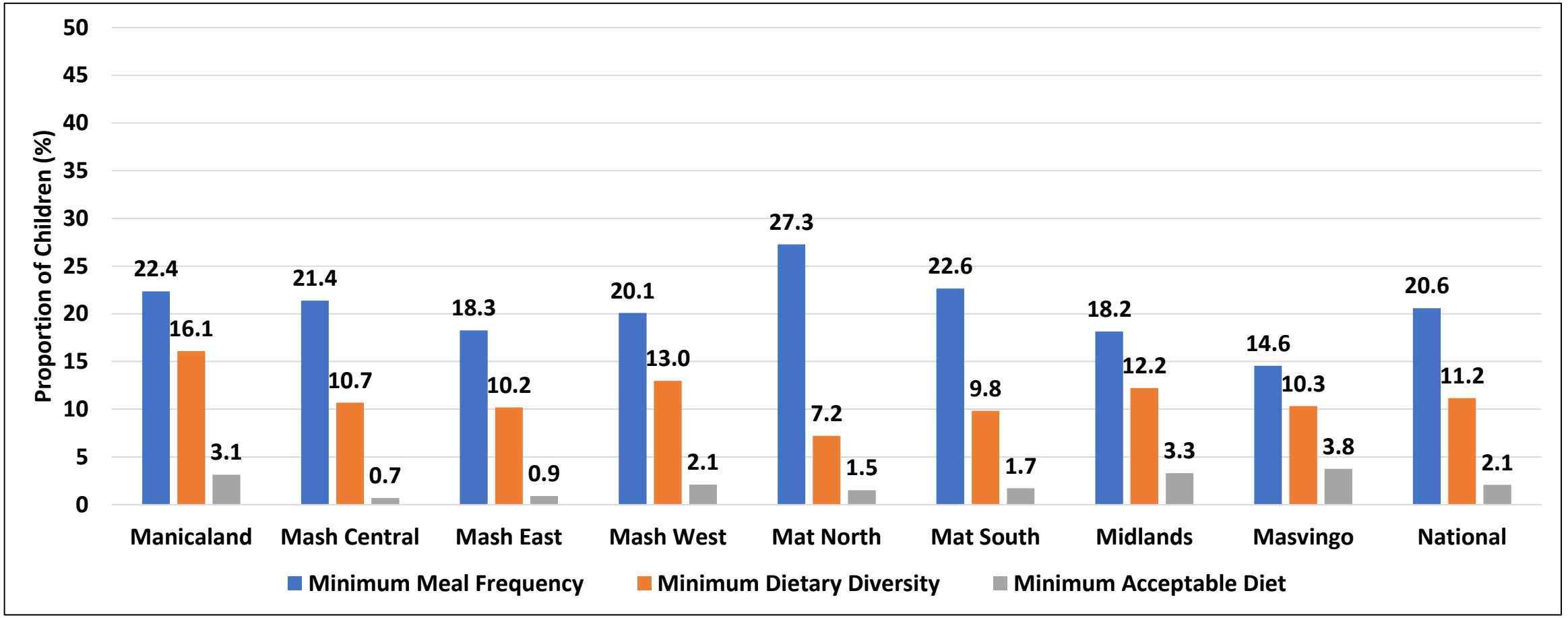
Livelihood Coping Strategies



- The province had 72% of the households not employing any coping strategy, lower than the national average of 69%.
- Guruve District (95%) had the highest proportion of households not employing any coping strategies.
- Mt Darwin district had the highest proportion of households engaging in emergency livelihoods coping strategies (43%), higher than both the province and the national average.

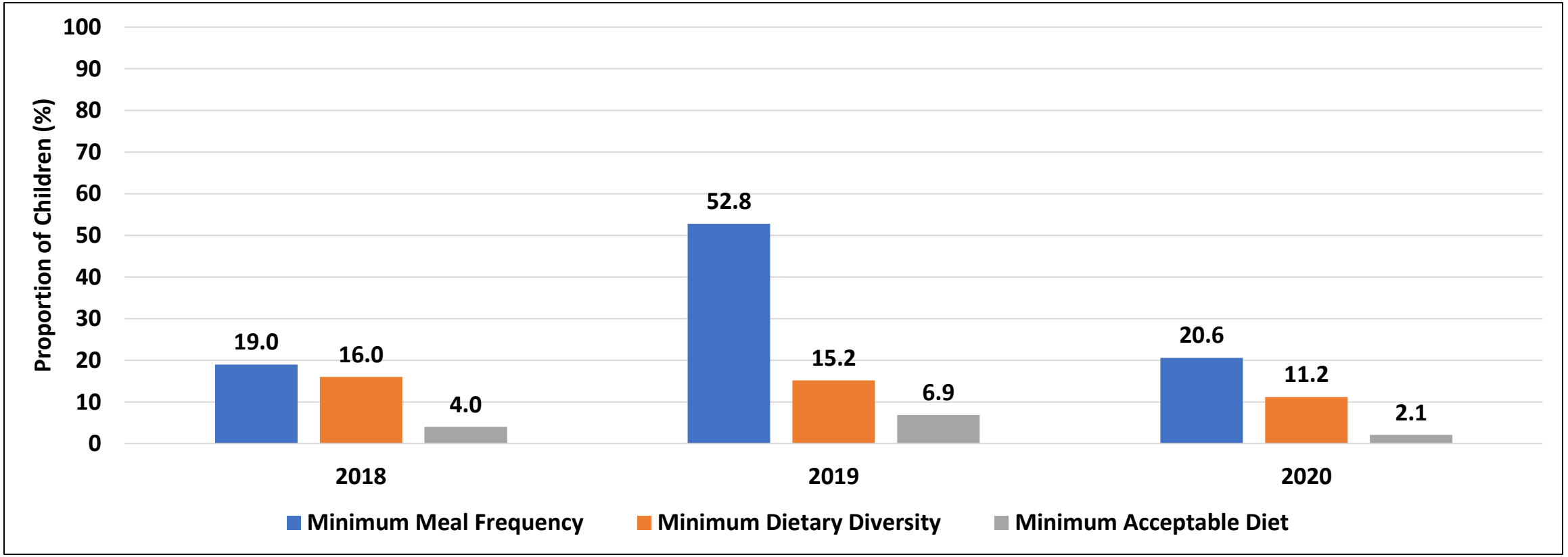
Complementary Feeding Practices

Complementary Feeding Practices



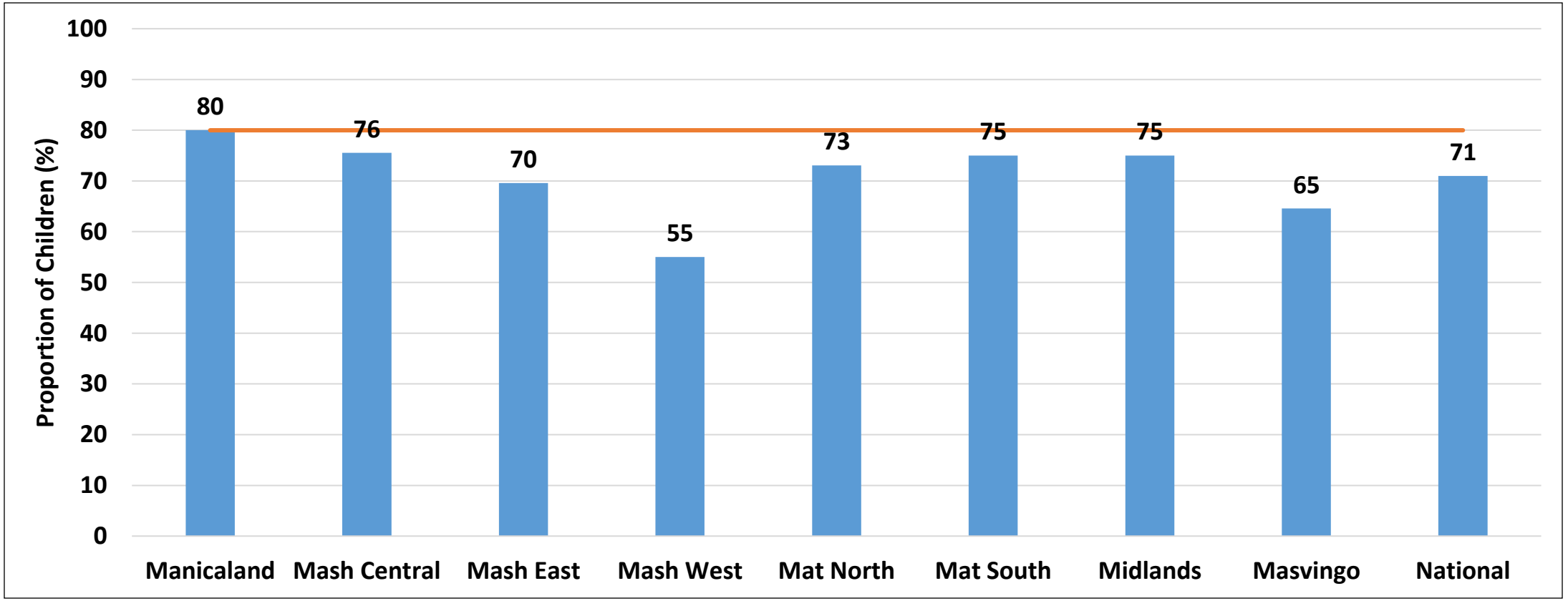
- Mashonaland Central had the lowest proportion of children 6-23months of age consuming minimum acceptable diets at 0.7% .
- One in 5 children aged 6-23 months were getting the recommended number of meals per day in Mashonaland Central.

Complementary Feeding Practices Trends: 2018 - 2020



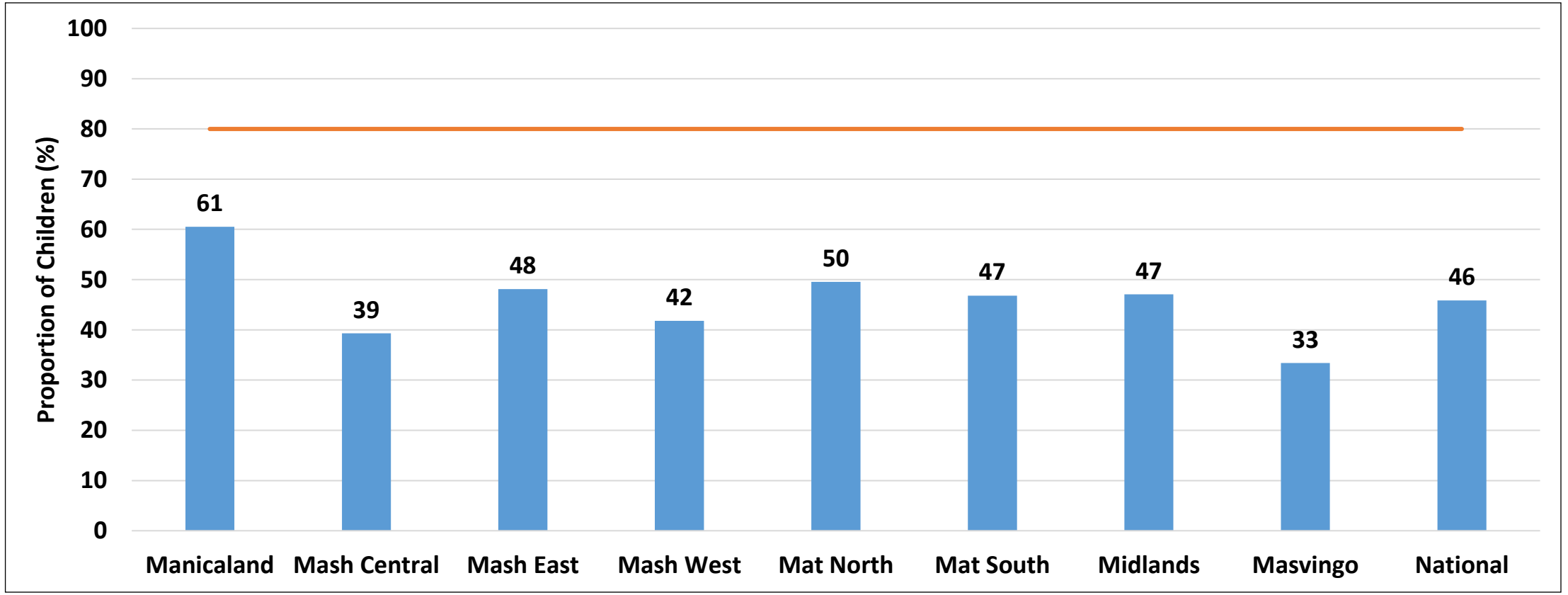
- Generally Minimum Meal Frequency and Minimum Acceptable Diet were at their highest in 2019 compared to 2018 and 2020 with the proportion at 52.8% and 6.9% respectively.

Vitamin A Supplementation for Children 6-11 months



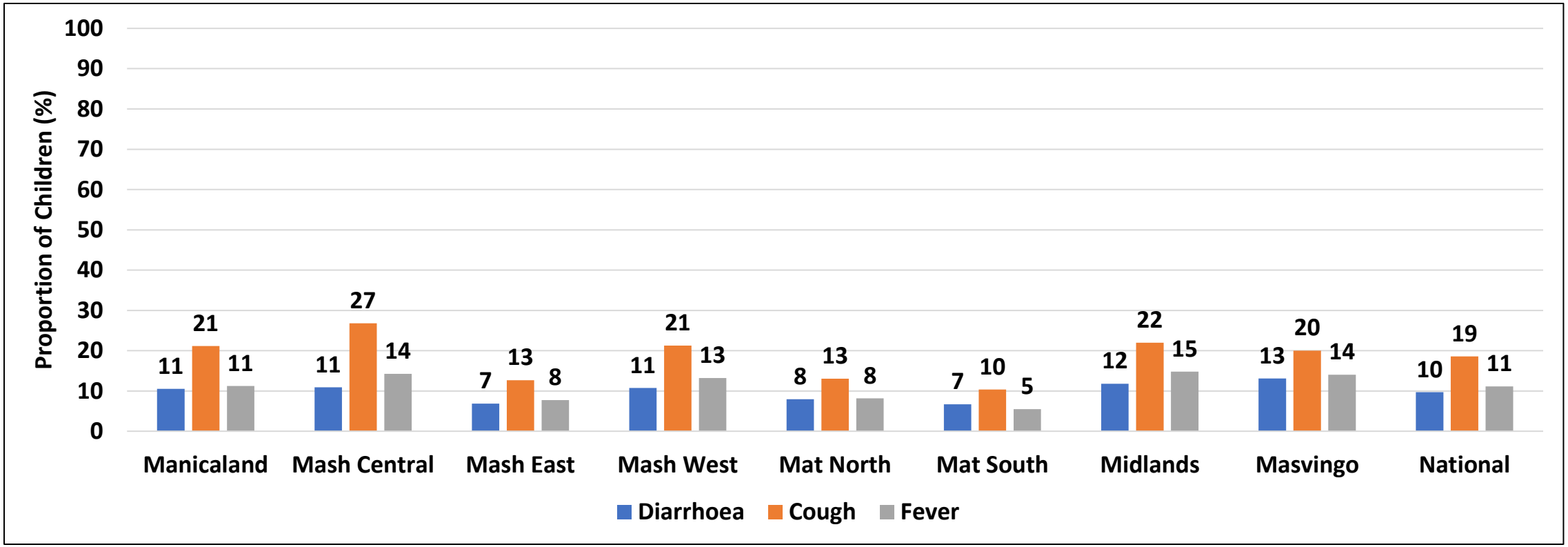
- Vitamin A coverage for the 6-11 months category was at 76% for Mash Central, which is below the expected target of 80%.

Vitamin A Supplementation for Children 12-59 months



- The provincial coverage of vitamin A supplementation for the 12-59 months age category was at 39%. This is worrisome as a lot of children failed to receive the recommended two doses within a year. The expected target of 80% was far beyond reach.

Child Illness



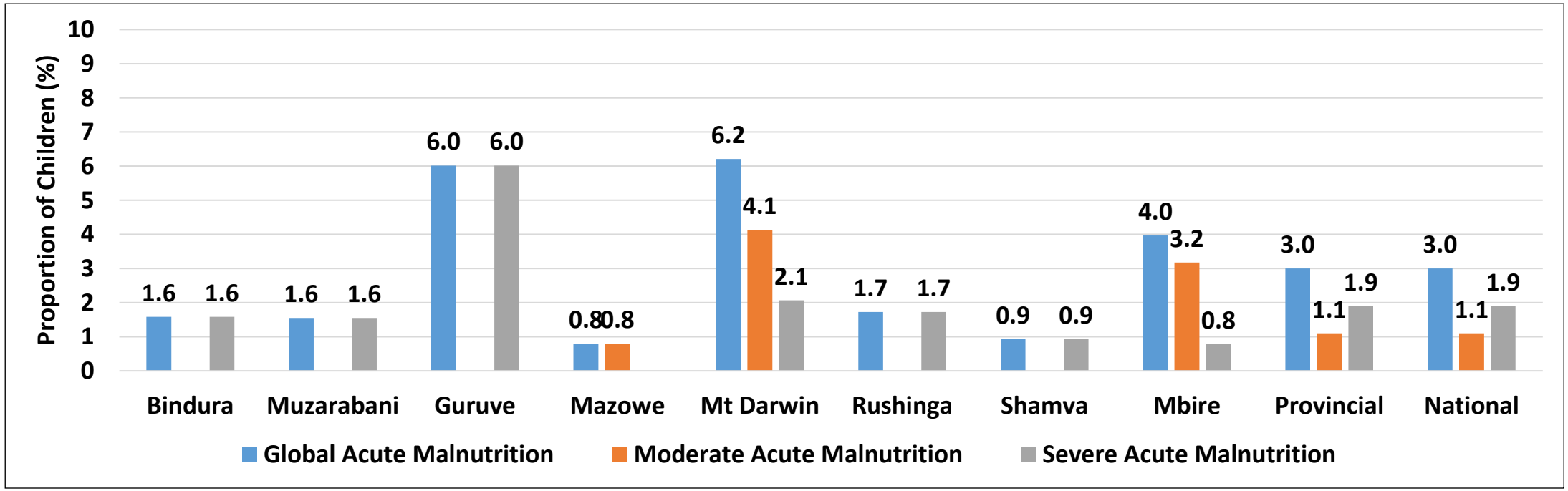
- Cough was the common child illness across all provinces with Mashonaland Central having the highest proportion of 27%.
- Diarrhea was the least common child illness across most of the provinces with the lowest proportions recorded in Mashonaland East and Matabeleland South both at 7%.

Child Nutrition Status

Introduction

- The anthropometric indices used for assessing acute malnutrition are weight-for-height/length Z-score (WHZ), absolute value of Mid Upper Arm Circumference (MUAC) and MUAC-for-age Z-score (MUACAZ).
- It is recommended to use both the WHZ < − 3 and also the use of absolute MUAC below 115 mm in screening of severe acute malnutrition for programming purposes in children 6-59months.
- Use of MUAC has operational advantages in terms of time and cost of data collection, and is also believed to identify the children at higher risk of death.
- The current assessment only used MUAC for the assessment of malnutrition as it was sensitive to the ‘no-touch protocol’ covid-19 regulations, hence could not do weight and height measurements.
- MUAC less than 115mm = Severe Acute Malnutrition (SAM)
- MUAC less than 125mm = Moderate Acute Malnutrition (MAM)
- Global Acute Malnutrition (GAM) = SAM and MAM

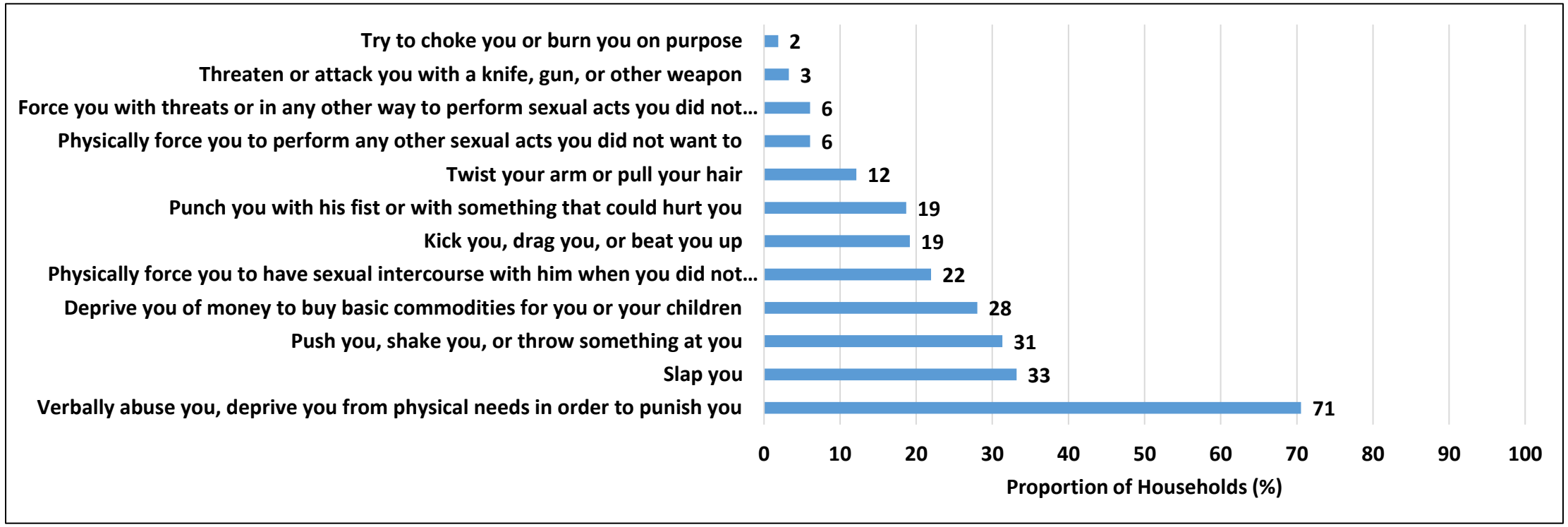
Acute Malnutrition by District Based on MUAC Measurements



- Of the children that were measured in the province, 3.0% had all forms of malnutrition; 1.1% had moderate and 1.9% had severe malnutrition.
- Mt Darwin (6.2%) had the highest proportion of children who had all forms of malnutrition.
- Guruve (6%) had the highest proportion of children with severe acute malnutrition and are at greatest risk of dying.

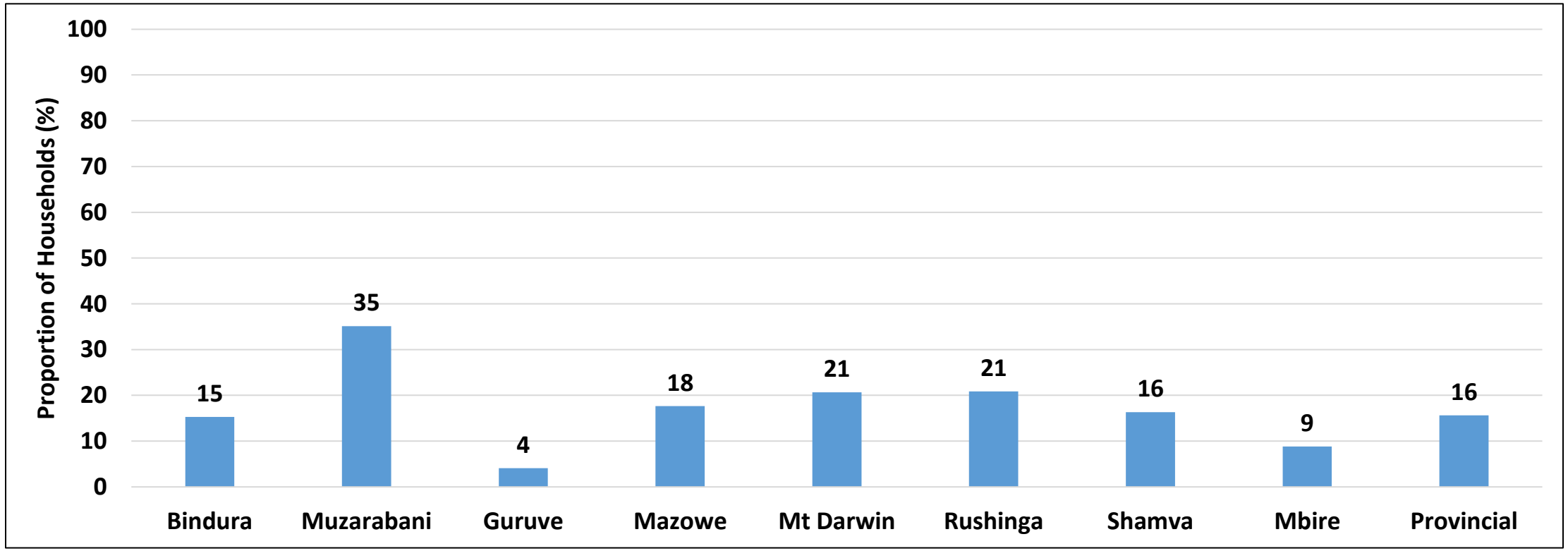
Gender-Based Violence

Forms of Spousal Violence in the Province



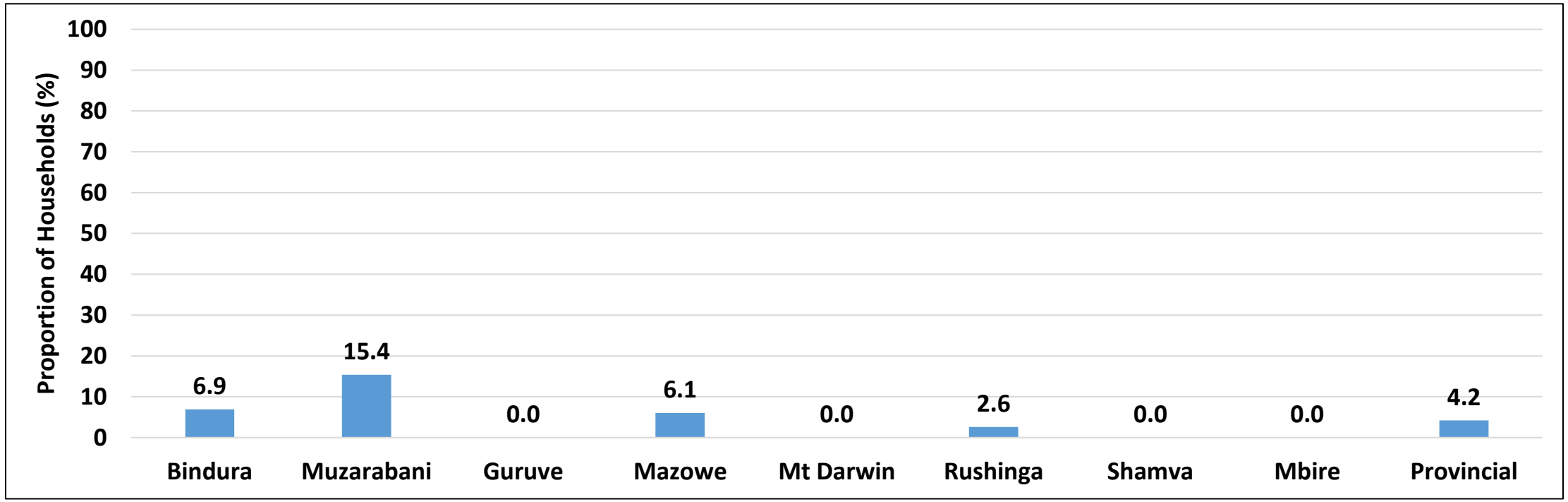
- Verbal abuse and being deprived from physical needs as a way of punishment was the highest form of spousal violence in the province.
- The proportion of households that wee physically forced to have sexual intercourse when they did not want was 22% in the province which was higher than the national average of 15%.

Households which Encountered Spousal Violence



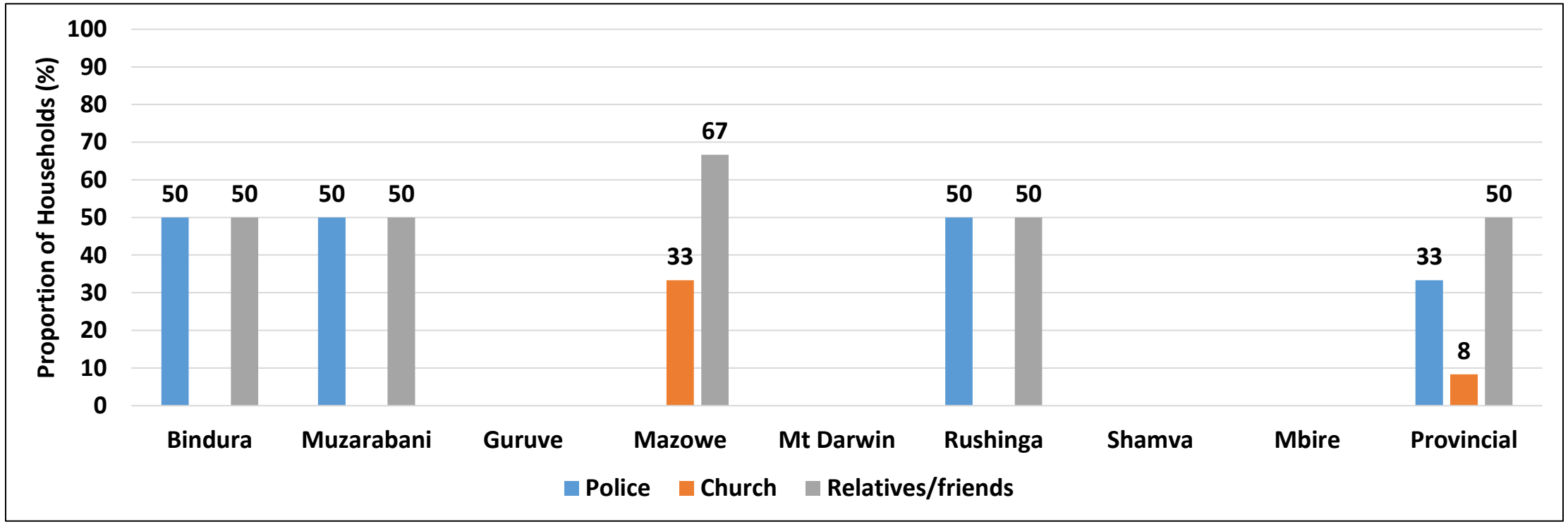
- Spousal violence was highly recorded in Muzarabani district where 35% of the households were victims.
- The least spousal violence was recorded in Guruve district (4%).

Victims that Sought Medical Attention after Spousal Violence



- Provincially 4.2% sought medical attention after spousal violence.
- Of the 35% who were subjected to spousal violence in Muzarabani district, only 15.4% sought medical attention after the violence.
- In Guruve, Mt Darwin, Shamva and Mbire districts, none of the spousal violence victims sought medical attention after the violence.

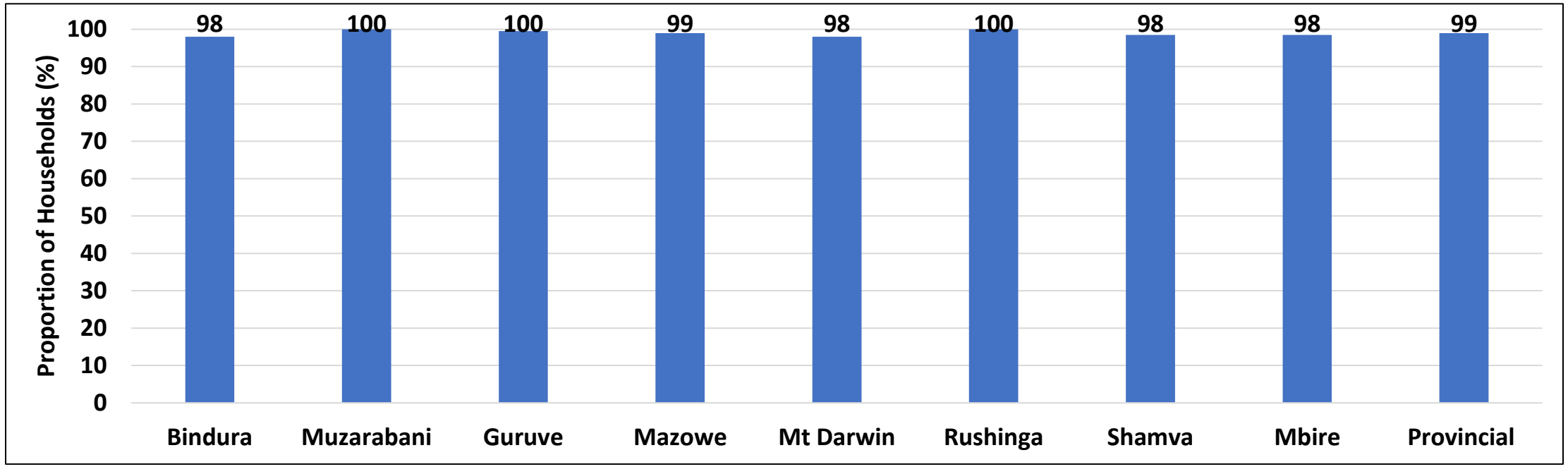
Reported Incidents



- Most gender-based violence cases experienced in province were reported to relatives and friends (50%) while 33% of the cases were reported to the police.
- Guruve, Shamva and Mbire had no households with victims that reported the incidents of spousal violence.

COVID-19

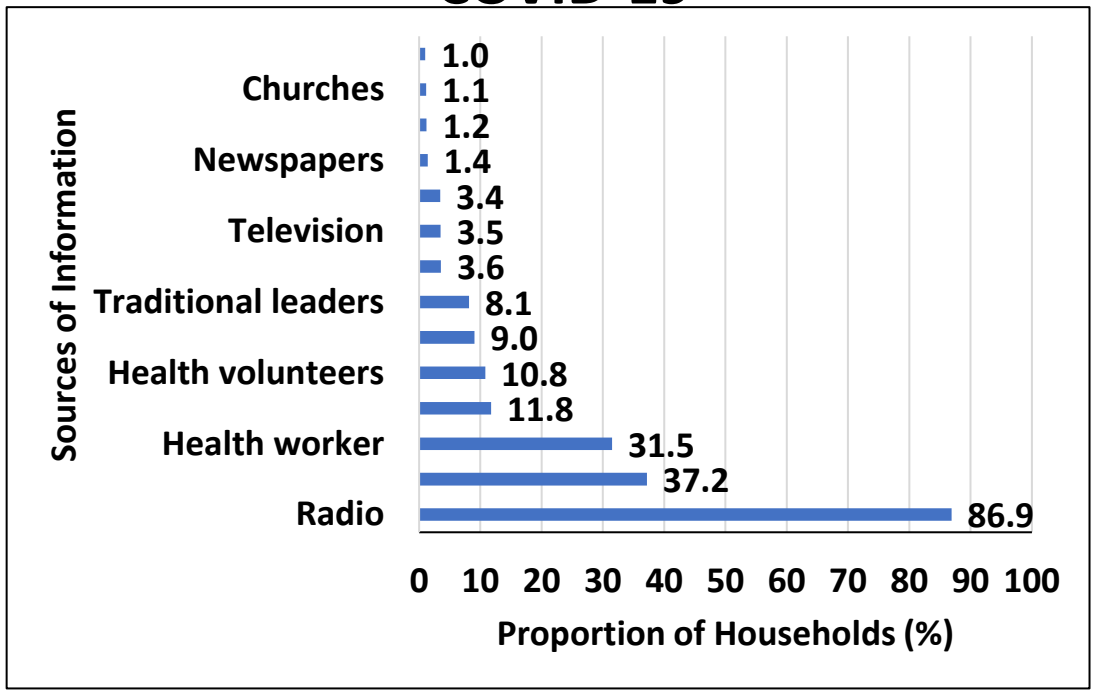
Proportion of Households that Heard about COVID-19



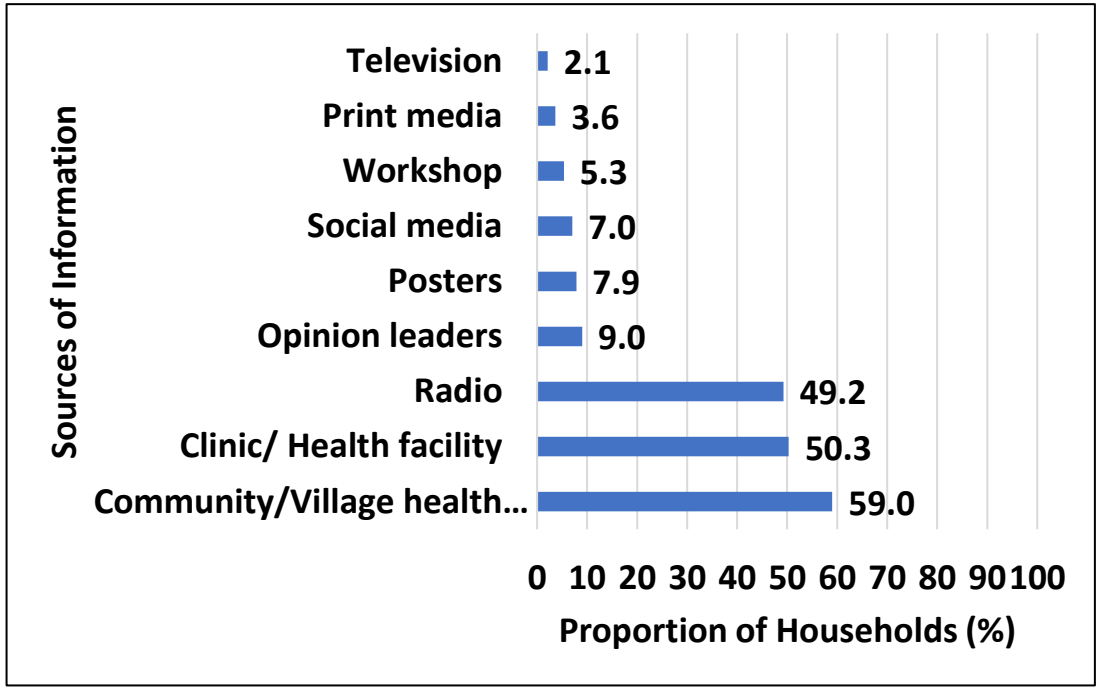
- In the province, 99% of the households had ever heard about COVID-19.
- All the households in Muzarabani and Rushinga districts had heard about COVID-19.

Sources of Information on COVID-19

Current Sources of Information on COVID-19

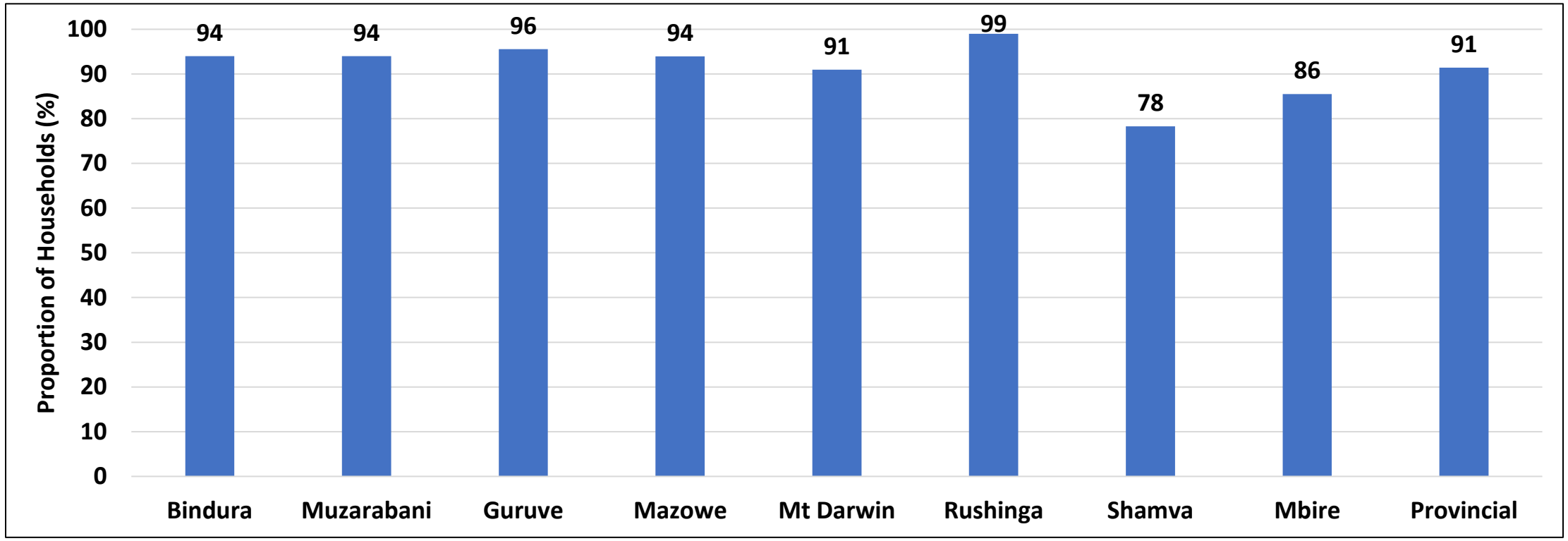


Future Preferred Sources of Information on COVID-19



- The major source of information on COVID-19 in Mashonaland Central province was radio(86.9%) followed by friends and relatives (37.2%).
- The most preferred future sources of information on COVID-19 in the province were from the village health workers (59.0%), clinic/health facility (50.3%) or radio (49.2%).

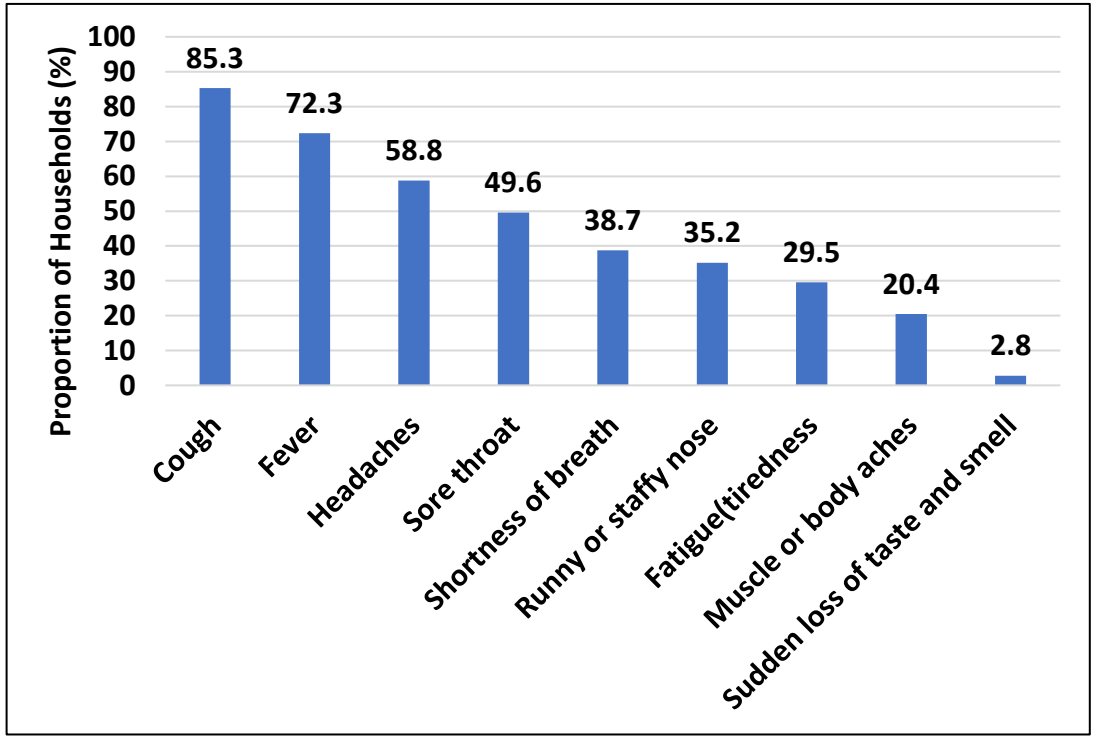
Knowledge How COVID-19 Spreads



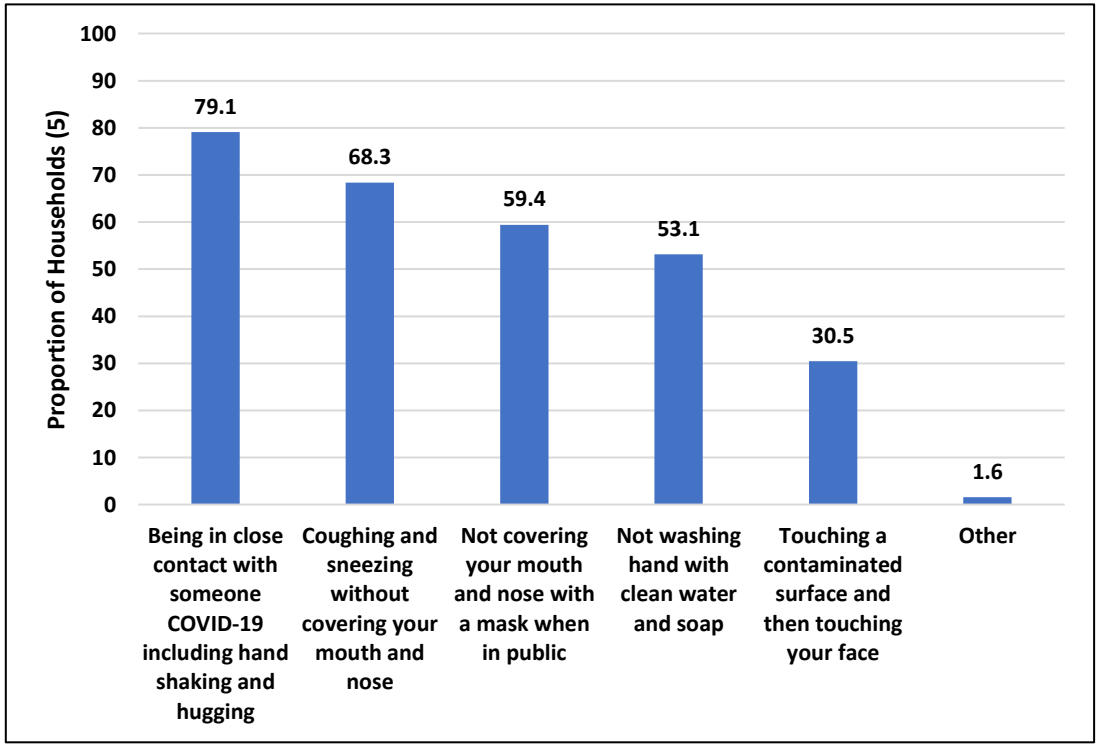
- A total of 91% of the sampled households in Mashonaland Central Province had knowledge on how COVID-19 spreads.

Symptoms of COVID-19 and How it Spreads

Commonly Known Symptoms of COVID-19



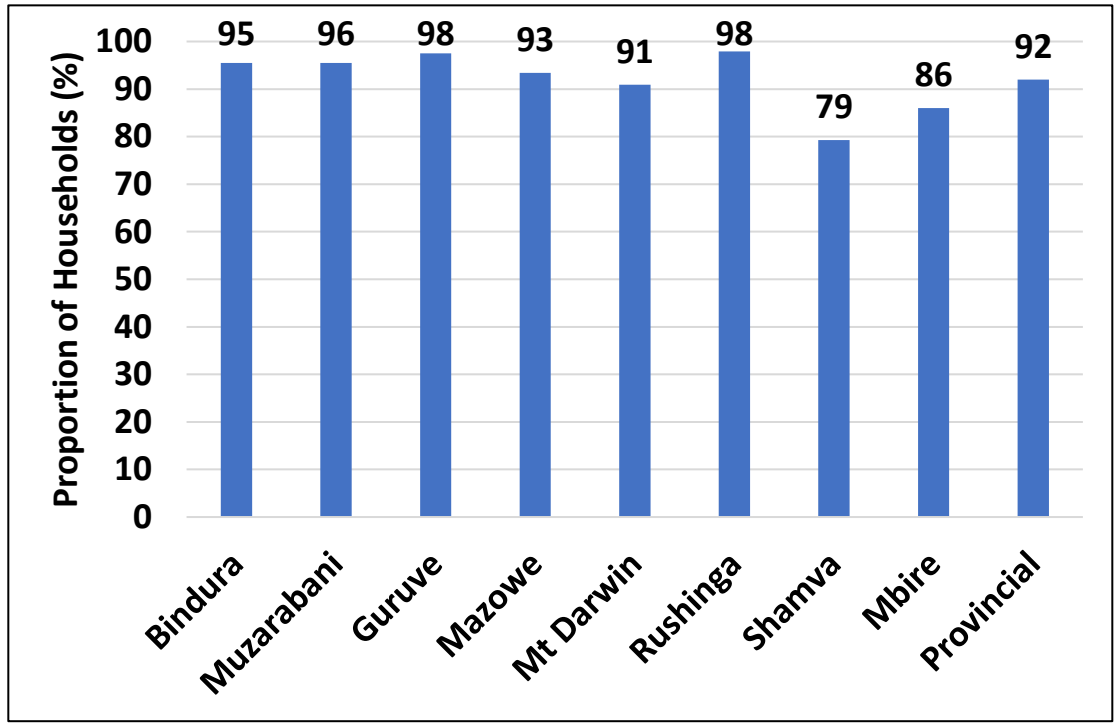
Reasons How COVID-19 Spreads



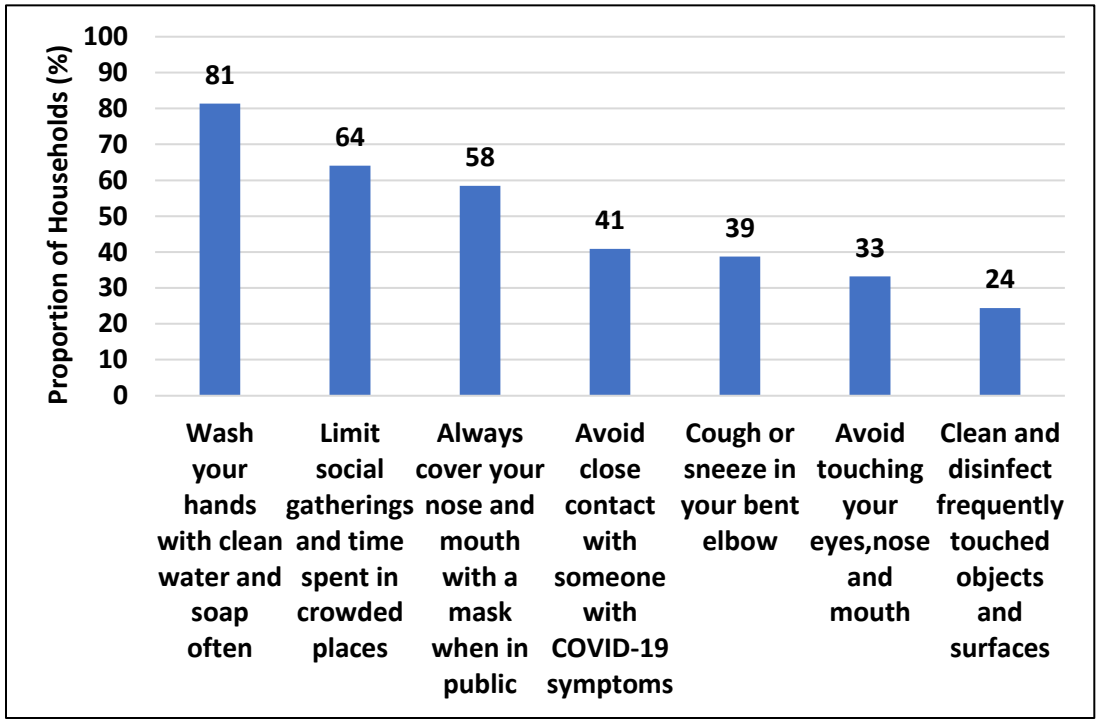
- The most known COVID-19 symptoms in the province were cough (83.5%), headaches (58.8%) and fever (72.3%) whilst the least known included sudden loss of taste and smell (2.8%).
- The major cited reasons how COVID-19 spreads were being in close contact with someone with COVID-19 (79.1%),coughing or sneezing without covering one's mouth (68.3%), not covering your mouth when in public (59.4%) and not washing hands with clean water and soap (53.1%).

Knowledge on How to Reduce the Spread of COVID-19

Knowledge on Slowing down COVID-19 Spread

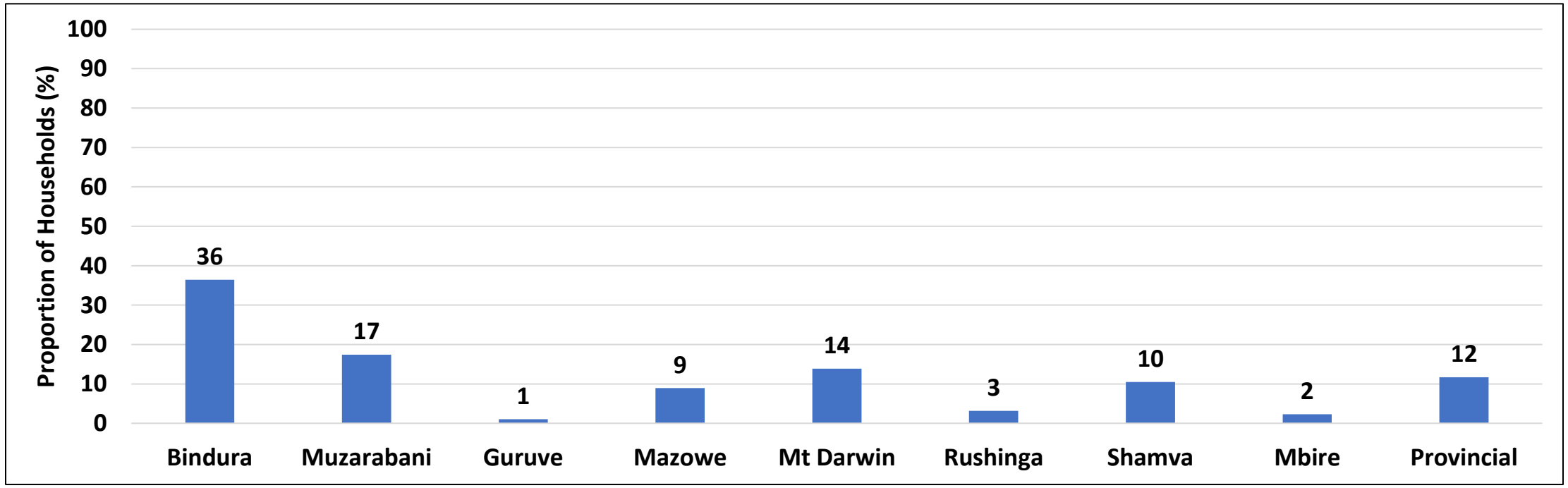


How to Slow down COVID-19 Spread



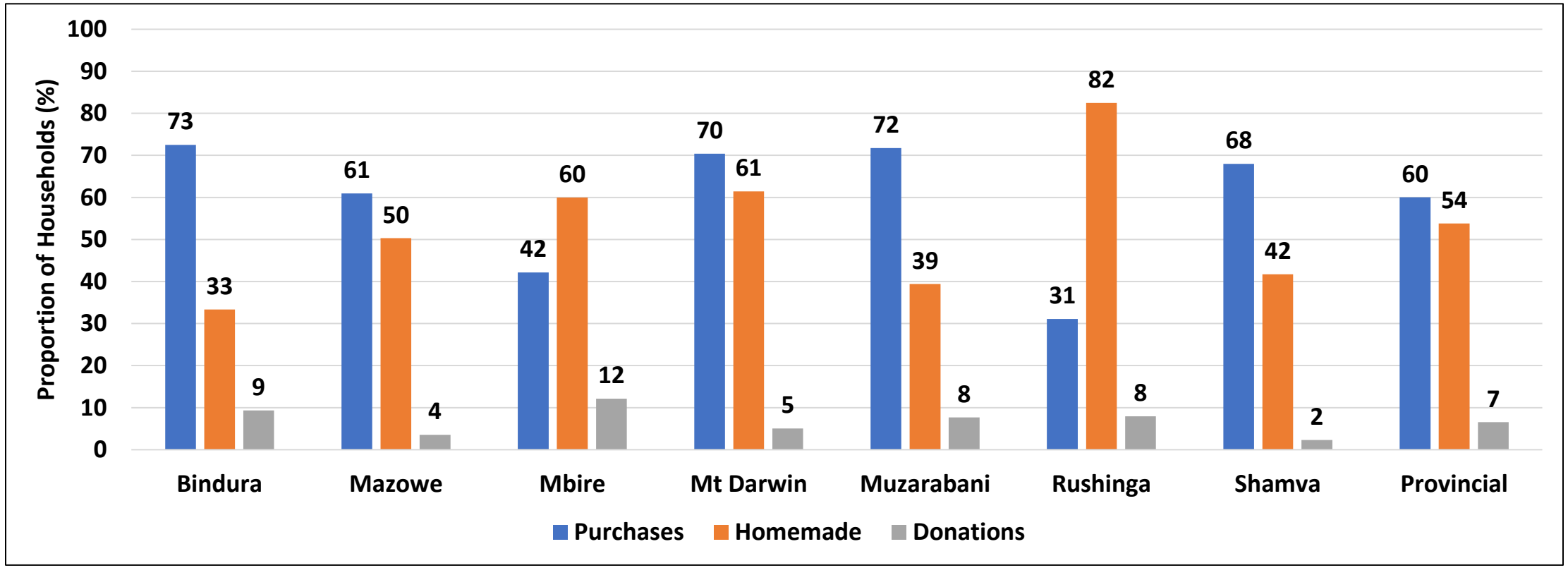
- All districts in Mashonaland Central Province had knowledge on how to slow down the spread of COVID-19.
- Washing hands with clean water and soap often (81%) was the most used method to slow down the spread of COVID-19 in the province.
- Cleaning and disinfecting frequently touched objects and surfaces was the least known method in the province with 24% of households mentioning it.

Affordability of Personal Protective Equipment (PPE)



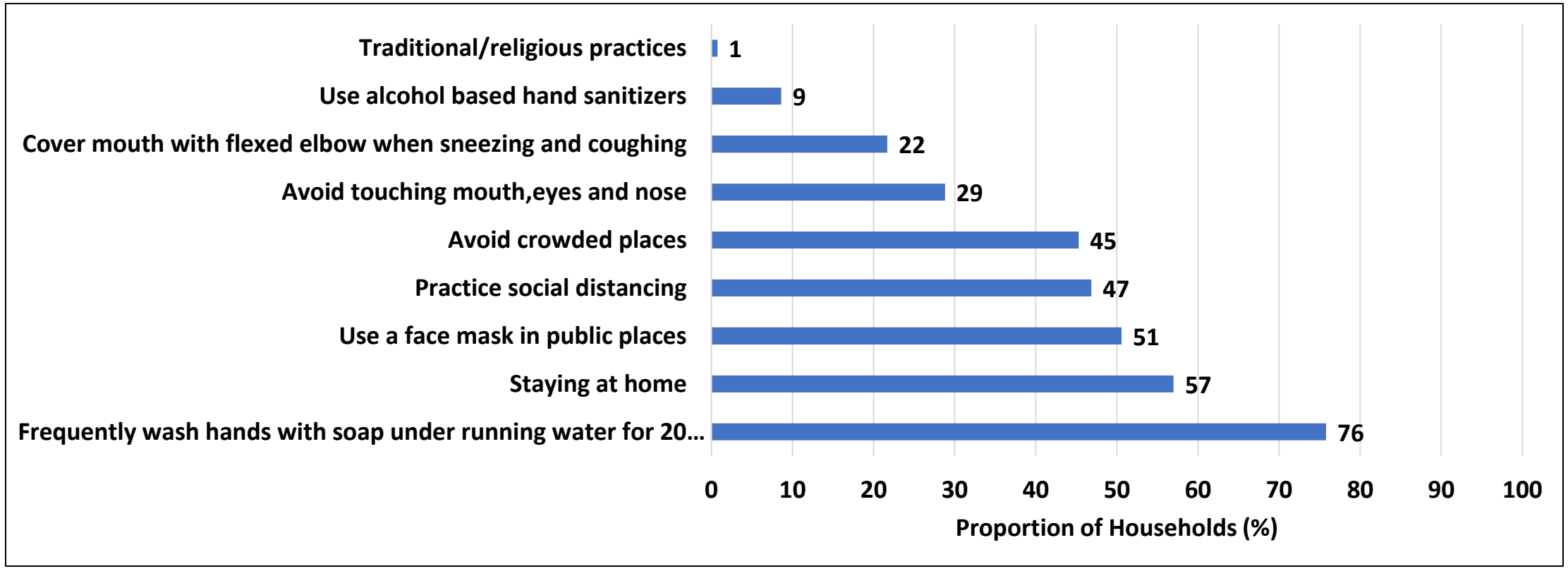
- Provincially, 12% of the households could afford the personal protective equipment (PPE).
- Guruve (1%) had the least proportion of households who could afford PPE followed by Mbire and Rushinga with 2% and 3% respectively.

Common Sources of PPE



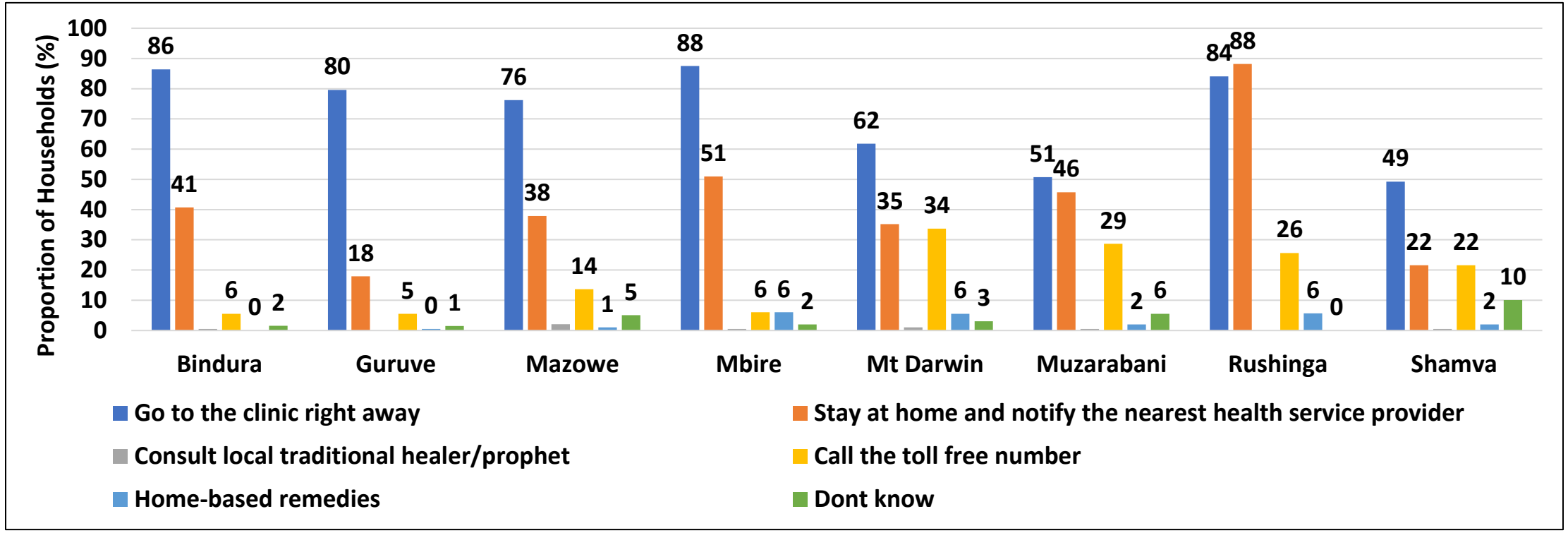
- The common sources of PPE in the province were purchases (60%) followed by homemade (54%).
- Rushinga (82%) had the highest proportion of households that used of homemade PPE.

Preventative Measures Against COVID-19



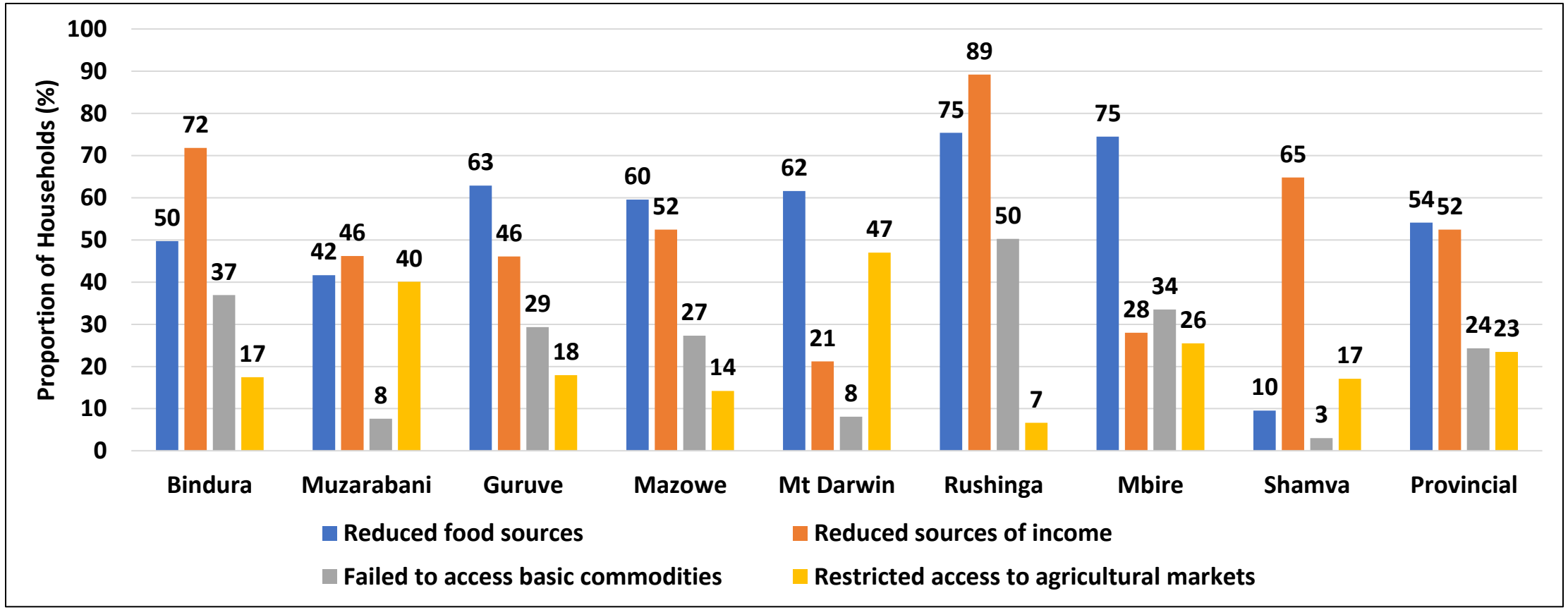
- Provincially 76% of the households frequently washed hands with soap and running water for 20 seconds as a preventive measure against COVID-19.
- The least used method was traditional/religious practices where only 1% of the households practiced it.

Action Taken if Member Suspects COVID-19



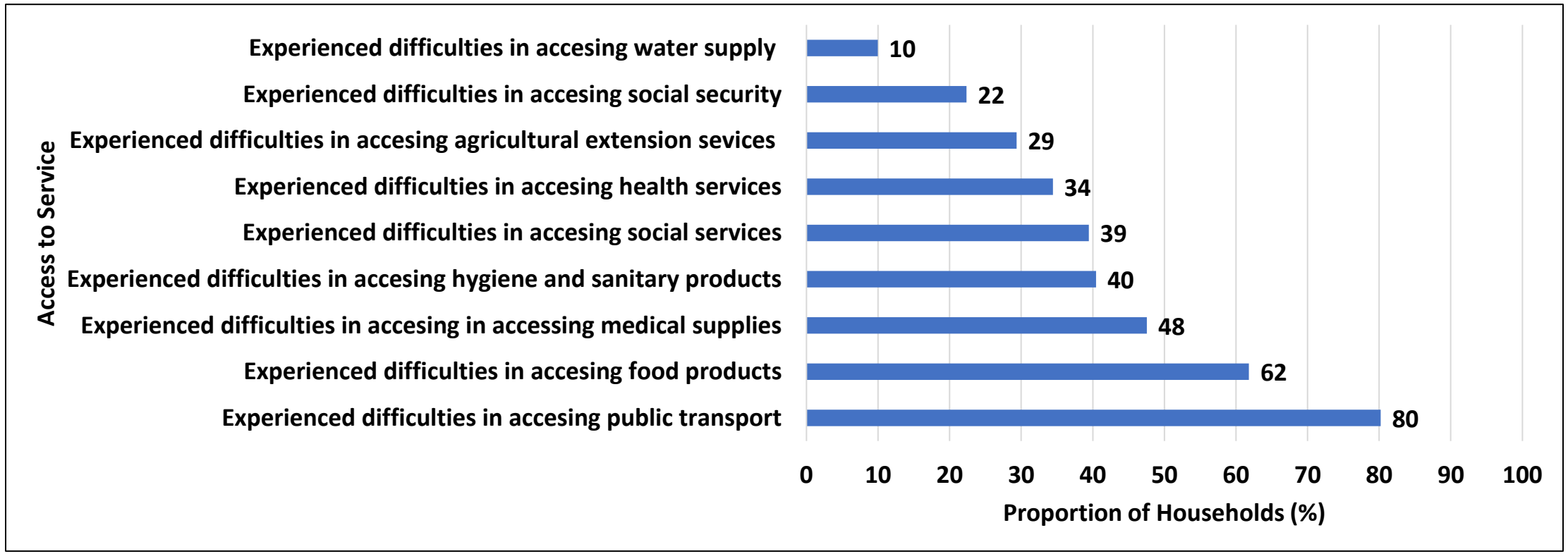
- Rushinga (88%) had the highest proportion of households that reported that they should stay at home and notify the nearest health service provider if they suspect they have COVID-19.
- In Shamva district 10% of households did not know what to do when COVID-19 is suspected.

Effects of COVID-19 on Livelihoods



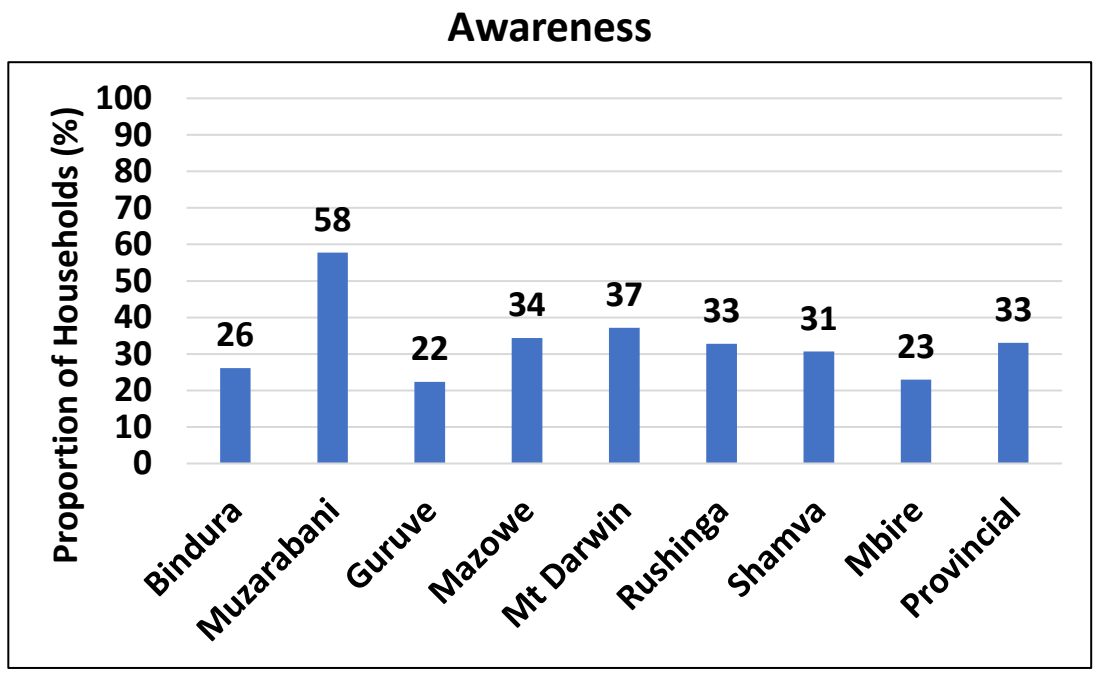
- The major effects of COVID-19 were reduced food sources (54%), followed by reduced sources of income (52%).

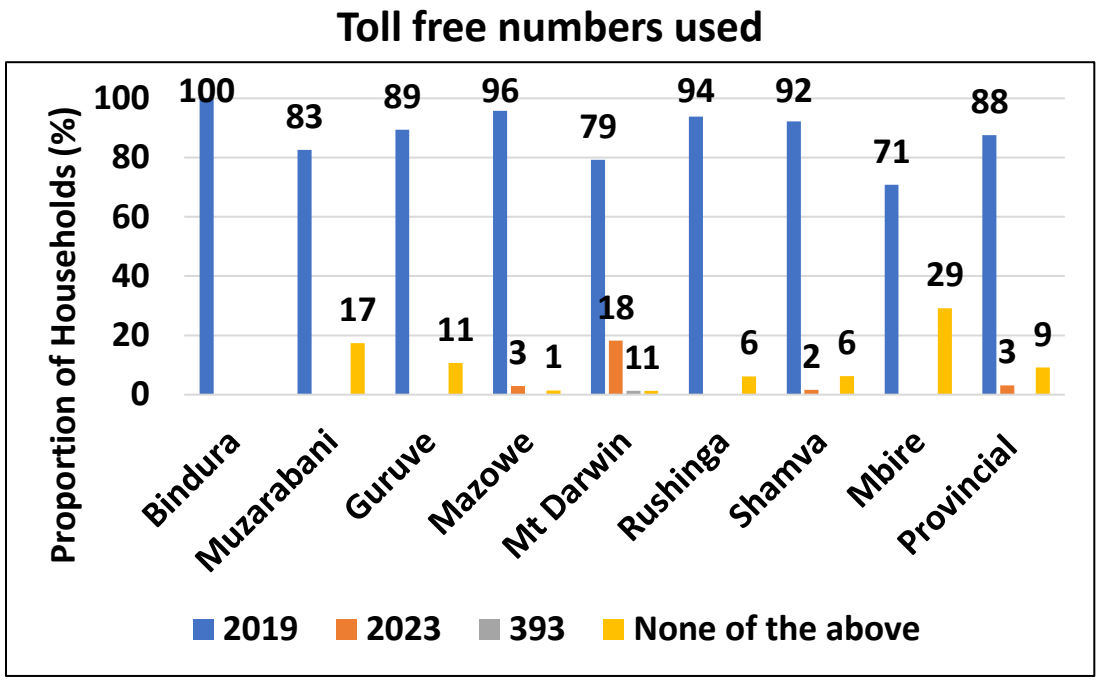
Challenges in Accessing Services During COVID-19 Pandemic



- Public transport (80%) was the greatest challenge faced by households in Mashonaland Central Province whilst all districts had least difficulties in accessing water during the COVID-19 pandemic.

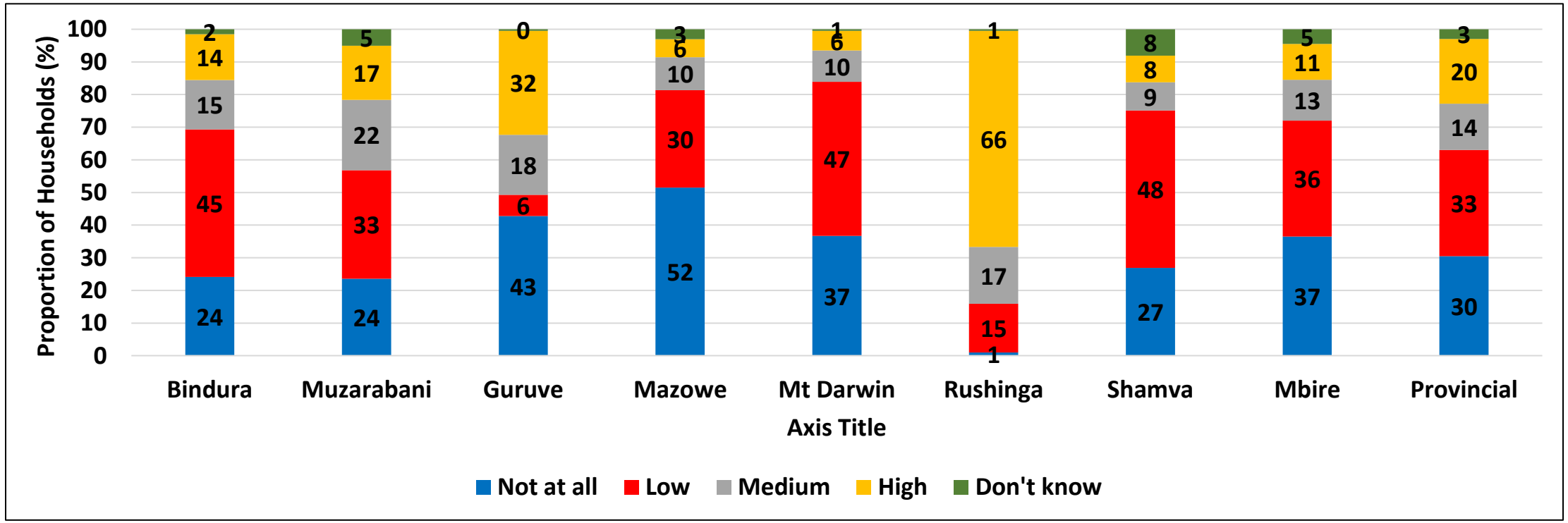
Awareness about Toll free Numbers to be Used During COVID-19





- Only 33% of the households in Mashonalanad Central Province were aware of the toll free numbers to be used if COVID-19 was suspected or if they want to know more about COVID-19.
- Guruve (22%) had the least proportion of households who were aware of the toll free numbers.
- 2019 was the most known and used toll free number whilst 393 was the least known and used.

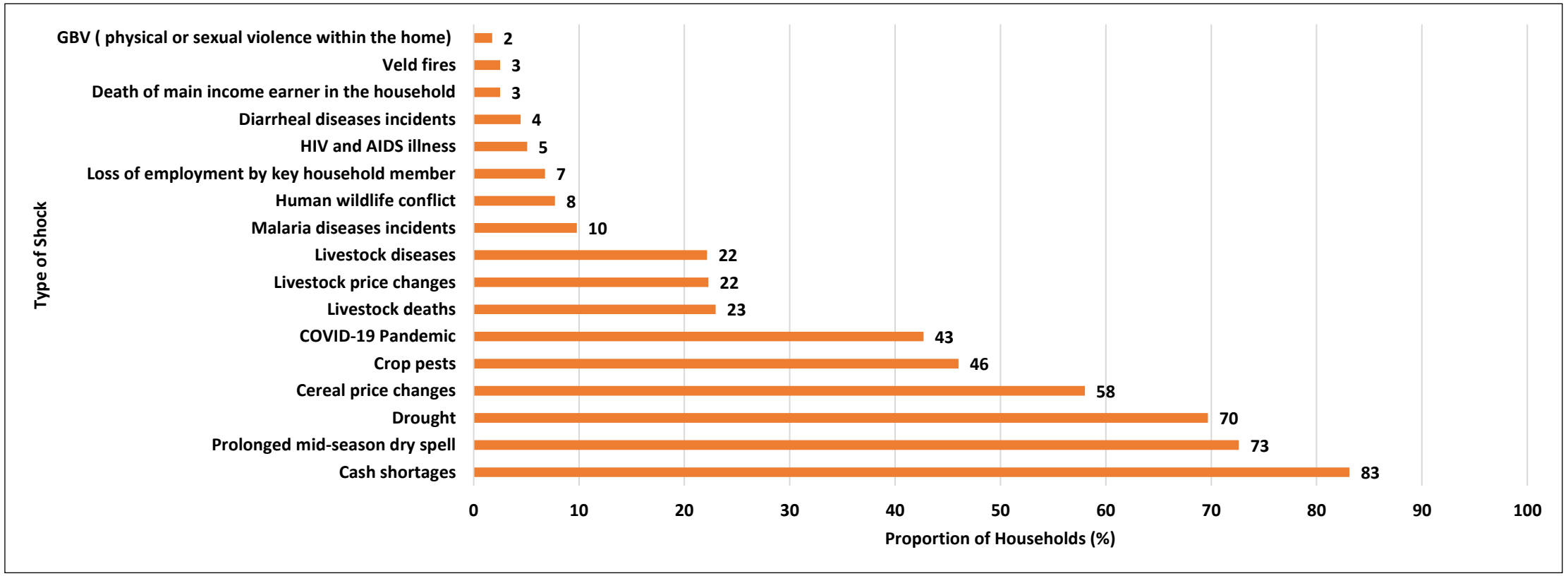
Extent of Risk of Contracting COVID-19



- Rushinga (66%) reported the highest proportion of households that felt they were at high risk of contracting COVID-19.

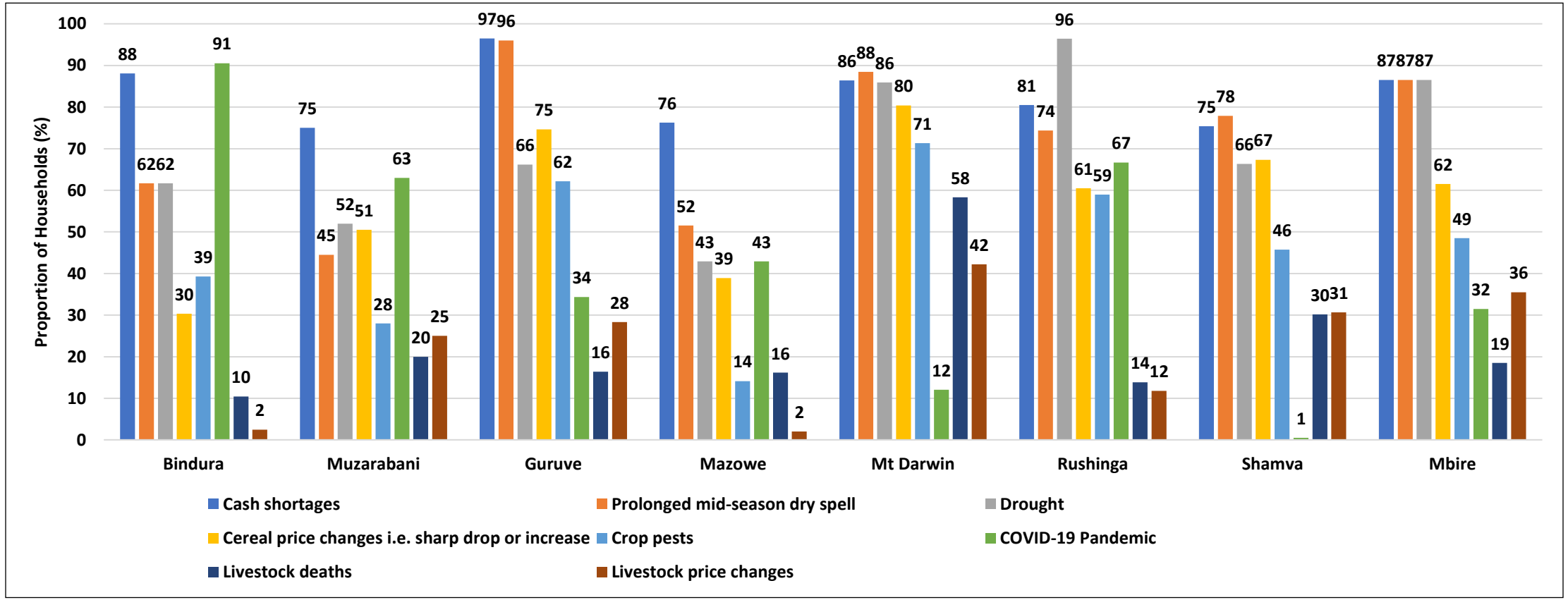
Shocks and Hazards

Common Shocks Reported in the Province



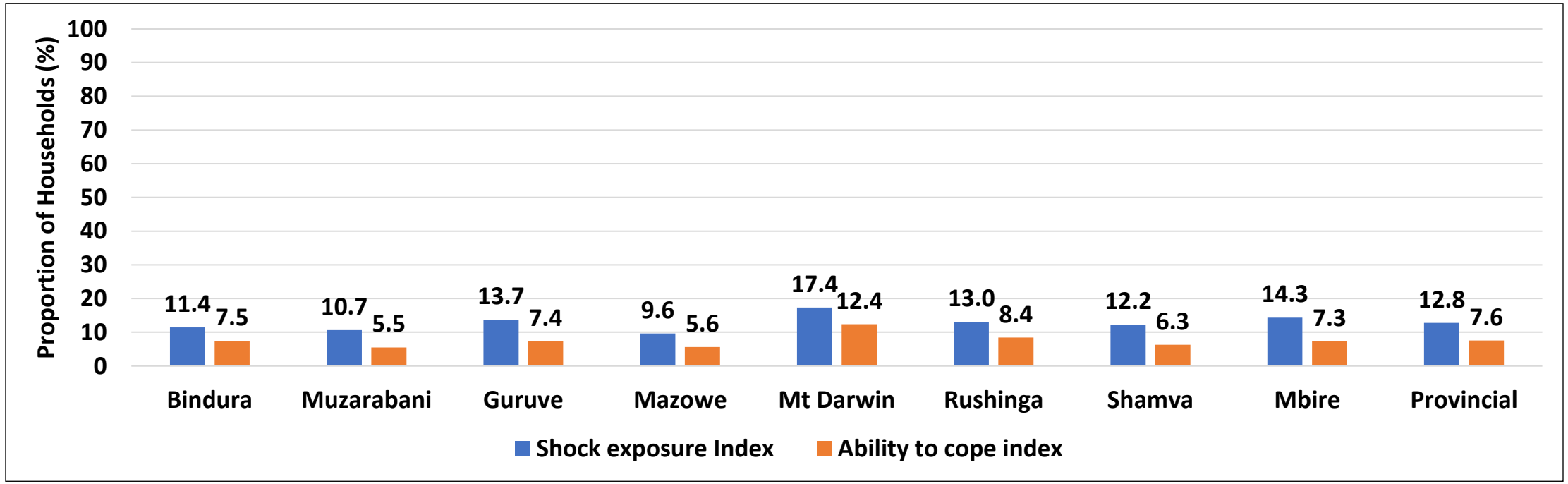
- In Mashonaland Central the commonly reported shocks/stressors were cash shortages (83%), prolonged mid-season dry spell (73%), drought (70%), cereal price changes (58%), crop pests (46%) and COVID-19 pandemic (43%).
- Shocks/stressors namely cash shortages, prolonged mid-season dry spell, crop pests,COVID-19 pandemic, livestock diseases, malaria incidents, diarrhoeal diseases, death of income earner, veld fires and GBV were above the national average.

Top 8 Reported Shocks by District



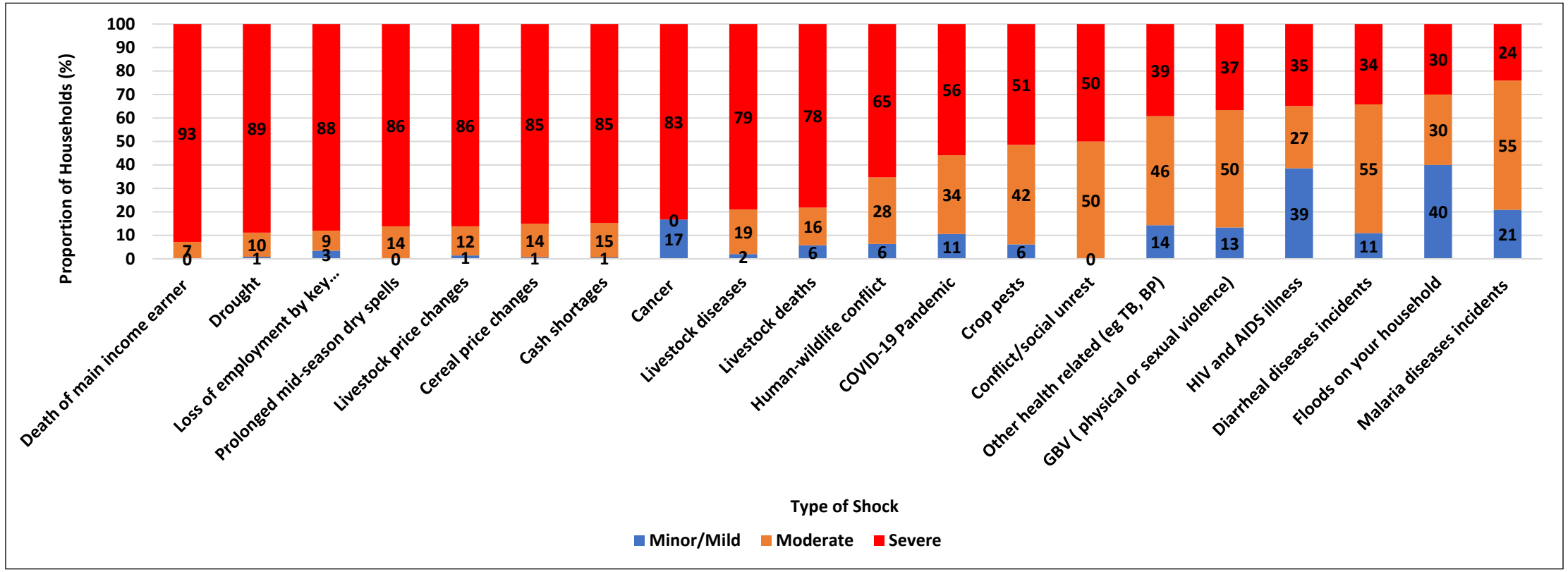
- Across all the districts in Mashonaland central cash shortage was the widely reported shock/stressor. Cash shortages were highest in Guruve(97%) and lowest in Muzarabani and Shamva at 75% respectively.
- COVID-19 pandemic shock was highest in Bindura(88%) and least in Shamva(1%).
- Livestock deaths shock was recorded highest in Mt Darwin(58%) and least in Bindura(10%).

Comparison of Shock Exposure and Ability to Cope Index



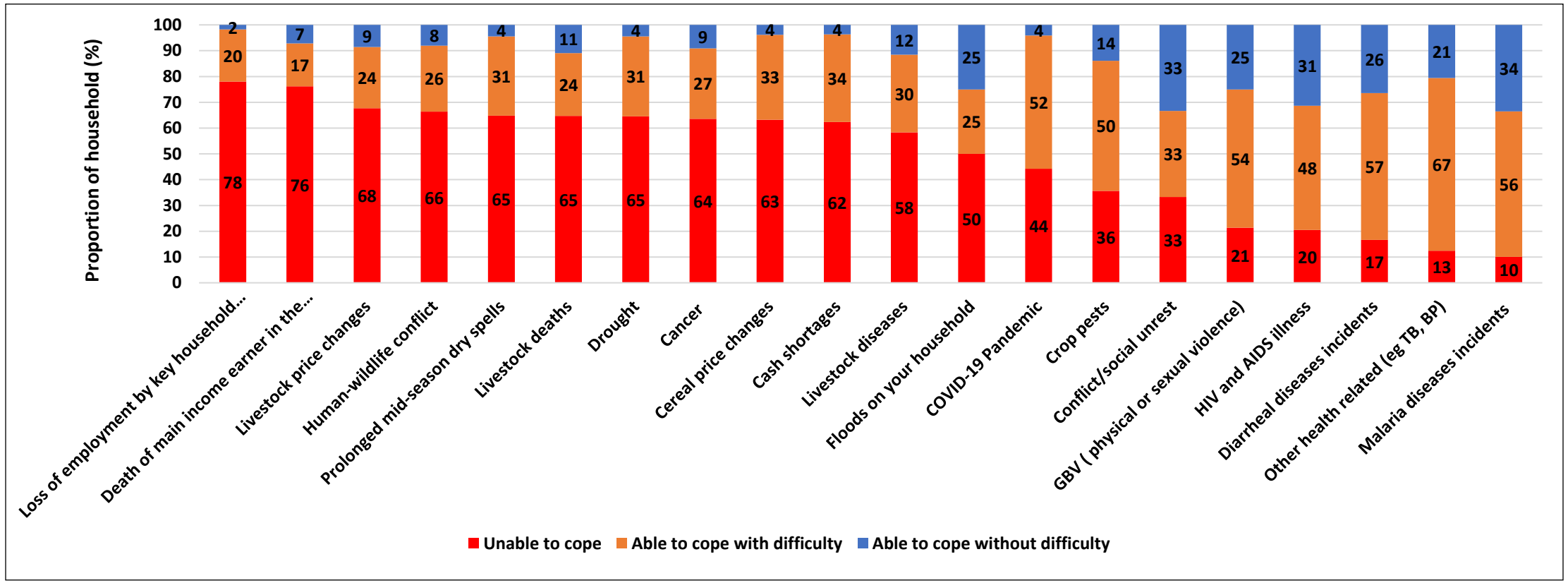
- The shock exposure index in the province (12.8%) was higher than the ability to cope index(7.6%) meaning most households are not able to cope after suffering from a shock.

Impact of Different Shocks on Households



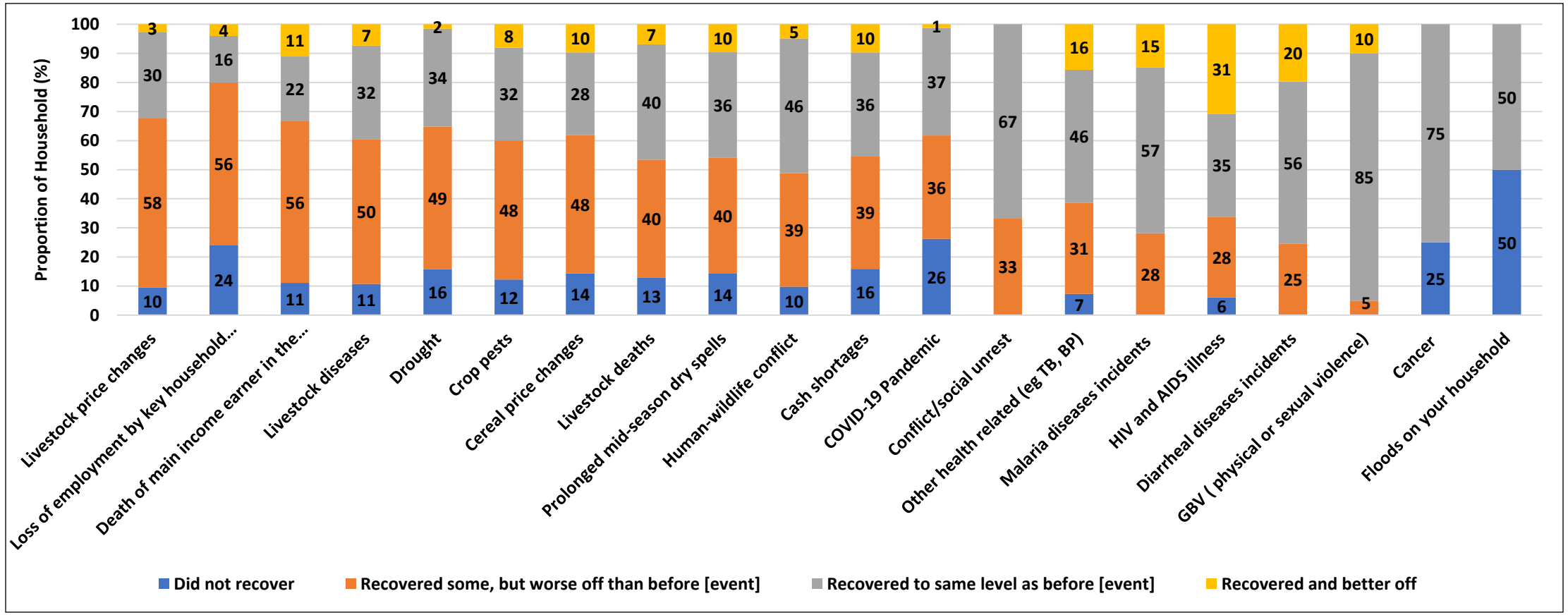
- As shown in the bar graph above the impact of shocks was severe especially the idiosyncratic shocks, climatic shocks and economic shocks. The most severe shocks were death of main income earner (93%), loss of employment (88%) cancer(83%),drought(89%),prolonged dry spell(86%), livestock price changes (86%), cereal price changes(85%) and cash shortages(85%).

Ability to Cope with Shock



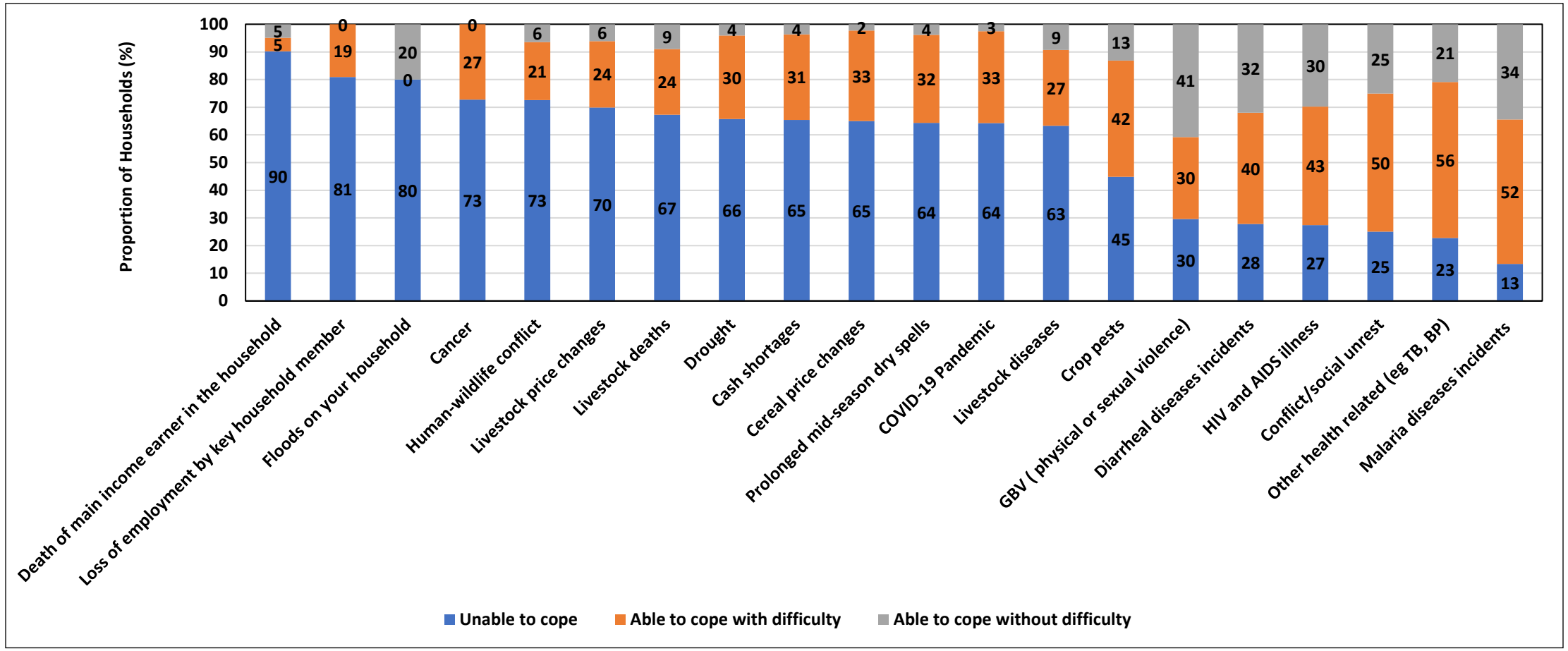
- The majority of households were unable to cope with loss of employment (78%),death of income earner (76%),livestock price changes (68%), human wildlife conflict(66%),prolonged mid-season dry spell, livestock deaths and drought at (65%) respectively.

Extent of Recovery from Shock



- The majority of the households which encountered idiosyncratic shocks like death of main income earner and death ,climate, economic and environmental shocks recovered but were worse than before.
- For shocks like conflict, malaria, diarrhoea and GBV the majority of households recovered to the same level as before.

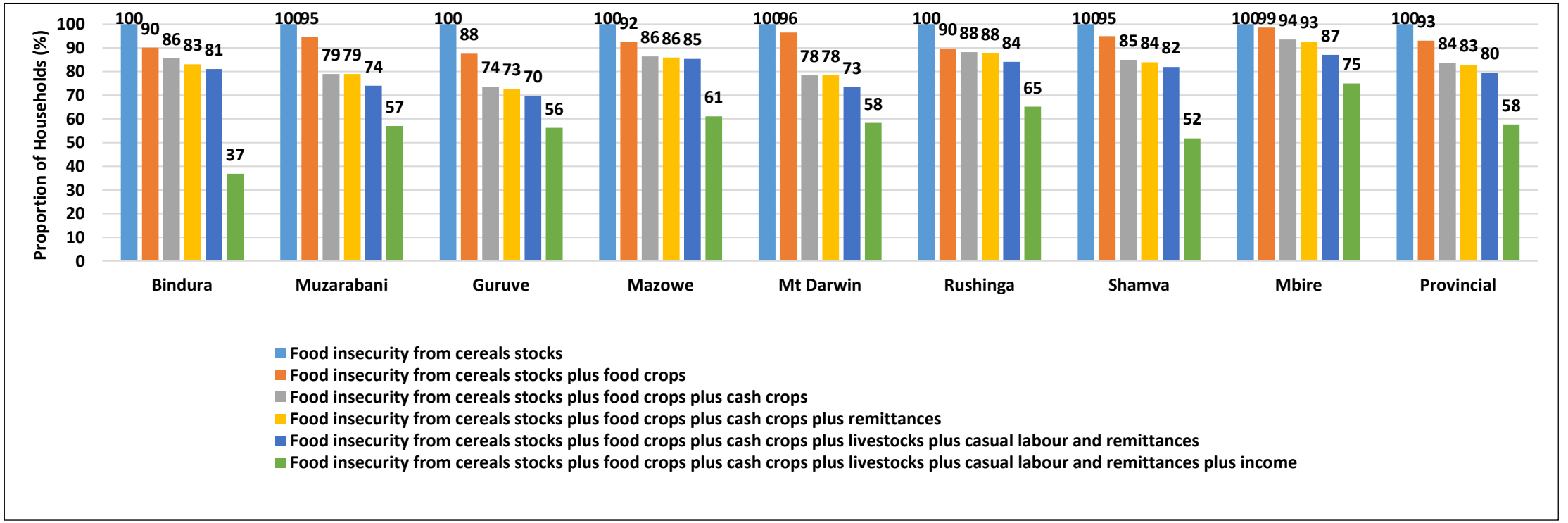
Ability to Cope with Future Shocks



- Most households will be not be able to cope with future shocks ranging from climatic shocks e.g drought (66%) and prolonged mid season dry spell (64%), economic shocks e.g cash shortages (65%) and cereal price changes (65%), cancer (73%) and idiosyncratic shocks like death of income earner (90%) and loss of employment (81%).

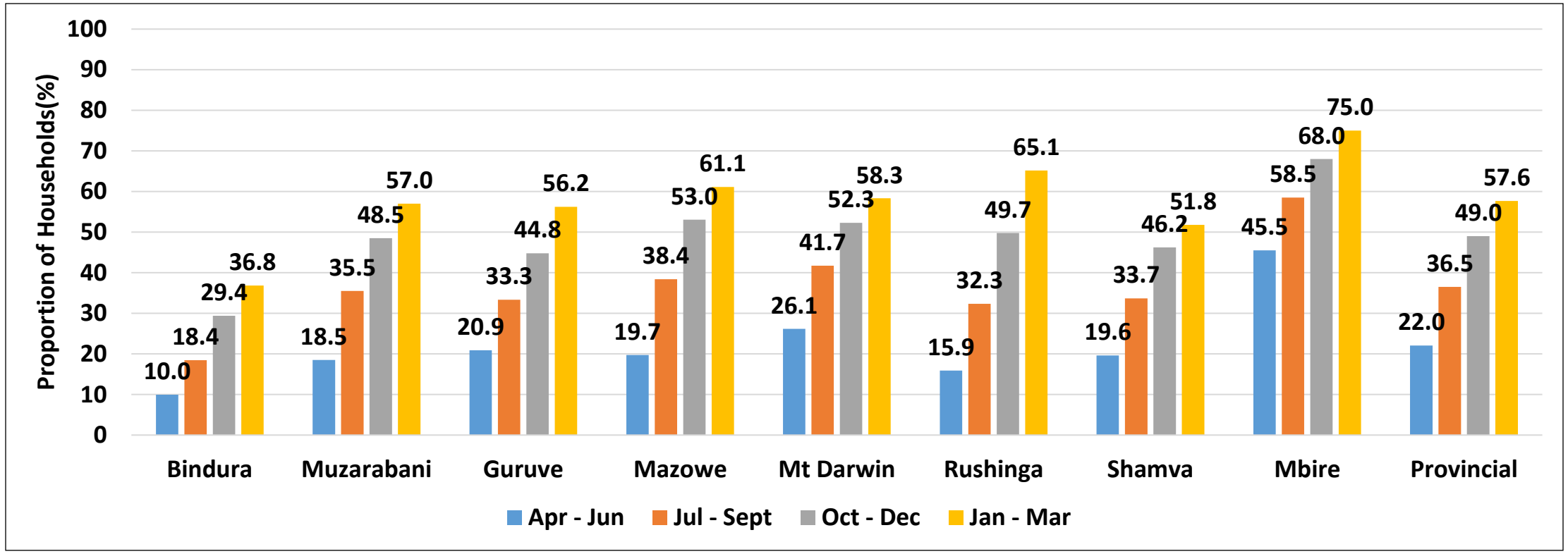
Food Security

Proportion of Cereal Insecure Population by Pillar



- In Mashonaland Central considering cereal stocks alone all households were found to be food insecure across the districts.
- After adding all the components/pillars that define the food security model, 58% of households in Mashonaland Central will be food insecure during the peak of hunger period.
- Households in Mbire district (75.0%) will be the most food insecure .
- Bindura district (37%) will be the least food insecure.

Household Cereal Insecurity Progression by Quarter



- January to March 2021 will be the peak of hunger period with 57.6% of households in Mashonaland central not being able to meet their cereal requirements. This proportion was highest in Mbire (75.0%) and least in Bindura (36.8%).

Cereal Insecure Population and Requirements by Quarter

	Cereal Insecure Population				Cereal Requirements in Metric Tonnes			
	Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar
Bindura	13,627	25,210	40,199	50,419	2,017	3,731	5,949	7,462
Muzarabani	24,845	47,675	65,133	76,548	3,677	7,056	9,640	11,329
Guruve	28,347	45,221	60,744	76,268	4,195	6,693	8,990	11,288
Mazowe	50,290	98,002	135,397	156,029	7,443	14,504	20,039	23,092
Mt Darwin	60,794	97,037	121,588	135,618	8,998	14,361	17,995	20,071
Rushinga	12,873	26,162	40,281	52,739	1,905	3,872	5,962	7,805
Shamva	26,503	45,531	62,520	69,996	3,922	6,739	9,253	10,359
Mbire	40,994	52,707	61,266	67,573	6,067	7,801	9,067	10,001
Provincial	264,669	438,099	588,153	692,211	39,171	64,839	87,047	102,447

- The total cereal insecurity population in Mashonaland Central during peak of hunger period will be 693, 211 and Mazowe will be having the largest number of people which will be cereal insecure 156 ,029.

Conclusions and Recommendations

- School fees was reported to be beyond the reach of many at 44.8%. It is recommended that there be a clear policy on school children whose parents/ guardians fail to pay school fees.
- Government remains the main source of support in the provinces at 58.1%. Support from partners to complement government efforts to be enhanced by attracting more partners working on social protection or enhancing their coverage and support package.
- There is need for government and development partners to avail a vigorous input support scheme to support smallholder farmers that includes irrigation facilities to help alleviate the effects of climate change .
- There was a general low cattle owner ship in the 2019/20 season which was most likely aggravated by high losses of cattle due to January disease which occurred in the season.Therefore there is need for increased investment in the livestock sector mostly targeting areas which experienced high mortality rates for restocking, irrigation infrastructure for fodder production, and capacity building for extension personnel. Furthermore availability of animal health drugs locally and disease surveillance should be improved.
- Access to information is critical for development .There was significantly low usage of modern technologies like internet browsing and television in the province. There is therefore need for government to upscale use of internet service through out the province to facilitate and enhance information flow and communication.

Conclusions and Recommendations

- The proportion of women of child-bearing age (15-49 years) who consumed iron and protein rich foods was at 15% and 34% respectively. These low proportions indicate that there is an increased risk of compromising their health and nutrition status, together with that of the children to-be-born by these women. Maternal nutrition should be strengthened to reduce all forms of malnutrition; roping in male counterparts as these usually are decision makers within households.
- For complementary feeding Minimum Acceptable Diet is very low for the province at 0.7%. Improvement should be centered on unavailing funding to strengthen nutrition sensitive interventions which will greatly improve availability and consumption of a variety of foods in many households. There is also need to focus on educating communities about appropriate complementary feeding practices.
- Vitamin A supplementation was very low for the 12-59 months age category with the province recording a proportion of 39%. There is need to strengthen supplementation in the communities through VHWs so as to capture as many children as possible.
- Mt Darwin district (43%) had the highest proportion of households engaging in more extreme and negative livelihood coping strategies that are outside their normal livelihoods, when faced with food shortages. Programs to boost the households' livelihoods are recommended to cushion them from the shocks experienced.

Conclusions and Recommendations

- Mt Darwin (6.2%) and Guruve (6%) districts had the highest proportion of children with malnutrition. There is urgent need for further screening of children with malnutrition; quick response in the management of malnutrition; humanitarian assistance and developmental programs for the affected households and communities.
- Dietary diversity score was on average low across all districts indicating that most of the households had access to limited number of food groups. Efforts should be made to improve the socio-economic status of households so as to boost their disposable income to purchase food from more food groups.
- Consumption of iron is low in the province with 65% of the household members reporting not having consumed iron in the past seven days preceding the survey. There is need to intensify promotion of iron rich foods complementing the efforts that are currently in effect. Iron supplementation will also go a long way in preventing the devastating effects of iron deficiency.
- Protein consumption is low across all districts with only 9% of household members in the province having reported consuming protein for 7 days in the past 7 days preceding the survey. There is need to continue promotion of protein rich foods. It will also be imperative to intensify promotion of small livestock production as it will provide a cheap source of protein.
- Vitamin A consumption was high across all the districts, with a provincial average of above 70% . Promotion of vitamin A rich foods has been on the high side through programmes such as bio-fortification. More funding should be injected to maintain this momentum.

Conclusions and Recommendations

- There is a significant level of spousal violence (16%) recorded in the province. Further investigations on the causes of the violence should be done so that appropriate interventions are implemented.
- The major impact of the COVID-19 on livelihoods was mainly the reduction of income sources(52%) and reduced access to food (54%) across all districts. Therefore Government and development partners need to continue expanding and strengthening social safety nets programmes to cushion vulnerable households against the effects of the COVID-19 furthermore the government to continue monitoring the COVID-19 situation and find innovative ways of doing business in the face of COVID-19 (COVID-19 smart business).
- The fact that some households in the province perceive themselves as not at risk of contracting COVID-19 is worrisome and calls for the government through the responsible ministries and partners to increase coverage and continue educating people on the risk of COVID-19 through the commonly identified sources of information accessible by most households.
- Provincially the proportion of households with available hand washing services was 11% which was equal to the national picture. The major unavailability of handwashing services across districts is worrisome during this time of COVID-19 pandemic hence there is need to intensify behaviour change participatory health and hygiene promotion activities so that the population prioritise the availability of these services at all times especially during this time of the COVID-19 pandemic.

Conclusions and Recommendations

- In Mashonaland Central the commonly reported shocks/stressors were economical such as cash shortages (83%) and cereal price changes (58%); climatic such as prolonged mid-season dry spell (73%), drought (70%), crop pests (46%) and COVID-19 pandemic (43%). Amongst the households which encountered these shocks the impact was severe and the households did not bounce back/recover to their original state. There is need to increase the households' absorptive, adaptive and transformative capacities by improving the households' accesses to income, through livelihood diversification, enhancing the access to productive asserts and promotion of climate suitable crop varieties.
- The province will have (57.6%) of households being cereal insecure during the peak of the hunger period. Households identified to be food insecure should immediately continue to receive food aid.
- The province had 24% of the households assessing water from unimproved water sources. with only 54% of households accessing basic water services (which is water from safe sources accessed within 30 minutes round trip). To increase the proportion of households accessing basic water services in the long term there is need to consider a holistic approach which includes transforming rural settlements into predefined settlements which are easily water serviceable either at household level or through public tapes using environmentally sustainable methods e.g solar powered boreholes. Immediately more safe water sources need to be established and rehabilitated especially in the affected districts.

Conclusions and Recommendations

- The province had 52% of households with access to basic sanitation services however Mbire (21%), Rushinga (16%) and Bindura (14%) had the highest proportion of households practicing open defecation. To reduce the prevalence of open defecation initiatives that support the establishment suitable structural hardware e.g. construction of standard latrines using low cost methods with participation of the communities need to be encouraged.
- Indigenous foods (fruits, insects and vegetables) were being consumed by some households especially during the rain season. To increase the consumption of indigenous foods, which are seasonal and found in the wild; there is need to increase awareness about their nutritive value whilst limiting their extinction through efforts that discourage deforestation, avoiding veld fires and identification of innovative ways of preserving them.
- Casual labour (25.9%) remain the main source of income for rural households in the province . There is need to develop strategies that promote income diversification for rural households .
- Only 6% of households in the province had a member in an ISAL group. There is need for the Government to direct efforts towards formation of ISALs as strategies to improve the level of household income.
- The Food Poverty Datum Line has continued to increase over time and remains higher than the average income. There is need for the Government to strategize on how to make food more affordable to the general rural population.

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