Zimbabwe Vulnerability Assessment Committee (ZIMVAC)
2020 Mashonaland East Rural Livelihoods Assessment Report




ZIMVAC is Coordinated By Food And Nutrition Council (FNC)
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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
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- Ministry of Finance and Economic Development
- Zimbabwe National Statistics Agency (ZIMSTAT)
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- 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
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- MAVAMBO Trust
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- UNWOMEN
- Plan International

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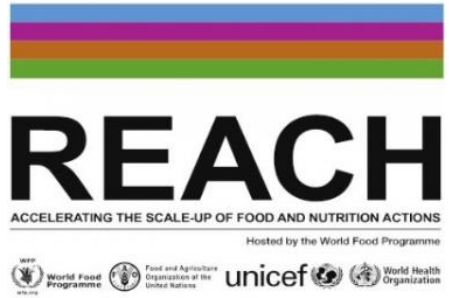
ZIMBABWE

World Health Organization



Acknowledgement of Support-Provincial

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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
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 reaction and action.
- Evaluation of the socio-economic impact of the COVID-19 pandemic and drought.
- Monitoring and reporting towards commitments made within the guiding frameworks of existing national food and nutrition policies and strategies (TSP, FNSP, Zero Hunger strategy and the SDGs).
- Development of the National Development Strategy and the Food and Nutrition Security Strategy, for the next five years.
- The rapidly evolving food and nutrition security situation which was feared to be further deteriorating since the beginning of the COVID-19 crisis in Zimbabwe in April 2020 called for collection of additional and up to date FNS data.
- The current seasonal analysis could not rely on data collected in February 2020 prior to the COVID-19 pandemic.
- 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 pandemic a ‘’State of 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.

Background

- The risks 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.
- 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

- The impact of poor rainfall distribution 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.
- 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.

Assessment Methodology

Methodology – Assessment Design

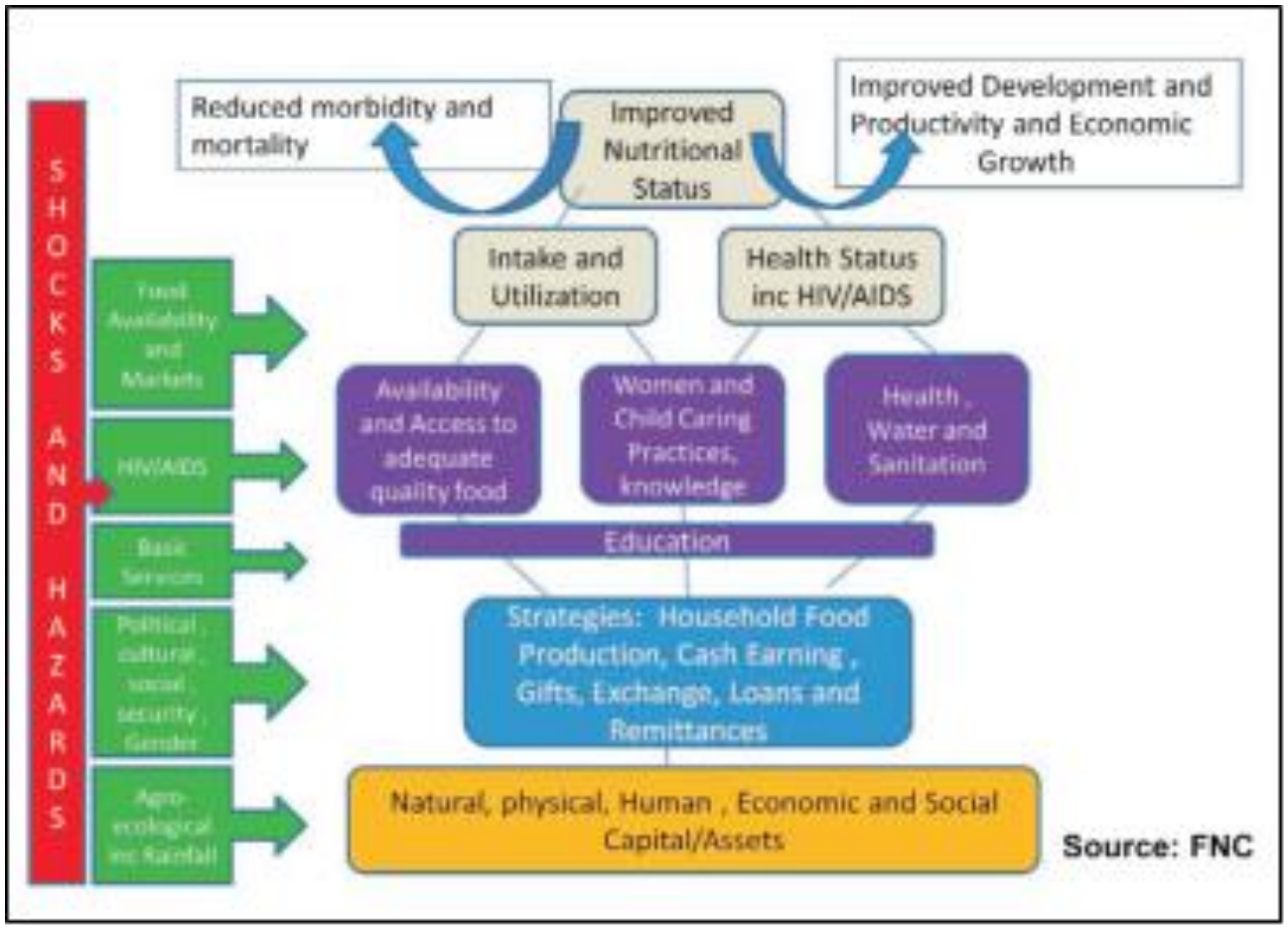

Figure 1: Food and Nutrition Conceptual Framework

- 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.

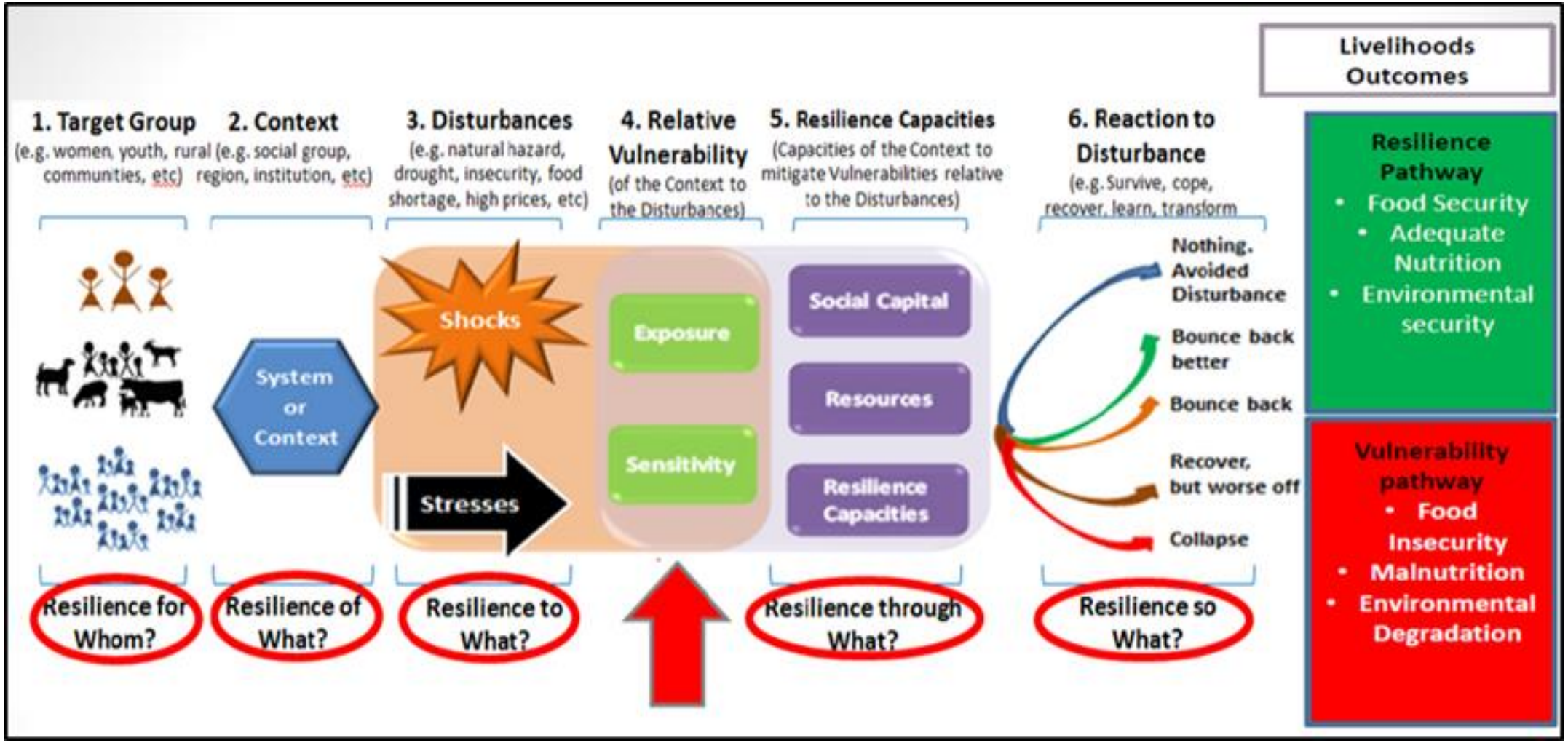

Figure 2: Zimbabwe resilience framework (UNDP Zimbabwe, 2015)

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.

Methodology – Assessment Process

- The Ministry of Local Government and Public Works, 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.
- 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 4 September 2020. Various secondary data sources and field observations were used to contextualise the analysis and reporting.

Methodology – Assessment Process

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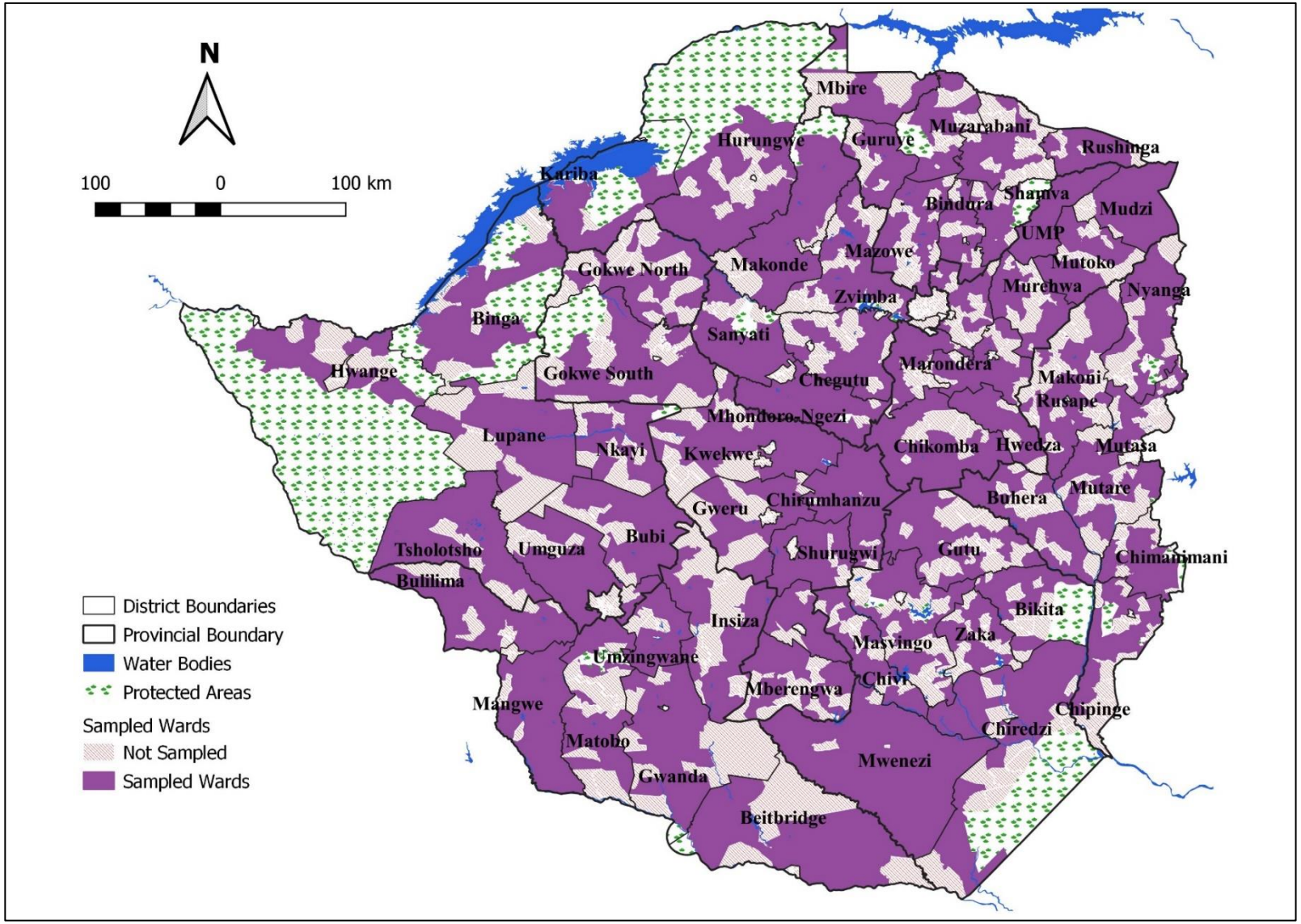
- Data analysis and report writing ran from 27 July to 4 September 2020. Various secondary data sources and field observations were used to contextualise the analysis and reporting.

Methodology - Sampling and Sample Size

- Household food insecurity prevalence was used as the key indicator to determine the sample to ensure 95% confidence level of statistical representativeness at district, provincial and national level.
- The survey collected data from 20 randomly selected EAs that were enumerated in the 2019 RLA.
- A two staged cluster sampling was used and comprised of;
  - Sampling of 20 clusters per each of the 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.
- Sample size for the province was 1793 with 1039 children was as follows

District	Interviewed Households	Children Measured
Chikomba	200	114
Goromonzi	196	120
Hwedza	200	129
Marondera	198	94
Mudzi	201	137
Murehwa	196	120
Mutoko	200	102
Seke	201	111
UMP	201	112
Provincial	1793	1039

Methodology – Sampled Wards



Data Preparation and Analysis

- Primary data was transcribed using CSEntry on android gadgets and using CSPro, it was consolidated and converted into SPSS, STATA and DBF datasets for:
    - Household structured interviews
    - District key informant Focus Group Discussion (transcribed in excel)
- Data cleaning and analysis were done using SPSS, STATA, ENA, Microsoft Excel and GIS packages.
- Analyses of the different thematic areas covered by the assessment were informed and guided by relevant local and international frameworks, where they exist.
- Gender, as a cross cutting issue, was recognised throughout the analysis.

Technical Scope

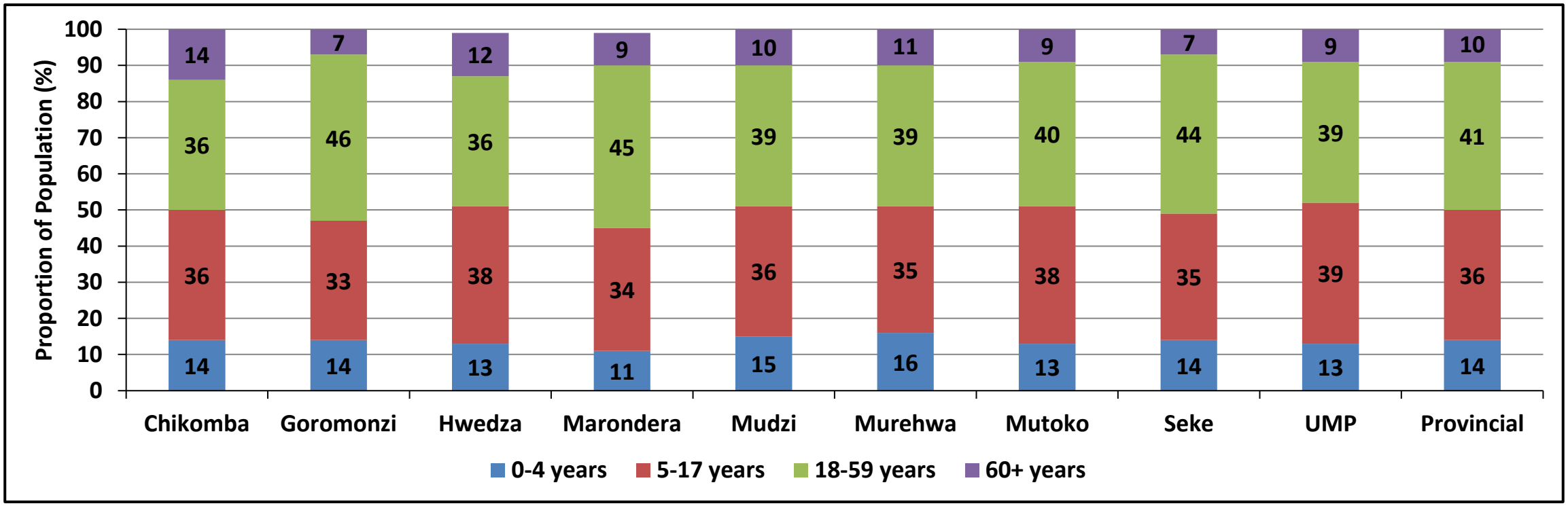
The 2020 RLA collected and analysed information on the following thematic areas:

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

Assessment Findings

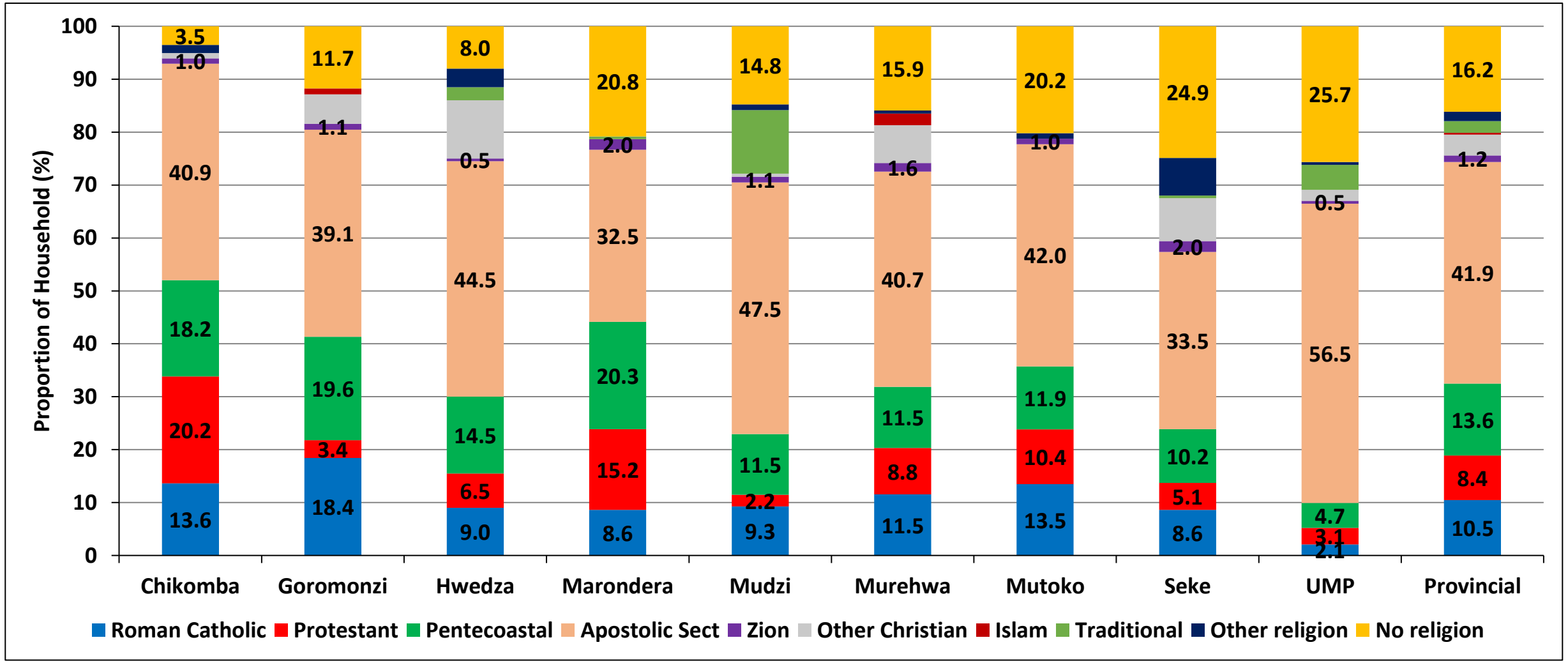
Demographic Description of the Sample

Population Distribution by Age



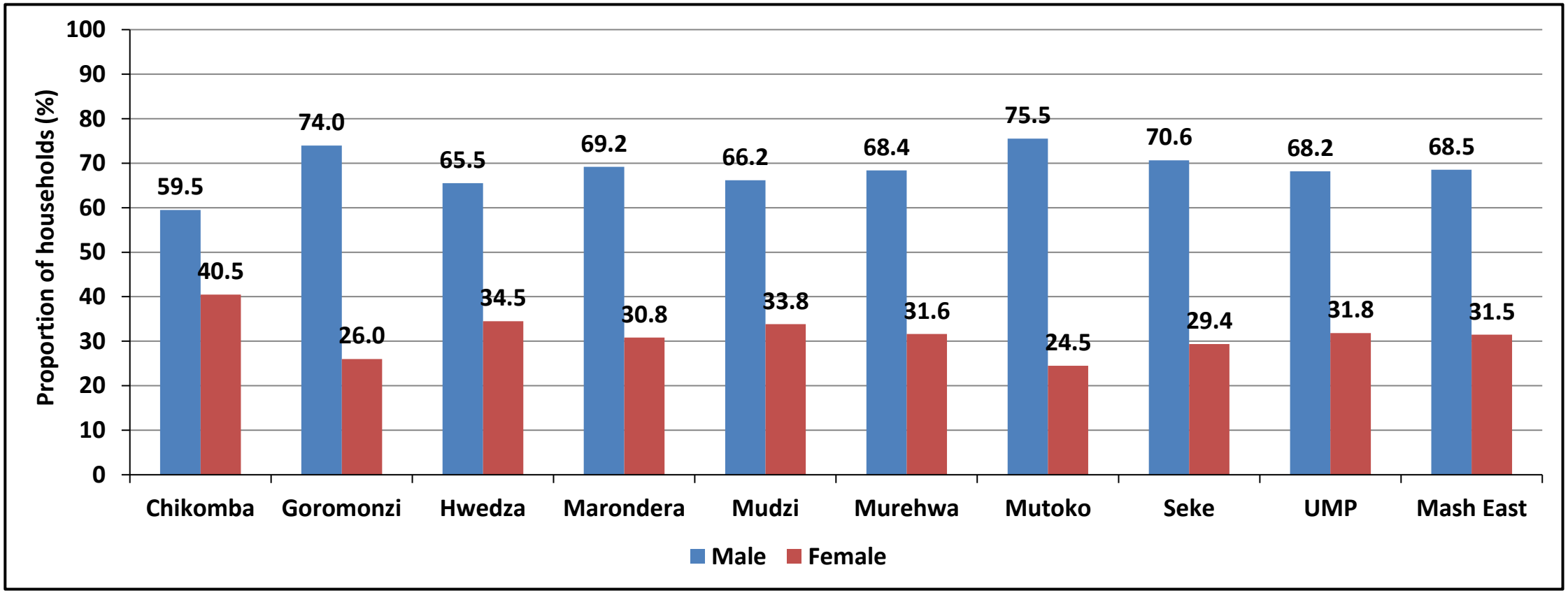
- About 41% of the sampled population were between the ages of 18 to 59 years, 36% were between 5 and 17 years, 14% were in the 0 to 4 years while 10% were in the 60+ years.
- The trend is similar to what has been reported in previous surveys.

Household Head Religion



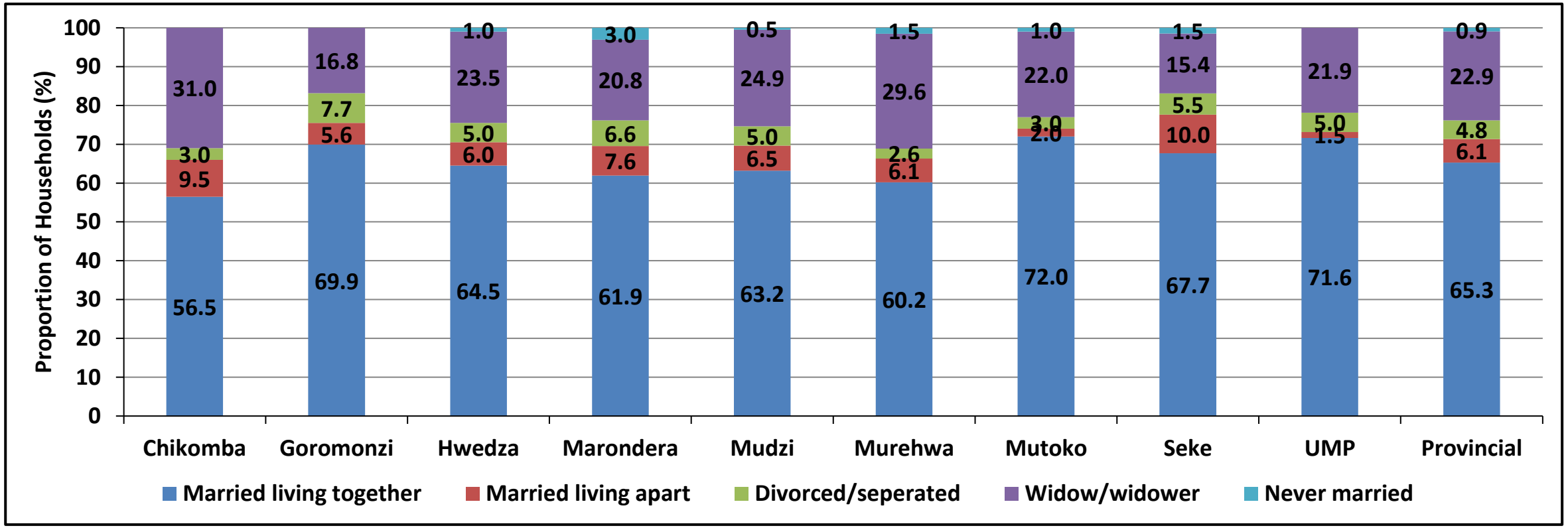
- The bulk of the province household heads belonged to the Apostolic sect (41.9%), followed by the Pentecostal (16.2%)
- The same trend is also found across all districts.

Characteristics of Household Head: Sex



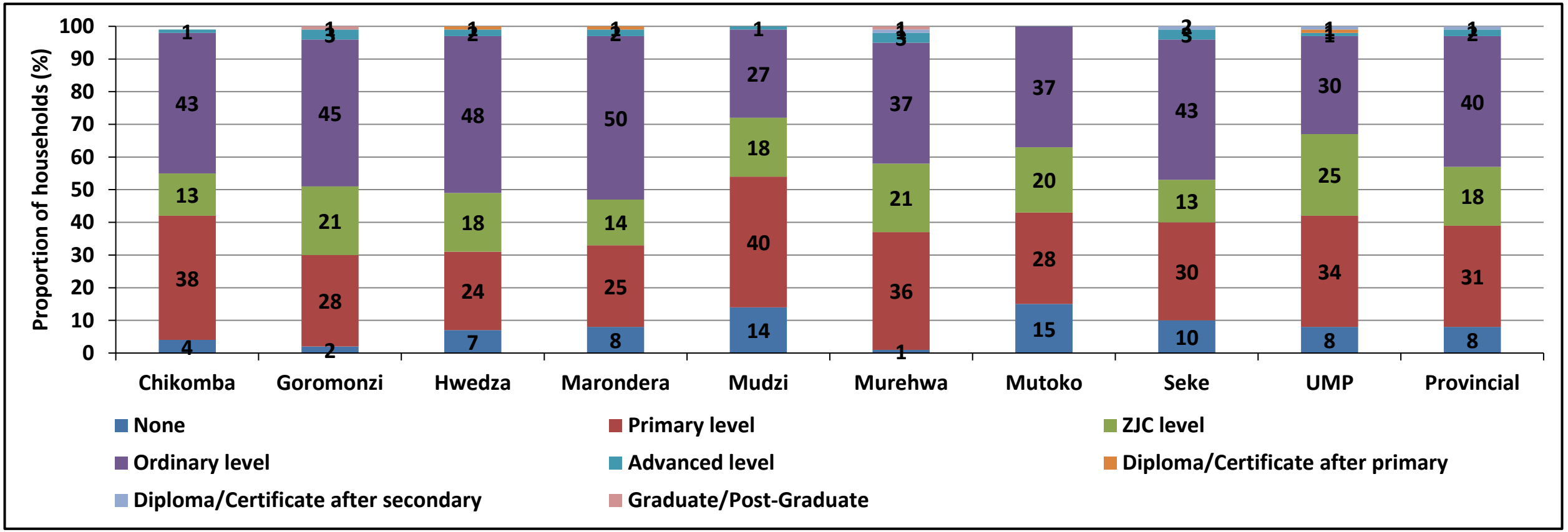
- Across all the districts, there were more male headed households than female headed households.

Characteristics of Household Heads: Marital Status



- The marital status of most of the household heads married and living (65.3%) followed by widowed (22.9%).
- Chikomba (31%) followed by Murehwa (29.6%) had the highest proportion of widowed household heads.

Characteristics of Household Head: Education Level Attained



- The majority of the household heads in the province attained an Ordinary Level Certification (40%), while 8% had education qualification below grade seven.

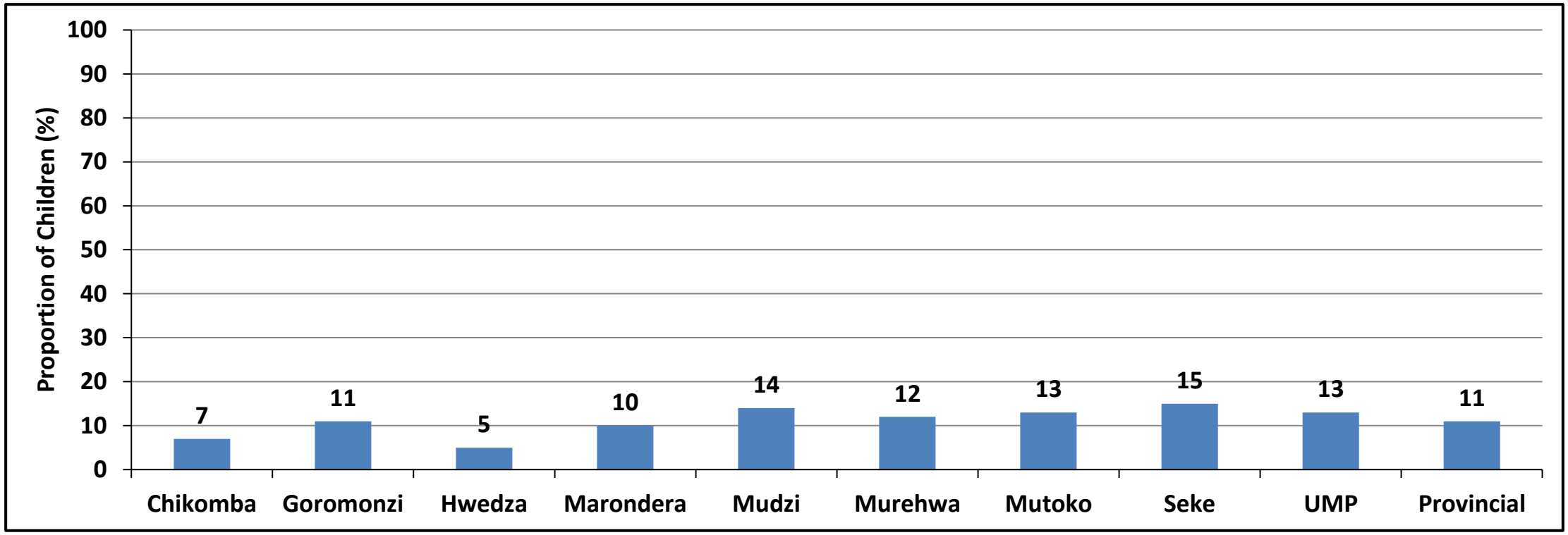
Households Vulnerability Attributes

	Household head physically/mentally challenged	Household head chronic illness	Orphan present in household	Mental or physically challenged present in household	Chronically ill present in household
Chikomba	4.5	3.5	19.5	11.0	7.5
Goromonzi	9.7	10.7	13.3	12.8	17.3
Hwedza	6.0	3.0	9.0	13.0	7.5
Marondera	1.0	10.1	19.7	3.5	16.2
Mudzi	2.0	3.5	8.5	9.0	7.0
Murehwa	2.6	6.1	18.4	7.1	9.7
Mutoko	4.0	12.0	15.0	9.0	18.0
Seke	3.0	2.0	13.4	8.5	7.5
UMP	3.0	12.4	12.4	9.0	16.9
Provincial	4.0	7.0	14.3	9.2	11.9

- About 14.3% of the households had an orphan with Marondera(19.7%) and Chikomba (19.5%) having the highest proportions.
- Four percent (4%) of the household heads were physically or mentally challenged and Goromonzi district had the highest number of physically/mentally challenged household heads.

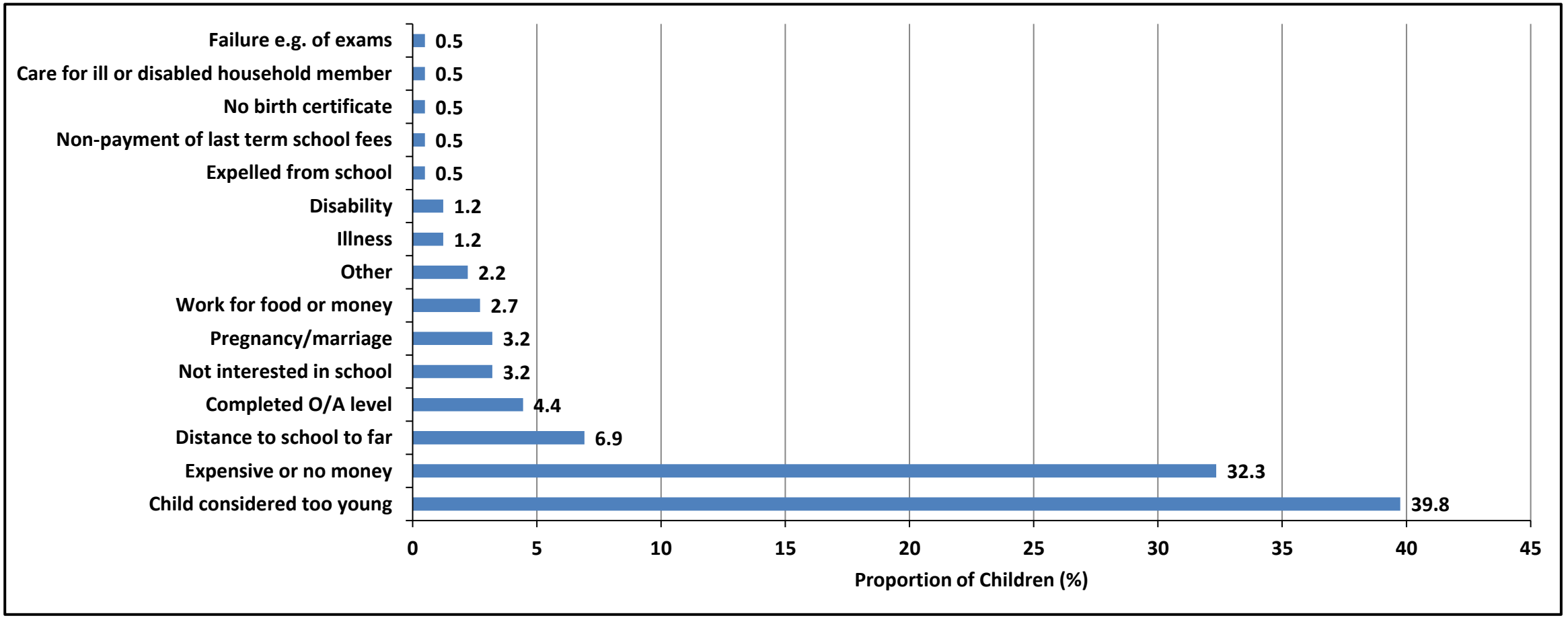
Education

Children Not Going to School Before COVID 19 Pandemic Lockdown



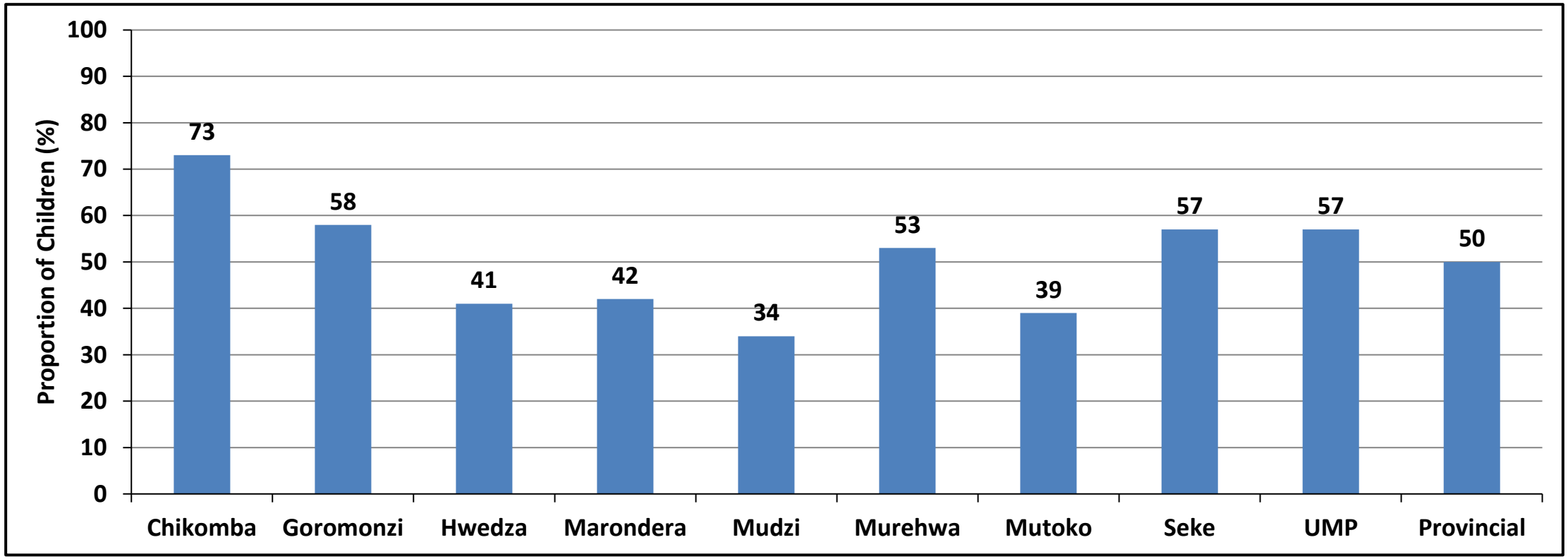
- The province had 11% of children between the age of 4-17 years not going to school.
- Seke (15%) had the highest proportion of children not going to school followed by Mudzi (14%) while Hwedza (5%) had the lowest.

Major Reasons for Children not Being in School



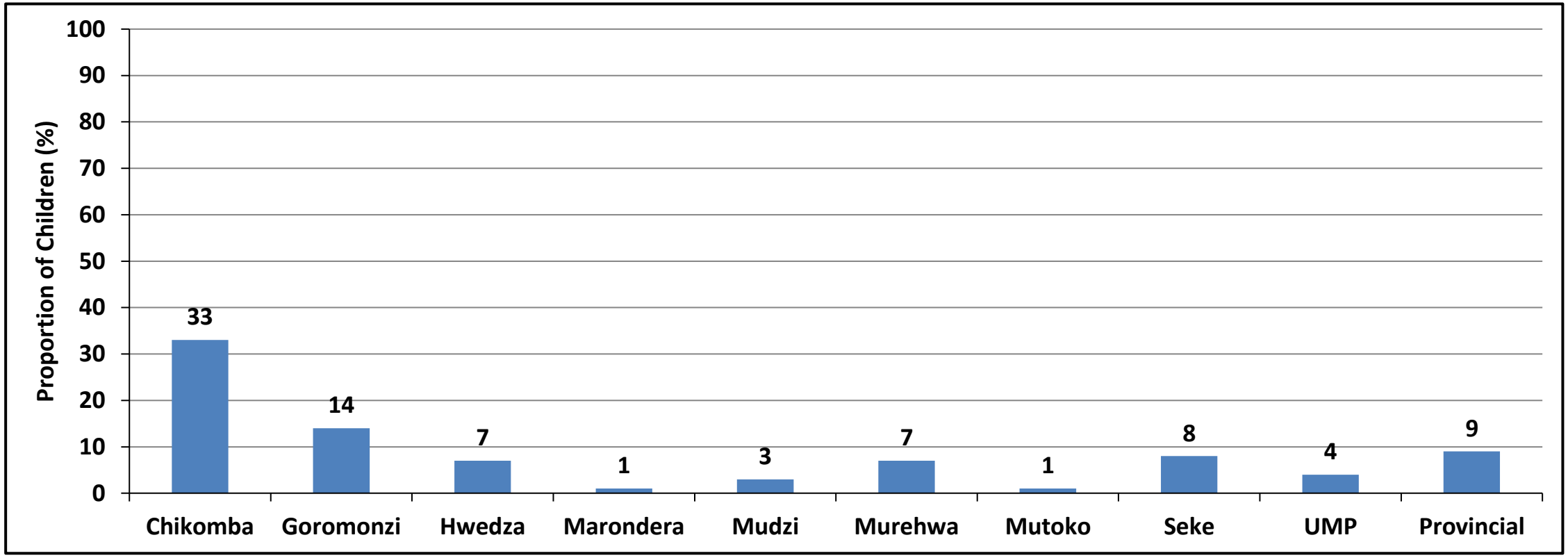
- The major reasons why most children were out of school in the province are because they were considered too young by their parents/guardians (39.8%) and also that schools were expensive and parents could not afford (32.8%).

Children Sent Away From School Due to Non-payment of School Fees



- The province had half (50%) of the children turned away for non payment of school fees during the first quarter of the year before the Covid 19 pandemic.
- Chikomba (73%) had the highest proportion of children sent away from school due to non payment of fees.

Children Attending Home Schooling during Covid-19 Pandemic



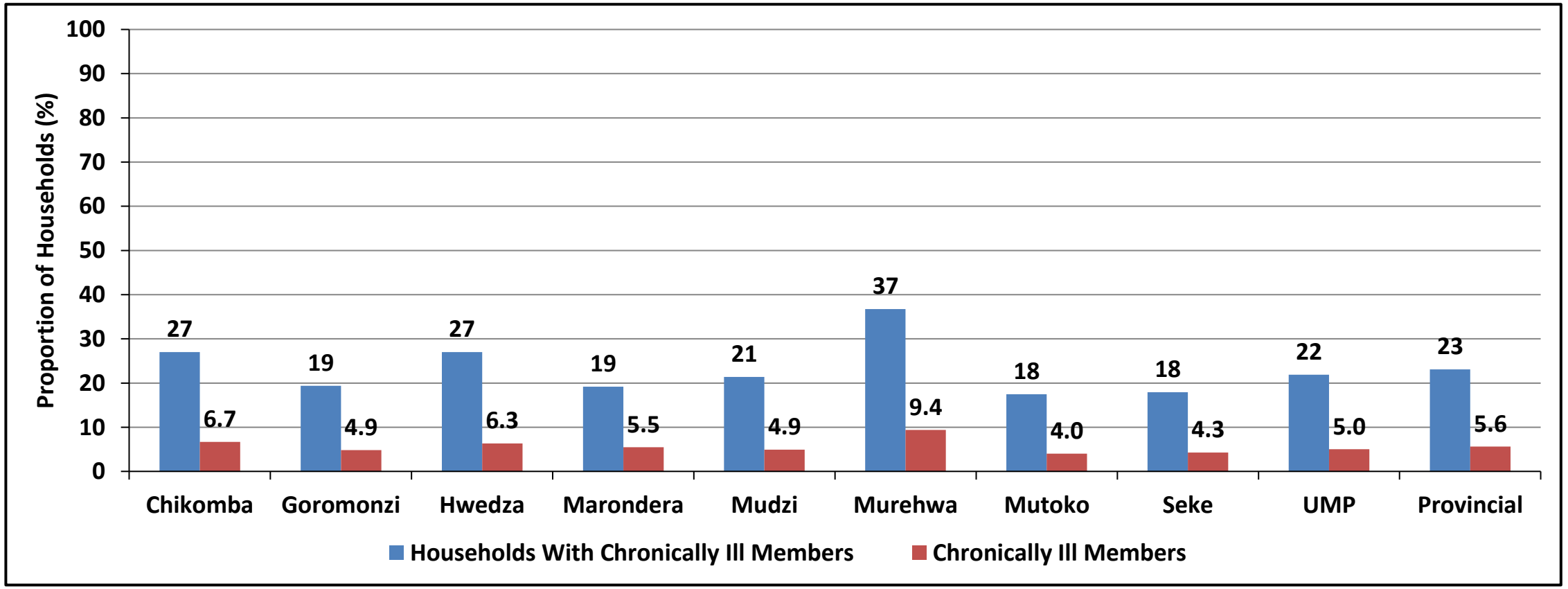
- The majority of children in the province were not attending home schooling classes, save for only 9%.
- Chikomba (33%) had the highest proportion of children attending home school while Mutoko (1%)and Marondera (1%) had the lowest.

Chronic Illness

Chronic Conditions

- Chronic conditions are defined as conditions that require on-going management and/or taking of medication over a period of years. (WHO, 2008).
- Missed medication doses is a predictor of incomplete adherence among chronically ill patients.
- Adherence to a medication regimen is generally defined as the extent to which patients take medications as prescribed by their health care providers.
- Poor adherence to treatment aggravates drug resistance which ultimately leads to unfavourable treatment outcomes.

Households with at least one Person Living with a Chronic Condition



- The province had 23% of households with at least one member living with a chronic condition.
- Mudzi (37%) had the highest proportion of households with chronically ill members while Mutoko (18%) and Seke (18%) had the lowest.

Households with at least one Person Living with a Chronic Condition by Condition

District	HIV/AIDS	Heart disease	Diabetes	Asthma	Hypertension	Arthritis	Epilepsy	Stroke	Cancer	Tuberculosis	Ulcers
Chikomba	**27.4**	4.8	12.9	8.1	**35.5**	3.2	1.6	0.0	6.5	0.0	3.2
Goromonzi	**59.6**	4.3	8.5	2.1	**19.1**	6.4	4.3	2.1	0.0	2.1	2.1
Hwedza	**34.8**	7.6	16.7	3.0	**43.9**	4.5	0.0	0.0	1.5	0.0	3.0
Marondera	**22.4**	4.1	36.7	20.4	**26.5**	2.0	0.0	0.0	2.0	4.1	4.1
Mudzi	**26.0**	4.0	6.0	12.0	**44.0**	10.0	0.0	2.0	0.0	2.0	0.0
Murehwa	**34.5**	8.3	7.1	3.6	**47.6**	0.0	2.4	6.0	0.0	0.0	3.6
Mutoko	**22.5**	5.0	7.5	5.0	**72.5**	0.0	2.5	2.5	0.0	0.0	0.0
Seke	**27.5**	2.5	2.5	5.0	**60.0**	0.0	2.5	5.0	2.5	0.0	2.5
UMP	**43.4**	1.9	9.4	7.5	**32.1**	0.0	1.9	0.0	0.0	3.8	1.9
Provincial	**33.4**	5.1	12.0	7.1	**41.8**	2.9	1.6	2.0	1.4	1.2	2.4

- High blood pressure (41.8%) and HIV/AIDS (33.4%) were the most reported chronic conditions.
- Presence of a member living with a chronic condition is likely to increase the household's financial burden.

Households With at Least one Member who Missed Chronic Condition Medication and Reasons

	Medication too expensive so cannot afford	Do not have the required currency to purchase	Forgot to take medication	Failed to follow the instructions for taking the medicines	Displace ment	Lack of transport to go and collect the drugs	No money to pay for transport	To avoid side effects	Failure to access the health facility for more medication
Chikomba	**12.9**	**11.3**	0.0	0.0	0.0	6.5	8.1	0.0	0.0
Goromonzi	**17.0**	**6.4**	0.0	0.0	2.1	0.0	2.1	2.1	0.0
Hwedza	**7.6**	**4.5**	0.0	0.0	0.0	1.5	1.5	4.5	1.5
Marondera	**8.2**	**4.1**	0.0	0.0	0.0	4.1	6.1	0.0	4.1
Mudzi	**26.0**	**4.0**	0.0	0.0	0.0	0.0	2.0	0.0	0.0
Murehwa	**16.7**	**0.0**	0.0	0.0	0.0	3.6	3.6	0.0	0.0
Mutoko	**15.0**	**2.5**	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Seke	**22.5**	**0.0**	2.5	0.0	0.0	0.0	0.0	0.0	0.0
UMP	**11.3**	**0.0**	0.0	1.9	0.0	0.0	0.0	0.0	0.0
Provincial	**14.9**	**3.7**	0.2	0.2	0.2	2.0	2.9	0.8	0.6

- The most reported reasons for missing chronic medication doses included medication too expensive (14.9%) and unavailability of the required currency to purchase (3.7%).

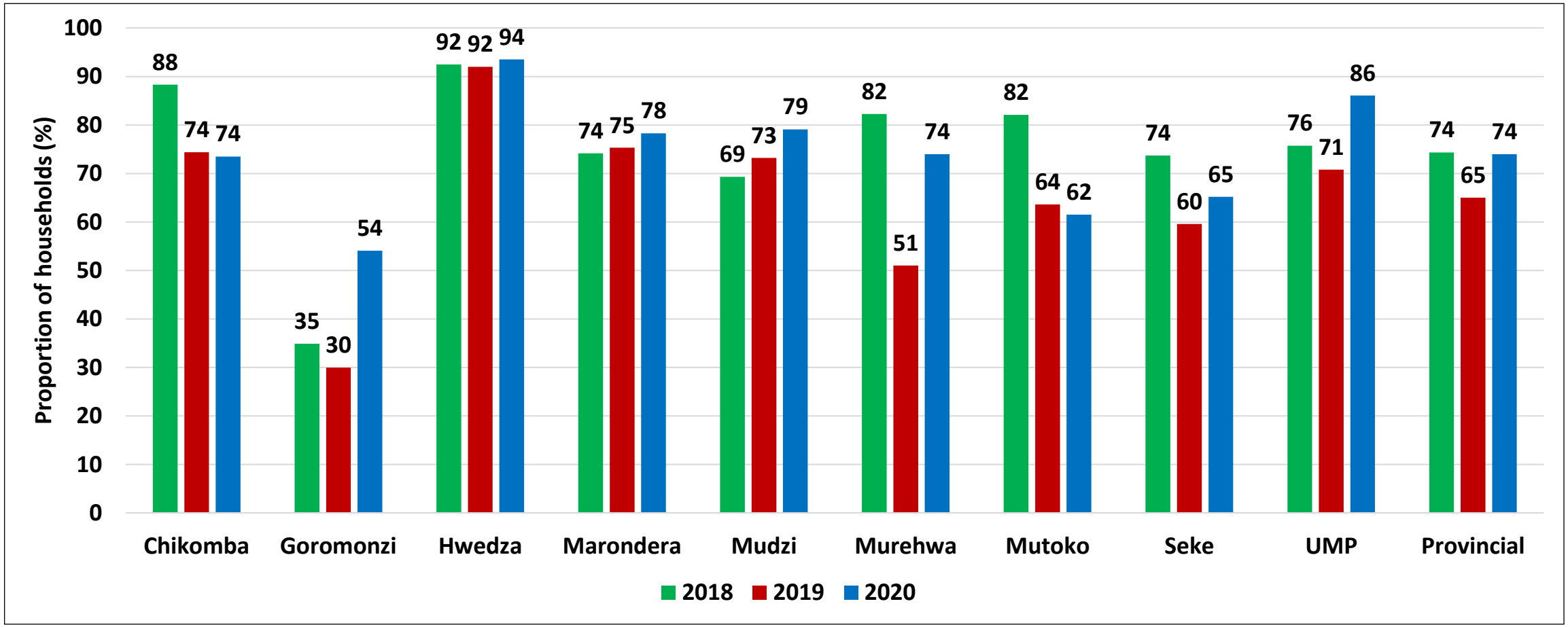
Proportion of People living With HIV Receiving Support and the Forms of Support

District	Food aid	Cash transfer	Counselling sessions	School support	Vocational training
Chikomba	**17.6**	5.9	**52.9**	0.0	0.0
Goromonzi	**10.7**	0.0	**82.1**	0.0	0.0
Hwedza	**39.1**	0.0	**17.4**	0.0	0.0
Marondera	**0.0**	0.0	**81.8**	0.0	9.1
Mudzi	**23.1**	0.0	**61.5**	0.0	0.0
Murehwa	**20.7**	0.0	**75.9**	0.0	0.0
Mutoko	**55.6**	0.0	**44.4**	0.0	0.0
Seke	**18.2**	0.0	**9.1**	0.0	9.1
UMP	**13.0**	0.0	**39.1**	4.3	0.0
Provincial	**20.7**	0.6	**54.3**	0.6	1.2

- People living with HIV/AIDS were mainly getting support through counselling sessions (54.3%) and food aid (20.7%).
- On food aid support, Mutoko (55.6%) had the highest proportion of people living with HIV/AIDS receiving food aid with the least being Marondera with 0%.

Social Protection

Households that Received Any Support By Year



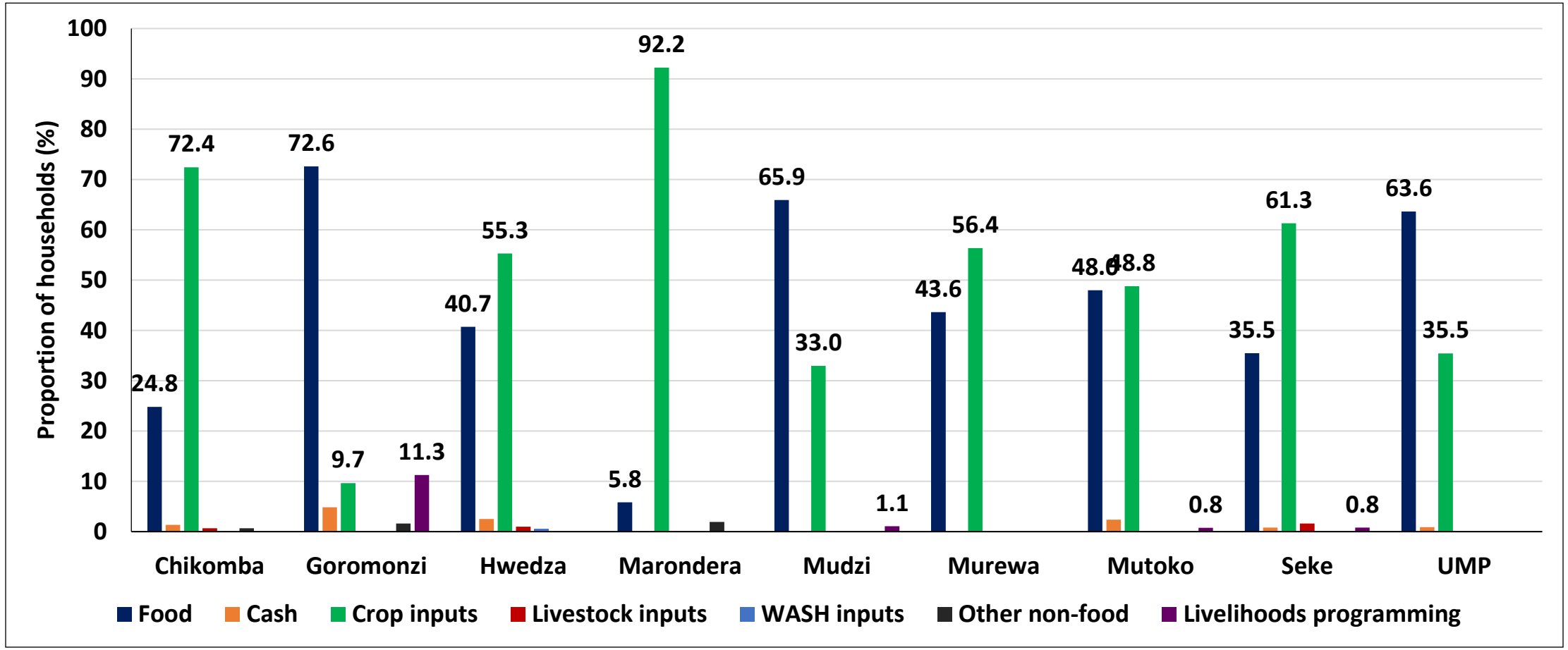
- The proportion of households that received any form of support was 74% and this was an increase from 65% reported in 2019.
- The highest proportion of households that received any form of support was in Hwedza (94%).
- Goromonzi had the highest percentage point increase in the proportion of households who received any form of support from 2018 to 2020.

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	Mutual groups
Chikomba	60.5	16.5	2.5	9.5	1.0	23.5	2.0	7.5	9.0
Goromonzi	29.6	25.0	**4.1**	4.1	1.5	10.2	0.0	6.6	1.5
Hwedza	**76.0**	26.0	4.0	**31.0**	6.5	**41.0**	1.5	**13.0**	**9.0**
Marondera	50.0	36.4	5.6	30.8	**24.7**	29.8	1.5	6.6	3.0
Mudzi	39.3	44.8	0.5	12.9	2.5	12.9	1.0	0.5	0.0
Murehwa	46.4	24.0	2.6	14.3	7.1	30.1	2.0	10.7	0.5
Mutoko	46.5	12.5	0.5	15.5	3.5	17.5	2.5	2.0	2.5
Seke	47.3	14.4	3.5	10.0	2.0	26.4	1.5	10.4	0.5
UMP	50.2	**46.3**	3.0	20.9	3.5	8.0	1.5	2.5	0.0
Provincial	49.6	27.3	2.9	16.6	5.8	22.1	1.5	6.6	2.9

- Government support (49.6%) remains the highest source followed by UN/NGO (27.3%).
- Hwedza had the highest proportion of households receiving support from government (76%), urban relatives (41%), rural relatives (31%),diaspora relatives (13%) and mutual groups (9%).

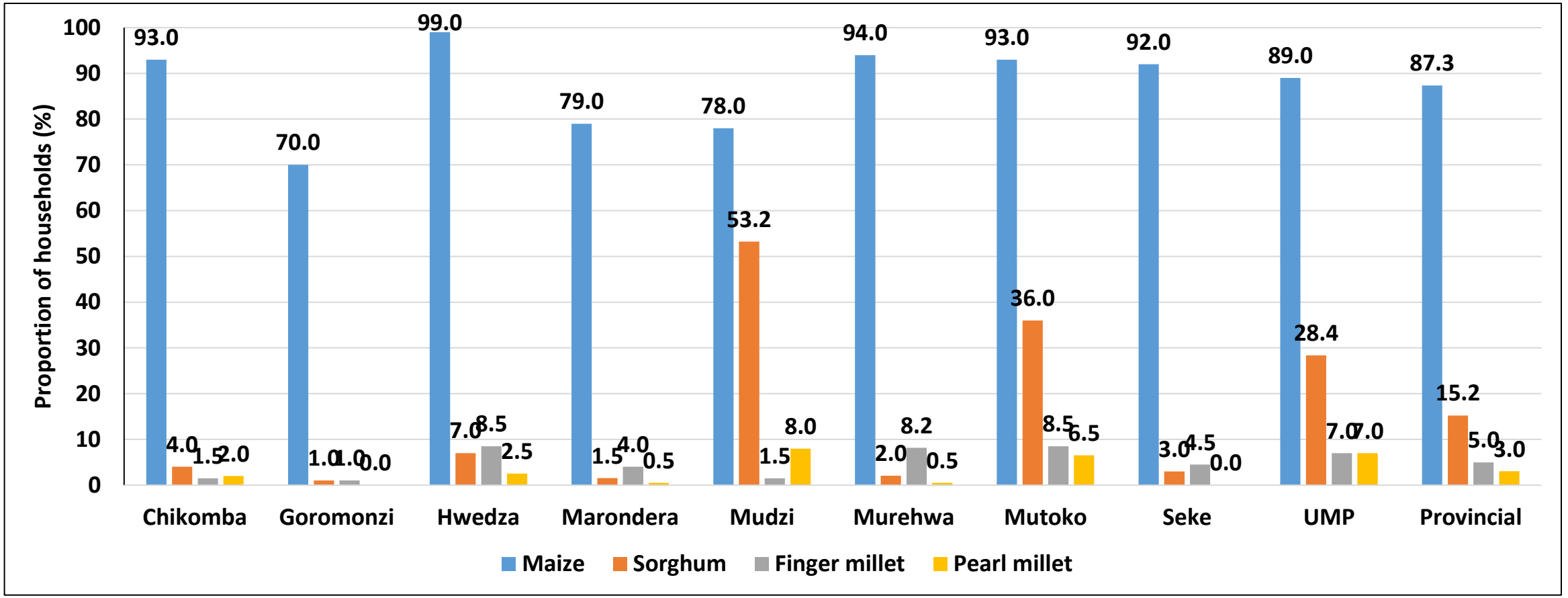
Type of Support from Government



- Crop inputs and food were the most types of support received from government in all the districts.
- About 11% of the households in Goromonzi received livelihoods programming support from the government.

Agriculture Crop Production

Planted Cereals



- Atleast 70% of the households planted cereals.
- Small grains were most common in Mudzi, Mutoko and UMP.

Average Household Cereal Stocks as at 1 April

District	Cereal stocks (kg)					
	Maize	**Sorghum**	**Finger Millet**	**Pearl Millets**	**Wheat**	**Rice**
Chikomba	**119.4**	0.1	0.8	0	0	0.4
Goromonzi	41.0	0	0	0	0	0.2
Hwedza	**72.0**	1.1	1.7	0.5	0.1	**0.8**
Marondera	68.1	0	0.3	0	0	0.6
Mudzi	27.1	2.7	0.0	1.3	0	0
Murehwa	**83.5**	3.0	0.5	0.0	0	0.3
Mutoko	54.5	5.0	1.4	0.3	0	0.2
Seke	40.1	0	0	0	0.1	0.5
UMP	44.1	**8.3**	3.9	0.9	0.1	0
Provincial	**61.1**	**2.2**	**0.9**	**0.3**	**0.0**	**0.3**

- Chikomba (119.4 kg), Hwedza(72 kg), Marondera (68.1 kg) and Murehwa (83.5 kg) had the highest average maize cereal stocks per household.
- UMP (8.3 kg) had the highest average sorghum stocks in the province.
- Hwedza (0.8 kg) recorded the highest average rice stocks.

Average Household Cereal Production by District

District	Maize (kg)	Small grains (kg)
Chikomba	**644**	1
Goromonzi	146	0
Hwedza	373	5
Marondera	343	1
Mudzi	72	5
Murehwa	360	3
Mutoko	180	15
Seke	278	1
UMP	120	11
Provincial	279	5

- Chikomba (644 kg) had the highest average maize production per household.
- Mudzi (72 kg) had the least average maize production per household.

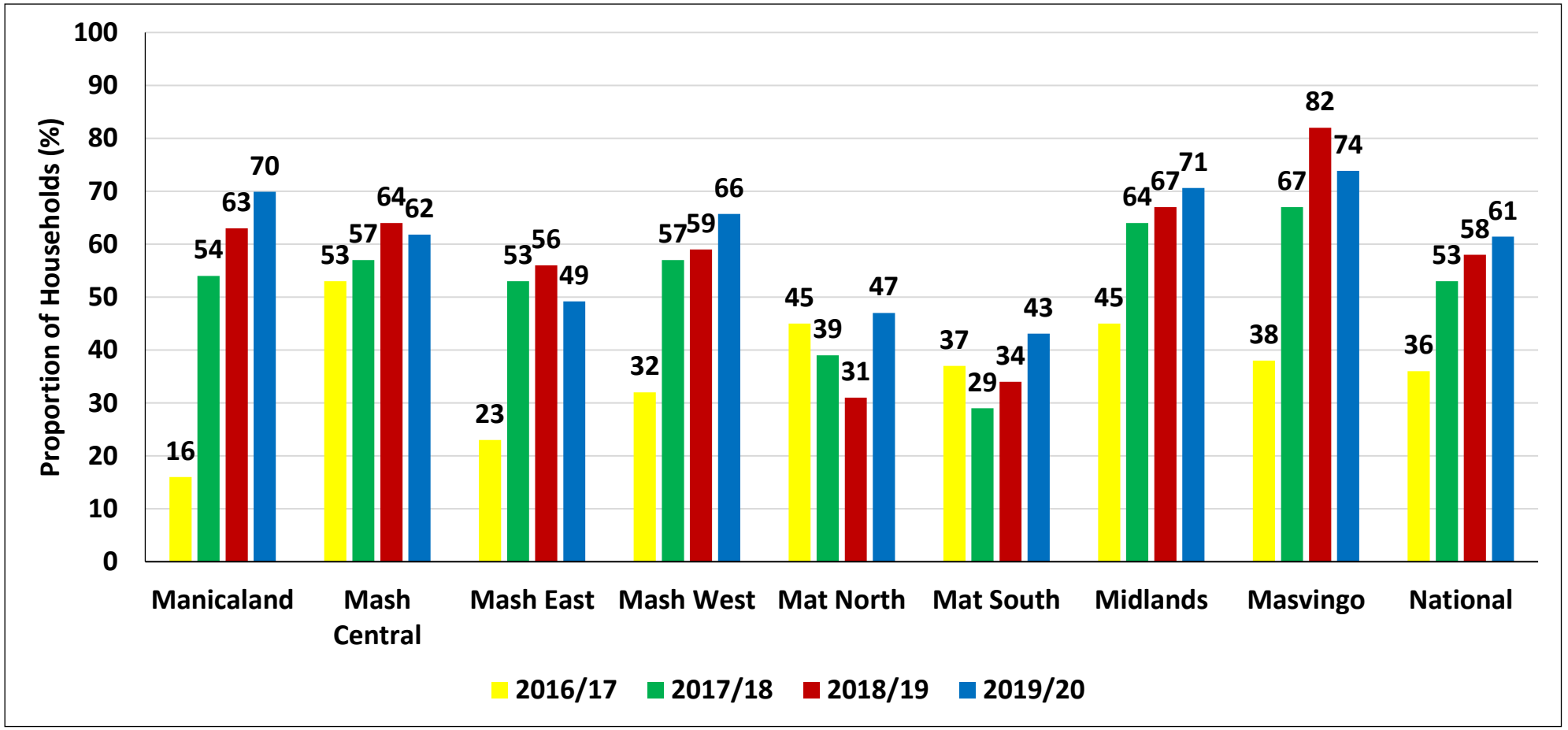
Sources of Inputs For Cereals

Sources	Maize	Sorghum	Finger millet	Pearl millet
Government	**52**	**33**	7	17
Purchases	31	6	6	5
Retained	17	**32**	**52**	**51**
Carryover	9	15	23	20
Remittances	4	7	8	5
Non-Governmental organisation (NGO)	2	6	3	4
Gifts	2	8	7	8
Private contractors	0	1	0	0

- The main source of inputs across the whole country was Government (52%), followed by purchases (31%).
- The main source of inputs for small grains remains retained seed. This has continuously contributed to the low yields obtained from small grains.

Fall Army Worm

Households Affected by Fall Army Worm



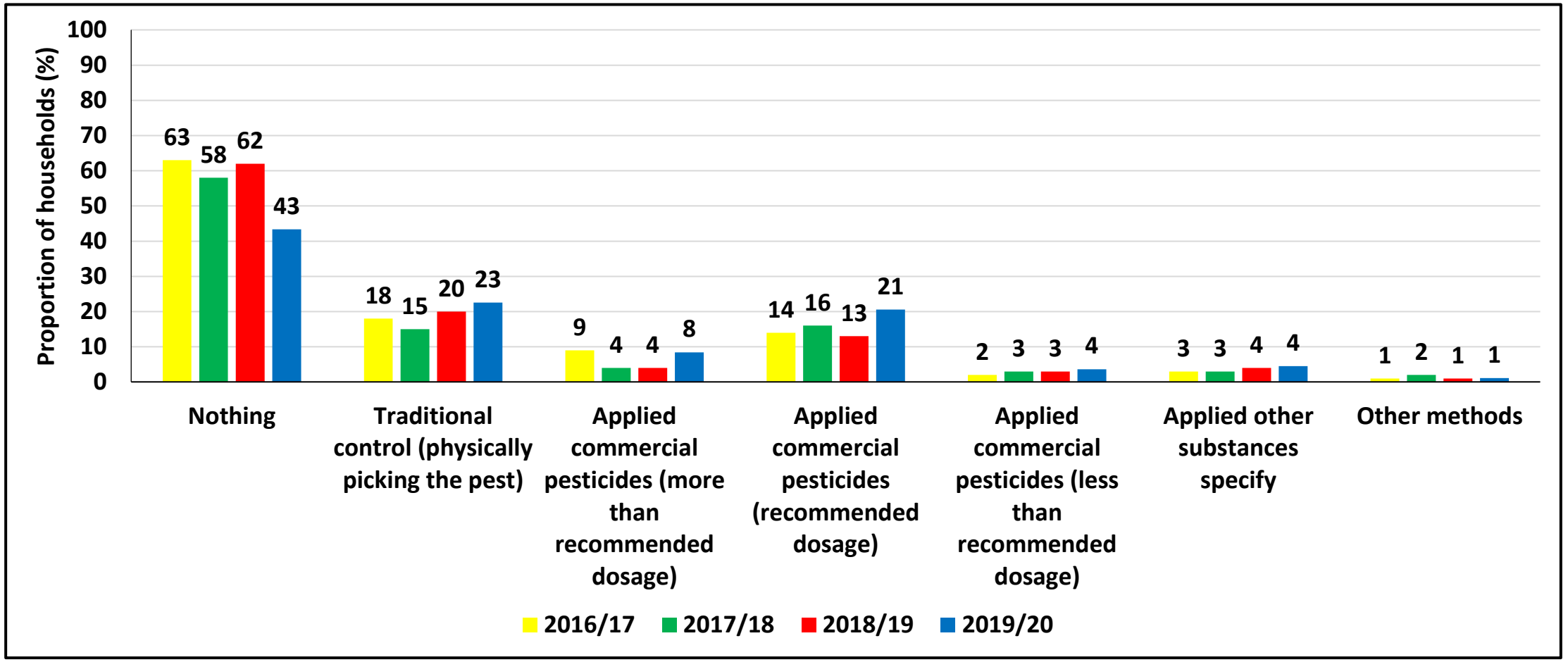
- The proportion of households that were affected by fall armyworm dropped from 56% in 2018/19 to 49% in 2019/20.

Crops Affected by Fall Army worm During the 2019/20 Season

Province	Manicaland	Mash Central	Mash East	Mash West	Mat North	Mat South	Midlands	Masvingo	National
Maize	**70**	**62**	**49**	**66**	**47**	**43**	**71**	**74**	**61**
Cotton	14	17	0	32		33	33	20	23
Sorghum	9	37	17	41	18	6	22	19	21
Finger millet	13	13	0	0	13	5	15	4	8
Cowpeas	8	8	3	11	8	3	9	6	7
Pearl millet	7	4	7	67	8	2	11	8	7
Soya beans		4	0	10	0	0	0	0	6
Sugar beans	8	6	1	8	0	9	11	5	6
Tubers	4	5	8	6	13	0	3	5	6
Tobacco	9	5	4	7	0	0	0	0	5
Round nuts	5	6	1	7	4	4	7	2	3
Groundnuts	0	4	1	3	3	2	5	2	2
Wheat	3	0	0	0	0	0	0	0	2
Sunflower	0	1.3	1.4	0	0	0	0	0	1

- Maize (61%) was the most common crop affected by fall army worm across the whole country.

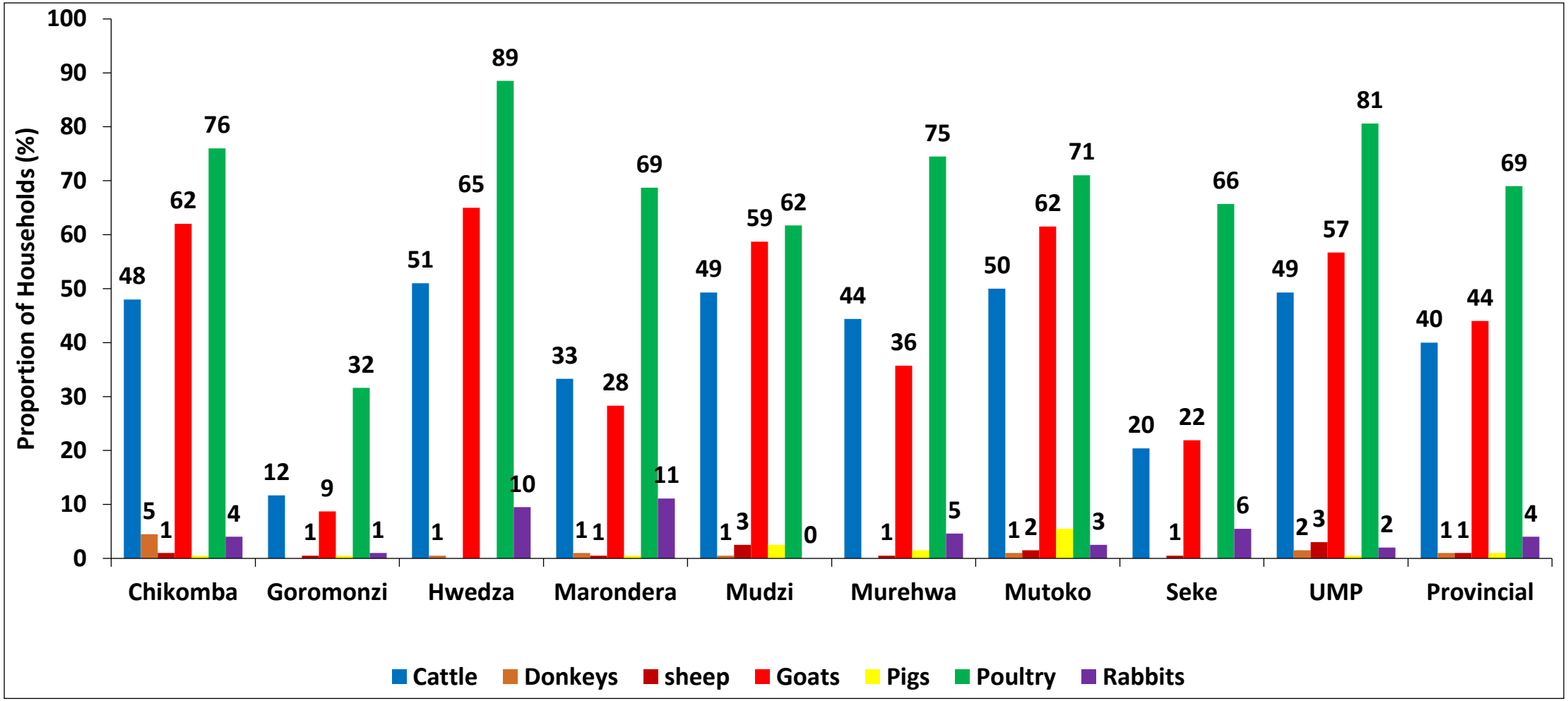
Ways Used to Control Fall Army Worm



- Majority of the households (43%), indicated that they did not use any method to control fall armyworm in the province and some households explored traditional control (physically picking the pest (23%).

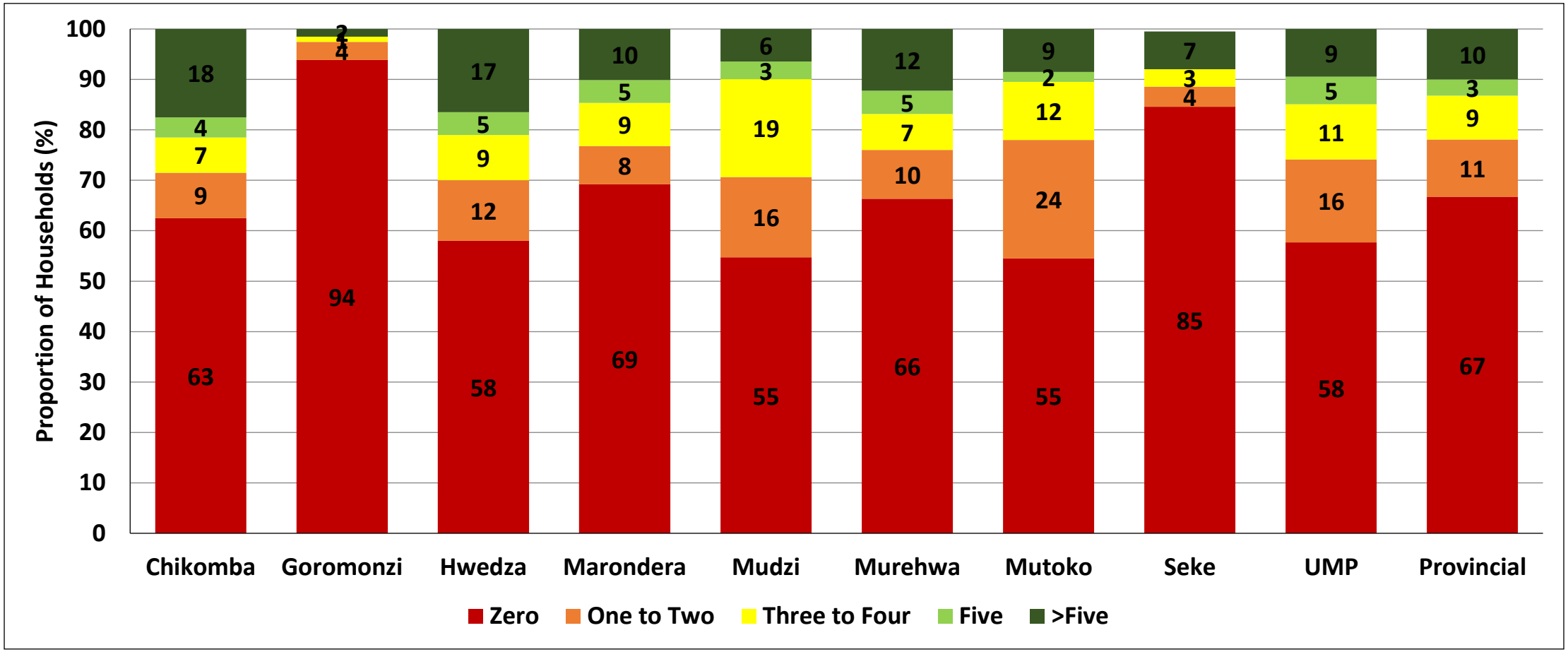
Livestock Production

Households which Owned Livestock



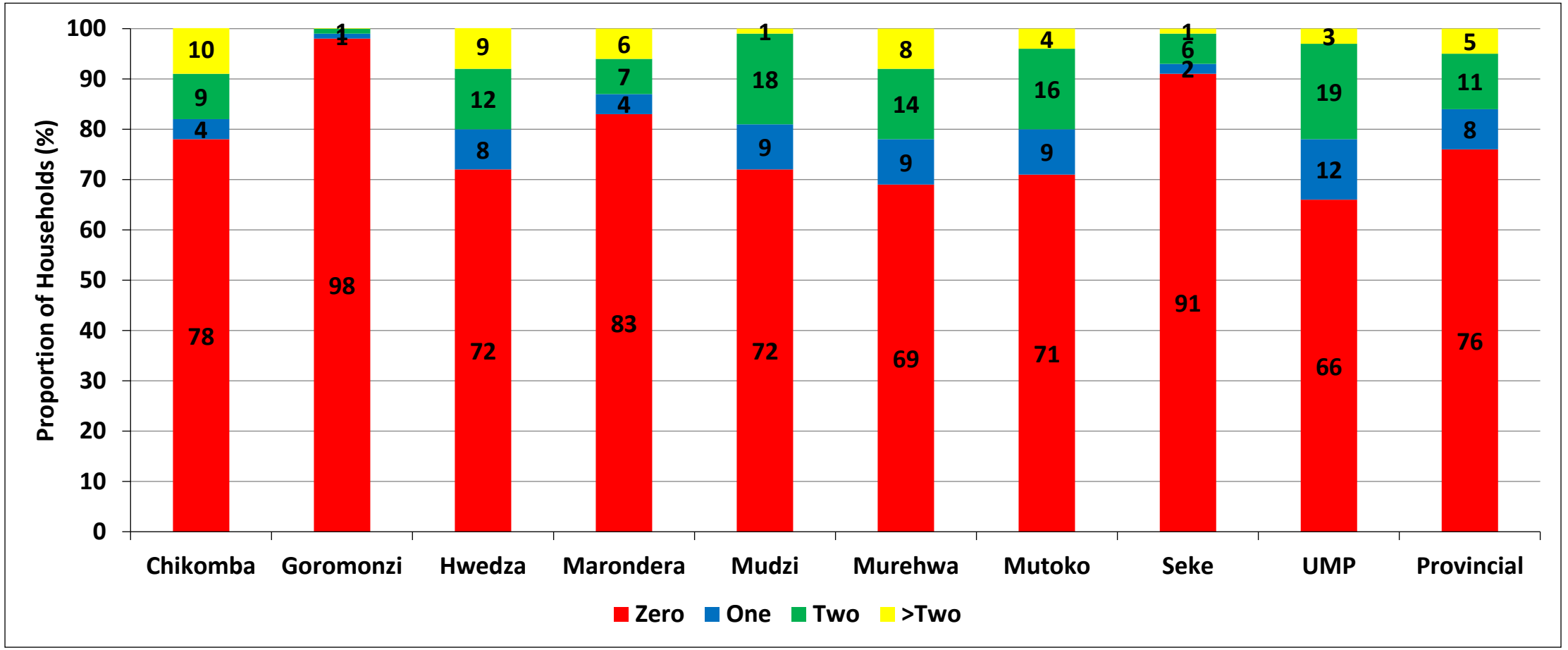
- The most common owned livestock species was poultry (69%) and the highest proportion of households owning poultry are in Hwedza (89%).
- Cattle and goats were owned by 40% and 44% of the households in the province respectively.

Average Cattle Numbers per Household



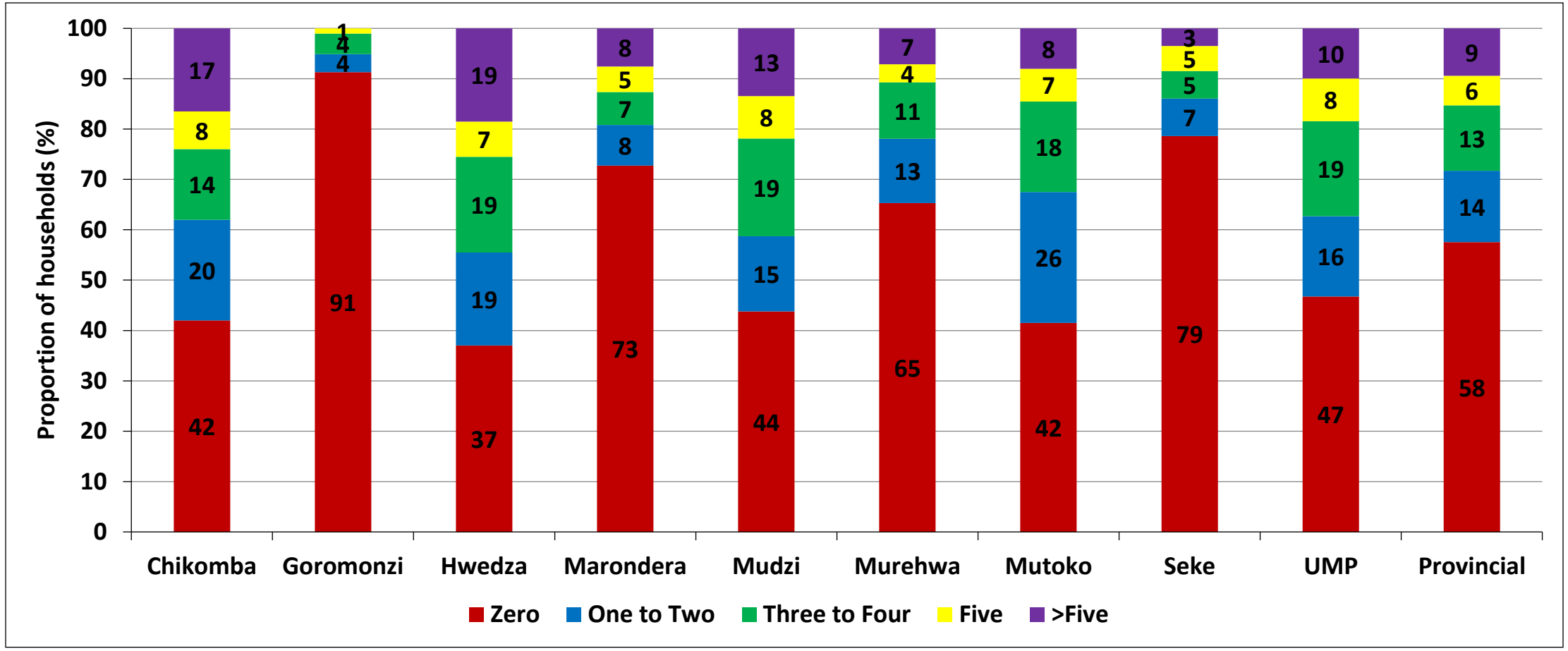
- Sixty percent (60%) of the population in the province do not own cattle, with only 10% having more than 5 cattle.

Average Number of Draught Cattle per Household



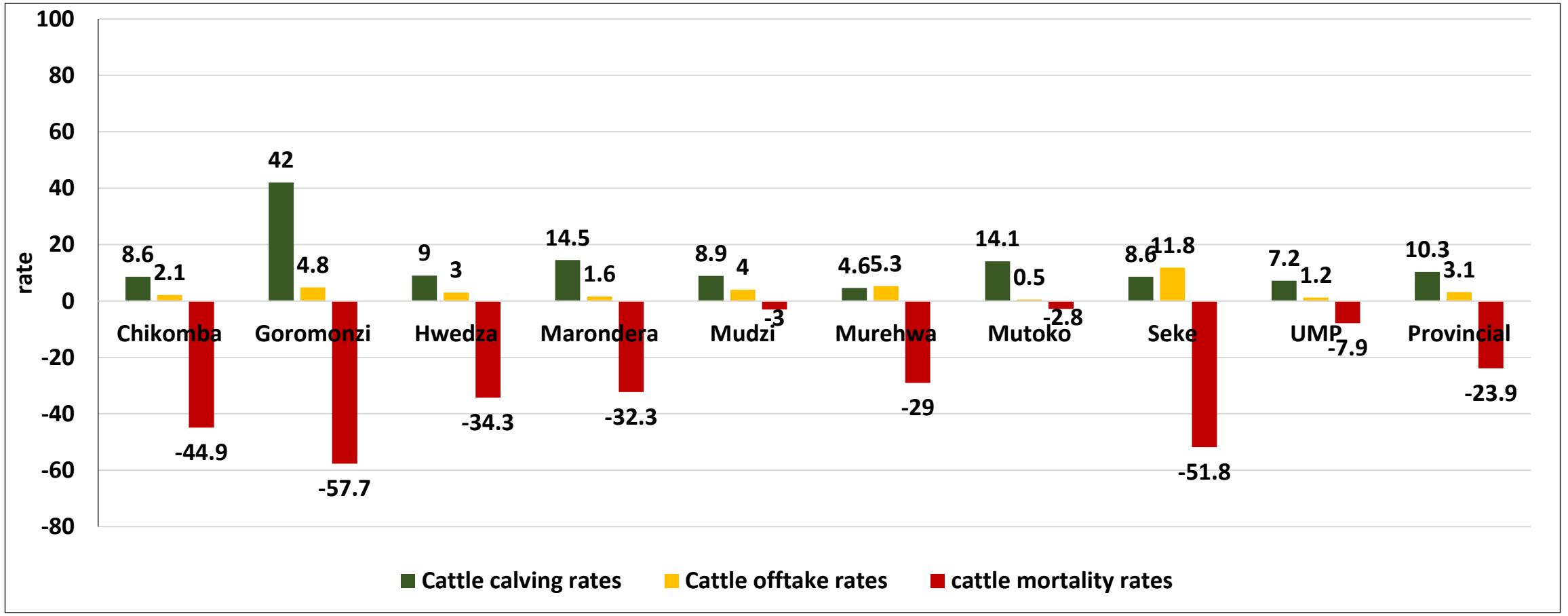
- Seventy six percent (67%) of the households in the province do not own draught cattle.
- Goromonzi (98%)and Seke (91%) had the highest proportion of households that do not own draught cattle.

Average Goat Numbers per Household



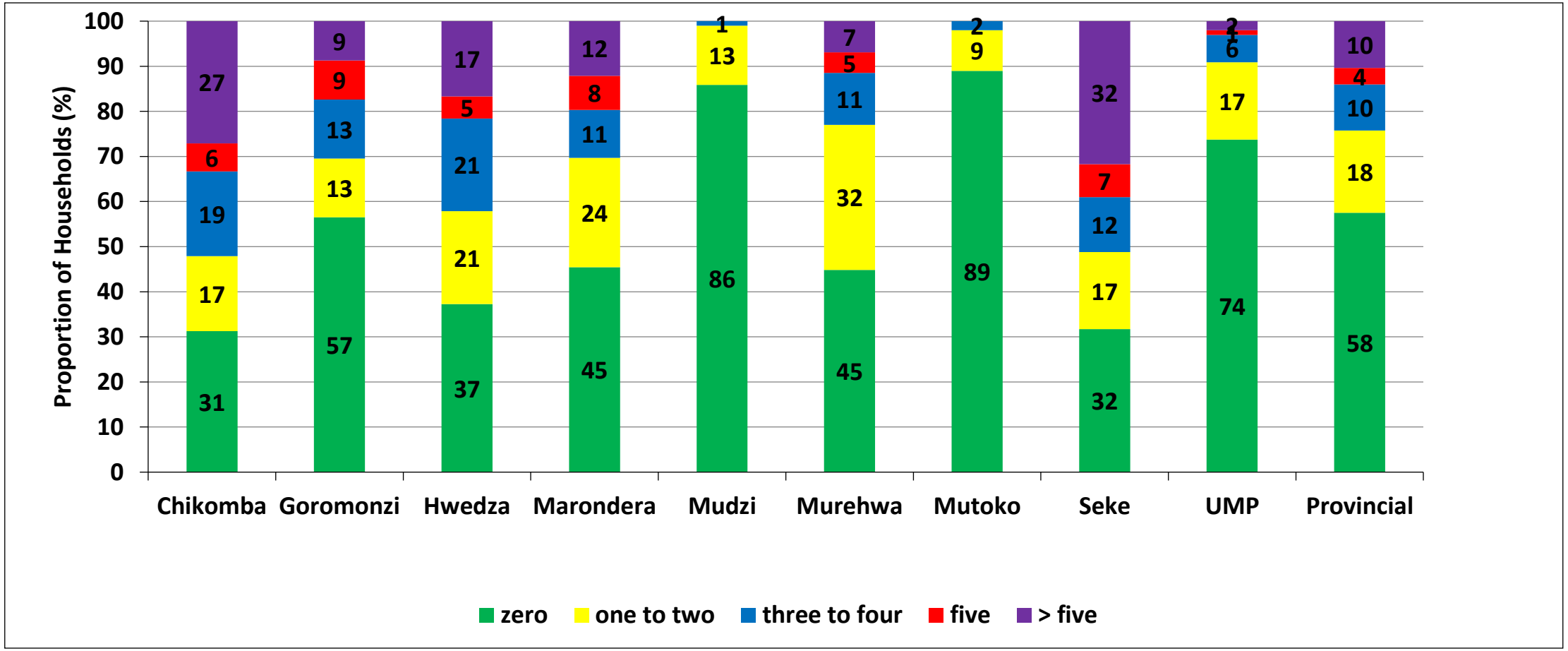
- In the province about 58% of the households do not own goats with only 9% owning more than 5.

Cattle Productivity Indicators for Period May 2019 to June 2020



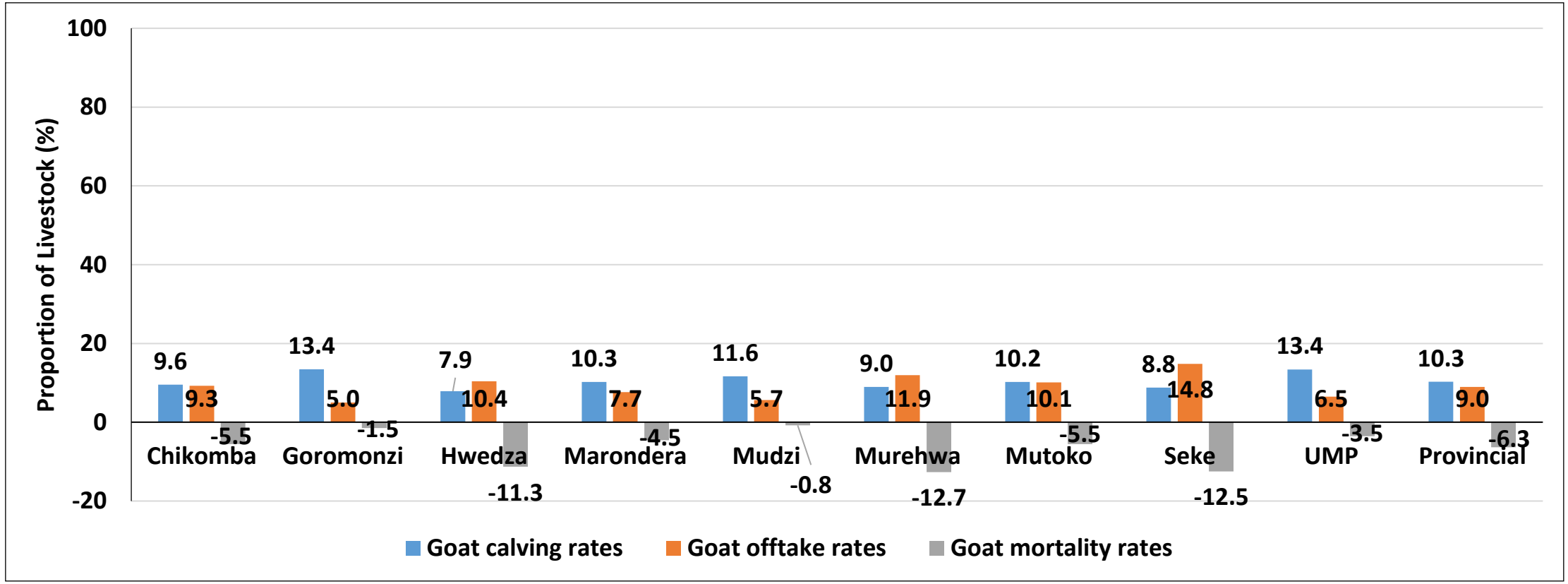
- Goromonzi (57.7%), Seke (51.8%) and Chikomba (44.9%) recorded highest cattle mortality, whilst calving rates where highest in Goromonzi (42%) and lowest in Murehwa (4.6%).
- Cattle offtake rates were high in Seke (11.8%) an indication of distressed selling.

Average Numbers of Cattle Deaths by Household



- Mudzi (86%) had the highest proportion of households that did not report cattle deaths.
- Seke (32%), Chikomba (27%) and Hwedza (17%) had the highest proportion of households that reported more than 5 cattle deaths.

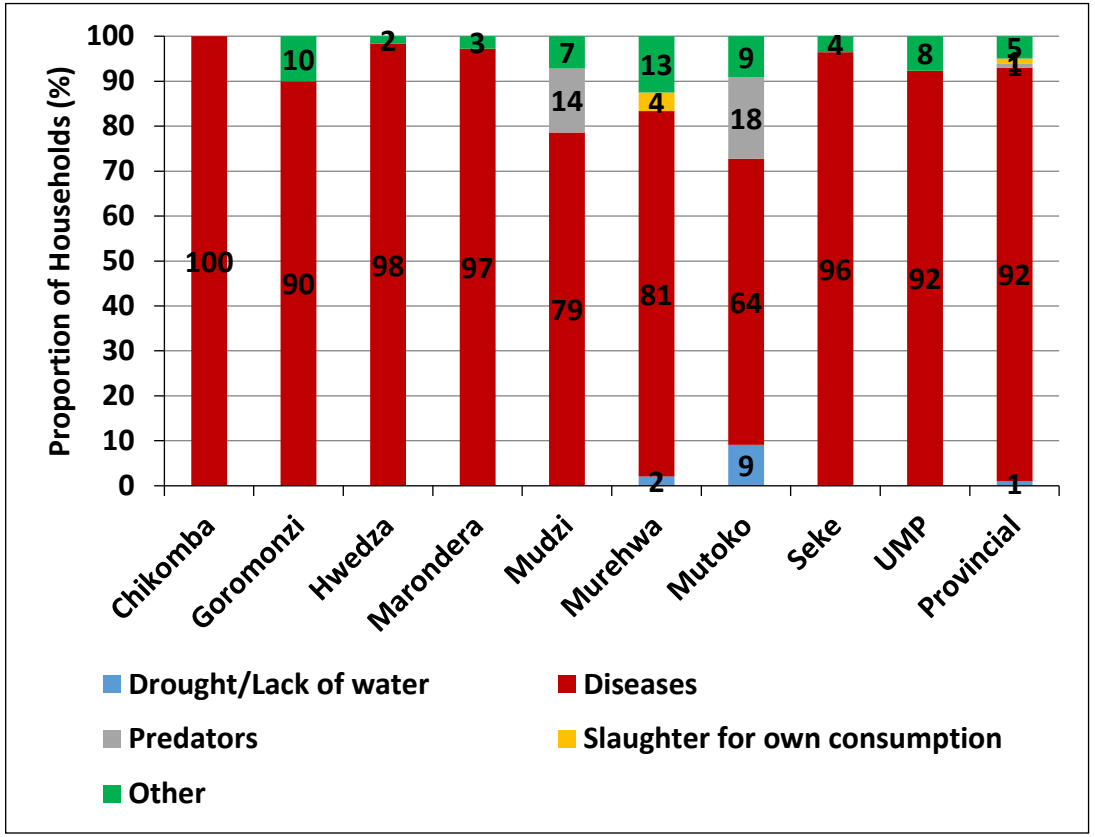
Goat Productivity Indicators for the Period May 2019 to June 2020



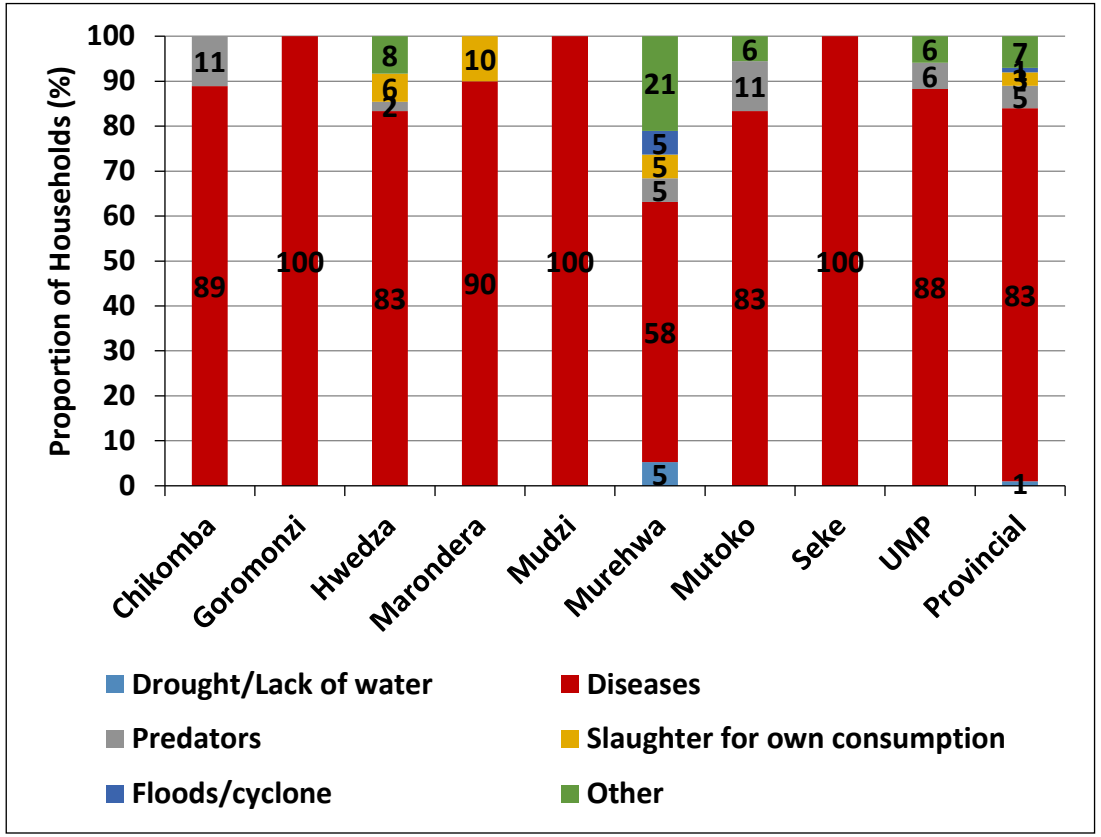
- Murehwa (12.7%), Seke (12.5%) and Hwedza (11.3%) recorded highest goat mortality.
- Highest calving rates were in Goromonzi (13.4%) and UMP (13.4%).

Reasons for Livestock Deaths

Cattle



Goats



- The main cause of livestock deaths was diseases for both cattle and goats.

Produce Markets

District Average Maize Grain and Maize Meal Prices 2020

	Maize Grain per 20 Litre Tin		Maize Meal per 10kg	
	USD	**ZWL**	**USD**	**ZWL**
Chikomba	5	392	**6**	**450**
Goromonzi	5	402	5	402
Hwedza	**6**	**520**	5	427
Marondera	5	392	4	355
Mudzi	5	402	5	402
Murehwa	5	402	6	477
Mutoko	6	469	4	322
Seke	5	374	5	402
UMP	6	497	5	426
Provincial	5	422	5	369

- The maize grain price per 20 litre bucket was USD 5 across the province or ZWL 422.
- The average maize meal price per 10kg was USD5 or ZWL 369.

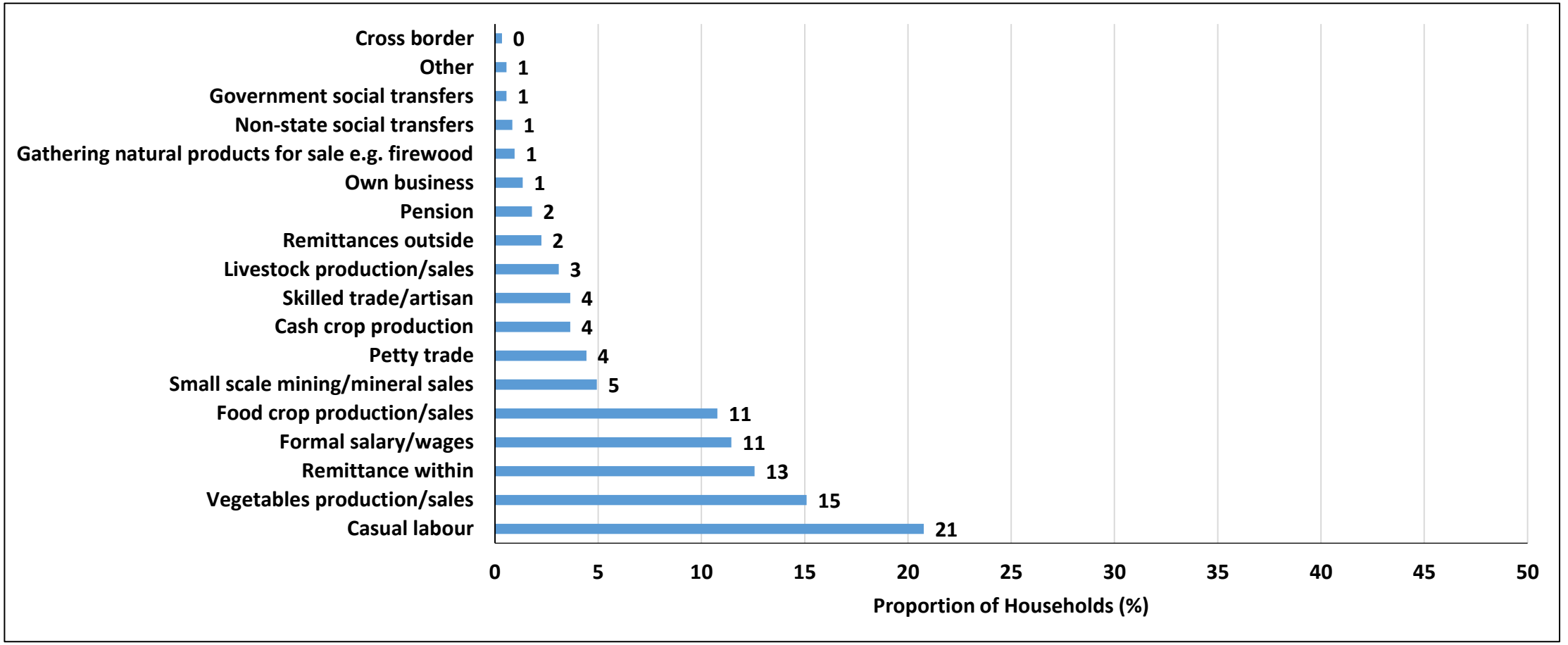
District Average Livestock Prices 2020

	Cattle		Goats		Indigenous Chicken	
	USD	**ZWL**	**USD**	**ZWL**	**USD**	**ZWL**
Chikomba	343	27 627	31	2 521	5	402
Goromonzi	390	31 382	**37**	**3 009**	5	402
Hwedza	**420**	**33 796**	31	2 521	5	402
Marondera	350	28 163	29	2 344	5	399
Mudzi	250	20 117	25	2 012	5	402
Murehwa	263	21 189	26	2 119	5	402
Mutoko	300	24 140	25	2 012	5	402
Seke	293	23 565	36	2 874	5	402
UMP	262	21 063	29	2 343	**6**	**459**
Provincial	**318**	**25 571**	**30**	**2 408**	**5**	**407**

- Mudzi district had the cheapest cattle in the province at USD250 per average beast.

Income and Expenditure

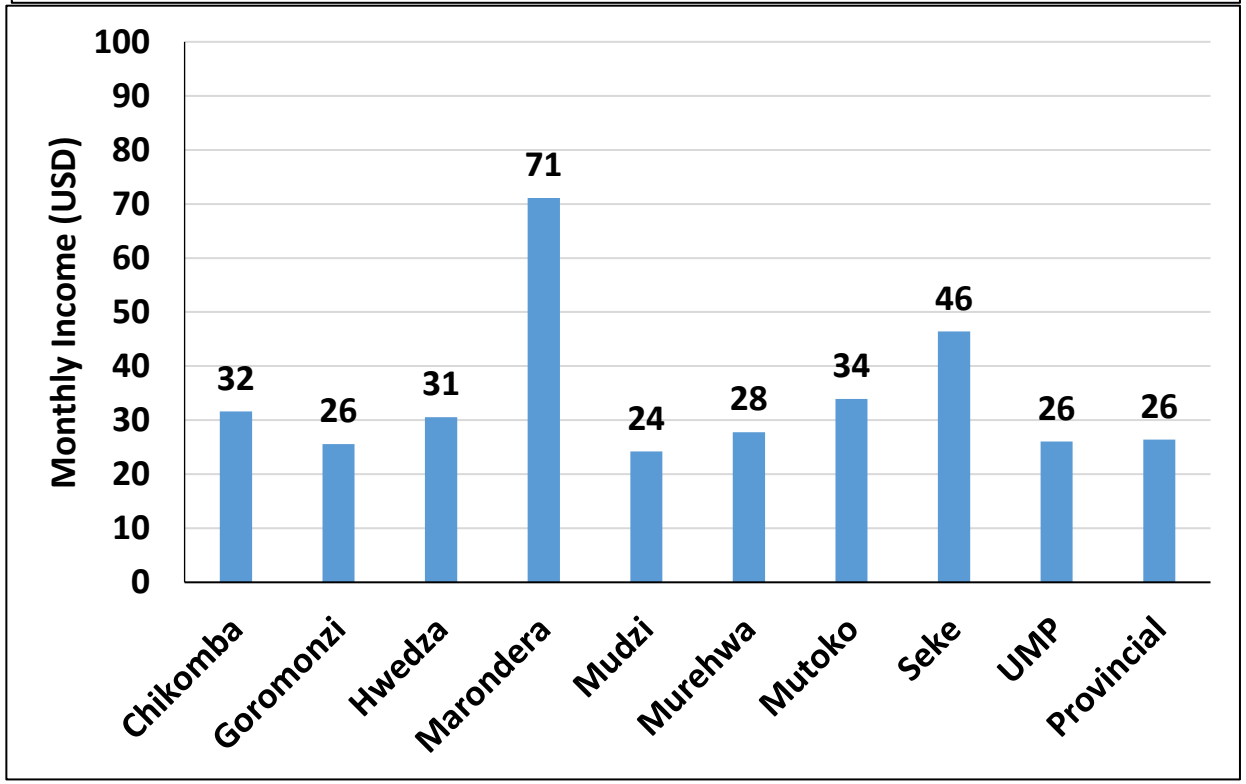
Most Important Sources of Income



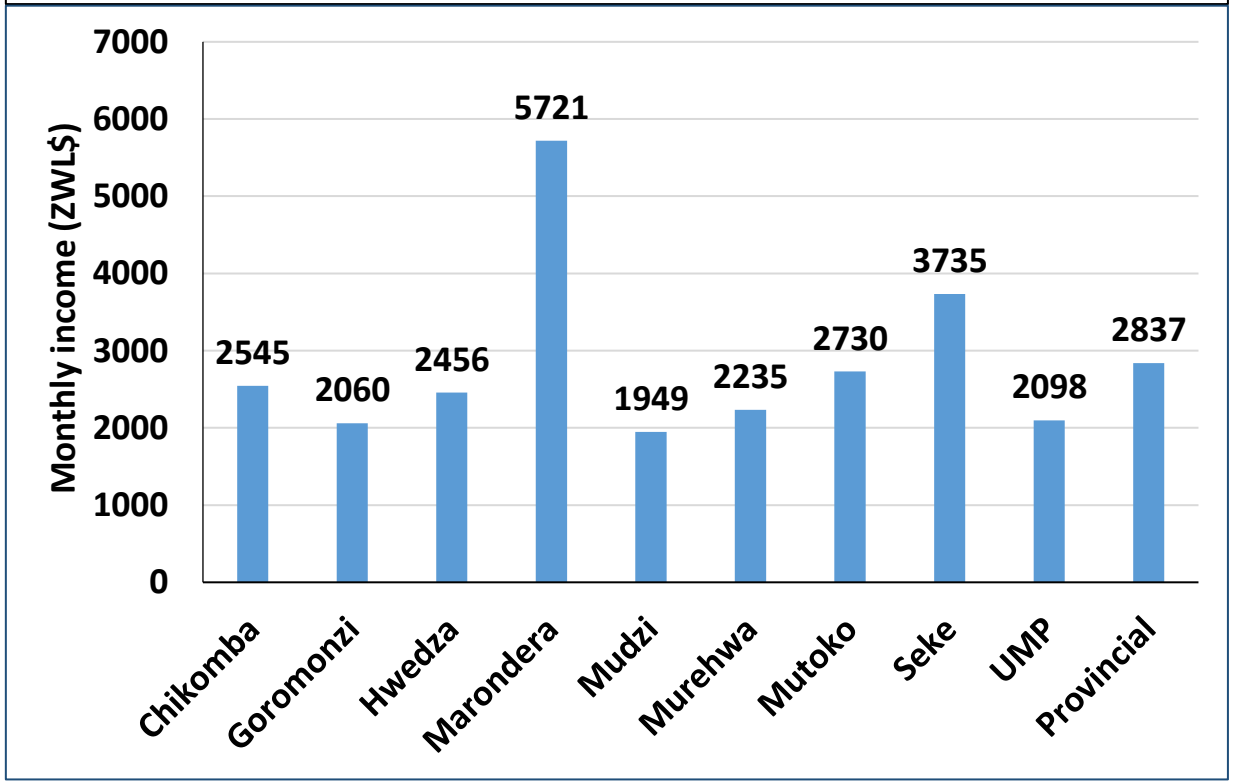
- Casual labour(21%) followed by vegetable production/sales(15%) and remittances within(13%) were the most important sources of income.

Household Monthly Income(USD) for June 2020

USD

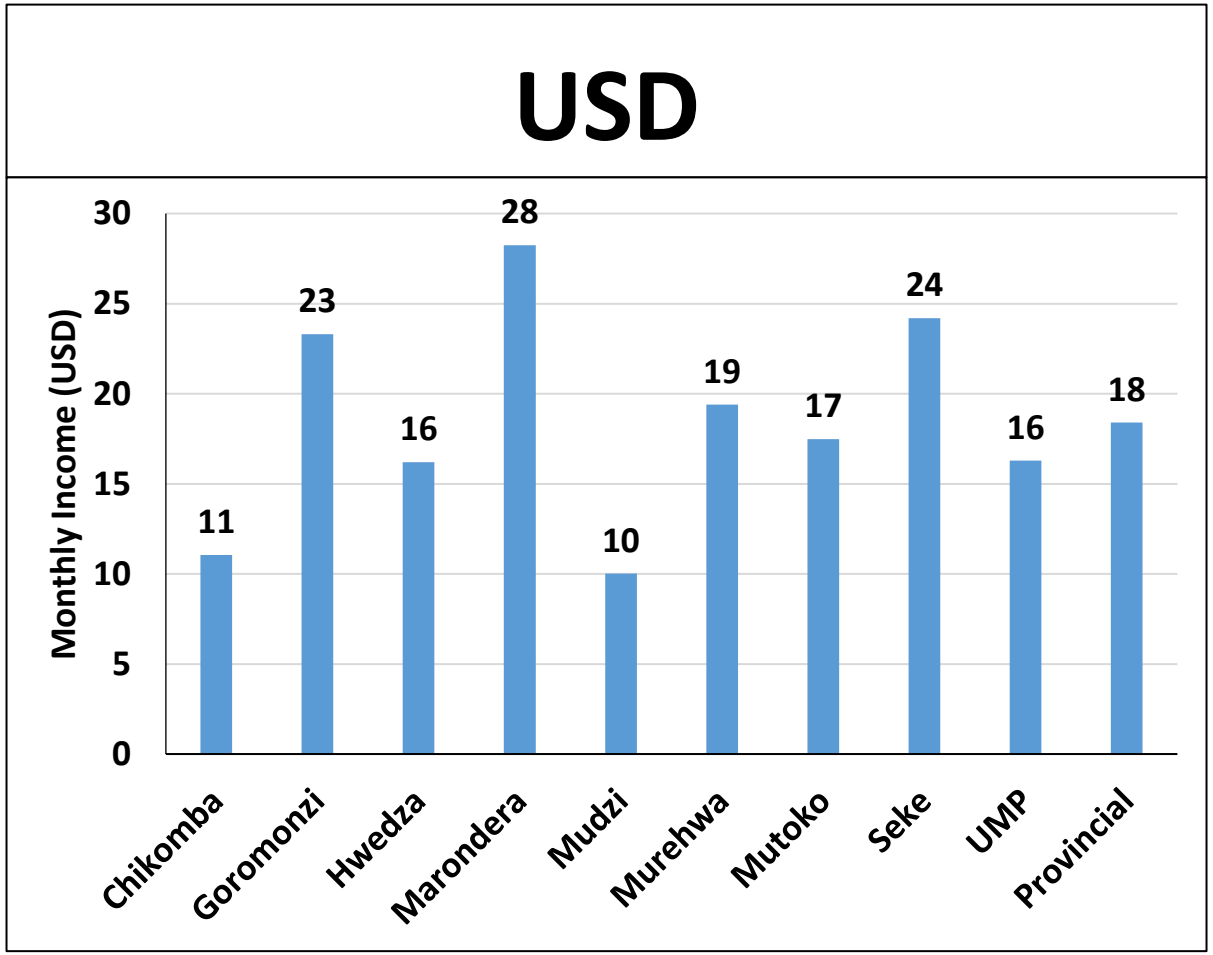


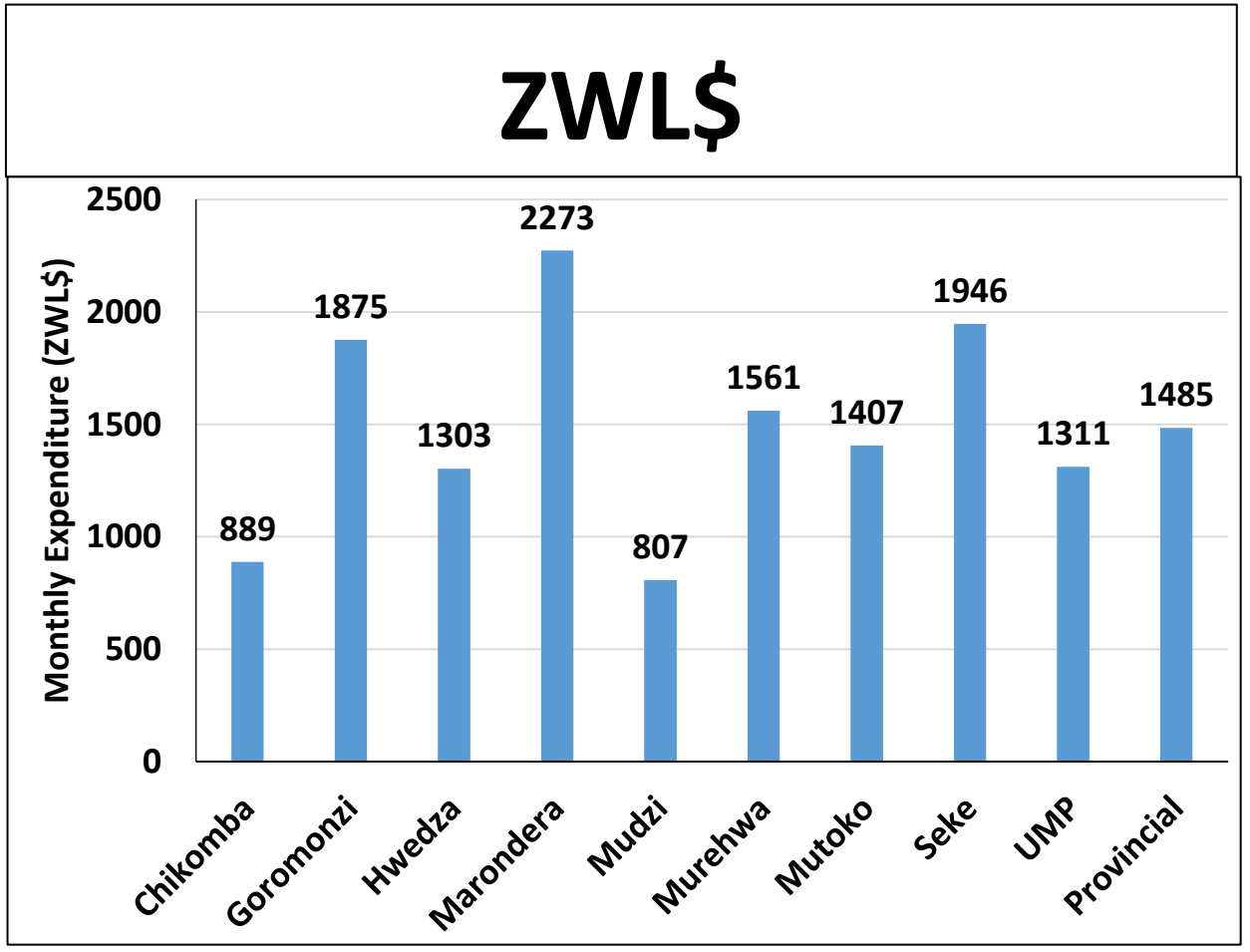
(ZWL$)



- The Provincial average monthly income was reported as USD26 or ZWL$ 2837.
- Marondera (ZWL$ 5721) had the highest average household monthly income, while Mudzi had the least average household monthly income of (ZWL$ 1949).

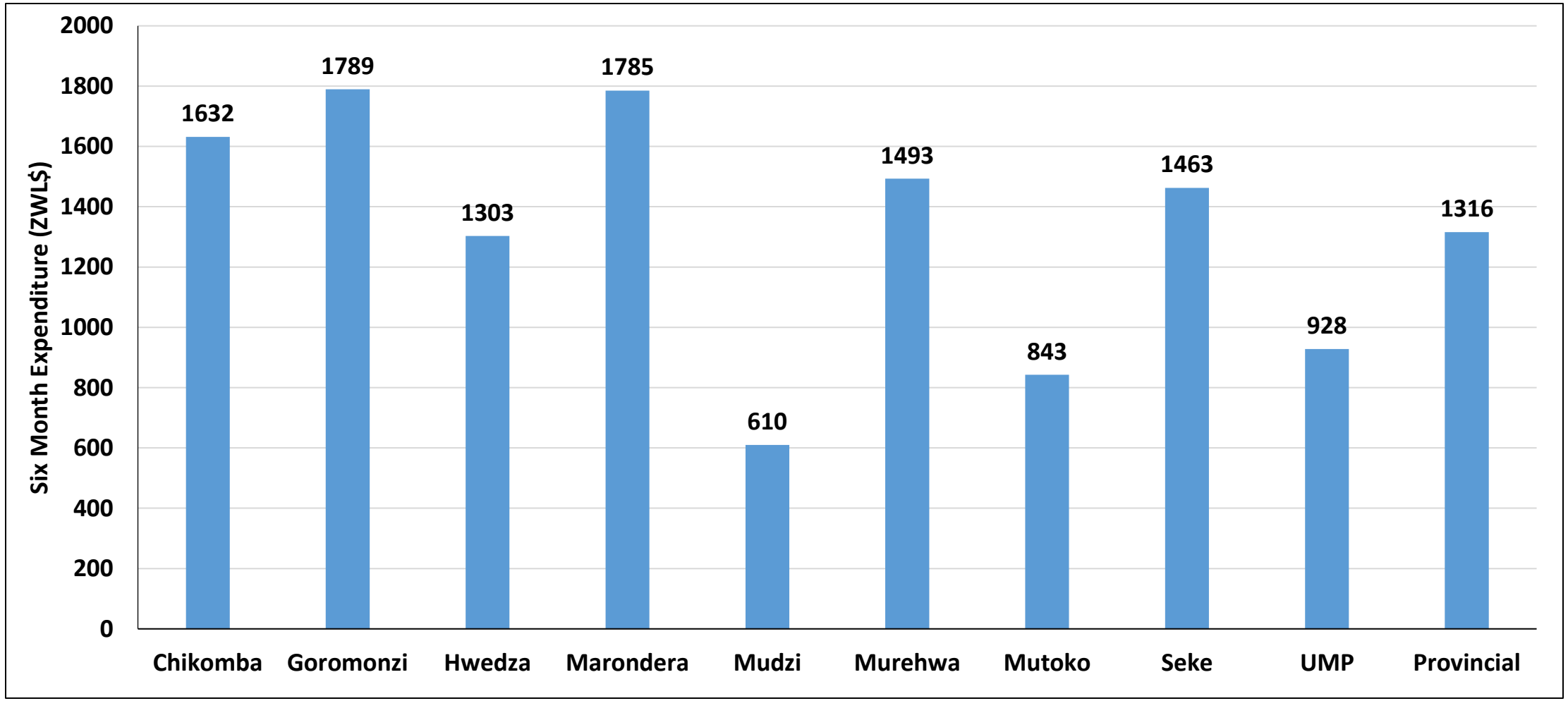
Household Monthly Expenditure (USD) for June 2020





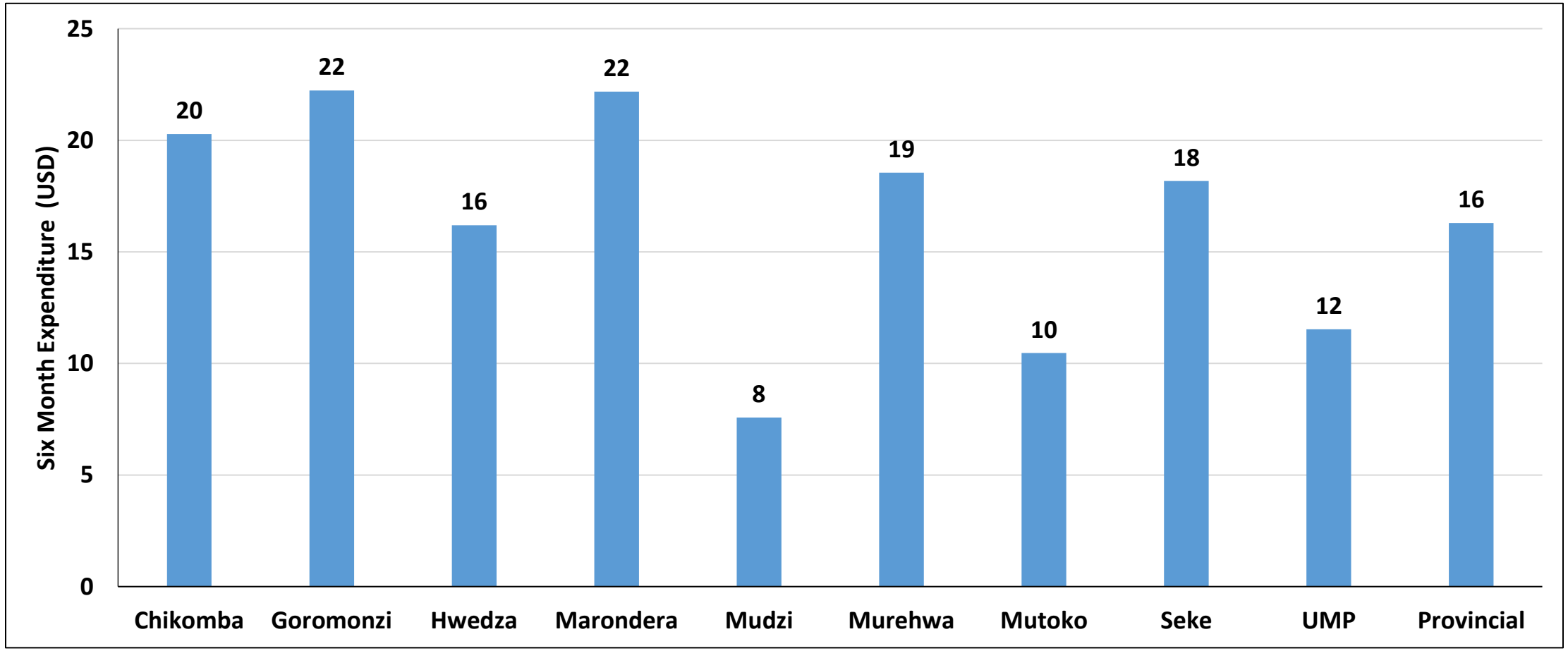
- The Provincial mean for the household monthly expenditure for June 2020 was reported as ZWL$ 1485
- Marondera District had the highest average household monthly expenditure with Mudzi District having the least.

Household Six Months Expenditure (ZWL$)



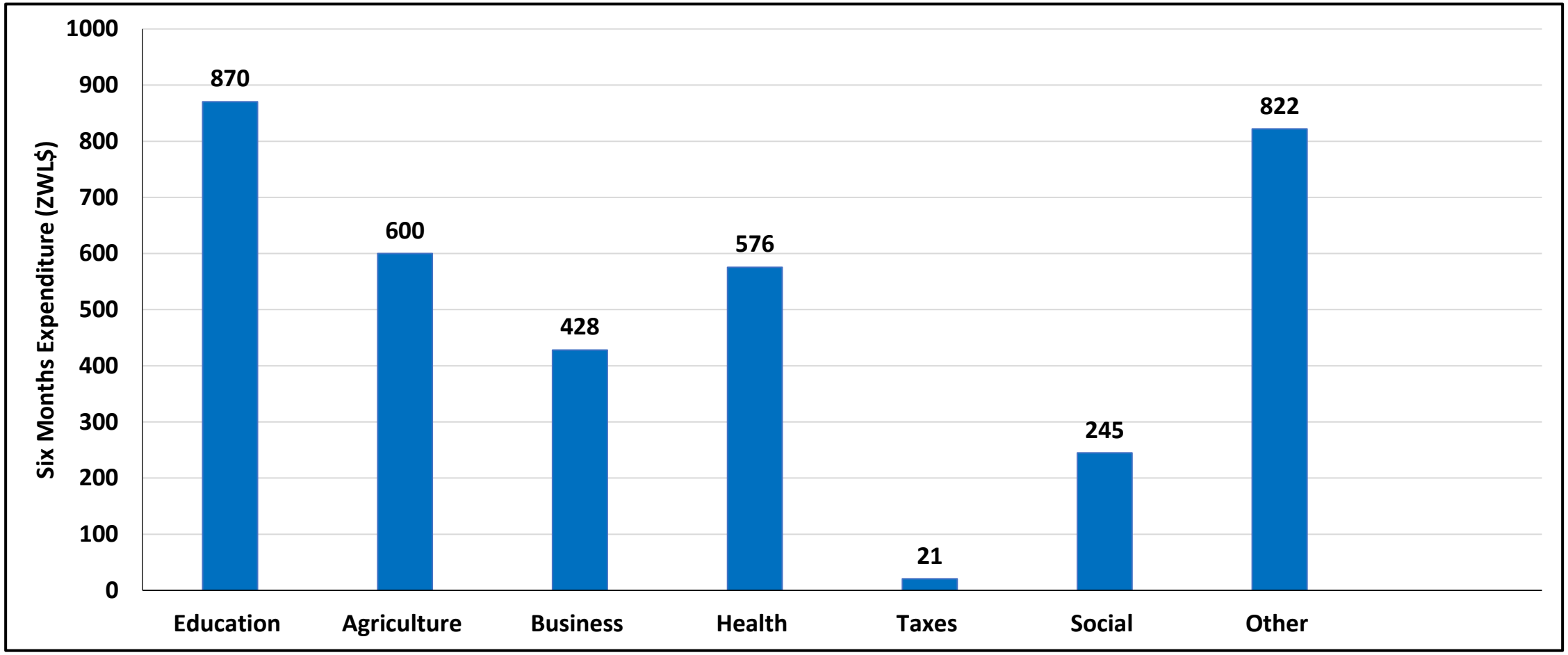
- The average household six months expenditure was ZWL$ 1316.

Six Months Expenditure (USD)



- Goromonzi (USD22) and Marondera (USD22) reported the highest mean six months expenditure, while Mudzi (8USD) reported the lowest mean six months expenditure, with the Provincial mean being reported USD 16.

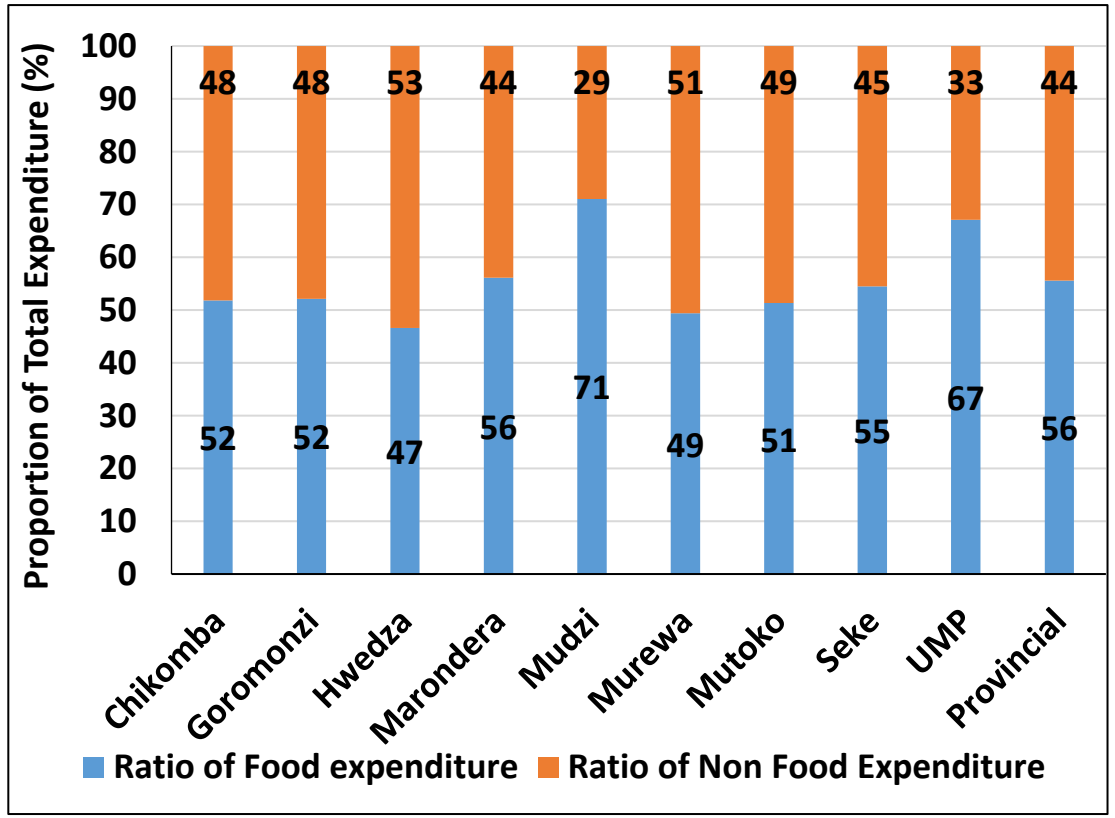
Household Six Months Expenditure



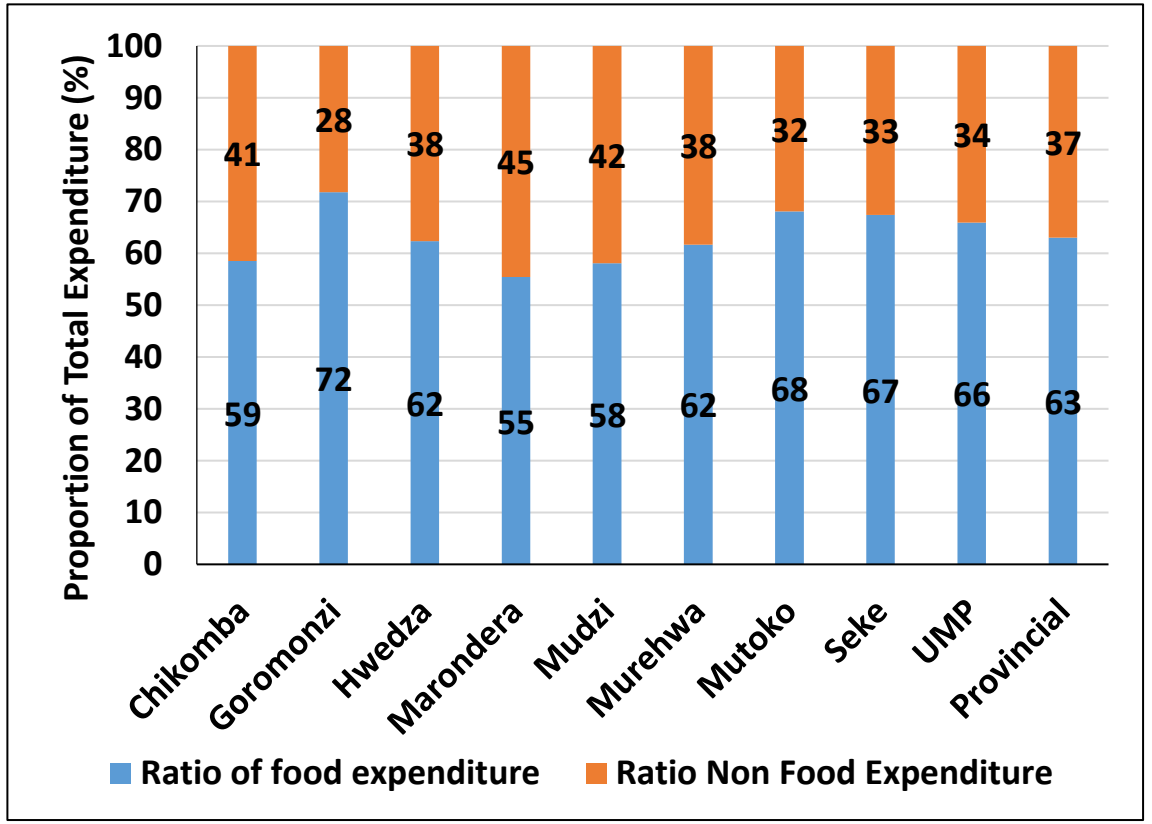
- The average six month expenditure was high on education (ZWL 870), agriculture (ZWL 600) and health (ZLW 576), and low on social activities (ZWL 245) and taxes (ZWL 21).
- The other (ZWL 822) encompasses clothes, loan payment, construction and remittances

Ratio of Food/ Non Food Expenditure by Year

2019

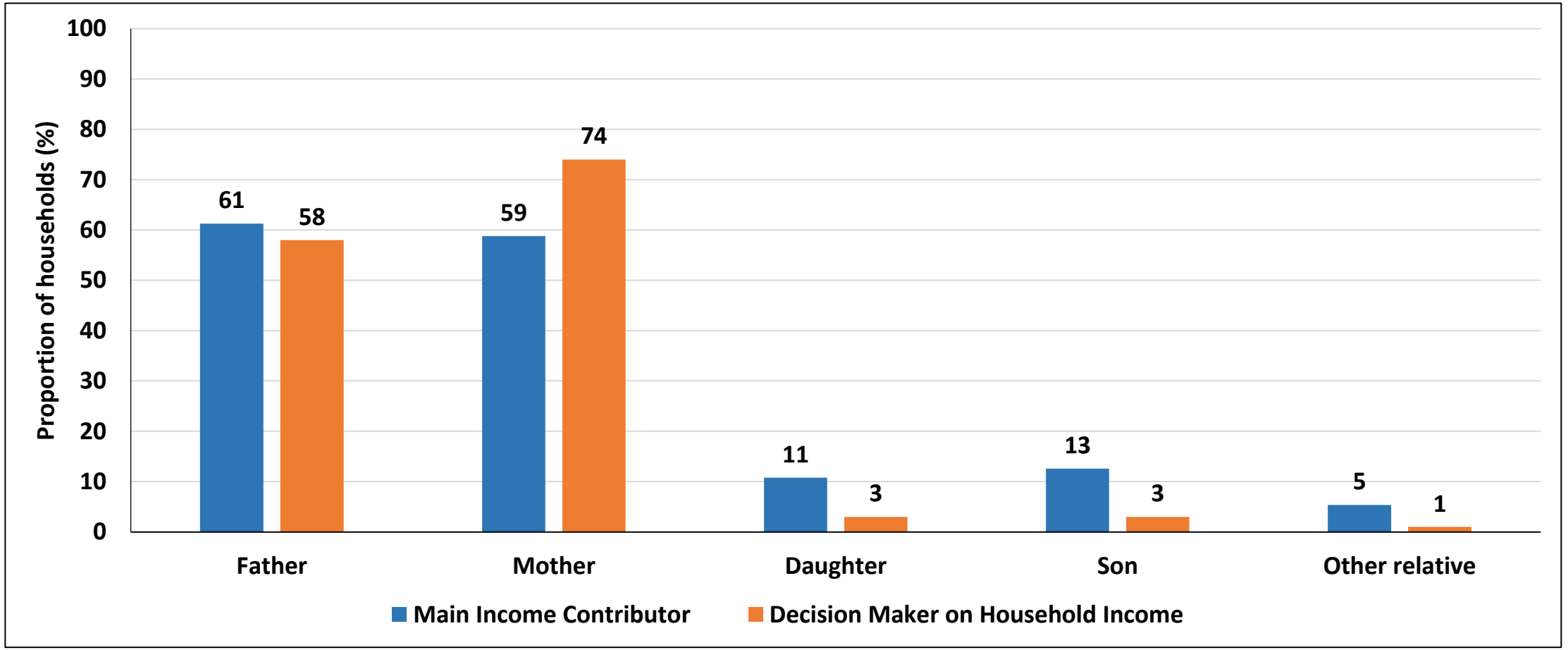


2020



- Across the province food expenditure (63%) was reported as higher than non food expenditure (37%) in 2020.
- The proportion of total expenditure on food increased from 56% in 2019 to 63% in 2020.

Main Income Contributor vs Decision Maker



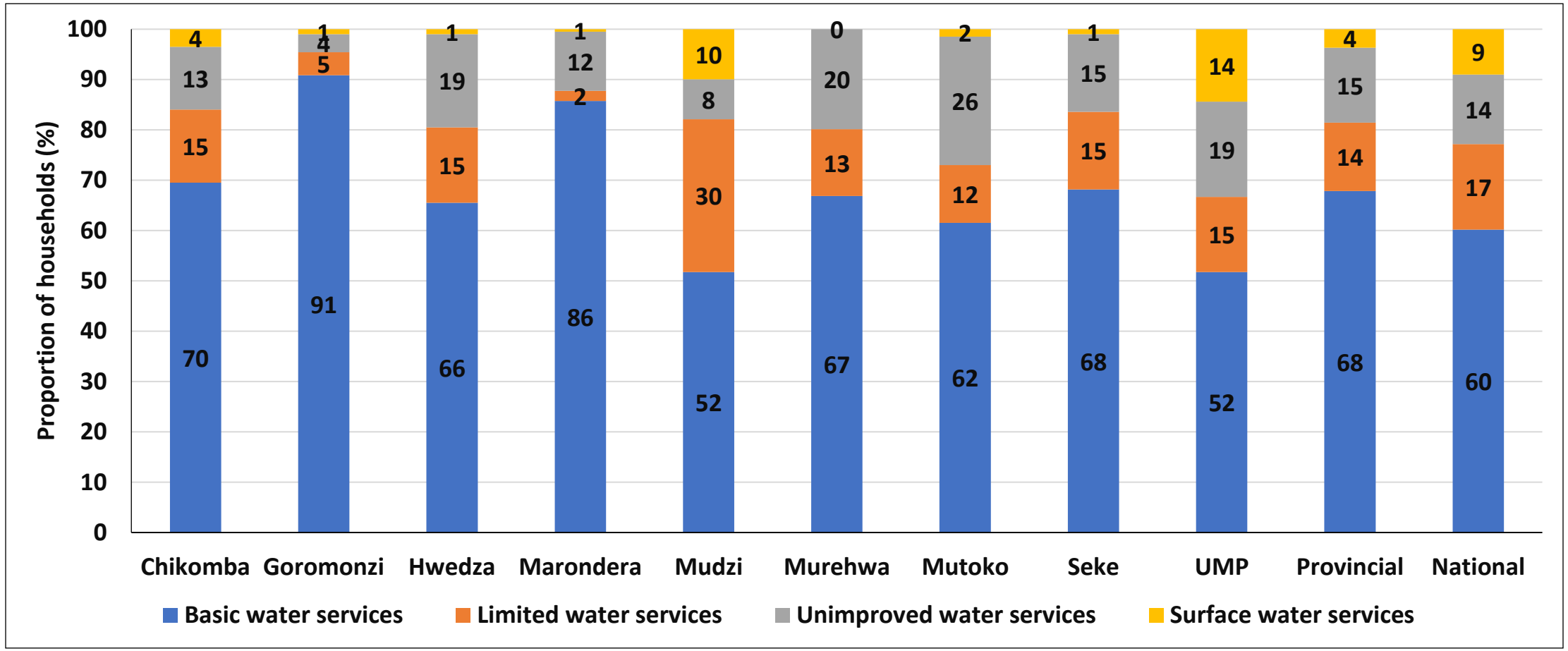
- Sixty one percent (61%) of households reported father as the main income contributor and mother (74%) as the decision maker of household Income.

WASH

Ladder for Drinking Water Services

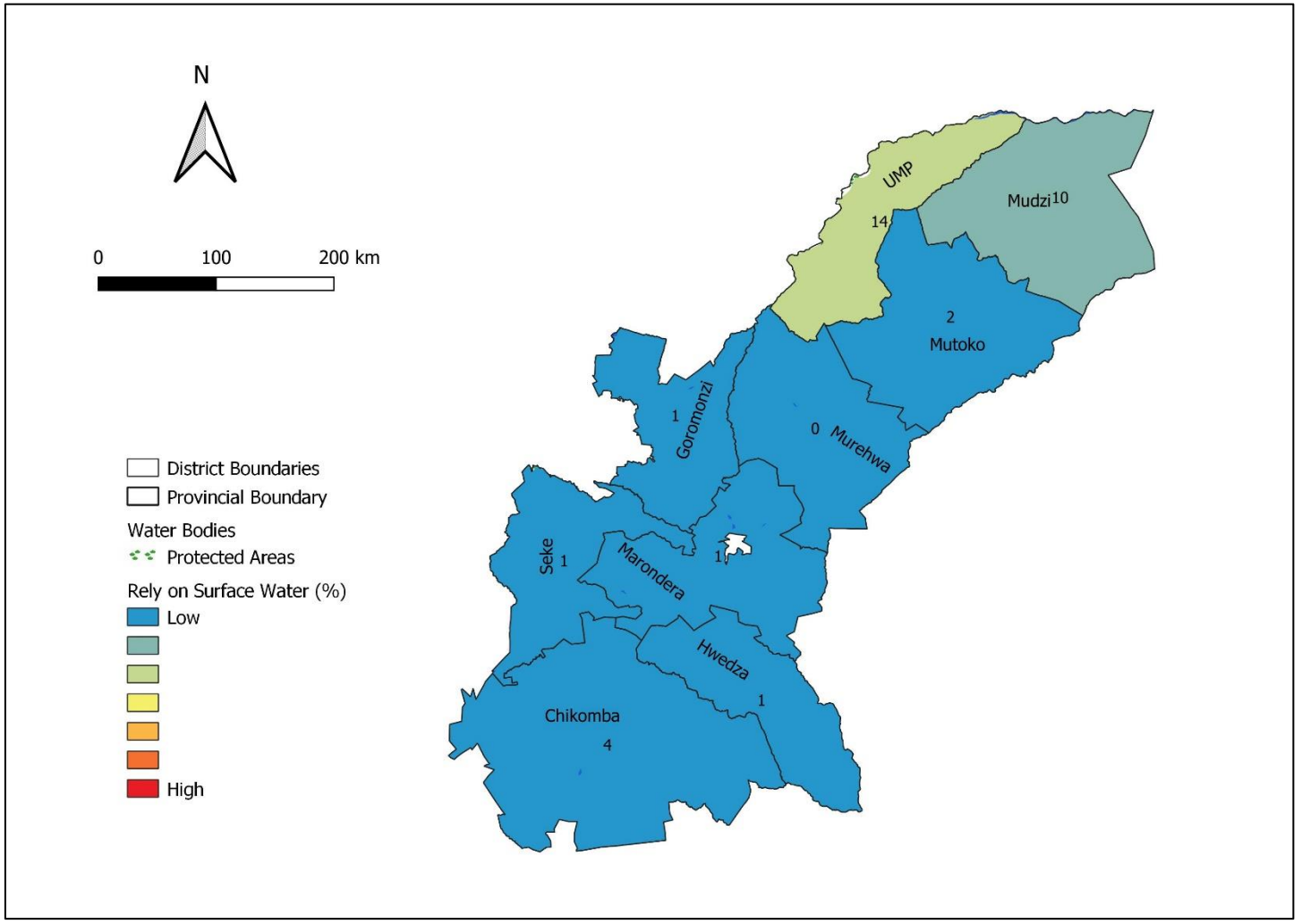
Service Level	Definition
Safely Managed	Drinking water from an improved water source that is located on premises, available when needed and free from faecal and priority chemical contamination.
Basic Drinking Water	Basic drinking water services are defined as drinking water from an improved source, provided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

Main Drinking Water Services



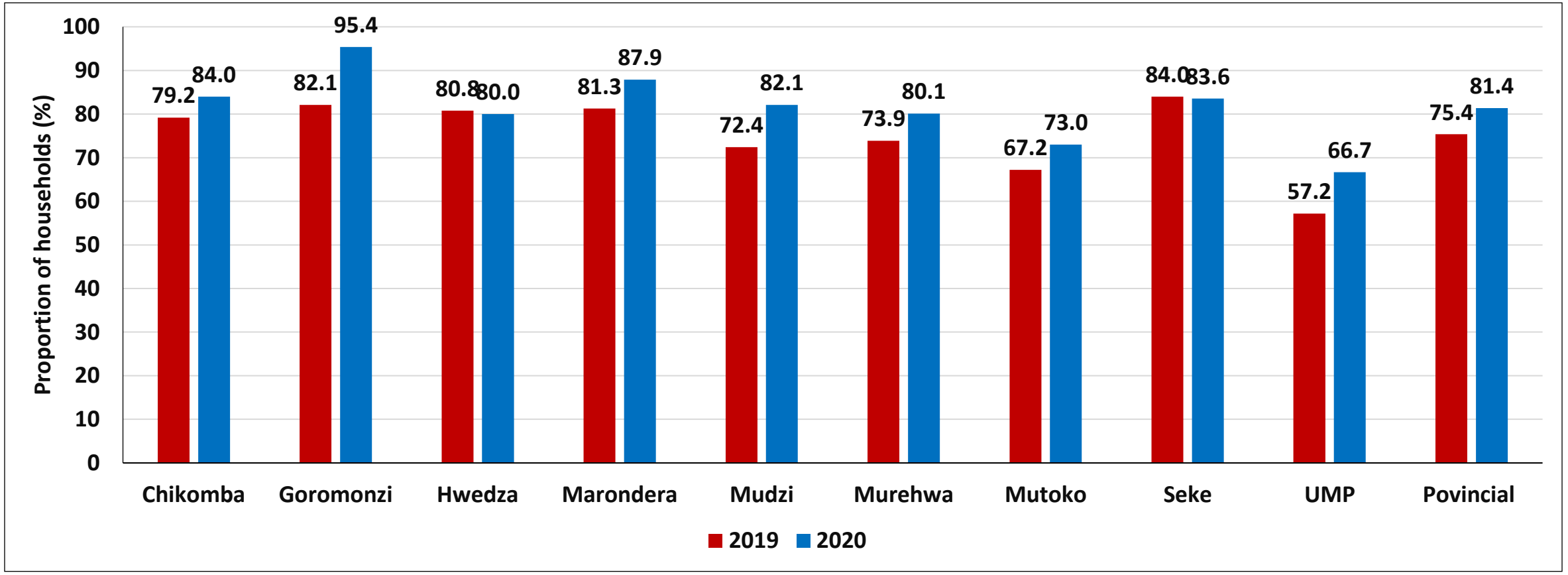
- Marondera had the highest proportion of households (86%) using basic water services.
- Mutoko had the highest proportion of households (26%) using water from unimproved services.

Surface Water



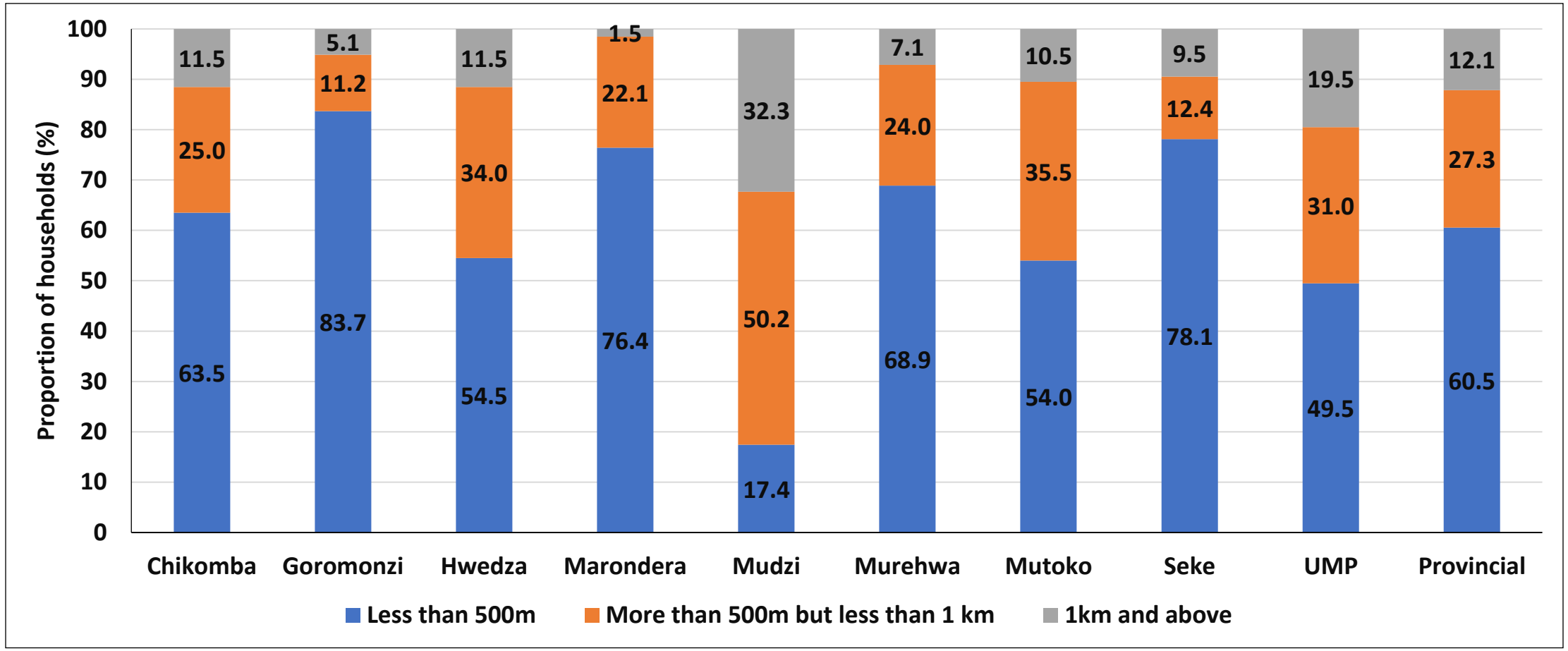
- UMP (14%) and Mudzi (10%) had the highest proportion of households accessing surface water for cooking and drinking.

Access to Improved Water Services



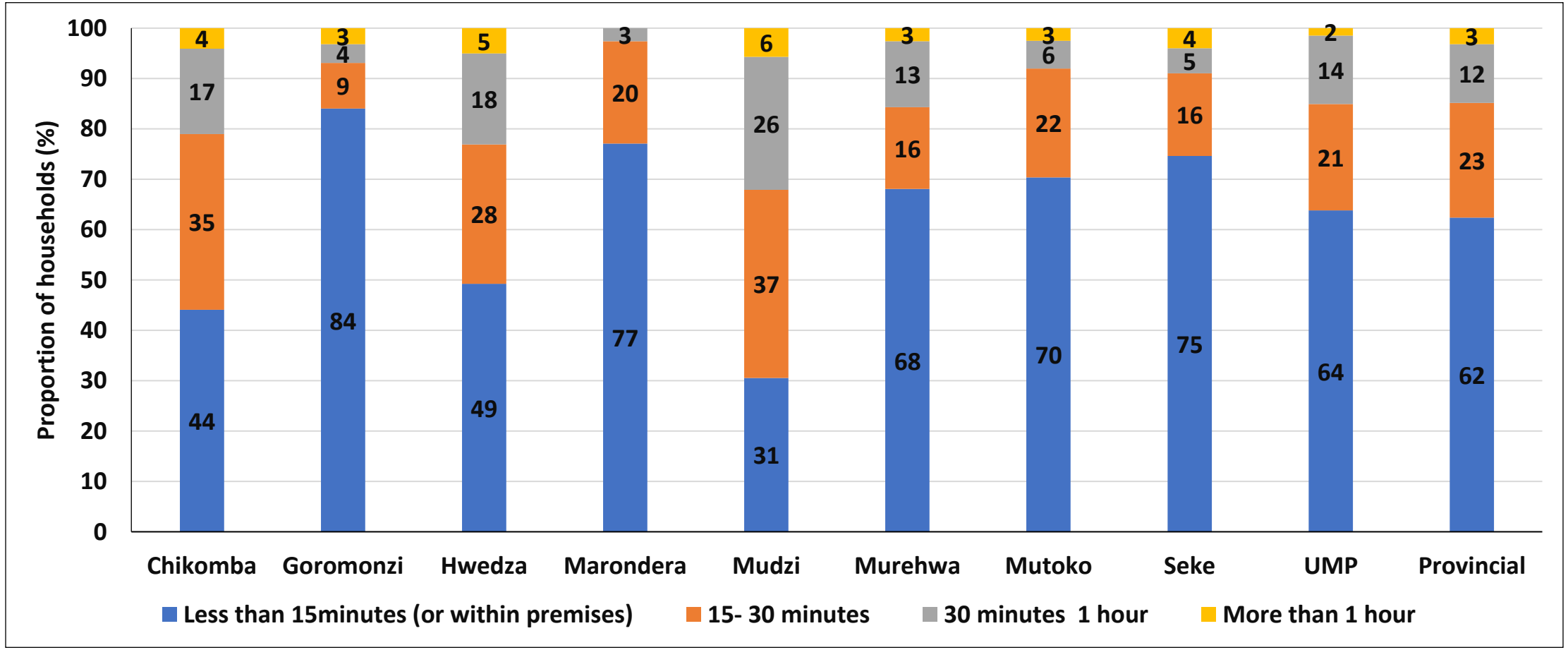
- Improved water incorporates water sources from safely managed, basic and limited water services.
- There has been a general increase in the proportion of households accessing improved water sources across most districts except for Hwedza.
- UMP(66.7%) had the lowest proportion of households accessing improved water sources.

Distance to Water Source



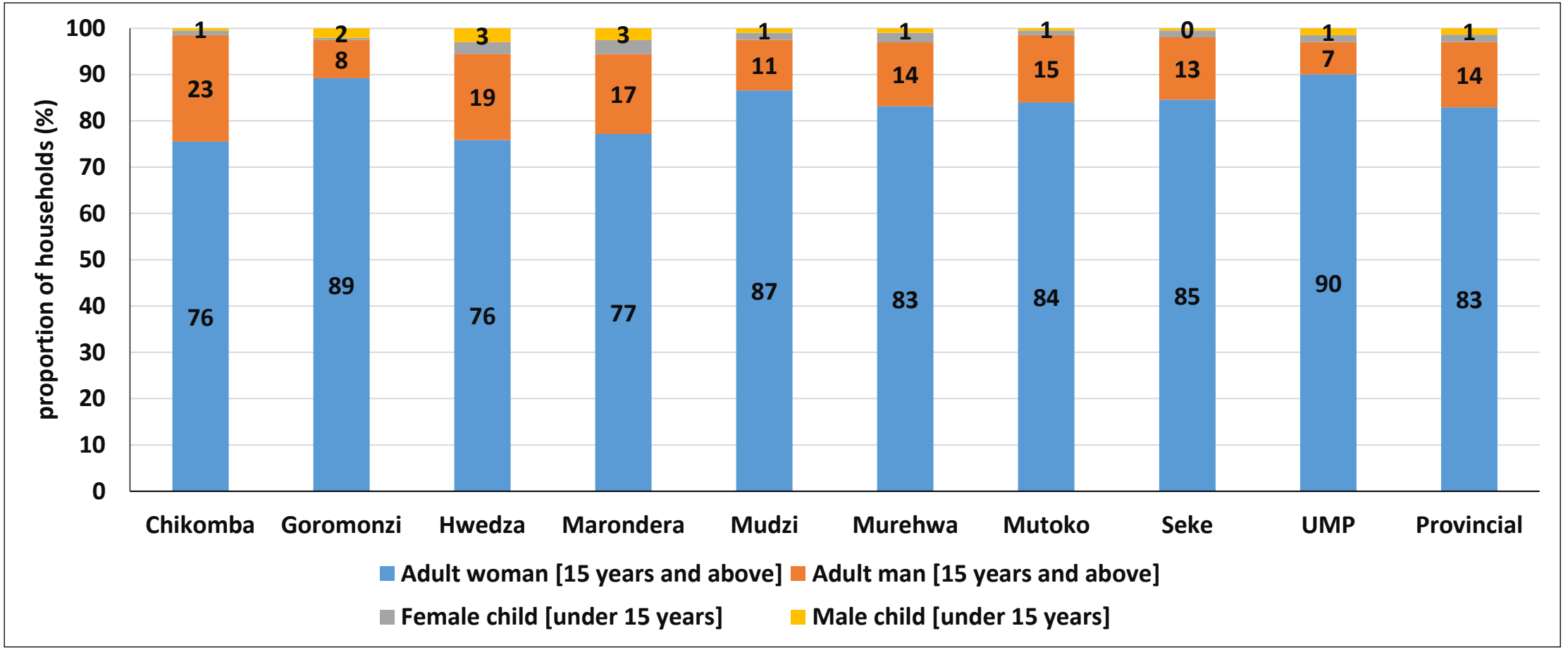
- According to the Sphere Standards, the maximum distance that any household should travel to the nearest water point is 500m.
- At least 60.5% of households travelled less than 500m to the nearest water source, with 12.1% travelling more than 1 km.
- Mudzi (32%) had the highest proportion of households travelling more than 1km to access water.

Time Spent Queuing for Water



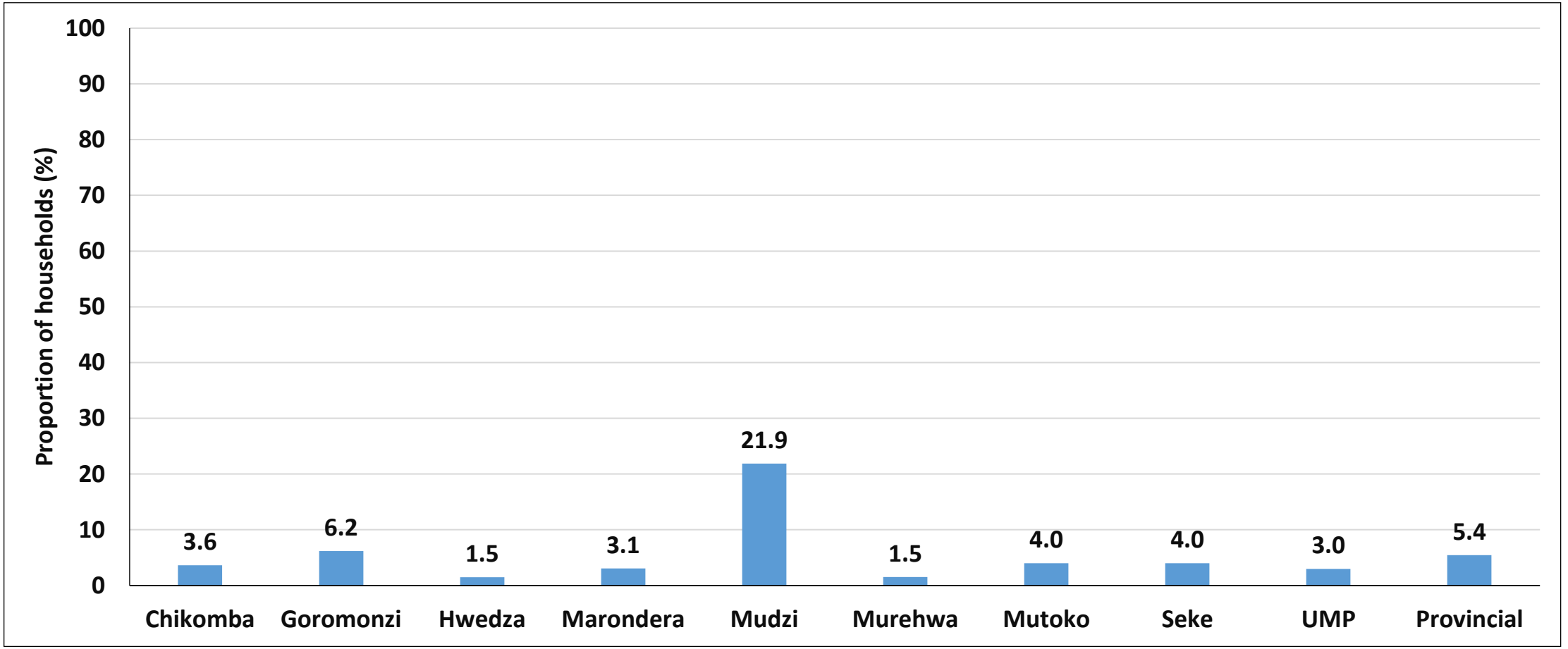
- Mudzi (6%) had the highest proportion of households spending more than 1 hour queueing for water for cooking and drinking.

Who Mainly Fetches Water in the Household



- Adult woman had the highest frequency of fetching water for drinking and cooking across all districts.
- Hwedza (3%) and Marondera (3%) had the highest proportion of male children under 15 years fetching water.

Violence at Water Point

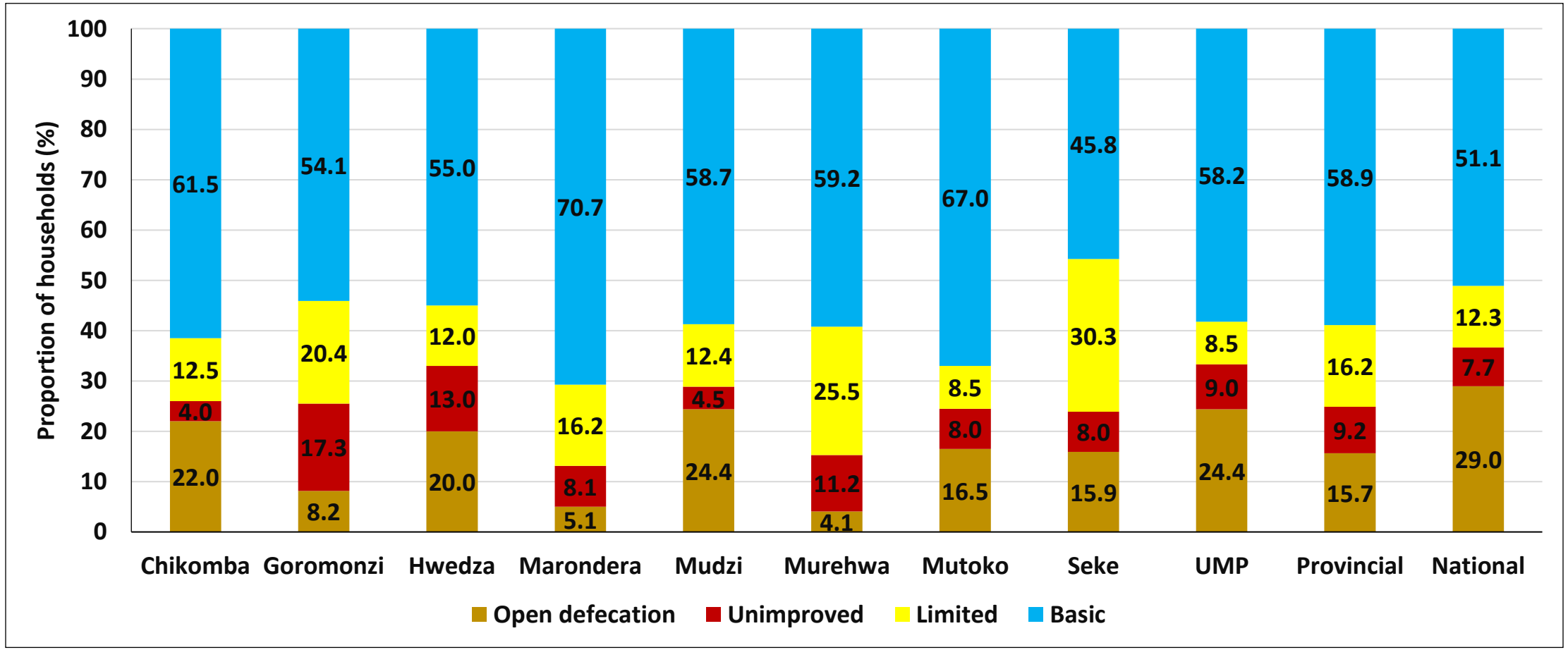


- Violence at water points was experienced or witnessed by 5.4% of the households.
- Mudzi (21.9%) district had the highest proportion of households which experienced or witnessed violence at water points.

Sanitation Ladder

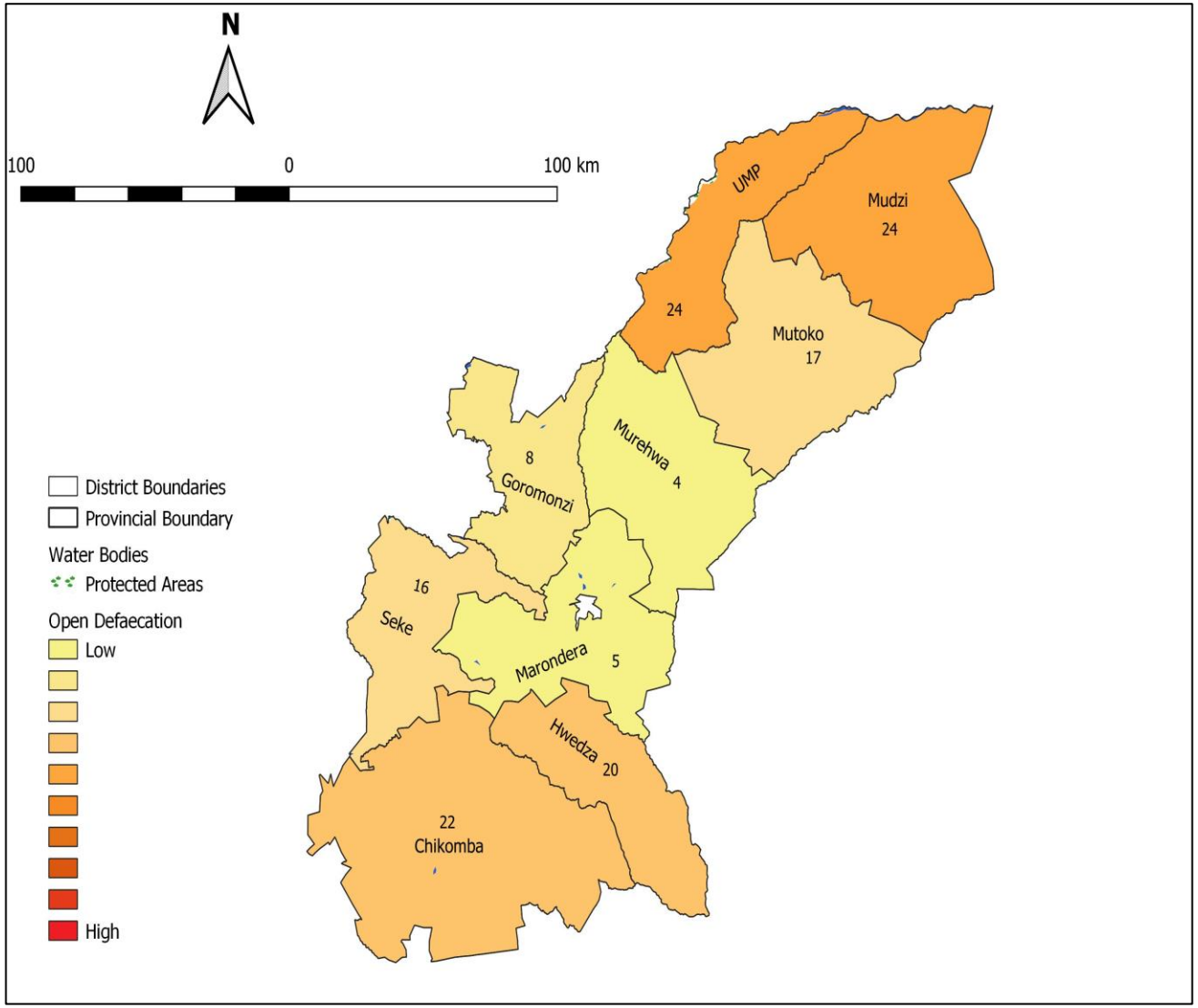
Service level	Definition
Safely Managed	Use of improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite.
Basic Sanitation facilities	Use of improved facilities which are not shared with other households.
Limited 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



- About 51.1% of households had access to basic sanitation services.
- Open defecation was being practiced by about 29% of the households in the province with Mudzi and UMP having the highest proportion(24.4%).
- Seke (30.3%) had the highest proportion of highest accessing limited sanitation services.

Open Defecation



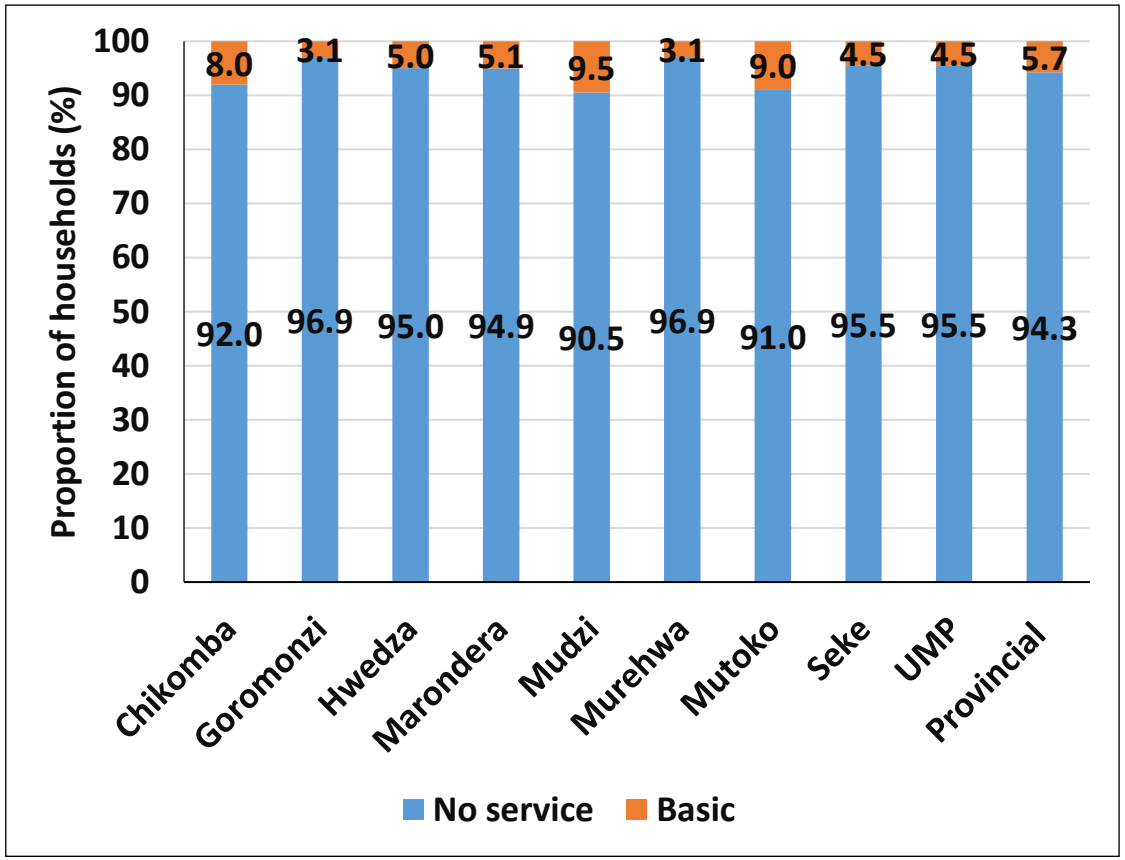
- Mudzi and UMP (24%) had the highest proportion of households practising open defecation.

Hygiene Ladder

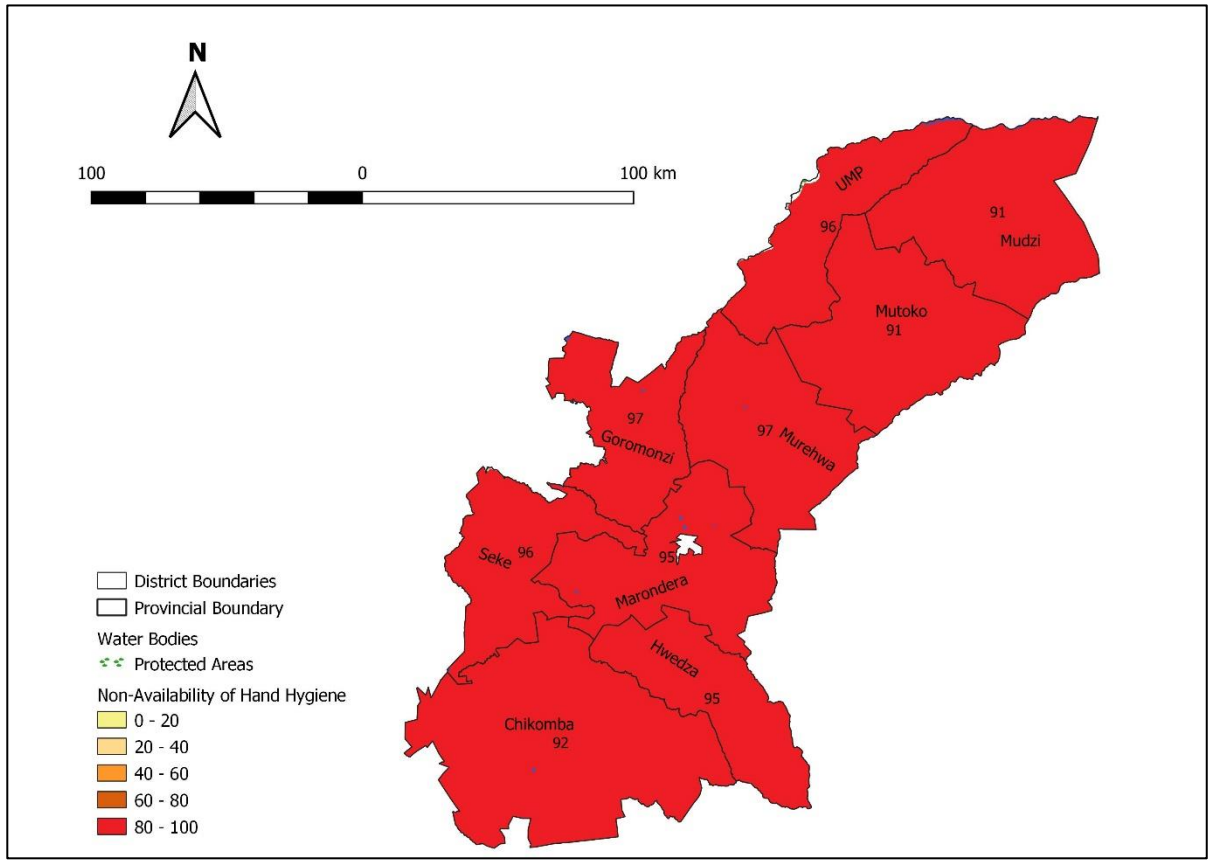
Service level	Definition
Basic	Availability of a handwashing facility on premises with soap and water.
Limited	Availability of a handwashing facility on premises without soap and water.
No Service	No hand washing facility on premises.
Note: handwashing facilities may be fixed or mobile and include a 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.	

Hygiene Services

Proportion of Households

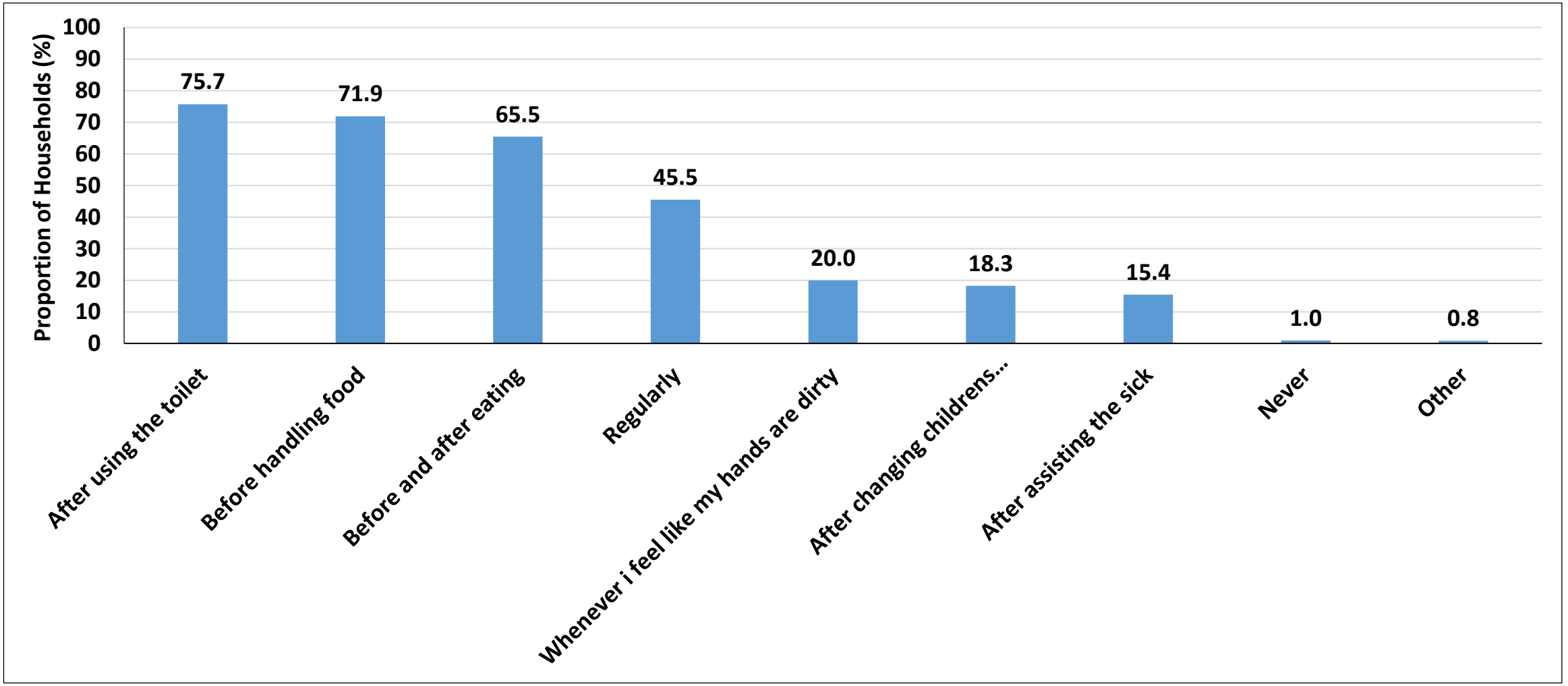


No Services



- All districts had above 90% of households without basic hygiene services.
- About 6% of the households had access to basic hygiene services.

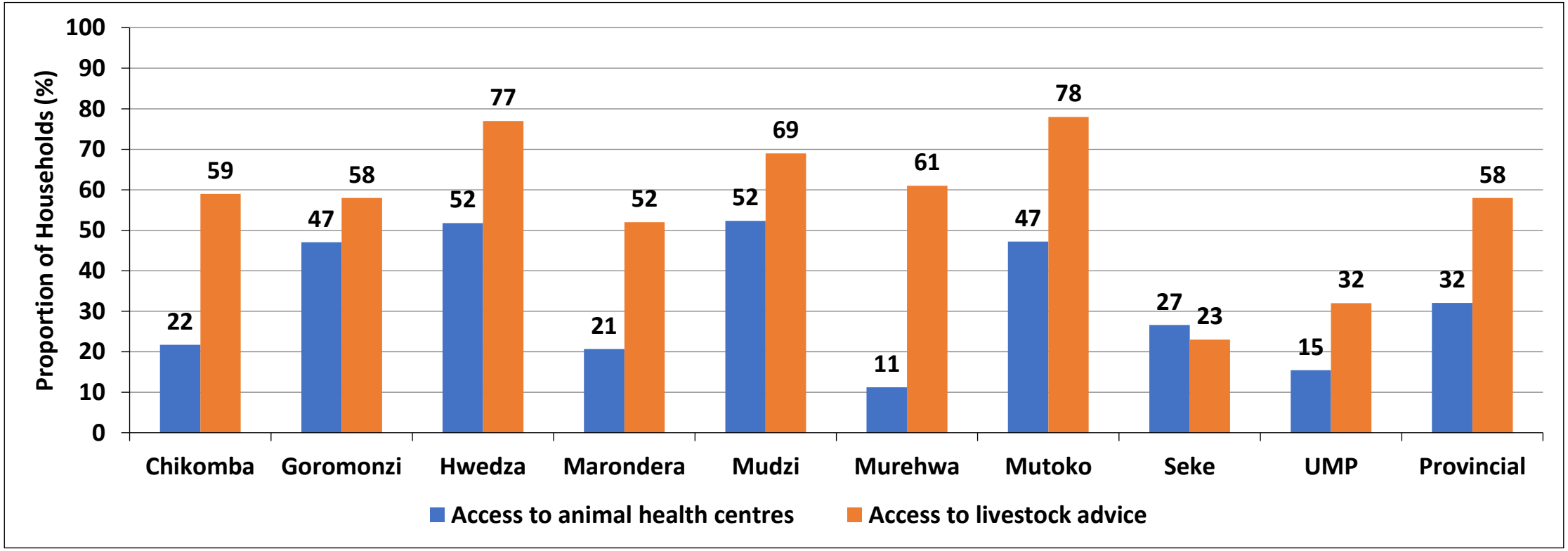
Hand Washing Practices



- The most observed critical times for handwashing were after using the toilet (75.7%) followed by before handling food (71.5%).

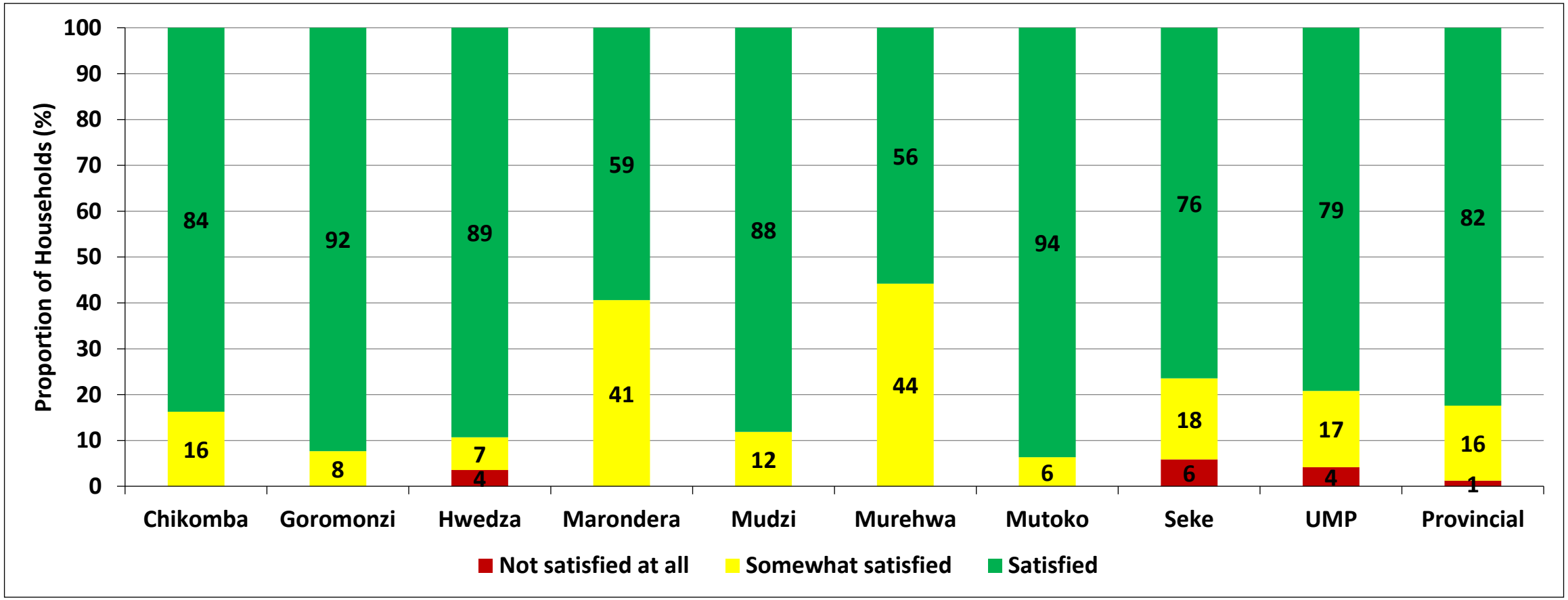
Access to Services and Infrastructure

Access to Livestock Advice and Animal Health Centres



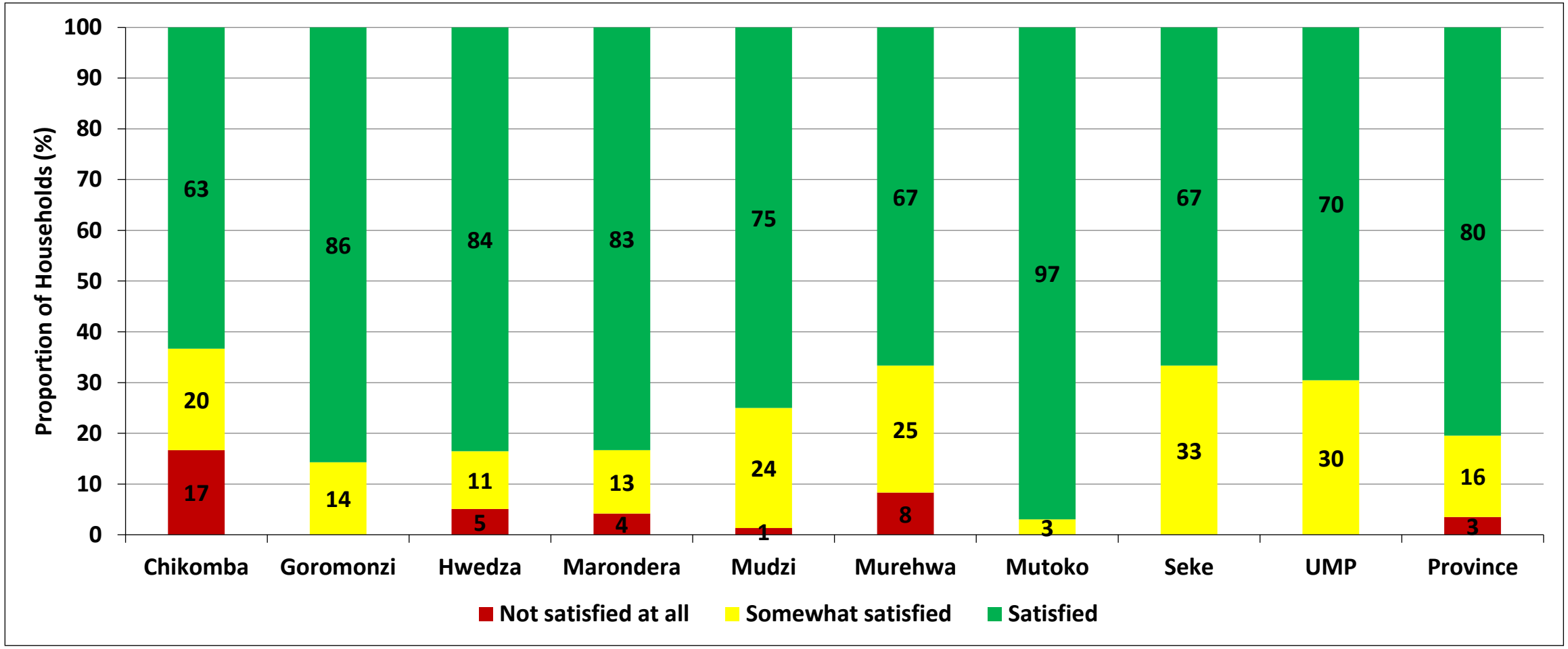
- About 58% of the households in the province had access to livestock advice whilst only 32% had access to animal health centres.
- Mudzi and Hwedza had the highest proportion of households (52%) which had access to animal health centres whilst Murehwa had the least (21%).
- Mutoko had the highest proportion of households (78%) with access to livestock advice.

Households Satisfied with Livestock Advice



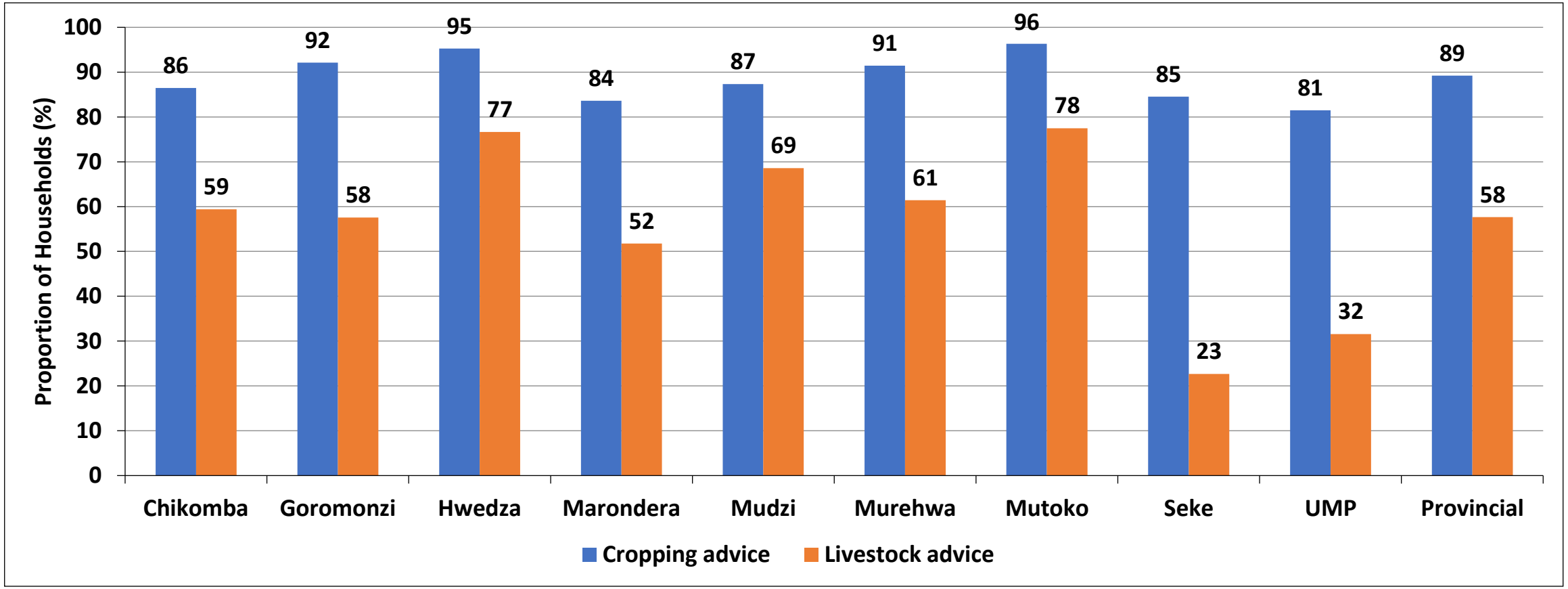
- More than 80% of the population in the province were satisfied with livestock advice received.
- Murehwa had the least proportion of households (56%) that were satisfied with livestock advice received.

Households Satisfied with Quality of Service at Animal Health Centre



- The majority (80%) of the households in the province were satisfied with the quality of service they received at the animal health centre.

Households that had Received Extension Advice



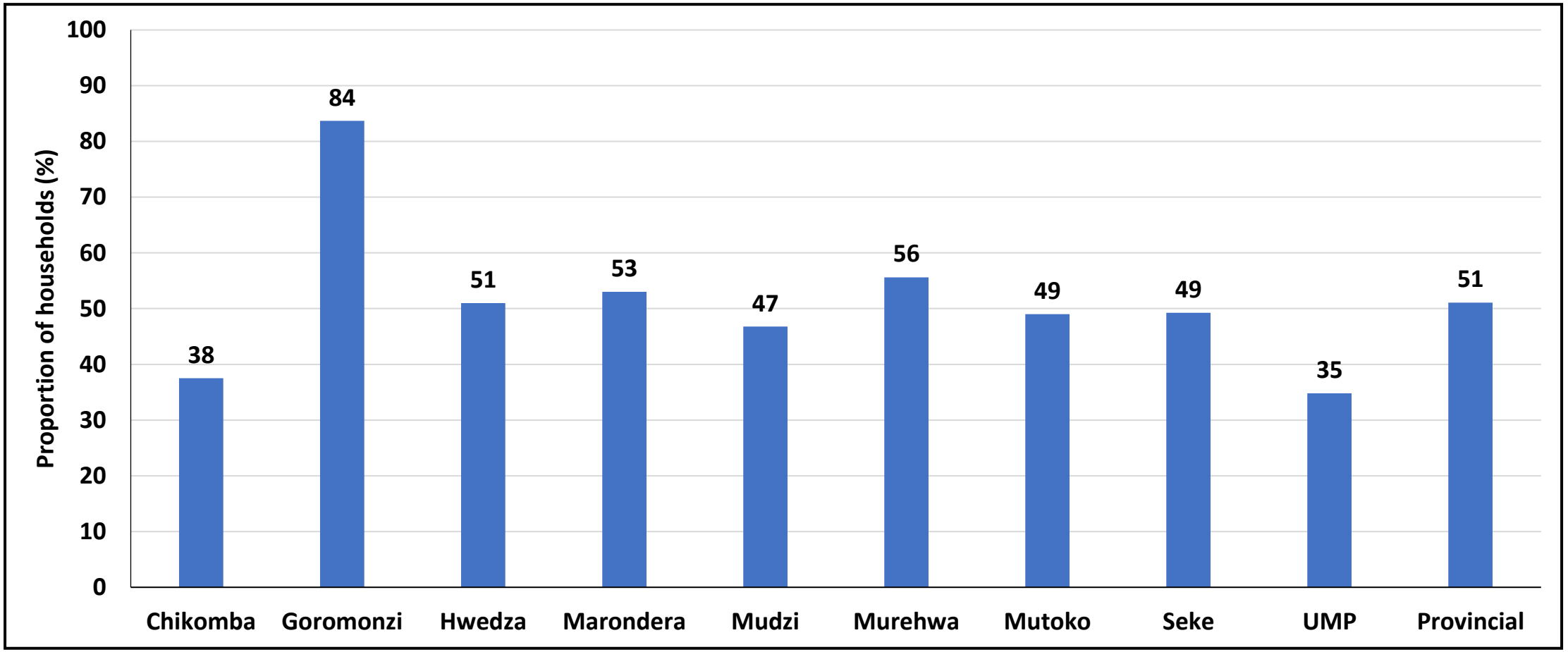
- Livestock advice was generally low across the province as compared to crop advice.
- At least 80% of the households had received crop advice across districts.
- Seke had the lowest proportion of households (23%) that had received livestock advice.

Extension Services Received by Households

	Agricultural Training	Extension Visits
Chikomba	96.0	90.7
Goromonzi	97.4	90.8
Hwedza	98.4	83.5
Marondera	90.2	75.4
Mudzi	95.4	71.3
Murehwa	94.4	85.7
Mutoko	98.8	96.3
Seke	96.4	57.1
UMP	93.8	38.8
Provincial	96.0	76.7

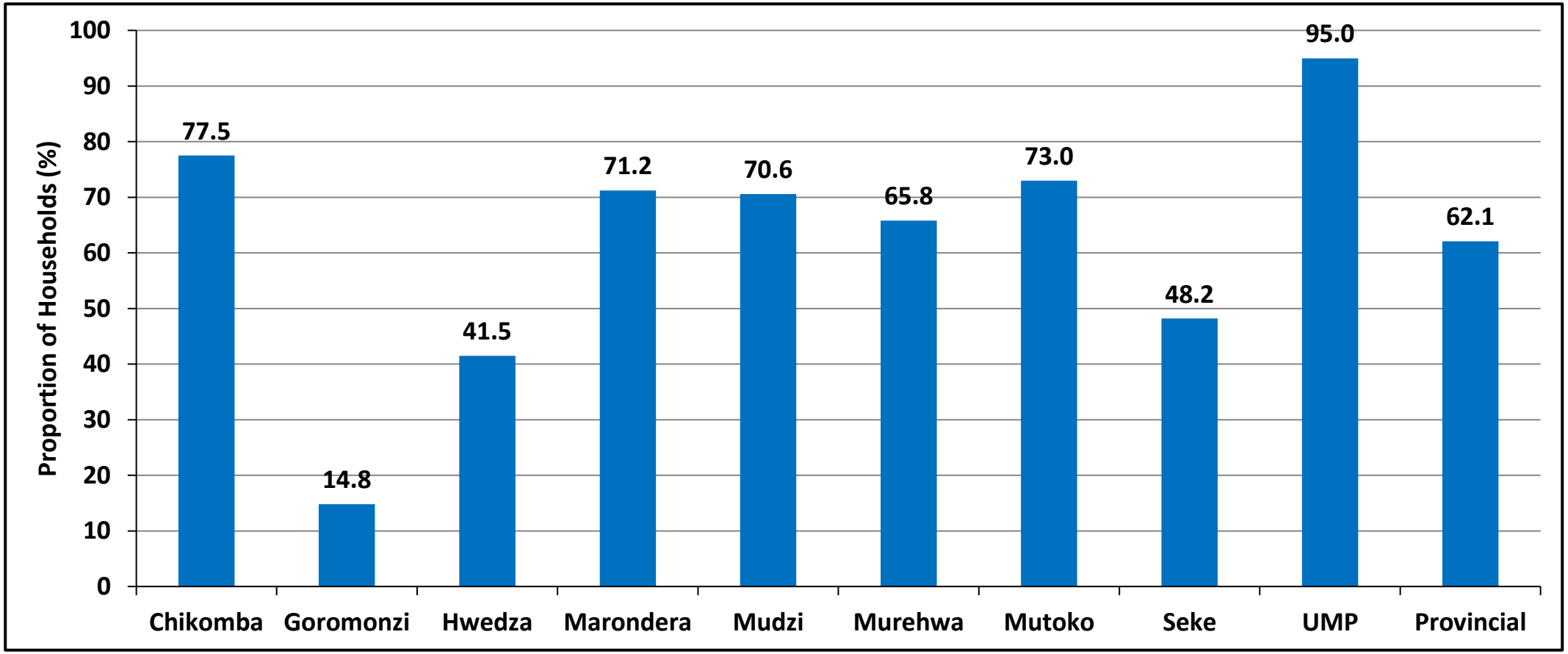
- Over 90% of the households received agricultural training with 77% receiving extension visits.

Access to Police in one Hour



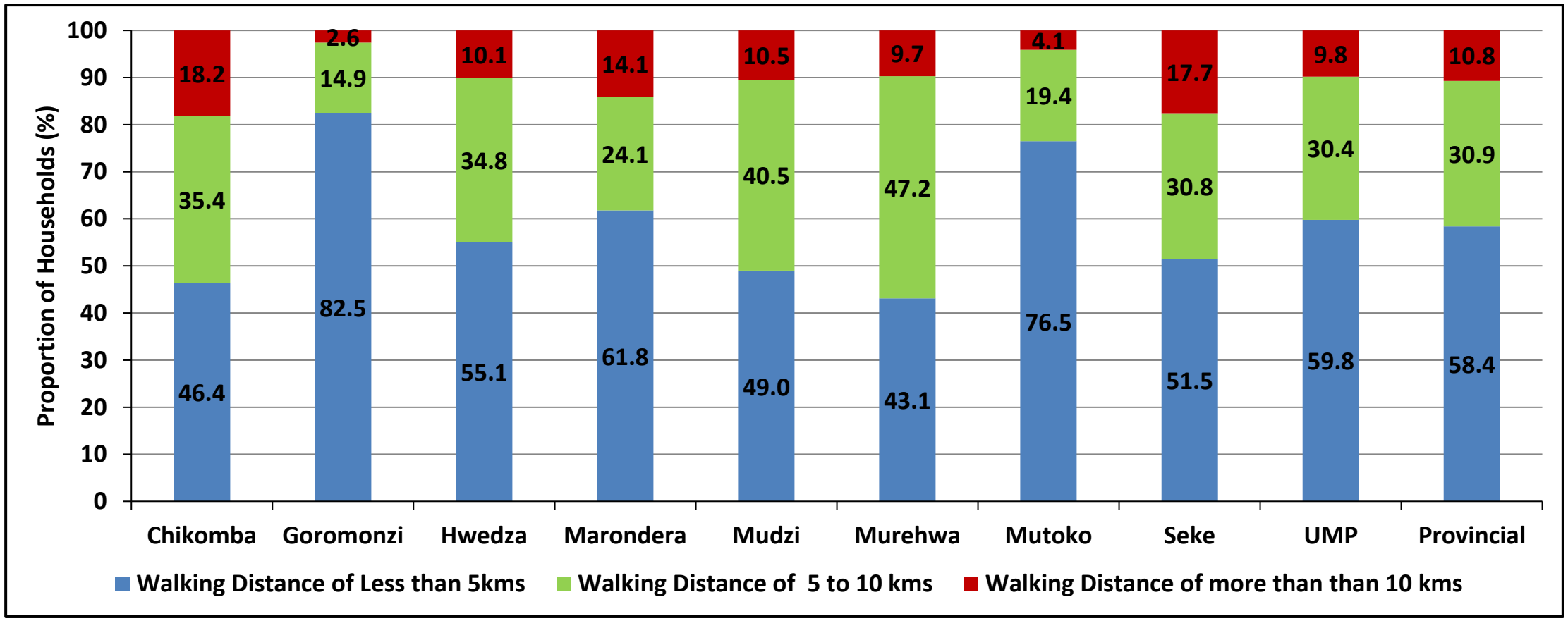
- Fifty one percent of the households in the province could access the police within an hour when their service was needed

Had No Access to Victim Friendly Services



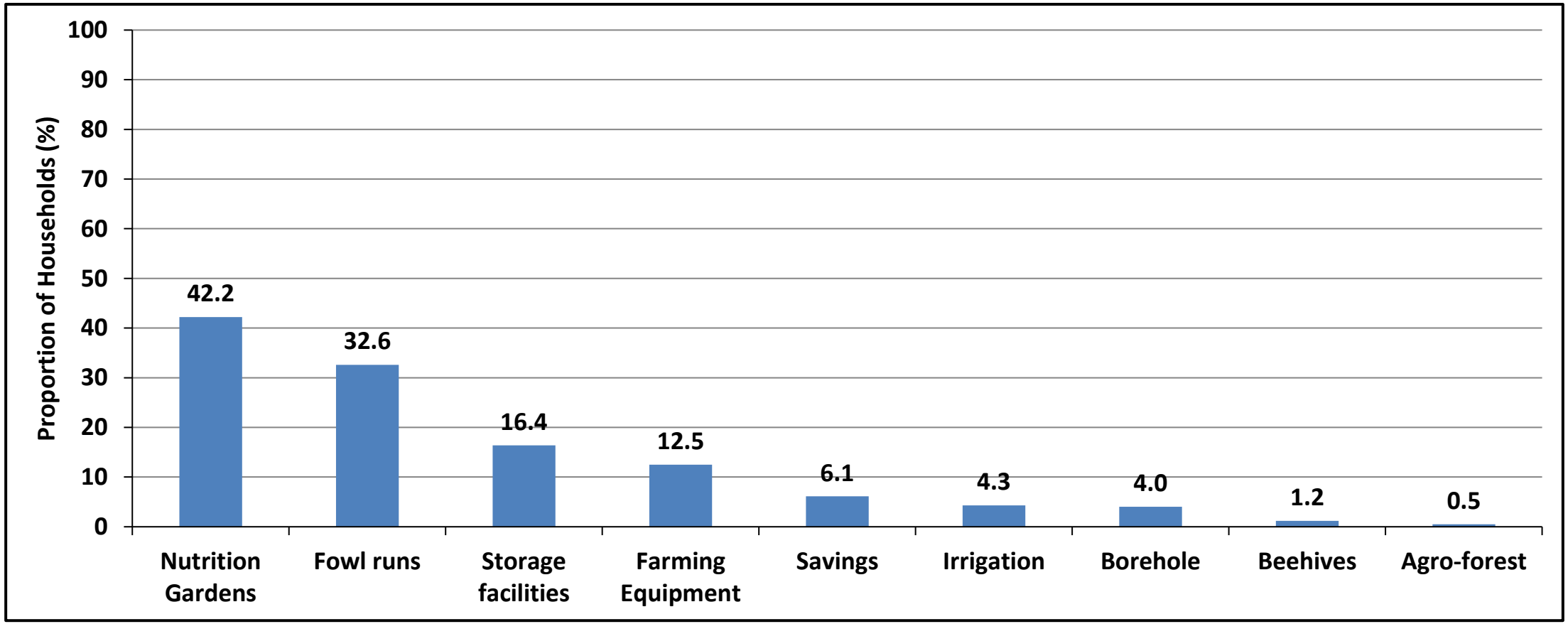
- The province had 62.1 % of its population with no access to victim friendly services.
- UMP (95%) had the highest proportion, while Goromonzi (14.8%) had the lowest proportion of households that do not have access to the Victim Friendly Unit in UMP district.

Access to Health Facilities



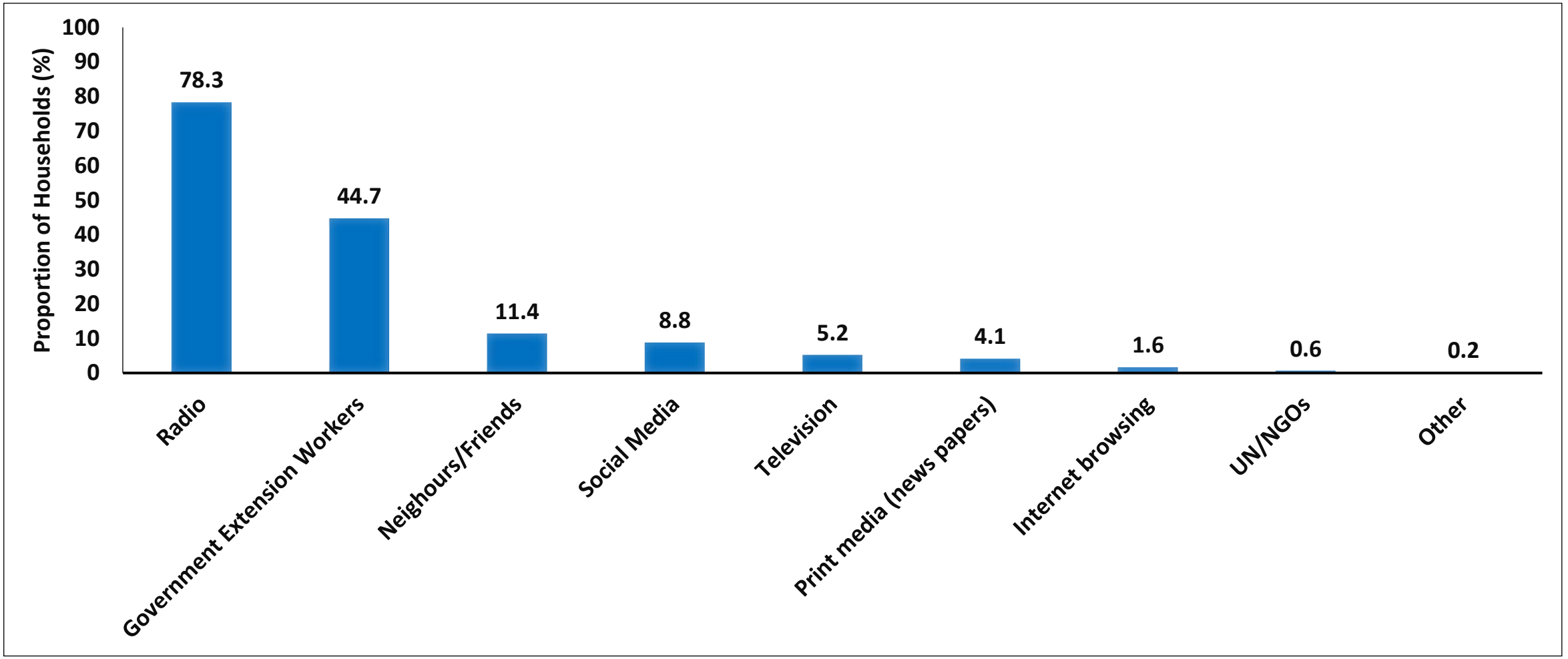
- The province had 58.4% of its households residing within the recommended less than 5 km access to health facilities.
- Chikomba district(18.2%) had the highest proportion of its households walking more than 10 km to the health centre while Goromonzi (2.6%) had the lowest.

Access to Food and Nutrition Security Infrastructure



- Nutrition gardens (42.2%) were the most common food and nutrition security infrastructure that was being accessed by most households in the province followed by fowl runs (32.6%).

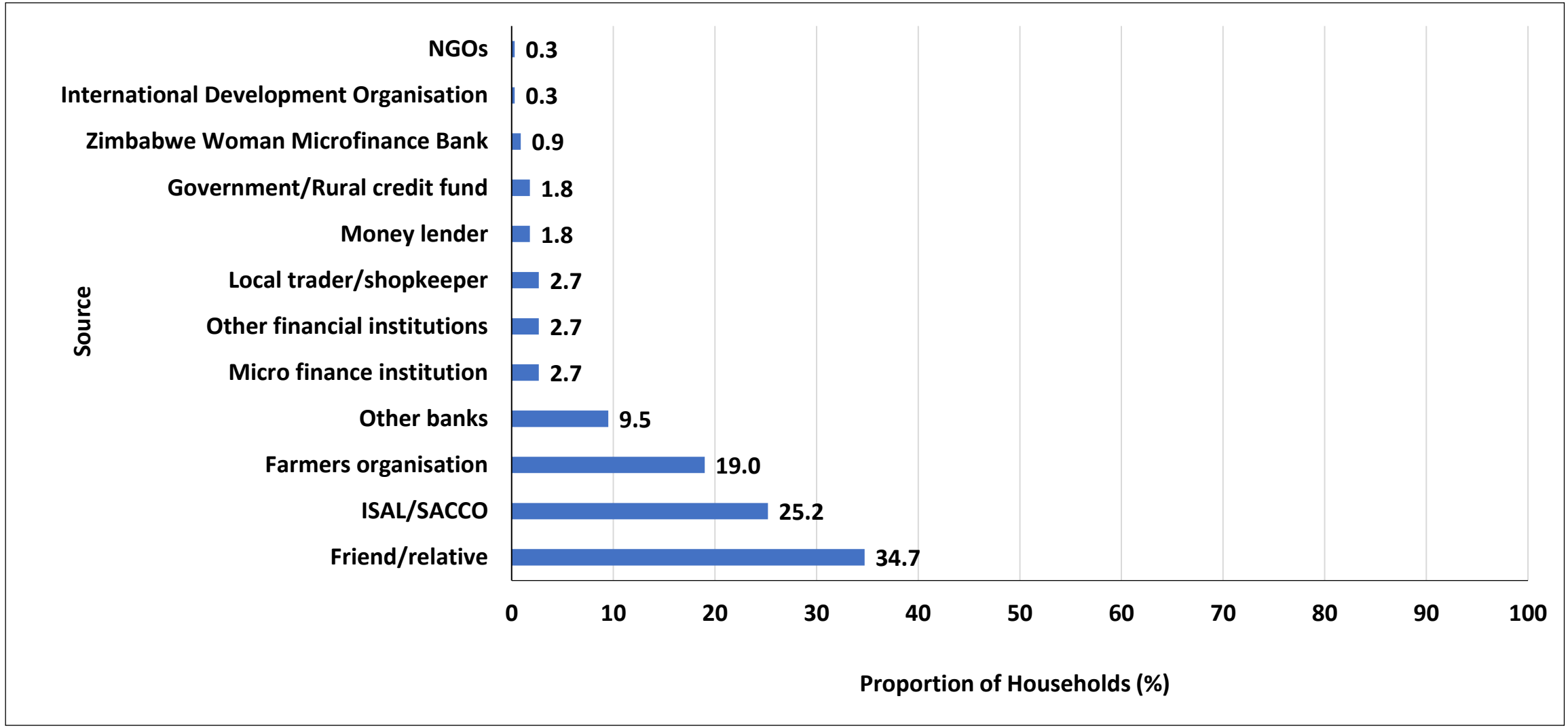
Sources of Early Warning Information



- Radio at 78.3% was highlighted as the main source of early warning information for planning and response.

ISALS and Loans

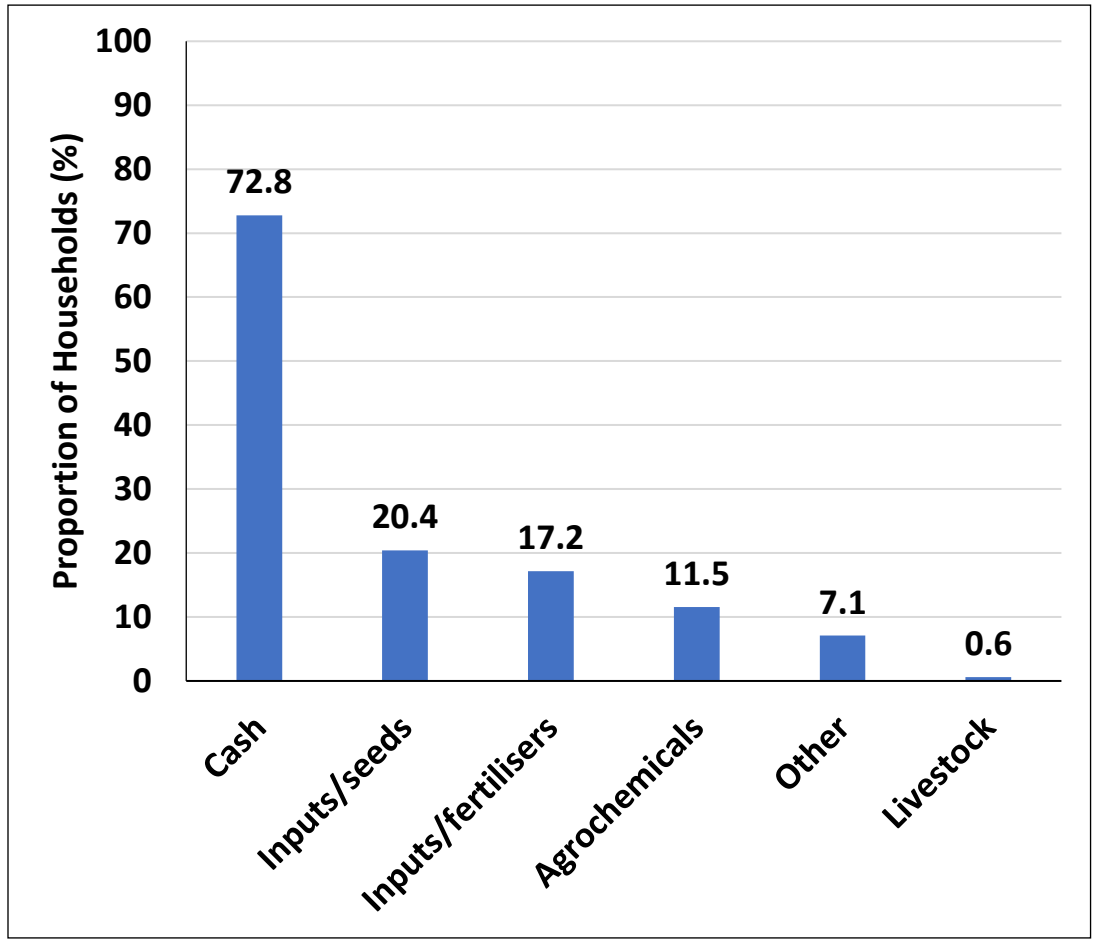
Sources of Loans



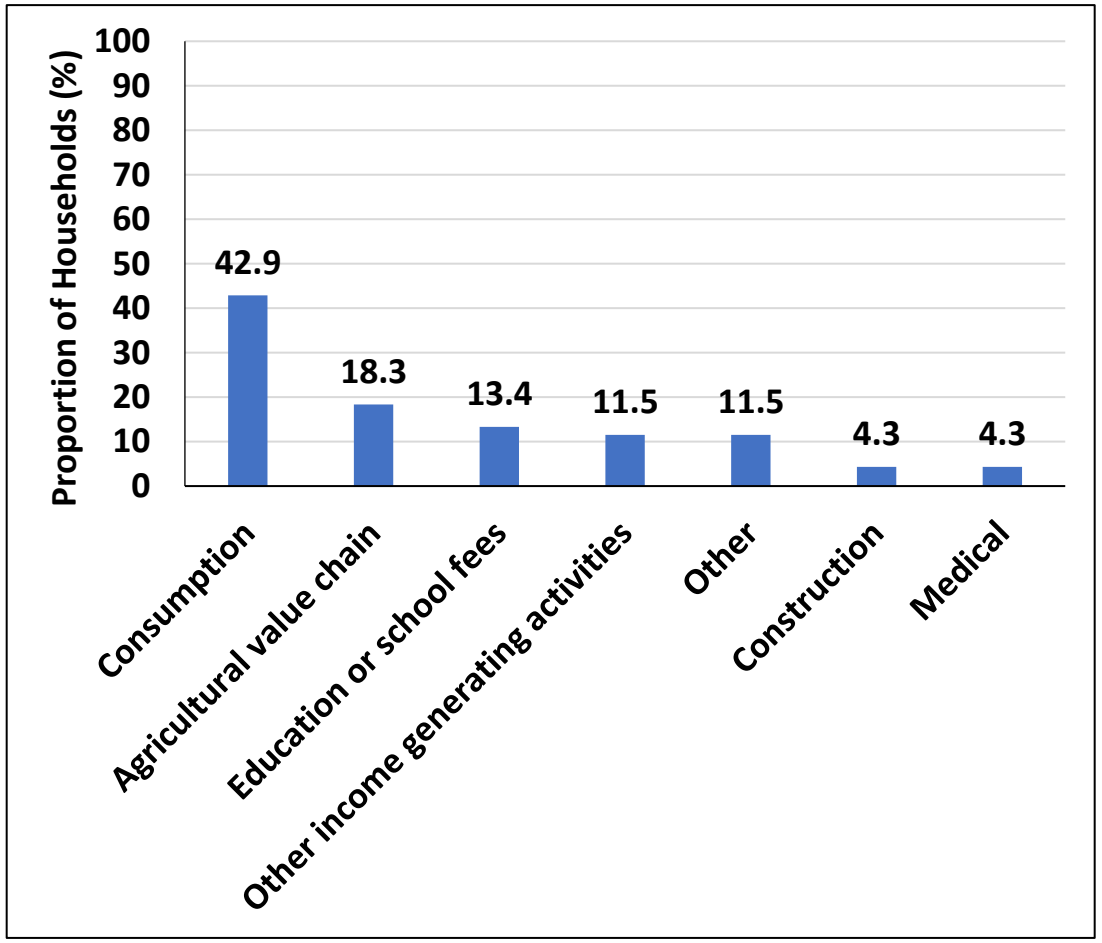
- Of the 2.8% of households which received loans, nationally, the major sources were friends and relatives (34.7%) and ISAL/SACCO (25.2%).

Types of Loans and Primary Use

Types of Loans

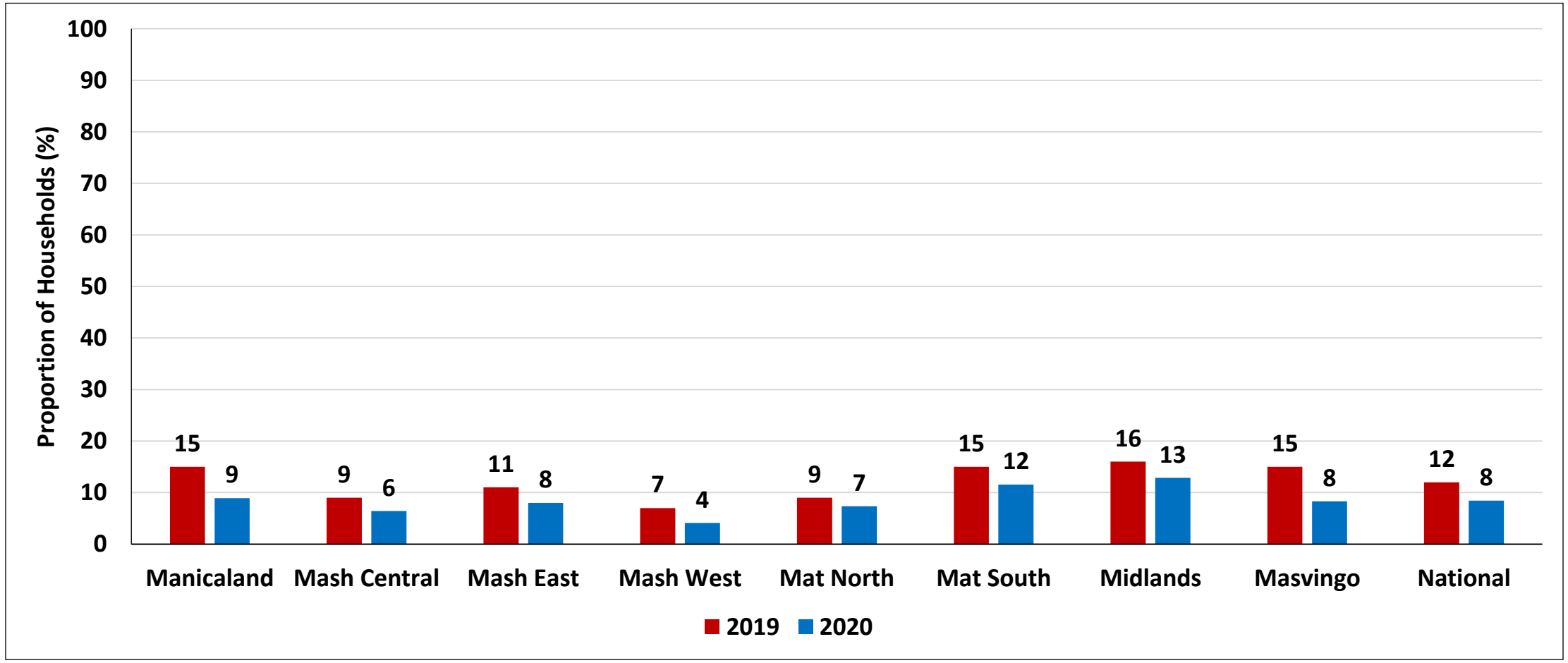


Loan primary use



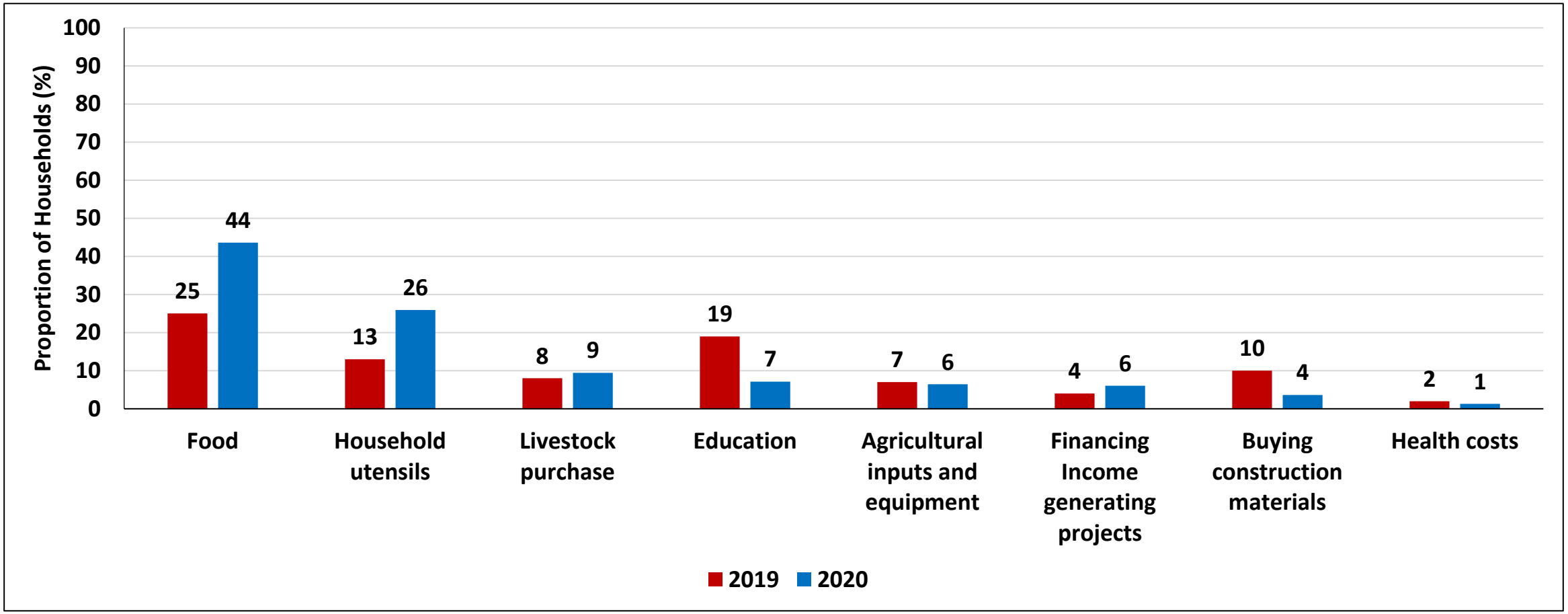
- Nationally, the main types of loans received were cash (72.8%), seeds (20.4%) and fertilisers (17.2%).
- The primary use for these loans were consumption followed by investing in agricultural value chains.

Households with a Member in an ISAL Group



- The proportion of households with a member in an ISAL group decreased from the previous year, both at provincial (from 11% to 8%) and national (from 12% to 8%) levels.

Use of Share-out from ISAL Group

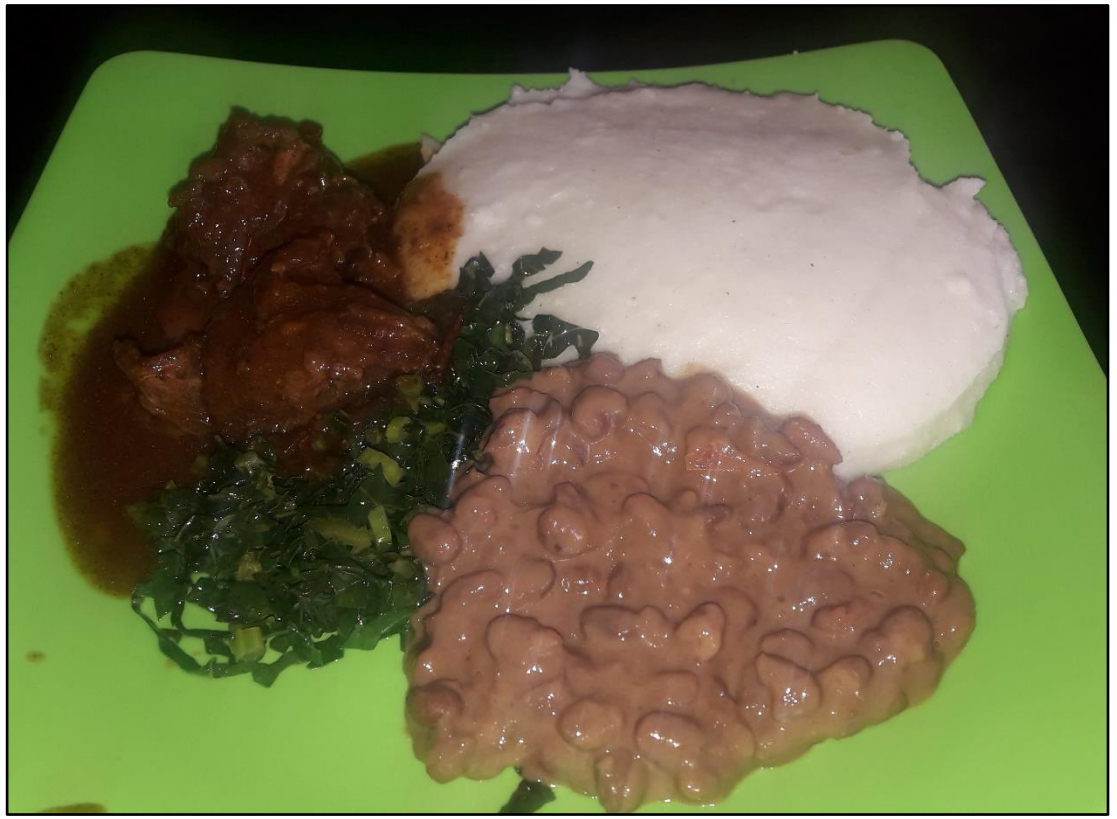


- The two main uses of share out from an ISAL group were food (44%) and household utensils (26%) nationally.
- The proportion of households use of share outs from an ISAL group for food and household utensils increased from the previous year.

Food Consumption, Livelihoods and Coping Strategies

Background

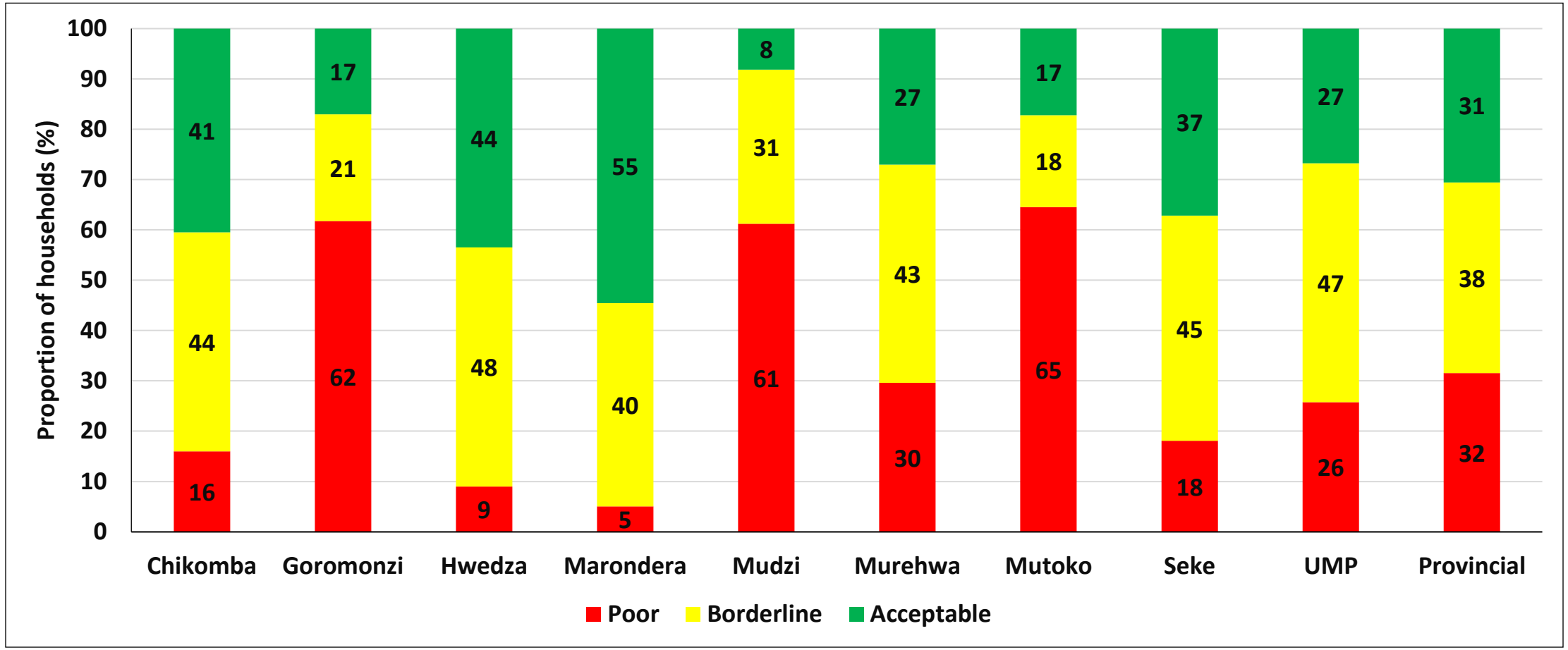
- Food consumption is ideally measured as calories of food intake.
- Food consumption score takes into account both dietary diversity and food frequency.



Food Consumption Score

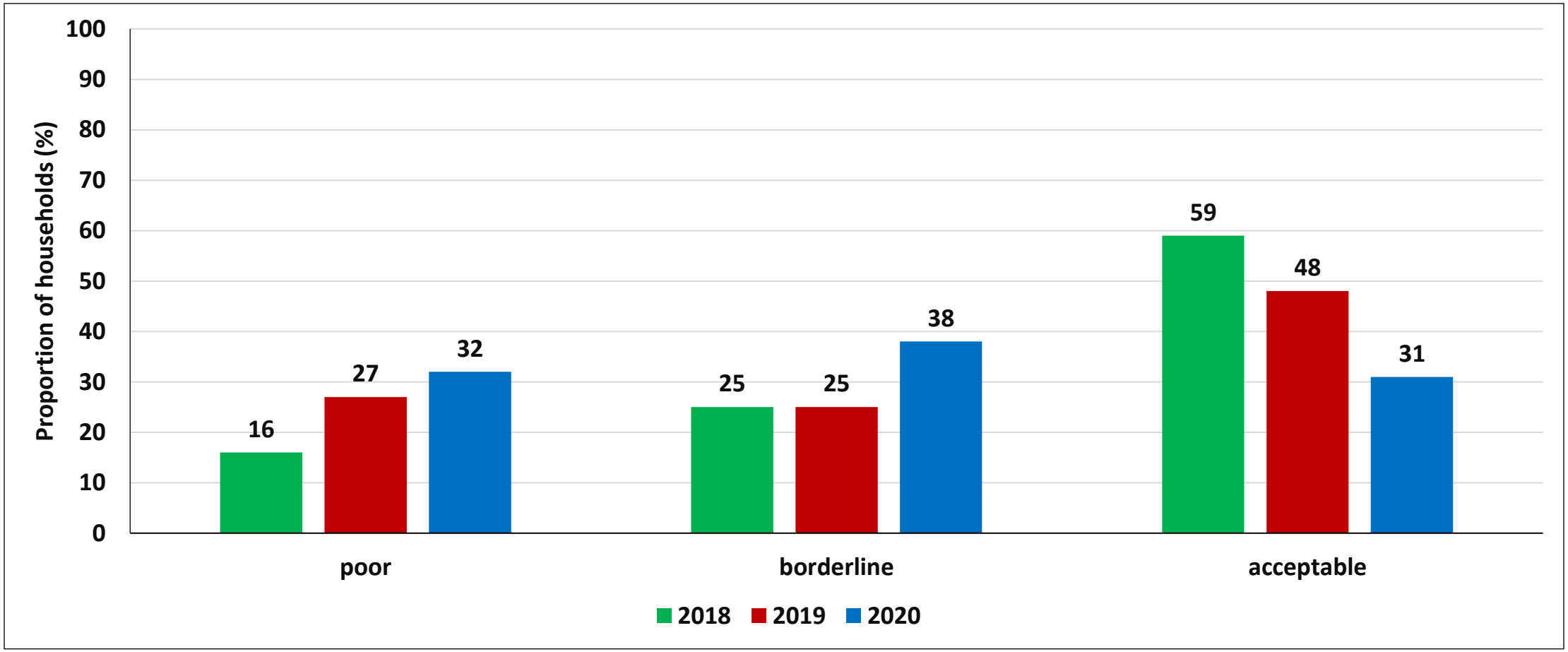
Food consumption score group	Score	Description
Poor	0 - 21	**An expected consumption of staple 7 days, vegetables 5-6 days, sugar 3-4days, oil/fat 1 day a week, while animal proteins are totally absent**
Borderline	21.5 - 35	An expected consumption of staple 7 days, vegetables 6-7 days, sugar 3 - 4days, oil/fat 3 days, meat / fish / egg / pulses 1-2 days a week, while dairy products are totally absent
Acceptable	>35	As defined for the borderline group with more number of days a week eating meat, fish, egg, oil, and complemented by other foods such as pulses, fruits, milk

Food Consumption Score By District



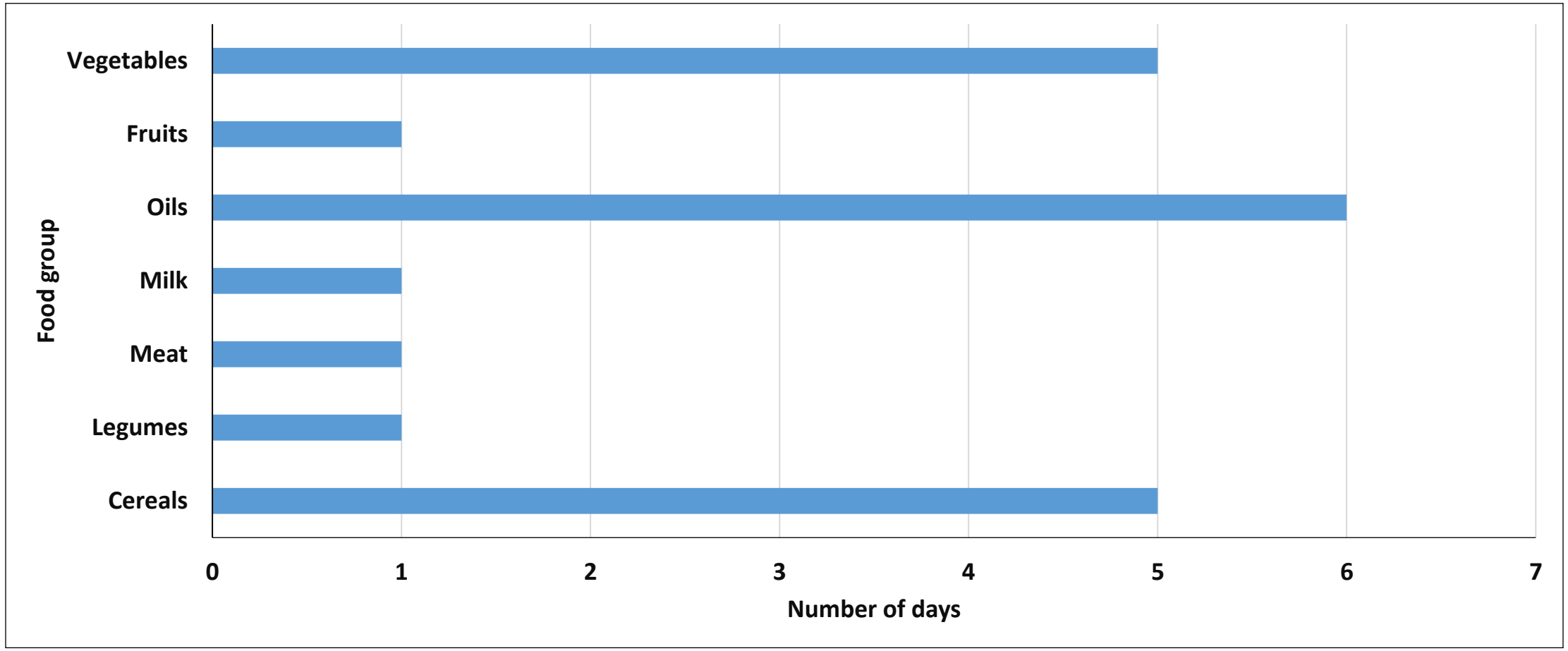
- About a third of the households had acceptable food consumption scores .
- Mutoko (65%), Goromonzi (62%) and Mudzi (61%) had the highest proportion of households accessing poor diets in the province.

Food Consumption Score By Year



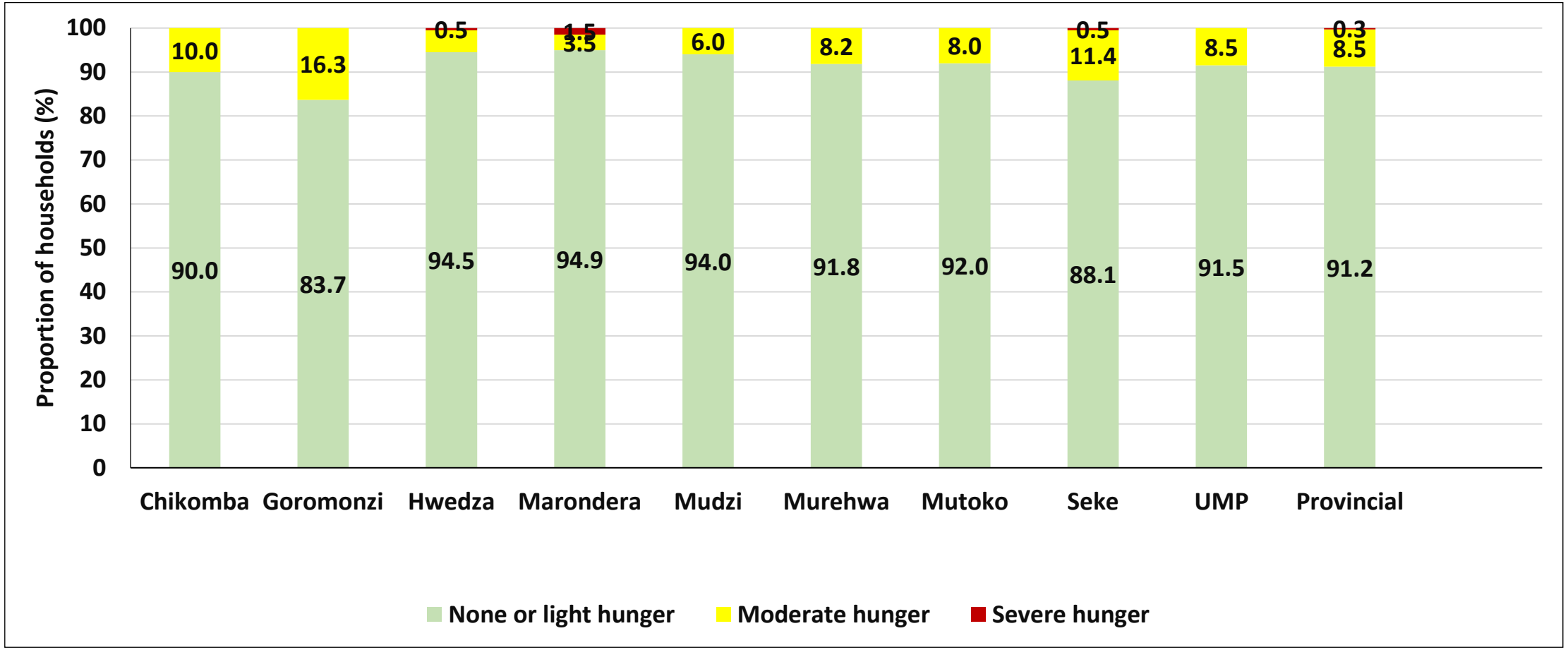
- There was a decrease in the proportion of households consuming an acceptable diet from 59% in 2018 to 31% in 2020.
- The proportion of households in the poor and borderline categories increased from 2018 to 2020 an indication of depreciation in the quality of diet.

Average Number of Days



- Vegetables, cereals and oils were consumed most number of days.

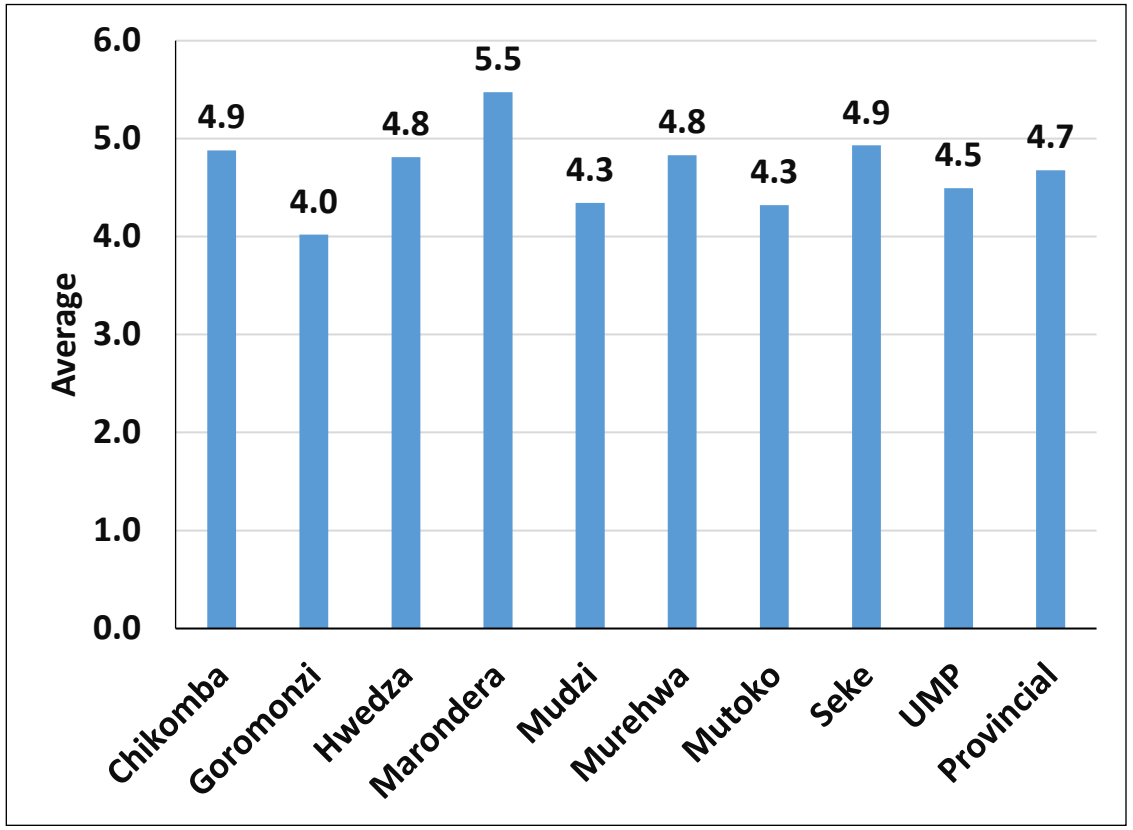
Household Hunger Scale By District



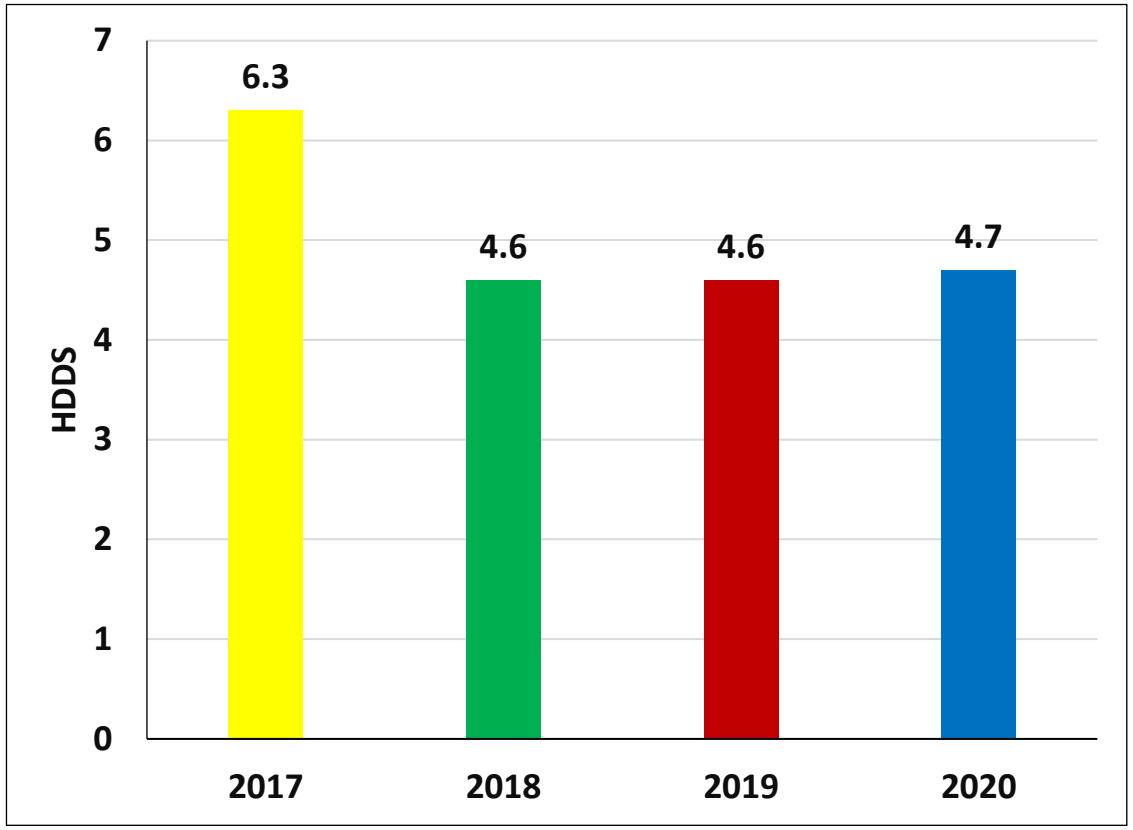
- About 2% of households in Marondera were in severe hunger.

Average Household Dietary Diversity Score

By District

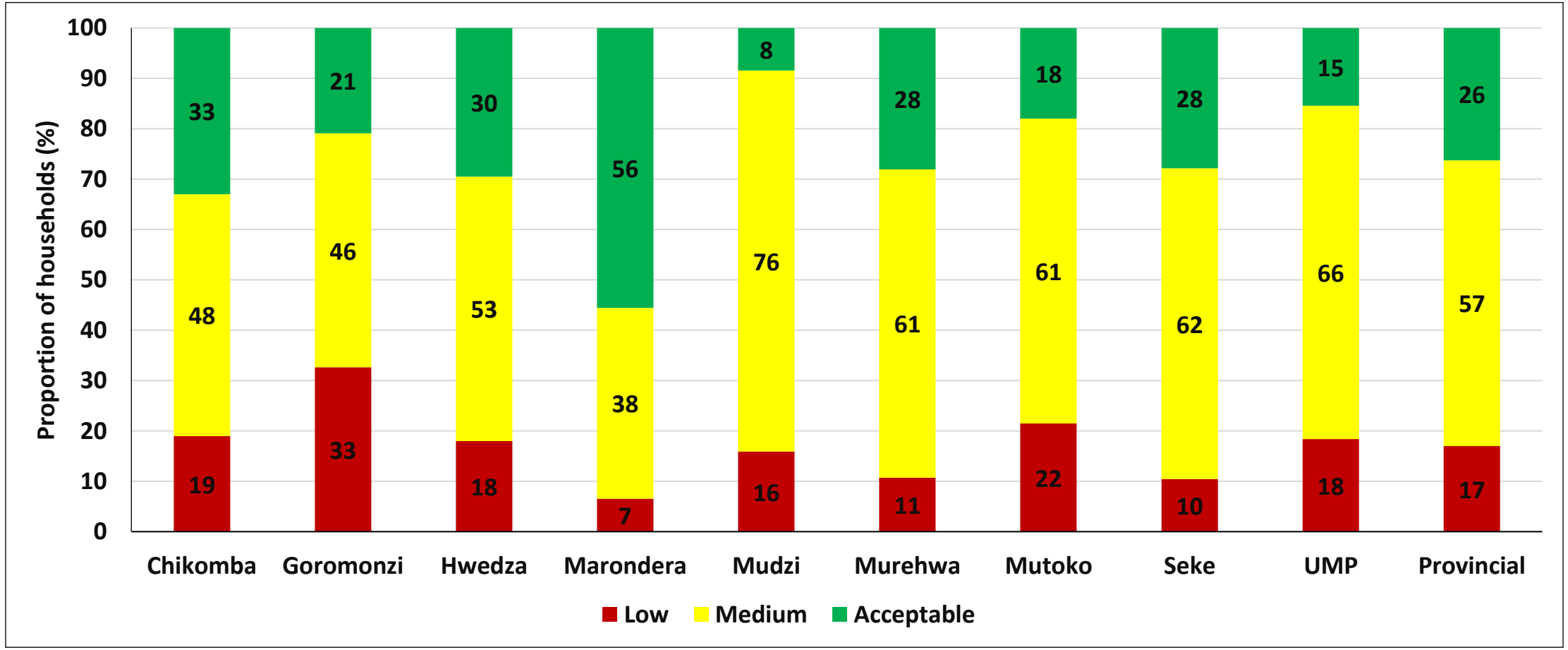


By Year



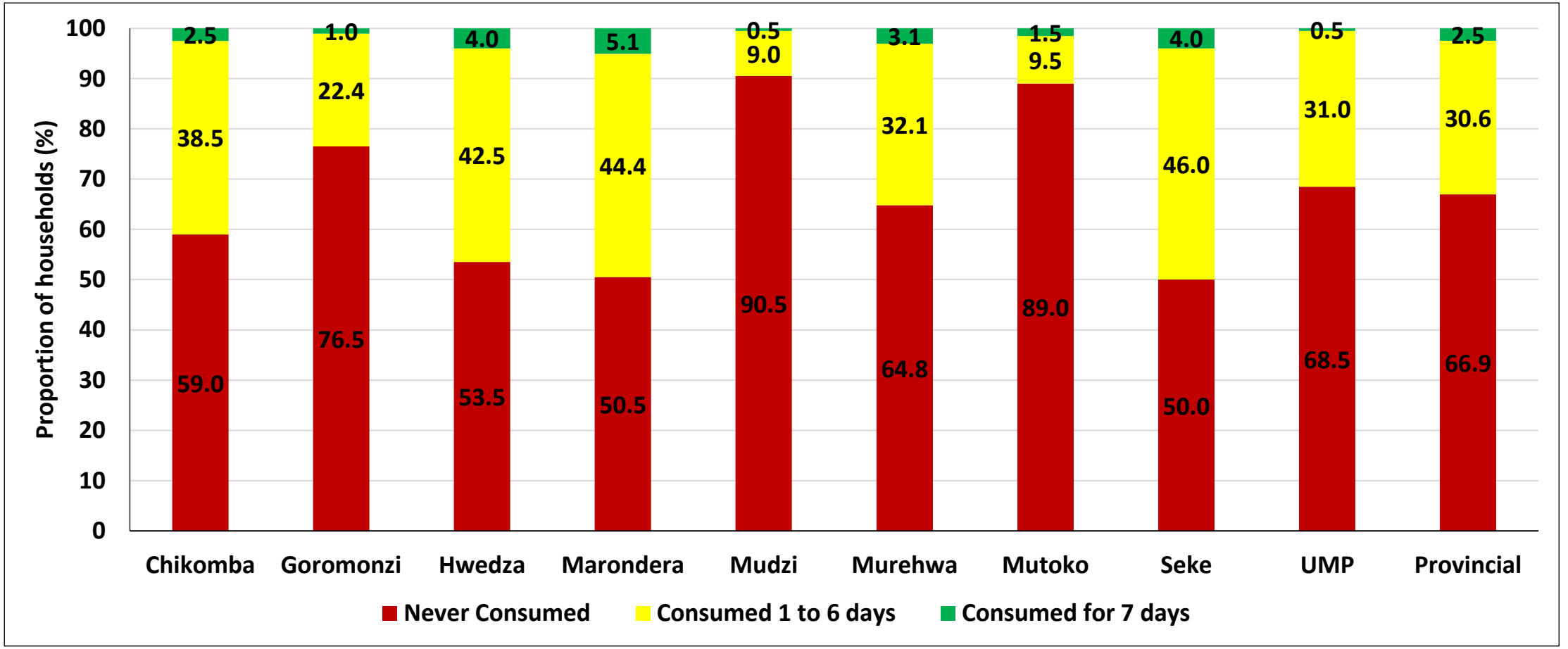
- The average Household Dietary Diversity Score was about 5 food groups out of the possible 12.
- Goromonzi , Mudzi, Mutoko and UMP had a score of 4 out of the possible 12.
- The Household Hunger Scale has been almost constant for the past 3 years.

Household Dietary Diversity Score By District



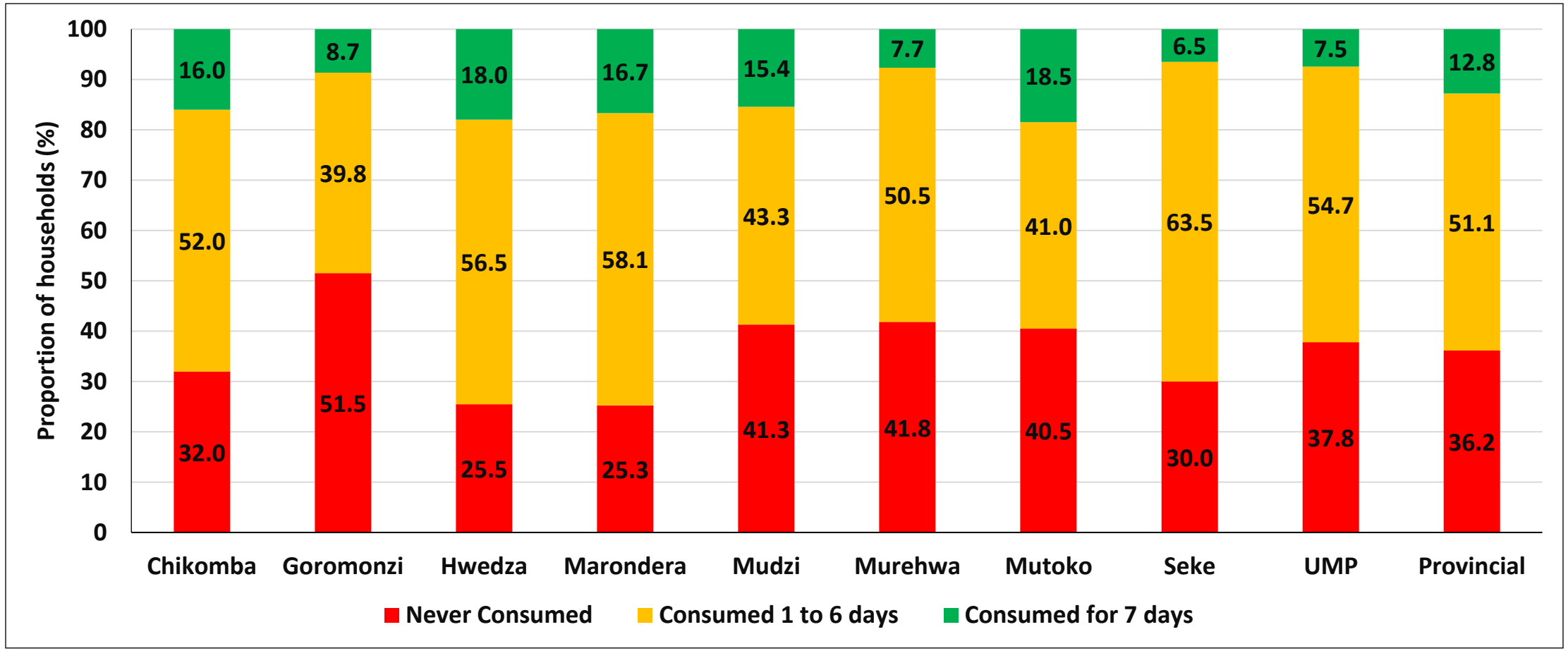
- Household diversity score was acceptable for 26% of the households in the province.
- Goromonzi (33%) and Mutoko (22%) had highest proportion of households consuming low diversified diets.

Households Consuming Iron Rich Foods



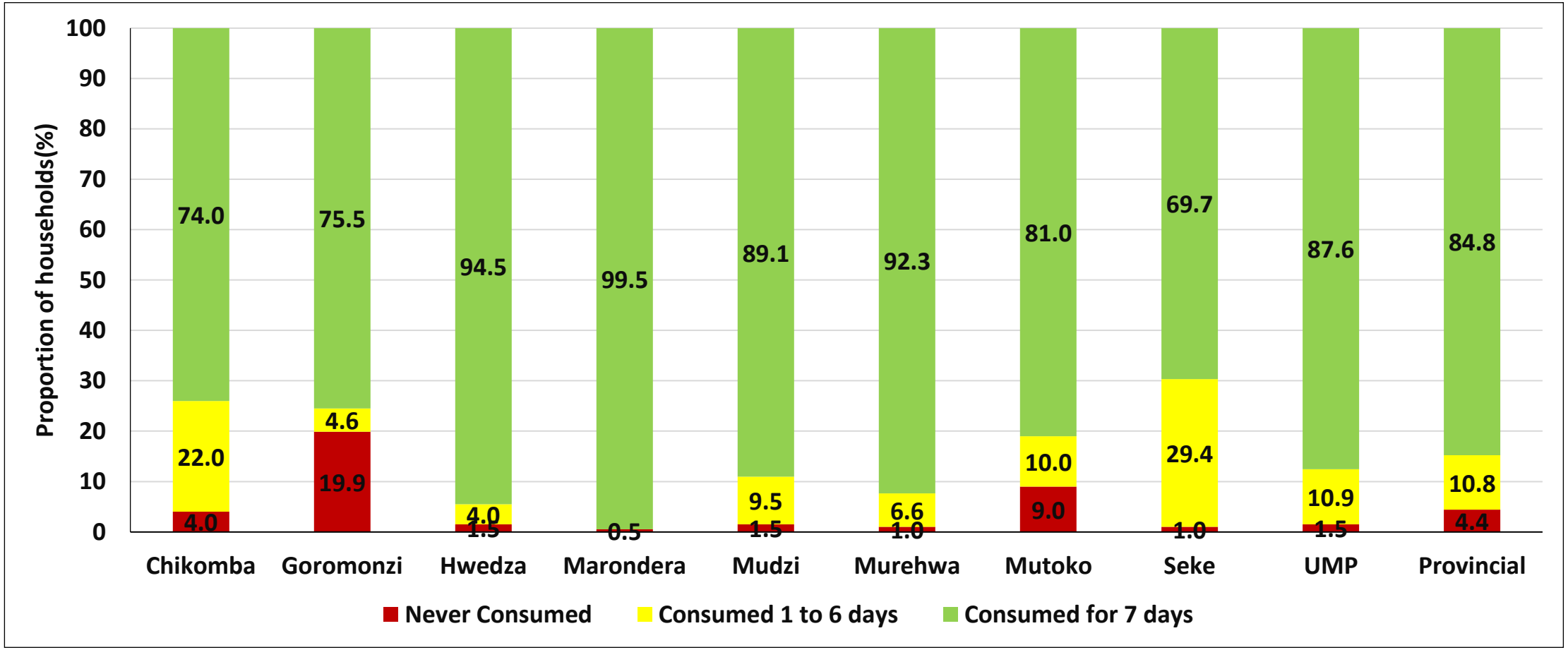
- Over two-thirds of the households in the province never consumed a diet rich in iron seven days prior to the survey.
- Consumption of diets low in iron rich foods poses a risk of iron deficiency anaemia (characterized by fatigue, weakness, and other ill-health), complications during pregnancy, and delayed growth in infants and children.

Households Consuming Protein Rich Foods



- The proportion of households consuming protein rich foods seven days prior to the survey was 63.9% of which 13% consumed daily.
- Goromonzi had the highest proportion of households which never consumed protein-rich foods from both animal and plant sources.

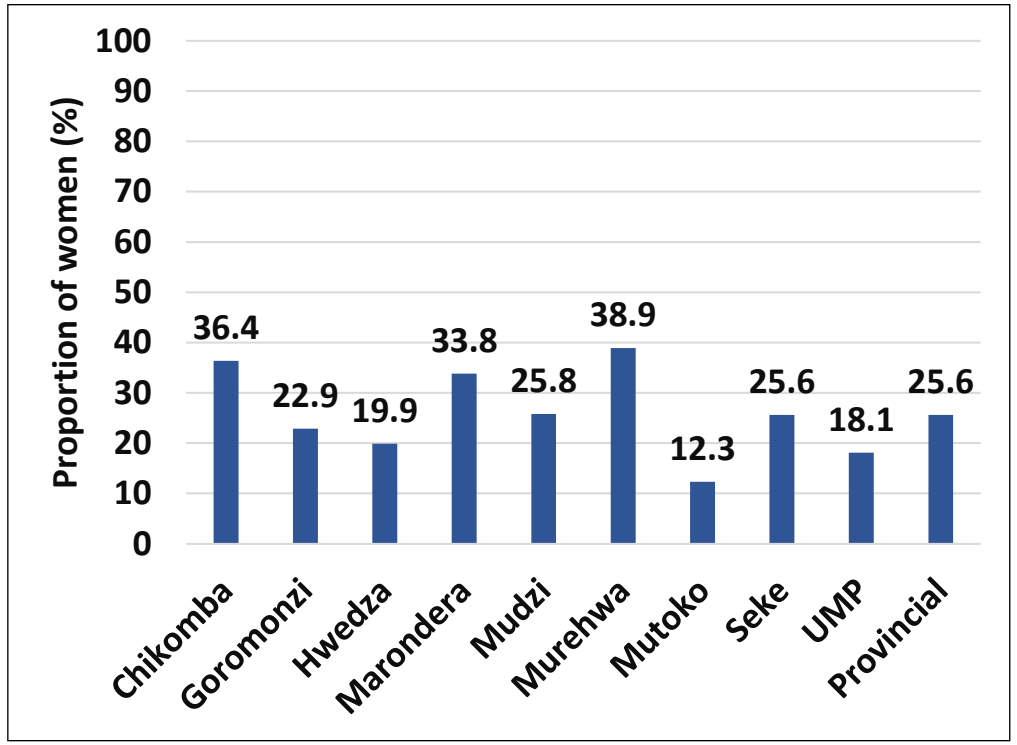
Households Consuming Vitamin A Rich Foods



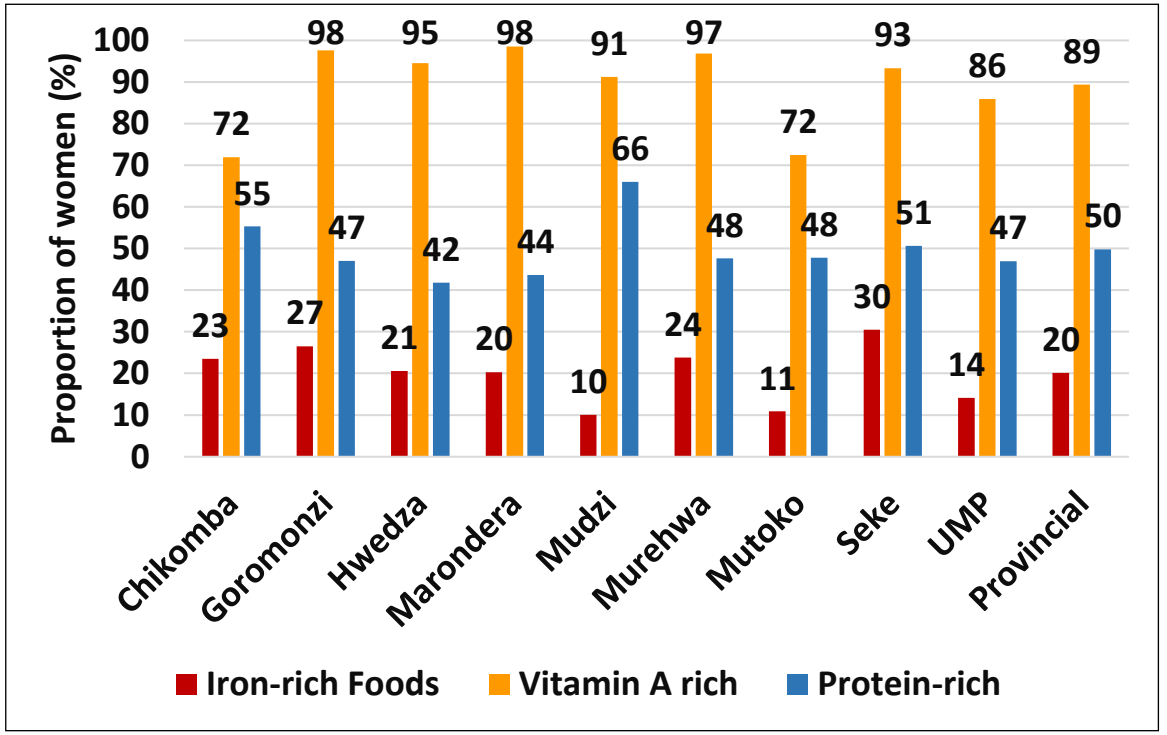
- Proportion of households consuming Vitamin A rich foods seven days prior to the survey was 95.6% of which 84.8% consumed daily.
- Goromonzi (19.9%) had the highest proportion of households which never consumed vitamin A rich foods indicative of poor consumption that could lead to vitamin A deficiencies like reduced immunity, retarded growth and poor vision among other effects.

Women Dietary Diversity

Minimum Dietary Diversity



Nutrient Rich Food



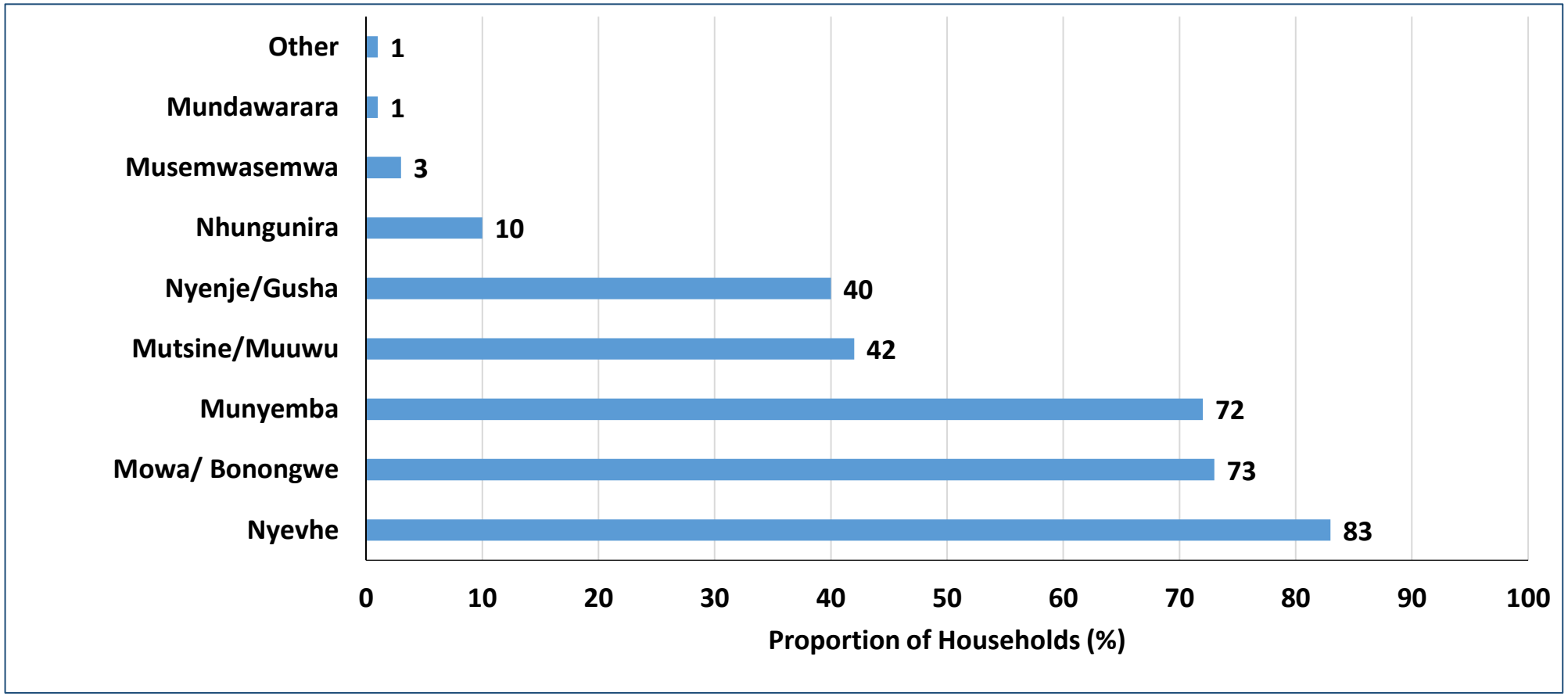
- Less than a third (26%) of women of childbearing age (15-49 years) achieved a minimum dietary diversity (MDD) and therefore more likely to have adequate micronutrient intakes.

Non Timber Forest Food Products (NTFPs)

Consumption of Non Timber Forest Products

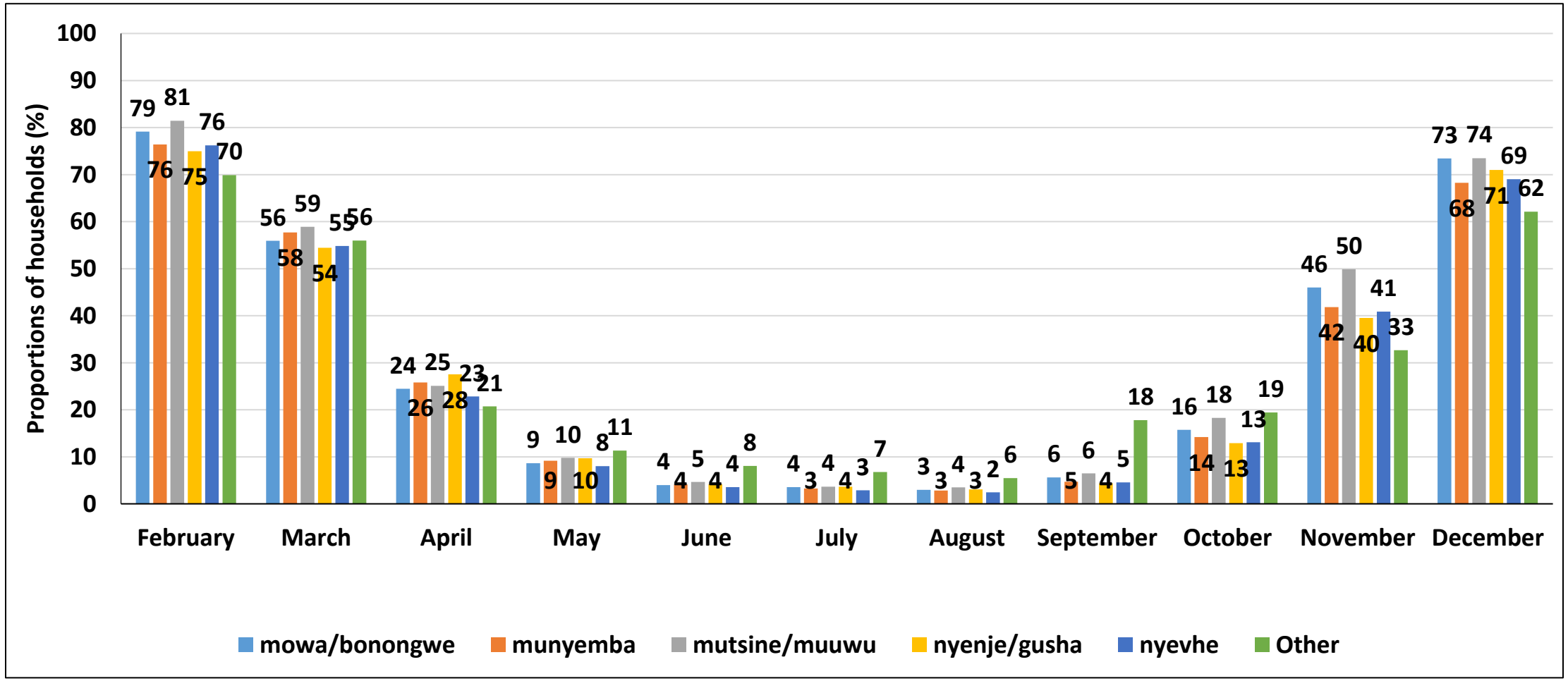
- Non-timber forest products (NTFPs) can be defined as any product or service other than timber that is produced in forests, which do not require harvesting trees.
- They include fruits and nuts, vegetables, edible insects fish and game, medicinal plants, resins, essences and a range of barks and fibres such as bamboo, rattans, and a host of other palms and grasses.
- In the recent decades, there has been growing interest in the contribution of non-timber forest products (NTFPs) to livelihoods, development, and poverty alleviation among the rural populace.

Widely Consumed Indigenous Vegetables



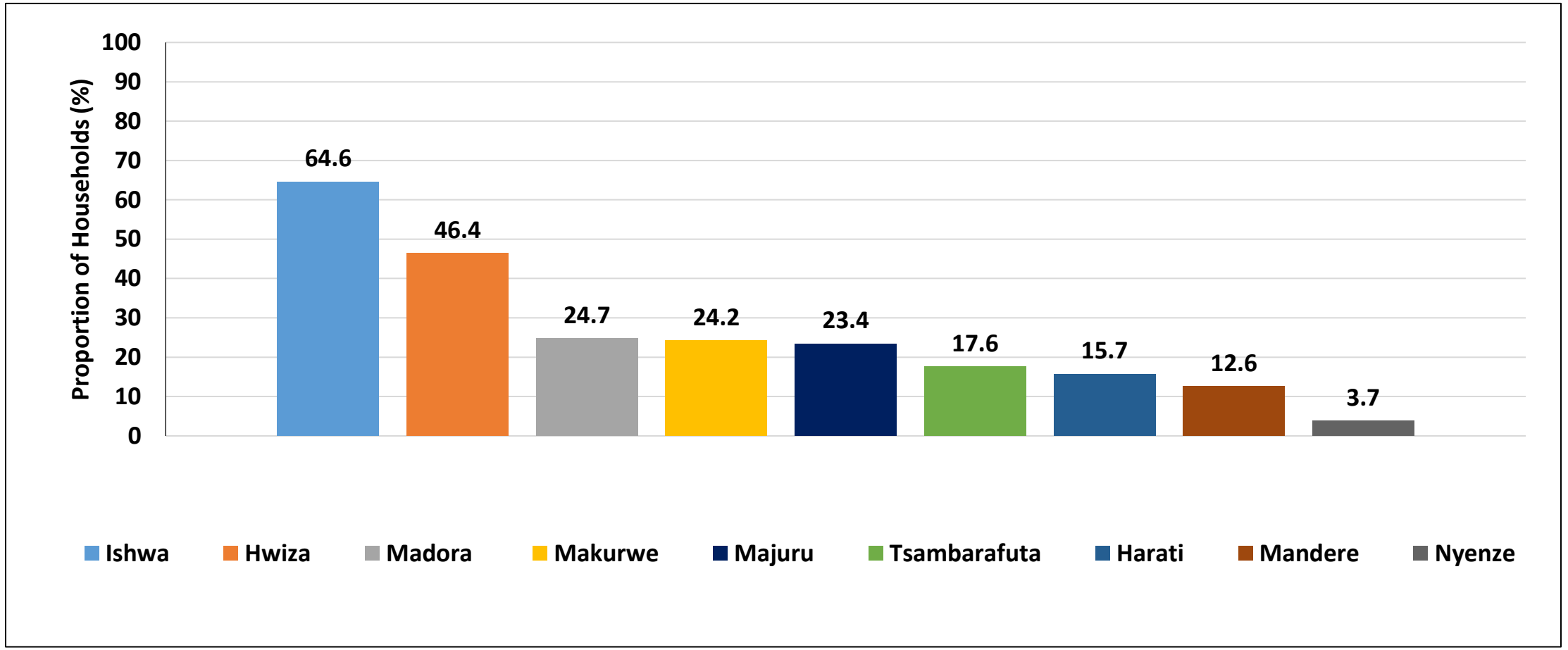
- Nyevhe (83%) was the most consumed indigenous vegetable, followed by Mowa (73%) and Munyemba (72%).
- The least consumed vegetables were , Mundawarara (1%) and others (1%).

Seasonality for the Consumed Indigenous Vegetables



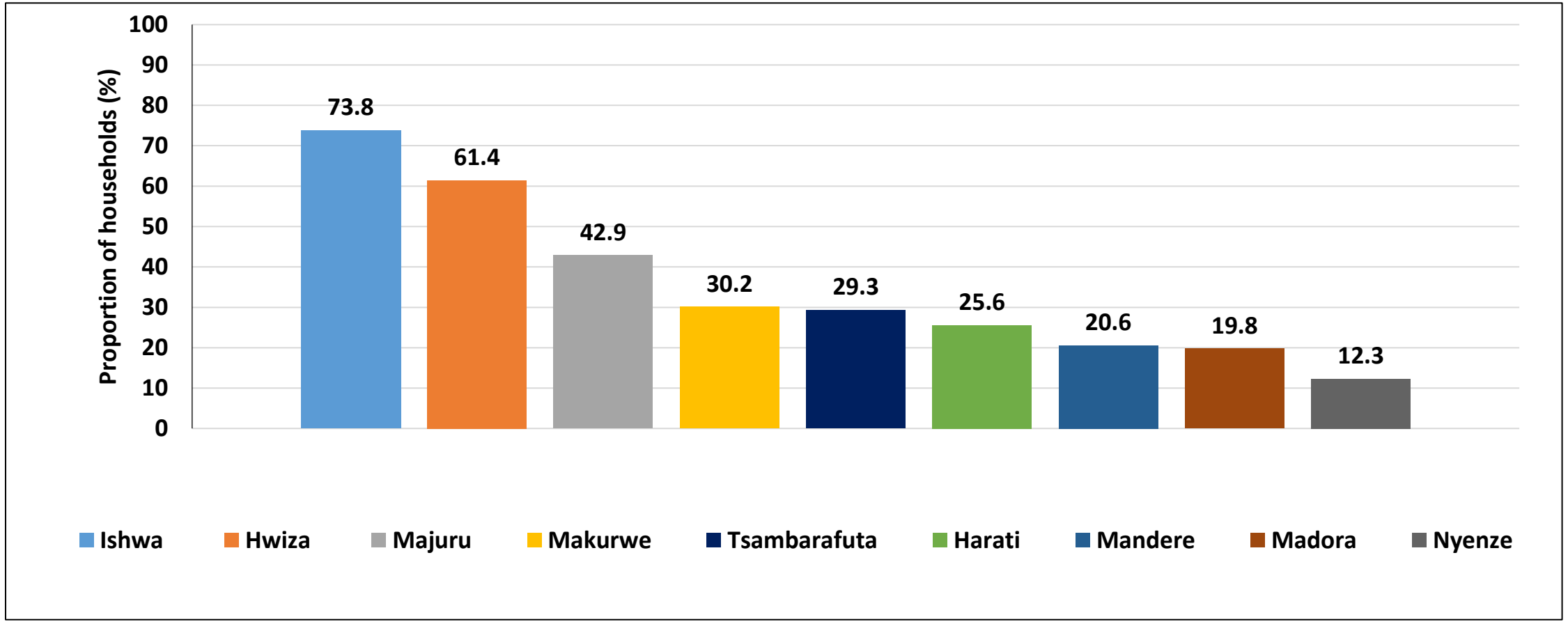
- A significant proportion of the households reported the months of November, December, February and March **(rainy season**) as the peak harvest period for the widely consumed indigenous vegetables.

Widely Consumed Insects



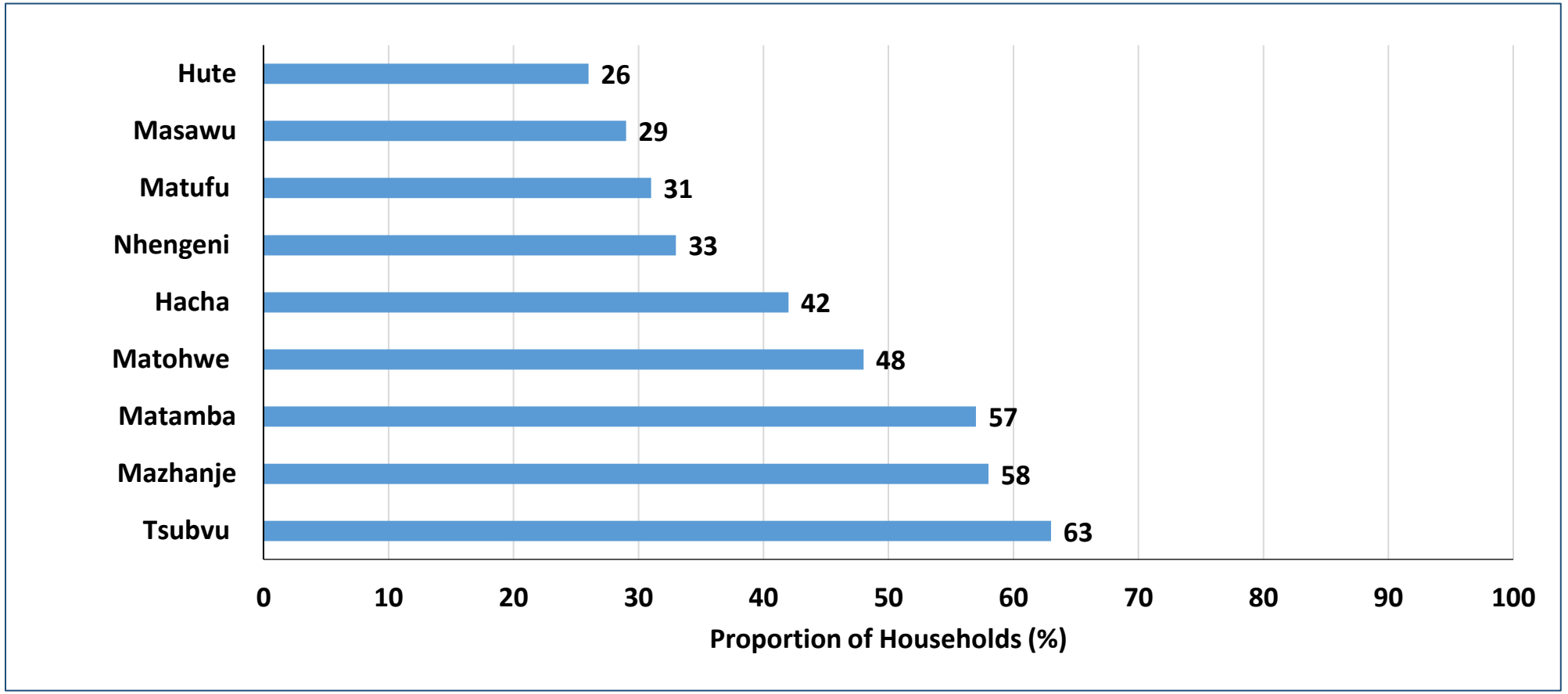
- Ishwa (64.6%) was reported as the most consumed insect, followed by Hwiza (46.4%) and Madora (24.7)

Insect Availability



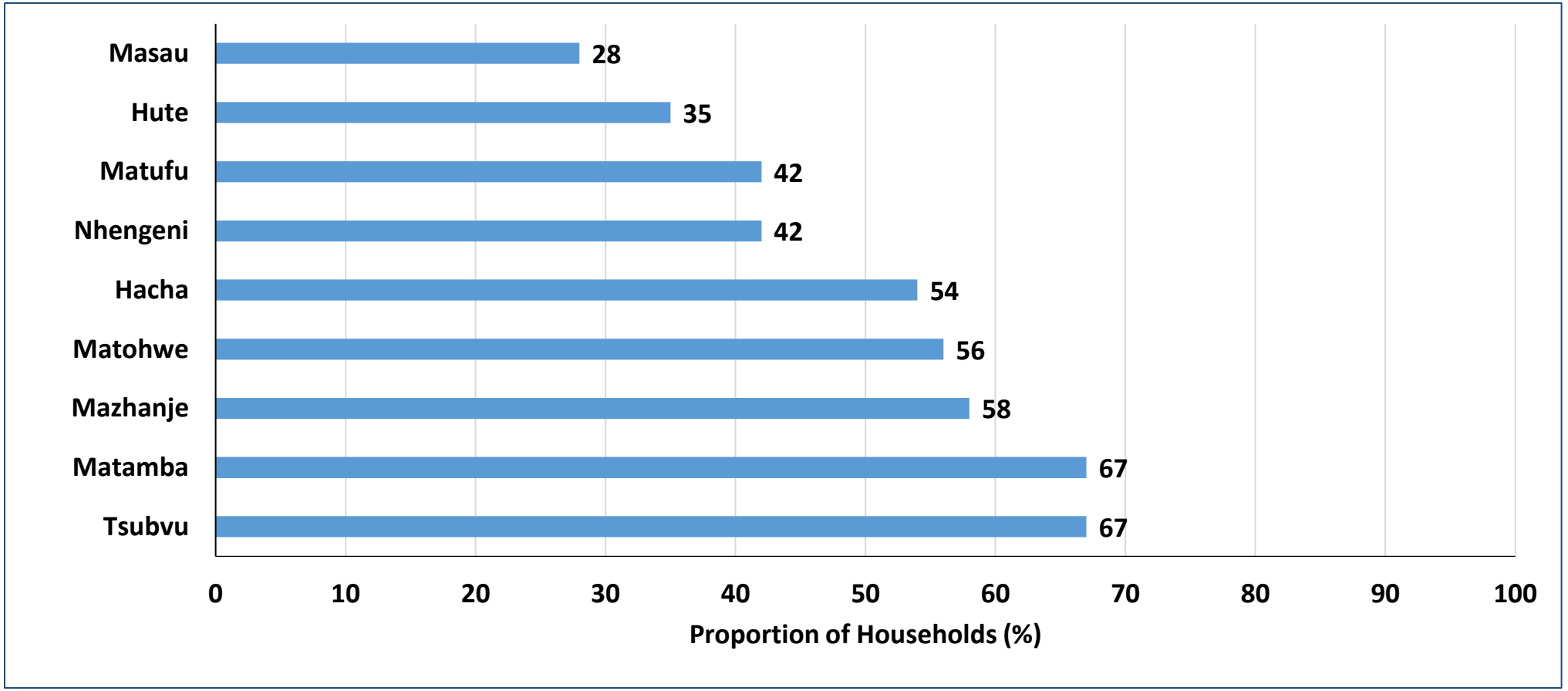
- A greater proportion of households , reported the availability of Ishwa (73.8%) , followed by Hwiza (61.4%) and Majuru (42.9%) in the province.

Widely Consumed Indigenous Fruits



- Most households reported Tsubvu (63%) as the widely consumed indigenous fruit, followed by Mazhanje (58%) and Matamba (57%).

Available Fruits in the Province



- The most available fruits were Tsubvu (67%) and Matamba (67%), followed by Mazhanje (58%).

Livelihoods Based Coping Strategies

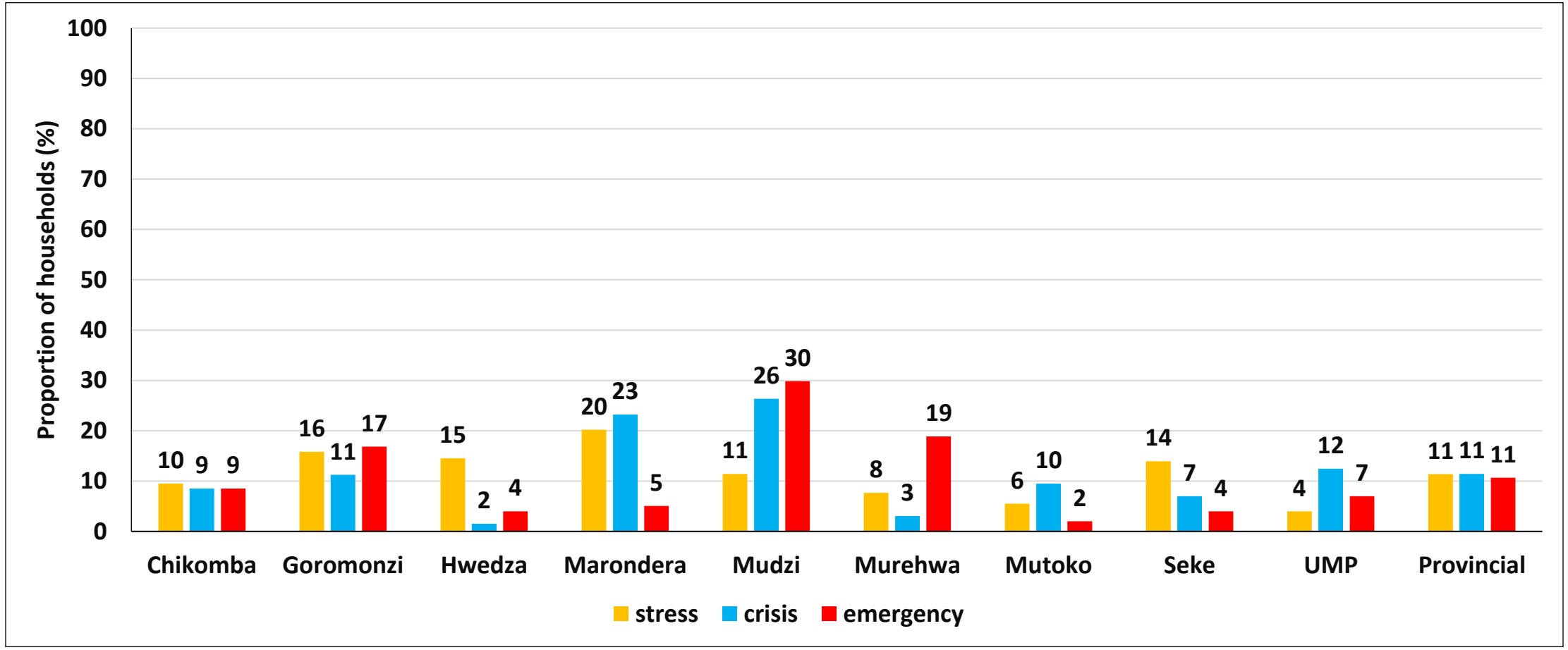
Livelihoods Based Coping Strategies

- Households engage in 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.
- The Livelihood Coping Strategies have been classified into three categories namely Stress, Crisis and Emergency as according to WFP Technical guidance note 2015.

Livelihoods Based Coping Strategies

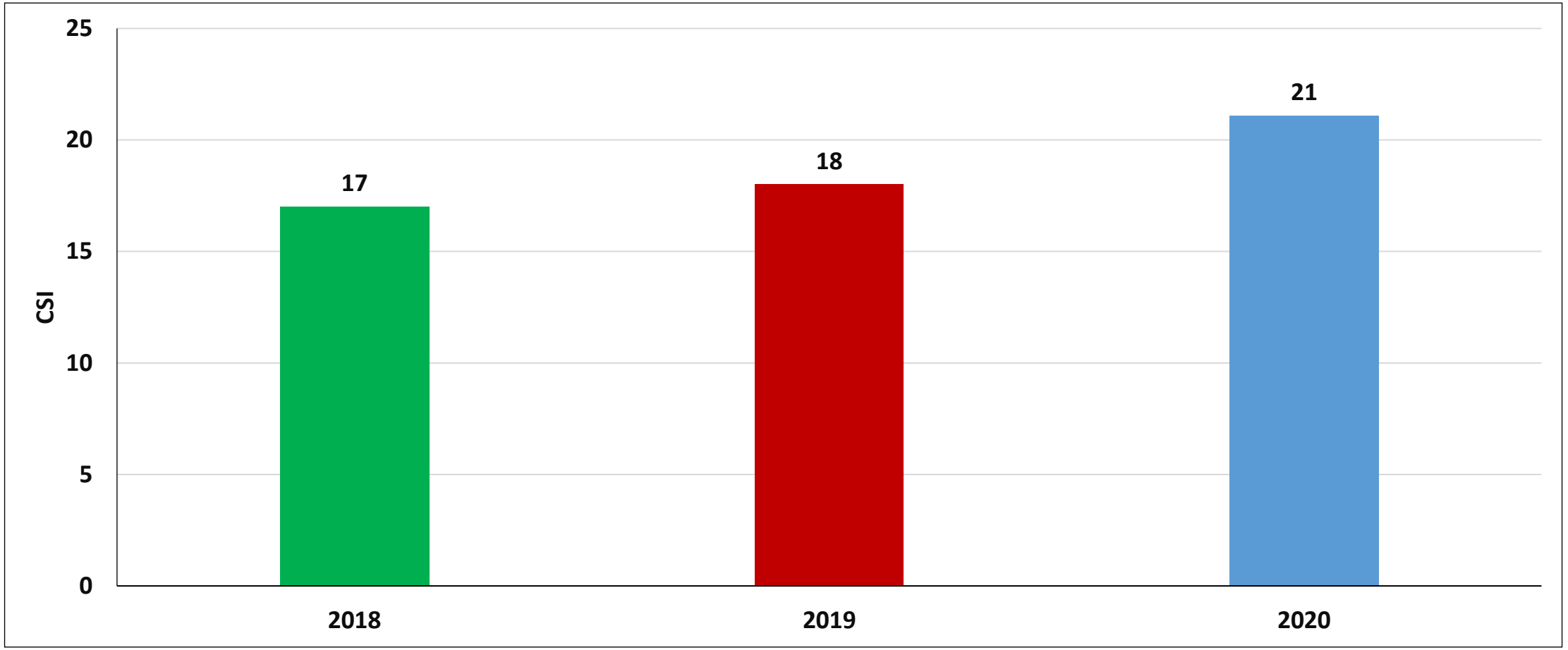
Category	Coping Strategy
Stress	• Borrowing money , spending savings , selling assets and more livestock than usual.
Crisis	• Selling productive assets, directly reduces future productivity, including human capital formation. • Withdrawing children from school • Reducing non food expenditure.
Emergency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

Livelihood Coping Strategy by District



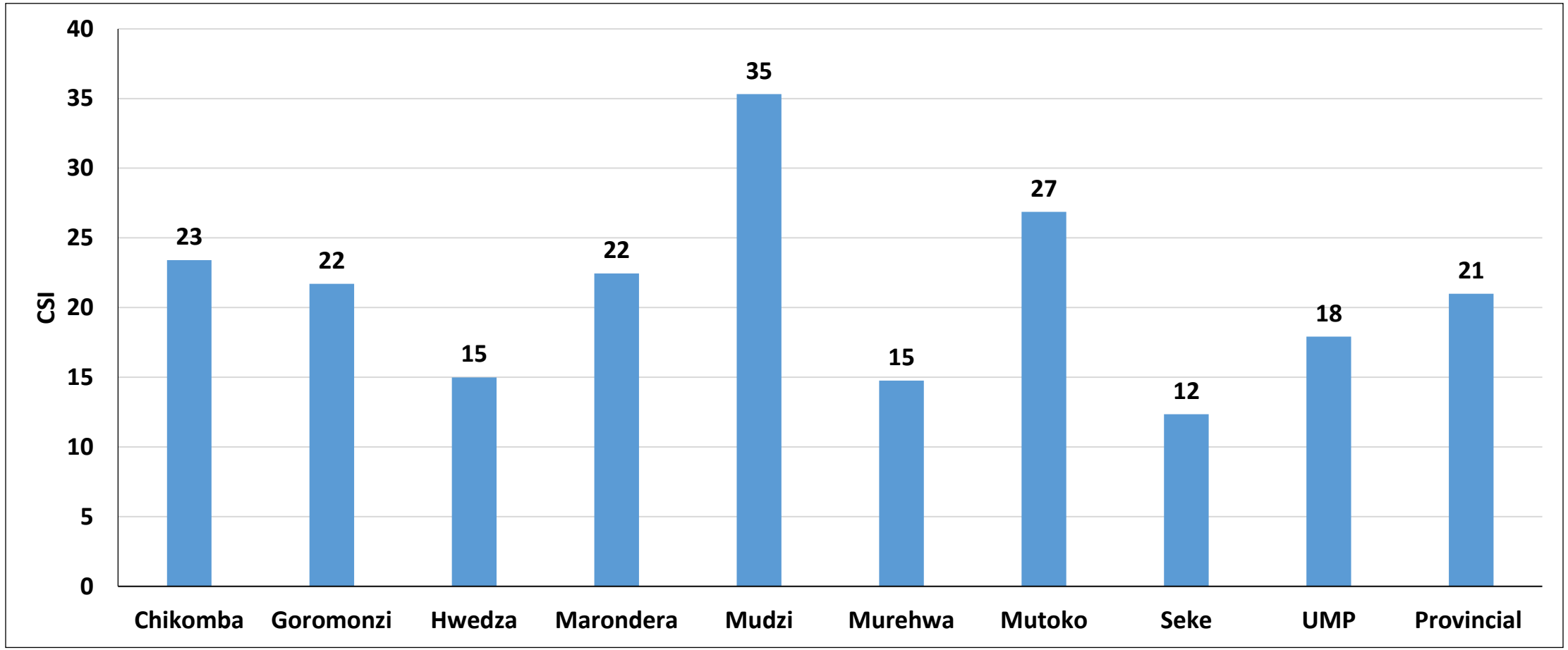
- Mudzi had the highest proportion of households engaging in emergency livelihood coping strategies.
- Marondera (23%) and Mudzi (26%) had highest proportion of households engaging in crisis livelihood coping strategies.

CSI by Year



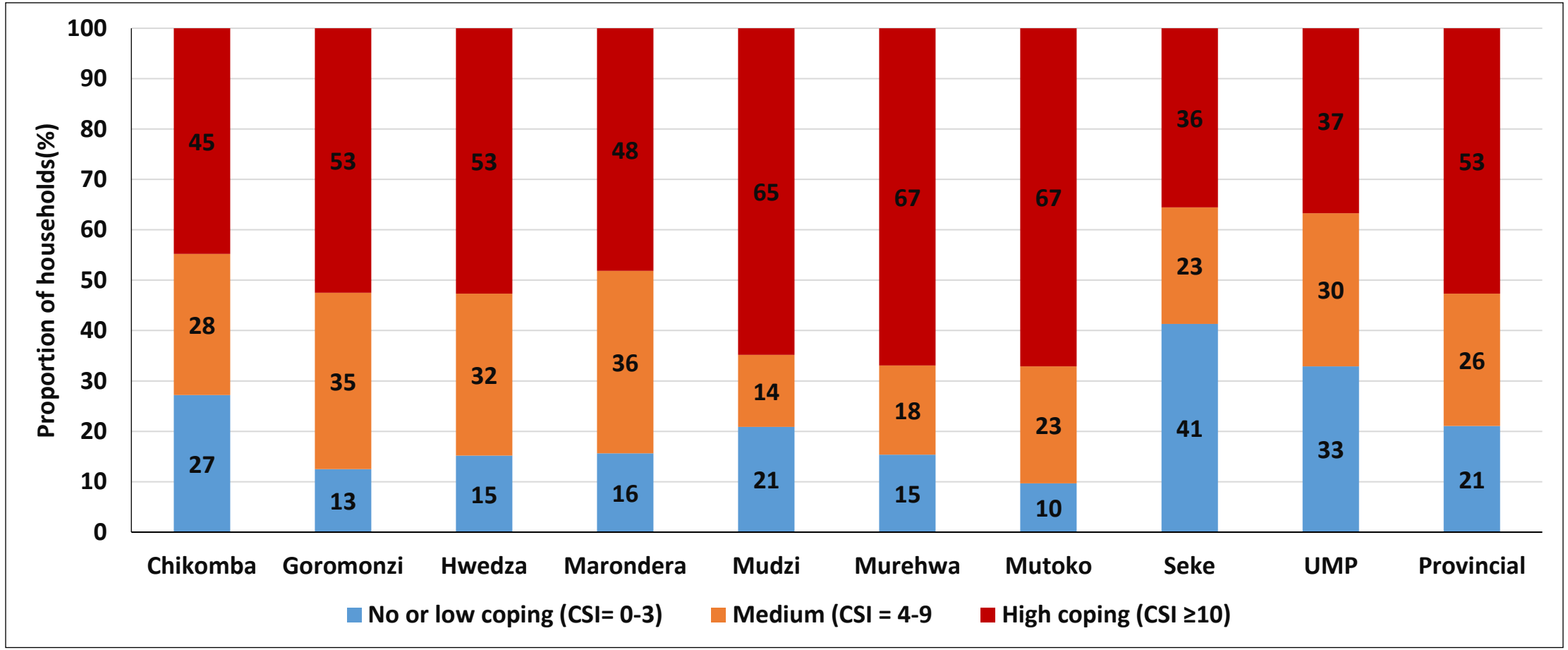
- The Consumption Coping Strategy Index increased from 17 in 2018 to 21 in 2020 indicating a worsening situation with regards to consumption.

CSI by District



- Mudzi (35) followed by Mutoko (27) district had the highest Coping Strategy Index, an indication that households in the districts are copying worse in terms of consumption.

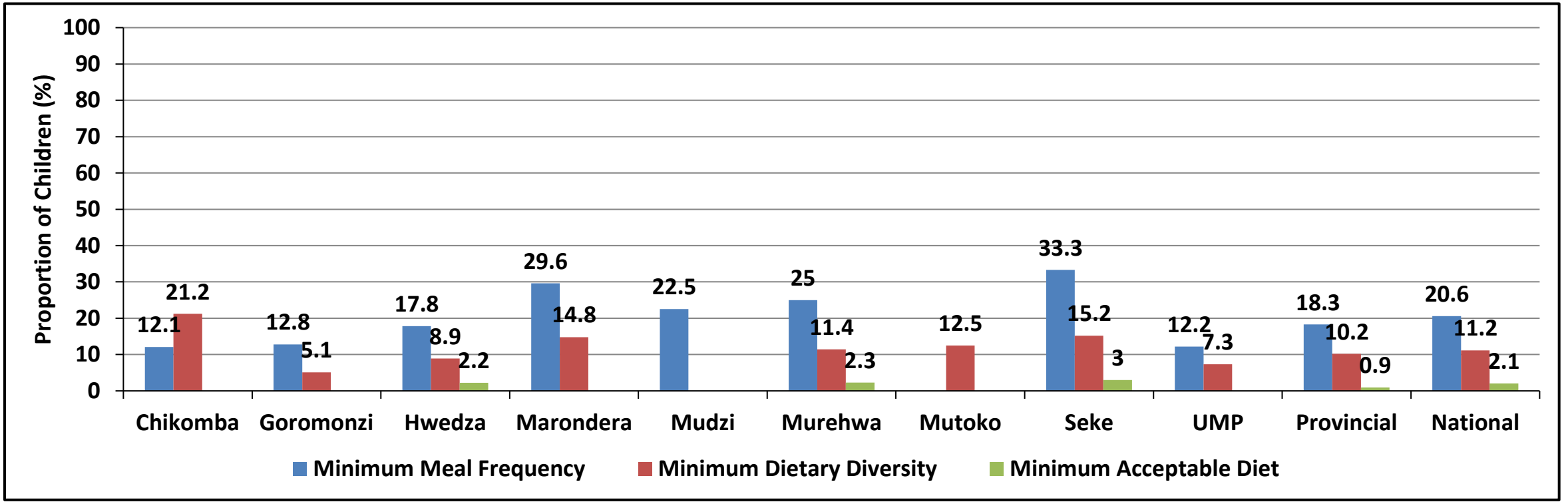
rCSI (Reduced Coping Strategy Index)



- Mudzi (65%), Murehwa (67%) and Mutoko (67%) had the highest proportion of households engaging in high consumption coping.

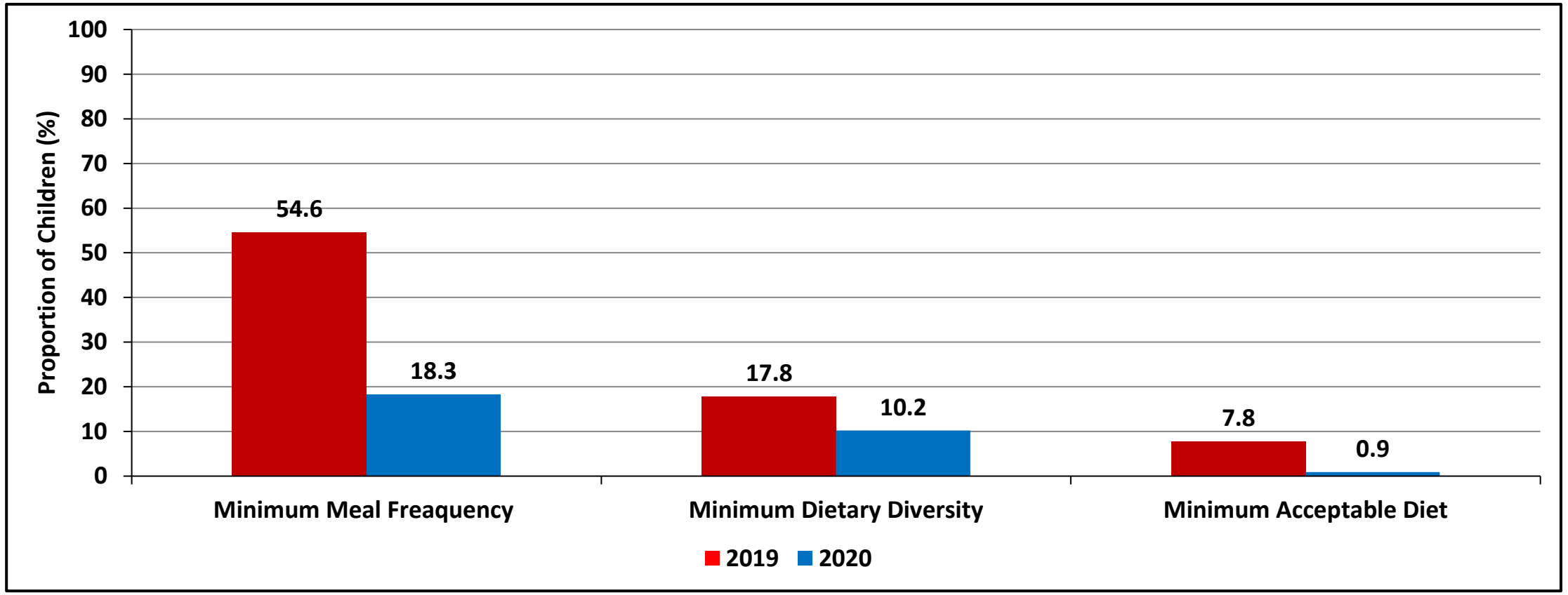
Complementary Feeding

Complementary Feeding by Province



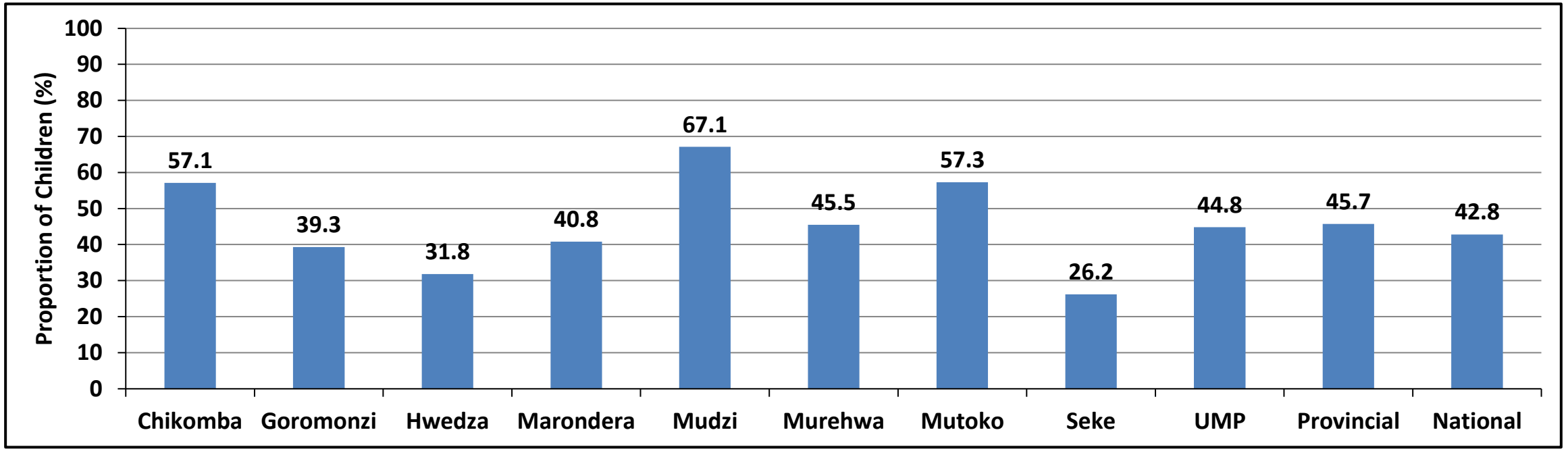
- The provincial minimum acceptable diet of 0.9% meant that 99% of children in the province were consuming poor quality diet, hence they were at high risk of malnutrition and its complications
- Seke (3%) had the highest minimum acceptable diet while Chikomba, Goromonzi, Marondera, Mudzi, Mutoko and UMP had none of their children consuming the minimum acceptable.

Complementary Feeding Trend



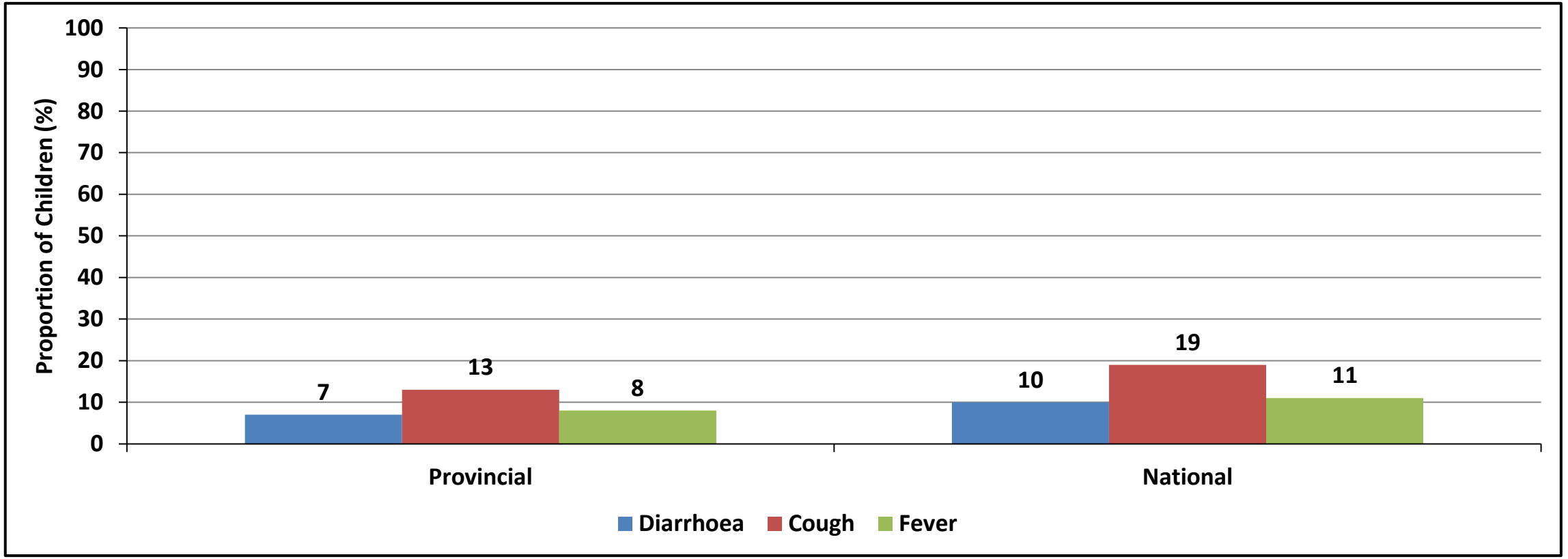
- The proportion of children consuming minimum acceptable diet, 0.9% for 2020 shows a massive drop from 2019 figure of 7.8% meaning that almost all children in the province are having a poor diet hence at high risk of malnutrition.

Children 6 – 59 Months who Received Two Doses of Vitamin A Supplementation in the Past 12 Months



- The proportion of children receiving two doses of vitamin A of 45.7% though above the national average of 42.8% was far below the national target of program target of 80%.
- Mudzi (67.1%) had the highest proportion of children who received two doses of vitamin A in the past 12 months with Seke (26.2%) being the lowest.
- More than half of the children in the province were at high rick of vitamin A deficiency and its complications.

Prevalence of Child illness for Children 0-59 Months



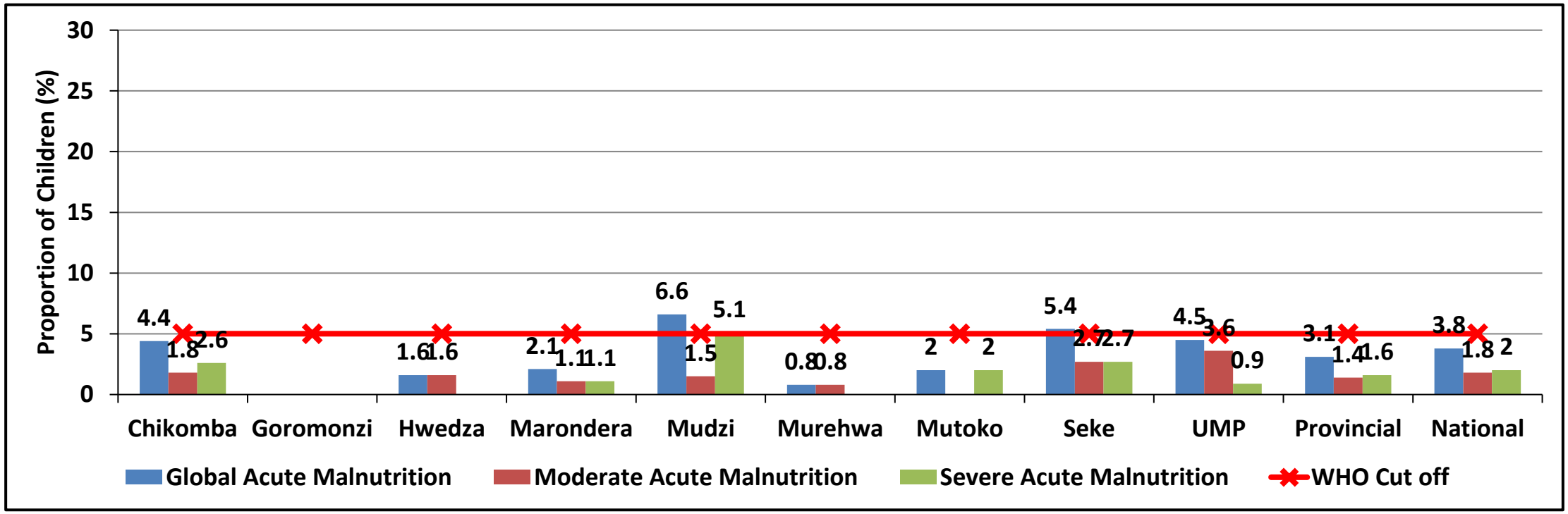
- Childhood illness has an impact on dietary intake and nutrient utilisation among children, hence detrimental to acute under nutrition.
- The prevalence of child illness in the province, diarrhoea (7%); cough (13%) and fever (8%) were all below the national averages.
- Cough had the highest provincial prevalence at 13%.

Child Nutrition Status

Malnutrition Prevalence Thresholds For Children Under 5 Years

Indicator	Definition	National Prevalence (%)	Provincial Prevalence (%)	Prevalence cut-off values for public health significance
Global Acute Malnutrition (GAM)	MUAC for Age <-2SD of the WHO Child Growth Standards median and/oedema (WHO, 2006)	3.8%	3.1%	<5% :Acceptable 5–9.9% : Poor 10–14.9% : Serious >15% : Critical (WHO, 2000)
Severe acute malnutrition (SAM)	MUAC for Age <–3 SD of the WHO Child Growth Standards median (WHO, 2006)	2.0%	1.6%	0% = acceptable >0% : Unacceptable

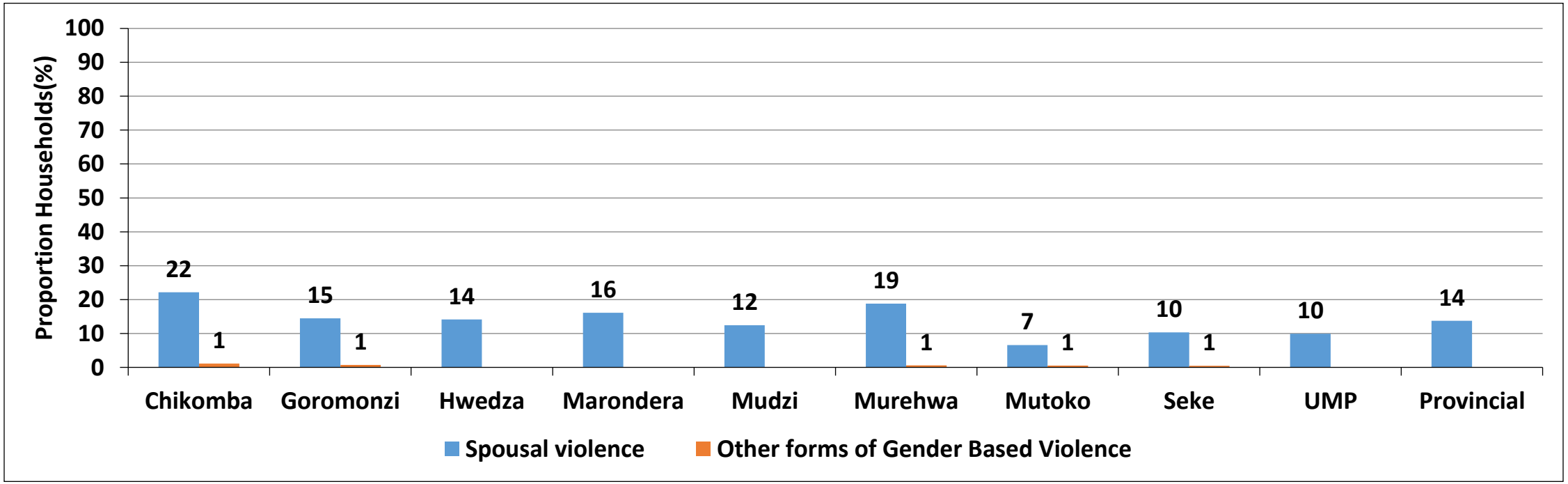
Acute Malnutrition by Province Based on MUAC for Age Standards



- The provincial global acute malnutrition was at 3.1% and is below the WHO global cut off of 5%.
- Mudzi (6.6%) and Seke (5.4%) have the highest global acute malnutrition in the province and are above the WHO cut off for emergency nutrition and food security interventions.

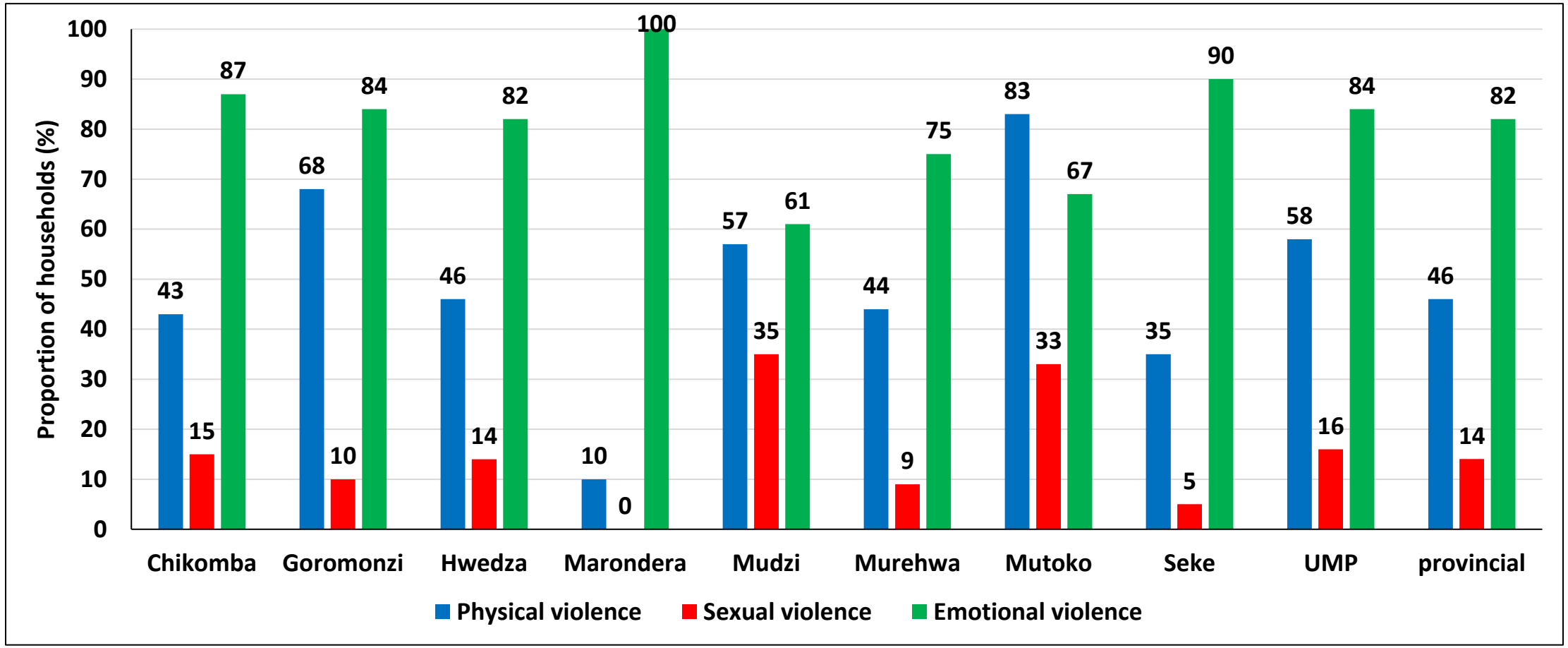
Gender Based Violence

Gender Based Violence



- Spousal violence was more common as compared to other forms of gender based violence in the province.
- In the province about 14% of the interviewed people had experience spousal violence.
- Spousal violence was highest in Chikomba (22%), Murehwa (19%) and Marondera (16%).

Types of Gender Based Violence



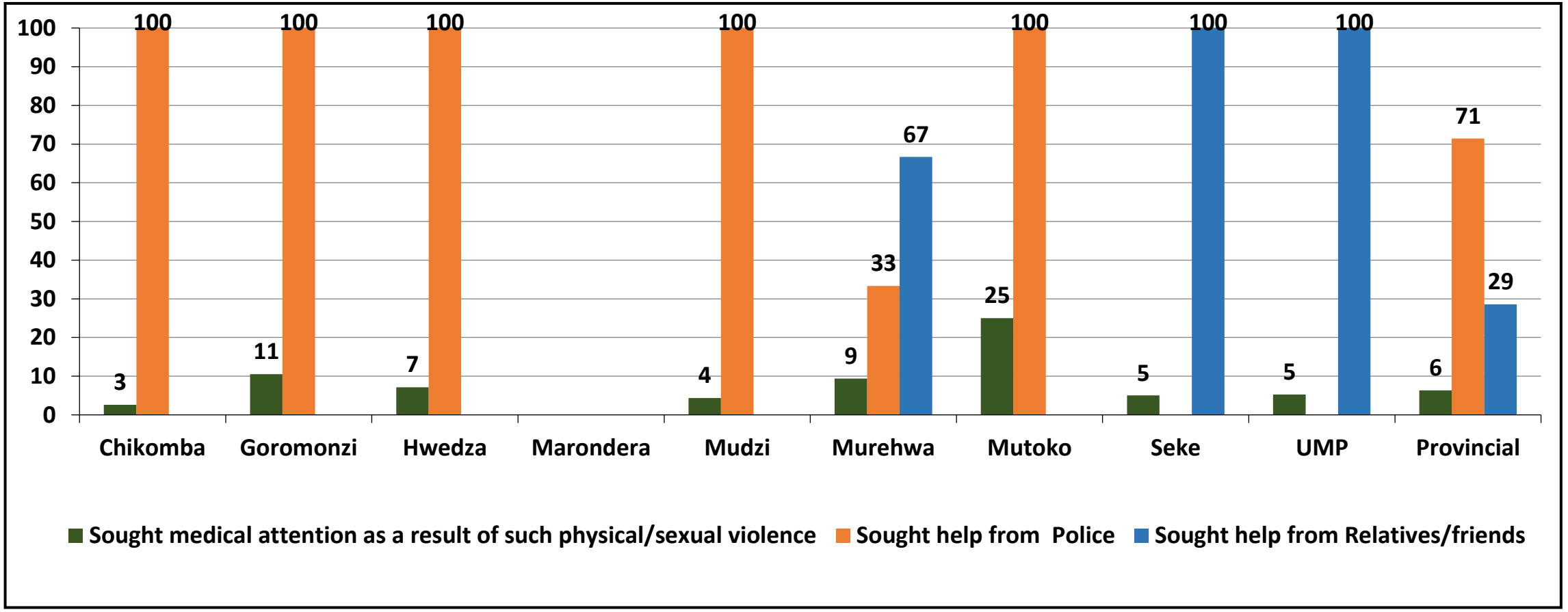
- Emotional violence (82%) was the highest type of gender-based violence followed by physical violence at 46%.
- Marondera (100%) had the highest proportion of respondents that reported emotional violence but never experienced sexual violence.
- Mudzi (35%) recorded the highest in sexual violence.

Forms of Spousal Violence

	Push you, shake you, or throw something at you	Slap you	Twist your arm or pull your hair	Punch you with his fist or with something that could hurt you	Kick you, drag you, or beat you up	Try to choke you or burn you on purpose	Threaten or attack you with a knife, gun, or other weapon	Physically force you to have sexual intercourse with him when you did not want to	Physically force you to perform any other sexual acts you did not want to	Force you with threats or in any other way to perform sexual acts you did not want to	Verbally abuse you, deprive you from physical needs in order to punish you	Deprive you of money to buy basic commodities for you or your children
Chikomba	39	37	8	13	13	0	0	10	10	5	**82**	21
Goromonzi	63	37	11	11	16	11	16	11	11	11	**68**	53
Hwedza	25	39	18	25	18	0	0	11	11	4	**71**	29
Marondera	3	3	0	7	3	0	0	0	0	0	**97**	28
Mudzi	39	52	30	13	26	0	0	35	22	17	**52**	39
Murehwa	38	34	6	9	13	3	0	9	0	0	**66**	28
Mutoko	75	67	17	42	33	33	8	25	17	17	**58**	50
Seke	20	25	15	35	35	0	5	5	0	5	**90**	40
UMP	47	47	16	47	47	0	0	16	5	5	**58**	58
Provincial	35	35	12	19	20	3	2	12	8	6	**73**	35

- Verbal abuse (73%) was the most common highlighted form of spousal violence pointed out in all districts followed by slapping and pushing (35% each).

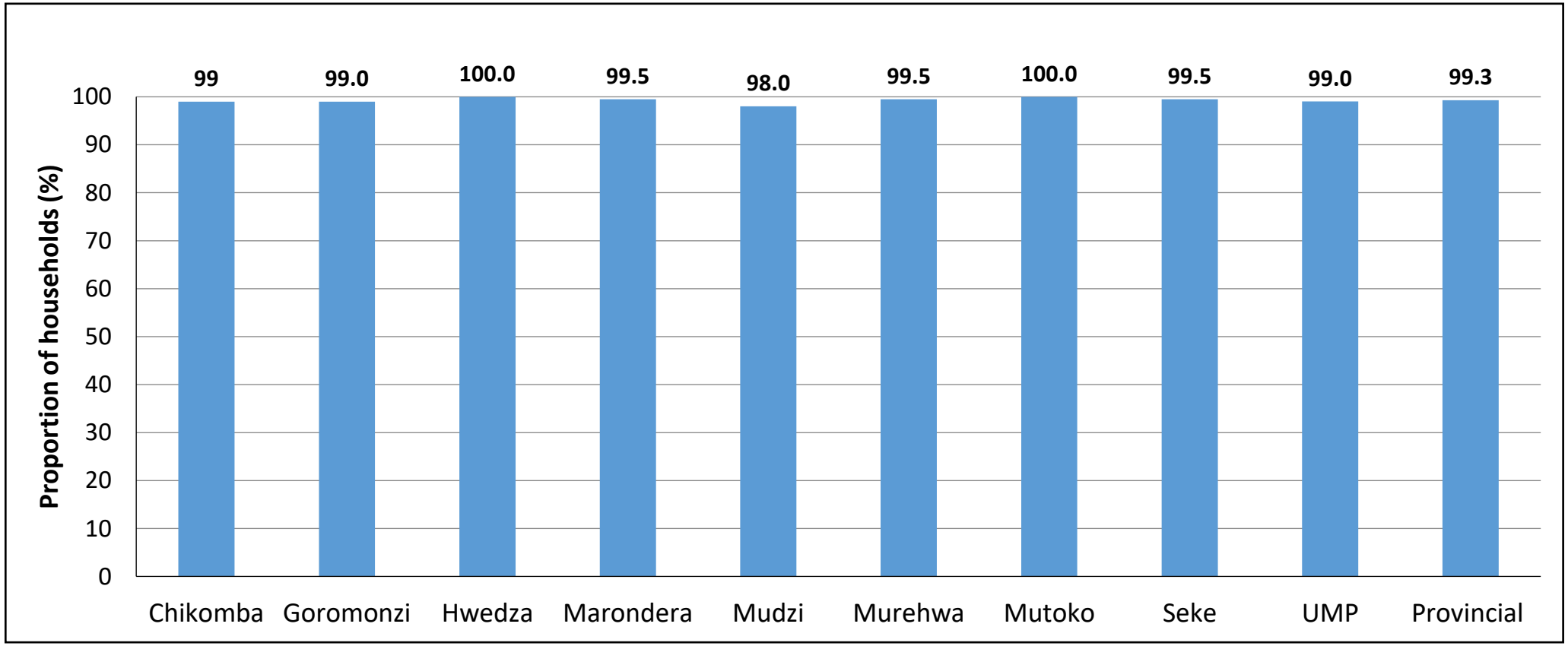
Action Taken After Physical or Sexual Violence



- Only about 6% of people who experienced violence in the province sought medical treatment.
- The bulk of people who experience violence in the province report to the police (71%).
- All the people in Seke and UMP sought help from friends and relatives (100%) without reporting to the police

COVID 19 and Livelihoods

Ever Heard About COVID 19



- By the time of the survey, above (99%) of households in the province, reported having heard about the COVID 19.

COVID 19 Household Current Information Sources

	Radio	Neighbour / Friends /Other Households	Television	Print media	Social media	Internet	Gvt Extension Workers	UN / NGOs
Chikomba	**78.8**	34.8	4.5	3.0	18.2	1.5	9.1	0
Goromonzi	**78.4**	25.2	20.9	20.1	15.1	7.2	43.2	0.7
Hwedza	**72.7**	1.3	0.7	0.7	8.0	0.7	48.7	0
Marondera	**88.5**	2.3	5.7	0	5.7	0	29.9	0
Mudzi	**90.8**	13.2	0	1.3	1.3	0	**82.9**	2.6
Murehwa	**77.5**	7.5	0	1.3	0	1.3	43.8	0
Mutoko	**72.1**	0	1.2	0	19.8	0	37.2	1.2
Seke	**77.4**	18.9	3.8	0	5.7	0	**60.4**	1.9
UMP	**72.1**	5.9	1.5	0	0	0	48.5	0
Provincial	**78.3**	11.4	5.2	4.1	8.8	1.6	44.7	0.6

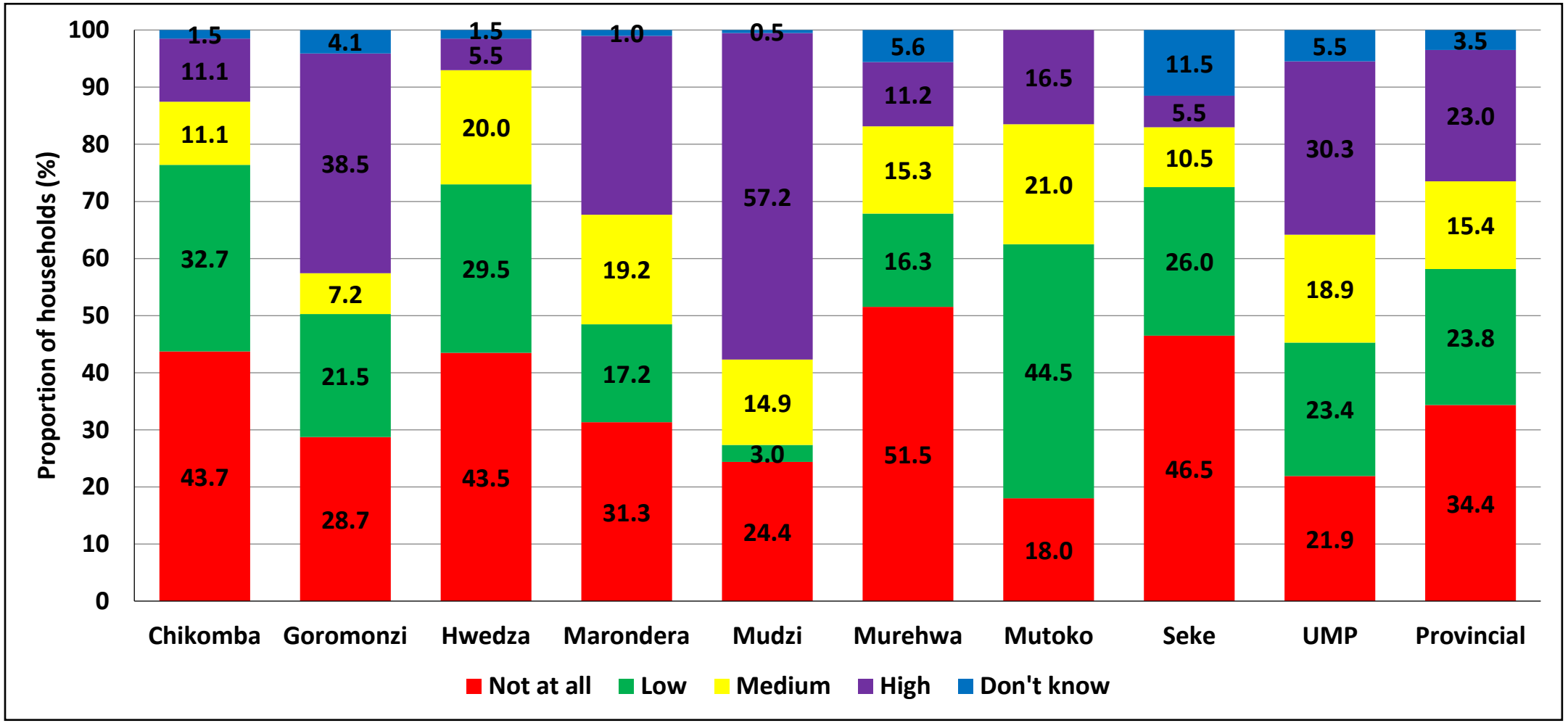
- A greater proportion of households (78.3%) across all the districts reported hearing information about COVID-19 from the radios .
- A significant proportion of households reported receiving information from Government Extension Workers with Mudzi reporting (82.9%) and Seke (60.4%).

Preferred Future Sources of Information

	Clinic / Health facility	Community /Village health workers (VHW)	Posters	Radio	Television	Social media	Workshop	Print media	Opinion leaders
Chikomba	85.0	36	8	29.5	4.5	17	1.5	1	9.5
Goromonzi	76.8	61.3	51.0	59.8	24.7	25.3	5.7	5.7	11.3
Hwedza	50.0	35.5	11.0	83.0	3.0	18.0	1.0	2.0	12.0
Marondera	50.5	33.3	5.1	62.6	13.1	10.1	10.6	2.0	0.5
Mudzi	92.0	70.5	26.5	71.5	1.5	7.5	19.5	1.5	1.0
Murehwa	48.0	61.2	1.0	52.0	1.5	7.1	9.2	0.5	5.1
Mutoko	68.5	62.5	2.5	25.5	1.0	6.5	18.0	1.0	8.0
Seke	43.5	49.0	3.0	69.0	7.0	14.0	2.5	0.0	7.0
UMP	74.6	53.7	4.0	59.2	1.5	4.5	17.4	3.0	24.9
Provincial	65.5	51.4	12.4	56.9	6.4	12.2	9.5	1.8	8.8

- A greater proportion of households from the province prefer information about COVID -19 mainly from clinics or health facilities with the highest preference reported in Mudzi (92%), Chikomba (85%) and Goromonzi (76.8%) .

Household Risk Perception



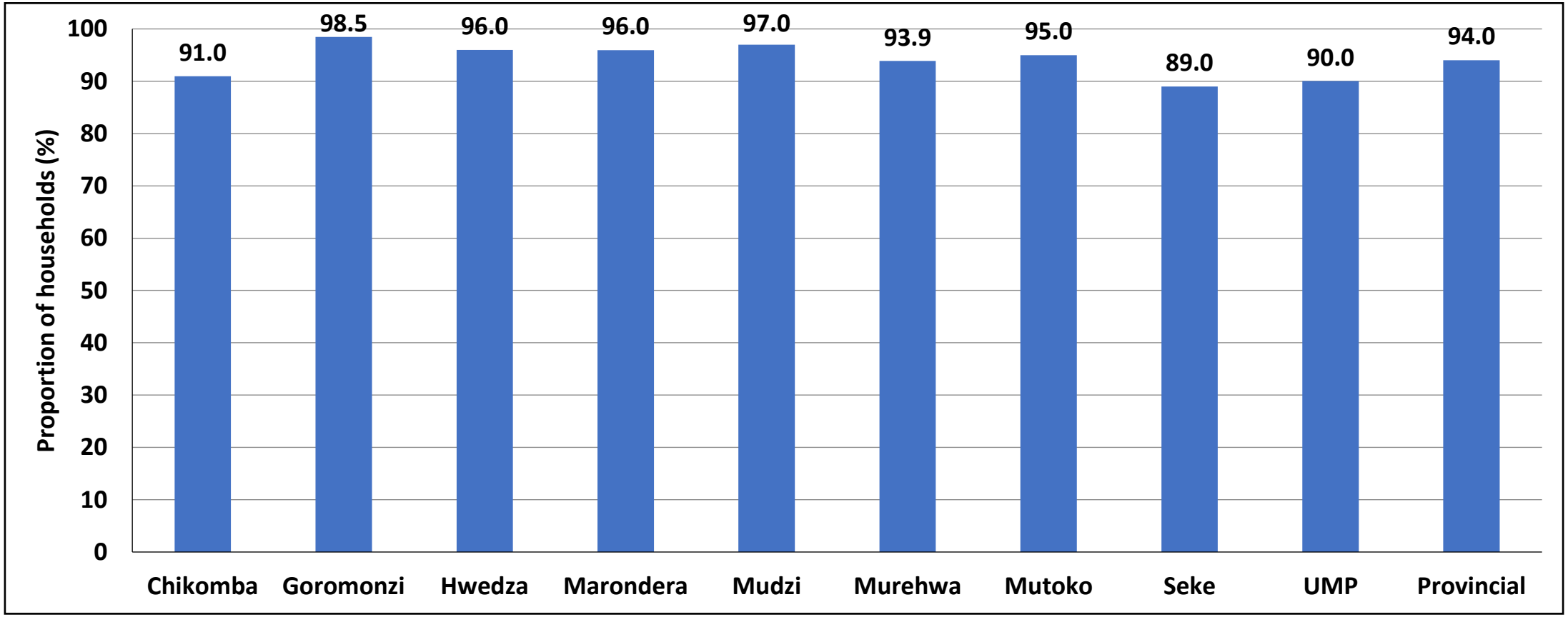
- High risk perception was reported in Mudzi (57.2%).
- A significant proportion of households reported that they were not at risk of COVID 19 with Murehwa reporting (51.5%).

COVID 19 Symptoms as Reported by Households

	Fever	Cough	Shortness of breath	Sore throat	Runny or stuffy nose	Muscle or body aches	Headaches	Fatigue (tiredness)	Sudden loss of taste and smell
Chikomba	89.0	93.4	46.4	57.5	15.5	23.8	57.5	28.2	0.0
Goromonzi	88.8	94.1	67.0	76.6	59.6	29.3	42.0	35.1	1.1
Hwedza	87.8	94.9	63.8	56.6	27.6	8.2	76.0	27.0	1.0
Hwedza	87.8	94.9	63.8	56.6	27.6	8.2	76.0	27.0	1.0
Marondera	64.6	95.3	27.1	35.4	6.3	2.6	58.9	33.9	0.5
Mudzi	76.0	92.3	61.7	74.0	42.9	33.7	81.6	7.1	2.6
Murehwa	71.6	76.5	30.6	32.8	30.6	10.9	36.1	19.7	1.6
Seke	68.2	73.9	24.4	42.0	36.4	8.0	50.0	43.8	1.1
UMP	78.9	92.2	31.1	45.6	45.6	11.1	63.3	51.7	1.1
Provincial	79.3	89.5	46.9	55.6	37.2	19.0	58.6	29.8	1.4

- Above 60% of households interviewed across all the districts, reported fever and cough as the most common symptoms of COVID -19.
- In general, the greater proportion of households across all the districts were aware of symptoms of COVID-19.

Households with Knowledge on How COVID 19 Spreads



- Most Districts reported above 90% of households being knowledgeable on how COVID19 was transmitted except for Seke (89%).

Households Knowledge on How COVID 19 Spreads

District	Being in close contact with someone COVID-19 including hand shaking and hugging	Coughing and sneezing without covering your mouth and nose	Not covering your mouth and nose with a mask when in public	Not washing hands with clean water and soap	Touching a contaminated surface and then touching your face
Chikomba	84.5	89.5	85.6	74.0	34.3
Goromonzi	92.2	82.9	75.1	71.0	50.8
Hwedza	92.2	82.8	81.3	79.2	35.9
Marondera	60.2	68.1	44.5	61.8	7.9
Mudzi	97.9	74.9	76.9	65.6	43.6
Murehwa	80.0	65.4	38.4	29.2	10.3
Mutoko	92.6	81.6	67.9	66.8	35.3
Seke	68.0	64.0	53.9	38.2	25.8
UMP	91.7	79.6	61.9	50.3	20.4
Provincial	84.5	76.6	65.2	59.8	29.5

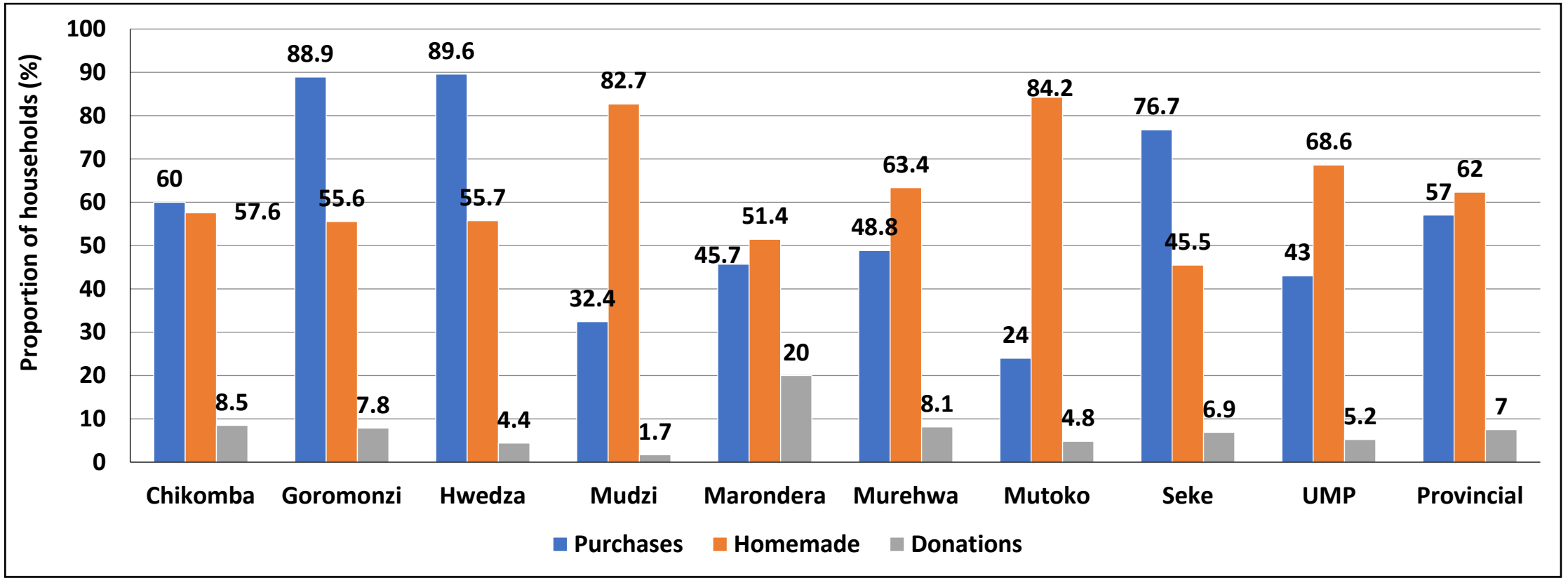
- There is a general awareness how COVID 19 is transmitted across all the districts .
- Above 80% of households across all districts reported being in close contact with someone COVID-19 positive including hand shaking and hugging; coughing and sneezing without covering your mouth and nose as the major causal factors for spreading of Corona virus with Mudzi District reporting the highest (97.9%) .

Household Protection Against COVID 19

District	Frequently wash hands with soap under running water for 20 seconds	Use alcohol based hand sanitizers	Avoid touching mouth, eyes and nose	Use a face mask in public places	Cover mouth with flexed elbow when sneezing and coughing	Avoid crowded places	Practice social distancing	Staying at home	Traditional /religious practices
Chikomba	61	21.5	48.5	41.5	35	40.5	51.5	43.5	1
Goromonzi	93.3	40.5	54.9	74.9	50.8	61.0	49.2	59.0	0.5
Hwedza	87.0	5.0	31.5	50.0	27.5	48.0	65.0	86.5	1.5
Marondera	66.2	5.1	19.2	46.0	5.6	54.5	53.0	68.7	2.5
Mudzi	72.5	12.5	43.5	66.5	45.5	49.5	53.5	64.0	0.5
Murehwa	70.4	7.1	13.3	40.3	11.2	31.6	28.6	43.4	1.5
Mutoko	89.5	11.5	37.5	50.0	38.5	49.5	58.0	47.0	2.5
Seke	67.5	10.5	24.5	66.5	20.5	49.0	52.5	45.0	0.5
UMP	67.2	5.5	28.9	51.2	24.4	51.2	63.2	80.6	2.0
Provincial	74.9	13.2	33.5	54.1	28.8	48.3	52.8	59.8	1.4

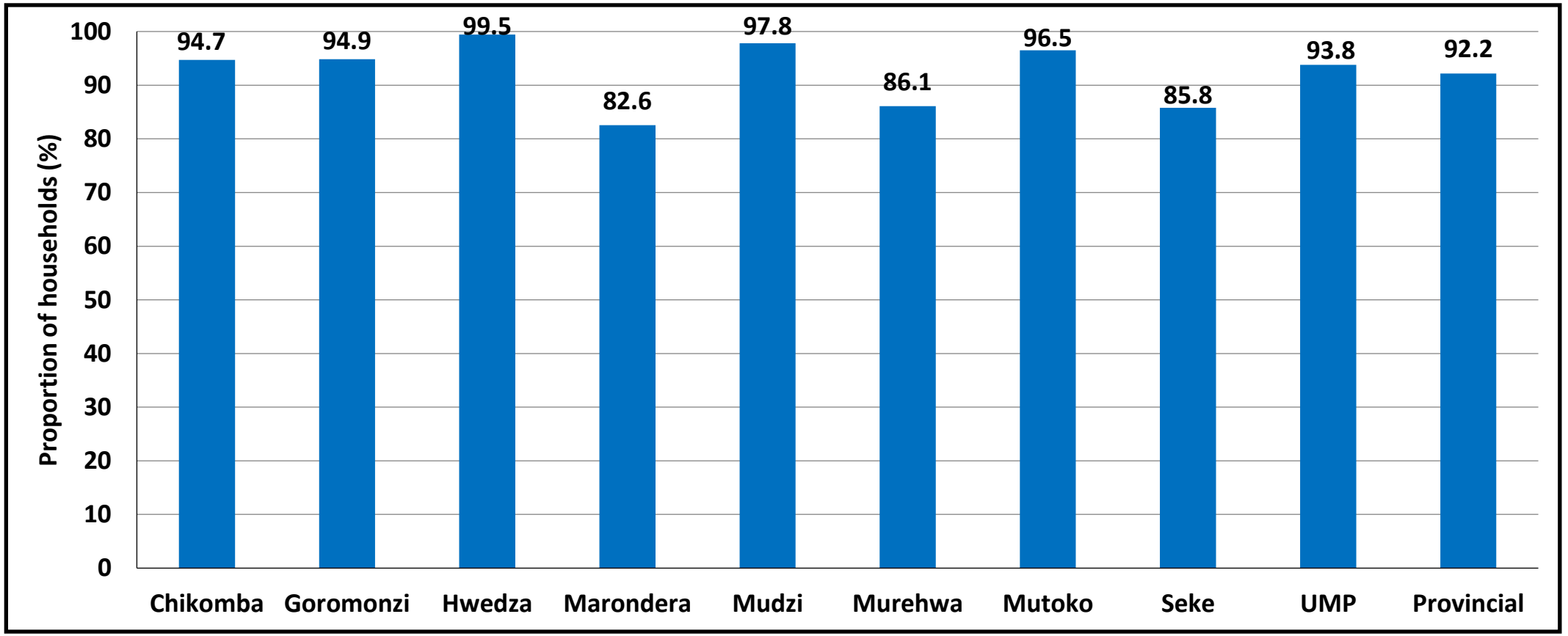
- A high proportion of above (74.9%) reported that they frequently wash hands with soap under running water for 20 seconds..
- A high proportion of households across all the districts reported that they were staying at home as a way to protecting against COVID 19 and the highest was reported in Hwedza (86.5%) and UMP (80.6%).

Sources of PPE by District



- The most common source of PPEs reported by households was purchases with Hwedza reporting (89.6%), Goromonzi (88.9%), Seke (76%) and Chikomba (60%).
- Homemade PPEs were reported by a significant proportion of households in Mutoko (84%), Mudzi (82.7%) and UMP(68.6%).

Non- Affordability of PPE and Accessories



- A greater proportion of households above (82%) across all the districts reported that PPEs and accessories were not affordable with the highest record of (99.5%) being reported in Hwedza.

Action Taken by Households When Suspecting COVID 19

	Go to the clinic right away	Stay at home and notify the nearest health service provider	Consult local traditional healer/prophet	Call the toll free number	Home-based remedies	Don't know
Chikomba	93.5	20.5	7.5	10.5	4.0	1.5
Goromonzi	74.2	43.3	27.8	49.5	15.5	1.0
Hwedza	49.5	43.5		26	3.5	2.5
Marondera	72.2	25.3	2.5	18.7	7.1	2.5
Mudzi	83.5	51.0	2.5	5.5	3.5	1.5
Murehwa	68.4	37.2	1.0	18.4	6.6	4.1
Mutoko	65.0	49.0	4.0	7.0	2.0	0.5
Seke	65.5	16.0	0.5	19.5	2.0	6.0
UMP	80.6	31.3	1.0	12.4	0.5	5.0
Provincial	72.5	35.2	5.1	18.5	4.9	2.7

- Contrary to IPC guidelines, a greater proportion of respondents from the majority of the districts reported that they will choose to go to the clinic right away when suspecting corona virus (above 60%) .

Knowledge of the Toll Free Number

	Ministry of Health and Child Care toll-free line (2019)	Liquid Telecom Toll-free line (2023)	Youth Advocates Forum toll-free line (393)
Chikomba	100	0	0
Goromonzi	94.9	0	1.0
Hwedza	96.9	0	0
Marondera	89.9	0	0
Mudzi	100	0	0
Murehwa	97.5	0	1.3
Mutoko	88.1	9.5	0
Seke	92.6	0	0
UMP	92.9	1.4	1.4
Province	95.1	0.7	0.4

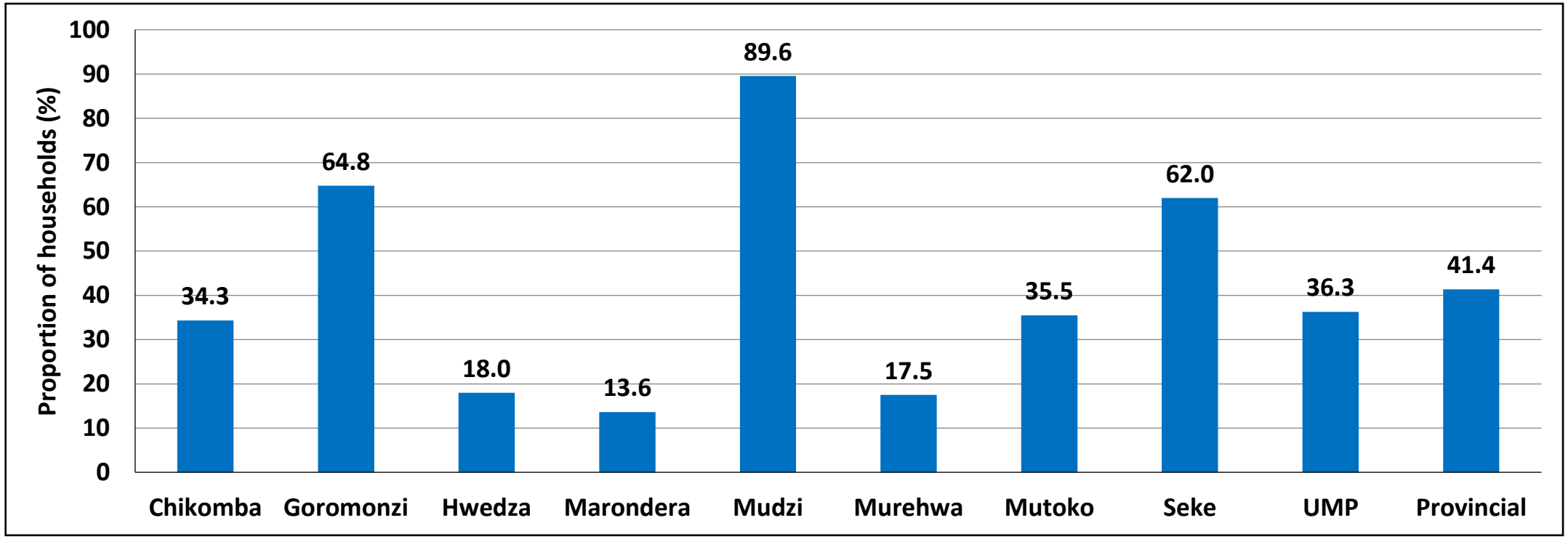
- A greater proportion of households across the districts reported knowledge of Ministry of Health and Child Care toll-free line (2019) toll free number with Chikomba District reporting (100%).
- However, most households across all the districts reported that they were not aware of the other toll free numbers 2023 and 393.

Effect of COVID 19 on Income

	Loss of business income	Loss of employment	Failed to access health facility	Failed to access basic commodities	Reduced sources of income	Reduced salaries	Reduced food sources	Gender-based violence (GBV)	Restricted access to agricultural markets
Chikomba	29.1	8.0	4.5	**43.2**	44.2	**8.5**	29.1	0.5	15.1
Goromonzi	**41.1**	**34.9**	**28.6**	36.5	49.0	3.1	30.2	0.0	6.8
Hwedza	4.6	4.6	1.0	4.1	**80.7**	1.5	52.8	0.0	2.0
Marondera	11.6	4.0	1.5	29.3	29.8	**7.1**	54.0	0.0	**24.2**
Mudzi	22.4	9.5	1.0	19.4	61.2	0.5	**88.6**	**1.5**	16.9
Murehwa	4.5	6.1	1.1	8.9	**81.0**	0.6	33.0	0.6	9.5
Mutoko	21.7	6.6	1.0	17.7	68.7	2.5	31.3	0.0	**22.7**
Seke	12.4	23.2	13.4	**41.2**	63.4	6.2	42.3	0.5	18.0
UMP	13.3	3.1	0.0	6.2	**78.5**	2.6	42.1	0.5	**20.0**
Provincial	18.0	11.1	5.8	23.0	61.6	3.7	45.1	0.4	15.1

- A greater proportion of households in the province reported that COVID 19 outbreak had the highest impact on reduced sources of income with the highest impact reported in Murehwa (81%) and Hwedza (80.7%).
- About 89% of the households in Mudzi reported that the outbreak had impact on reduced food sources.

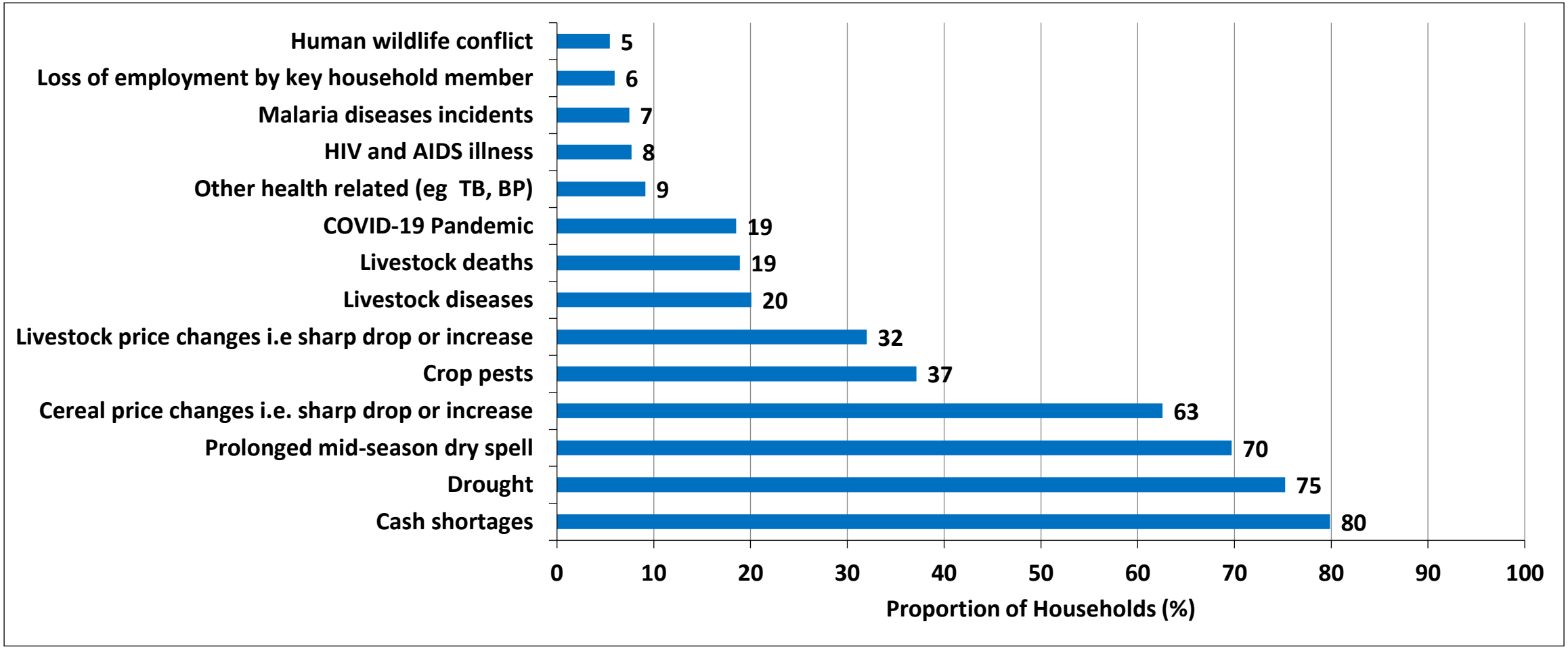
Disruption of Services Due to COVID 19



- About 41 % percent of the households in the province reported disruption of services due to the COVID-19 outbreak, with the highest reported in Mudzi District (89.6%).

Shocks and Hazards

Top Shocks and Hazards



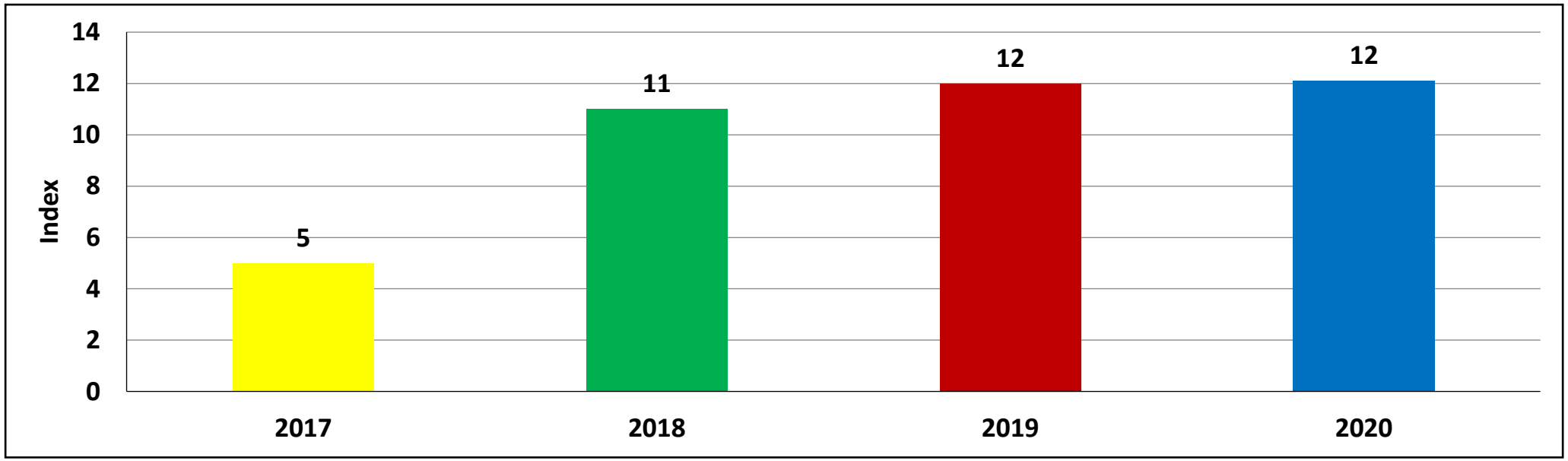
- Households are exposed to multiple hazards with cash shortage being the most prevalent shock experienced by households in the province (80%) .
- Drought was the most prevalent natural hazard experienced by households in the province (75%) .

Top Shocks and Hazards by District

	COVID-19 Pandemic	Loss of employment by key h/h member	HIV and AIDS illness	Malaria diseases incidents	Other health related (eg TB, BP)	Cash shortages	Cereal price changes	Livestock price changes	Livestock diseases	Livestock deaths	Crop pests	Human wildlife conflict	Drought	Prolonged mid-season dry spell
Chikomba	**34.0**	7.5	6.0	0.0	7.0	93.0	**68.0**	45.5	34.5	**35.0**	14.5	3.0	**63.5**	49.0
Goromonzi	15.3	6.6	8.7	2.6	10.7	81.1	**64.8**	41.8	21.9	17.9	32.7	3.1	**66.8**	**59.7**
Hwedza	6.0	10.0	12.0	2.0	13.5	71.0	49.0	31.5	37.5	**36.0**	30.0	23.0	**76.5**	**76.0**
Marondera	**58.6**	6.1	5.1	0.5	9.1	74.2	62.6	18.2	18.7	17.7	38.9	4.5	**53.5**	**57.6**
Mudzi	4.5	5.0	7.0	**30.3**	2.5	79.6	**81.1**	35.3	4.0	4.5	**55.2**	0.0	**96.5**	**82.1**
Murehwa	27.6	6.1	12.2	3.1	15.3	85.7	**65.3**	32.1	29.1	29.6	35.7	1.0	**83.7**	**81.6**
Mutoko	17.5	2.5	5.0	13.5	9.0	77.0	**80.5**	**66.0**	9.0	4.0	**65.0**	8.5	**87.0**	**96.5**
Seke	3.5	9.0	5.0	0.5	6.5	63.7	30.3	6.0	13.9	12.4	10.4	0.5	**53.7**	43.8
UMP	0.5	1.0	8.5	14.4	9.0	**93.5**	**61.7**	11.9	12.4	13.4	**51.7**	5.5	**95.5**	**81.1**
Province	18.5	6.0	7.7	7.5	9.1	79.9	**62.6**	32.0	20.1	18.9	37.1	5.5	**75.2**	**69.7**

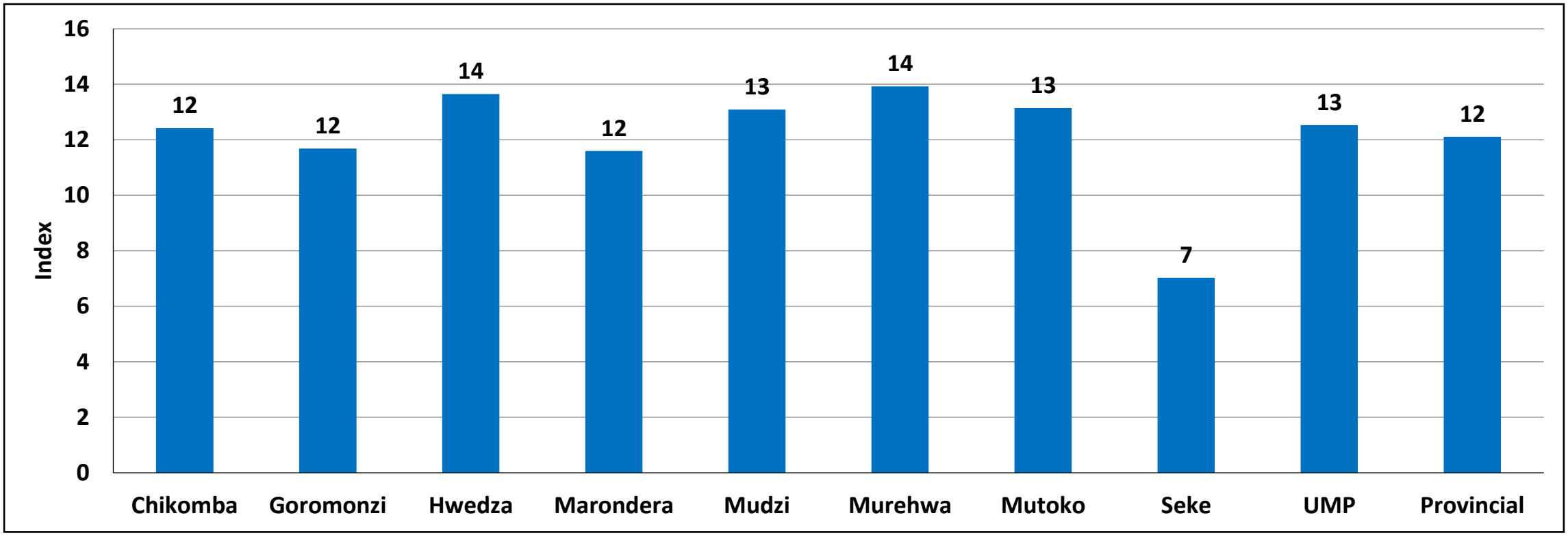
- Cash shortage was reported as the most prevalent shock experienced by households in the province (80%)
- Drought was reported by a proportion of about (75%) in the province while about (70%) of households reported prolonged mid-season dry spells.

Trend of Shock Exposure by Province



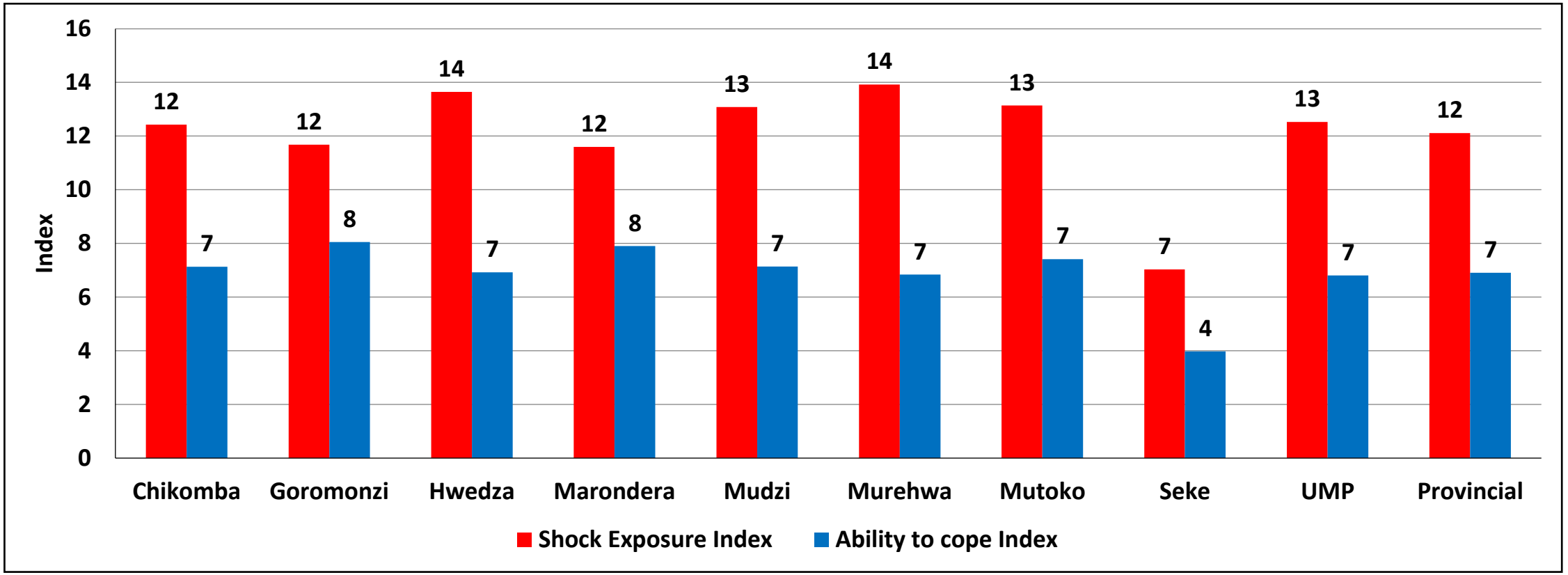
- Provincial average exposure index was maintained from 2019 implying that households still remain vulnerable to shocks and stressors .

Average Shock Exposure Index



- Shock exposure index was computed by multiplying number of shocks experienced with impact severity of the shock to the household.
- Hwedza (14%) and Murehwa (14%) districts reported the highest shock exposure index .
- Seke reported the least shock exposure index (7) that was far below provincial l average of 12.

Comparison Between Shock Exposure and Ability to Cope



- Across all the districts, shock exposure was higher than ability to cope with Hwedza and Murehwa reporting the highest margins .
- Households still remain vulnerable to shocks and stressors and are not be able to cope without assistance .

Food Security

Food Security Analytical Framework

- Food security exists when all people at all times, have **physical, social and economic** access to food which is safe and consumed in sufficient quantity and quality to meet their dietary needs and food preferences and it is supported by an environment of adequate sanitation, health services and care allowing for a healthy and active life (Food and Nutrition Security Policy, 2012).
- The four dimensions of food security include:
  - **Availability** of food
  - **Access** to food
  - The safe and healthy **utilization** of food
  - The **stability** of food availability, access and utilization
- Household food security status was determined by measuring a household's potential access to enough food (from various livelihood options available to the household) to give each member a minimum of 2100 kilocalories per day in the consumption period 1 April 2020 to 31 March 2021.

Food Security Analytical Framework

- Each of the surveyed households' potential food access was computed by estimating the household's likely disposable income (both cash and non cash) in the 2019/20 consumption year from the following possible income sources;
  - cereal stocks from the previous season;
  - own food crop production from the 2019/20 agricultural season;
  - potential income from own cash crop production;
  - potential income from livestock ;
  - Potential income from casual labour and remittances; and
  - Income from other sources such as gifts, pensions, gardening and formal and informal employment.
- Total energy that could be acquired by the household from the cheapest available energy source (maize was used in this assessment) using its potential disposable income was then computed and compared to the household's minimum energy requirements.
- When the potential energy a household could acquire was greater than its minimum energy requirements, the household was deemed to be food secure. When the converse was true, the household was defined as food insecure.
- The severity of household food insecurity was computed by the margin with which its potential energy access is below its minimum energy requirements.

Food Security Analytical Framework

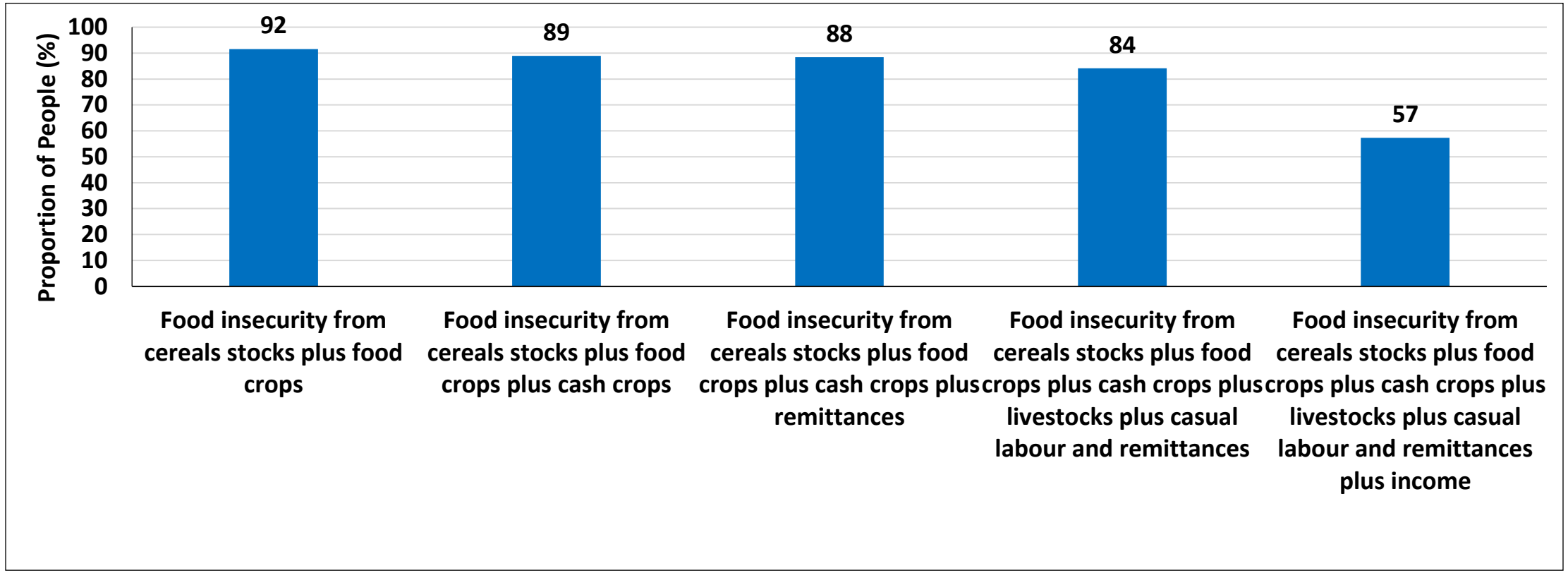
Household Cereal Security Status

- From the total minimum expenditure food basket, the total energy that could be acquired by the household from the cheapest available sources using its potential disposable income was also extracted and compared to the household's minimum energy requirements.
- When the potential energy a household could acquire was greater than its minimum energy requirements, the household was deemed to be food secure. When the converse was true, the household was defined as food insecure.
- The severity of household food insecurity was computed by the margin with which its potential energy access is below its minimum energy requirements.

Summary of Food Security Situation in the Province

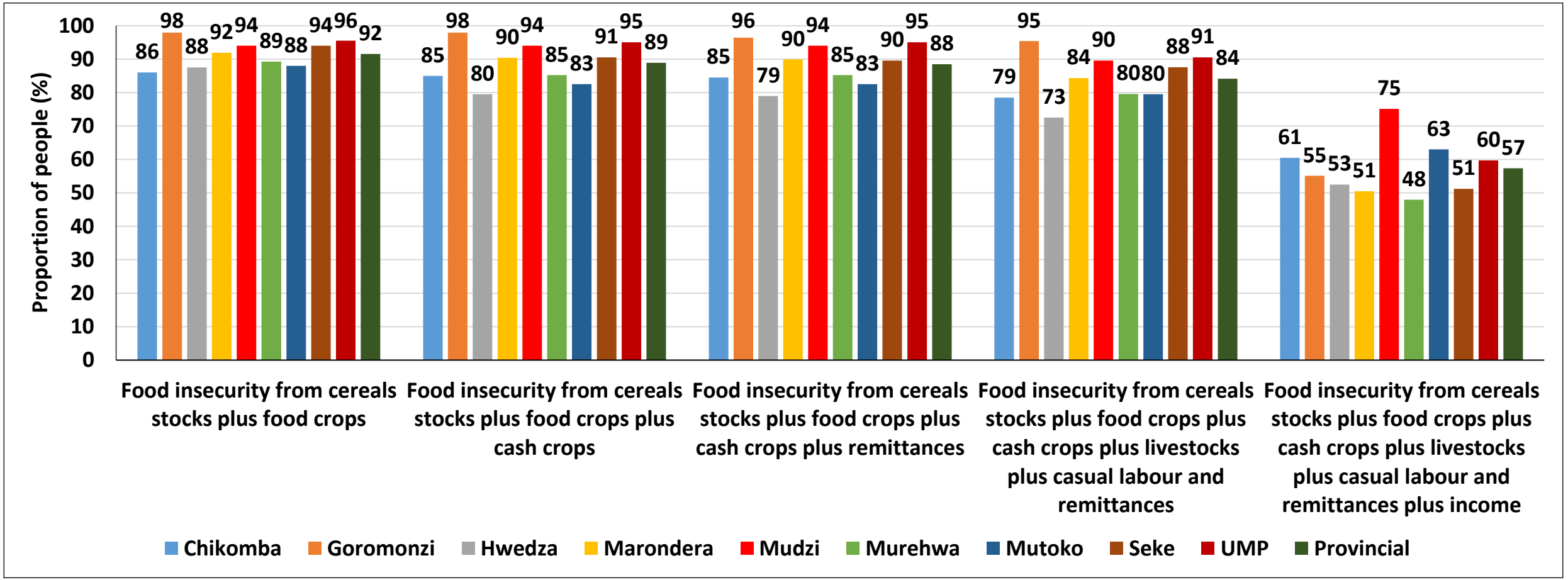
- During the peak hunger period (January to March 2021) it is estimated that approximately **57.3%** of the rural households in the province will be cereal insecure.
- The 57.3% of rural households will translate into approximately **768 419** individuals requiring **113,726MT** of cereal (Maize Grain).

Trend In Food Security Progression by Income Source

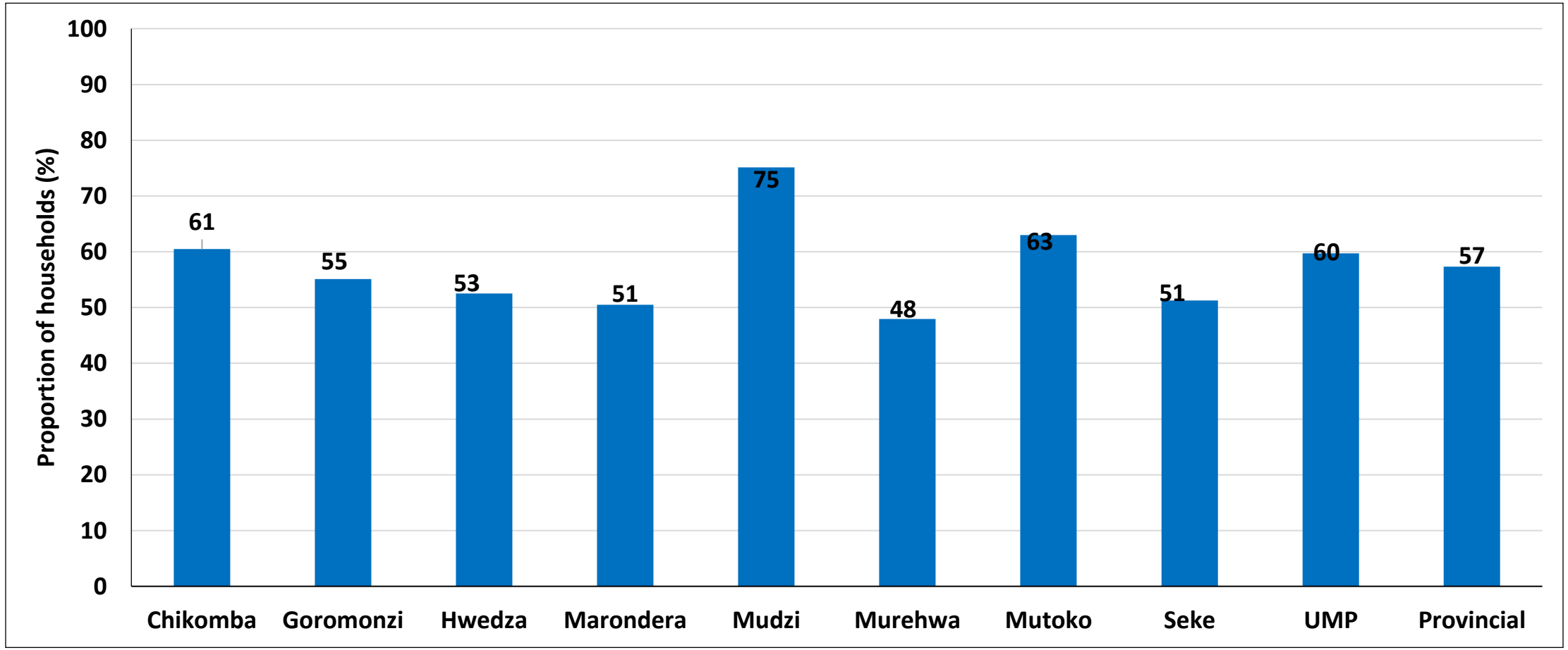


- Considering all incomes, the food insecurity prevalence in the province is projected to be 57.3% during the peak hunger in the 2020/21 consumption year.

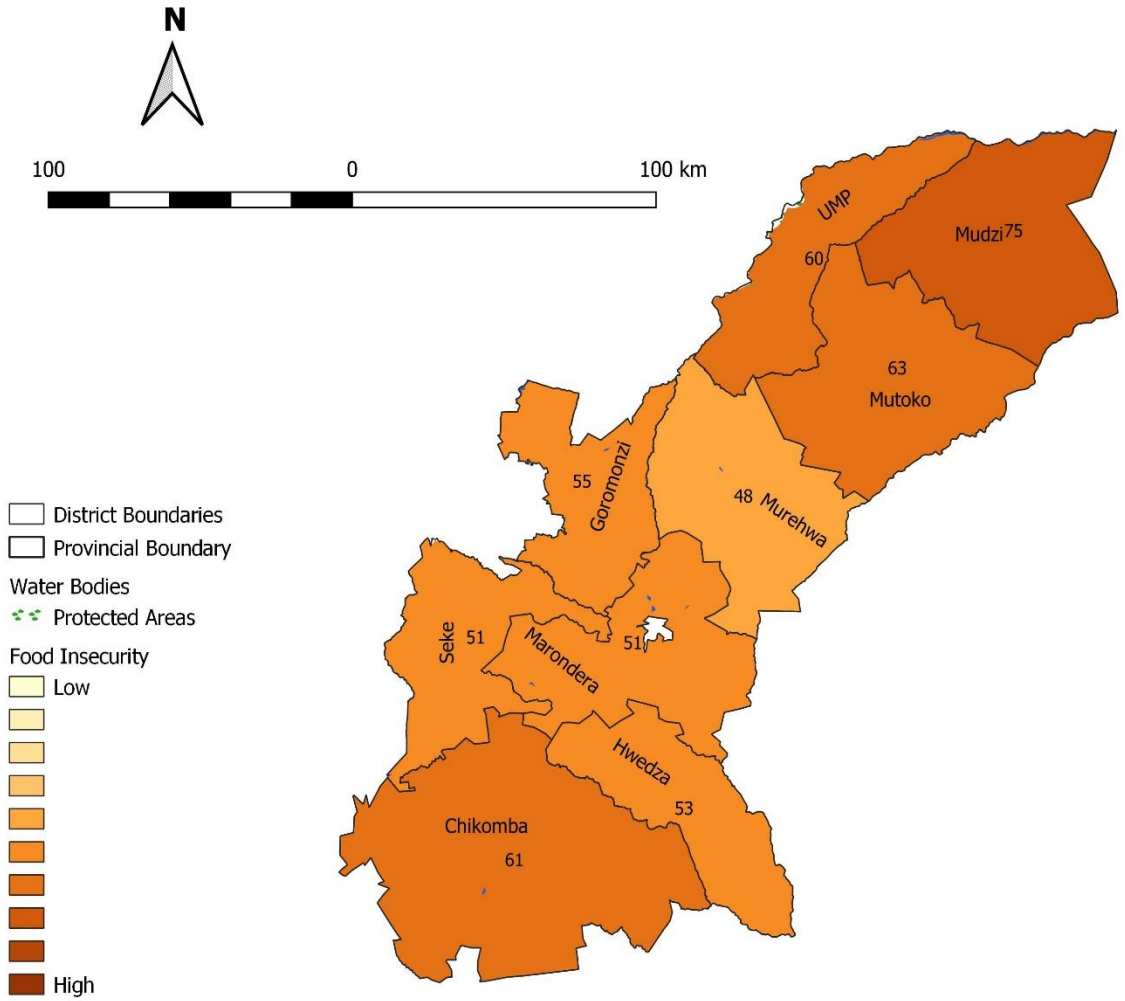
Trend In Food Security Progression by Quarter by District



Food Insecure Population

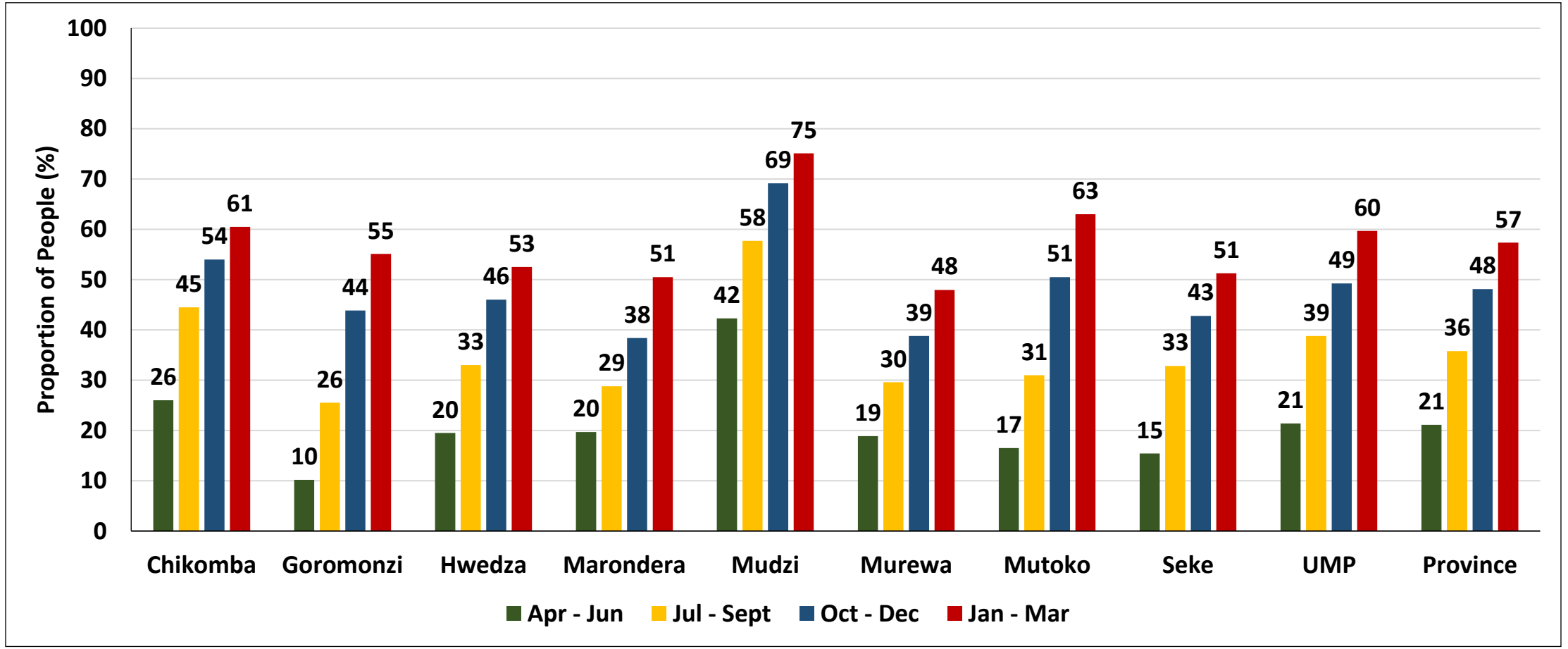


Food Insecurity Prevalence



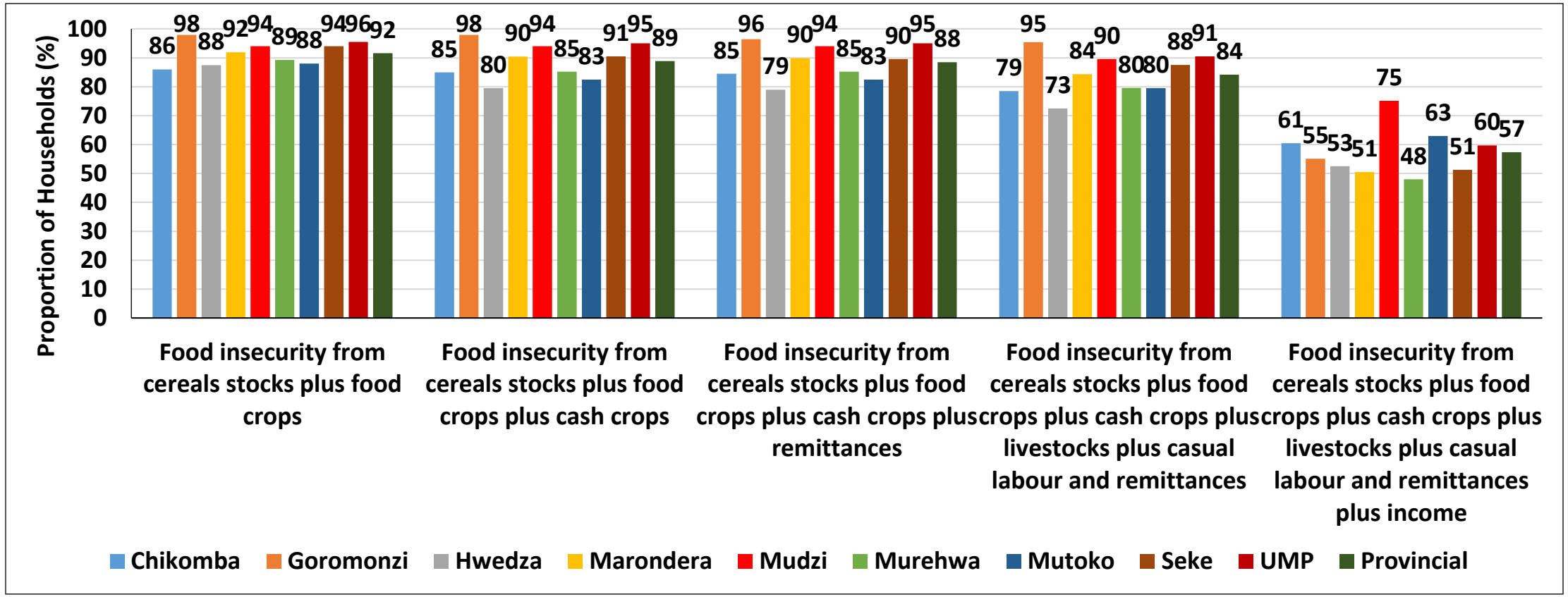
- The highest food insecurity level was the highest in Mudzi 75%.
- Murehwa(48%) had the lowest food insecurity prevalence.

Food Insecure Population by Quarter



- At the time me of the assessment, 36% of the rural households in the province were already facing food access challenges and about 57% will be food insecure during the peak hunger period.

Food Insecure Population by Quarter



- At the time me of the assessment, 36% of the rural households in the province were already facing food access challenges and about 57% will be food insecure during the peak hunger period.

District Food Insecure Population by Quarter

	Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar
Chikomba	34,165	58,475	70,959	79,500
Goromonzi	25,109	62,772	107,967	135,587
Hwedza	15,135	25,613	35,704	40,749
Marondera	25,201	36,833	49,110	64,619
Mudzi	61,630	84,106	100,782	109,483
Murehwa	41,211	64,601	84,650	104,698
Mutoko	26,370	49,543	80,708	100,685
Seke	16,995	36,184	47,148	56,468
UMP	26,348	47,794	60,661	73,529
Provincial	**283,298**	**479,888**	**645,083**	**768,419**

District Cereal Requirements by Quarter (MT)

	Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar
Chikomba	5,056	8,654	10,502	11,766
Goromonzi	3,716	9,290	15,979	20,067
Hwedza	2,240	3,791	5,284	6,031
Marondera	3,730	5,451	7,268	9,564
Mudzi	9,121	12,448	14,916	16,203
Murehwa	6,099	9,561	12,528	15,495
Mutoko	3,903	7,332	11,945	14,901
Seke	2,515	5,355	6,978	8,357
UMP	3,899	7,073	8,978	10,882
Provincial	41,928	71,023	95,472	113,726

Conclusions and Recommendation

- About a 33% of the households in the province own cattle and 76% of the households do not have draught power. This is likely to cause delays in land preparation and general production among other issues. There is need for Government through the Ministry of Lands, Agriculture, Water, Climate and Rural Resettlement to invest in livestock development programmes such as command livestock so as to increase livestock ownership and promote mechanisation programmes in the province.
- The main cause of cattle (93%) and goats (84%) deaths are diseases. There is need for Ministry of Lands, Agriculture, Water, Climate and Rural Resettlement to put more effort in livestock health programmes notably dipping so as to reduce mortality among livestock
- Although Government inputs (52%) was the major supplier of inputs and there is need to promote public -private partnerships so that we have more support to farmers
- Maize (87%) followed by ground nuts (44%) were the most grown crops. Ministry of Lands, Agriculture, Water, Climate and Rural Resettlement should promote the production and consumption of other crops like small grains, cereals and other cash crops so as to improve diversification which in turn improve food and nutrition security status.

Conclusions and Recommendations

- Government social protection support (49.6%) remains the highest source of support followed by UN/NGO(27.3%). More livelihoods-oriented programming is recommended to help communities become more resilient to shocks given that shock exposure was higher than ability to cope in all districts.
- Average household cereal production for the province was low maize (279kg) and small grains 5kg. Which is inadequate to feed a family of six for the whole consumption year. There is need to import more food into the province.
- Farmers had access to extension services; crop advice (89%) and livestock advice (58%). However, mobility and capacitation of extension to be availed so that crop and livestock information can be available to farmers , they can increase on production and productivity and thereby reduces hunger.
- The proportion of children out of school because child is considered too young (39.8%) and schools are expensive (32.3%) remains high in the provinces . There is need for the government through the Ministry of Primary and Secondary Education to decentralise the ECD schools to the to within walking distances for easy access and enhancing the BEAM programs which promote universal access to education in the province.
- The proportion of children consuming minimum acceptable diet (0.9%) is too low , meaning that almost all children in the province are consuming poor diets. Community based interventions aimed at improving child dietary intake and nutrition outcomes should be scaled up in the province.

Conclusions and Recommendations

- The proportion of children who received two doses of vitamin A (45.7%), though above the national average of 42.8% was far below the national program target of 80%. The province need to scale up community based programs to improve vitamin A supplementation including community task sharing.
- Mudzi (6.6%) and Seke (5.4%) have the highest global acute malnutrition in the province and are above the WHO cut off for emergency nutrition and food security interventions. There is need to expedite the availability of therapeutic feeding commodities to the affected districts whilst on-going nutrition specific and nutrition sensitive programing is strengthened to improve the nutrition status of children in all districts
- The proportion of members missing chronic medication doses because the medication too expensive is high (14.9%) the government and its partners need to find strategies to make sure medicines for chronically ill population is readily available at public institutions at affordable prices
- The proportion of children being turned away for non-payment of school fees remains high in all districts (50%). There is need to enforce implementation and enhance monitoring of existing policies within the Ministry of Primary and Secondary Education which promote universal access to education

Conclusions and Recommendations

- Consumption of iron rich foods by women was the lowest among the other nutrients across all districts in the province. Given the key functions of iron and improved birth outcomes for women of child bearing age(WCBA), more interventions targeting adolescent girls and women ought to be put in place to minimize the risks of iron deficiencies.

- Given the immune boosting properties of iron, protein and vitamin A, the low consumption could lead to poor immunity especially to the most vulnerable. There is need to strengthen efforts to improve access by households to diversified diets in the districts as a way to ensure quality diets consumed

- An increase in the Consumption Coping Strategy Index(CSI) from 17 in 2018 to 21 in 2020 coupled with a decrease in the proportion of households consuming an acceptable diet from 59% in 2018 to 31% in 2020 is an indication of worsening situation with regards to consumption. The results indicate a deteriorating quality of diets over time hence it is recommended that nutrition sensitive interventions include a focus on diversified crop and livestock production to household food processing including preservation to counter seasonal availability of foods.

- Goromonzi, Mutoko and Mudzi had poor consumption and quality of household diets, despite the production outputs and functional markets. A more robust agricultural marketing and consumption advocacy activities are recommended for the districts.

Conclusions and Recommendations

- The proportion of households without handwashing facilities at their toilets was more than 90% in all districts in the province. In order to meet the SDG 6 target as well as combating COVID-19, there is need for accelerated actions towards handwashing facilities.
- Mudzi district has worse performing WASH indicators including highest violence at water points being reported in the district. It is recommended that customised service standards should reconcile with technology choice and service levels within the economic capacity of user groups in the affected areas.
- Open defecation was reported across all districts, and is high (8%). Awareness against elimination of open defecation through availing of resources (both software e and hardware (construction materials) for the construction of latrines and use using locally available resources is recommended.
- The livelihood coping strategies remain a cause of concern as depletion of assets directly reduces future productivity and affects households' ability to cope with future shocks and may lead to future consumption gaps. Resilience building livelihood activities combined with improved household consumption patterns *vis a vis* cultural practices continue to be recommended for all households.
- Thirty six percent (36%) had the highest proportion of households who never consumed protein rich foods and 67% never consumed iron rich foods. The low proportion of households consuming food deficient of appropriate macronutrients and micronutrients is indicative of seriously inadequate diets that could lead to morbidity related to nutrient deficiencies

Conclusions and Recommendations

- The livelihood coping strategies remain a cause of concern as depletion of assets directly reduces future productivity and affects households' ability to cope with future shocks and may lead to future or worsening food consumption gaps. Resilient livelihood activities combined with improved household consumption patterns continue to be recommended for all households.
- For indigenous vegetables, the majority of households reported availability during the wet season, and a few during the dry season. It is recommended for households to preserve the indigenous vegetables for consumption during the dry season.
- A fair proportion of households reported consumption of at least one or more indigenous vegetable, indigenous fruit and insects. However the proportions of households confirming consumption of indigenous fruits and insects was lower than those that confirmed availability across the Province. There is need to create awareness on the health benefits of the non timber forest products.
- The average Minimum Dietary Diversity for women of child bearing age is 4 out of the possible 10. Community based interventions to improve the maternal dietary intake particularly to improve the nutrition outcomes ought to be scaled up if targets to reduce stunting and other forms of malnutrition are to be achieved.
- The results indicate a deteriorating quality of diets over time. Nutrition specific and sensitive interventions to include a focus on diversified crop and livestock production to household food processing including preservation to counter seasonal availability of foods.

Conclusions and Recommendations

- Casual labour (21%) and vegetable production/ sales (15%) were reported as the most important sources of income in the province. Of which disruption due to COVID-19 lockdown could have led to the limited or failure to realise expected incomes.
- The expenditure on food expenditure (63%) was higher than expenditure on non food items indicating that households are consuming most of their income shared on productive items. Government should consider crafting conducive macro- economic policies to easy burden on population.
- A greater proportion of households from the province prefer to get information about COVD -19 mainly from clinics or health facilities with the highest preference reported in Mudzi (92%), and Chikomba (85%). Government should consider strengthening other innovative ICT platforms such as social media. In addition all toll free numbers should be disseminated to communities to enhance effective communication of COVID-19 related information.
- Given that (34.4 %) of households reported that they are not at risk of Corona virus with Murehwa District reporting (51.5%) , there is need to scale up robust awareness raising activities to curb the effect of COVID-19 in the province.
- A greater proportion of households (above 82%) across all the districts reported that PPEs and accessories were not affordable. Government should consider promoting Small and Medium Enterprises and Higher and Tertiary institutions to increase supply of affordable PPEs and accessories in the market.
- Contrary to IPC guidelines, a greater proportion of respondents from the majority of the districts (above 60%) reported that they will choose to go to the clinic right away when suspecting corona virus. Government and partners need to scale up education and awareness on infection control.

Conclusions and Recommendations

- Rural food insecurity in in the province in July was estimated at 36% and is projected to reach 57% during the peak hunger period (January to March 2021). This food insecurity prevalence translates to about **768,419** rural people. The cereal requirements at peak will be 113,726MT .
- There is need for urgent food distribution or cash based transfers (to promote the local economy where feasible) to food insecure households in order to avoid a worsening situation.
- The province is prone to weather and climate related shocks and hazards impacting most on livelihoods and food security. There is need to scale up multi-sectorial interventions in the context of sustainable resilience building programs

Report Review Committee

Name	Organization	Designation
Bernard Mache	Ministry of Lands, Agriculture, Water, Climate and Rural Resettlement	Director
Matsika Evelyn	Ministry of Lands, Agriculture, Water, Climate and Rural Resettlement	Provincial Agronomist
Gwamanda Nyasha	Ministry of Health and Child Care	Provincial Nutritionist
Chikomo Edmore	Ministry of Local Government and Public Works	Principal Administrative Officer
Betera Lameck	Ministry of Local Government and Public Works	Principal Administrative Officer Civil Protection
Chigova Siboniso	Food and Nutrition Council	Nutrition Officer
Chikobvu Shamiso	Ministry of Lands, Agriculture, Water, Climate and Rural Resettlement	Chief Agriculture Extension Specialist
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