Zimbabwe Vulnerability Assessment Committee (ZimVAC)

2020 Rural Livelihoods Assessment

Masvingo Province Report

ZimVAC is Coordinated by the Food and Nutrition Council
Housed at SIRDC: 1574 Alpes Road, Hatcliffe, Harare
Tel: +263-242-862586/ +263-242-862025. Website: www.fnc.org.zw. Email: info@fnc.org.zw.
Twitter: @FNCZimbabwe. Instagram: fnc_zim. Facebook: @FNCZimbabwe

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   2

Table of Contents

Acknowledgements

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

- Office of the President and Cabinet
- Food and Nutrition Council
- SIRDC
- Ministry of Finance and Economic Development
- Zimbabwe National Statistics Agency (ZIMSTAT)
- Ministry of Lands, Agriculture, Water, Climate and Rural Resettlement
- Ministry Public Service, Labour and Social Welfare
- Ministry of Health and Child Care
- Ministry of Local Government, Public Works and National Housing
- Ministry of Women Affairs, Community, Small and Medium Enterprise Development
- Ministry of Justice
- United Nations Development Programme (UNDP-ZRBF)
- OXFAM
- UNFPA
- UNWOMEN

- United States Agency for International Development (USAID)
- Food and Agriculture Organization (FAO)
- United Nations Children's Fund (UNICEF)
- World Food Programme (WFP)
- Famine Early Warning System Network (FEWSNET)
- Adventist Relief Agency (ADRA)
- Rural District Councils
- MAVAMBO Trust
- Child Care Ministries
- National AIDS Council (NAC)
- World Vision
- Welthungerhilfe (WHH)

- Local Initiatives and Development Agency
- Renewed Efforts Against Child Hunger (REACH)
- CARE International
- CARITAS
- Plan International
- Mwenezi Development Training Centre (MDTC)
- Centre for Conflict Management and Transformation (CCMT)
- CAAP Trust
- Jointed Hands Welfare Organisation
- Institute of Food and Nutrition and Family Sciences (IFNFS, UZ)
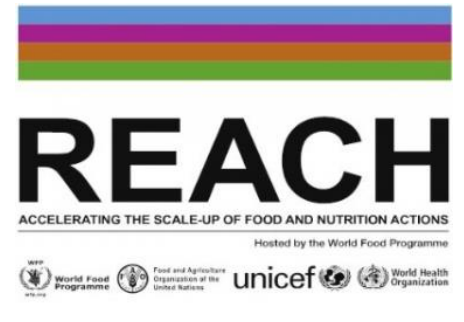- Practical Action
- REDCROSS

4

Acknowledgement of Support

ZIMBABWE

Acronyms

EA	Enumeration Area
FNC	Food and Nutrition Council
FNSP	Food and Nutrition Security Policy
FNSIS	Food and Nutrition Security Information System
HDDS	Household Dietary Diversity Score
HHS	Household Hunger Score
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 action.

- Evaluation of the socio-economic impact of the COVID-19 pandemic.

- Monitoring and reporting towards commitments made within the guiding frameworks of existing national food and nutrition policies and strategies (TSP, FNSP, Zero Hunger strategy and the SDGs.

- Development of the National Development strategy and the Food and Nutrition Security Strategy, for the next five years.

- The rapidly evolving food and nutrition security situation which was feared to be further deteriorating since the beginning of the COVID-19 crisis in Zimbabwe in April 2020 called for collection of additional and up to date FNS data.

- The current seasonal analysis could not rely on data collected in February 2020 prior to the COVID-19 crisis.

- The survey was envisioned to support the setting-up of the food and nutrition security near real time monitoring and capacitation of sub-national Food and Nutrition Security Committees.

Purpose

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

Objectives

The specific objectives of the assessment were:

1. To assess impact and severity of both Drought and COVID 19 on rural livelihoods.

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

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

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

5. To determine the coverage (accessibility, availability and quality) of humanitarian and developmental interventions in the country.

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

7. To measure resilience at all levels and identify constraints to improving their resilience.

8. To identify early recovery needs in order to determine short to long term recovery strategies.

9. To assess the medium and long term (future) sources of vulnerability and risks to food and nutrition security.

Background

- The 2020 RLA was undertaken against a continuously evolving food and nutrition security situation. The performance of the agricultural season negated by the consecutive drought, coupled with the COVID -19 pandemic have affected the livelihoods of the rural and urban population.

- COVID-19, declared a pandemic on 11 March 2020, has literally turned the world 'upside down' since it started in Wuhan, China with global reported cases of more than 21 million and more than 760, 000 deaths (14 August 2020).

- The Government of Zimbabwe, responded to the pandemic by gazetting Statutory Instrument 83 of 2020 Public Health (COVID-19 Prevention, Containment and Treatment) Order 2020, on March 27, 2020 declaring the COVID-19 crisis a "national disaster" and introduced a nationwide lockdown with the aim of slowing down the spread of COVID-19.

- The lockdown indicated that essential industries and services needed to remain open to support the health sector and ensure minimal disruption in critical goods and services. During the lockdown the public was strongly encouraged to stay in their homes and to practice social distancing, among other critical preventative measures outlined.

- Prior to the COVID-19 pandemic, food insecurity in the Southern African region was already alarmingly high, with a record 45 million food insecure people across the SADC countries. Key drivers of this food insecurity include climatic shocks (drought, flooding) and structural macro-economic and social factors.

- The risks which threaten to exacerbate the precarious food security situation through the following:

- impacts on exports, imports (supply chain of essential goods such as food, medicine and other essential supplies such as seeds and fertilizers),

- livelihoods (employment and income reduction) and fiscal pressure on the health sector.

- the downstream impact of policy interventions and regulations being implemented to control the spread of COVID-19 which will be felt at individual, household, community and national levels.

- The COVID-19 outbreak and its debilitating impacts on livelihoods will further exacerbate the situation, eroding community coping capacities and deepening food and nutrition insecurity of vulnerable households and individuals.

- Furthermore, we are likely to see an increase in the number of vulnerable people as those who typically are able to cope may find themselves struggling to meet needs given the unprecedented challenging environment.

Background

- ***Impact on Trade***

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

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

- On the import side, Zimbabwe with high food import burden will be affected.

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

Background

- ***Impact on Programme and Supply Chain***

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

- Travel restrictions and border closures are likely to delay the movement of the essential supplies such as seed and fertilizers (for the winter season) which are crucial for the preparation for the 2020/2021 planting season. This could have longer-term implications on the food security of households.

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

Background

- ***COVID-19 Effect on Populations***

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

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

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

Background

- Poverty continues to be one of the major underlying causes of vulnerability to food and nutrition insecurity as well as precarious livelihoods in Zimbabwe. According to the ZIMSTAT Poverty, Income, Consumption and Expenditure Survey 2017 Report, 70.5% of the population were poor whilst 29.3% were deemed extremely poor.

- The projected GDP growth rate for 2019 was -6.5% and 3% for 2020.

- Year on year inflation for May 2020 was at 785.55%.

- The Total Consumption Poverty Line (TCPL) for April 2020 was ZWL 7,425.81 which is 703.4% higher compared to the same time last year.

- The impact of poor rainfall distribution was compounded by the unaffordability of key agricultural inputs such as seed, fertilisers and herbicides. Consequently, the area planted to major crops in the 2019/20 season was lower in most areas compared to the same time in the previous season.

Assessment Methodology

Methodology – Assessment Design
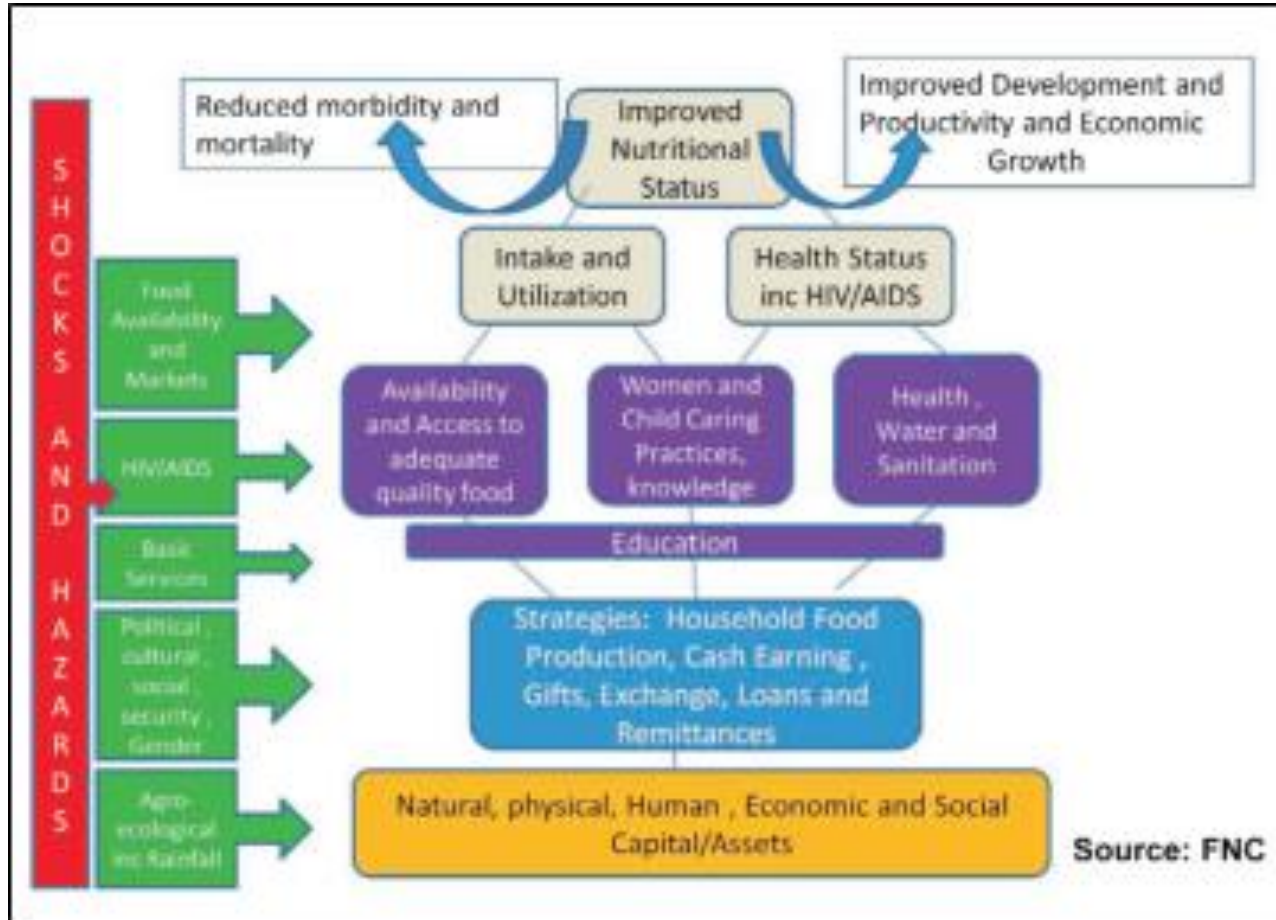
Figure 1: Food and Nutrition Conceptual Framework

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

- The assessment was also guided and informed by the resilience framework (figure 2) so as to influence the early recovery of households affected by various shocks.

- The assessment looked at food availability and access as pillars that have confounding effects on food security as defined in the FNSP (GoZ, 2012).

- Accordingly, the assessment measured the amount of energy available to a household from all its potential sources hence the **primary sampling unit** for the assessment was the household.
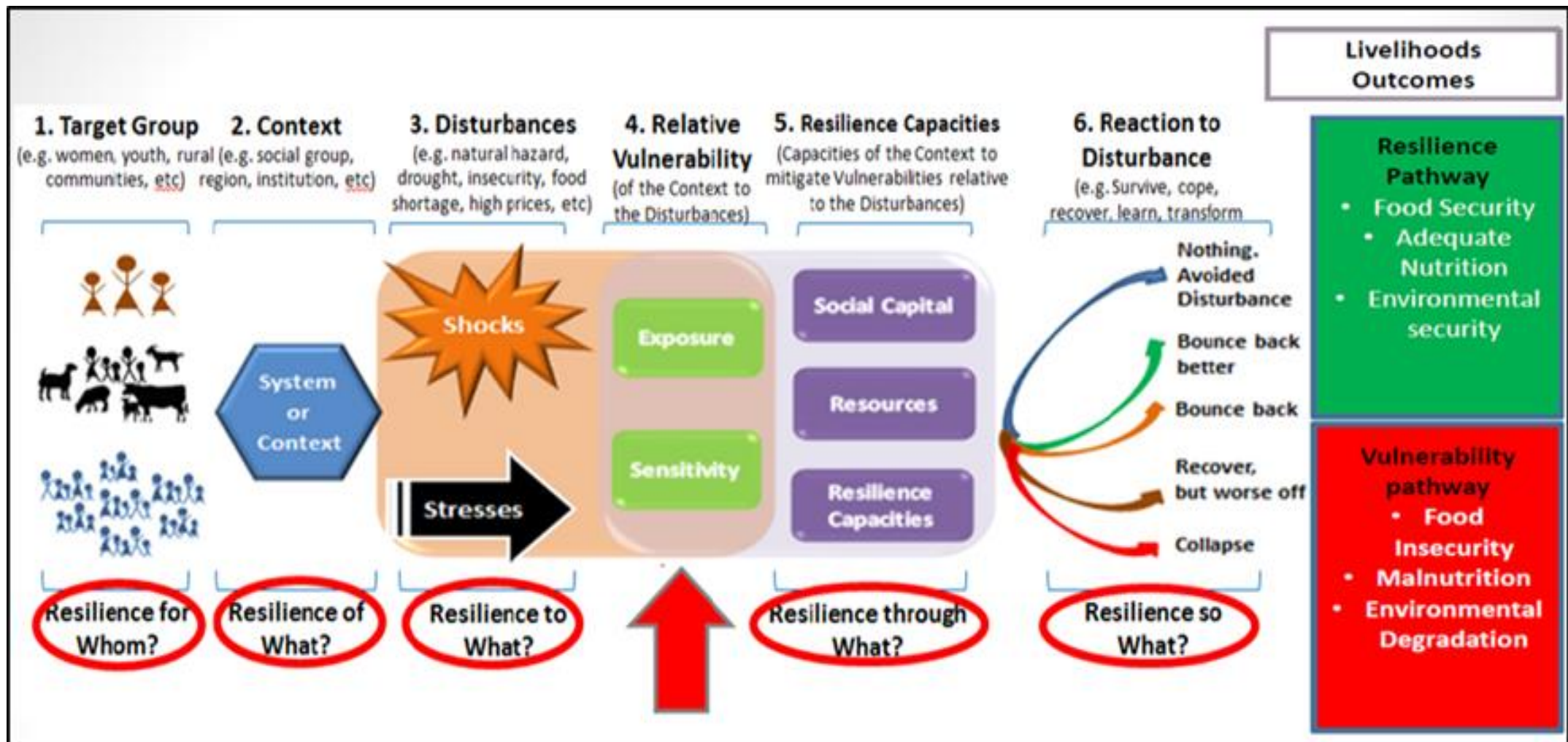
Figure 2: Zimbabwe resilience framework (UNDP Zimbabwe, 2015)

Methodology – Assessment Process

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

- The primary data collection tools used in the assessment were the android–based structured household tool and the District key informant tool.

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

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

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

Methodology – Assessment Process

- Primary data collection took place from 11 to 25 July, 2020. In recognising the risk of spreading COVID-19 during data collection, innovative approaches were used to collect vital information without causing any harm. The RLA was guided by global and country specific recommendations and all necessary precautions were taken to avoid potential transmission of COVID-19 between enumerators and community members. In order to reduce exposure to COVID-19 through person to person physical contact, primary caregivers were capacitated to measure their children using Mid-Upper Arm Circumference (MUAC) tapes and assessment of oedema.

- Data analysis and report writing ran from 27 July to 21 August 2020. Various secondary data sources and field observations were used to contextualise the analysis and reporting.

Methodology - Sampling and Sample Size

- Household food insecurity prevalence was used as the key indicator to determine the sample to ensure 95% confidence level of statistical representativeness at district, provincial and national level.

- The survey collected data from 20 randomly selected EAs that were enumerated in the 2019 RLA.

- A two staged cluster sampling was used and comprised of;
    - Sampling of 20 clusters per each of the 60 rural districts, denoted as EAs in this assessment, from the Zimbabwe Statistics Agency (ZIMSTAT) 2012 master sampling frame using the PPS methodology

- The second stage involved the systematic random sampling of 10 households per EA (village).

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

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

- A total of at least 200 households were interviewed per district, bringing the total sampled households to 1402.

District	Number of Sampled Households
Bikita	201
Chiredzi	200
Chivi	200
Gutu	200
Masvingo	200
Mwenezi	201
Zaka	200
Total	1402

Methodology – Sampled Wards
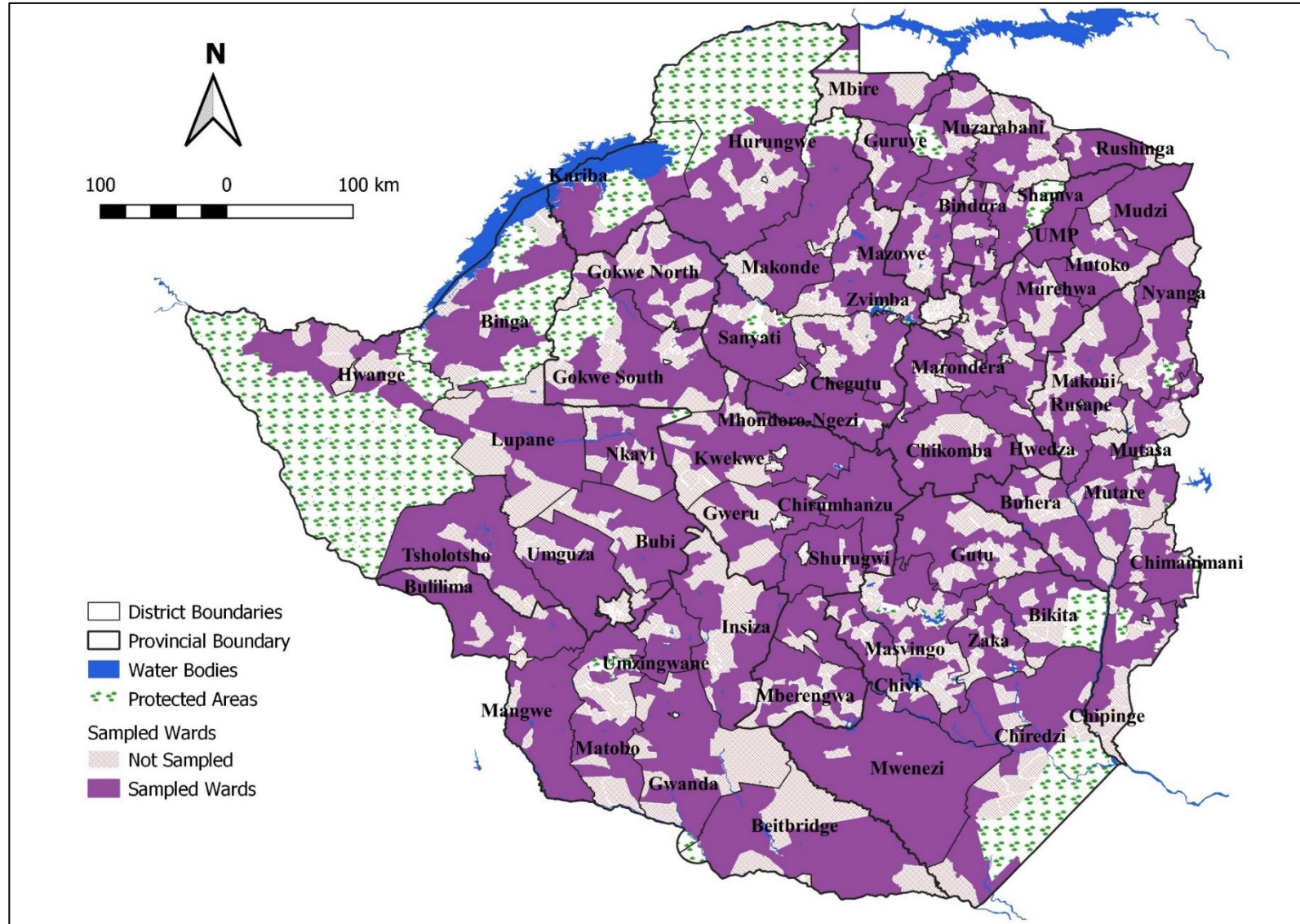
Data Preparation and Analysis

- 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

Household Characteristic: Size
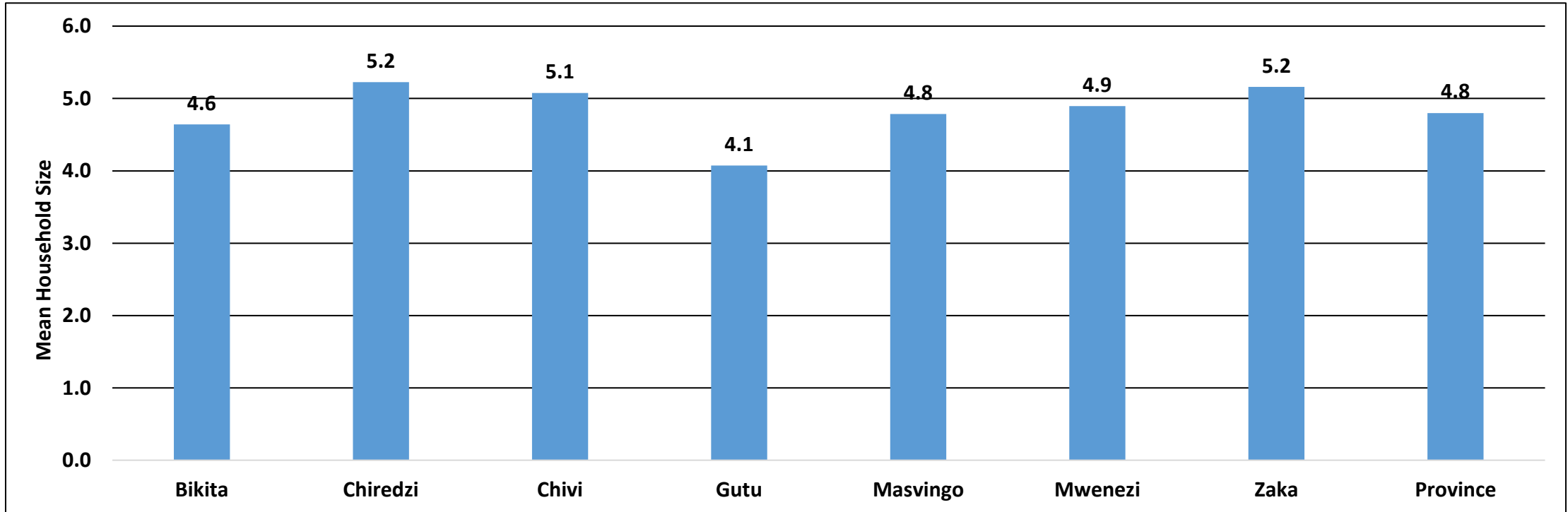
- The average household size in the province was 4.8.

- Chiredzi (5.2) and Zaka (5.2) had the largest average household size.

- Gutu (4.1) had the lowest average household size.

Household Head Age
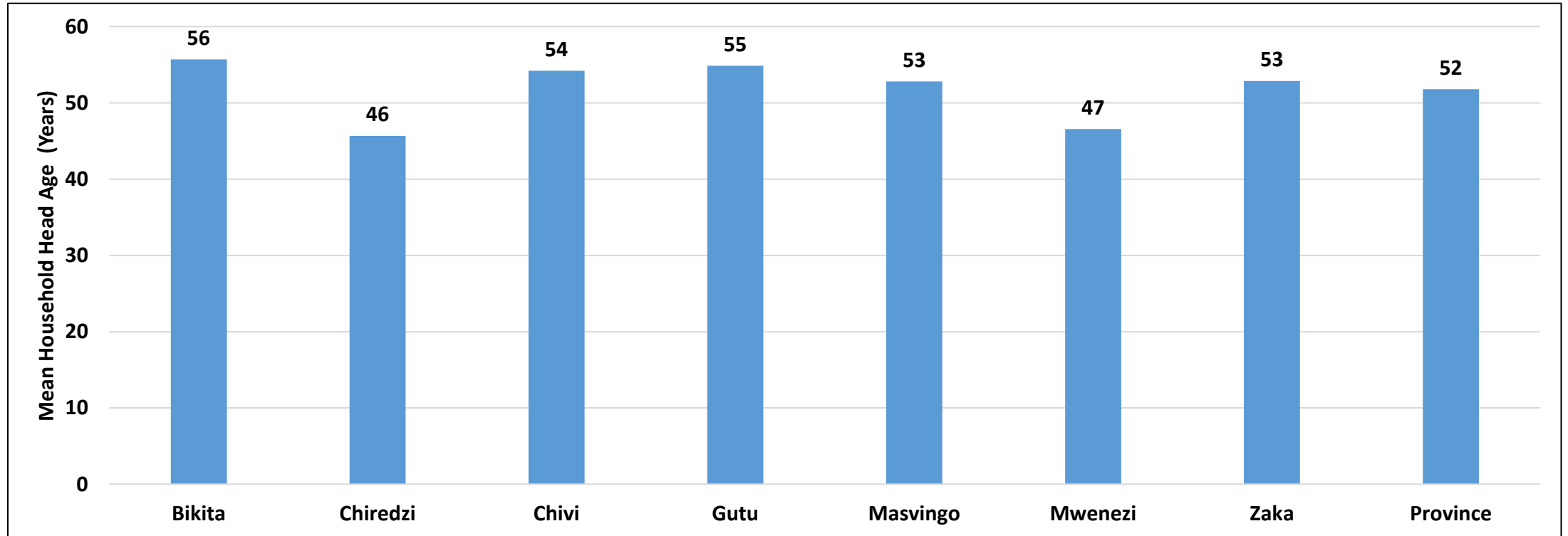
- The provincial average age of household head was 52 years.

- Bikita (56 years) had the highest average household head age whilst Chiredzi (46 years) had the lowest.
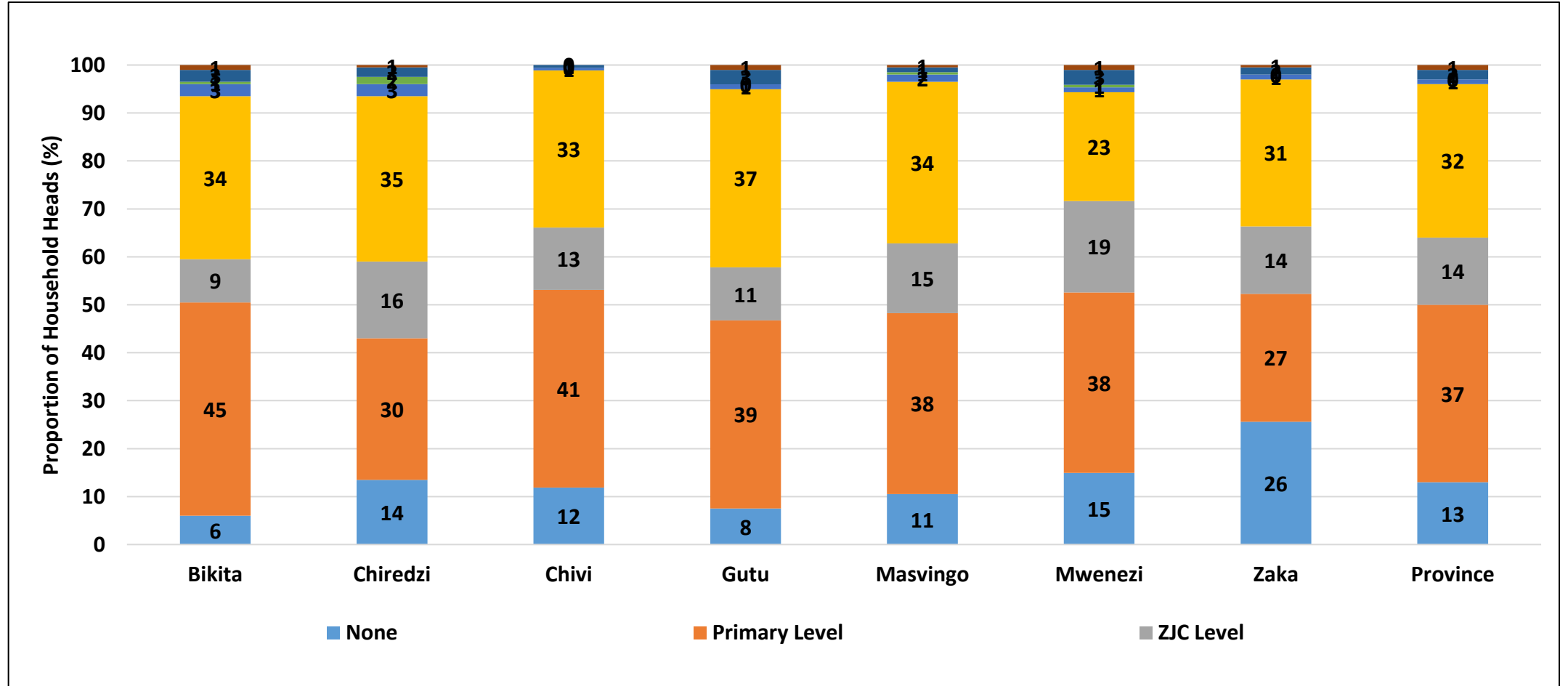
Household Head Sex
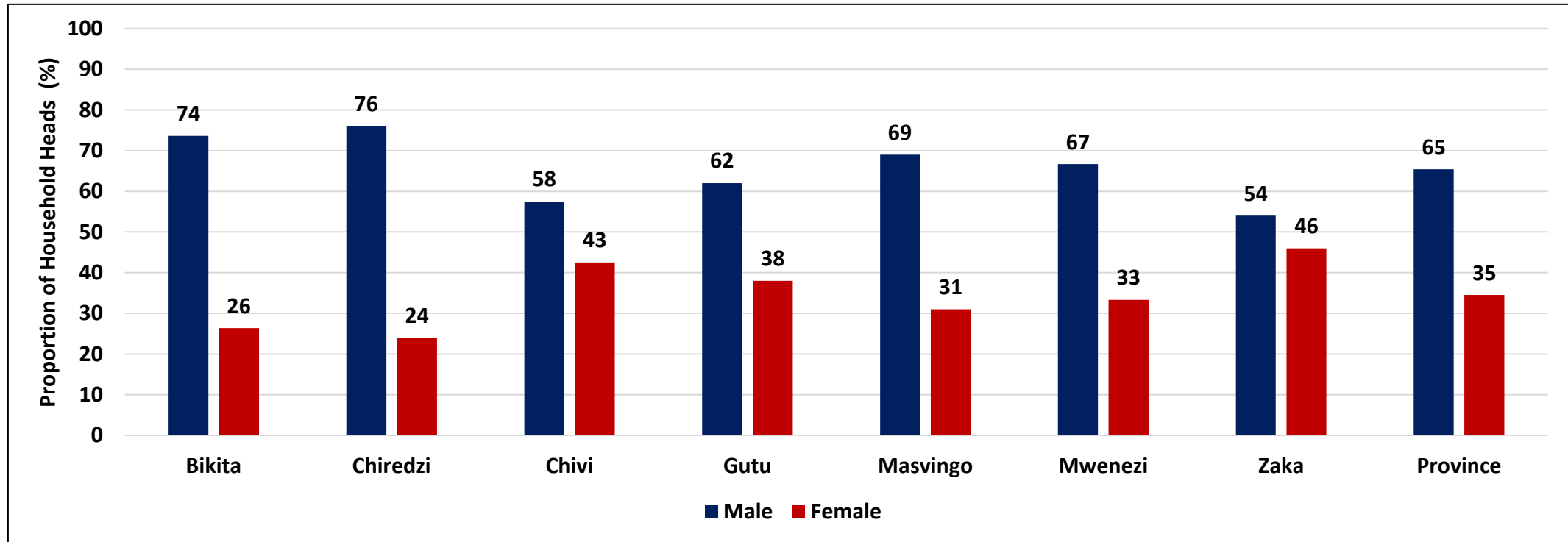
- There were more male headed households (65%) than female headed households (35%) in the province.

- Chiredzi (76%) had the highest proportion of male headed households.

- Zaka (54%) had the lowest number of male headed households.

Household Head Marital Status
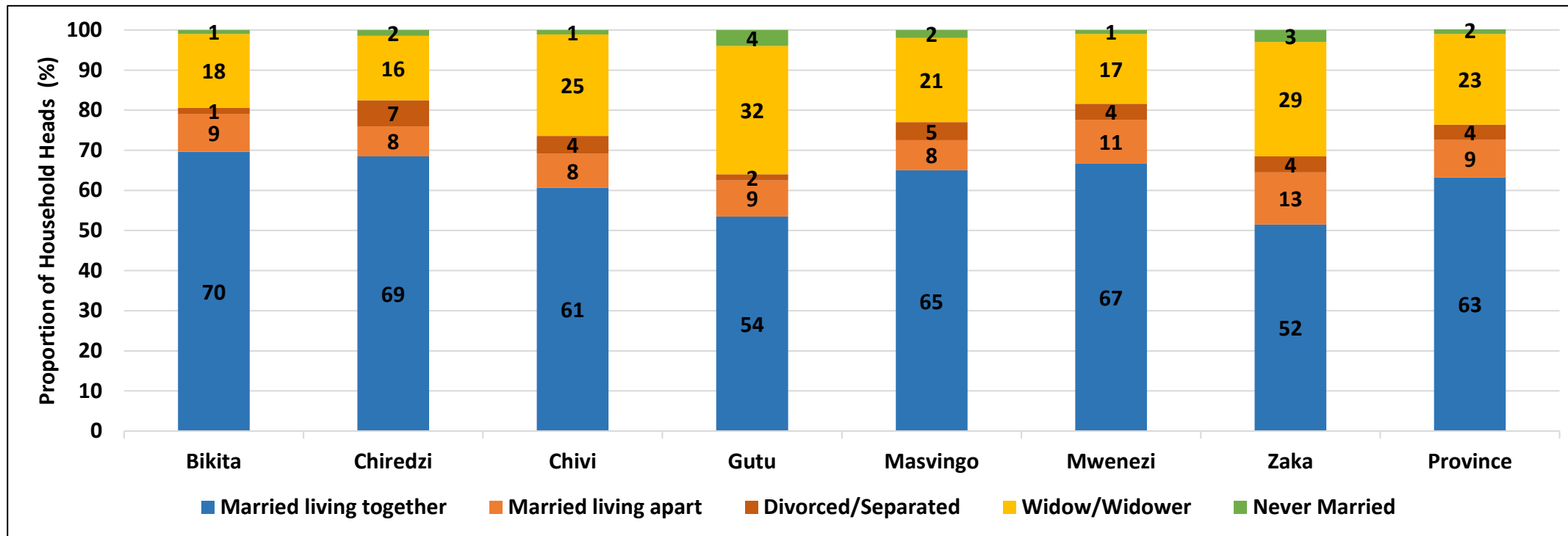
- The majority of household heads (63%) in the province were married and living together.

- Bikita (70%) had the highest proportion of household heads which were married and living together.

- Gutu (32%) had the highest proportion of household heads which were widowed.

- Zaka (13%) had the highest proportion of household heads which were married and living apart.

- Chiredzi (7%) had the highest proportion of household heads which were divorced/separated.

Household Head Education Level Attained

- The majority of household heads attained primary level (37%) and Ordinay level (32%).

- Zaka (26%) had the largest proportion of household heads which never went to school.

- Bikita (45%) had the largest proportion of household heads which attained primary level.

- Gutu (37%) had the largest proportion of household heads which reached O level.

Household Head Religion
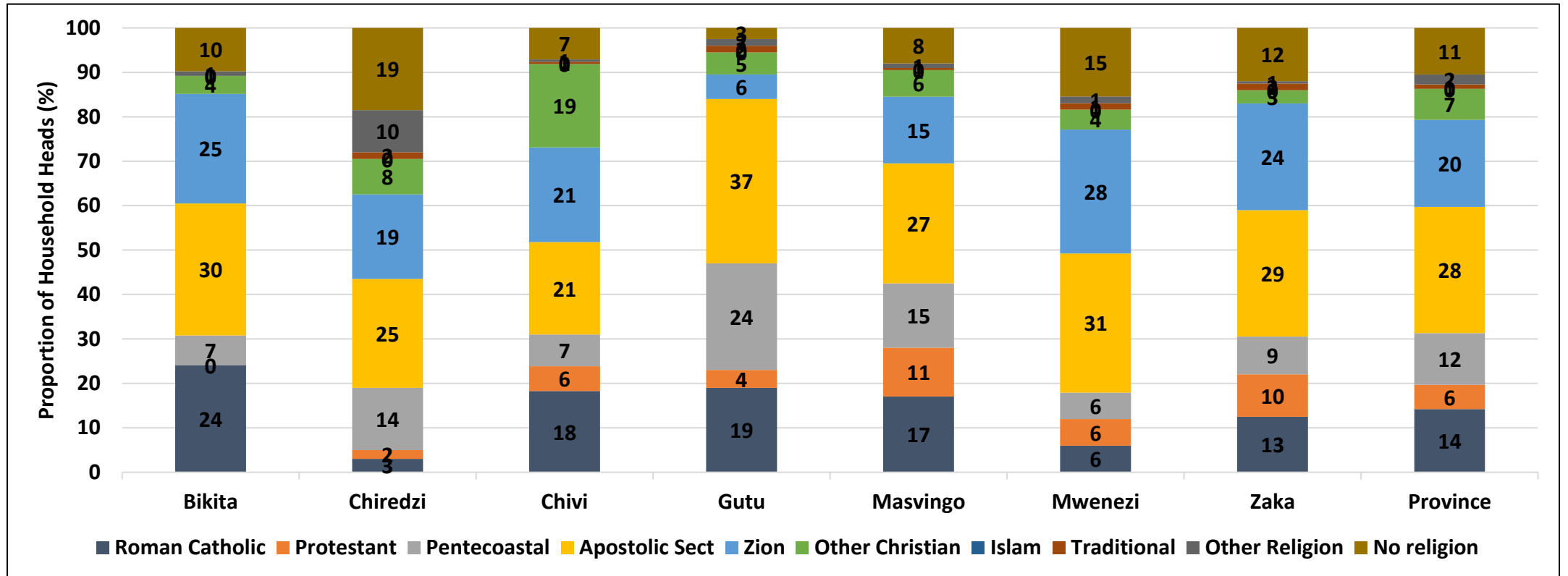
- The main forms of religion for household heads in the province were Apostolic Sects (28%), Zion (20%), Catholic (14%) and Pentecostal (11%).

- Bikita (24%) had the greatest proportion of Roman Catholic household heads while Chiredzi (3%) had the lowest proportion.

- Mwenezi (28%) had the greatest proportion of household heads belonging to Zion Church .

- Chiredzi (19%) had the greatest proportion of household heads who reported no religion.

- Islamic faith was very low across all districts.

Household Head Physically/Mentally Challenged
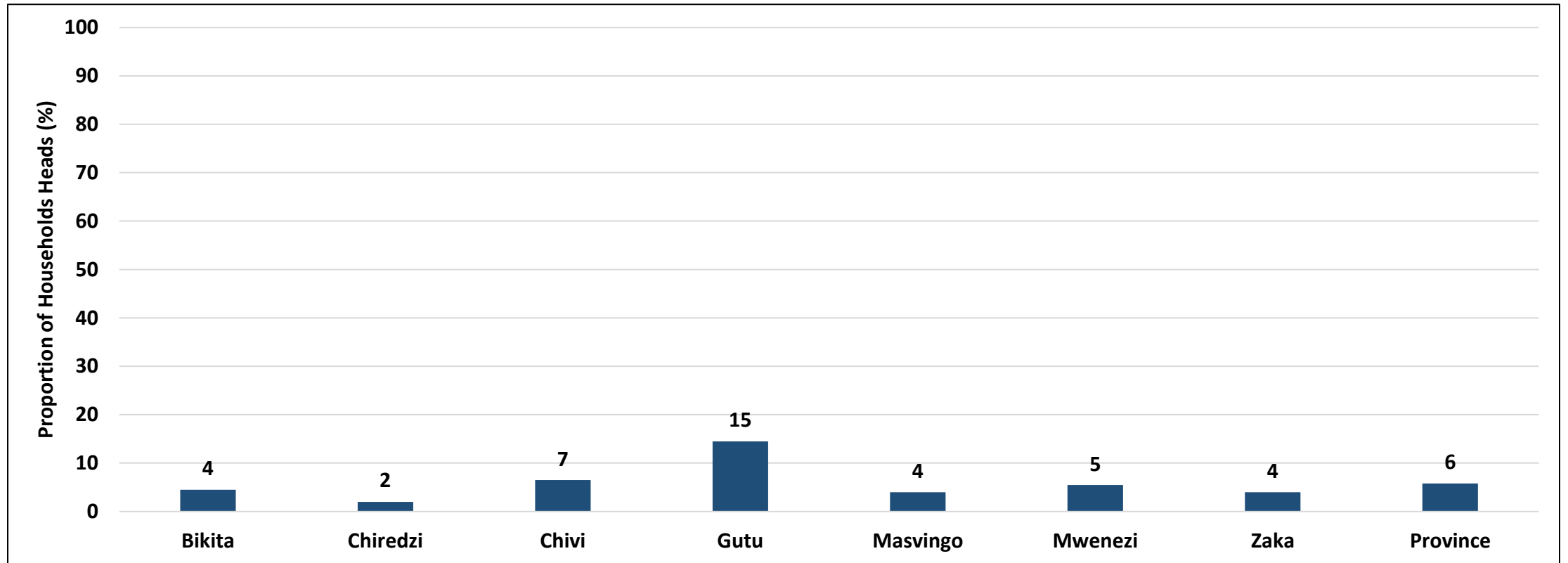
- Approximately 6% of household heads in the province were physically/mentally challenged.
- Gutu (15%) had the greatest proportion of households heads which were physically/mentally challenged while Chiredzi (2%) had the lowest.

Vulnerability Attributes
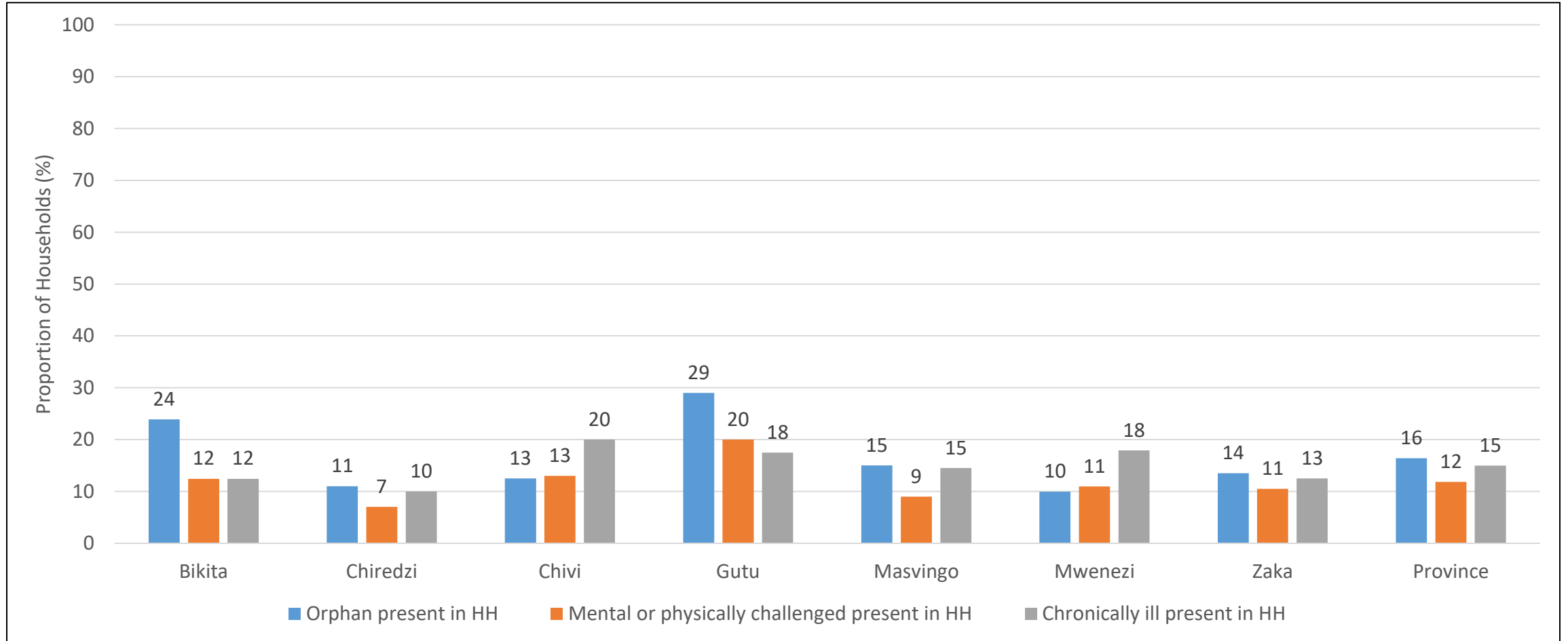
- Gutu (29%) had the greatest proportion of households with orphaned children and a mentally or physically challenged person (20%).
- Chivi (20%) had the greatest proportion of households with a chronically ill person.

Physically or Mentally Challenged Children
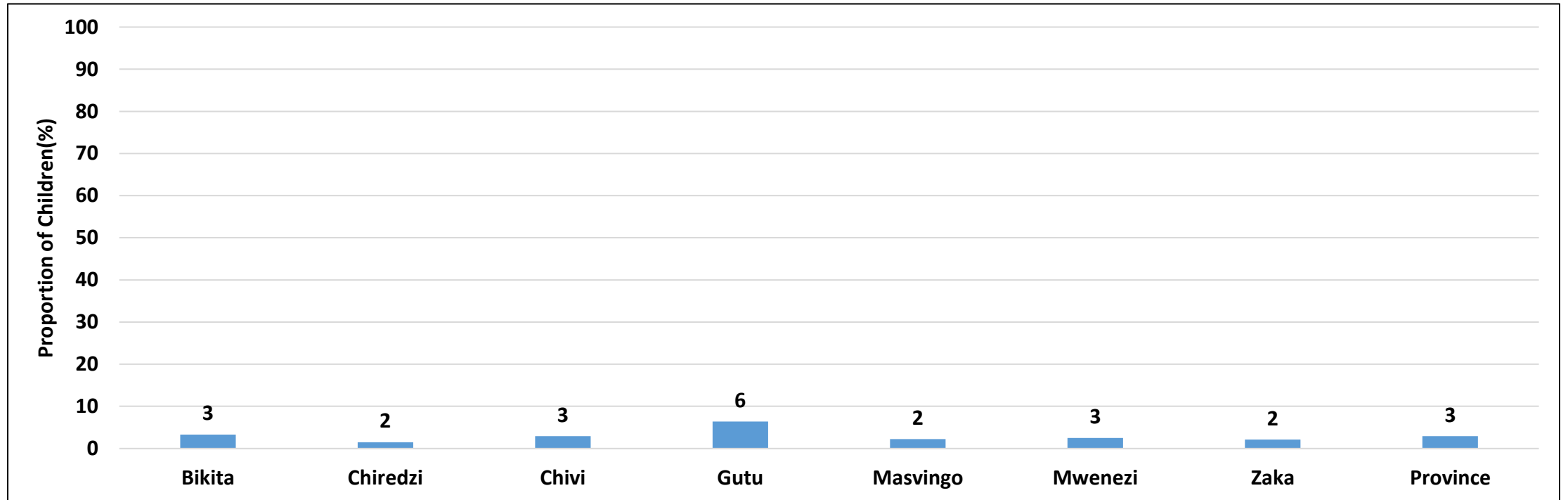
- There were approximately 3% of children who were physically or mentally challenged in the province.
- Gutu (6%) had the greatest proportion of children which were physically or mentally challenged. Chiredzi (2%) , Zaka (2%) and Chiredzi district had the lowest proportions of children with a physical or mental challenge.
- The provincial proportion of children with a physical or mental challenge was 3%.

Nature of Mentally or Intellectually Challenged Children
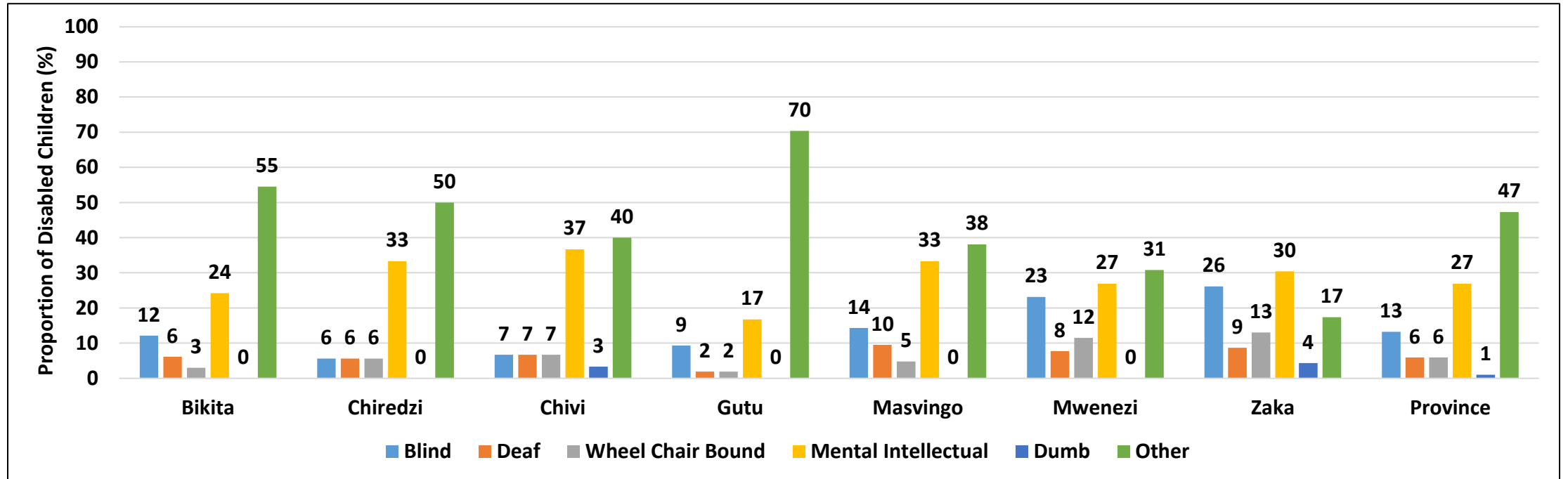
- Zaka (26%) had the greatest proportion of children who were visually impaired followed by Mwenezi (23%) .

- The provincial proportion of children with mental/ intellectual challenge was 27% even though these cases were highly pronounced in Chivi (37%), Chiredzi (33%) and Masvingo (33%) districts.
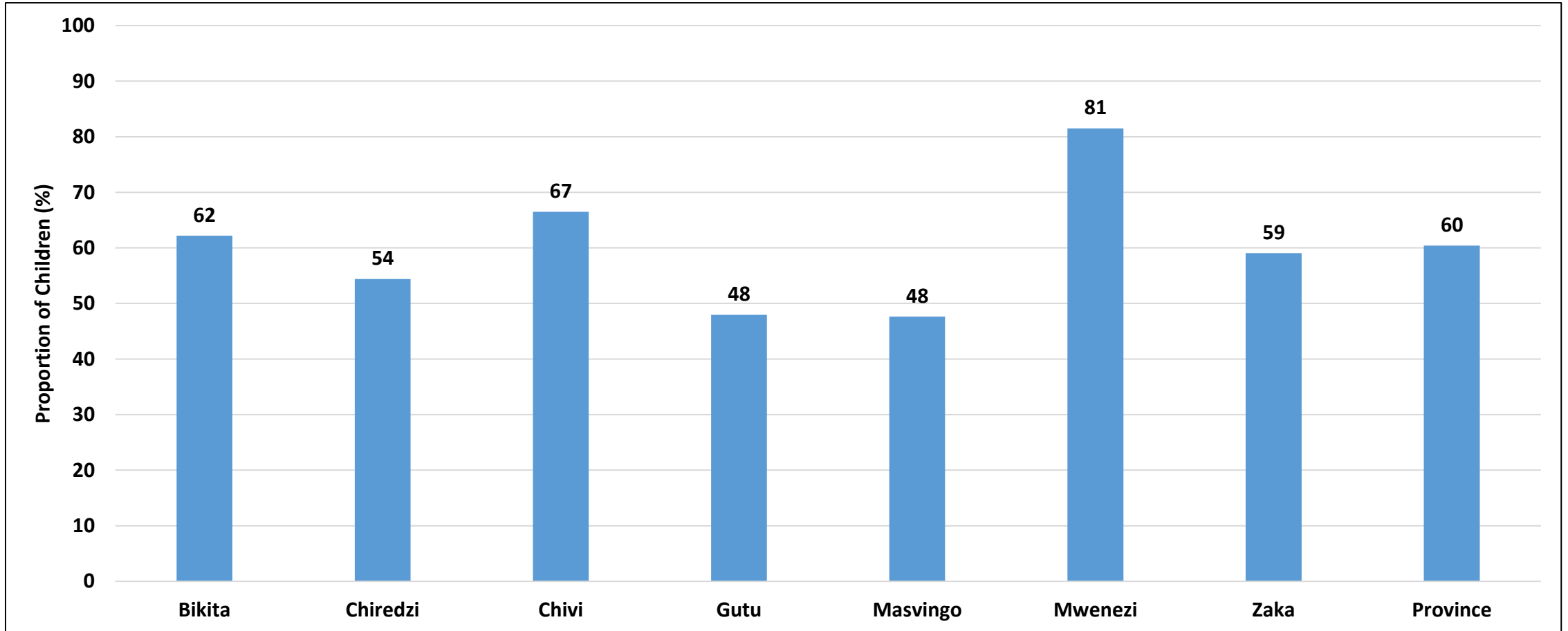
Education

Characteristic of Children: Sex
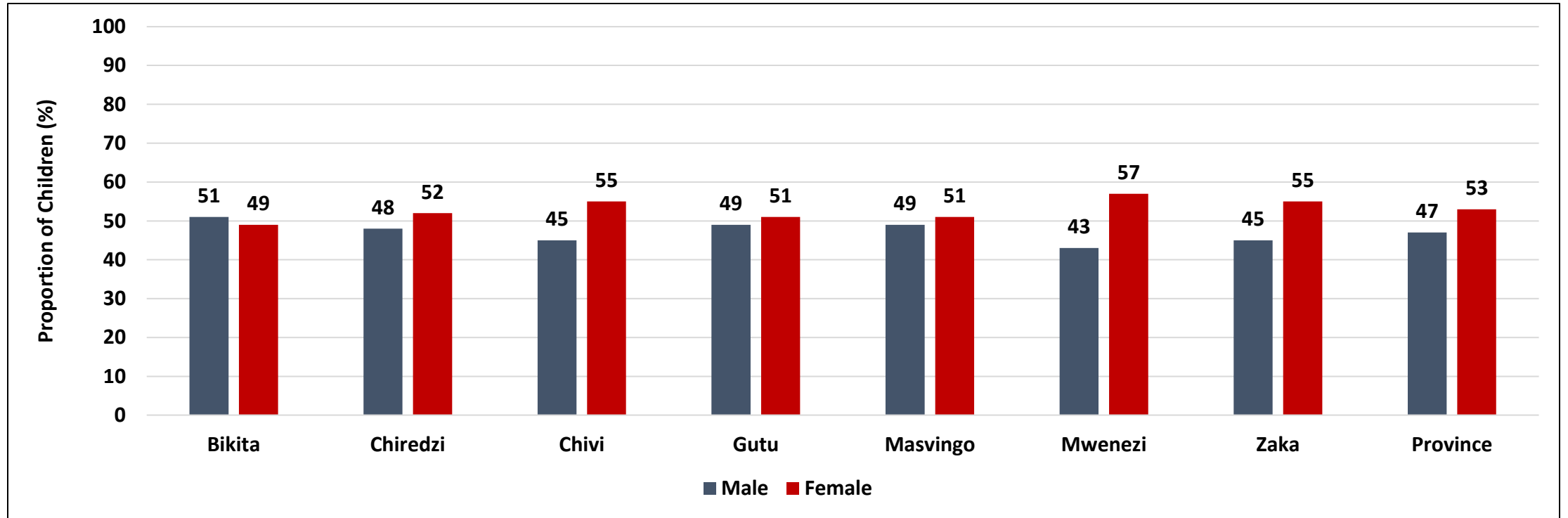
- The province had more female learners (53%) than male learners (47%) in school.

- Mwenezi (57%) had the greatest proportion of female learners followed by Zaka (55%) and Chivi (55%).

- Bikita (51%) had the greatest proportion of male learners followed by Gutu (49%) and Masvingo (49%).

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

- A significant proportion of children (60%) were sent away over non payment of school fees during 1st term of 2020.
- Mwenezi (81%) had the greatest proportion of children sent away during 1st term for non payment of school fees followed by Chivi (67%).

Children Currently Receiving any Form of Schooling (Home, Online, WhatsApp)
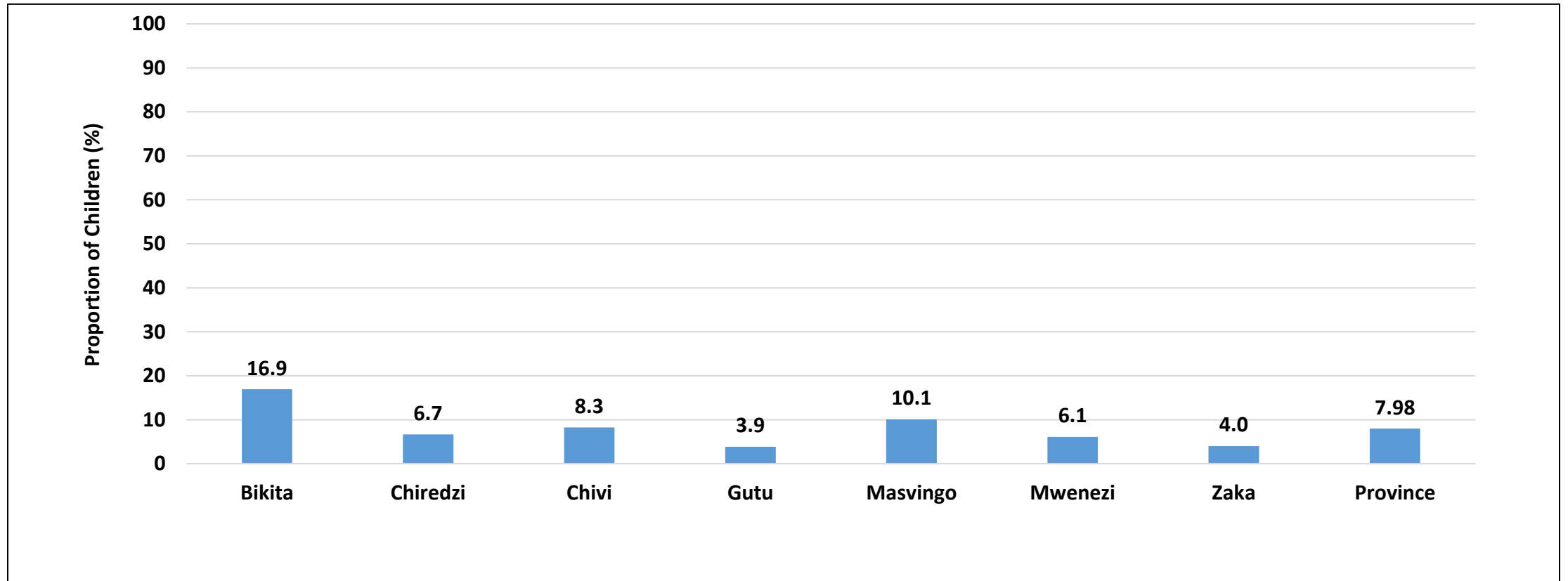

- Approximately 7.98% of children in the province were receiving some form of schooling at the time of the survey.
- Bikita had the greatest proportion of children (16.9%) which received schooling assistance either at home, online or through WhatsApp.

Major Reasons for Children Not Being in School
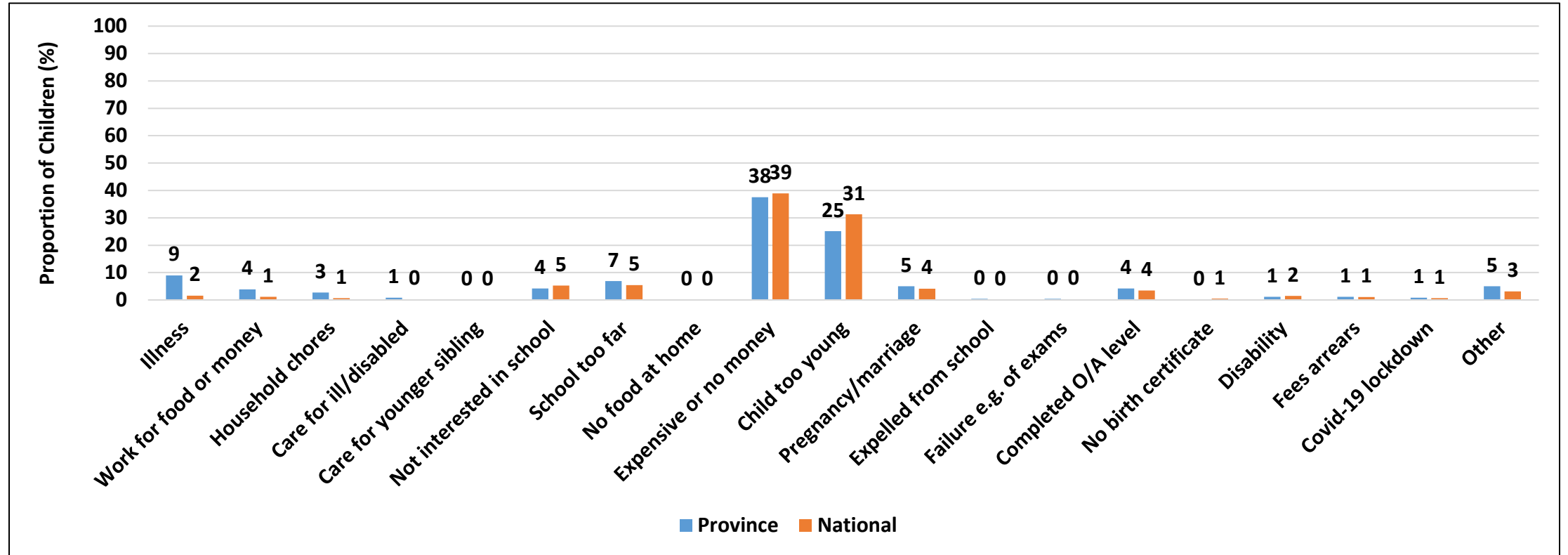
- The major reason why children were not in school during the period under review was that either school fees was expensive or parents had no money to pay school fees(38%).

- Children too young to attend school (25%) came second in frequency in major reasons for children not being in school.

- Long distance to school (7%) was the third major reason for children not being in school in the province.

Children Not Going to School before COVID- 19 Outbreak
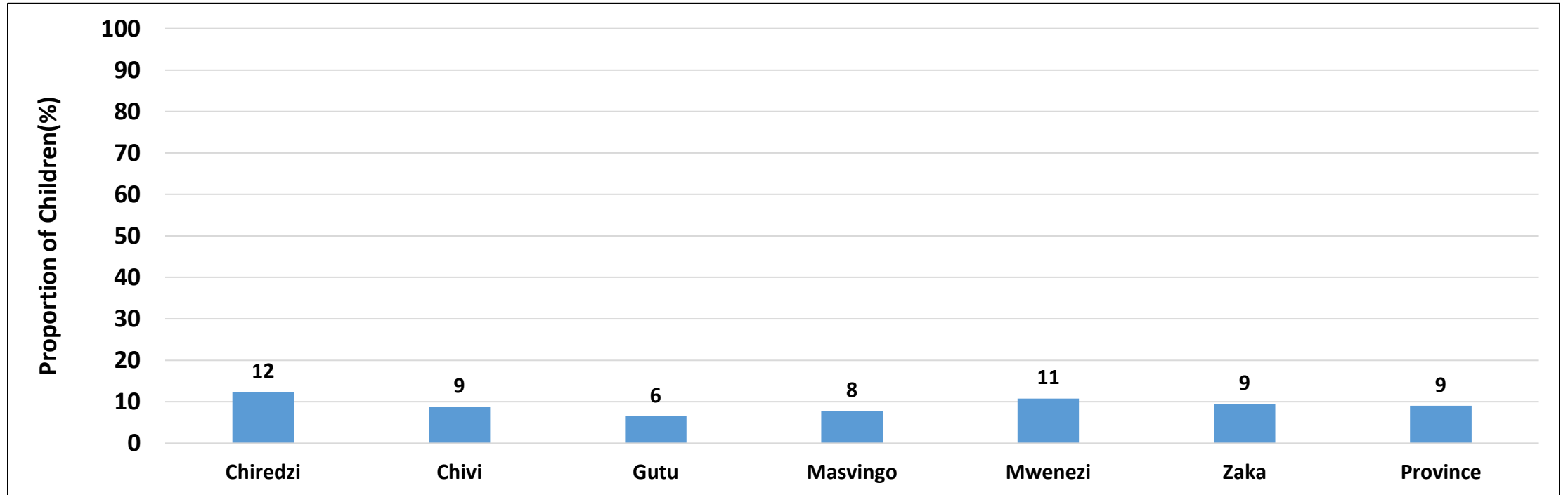
- Well before the COVID- 19 outbreak, about 9% of children in the province were not going to school.

- Chiredzi (12%) had the greatest proportion of children not going to school followed by Mwenezi (11%).

- Gutu (6%) had the lowest proportion of children not going to school before the COVID- 19 outbreak.

Chronic Illnesses

Proportion of Households with at Least One Person Living with a Chronic Condition by District

District	HIV/AIDS (%)	Heart disease (%)	Diabetes (%)	Asthma (%)	Hypertension (%)	Arthritis (%)	Epilepsy (%)	Stroke (%)	Cancer (%)	Tuberculosis (%)	Liver (%)	Kidney (%)	Ulcers (%)	Other disease (%)
Bikita	36.4	0.0	12.1	0.0	39.4	3.0	0.0	3.0	6.1	3.0	0.0	0.0	3.0	3.0
Chiredzi	29.7	2.7	5.4	13.5	48.6	2.7	0.0	0.0	0.0	5.4	0.0	0.0	5.4	2.7
Chivi	50.0	4.0	10.0	6.0	14.0	2.0	2.0	0.0	6.0	8.0	0.0	2.0	0.0	4.0
Gutu	28.8	0.0	11.5	3.8	19.2	19.2	0.0	1.9	1.9	0.0	0.0	0.0	1.9	32.7
Masvingo	45.5	0.0	12.7	5.5	25.5	9.1	1.8	0.0	1.8	1.8	0.0	0.0	5.5	1.8
Mwenezi	54.5	4.5	9.1	9.1	6.8	0.0	0.0	0.0	0.0	18.2	2.3	0.0	4.5	4.5
Zaka	28.2	0.0	6.4	2.6	42.3	16.7	2.6	3.8	2.6	1.3	0.0	0.0	1.3	3.8
Province	38.4	1.4	9.5	5.4	28.1	8.9	1.1	1.4	2.6	4.9	0.3	0.3	2.9	7.7

- HIV/AIDS (38.4%) and hypertension (28.1%) were the most reported chronic conditions in the households across Masvingo province.

Social Protection

Food Assistance Coverage by District
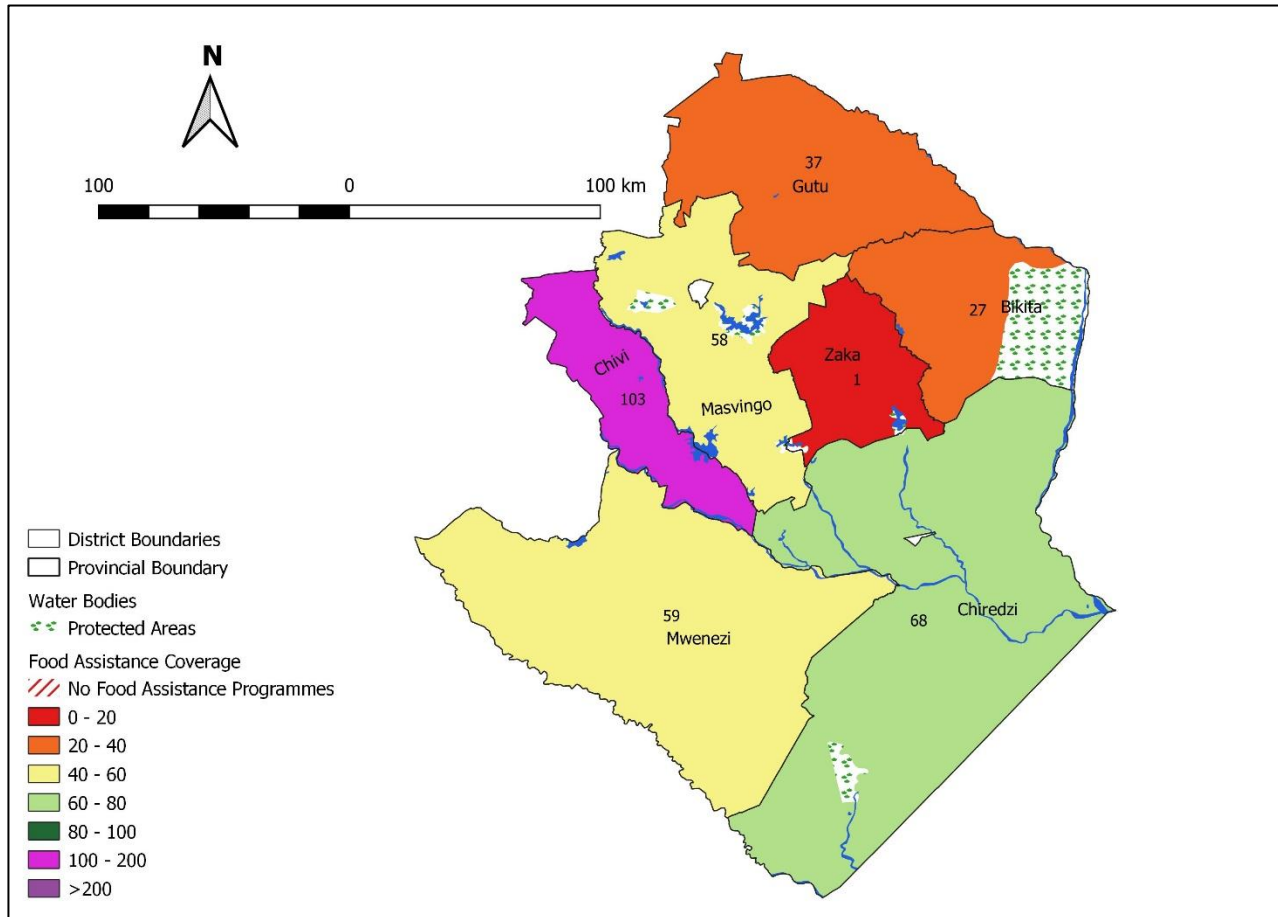
- The least food assistance support in the province was recorded in Zaka (1%).
- Chivi had the highest food assistance coverage at 103%. This could be due to duplication of interventions.

Sources of Household Support

District	Support from any source (%)	Government support (%)	UN/NGO support (%)	Church support (%)	Rural relatives (%)	Rural non-relatives (%)	Urban relatives (%)	Urban non-relatives (%)	Diaspora relatives (%)	Mutual groups (%)	Civic groups (%)	Charity groups (%)	Women/men groups (%)
Bikita	78.6	65.2	22.9	1.5	7.5	3.5	10.9	2.0	6.0	0.5	0.0	0.0	0.0
Chiredzi	82.5	56.5	32.5	4.0	28.0	17.5	26.5	3.0	17.0	1.5	0.0	0.0	4.0
Chivi	97.5	76.0	43.5	4.0	29.0	11.5	20.5	2.5	12.0	6.0	1.0	0.0	1.5
Gutu	57.0	38.0	5.0	0.0	6.5	1.0	14.5	0.0	6.0	0.0	0.0	0.0	0.5
Masvingo	60.0	40.5	16.5	0.5	2.5	0.5	13.0	0.0	7.0	0.5	0.0	0.0	0.5
Mwenezi	69.2	37.3	34.8	1.5	10.4	9.5	5.5	1.0	8.5	0.5	0.5	0.5	0.5
Zaka	94.0	63.5	59.0	6.0	25.5	16.5	42.5	5.0	25.0	2.0	1.0	0.0	2.5
Province	77.0	53.9	30.6	2.5	15.6	8.6	19.0	1.9	11.6	1.6	0.4	0.1	1.4

- Chivi (97.5%) had the greatest proportion of households acknowledging support from any source followed by Zaka (94%) compared to the provincial proportion of 77%.
- Chivi (76%) also had the greatest proportion of households receiving support from the Government followed by Bikita (65.2%) whereas Mwenezi district (37.3%) had the lowest proportion of households receiving government support.
- Zaka (59%) had the greatest proportion of households receiving UN/NGO support while Masvingo district (16.5%) had the lowest.

Distribution of Government Support at Household Level

District	Food (%)	Cash (%)	Crop inputs (%)	Livestock inputs (%)	WASH inputs (%)	Other non-food (%)	Livelihoods programming (%)
Bikita	83	0	17	0	0	0	0
Chiredzi	72	2	25	0	0	1	0
Chivi	66	5	29	0	0	1	0
Gutu	73	1	24	0	0	2	0
Masvingo	99	0	0	0	0	1	0
Mwenezi	82	6	11	0	0	0	1
Zaka	45	0	51	0	1	2	2
Masvingo	71.0	2.0	25.6	0.0	0.1	0.9	0.4

- Government food support was dominant in all districts across the province.

- Masvingo (99%) had the greatest proportion of food support followed by Bikita (83%).

- Government crop inputs support was also visible in all districts except for Masvingo district which did not acknowledge any Government crop inputs support.

- Zaka (51%) was the biggest recipient of government sponsored crop inputs support.

Distribution of UN/NGO Support at Household Level

District	Food (%)	Cash (%)	Crop inputs (%)	Livestock inputs (%)	WASH inputs (%)	Other non-food (%)	Livelihoods programming (%)
Bikita	49.3	35.8	3.0	0.0	9.0	1.5	1.5
Chiredzi	87.1	1.4	7.1	0.0	0.0	4.3	0.0
Chivi	53.1	43.4	1.4	0.7	1.4	0.0	0.0
Gutu	81.8	18.2	0.0	0.0	0.0	0.0	0.0
Masvingo	75.7	18.9	5.4	0.0	0.0	0.0	0.0
Mwenezi	55.4	34.9	1.2	0.0	3.6	1.2	3.6
Zaka	95.1	0.0	1.6	0.0	0.0	0.0	3.3
Province	69.2	23.5	2.6	0.2	2.1	0.9	1.5

- NGO/UN support across all districts was dominantly in food support.

- Zaka (95.1%) had the greatest proportion of households receiving food support from NGOs/UN followed by Chiredzi (87.1%).

- The proportion of households receiving NGO/UN cash support was highest in Chivi (43.4%), Bikita (35.8%) and Mwenezi (34.9%)

Trend in Government Support
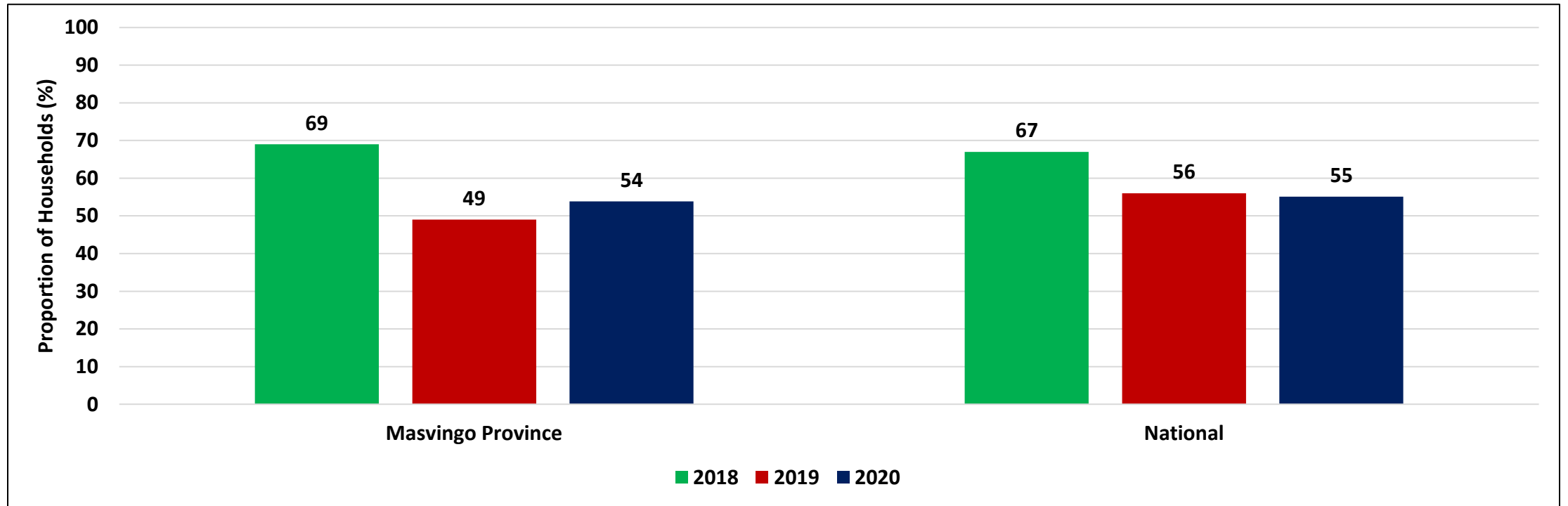
- The proportion of households receiving government support in the province increased from 49% in 2019 to 54% in 2020.

# Trend in NGO/UN Support at Household Level
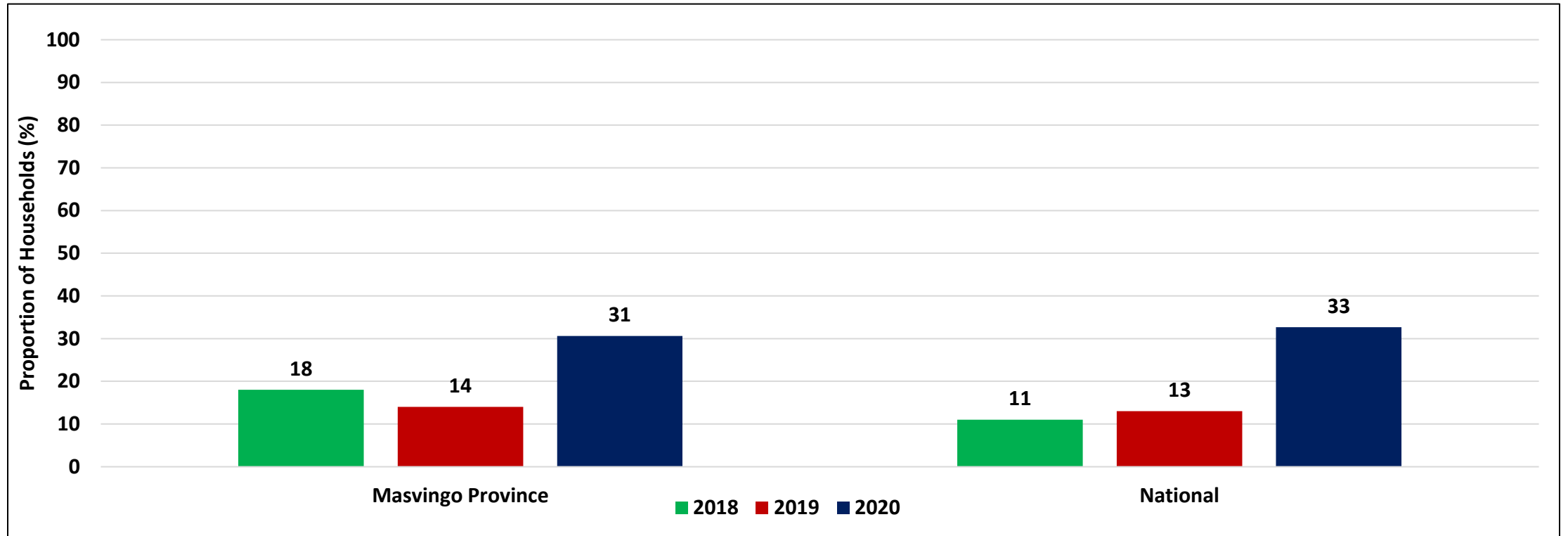
- Nationally, UN/NGO support sustained an upward trend over the three years review period. In 2018, the proportion of households which received NGO/UN support was 11%, marginally rose to 13% in 2019 and significantly rose to 33% in 2020.

- In the province the proportion of households which received NGO/UN support was 18%, the proportion dropped to 14% in 2019 and significantly peaked at 31% in 2020.

Trend in Churches Support at Household Level
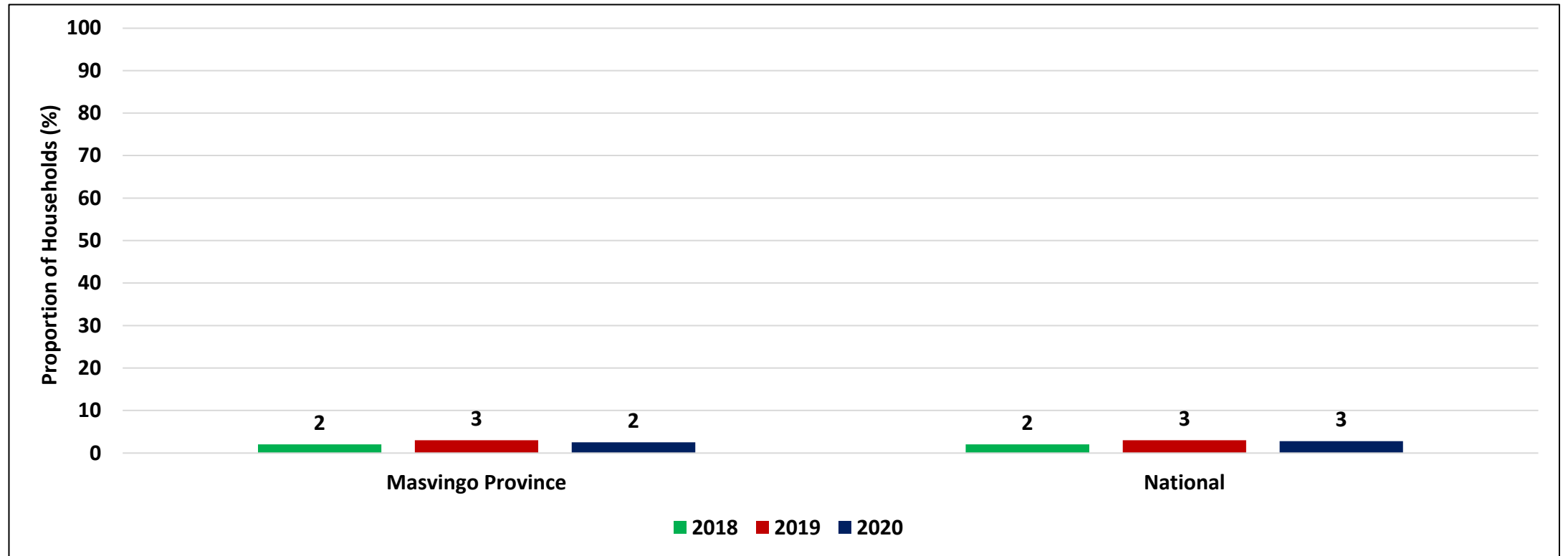
- Nationally, churches support at household level remained lowly visible albeit important.

- In Masvingo province, churches support was 2% in 2018, slightly increased to 3% and fell to 2% again in 2020.

Trend in Support from Rural Relatives
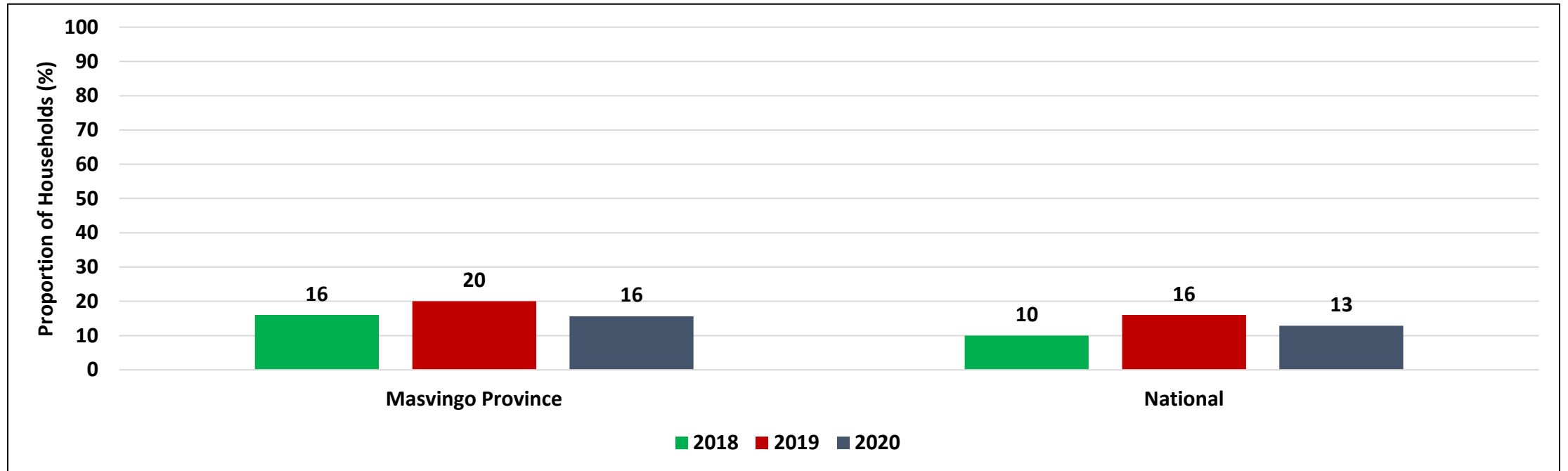
- The proportion of households relying on rural relatives was substantial over the 2018-2020 review period.

- Nationally, the proportion of households which received support from rural relatives was 10% in 2018, increased to 16% in 2019 and dropped to 13% in 2020.

- For the province, the proportion of households which received support from rural relatives was 16% in 2018, rose to 20% in 2020 and decreased to 16% in 2020.

- Provincial proportions were always higher that national proportions thus depicting that communities in this province are closely knit and live in harmony .

Trend in Support from Urban Relatives
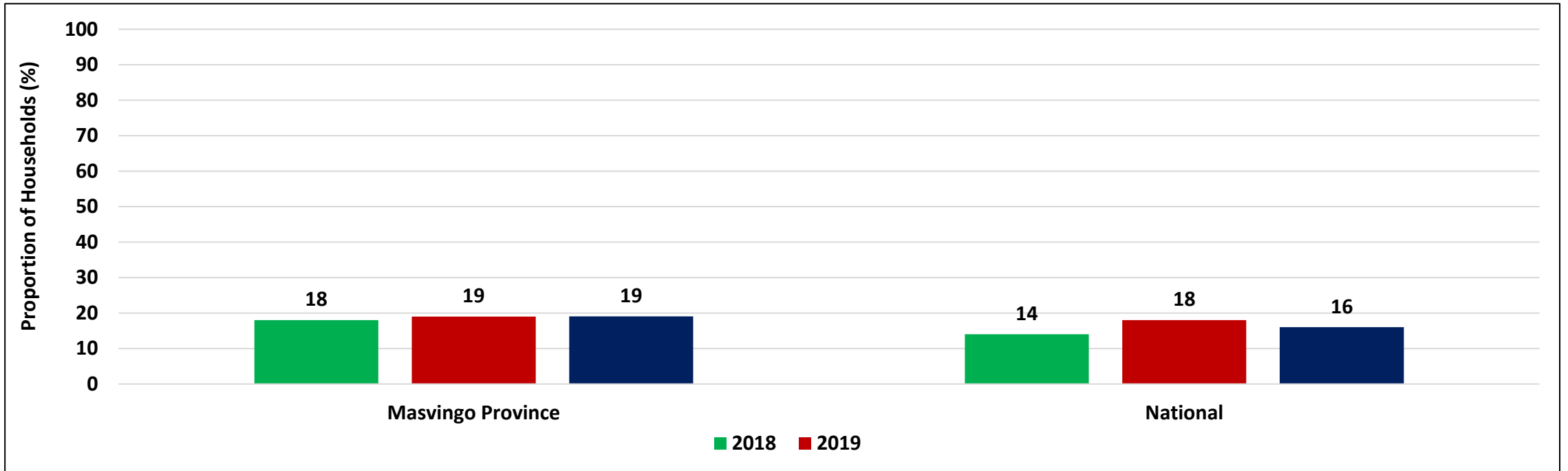
- Urban relatives support had been instrumental in the livelihoods of many households in the 2018-2020 period under review.
- Nationally, the proportion of households which received support from urban relatives was 14% in 2018, increased to 18% in 2019 and slightly dropped to 16% in 2020.
- For the province, the proportion of households which received support from urban relatives was 18% in 2018, slightly increased to 19% in 2019 and maintained the level in 2020 at 19%.
- Over the period under review, the provincial proportions of households receiving support from urban relatives were higher than national proportions signifying the importance of urban relatives support to rural households livelihoods.

Agricultural Production

Households which Planted Crops

| District	Maize (%)	Sorghum (%)	Finger millet (%)	Pearl millet (%)	Tubers (sweet potatoes, potatoes, cassava, yams) (%)	Cowpeas (%)	Ground nuts (%)	Round nuts (%)	Sugar beans (%)	Soya beans (%)	Tobacco (%)	Cotton (%)	Paprika (%)	Sunflower (%)	Wheat (%)	Other crops (%)
Bikita	90.0	17.4	19.4	11.4	24.4	31.8	64.2	55.2	4.5	0.5	1.0	6.0	0.5	2.5	0.5	0.0
Chiredzi	65.5	45.5	6.0	20.0	6.0	41.0	28.0	28.0	12.5	0.5	0.5	20.0	0.0	1.0	0.0	0.5
Chivi	89.5	47.0	16.0	12.0	22.0	45.5	60.0	55.0	3.0	1.5	0.0	5.0	0.0	1.5	0.0	0.5
Gutu	98.0	16.5	17.5	6.5	29.0	32.5	55.0	41.5	14.0	0.0	0.0	1.0	0.0	0.5	0.0	0.0
Masvingo	96.0	8.0	2.5	1.0	4.0	8.0	13.5	5.5	5.0	0.5	0.5	4.5	0.5	0.5	1.5	1.5
Mwenezi	52.7	31.8	5.5	44.8	2.5	34.8	30.3	29.4	3.5	0.5	0.5	9.0	1.0	0.0	0.0	1.5
Zaka	98.0	21.5	24.5	15.5	47.5	60.0	74.0	69.0	10.0	0.5	0.5	2.5	0.0	6.5	1.5	2.0
Province	84.2	26.8	13.1	15.9	19.3	36.2	46.4	40.5	7.5	0.6	0.4	6.8	0.3	1.8	0.5	0.9

- The greatest proportion of households in the province (84.2%) planted the maize crop.

- Chivi (47%) had the greatest proportion of households which planted sorghum.

- Mwenezi (44.8%) had the greatest proportion of households that planted pearl millet.

Proportion of Crop Affected by FAW

District	Maize (%)	Cotton (%)	Sorghum (%)	Finger millet (%)	Cowpeas (%)	Pearl millet (%)	Soya beans (%)	Sugar beans (%)	Tubers (%)	Tobacco (%)	Round-nuts (%)	Ground-nuts (%)	Wheat (%)	Sunflower (%)	Paprika (%)
Bikita	63.91	12.9	2.9	0	12.5	14.0	1.0	4.2	0	0	0	25	0	0	0
Chiredzi	82.54	16.1	0	0	25.0	3.7	3.1	0	4.6	0	0	18.4	0	0	0
Chivi	84.29	39.5	0	16.7	12.5	4.4	2.1	0	0	0	0	25.0	0	0	0
Gutu	52.00	0	3.7	0	0	6.3	1.2	0	5.3	0	0	100.0	0	0	0
Masvingo	77.71	0	25.0	0	0	7.1	0	0	20.0	0	0	28.6	0	0	0
Mwenezi	76.32	37.5	20	16.4	0	10.5	10.7	3.3	0.0	0	0	6.3	0	0	0
Zaka	94.19	0	2.5	0	3.9	0	0	1.2	0.0	0	0	25.0	0	0	0
Province	74.0	20.0	19.0	4.0	6.0	8.0	0	5.0	5.0	0	2.0	2.0	0	0	0

- In Masvingo province, the maize crop was highly affected by FAW (74%), followed by cotton (20%) and sorghum (19%).

- In Gutu, all the groundnuts were affected by the FAW.

FAW Management and Control Measures
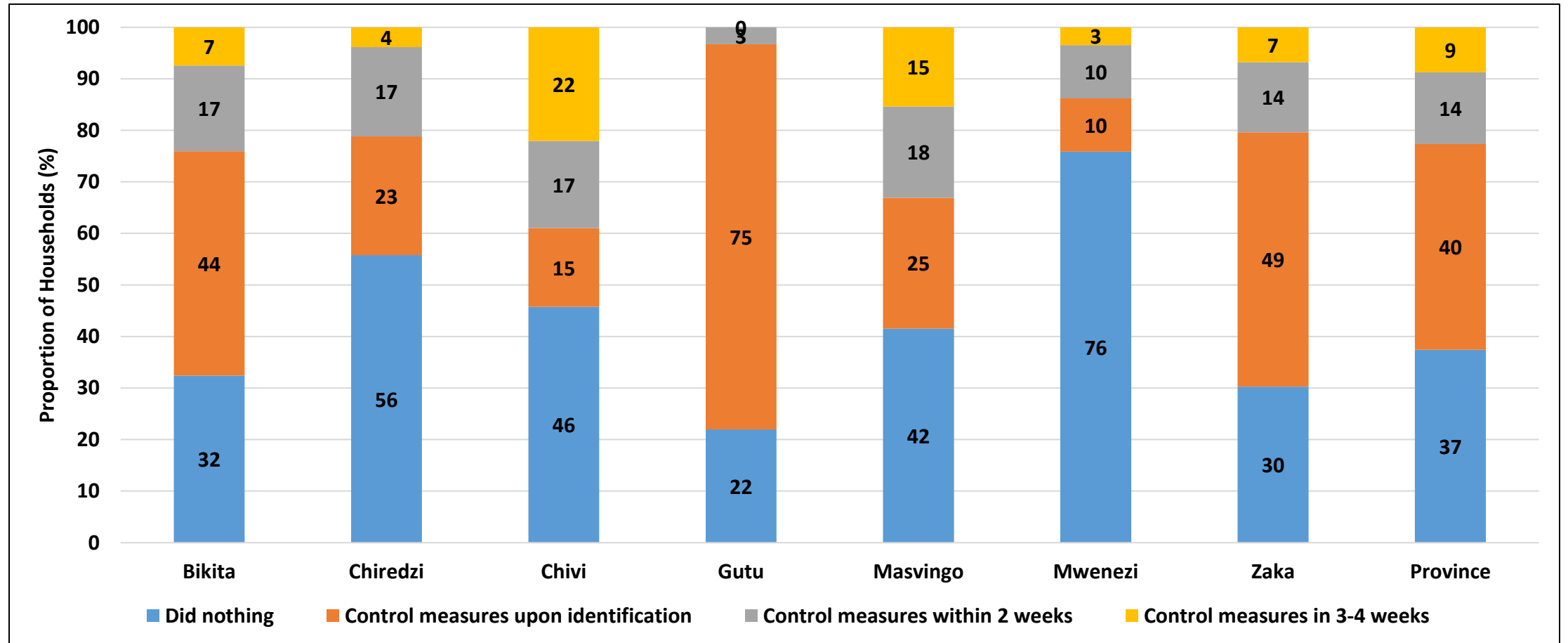
- Mwenezi had the greatest proportion of households(76%) which did nothing in the management and control of FAW.
- Across the province 40% of households reported controlling and managing FAW upon identification and Gutu district (75%) had the greatest proportion.

Success of Management and Control of FAW
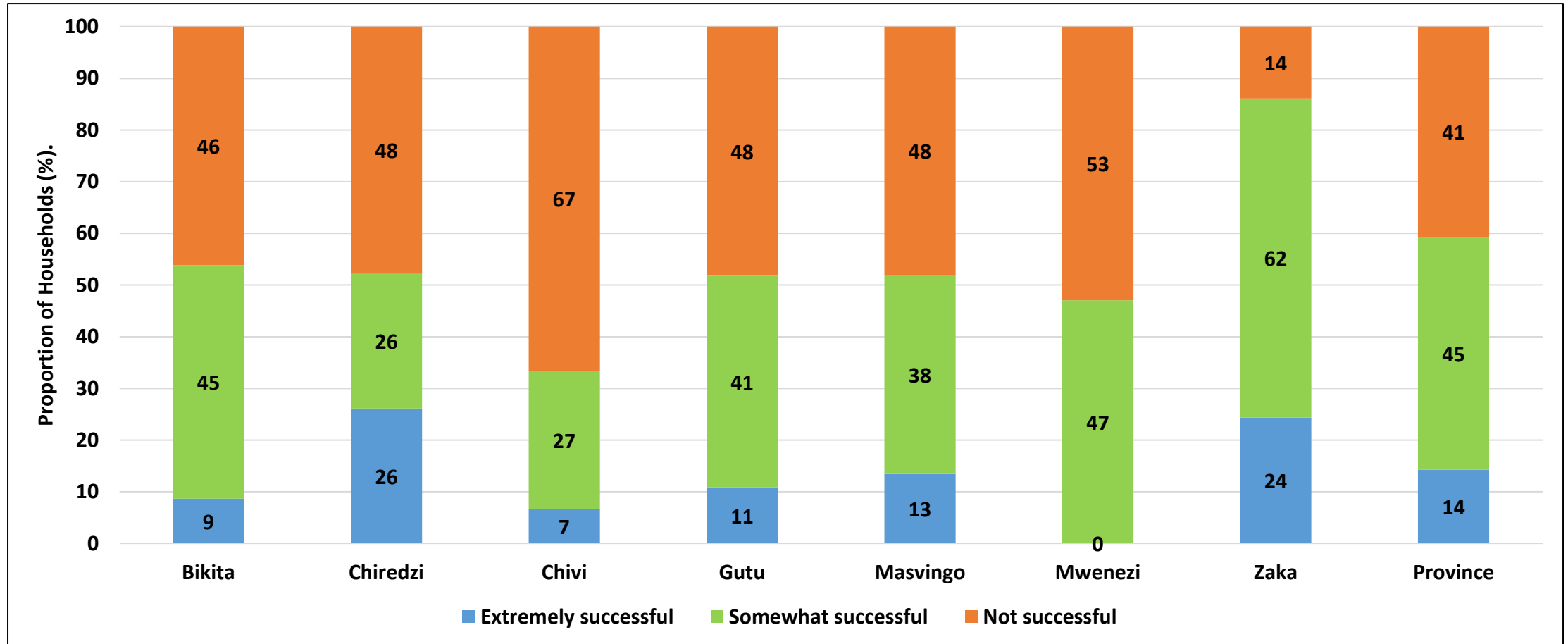
- Chiredzi (26%) had the greatest proportion of households which reported management and control measures that were extremely successful while Chivi (7%) had the lowest.

Average Harvest of Maize and Small Grains
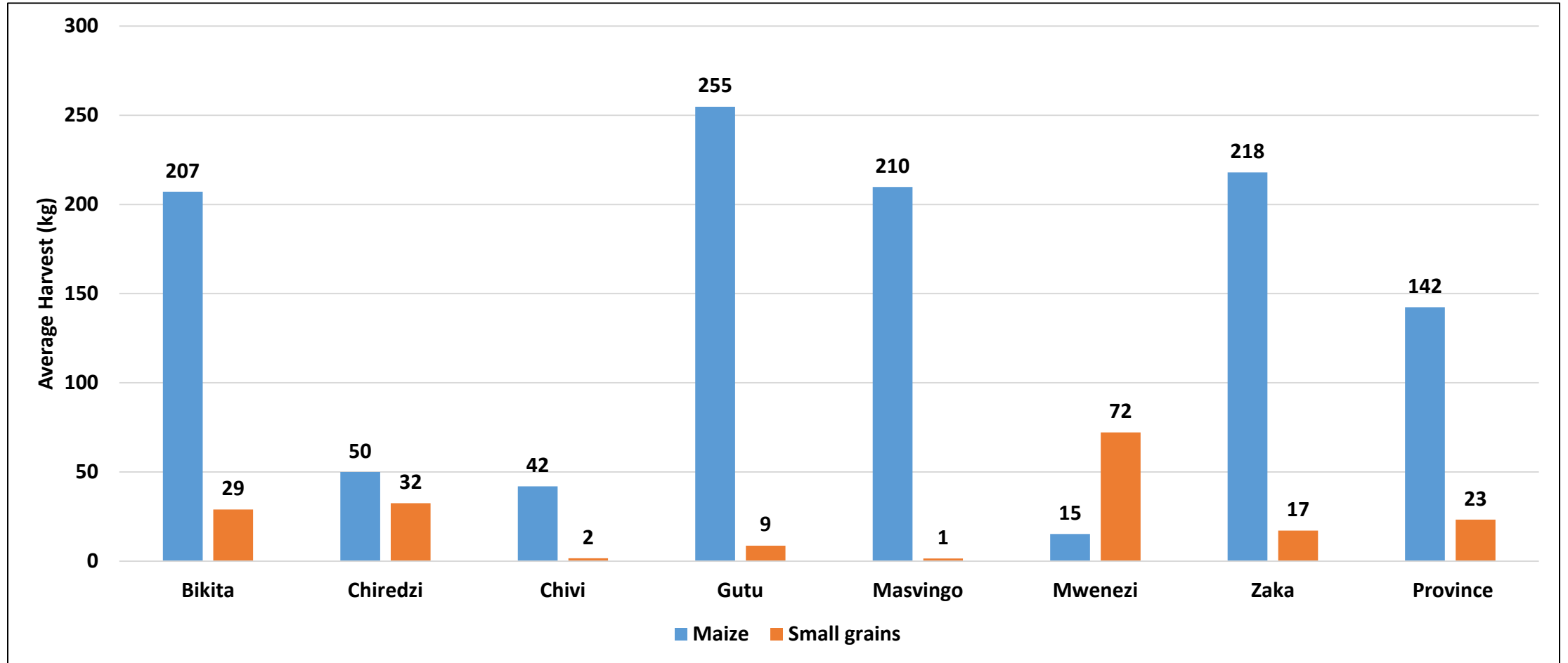
- Gutu had the highest average harvest for maize at 255kg per household

- Mwenezi had the highest average of harvest for small grains per household at 72kg

- The provincial average for maize and small grains harvest was 142kg and 23kg respectively

Average Household Cereal Stocks

District	Stocks of maize (kg)	Stocks of sorghum (kg)	Stocks of finger millet (kg)	Stocks of pearl millets (kg)	Stocks of wheat (kg)	Stocks of rice (kg)
Bikita	62.0	1.6	2.3	1.4	0.7	0.1
Chiredzi	62.9	23.3	1.0	9.7	0.3	0.5
Chivi	30.5	4.2	0.5	0.0	0.0	0.5
Gutu	56.8	1.4	0.9	0.5	0.0	0.2
Masvingo	72.3	0.9	0.6	11.3	0.0	0.2
Mwenezi	47.5	1.7	0.9	12.6	0.0	0.2
Zaka	44.5	0.9	2.1	0.7	0.0	0.2
Province	53.8	4.9	1.2	5.2	0.1	0.3

- As at 1 April 2020, the provincial average household stock of maize stood at 53.8kg . Stocks were highest in Masvingo district with an average of 72.3kg .
- Household sorghum stocks were high in Chiredzi at 23.3kg
- The average household stock for all other crops was less than 20kg.

Food Received through Providing Casual Labour

District	Maize (kg)	Sorghum (kg)	Finger millet (kg)	Pearl millet((kg)	Wheat (kg)	Rice (kg)
Bikita	51.2	3.0	1.3	2.0	0.0	7.4
Chiredzi	20.3	4.4	0.3	3.0	0.0	0.1
Chivi	26.4	1.3	0.1	0.3	0.0	0.1
Gutu	23.8	0.5	0.2	0.5	0.0	0.0
Masvingo	40.7	12.5	0.2	0.0	0.2	0.0
Mwenezi	32.5	4.0	1.4	24.6	0.0	0.0
Zaka	23.1	0.7	0.0	0.5	0.1	0.3
Province	31.2	3.8	0.5	4.4	0.0	1.1

- Bikita (51.2kg) had the highest average quantity of maize per household, received for providing casual labour.

- Masvingo district (12.5kg) had the highest quantity of sorghum received for providing casual labour while Mwenezi (24.5kg) had the highest quantity of pearl millet received.

Prices of Cereals in ZWL$

District	Maize Grain	Maize Meal	Sorghum	Pearl Millet	Finger Millet
Bikita	-	402	299	302	394
Chiredzi	468	425	432	424	
Chivi	436	392	361	361	361
Gutu	501	450	-	-	-
Masvingo	430	510	439	439	439
Mwenezi	529	463	463	571	659
Zaka	499	485	805	966	966
Province	474	441	405	420	470

- The average maize grain price in the province was ZWL$474 a bucket, and the highest price was in Mwenezi (ZWL529).

- Small grains were highly priced in Zaka with finger millet and pearl millet sold at ZWL$966 a bucket.

Prices of Cereals in USD
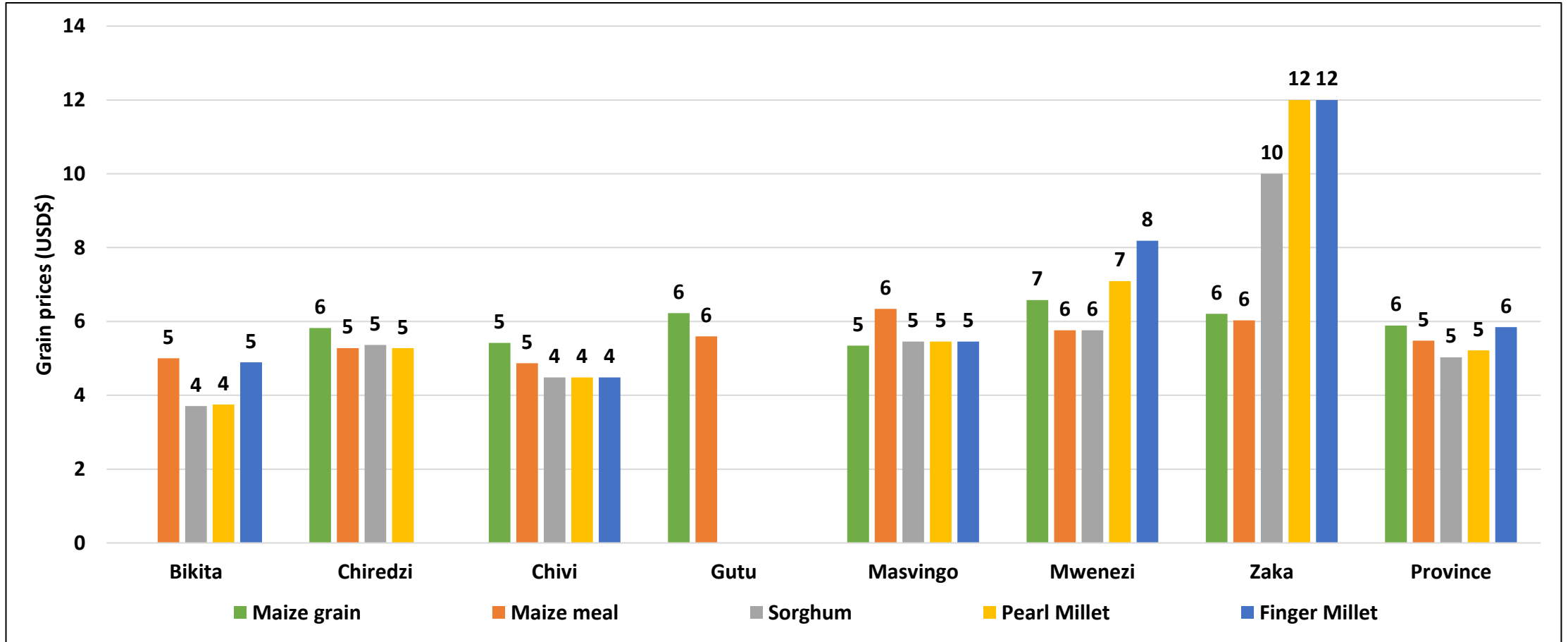
- The highest price for maize grain in USD was in Mwenezi at $7 USD while maize meal price was highest in Gutu (USD6) per 10kg packet.

- Small grains were on the expensive side with a bucket of sorghum and pearl millet selling at USD10 and USD12 respectively in Zaka.

Livestock

Mwenezi livestock & grazing condition

Livestock Prices in ZWL
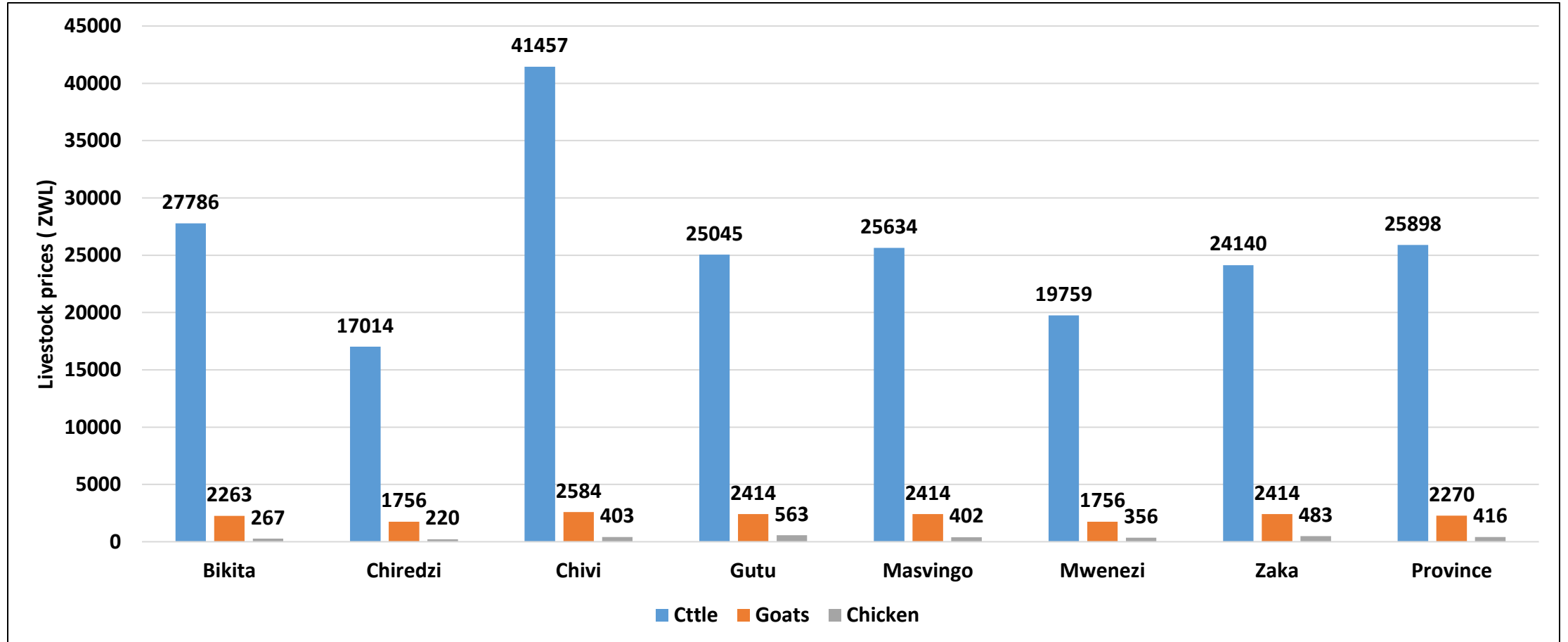
- The highest prices of livestock were reported in Chivi (ZWL$41 457) for cattle , goats (ZWL$2 584) and Gutu (ZWL$ 563) for chicken.

Average Livestock Prices in USD
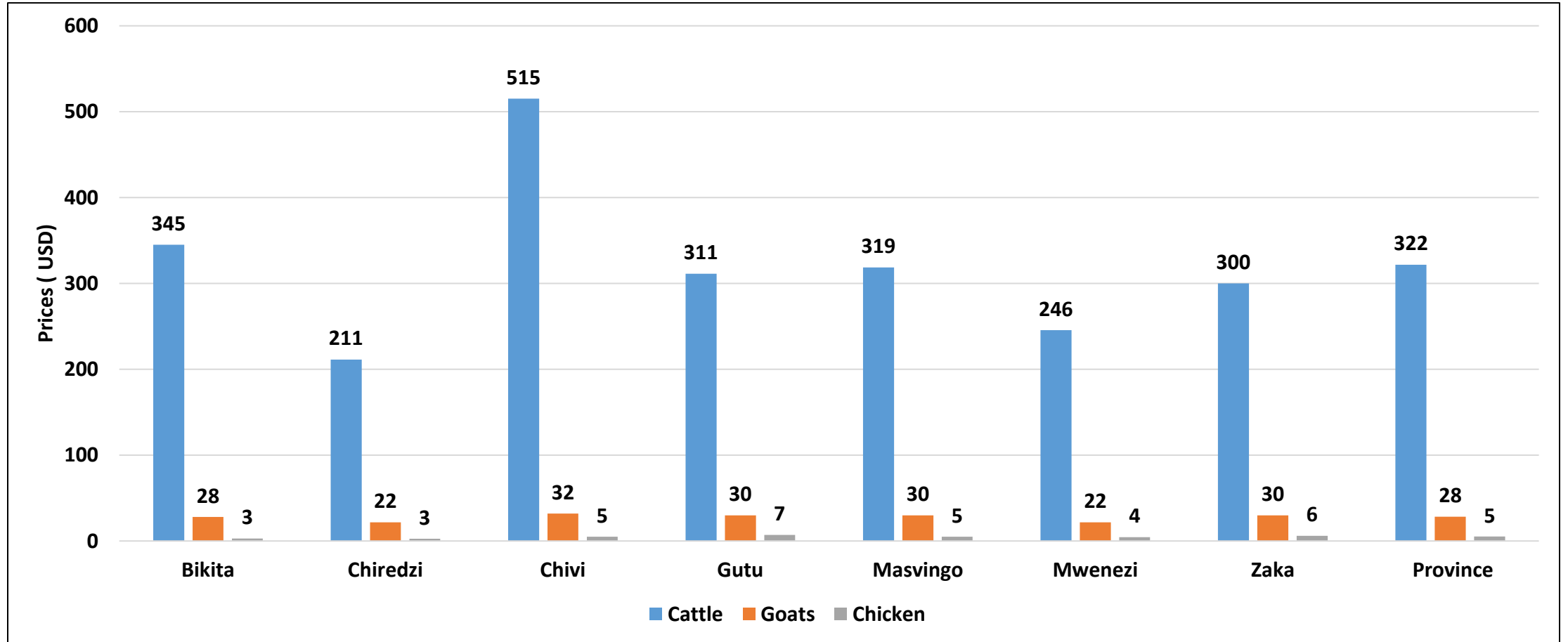
- The average prices for livestock in the province were USD5 for chicken, USD28 for a goat and USD322 for cattle.

Households which Owned Cattle
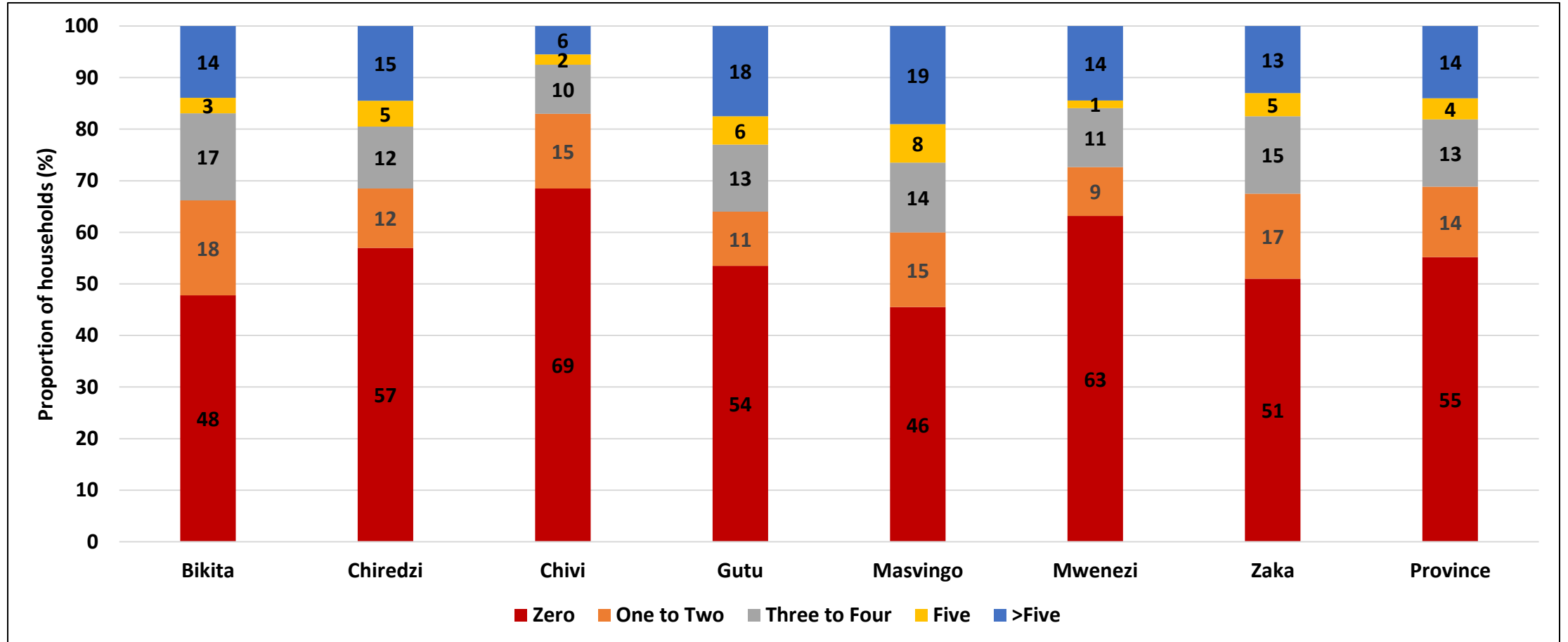
- The proportion of households with no cattle in the province is 55% and is highest in Chivi (69%).

- Masvingo (19%) had the highest proportion of the population owning more than five herd of cattle.

Households which Owned Goats
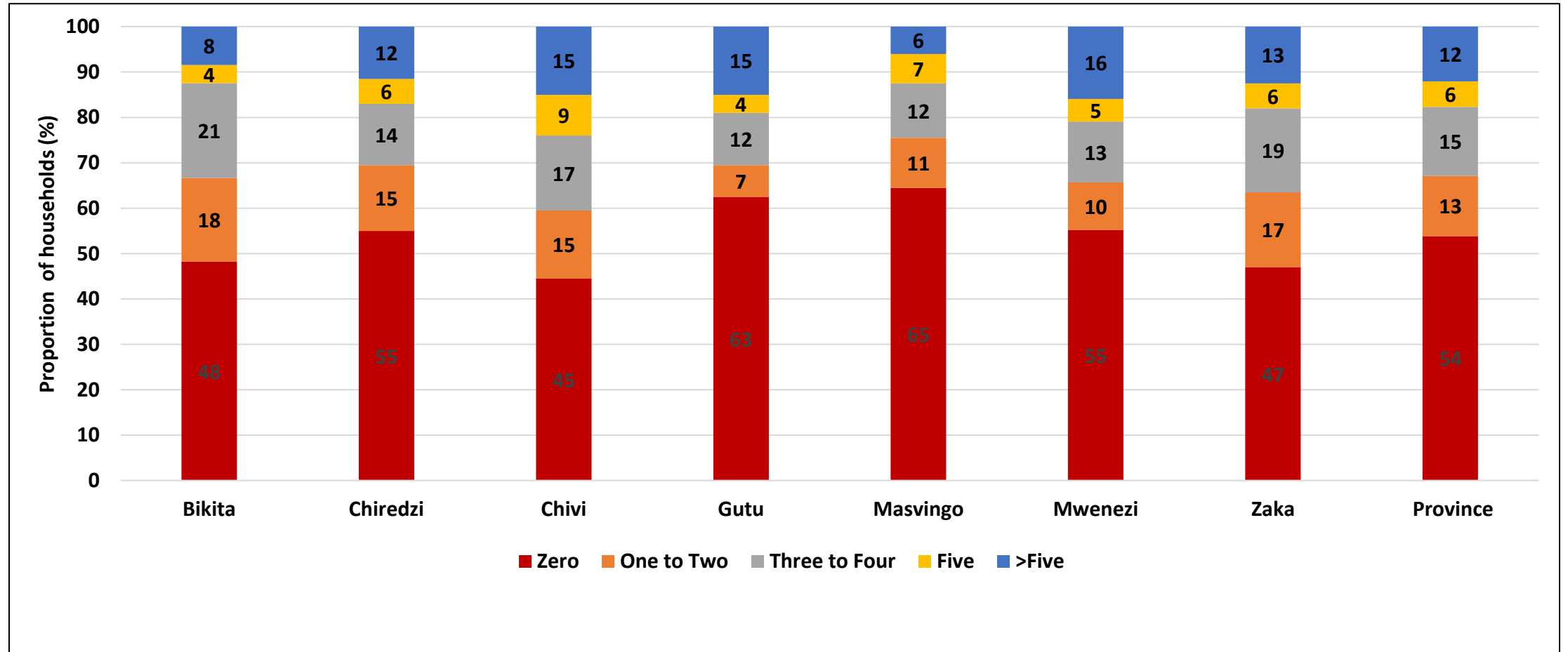
- Goats are owned by 46% of the households in the province and Mwenezi (16%) has the greatest proportion of households owning more than five goats.

Cattle and Goat Mortality
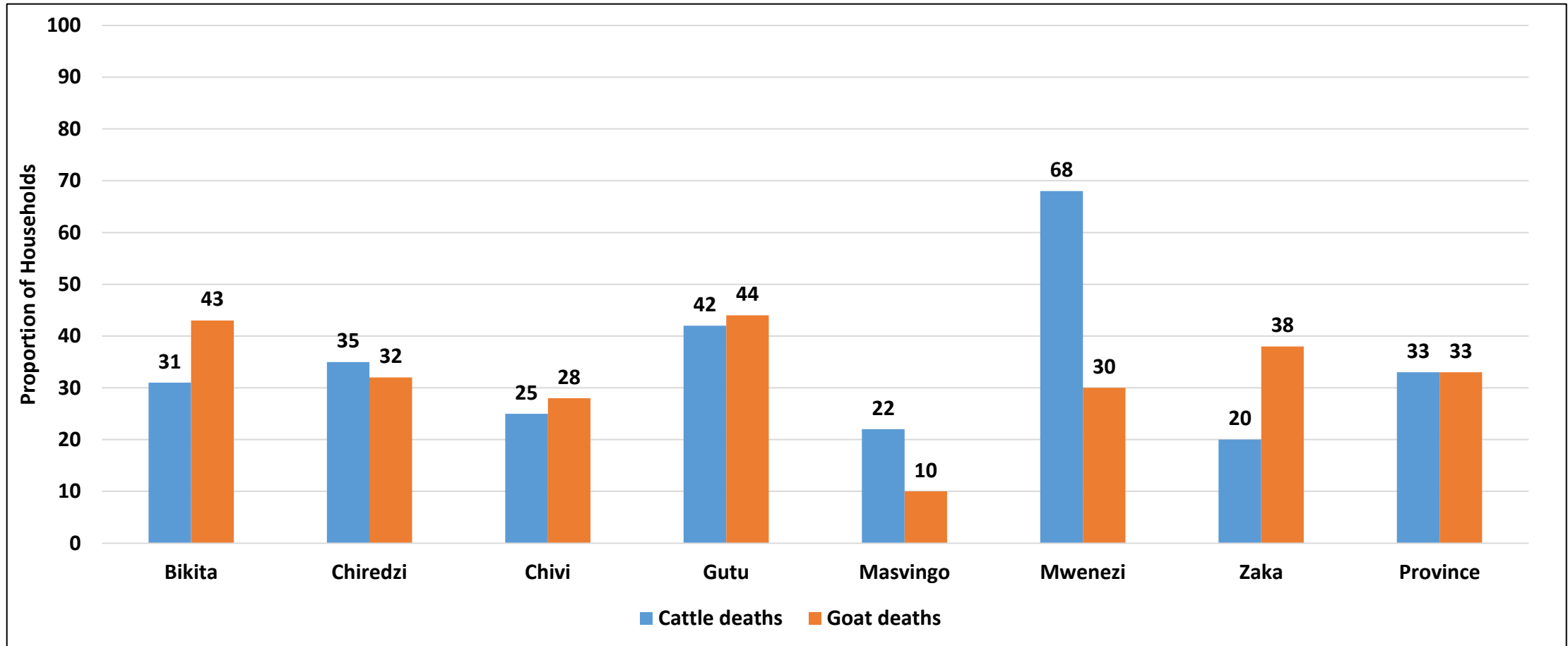
- Highest cattle mortalities were recorded in Mwenezi (68%), while those for goats were in Gutu (44%).

Causes of Cattle Deaths
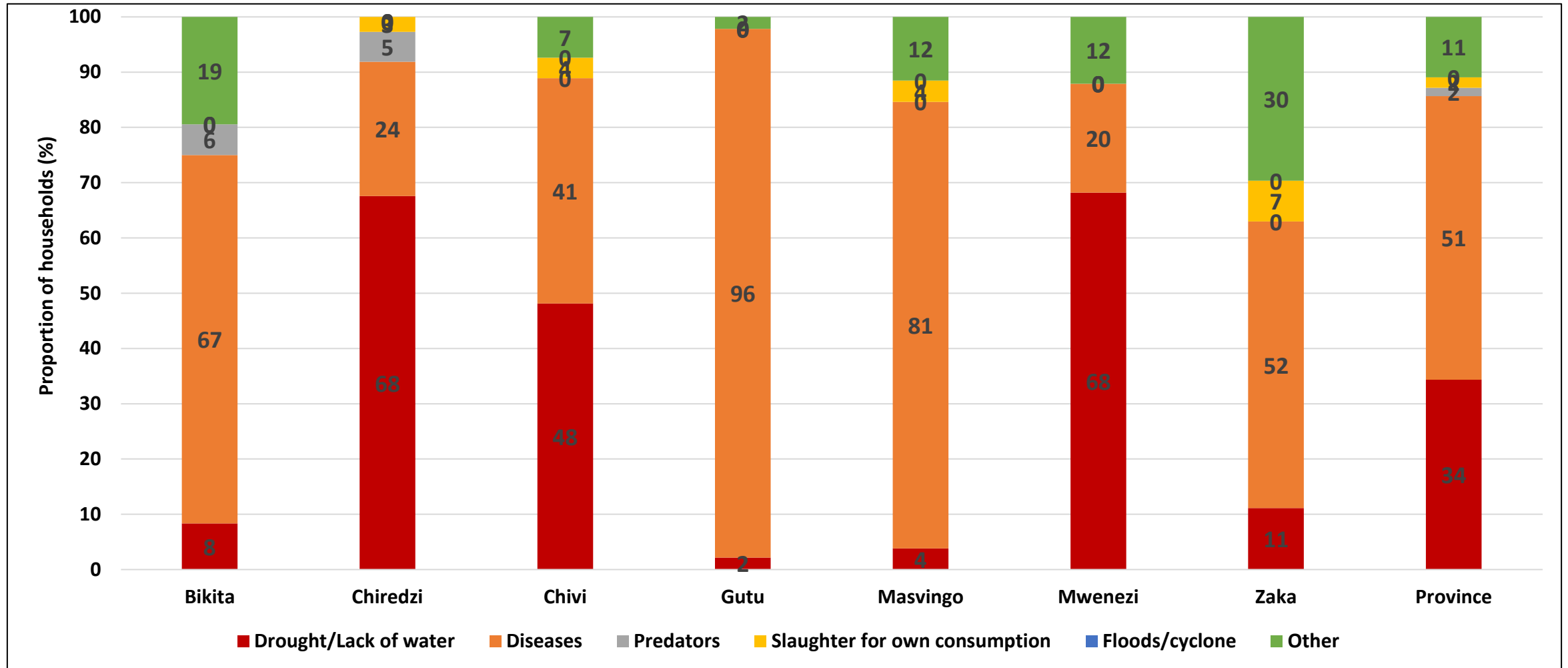
- The proportion of households whose cattle died of drought/lack of water was greatest in Chiredzi (68%) and Mwenezi (68%).

- Deaths from cattle diseases were highest in Gutu (96%) and the provincial average was 51%.

Causes of Goats Deaths
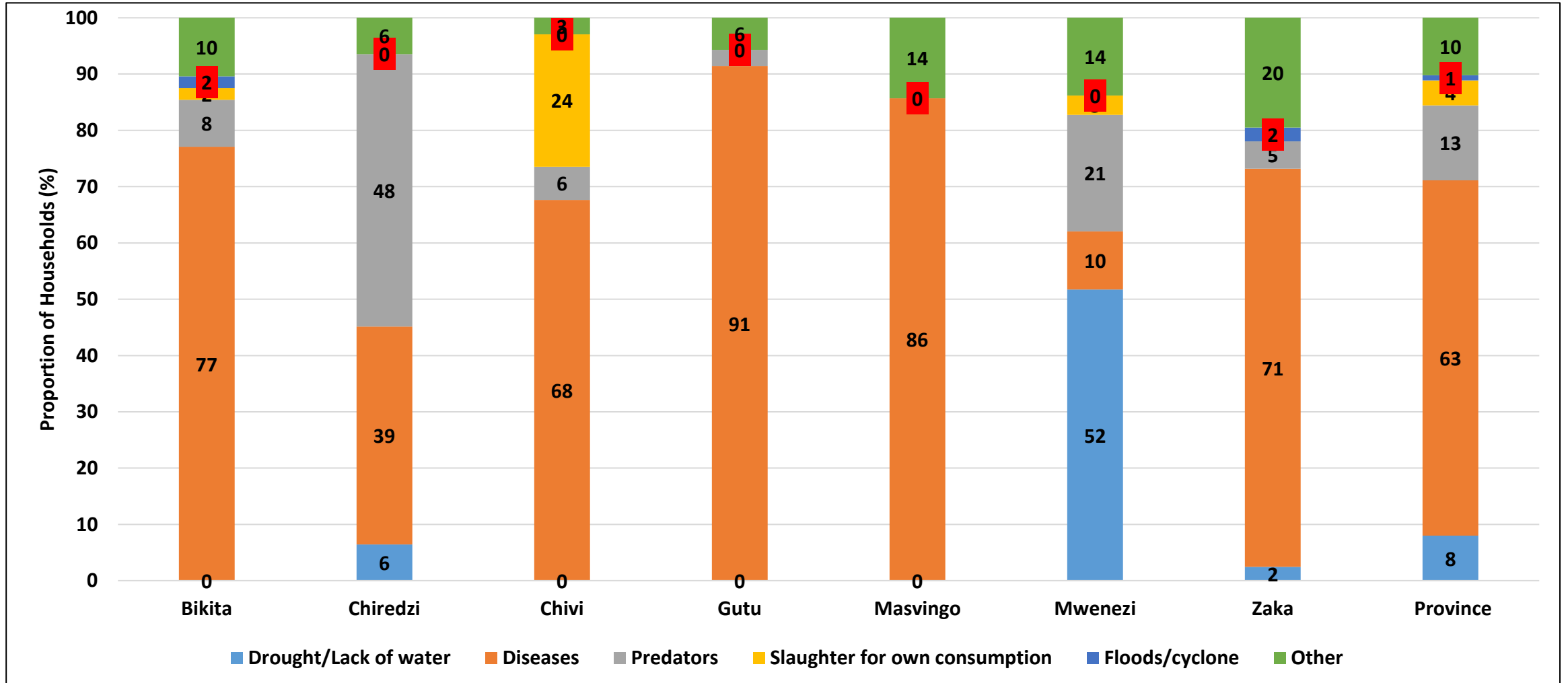
- Most goat deaths were due to diseases (63%), with the highest reported in Gutu (99%).

Agriculture Extension Services
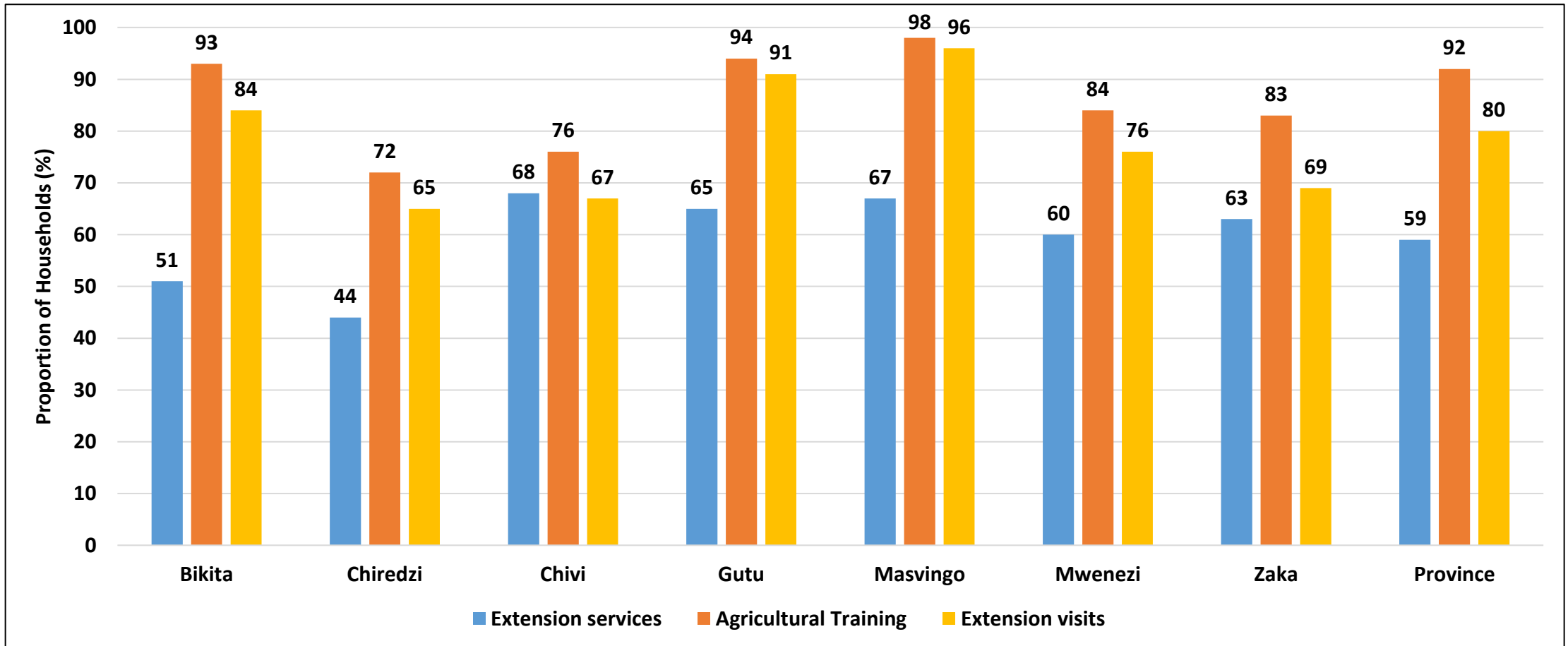
- The majority of households in the province (59%) received agriculture extension services with 92% reporting receiving training while 80% had extension visits.

Income and Expenditure

Most Important Sources of Income

District	Casual labour (%)	Formal salary/ wages (%)	Vegetables production /sales (%)	Remittance within (%)	Remittances outside (%)	Food crop production /sales (%)	Livestock production /sales (%)	Cash crop production (%)	Skilled trade/arti san (%)	Petty trade (%)	Non-state social transfers (%)	Beer brewi ng (%)	Own busine ss (%)	Gatheri ng natural product s for sale e.g. firewoo d (%)	Governme nt social transfers (%)	Other (%)
Bikita	24	11	19	15	7	3	5	3	3	0	0	2	3	1	1	3
Chiredzi	24	37	4	4	7	5	11	1	2	2	0	1	1	1	0	1
Chivi	23	1	20	8	6	0	2	0	3	3	12	1	5	3	8	5
Gutu	18	8	9	24	6	16	2	0	1	1	0	8	1	1	0	1
Masvingo	28	7	10	11	7	11	1	14	1	1	0	1	0	1	1	0
Mwenezi	25	14	13	3	6	5	8	3	3	3	3	1	3	3	1	3
Zaka	21	9	10	17	12	6	9	0	6	6	0	1	0	2	0	0
Province	23	12	12	11	7	6	5	3	3	3	2	2	2	1	1	2

- In the province most households continue to rely on casual labour as the most important source of income (23%), followed by salary/ wages (12%) and vegetable production/sales (12%).

Average Household Monthly Income (ZWL$)
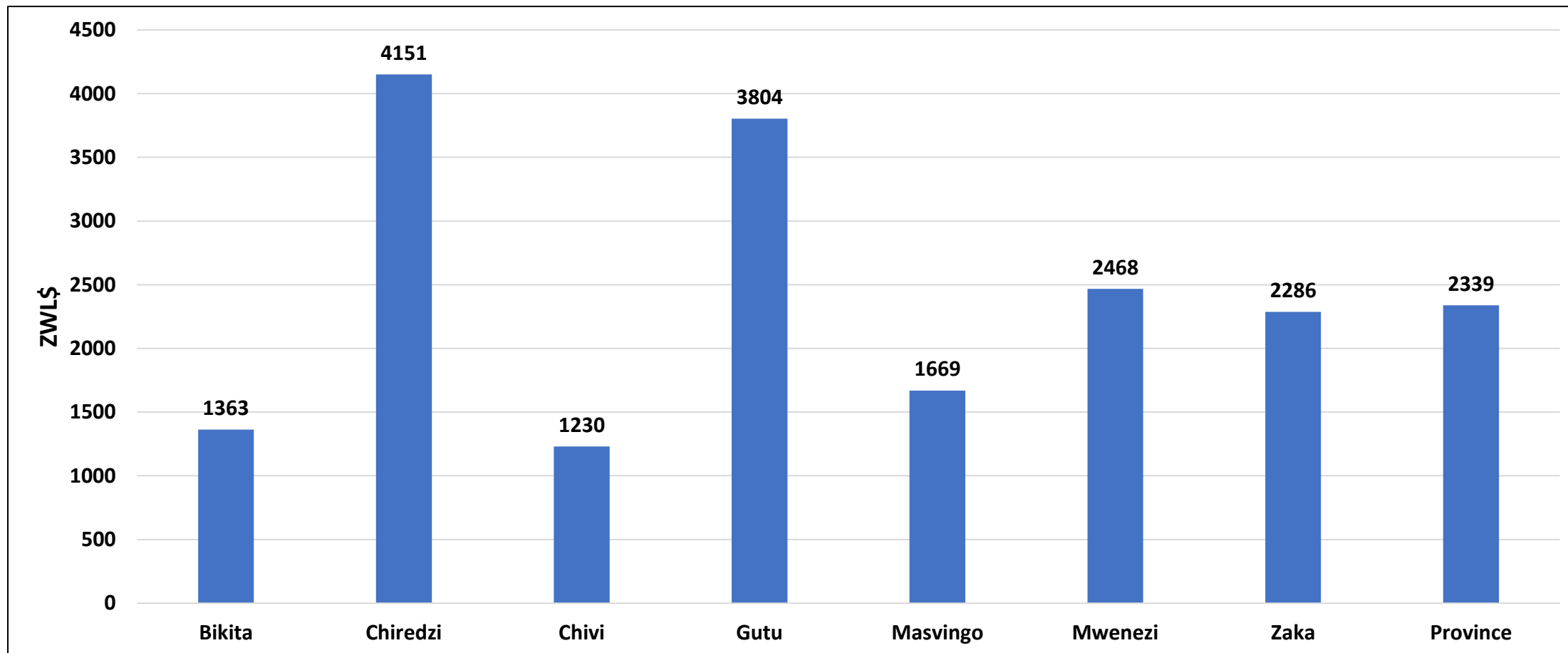

- The average monthly income in the province was ZWL$2,339.

- The lowest average monthly income was in Chivi (ZWL$ 1,230) while Chiredzi reported the highest average monthly income (ZWL$4,151).

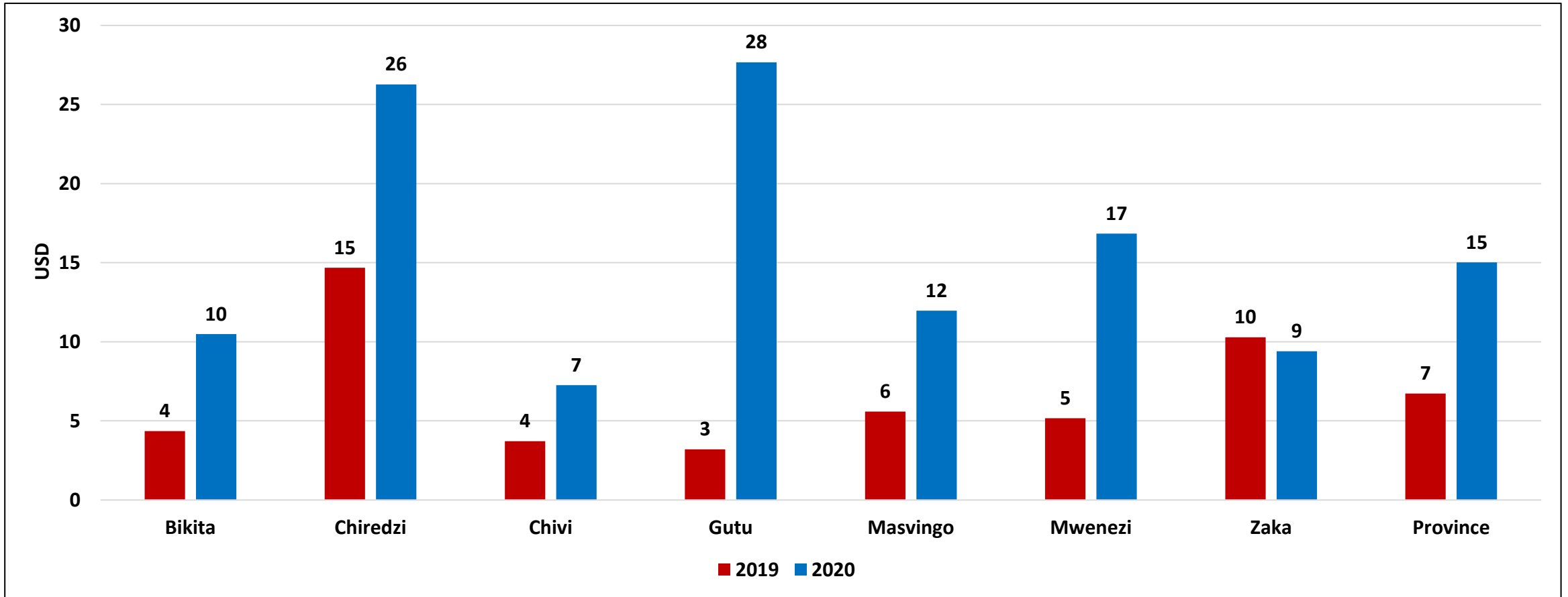# Average Household Monthly Income (USD)
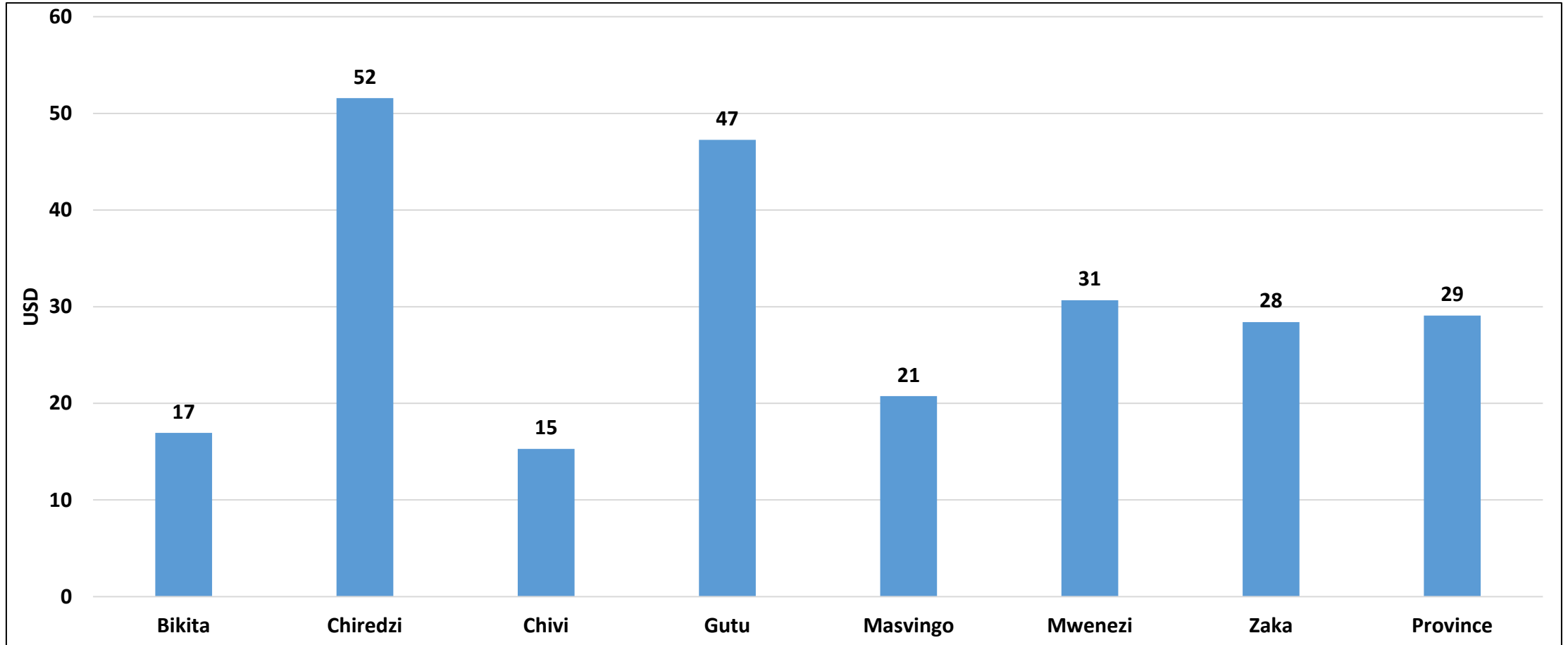
- The average household monthly income in USD was USD29 in the province, Chivi had the lowest monthly income of USD15.

Average Household Monthly Expenditure (ZWL$)
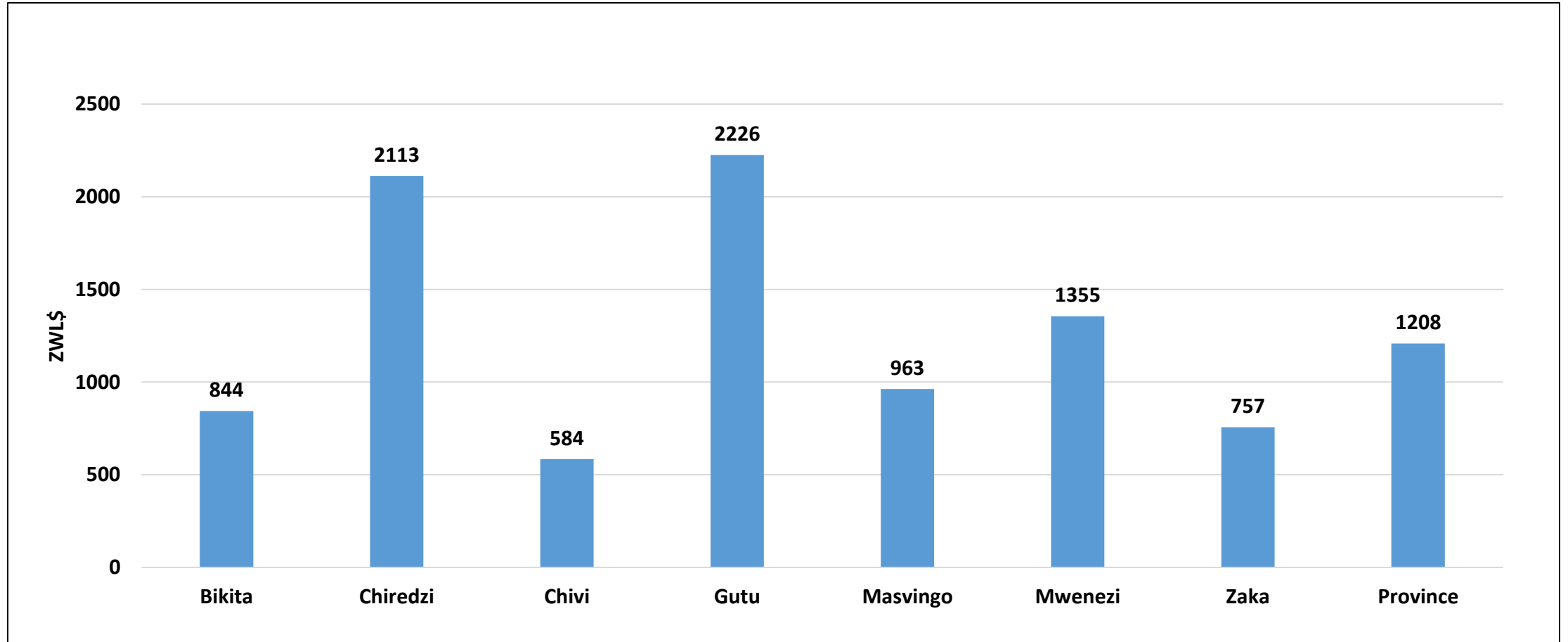
- Average household monthly expenditure for the month of June was ZWL$1208 .
- Gutu reported the highest average household monthly expenditure (ZWL$2,226) while the least average monthly expenditure was reported in Chivi (ZWL$584).

Average Household Monthly Expenditure (USD)

- The average household monthly expenditure (USD) was USD15, an increase from the USD7 reported in 2019.
- Gutu district had the highest monthly expenditure (USD28) while Chivi had the least (USD7).

Average Household Six Month Expenditure (ZWL$)
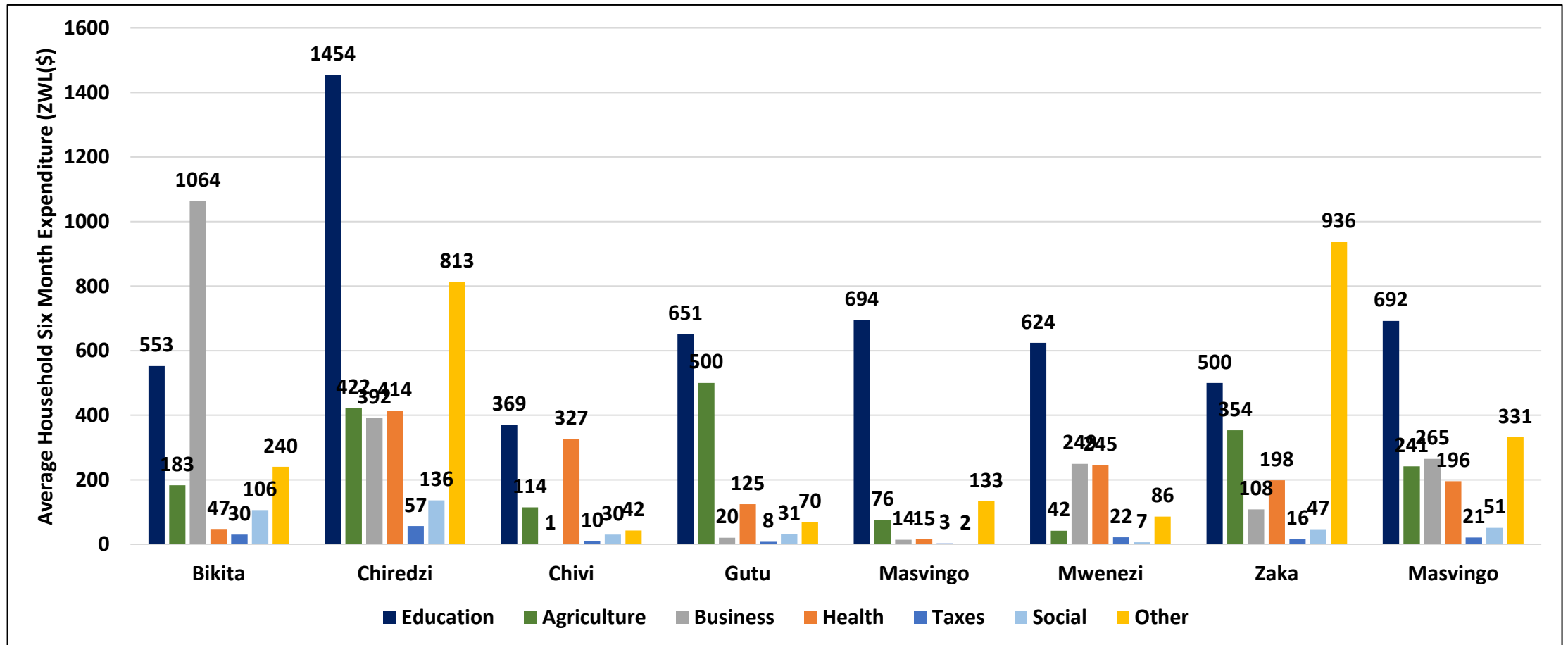
- Expenditure on productive sectors such as agriculture, was relatively lower than expenditure on other non productive sectors like education.

Food Expenditure
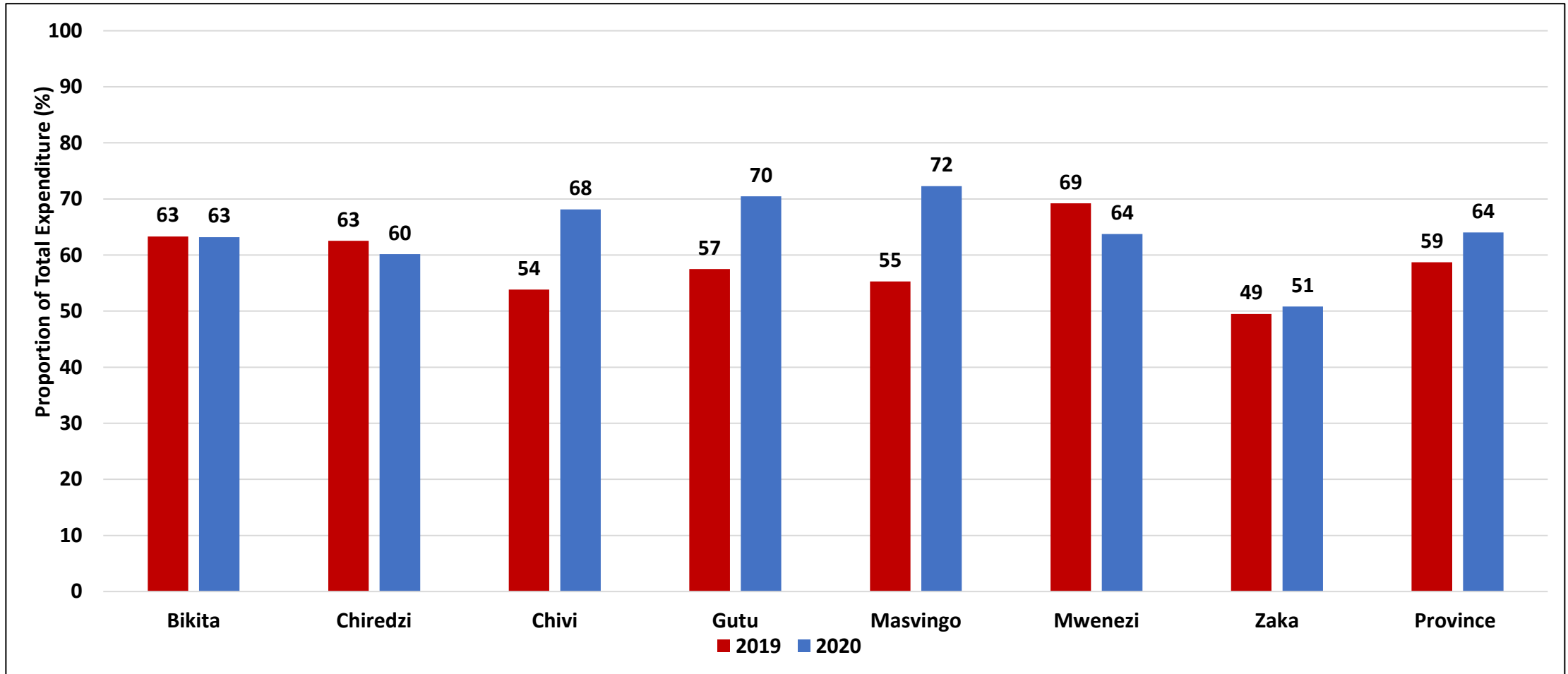
- The proportion of food expenditure was 64% in the province; an increase from 59% reported in 2019, indicating possible increase in levels of vulnerability.
- This implies that households had less to spend on other essential services such as health and education.

Water, Sanitation and Hygiene

Ladder for Drinking Water Services

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

Note :

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

Access to Improved Water
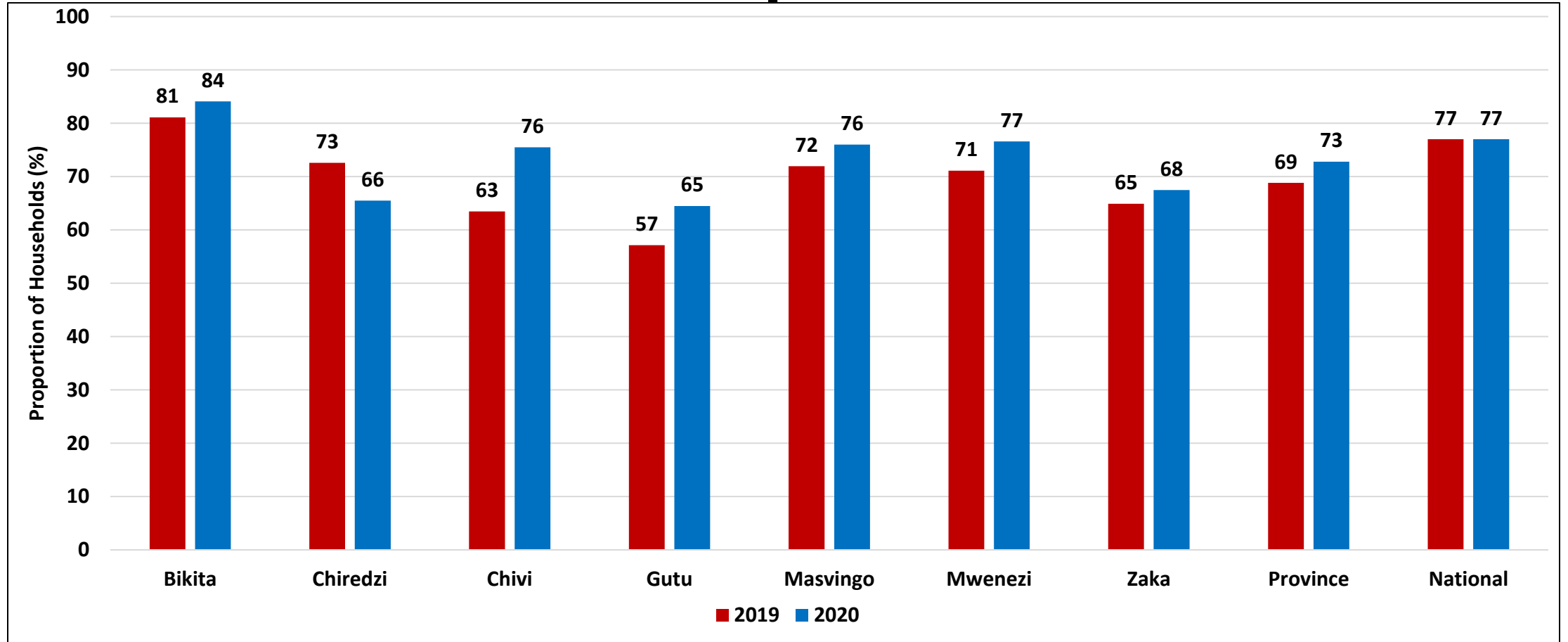
- Improved water incorporates water sources from safely managed, basic and limited water services.
- Access to improved drinking water has remained constant over the two years at national level (77%) while there was a marginal improvement at provincial level from 69% to 73%.

# Main Drinking Water Services
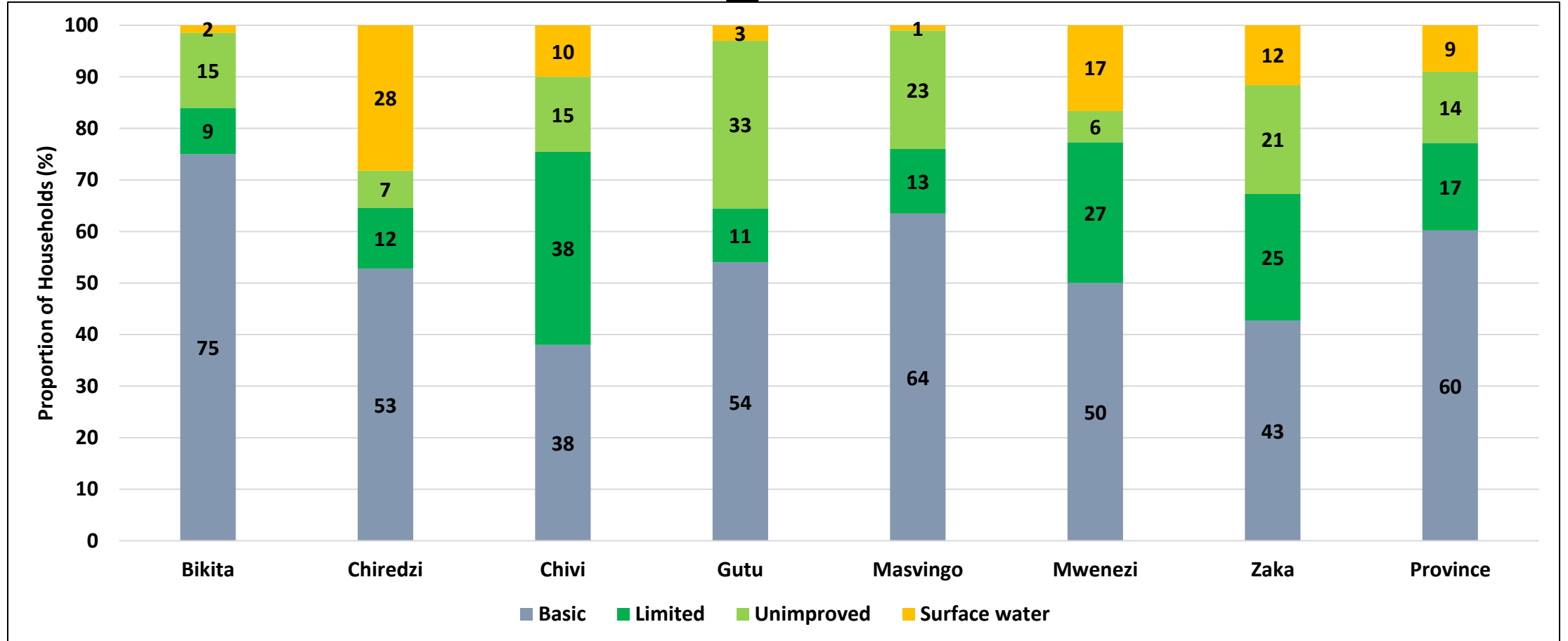
- Bikita (75%) had the greatest proportion of households using water from basic sources.

- Fourteen percent of households in the province use water from unimproved water sources and Gutu (33%) had the largest proportion.

Households Drinking Surface Water
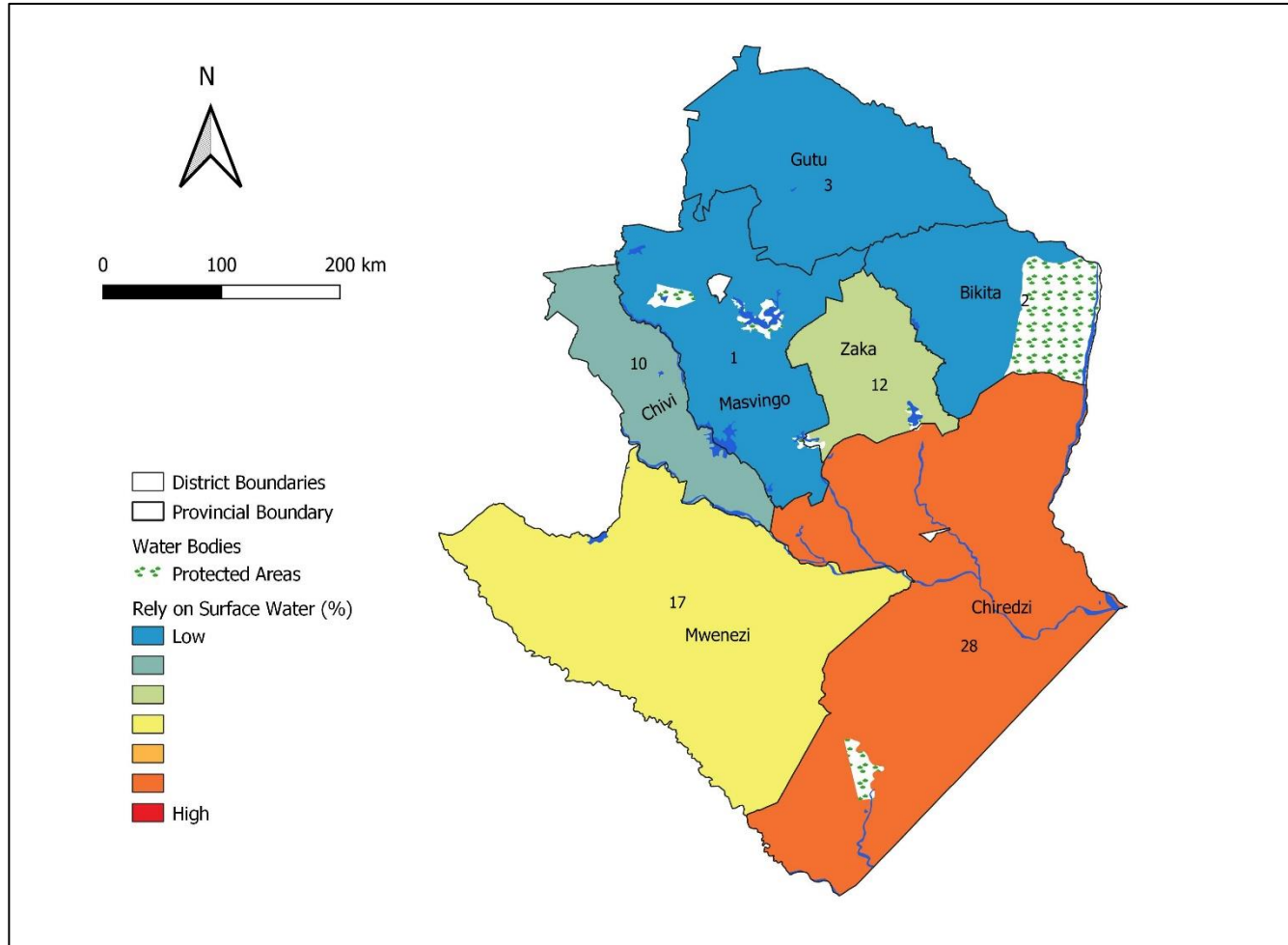
- The greatest proportion of households using surface water was in Chiredzi (28%), followed by Mwenezi (17%).
- Masvingo (1%) had the least proportion of households using surface water sources.
- Surface water sources are easily polluted or contaminated with chemicals, faecal matter and microorganisms that cause waterborne diseases.
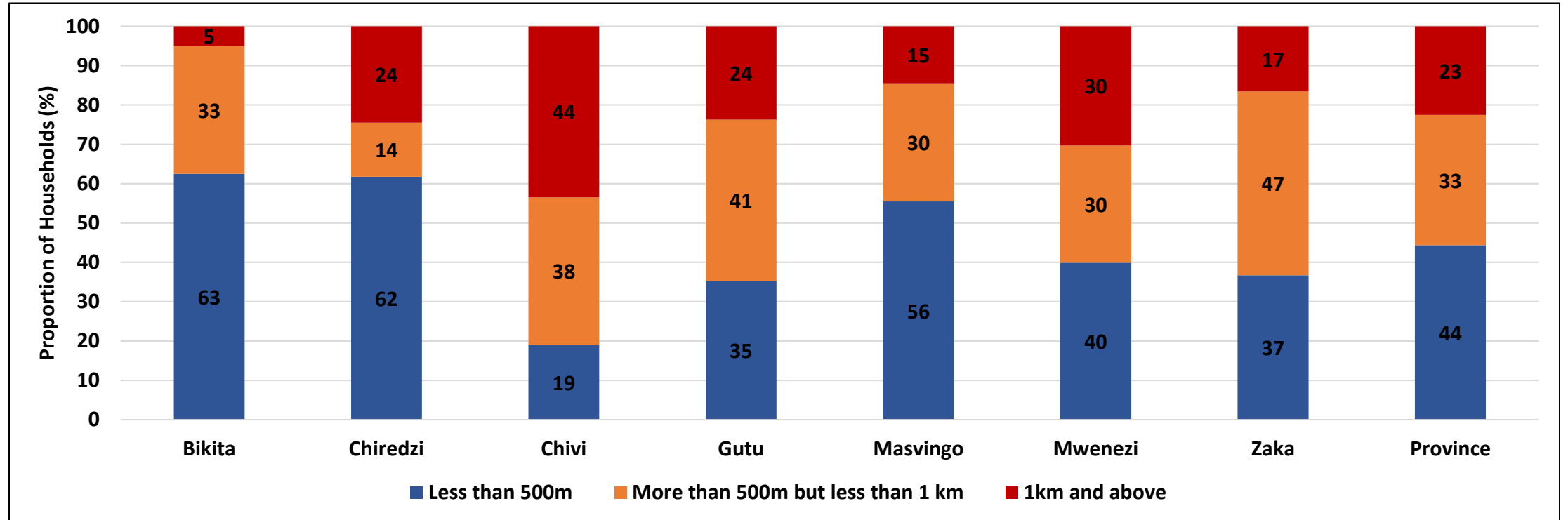
Treatment of Drinking Water
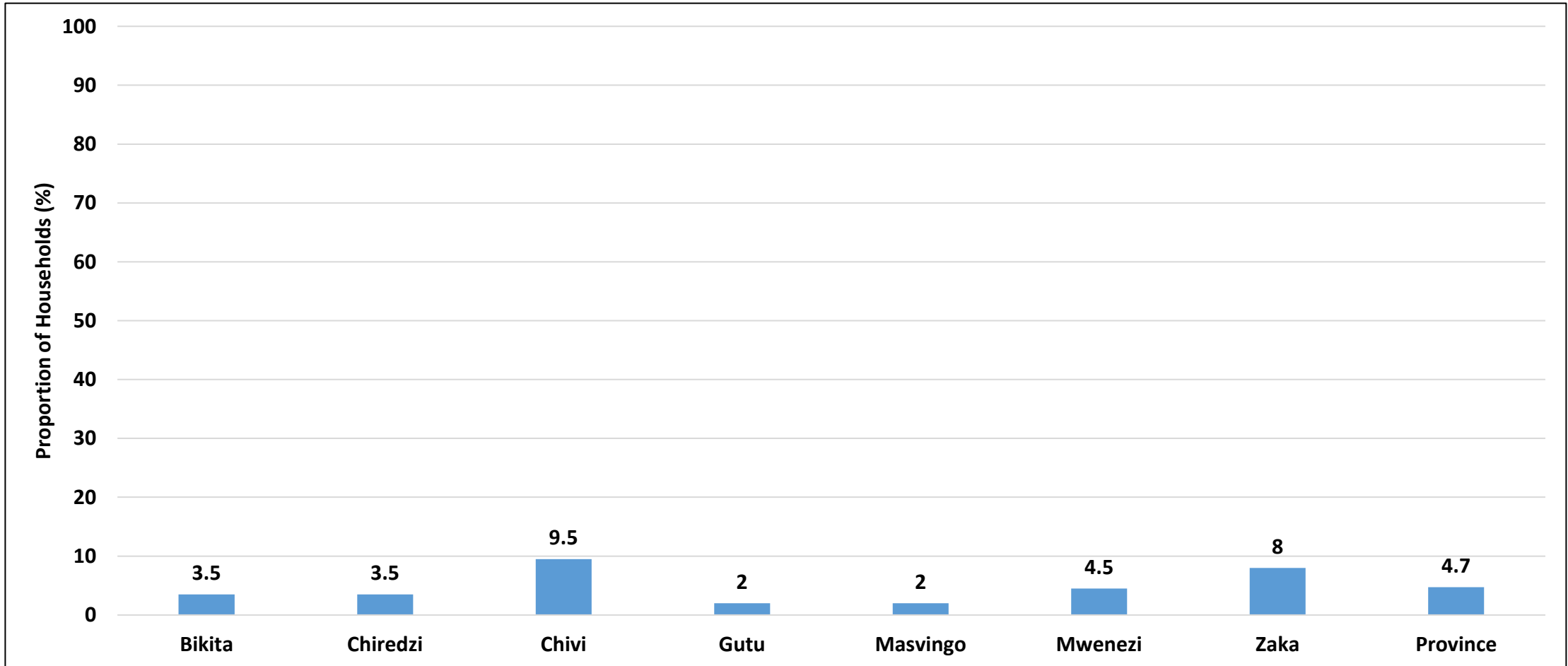
- The proportion of households treating their drinking water was very low across all districts in the province.

- Chivi (9.5%) had the highest proportion of households who reported treating their water before use.

Distance Travelled to Main Water Source

- Masvingo province had 44% of households accessing water within 500m ,while Bikita (63%) had the greatest proportion of households in the same category.

- Chivi (44%) had the almost half of the households travelling more than a kilometer to main water source and this might lead to limited availability of water for hygienic needs.

# Prevalence of Violence at Water Points
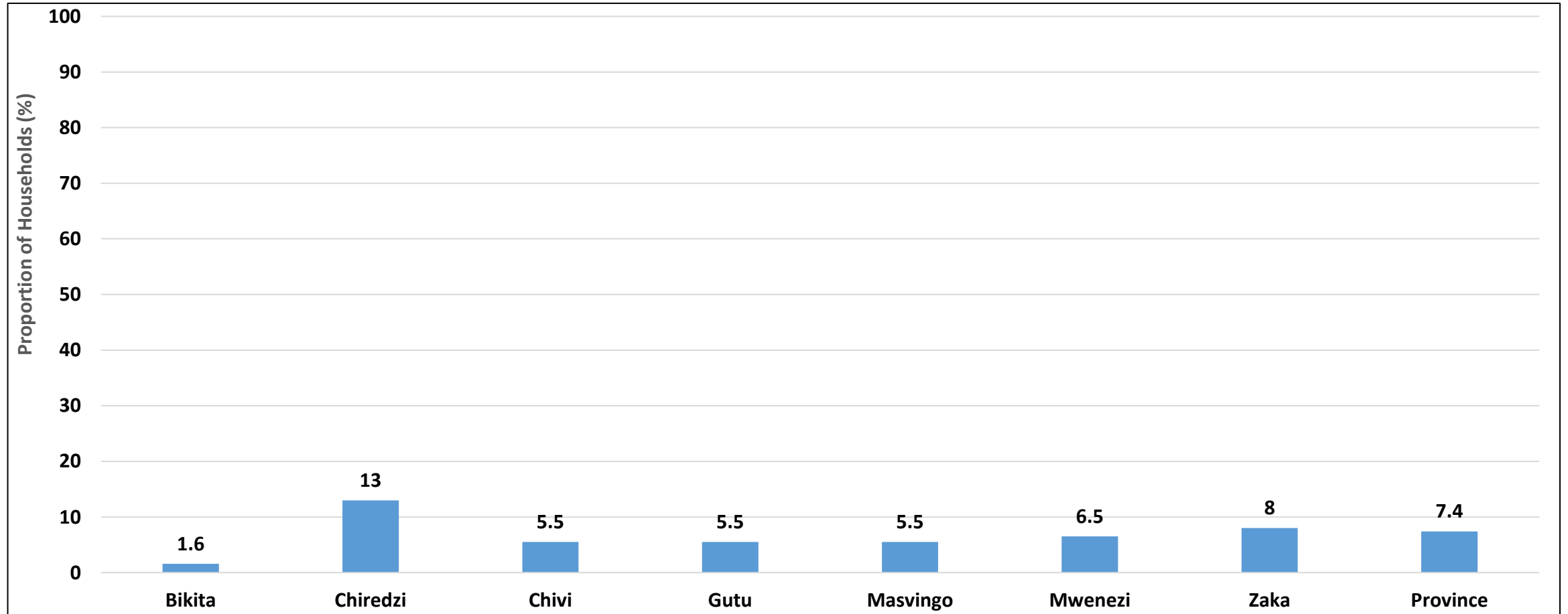
- The proportion of households that reported occurrence of violence at their water sources was 7.4% in the province.

- Chiredzi district (13%) had the greatest proportion of households reporting occurrence of violence at their sources of water.

Ladder for Sanitation

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

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

Household Sanitation Services
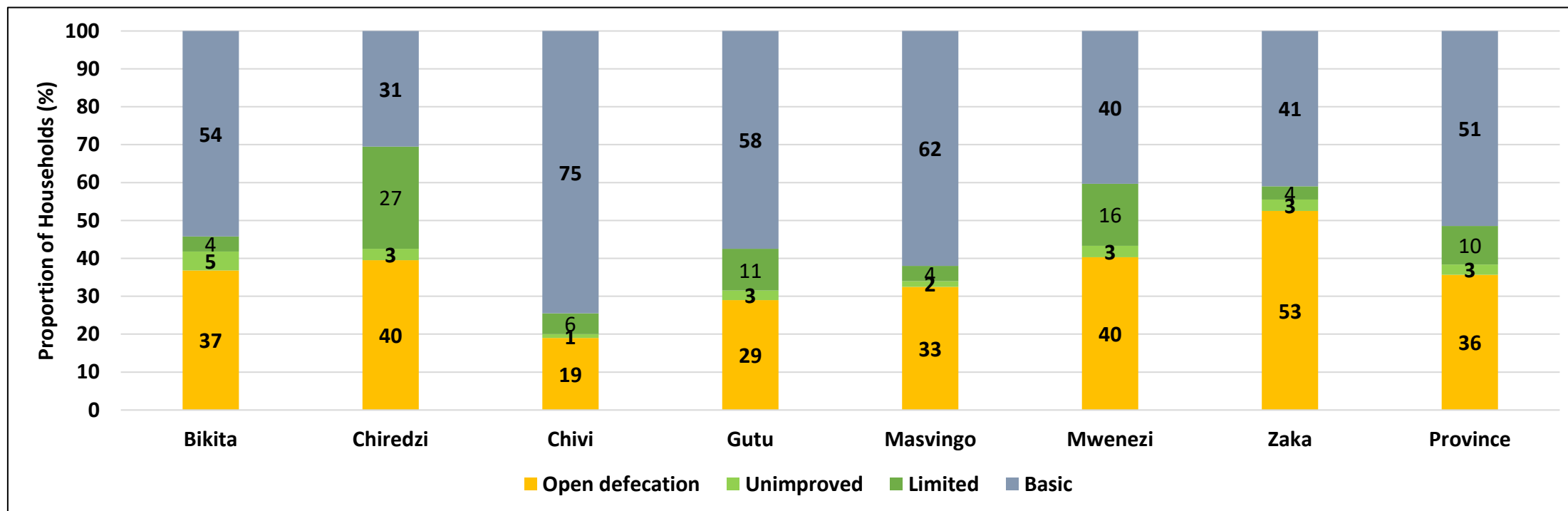
- The proportion of households which accessed basic sanitation services in the province was 51%.

- Bikita had a slightly higher proportion of households (5%) using unimproved sanitation services.

- Open defecation was practiced by 36% of households in the province, with the highest proportion being in Zaka (53%).

Open Defecation
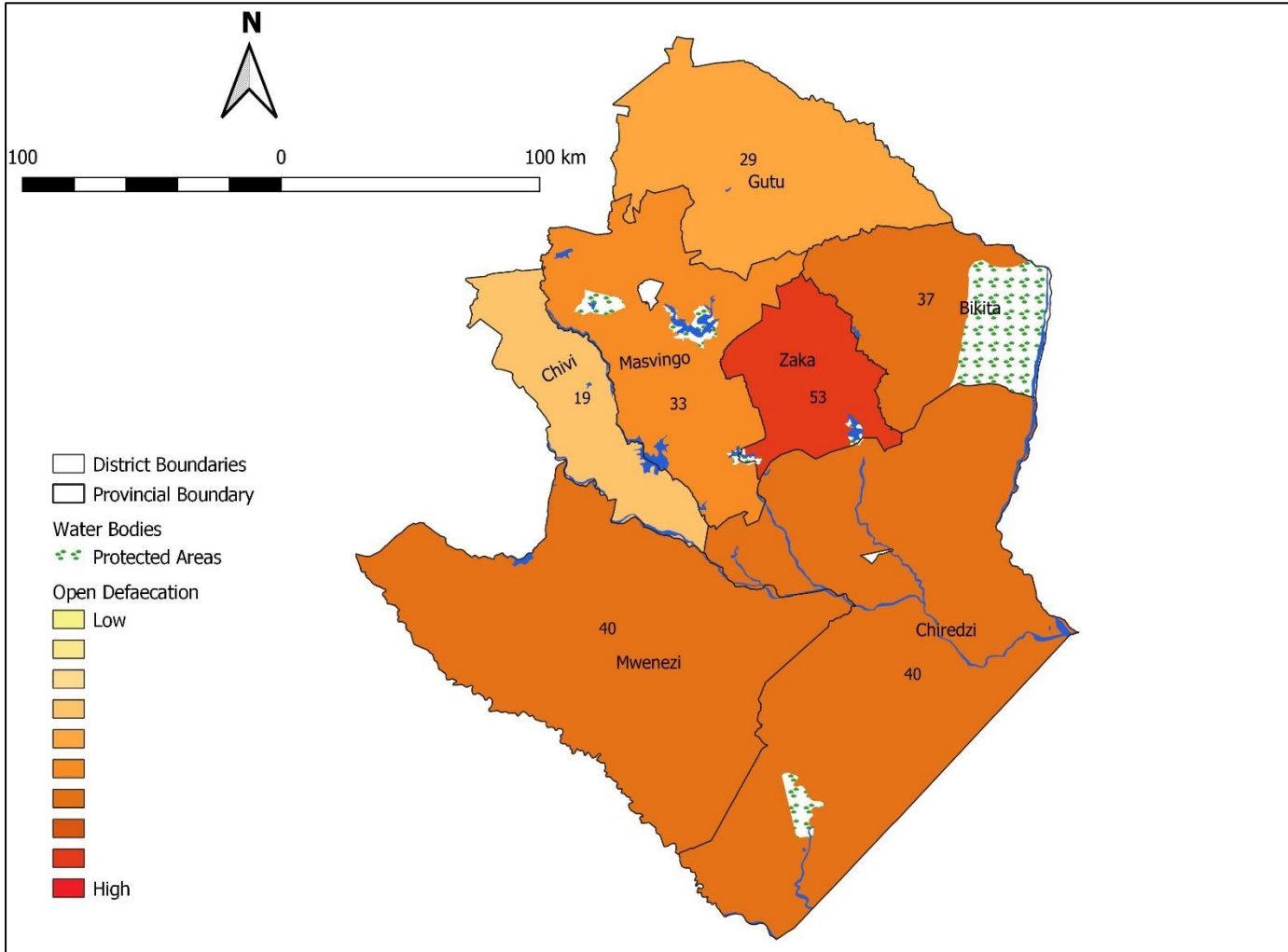
- Open defecation is practiced by a number of households in the province.
- Zaka (53%) had the greatest proportion of households practicing open defecation.
- Open defecation increases the risk of the spread of infectious diarrhoeal diseases such as cholera.

Ladder for Hygiene

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

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

Availability of Hand Hygiene Facilities
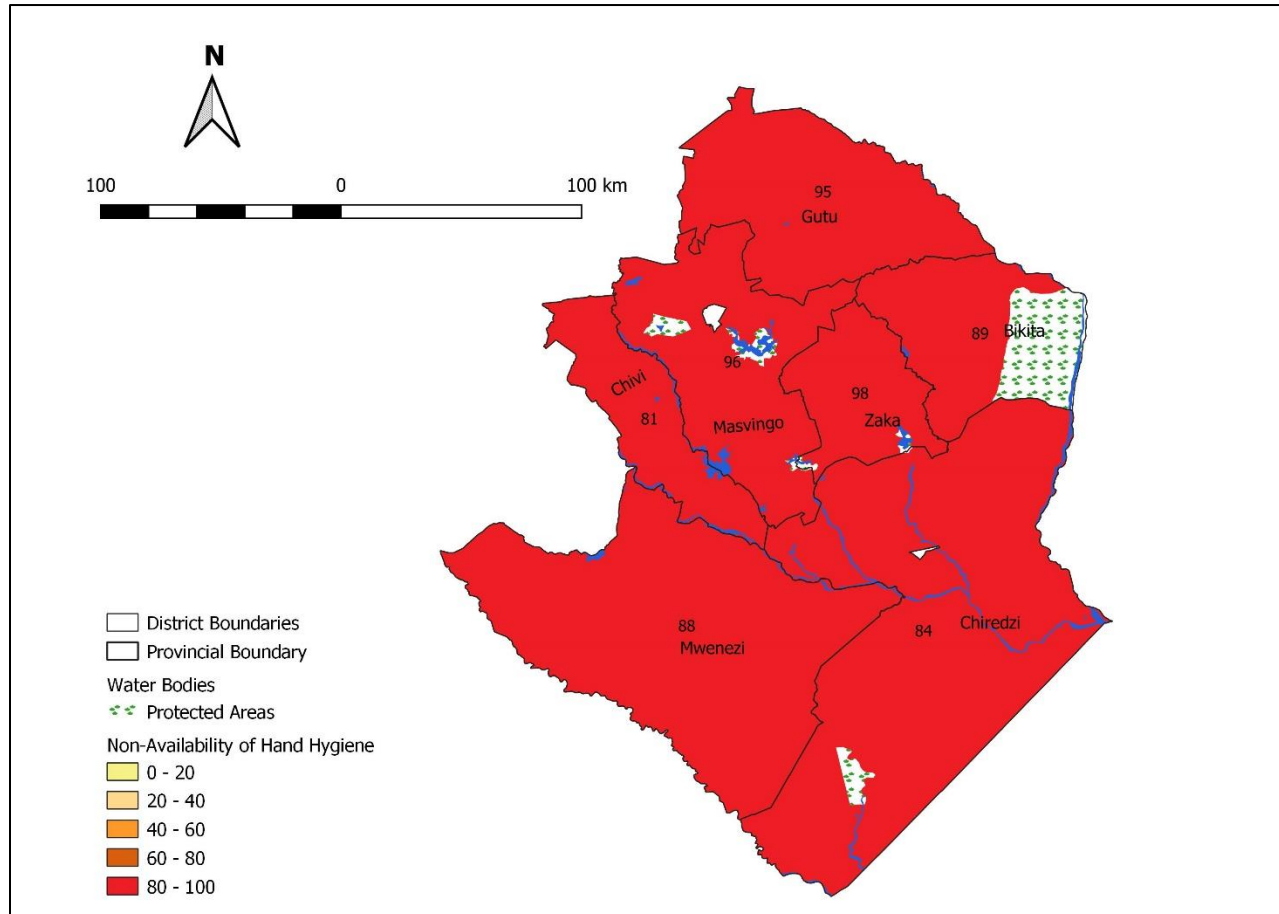
- The proportion of households who had no hand hygiene facilities at their sanitation infrastructure was more than 80% across all the districts of the province.

- In Zaka, 98% of households had no hand hygiene facilities at their toilets.

- Presence of a hygiene services at the toilet has been proven to increase the likelihood of washing hands immediately after toilet use.
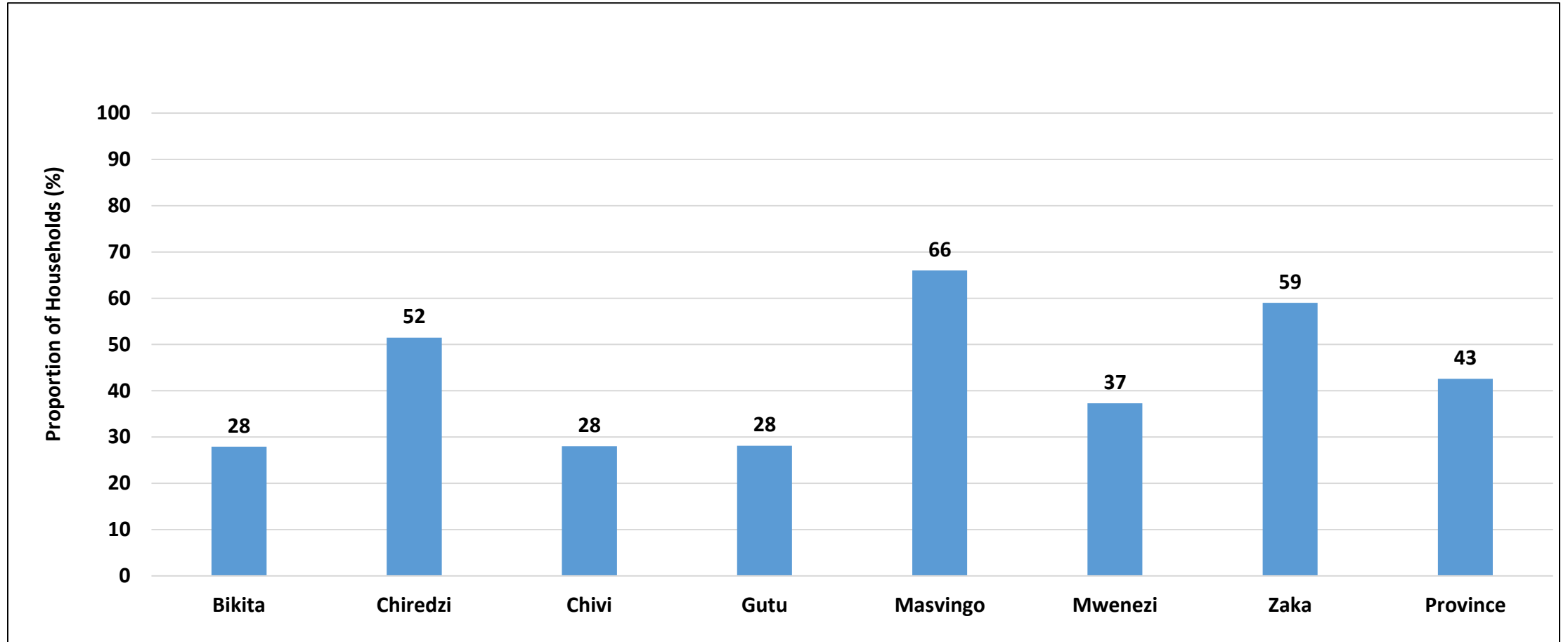
Handwashing at Critical Times
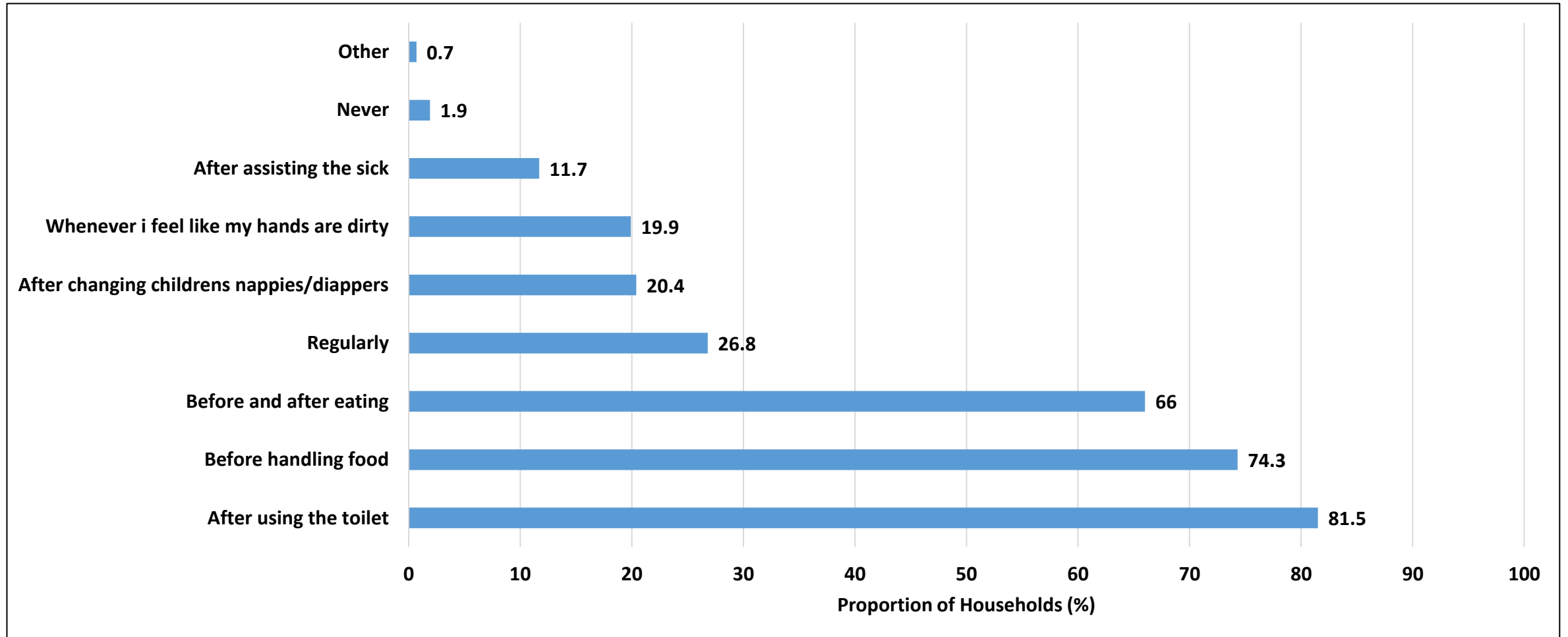
- The most observed critical times for handwashing in the province were after using the toilet (81.5%), before handling food (74.3%) and before and after eating (66%).
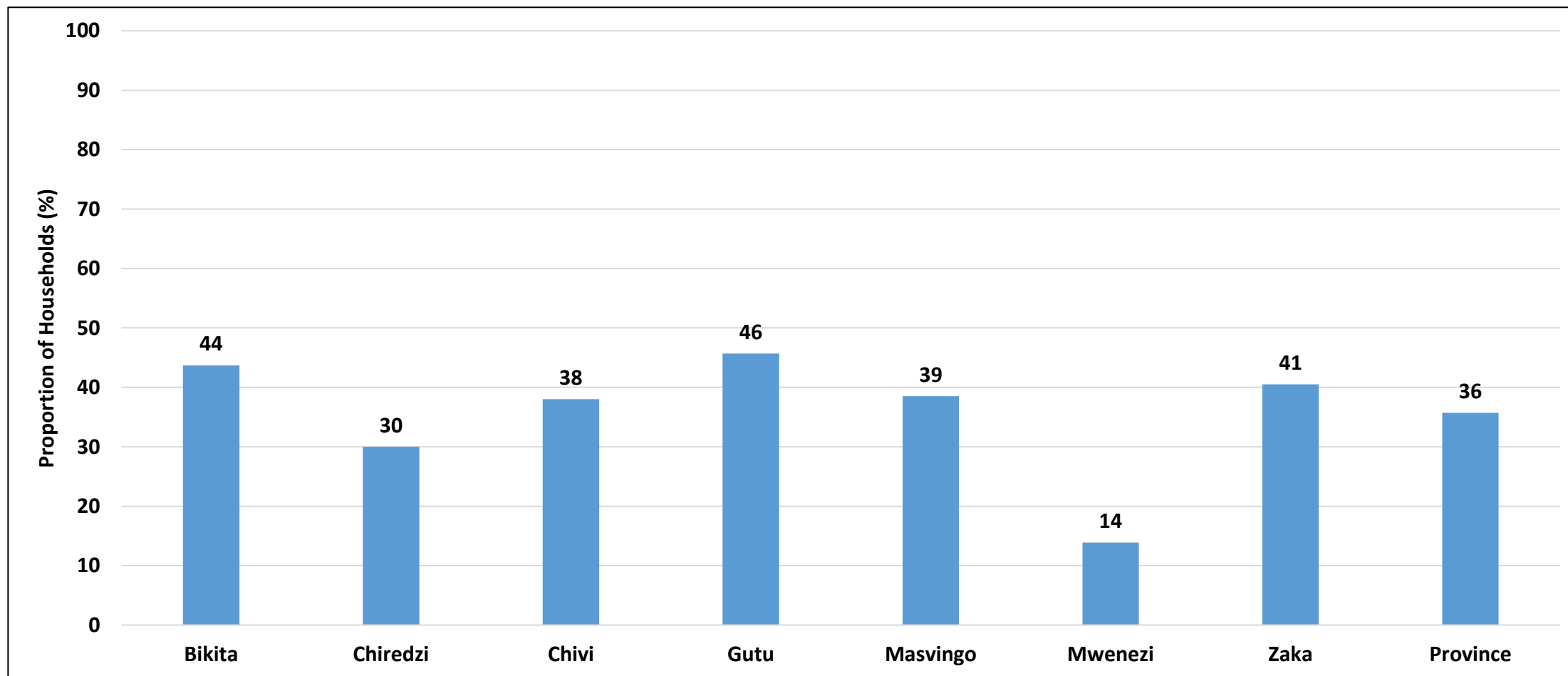
Access to Infrastructure and Services

Access to Police Services Within One Hour

- Masvingo (66%) had the greatest proportion of households who had access to police services within one hour.

- Bikita, Chivi, and Gutu (28%) had the least proportion of households with access to police services within an hour.

Access to Victim Friendly Unit

- In Masvingo province, only 36% of households reported that there were victim friendly units at their police stations.

- Mwenezi district (14%), had the least proportion of households reporting presence of a victim friendly unit at their police station.

Access to a Health Facility/Clinic
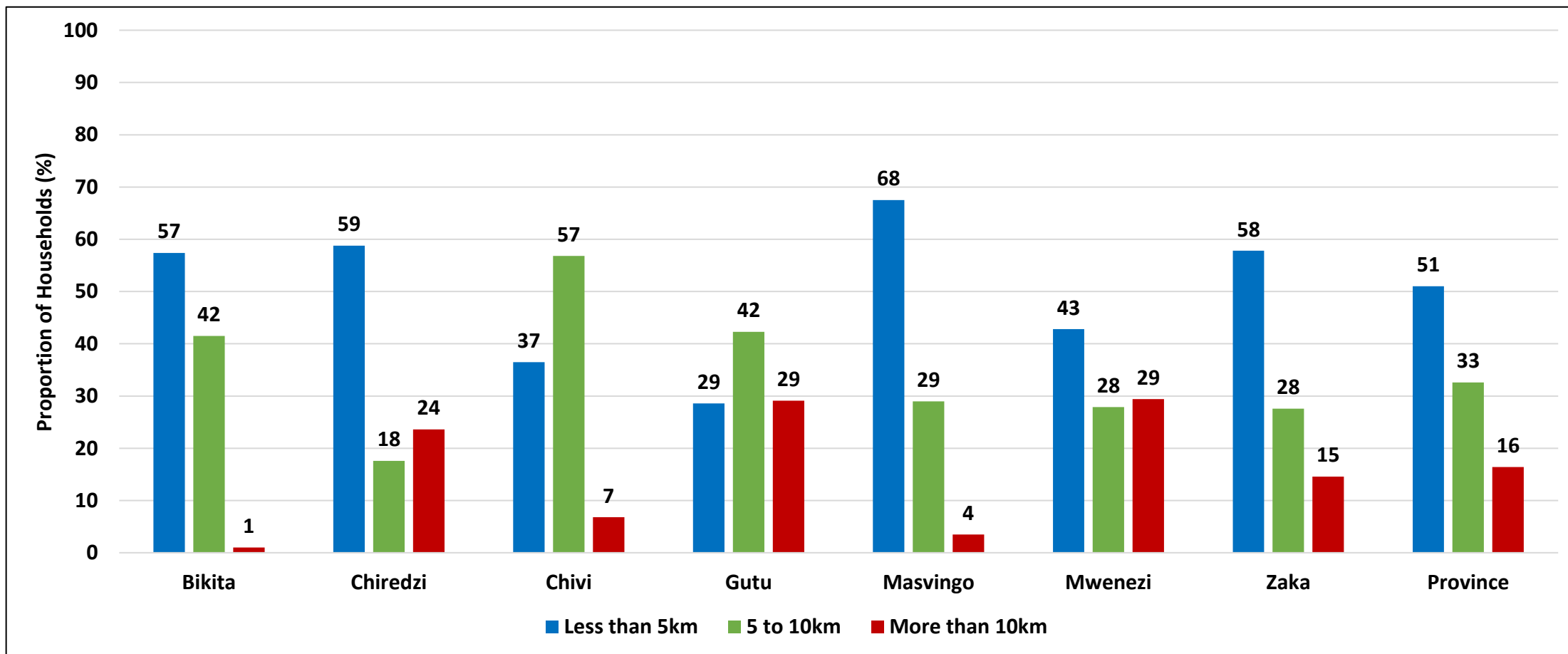
- In the province , 51% of households reported accessing a health facility/clinic within a five kilometre radius.

- Masvingo (68%), had the greatest proportion of households accessing a health facility within a five kilometre radius.

- Gutu (29%) and Mwenezi (29%) had the greatest proportion of households who travel more that ten kilometres to access a health facility.

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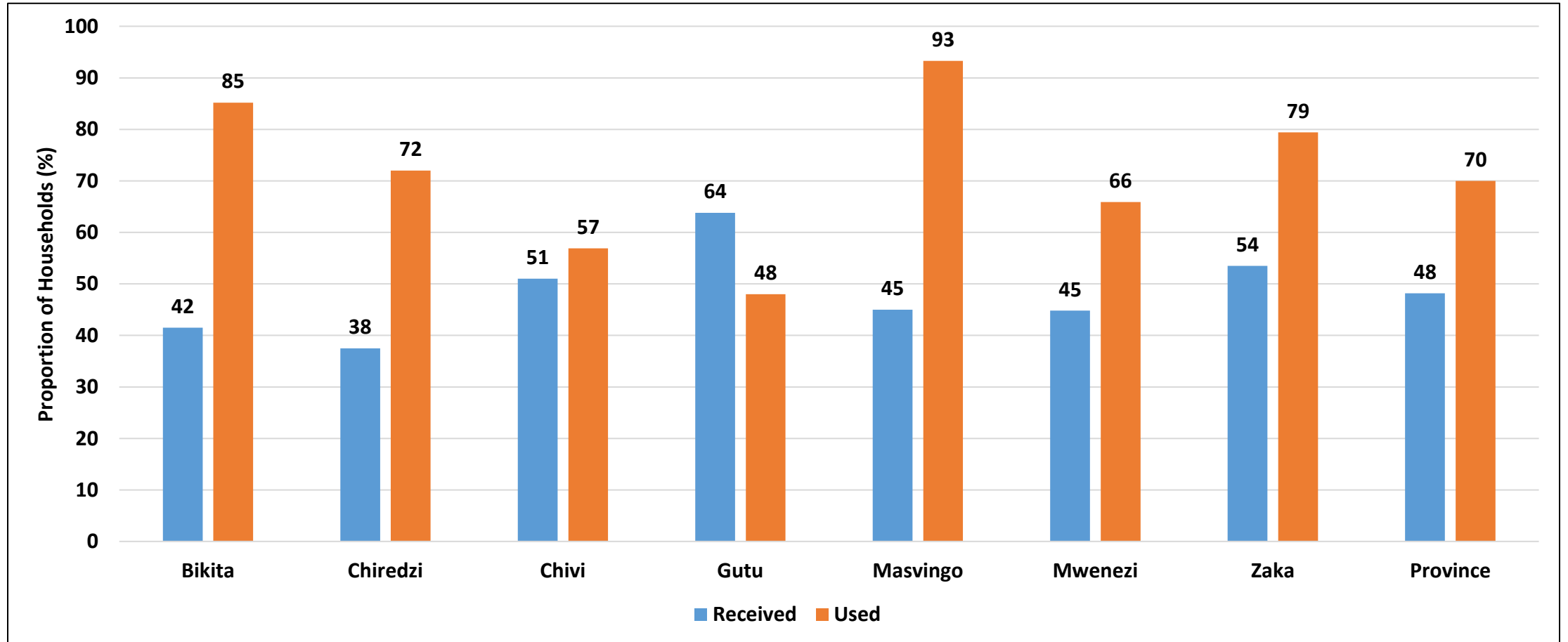

- Of the households that received early warning information in the province, 70% used it for planning response mechanisms.

- The greatest proportion of households that used the information was from Masvingo (93%).

# Access to Information on Services for Physical and Sexual Violence
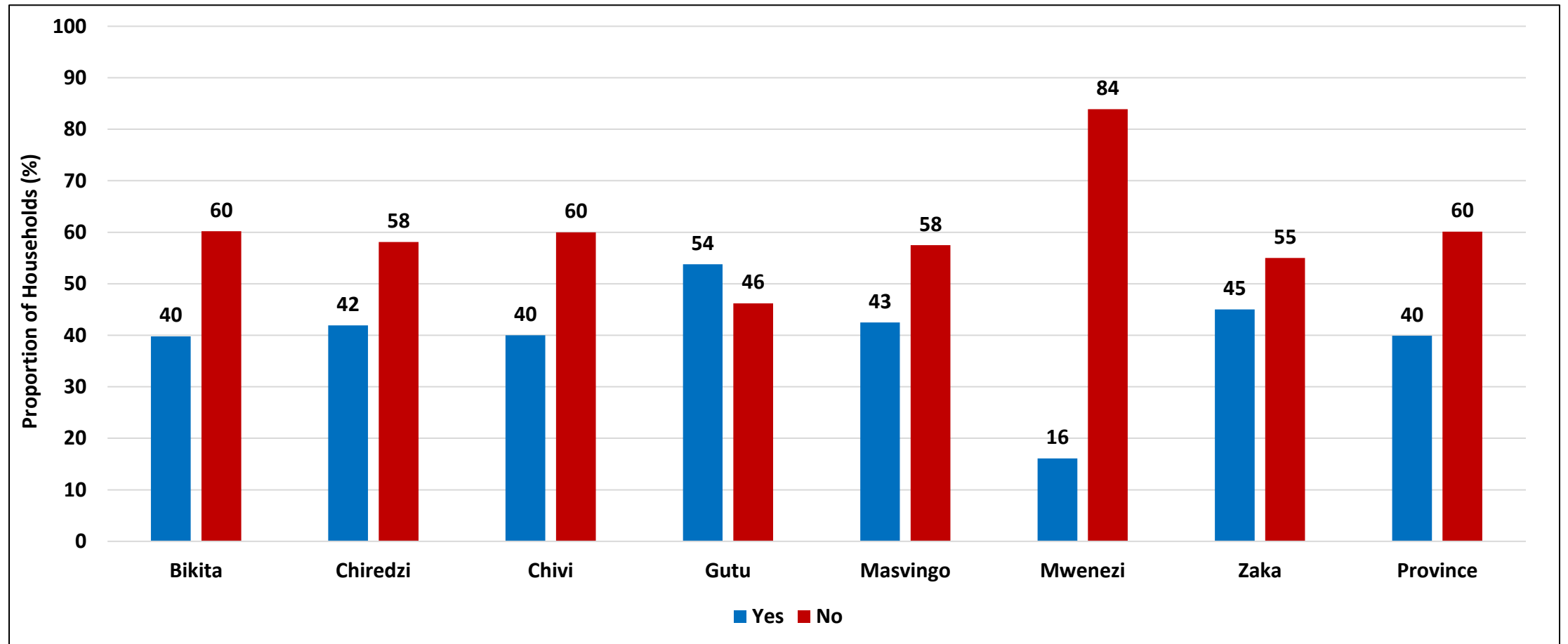
- Mwenezi (84%), had the greatest proportion of households which had no access to information on services for physical and sexual violence.

- In the province, 40% of households have access to information on services for physical and sexual violence.

Households Satisfied with Physical and Sexual Violence Information Received
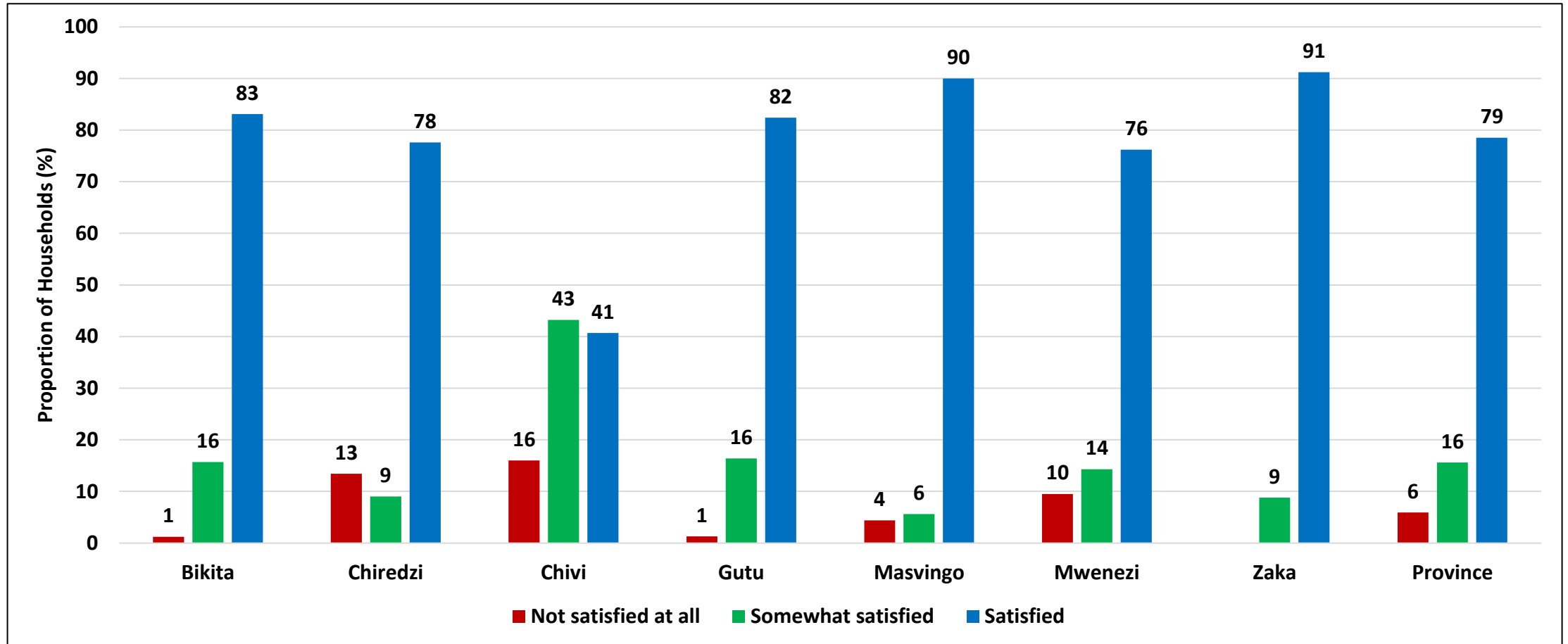
- Zaka (91%), had the greatest proportion of households who were satisfied with information on physical and sexual violence information received.

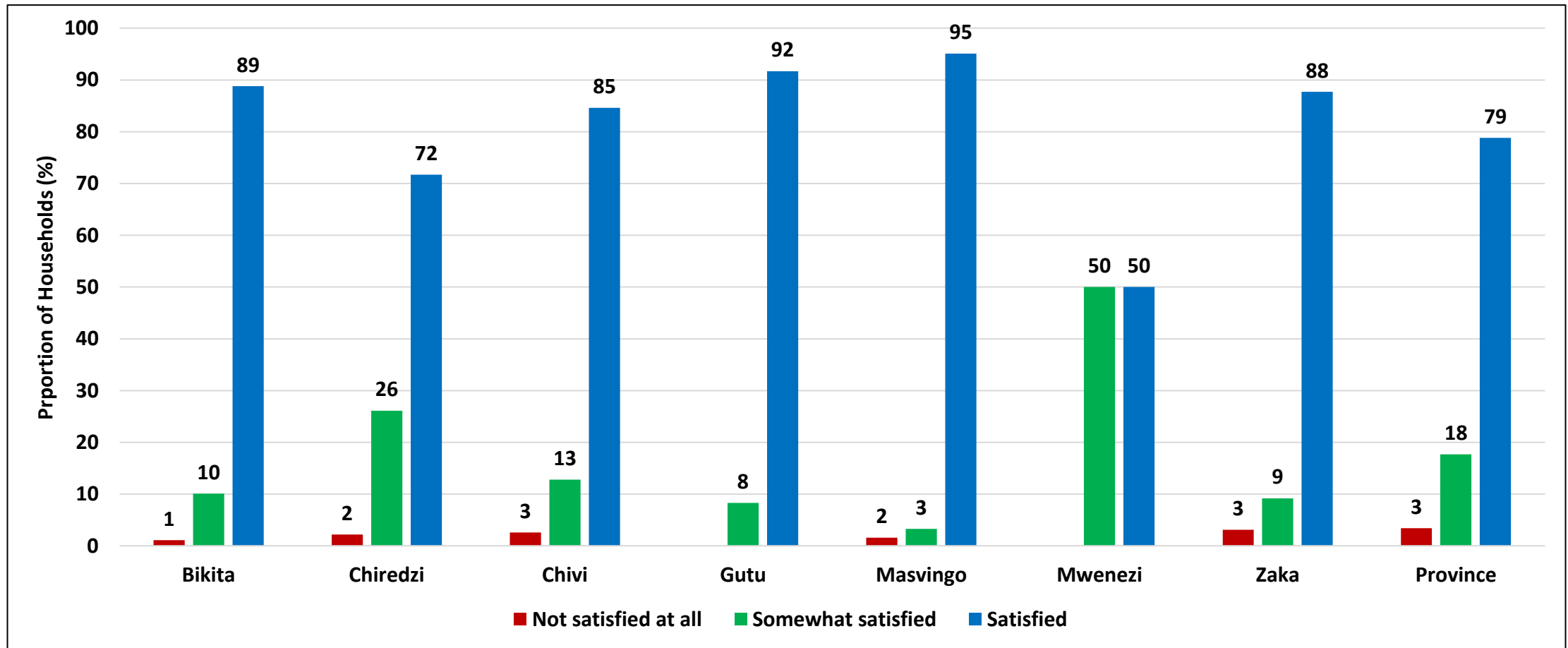- The least proportion was in Chivi (41%).

Access to Animal Health Centres
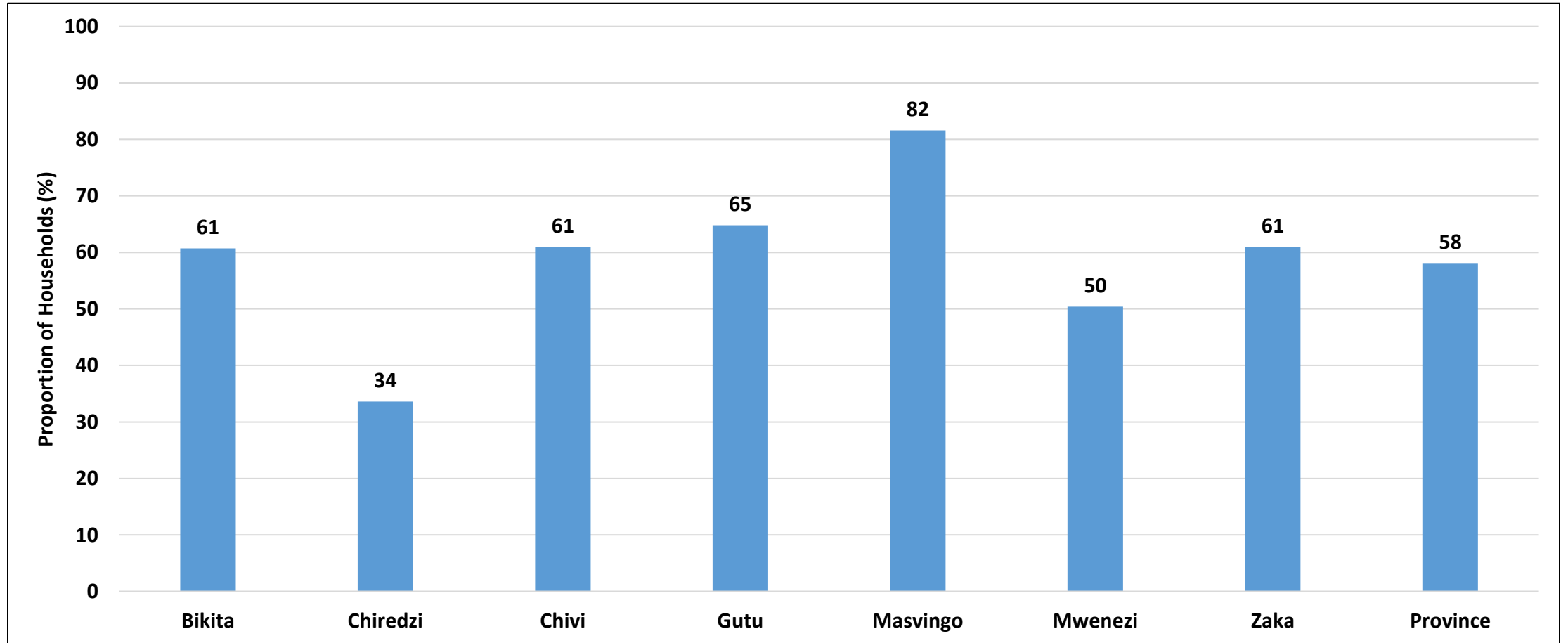
- In the province, 58% of the households indicated that they had access to animal health centres.

- The greatest proportion of households which had access to the facilities was reported in Masvingo (82%).

Satisfaction with Service at Animal Health Centre

Chart: Proportion of Households (%) by district

District	Not satisfied at all	Somewhat satisfied	Satisfied
Bikita	1	10	89
Chiredzi	2	26	72
Chivi	3	13	85
Gutu		8	92
Masvingo	2	3	95
Mwenezi		50	50
Zaka	3	9	88
Province	3	18	79

- Seventy nine percent of the households in the province indicated that they were satisfied with the quality of service they receive at animal health centres.

Food and Nutrition Security Infrastructure

District	Irrigation	Farming equipment	Fowl runs	Solar powered water source	Borehole	Storage facility	Savings	Beehives	Nutrition gardening	Agro-forestry	Other
Bikita	2.6	18.6	**20.1**	0.5	2.1	8.8	2.1	0.5	**63.9**	0	9.3
Chiredzi	20.2	13.1	**40.9**	4.5	1	4	15.7	0	**30.3**	0	22.7
Chivi	3.1	18.4	**29.1**	0	5.1	10.2	0.5	3.1	**62.8**	1	17.9
Gutu	0	4.5	**41.7**	0	2	7	8	0.5	**56.3**	0	18.6
Masvingo	25	40	**28**	1.5	9.5	24	4.5	1	**27.5**	0	1
Mwenezi	4.7	9.8	**34.2**	4.1	9.3	11.4	2.6	2.1	**47.7**	1	8.3
Zaka	3.5	33	**42.5**	0	3.5	24.5	0	0	**87.5**	0	1.5
Province	8.5	19.7	**33.8**	1.5	4.6	12.9	4.8	1	**53.7**	0.3	11.3

- Nutrition gardens, fowl runs, farming equipment and storage facility were reported by households in all districts of Masvingo as infrastructure that assist them in improving food and nutrition security.

- Zaka (87.5%), had the greatest proportion of households owning nutrition gardens to assist in food and nutrition security.

- Masvingo (25%) had the greatest proportion of households which had irrigation infrastructure.
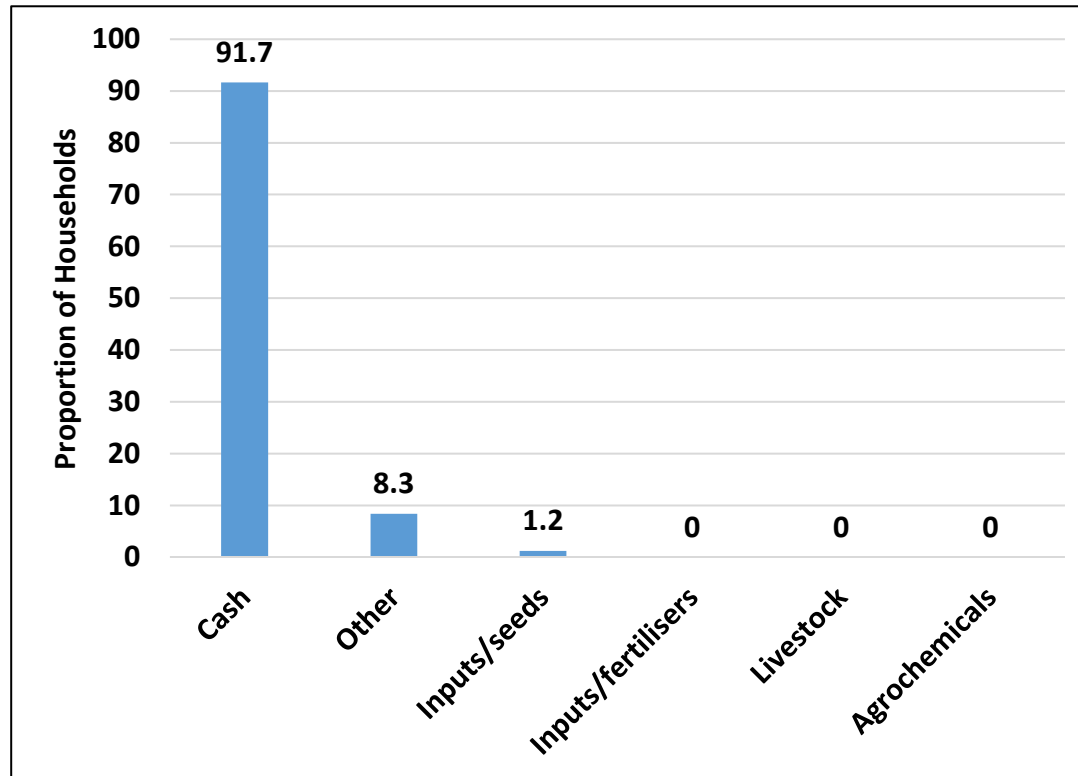
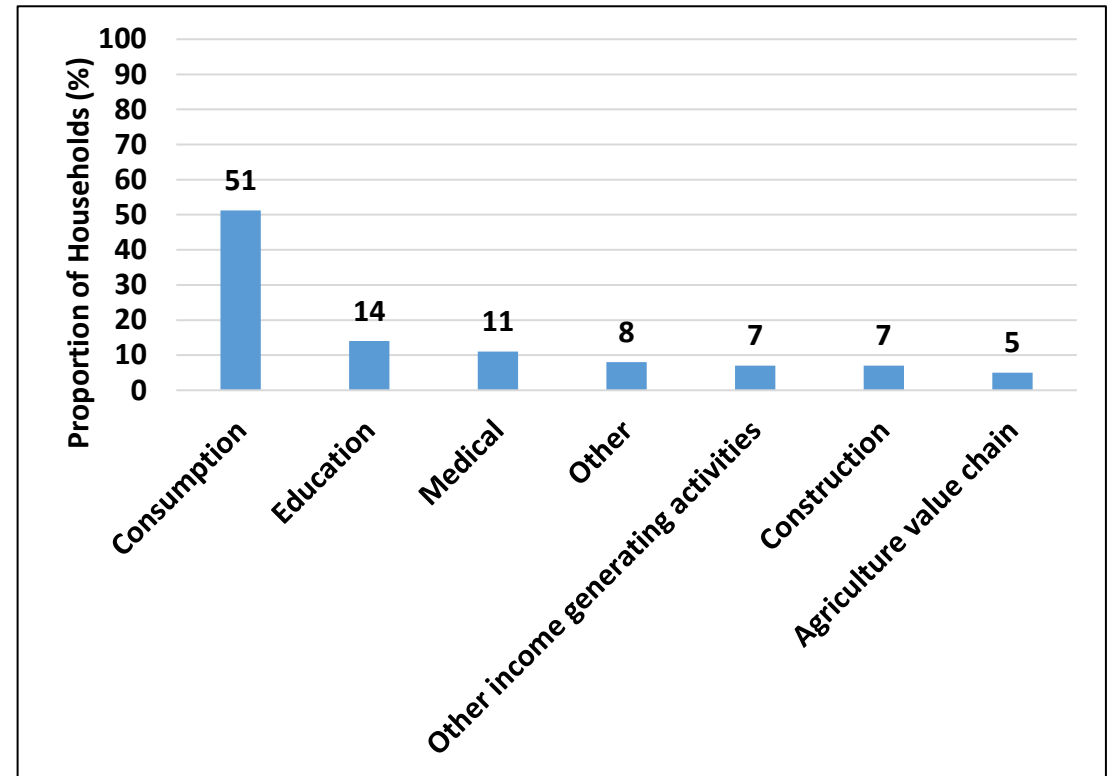# ISALS and Loans

Sources of Loans
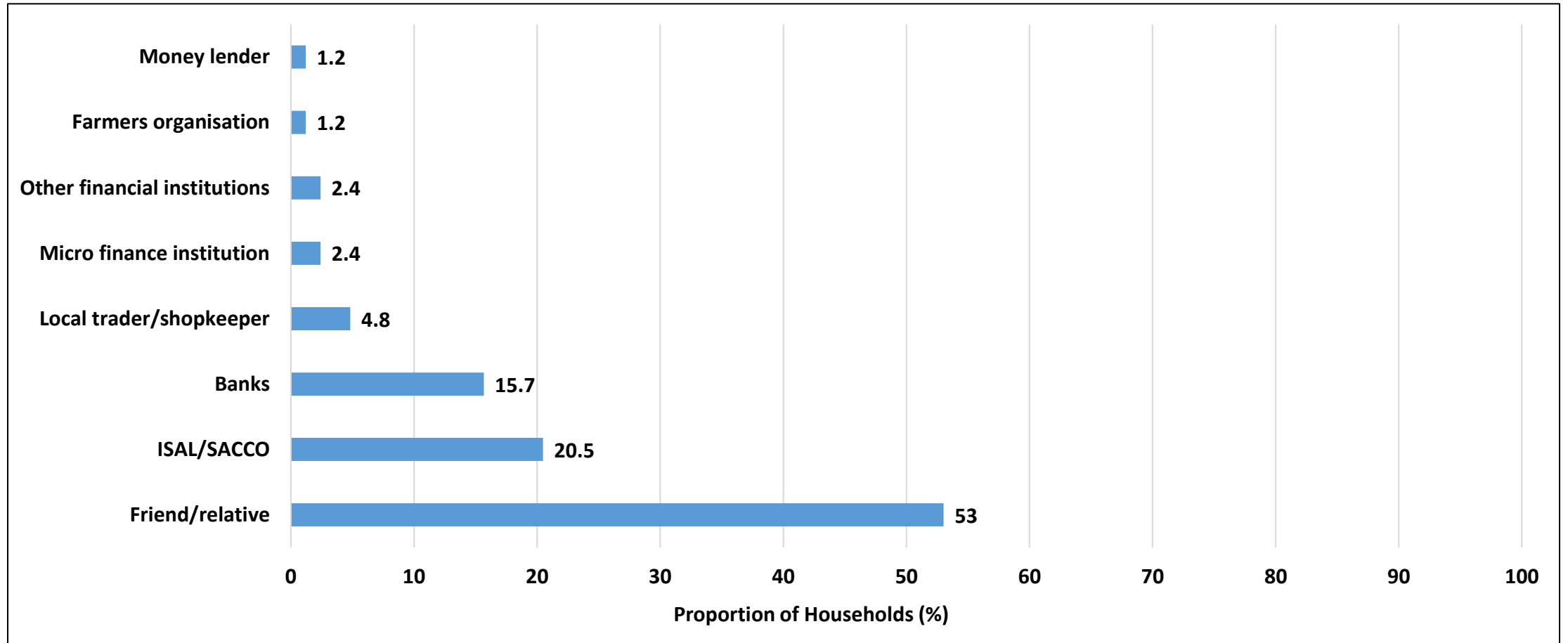
- Of the households which received loans, the major sources were friends and relatives (53%) and ISAL/SACCO (20.5%).

Types of Loans and Primary Use
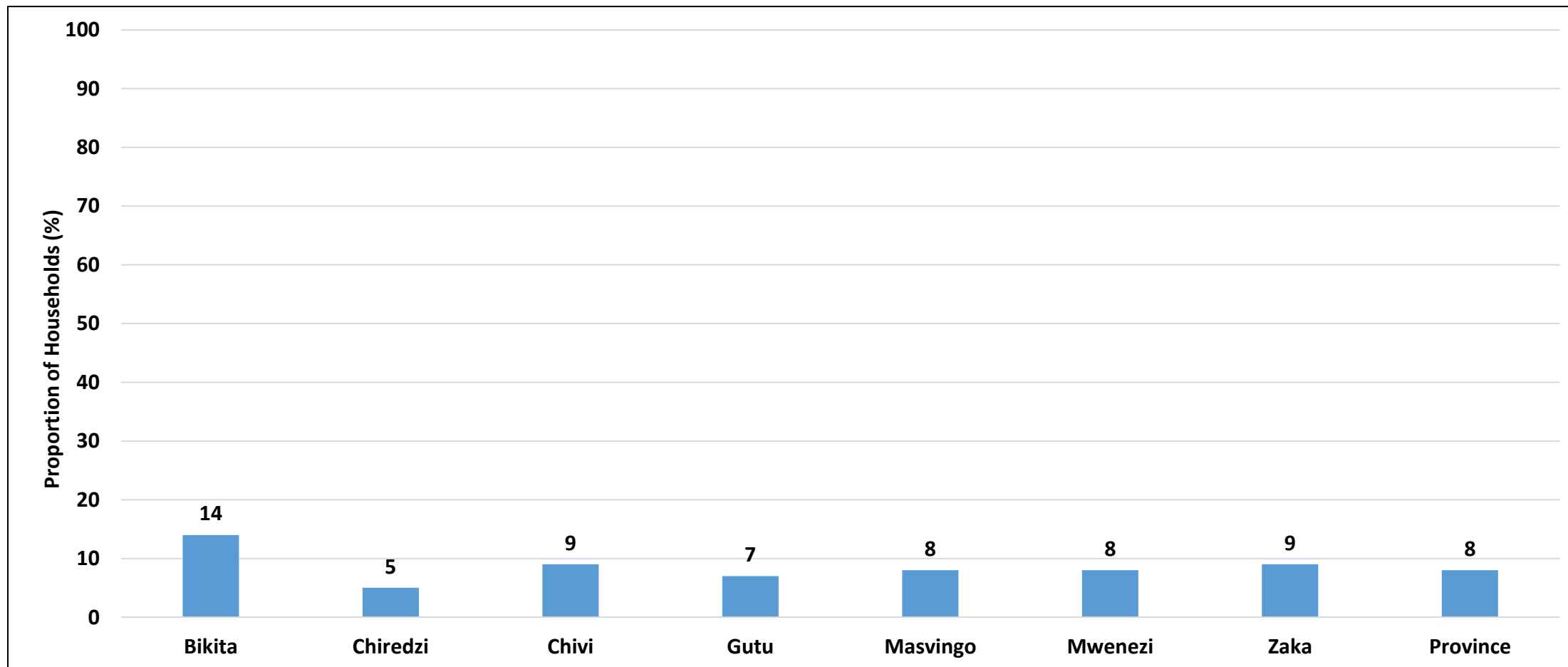
Types of Loans

Loan Primary Use

- The most common type of loan was cash as reported by 91.7% of the households.

- The most common type of use for the loan was for consumption (51%) followed by education or school fees (14%).

Households with a Member in an ISAL Group

- Only 8% of the households had a member in an ISAL group across the province.

- Bikita (14%), had the greatest proportion of households with a member in an ISAL group.

Use of Share-out from ISAL Group
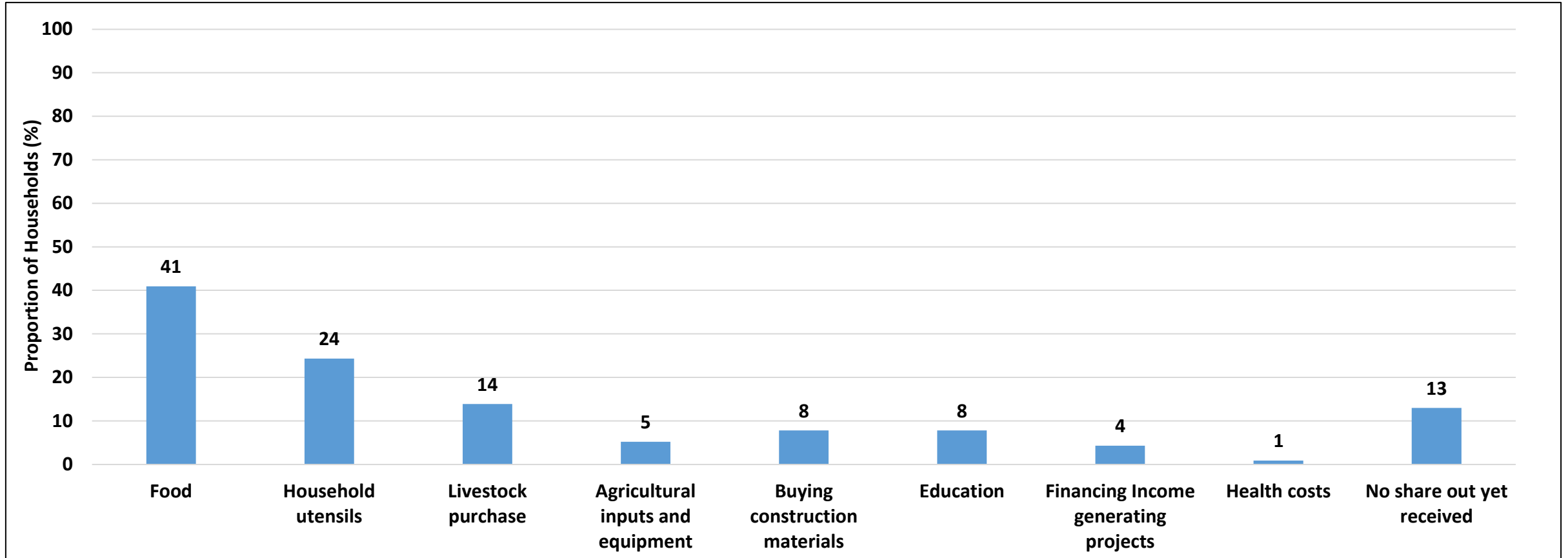
- The greatest proportion of households that received payouts from ISAL group (41%), used it for purchase food while the least proportion used it for health related costs (1%).

- Use of ISAL share-out to buy household utensils (24%), livestock purchase (14%), purchase of construction materials (8%) and education (8%) were also reported.

Food Consumption Patterns

Food Consumption Score

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

Food Consumption Patterns
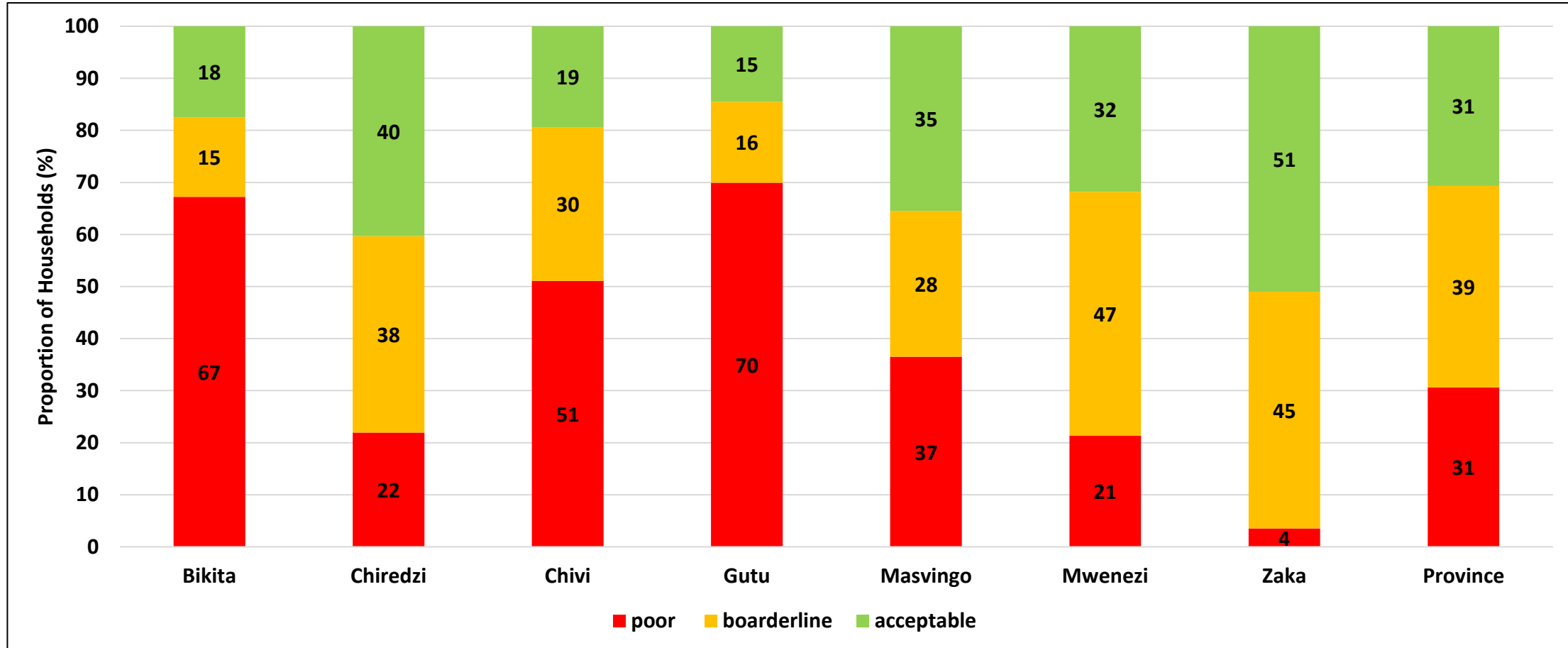
- The proportion of households which were consuming acceptable diet in the province was 31%.

- Gutu (70%) had the largest proportion of households consuming poor diet.

Households with Poor Food Consumption Patterns
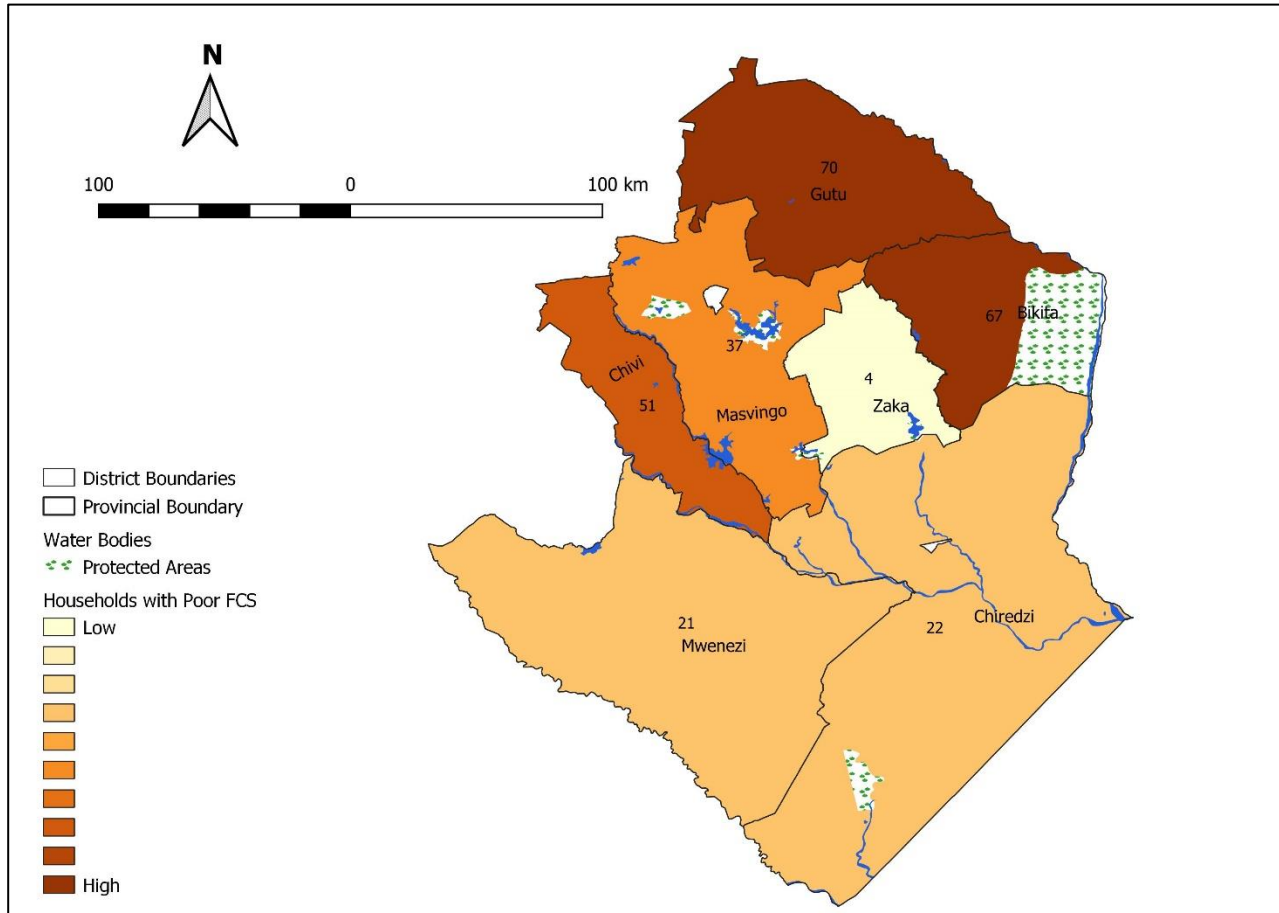
- Of the seven districts in Masvingo province, three had more than 50% of its households having poor food consumption patterns, Gutu (70%), Bikita (67%) and Chivi (51%).
- Zaka (4%) had the least proportion of households with poor consumption patterns.

Food from Various Food Groups
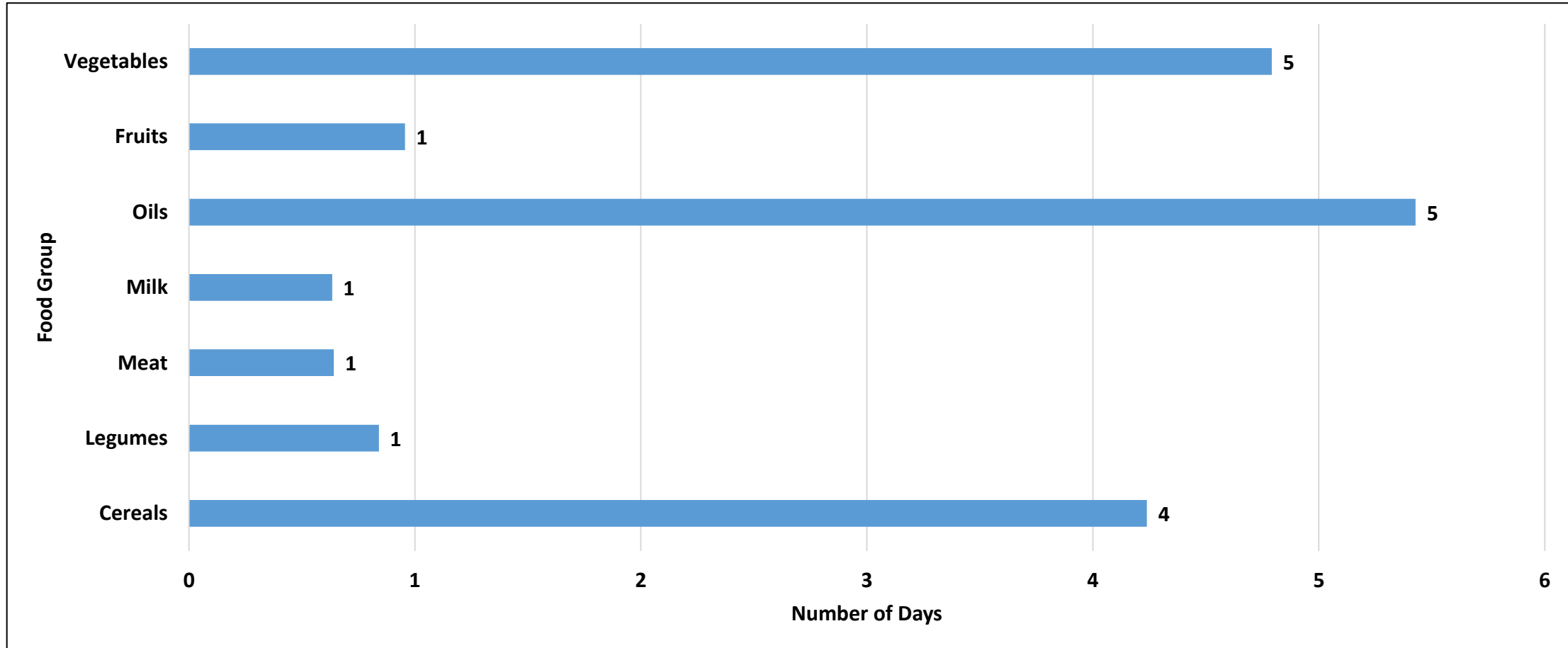
- Consumption of meat, milk, legumes and fruits was very low within the province.
- This is an indication of poor household food consumption patterns.

Dietary Diversity

- Dietary diversity is a qualitative measure of food consumption that reflects household access to a variety of foods, and is also a proxy for nutrient adequacy of the diet of individuals.

- The household dietary diversity score (HDDS) is meant to reflect, in a snapshot, the economic ability of a household to access a variety of foods. Studies have shown that an increase in dietary diversity is associated with socio-economic status and household food security (household energy availability) (Hoddinot and Yohannes, 2002; Hatloy *et al*., 2000).

Household Dietary Diversity

HDDS	Classification
>3	Low
4-5	Medium
>5	Acceptable

Household Dietary Diversity Score
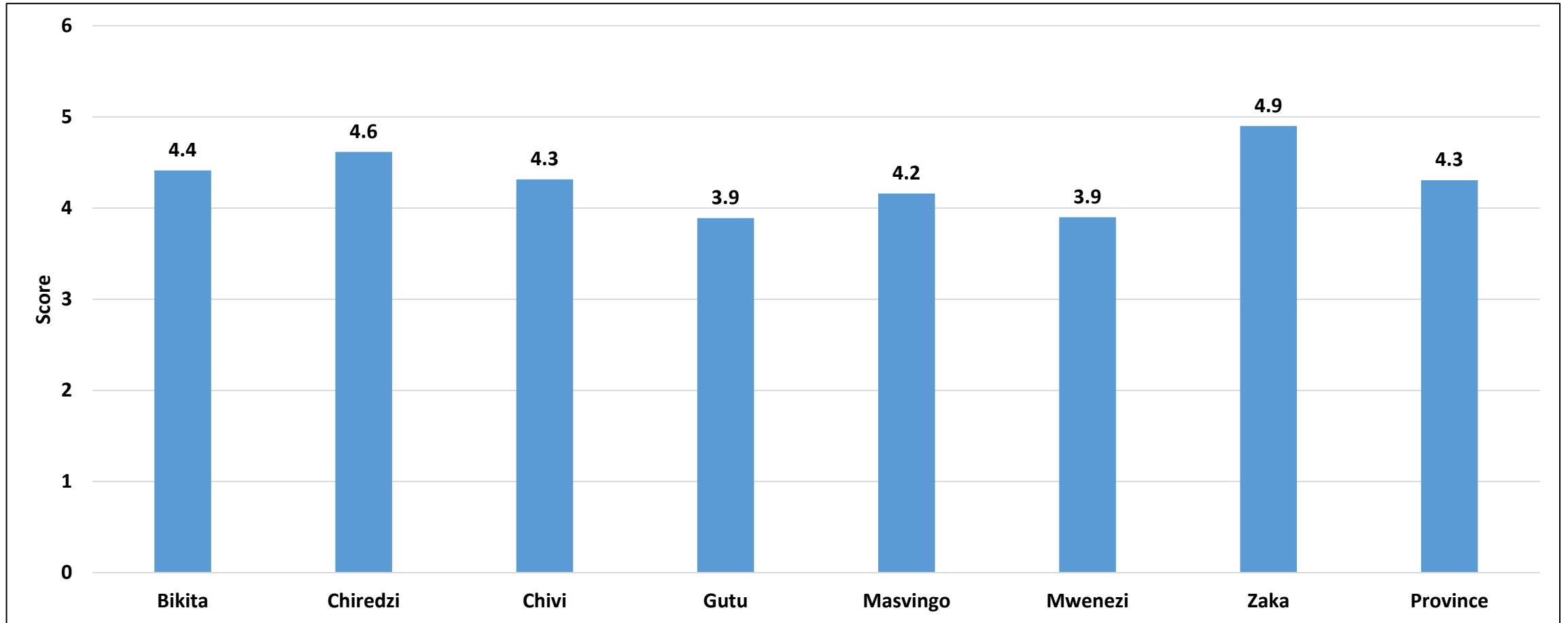
- The average household dietary diversity score is around 4 across the province with only Zaka and Chiredzi districts having a score of 4.9 and 4.6 respectively.

- All the households across all the district had a medium HDDS.

Indigenous Fruits in the Province
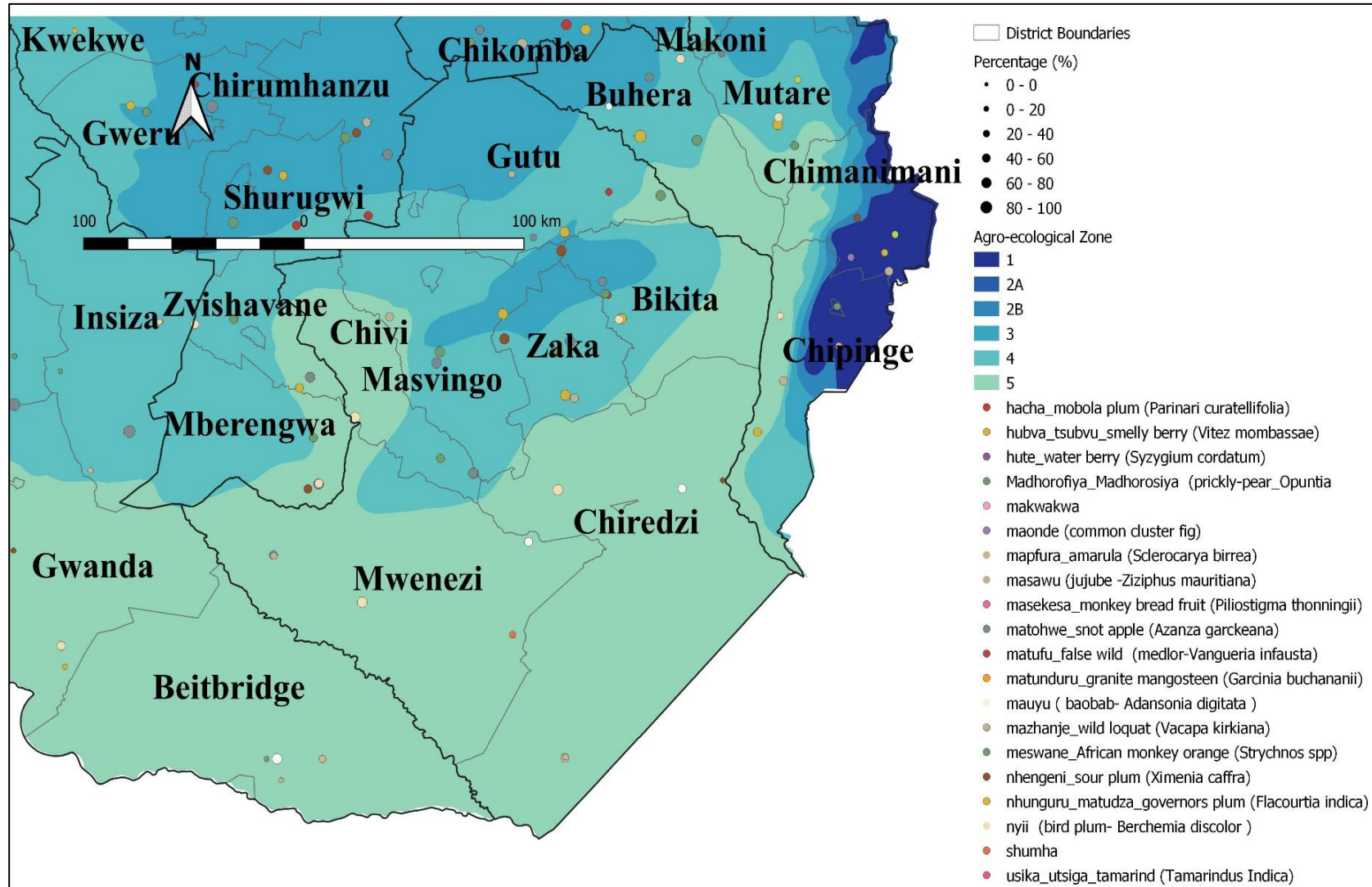
- Indigenous fruits are available in all the districts of Masvingo province.
- Widely available in Chiredzi, Bikita, Mwenezi and some parts of Masvingo districts are mawuyu (baobab).

Edible Insects Consumed

Horizontal bar chart — Proportion of Households (%)

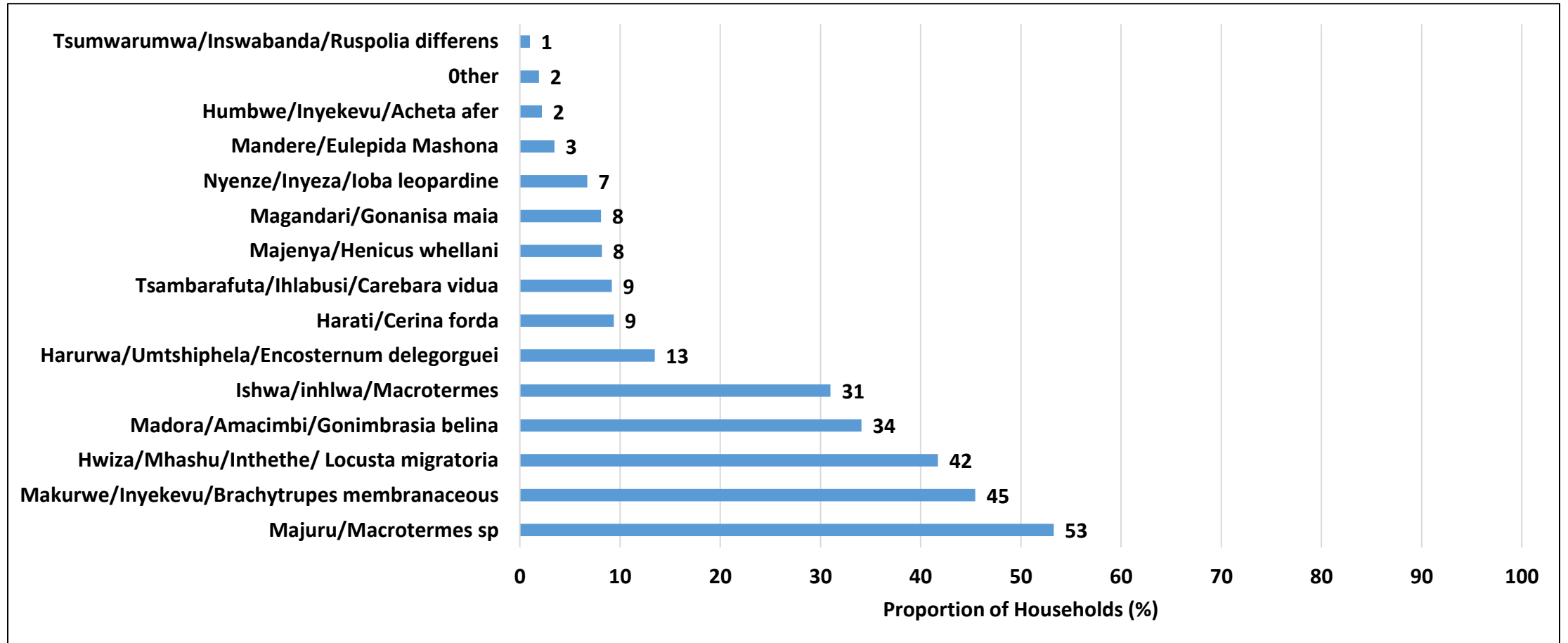| Insect	Proportion of Households (%)
Tsumwarumwa/Inswabanda/Ruspolia differens	1
0ther	2
Humbwe/Inyekevu/Acheta afer	2
Mandere/Eulepida Mashona	3
Nyenze/Inyeza/Ioba leopardine	7
Magandari/Gonanisa maia	8
Majenya/Henicus whellani	8
Tsambarafuta/Ihlabusi/Carebara vidua	9
Harati/Cerina forda	9
Harurwa/Umtshiphela/Encosternum delegorguei	13
Ishwa/inhlwa/Macrotermes	31
Madora/Amacimbi/Gonimbrasia belina	34
Hwiza/Mhashu/Inthethe/ Locusta migratoria	42
Makurwe/Inyekevu/Brachytrupes membranaceous	45
Majuru/Macrotermes sp	53

- The most common type of edible insects consumed within the province are majuru (53%) followed by makurwe (45%).

Indigenous Vegetables Consumption
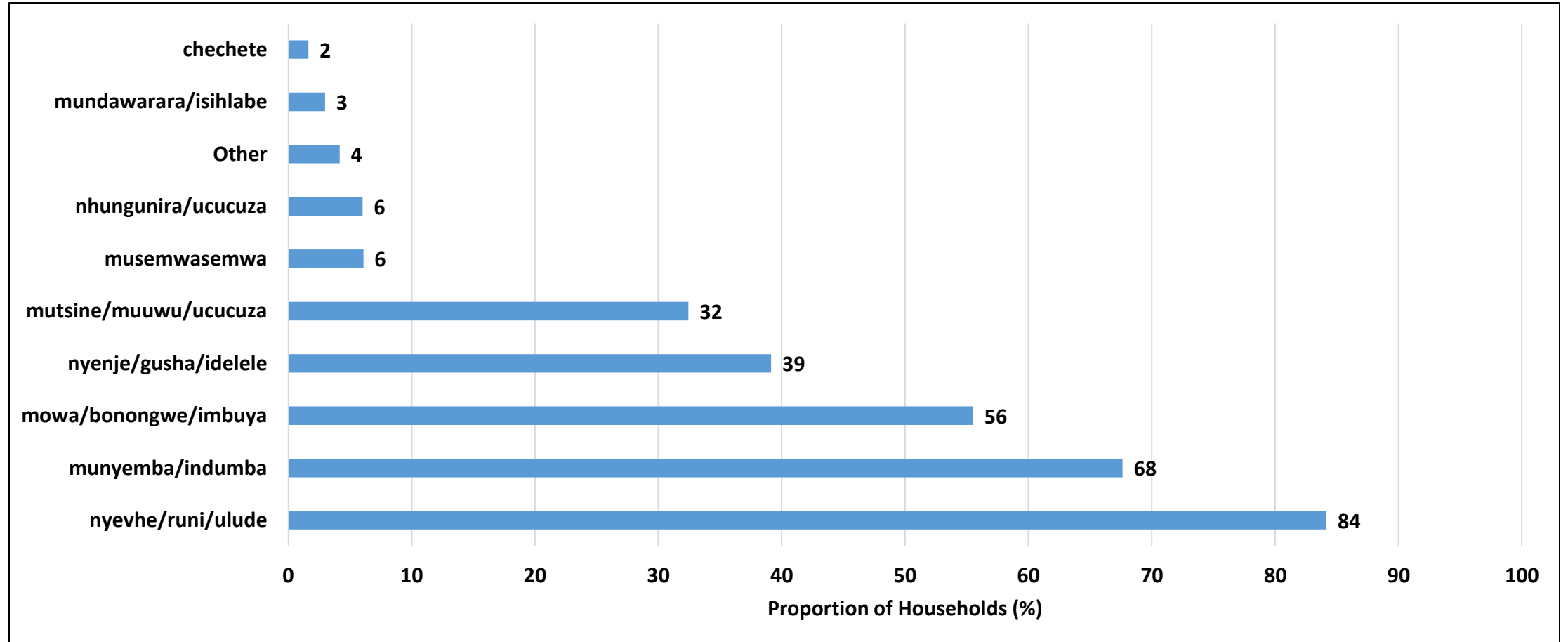


- The majority of households in the province (84%) consumed nyevhe/runi/ulude while a few households (2%)consumed chechete.

Maternal Nutrition

- The nutrition of women of child bearing age (15-45years) is crucial for the survival of infants born to them.

- Women require food rich in protein, iron and vitamin A. The survey had to assess access to these foods by women of child bearing age.

Proportion of Women Receiving Protein and Vitamin A Rich Food
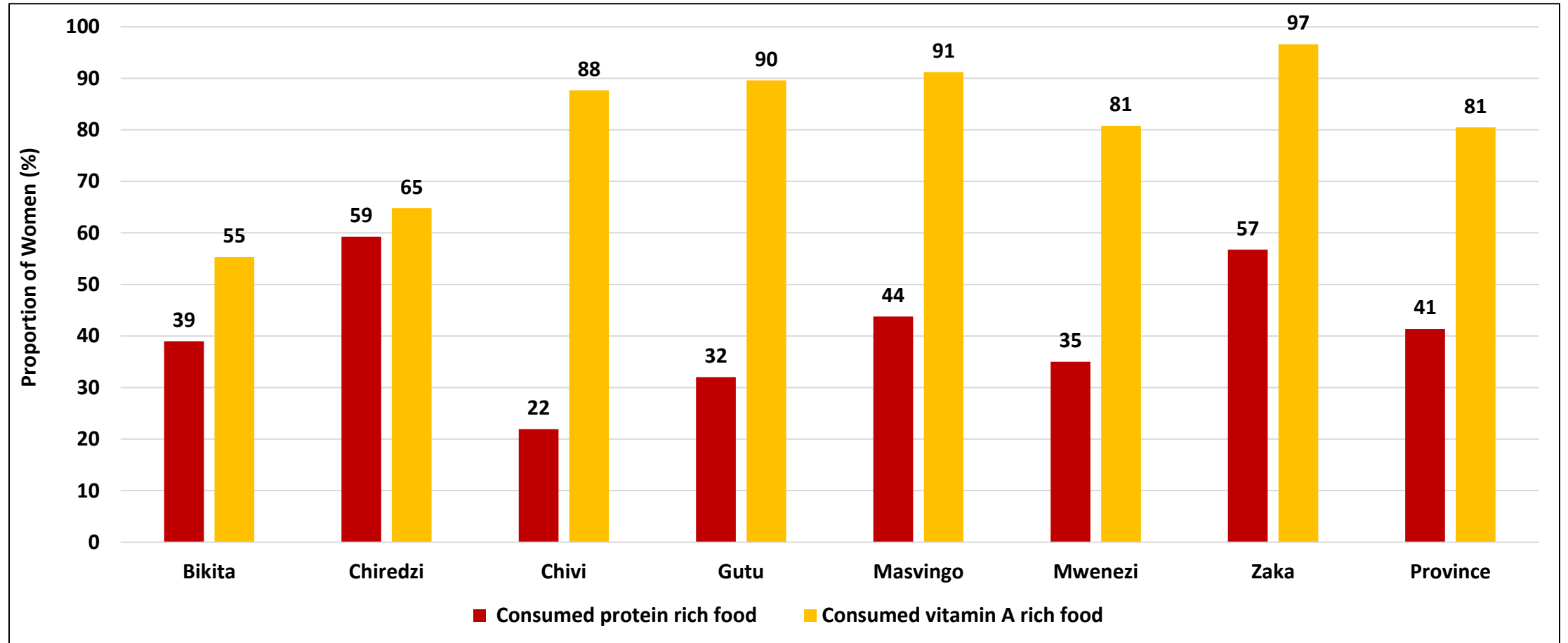
- The proportion of women who received a protein rich diet in the province was 41% while those who received Vitamin A rich diet was 81%.
- Chiredzi (59%) had the greatest proportion of women who received protein rich and Zaka (97%) had the greatest proportion of women who received Vitamin A rich diet (97%).

Women Consumption of Iron Rich Food
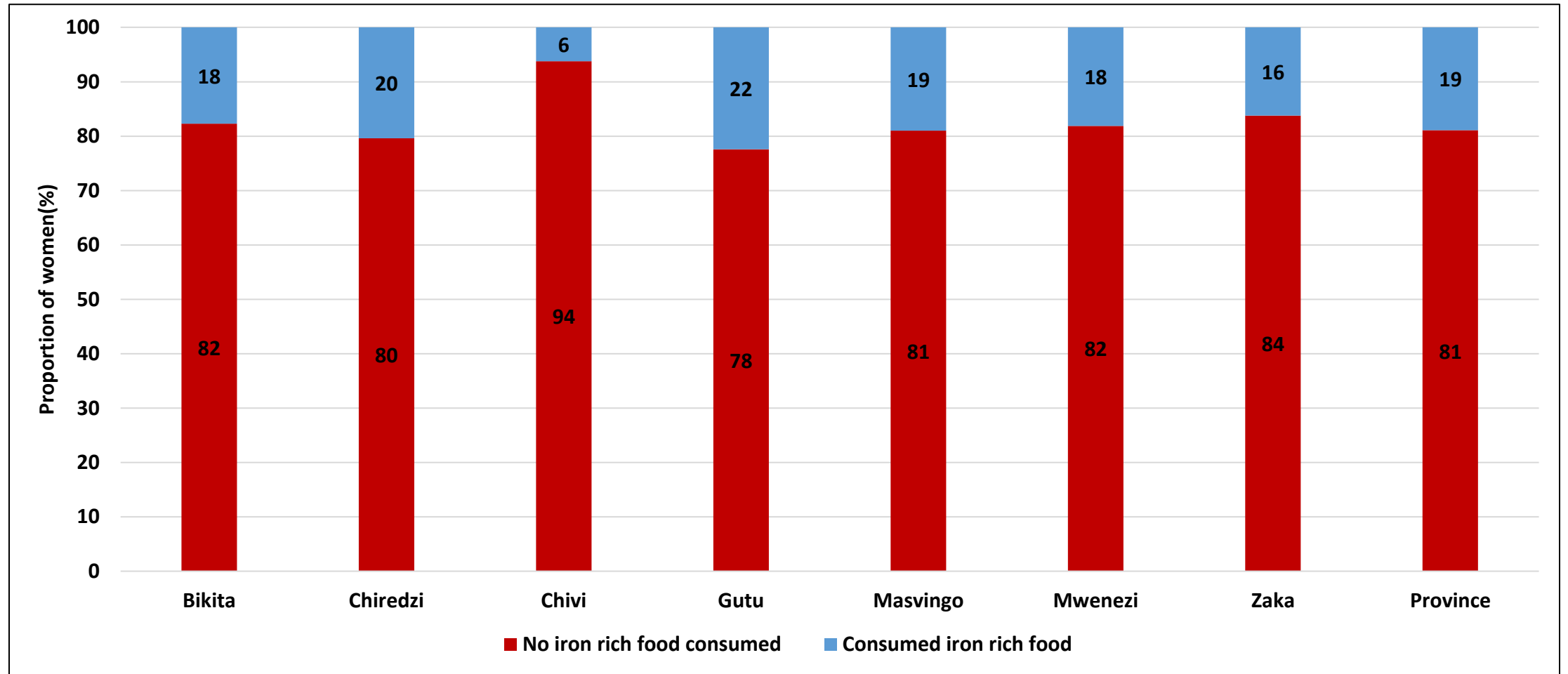
- Consumption of iron rich food throughout the province (19%) was poor, Gutu (22%) being the highest.

- Chivi (94%) had the greatest proportion of women who consumed iron poor diets.

Dietary Diversity for Women of Child Bearing Age
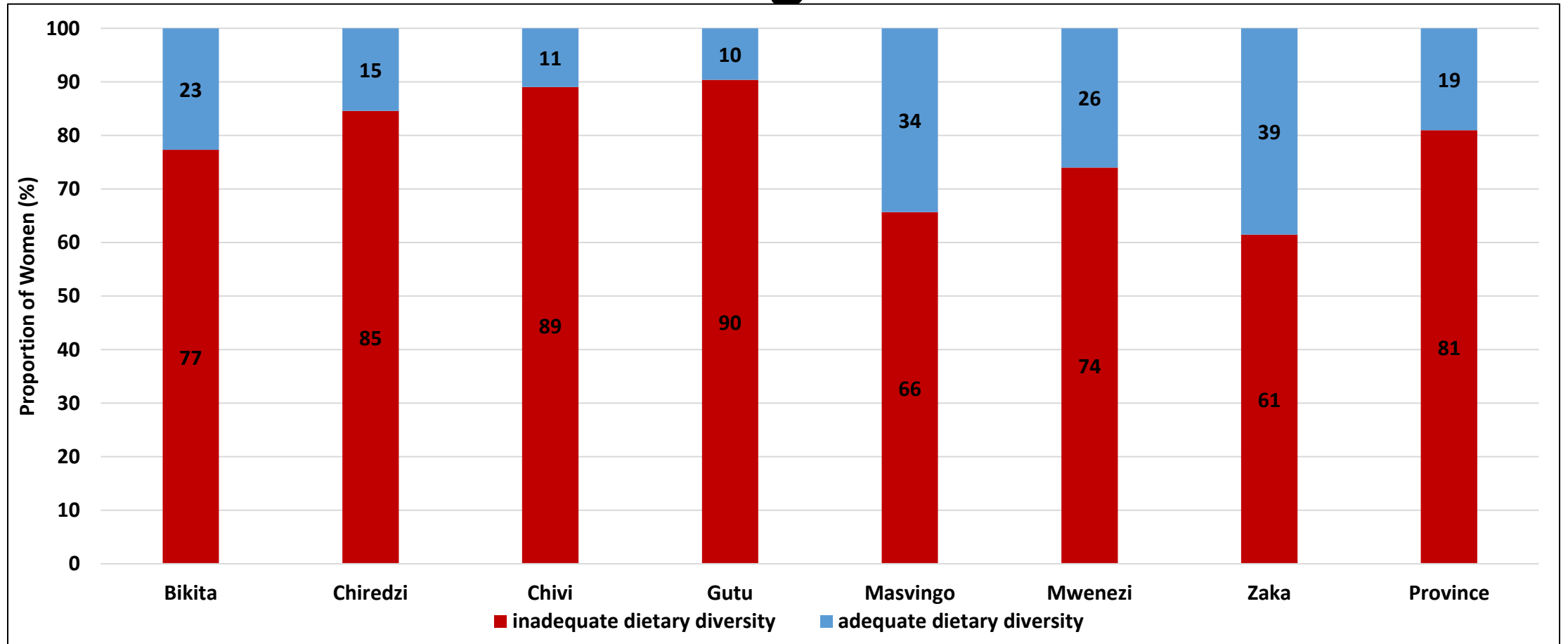
- Adequate dietary diversity was highest in Zaka, with 39% of women reporting to have received adequate dietary diversity. All districts had less than 50% access to adequate dietary diversity.

Livelihood Based Coping Strategies

Household Livelihood Coping Strategies

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

Households Engaging in Livelihood Based Coping Strategies by Category
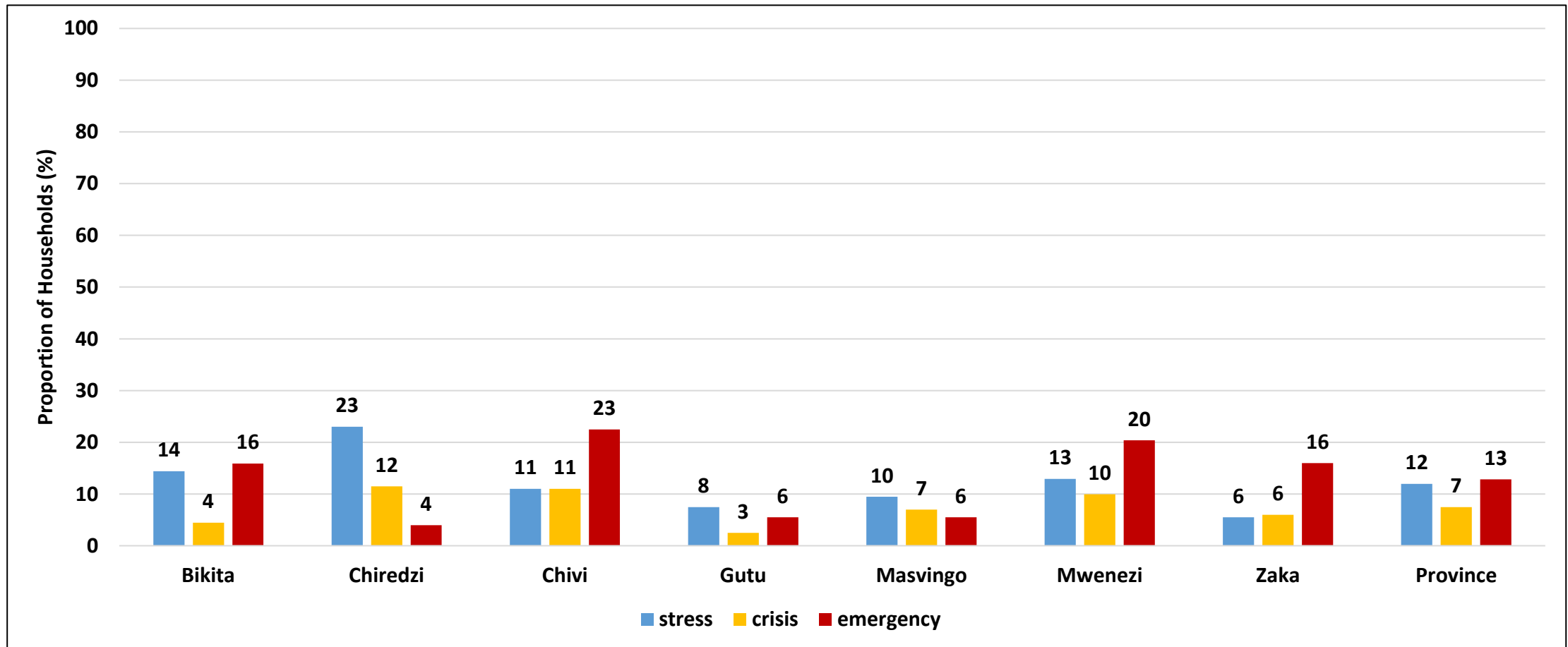
- In the province, the proportion of households that employed stress livelihood based coping strategies was 12%, whilst 13% employed emergency strategies and 7% crisis strategies.
- Chivi (23%) had the greatest proportion of households employing emergency livelihood based coping strategies.

Household Food Consumption Based Coping Strategy Index (CSI)
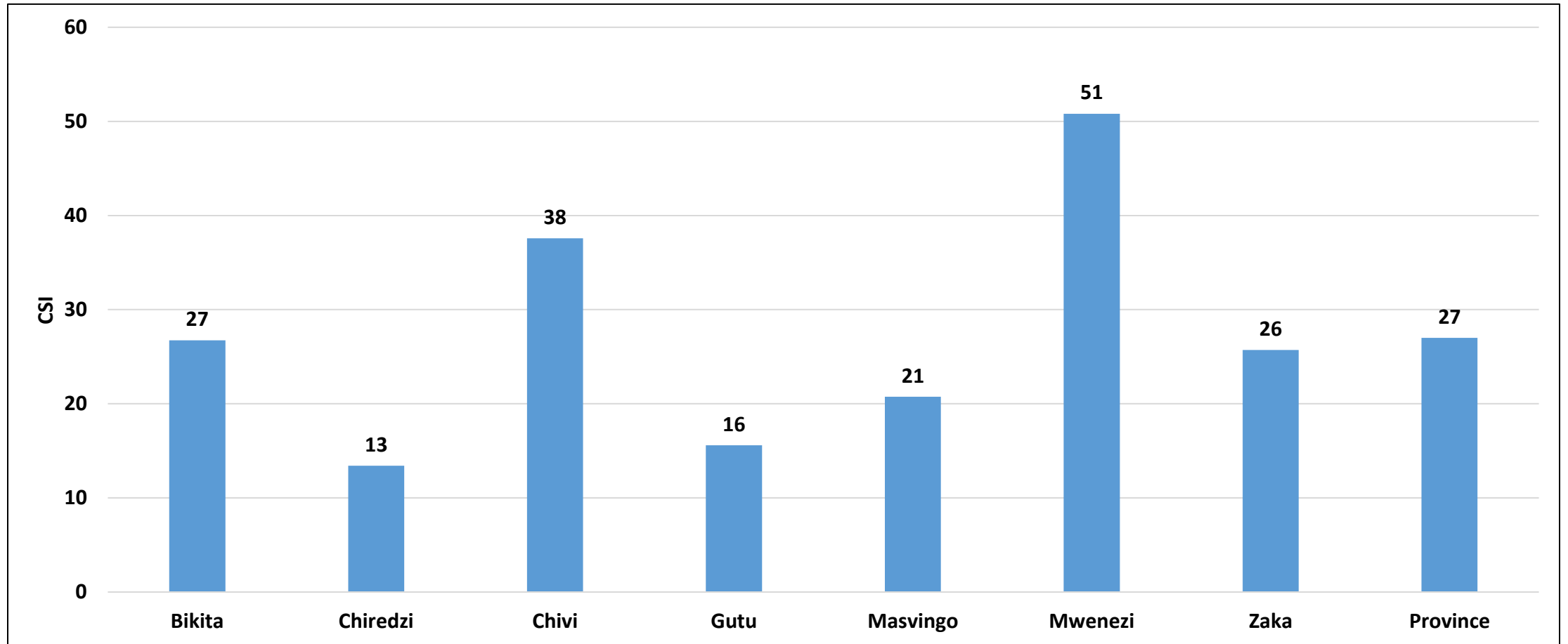
- Mwenezi (51) followed by Chivi (38) had households employing more consumption based coping strategies than the rest of the districts in the province.

Household Hunger Scale
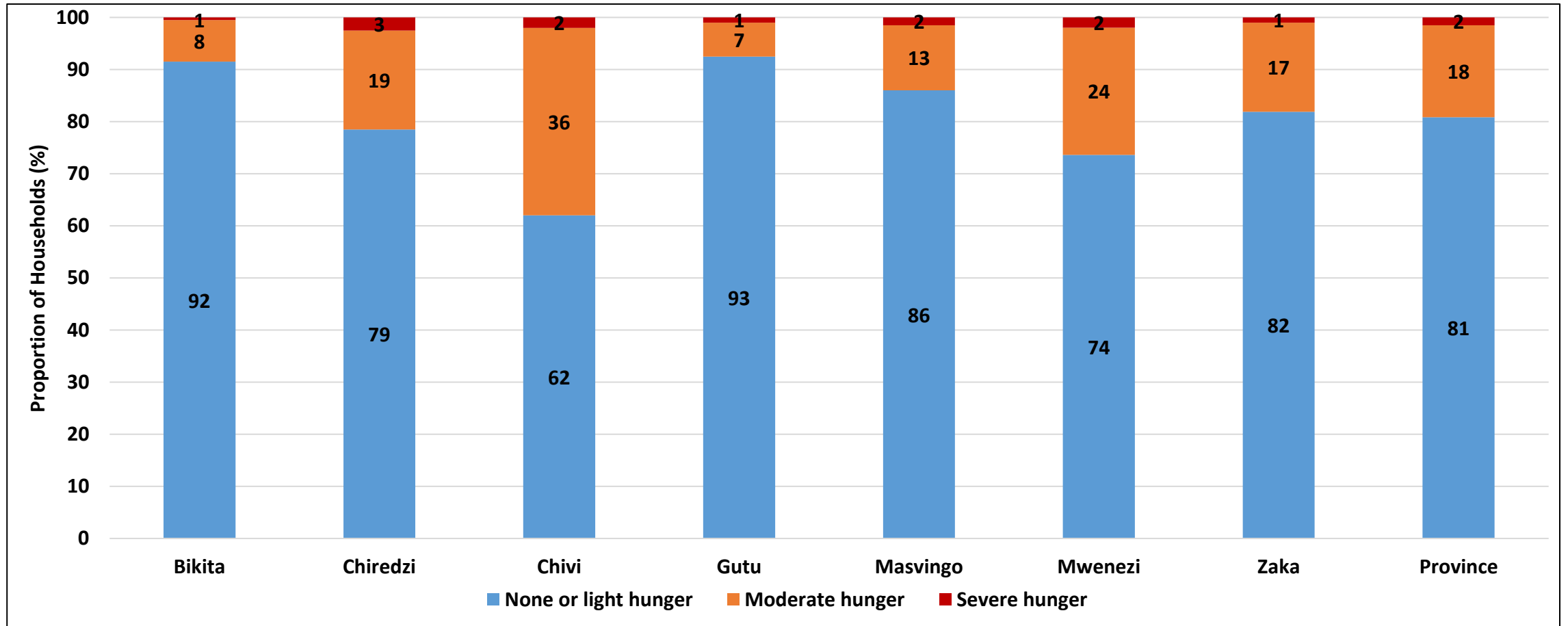
- Eighteen percent of the households in the province were facing moderate hunger while 2% had severe hunger.

- Chiredzi (3%) had the largest proportion of households facing severe hunger while Chivi (36%) had the largest proportion of households with moderate hunger.

Child Complementary Feeding
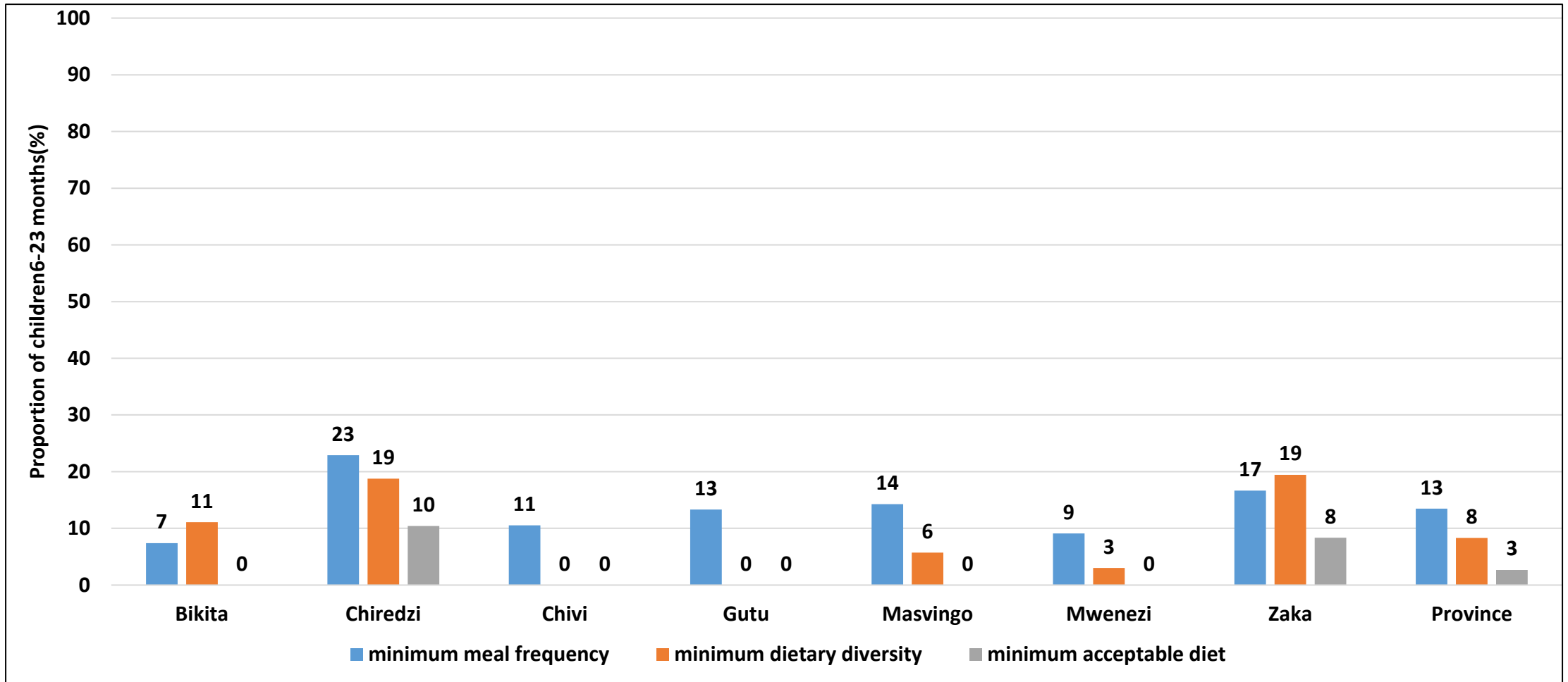
- Only 3% of children 6-23 months had a minimum acceptable diet ,that is they had received the recommended number of meals per day as well as the recommended food groups.

Child Nutrition Status

- Malnutrition in children is measured using weight for height ,MUAC and bilateral pitting edema.

- During this particular assessment only MUAC and oedema were used.

- Child nutritional status is used as a proxy to show the general health and well being of a community. High levels of malnutrition especially acute malnutrition in a community may indicate concerning food security and or wash issues

Malnutrition Using MUAC for Age

District	Moderate Acute Malnutrition (%)	Severe acute malnutrition (%)
Bikita	1.4	1.4
Chiredzi	4.1	2.5
Chivi	3.5	7.1
Gutu	0.0	0.0
Masvingo	4.3	1.1
Mwenezi	2.2	3.3
Zaka	1.0	1.0
Province	2.6	2.4
National	**2.4**	**2.1**

- Chivi had the highest malnutrition rate with a GAM of 11% and a SAM of 7.1%.

Nutritional Status by MUAC
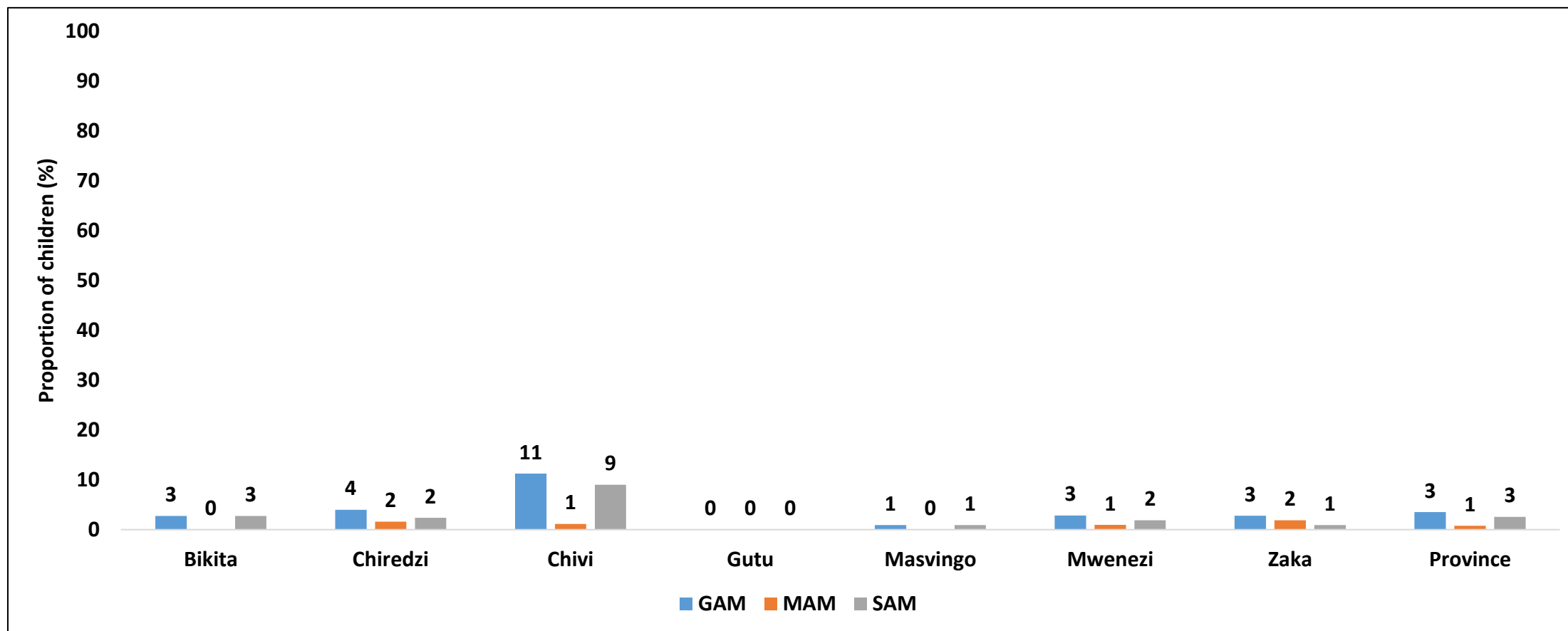
- Gutu had no malnutrition at all.

- Severe acute malnutrition was highest in Chivi (9%).

Vitamin A Supplementation
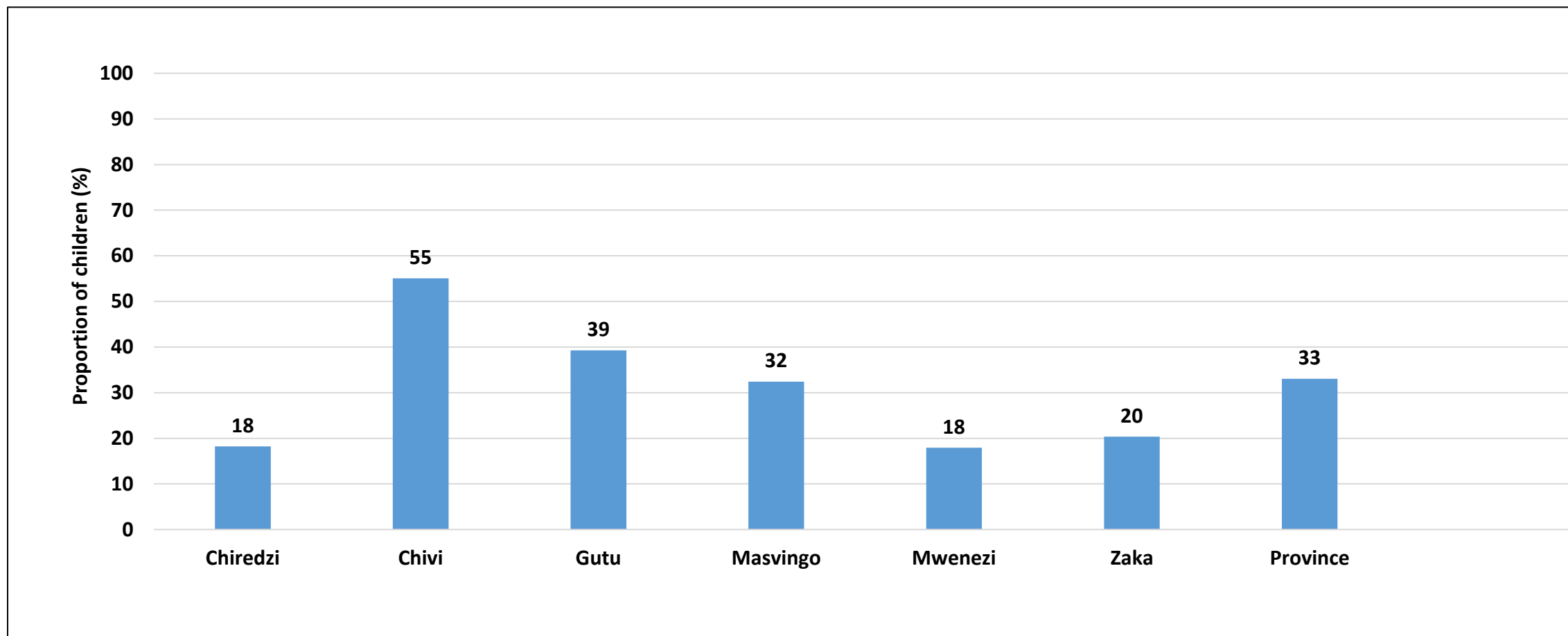
- The proportion of children 6-59 months who received Vitamin A supplements at least twice in the past 12 months were around 33% in the province.
- Chivi district (55%) had a greatest proportion of children who received Vitamin A supplements at least twice in the past twelve months.

Gender Based Violence

Forms of Gender Based Violence

Try to choke, burn one on purpose — 5
Threaten or attack with a knife, gun, or other weapon — 8
Force with threats or in any other way to perform sexual acts one did not want to — 9
Physically force to perform any other sexual acts one did not want to — 9
Twist your arm or pull your hair — 11
Physically force to have sexual intercourse when one did not want to — 13
Punch with fists or with something that could hurt — 17
Kick, drag, or beat up — 17
Deprived of money to buy basic commodities for self or children — 33
Slap you — 36
Push, shake, or throw something at you — 34
Verbally abuse, deprive from physical needs in order to punish — 71

Proportion of households (%)

- In the province and the most common form of gender based violence was verbal abuse(71%) abuse, deprive from physical needs in order to punish.

Spousal Violence Against Other Forms of Violence
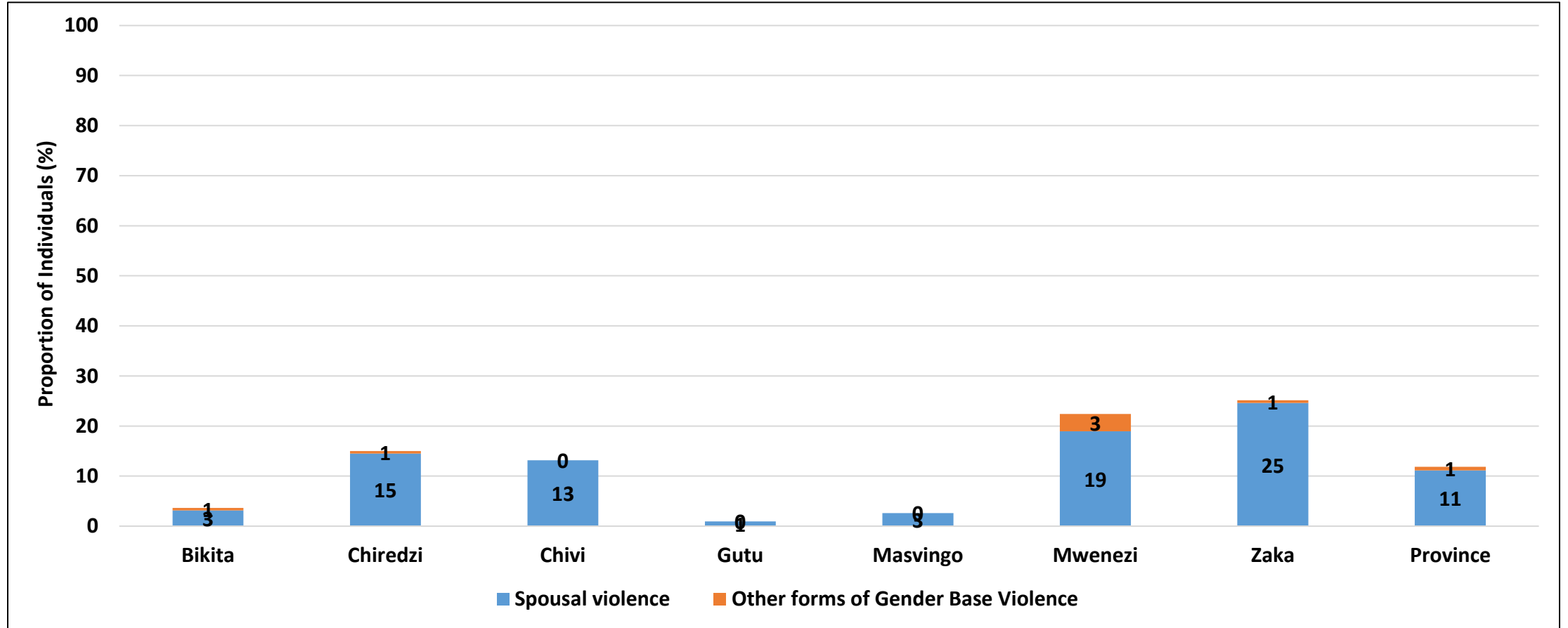
- Across all the districts, the most common type of GBV reported was spousal violence.

- The proportion of spouses that reported spousal violence was 19% in the province.

COVID- 19

www.shutterstock.com · 1621031059

www.shutterstock.com · 1627632577

Knowledge of COVID 19 Symptoms
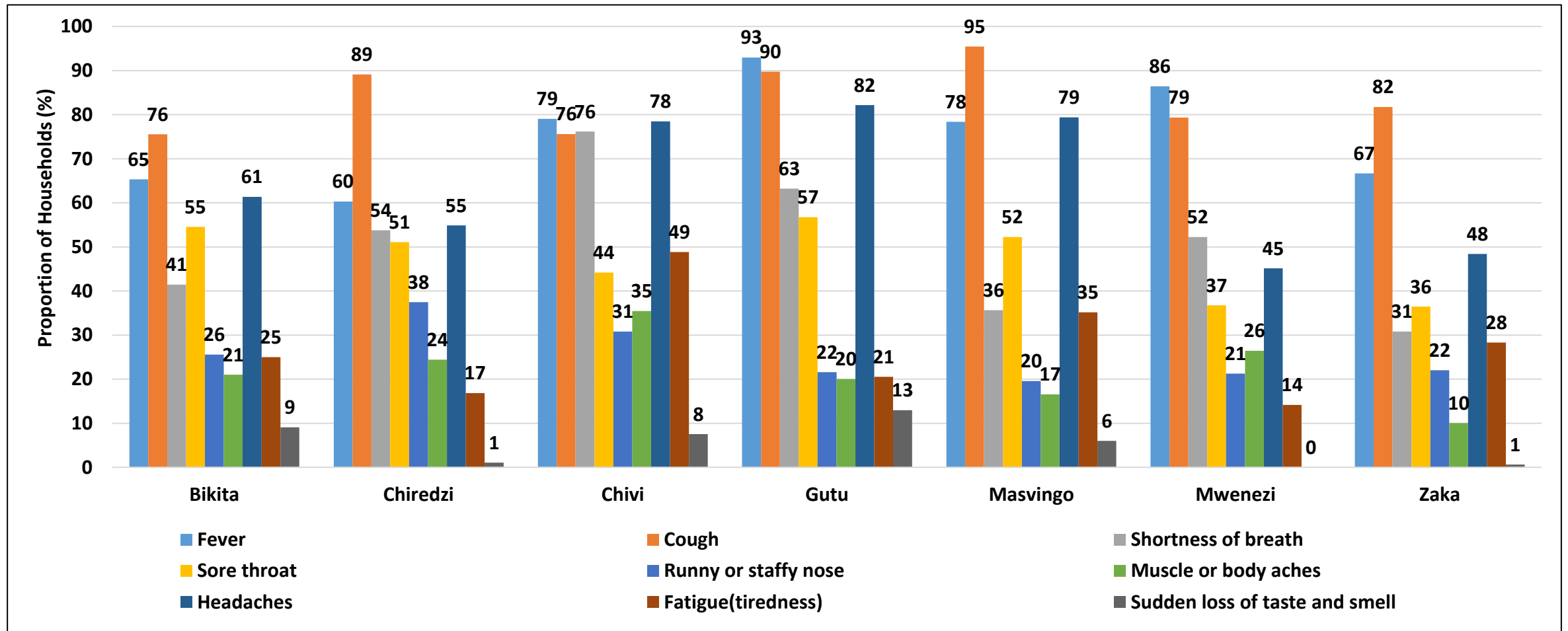
- Fever, cough, runny or stuffy nose came out prominently as the key symptoms of COVID-19 across all the districts.

Perceived Risk for Contracting COVID -19
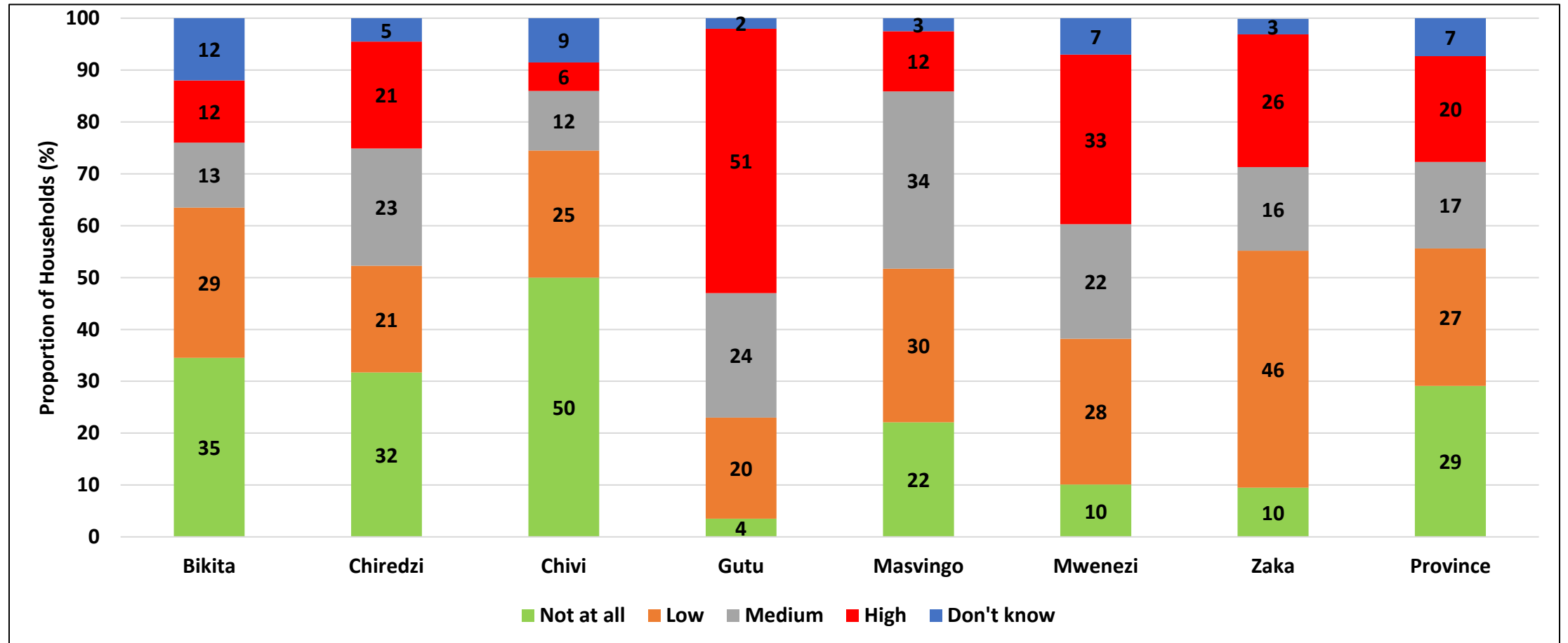
- Twenty nine percent of the households in the province did not consider themselves at risk of contracting the deadly COVID – 19 disease and Gutu (50%) had the greatest proportion of households with low perceived risk.

Covid-19 Current Sources of Information
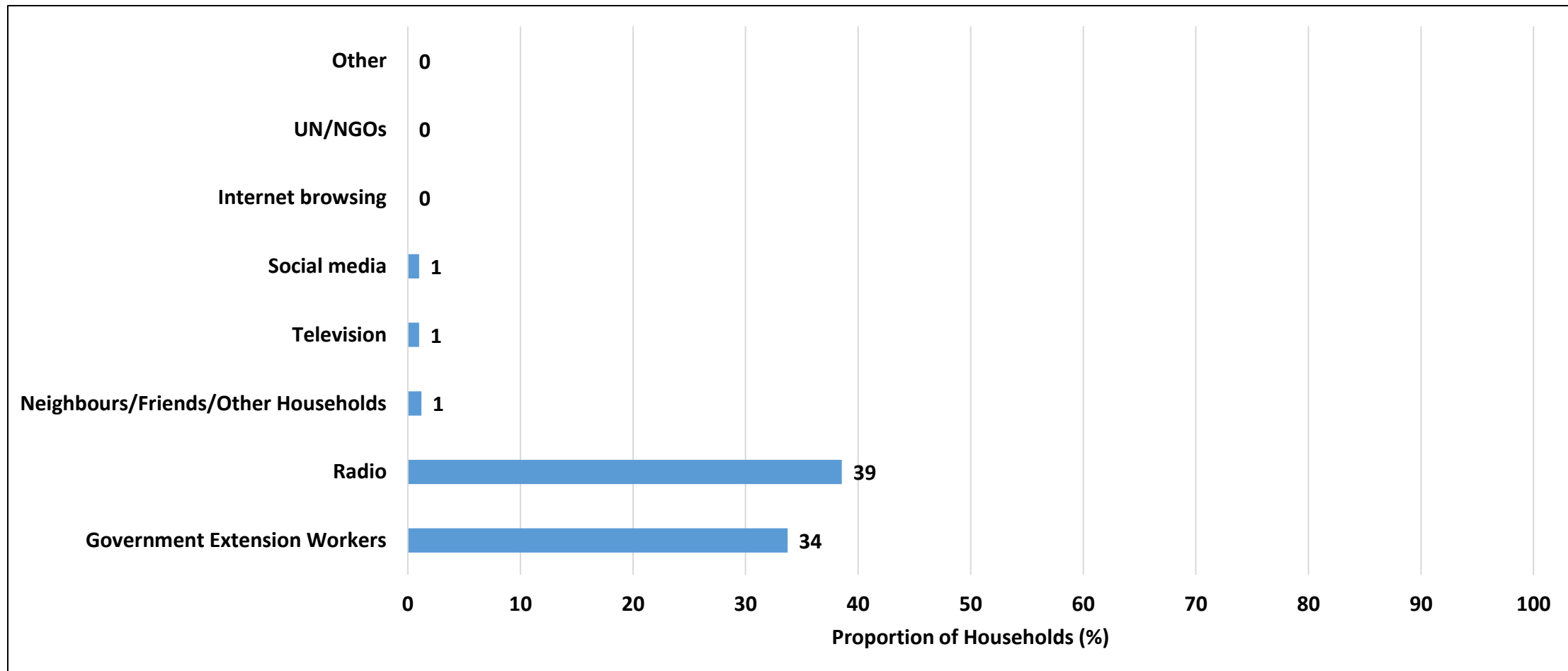
- Government extension workers (77%) and radio (29%) were reported as the most common source of current COVID 19 information.

Preferred Covid-19 Future Sources of Information

District	Clinic/ Health facility (%)	Community/Village health workers (VHW) (%)	Posters (%)	Radio (%)	Television (%)	Social media (%)	Workshop (%)	Print media (%)	Opinion leaders (%)
Bikita	81	57	3	37	1	8	5	1	16
Chiredzi	60	63	5	28	4	8	8	0	7
Chivi	63	58	24	42	3	7	8	6	14
Gutu	78	42	4	52	1	15	2	2	1
Masvingo	95	35	9	21	9	12	2	7	2
Mwenezi	19	77	11	30	4	9	11	2	1
Zaka	55	47	6	35	1	21	17	1	19
Masvingo	64	54	9	35	3	11	7	3	8

- A significant proportion of the population in the province indicated that they would prefer getting information on COVID- 19 from health facilities (64%) and also from Community/ Village Health Workers (54%) in the future.

Knowledge on how COVID-19 Spreads
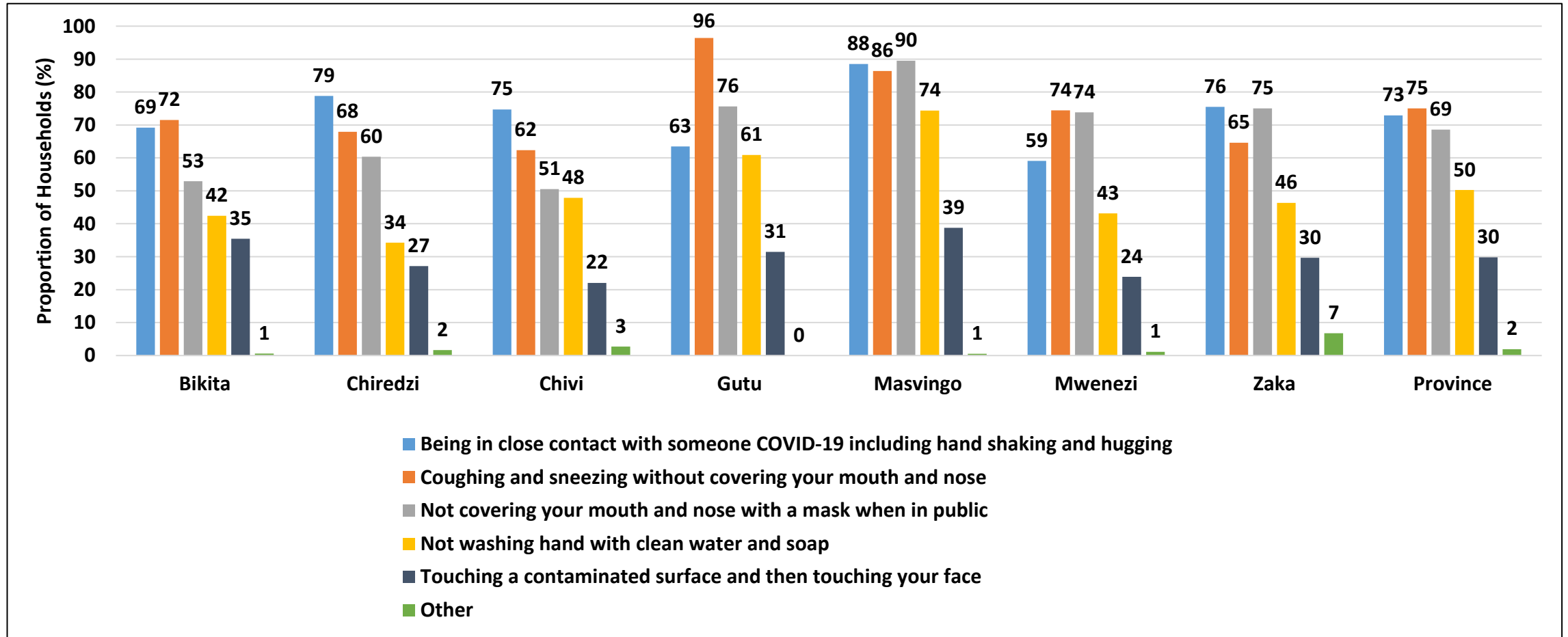
- A considerably high proportion of the households respondents (75%) cited that COVID-19 is spread through coughing and sneezing.

Households that Experienced Difficulties in Accessing Medical Services
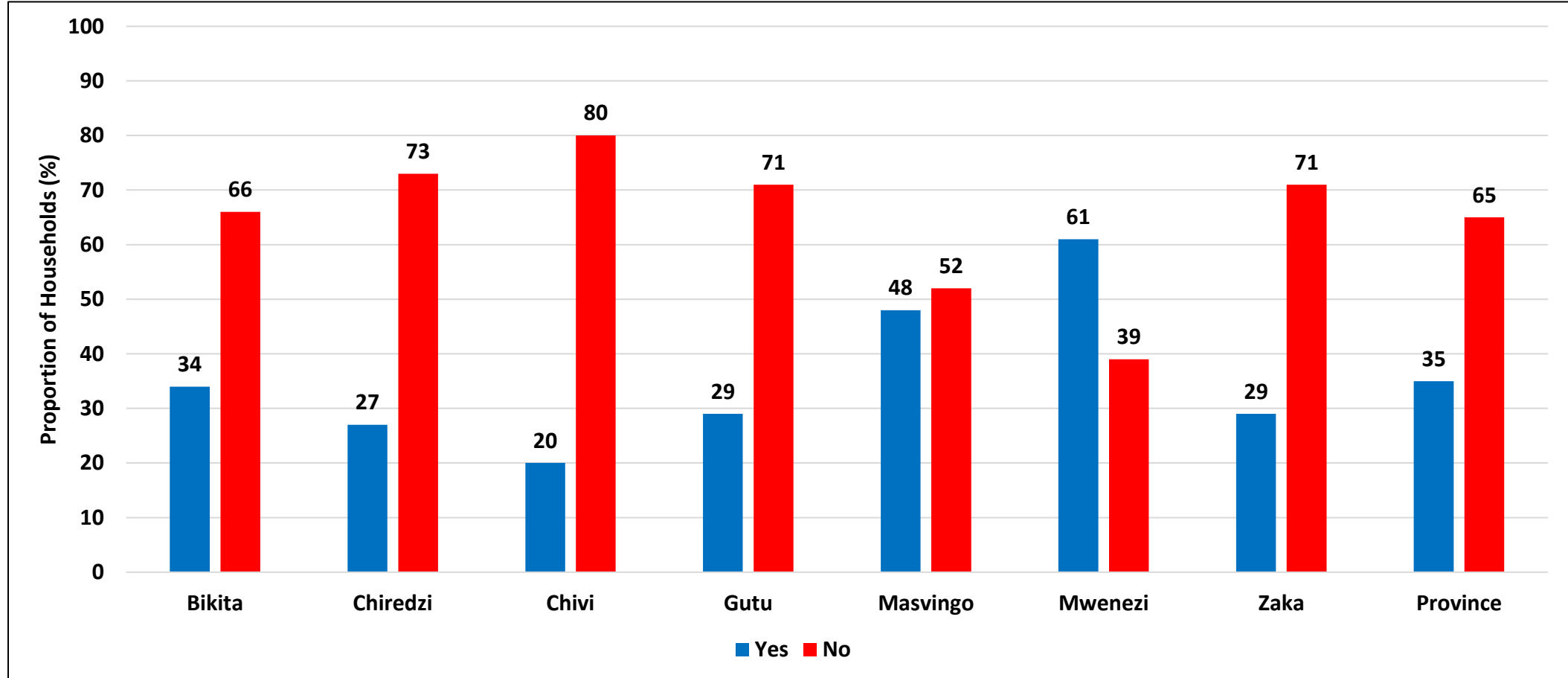
- A significant proportion of households in the province (35%) failed to access medical services during the COVID- 19 pandemic lockdown period .

Personal Protective Equipment (PPE) Affordability
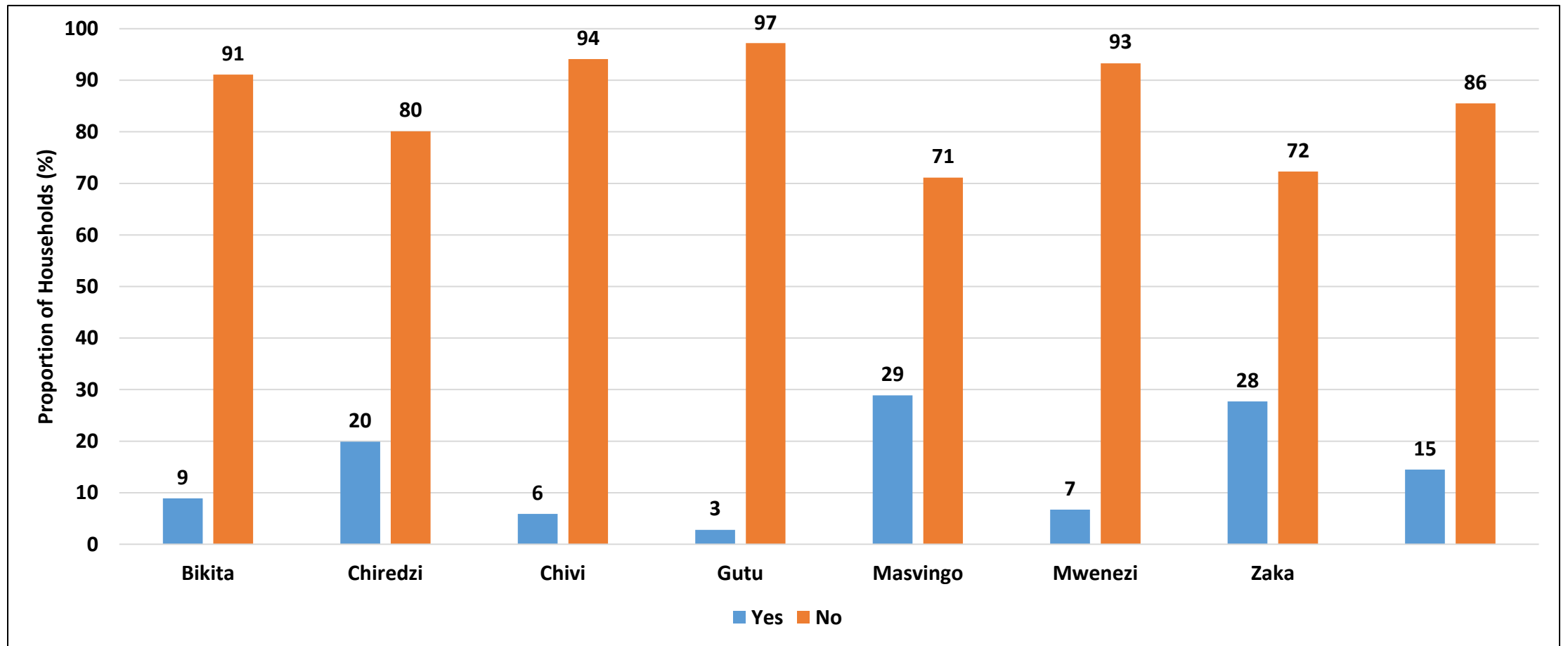
- PPE was reported to be too expensive by the greatest proportion of households in the province (86%).
- Masvingo (29%) had the greatest proportion of households which reported that PPE was affordable.

Knowledge of the COVID-19 Tollfree Phone Number
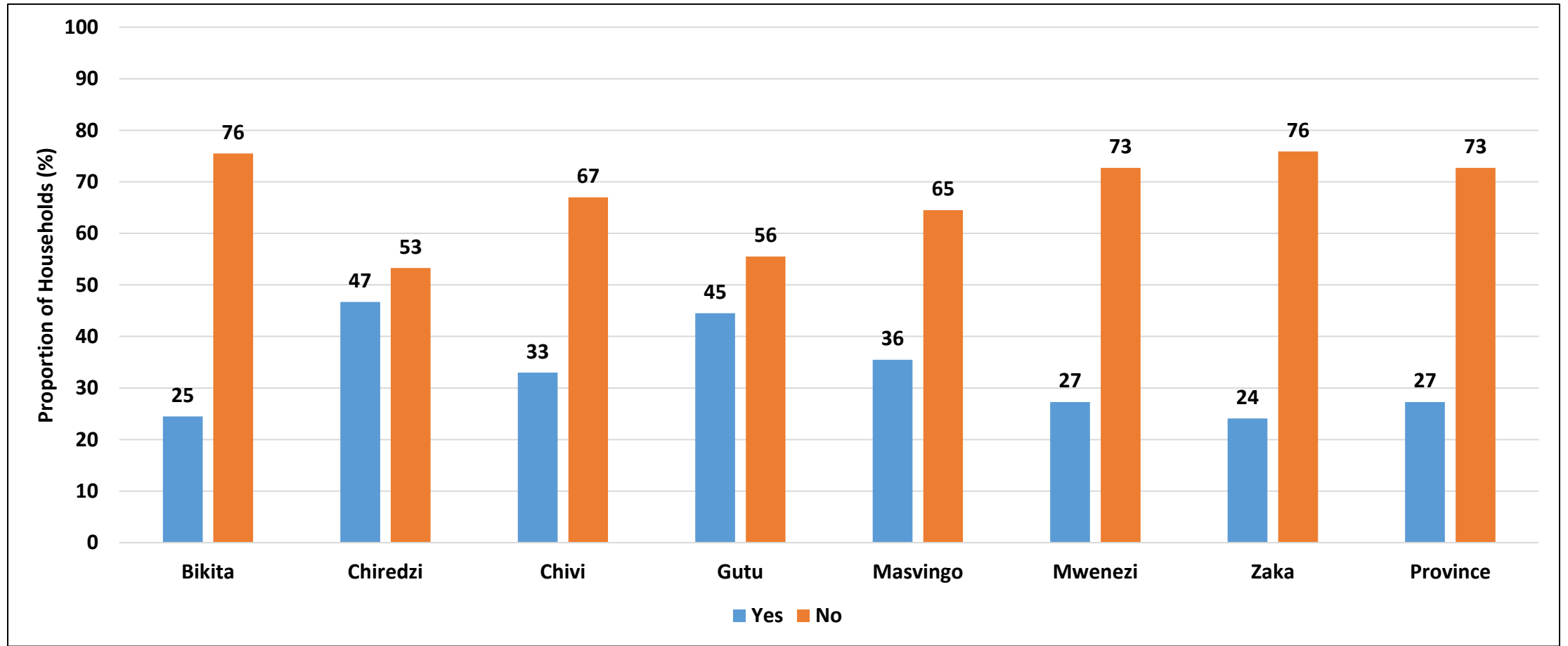
- In the province, only 27% of the households knew the toll free number to inquire or report COVID-19

- Bikita and Zaka (76%) had the greatest proportion of households who were aware of the COVID -19 toll free phone number.

Effects of COVID-19 on Livelihoods

District	Loss of business income	Loss of employment	Failed to access health facility	Failed to access basic commodities	Reduced sources of income	Reduced salaries	Reduced food sources	Gender-based violence (GBV)	Restricted access to agricultural markets
Bikita	35.1	12.9	2.3	20.5	26.3	12.3	56.7	0.6	4.7
Chiredzi	15.6	4.2	2.6	15.6	56.8	4.7	47.9	0	14.1
Chivi	30	4.5	1.5	31	49	3	68.5	0.5	18.5
Gutu	12.6	3	1.5	27.6	54.3	4.5	52.8	0	12.6
Masvingo	38.5	6.5	0.5	3.5	27.5	5.5	60	0	31.5
Mwenezi	30.8	3.5	4.5	19.7	65.7	1.5	17.2	0	2
Zaka	16.1	9.5	6.5	33.7	51.3	3	51.3	0	34.7
Masvingo	25.4	6.2	2.8	21.7	47.6	4.8	50.6	0.1	17.1

- A greater proportion of households in the province (50.6%) reported experiencing reduced food sources and reduced sources of income (47.6%) due to the COVID-19 pandemic.

Shocks and Stressors

Definitions

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

Households which Reported Experiencing Different Shocks
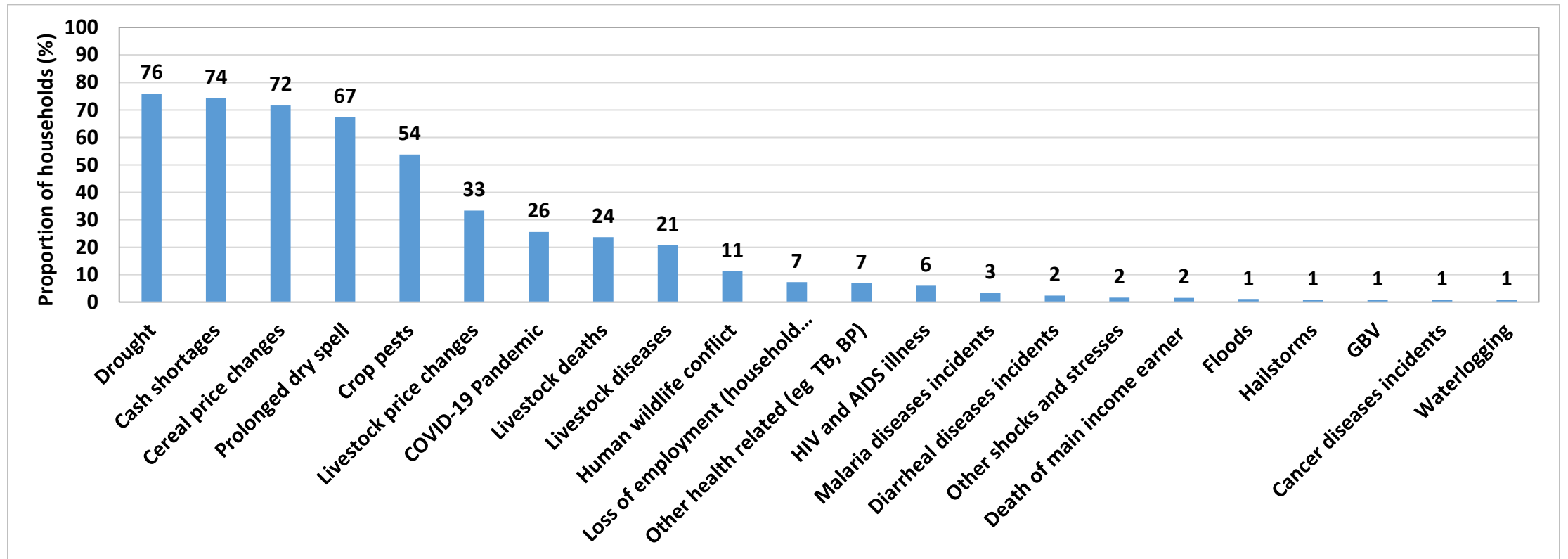

- In the province, the greatest proportion of households (76%) reported experiencing drought during the previous twelve months.

- Cash shortages 74%) and cereal shortages (72%) were some shocks experienced by a great proportion of households. in the province.

Shocks and Stressors Commonly Experienced by Households

District	Cash shortages (%)	Drought (%)	Cereal price changes i.e. sharp drop or increase (%)	Crop pests (%)	Prolonged mid-season dry spell (%)	Livestock price changes i.e. sharp drop or increase (%)	Livestock deaths (%)	COVID-19 Pandemic (%)	Human wildlife conflict (%)	Livestock diseases (%)	Other health related (e.g TB, BP) (%)
Bikita	85.1	78.6	64.7	57.2	32.3	34.3	24.4	7.5	7.0	21.9	5.0
Chiredzi	79.0	70.5	88.0	23.5	36.0	21.5	10.0	18.5	17.5	8.5	5.5
Chivi	56.5	87.5	67.5	62.5	87.5	23.5	19.0	2.0	8.5	19.0	14.5
Gutu	83.5	86.5	76.0	40.5	89.5	48.0	37.5	30.5	29.5	36.5	4.5
Masvingo	90.0	87.5	90.0	63.5	87.0	54.5	15.0	4.0	9.5	23.5	3.0
Mwenezi	72.1	51.2	50.2	37.3	65.2	25.9	36.8	53.2	2.5	16.4	4.0
Zaka	53.5	70.0	65.0	92.0	73.5	26.0	23.0	63.5	5.0	19.5	12.5
Province	74.3	76.0	71.6	53.8	67.3	33.4	23.7	25.6	11.3	20.8	7.0

Average Number of Shocks/Stressors Experienced by Households
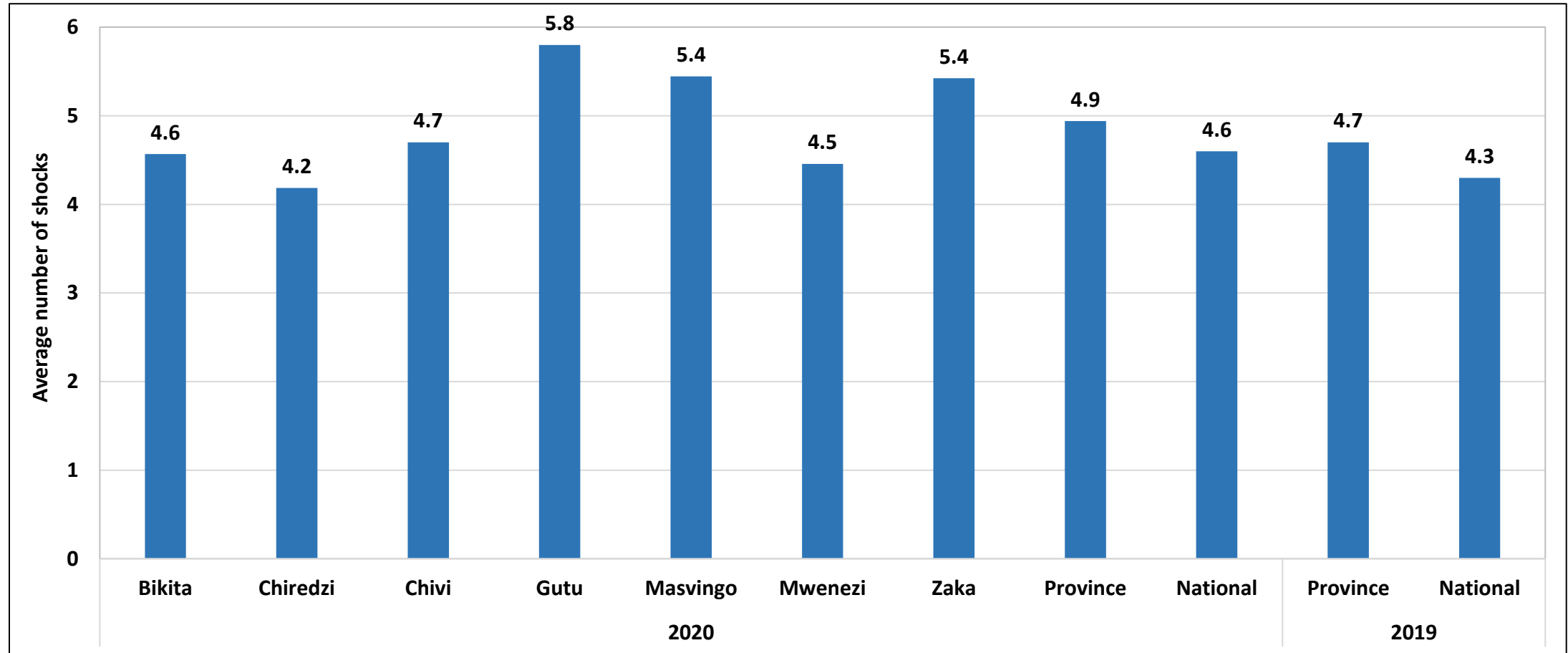
- There was an increase in the number of shocks experienced by households across all province for two years in a row.

- Each household across all the districts experienced at least four different types of shocks/stressors.

Impact of Most Common Shocks and Household Ability to Cope with Those Shocks
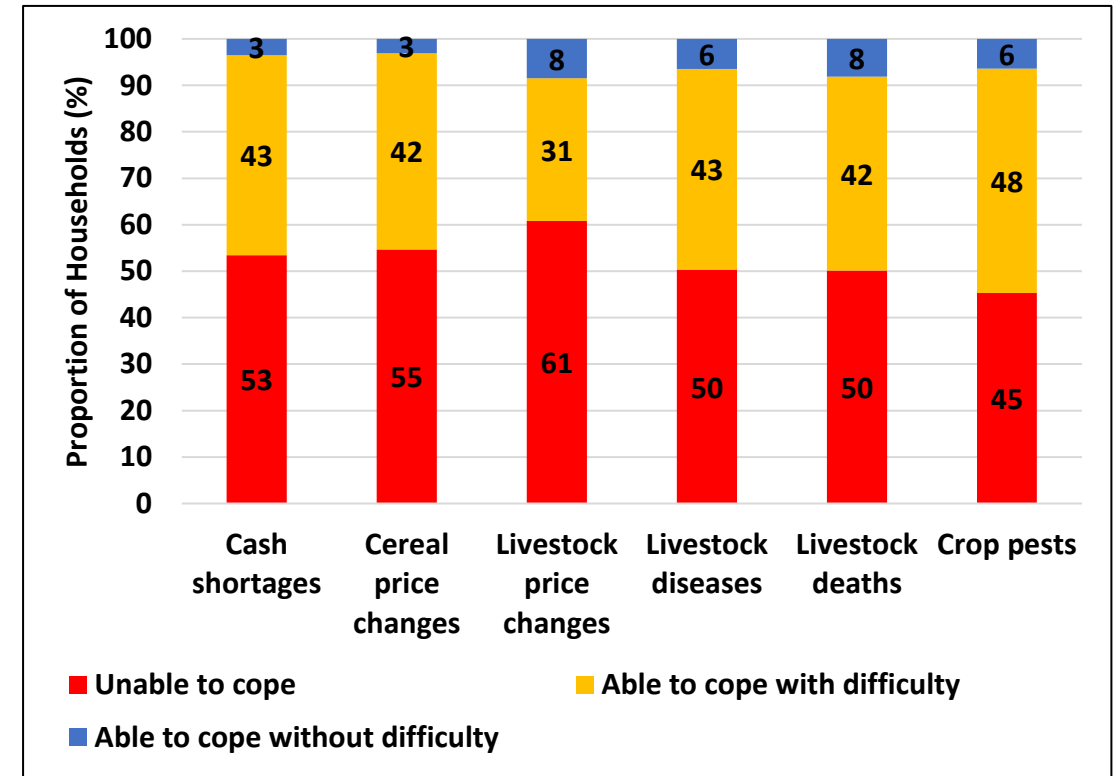
- Most households in the province reported that the shocks they experienced caused severe impacts on the households and hence were not able to cope with the shocks whilst those who managed to cope with the shocks reported having difficulties in dealing with the shocks.

Household's Perception on their Ability to Cope with Common Shocks in the Future
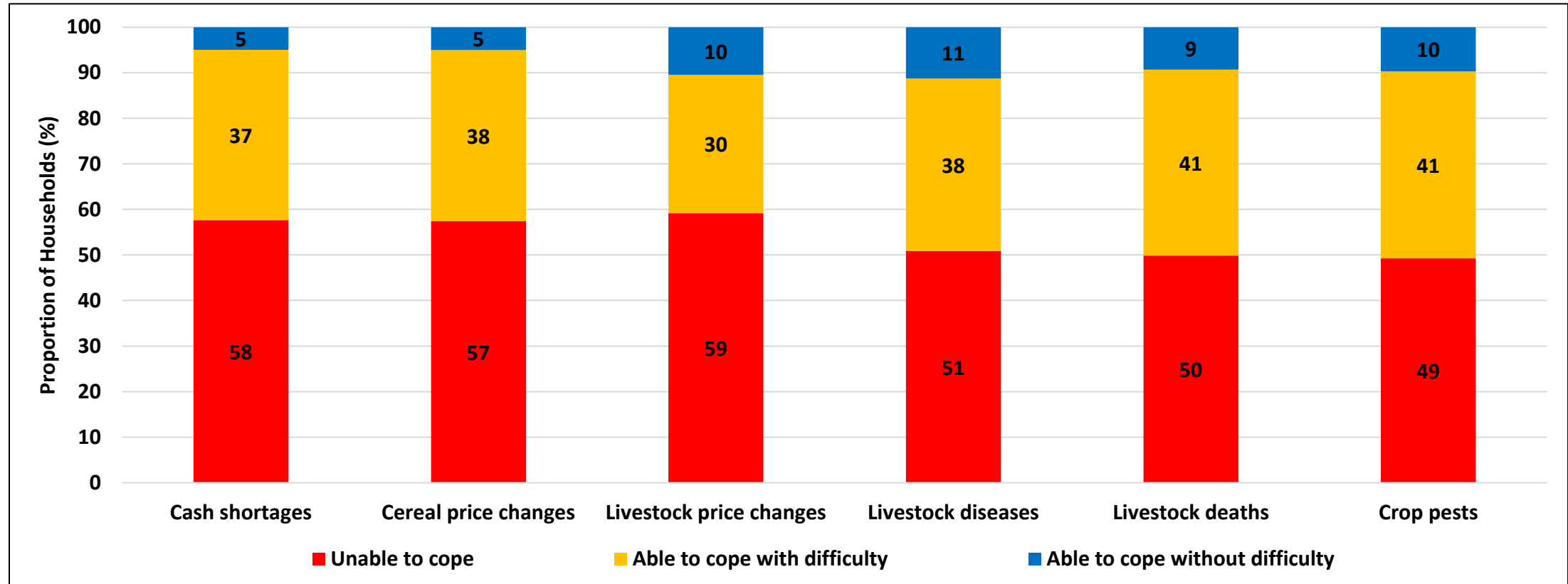
- Most households reported that if they were to encounter most of the common shocks/ stressors that they experienced in 2019/2020 in the future they would not be able to withstand their impacts.

Shock Exposure and Ability to Cope Index
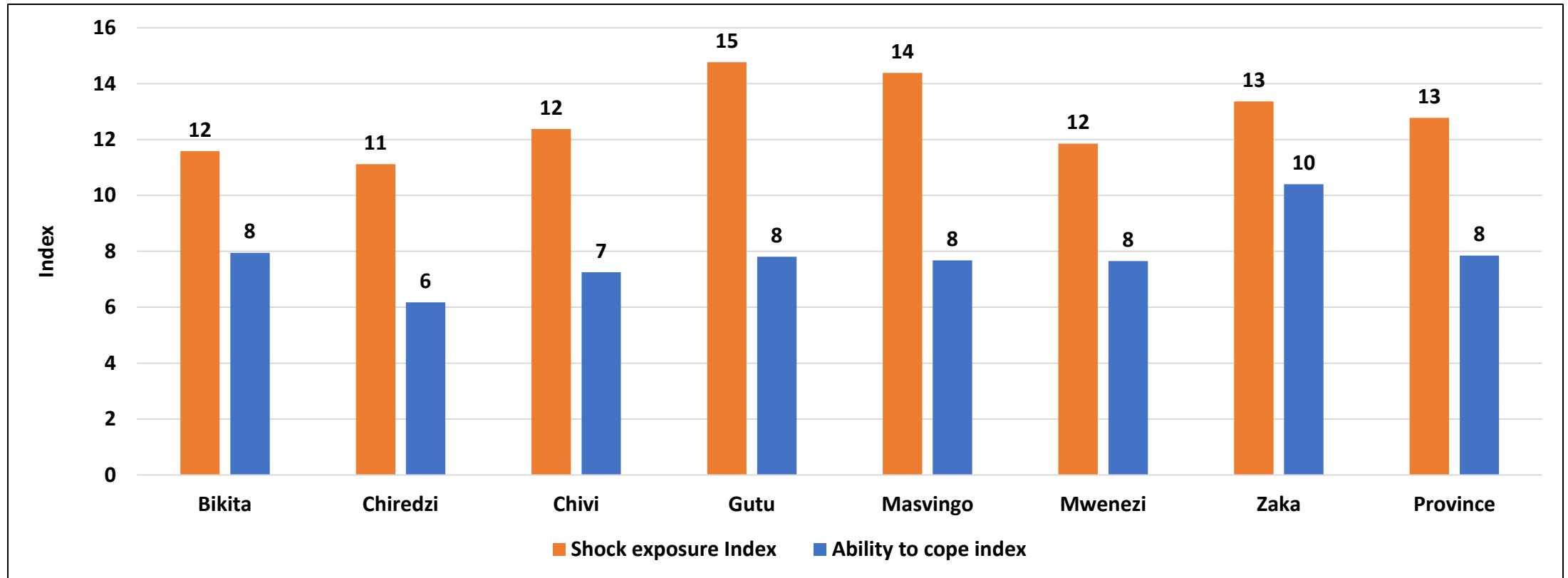
- In all districts the shock exposure was higher than the households' perceived ability to cope with those shocks.

- Gutu (15) had the highest shock exposure index and Chiredzi (11) had the least.

Food Security

Food Security Dimensions
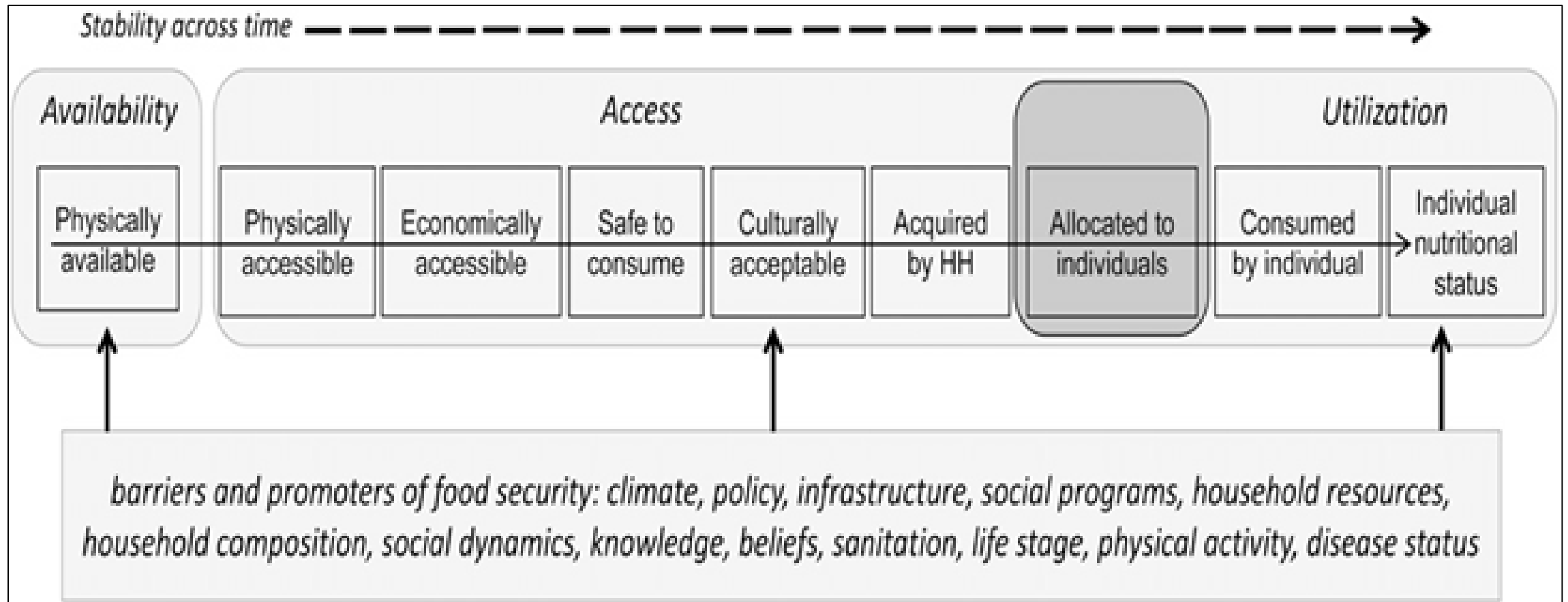
Figure 3: Dimensions of Food Security (Jones et al., 2013)

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 as give in Figure 1 are:

➢ **Availability** of food

➢ **Access** to food

➢ The safe and healthy **utilization** of food

➢ The **stability** of food availability, access and utilization

Food Security Analytical Framework

- Each of the surveyed households' potential to acquire minimum expenditure food basket (Figure 3),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, formal and informal employment

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.

Cereal Insecurity Progression by Income Source
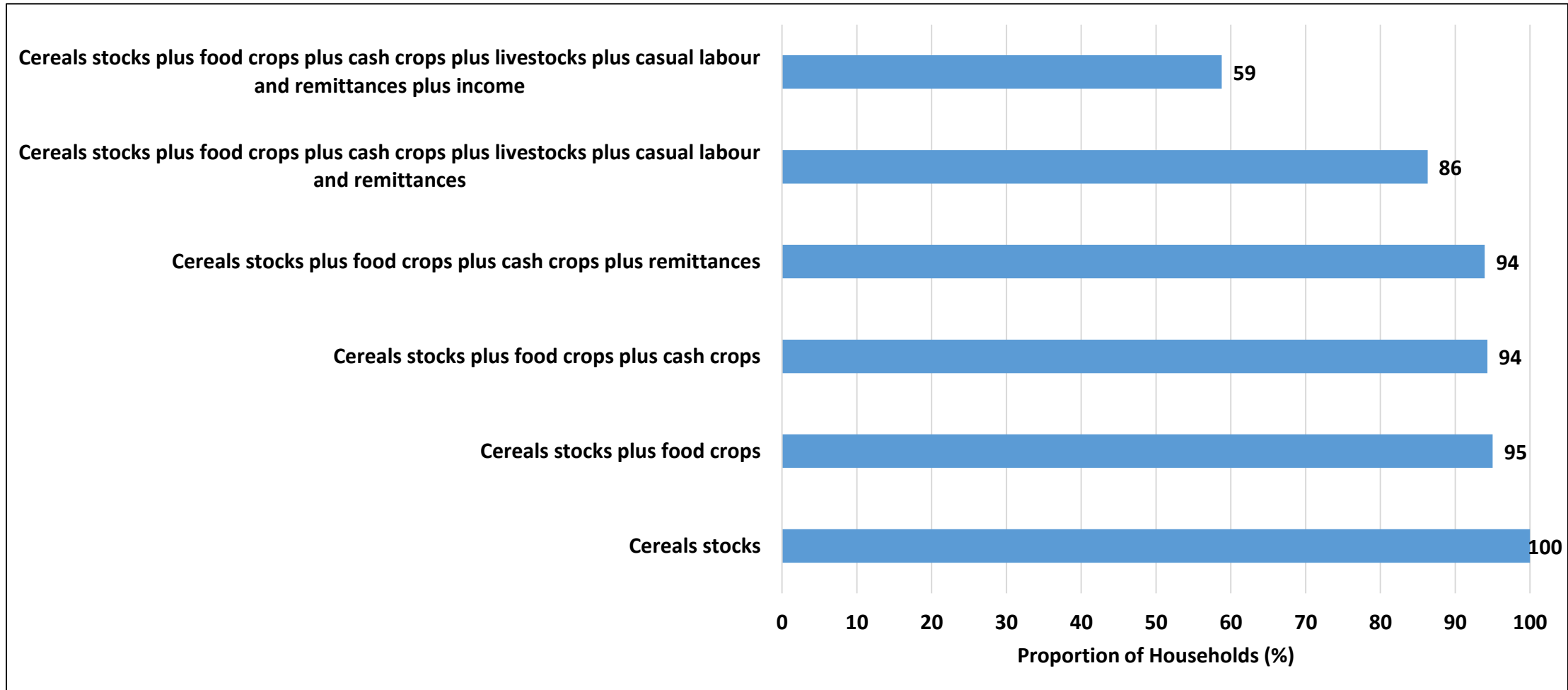
- Considering all incomes, the food insecurity prevalence in the province is projected to be 59% during the peak hunger in the 2020/2021 consumption year.
- The effects of stocks on food security was minimal an indication that households do not have stocks.

Cereal Insecurity Progression by Quarter
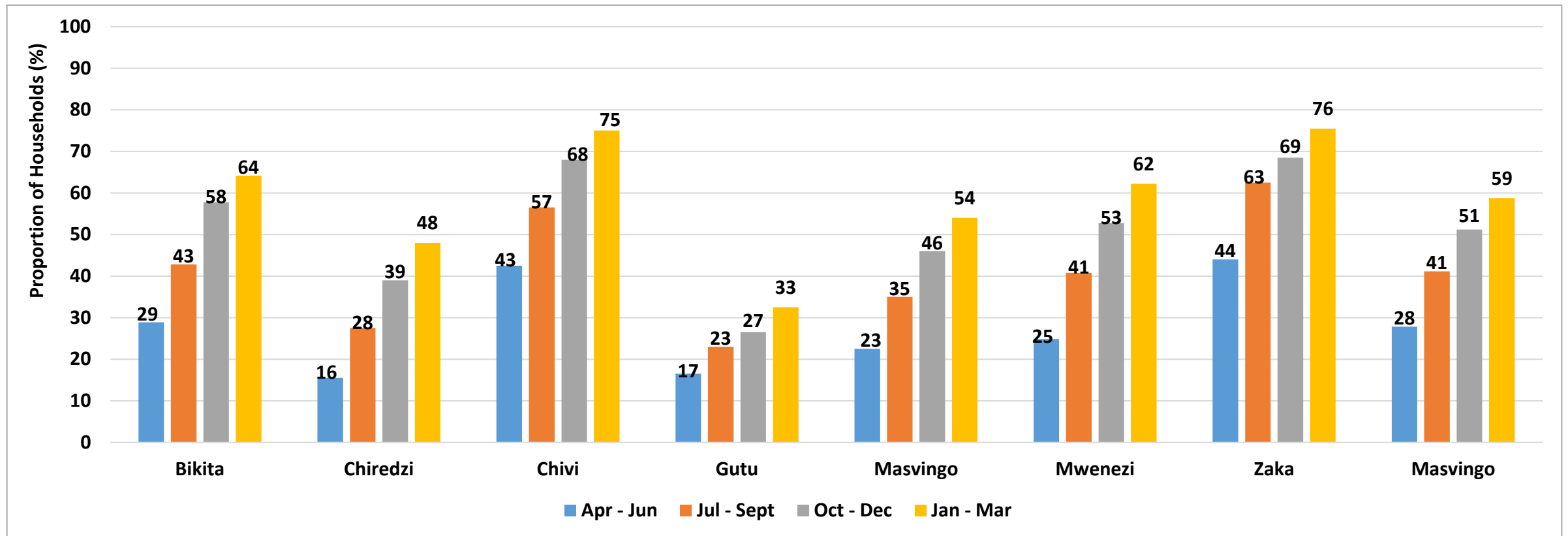
- Zaka (44%) and Chivi (43%) districts reported the highest food insecurity during the harvest period i.e. April to June.
- As from October, most of the district except for Chiredzi and Gutu, are projected to have more than 50% of their population failing to meet their cereal needs.

Cereal Insecure Population by Quarter

District	Proportion of Households (%)				Food Insecure population			
	Apr -Jun	Jul - Sept	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar
Bikita	28.9	42.8	57.7	64.2	75,853	92,028	151,706	160,631
Chiredzi	15.5	27.5	39.0	48.0	51,870	92,028	130,513	160,631
Chivi	42.5	56.5	68.0	75.0	42,673	56,730	68,277	75,305
Gutu	16.5	23.0	26.5	32.5	31,531	43,952	50,641	62,106
Masvingo	22.5	35.0	46.0	54.0	45,711	71,106	93,453	109,706
Mwenezi	24.9	40.8	52.7	62.2	21,104	34,610	44,740	52,759
Zaka	44.0	62.5	68.5	75.5	34,895	49,567	54,325	59,876
Province	**27.8**	**41.2**	**51.2**	**58.8**	**415,815**	**615,193**	**765,526**	**878,542**

Cereal Requirements (MT) by Quarter

District	Cereal Requirements (MT)			
	Apr - Jun	Jul - Sept	Oct - Dec	Jan -March
Bikita	11,226	16,646	22,452	24,969
Chiredzi	7,677	13,620	19,316	23,773
Chivi	6,316	8,396	10,105	11,145
Gutu	4,667	6,505	7,495	9,192
Masvingo	6,765	10,524	13,831	16,237
Mwenezi	3,123	5,122	6,622	7,808
Zaka	5,164	7,336	8,040	8,862
Province	**61,541**	**91,049**	**113,298**	**130,024**

Cereal Insecurity Prevalence

Blue numbers represent the population that is cereal insecure.

Purple numbers represent cereal requirements in Metric Tonnes

62106

9192 **Gutu**

24969

Masvingo

Bikita

8862

16237 **168707**

11145 **Zaka**

Chivi **109706** **59876**

75305

160631

Mwenezi

7808

Chiredzi

52759

23773

Cereal Insecurity Prevalence

	33
	48
	54
	62
	64
	75
	76
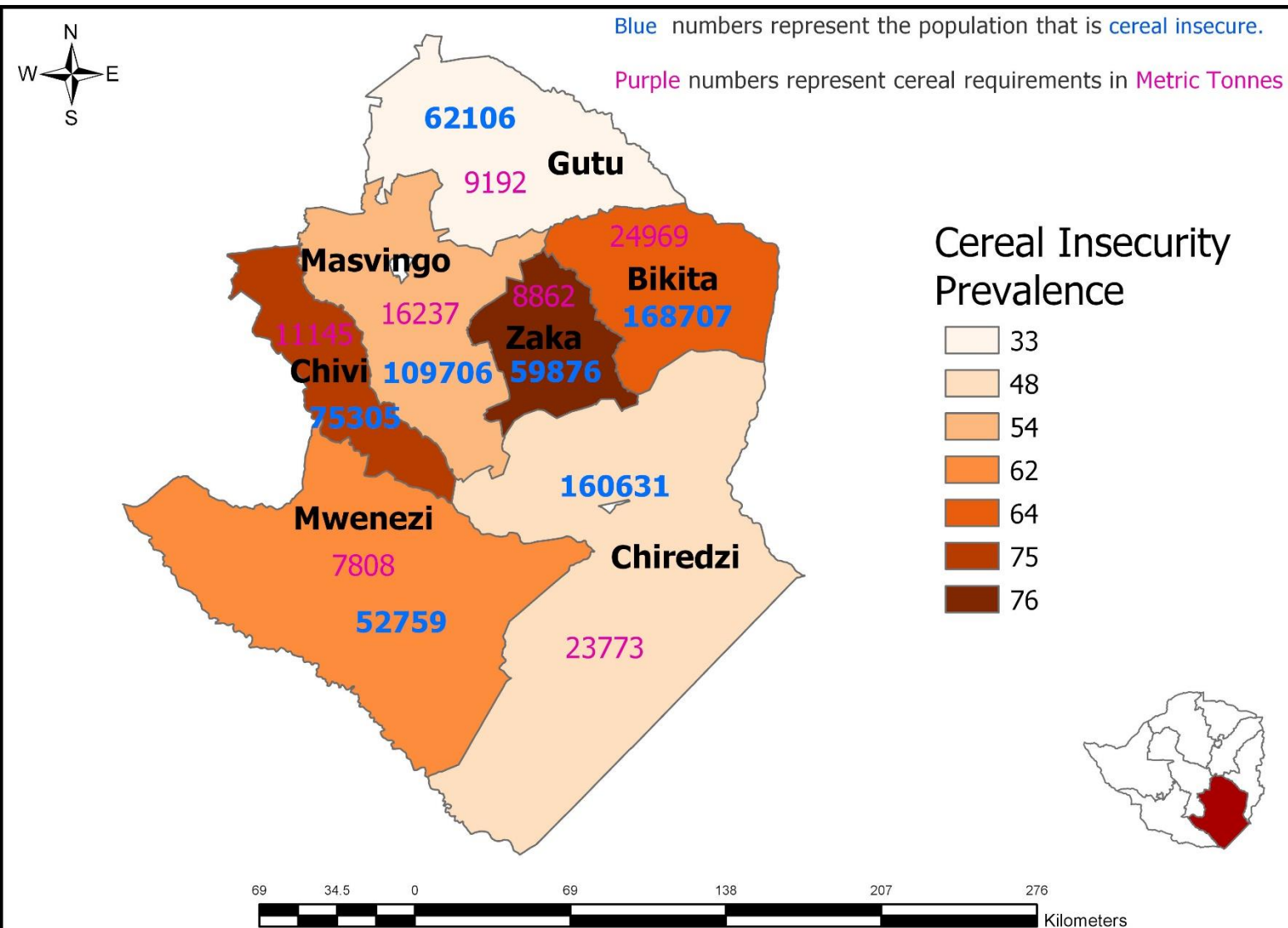
- Cereal insecurity prevalence is high in Chivi and Zaka districts followed by Mwenezi and Bikita districts.

Conclusions and Recommendations

- The provincial proportion of children receiving any form of schooling (home, online and Whatsapp) of 8% is too low considering that the Covid 19 pandemic is seemingly unending. It is recommended that all parents and The Ministry of Primary and Secondary Education need to have the ability, time and energy to provide online and remote learning to children.

- While food support to vulnerable households was the dominant form of support from Government (71%) and NGOs/UN (69.2%) in all districts, it is recommended that livelihood programming through the ministry responsible for social welfare, be up scaled as a better alternative to achieving self sustenance at household level.

- Harvests are affected by pests and diseases which should be controlled at onset. Mwenezi district (76%) had the highest proportion of households that did nothing in fall armyworm control, the ministry responsible for agriculture should scale up programs that encourages farmers to take active action to maximize their yields and enhance household food security.

Conclusions and Recommendations

- The Ministry of Health and Child Care in the province should spearhead the strengthening of WASH programs considering the proportion of population that still accesses unimproved water services is fairly high (14%) thus predisposing communities to water borne diseases.

- Messaging on access to safe water must focus on water treatment as the proportion of households practicing water treatment is considerably low especially with districts where households rely on surface water (Zaka 28%).

- The proportion of households who had no hand hygiene facilities at their sanitation infrastructure was more than 80% across all the districts of the province. The province through the ministry responsible for health, must facilitate the promotion and provision of low cost hygiene enabling facilities as these infrastructure were found lacking in all districts.

- Risk communication for covid-19 should be strengthened by using existing formal channels as this is instrumental in clearing misconceptions amongst the general public.

- A greater proportion of households in the province (50.6%) reported experiencing reduced food sources and reduced sources of income (47.6%) due to the COVID-19 pandemic. Thirty five percentage failed to access medical services. Lockdowns must be policed in ways that will not cause more loss of life as people fail to assess very essential services such as food and medical supplies.

Conclusions and Recommendations

- The most common shocks that affected households in Masvingo province were economic (cash shortages 745) and agro –based (drought 76%), there is therefore need for multi- stakeholder efforts spearheaded by the ministry responsible for agriculture, to address challenges related to weather and climate, pests and food and nutrition security. Strategies should focus on building the resilience of communities.

- There is need to scale up community based resilience building programs in the province to enable communities to cope with future shocks and hazards. Particular focus should be put on diversifying livelihoods including off-farm income generating activities.

- The provincial food insecurity during the last quarter of 2020 (Oct – Dec) is estimated to at 51% and is projected to reach 59% during the peak hunger period (Jan-Mar 2021). Government through the department of social welfare should therefore scale up food distribution or cash based transfers to food insecure households in order to avoid worsening situation.

- Zaka (76%) and Chivi districts (75%) are projected to have the highest proportion of food insecure households. Interventions need to be urgently focused on these districts.

Conclusions and Recommendations

- Food consumption score in the province is around 31% proportion of households who are in the acceptable range, household dietary diversity is below 5, iron rich food consumption by women of child bearing age was at 19 % and MAD for children 2-23 months was as low as 3 %. Intensive education should be spearheaded by food and nutrition committees to communities so that they understand the importance of these nutrition indicators

- There should be promotion of production and consumption of a variety of pulses as well as small livestock .The water situation has to be addressed in the province so as to promote food production given the repeated episodes of drought. Young people need to be carefully engaged in farming and leadership to provide viable markets to attract the young people into doing food production business.

- Vitamin A supplementation was too low for the 12 – 59 months age category, in the province recording a category of 33%,the health department should ensure availability of the vitamin A capsules at all times and also engage communities through village health workers to upscale the supplementation programme..

- GAM across the province was 5% and SAM was 2.4% This is a bit too high given its based on MUAC only. There should be a close investigation into the specific causes of this malnutrition and the province should address this at ward level. Access to health facilities should also be improved as only 51% of households reported they were within 5km radius of a health facility.