Zimbabwe Vulnerability Assessment Committee (ZimVAC)

2020 Rural Livelihoods Assessment

Matabeleland South Provincial Report




ZimVAC is coordinated by the Food and Nutrition Council
Housed at SIRDC: 1574 Alpes Road, 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

Table of Contents

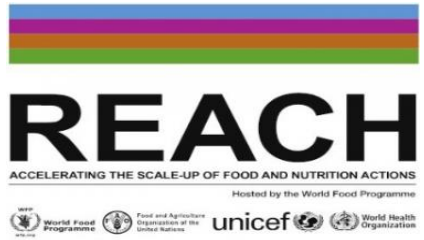
Acknowledgements

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 Lands, Agriculture, Water, Climate and Rural Resettlement
- Ministry Public Service, Labour and Social Welfare
- Ministry of Health and Child Care
- Ministry of Local Government and Public Works
- Ministry of Women Affairs, Community, Small and Medium Enterprise Development
- District Development Fund
- Rural District Councils
- Sizimele
- World Vision

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

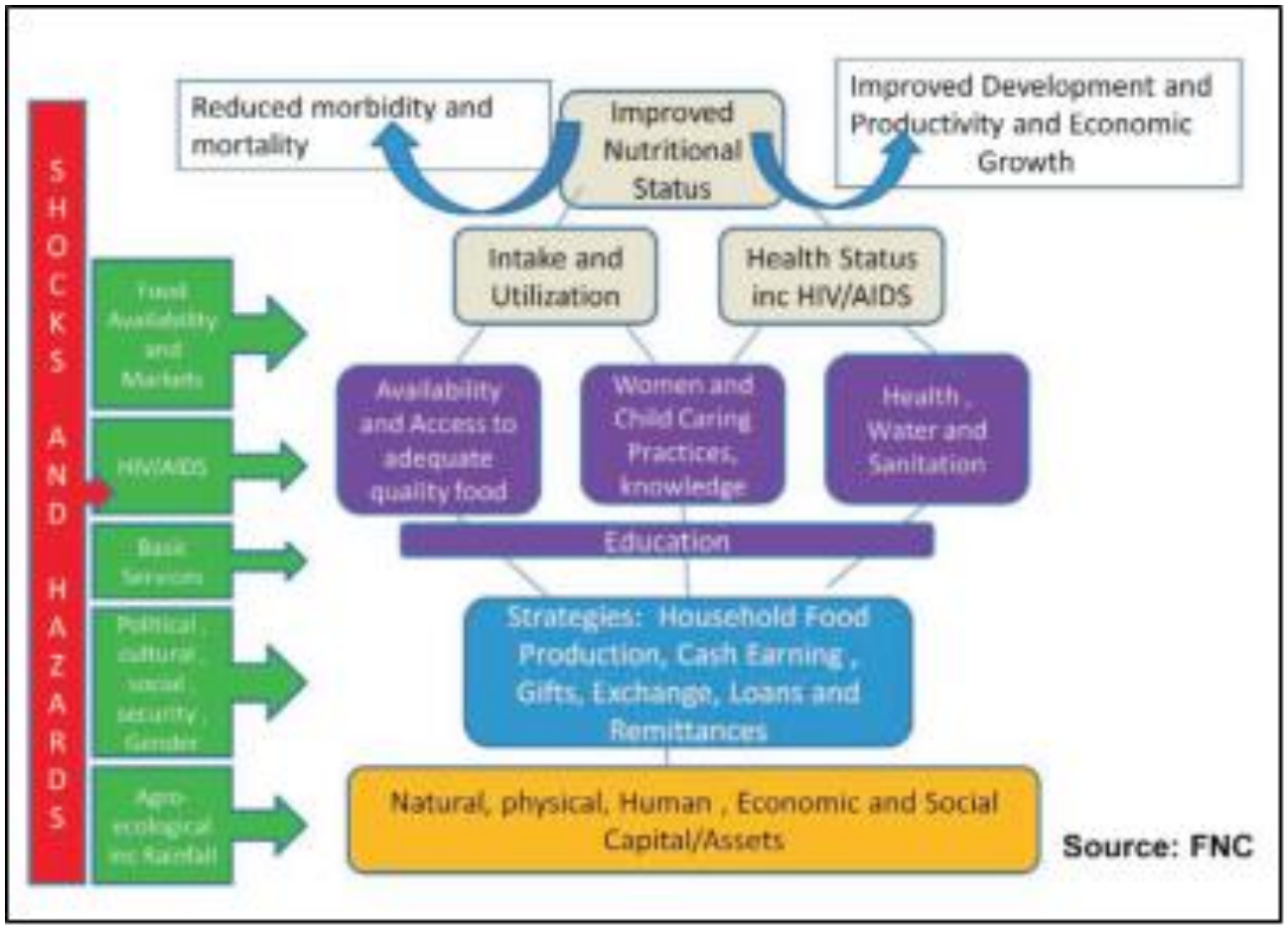


Figure 1: Food and Nutrition Conceptual Framework

- 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.

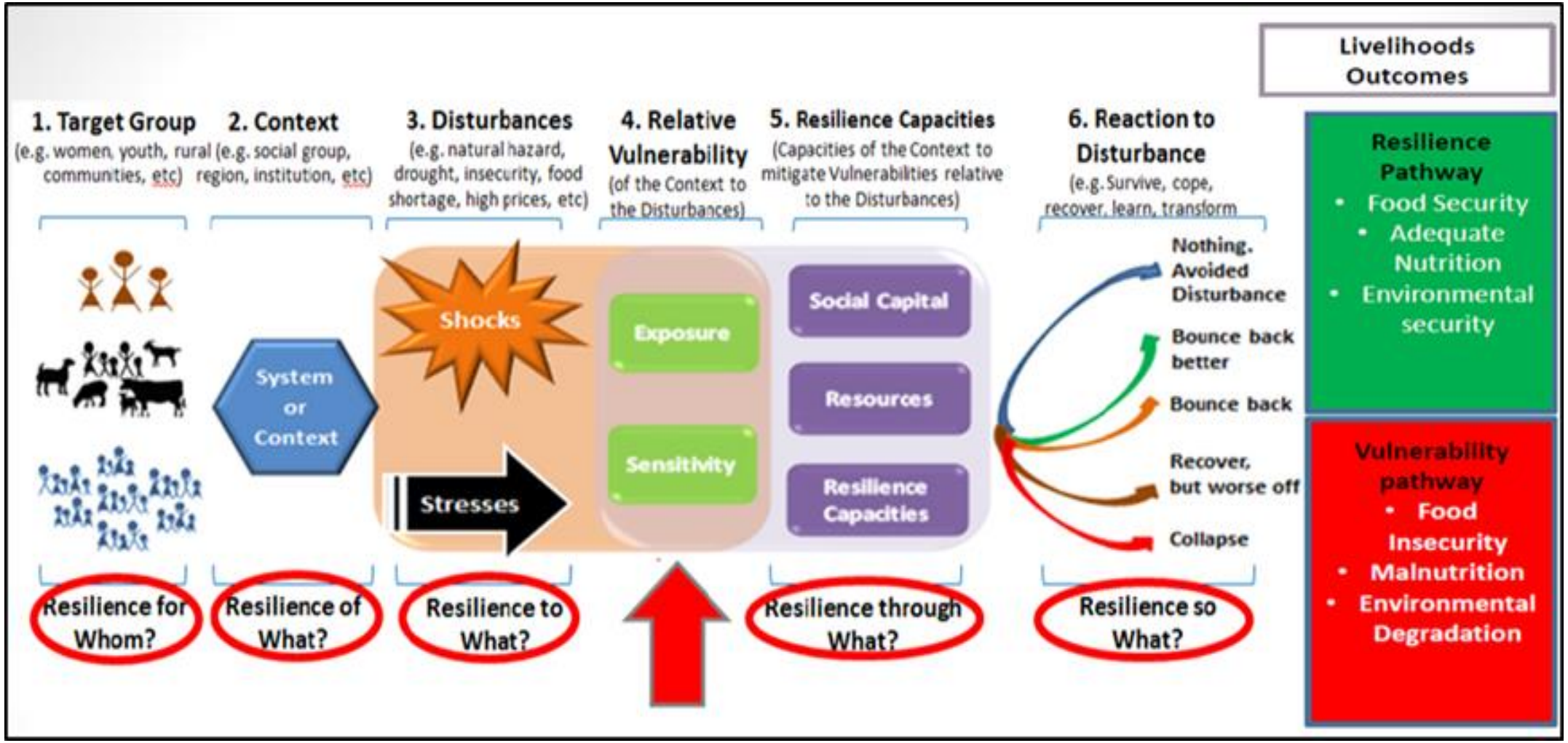


Figure 2: Zimbabwe resilience framework (UNDP Zimbabwe, 2015)

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).

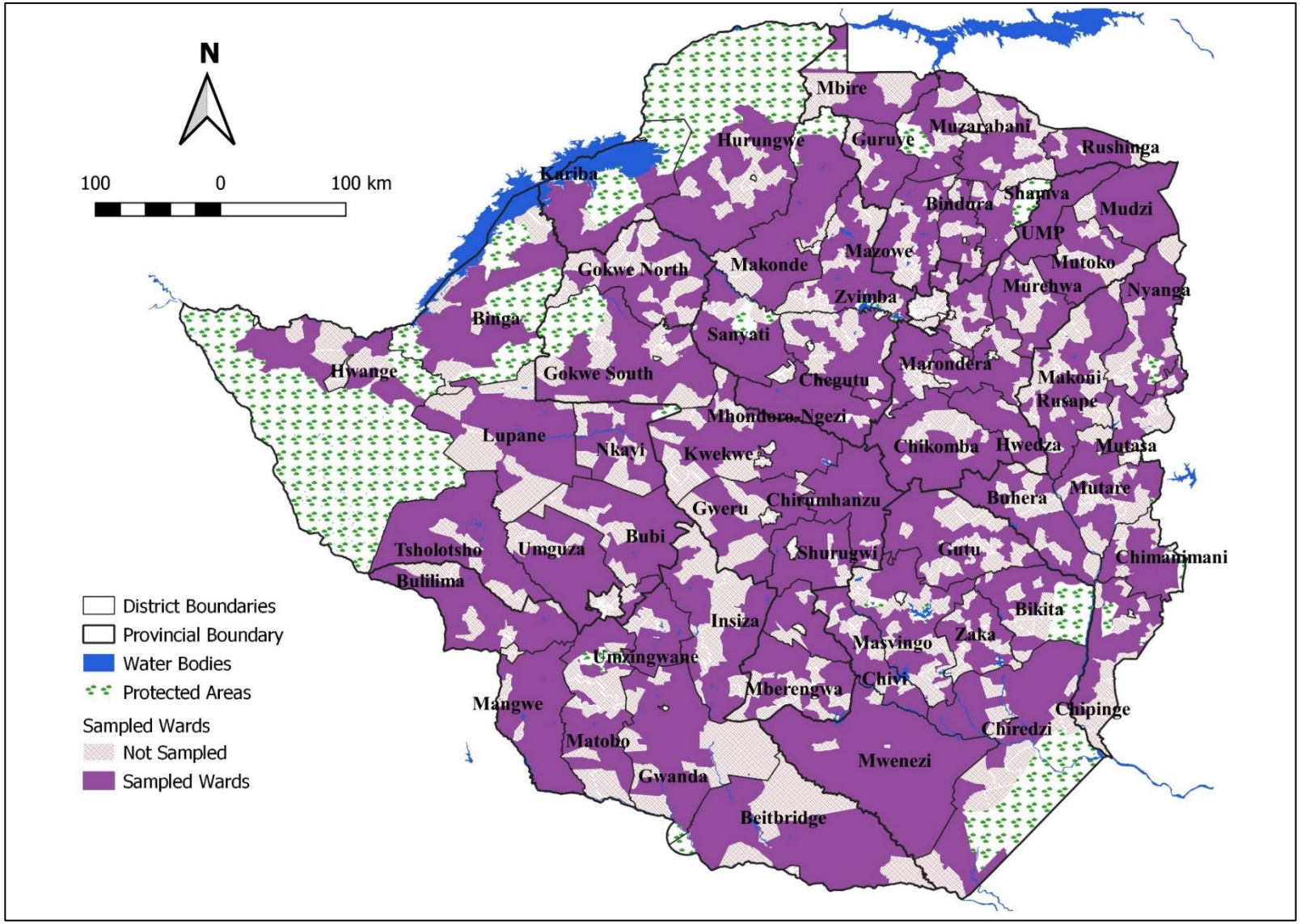
Selection of Households for the "Panel" survey: From a selected village, a list of the households that were interviewed during the 2019 survey was created and 5 households selected using systematic random sampling. Household data interviews were conducted in the sampled households.

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 200 households were interviewed per district, bringing the total sampled households to 1386.

	Number of Sampled Households
Beitbridge	199
Bulilima	200
Mangwe	200
Gwanda	200
Insiza	200
Matobo	188
Umzingwane	199
Total	**1386**

Methodology – Sampled Wards



Data Preparation and Analysis

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

Technical Scope

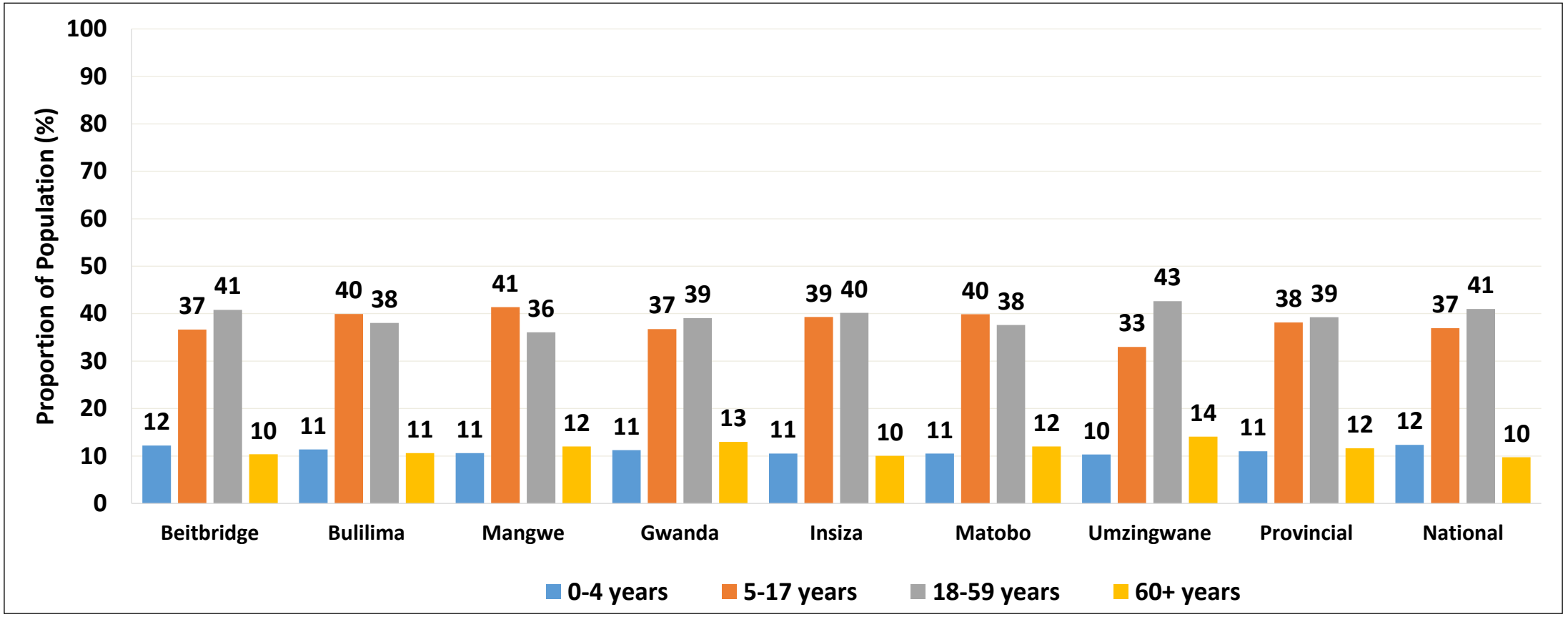
The 2020 RLA collected and analysed information on the following thematic areas:

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

Assessment Findings

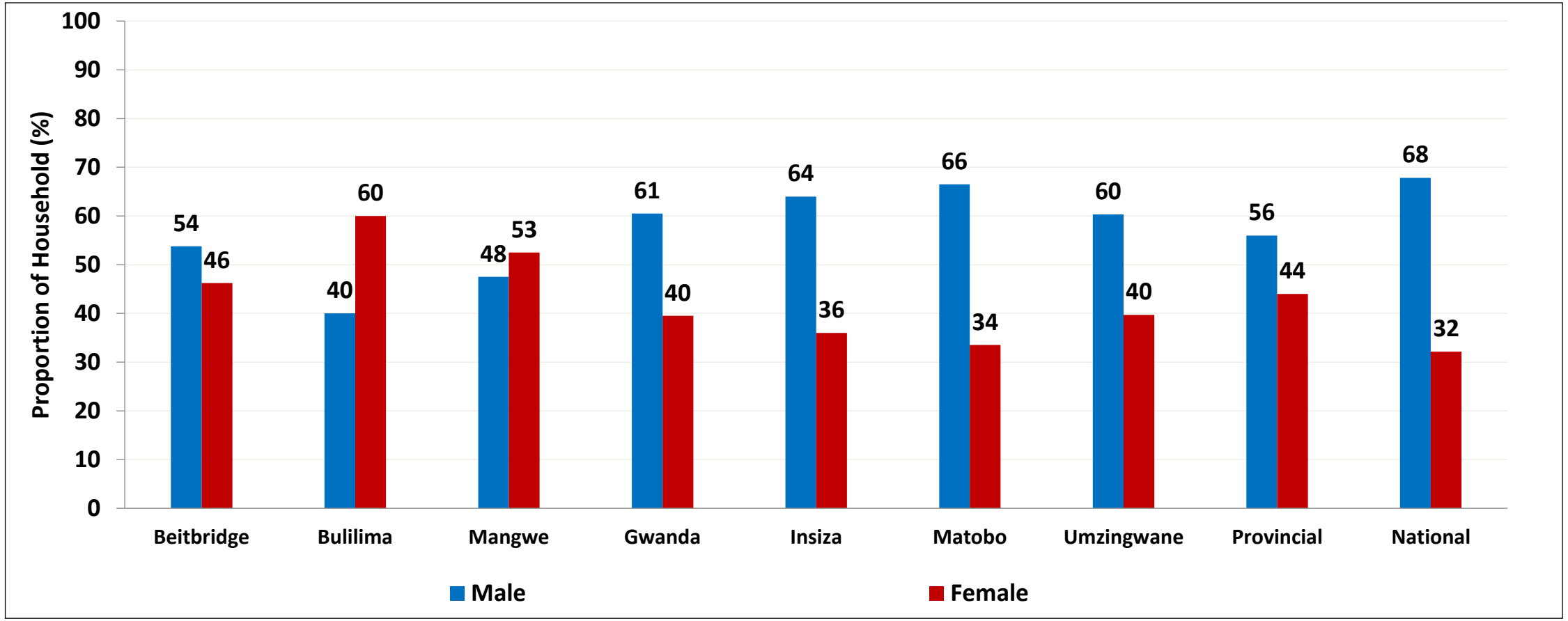
Demographic Description of the Sample

Population Distribution by Age



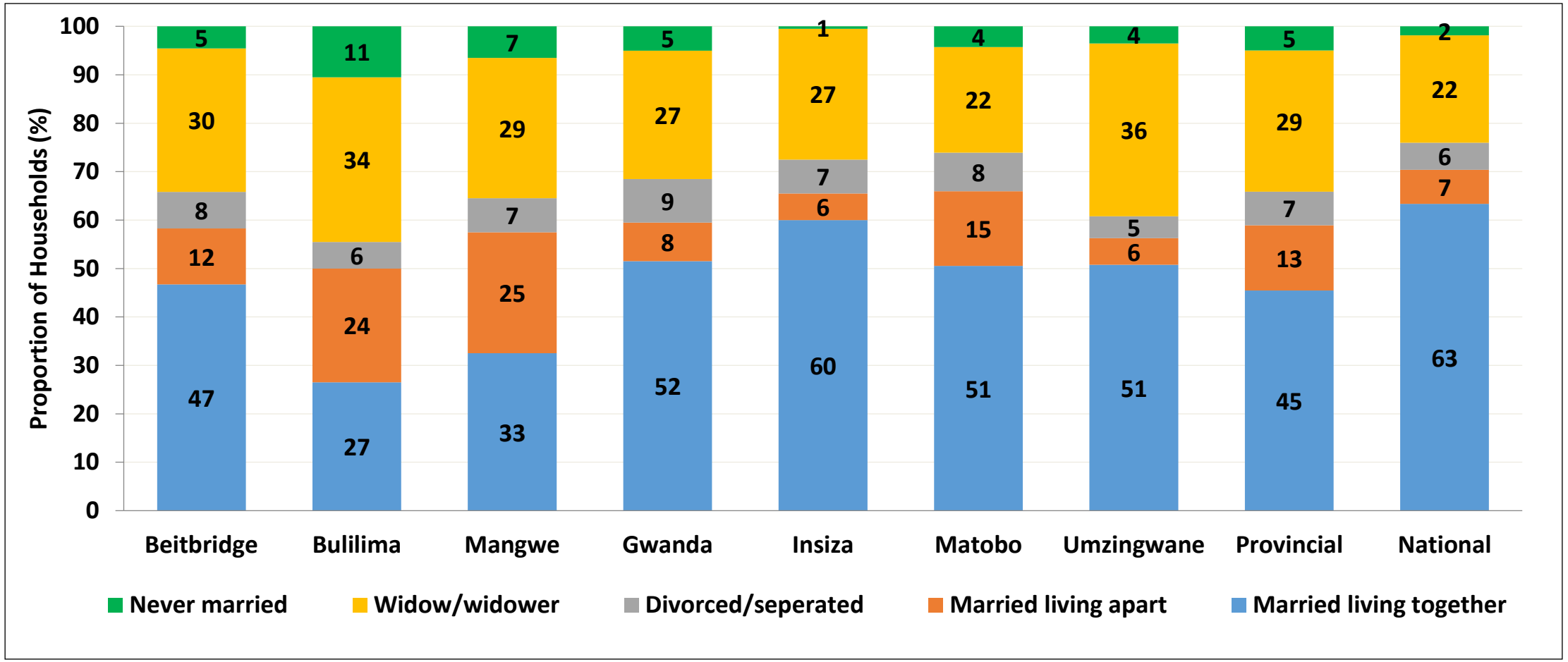
- Children aged between 0-4 years constituted 11% of the sample in 2020 which is a decrease from 15% recorded in 2019.
- The dependant age groups (<17 years and 60+ years) constituting 61% of the population might be indicative of high economic dependency.

Characteristics of Household Head: Sex



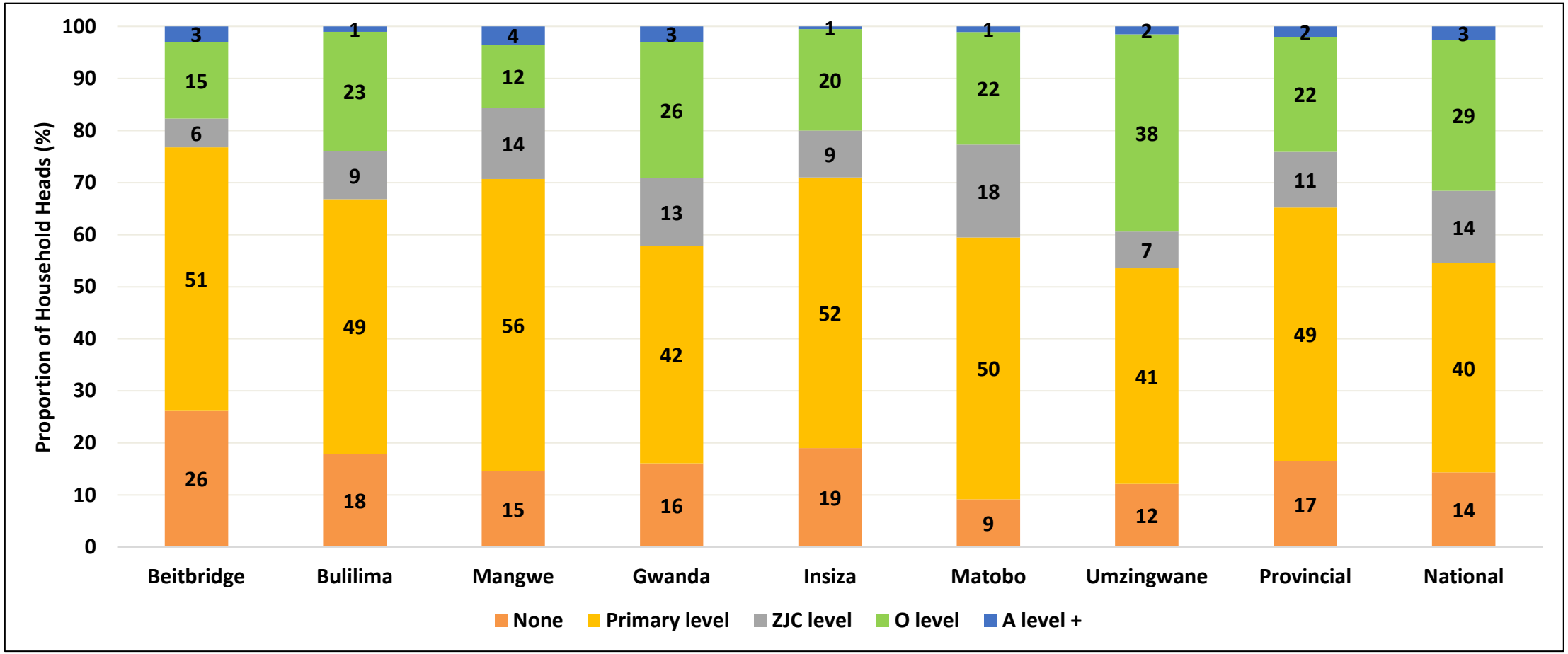
- There were more male headed households than female headed across the districts except in Bulilima and Mangwe.
- Bulilima (60%) and Mangwe (53%) had the highest proportion of female headed households.
- A lot of males from the area migrate to neighbouring South Africa and Botswana in search of work.

Characteristics of Household Head: Marital Status



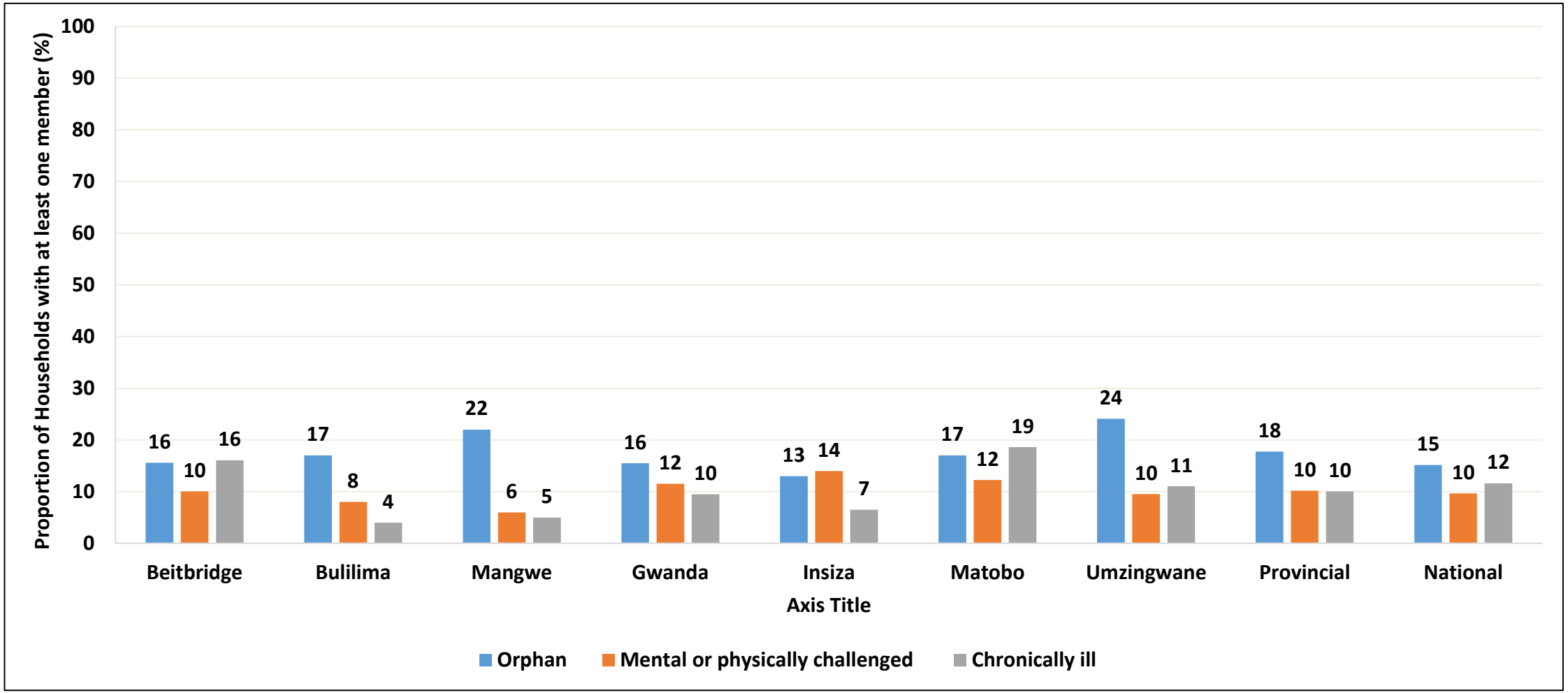
- The majority (45%) of household heads in Matabeleland South were married and living together.
- Bulilima (27%) and Mangwe (33%) had the lowest proportion of couples married and living together.

Characteristics of Household Head: Education Level Attained



- Umzingwane (40%) has the highest proportion of households with household heads who had attained O' Level and above, this may be attributed to having a relatively large peri-urban population.
- Mangwe (16%) and Beitbridge (18%) have the lowest proportion of household heads who had attained education levels O' level and above.

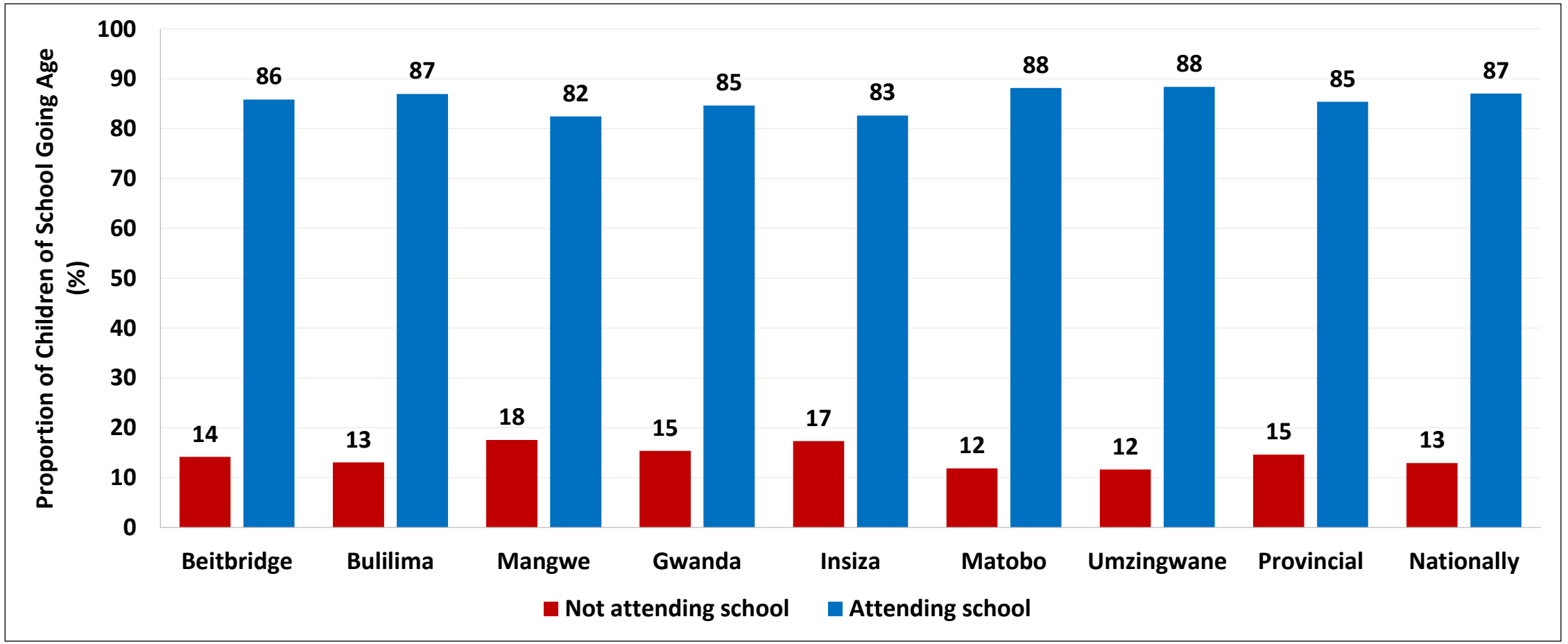
Household Vulnerability Attributes by District



- About 18% of households in Matabeleland South had at least one member who was an orphan, compared to 15% at national level.

Education

Children in School by District



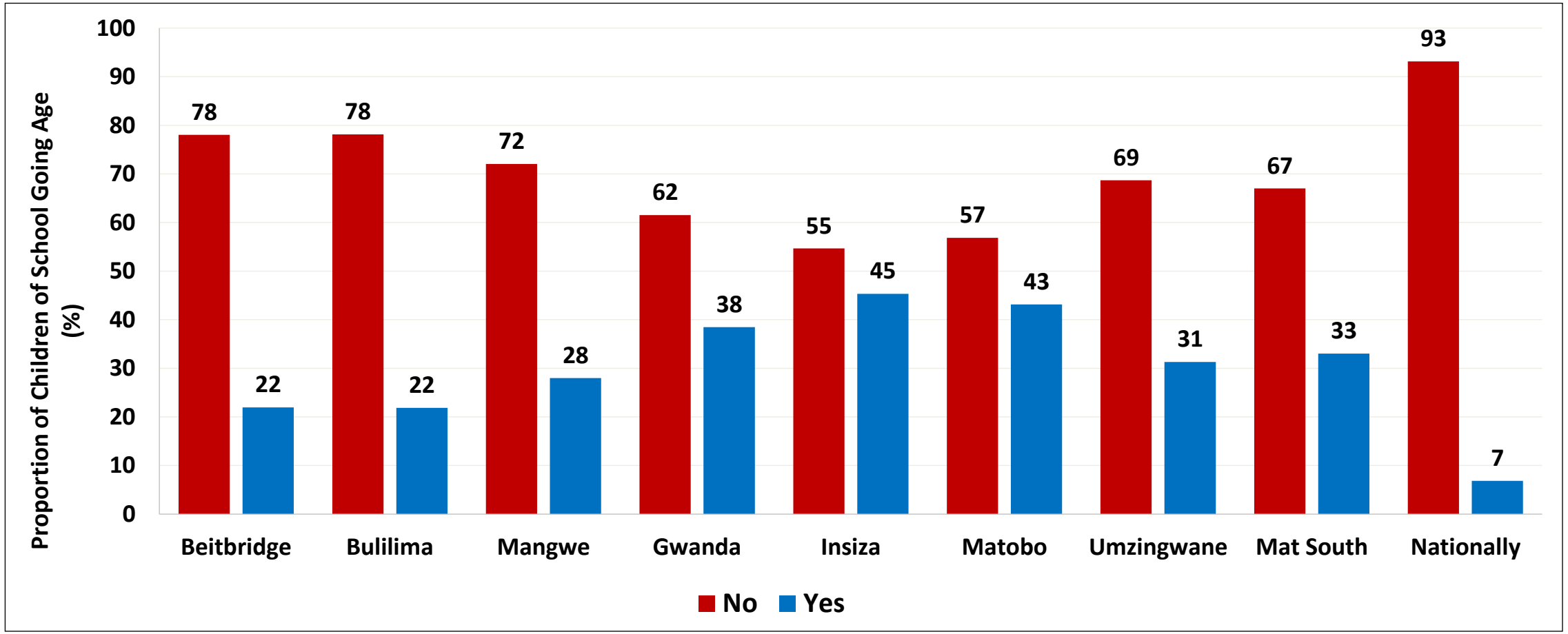
- Mangwe (18%) district has the highest number of children of school going age who were not in school (before the Covid-19 induced lockdown and closure of schools).
- Umzingwane (12%) and Matobo (12%) had the least proportion of children who were not in school (before lockdown).

Top 10 Reasons for Not attending School

	Expensive or no money (%)	Child considered too young (%)	Not interested in school (%)	Pregnancy /marriage (%)	Distance to school to far (%)	Completed O/A level (%)	Other (%)	Disability (%)	No birth certificate (%)	Non-payment of last term school fees (%)
Beitbridge	24	36	9	7	**9**	4	1	0	1	1
Bulilima	**61**	16	7	4	2	2	2	2	0	2
Mangwe	57	29	1	6	0	1	0	4	0	0
Gwanda	52	21	6	0	5	2	6	**5**	0	0
Insiza	42	19	**10**	8	3	5	1	2	2	2
Matobo	36	24	7	2	5	10	**7**	2	2	0
Umzingwane	39	31	3	**14**	3	3	3	0	**3**	0
Provincial	45	25	7	6	4	4	3	2	1	1

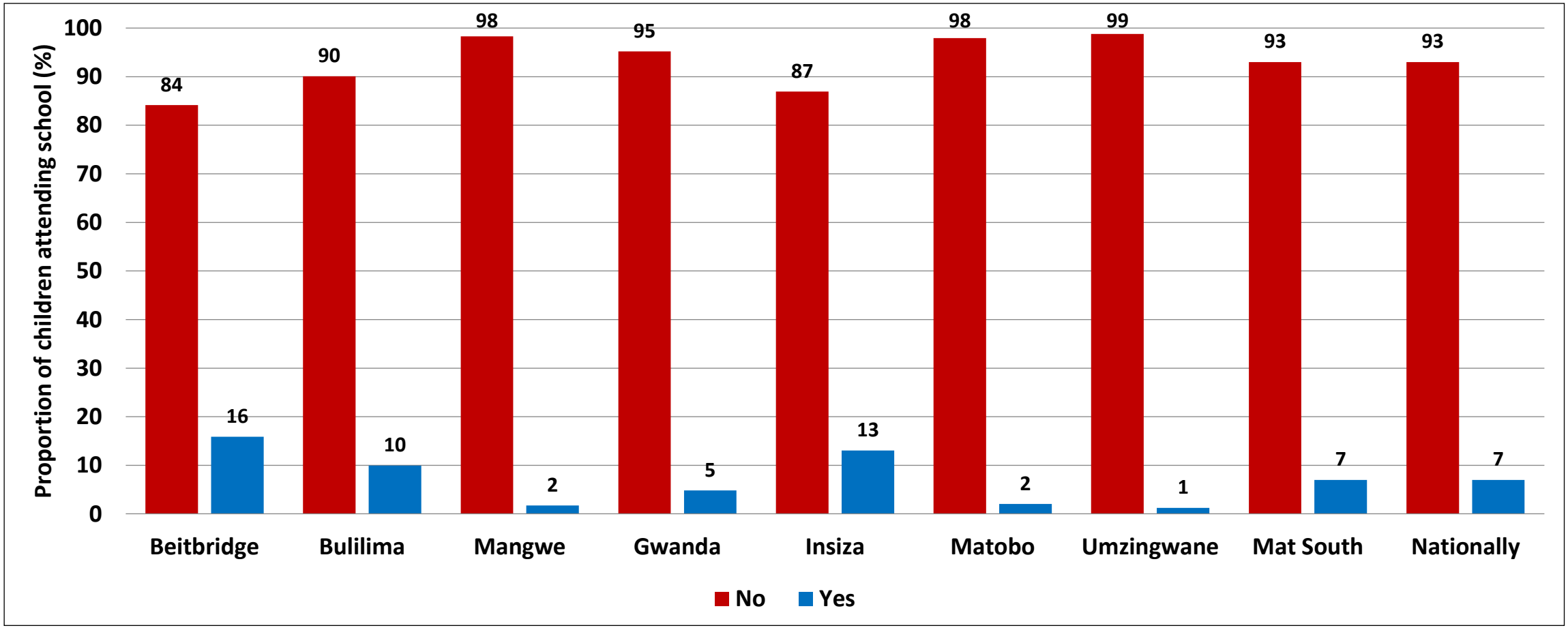
- About 61% of children who were not attending school in Bulilima were not attending school because it was expensive or there was no money to take them to school.
- Close to 14% of children not attending school in Umzingwane were reported to be unable to attend because of pregnancy or marriage.

Children Sent Away for Non Payment of Fees



- Insiza (45%) and Matobo (43%) had the highest proportion of children sent away from school for non payment of fees in the first term.
- This is cause for concern as it goes against Government policy.

Children Receiving any Form of Home Schooling

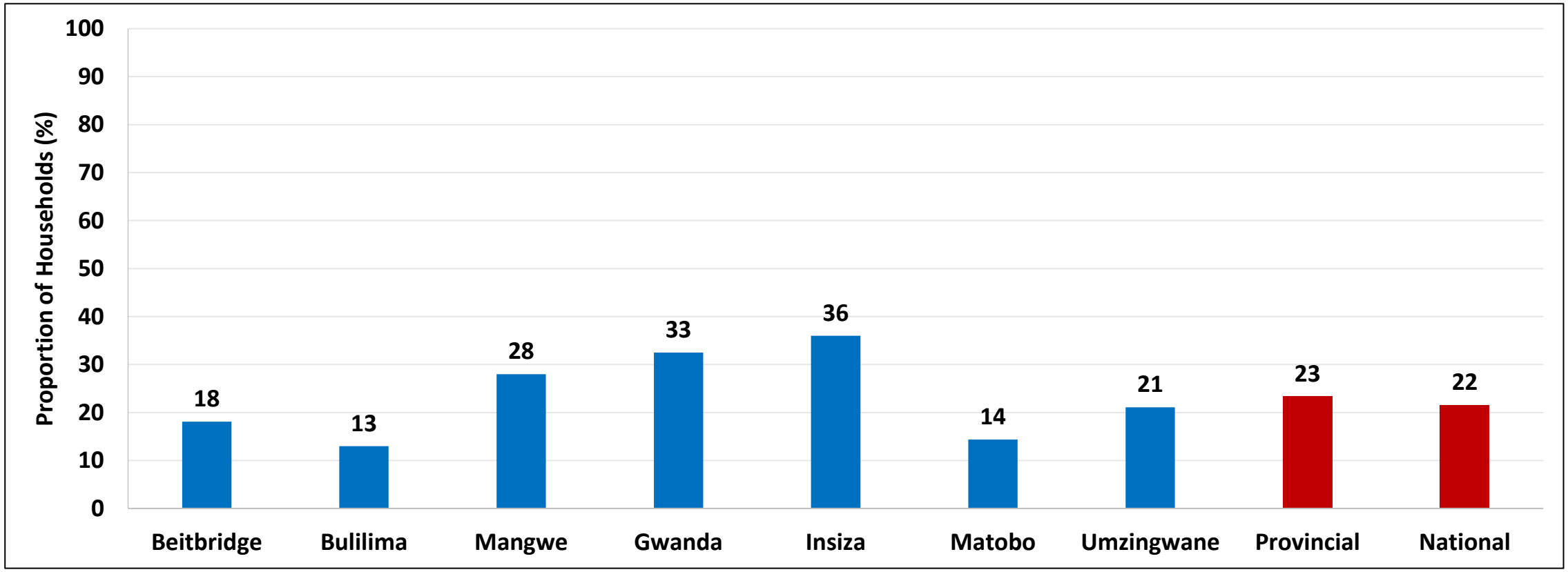


- Beitbridge (16%) and Insiza (13%) had the highest proportion of children receiving some form of home schooling.
- This means the majority were not receiving home schooling.

Health Services

Chronic Illness

Households with at least one Person Living with a Chronic Condition



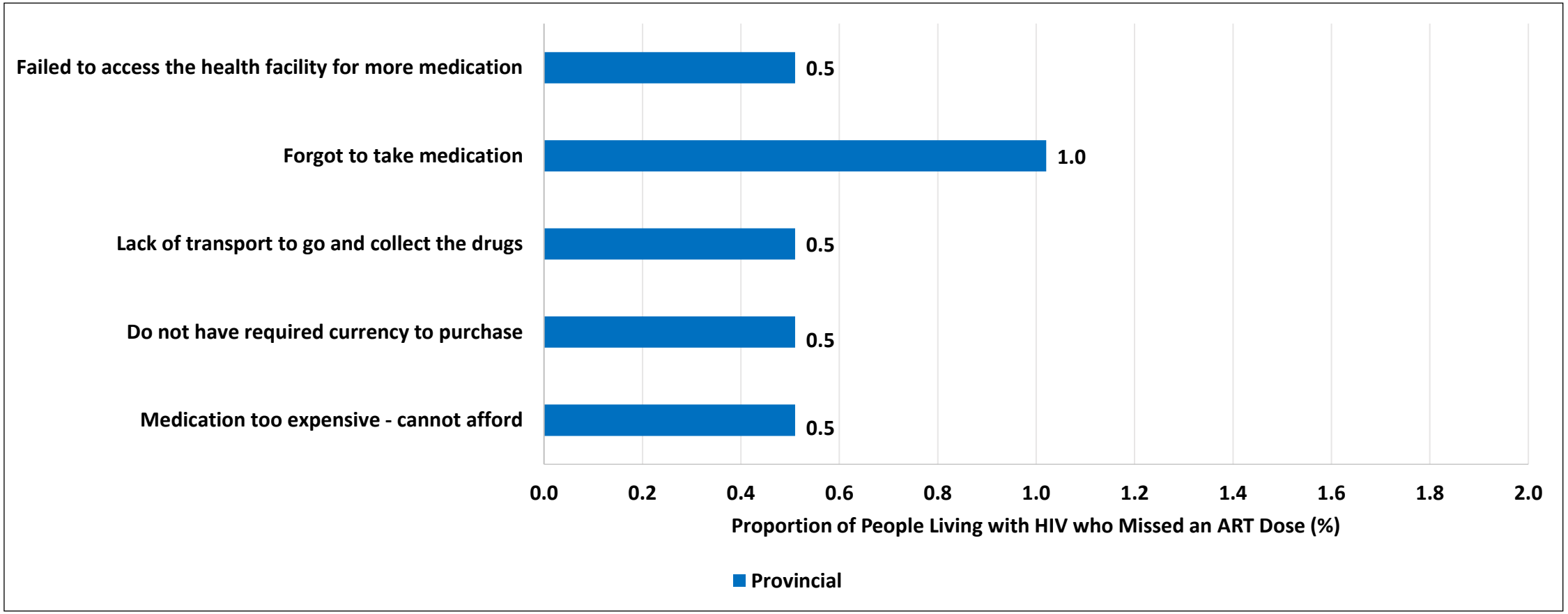
- Approximately 23% of households had at least one person living with a chronic condition in the province.
- Insiza had the highest proportion of households with people living with chronic conditions (36%) in Matabeleland South (23%).

Households with at Least One Member Living with a Chronic Condition by Type by District

	Type of Chronic Condition												
	HIV/AIDS (%)	Heart disease (%)	Diabetes (%)	Asthma (%)	Hypertension (%)	Arthritis (%)	Epilepsy (%)	Stroke (%)	Cancer (%)	Tuberculosis (%)	Kidney (%)	Ulcers (%)	Other disease (%)
Beitbridge	37.5	0.0	5.0	0.0	**45.0**	0.0	**5.0**	0.0	0.0	7.5	0.0	0.0	2.5
Bulilima	56.7	0.0	16.7	3.3	16.7	0.0	0.0	0.0	0.0	**10.0**	0.0	**3.3**	0.0
Mangwe	32.3	0.0	**16.9**	**12.3**	30.8	0.0	3.1	**3.1**	0.0	3.1	**1.5**	0.0	3.1
Gwanda	45.6	3.8	13.9	6.3	26.6	**3.8**	0.0	0.0	0.0	2.5	1.3	1.3	2.5
Insiza	**66.0**	1.1	8.5	3.2	12.8	1.1	3.2	1.1	1.1	0.0	1.1	1.1	4.3
Matobo	60.6	0.0	12.1	3.0	15.2	0.0	0.0	0.0	0.0	6.1	0.0	0.0	6.1
Umzingwane	49.0	**3.9**	2.0	3.9	29.4	2.0	0.0	2.0	**2.0**	0.0	0.0	2.0	**9.8**
Provincial	50.0	1.5	10.7	5.1	24.5	1.3	1.8	1.0	0.5	3.1	0.8	1.0	4.1
National	41.7	2.8	11.2	6.0	29.5	4.5	1.9	1.8	1.2	2.4	0.4	2.0	5.0

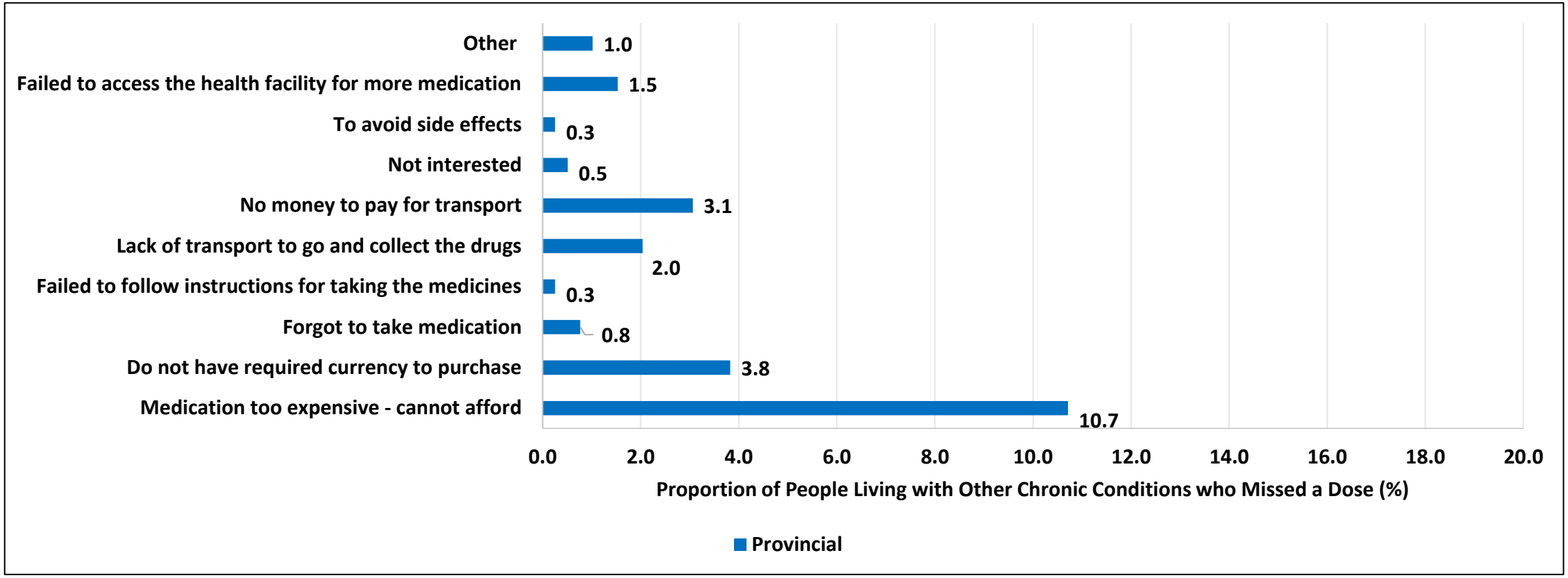
- The most common chronic conditions in the province were HIV/AIDS (50%) and hypertension (24.5%).
- Beitbridge (45%) had the highest proportion of households with at least one member with hypertension while Insiza (12.8%) had the least.
- Insiza (66%) had the highest HIV burden while Mangwe (32.3%) had the least.

Reasons for Missing ART Dose



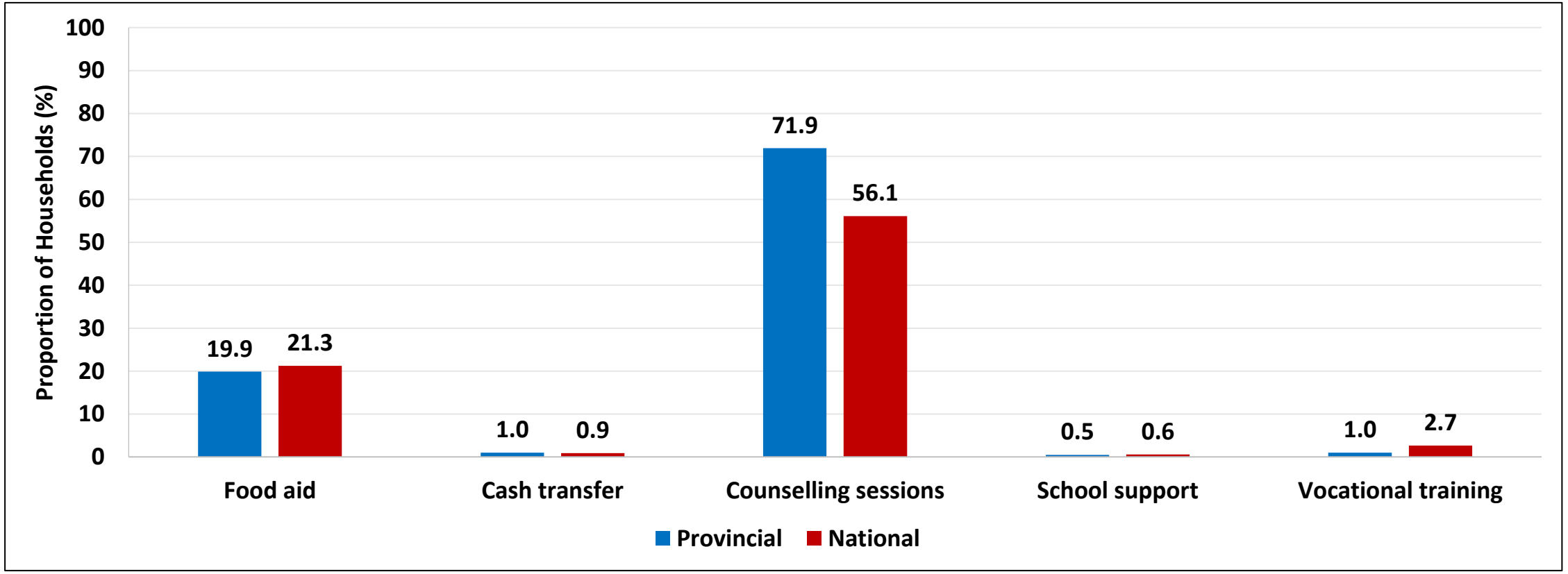
- The most reported reasons for missing an ART dose amongst people living with HIV/AIDS in the province was forgetting (1%) followed by failure to access the health facility (0.5%), lack of transport (0.5%) and prohibitive cost of chronic medicines (0.5%), respectively.

Reasons for Missing Dose (Other Chronic Conditions)



- A significant proportion of those who reported to have missed a dose for other chronic conditions were largely affected by a lack of financial resources to acquire the necessary medication (10.7%).
- The other most reported reasons for missing a dose for other chronic conditions in Matabeleland South included not having the required currency to purchase the medication (3.8%), as well as lack of money to pay for transport (3.1%).

HIV-Related Services Accessed from the Health Facilities

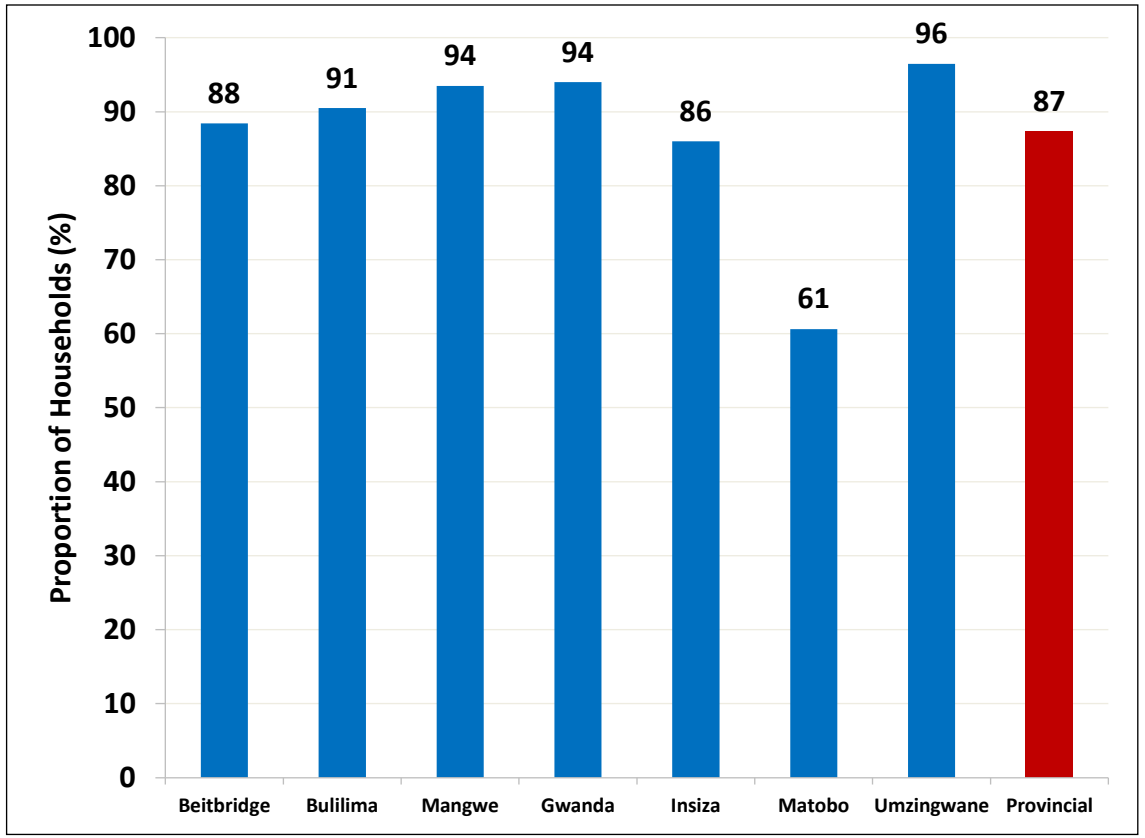


- Counselling sessions was the most accessed service by 71.9% of household members living with HIV.
- Reduced access to basic HIV treatment and care services such as condoms, psychosocial support, information and counselling often leads to defaulting of medication and treatment failure.

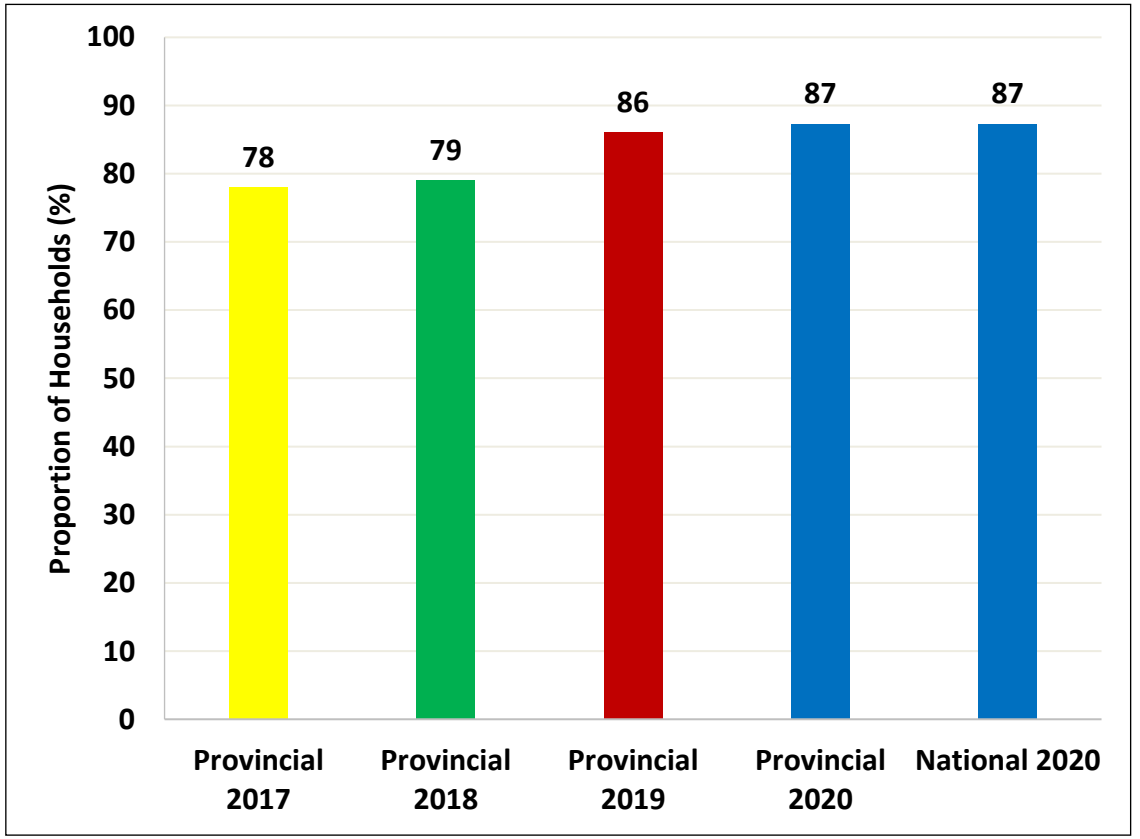
Social Protection

Households which Received Support by District

Households which Received Support by District

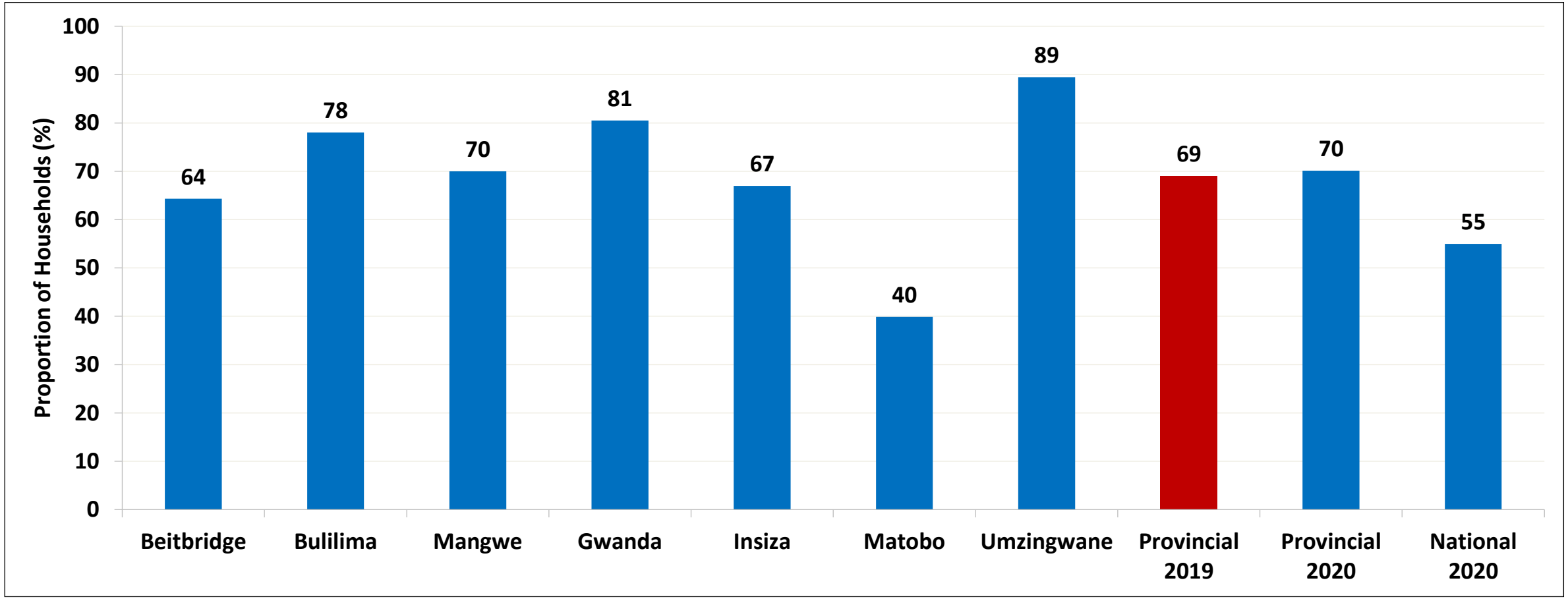


Households which Received Support in the Province from 2017 - 2020



- The proportion of households that received any form of support in Matabeleland South increased marginally from 86% in 2019 to 87% in 2020.
- Umzingwane district had the highest proportion of households that received any form of support at 96% whilst Matobo had the least at 61%.

Households which Received Support from Government



- Matobo district (40%) had the least support from Government.
- Government support in Matabeleland South increased from 69% in 2019 and 70% in 2020.

Households which Received Support from Different Sources

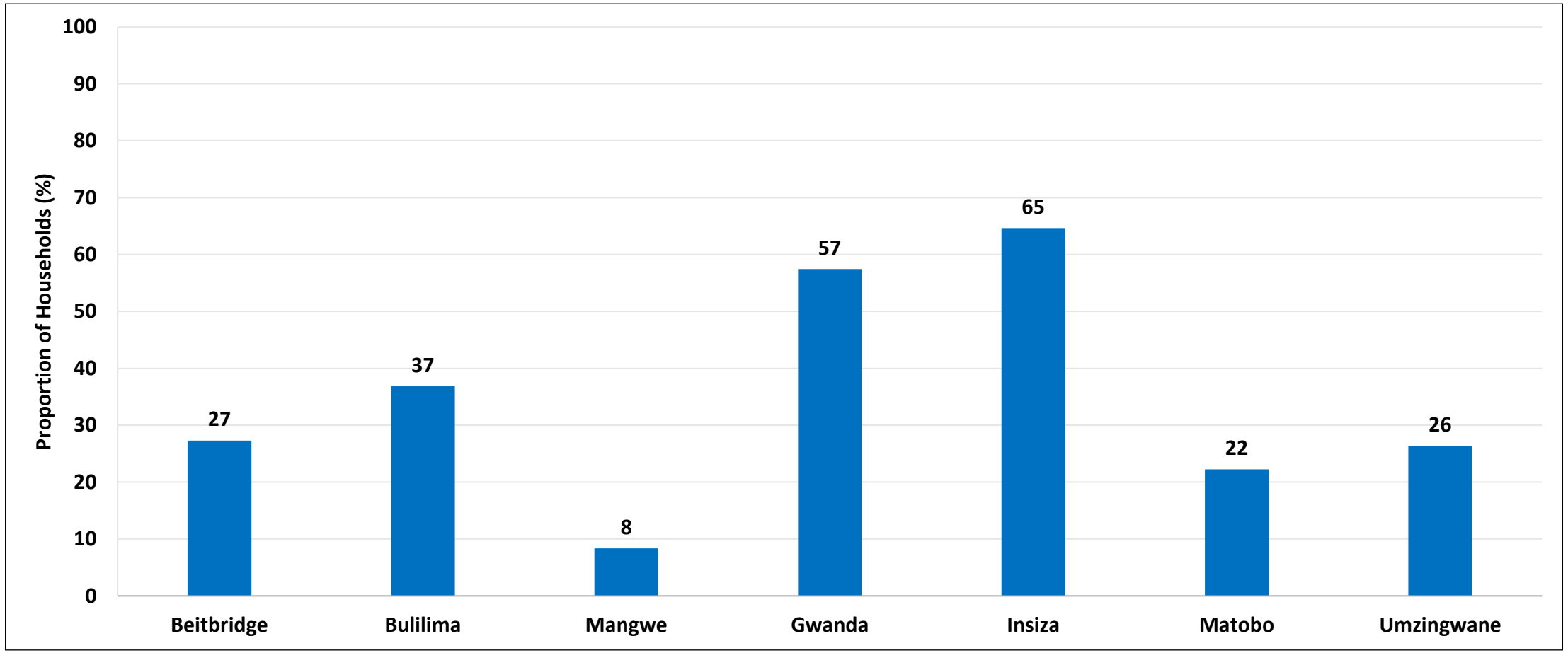
	Support from any source (%)	Government support (%)	UN/NGO support (%)	Church support (%)	Rural relatives (%)	Rural non-relatives (%)	Urban relatives (%)	Urban non-relatives (%)	Diaspora relatives (%)	Mutual groups (%)	Civic groups (%)	Charity groups (%)	Women/men groups (%)
Beitbridge	88	64	31	3	20	10	12	2	26	2	0	0	1
Bulilima	91	78	24	0	13	16	8	3	56	1	0	0	1
Mangwe	94	70	40	6	20	10	13	1	63	12	0	1	5
Gwanda	94	81	39	2	28	11	26	8	43	8	2	1	5
Insiza	86	67	30	3	12	11	20	3	20	5	2	2	3
Matobo	61	40	14	1	3	3	9	3	15	3	1	1	0
Umzingwane	96	89	31	2	9	2	16	3	12	0	0	0	1
Provincial	87	70	30	2	15	9	15	3	33	4	1	1	2
National	76	55	33	3	13	7	16	2	11	2	0	0	1

- Government support (70%) and NGO support (30%) dominated support received by households.
- Remittances from diaspora relatives play an integral part of support received in Bulilima (56%), Mangwe (63%), and Gwanda (43%).

Agricultural Production

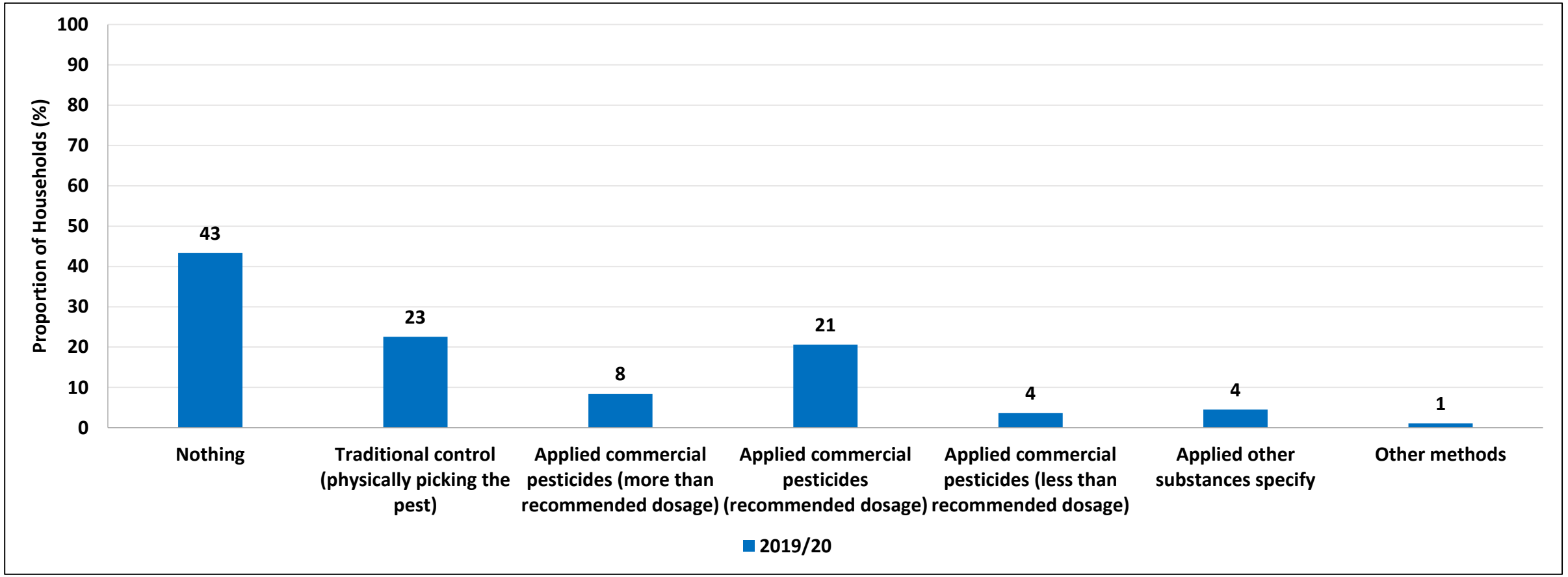
Effects of the Fall Army Worm (FAW)

Households Affected by FAW



- The proportion of households affected by Fall army worm was highest in Insiza (65%) and lowest in Mangwe (8%).

Measures Taken to Control Fall Army Worm



- Most households (43%) did not use anything to control FAW, 23% used traditional control method and 21% applied commercial pesticides at recommended rates.

Crop Production

Households which Planted Cereals

District	Crops Planted				
	Maize (%)	Sorghum (%)	Pearl millet (%)	Finger millet (%)	Wheat (%)
Beitbridge	56.3	39.2	14.6	21.6	**12.6**
Bulilima	53.0	27.0	54.5	3.5	1.0
Mangwe	58.0	**64.0**	**59.5**	**26.0**	0.0
Gwanda	**87.0**	53.0	10.0	9.5	0.5
Insiza	83.0	33.0	4.0	6.0	1.0
Matobo	53.7	30.9	19.1	9.6	0.0
Umzingwane	80.9	13.1	0.5	1.0	0.5
Provincial	67.4	37.2	23.2	11.0	2.2
National	80.3	25.6	10.4	6.7	0.7

- Maize remained the most popular cereal planted by households throughout the province (67.4%) with Gwanda (87%) reporting the highest proportion of households who planted the staple cereal.
- Less than half of the households in the province planted small grains namely; sorghum (37.2%), pearl millet (23.2%) and finger millet (11%).

Households which Planted Pulses

District	Cowpeas (%)	Groundnuts (%)	Round nuts (%)	Sugar-beans (%)	Soya-beans (%)	Cotton (%)	Sunflower (%)
Beitbridge	14.1	19.6	18.6	4.0	1.0	0.5	1.0
Bulilima	30.0	30.0	20.5	2.5	0.0	0.0	0.0
Mangwe	40.0	35.5	35.5	**14.0**	0.0	0.0	0.0
Gwanda	**53.5**	**54.0**	**38.5**	5.0	0.0	0.0	2.0
Insiza	39.0	27.0	17.5	7.5	**2.5**	**2.5**	**3.0**
Matobo	17.6	17.6	12.8	2.7	1.1	0.0	0.5
Umzingwane	11.6	7.5	5.0	5.5	0.0	0.0	0.0
Provincial	**35.8**	**27.3**	**21.2**	**5.9**	**0.7**	**0.4**	**0.9**
National	26.1	31.4	16.8	7.4	1.0	5.7	2.9

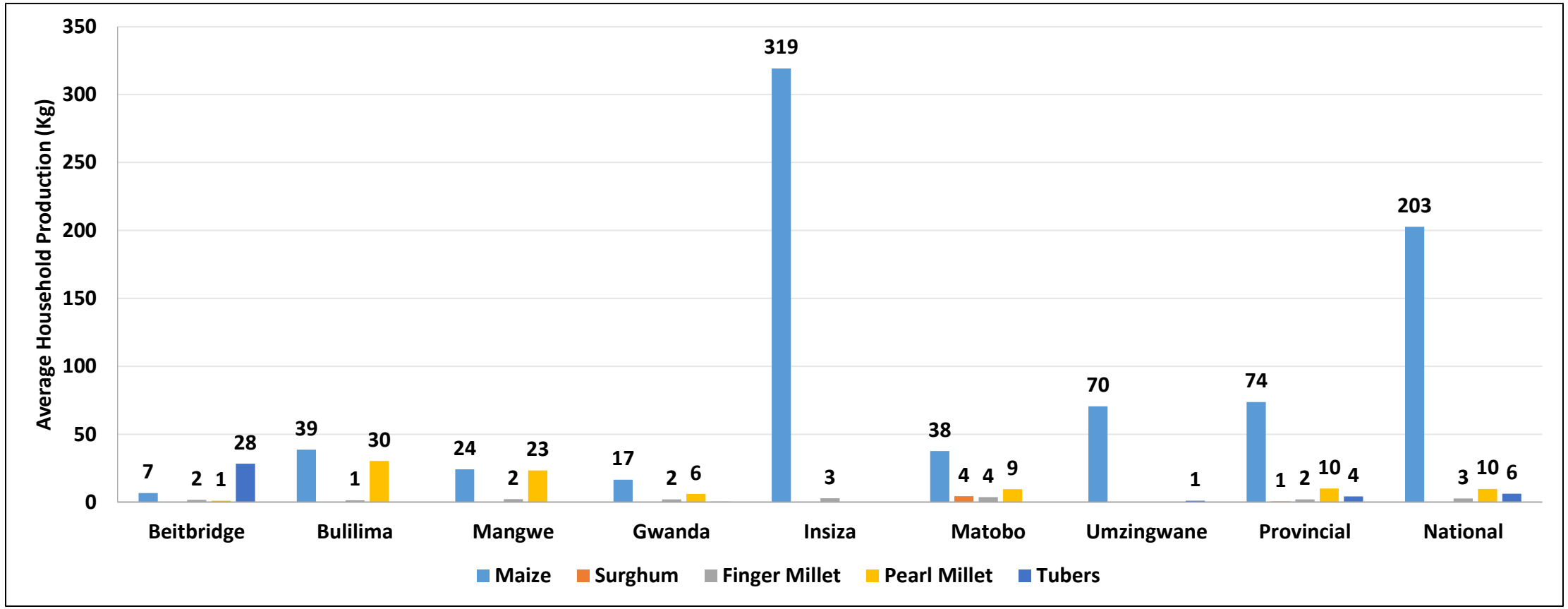
- Cowpeas (35.8%) and groundnuts (27.3%) were the most common pulses grown in the province.
- More than half (53.5%) of the households in Gwanda reported to have planted cowpeas.
- Sunflower (0.9%) was the main oil crop grown compared to cotton (0.4%).

Sources of Inputs for Crops

Input sources	Maize (%)	Sorghum (%)	Finger millet (%)	Pearl millet (%)	Tubers (%)	Cowpeas input source (%)	Groundnuts input source (%)	Roundnut input source (%)	Sugar bean input source (%)	Soya bean input source (%)	Tobacco (%)	Cotton (%)
Government	**52**	**33**	7	17	0	4	1	1	3	5	1	**59**
Purchases	31	6	6	5	10	10	14	17	**40**	**45**	29	4
Retained	17	32	**52**	**51**	**53**	**46**	**54**	**48**	33	30	1	1
Carryover	9	15	23	20	31	24	25	27	18	10	1	2
Remittances	4	7	8	5	6	8	6	6	6	8	2	1
Non-Governmental organisation (NGO)	2	6	3	4	0	5	1	0	3	0	0	1
Gifts	2	8	7	8	7	7	5	7	3	2	1	1
Private contractors	0	1	0	0	0	0	0	0	1	0	**68**	36

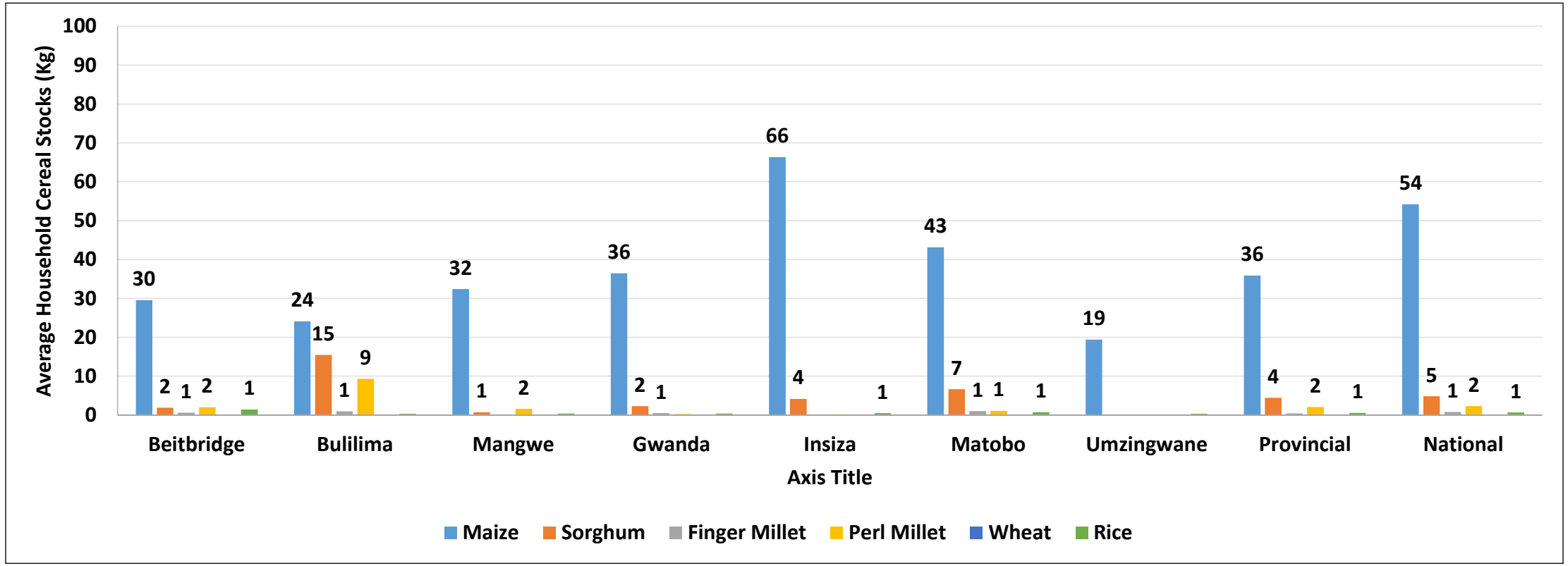
- Government was the main input source on maize (52%), sorghum (33%) and cotton (59%).
- Pearl millet(51%), finger millet(52%), tubers(53%), cow peas(46%), groundnuts (54%) and round nuts (48%) were grown using retained seed.
- Purchases were the main input source for sugar beans (40%) and soya beans (45%).

Average Household Cereal Production by District



- Average household production for maize in Matabeleland South was relatively low in most parts of the province, although Insiza reported an average of (319kg) per household for the staple cereal.
- Bulilima district reported the highest average household production for pearl millet at 30kg.

Average Household Cereal Stocks as at 1 April



- The average household maize stocks as at 1 April stood at 36kg for Matabeleland South, below a national average of 54kg.
- Households in Bulilima district reported the highest average sorghum stocks at 15kg during the same period.

Average Household Cereal Production

District	Maize produced (Kg)			Small grains produced (Kg)		
	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
Beitbridge	161.4	27.7	**6.8**	121.1	19.4	2.8
Bulilima	102.1	39	38.6	154	39.4	31.8
Mangwe	59.5	8.7	24.1	120.7	9.7	25.7
Gwanda	229.8	18.8	16.6	103.6	14.9	8.1
Insiza	647.7	164.3	**319.2**	28.2	27.5	3.8
Matobo	396.4	51.5	37.7	103.8	22.7	13.2
Umzingwane	506	11	**70.5**	10.5	1.1	0.0
Provincial	2103.9	321	513.5	641.9	134.7	85.4

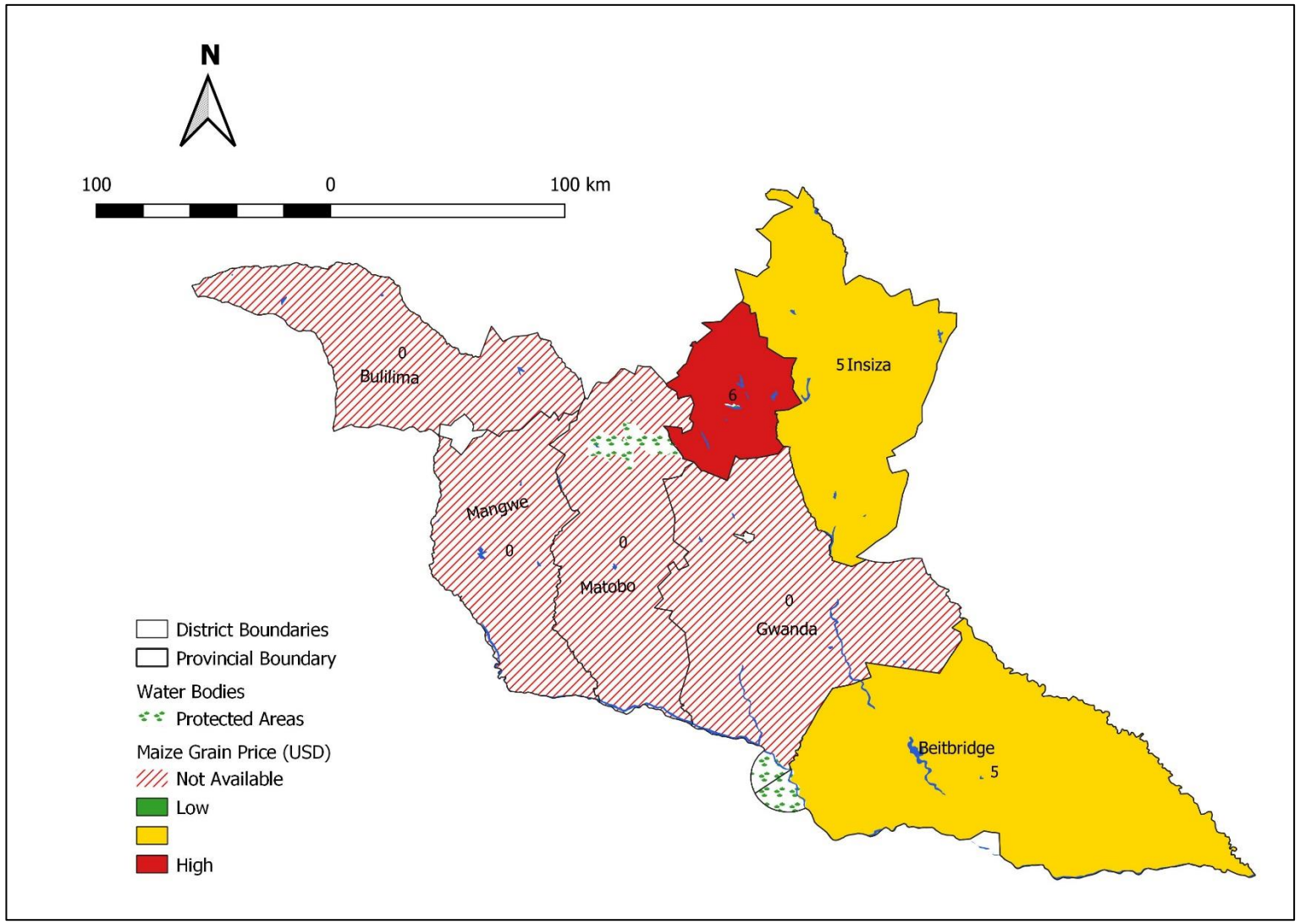
- There was a slight increase in provincial maize production in 2019/20 season compared (513.5Kgs) to the previous season(321kgs) but it was still 4 times less than the 2017/18 season (2103.9Kgs)
- The highest maize production was noted in Insiza (319.2kg) which has a Northern part (former commercial farms) that produces a substantial amount of maize.
- The relatively high household maize output in Umzingwane (70.5kg) was attributable to maize under irrigation in the area.
- Small grains production remained depressed in the 2019/20 season and lower than the 2017/18 and 2018/19 seasons.

Average Cereal Prices 2020

District	Maize Grain Price (USD)	Maize Meal Price (USD)	Sorghum Price (USD)	Pearl Millet Price (USD)	Finger Millet Price (USD)
Beitbridge	5	4	7	7	0
Bulilima	0	6	0	0	0
Mangwe	0	5	0	0	0
Gwanda	0	5	0	0	0
Insiza	5	4	3	3	3
Matobo	0	5	0	0	0
Umzingwane	6	5	8	0	0
Provincial	5	5	4	4	3

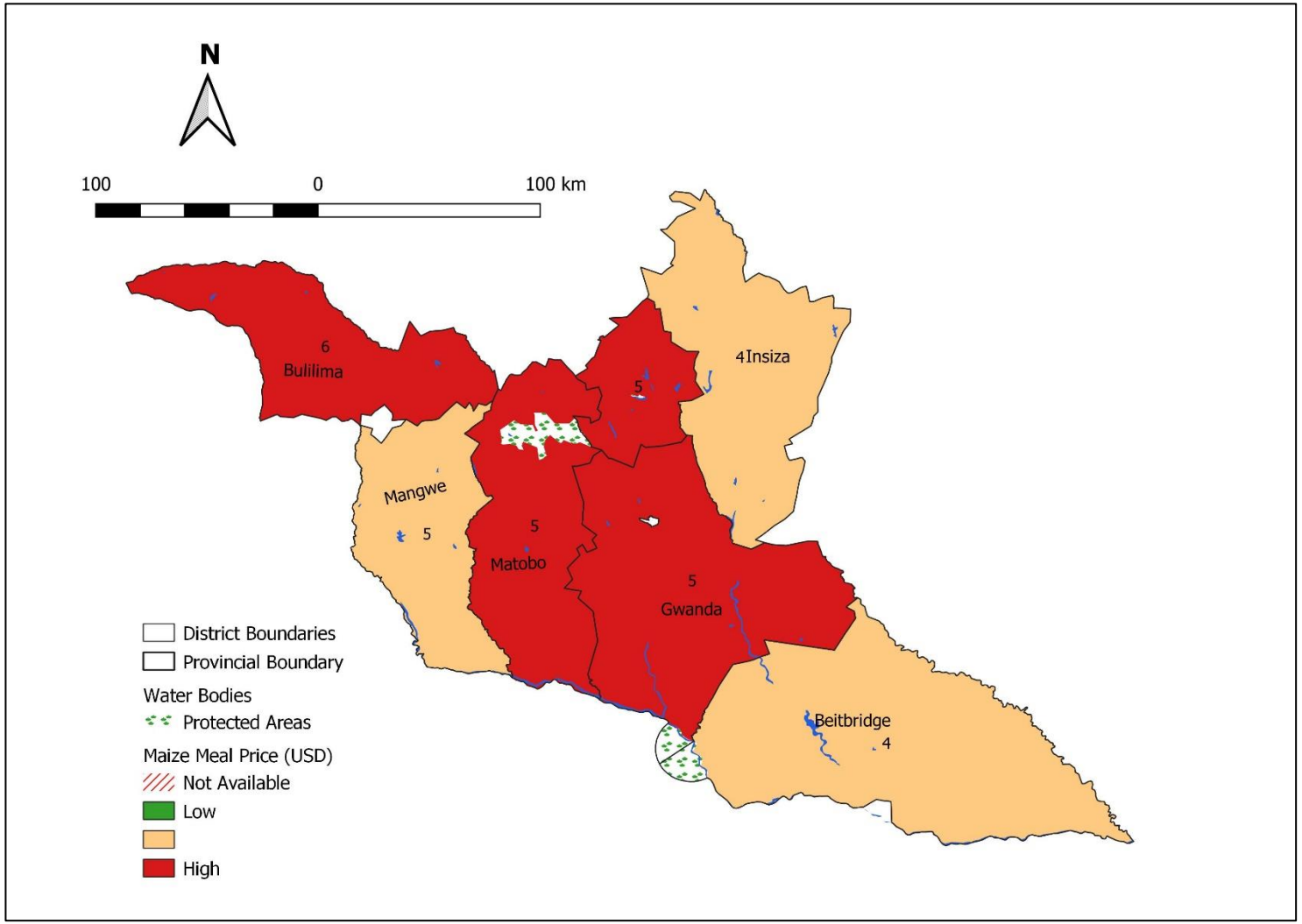
- Umzingwane reported the highest maize grain prices at USD 6 per bucket.
- The prices of sorghum and pearl millet were highest in Beitbridge at USD 7 per bucket, respectively.

District Average Maize Grain Prices - 2020



- Maize grain was not available in Bulilima, Mangwe, Matobo and Gwanda
- The prices were highest in Umzingwane (USD 6 per bucket) and lowest in Insiza (USD 5) and Beitbridge (USD 5)

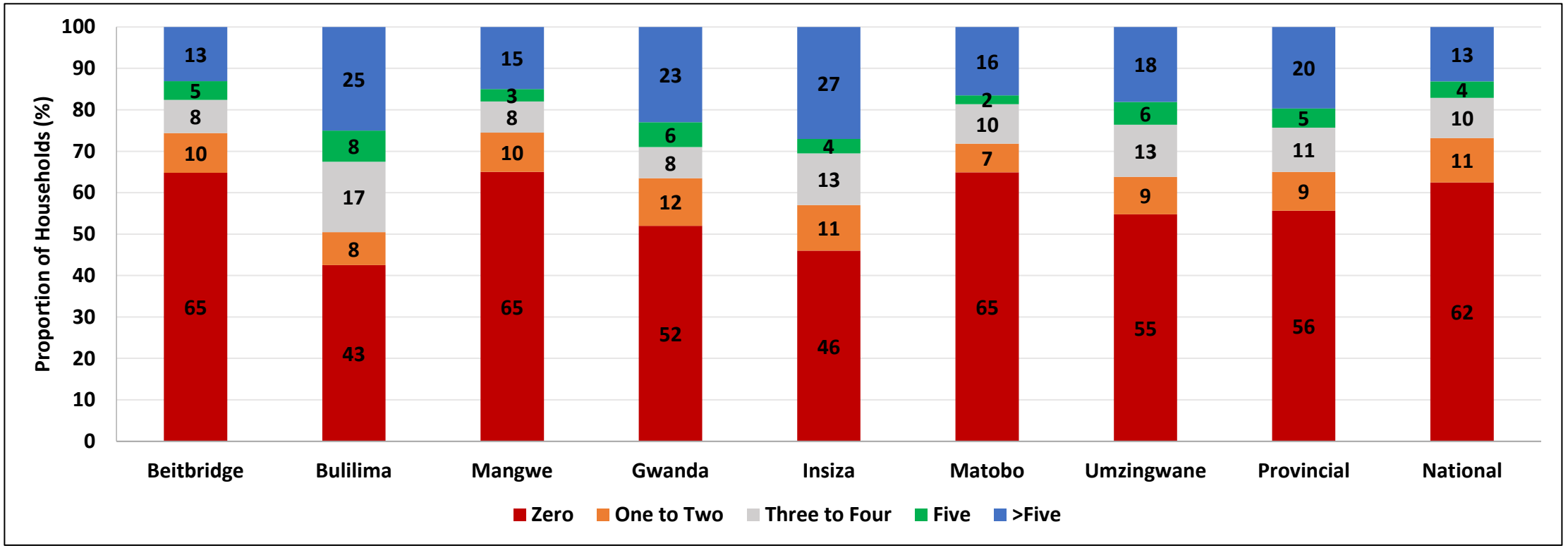
District Average Maize Meal Prices - 2020



- The prices for maize meal were highest in Bulilima (USD 6 per 10kg) and lowest in Insiza and Beitbridge (USD 4 per 10 kg packet), respectively.

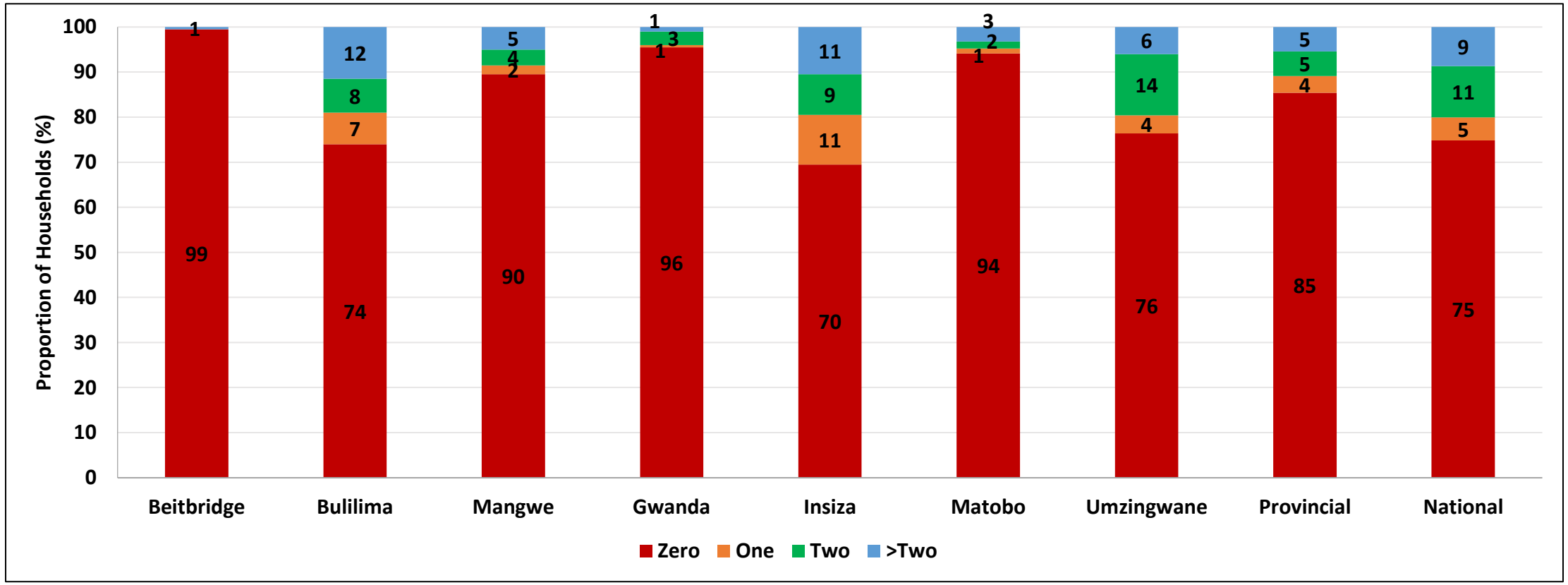
Livestock Production

Households which Owned Cattle



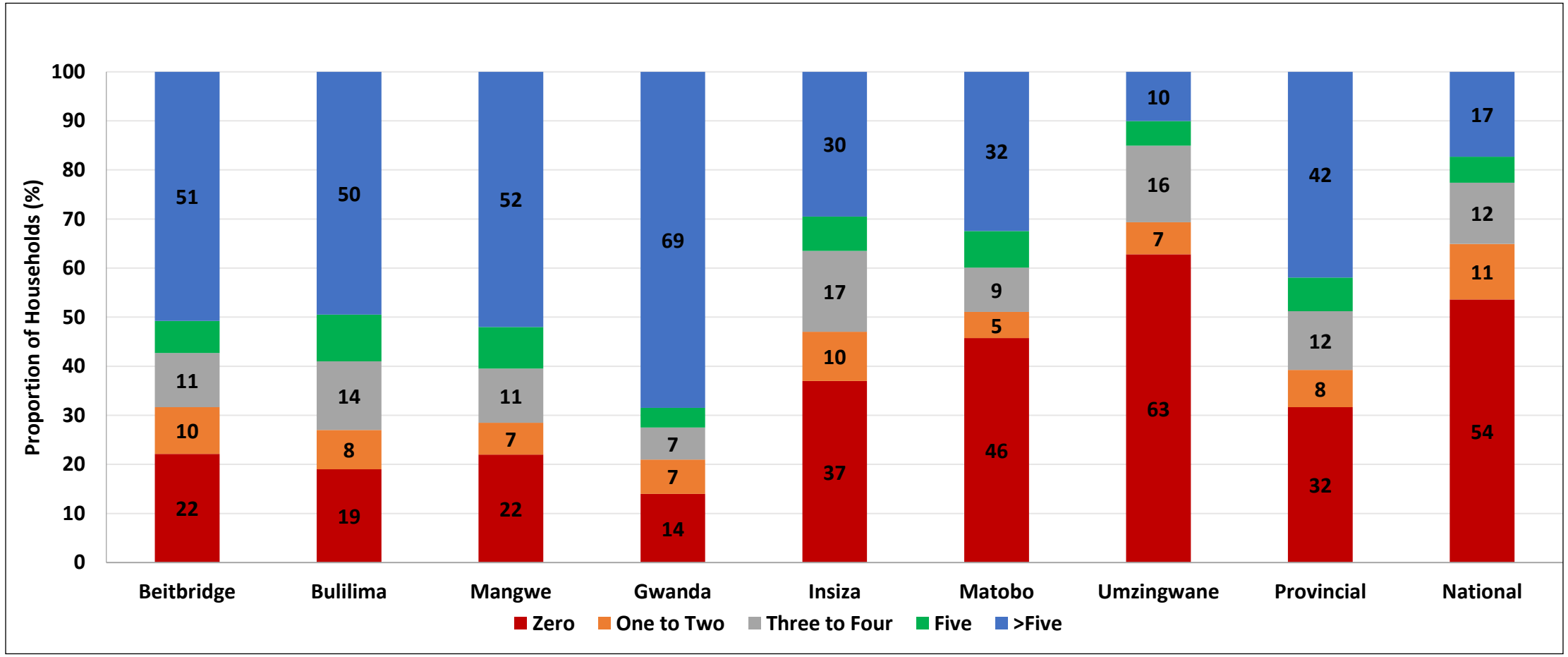
- About 56% of rural households in the province did not own cattle.
- Bulilima had the highest proportion of households who owned cattle (57%), whilst Beitbridge, Mangwe and Matobo had the lowest proportion of households with cattle 35%, respectively.

Households which Owned Draft Cattle



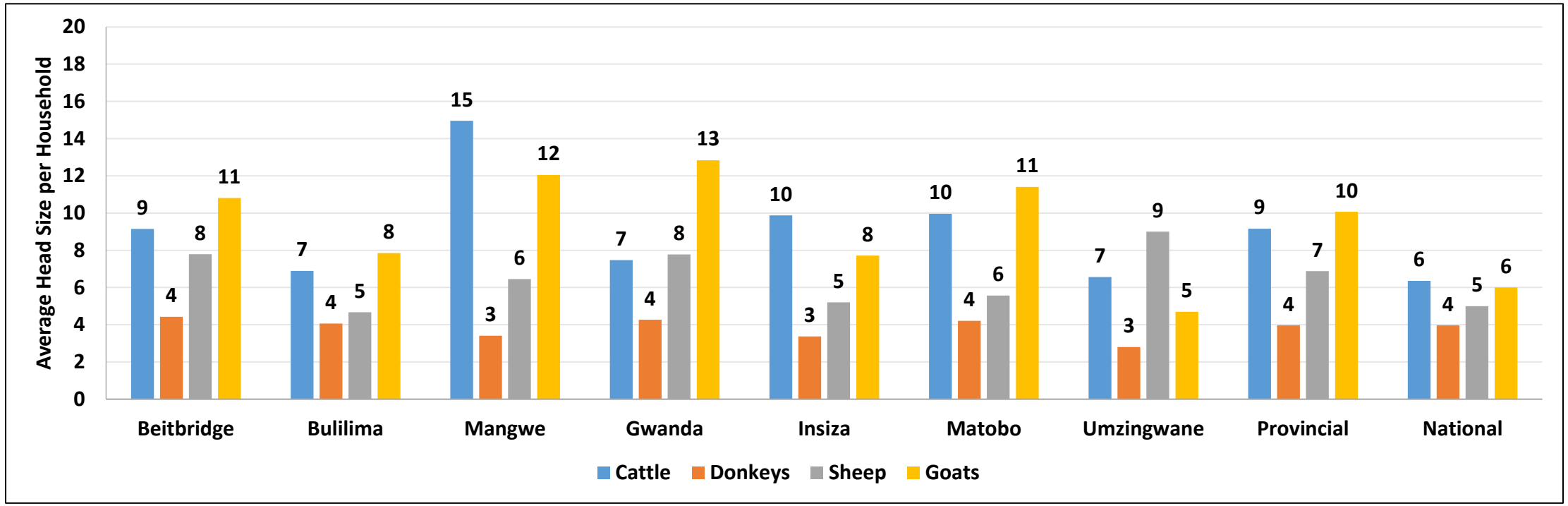
- About 14% of rural households in the province owned draft cattle.
- Insiza had the highest proportion of households with draft cattle (30%), whilst Beitbridge had the lowest proportion of households with draft cattle (1%).

Goat Ownership by District



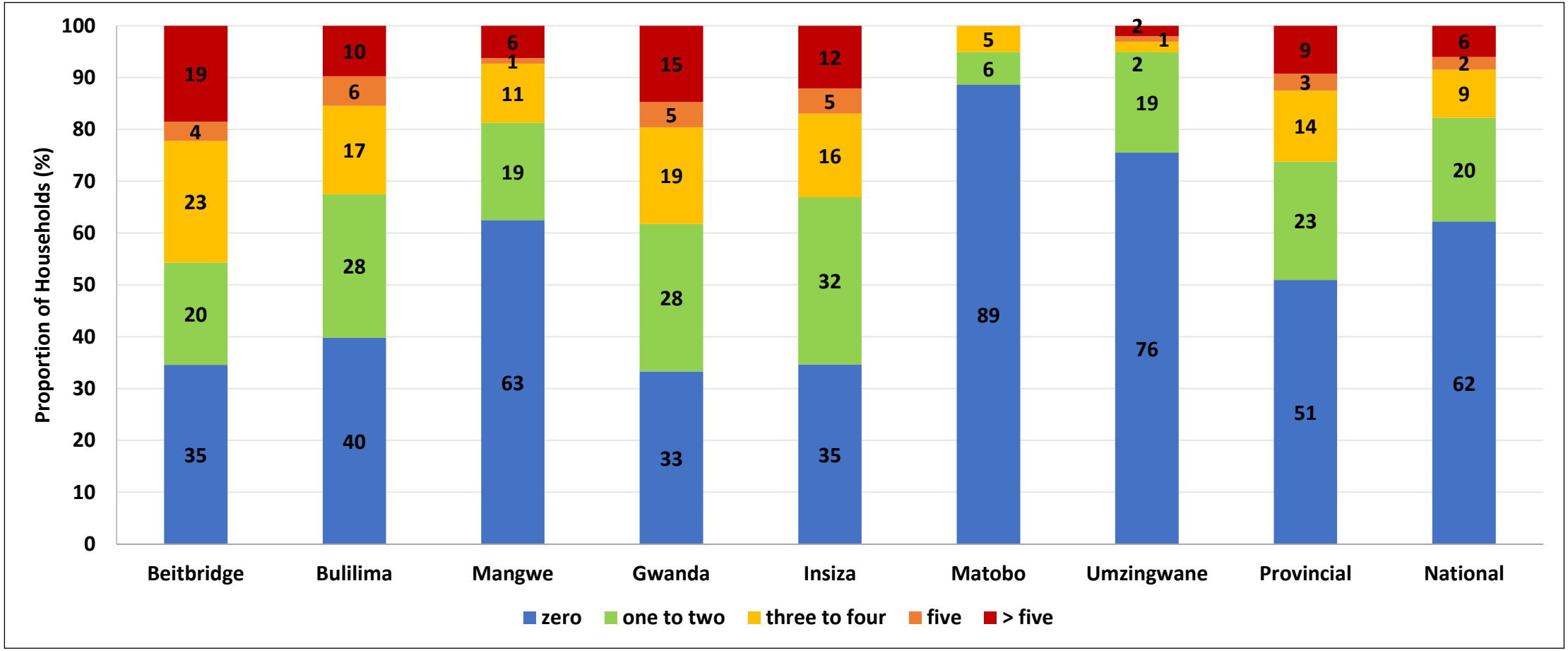
- Approximately 68% of rural households in the province owned goats.
- Gwanda recorded the highest proportion of households with goats (86%), whilst Umzingwane had the lowest proportion of households with goats at about 37%.

Average Livestock Numbers per Household



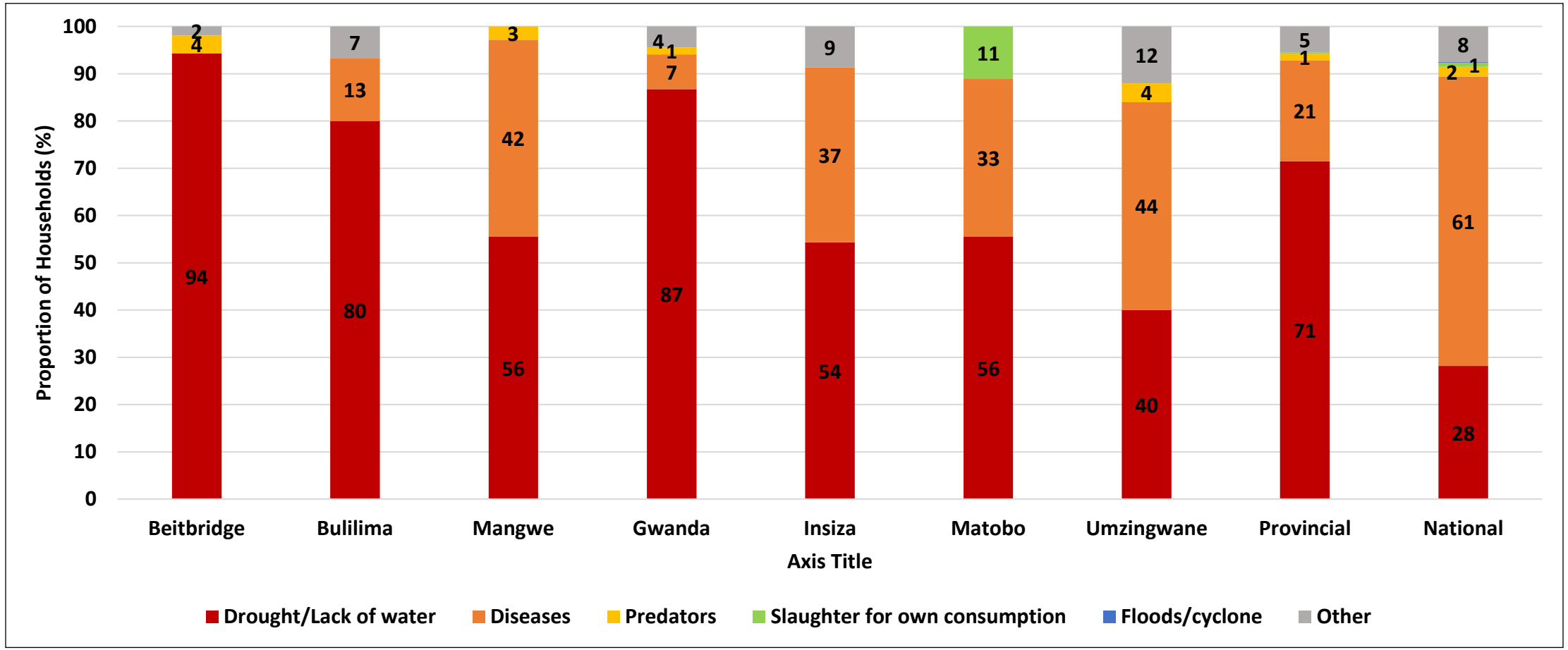
- Mangwe district recorded the highest average number of cattle per household (15), followed by Matobo and Insiza (10), respectively.
- The provincial average goat head size per household stood at 10 compared to national average head size of 6 animals.
- Umzingwane reported an average number of 9 sheep per household, whilst Bulilima and Insiza both reported an average of 5 animals, respectively.

Cattle Deaths



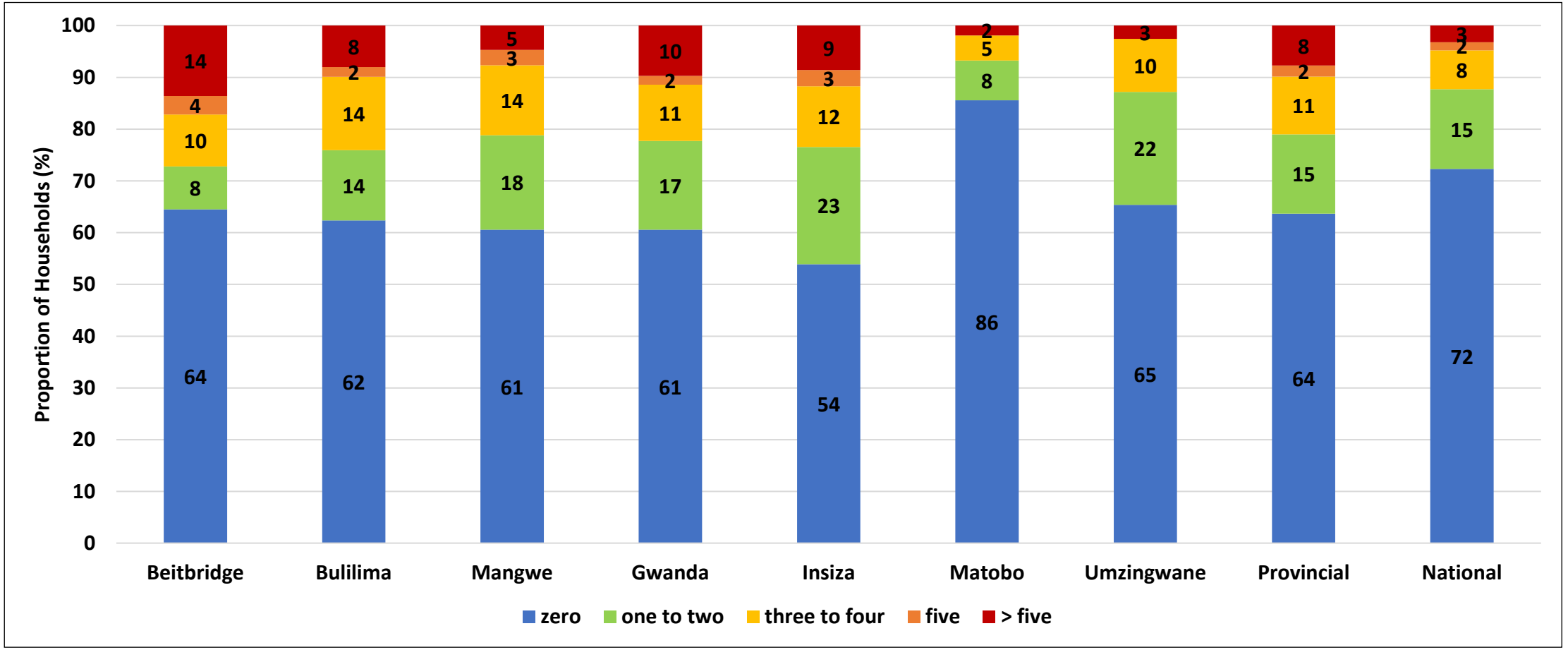
- Households in Matobo recorded the lowest cattle deaths (11%), whilst Gwanda households recorded the highest cases of cattle deaths (67%).

Main Cause of Cattle Deaths



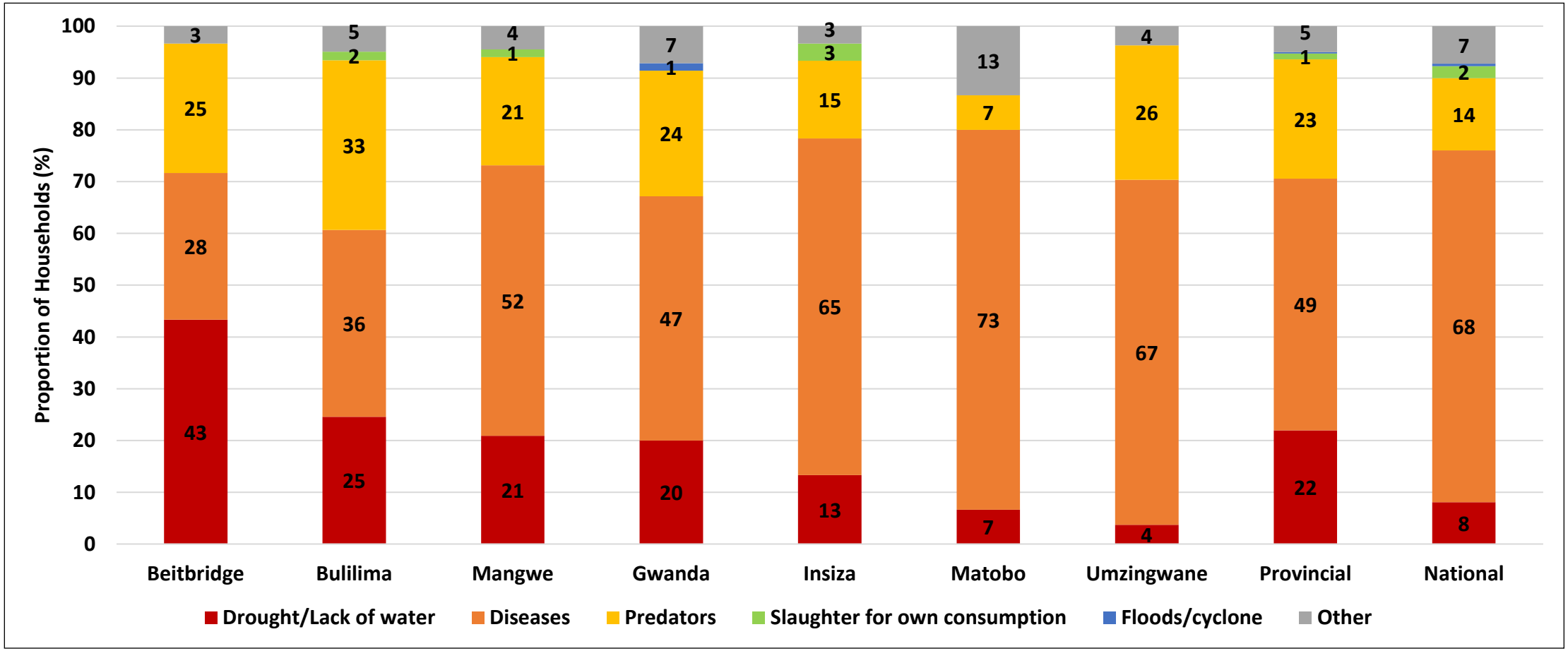
- Drought is the highest cause of deaths recorded in Beitbridge (94%) and Gwanda (87%).
- Diseases are also a cause of concern, with Umzingwane and Mangwe being the most affected districts at 44% and 42% respectively.

Goats Deaths



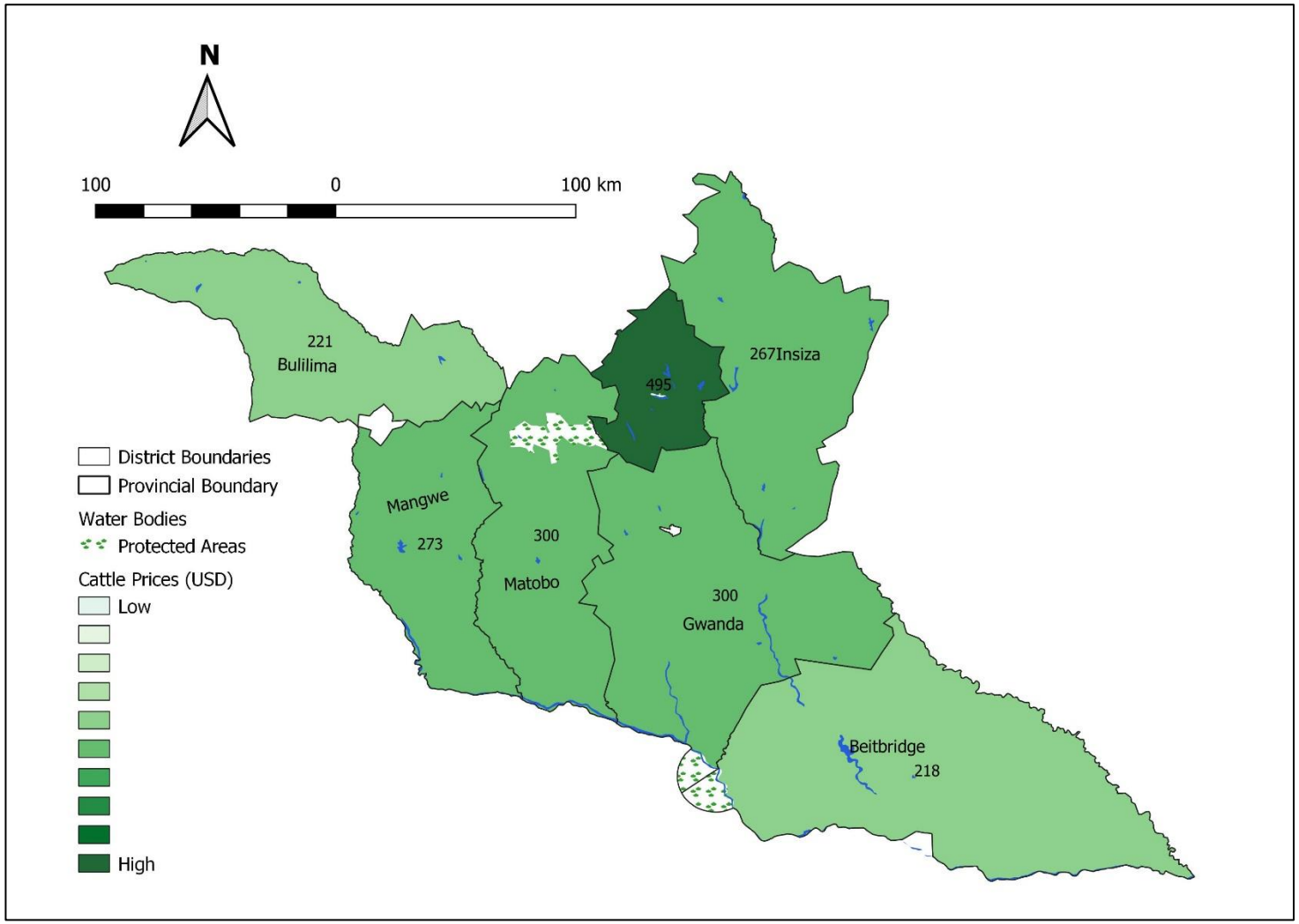
- Matobo had the lowest goat mortality with 86% of households reporting not having recorded any goat deaths.
- Insiza had the highest proportion of households which had recorded goat deaths (47%).

Main Cause of Goats Deaths



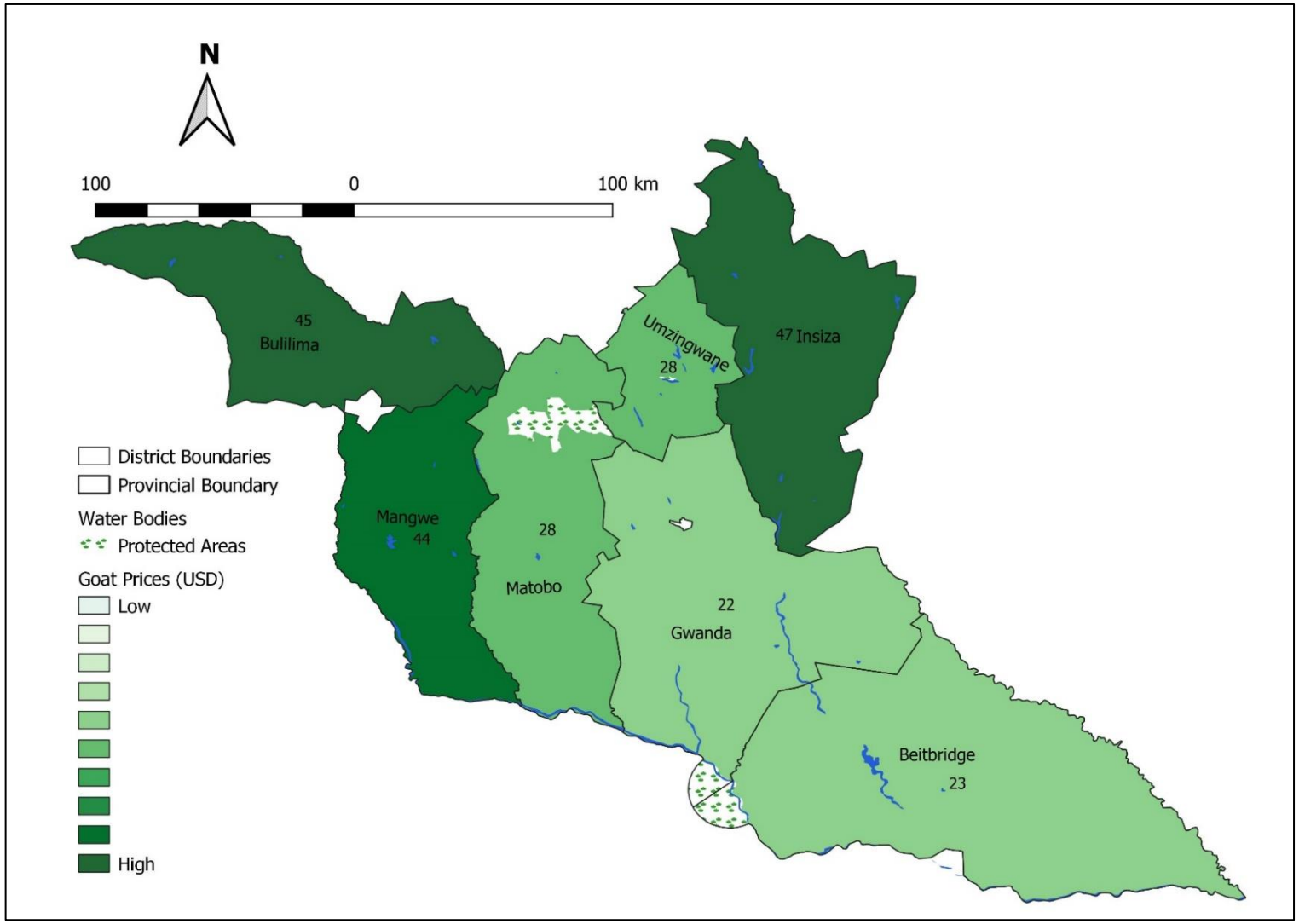
- Disease was the most common cause of goat deaths in Matobo (73%), Umzingwane (67%) and Insiza (65%).
- Predators were the second major cause of goat deaths in Bulilima (33%), Gwanda (24%), Umzingwane (26%), and Insiza (15%).
- Drought was the biggest cause of goat deaths in Beitbridge, as reported by 43% of households in the district.

District Average Cattle Prices



- The prices for cattle were highest in Umzingwane (USD 495) per beast and lowest in Beitbridge (USD 218).

District Average Goat Prices



- The prices for goats were highest in Insiza (USD 47) and lowest in Gwanda (USD 22).

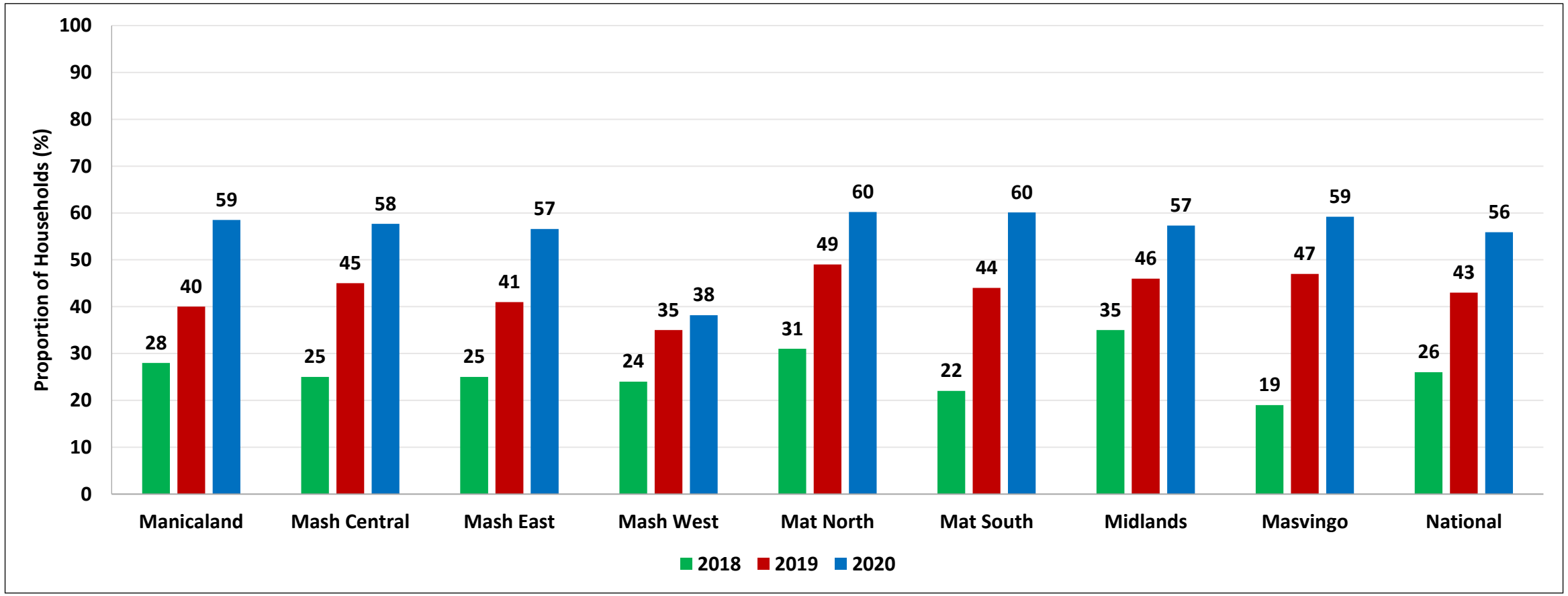
Average livestock prices

District	Cattle Price (ZWL$)	Goat Price (ZWL$)	Chicken Price (ZWL$)	Cattle Price (USD)	Goat Price (USD)	Chicken Price (USD)
Beitbridge	17563	1859	351	218	23	4
Bulilima	17763	3652	433	221	45	5
Mangwe	21954	3513	351	273	44	4
Gwanda	24140	1756	439	300	22	5
Insiza	21516	**3761**	402	267	**47**	5
Matobo	24140	2248	492	300	28	6
Umzingwane	**39831**	2257	**527**	**495**	28	**7**
Provincial	23985	2726	434	298	34	5

- Cattle were more expensive in Umzingwane (USD 495) as compared to other districts and were more than double the price of those in Beitbridge (USD218).
- Goats were more expensive in Insiza (USD47), Bulilima (USD45) and Mangwe (USD44) which was more than the provincial average price of USD 34.

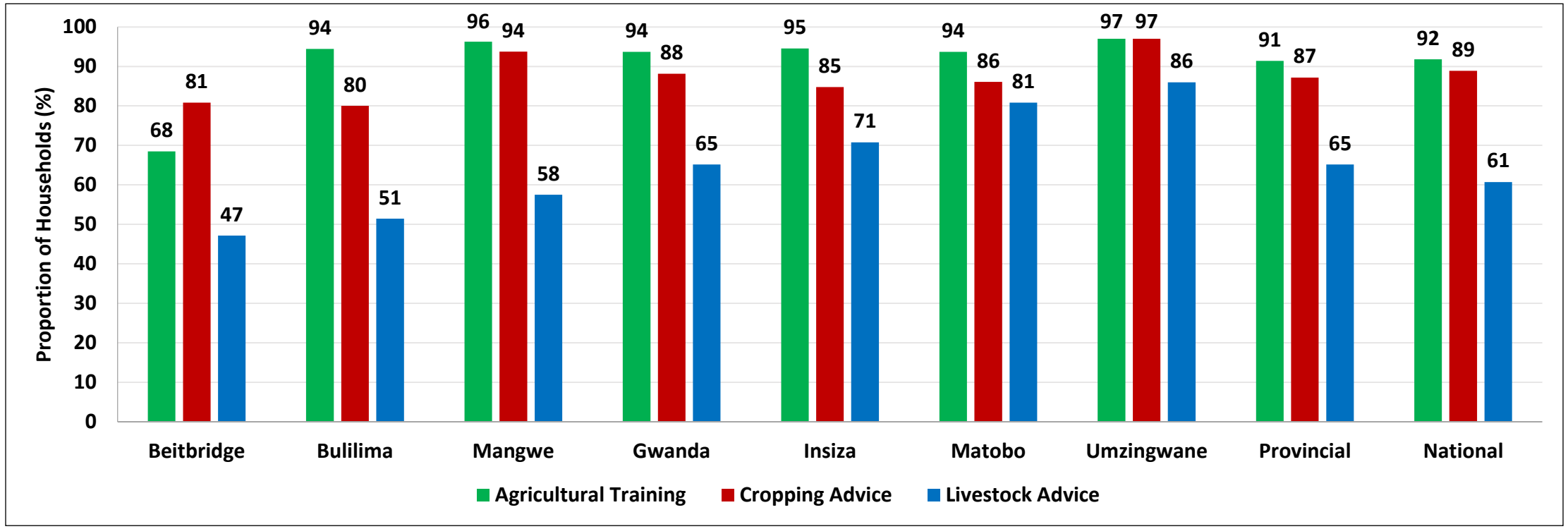
Access to Agricultural Extension Services

Access to Agricultural Extension Services by year



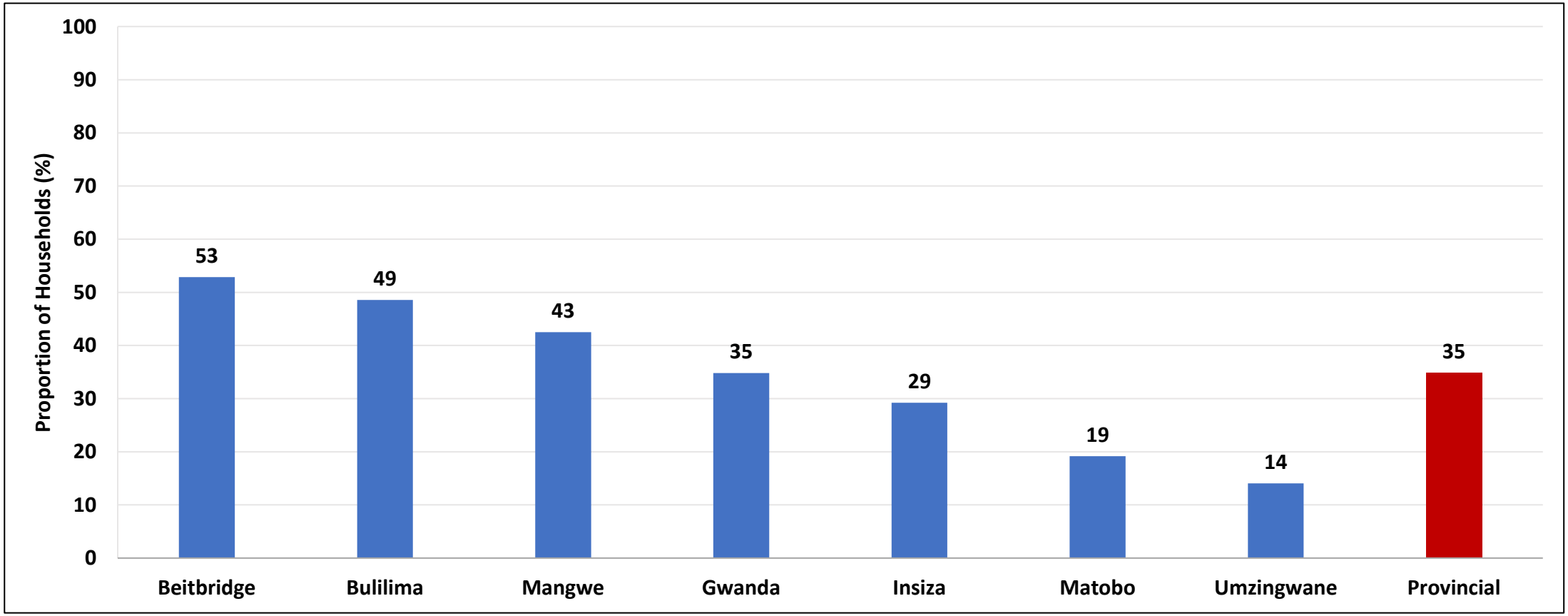
- There was a general increase in access to extension services across all provinces as compared to the last two years, with Matabeleland North and Matabeleland South recording the highest proportion of households with access to extension services at 60% each.

Access to Agricultural Training, Cropping and Livestock Advice



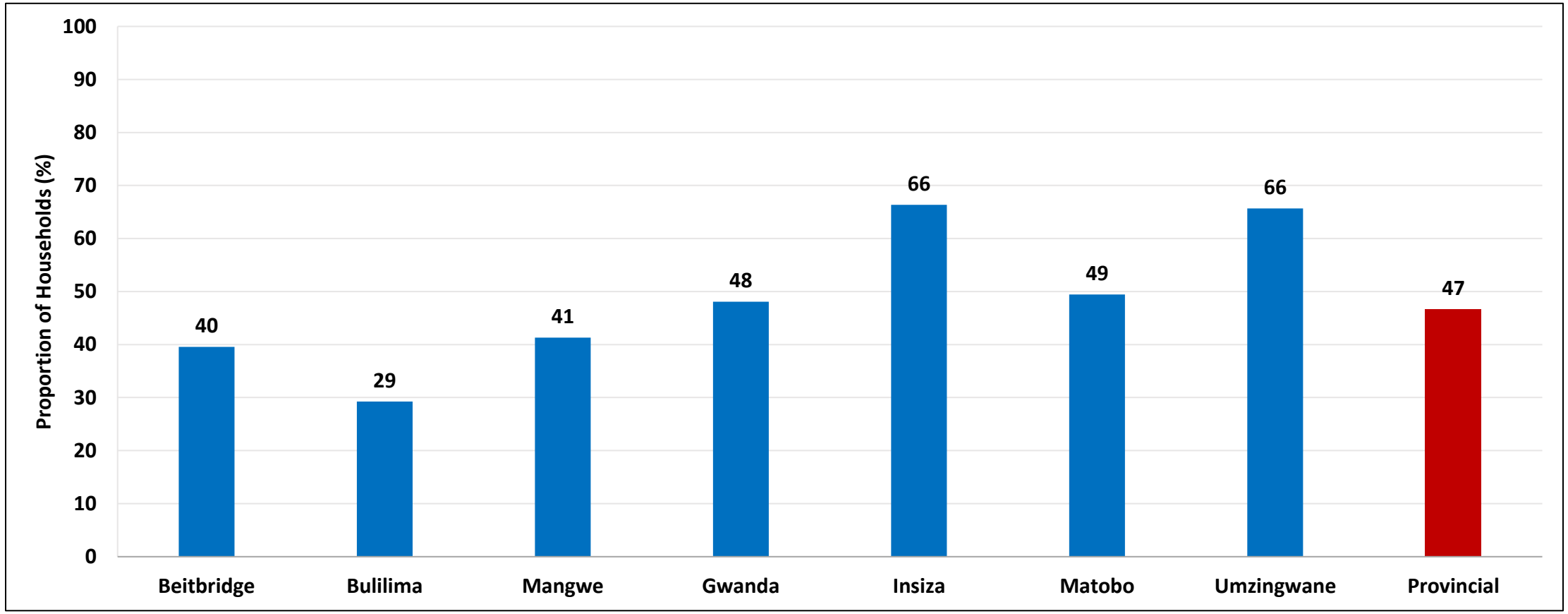
- Umzingwane district (86%), recorded the highest proportion of households that had access to livestock advice services.
- Access to agricultural training was generally high throughout the province with the exception of Beitbridge at 68%.

Livestock Advice from Government Extension Officers or Other Extension Officers



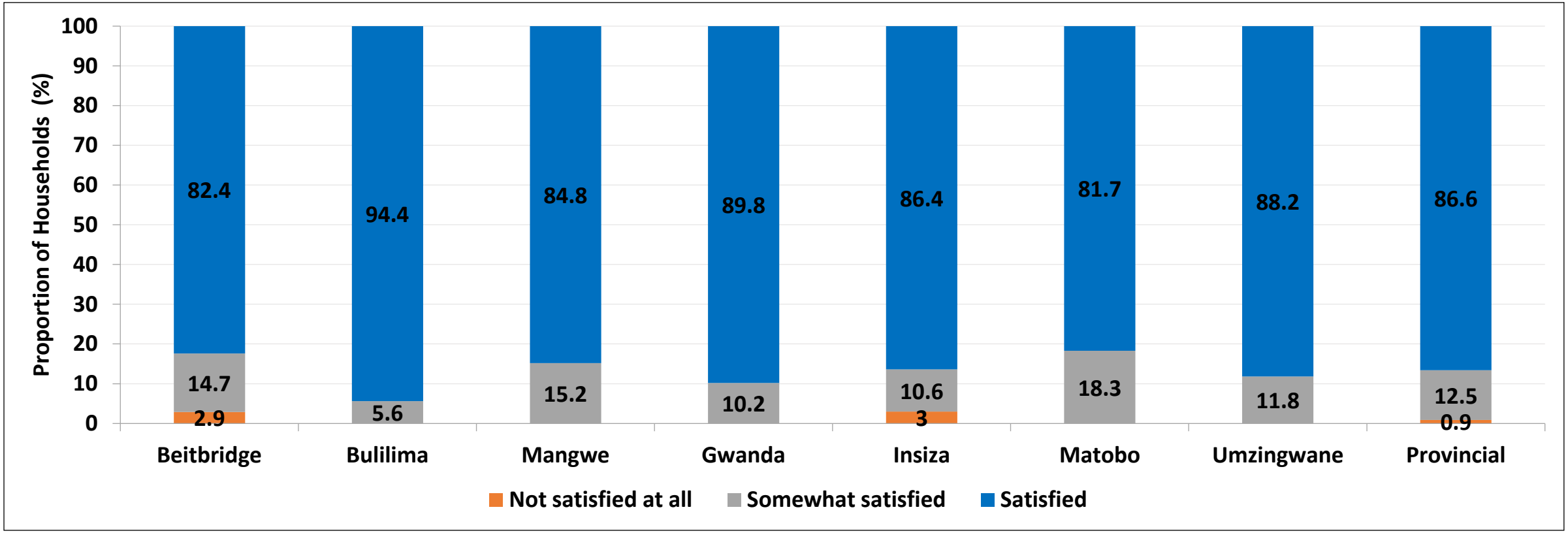
- Households in Beitbridge (53%) reported to have received the highest livestock extension advice followed by Bulilima (49%).
- Umzingwane reported to have the least lowest livestock extension advice 14% from Government Extension Officers or other Extension Officers.

Access to Animal Health Centres



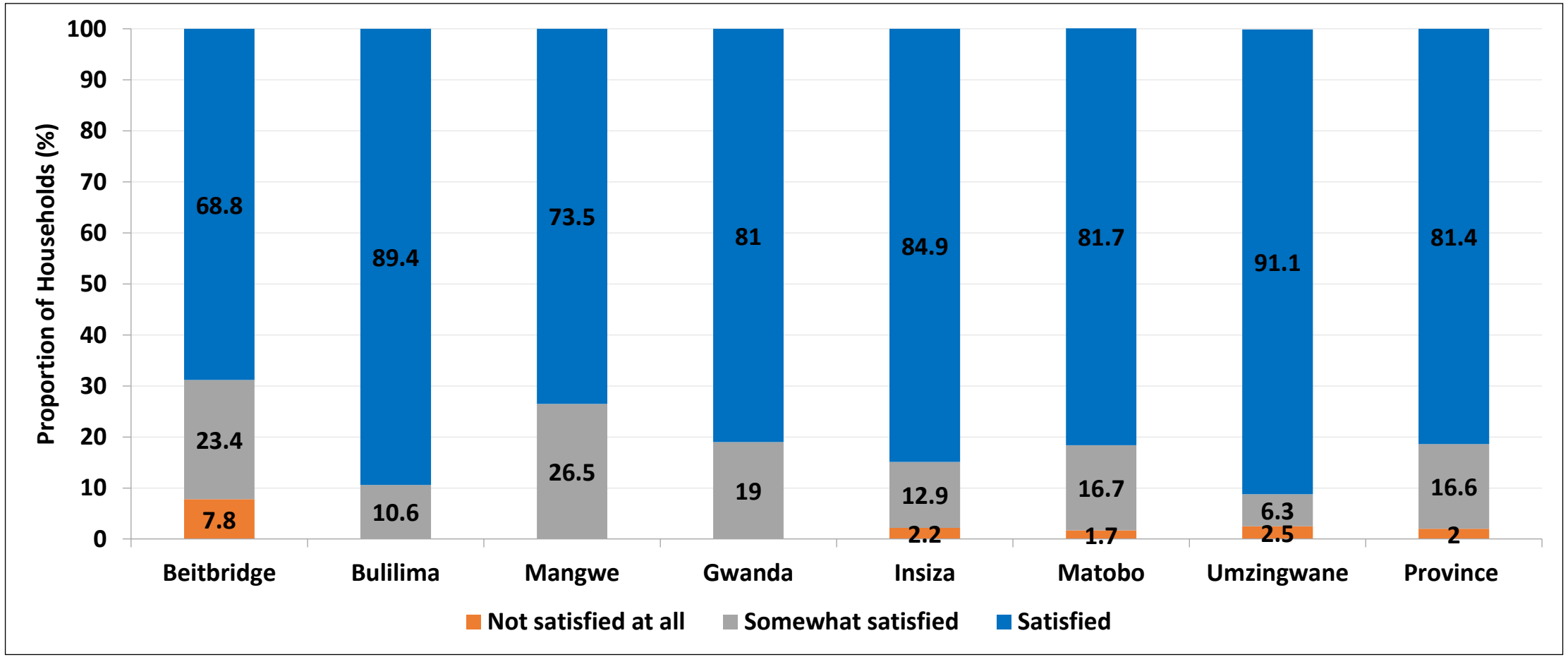
- Close to 66% of households in Insiza and Umzingwane reported that they had access to an Animal Health Centre.
- Bulilima had the least proportion of households with access to an Animal Health Centre.

Satisfaction with Livestock Advice



- From the households who had received livestock advice, households in Bulilima recorded the highest satisfaction index at 94.4% followed by Gwanda at 86.8%.
- About 3% of households who had received livestock advice in Insiza reported that they were not satisfied at all by the service.

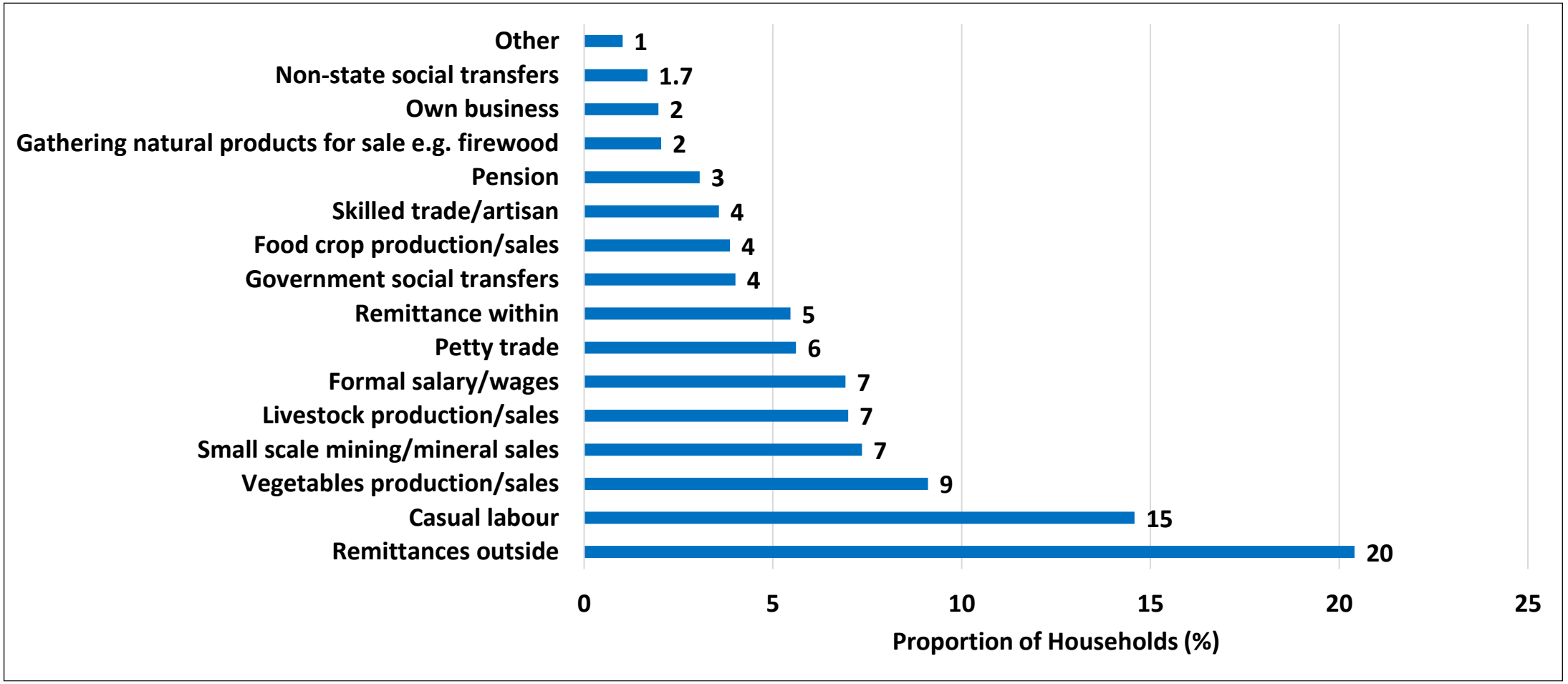
Quality of Service Received From the Animal Health Centre Accessed in the Last 3 Months



- Umzingwane (91.1%) reported the highest satisfaction with service from Animal Health Centres followed by Bulilima and Insiza at 89.4% and 84.9%, respectively.

Income and Expenditure

Current Most Important Source of Income

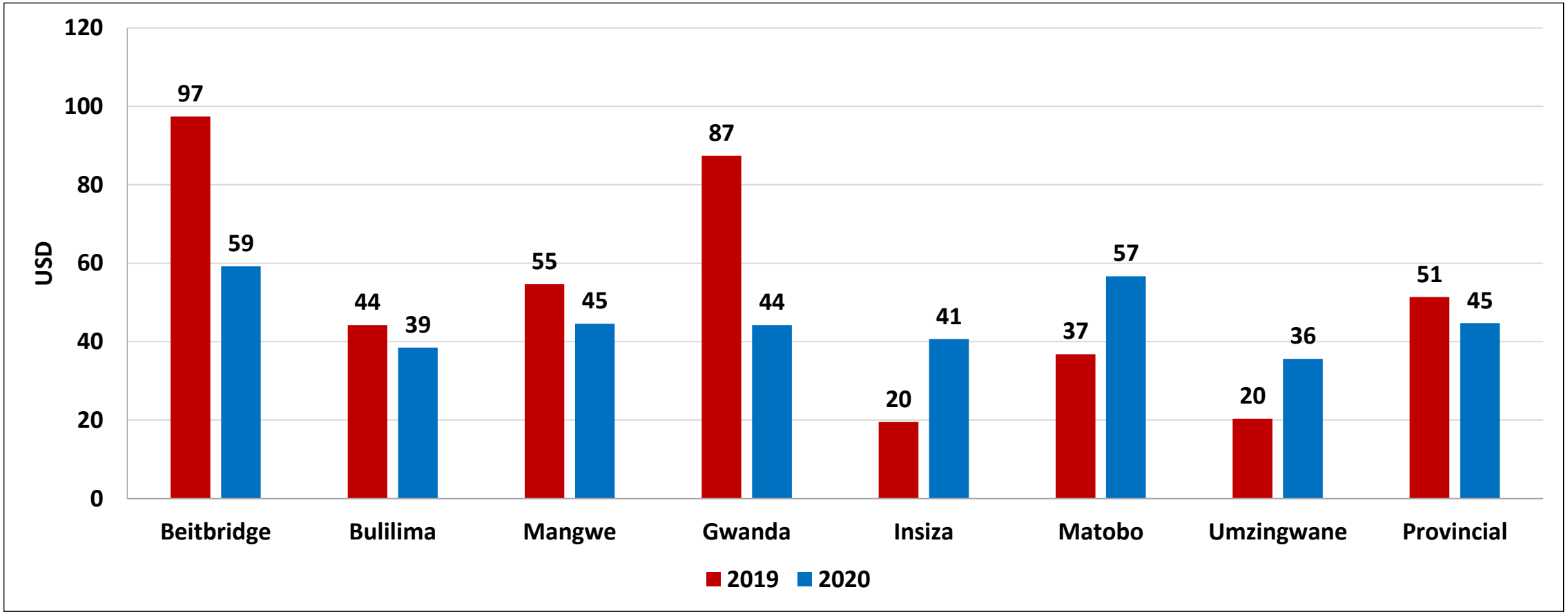


- Most households continue to rely on remittances (22%) as the most important source of income, followed by casual labour (15%), vegetable production/sales (9%), small scale mining (7%), livestock production/sales (7%) and formal salary (7%).

Current Most Important Source of Income by District

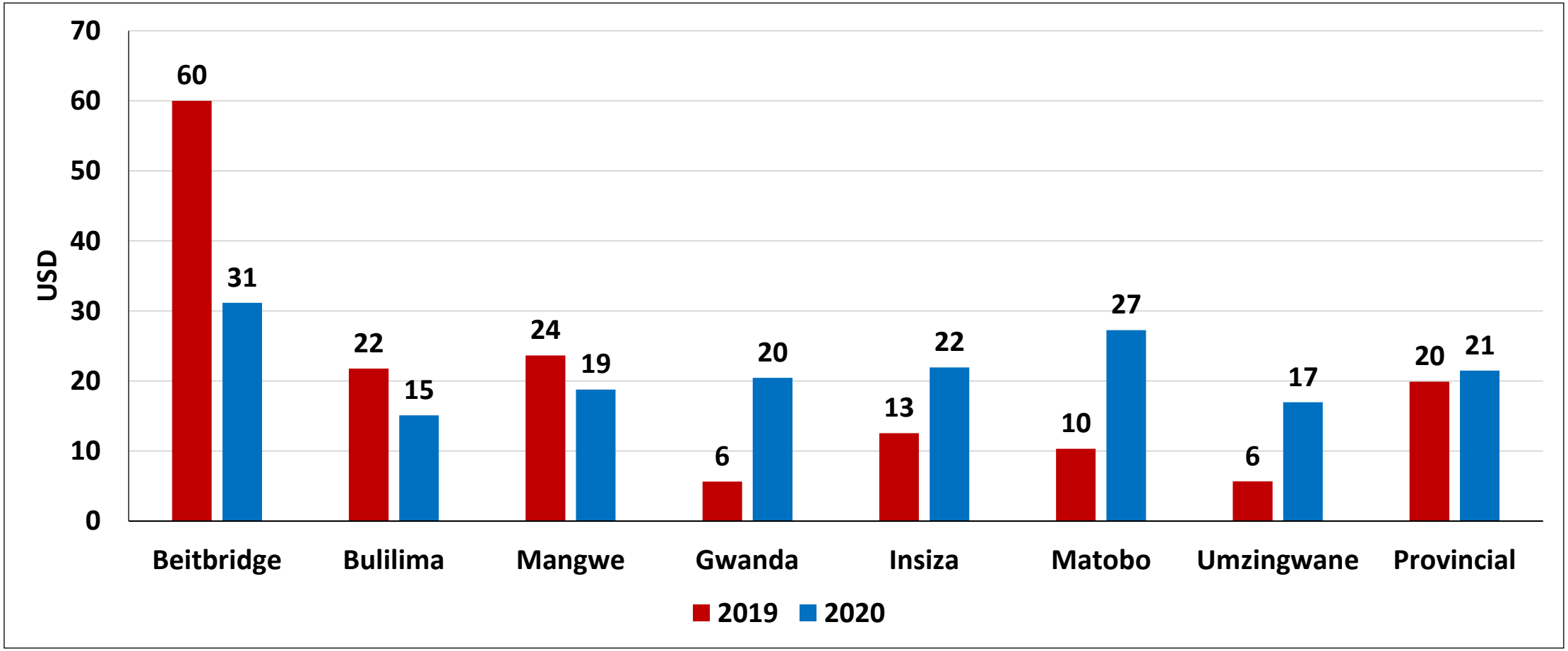
	Beitbridge (%)	Bulilima (%)	Mangwe (%)	Gwanda (%)	Insiza (%)	Matobo (%)	Umzingwane (%)
Remittances outside	12.6	**44.4**	**35.0**	**15.5**	6.1	**19.5**	10.1
Remittance within	2.5	3.6	3.6	7.5	4.0	6.5	**10.6**
Food crop production/sales		2.0	1.0	7.0	7.1	**9.2**	1.0
Cash crop production	0.5			1.0		1.6	1.0
Casual labour	**18.2**	**14.3**	**10.7**	**13.5**	**11.6**	**18.4**	**15.7**
Livestock production/sales	**14.6**	5.6	8.1	8.0	5.6	5.9	1.0
Skilled trade/artisan	1.5	5.1	7.1	1.0	1.5	5.9	3.0
Own business		0.5	0.5	2.0	4.0	1.1	5.6
Petty trade	**13.6**	1.0	2.0	3.5	6.6	3.2	9.1
Pension	4.0	1.0	3.6	3.0	2.5	4.9	2.5
Formal salary/wages	6.6	2.0	**9.6**	6.5	6.1	9.2	8.6
Fishing	0.5				1.5		
Gifts	2.5		0.5		1.0	0.5	0.5
Vegetables production/sales	4.5	**8.7**	7.6	9.5	**14.6**	3.2	**15.2**
Small scale mining/mineral sales			0.5	9.5	**22.7**	8.1	10.6
Government social transfers	9.6	7.1	2.0	7.0	1.0	0.5	0.5
Non-state social transfers	1.0	3.1	2.0	4.0		0.5	1.0
Cross border	2.0	0.5					
Gathering natural products for sale e.g. firewood	1.0	1.0	4.6	0.5	2.5	1.1	3.5
Rentals	1.0						
Other	3.0		1.5	0.5	1.5		0.5

Average Household Monthly Income (USD) for April 2020



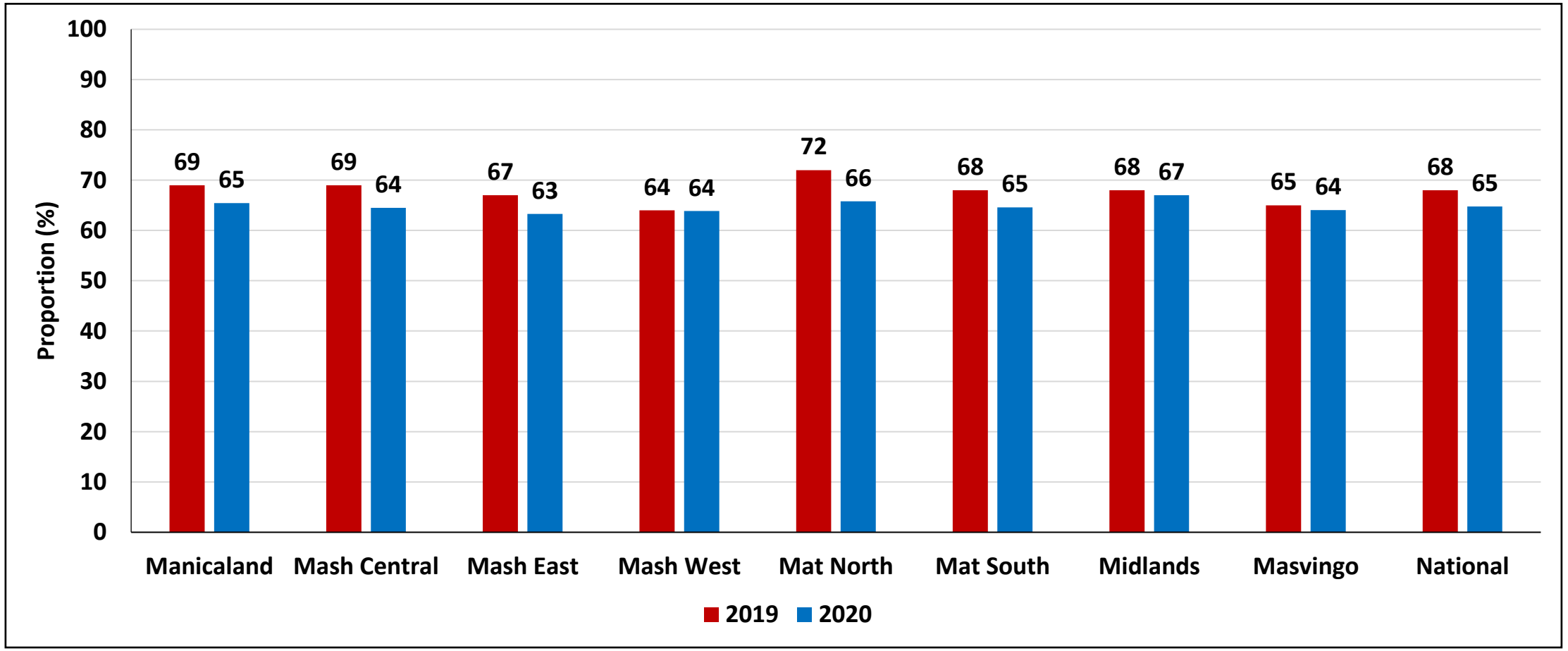
- Provincially, the household average monthly income decreased from USD 51 in 2019 to USD 45 in 2020.
- The lowest household average monthly income was reported in Umzingwane (USD 36) and the highest was in Beitbridge (USD 59).

Average Household Monthly Expenditure (USD) for April 2020



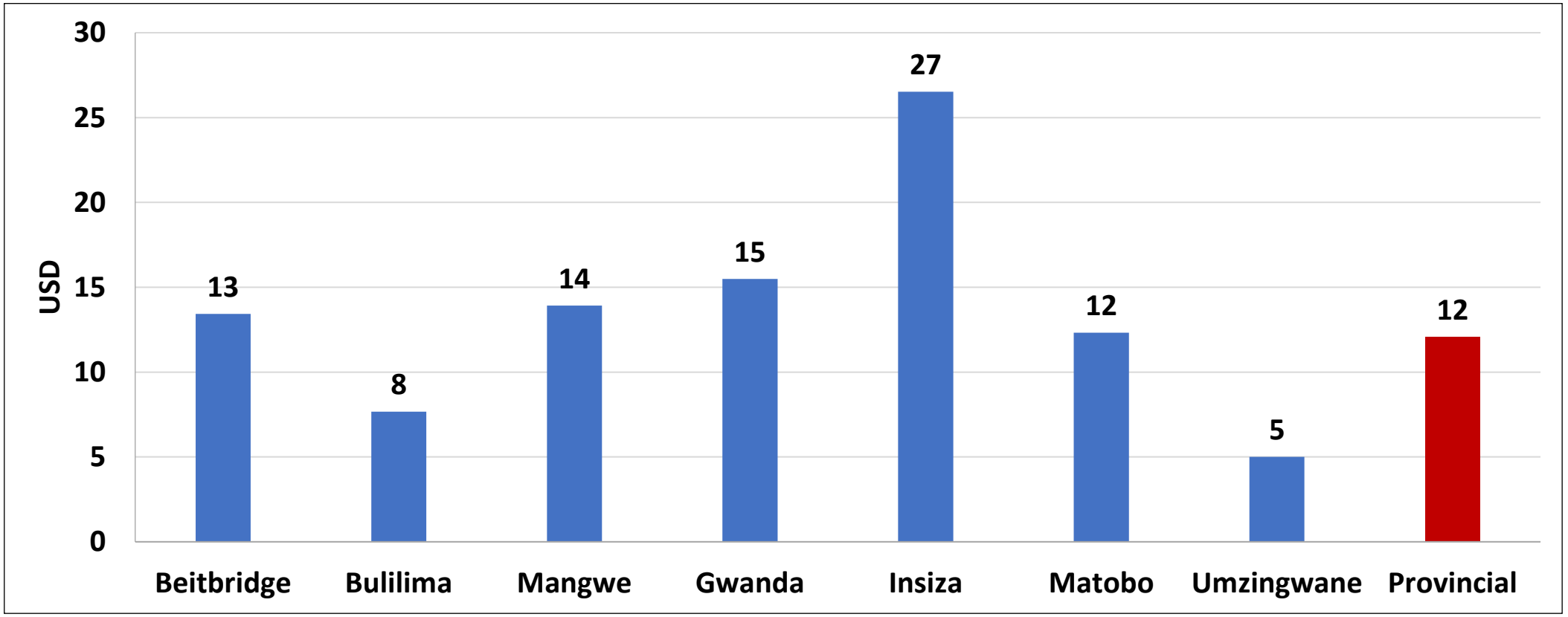
- Average expenditure for the month of April was USD 21.
- Bulilima (USD 15) reported the lowest expenditure.

Food Expenditure Ratio



- The proportion of food expenditure decreased from 68% in 2019 to 65% in 2020.
- This means that households have less to spend on other essential services such as health and education.

Average Household 6 Month Expenditure

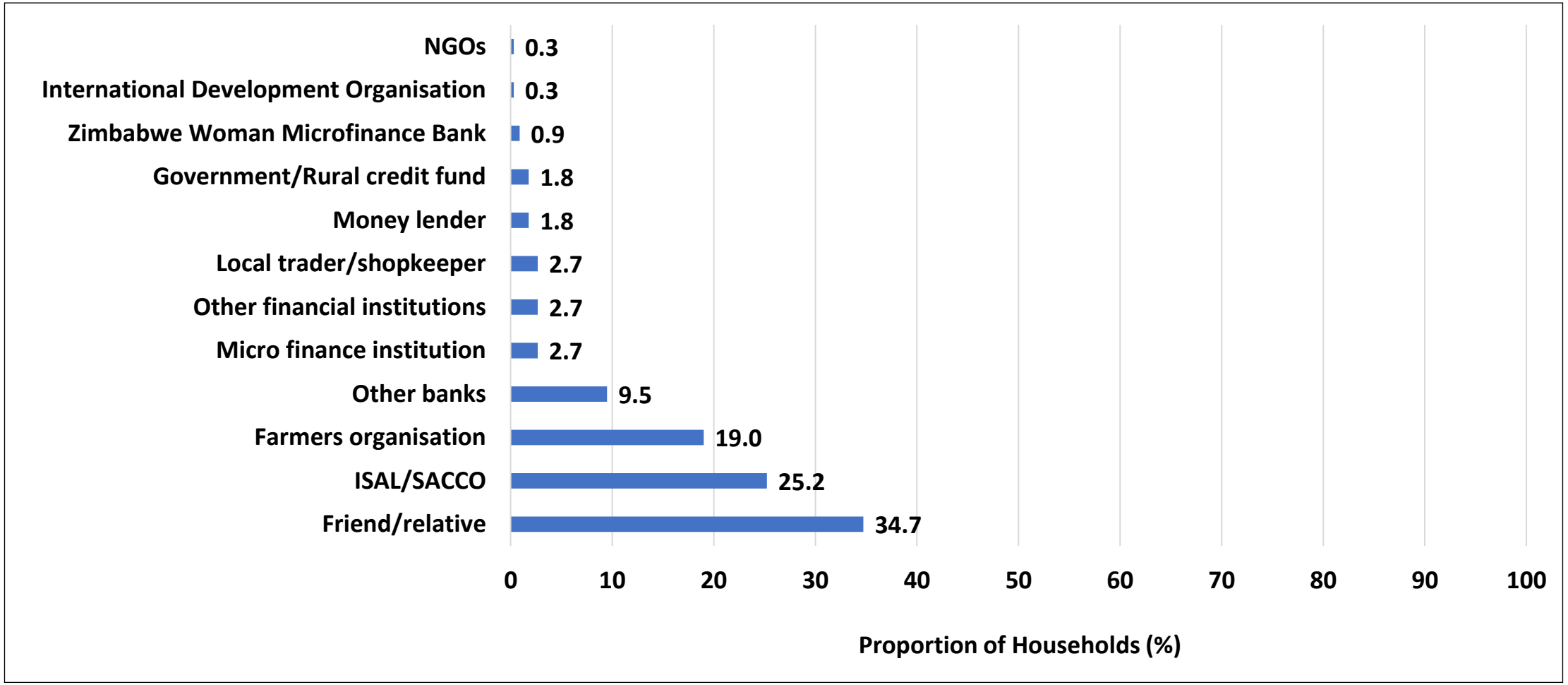


- Average household expenditure was highest in Insiza (USD 27) and lowest in Umzingwane (USD 5).

ISALS and Loans

- Internal Savings and Lending Schemes (ISALS) is one of the ways through which the poor have financial access.
- ISALS assist communities excluded from participating in the mainstream financial services sector.
- In Zimbabwe, ISALS have also been used by those in the middle class (even in formal employment) to fund various initiatives.
- Access to affordable loans remains a challenge for rural communities in Zimbabwe.

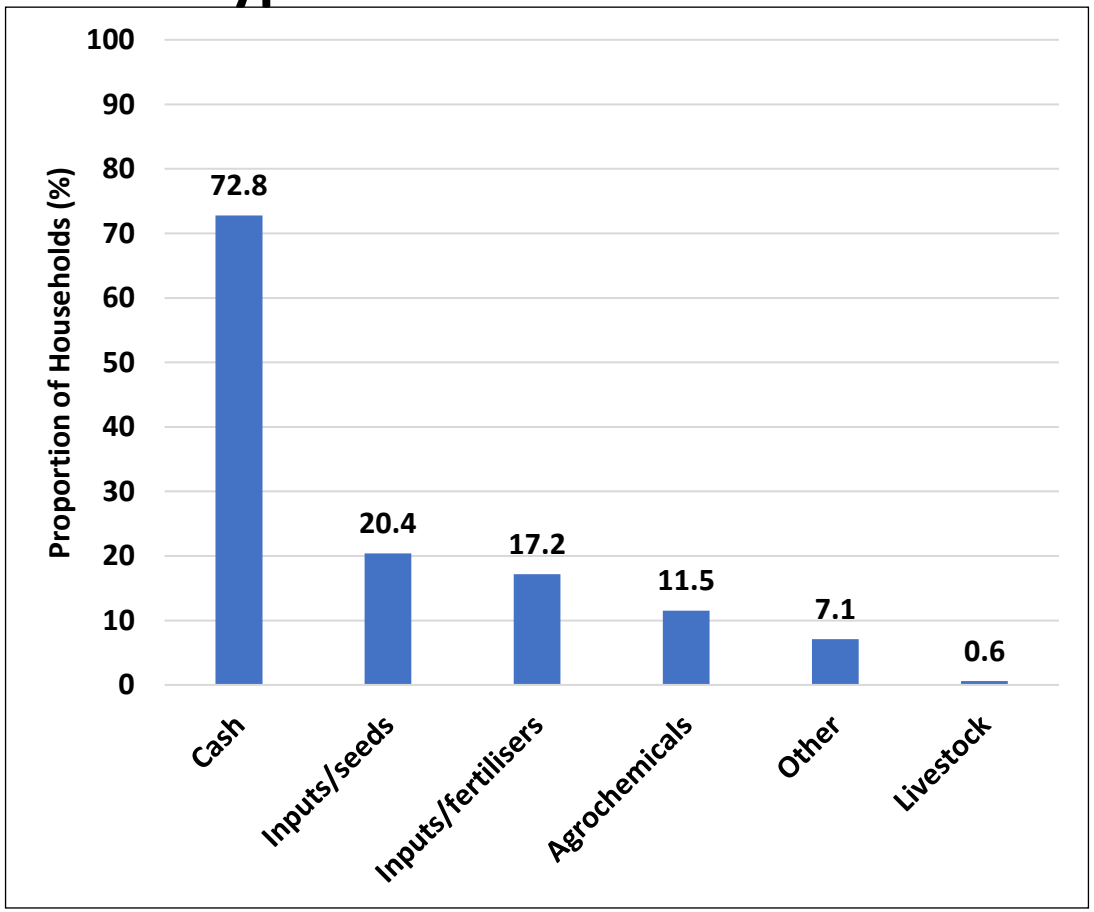
Sources of Loans



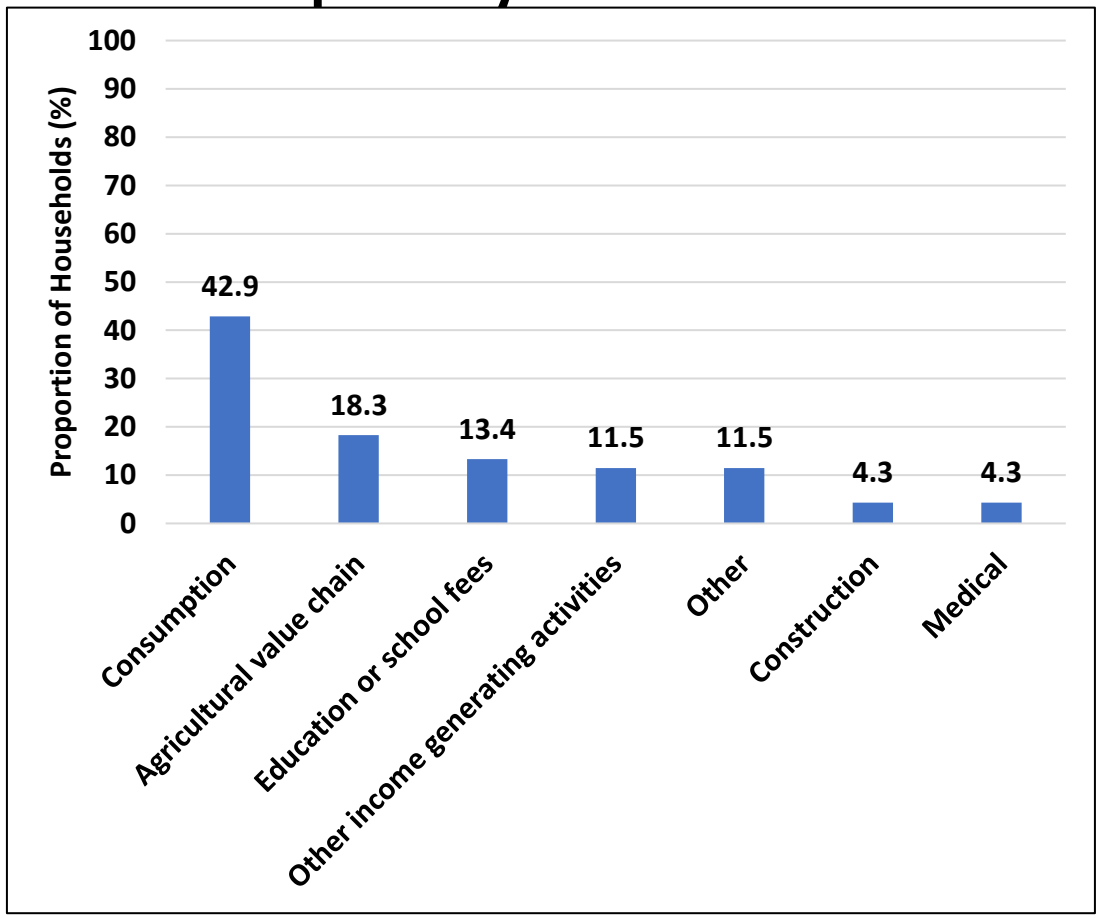
- Of the 2.8% of households which received loans, the major sources were friends and relatives (34.7%) and ISAL/SACCO (25.2%).

Types of Loans and Primary Use

Types of Loans

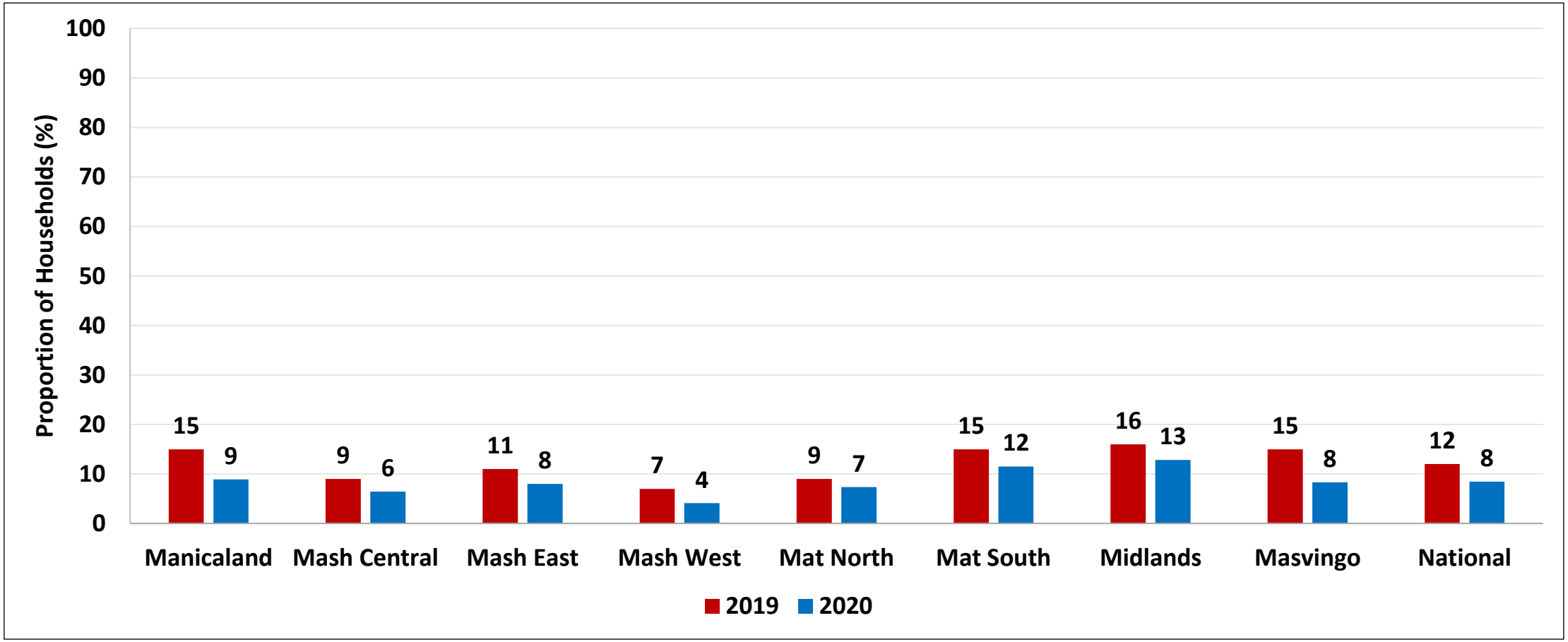


Loan primary use



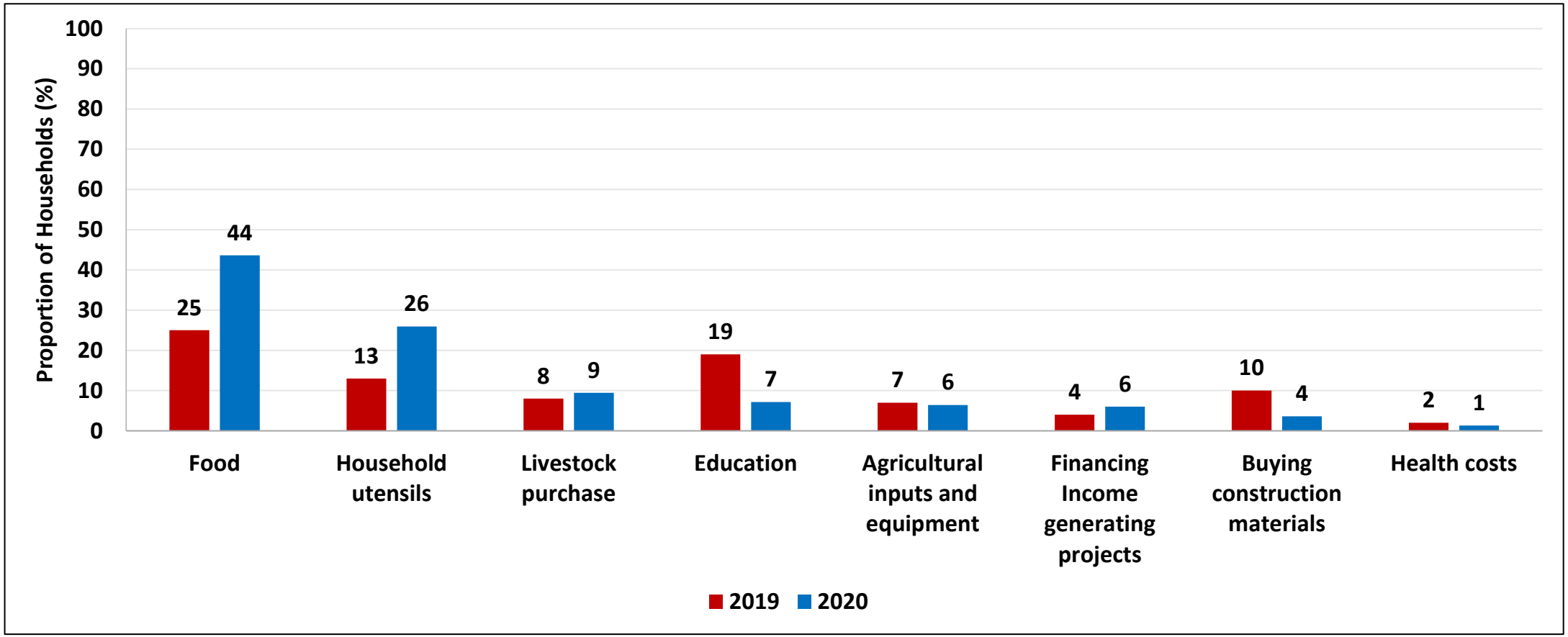
- The most common type of loan remains cash as reported by 72.8% of the households.
- The primary use of loans was for consumption purposes.

Households with a Member in an ISAL Group



- There was a decline in the proportion of households with a member belonging to an ISAL/Mukando group from 15% in 2019 to 12% in 2020.
- Households continue to engage in ISALS/Mukando as they offer an alternative source of informal lending and saving compared to the formal financial services sector which remains inaccessible to many rural households.

Use of Share-out from ISAL Group



- A larger portion of the share-out from ISALS was used for purchasing of food (44%) compared to 25% in 2019.
- Other consumption related uses of ISAL share-out included households utensils (26%) and education (7%).
- However, investment of ISAL share-out to finance income generating activities (6%), purchase of livestock (9%) and purchase of construction materials (4%) were also reported.

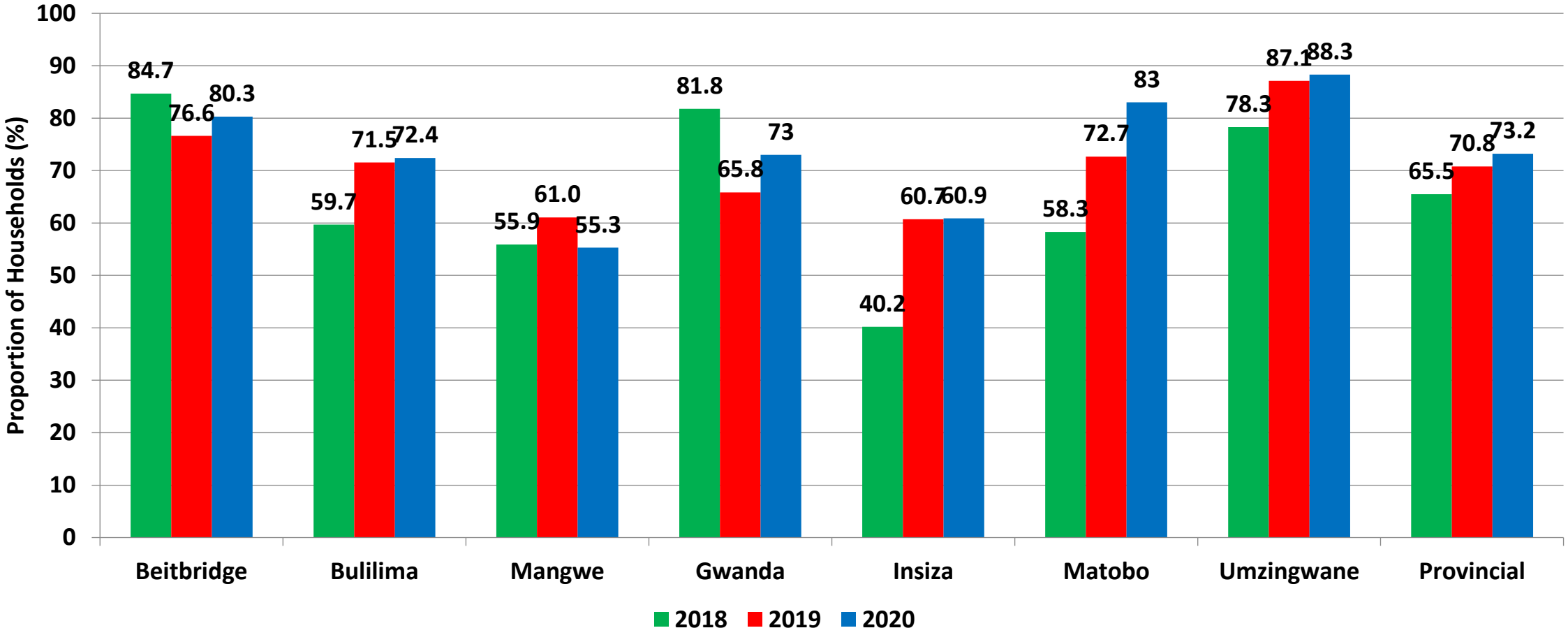
Water, Sanitation and Hygiene (WASH)

Ladder for Drinking Water Services

Service level	Definition
Safely Managed	Drinking water from an improved water source that is located on premises, available when needed and free from faecal and priority chemical contamination.
Basic drinking water	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.

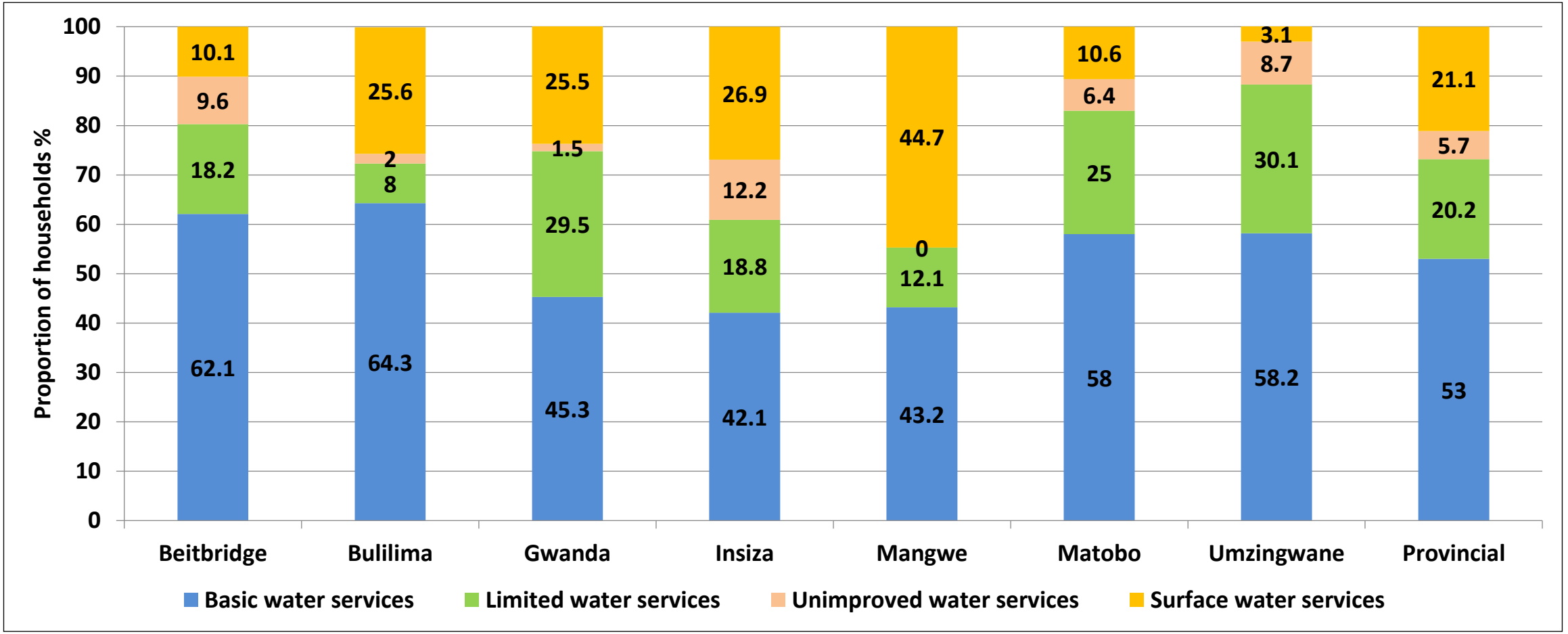
Note :
"Improved" drinking water sources are further defined by the quality of the water they produce, and are protected from faecal contamination by the nature of their construction or through an intervention to protect from outside contamination. Such sources include: piped water into dwelling, plot,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

Access to Improved Water by District



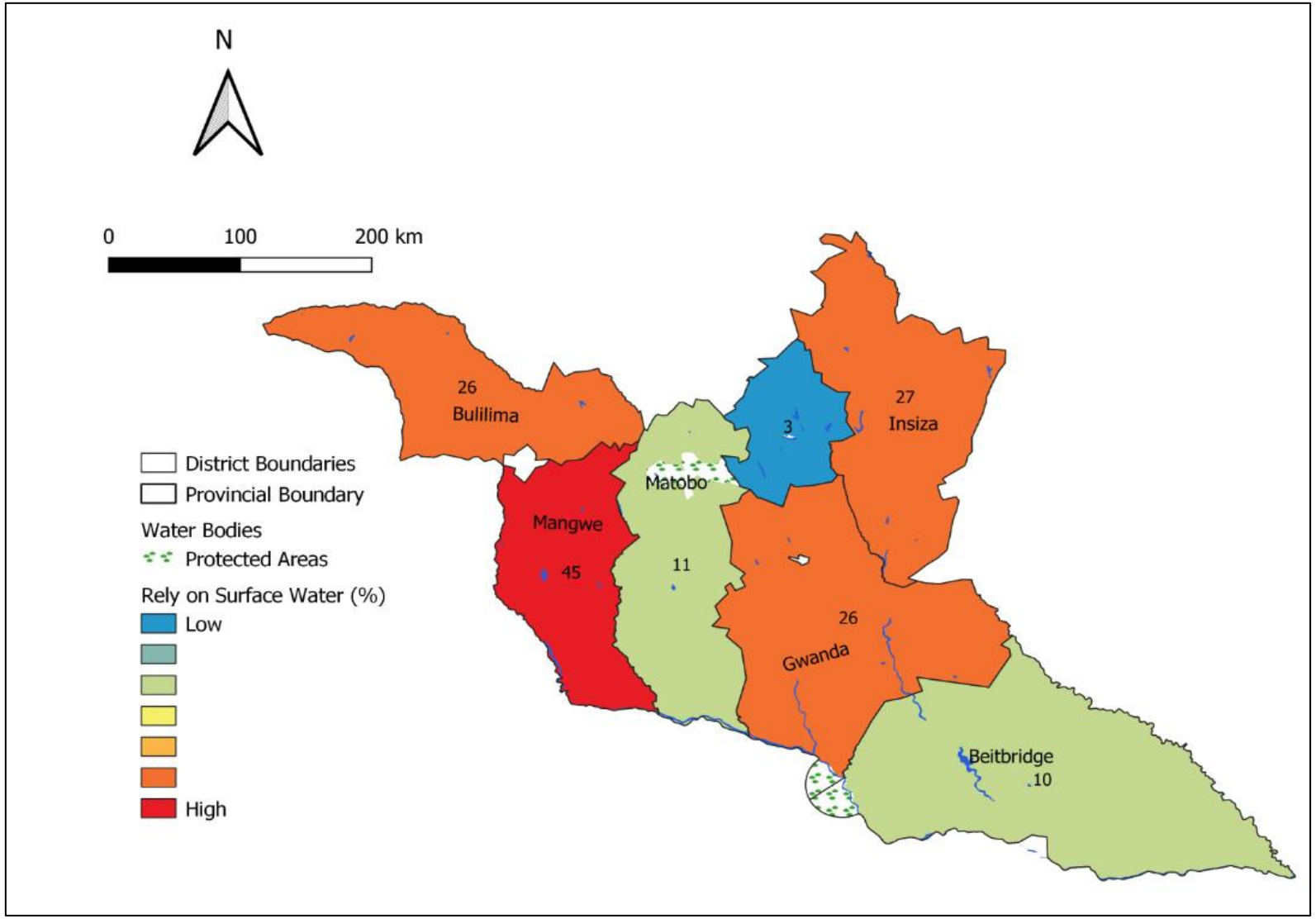
- Improved water incorporates water sources from safety managed, basic, limited water services .
- Provincially access to improved drinking water has marginally improved from, 2018 (65.5%), 2019 (70.8%) and 2020 (73.2%)

Main Drinking Water Services



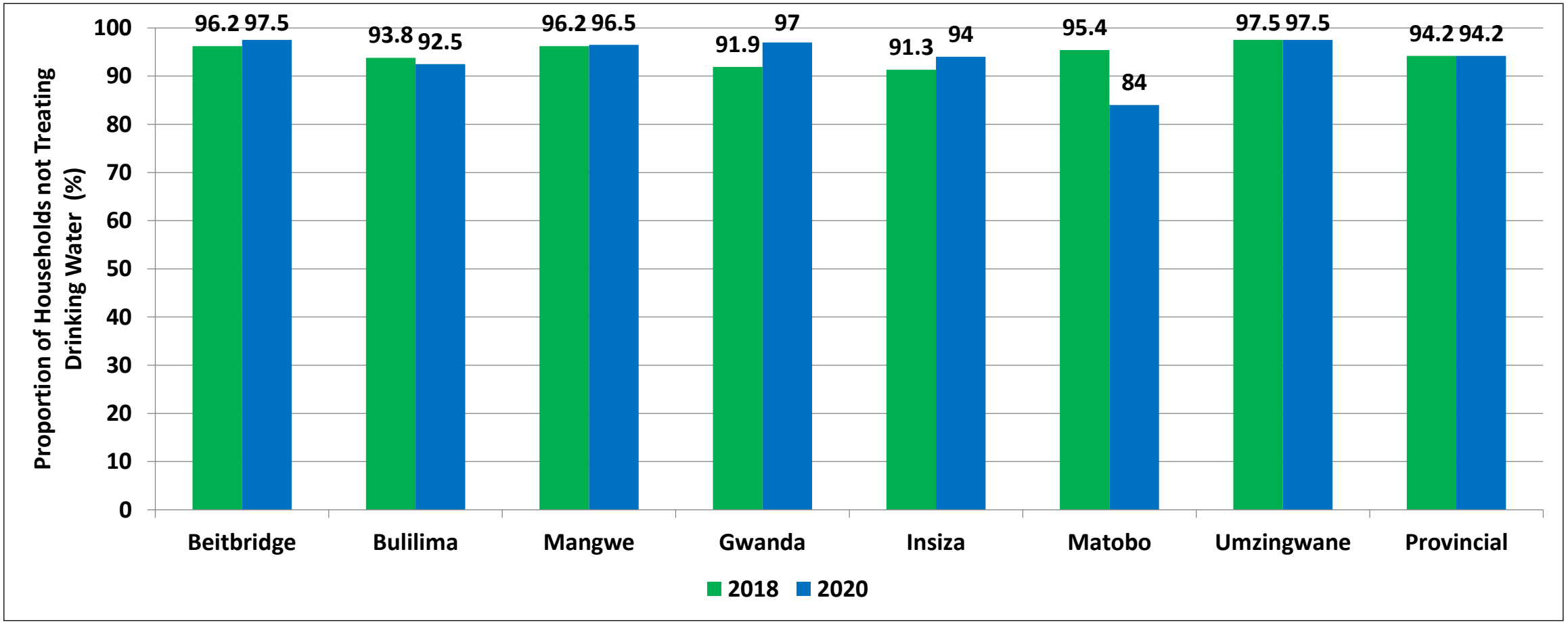
- Bulilima had the highest proportion of households (64.3%) using basic water services.
- Mangwe (44.7%) had the highest proportion of households using surface water services.

Households Drinking Surface Water by District



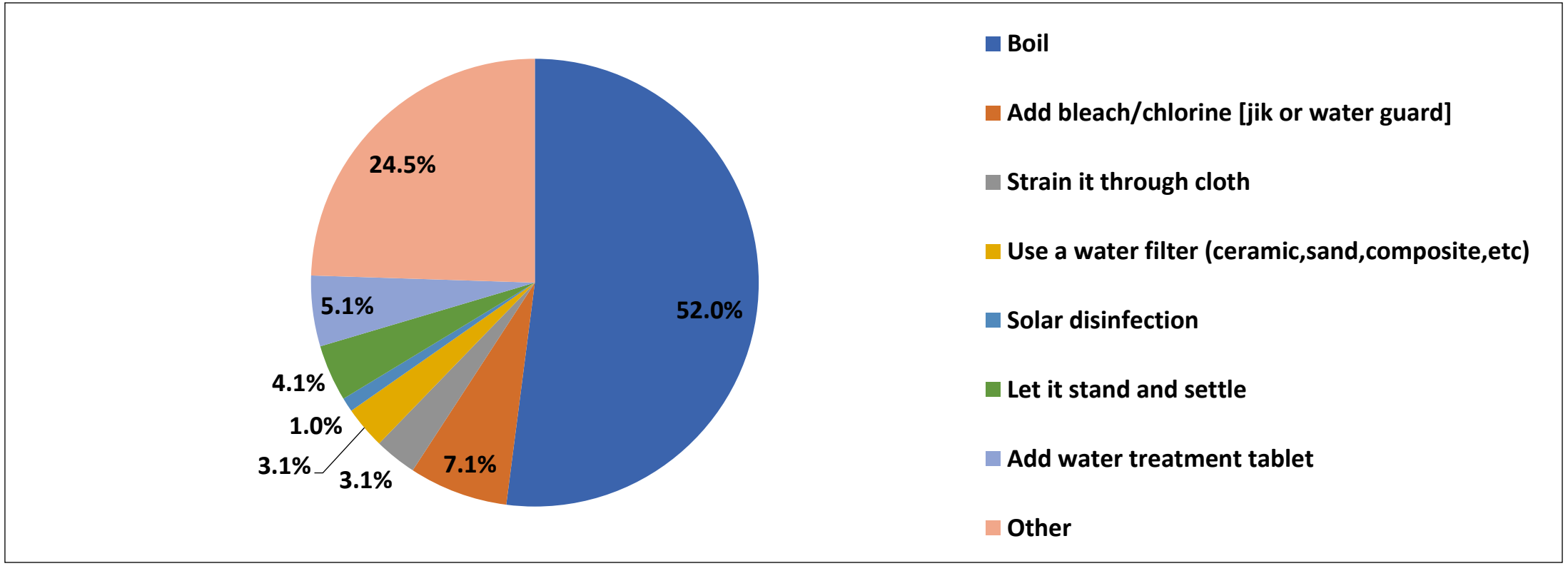
- Mangwe (45%) had the highest proportion of households drinking water from surface sources such as dams, rivers, lakes and ponds.
- Umzingwane had the lowest proportion of households at 3% while Beitbridge (10%) and Matobo (10%) are the other districts with a proportion below the provincial average of 21%.
- These districts were at risk because surface water sources are easily polluted or contaminated with chemicals, faecal matter and microorganisms that cause waterborne diseases, and eventually malnutrition.

Drinking Water Treatment by Districts



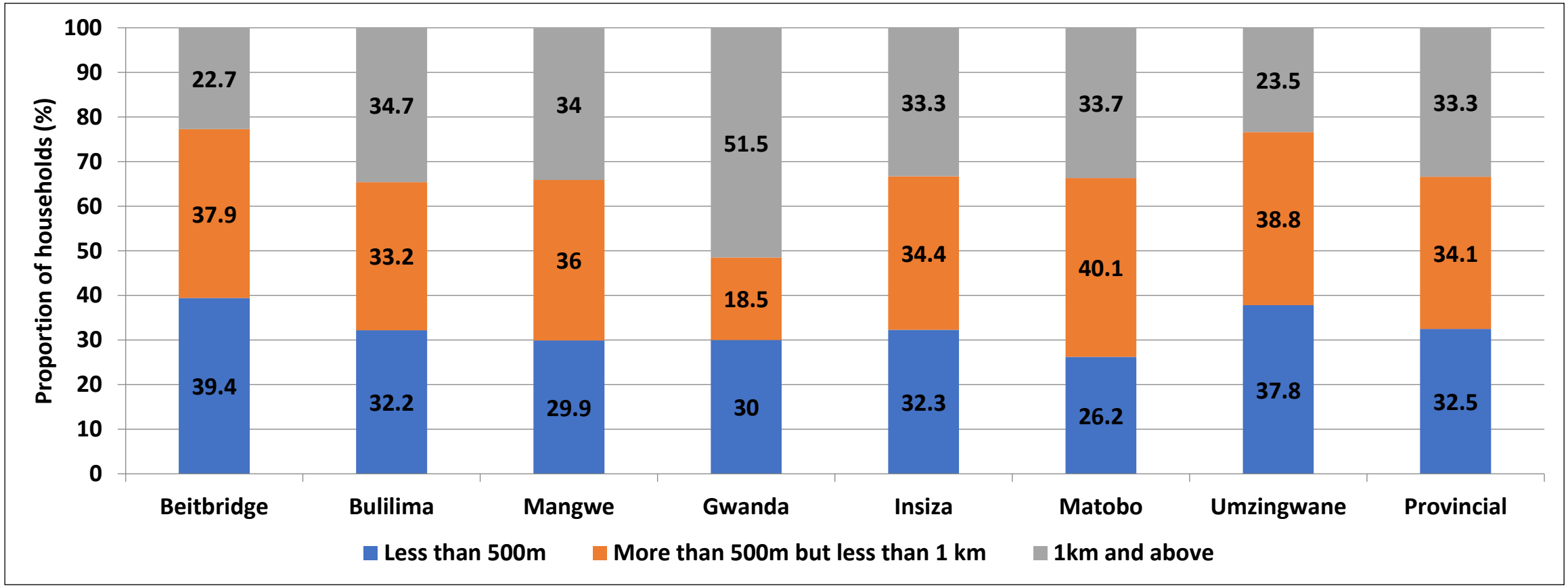
- Matobo (84%) had the lowest proportion of households not treating their water before use whilst Gwanda had the highest (97%).
- Untreated water increases the chances of diarrheal diseases hence the population accessing unimproved and surface water sources remains at risk.

Methods of Drinking Water Treatment



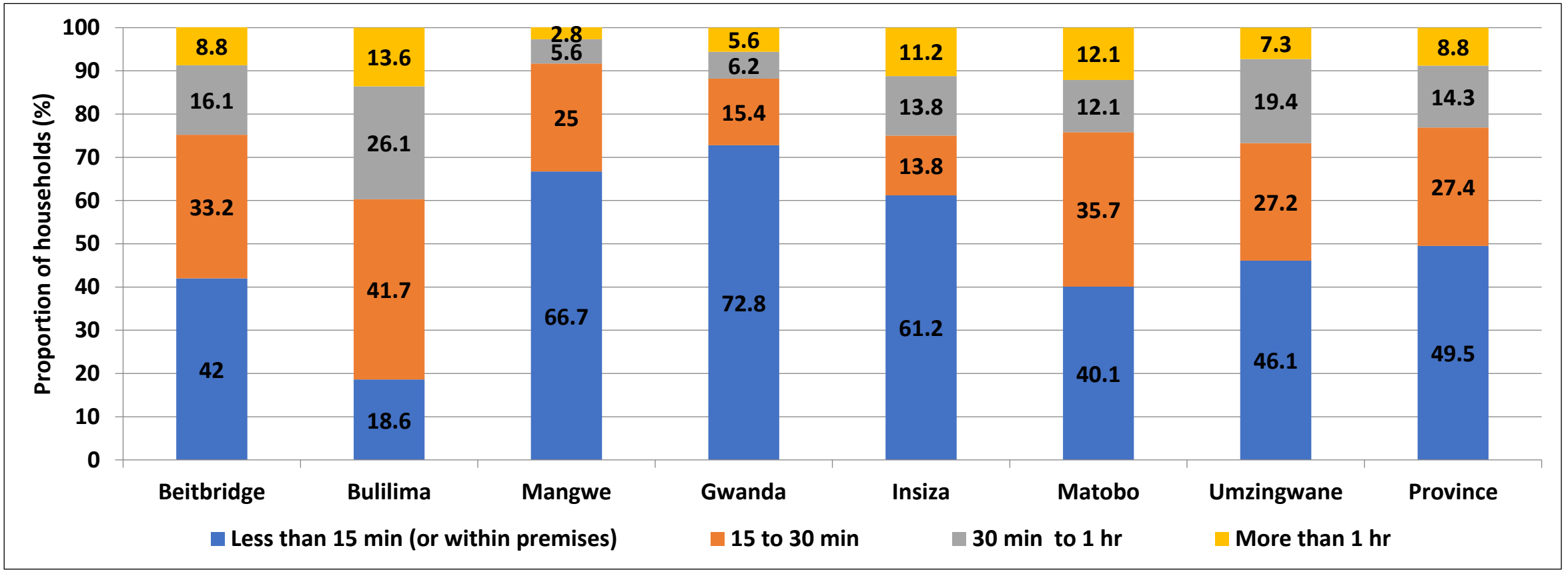
- Of the small proportion of households treating drinking water in the Province (5.8%), boiling water to make it safer before drinking was the most popular water treatment method and was practised by 52% of households.

Distance Travelled to Main Water Source



- According to the Sphere Standards, the maximum distance that any household should travel to the nearest water point is 500m.
- Provincially, 32.5% of households travelled less than 500m to the nearest water source, with 33.3% travelling more than 1 km.

Time Spent Queuing at Water Point



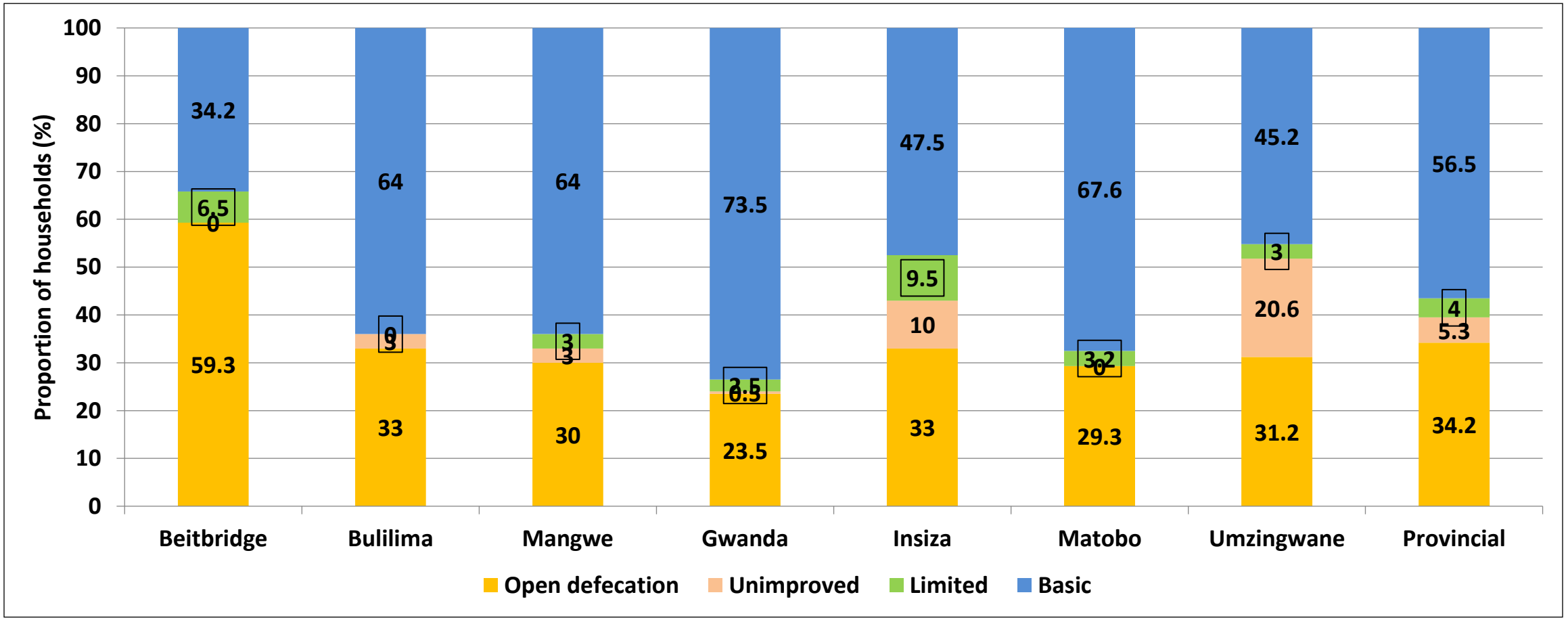
- According to sphere standards queuing time should be less than 30 minutes.
- Provincially 76.9% of the households spent less than 30 minutes queuing at a water point.
- Gwanda (72%) had the highest proportion of households spending less than 15 minutes queuing at a water point while Bulilima (18%)had the least.
- Excessive round-trip and queuing times can lead to reduced individual water consumption and increased consumption from unprotected surface sources, and result in less time for other tasks such as care practices. Queuing time also affects the risk of violence at the water point.

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.

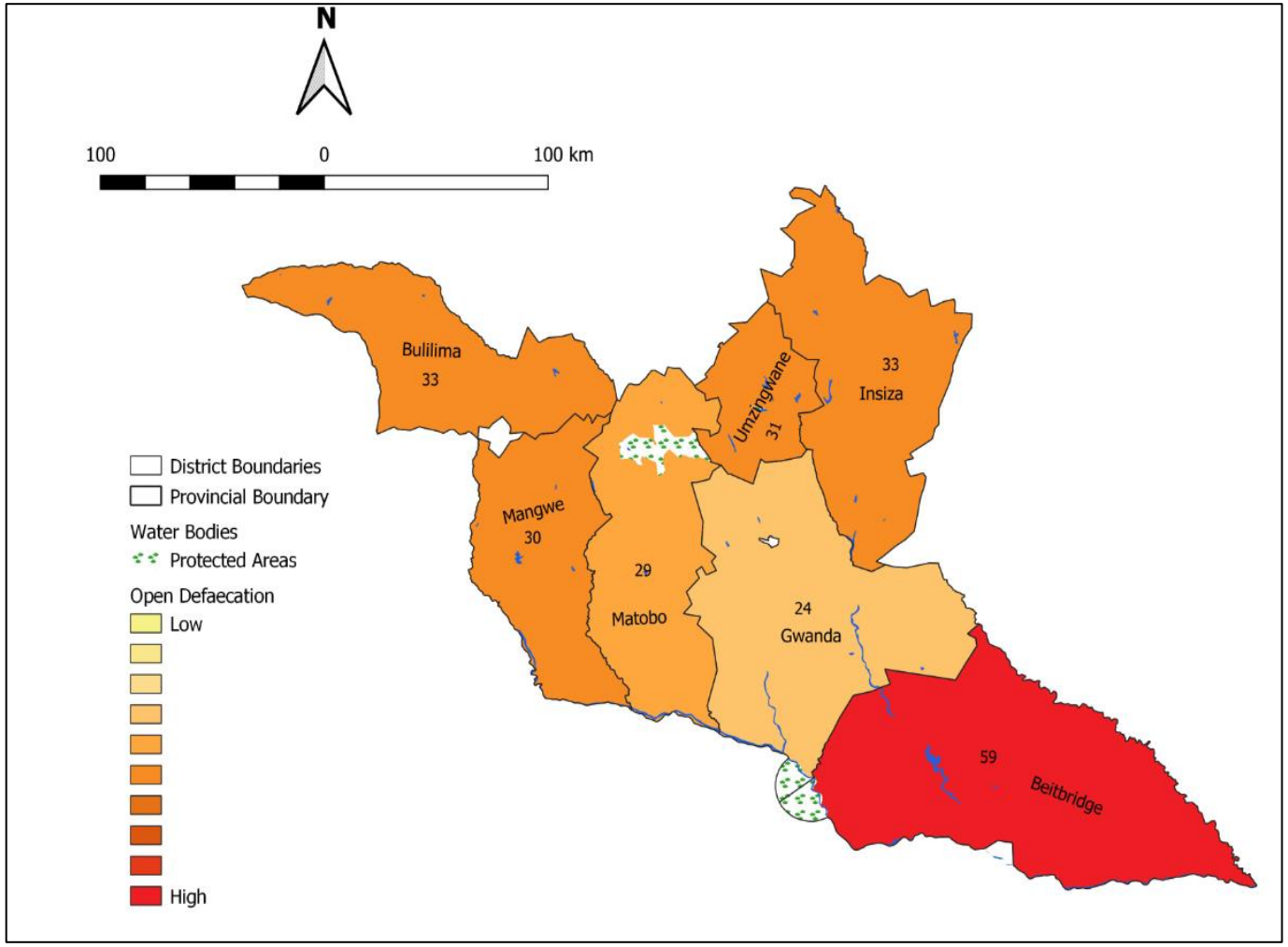
Note: Improved sanitation facilities: Facilities that ensure hygienic separation of human excreta from human contact. They include flush or pour flush toilet/latrine, Blair ventilated improved pit (BVIP), pit latrine with slab and upgradeable Blair latrine.

Household Sanitation Facilities



- The proportion of households which accessed improved sanitation facilities was 60.5%, leaving more than 30% the population vulnerable to diarrheal diseases.
- Beitbridge (40.7%) had the lowest proportion of households with access to improved sanitation, while open defecation was more prevalent in same district at 59.3%.

Open Defecation by District



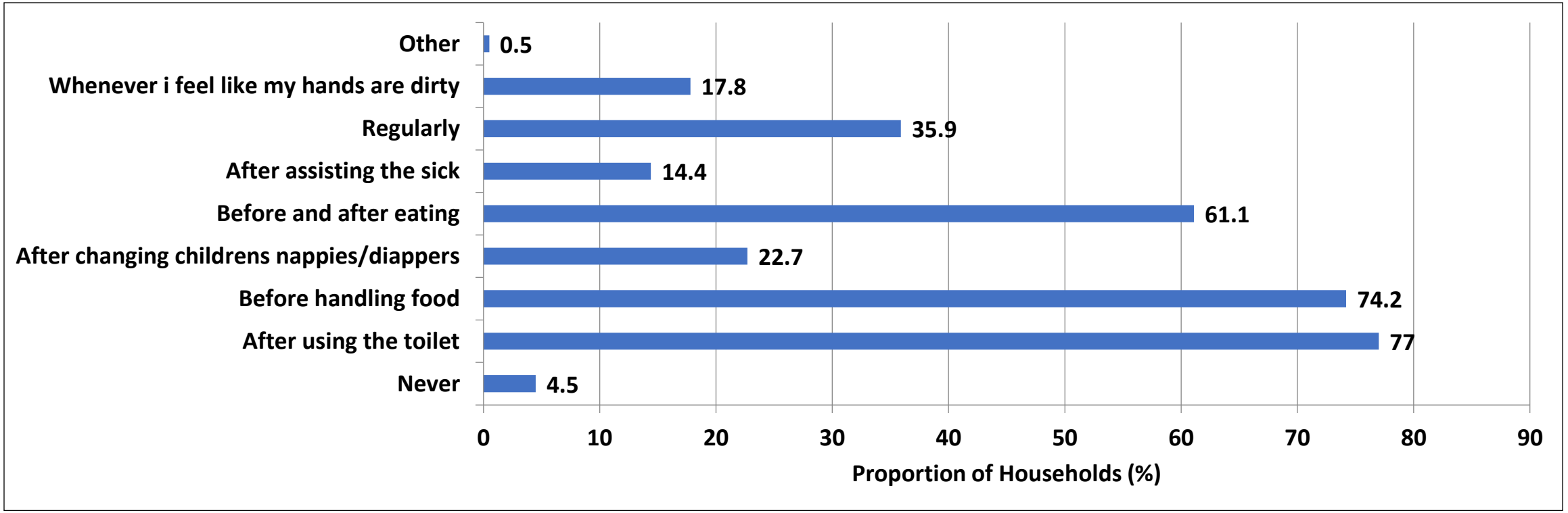
- Investment in sanitation facilities has remained low in the rural areas.
- Open defecation was most prevalent in Beitbridge district (59%).

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.

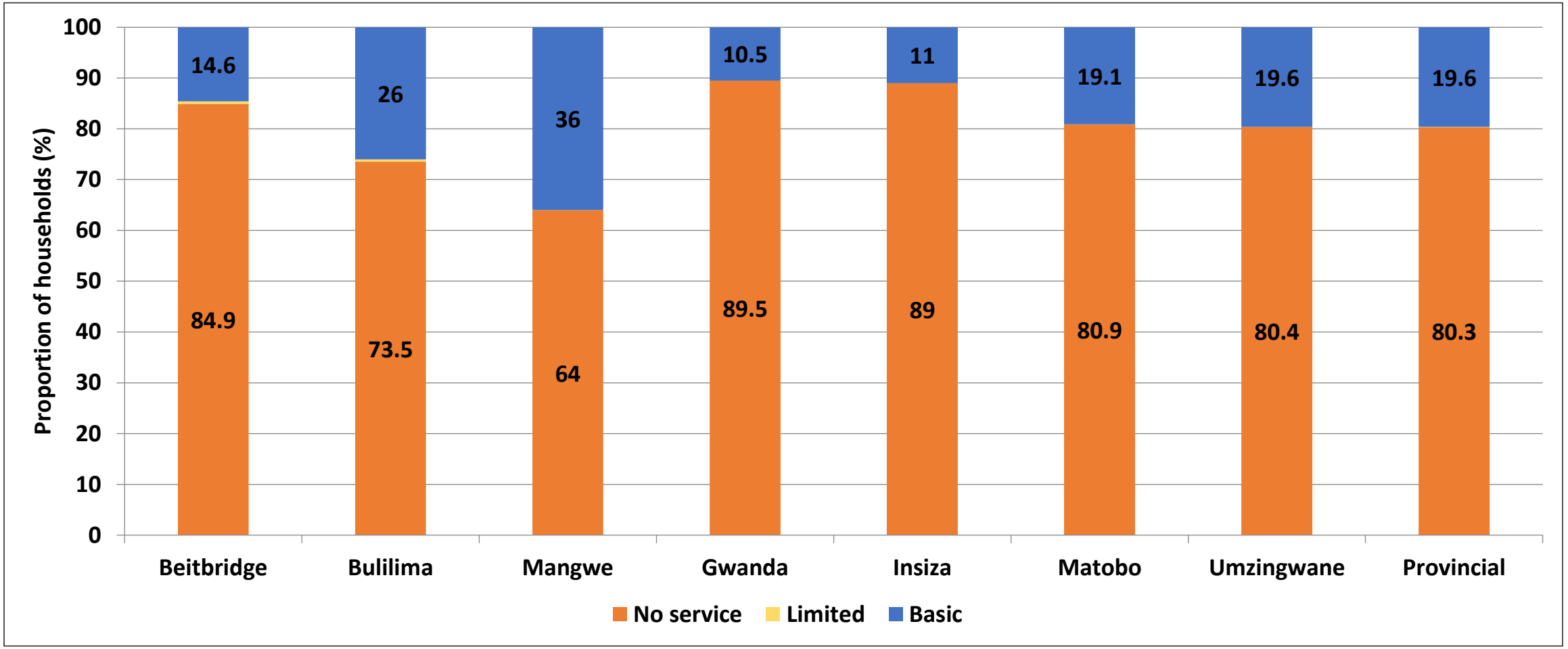
Note: handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy taps, and jugs or basins designated for hand washing. Soap includes bar soap, liquid soap, powdered detergents and soapy water but does not include sand, soil, ash and other handwashing agents.

Hand Washing Practices at Critical Times



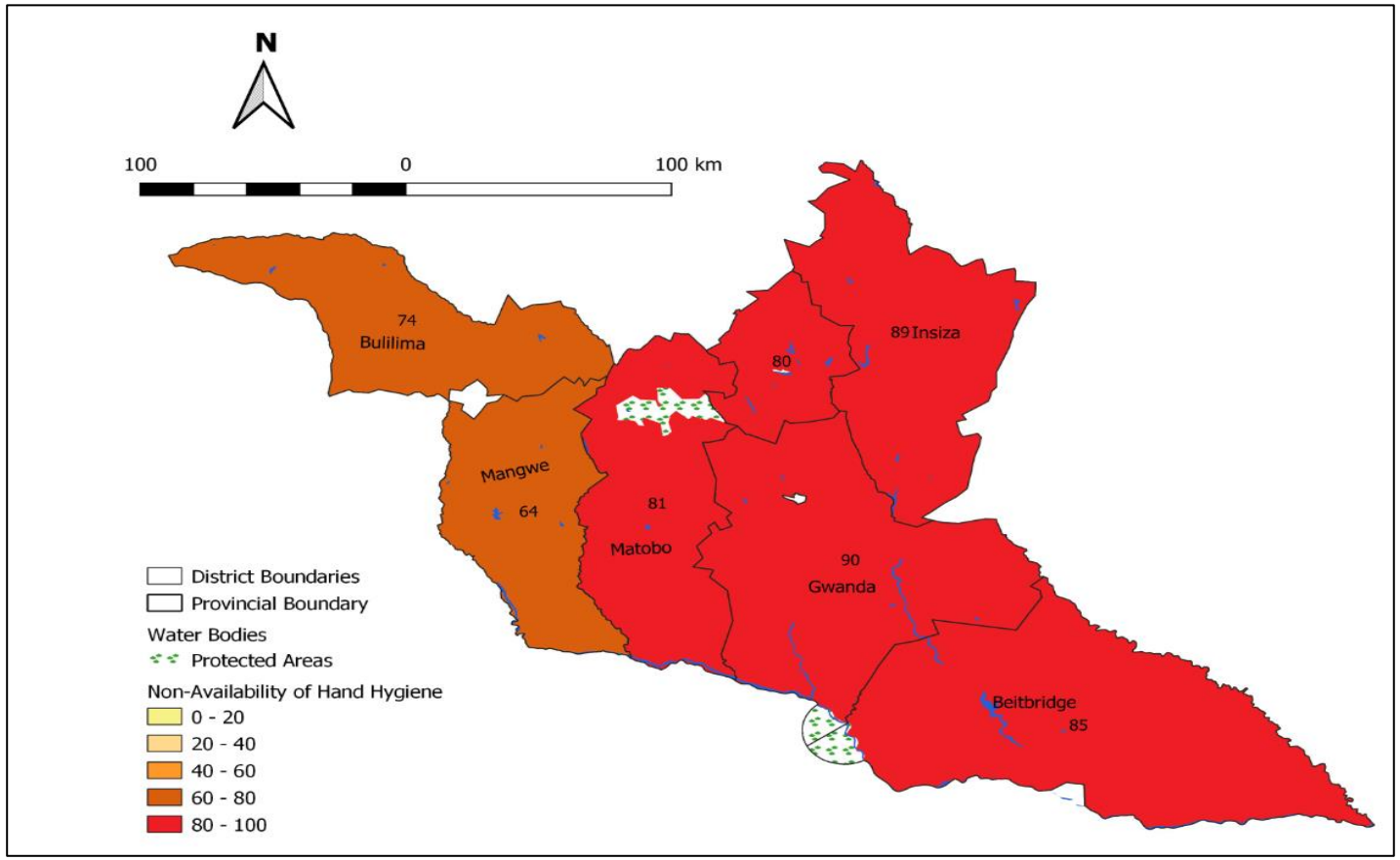
- Most households reported washing their hands after using the toilet (77%), Before handling food (74.2%) and before eating (61.1%).

Availability of Handwashing Facilities



- Provincially 80.3% of households had no handwashing facilities.
- Bulilima (26%) and Mangwe (36%) had a higher proportion of households with basic hand washing facilities compared to the provincial average (19.6%).
- Handwashing has a direct impact on infectious disease, especially diarrhoea.

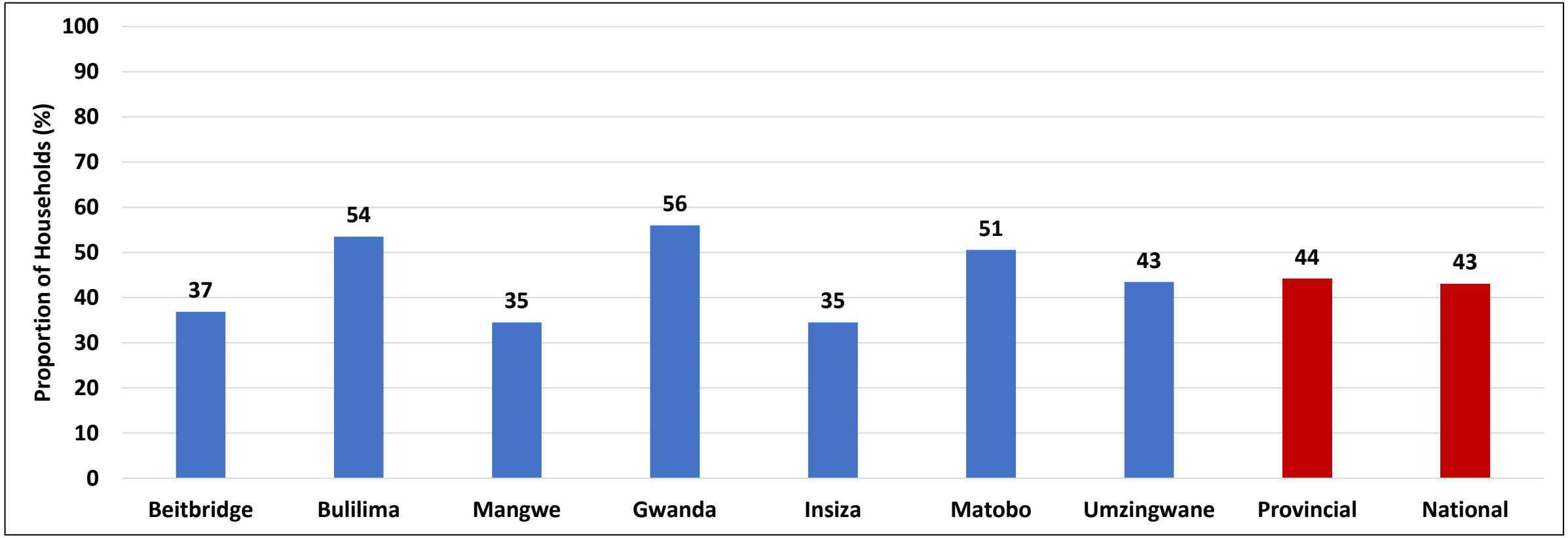
Handwashing Facilities by District



- There are 5 districts which had 80% or more of the population without hand washing facilities namely Gwanda (90%), Insiza (89%), Beitbridge (85), Matobo (81%) and Umzingwane (80%).
- The issue of handwashing facilities needs to be prioritised in order to meet the SDG6 target of universal access to handwashing facilities.

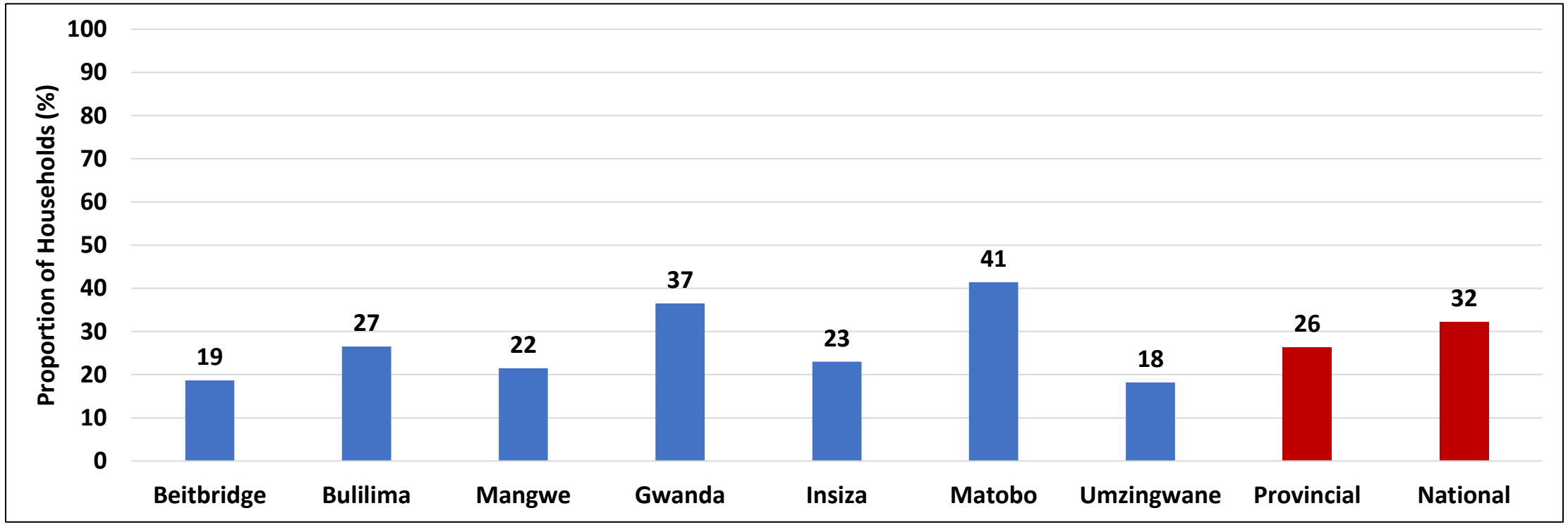
Access to Services and Infrastructure

Access to Police Services



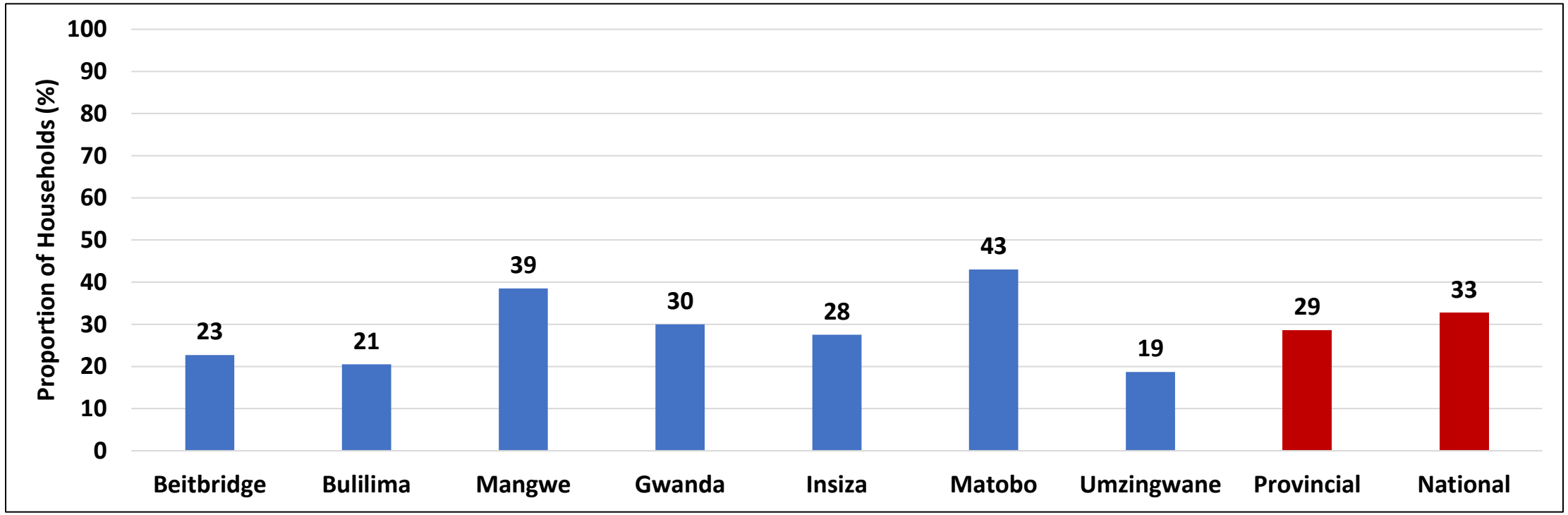
- Nationally, about 43% of households reported that police services were reachable within one hour.
- Only 35% of households in Insiza and Mangwe districts could reach the nearest police services within one hour.

Access to Victim Friendly Unit



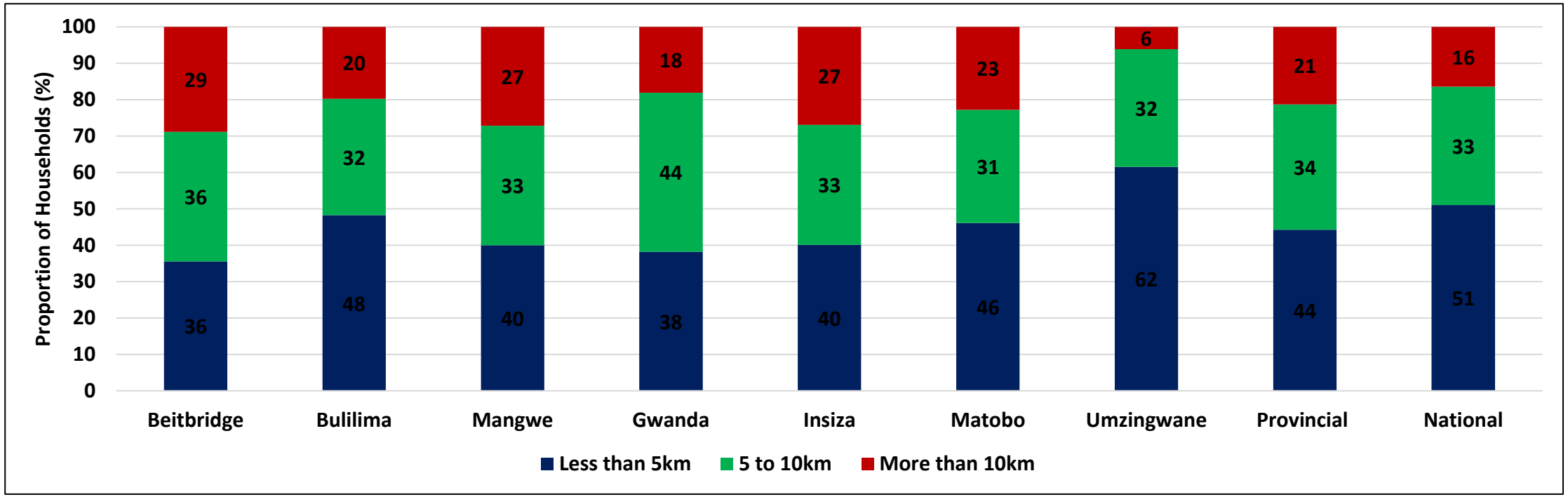
- Only 18% of households reported to have a Victim Friendly Unit in their area, compared to 26% throughout the province and 32% nationally.

Access to Services for Physical and Sexual Violence



- Matobo had the highest proportion of households that had access to services for physical ad sexual violence with Umzingwane recording the lowest at 19%.

Distance to Nearest Health Facility



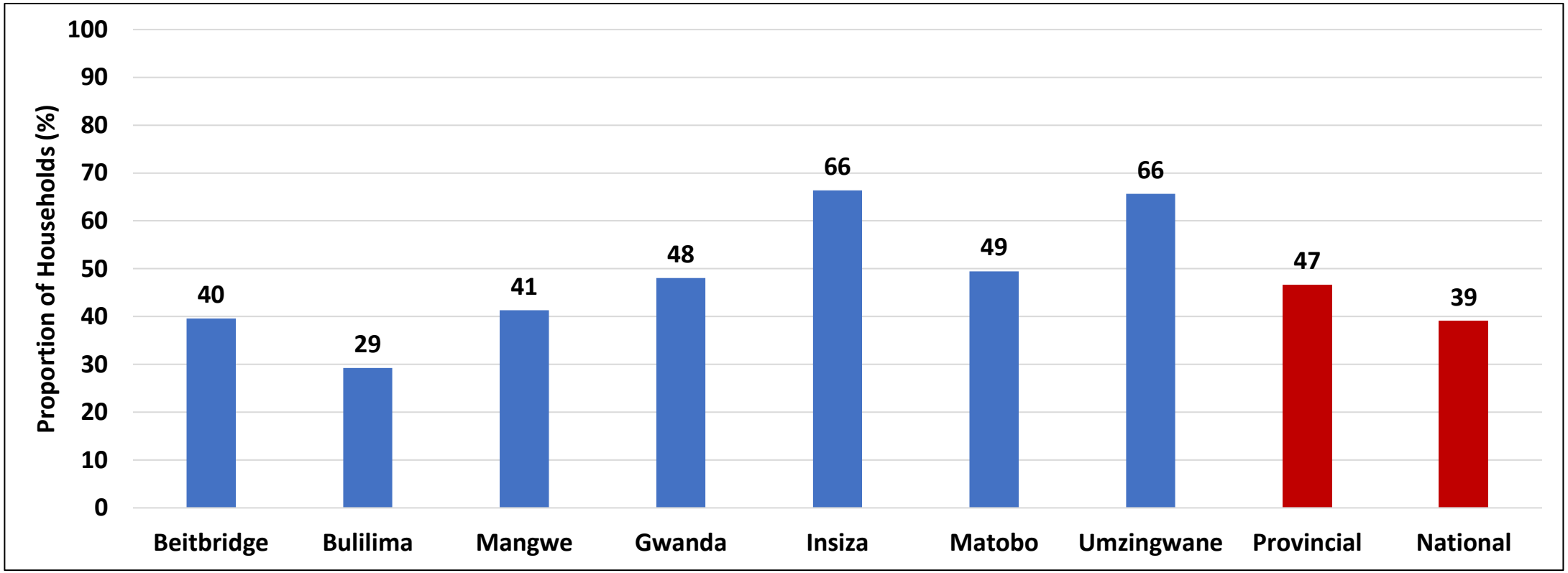
- Umzingwane (62%) had the highest proportion of households who reported that they travelled less than five kilometres to their nearest health facility.
- About 29% of households in Beitbridge were reported to be travelling more than 10 kilometres to their nearest health facility.

Availability of Food and Nutrition Security Infrastructure

	Food and Nutrition Security Infrastructure										
	Irrigation (%)	Farming equipment (%)	Fowl runs (%)	Solar powered water source (%)	Borehole (%)	Storage facility (%)	Savings (%)	Beehives (%)	Nutrition gardening (%)	Agro-forestry (%)	Other (%)
Beitbridge	3.5	17.2	15.7	0.5	15.7	1.5	1.5	1.0	**70.7**	1.5	3.5
Bulilima	20.6	9.3	32.5	**10.3**	**23.7**	6.7	1.0	**2.1**	44.3	0.0	2.6
Mangwe	1.5	**29.0**	11.0	0.0	0.5	7.0	**11.0**	0.5	49.5	0.0	15.0
Gwanda	**21.1**	19.1	36.2	9.5	17.1	2.0	3.5	0.5	59.8	0.0	16.1
Insiza	8.2	24.0	26.2	2.2	12.6	**16.9**	0.5	0.5	44.3	0.0	20.8
Matobo	3.2	14.5	**38.2**	0.0	3.2	4.3	3.2	1.1	15.1	1.1	26.3
Umzingwane	8.6	11.6	18.7	0.5	12.6	1.5	1.5	0.5	26.8	**2.0**	**32.3**
Provincial	9.6	17.8	25.3	3.3	12.2	5.6	3.2	0.9	44.6	0.7	16.6
National	5.6	19.6	27.4	1.2	5.4	11.0	4.5	1.1	44.4	0.6	19.5

- Gwanda had the highest proportion of households who reported to have irrigation infrastructure (21.1%), whilst Mangwe recorded the highest proportion of households with farming equipment (29%).
- Food and Nutrition Security infrastructure is important in ensuring farming households enhance their ability to produce, store and utilise food.

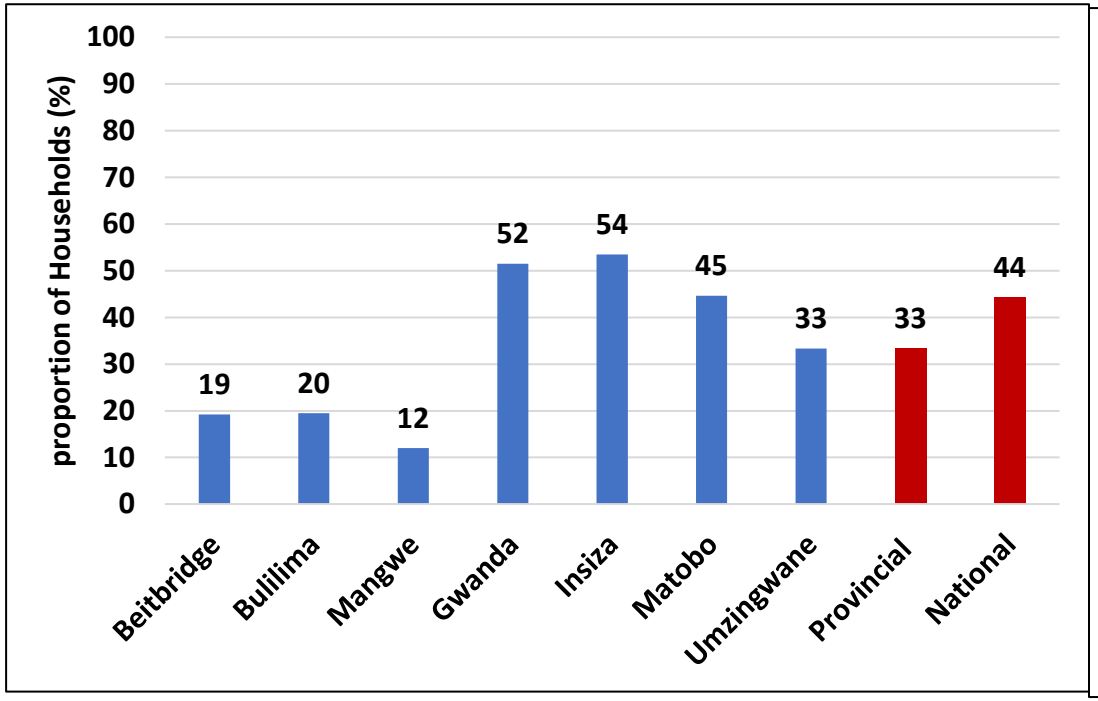
Access to Animal Health Centres



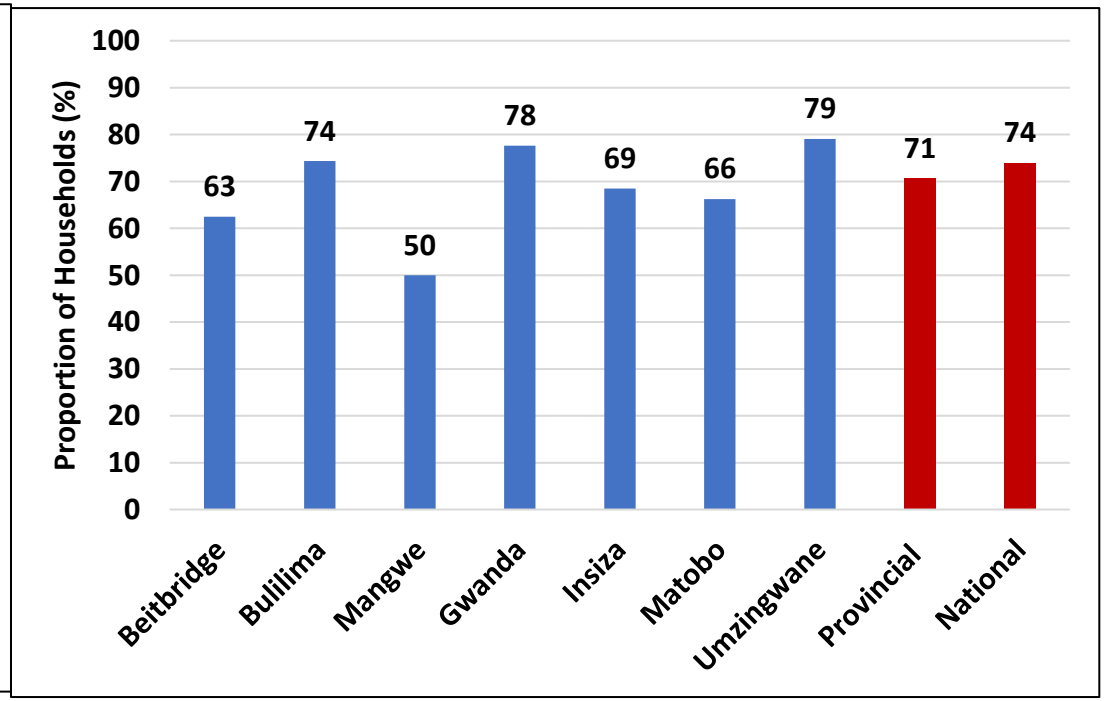
- Nationally, 39% of households had access to animal health centres.
- The highest proportion of households that used animal health centres was in Insiza and Umzingwane districts recording 66% each.

Access to Early Warning Information on Weather and Seasonal Performance

Access to Early Warning Information



Use of Information Received in Planning



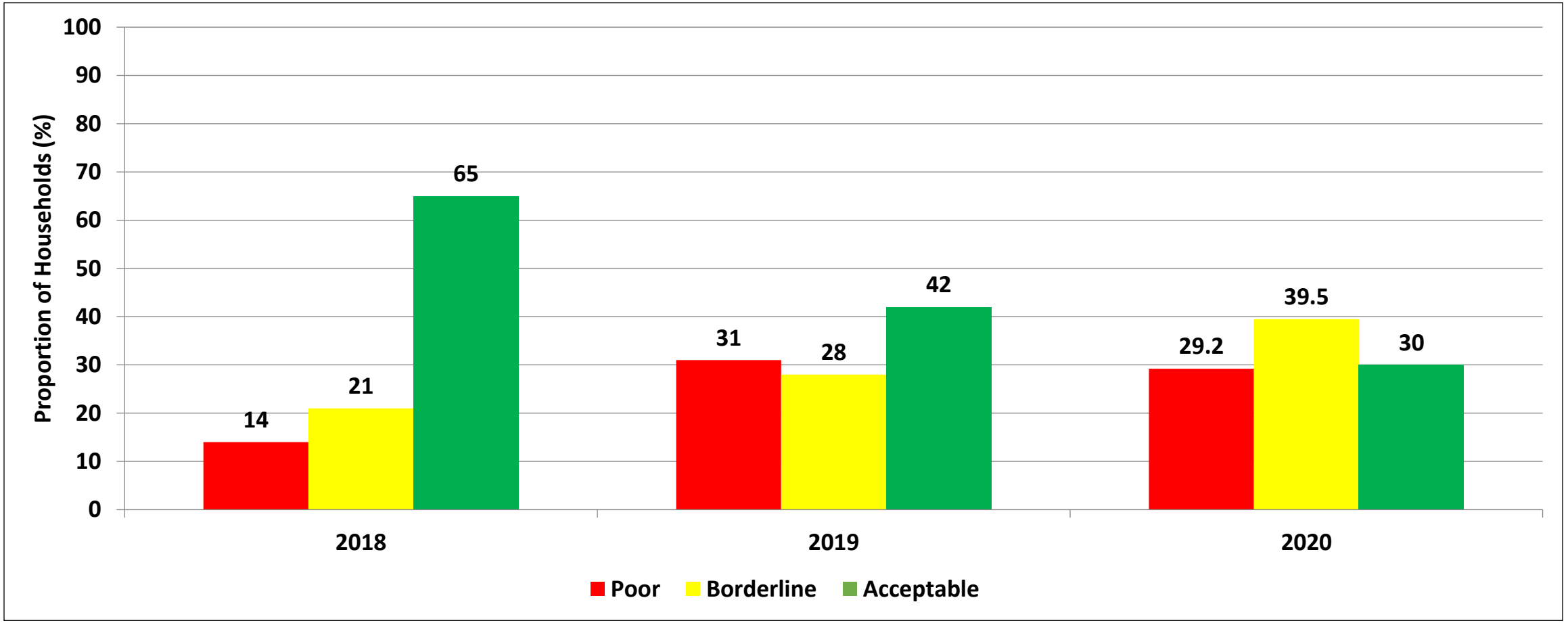
- About 33% of rural households in the province reported that they had received early warning information on climate, weather and seasonal performance.
- Of the households who had received early warning information in Matabeleland South, 71% of those reported to have used the information in planning their response mechanisms.

Food Consumption Patterns

Food Consumption Score

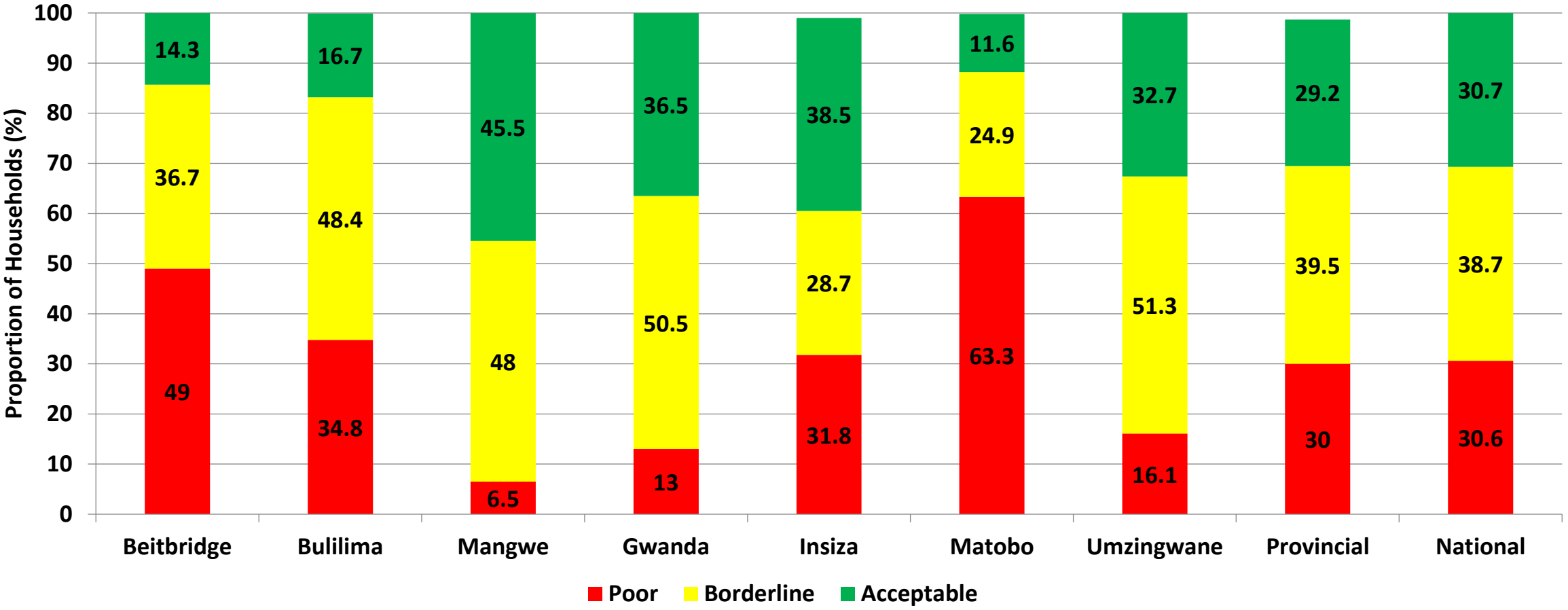
Food Consumption Score Groups	Score
Poor	0-21
Borderline	21.5-35
Acceptable	>35

Matabeleland South Food Consumption Patterns



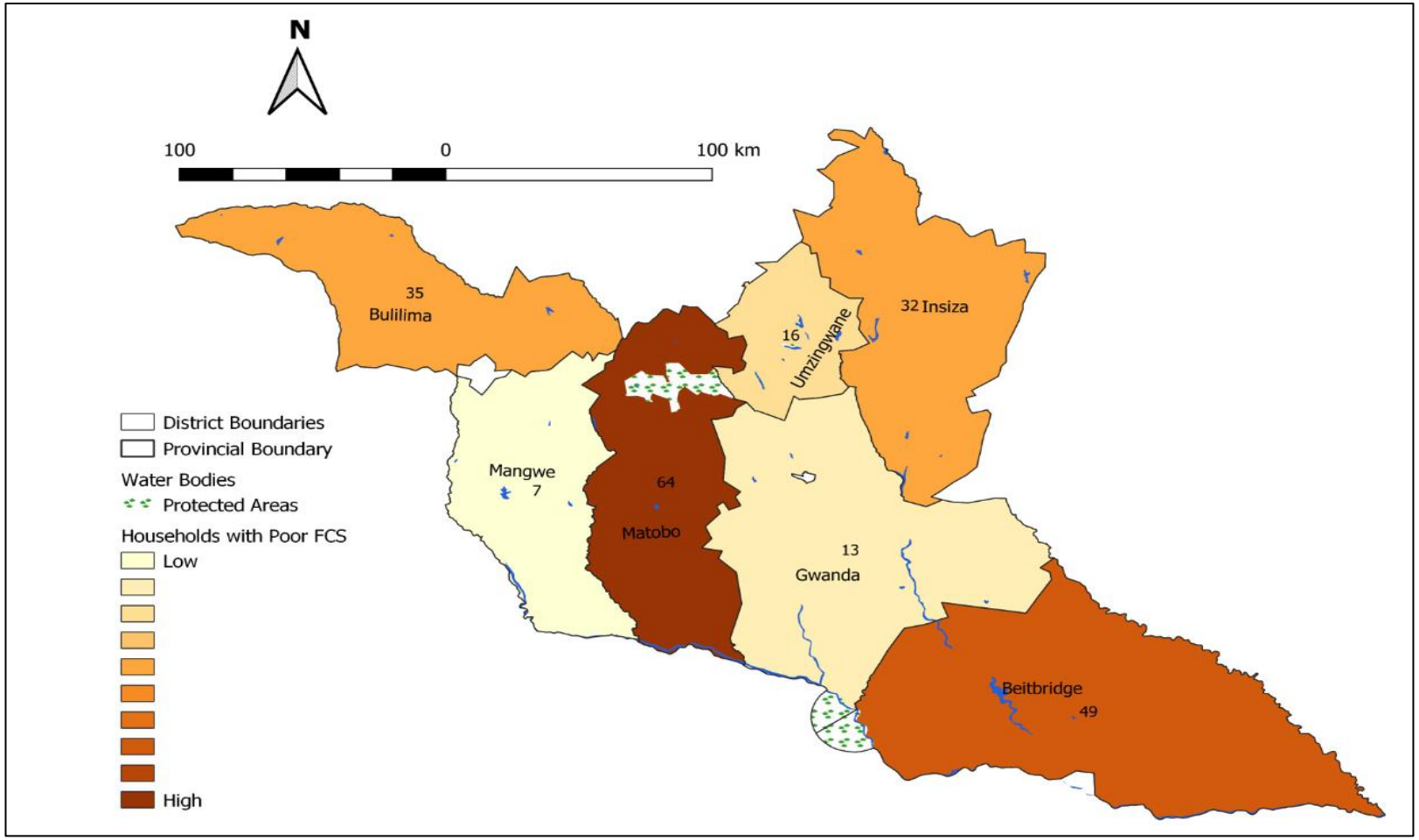
- The 2020 assessment had the least proportion of households with an consuming acceptable diet.

Food Consumption Patterns



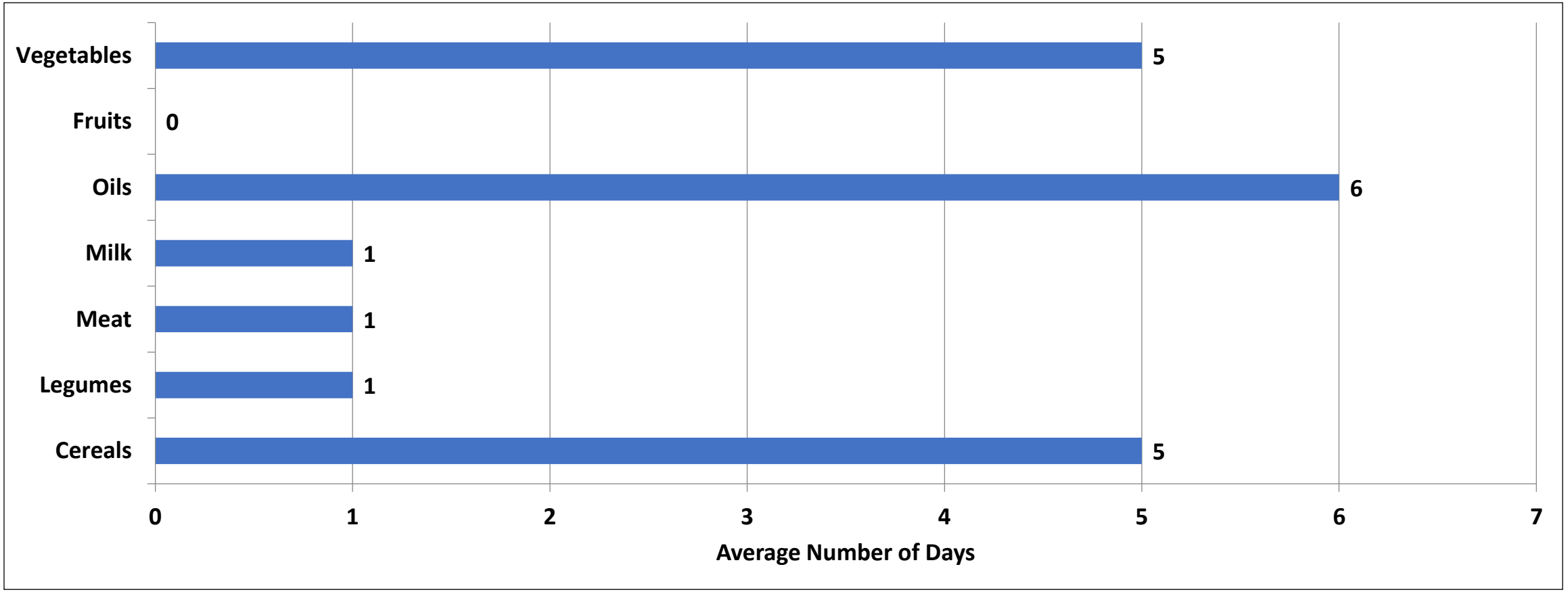
- Matobo (63.3%) had the highest proportion of households with a poor food consumption score while Mangwe (6.5%) had the least proportion.

Households with Poor Food Consumption Patterns



- Matobo (64%), Beitbridge (49%), Bulilima (35%), and Insiza (32%) had a high proportion of households with poor food consumption patterns.

Average Number of Days Households Consumed Food from the Various Food Groups



- Oils (6 days), Vegetables (5 days) and Cereals (5 days) were the top consumed food groups in the province.
- Fruits at (0 days) were the least consumed food group.

Average Number of Days Households Consumed Food from the Various Food Groups

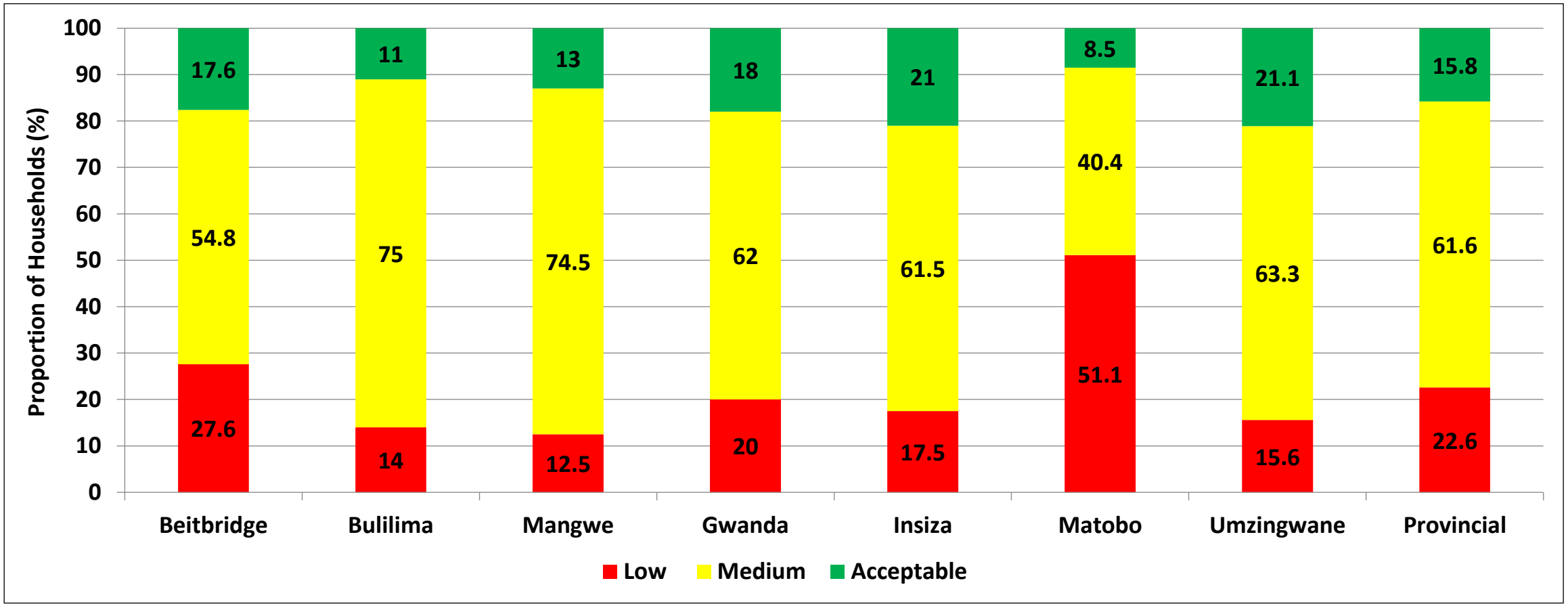
District	Cereals (Average Days consumed)	Legumes (Average Days consumed)	Meat (Average Days consumed)	Milk (Average Days consumed)	Oils (Average Days consumed)	Fruits (Average Days consumed)	Vegetables (Average Days consumed)
Beitbridge	3	0	1	0	5	0	5
Builima	5	1	0	0	6	0	5
Mangwe	7	1	1	1	7	0	6
Gwanda	7	1	1	1	6	0	5
Insiza	6	1	1	1	5	0	4
Matobo	2	1	0	1	5	0	3
Umzingwane	6	0	1	1	6	0	6

- Cereals were consumed on average 5 days or more in all districts except Beitbridge (3 days) and Matobo (2 days).
- Oils were consumed on average 5 or more days in all provinces while vegetables were also consumed in a similar fashion with the exception of Matobo which had an average of 3 days.
- Fruits were the least consumed food group (0 days).

Household Dietary Diversity Score (HDDS)

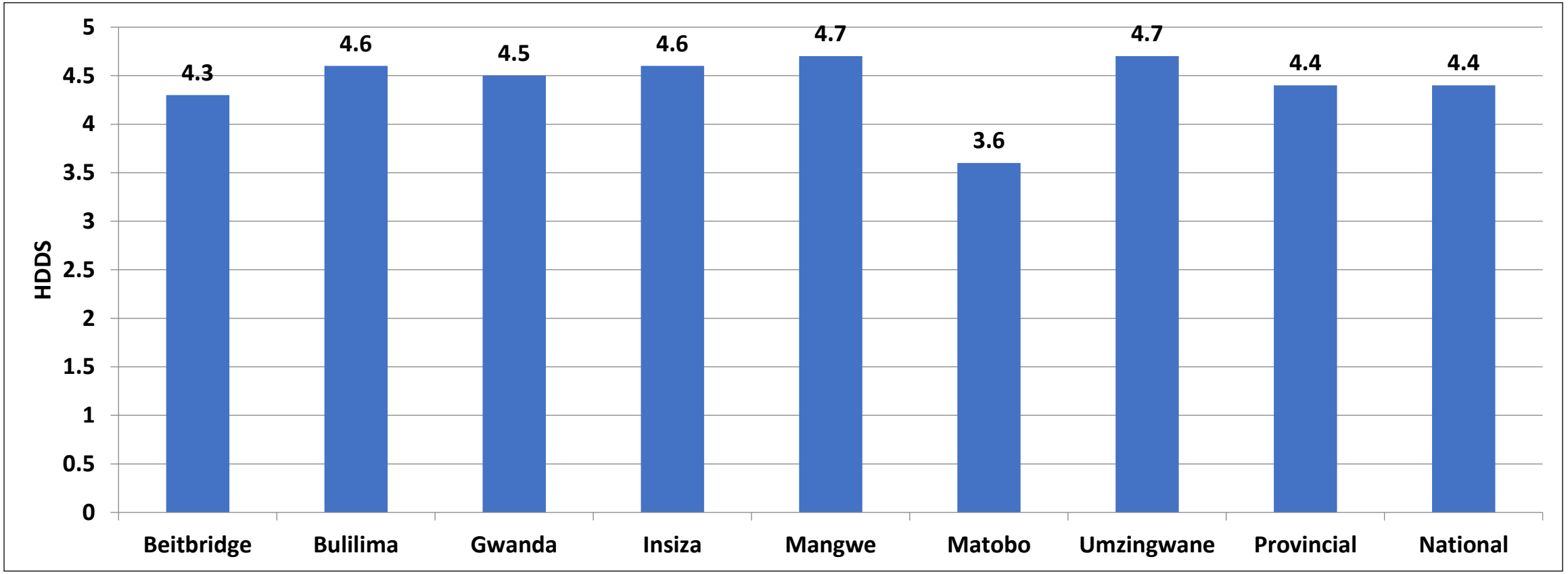
HDDS	Classification
<3	Low
4-5	Medium
>5	Acceptable

Household Dietary Diversity Score by District



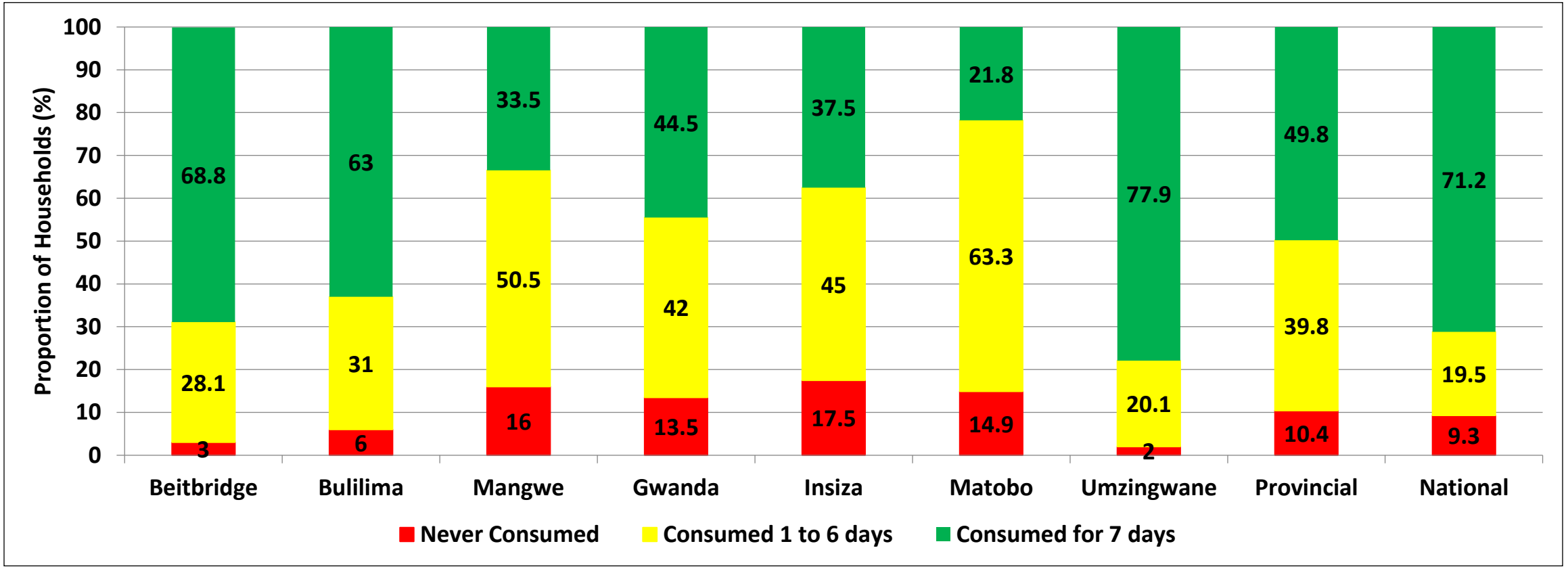
- Matobo had the highest proportion of households with a low HDDS (51%)

Average Household Dietary Diversity Score by District



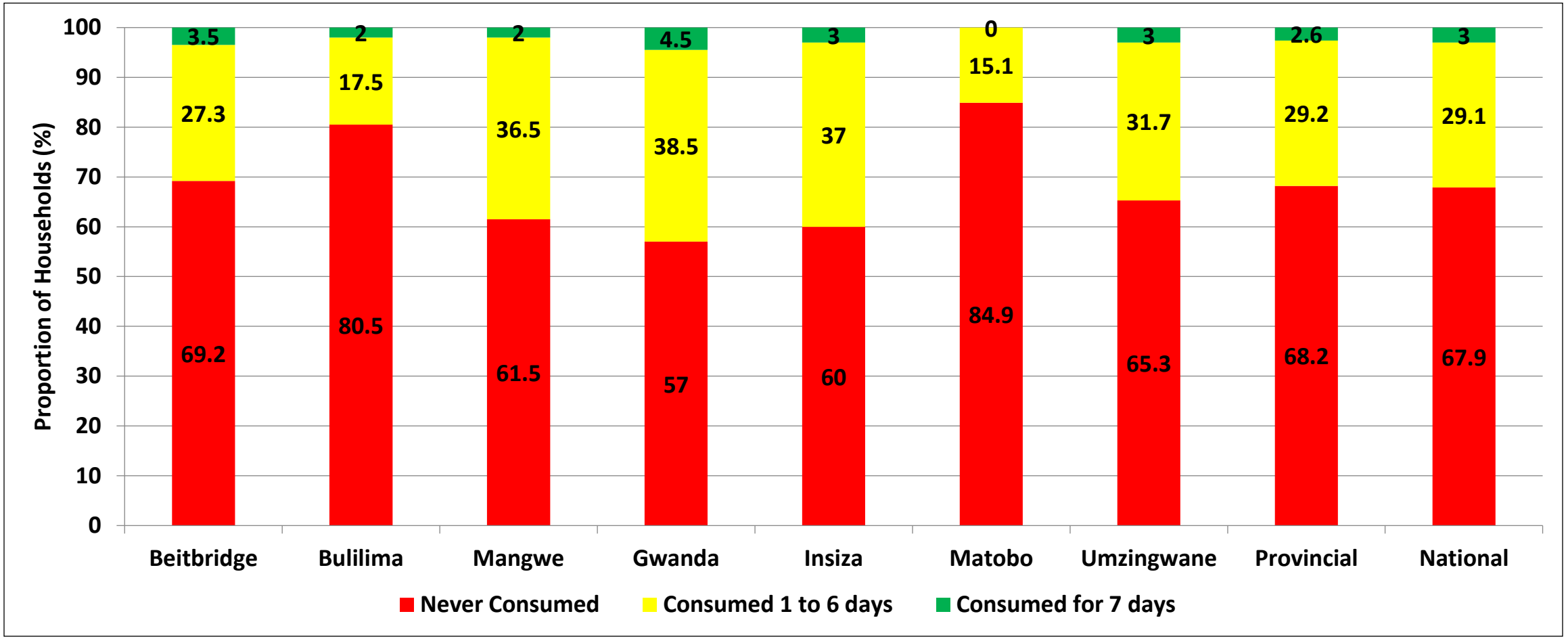
- Only Matobo (3.6%) and Beitbridge (4.3%) had a Household Dietary Diversity Score (HDDS) lower than the Provincial and National average (4.4%)

Households Consuming Vitamin A Rich Foods



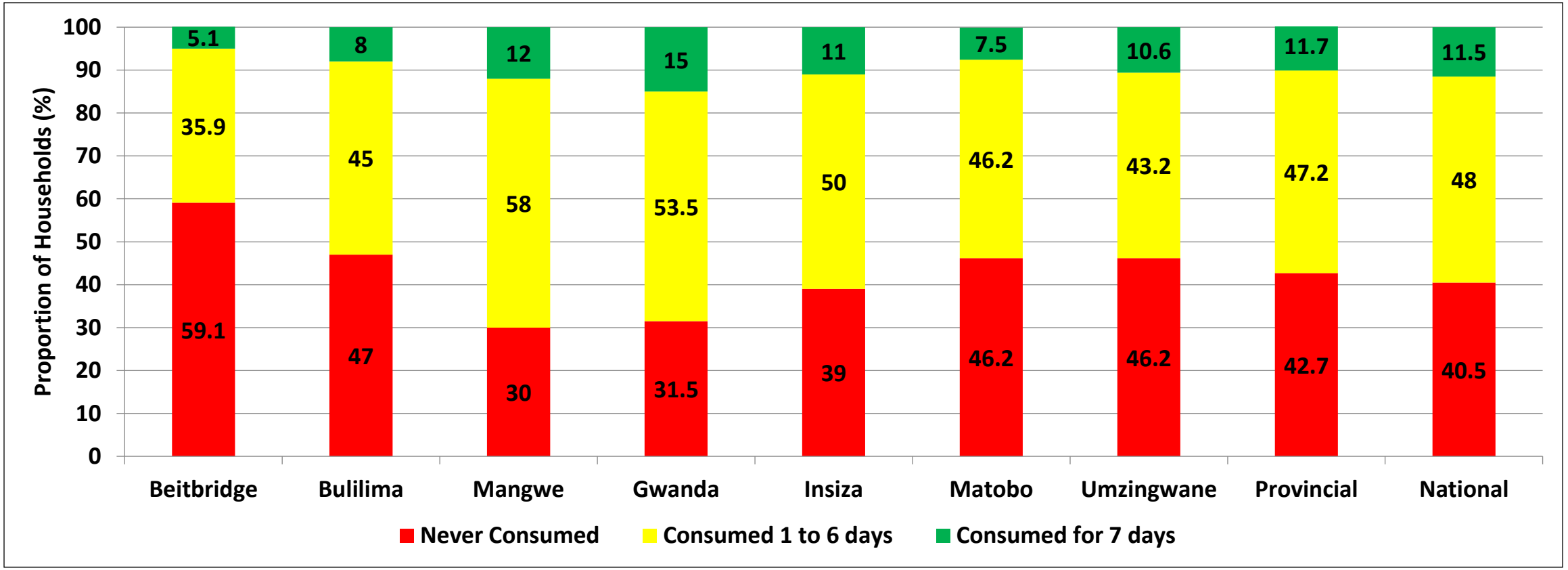
- Almost all districts except Matobo (21.8%) had more than 30% of the population consuming Vitamin A rich foods for 7 days in a week prior to the survey.
- None of the districts had a proportion of households consuming vitamin A rich foods above the national average (71.2%).
- Less than 20% of the households had never consumed vegetables in the past 7 days prior to the assessment.

Households Consuming Iron Rich Foods



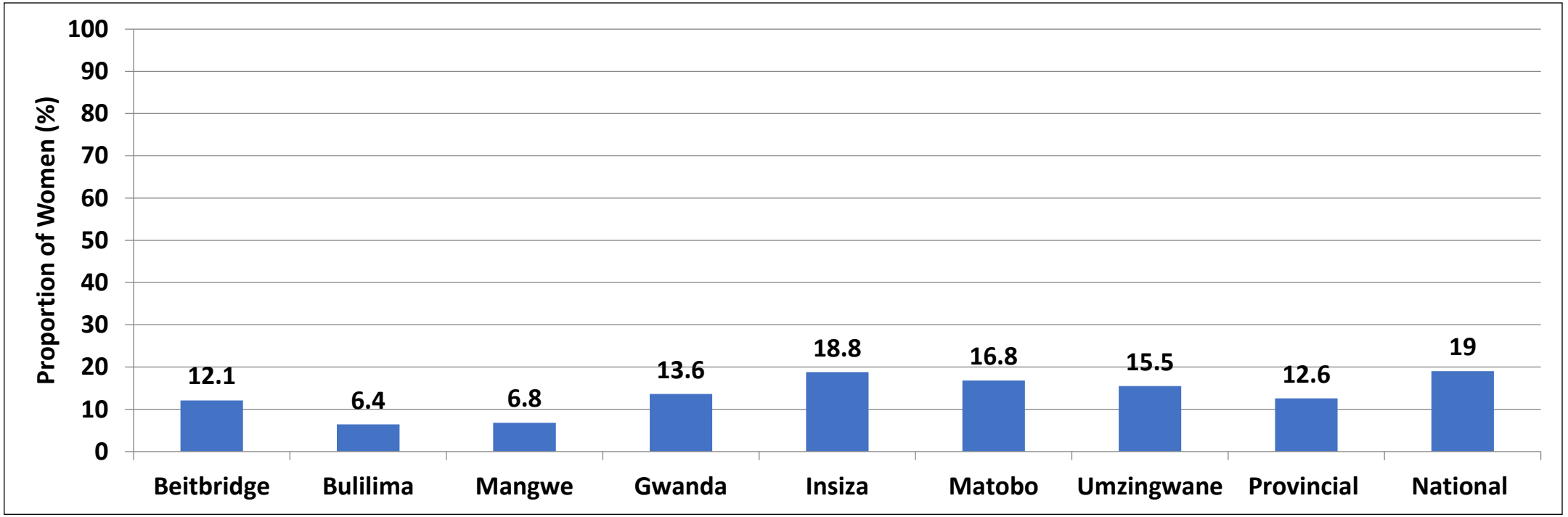
- Consumption of iron rich foods is low all districts with over 50% of the province reporting never consuming iron rich foods 7 days prior to the survey.

Households Consuming Protein-rich Foods



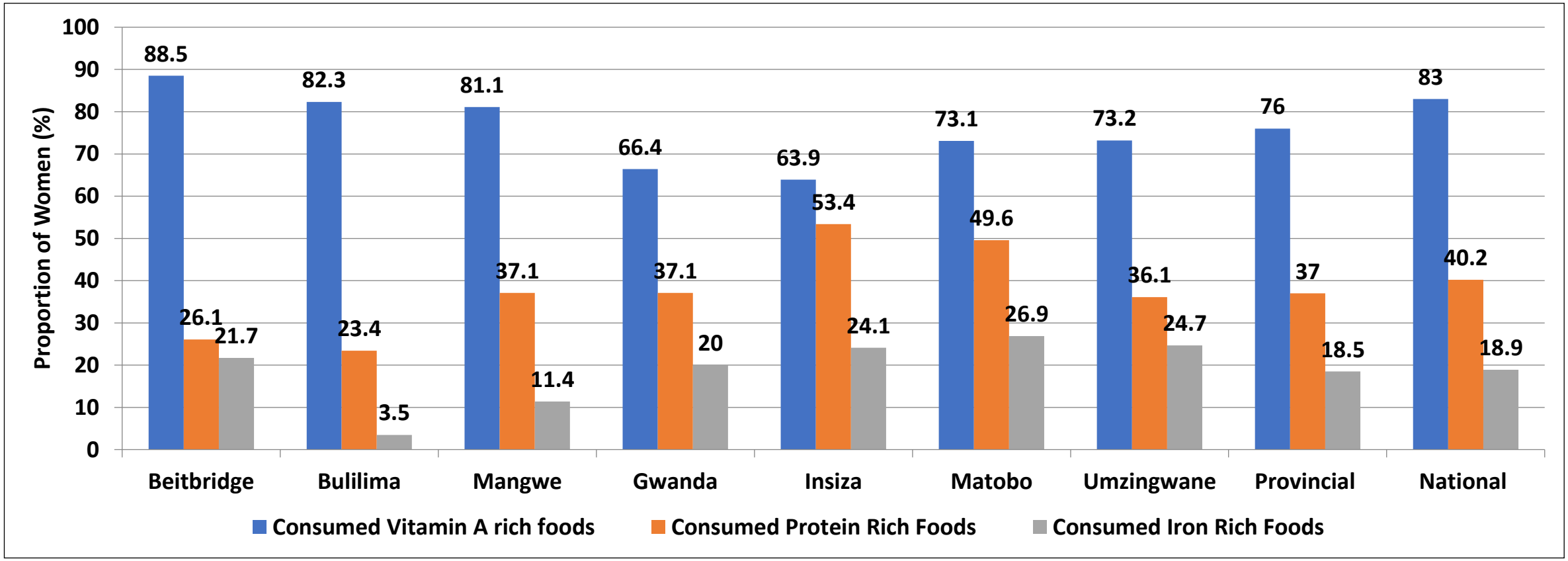
- The proportion of households that never consumed any protein rich foods seven days prior to the survey was 42.7 % provincially with Beitbridge (59.1%) having the highest proportion

Minimum Dietary Diversity for Women of Child Bearing Age



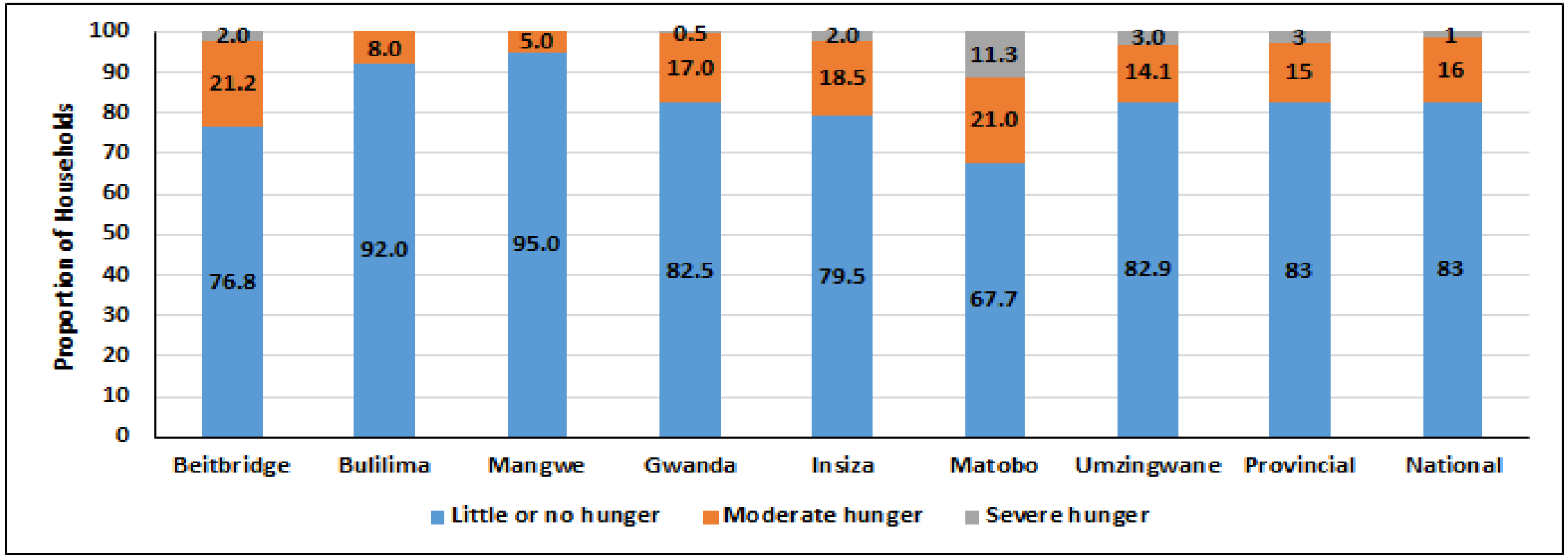
- The minimum dietary diversity for women of child bearing age was very low with the province experiencing a drop from 41% in 2019 to 12.6% this year

Women Consumption of Protein, Iron and Vitamin A Rich Foods



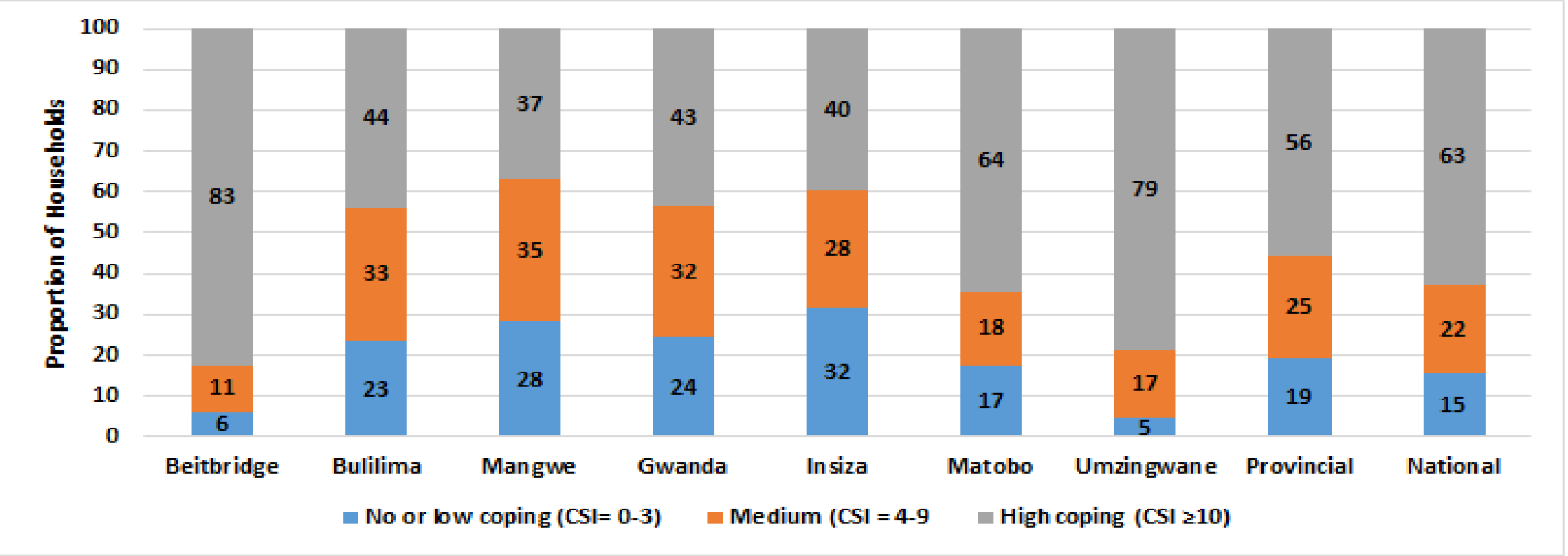
- Consumption of vitamin A rich foods by women of child bearing age was very high but only one district, Beitbridge (88.5%) was higher than the national average (83%).
- Consumption of iron rich foods was low throughout the province with Matobo (26.9%) having the highest proportion of women consuming such foods.

Household Hunger Scale



- In the province, the majority of households (83%) faced little to no hunger while 16% faced some moderate hunger and 1% severe hunger.
- Matobo district had the highest proportion of households reporting moderate hunger (21%) and severe hunger(11.3%)

Reduced Coping Strategy Index (rCSI)

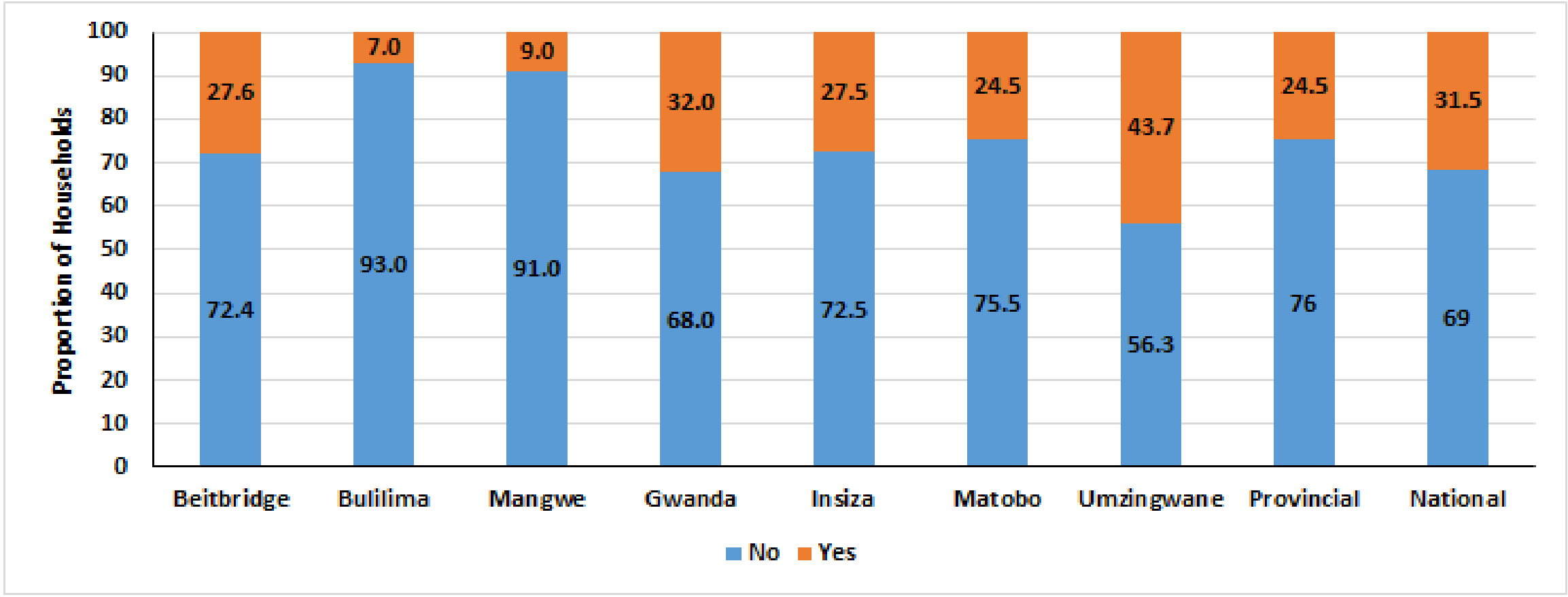


- In the province 56% of households had high reCSI indicative of food access challenges.
- Beitbridge (83% and Umzingwane (79%) had the highest proportion of households with a high rCSI.

Livelihood Based Coping Strategies

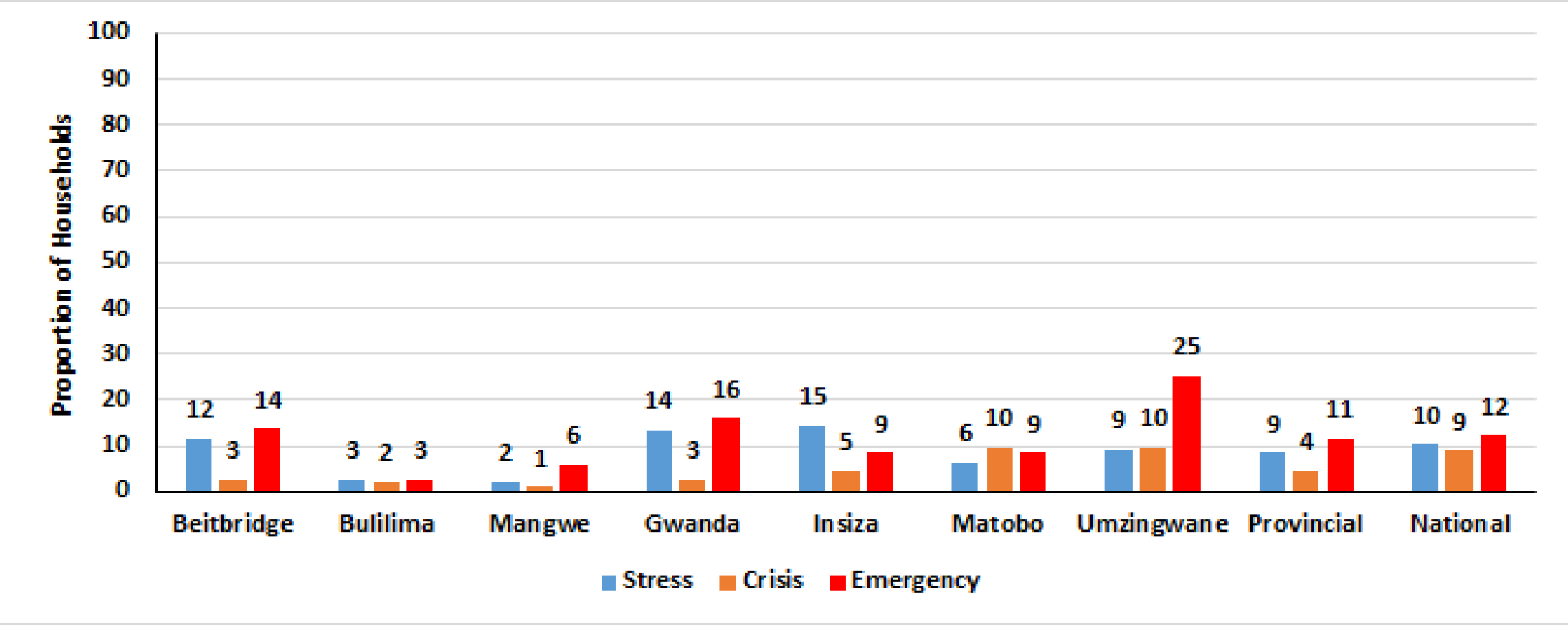
Category	Coping Strategy
Stress	• Borrowing money, spending savings, selling assets and more • livestock than usual.
Crisis	• Selling productive assets, directly reduce future productivity, • including human capital formation. • Withdrawing children from school • Reducing non food expenditure.
Emergency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

Households employing at Least one Livelihoods Based Coping Strategy



Approximately 24.5% of households in the province employed at least one coping strategy.
Umzingwane (43.7%) had the highest proportion while Bulilima (7%) and Mangwe (9%) had the least.

Households Engaging in Different Categories of Livelihood Coping Strategies



- Umzingwane (25%), Gwanda (16%) and Beitbridge (14%) had the highest proportion of households engaging in emergency coping strategies

Non Timber Forest Products

Availability of Indigenous Fruits

	Beitbridge (%)	Bulilima (%)	Gwanda (%)	Insiza (%)	Mangwe (%)	Matobo (%)	Umzingwane (%)	Provincial (%)
Uxakuxaku/Snot apple (Azanza garckeana)	1	**92**	**73**	**84**	**95**	**66**	**89**	72
Umnyi (Bird plum- Berchemia discolor)	**47**	1	**54**	**16**	0	**27**	5	22
Umkhomo (Baobab- Adansonia digitata)	**66**	0	**33**	4	0	10	0	17
Umkhemeswane/African monkey orange (Strychnos spp)	2	**26**	5	**17**	1	10	**10**	10
Umganu/Amarula (Sclerocarya birrea)	**23**	1	8	13	2	**20**	4	10
Umtshwankela/Tsubvu /Smelly berry (Vitez mombassae)	0	2	9	6	0	2	12	4
Umthunduluka /Granite mangosteen (Garcinia buchananii)	1	1	1	14	1	2	**11**	4
Nhengeni/Sour plum (Ximenia caffra)	1	1	10	10	0	1	1	4
Umthunduluka/matudza/governors plum (Flacourtia indica)	0	0	2	10	0	1	**11**	3

- Snort apple was widely available in the Province (72%), only Beitbridge (1%) reported a proportion less than 65%.
- Governors Plum was the least available indigenous fruit in the Province (3%).

Consumption of Indigenous Fruits

	Beitbridge (%)	Bulilima (%)	Gwanda (%)	Insiza (%)	Mangwe (%)	Matobo (%)	Umzingwane (%)	Provincial (%)
Uxakuxaku/Snot apple (Azanza garckeana)	1	**92**	**74**	**84**	**95**	**67**	**88**	72
Umnyi (Bird plum- Berchemia discolor)	**50**	1	**54**	**16**	0	**29**	6	23
Umkhomo (Baobab- Adansonia digitata)	**66**	0	**33**	2	0	7	1	16
Umkhemeswane/African monkey orange (Strychnos spp)	2	24	4	12	1	8	9	8
Umaganu/Amarula (Sclerocarya birrea)	20	1	6	9	1	**17**	1	8
Amadorofiya (Prickly-pear/Opuntia)	1	1	4	**15**	**16**	13	0	7
Umtshwankela/Smelly berry (Vitez mombassae)	1	2	9	4	0	4	**14**	5
/sour plum (Ximenia caffra)	1	2	10	7	0	1	3	3
Umthunduluka/Granite mangosteen (Garcinia buchananii)	2	0	1	9	0	1	**10**	3

- Snort apple was the most widely consumed indigenous fruit in the Province (72%), only Beitbridge (1%) reported less than 65% .
- Sour plum (3%) and granite mangosteen (3%) were the least consumed indigenous fruit in the Province .
- Consumption rates mirrored availability of the indigenous fruits in the Province

Availability of Edible Insects

	Beitbridge (%)	Gwanda (%)	Insiza (%)	Mangwe (%)	Matobo (%)	Umzingwane (%)	Bulilima (%)	Provincial (%)
Hwiza/Mhashu/Inthethe/ Locusta migratoria	2	12	29	0	11	17	0	10
Ishwa/inhlwa/Macrotermes	0	2	**40**	1	8	**70**	2	17
Madora/Amacimbi/Gonimbrasia belina/ mopani wrms	**99**	**99**	**67**	**100**	**84**	**22**	**99**	82
Nyenze/Inyeza/Ioba leopardine	0	6	7	1	3	4	7	4
Tsambarafuta/Ihlabusi/Carebara vidua	1	8	28	1	2	27	1	10
Tsumwarumwa/Inswabanda/Ruspolia differens	0	2	6	0	2	5	0	2

- Mopani worms or *amacimbi* (82%) were the most widely available edible insect in the Province, all interviewed households in Mangwe reported their availability.
- This is expected as the mopani worm harversting season has just been concluded in the Province.
- *Inswabanda* (2%) was the least available edible insect in the Province.

Consumption of Edible Insects

	Beitbridge	Bulilima	Gwanda	Insiza	Mangwe	Matobo	Umzingwane	Provincial
Hwiza/Mhashu/Inthethe/ Locusta migratoria	**2**	0	**3**	14	0	6	9	5
Ishwa/inhlwa/Macrotermes	1	1	1	**26**	0	3	**70**	**13**
Madora/Amacimbi/Gonimbrasia belina	**97**	**100**	**97**	**64**	**97**	**89**	**27**	**83**
Nyenze/Inyeza/Ioba leopardine	0	6	1	1	1	2	2	2
Tsambarafuta/Ihlabusi/Carebara vidua	1	1	1	11	1	1	13	4
Tsumwarumwa/Inswabanda/Ruspolia differens	1	1	0	1	0	1	3	1

- *Amacimbi* (83%) were the most widely consumed edible insect in the Province, all interviewed households in Bulilima reported their consumption.
- *Inswabanda* (1%) was the least consumed edible insect in the Province.
- Consumption patterns mirrored availability of the edible insects

Availability of Indigenous Vegetables

	Beitbridge	Bulilima	Mangwe	Gwanda	Insiza	Matobo	Umzingwane	Provincial
mowa/bononGwe/imbuya	50	63	75	78	61	66	70	67
nhungunira/ucucuza	1	4	1	20	18	17	23	12
nyevhe/runi/ulude	49	93	91	94	97	71	92	85
nyenje/gusha/idelele	70	96	98	98	74	86	91	88
munyemba/ imibhida yendumba	76	75	84	98	72	72	59	77
mundawarara/isihlabe	0	0	0	0	0	10	10	3
mutsine/muuwu/ucucuza	1	0	0	7	7	7	4	4

- *Idelele* (88%) and *ulude* (85%) were the most widely available indigenous vegetables in the Province.
- Mangwe (98%) ,Gwanda (98%) and Bulilima (96%) reported the highest proportions in the Province.
- *Isihlabe* (3%) and *ucucuza* (4%) were the least available indigenous vegetables in the Province.

Consumption of Indigenous Vegetables

	Beitbridge	Bulilima	Gwanda	Insiza	Mangwe	Matobo	Umzingwane	Provincial
mowa/bononGwe/imbuya	46	62	76	46	73	65	65	62
nyevhe/runi/ulude	43	88	93	94	89	69	92	10
nyenje/gusha/idelele	67	95	97	65	98	84	89	82
munyemba/imibhida yendumba	74	69	91	52	80	63	49	86
nhungunira/ucucuza	4	4	19	18	0	11	15	68
mutsine/muuwu/ucucuza	1	0	0	3	0	2	1	1

- *Imibhida yendumba* (86%) and *idelele* (85%) were the most widely consumed indigenous vegetables in the Province.
- Mangwe (98%) ,Gwanda (97%) and Bulilima (95%) reported the highest proportions in the Province who consumed *idelele* while Mangwe (80%) had the highest proportion of households who consumed *imibhida yendumba*.
- *Ucucuza* (1%) was the least consumed indigenous vegetables in the Province.

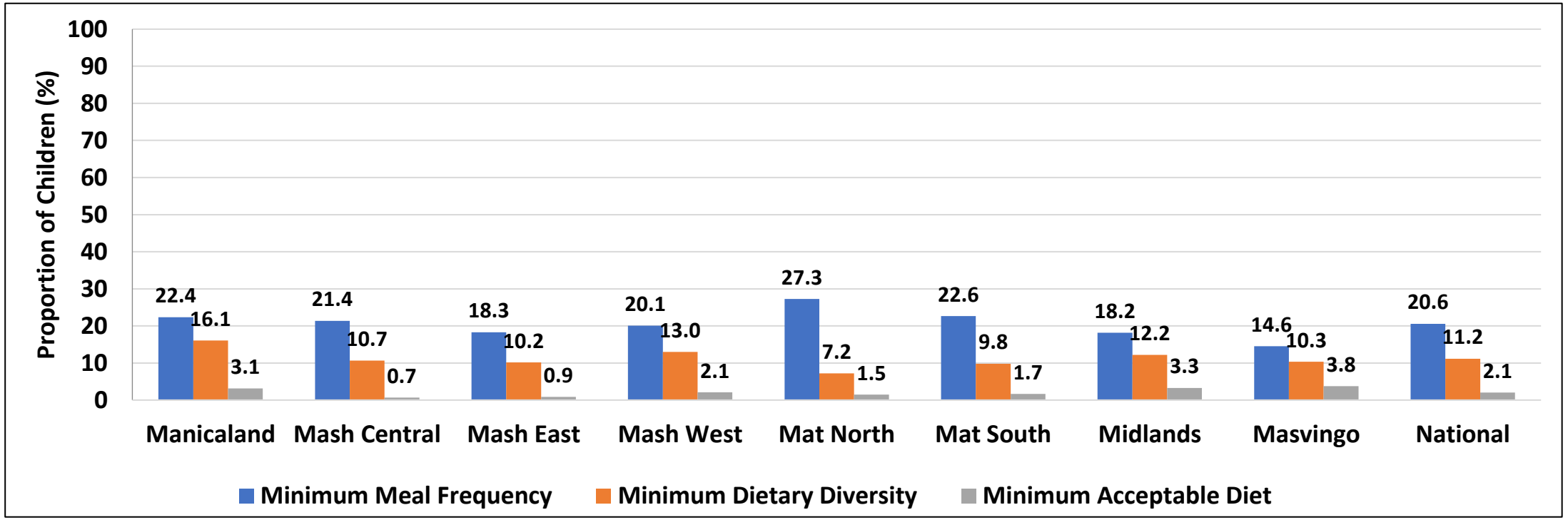
Infant and Young Child Feeding Practices

Complementary Feeding

Definition of indicators

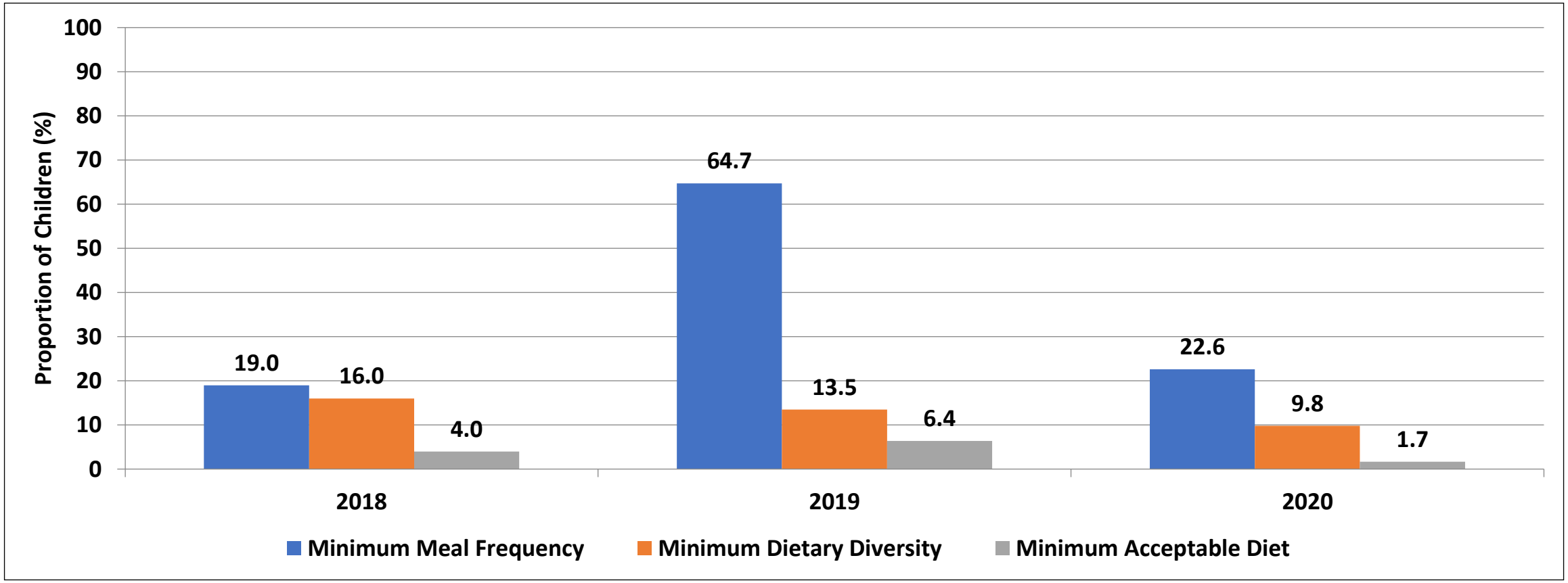
Indicator	Definition
Minimum Acceptable Diet (MAD)	Minimum acceptable diet (MAD), defined as the proportion of children 6-23 months who were achieving both MDD and MMF.
Minimum Meal Frequency (MMF)	Minimum meal frequency (MMF) was defined as receiving solid, semi-solid, or solid foods 2 or more times daily for children 6-8 months, and 3 or more times daily for children 9-23 months in addition to breastfeeding. For non-breastfeeding children aged 6-23 months it is defined as receiving solid, semi-solid or solid foods, or milk feeds, at least 4 times.
Minimum Dietary Diversity (MDD)	Minimum dietary diversity (MDD) is defined as receiving at least 5 or more types of food from following groups (1) grains, roots, tubers, (2) legumes, nuts (3) dairy products, (4) flesh foods (meat, fish, poultry and liver/organ meats), (5) eggs, (6) Vitamin A rich fruits and vegetables, (7) other fruits and vegetables, (8) breastmilk.

Complementary Feeding Practices by Province



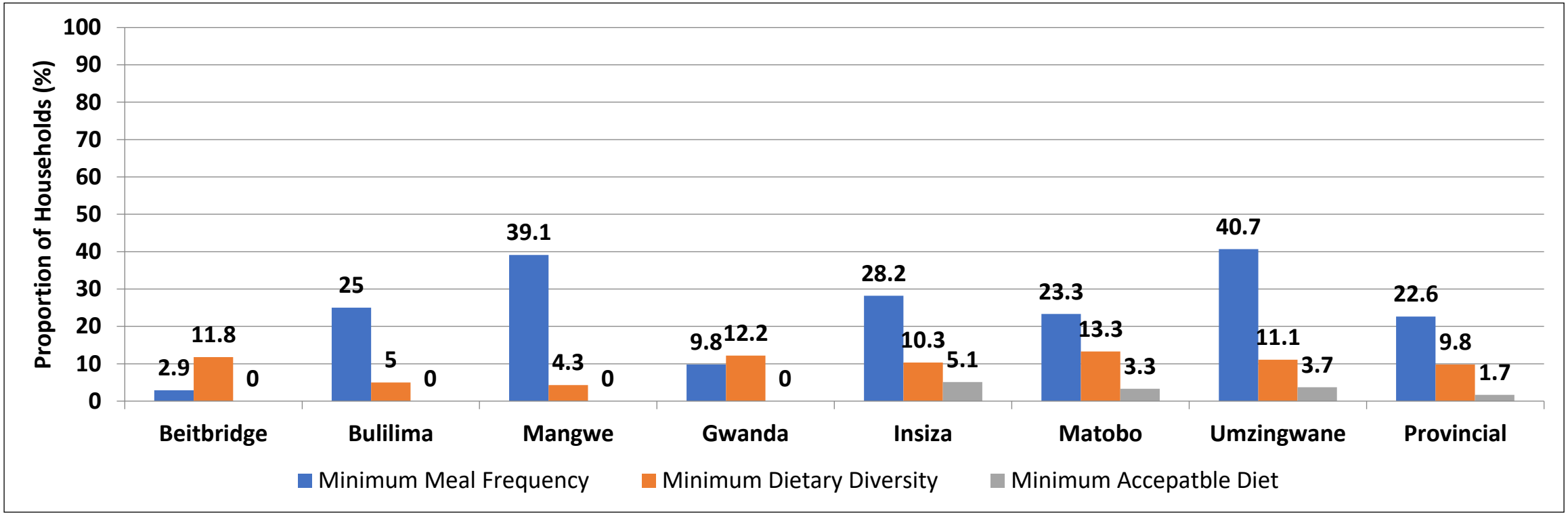
- Only 1.7% of children in Matabeleland South received a Minimum Acceptable Diet (MAD), a decrease from 6.4% in 2018.
- Matabeleland South recorded the second highest Minimum Meal Frequency (MMF) at 22.6% but it was a major decrease from the 64.7% in 2018.
- The Minimum dietary diversity for Matabeleland South (9.8%) was less than the National average (11.2%) and the second lowest after Matabeleland North (7.2%).

Provincial Complementary Feeding Practices Trends



- The Minimum Acceptable Diet was lower in 2020 (1.7%) than in 2019 (6.4%) and 2018 (4%).
- Most complementary feeding practices with the exception of Minimum Meal Frequency (MMF) in 2020 preformed poorly, less than a quarter of the children 6 to 59 met the criteria.

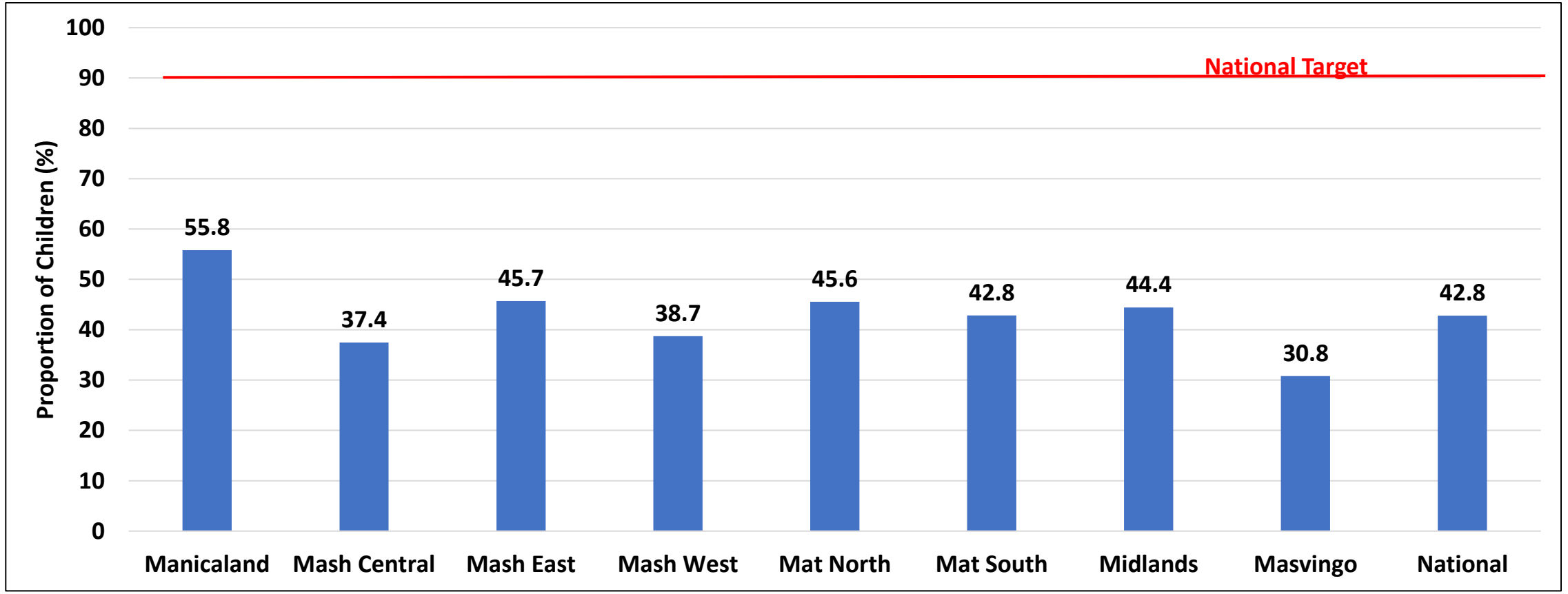
Complementary Feeding Practices by District



- The proportion of children 6 to 59 months consuming a Minimum Acceptable Diet (MAD) in the province is very low (1.7%), with 4 districts namely Beitbridge, Bulilima, Mangwe and Gwanda recording 0%.
- Umzingwane (40.7%), Mangwe (39.1%), Bulilima (25%) and Matobo (23.3%) recorded higher proportions of children 6 to 59 months consuming a Minimum Meal Frequency (MMF) above the Provincial average.

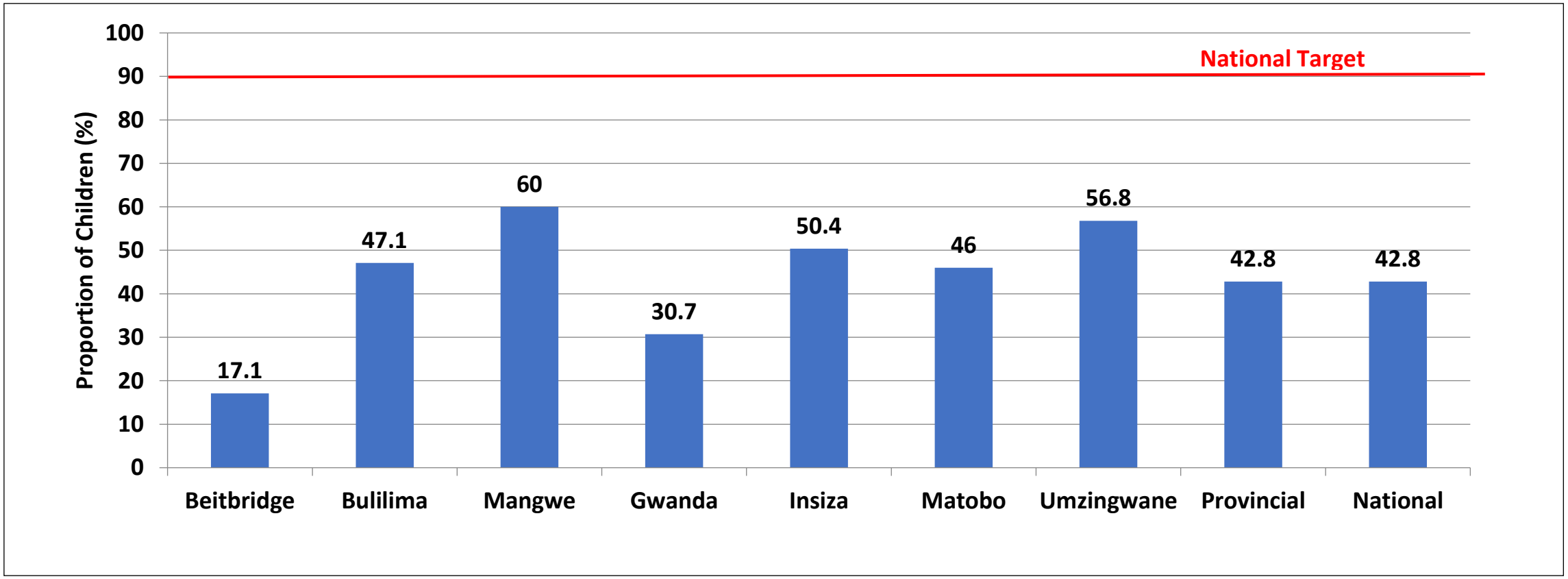
Vitamin A Supplementation

Provincial Vitamin A Supplementation for Children 6-59 in the Past 6 Months



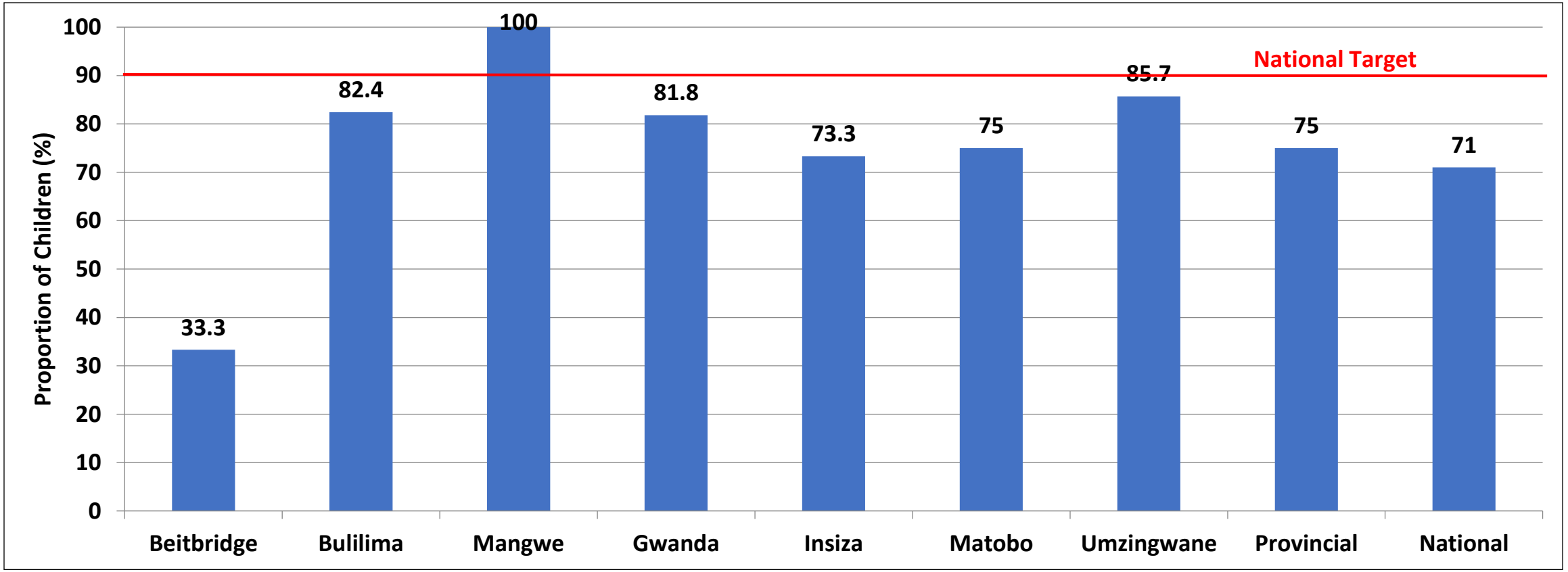
- Mat South (42.8%) had a vitamin A supplementation rate similar to the National average (42.8%).,it was however lower than the 90% National target.

District Vitamin A Supplementation for Children 6-59 in the Past 12 Months



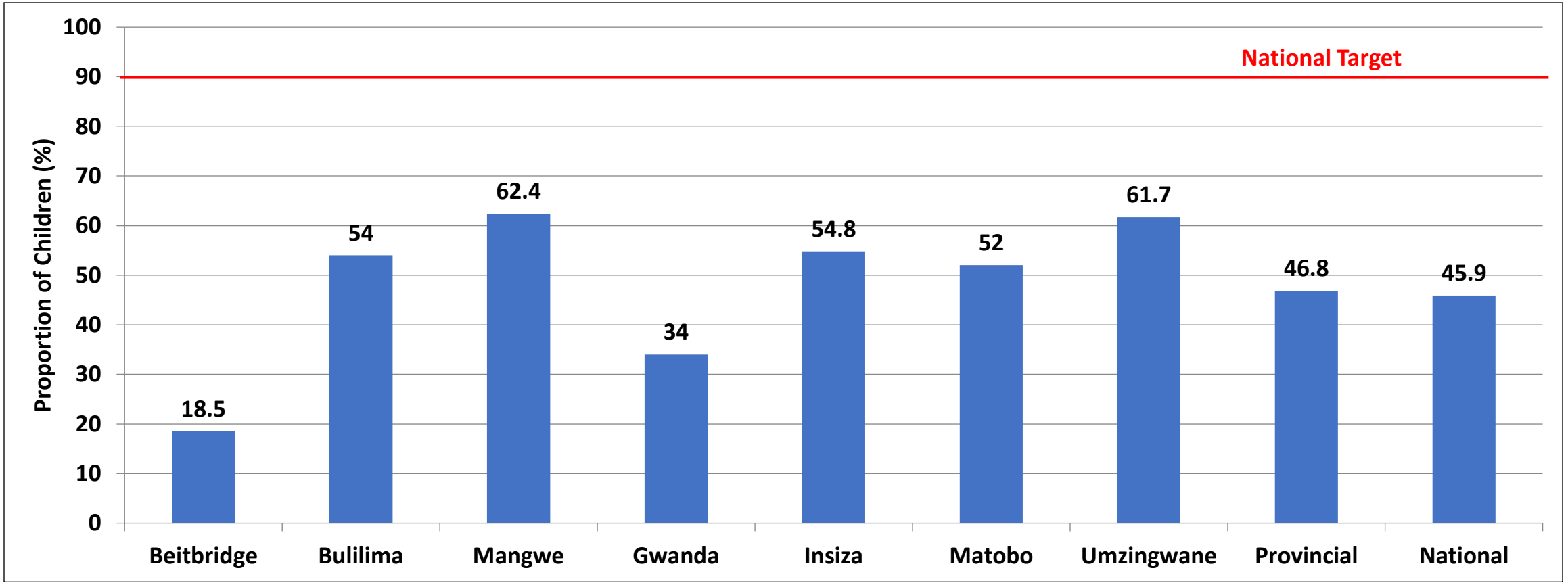
- Beitbridge (17%) has the lowest proportion of children receiving vitamin A in the past 12 months , while Gwanda (30.7%) is the only other district that had proportions below the Provincial and National average (42.5%).

District Vitamin A Supplementation for Children 6 - 11 in the Past 12 Months



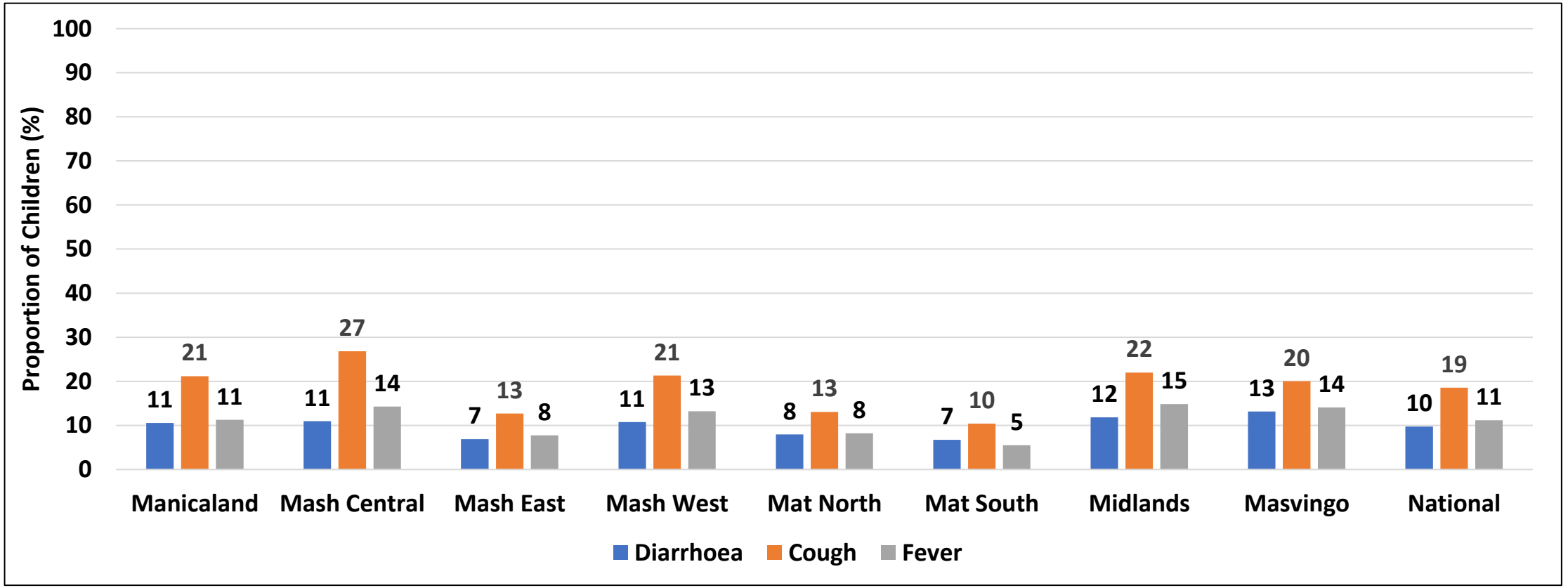
- All districts with the exception of Beitbridge (33.3%) performed above the National average (71%).
- Only Mangwe district at 100% performed above the national target of 90 %.

District Vitamin A Supplementation for Children 12-59 in the Past 12 Months



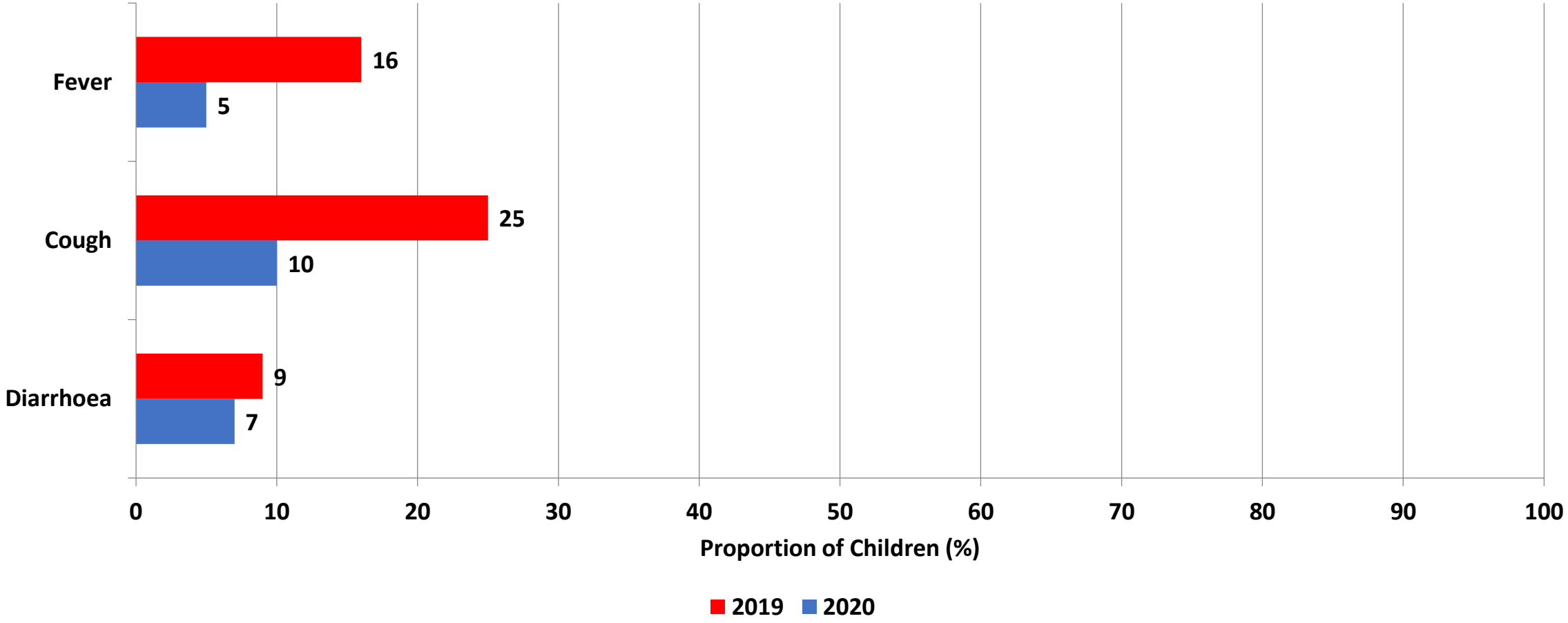
- All districts with the exception of Beitbridge (18.5%) and Gwanda (34%) performed above the Provincial (46.8%) and National average (45.9 %).
- None of the districts in the province performed above the national target of 90 % , this may be due to COVID-19 induced restrictions.

Prevalence of Child illness for Children 0-59 Months



- Childhood illness has a negative impact on dietary intake, nutrient utilisation among children.
- Prevalence of child illness was assessed as presence of illness during the two weeks preceding the survey.
- The prevalence of diarrhoea (7%), cough (10%) and fever (5%) for Matabeleland South province were less than the national averages at 10%, 19% and 11% respectively.

Provincial Prevalence of Child illness for Children 0-59 Months



- Generally, there was a decrease in prevalence of child illness for children 0-59 months in the province in 2020 compared to 2019.

Child Nutrition

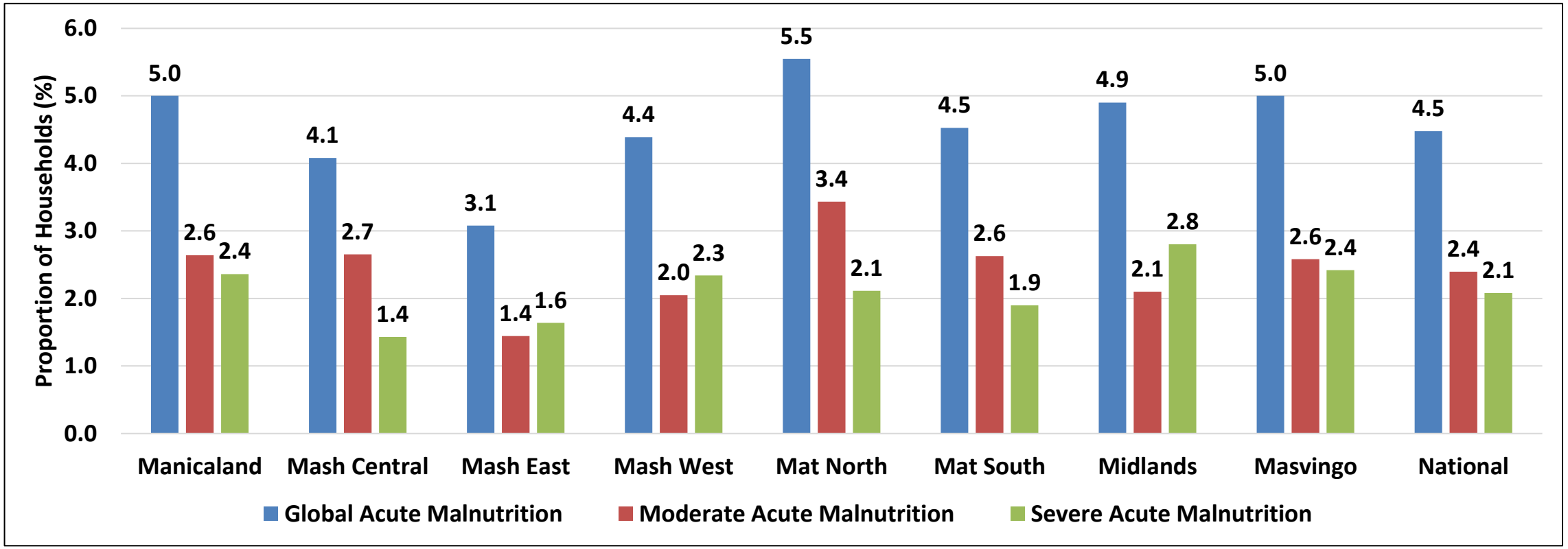
Acute Malnutrition by Province Based on MUAC for Age Standards

- Height and weight are the most widely used anthropometric measurements to assess nutritional status.
- Mid Upper Arm Circumference (MUAC) is sometimes used and has been an integral part of most assessments in Zimbabwe.
- Many guidelines recommend the collection of MUAC data along with Weight for Height (WFH) data during surveys or for rapid assessments.
- The advent of the COVID-19 pandemic worldwide has necessitated a different approach during the 2020 Rural Livelihoods assessment to minimise exposure of household members and enumerators.
- The concept of family led MUAC was adopted with enumerators guiding mothers on how to take MUAC measurements and the tapes were left for mothers to use routinely to check nutritional status.
- Only MUAC data was collected hence there was no analysis done for stunting and underweight which need weight and height measurements to compute.

Child Nutrition Status based on MUAC

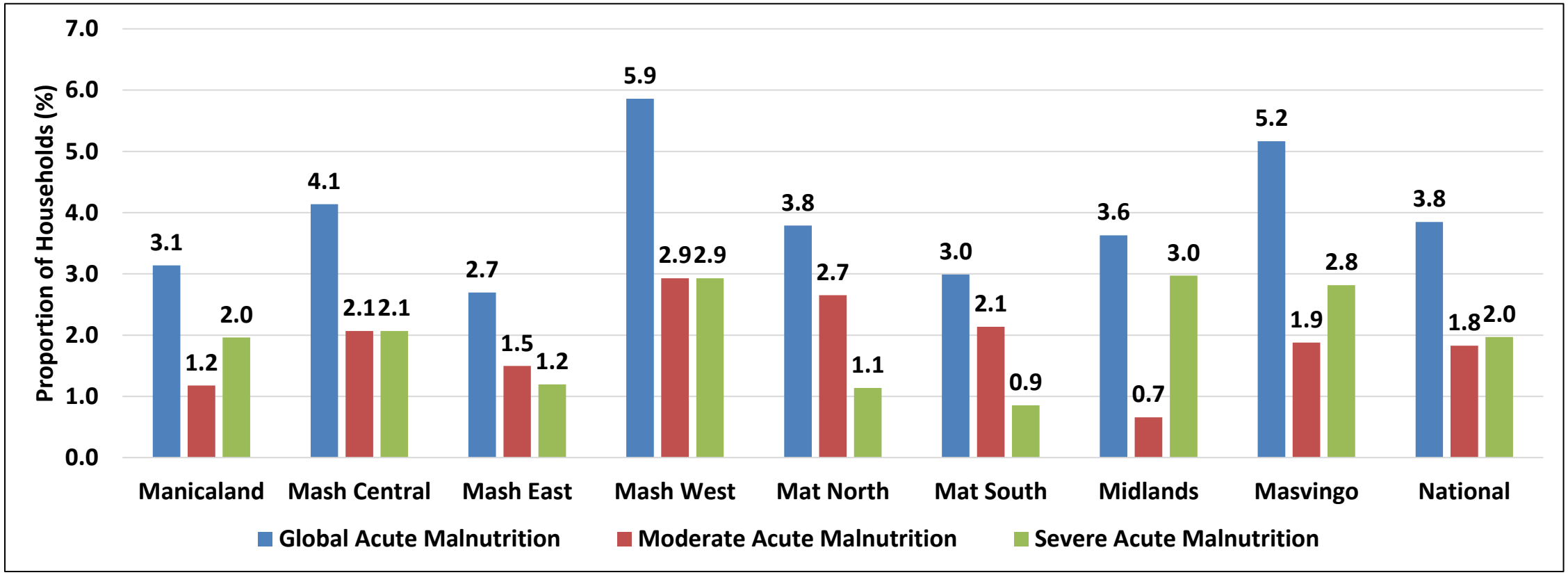
Indicator	Definition	Prevalence cut-off values for public health significance
Global Acute Malnutrition	MUAC for age <-2SD of the WHO Child Growth Standards median and/oedema MUAC of </=-125mm and/oedema	<5% :Acceptable 5–9.9%: Poor 10–14.9%: Serious >15%: Critcal (WHO, 2000)
Severe Acute Malnutrition	MUAC for age <-3SD of the WHO Child Growth Standards median and/oedema MUAC of </=-115mm and /oedema	0-2 % :Acceptable >2%: Unacceptable
Overweight	MUAC for age > +2 SD of the WHO Child Growth Standards median MUAC of >200mm	<2.5%: Very Low 2.5-<5%: Low 5-<10%: Medium 10-<15%: High ≥15%: Very High (De Onis et al., 2019)

Acute Malnutrition by Province Based on MUAC for Age Standards



- The Matabeleland South acute malnutrition rates based on MUAC for age were similar to the national average with the Global Acute Malnutrition (GAM) rate at 4.5% for both.
- The province had the 5th highest GAM rate after Matabeleland North, Manicaland, Masvingo and Midlands provinces.
- MUAC for age is considered a more useful indicator of nutritional status of populations than absolute MUAC and maybe an alternative when weight and height measurements are difficult to obtain as was the case in this assessment.

Acute Malnutrition by Province Based on MUAC Measurements



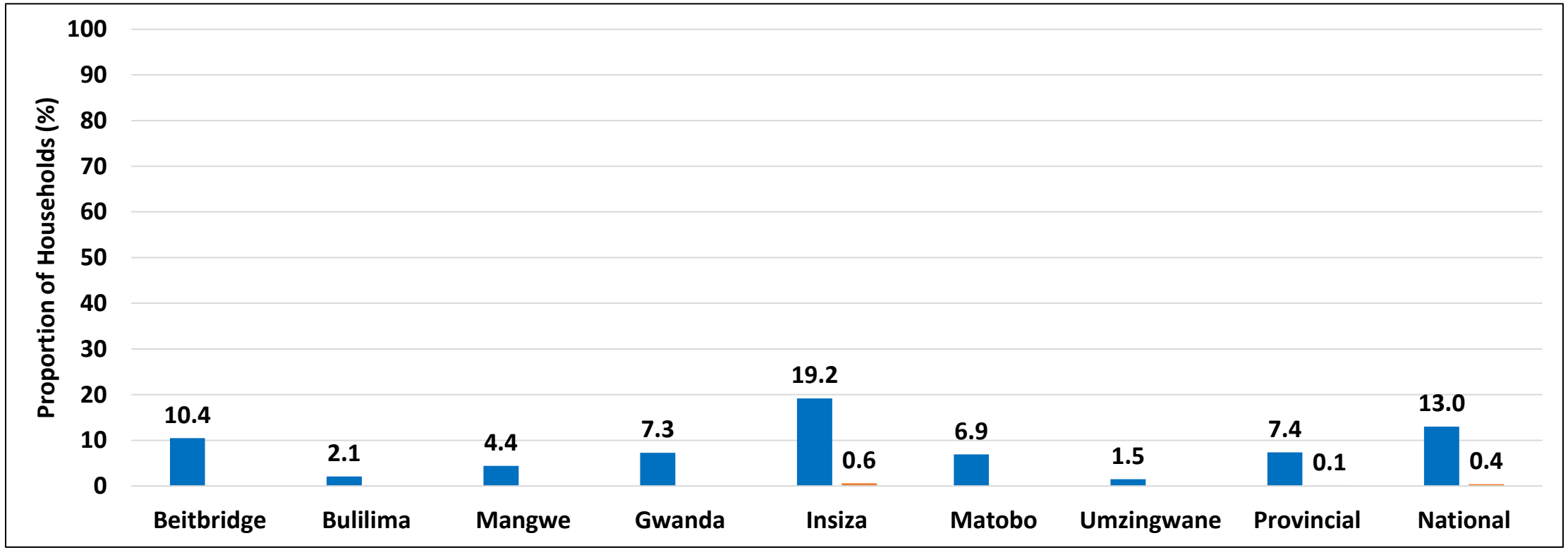
- Acute malnutrition rates based on absolute MUAC measurements only had Matabeleland south at 3% which was less than the National average of 3.8%.

Gender Based Violence (GBV)

Gender Based Violence (GBV)

- In Zimbabwe, gender based violence undermines opportunities for both men and women, denying them the ability to fully utilise their basic human rights.
- Violence against women is any act of gender based violence that results in physical, sexual or psychological harm or suffering to women (UN General Assembly Resolution 48/104 Declaration on the Elimination of Violence against Women, 1993).
- Spousal abuse has been the most common form of gender based violence.
- The Inter Agency Standing Committee (IASC) 2015 notes that many forms of GBV are significantly heightened during humanitarian emergencies including natural disasters like drought.
- Food insecurity, in itself, and factors contributing to it can be key drivers of GBV.

Households which Reported Spousal Violence and Other Forms of Gender Based Violence



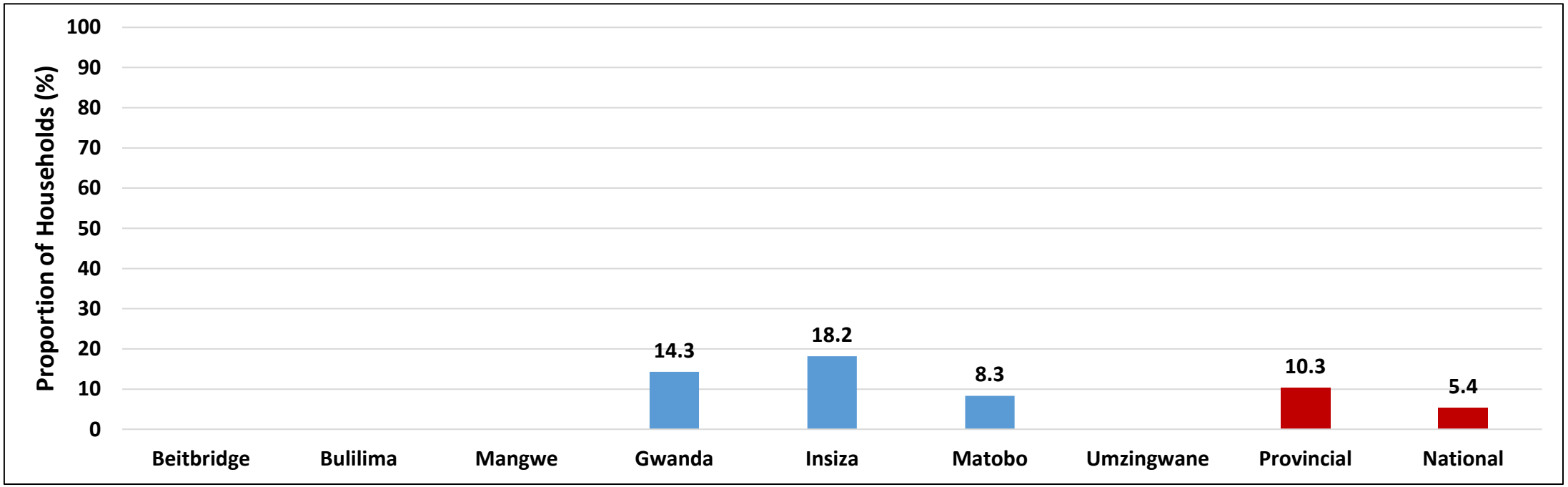
- Insiza district reported the highest prevalence of spousal violence (19.2%) and other forms of Gender Based Violence (0.6%).
- Umzingwane district had the lowest incidences of spousal violence in the province at 1.5%.

Sexual Violence and Verbal Abuse by District

	Forms of Sexual Violence and Verbal Abuse				
	Physically force you to have sexual intercourse with him when you did not want to	**Physically force you to perform any other sexual acts you did not want to**	**Force you with threats or in any other way to perform sexual acts you did not want to**	**Verbally abuse you, deprive you from physical needs in order to punish you**	**Deprive you of money to buy basic commodities for you or your children**
Beitbridge	7	7	0	**79**	29
Bulilima	0	0	0	0	0
Mangwe	0	0	0	38	**63**
Gwanda	0	0	7	43	14
Insiza	6	3	**9**	70	39
Matobo	**25**	**8**	**8**	50	25
Umzingwane	0	0	0	50	50
Provincial	7	3	6	57	32
National	15	7	7	71	33

- Matobo district (25%) had the highest proportion of households who reported having been forced by the spouses to engage in sexual intercourse when they did not want.

Victims who Sought Medical Attention after Spousal Violence



- Insiza district (18.2%) had the highest proportion of households who reported that they had sought medical attention after being abused by their spouses.

Households where Incidents of Physical/Sexual Violence had been Reported

	Reported incident of physical/sexual violence					
	Police (%)	Church (%)	Relatives/friends (%)	NGO(%)	No one (%)	Other (%)
Manicaland	45.5	0.0	40.9	4.5	0.0	9.1
Mash Central	33.3	8.3	50.0	0.0	0.0	8.3
Mash East	71.4	0.0	28.6	0.0	0.0	0.0
Mash West	25.0	0.0	50.0	0.0	25.0	0.0
Mat North	33.3	0.0	33.3	0.0	16.7	16.7
Mat South	30.0	0.0	60.0	0.0	0.0	10.0
Midlands	37.5	0.0	25.0	0.0	37.5	0.0
Masvingo	66.7	0.0	0.0	16.7	16.7	0.0
National	45.1	1.2	37.8	2.4	7.3	6.1

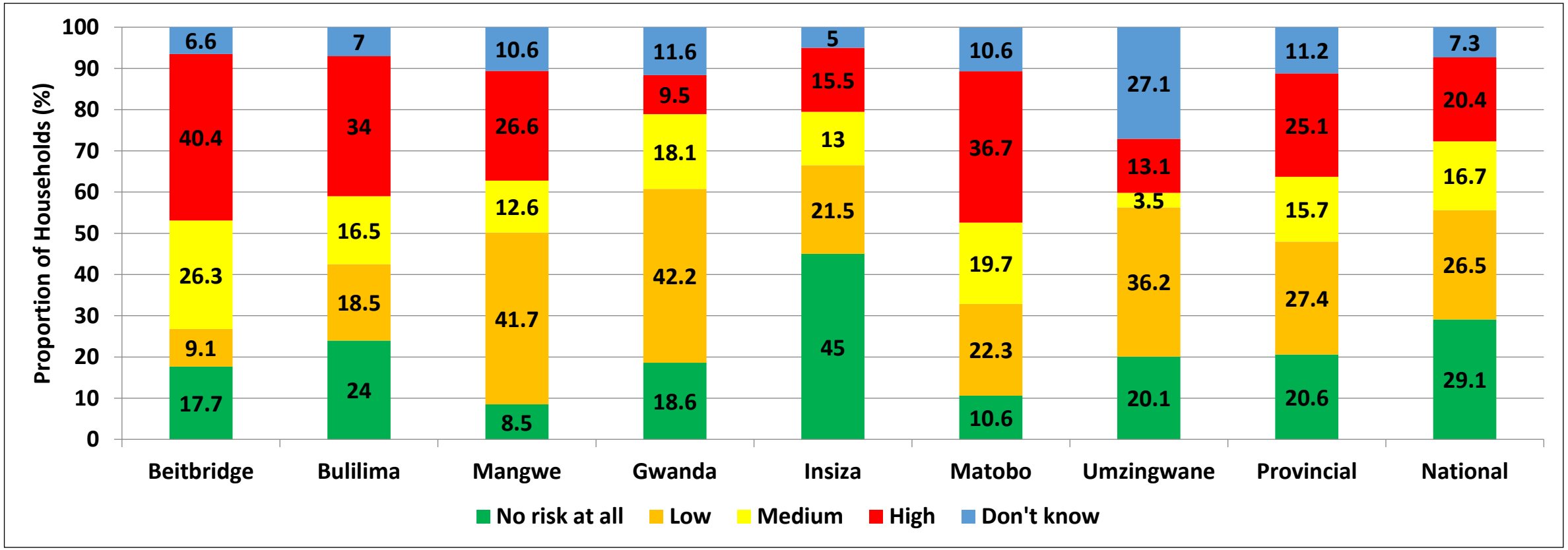
- Matabeleland South had the highest proportion of households which reported incidents of physical/sexual violence to relatives/friends.
- Nationally, about (45.1%) of households reported cases of physical/sexual violence to the police.

Coronavirus Disease (COVID-19)

Coronavirus Disease (COVID-19)

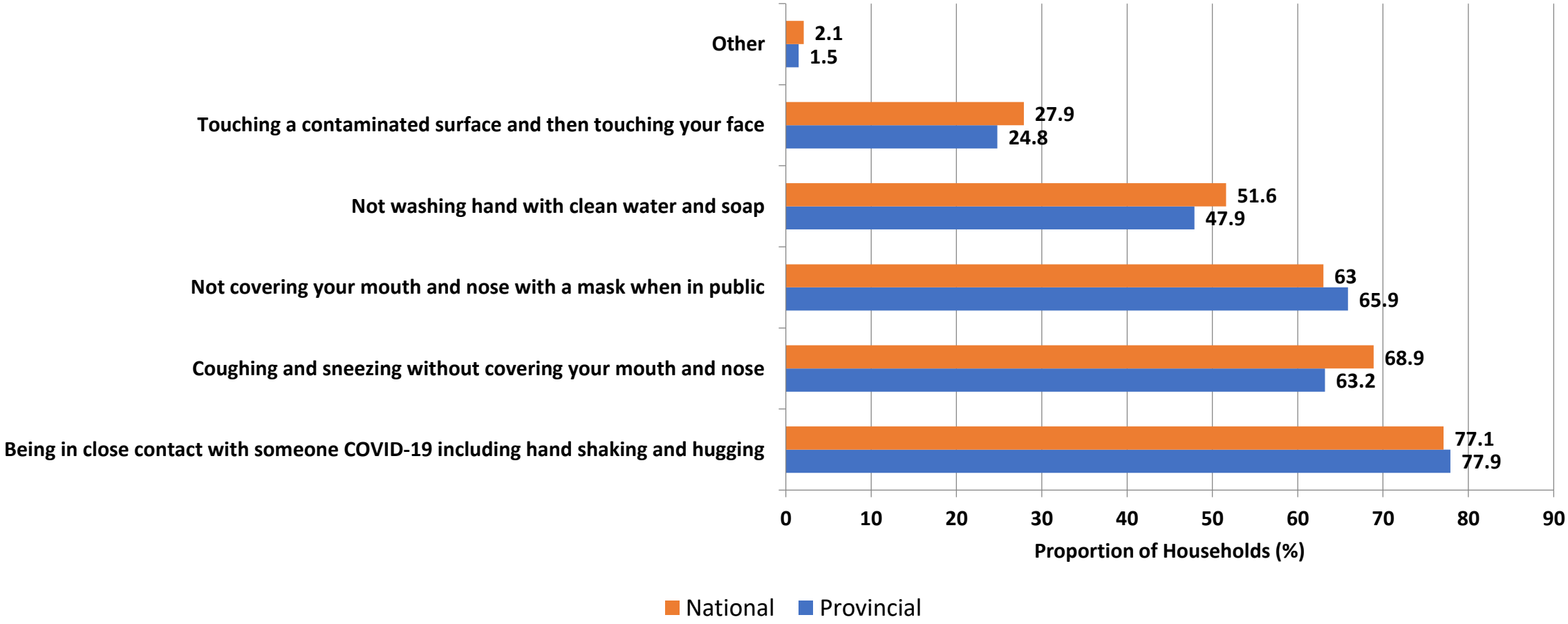
- Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus (WHO,2020).
- Most people who fall sick with COVID-19 will experience mild to moderate symptoms and recover without special treatment (WHO,2020).
- The virus that causes COVID-19 is mainly transmitted through droplets generated when an infected person coughs, sneezes, or exhales. These droplets are too heavy to hang in the air, and quickly fall on floors or surfaces (WHO,2020).
- You can be infected by breathing in the virus if you are within close proximity of someone who has COVID-19, or by touching a contaminated surface and then your eyes, nose or mouth (WHO,2020).

COVID-19 Risk Perception



- This is a novel virus and those districts with a high risk perception tend to be those who have had a some burden of cases as compared to those with a low risk perception.
- Beitbridge district (40.4%), Matobo (36.7%), Bulilima (34%) and Mangwe (26.6%) recorded the highest proportion of households which had a high risk perception compared to the provincial average.
- Insiza recorded the highest proportion of households with a no risk at all perception at 45%.

Knowledge on How the COVID-19 Spread



- The proportion from Matabeleland South are similar lo the national averages , meaning there is similar knowledge in most households nationally.

Knowledge on How the COVID-19 is Spread

	Being in close contact with someone COVID-19 including hand shaking and hugging (%)	Coughing and sneezing without covering your mouth and nose (%)	Not covering your mouth and nose with a mask when in public (%)	Not washing hand with clean water and soap (%)	Touching a contaminated surface and then touching your face (%)	Other (%)
Beitbridge	**81.1**	**65.7**	**56.8**	**47.3**	**10.7**	**0.0**
Bulilima	**85.3**	**66.7**	**77.4**	**56.5**	**17.5**	**0.0**
Gwanda	**64.9**	**49.1**	**60.2**	**31.0**	**19.9**	**1.8**
Insiza	**87.3**	**68.5**	**52.5**	**39.8**	**25.4**	**5.5**
Mangwe	**66.9**	**69.7**	**77.9**	**71.0**	**44.8**	**2.8**
Matobo	**82.8**	**51.7**	**76.2**	**59.6**	**49.0**	**0.0**
Umzingwane	**74.7**	**70.9**	**63.3**	**34.2**	**11.4**	**0.0**
Provincial	**77.9**	**63.2**	**65.9**	**47.9**	**24.8**	**1.5**
National	**77.1**	**68.9**	**63.0**	**51.6**	**27.9**	**2.1**

- In all districts the most cited response on how COVID-19 is spread was, being in close contact with someone COVID-19 including hand shaking and hugging.
- The least cited avenue of spreading COVID-19 in all districts was touching a contaminated surface and then touching one's face, (24.8% Provincially).

Knowledge on COVID-19 Symptoms

	Fever (%)	Cough (%)	Shortness of breath (%)	Sore throat (%)	Runny or stuffy nose (%)	Muscle or body aches (%)	Headaches (%)	Fatigue (%)	Sudden loss of taste and smell (%)
Beitbridge	36.9	78.0	51.2	62.5	64.9	14.9	44.6	14.9	1.8
Bulilima	86.5	79.4	52.3	36.8	21.3	26.5	45.2	14.2	0.0
Gwanda	69.1	63.0	25.3	17.9	37.0	8.6	57.4	10.5	0.6
Insiza	71.3	74.1	50.6	50.0	38.5	16.1	37.9	20.7	2.9
Mangwe	81.8	81.8	53.0	25.0	20.5	12.1	55.3	4.5	3.0
Matobo	79.5	67.5	55.6	63.6	37.1	35.1	41.7	24.5	4.6
Umzingwane	73.5	80.9	43.2	30.2	35.2	11.1	19.1	10.5	0.0
Provincial	70.6	74.8	47.1	41.3	37.0	17.7	42.7	14.5	1.8
National	74.0	84.7	44.1	44.9	33.1	17.8	52.4	26.4	3.6

- Provincial and National responses mirrored each other with most figures close to each other.
- Cough was the top cited symptom in most districts except in Gwanda and Bulilima which had fever as the top mentioned symptom.

Knowledge on How to Stop the Spread of COVID-19

	Wash your hands with clean water and soap often (%)	Cough or sneeze in your bent elbow (%)	Avoid touching your eyes, nose and mouth (%)	Limit social gatherings and time spent in crowded places(%)	Avoid close contact with someone with COVID-19 symptoms (%)	Clean and disinfect frequently touched objects and surfaces (%)	Always cover your nose and mouth with a mask when in public (%)	Other (%)
Beitbridge	90.5	64.6	50.0	37.3	24.7	10.8	21.5	0.6
Bulilima	88.8	19.7	42.1	53.9	34.3	20.2	57.3	0.6
Gwanda	63.3	14.1	13.0	60.5	15.8	9.6	72.3	2.3
Insiza	80.6	40.0	28.9	58.9	38.3	17.8	57.8	13.3
Mangwe	80.7	56.0	47.0	59.0	50.0	29.5	78.3	1.2
Matobo	80.1	48.1	51.3	59.6	59.6	45.5	46.2	0.0
Umzingwane	64.0	41.5	35.4	50.0	40.2	12.8	31.1	0.6
Provincial	78.2	39.9	37.7	54.4	37.2	20.6	52.7	2.8
National	77.9	42.6	35.4	60.9	42.2	24.0	57.1	1.7

- Frequently washing your hands with clean water and soap often, was the top mentioned response in all districts as it was cited over 60% of households.
- Limit social gatherings and time spent in crowded places, was the next top mentioned response across all districts with the exception of Beitbridge which had cough etiquette coming in second.

Knowledge on How to Protect Oneself Against COVID-19

	Frequently wash hands with soap under running water for 20 seconds (%)	Use alcohol based hand sanitizers (%)	Avoid touching mouth, eyes and nose (%)	Use a face mask in public places (%)	Cover mouth with flexed elbow when sneezing and coughing (%)	Avoid crowded places (%)	Practice social distancing (%)	Staying at home (%)	Traditional/ religious practices (%)
Beitbridge	79.8	8.1	40.9	48.5	26.3	26.8	49.0	49.0	0.5
Bulilima	76.5	6.5	20.5	58.0	23.0	27.5	44.5	52.5	0.0
Gwanda	44.5	6.5	7.5	70.5	6.5	41.5	30.0	26.0	1.0
Insiza	72.5	13.0	21.0	54.0	18.5	26.5	46.5	52.5	2.5
Mangwe	64.5	9.0	27.5	56.5	20.0	48.5	51.5	63.5	1.0
Matobo	64.9	18.1	45.7	50.5	41.5	50.0	44.7	48.4	7.4
Umzingwane	54.3	9.5	32.2	57.8	17.6	36.2	38.7	22.6	1.0
Provincial	65.3	10.0	27.7	56.6	21.7	36.6	43.5	44.9	1.9
National	66.5	11.0	27.0	50.4	23.5	43.5	49.2	54.5	1.6

- A high proportion of households in all districts, believed frequently wash hands with soap under running water for 20 seconds was a way to protect oneself from COVID-19, with the exception of Gwanda where the top mentioned option was, use a face mask in public places

Knowledge on What to do When One Suspects They Have COVID-19

	Go to the clinic right away (%)	Stay at home and notify the nearest health service provider (%)	Consult local traditional healer/prophet (%)	Call the toll free number (%)	Home-based remedies (%)	Don't know (%)
Beitbridge	76.8	39.4	4.0	2.0	2.5	5.6
Bulilima	45.0	62.0	21.5	3.5	7.5	13.5
Gwanda	74.4	25.6	0.5	2.5	1.5	4.0
Insiza	59.0	29.5	1.5	7.0	7.0	8.5
Mangwe	68.0	45.5	0.0	0.0	0.0	6.0
Matobo	83.0	32.4	8.0	5.9	9.6	9.6
Umzingwane	71.9	30.7	3.5	6.0	1.5	5.5
Provincial	68.1	37.9	5.6	3.8	4.2	7.5
National	68.9	34.6	2.7	13.0	4.7	4.9

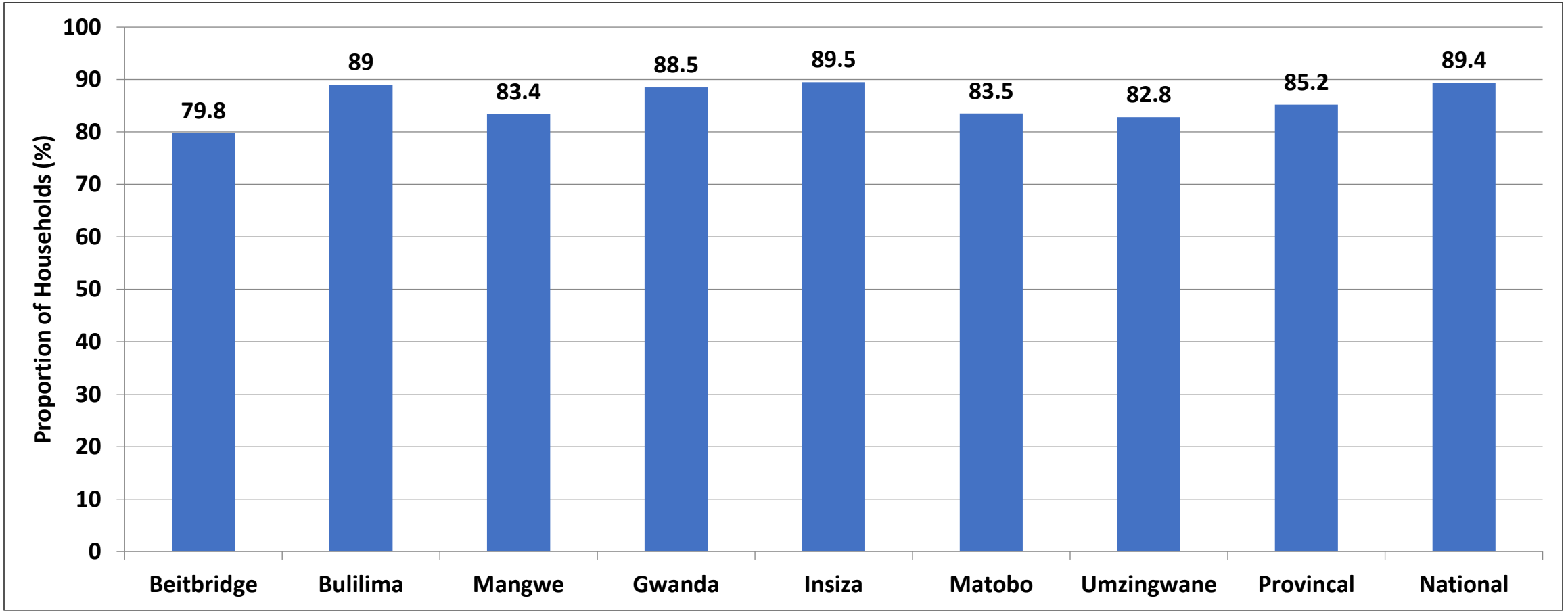
- The highest ranking most mentioned response in all districts, was visiting the clinic right away, followed by, stay at home and notify the nearest health service provider.
- Provincial and national figures mirrored each other in terms of response ranking

Effects of COVID-19 Induced Restrictions

	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 (%)
Beitbridge	5.1	15.9	3.1	7.7	55.9	9.7	76.4	0	6.2
Bulilima	3.0	8.0	2.0	11.6	32.7	7.0	62.3	0	1.0
Gwanda	6.3	2.6	2.6	43.2	33.9	2.6	73.4	0	3.1
Insiza	7.5	5.9	0.0	7.0	62.9	4.8	54.3	1.6	2.7
Mangwe	6.5	8.0	0.0	15.5	58.0	4.5	72.0	0	0.0
Matobo	11.3	9.1	8.1	25.3	52.2	3.8	43.5	0	2.7
Umzingwane	29.4	5.6	2.0	15.7	44.2	6.1	43.1	0	6.1
Provincial	9.9	7.9	2.5	17.9	48.4	5.5	60.9	0.2	3.1
National	18.3	8.5	4.7	21.2	51.5	4.6	50.1	0.3	13.4

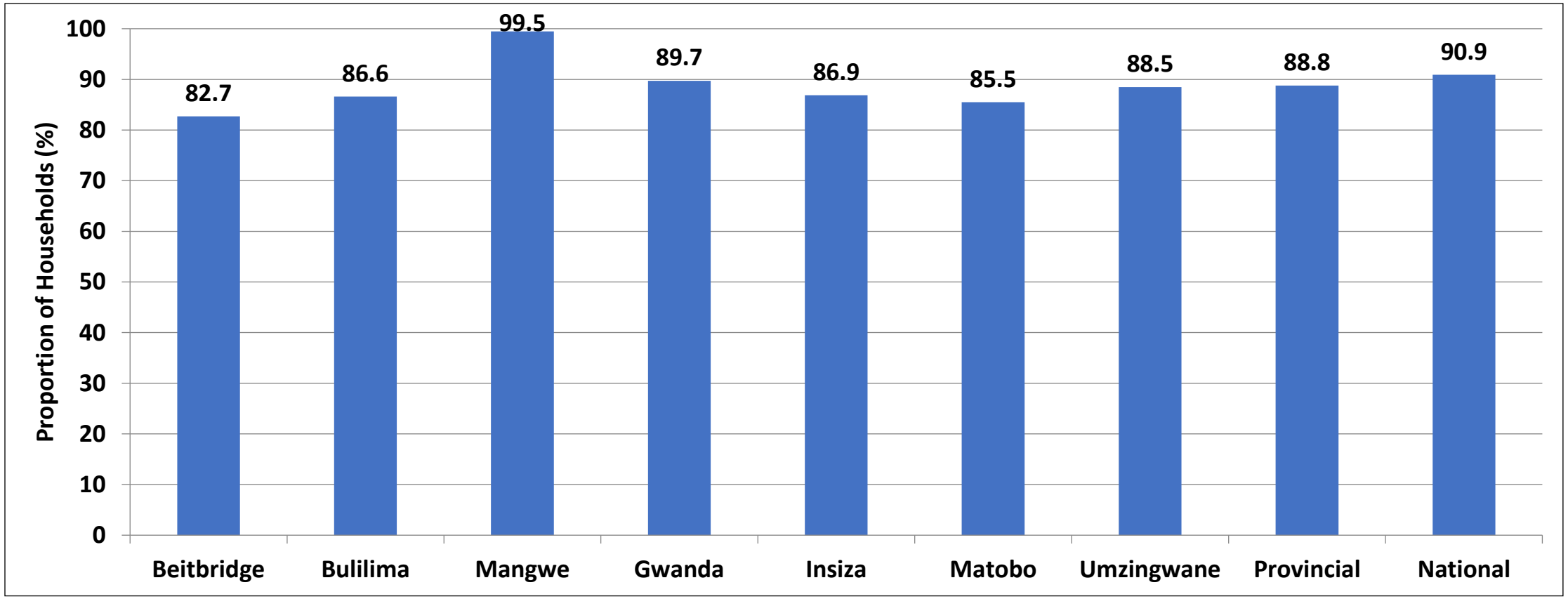
- The most mentioned effect of COVID-19 was, reduced food sources, with the exception of Umzingwane and Insiza which had, reduced sources of income and Gwanda with, failed to access basic commodities
- Only Insiza (1.6%) mentioned gender based violence (GBV) as an effect of COVID-19 induced restrictions

Knowledge on How to Slow down COVID-19 Spread



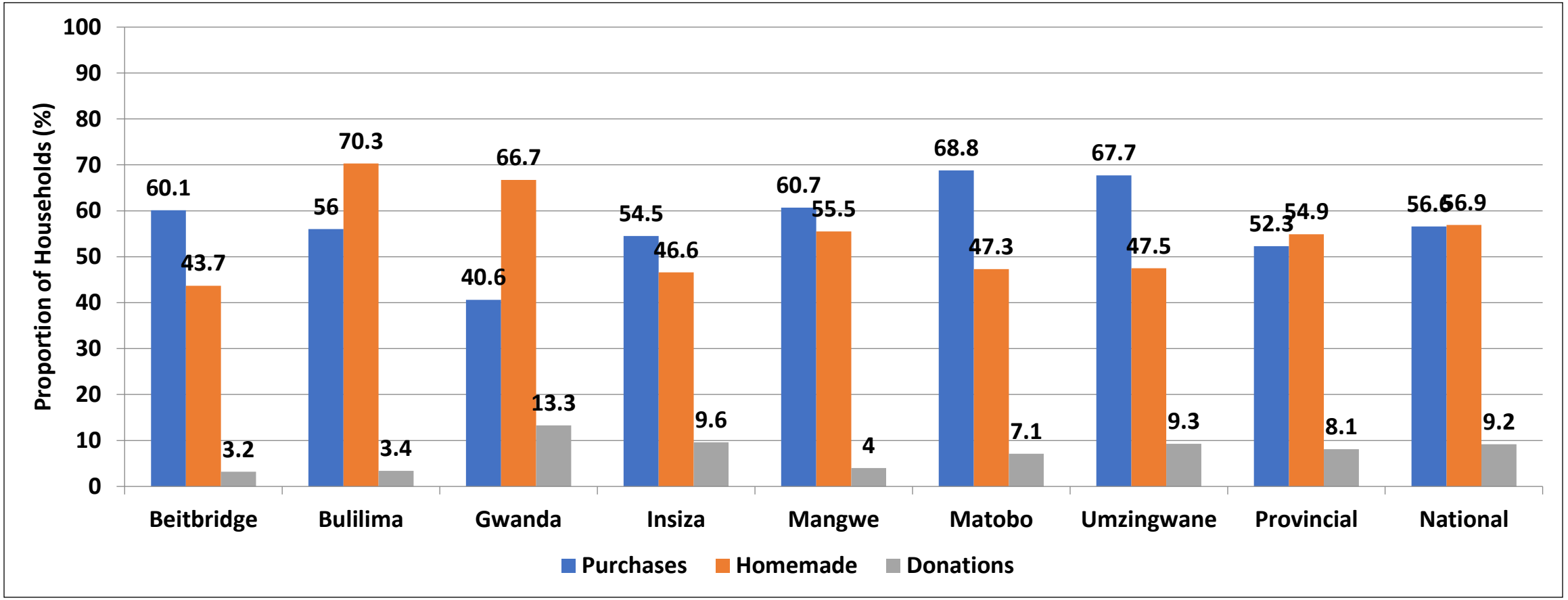
- Over 70% of respondents across all districts were knowledgeable about how to stop the spread of COVID- 19

Households Which Failed to Purchase Personal Protective Equipment (PPE)



- More than 80% of respondents cannot afford PPE across all districts, with Mangwe district being the peak of the lot with 99.5% of the respondents failing to afford purchase

Sources of Personal Protective Equipment (PPE)



- Provincially purchases (52.3%) and homemade PPE (54.9%) were sources of PPE with donations (8.1%) falling way behind.
- The highest proportion of homemade PPE was in Bulilima (70.3%) and Gwanda (66.7%)

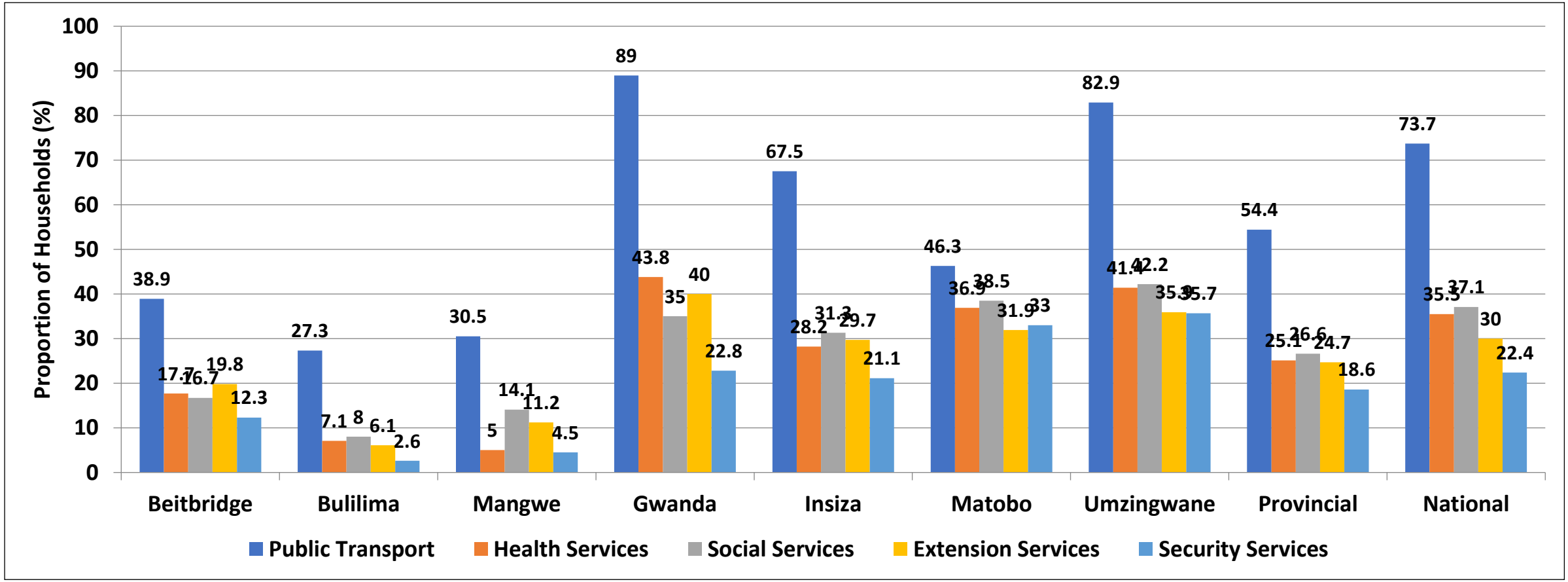
Preferred Future Sources of Information

	Health facility (%)	VHW/CHW (%)	Posters (%)	Radio (%)	Television (%)	Social media (%)	Workshop (%)	Print media (%)	Opinion leaders (%)
Beitbridge	57.1	62.6	8.1	35.4	2.0	5.6	7.6	1.0	9.1
Bulilima	56.5	75.5	11.5	24.5	5.0	33.5	6.5	1.5	15.5
Gwanda	50.8	45.2	14.6	26.6	1.5	8.0	37.7	9.5	10.6
Insiza	41.0	40.0	11.0	22.0	4.5	7.5	21.0	17.5	3.0
Mangwe	65.0	81.0	33.0	34.0	2.5	28.0	12.0	3.0	1.0
Matobo	70.7	73.4	17.0	16.5	3.2	8.0	5.9	1.6	6.4
Umzingwane	76.4	58.8	8.5	16.1	5.0	7.0	20.1	2.0	1.0
Provincial	59.5	62.3	14.8	25.1	3.4	14.0	15.9	5.2	6.6
National	61.8	56.2	10.2	39.7	3.5	10.3	9.2	3.1	7.2

- The preferred future sources of information in the province were Community Health Workers (62.3%) and health facilities (59.5%), while television (3.4%) print media (5.2) were least preferred.

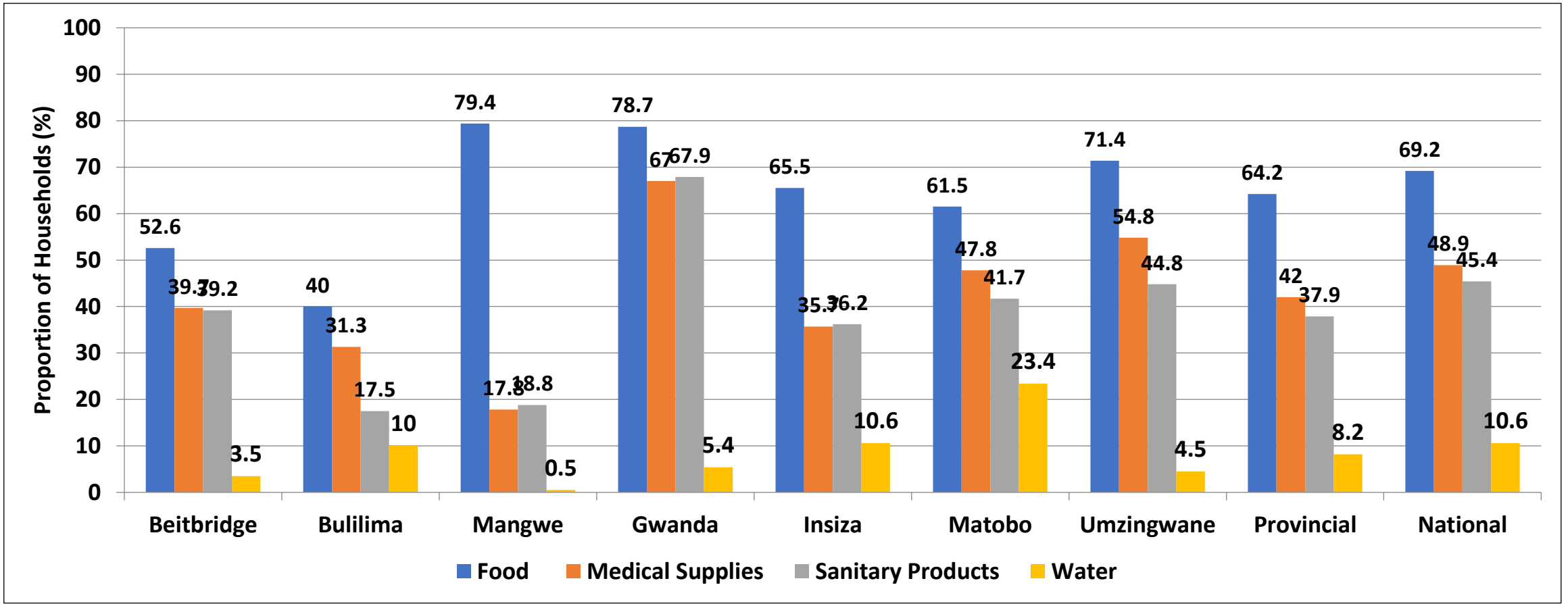
Access to Products and Services During COVID-19 Induced Restrictions

Households With Difficulties Accessing Essential Services



- Public transport was the most difficult service to access in the province (54%), with Gwanda (89%) and Umzingwane (82.9%) above the national average of 73.7%
- Umzingwane and Matobo reported over 30% of their populations failing to access each essential service.

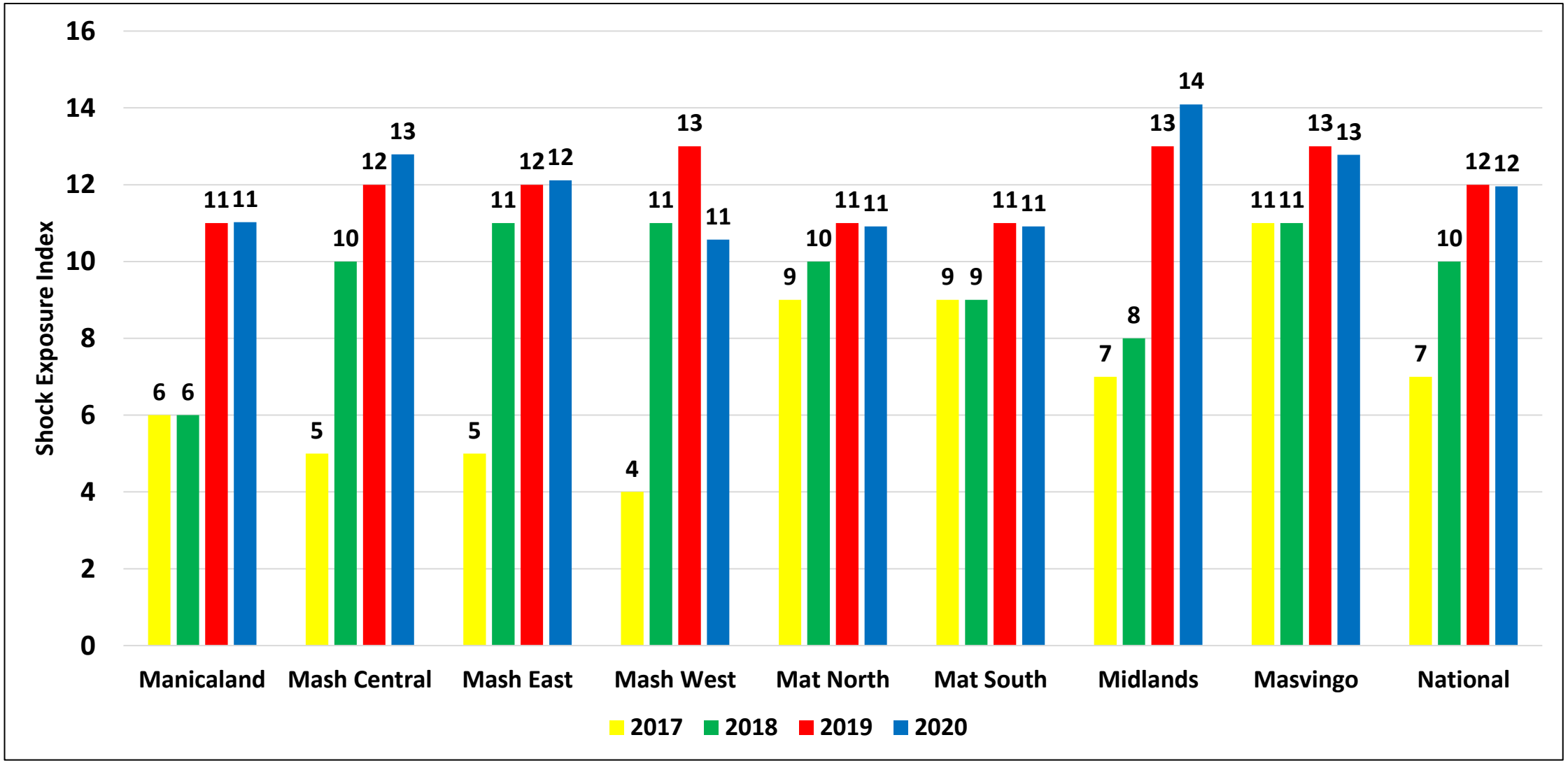
Households With Difficulties Accessing Essential Products and Necessities



- Food was the most difficult product to access during the COVID-19 induced restrictions with Mangwe (79.4%), Gwanda (78.7%) and Umzingwane (71.4%) reporting figures above the national and provincial average.
- Gwanda and Matobo had over 60% and 40% of respondents respectively reporting failure to access food, medical supplies and sanitary products.

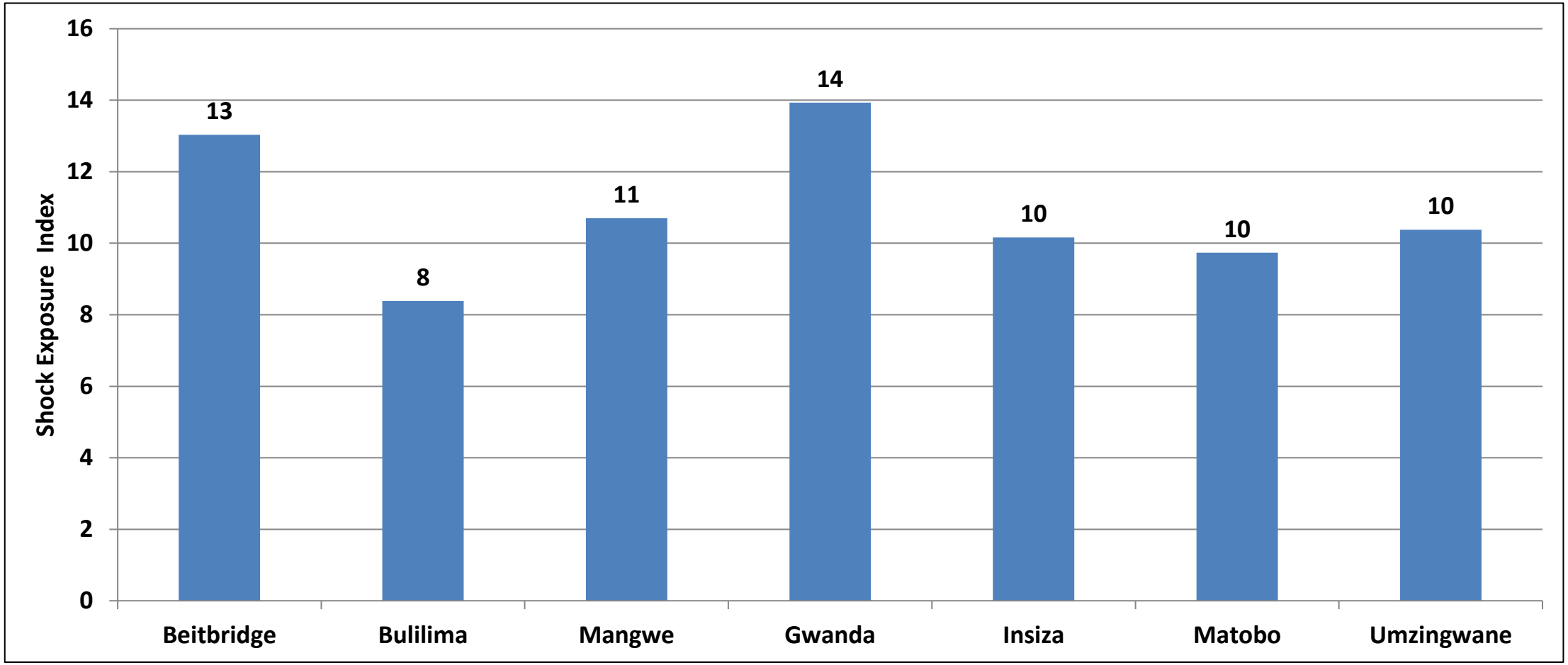
Shocks and Hazards

Shock Exposure Indices Trend by Province



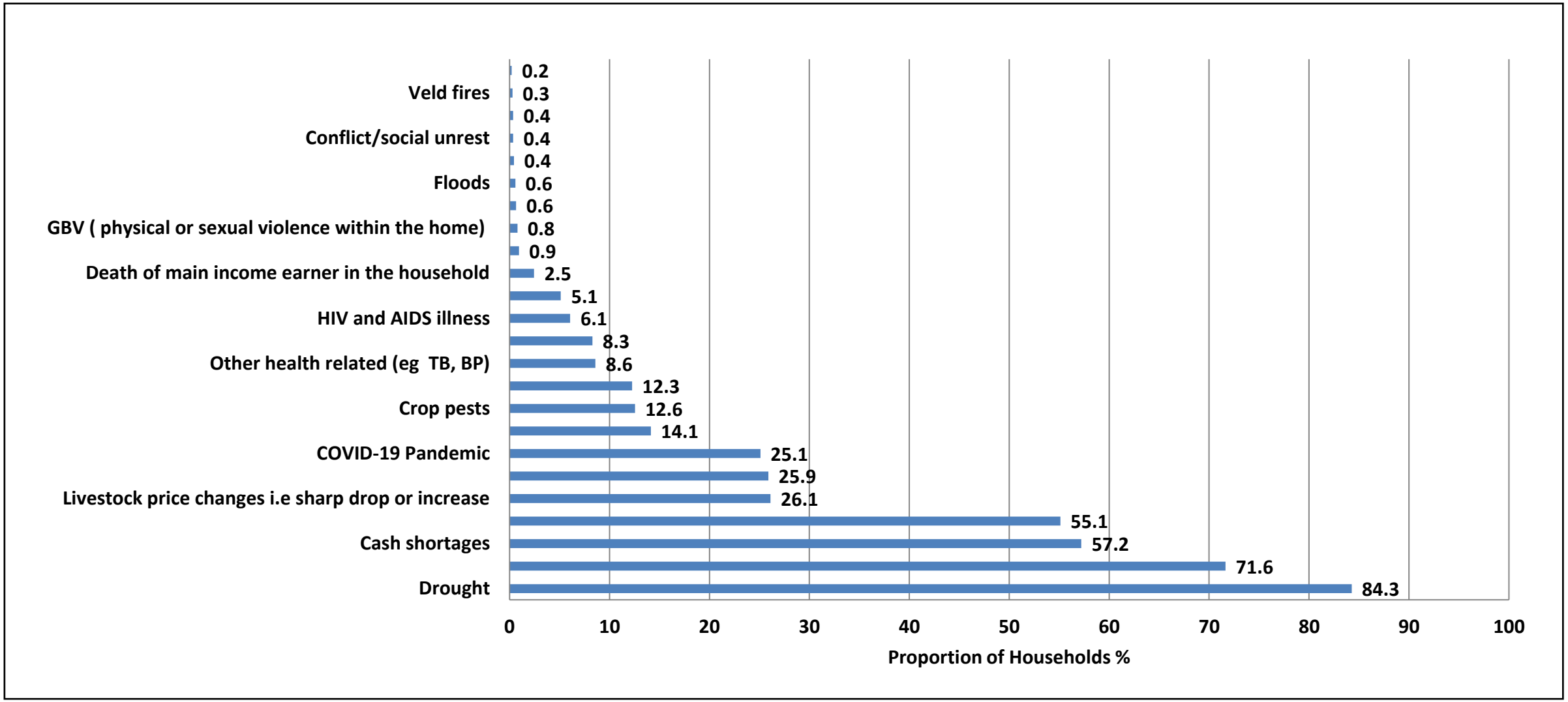
- Generally there was increased exposure to shocks in the country, although Matabeleland South's shock exposure index at 11 was below the national average of 12

Average Shock Exposure Index



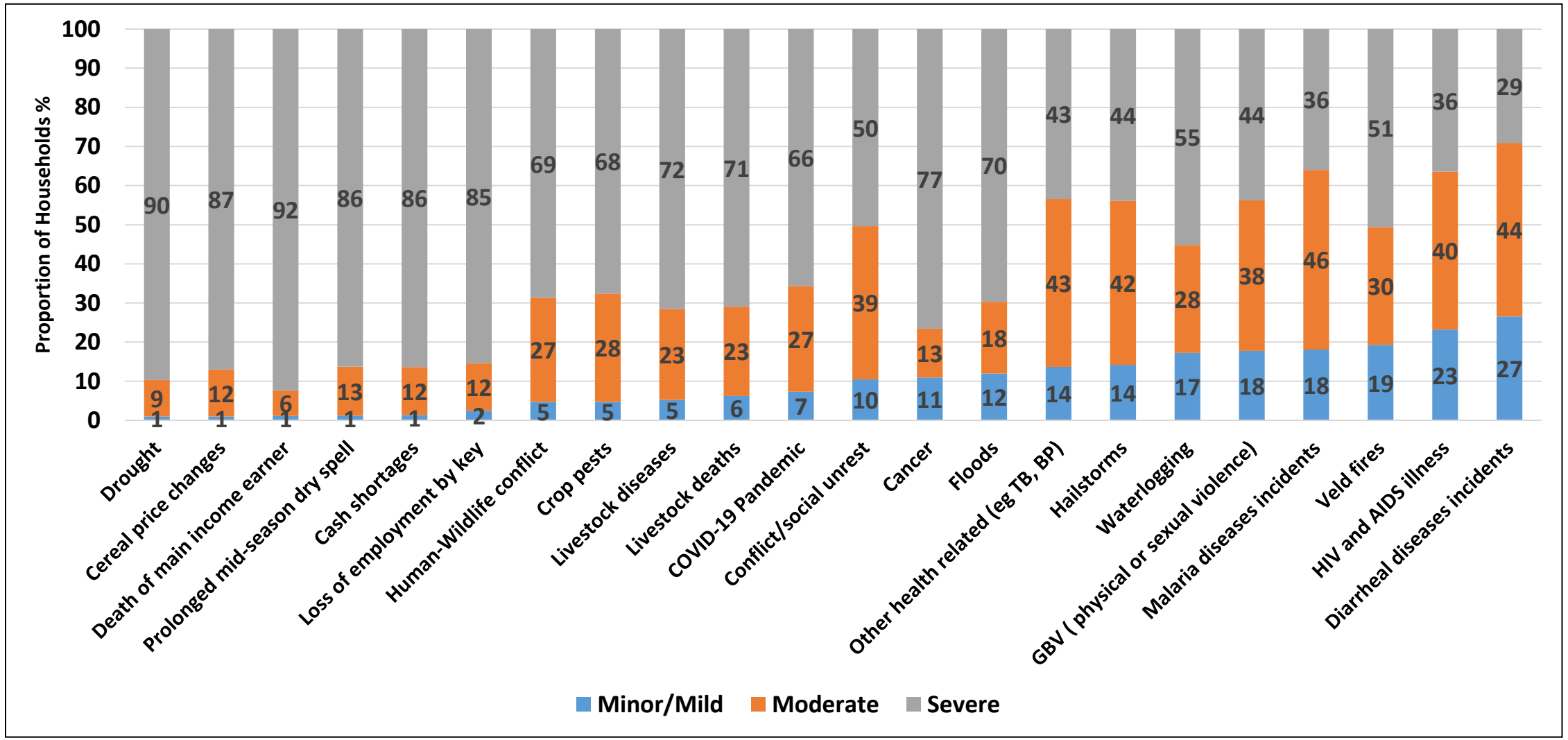
- Gwanda and Beitbridge had the highest average shock exposure indices at 14 and 13 respectively whereas Bulilima has the lowest at 8

Mat South Shock Prevalence Perception



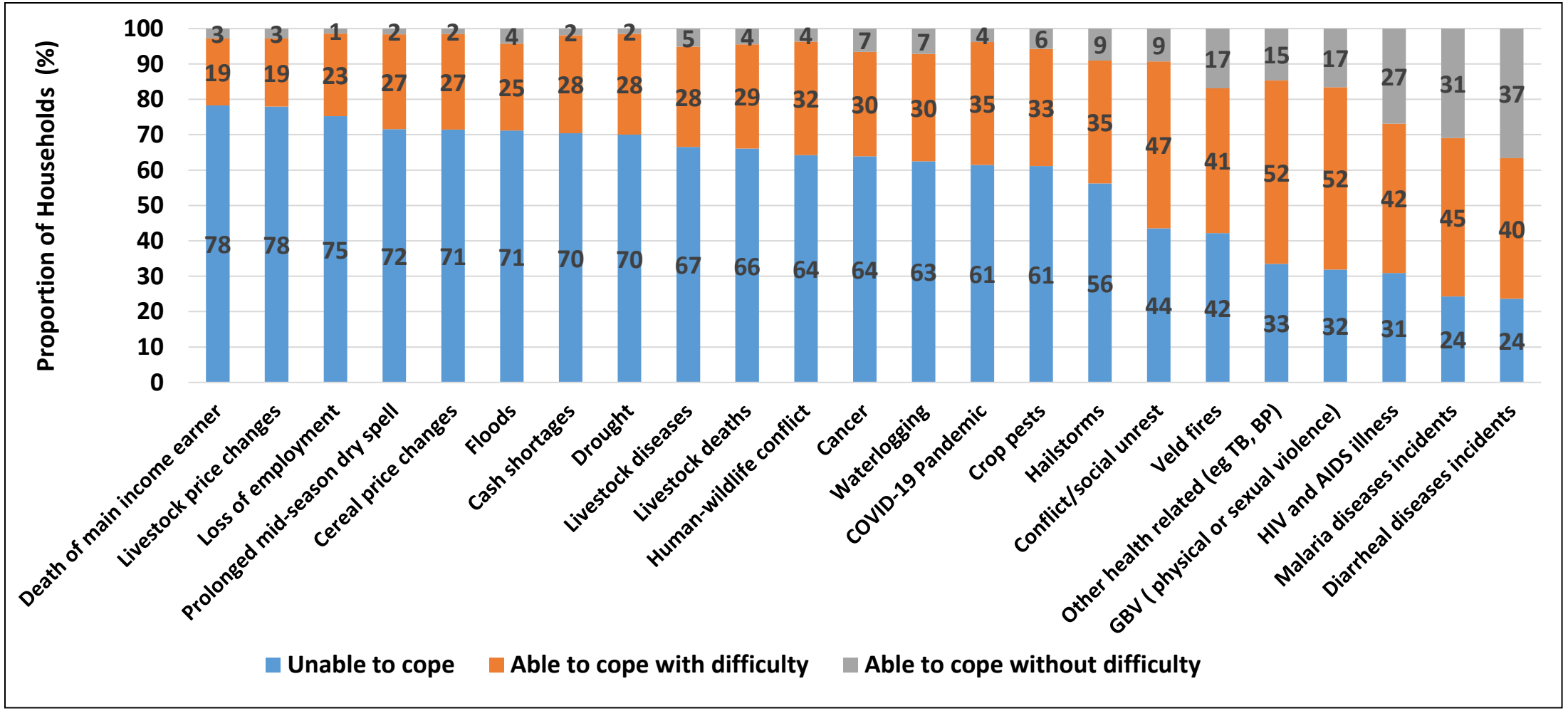
- Droughts and mid season dry spells were shocks perceived as hazardous in the province at a proportion of 84% and 72% respectively

Severity of Shocks on Households



- Drought and most economic shocks were the most severe shocks experienced by households

Household perception of their Ability to Cope with Future Shocks



- Most households perceived that they were not equipped to deal with most livelihood and economic based shocks such as loss of income and weather related events

Food Security

Food Security Analytical Framework

- Food security exists when all people at all times, have **physical, social and economic** access to food which is safe and consumed in sufficient quantity and quality to meet their dietary needs and food preferences and it is supported by an environment of adequate sanitation, health services and care allowing for a healthy and active life (Food and Nutrition Security Policy, 2012).
- The four dimensions of food security as give in Figure 3 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 2020/21 consumption year from the following possible income sources;
  - Cereal stocks from the previous season;
  - Own food crop production from the 2020/21 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 Food Security Status**
  - The total minimum expenditure food basket that could be acquired by the household from the cheapest available sources using its potential disposable income was then computed and compared to the household's minimum expenditure food basket.
  - When the total minimum expenditure food basket that a household could acquire was greater than its minimum expenditure food basket 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 was below its total minimum expenditure food basket requirements.

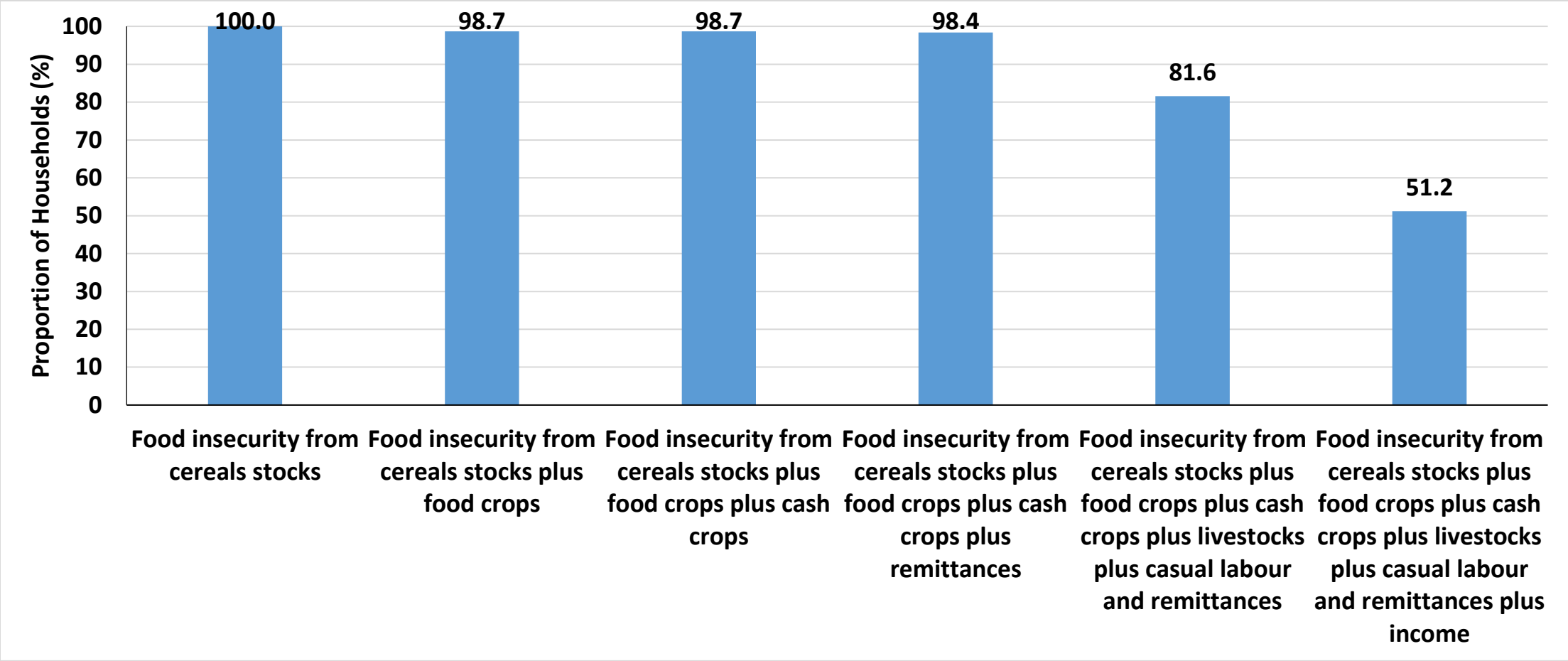
Food Security Analytical Framework

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

Summary of Food Security Status Findings

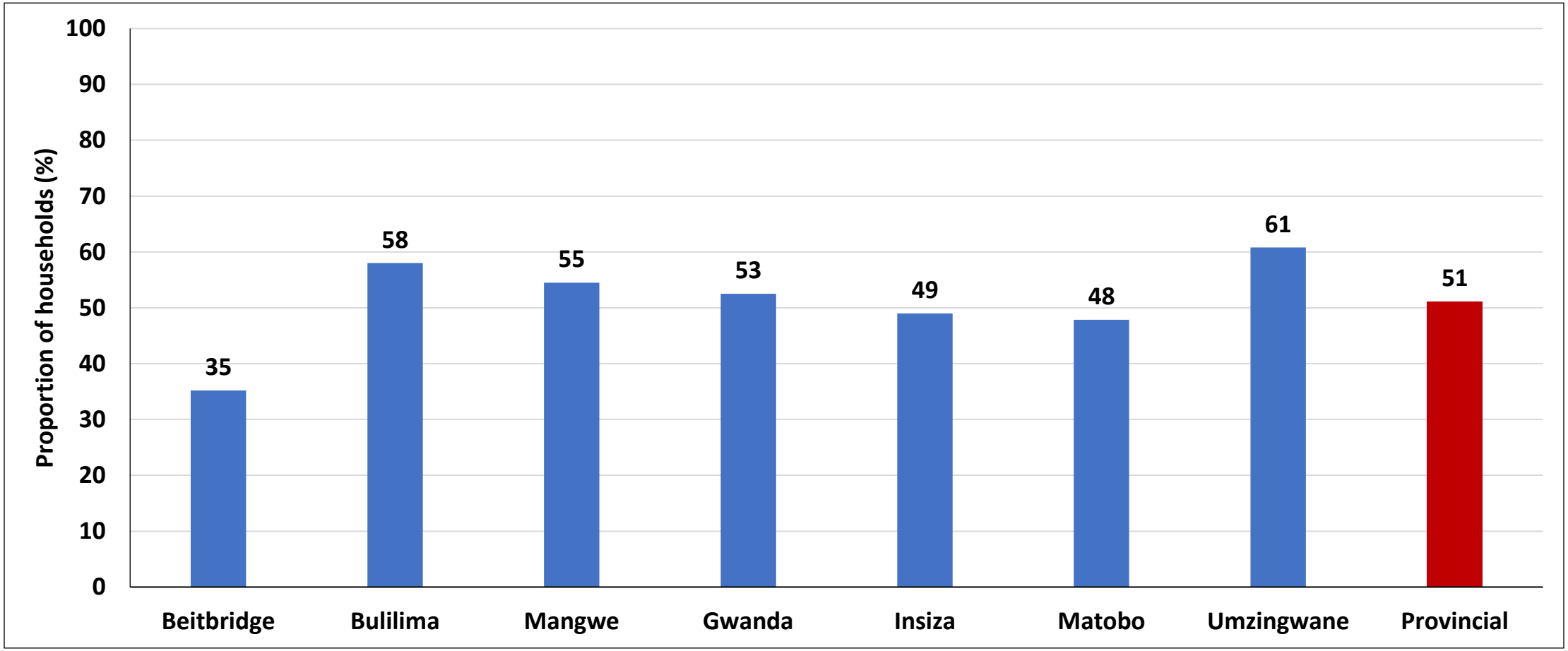
- During the peak hunger period (January to March 2021) it is estimated that approximately **51.2%** of the rural households will be cereal insecure.
- The 51.2% of rural households will translate into approximately **341,221** individuals requiring **50,501 MT** of cereal (Maize Grain).

Cereal Insecurity Progression by Income Source



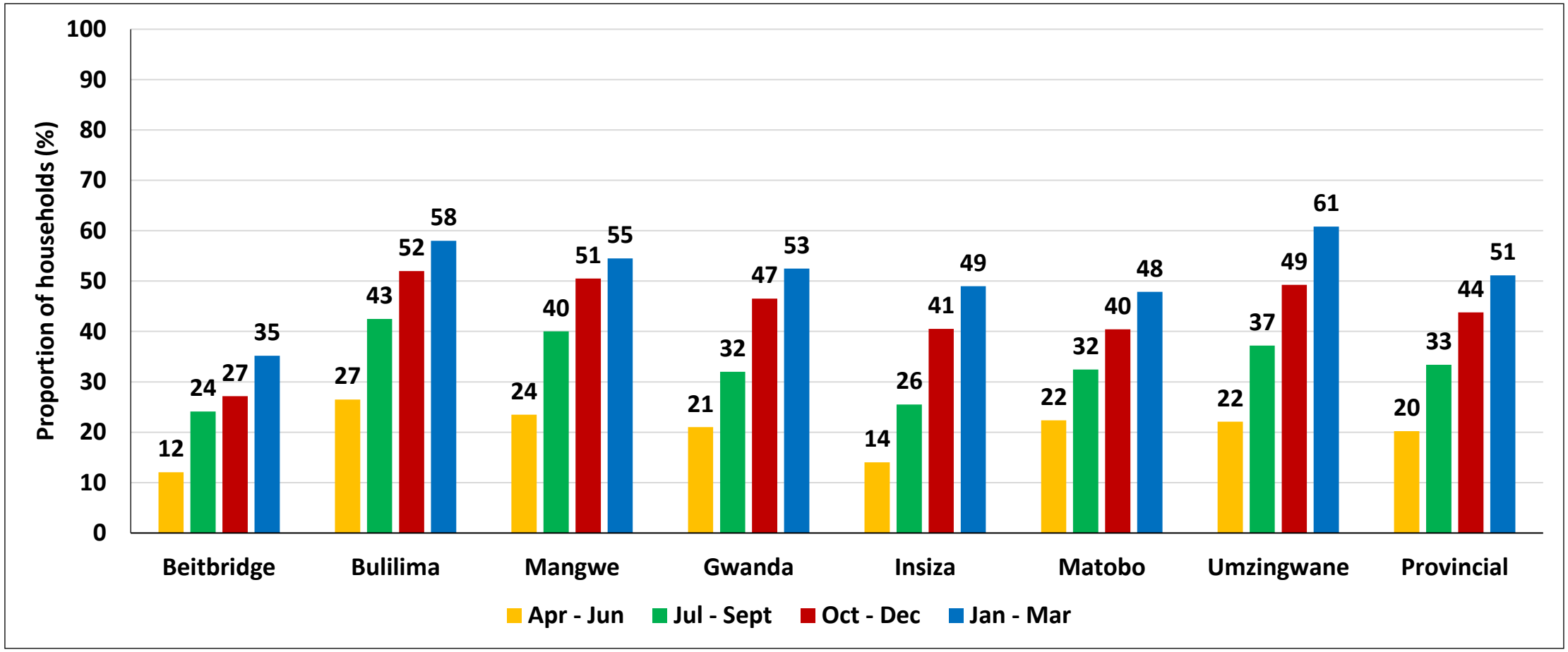
- The cereal insecurity prevalence is projected to be 51.2% during the peak hunger period of 2020/21.

Cereal Insecurity by District



- Umzingwane (61%) and Bulilima (58%) are projected to have the highest proportion of households facing cereal insecurity during the peak hunger season of 2020/21.
- Beitbridge is projected to have the least prevalence of cereal insecurity at peak.

Cereal Insecurity Progression by Quarter



- The second quarter of the 2020/21 is projected to have 33% of the households to be cereal insecure.
- Bulilima (52%) and Mangwe (51%) are projected to have over half of their households cereal insecure during the third quarter.

Cereal Insecure Population by Province by Quarter

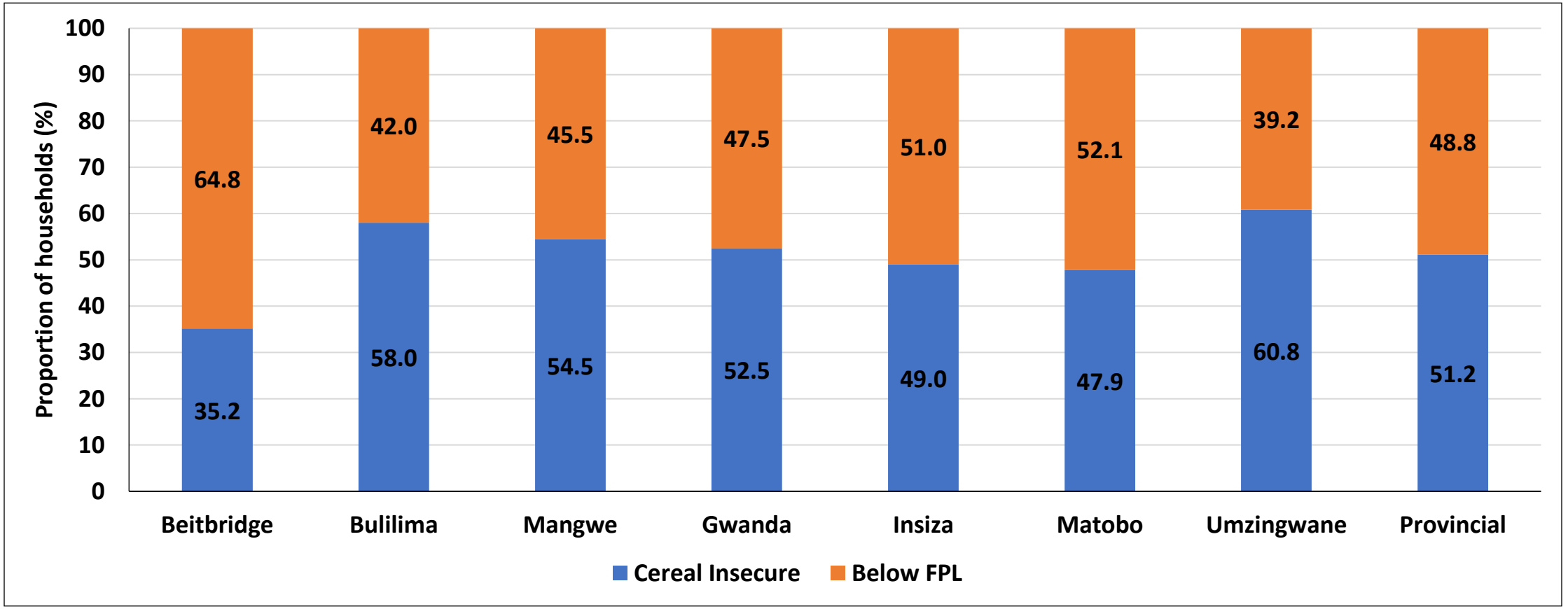
	Food Insecure Population			
District	Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar
Beitbridge	21,415	42,830	48,184	62,461
Bulilima	79,922	128,177	156,829	174,924
Mangwe	42,677	72,642	91,711	98,975
Gwanda	46,643	71,075	103,281	116,607
Insiza	32,340	58,906	93,556	113,191
Matobo	40,802	59,260	73,832	87,433
Umzingwane	43,842	73,735	97,648	120,566
Mat South	134,756	222,829	292,132	341,221

- Gwanda (103,281) and Bulilima (156,829) are projected to have over a half of their population cereal insecure by the third quarter (October to December 2020).

Cereal Requirements (MT) by Province by Quarter

	Cereal Requirements			
District	Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar
Beitbridge	3,169	6,339	7,131	9,244
Bulilima	11,828	18,970	23,211	25,889
Mangwe	6,316	10,751	13,573	14,648
Gwanda	6,903	10,519	15,286	17,258
Insiza	4,786	8,718	13,846	16,752
Matobo	6,039	8,770	10,927	12,940
Umzingwane	6,489	10,913	14,452	17,844
Mat South	19,944	32,979	43,235	50,501

Cereal Insecurity and Poverty Lines



- A total of 48.8% of the households are projected to be below the food poverty line. Indicating that most of the rural households will not be able to meet all their food needs to support a healthy life.

Recommendations and Conclusions

Recommendations and Conclusions

- Gender Based Violence remains a challenge as 7.4% of households reported to have had incidents of spousal violence. To mitigate against forms of domestic violence, there is need for extensive social marketing to raise awareness of the phenomenon and promote behaviour change amongst both males and females.
- Given the level of food insecurity already obtaining in the rural areas, the Government and its Development Partners should consider continuing with food assistance programmes with plans to scale up these earlier in the consumption year than usual.
- To help farmers recover from two consecutive seasons of poor production, the Government should consider tying food assistance programmes to preparedness for the upcoming farming season.
- Households' access to Food and Nutrition Security Infrastructure is critical in promoting food production, preservation and utilisation in rural households. There is need for Government and it development partners to invest in water infrastructure to improve access to water irrigation and unlock the potential of dry productive farming communities.
- Proportions of households accessing loans remain low and these were predominantly given by family and friends to family members and friends; they remain largely informal. Financial inclusion in the formal institutions such as Banks, SACCOs and microfinance remains largely constrained. This may be stemming from the fact that most of these households are borrowing for consumption hence presenting a credit risk to the formal financial institutions.

Recommendations and Conclusions

- Efforts should be directed at stimulating investments in rural areas and towards supporting ISALs to improve financial inclusion. Humanitarian programmes that improve access to food may also assist in redirecting the decision of farmers in borrowing for investment rather than consumption to improve their credit rating with formalised financial institutions.
- There is a high proportion of households using surface water. A paradigm shift from primarily relying on unimproved drinking water sources to improved communal water points and improved piped water into households using renewable energy sources (solar) is recommended.
- There is a high proportion of households practising open defaecation. Elimination of open defecation through availing of resources (both soft and hardware) for the construction of latrines using locally available resources is recommended. Customized service standards should reconcile with technology choice and service levels with the economic capacity of user groups.
- Water, Sanitation and Hygiene (WASH) education programmes need to be integrated to achieve improved public health by scaling up sanitation-focused participatory hygiene and health education, schools health clubs, sanitation action groups and community health clubs. Mainstream WASH activities into other sectors such as Education, Youth, Women affairs, Agriculture.
- There is need to carry out Knowledge, Attitude, Practices and Behaviour (KAPB) study on why communities are reluctant to take up basic hand washing facilities

Recommendations and Conclusions

- There is need to apply the marketing mix often presented as the 4Ps-Product, Price, Place and Promotion which provides framework on how to design a comprehensive hand washing program.
- There is need to invest in increasing the proportion of households accessing improved water sources less than 500m from their homestead by protecting close by unprotected sources and drilling of more boreholes in newly resettled areas.
- There is need for increased investment in the livestock sector by Government and its partners especially targeting areas with high mortality rates for restocking, irrigation infrastructure for fodder production and capacity building for extension personnel e.g. in terms of mobility, communication etc.
- Fall armyworm infestation is slightly high and needs to strengthened by timely provision of pesticides at affordable prices
- Government is the main input source for maize and sorghum whist purchases are observed for other inputs. (Climate smart agriculture looks at promotion of traditional grains)
- Livestock extension advice revealed improvement as compared to last season.
- Active screening and Family Led MUAC for screening and management of Acute Malnutrition at district level in the face of high provincial Global Acute Malnutrition (GAM) rate (4.5%).
- Most households were not consuming quality diets that are adequate to meet their micronutrient requirements. A multisectoral approach to address and strengthen interventions to enhance the nutritional content of family diets is required.

Recommendations and Conclusions

- Strategies to employ include products on of diverse plant and animal food sources, promotion of consumption of diverse diets and value addition on of locally available foods.
- Production indices are too low for cattle, goats and sheep.
- The proportion of children being turned away for non payment of school fees in Mat South(33%) is almost 5 times higher than the national average (7%) and therefore there is need to enforce implementation and monitoring and evaluation of national policies related to the promotion of universal access to education.
- Mangwe and Insiza need to assess the reasons behind the high proportions of children of school going age not attending school
- Considering that most shocks were weather and economy related , appropriate Agri based interventions and possible increase in cash transfer support would mitigate adverse impacts
- The number of orphans recorded by Mat South requires an in-depth inquest to establish causal factors
- There has been disruption of essential services such as public transport, health services, social services, and extension services due to COVID-19 and line ministries and have to step up efforts to improve access.
- COVID-19 induced restrictions have seen households face difficulties accessing essential products such as food, sanitary ware and medical supplies.

Recommendations and Conclusions

- The proportion of people living with chronic illness missing a dose of their medication is need a cause for concern. For the most par, patients of chronic conditions are limited by limited financial resources to access critical medication. There is need for a comprehensive approach to ensure accessibility of these critical medicines to satellite health facilities based on an area-based database system.
- There is need to capacitate the Department of Livestock and Veterinary Services' disease surveillance and disease control. This should include increased mobility, refresher training of front line staff and provision of relevant work tools and equipment.
- Production indices are too low for cattle, goats and sheep.
- There is need for increased investment in the livestock sector by Government and its partners especially targeting areas with high mortality rates for restocking, irrigation infrastructure for fodder production and capacity building for extension personnel e.g. in terms of mobility, communication etc.
- Fall armyworm infestation is slightly high and needs to strengthened by timely provision of pesticides at affordable prices
- Government is the main input source for maize and sorghum whist purchases are observed for other inputs. (Climate smart agriculture looks at promotion of traditional grains)
- Livestock extension advice revealed improvement as compared to last season