Manicaland Province Zimbabwe Vulnerability Assessment Committee (ZimVAC) 2021 Rural Livelihoods Assessment Report















Foreword

In its endeavour to 'promote and ensure adequate food and nutrition security for all people at all times', the Government of Zimbabwe continues to exhibit its commitment towards 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). Under the coordination of the Food and Nutrition Council, the Zimbabwe Vulnerability Assessment Committee (ZimVAC) undertook the 2021 Rural Livelihoods Assessment, the 21st since its inception. ZimVAC is a technical advisory committee comprised of representatives from Government, Development Partners, UN, NGOs, Technical Agencies and the Academia. Through its assessments, ZimVAC continues to collect, synthesize and disseminate high quality information on the food and nutrition security situation in a timely manner.

The 2021 RLA was motivated by the need to provide credible and timely data to inform progress of commitments in the National Development Strategy 1 (NDS 1) and inform planning for targeted interventions to help the vulnerable people in both their short and long-term vulnerability context. Furthermore, as the 'new normal' under COVID-19 remains fluid and dynamic, characterized by a high degree of uncertainty, the assessment sought to provide up to date information on how rural food systems and livelihoods have been impacted by the pandemic. The report covers thematic areas which include the following: education, food and income sources, income levels, expenditure patterns, food security, COVID-19, WASH, social protection and gender-based violence, among other issues.

Our sincere appreciation goes to the ZimVAC as well as the food and nutrition security structures at both provincial and district levels for successfully carrying out the survey. These structures continue to exhibit 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.

(A)

George D. Kembo (DR.)

FNC Director/ ZimVAC Chairperson

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- Ministry of Local Government, Public Works and National Housing
- Ministry of Women Affairs, Community, Small and Medium Enterprise Development
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- Ministry of Health and Child Care
- United States Agency for International Development (USAID)
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- Mercy Corps

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- UNFPA-Spotlight Initiative
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- United Nations World Food Programme (WFP)
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- Welthungerhilfe (WHH)
- GOAL
- Plan International
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- Mwenezi Development Training Centre (MDTC)
- Nutrition Action Zimbabwe (NAZ)
- Africa Ahead
- Action Aid
- CARITAS Harare

Acknowledgement of Support



















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

ZimVAC Zimbabwe Vulnerability Assessment Committee

Introduction and Background

Introduction

- ZimVAC livelihoods 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, 21 rural and 8 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 livelihoods 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 performance of the agricultural season, with the disruption of food systems and markets, the COVID-19 pandemic coupled with the prevailing macro-economic environment has affected the livelihoods of the rural population.
- The impact on the livelihoods, which has ripple effects on household wellbeing outcomes, had not been quantified and ascertained hence the need to carry out a livelihoods assessment.
- The assessment results will be used to:
 - Inform planning for targeted interventions to help the vulnerable people, given the prevailing situation in the country as well as their long term vulnerability context.
 - Inform short, medium and long term interventions that address immediate and long term needs as well as building resilient livelihoods.
 - Monitor and report towards commitments within the guiding frameworks of existing national food and nutrition policies and strategies among them the National Development Strategy 1, the Food and Nutrition Security Policy and the Zero Hunger Strategy.
 - Monitor interventions to ensure adherence to the principles spelt out in regional and international frameworks which Zimbabwe has committed itself to which include the Comprehensive African Agriculture Development Programme (CAADP) and the SDGs.
 - Guide early warning for early action

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:

- To estimate the population that is likely to be food insecure in the 2021/22 consumption year, their geographic distribution and the severity of their food insecurity.
- Assess impact and severity of COVID-19 on rural livelihoods.
- To assess the nutrition status of children of 6 59 months.
- To describe the socio-economic profiles of rural households in terms of such characteristics as their demographics, access to basic services (education, health services and water and sanitation facilities), assets, income sources, incomes and expenditure patterns, food consumption patterns and consumption coping strategies.
- To determine the coverage of humanitarian and developmental interventions in the country.
- · To identify development priorities for communities.
- To determine the effects of shocks experienced by communities on food and nutrition security.
- To measure household resilience and identify constraints to improving their resilience.
- To identify early recovery needs in order to determine short to long term recovery strategies.

Background

- The 2021 RLA was undertaken against a continuously evolving food and nutrition security situation.
- The Government came up with the National Development Strategy 1:2021-2025 (NDS1) towards the end of 2020. The overarching goal of NDS1 is to ensure high, accelerated, inclusive and sustainable economic growth as well as socio-economic transformation and development as we move towards an upper middle-income society by 2030.
- One of the priority areas for the NDS1 is Food and Nutrition Security. NDS1 seeks to improve food self-sufficiency and to retain the regional breadbasket status. The
 main objective is to increase food self-sufficiency from the current level of 45% to 100% and reduce food insecurity from the high of 59% recorded in 2019 to less
 than 10% by 2025.
- Agriculture as one of the key economic sectors and fundamental to the projected economic growth had a good 2020/21 rainfall season. The season recorded an increase in the area planted to maize at 1 951 848 Ha of land owing to the overwhelming support by Government and the private sector. The total cereal production was 3 075 538 MT against a national cereal requirement of 1 797 435 MT for human and livestock 450 000 MT consumption.
- The rains received improved livestock condition, drinking water availability for livestock and pasture quality and availability. However the incessant rains increased tick borne diseases.
- With the majority of the rural population's livelihoods mostly influenced by agriculture (both crops and livestock), the experienced climate related shocks have implications on access to food and the nutrition status of children.

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 official exchange rates have remained stable, while basic food prices are on an increase. Year on year inflation for April 2021 was at 194.1%.
- The new normal under COVID-19 has implications on food security and nutrition. Globally, food supply chains have been disrupted due to lockdowns triggered by the global health crisis, but also a major global economic slowdown. This has led to lower incomes and higher food prices, making food out of reach for vulnerable households.
- The impact of the pandemic, amidst other shocks, has caused significant deterioration and erosion of livelihoods and productive assets, food security and nutrition of vulnerable households. The closure of rural food and livestock markets affected the incomes of rural livelihoods.
- The vulnerable rural households have little to nothing to cushion the effects of the shock (pandemic). They experience market failures and have little or no access to formal insurance and credit and risk management mechanisms. The vulnerable households have challenges in accessing liquidity, worsened by reduced casual wage labour opportunities and the closure of informal markets, where they tend to sell production.

Background

• The enforcement of social distancing combined with the covariate nature of the crisis will likely overwhelm and/or reduce the rural households' access to traditional community networks and institutions of social reciprocity, which have historically provided a safety net in times of crisis.

Assessment Methodology

Methodology – Assessment Design

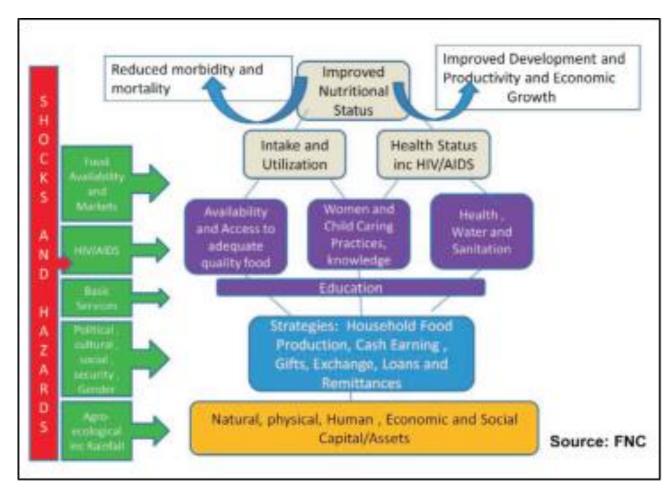


Figure 1: Food and Nutrition Conceptual Framework

- 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.

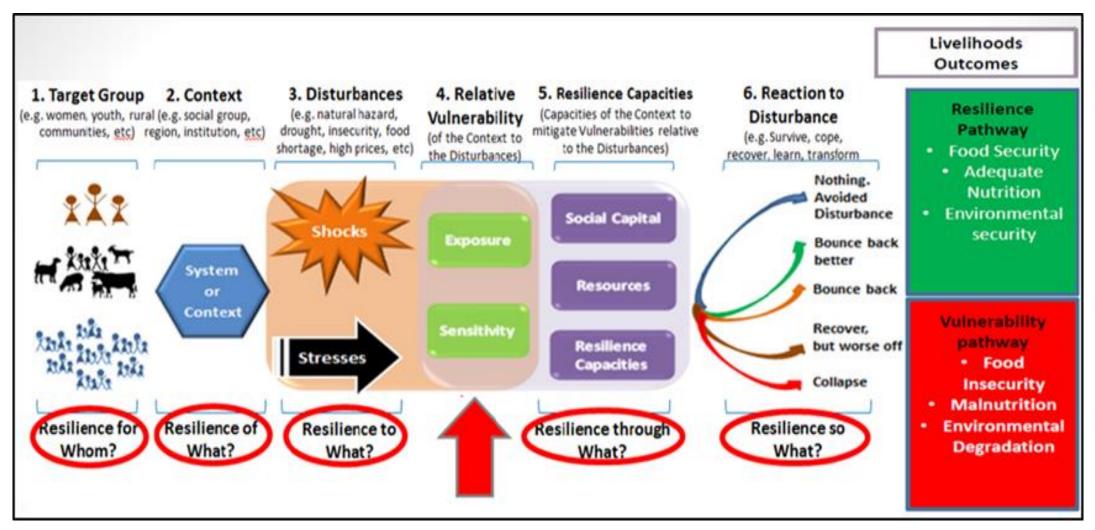
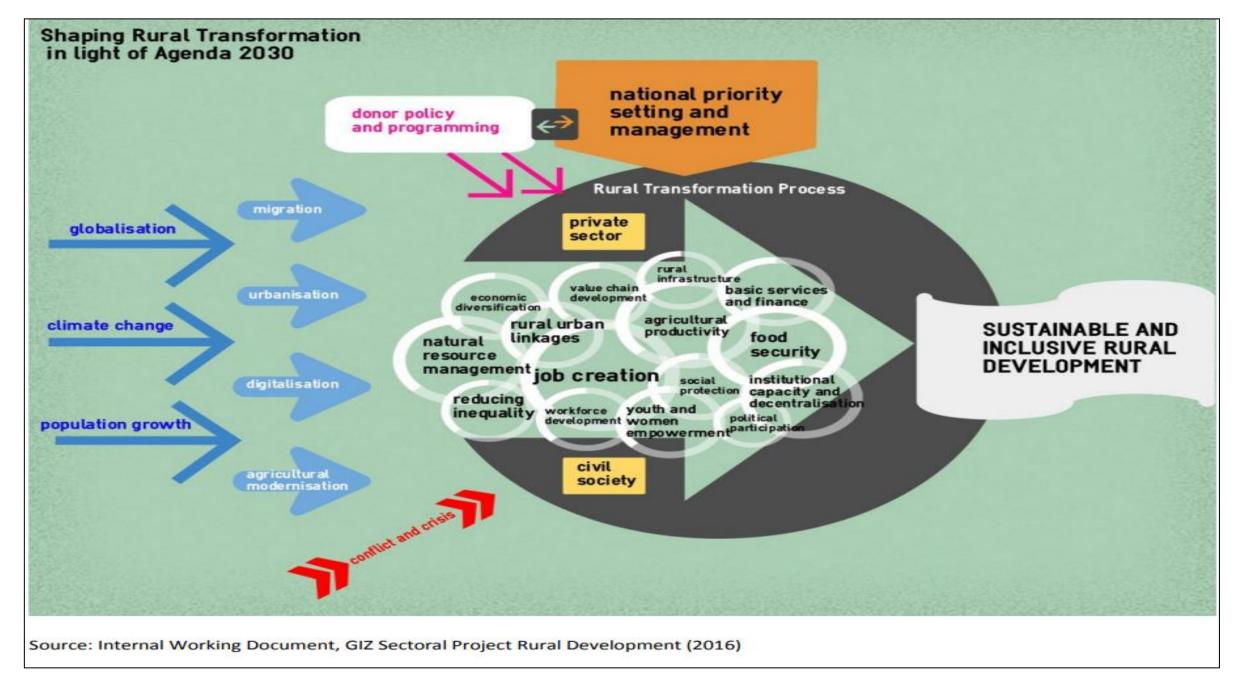


Figure 2: Zimbabwe resilience framework (UNDP Zimbabwe, 2015)



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 questionnaire and the community Focus Group Discussion (FGD) guide.
- 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 which guided processes from survey planning to data collection.
- The Ministry of Local Government, through the Provincial Development Coordinators' offices coordinated the recruitment of district level enumerators and mobilisation of provincial supervision 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. In selected districts, two additional enumerators were recruited as anthropometrists.

Methodology – Assessment Process

- Primary data collection took place from 3 to 20 July, 2021. 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. In the case of anthropometrists recruited from MoHCC, additional appropriate PPE was provided (gloves, disposable plastic aprons) to enable them to measure participants aged 5 to 19 years in twenty selected districts.
- Data analysis and report writing ran from 23 May to 3 June 2021. Various secondary data sources and field observations were used to contextualise the analysis and reporting.

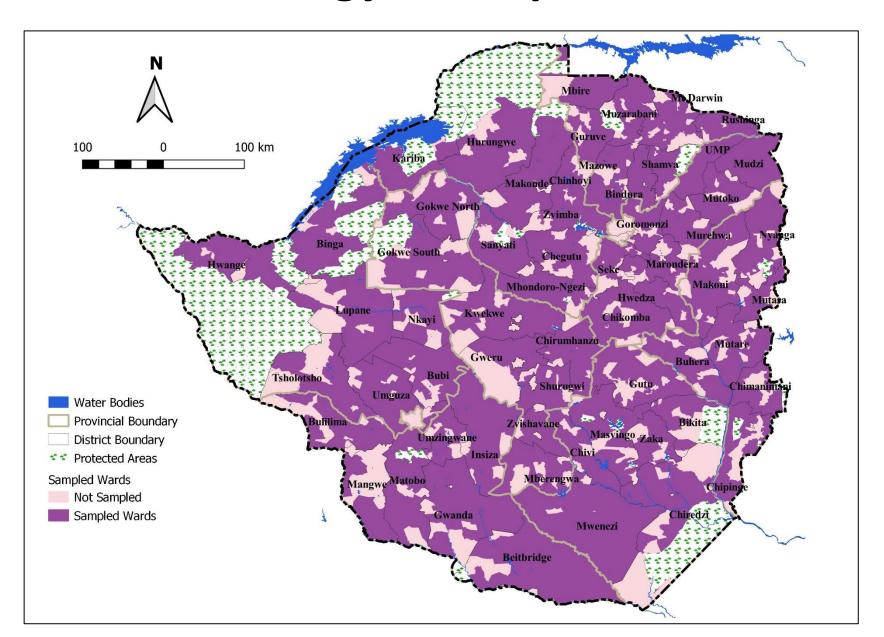
Methodology - Sampling and Sample Size

- 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 1500 randomly selected Enumerated Areas (EAs):
- A two staged cluster sampling was used and comprised of;
 - Sampling of 25 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).
- At most, 250 households were interviewed per district, bringing the total sampled households to 1741.

Districts	Number of Sampled Households
Buhera	252
Chimanimani	249
Chipinge	246
Makoni	250
Mutare	252
Mutasa	248
Nyanga	244
Manicaland	1741

5 FGDs were held per district.

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
 - Community Focus Group Discussions
- 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 2021 RLA collected and analysed information on the following thematic areas:

- Education
- Health
- WASH
- Nutrition
- Agriculture and other rural livelihoods activities
- Food security
- Resilience
- Social protection

- Linkages amongst the key sectoral and thematic areas
- Cross-cutting issues such as gender, disability

Assessment Findings

Demographic Description of the Sample

Household Characteristics: Household Size

District	Average	Minimum	Maximum
Buhera	4.8	1.0	11.0
Chimanimani	4.9	1.0	15.0
Chipinge	4.6	1.0	20.0
Makoni	4.0	1.0	11.0
Mutare	4.7	1.0	10.0
Mutasa	3.8	1.0	9.0
Nyanga	3.6	1.0	9.0
Manicaland	4.3	1.0	20.0

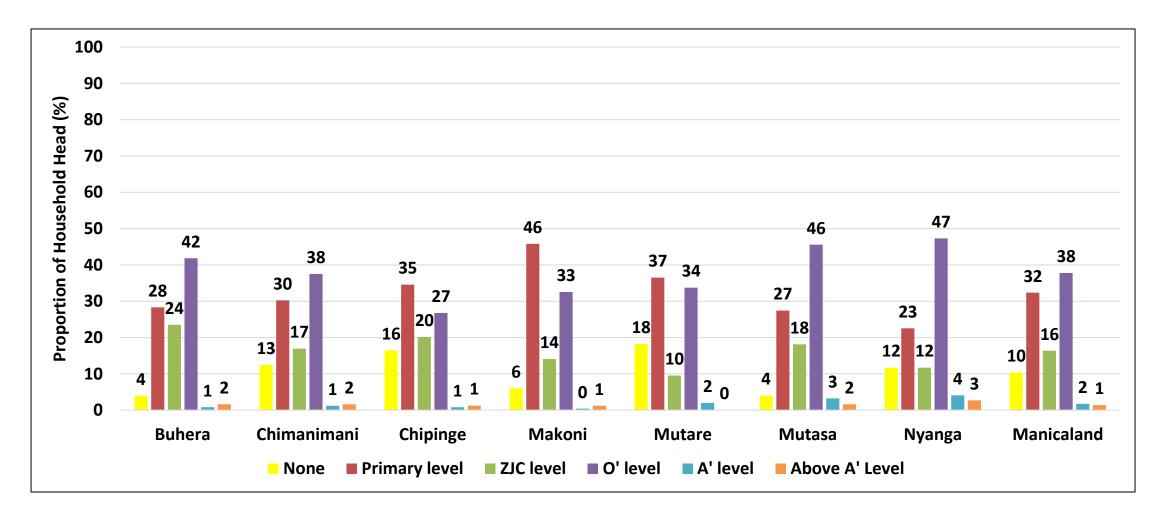
[•] The average household size was 4.3

Characteristics of Household Head: Sex and Age

	Household	Head Sex %	Household Head Average Age			
District	Male	Female	Average	Minimum		
Buhera	72.2	27.8	50.1	20.0		
Chimanimani	64.3	35.7	52.8	20.0		
Chipinge	65.0	35.0	48.5	16.0		
Makoni	64.4	35.6	62.8	20.0		
Mutare	66.3	33.7	50.1	22.0		
Mutasa	66.5	33.5	49.6	19.0		
Nyanga	66.0	34.0	49.2	18.0		
Manicaland	66.4	33.6	51.9	16.0		

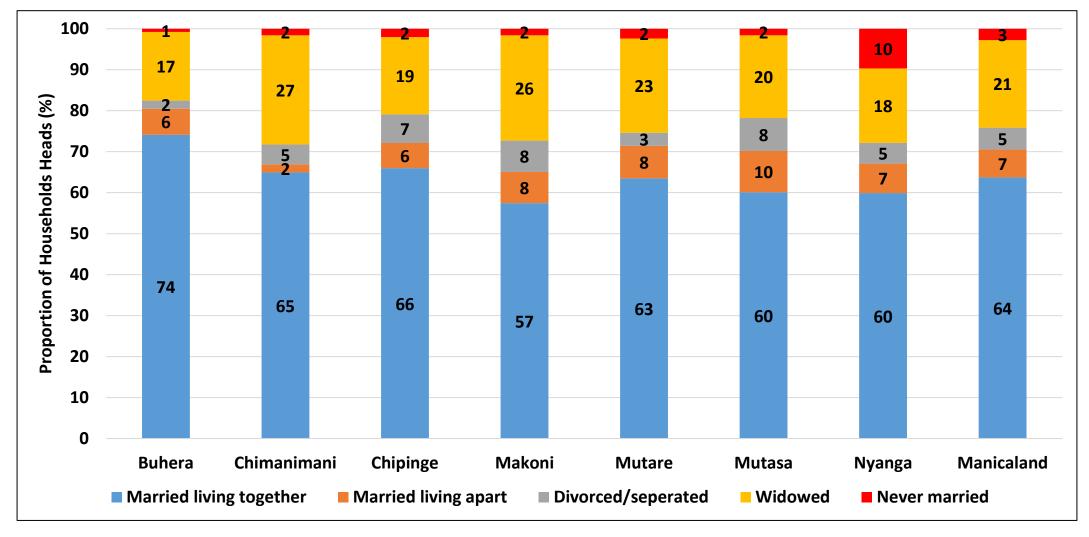
- About 66.4% of the households were male headed.
- The average household head age was 51.9 which is within the productive age group.

Characteristics of Household Head: Education Level Attained



Nyanga had the highest proportion of household heads who had attained O' level education and above (54%).

Characteristics of Household Head: Marital Status



- A higher proportion of household heads were married and living together, 64% while 21% were widowed.
- Chimanimani had the highest proportion of household heads who were widowed 27%.

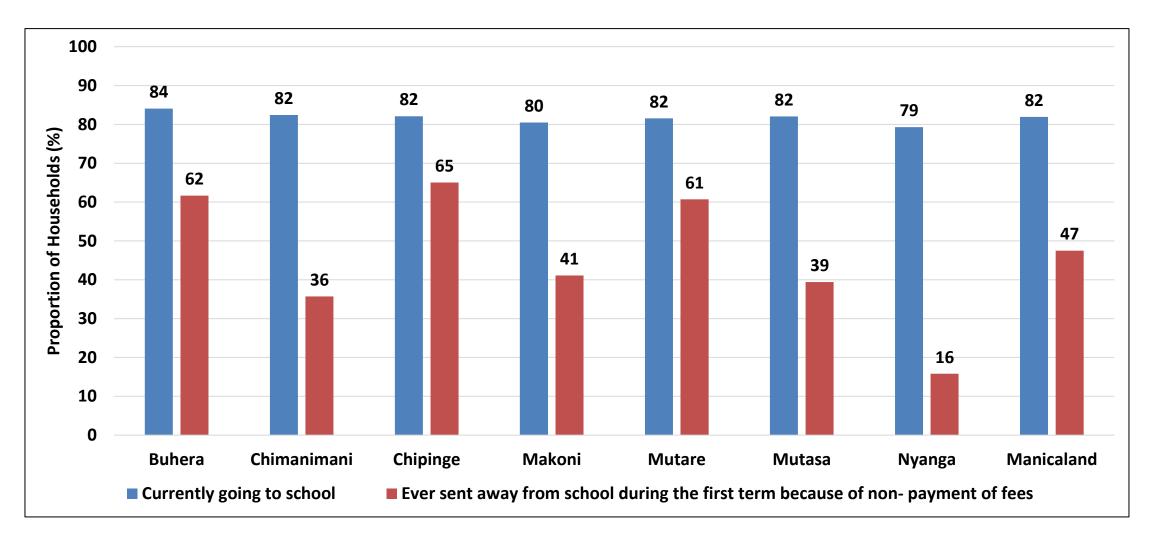
Characteristics of Household Head: Religion

	Roman	Protestant	Pentecostal	Apostolic	Zion	Other	Islam	Traditional	Other	No religion
	Catholic (%)	(%)	(%)	Sect (%)	(%)	Christian (%)	(%)	(%)	religion (%)	(%)
	5.6	5.6	12.4	53.0	8.4	4.0	1.2	0.0	0.0	10.0
Buhera										
	4.0	22.2	19.8	23.8	16.5	1.6	0.0	1.6	0.4	10.1
Chimanimani										
	3.7	3.3	11.9	32.4	19.7	1.6	0.0	1.2	6.1	20.1
Chipinge										
	16.9	28.5	14.1	29.3	0.0	4.8	0.4	0.0	0.4	5.6
Makoni										
	2.8	19.0	9.1	44.0	8.3	4.8	0.8	0.0	0.0	11.1
Mutare										
	6.0	8.5	13.7	40.3	6.0	12.9	0.8	0.4	2.4	8.9
Mutasa										
	21.1	8.9	21.5	30.8	2.1	1.7	0.0	0.4	0.8	12.7
Nyanga										
, , , ,	8.5	13.8	14.6	36.3	8.7	4.5	0.5	0.5	1.4	11.2
Manicaland										

[•] The majority of household heads were of the Apostolic Sect, 36.3% with Buhera having the highest proportion at 53%.

Education

School Attendance



- In the province, 18% of the children were not going to school.
- Of the children that were sent away due to non-payment of fees, the highest proportion was in Chipinge, 65%.

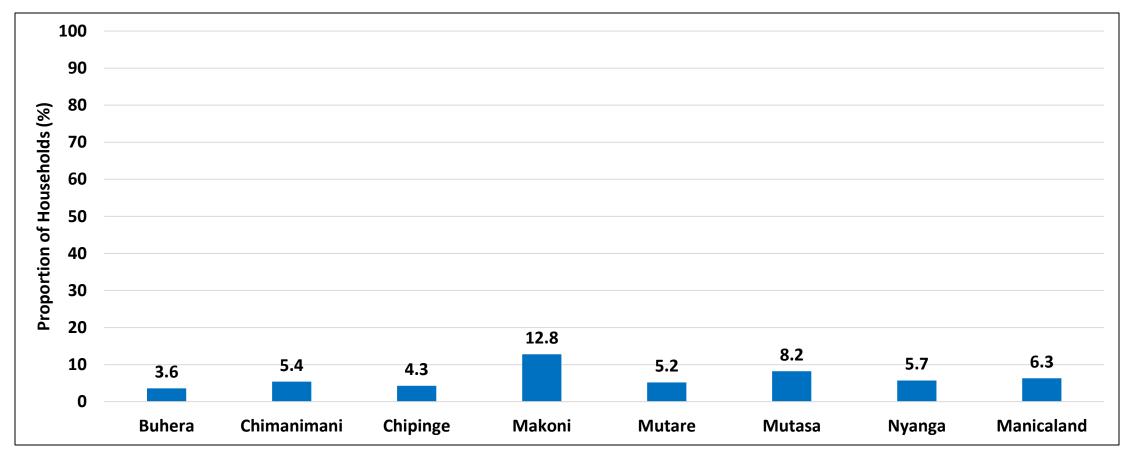
Major Reasons for Children Not Being in School

	Illness (%)	Work for food or money (%)	Not interested in school (%)	Distance to school too far (%)		Expensive or no money (%)	Child considered too young (%)	1 1	Expelled from school (%)	Completed O/A level (%)	Non- payment of last term school fees
Buhera	3.8	3.8	0.0	3.8	0.0	15.4	34.6	7.7	0.0	15.4	(%) 0.0
Chimanimani	0.0	0.0	33.3	0.0	0.0	22.2	0.0	11.1	0.0	11.1	0.0
Chipinge	0.0	6.7	0.0	13.3	6.7	13.3	0.0	13.3	6.7	0.0	0.0
Makoni	4.5	0.0	4.5	0.0	0.0	18.2	22.7	27.3	4.5	9.1	0.0
Mutare	0.0	0.0	0.0	0.0	0.0	16.7	29.2	12.5	0.0	29.2	0.0
Mutasa	0.0	0.0	0.0	0.0	0.0	0.0	57.1	14.3	0.0	14.3	0.0
Nyanga	0.0	0.0	0.0	0.0	0.0	0.0	12.5	0.0	0.0	0.0	12.5
Manicaland	1.8	1.8	3.6	2.7	0.9	14.4	23.4	13.5	1.8	13.5	0.9

- The major reasons for children not being in school were child considered too young, 23.4% and expensive or no money, 14.4%.
- The highest proportion of children considered too young was in Mutasa, 57.1%.

Chronic Illnesses

Households with Members who had Confirmed Chronic Conditions



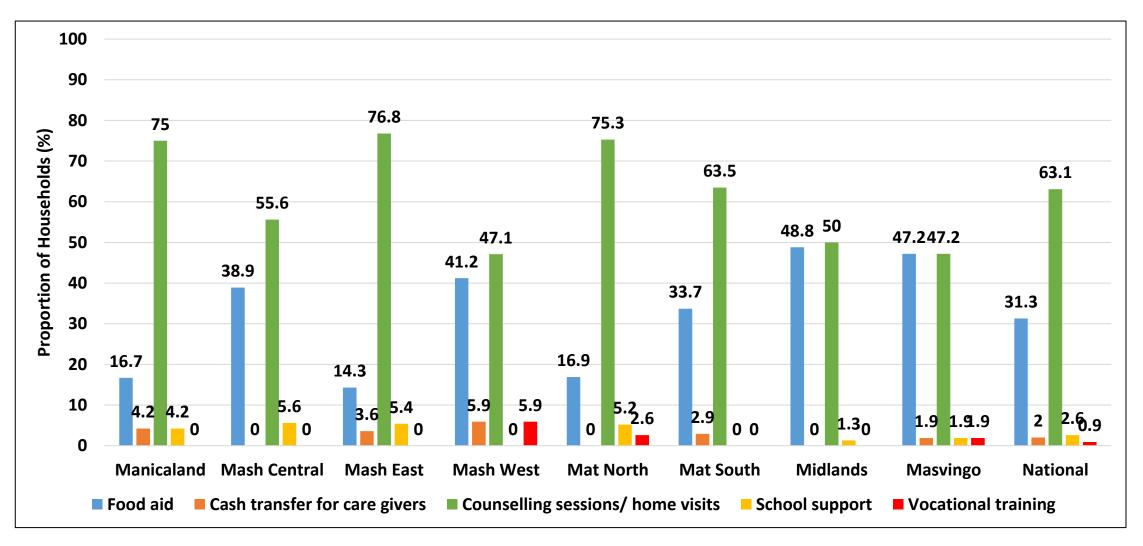
- At least 6.3% of the households at provincial level had members who had confirmed chronic conditions.
- Makoni district (12.8%) had the highest proportion.

Proportion of Households with Members who had Chronic Illnesses

District	HIV infection, AIDS	Heart disease (%)	Diabetes, high blood sugar (%)	Asthma (%)	Hypertens ion, High blood pressure (%)	Arthritis, chronic body pain (%)	sis	Kidney diseases (%)	Ulcer, chronic stomach pain (%)	Other (%)	Cancer (%)	Stroke (%)
Buhera		(70)							(70)	(70)	(70)	
	36	14	6	6	12	10	8	2	2	4	0	0
Chimanimani												
	16.7	5.1	16.7	10.3	32.1	2.6	2.6	0	0	6.4	1.3	3.8
Chipinge	18.6	10.2	32.2	5.1	25.4	0	1.7	0	1.7	1.7	3.4	0
Makoni	29	3.9	21.3	6.5	21.9	4.5	0	0	3.2	3.9	2.6	1.3
Mutare	29.9	1.3	9.1	9.1	36.4	2.6	1.3	0	1.3	3.9	1.3	0
Mutasa	31.5	2.2	10.9	3.3	39.1	2.2	0	0	3.3	3.3	0	2.2
Nyanga	25.5	3.6	25.5	9.1	21.8	1.8	0	0	3.6	3.6	0	0
Province	27	4.9	17.5	6.9	27.6	3.4	1.4	0.4	2.3	3.9	1.4	1.2

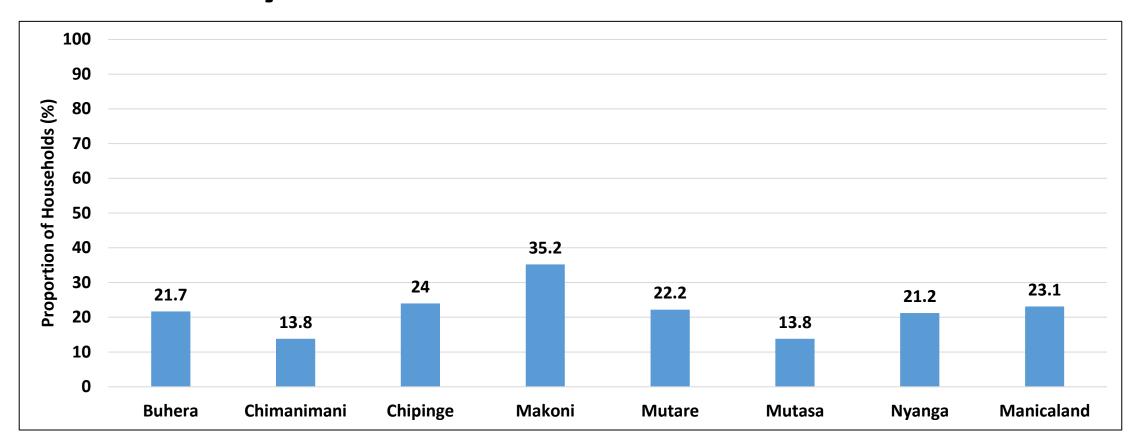
- Of those with chronic illnesses, the highest proportion of chronically ill household members had hypertension (27.6%) and HIV and AIDS infections (27%).
- Those members with diabetes were highest in Chipinge district (32.2%) whilst cancer was high in Chipinge (3.4%).

HIV Positive Members who Received Support



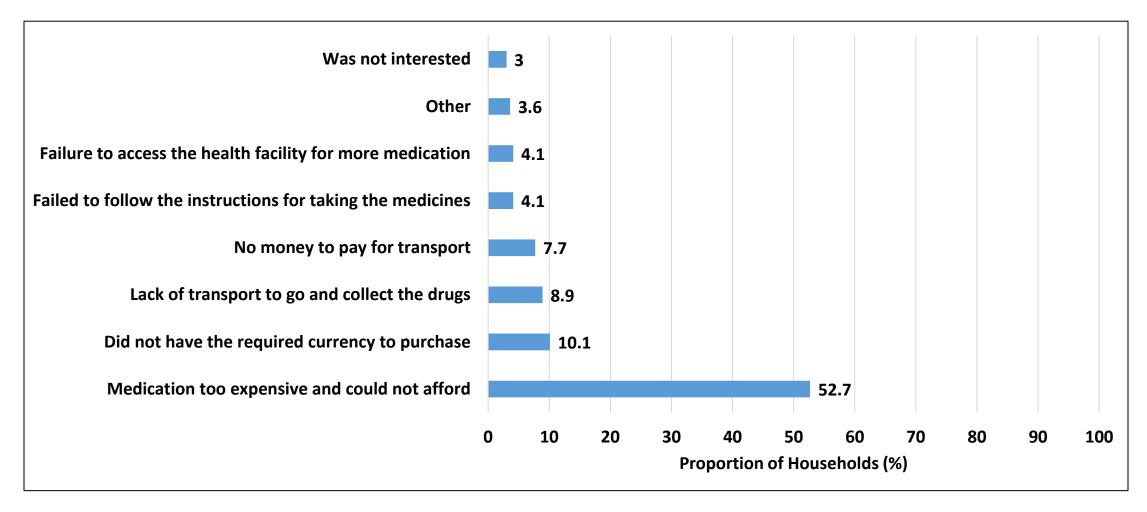
- Nationally, of those members that had HIV/AIDS, the majority received support in the form of counselling sessions/home visits (63.1%).
- For Manicaland, the proportion of those who received support was also high for counselling sessions/home visits (75%).

Chronically Ill Persons Who Missed Medication



• The proportion of households with a chronically ill member who missed their medication in the province was 23.1%.

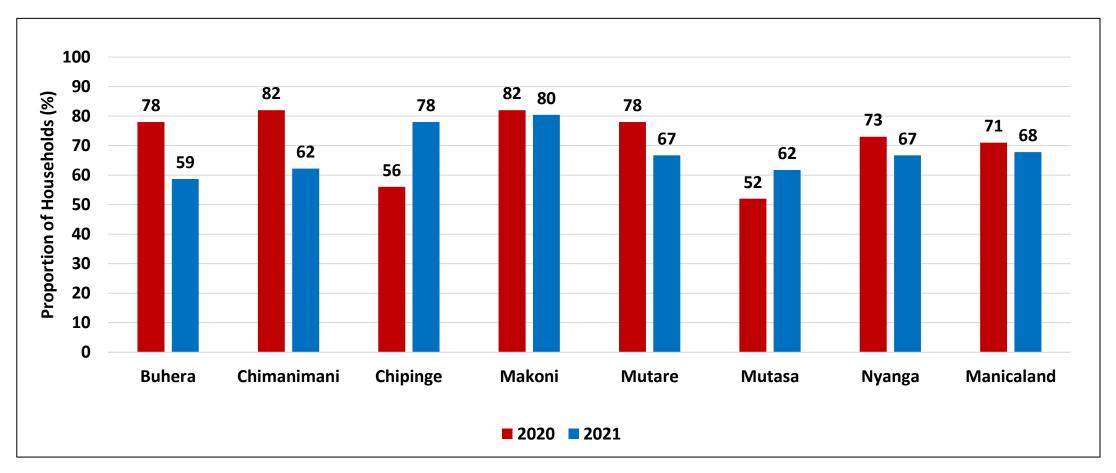
Reasons for Missing Medication



• The main reasons for missing medication by the chronically ill were medication too expensive so could not afford (52.7%), did not have the required currency to purchase (10.1%) and lack of transport to go and collect the drugs (8.9%).

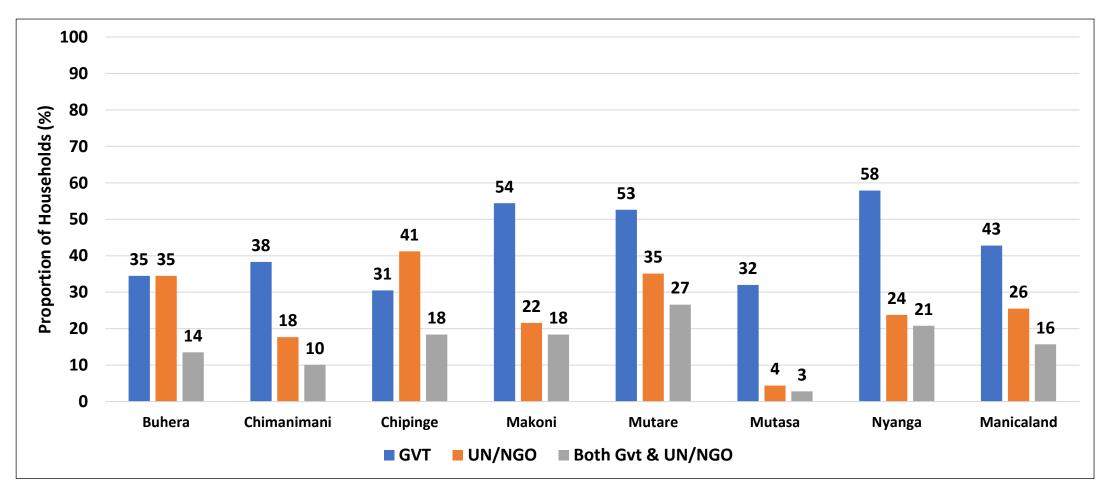
Social Protection

Households that Received Any Form of Support



- The proportion of households that received any form of support reduced from 71% in 2020 to 68% in 2021.
- Makoni (80%) and Chipinge (78%) had the highest proportion of households which received any form of support.

Peak Hunger Period Support



- Government and development partners provided support in all districts.
- The proportion of households which received support from both government and development partners was highest in Mutare (27%) and lowest in Mutasa (3%).

Sources of Support

	Government	UN/NGO	Church Support	Rural Relatives	Urban Relatives	Diaspora	Charitable
	Support (%)	Support (%)	(%)	(%)	(%)	(%)	Groups (%)
Buhera							
	33	34	3	4	4	1	2
Chimanimani	42	25	9	14	10	5	13
Chipinge	72	25			10	3	15
Cilipinge	34	41	11	24	15	7	9
Makoni							
	70	23	10	20	26	11	3
Mutare							
	54	35	9	8	9	2	2
Mutasa							
	39	5	7	5	12	5	21
Nyanga							
	60	22	3	12	9	3	3
Manicaland	47	27	7	12	12	5	7

- The main source of support in the province was from Government (47%) followed by UN/NGO agencies (27%).
- Makoni (70%) had the highest proportion of households which received support from government.

Forms of Support from Government

District	Food (%)	Cash (%)	Crop input (%)	Livestock support: pass-on (%)	Livestock support: Teak grease (%)	Other Livestock support (%)	WASH inputs	Weather and Climate (%)	COVID -19 related support (%)	Other (%)
Buhera	89.1	4.3	34.5	0	0	0	1.1	0	0	1.1
Chimanimani	68.9	4.7	24.5	0	0	0	1.9	0	0	8.5
Chipinge	61	11	40.2	1.2	3.7	1.2	2.4	2.4	2.4	2.4
Makoni	28.1	7.9	85.4	0	1.1	0	7.9	13.5	16.3	0.6
Mutare	80.9	19.1	49.3	0.7	3.7	0	11	0.7	0.7	0
Mutasa	11.6	2.1	86.3	0	0	0	1.1	1.1	1.1	3.2
Nyanga	60.7	0	75.9	0	22.1	0.7	2.1	0	2.8	0.7
Manicaland	55.6	7.2	60.2	0.2	5	0.2	4.6	3.4	4.4	2

- The major form of support received in the province was crop inputs (60.2%) and food assistance (55.6%).
- Mutasa had the highest proportion of households (86.3%) which received crop inputs support whilst Chimanimani received the least support (24.5%).

Forms of Support From UN/NGOs

	Food	Cash	Crop inputs	Livestock support: pass-on	Livestock support: Teak grease	Other livestock support	WASH inputs	Weather and climate	COVID19 related support	Other
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Buhera	98	9.9	1	0	0	0	0	0	0	3
Chimanimani	40	26.7	26.7	0	0	0	6.7	0	13.3	6.7
Chipinge	96.9	0	2.4	0	3.1	0.8	0.8	0	0	0
Makoni	95	0	2.5	0	0	0	0	0	0	5
Mutare	94.5	2.7	8.2	0.9	3.6	0	0.9	0	3.6	0.9
Mutasa	98.3	0	1.7	1.7	0	0	0	0	0	0.8
Nyanga	100	0	10	0	0	0	0	2	2	0
Manicaland	95.6	3	4.4	0.5	1.4	0.2	0.5	0.2	1.2	1.4

- Food (95.6%) was the major form of support received in the province.
- Nyanga (100%) had the highest proportion of households.

Agriculture Production

Cereal Stocks

Cereal Stocks as at 1 April 2021

District	Cereal stocks (kgs)
Buhera	
	25.1
Chimanimani	
	32.7
Chipinge	
	44.7
Makoni	
	25.2
Mutare	
	15.6
Mutasa	
	12.6
Nyanga	
	29.6
Manicaland	24.0

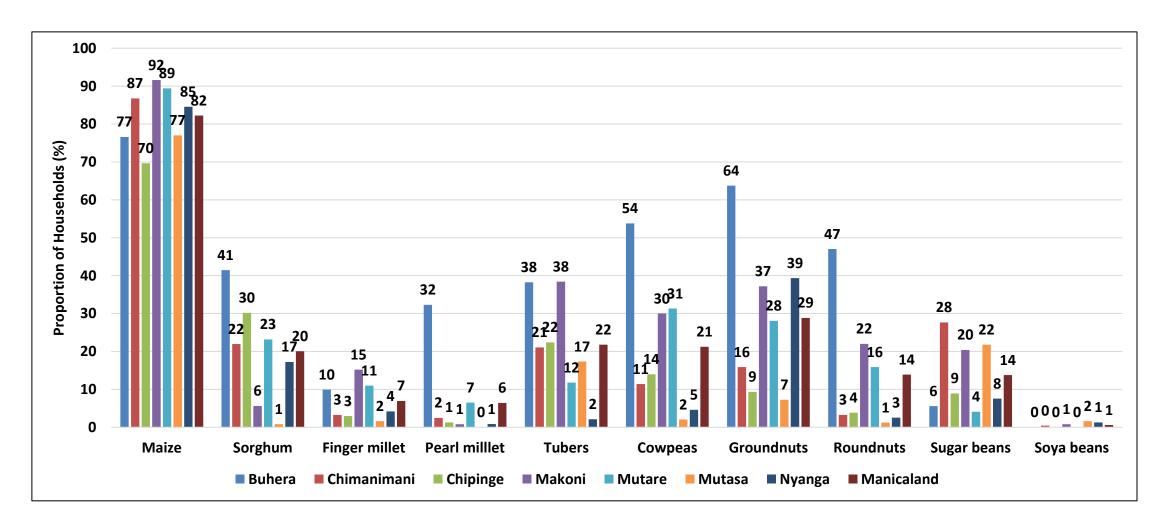
- The average household cereal stocks as at 1 April for the province was 24kgs per household.
- Chipinge (44.7kgs) had the highest average household stocks whilst Mutasa (12.6kgs) had the least.

Maize Stocks from Casual Labour and Remittances

	Casual Labour (Kgs)	Remittances (Kgs)
Buhera	63.3	4.5
Chimanimani	42.1	0.8
Chipinge	44.4	0.0
Makoni	39.9	3.9
Mutare	26.0	0.9
Mutasa	7.5	0.0
Nyanga	18.7	1.5
Manicaland	33.6	1.3

- The average maize stocks from casual labour and remittances was 33.6kgs.
- Buhera (63.3kg) had the highest average stocks of cereals from casual labour.

Households that Grew Various Crops



- Maize was the commonly grown crop across all districts in the province.
- Groundnuts, pearl millet, tubers, roundnuts and cowpeas were mainly grown in Buhera.

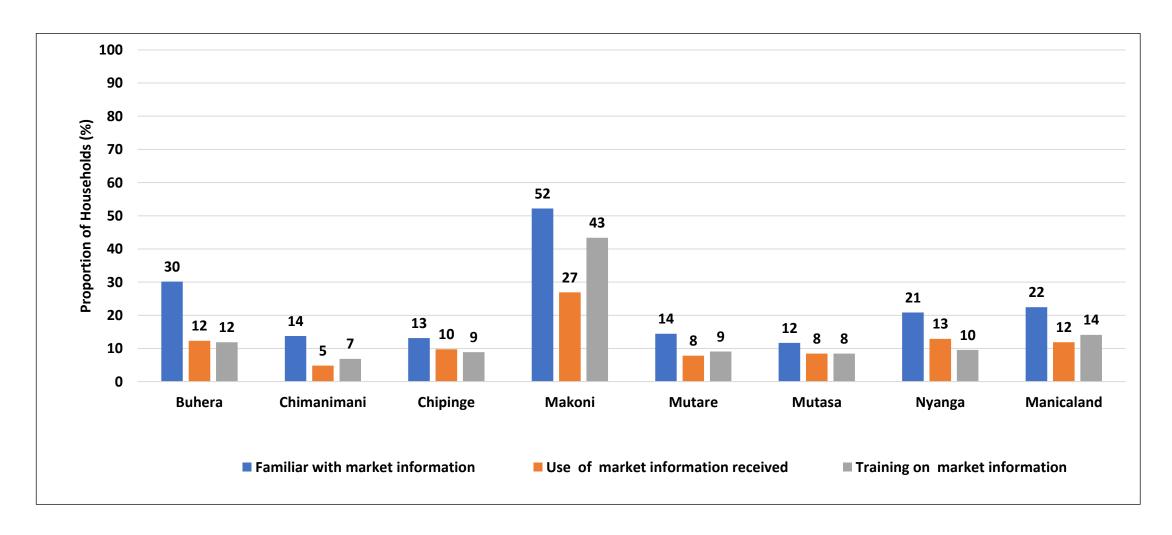
Cereal Self Sufficiency

	Districts
0 – 3 Months	
4- 6 Months	
7- 9 Months	Mutare
9 – 12 Months	
Over 12 months	Buhera, Chipinge, Makoni, Mutasa, Nyanga, Chimanimani

• In the province, 6 out of 7 districts produced over 12 months supply of cereal.

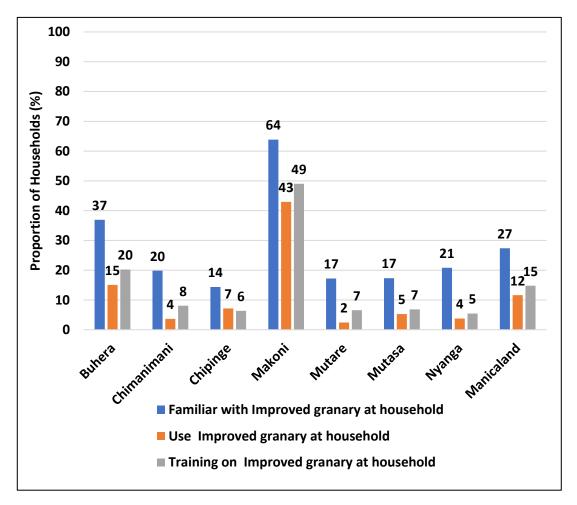
Value Chain Practices

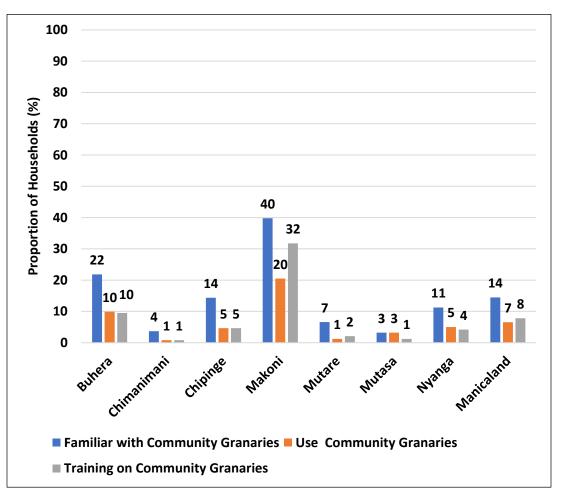
Market Information Access



- In the province, 22% of the households were familiar with market information.
- Makoni had the highest proportion of households that were familiar with market information (52%), used the information (27%) and were trained (43%).

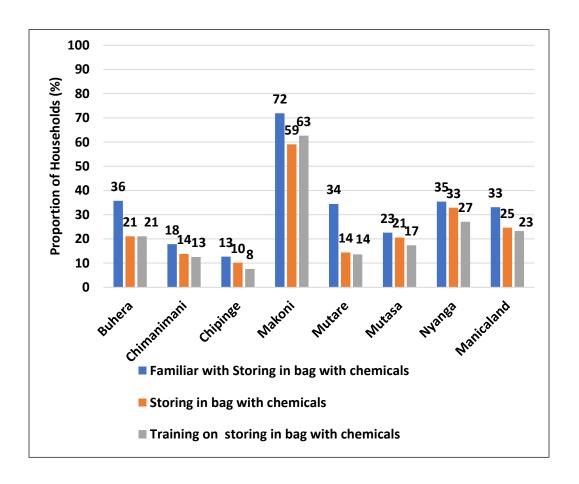
Use of Improved and Community Granaries

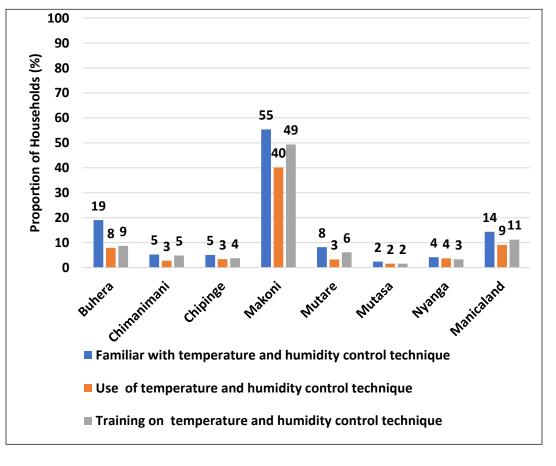




- Use of improved granaries was limited as only 12% indicated that they had used them.
- About 7% also indicated that they had used community granaries.
- This could have a negative effect on post harvest management.

Post- Harvest Grain Storage Conditions





- In the province, 25% of households stored their grain in bags and used chemicals, whilst only 9% used temperature and air control technique (use of hermetic bags, metal silos, air-tight boxes etc.)
- Makoni (40%) had the highest proportion of households which used temperature and humidity control technique.

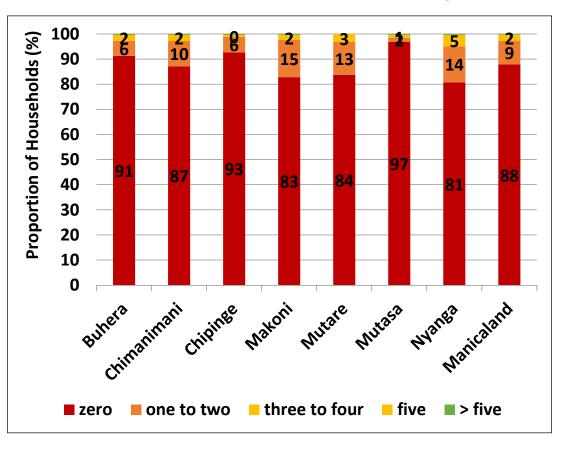
Livestock

Cattle Ownership

Households which Owned Cattle

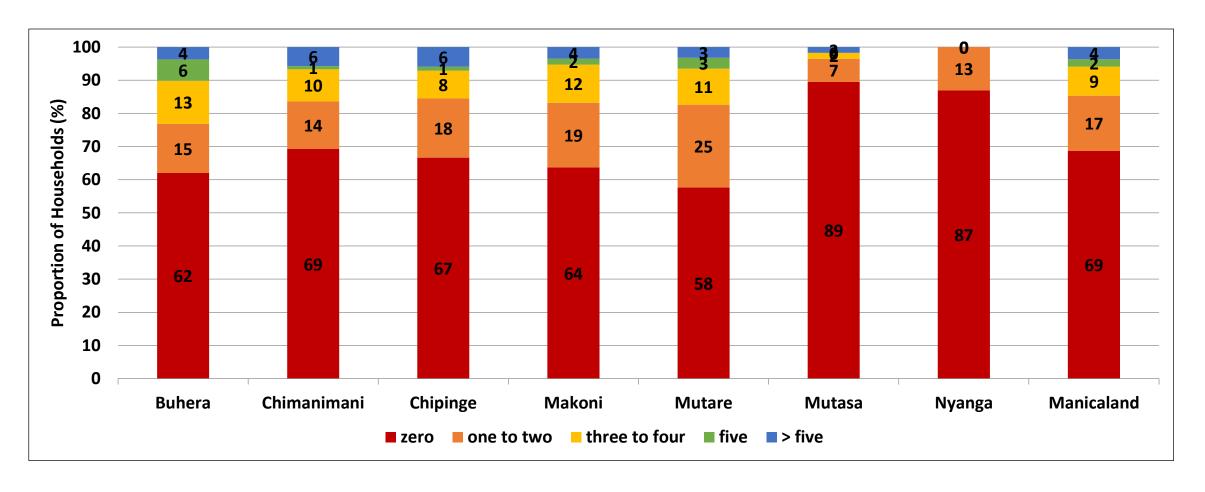
100 Proportion of Households (%) 90 80 **70** 60 50 40 10 three to four five > five one to two

Households which Owned Draught Cattle



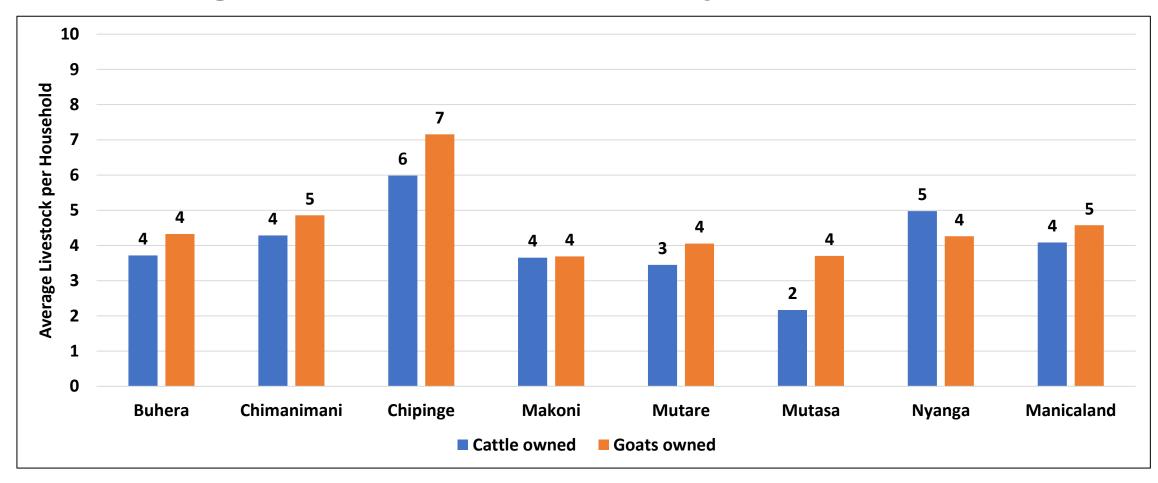
- The proportion of households which owned cattle in Manicaland was only 24%.
- Of the 24%, only 12% had draught cattle.

Households which Owned Goats



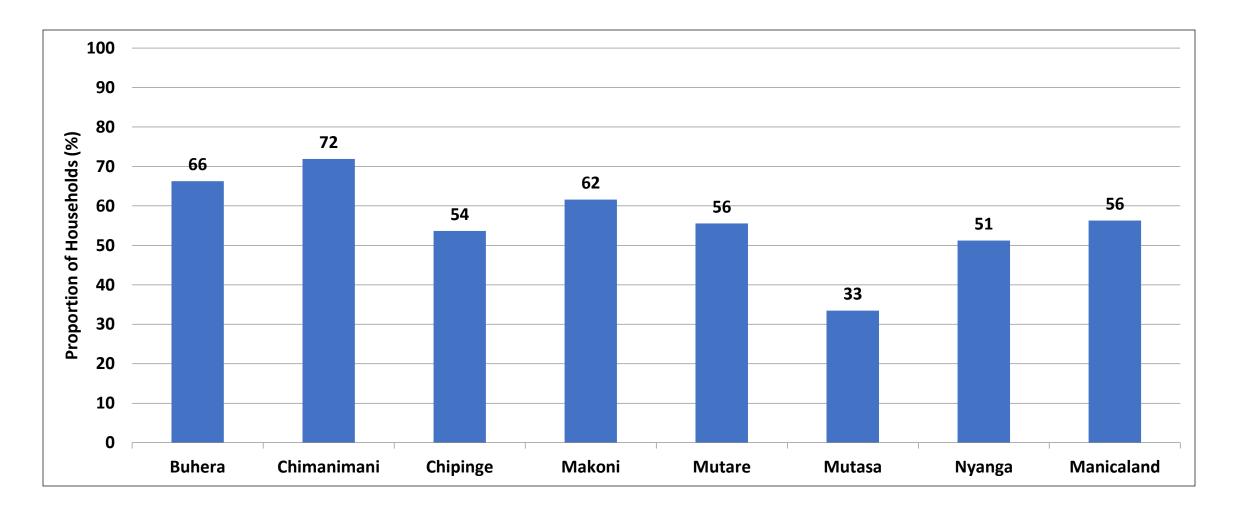
- In Manicaland, the proportion of households which did not own goats was 69%.
- Mutasa (89%) followed by Nyanga (87%) had the highest proportions of households which did not own goats.

Average Livestock Numbers per Household



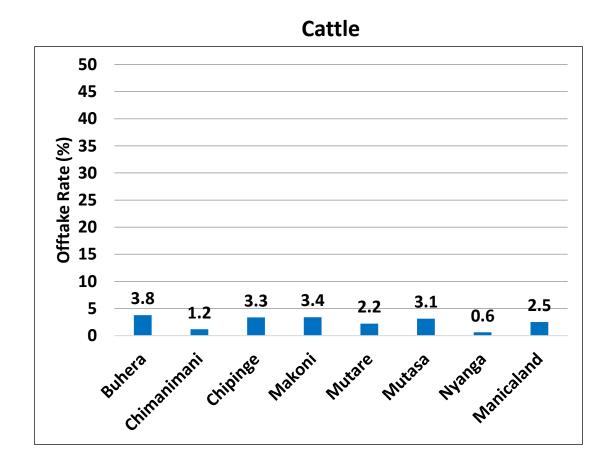
- The average cattle herd size per household in the province was 4, whilst the average goat flock size per household was 5.
- Chipinge had the highest average holding of cattle and goats per household at 6 and 7 respectively.
- Mutasa had the lowest average of cattle per household (2).

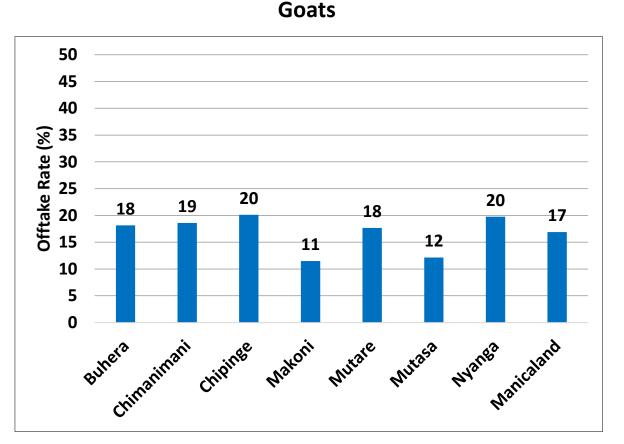
Poultry Ownership



• The proportion of households which owned poultry in the province was 56%, with Chimanimani district having the highest of 72% and Mutasa with the lowest of 33%.

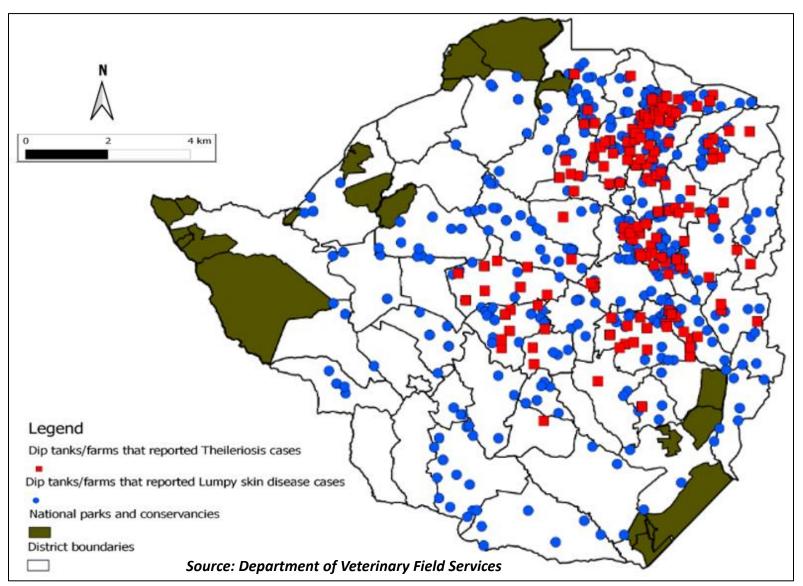
Livestock Offtake Rates





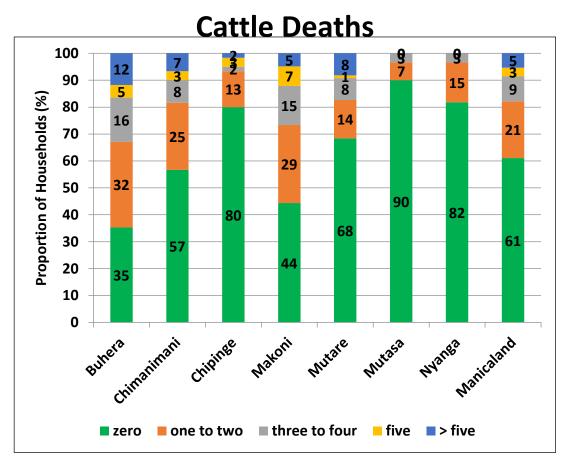
- Percentage offtake refers to the number of animals sold/slaughtered annually as a fraction of total herd. It is an indicator of the business approach in livestock production, and its contribution to household livelihoods.
- Offtake rates in the province were generally low with an average of 2.5% for cattle and 17% for goats.

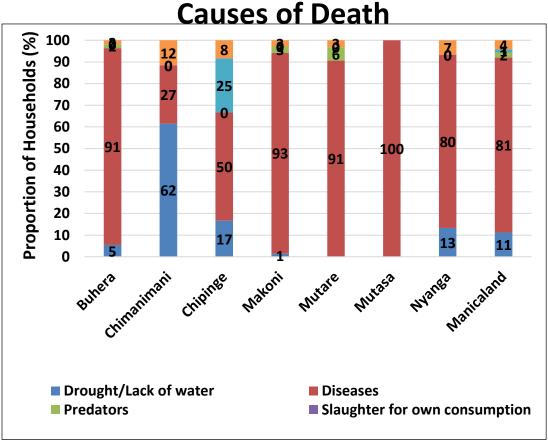
Theileriosis (January Disease) and Lumpy Skin Disease Outbreaks



- Theileriosis is a tick-borne disease that has caused most cattle fatalities in the last three years.
- Outbreaks were highly concentrated in Buhera.

Households that Reported Cattle Deaths and Causes of Death

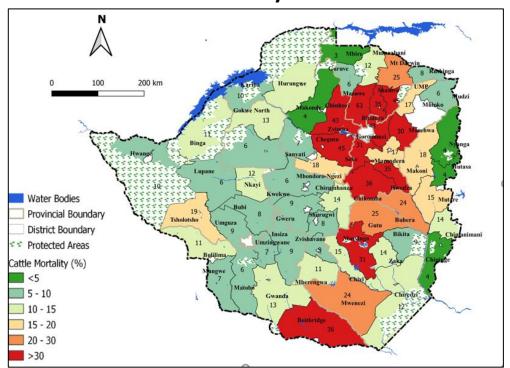




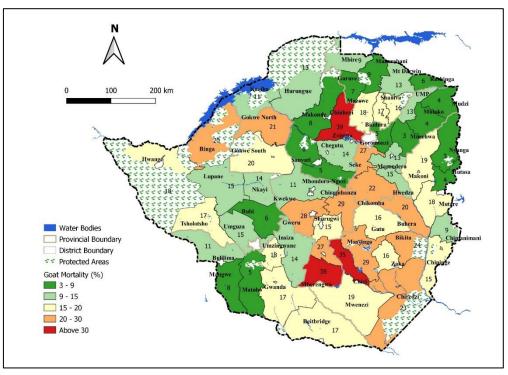
- The highest proportion of households which experienced cattle deaths was in Buhera (65%)
- Buhera (12%) also reported most cattle deaths of more than five.
- Of those households that reported cattle deaths in the province, diseases (81%) was the main cause of death.

Cattle and Goats Mortality Rate

Cattle Mortality rate

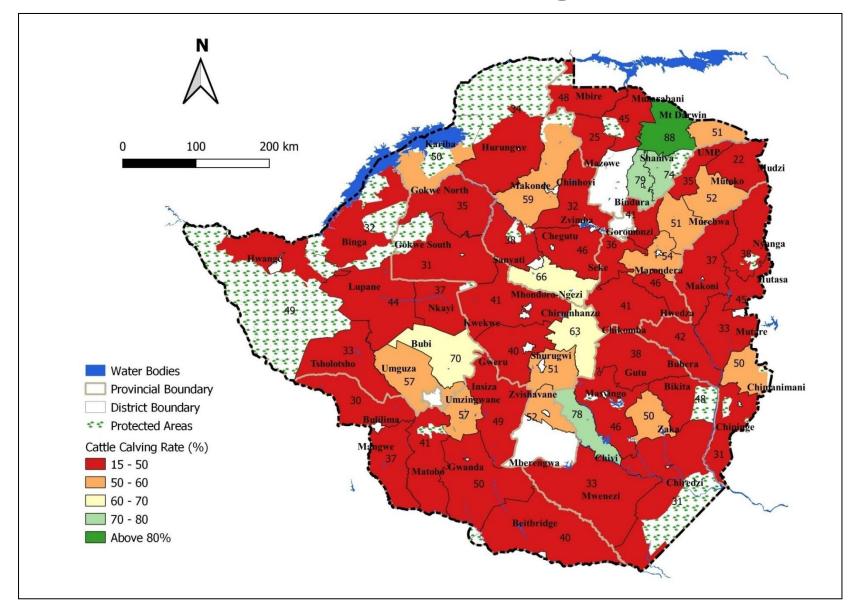


Goat Mortality rate



• Mortality rates for cattle and goats were highest in Buhera at 24% and 20% respectively.

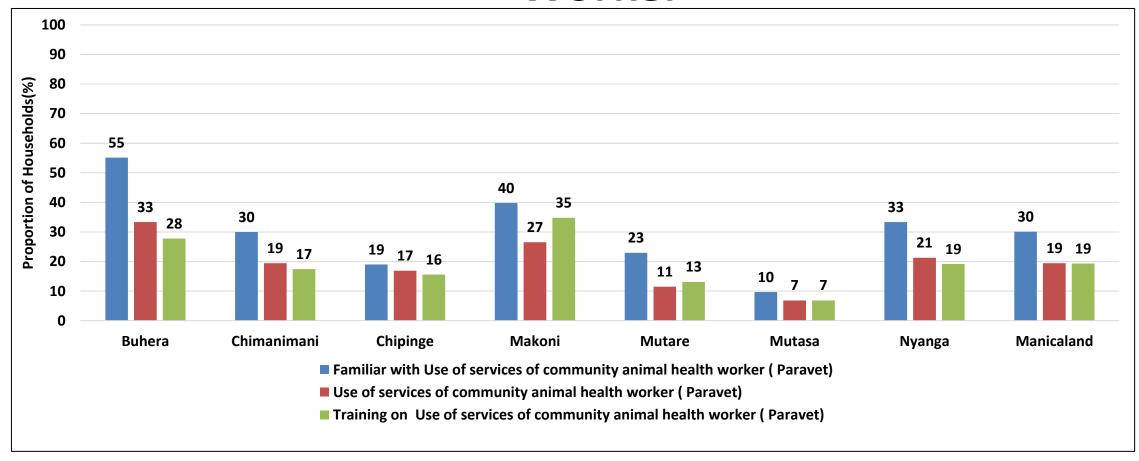
Calving Rate



- Calving rate, defined as the proportion of cows/heifers that dropped calves over a defined period of time is a measure of productivity of the cow herd.
- Calving rate was highest in Chimanimani at 50%.

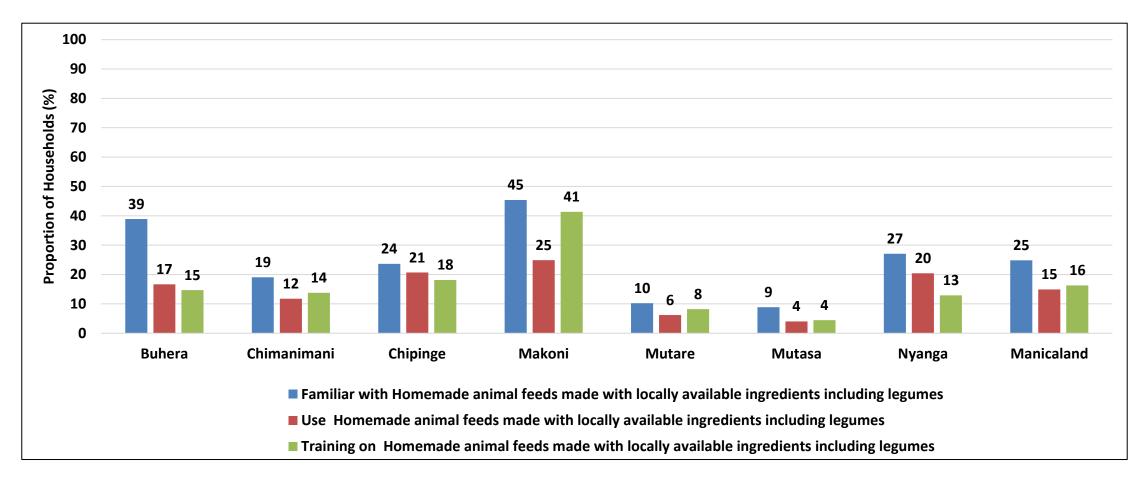
Improved Livestock Practices

Use of Services of Community Animal Health Worker



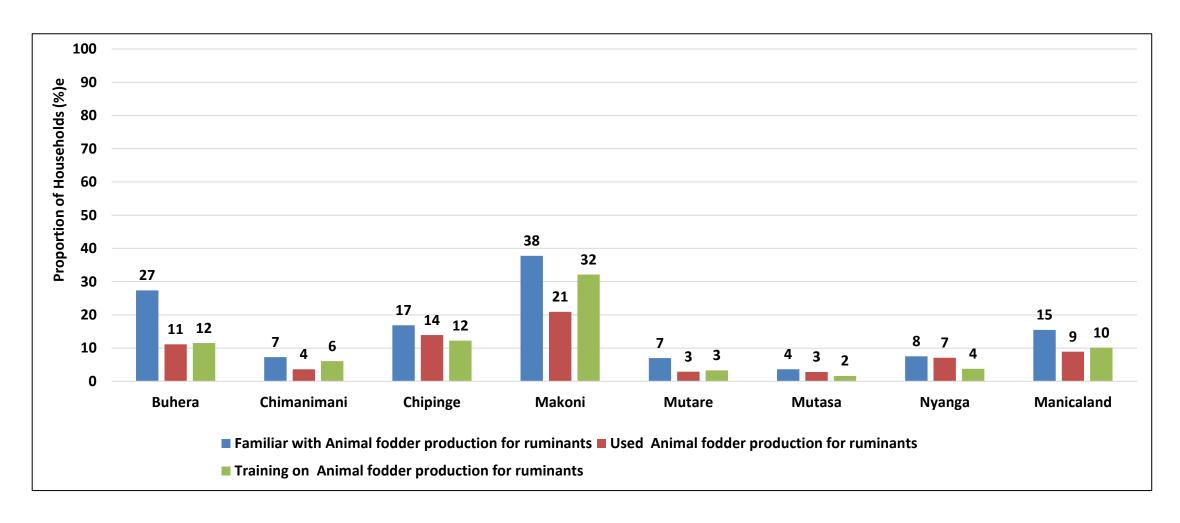
- In the province, 30% of the households were familiar with the use of community animal health worker (Paravet).
- Buhera (55%) had the greatest proportion of households which were familiar with these services.

Use of Locally Available Ingredients to Make Homemade Animal Feed



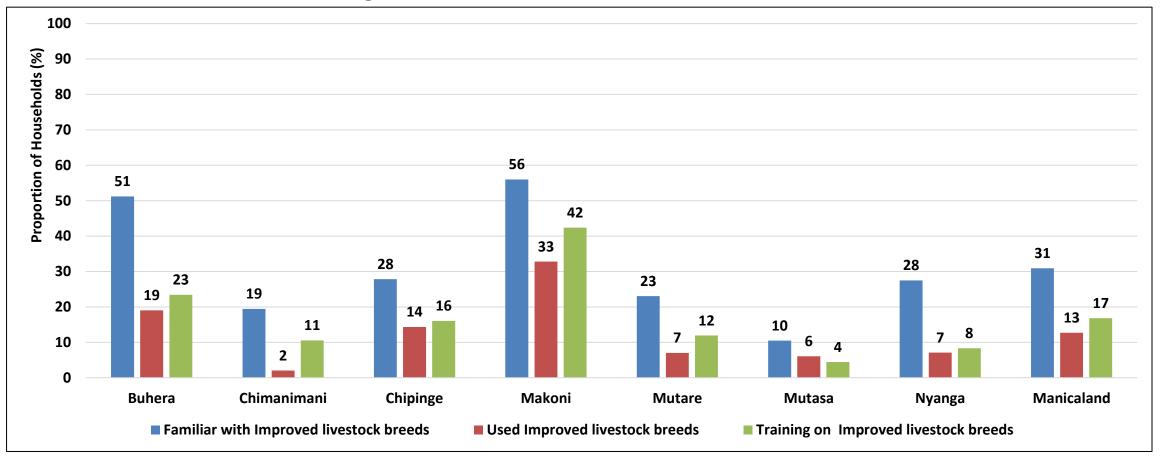
Makoni (45%) had the highest proportion of households which had knowledge on use of locally available ingredients to make homemade animal feed and also use of these feeds (25%).

Animal Fodder Production For Ruminants



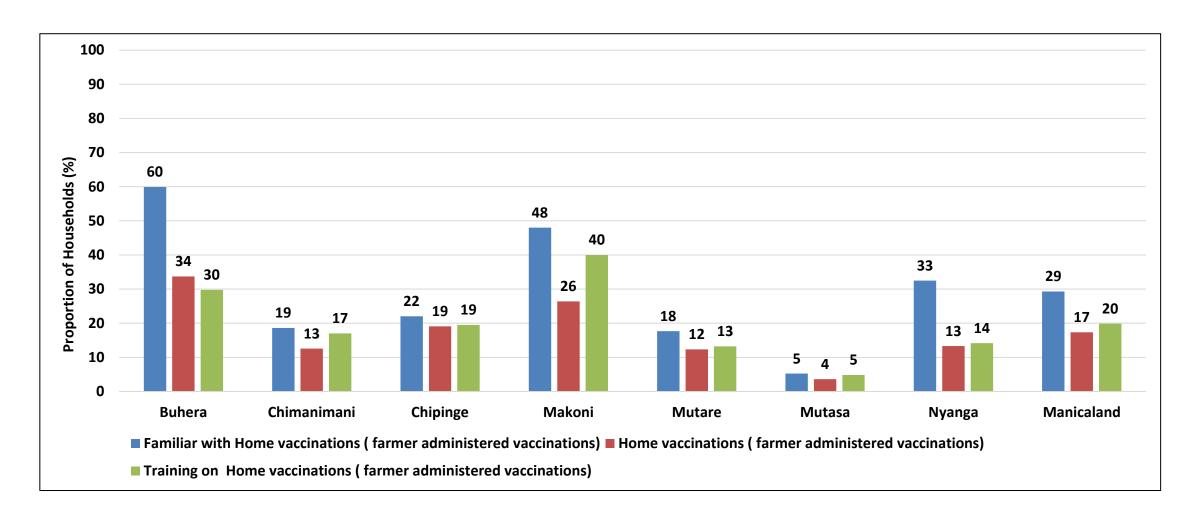
- Makoni (38%) had the highest proportion of households which were familiar with animal fodder preservation for ruminants.
- The district also had the highest proportion of households that used animal fodder preservation for ruminants (21%).

Improved Livestock Breeds



• Makoni (56%) had the highest proportion of households which were familiar with improved livestock breeds.

Livestock Vaccinations

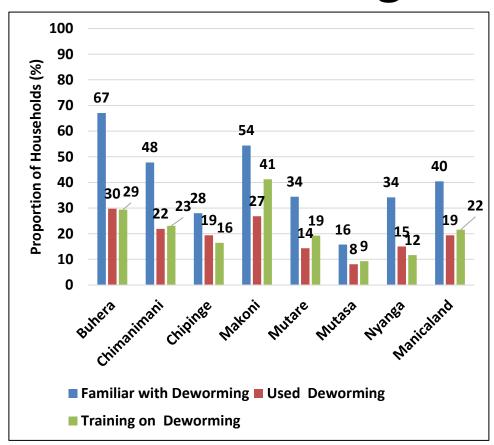


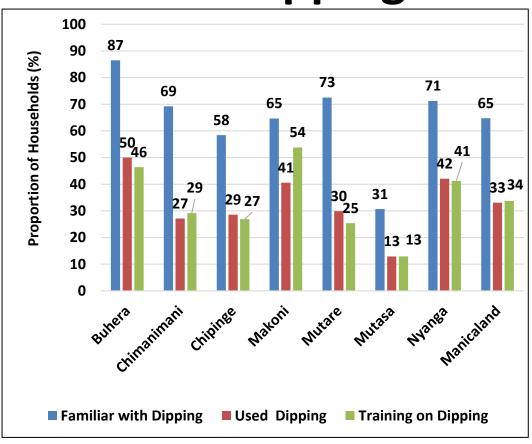
• Buhera (34%) had the highest proportion of households which administered home vaccinations.

Deworming and Dipping

Deworming

Dipping

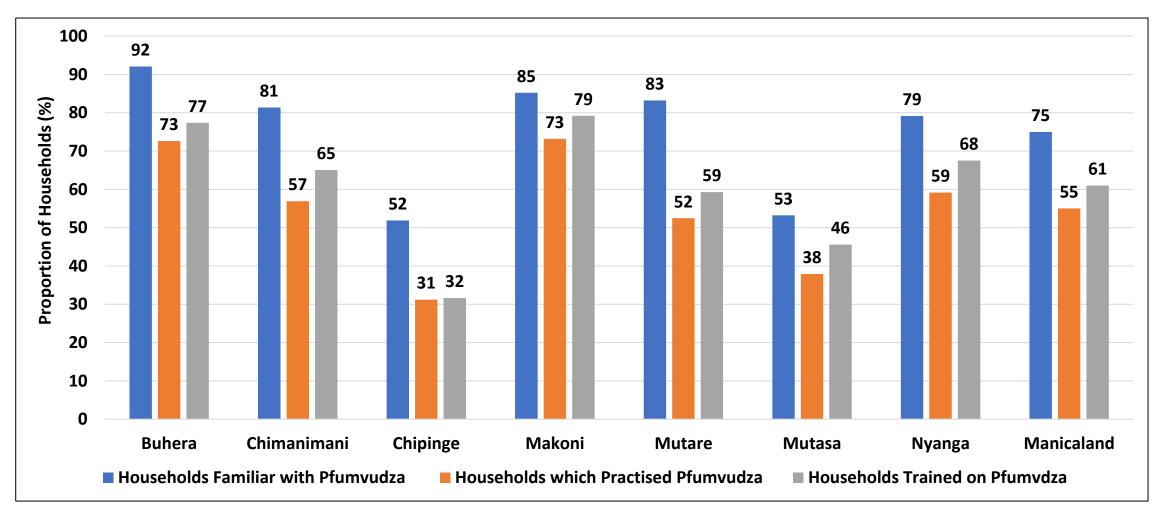




- Buhera had the highest proportion of households which were familiar and deworming (67%) and dipping (87%)
- In the province 19% dewormed their animals and 33% dipped their animals.

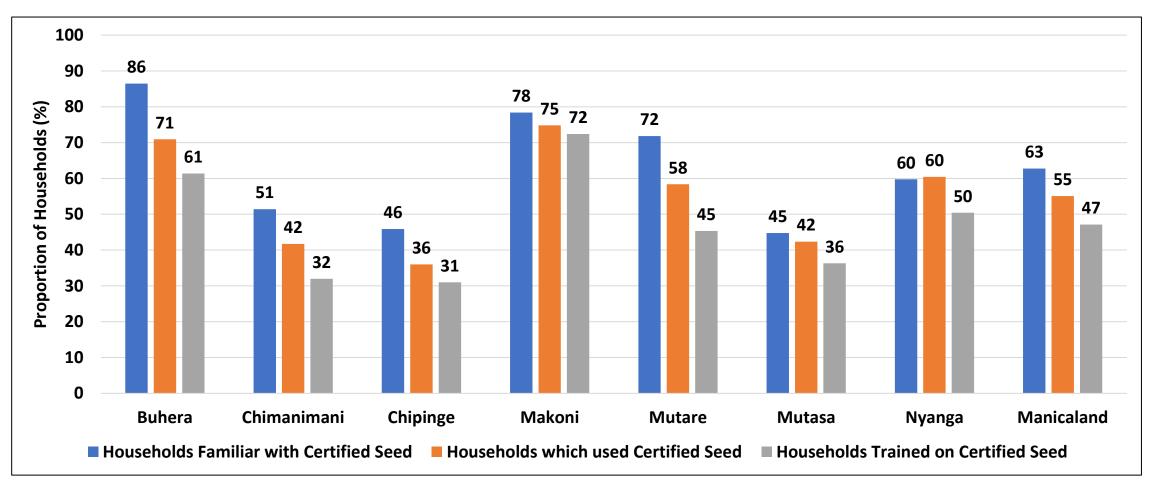
Smart Agriculture

Household Knowledge of Pfumvudza



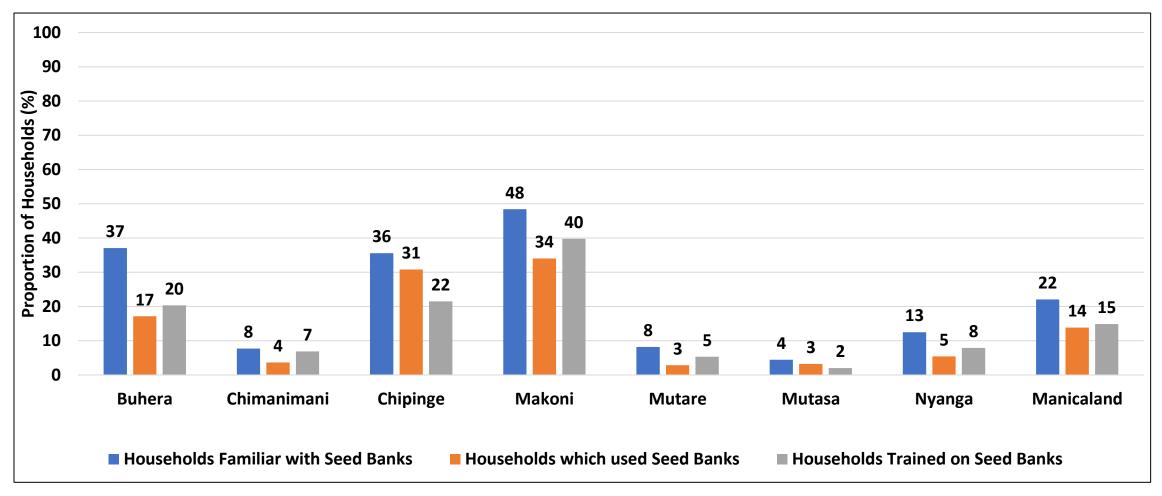
- In the province, 75% of households were familiar with pfumvudza, 55% had practiced it while 61% had received training.
- Buhera and Makoni districts (73%) had the highest proportion of households which practiced pfumvudza while Chipinge (31%) had the lowest.

Use of Quality Certified Seeds



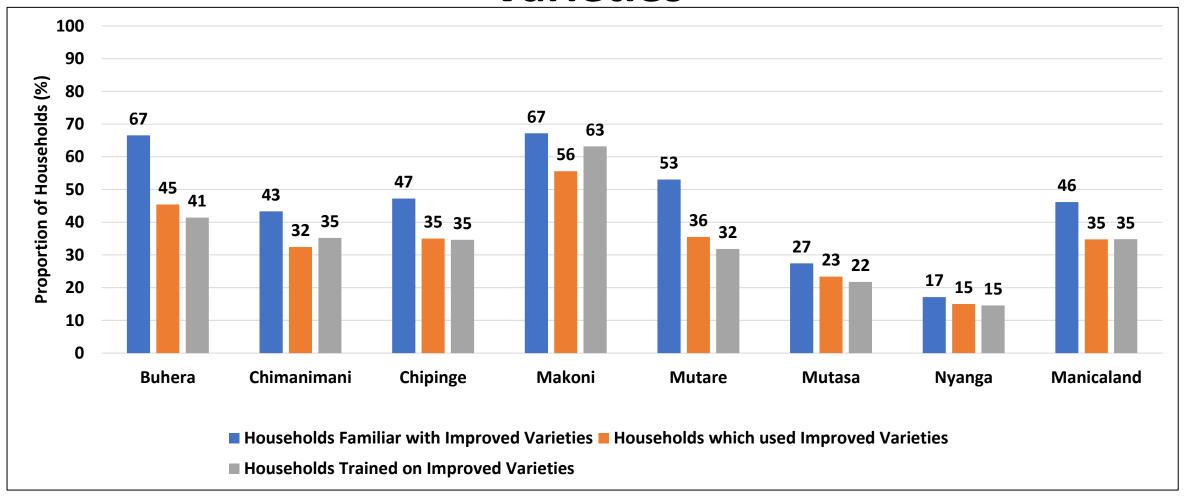
- The use of quality certified seed was at 55% in the province.
- Makoni had the highest usage of certified seed at 75%.

Use of Community Seed Banks



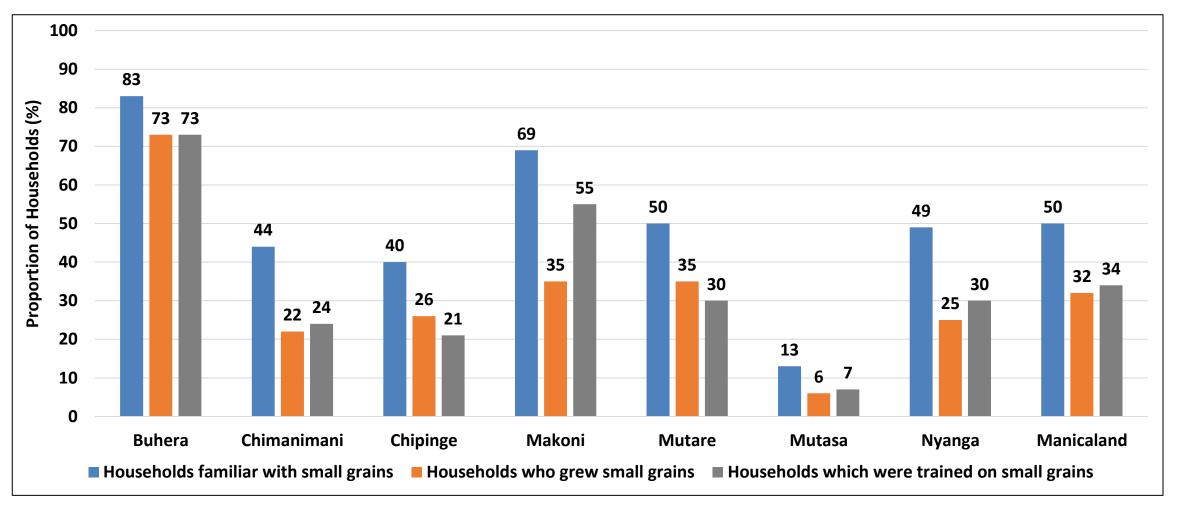
- The proportion of households which used community seed banks was 14% for the province.
- Makoni (34%) had the highest.

Households which Adapted Suitable Improved Varieties



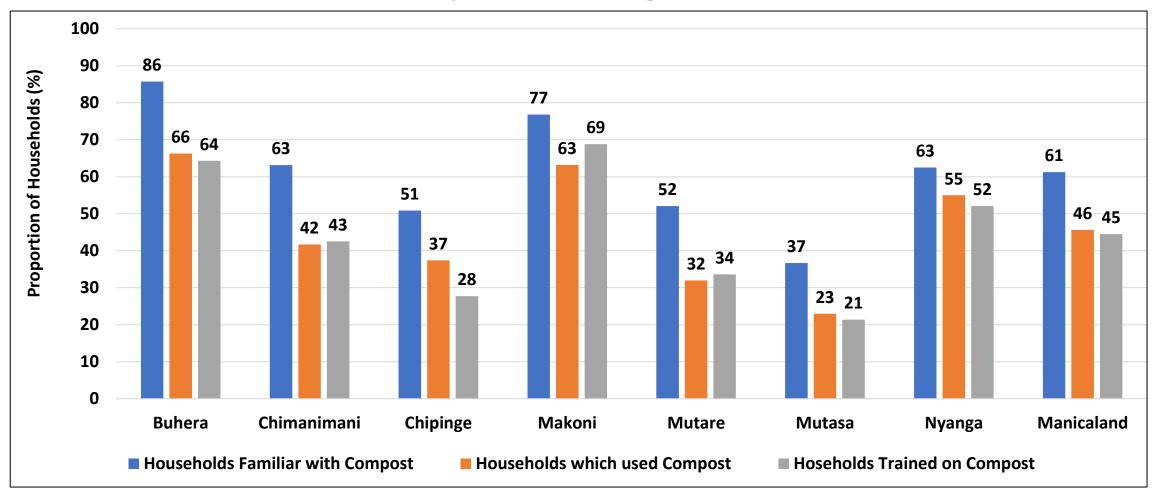
• In the province, 35% of the households adapted to the use of suitable improved varieties, with the highest proportion in Makoni (56%).

Households Growing Small Grains



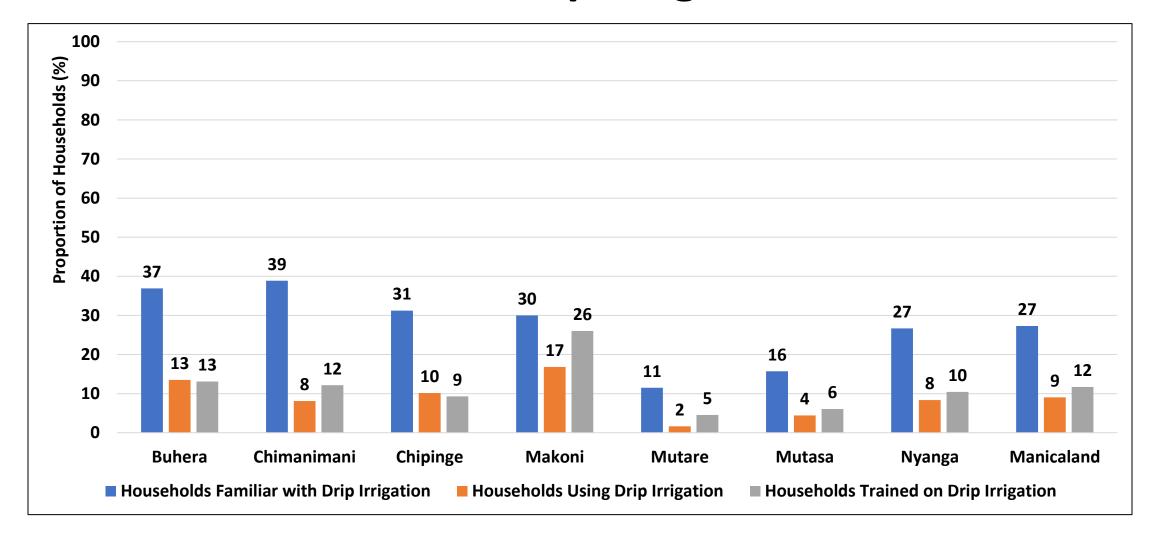
- In the province, 32% of the households grew small grains.
- Buhera (58%) had the greatest proportion of households which grew small grains with Mutasa (6%) had the lowest.

Use of Compost/Organic Fertilizer



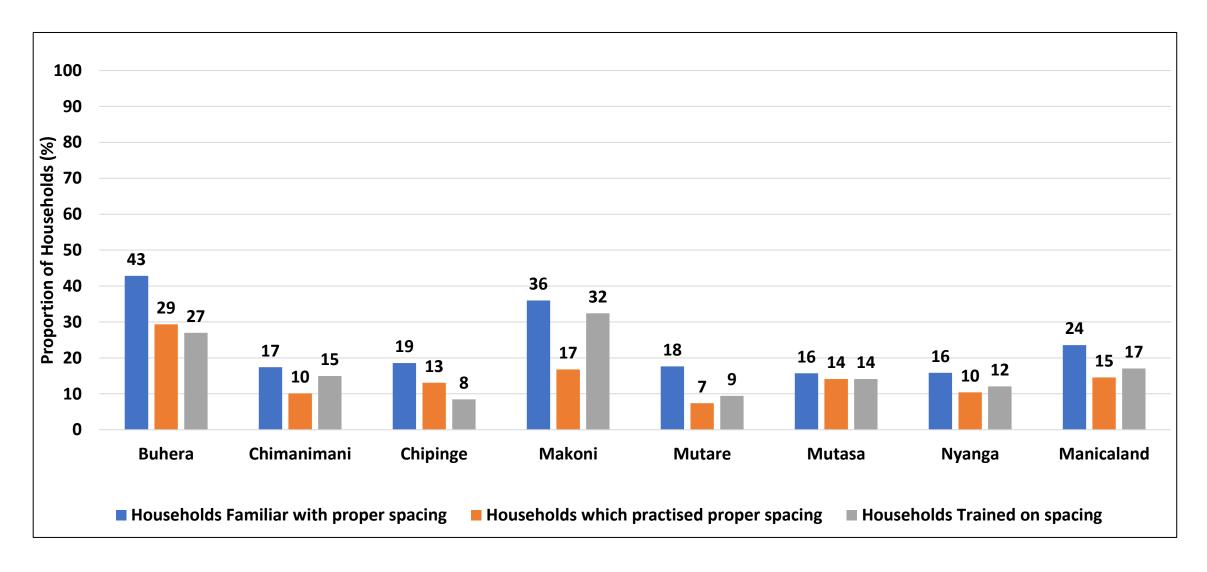
- Only 46% of the households used compost across the province.
- The use of compost was highest in Buhera (66%) and lowest in Mutasa (23%).

Use of Drip Irrigation



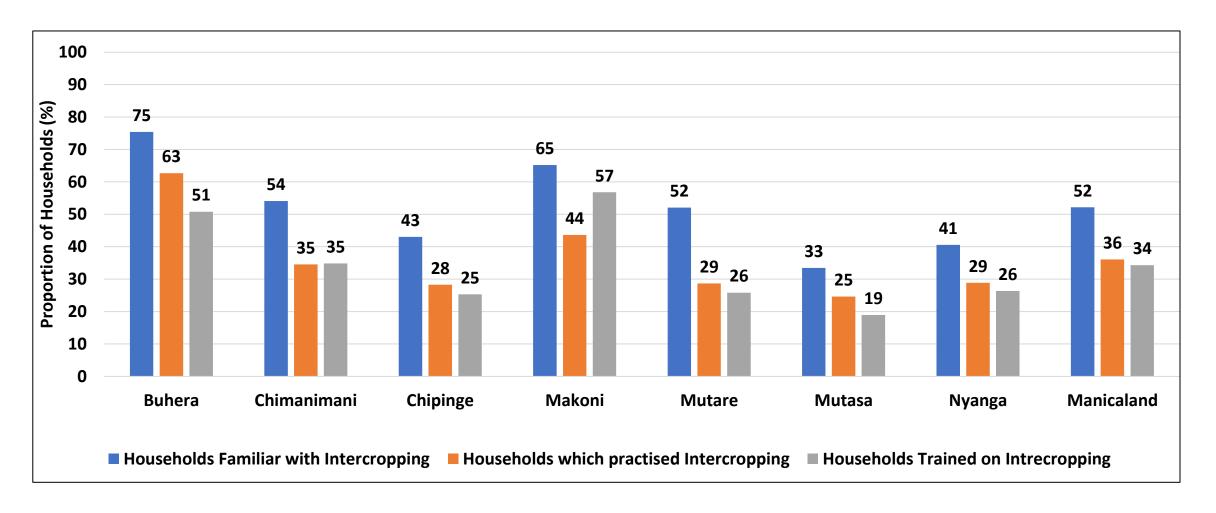
• The use of drip irrigation was low across all districts.

Plant Spacing



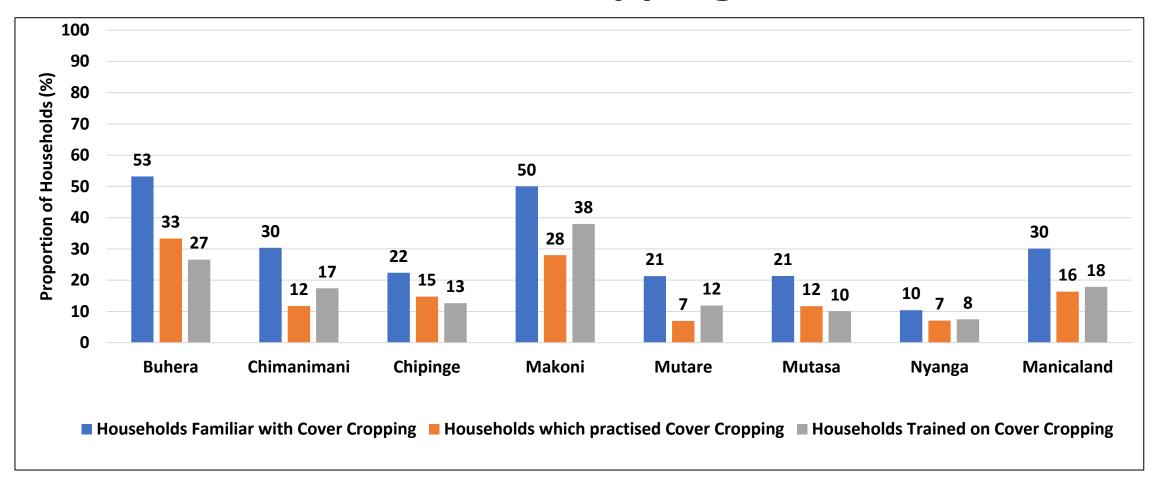
Only 15% of households in the province practised proper plant spacing.

Intercropping Practice



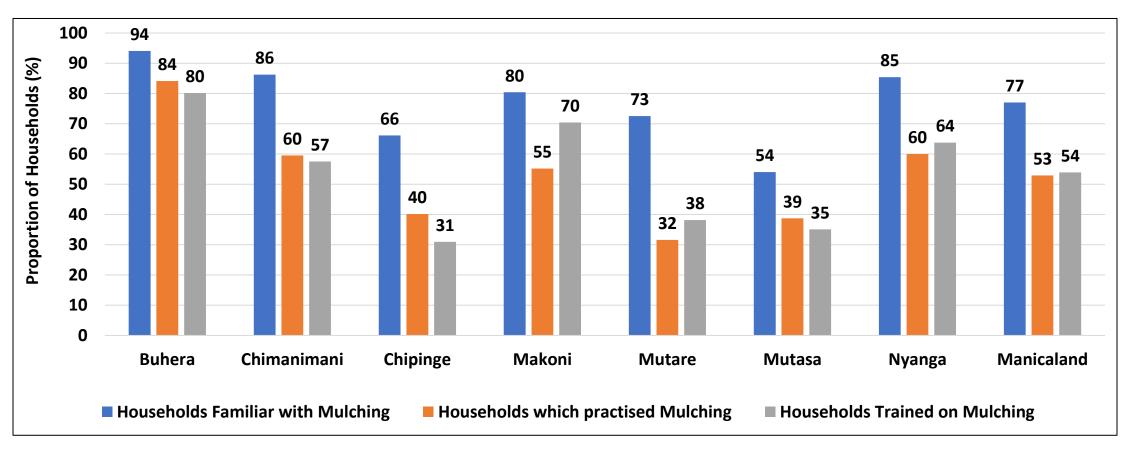
- Intercropping was practiced by 36% of the households in the province.
- Buhera (63%) had the highest proportion of households which practiced intercropping while Mutasa (25%) had the lowest.

Cover Cropping



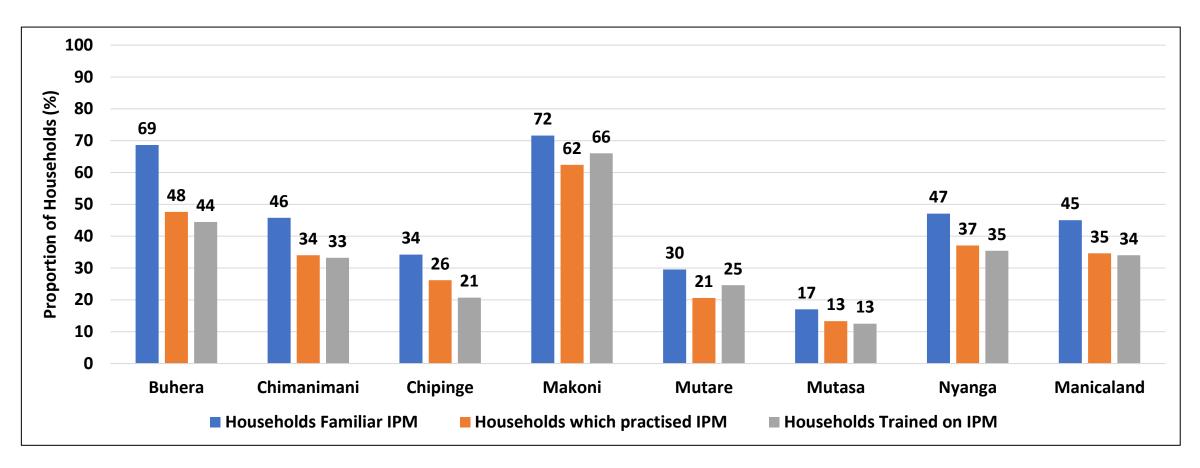
- Cover cropping was practiced by only 16% of the households in the province.
- Buhera (33%) had the highest number of households which practiced cover-cropping while Mutare and Nyanga (7%) had the lowest.

Mulching



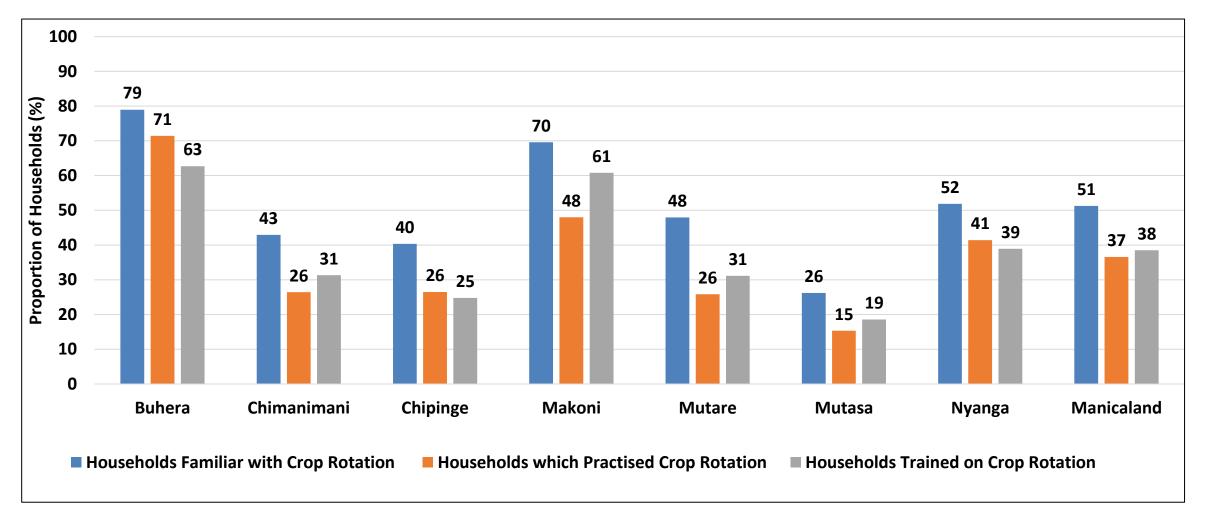
- About 53% of the households practiced mulching in the province.
- Buhera (84%) had the highest proportion of households which used mulch with the lowest being Mutare (32%).

Integrated Pest Management (IPM)



• Integrated pest management was practiced by 35% of the households in the province, with the highest usage reported in Makoni (62%).

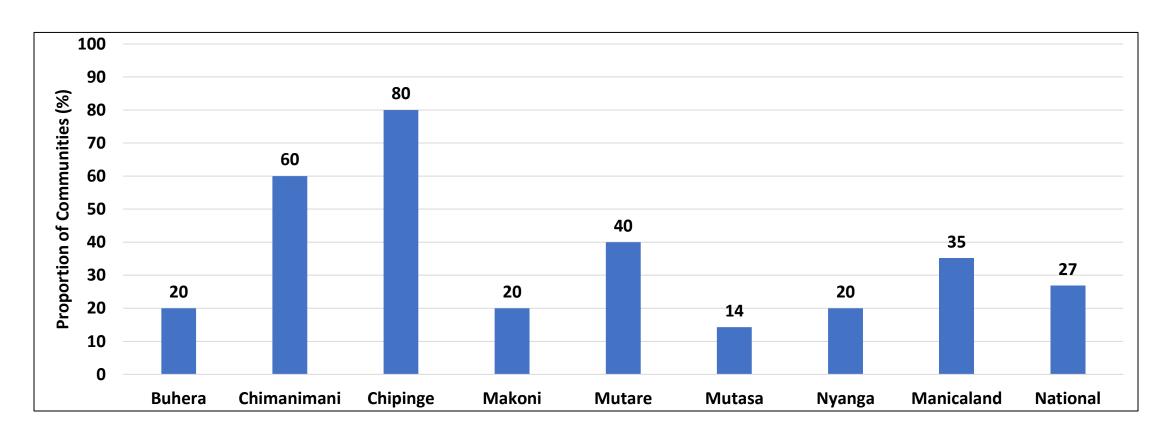
Crop Rotation



- Crop rotation was practiced by 37% of the households across the province.
- Buhera (71%) had the highest proportion of households which practiced crop rotation.

Irrigation

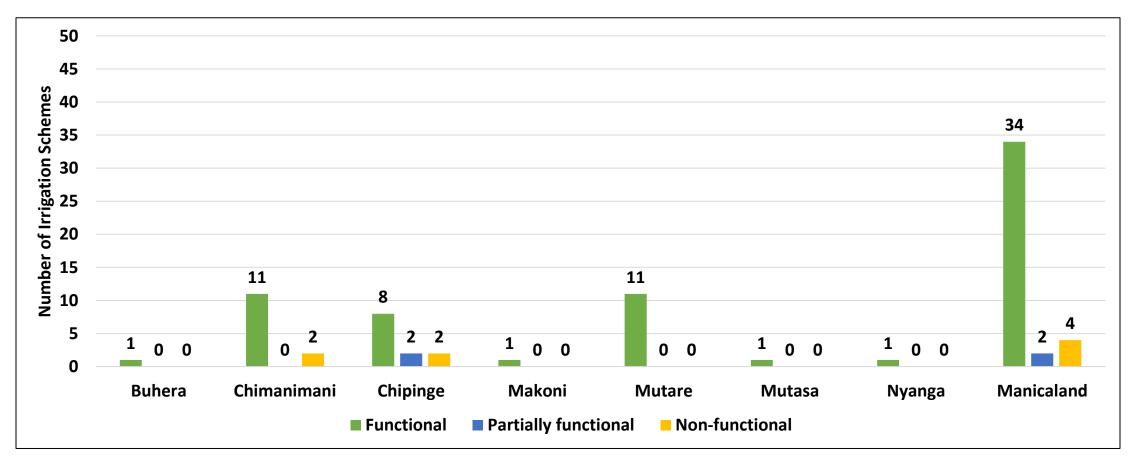
Proportion of Communities with Irrigation Schemes



- Generally there were few communities with irrigation schemes (35%) across the province.
- However, Chipinge (80%) and Chimanimani (60%) had relatively higher proportions of communities with irrigation schemes than the rest of the districts.

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Functionality of Irrigation Schemes

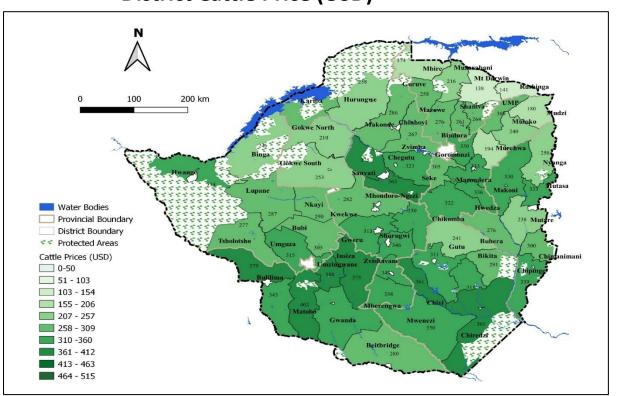


- In the province, the majority of the established irrigation schemes were functional (34).
- Chimanimani and Mutare (11) recorded the highest numbers of functional irrigation schemes.
- Those that were non-functional were due to electricity cuts due to non-payment, infrastructure not yet installed, broken fence and 91 unaffordability of inputs

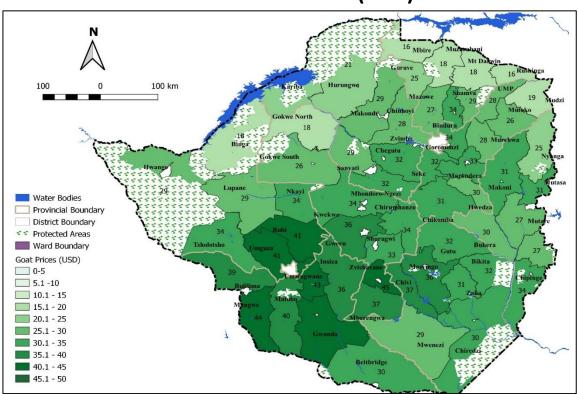
Agricultural Produce Markets

Cattle and Goats Prices

District Cattle Price (USD)



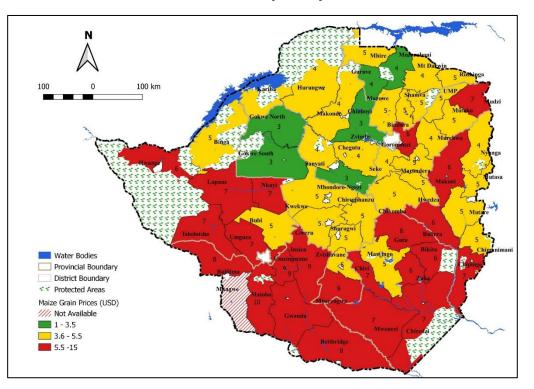
District Goat Price (USD)



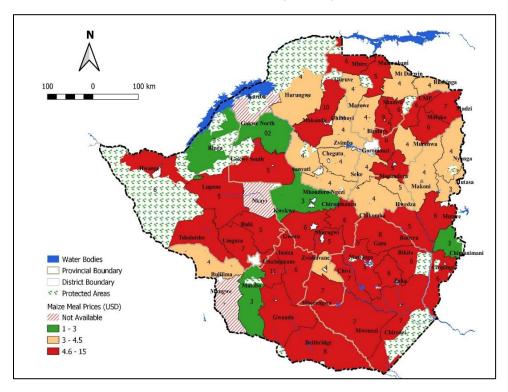
- The highest average cattle price was reported in Chipinge (USD 339). The lowest price was reported in Mutare (USD 238).
- The highest goat prices were recorded in Chipinge (USD 34). The lowest prices were recorded in Nyanga (USD 25).

Maize Grain and Maize Meal Prices

Maize Grain Price (USD)



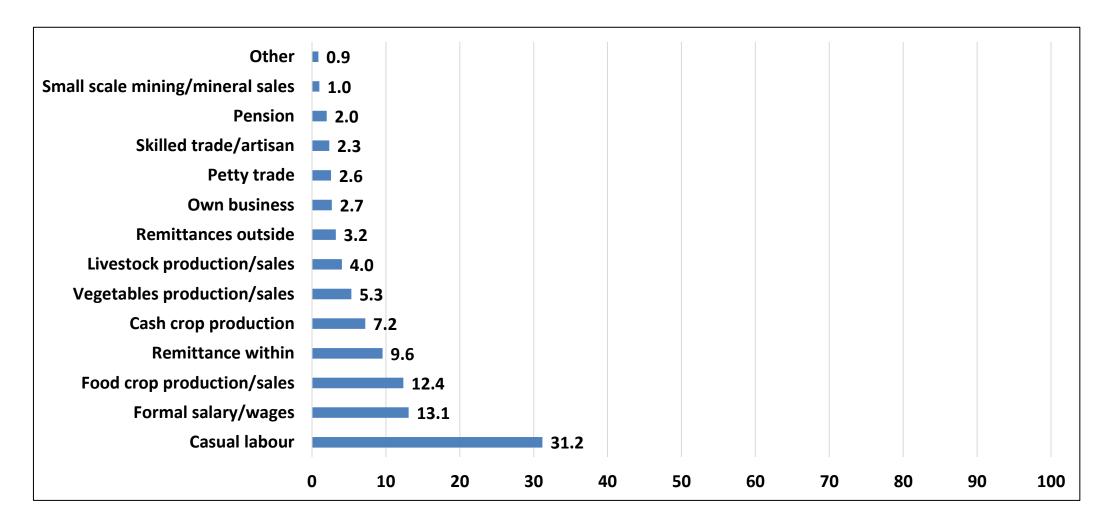
Maize Meal Price (USD)



- Maize grain prices ranged from USD 4 to USD 6
- The highest maize grain prices were reported in Buhera and Makoni at USD 6/bucket, and lowest was in Nyanga at USD 4.
- Maize meal prices ranged from USD 3 to USD 6.
- The highest maize grain prices were reported in Mutare and Chipinge at USD 6/10kg, and lowest was in Chimanimani at USD 3.

Income and Expenditure

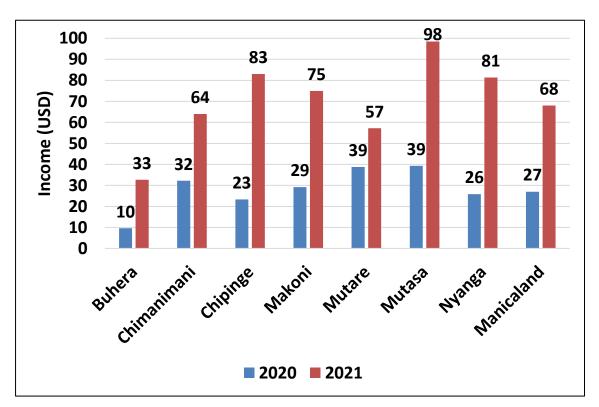
Current Most Important Source of Income



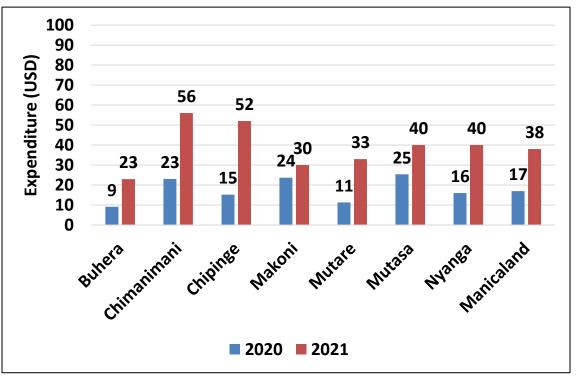
• Most households relied on casual labour (31.2%) as the most important source of income, followed by formal salary/wages (13.1%) and food crop production/sales (12.4%).

Average Household Monthly Income and Expenditure for April 2021



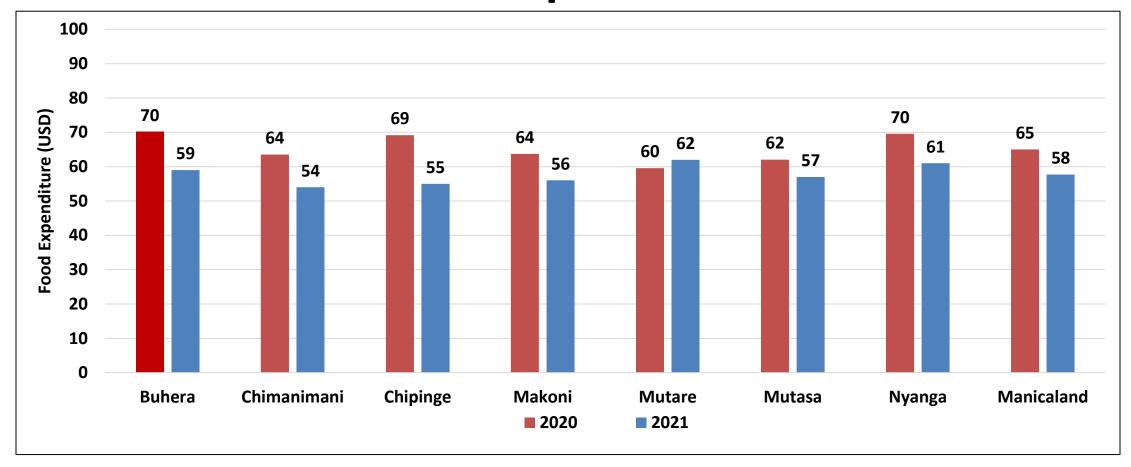


Expenditure



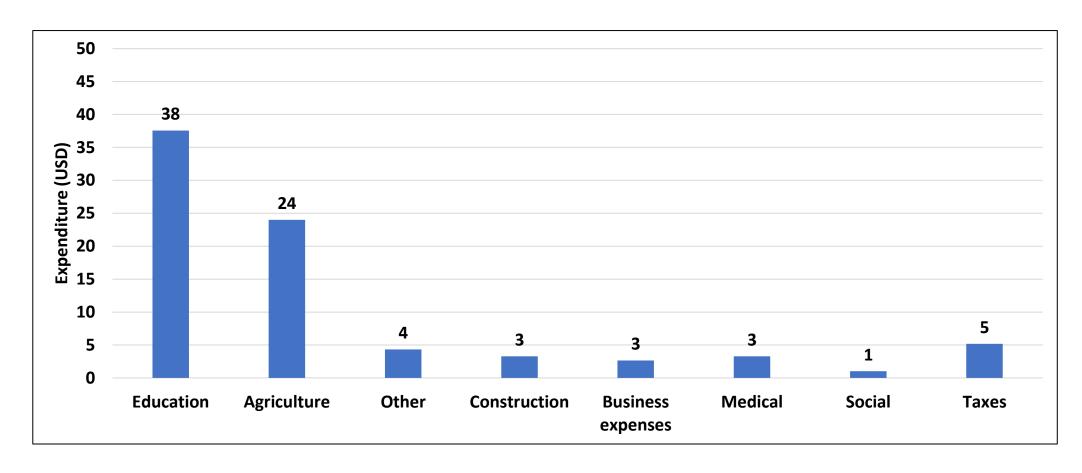
- Average monthly income was highest in Mutasa at USD 98.
- Expenditure was highest in Chimanimani at USD 56.

Food Expenditure



- The proportion of food expenditure was USD 58 a decrease from USD 65 reported in 2020.
- The assumption is that households had more to spend on other essential services such as health and education.

Average Household 6 Month Expenditure



The highest expenditure was education at USD38.

Water, Sanitation and Hygiene

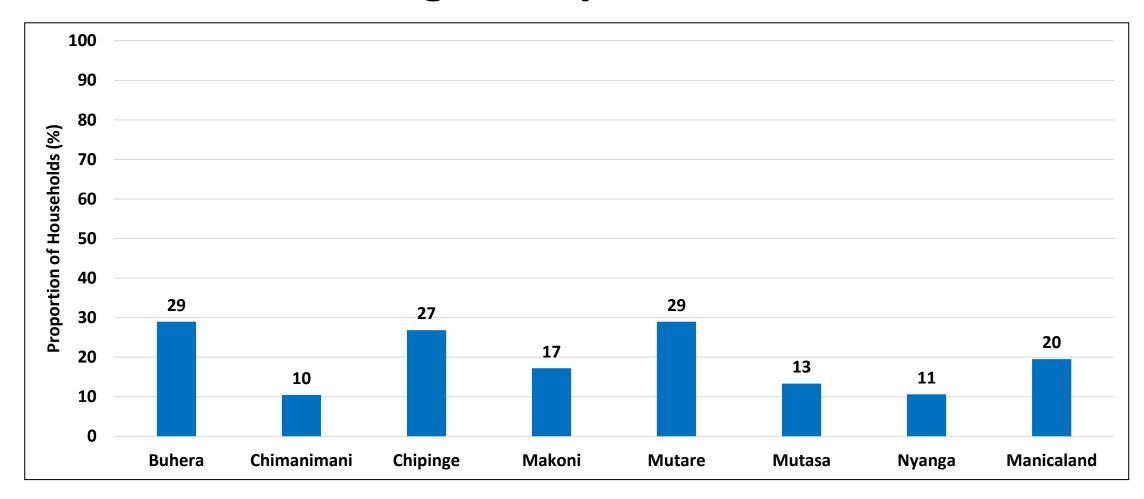
Ladder for Drinking Water Services

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

Note:

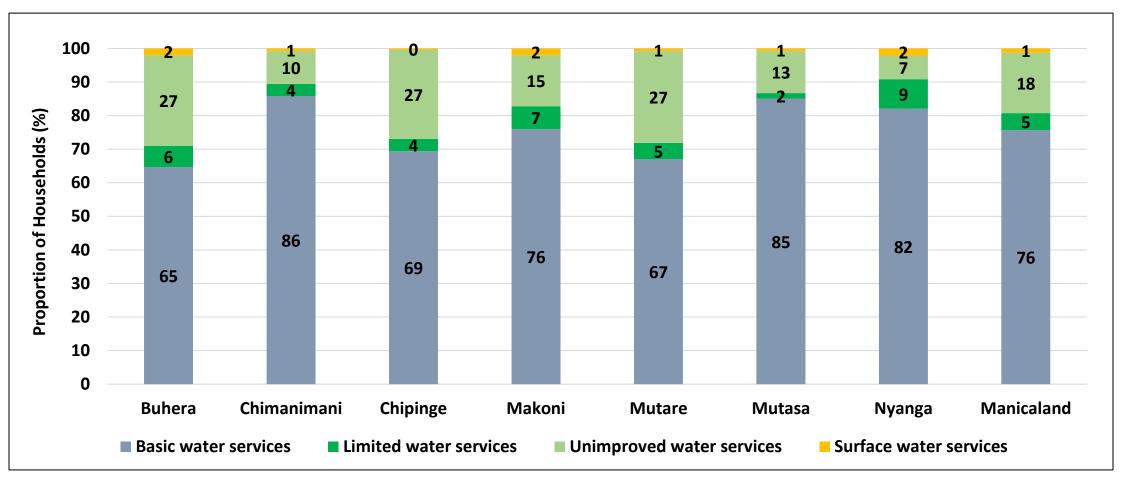
"Improved" drinking water sources are further defined by the quality of the water they produce, and are protected from faecal contamination by the nature of their construction or through an intervention to protect from outside contamination. Such sources include: piped water into dwelling, plot, or yard;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

Households using Unimproved Water Sources



- In Manicaland, the proportion of households which used unimproved water sources was 20%.
- Buhera and Mutare (29%) had the highest proportion of households which used unimproved water sources.

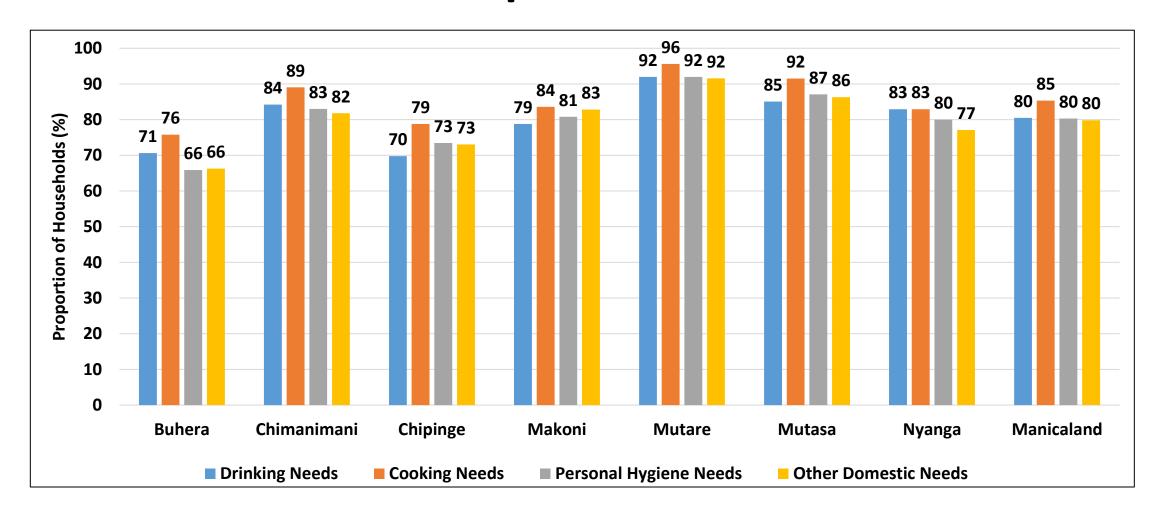
Main Drinking Water Services



- The proportion of households which accessed basic water services in Manicaland province was 76%.
- Despite the majority of households accessing basic water services, Mutare and Buhera (27%) had the highest proportion of households which used unimproved water sources.

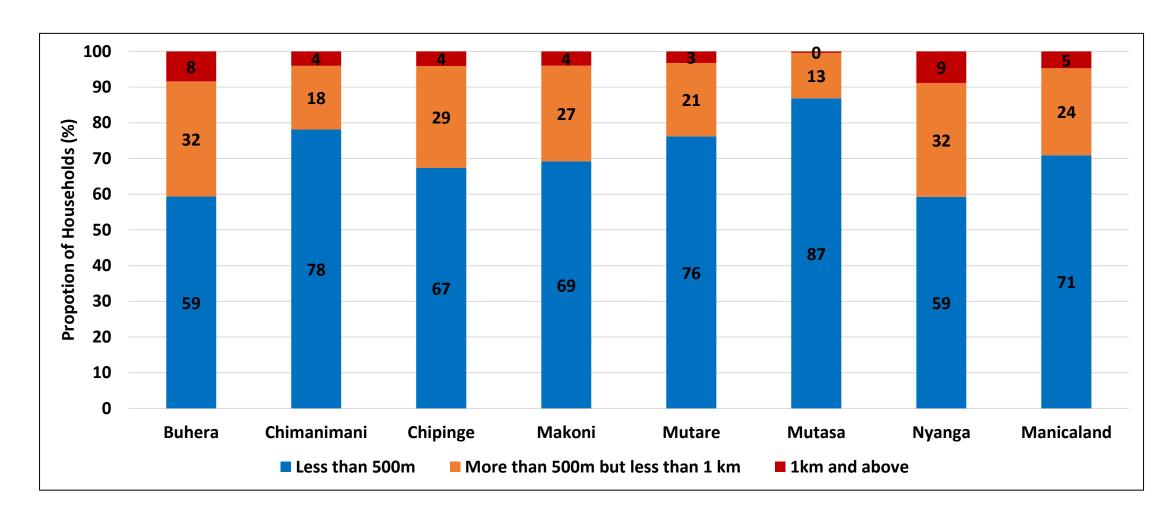
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Access to Adequate Domestic Water



More than 80 % of the households in the province had adequate water for cooking, drinking, personal hygiene and other domestic needs.

Distance Travelled to Main Water Source



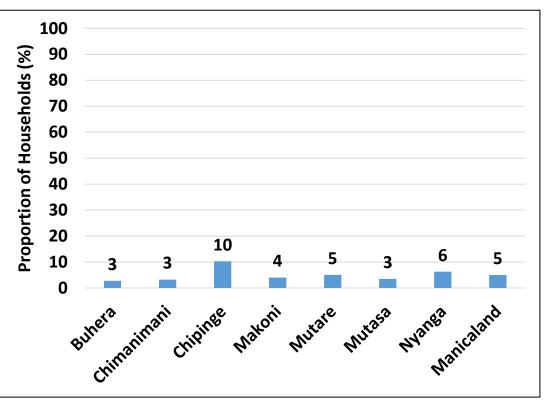
- At provincial level, 71% of the households travelled a distance of less than 500m to a water source.
- Nyanga (9%) had the highest proportion of households which travelled a kilometre and more to get to a water source.

Time Spent Queuing at Water Source and Violence at Water Source

Time spent at water source

Proportion of Households (%) Less than 15minutes (or within premises) ■ 15- 30 minutes ■ 30 minutes to 1 hour More than 1 hour

Violence at Water Source



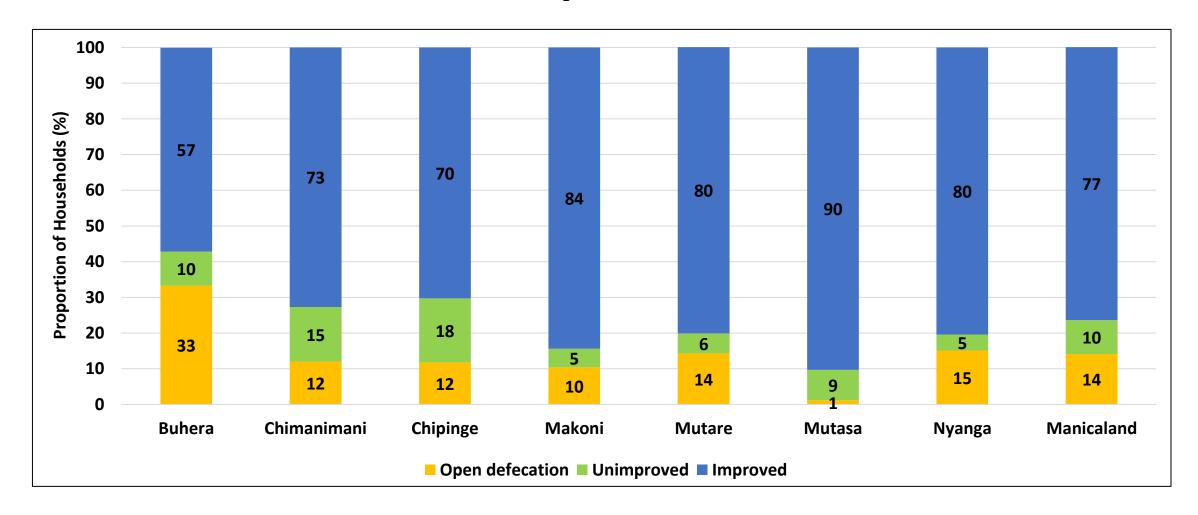
- The proportion of households which spent less than 15 minutes queuing at a water source or had a water source within premises was 76%.
- Chipinge (10%) recorded the highest proportion of households which reported violence at a water source.

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.

Access to Improved Sanitation



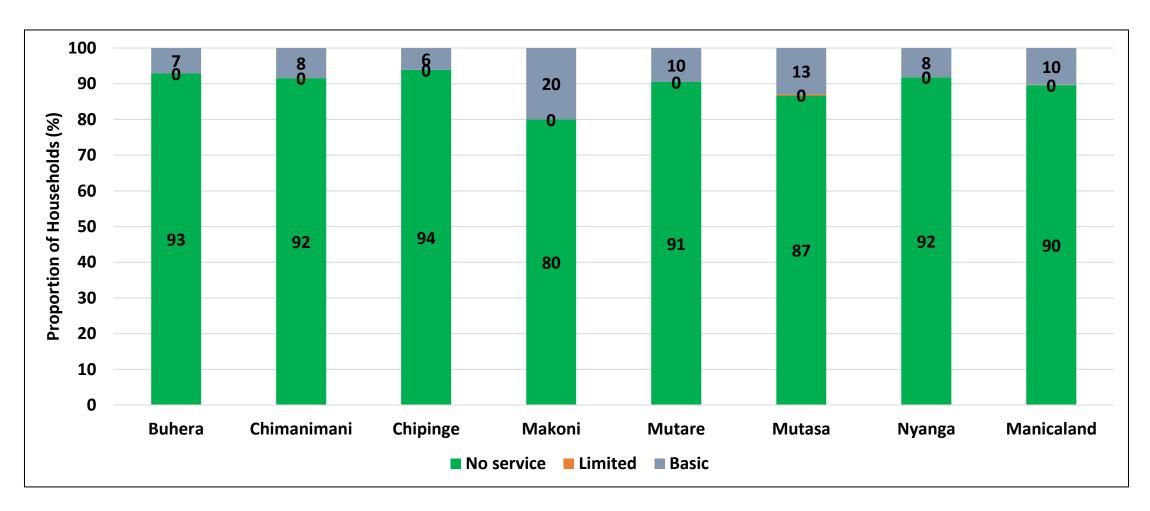
- In the province, 77% of households had access to improved sanitation facilities.
- Buhera district (33%) had the highest proportion of households which practised open defaecation.

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.

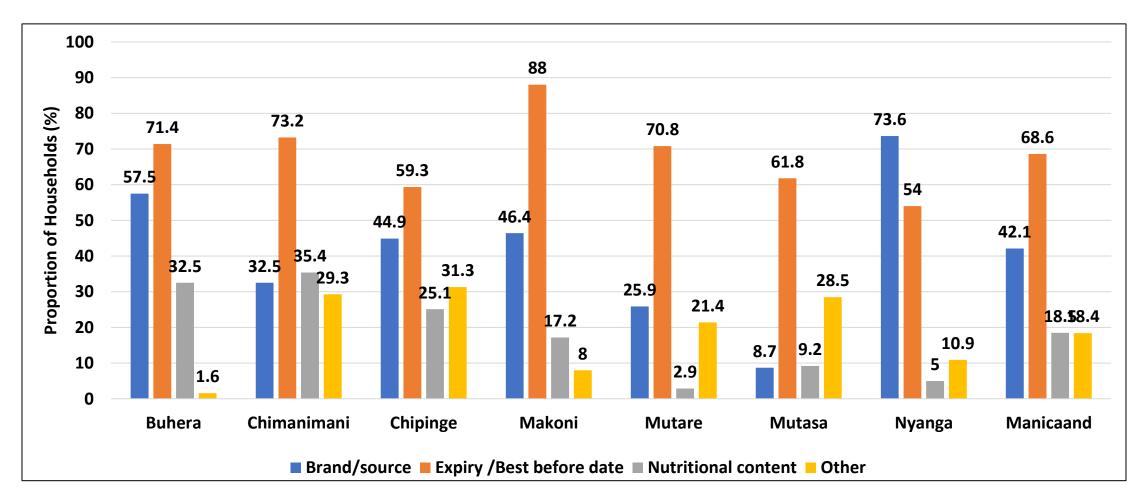
Access to Hand Washing Facilities



- There were generally no handwashing facilities at most households (90%) across the province.
- Mutasa (13%) had the highest proportion of households which had basic handwashing facilities.

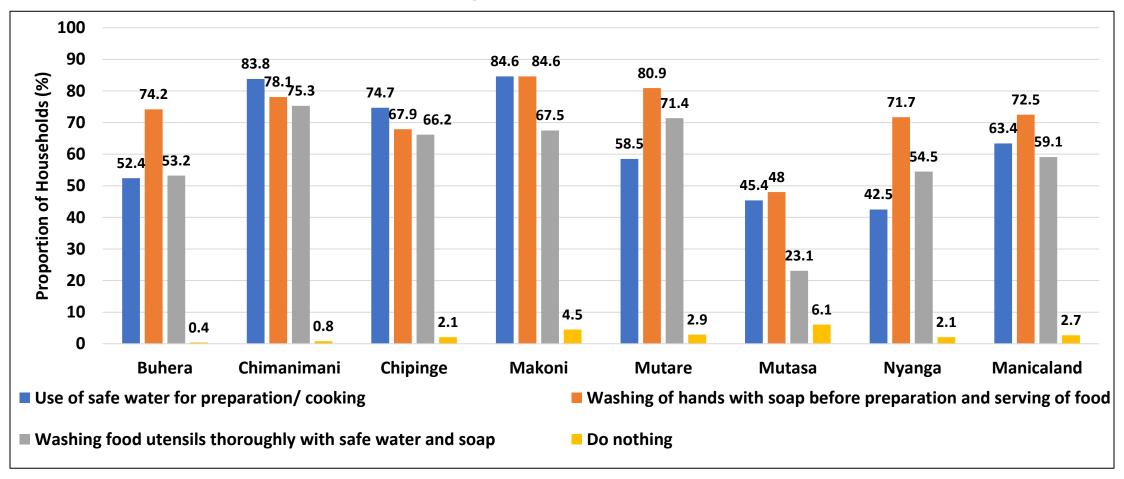
Food Safety

Considerations when Purchasing Food



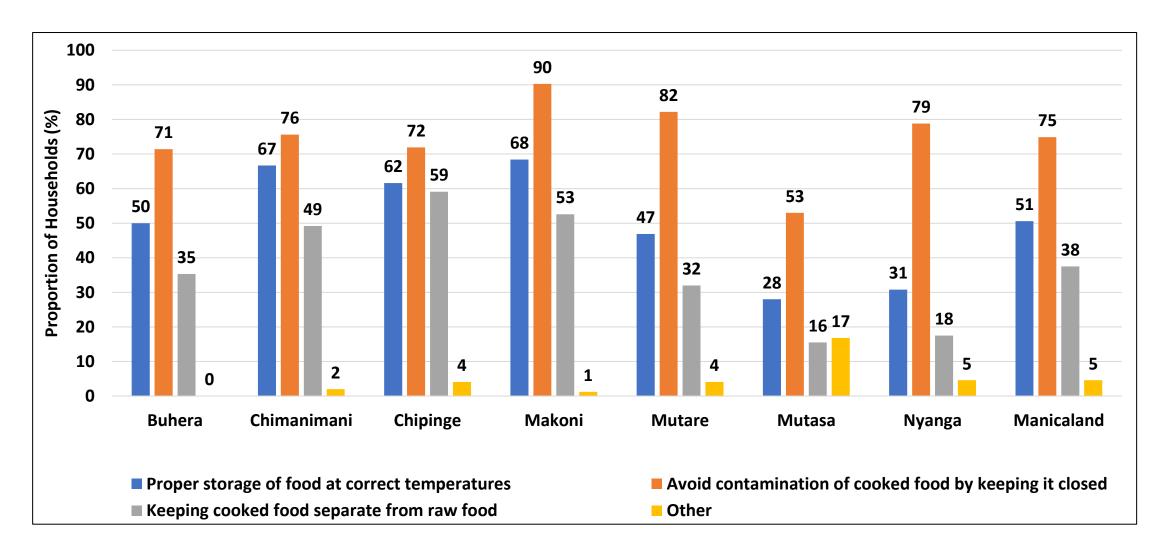
- In the province, 68.6% of households reported that they considered the expiry date when purchasing food for their families.
- Chimanimani (35.4%), had the highest proportion of households which considered nutritional content when purchasing food.

Safe Preparation of Food



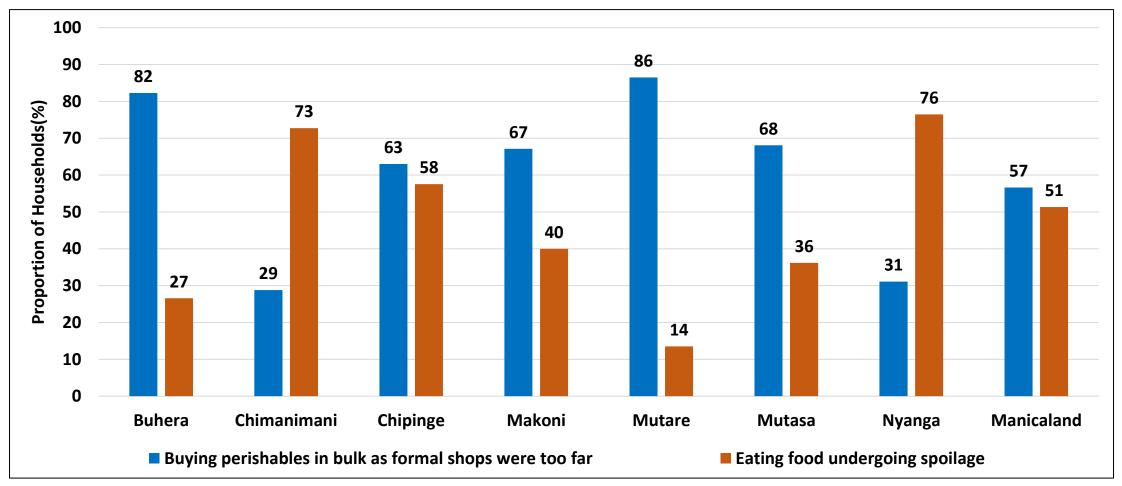
- In the province, 72.5% of households reported that washing hands with soap before preparation and serving food was important in safe food preparation.
- Only 2.7% of households did nothing to ensure food safety during preparation of food.

Ways to Keep Food Safe



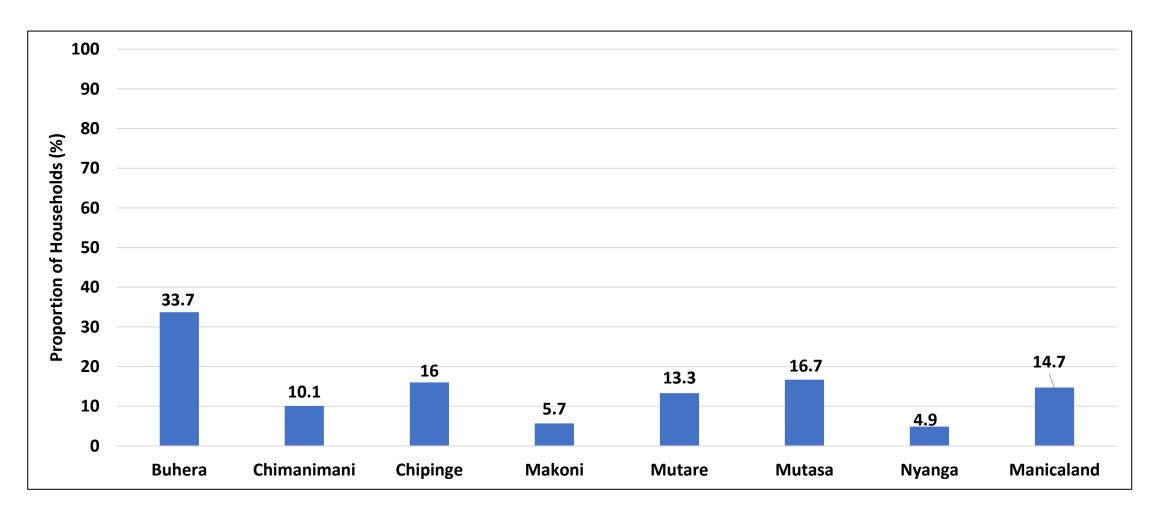
• Keeping food closed to avoid contamination (75%) was the frequently mentioned method of keeping food safe.

Household Food Safety During COVID-19 Lockdown Period



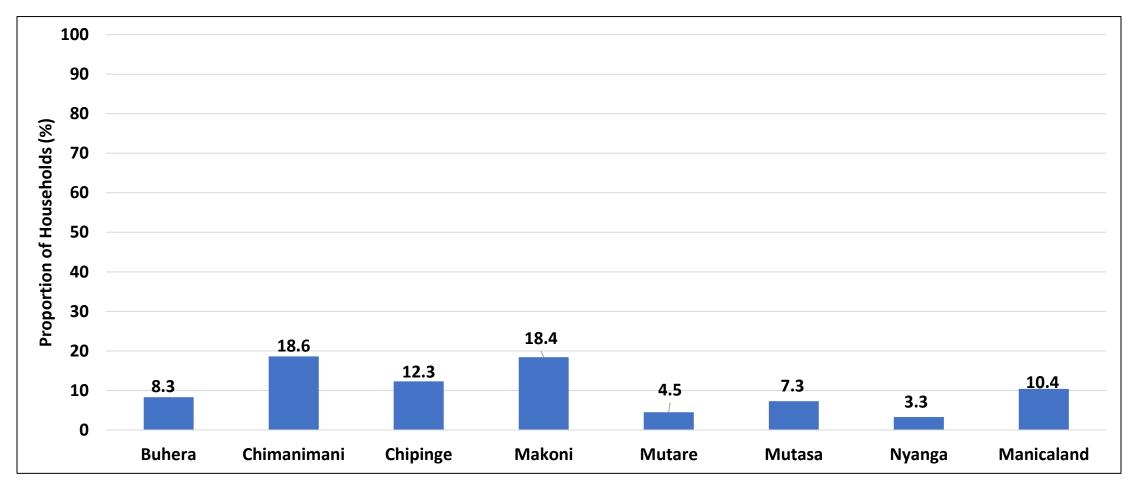
- Mutare (86%) had the highest proportion of households which bought perishables in bulk as formal shops were too far during the January to March 2021 national lockdown.
- Nyanga (76%) had he highest proportion of households which ate food undergoing spoilage during the lockdown period.
- At provincial level 51% of the households reported that they ate food under spoilage during the lockdown period.

Purchase of Expired or Spoiled Food



• Buhera (33.7%) had the highest proportion of households which purchased expired or food undergoing spoilage due to its reduced price.

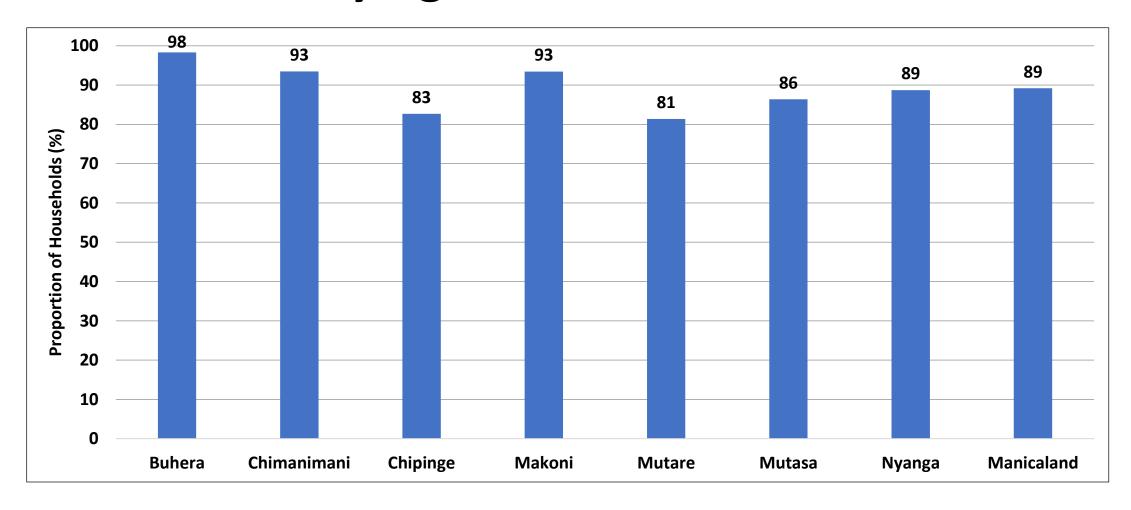
Information on Food Safety



- In the province, only 10.4% of the households received information on food safety issues.
- Chimanimani (18.6%), had the greatest proportion of households which received information on food safety issues.

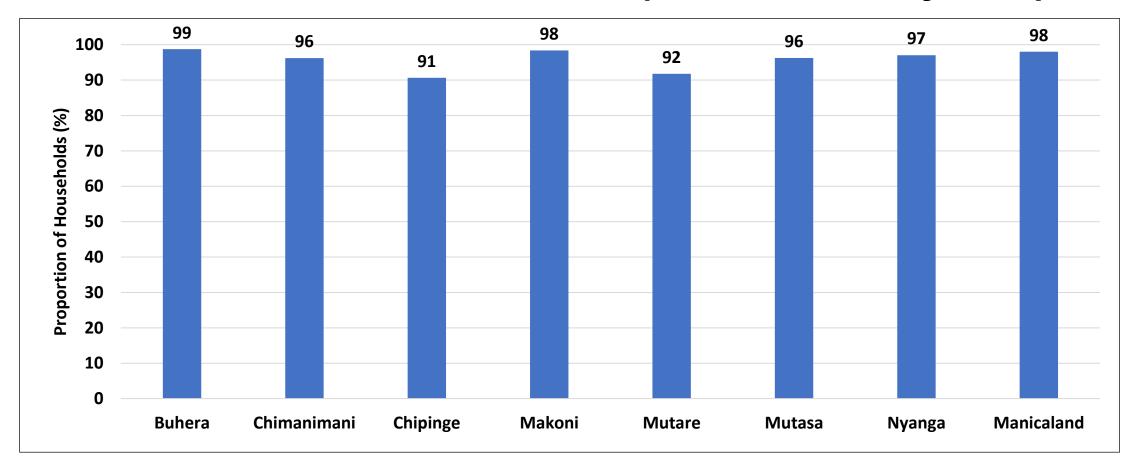
Access to Services and Infrastructure

Access to Any Agricultural Extension Services



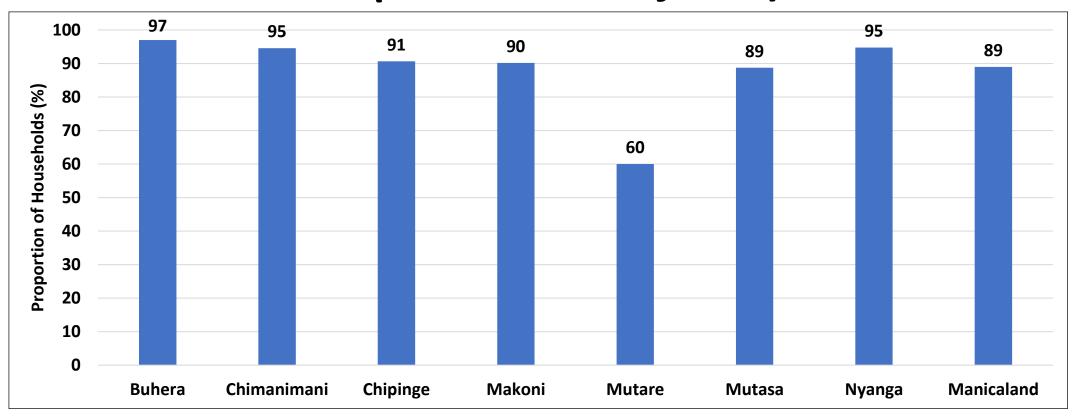
• In Manicaland 89% of households received some form of agricultural extension services support in the past year.

Households that Received Agricultural Training from Extension officers (breakdown of 89%)



Generally, the proportion of households which received agricultural training from extension officers remained high across all districts.

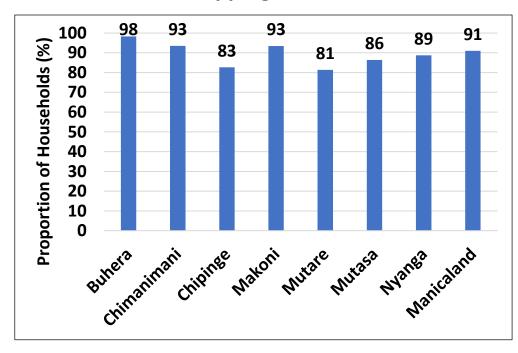
Households that Received Agriculture Extension Visits from Extension Officers (breakdown of 89%)



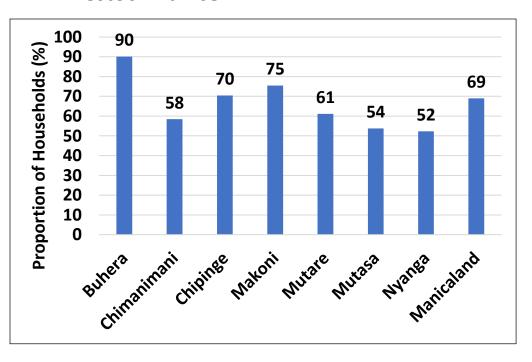
• A total of 89% of households reported that they received agricultural extension visits from extension officers.

Households that Received Agricultural Advice from Government Extension Officers

Cropping Advice

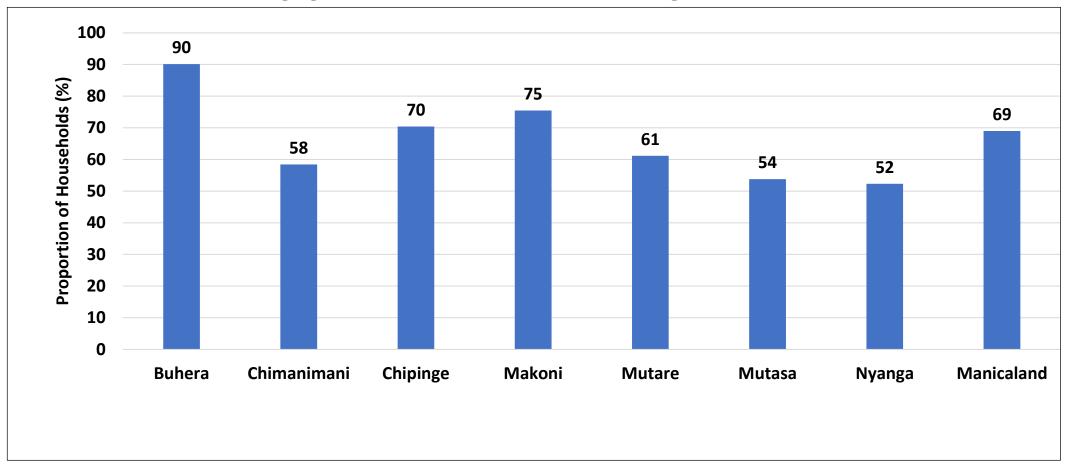


Livestock Advice



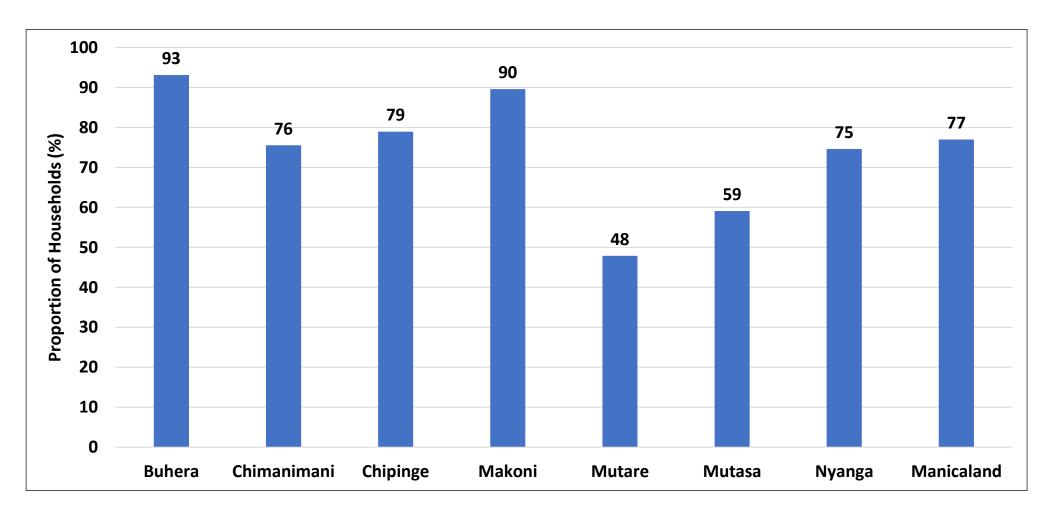
- The proportion of households that received cropping advice from extension officers was generally high across all the districts.
- In Manicaland, the proportion of households that received livestock advice was 69%.

Households that Received Extension Support on Fall Army Worm



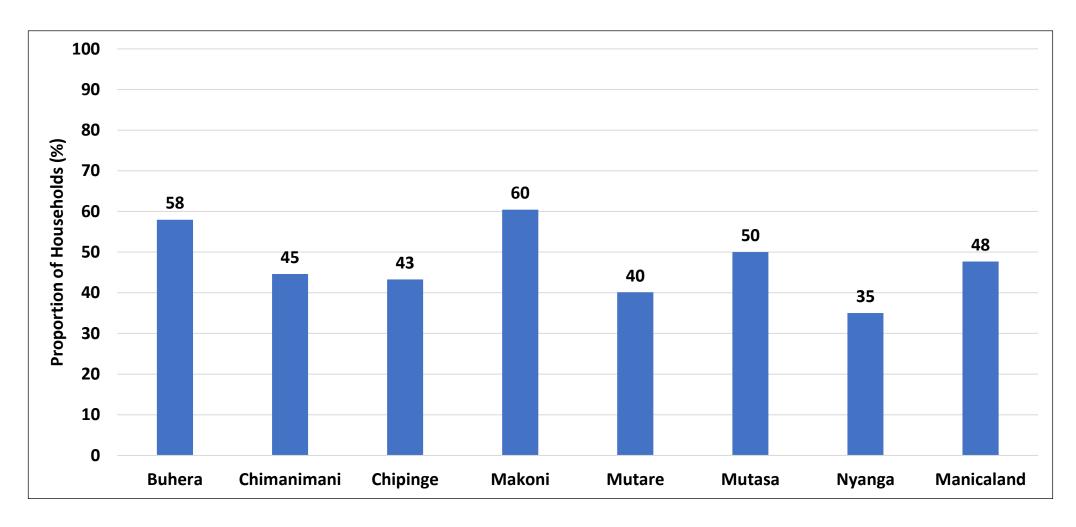
• In the province, 69% of households received extension support on Fall Army Worm.

Households that Received Extension Support on Weather and Climate



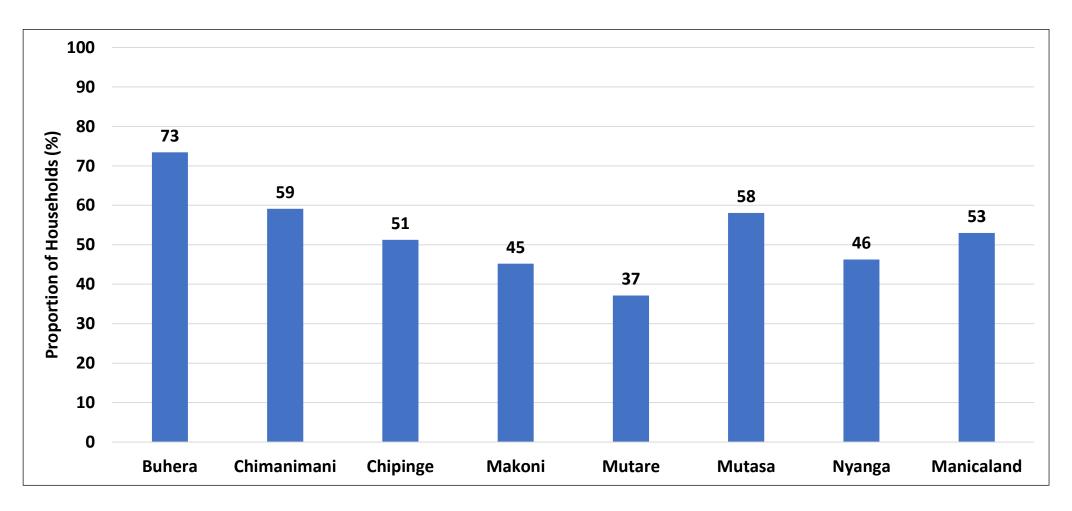
• The proportion of households that received extension support on weather and climate was 77%.

Access to Animal Health Centres



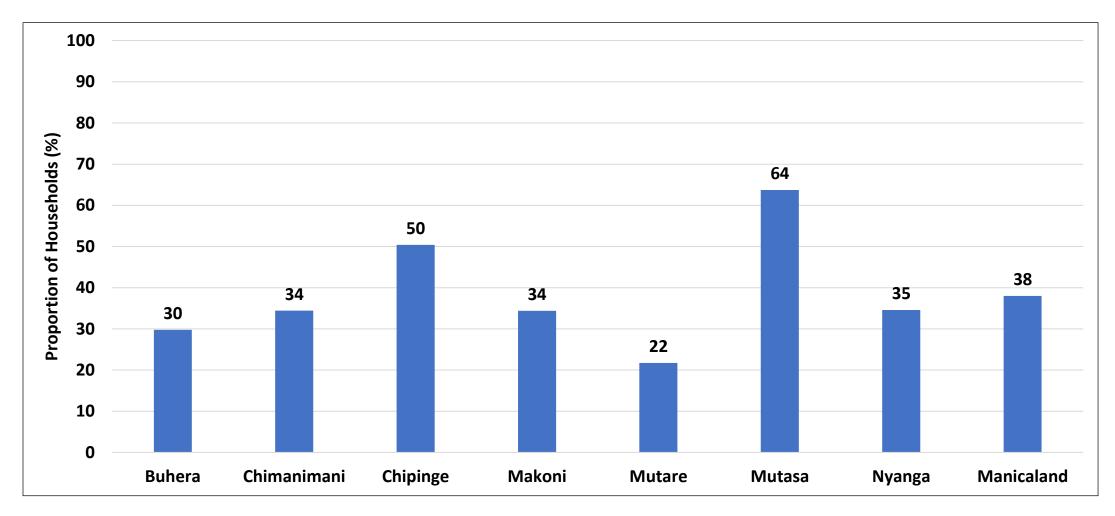
 Access to Animal Health Centres was generally low across all districts, with only 48% of households reporting that they had access at provincial level.

Police Services Reachable Within One Hour



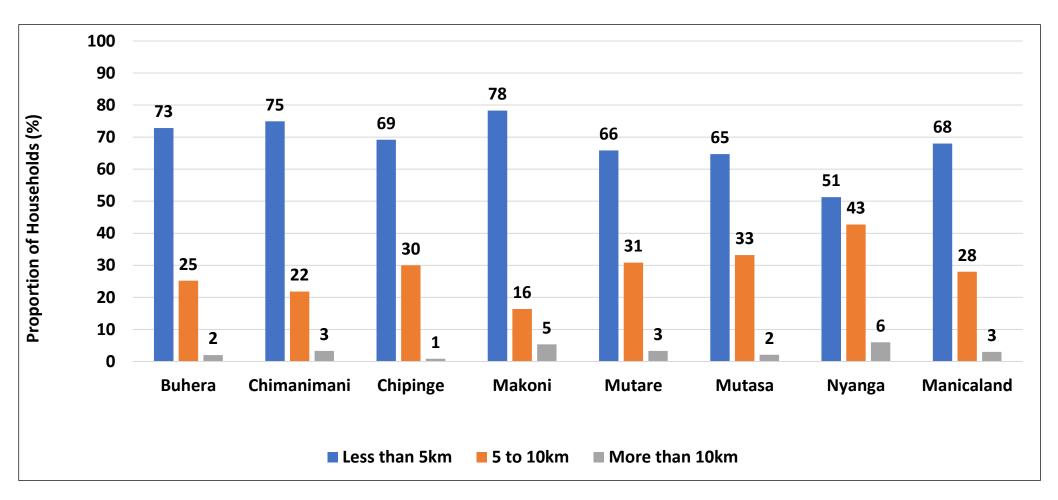
• Only 53% of households reported that police services were reachable within one hour.

Access to Victim Friendly Services



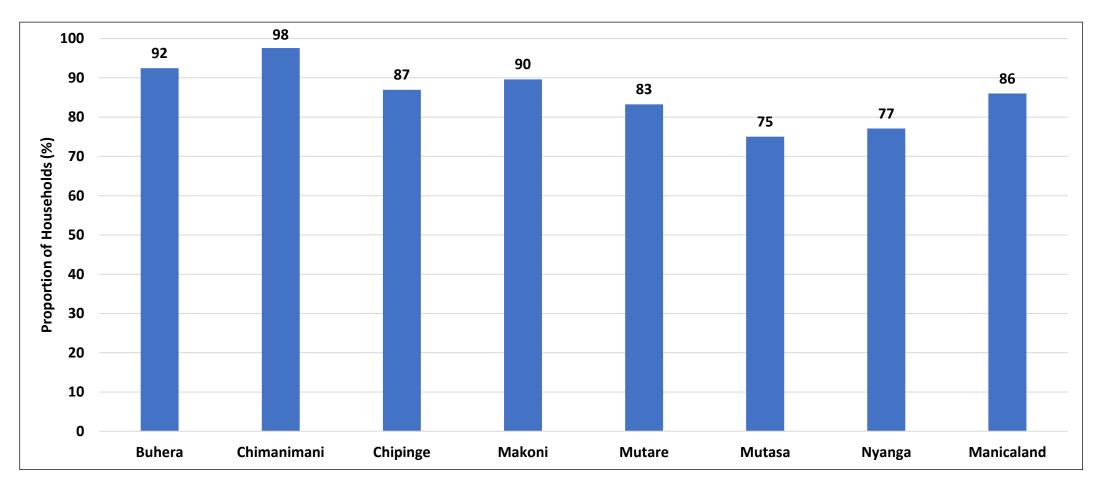
• Access to victim friendly services was generally low across all districts except in Mutasa (64%).

Approximate Distance of the Nearest Primary School



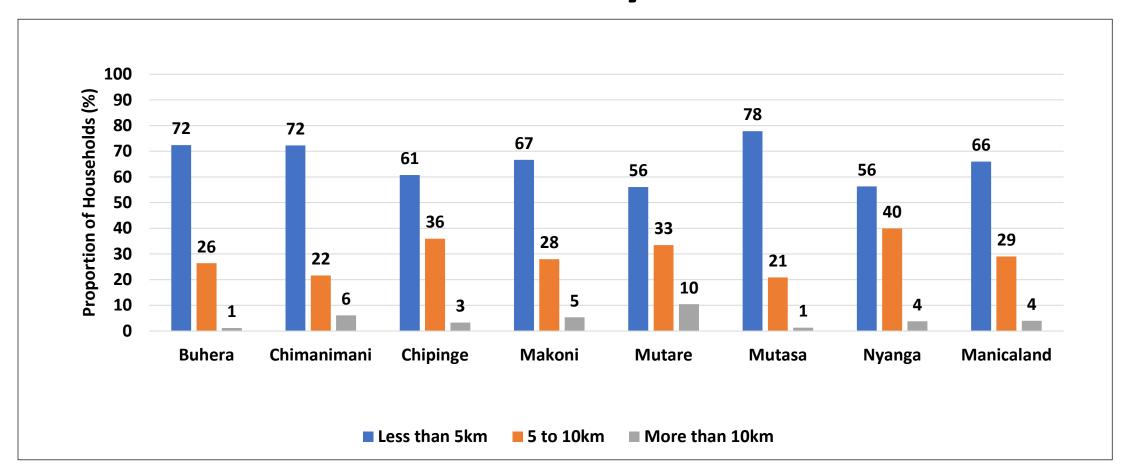
In Manicaland, 68% of the households had their nearest school within a distance of the less than 5km.

Access to Health Related Information



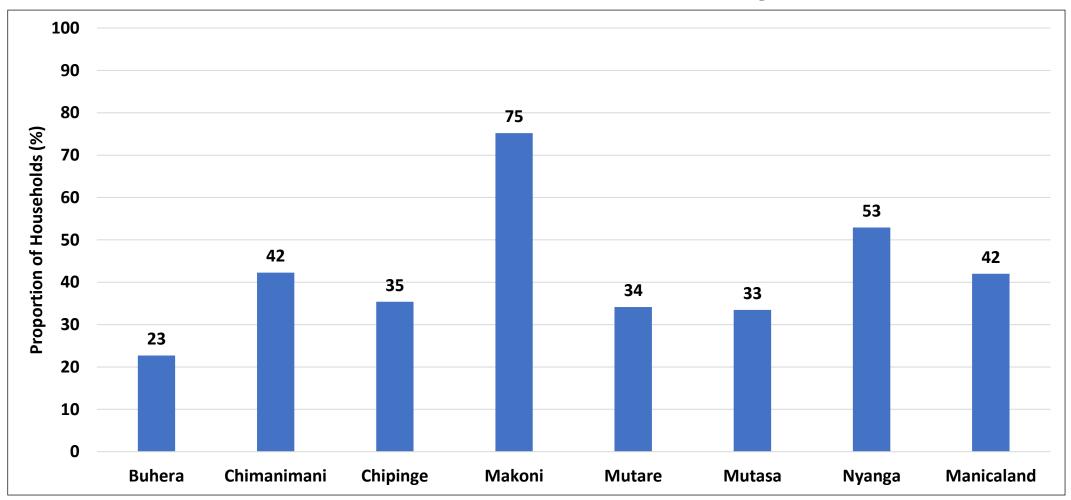
• Eighty six percent of households had access to health related information in Manicaland.

Approximate Distance to the Nearest Health Facility



• About 54% of households were within a 5km radius to the nearest health facility, while 4% were more than 10km from their closest clinic.

Access to Grain Facility



- Only 42% of households had access to a grain facility.
- Buhera (23%) had the lowest proportion of households which had access to grain facilities.

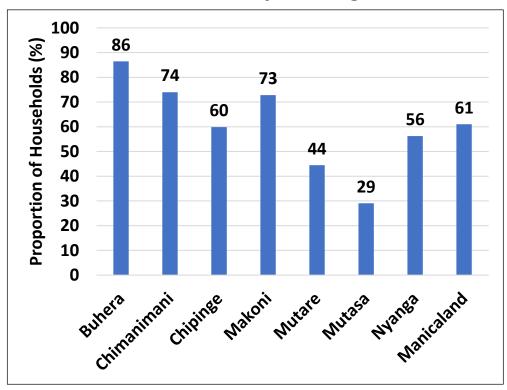
Structures Used to Store Grain

	Ordinary room	Traditional granary	Ordinary granary	Improved granary	Bin/drum	Crib	Hermetic bags	Metal silos	
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	
Buhera	44	47	5	2	2	0	0	0	
Chimanimani									
	85	7	4	0	0	0	5	0	
Chipinge	67	18	11	0	0	2	1	0	
Makoni	77	20	1	2	0	0	1	0	
Mutare	87	11	2	0	0	0	0	0	
Mutasa	83	6	10	1	0	0	0	0	
Nyanga	66	30	2	0	0	2	0	0	
Manicaland	74	19	4	1	0	1	1	0	

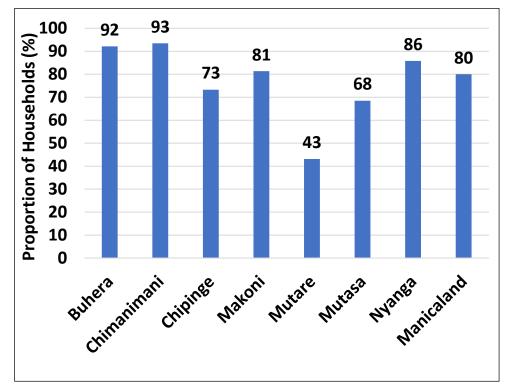
- The most common structures used to store grain at household level were ordinary rooms (74%) followed by traditional granaries (19%).
- Of concern was the low usage of improved granaries (1%) and hermetic bags (1%) which are reliable methods that reduce post harvest losses.

Households which Received and Used Early Warning Information

Received early warning



Used early warning information to plan response mechanisms



- At least 61% households received early warning information.
- Of those who received early warning information, 80% used it...

Households which Received Information on Public Health Diseases

	Rabies (%)	Anthrax (%)	Cholera (%)	Typhoid (%)	Dysentery (%)	Salmonella (%)	Listeria (%)
Buhera	83	64	78	24	12	0	0
Chimanimani	59	49	82	60	45	2	1
Chipinge	41	28	59	28	24	2	1
Makoni	64	69	81	61	40	13	13
Mutare	65	59	50	19	14	2	1
Mutasa	34	22	71	11	10	4	0
Nyanga	63	59	77	55	28	1	1
Manicaland	59	51	72	38	25	4	3

[•] A total of 72% of households received public health information on cholera, 59% on rabies and 51% on anthrax.

Sources of Information on Gender Based Violence Services

	Radio	Other household member		Newspaper	Social media	Internet browsing			Health promoters	Friends and relatives	UN/NGOs	Police	Other
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Buhera	44	17	10	2	26	1	35	54	19	23	10	43	1
Chimanimani	66	13	3	0	4	0	25	29	17	11	21	40	1
Chipinge	50	39	10	9	19	3	38	36	25	27	23	45	0
Makoni	76	10	3	2	6	1	18	23	17	12	13	32	5
Mutare	63	10	1	0	9	0	22	29	4	4	28	10	9
Mutasa	64	7	7	0	11	0	24	17	9	10	9	26	5
Nyanga	80	21	7	6	22	4	43	16	3	17	13	33	1
Manicaland	63	16	6	3	13	1	29	29	14	15	16	34	3

[•] The main sources of information on Gender Based Violence services were radio (63%), health workers (29%) and government extension workers (29%).

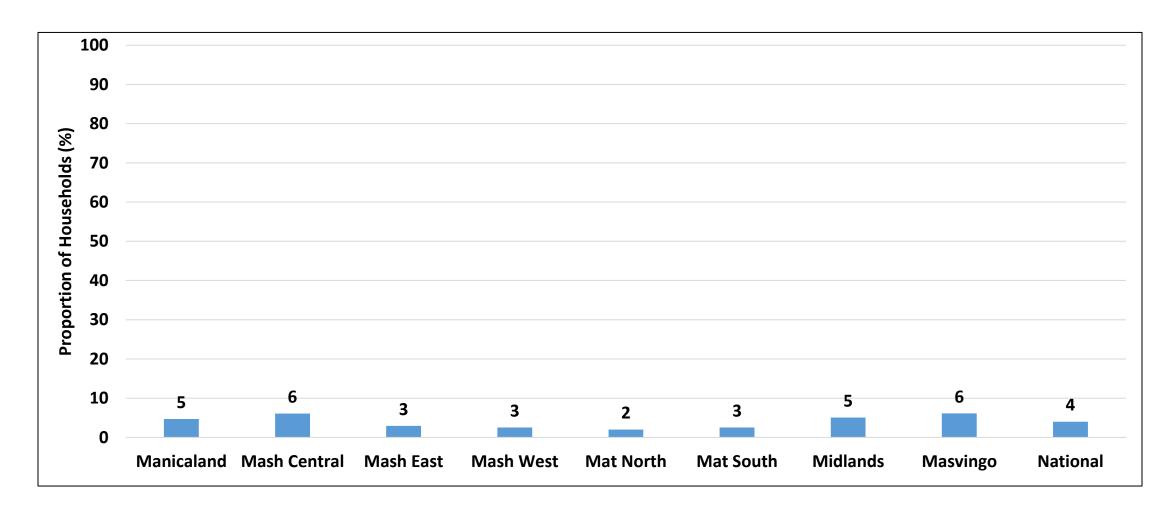
Ownership of Assets that Enhance Food and Nutrition Security

	Irrigation (%)	Farming equipment	Fowl runs (%)	Solar powered water source (%)	Borehole (%)	Storage facility (%)	Savings (%)	Beehives (%)	Nutrition garden (%)	Agro- forestry (%)	Other (%)
Buhera	0	23	60	0	1	3	1	1	85	4	6
Chimanimani	21	15	33	0	2	16	2	1	20	0	30
Chipinge	24	8	37	1	2	3	14	1	17	1	18
Makoni	42	37	50	15	28	48	24	6	59	4	4
Mutare	0	10	21	1	4	10	4	1	19	0	40
Mutasa	8	12	48	0	2	20	4	2	25	1	12
Nyanga	8	7	48	2	9	11	4	2	52	1	5
Manicaland	15	16	43	3	7	16	8	2	41	2	16

[•] The most common assets that enhance food and nutrition security owned by households were nutrition gardens (41%), fowl runs (43%) and farming equipment (16%).

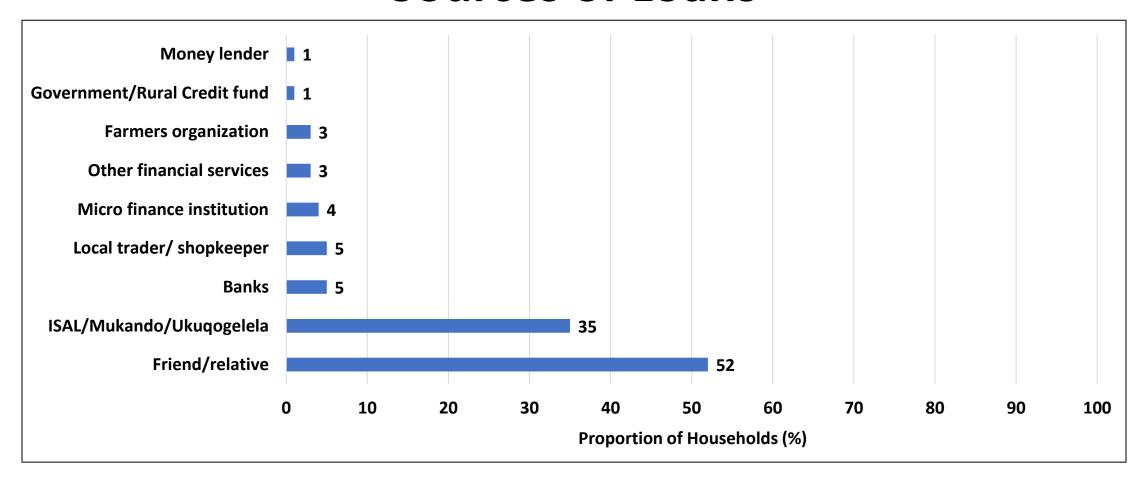
ISALS and Loans

Households which Received Loans



About 4% of households received loans.

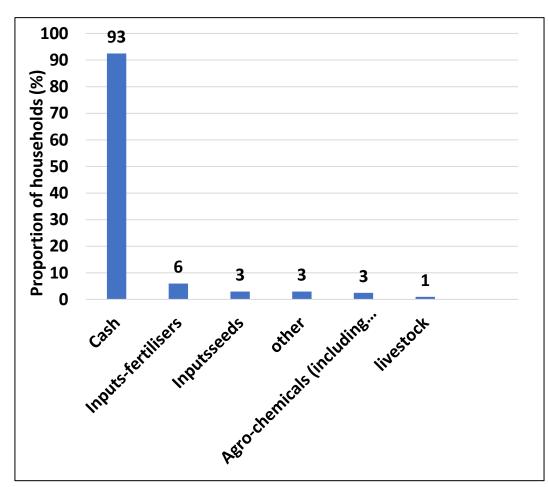
Sources of Loans



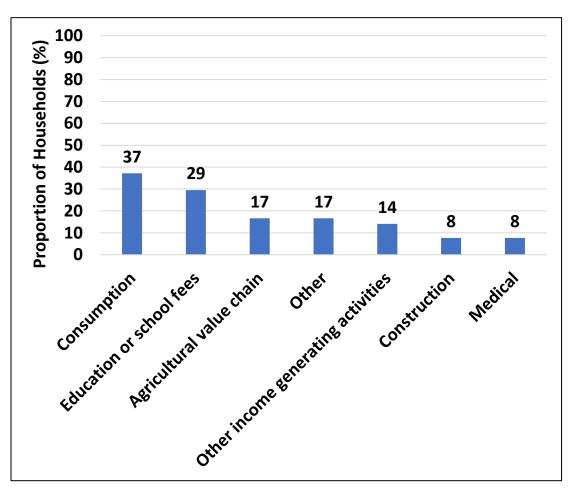
• Of the 5% households that received loans the majority of households reported that they received the loans from relatives or friends (52%).

Type of Loan and Primary Use of the Loan

Type of loan

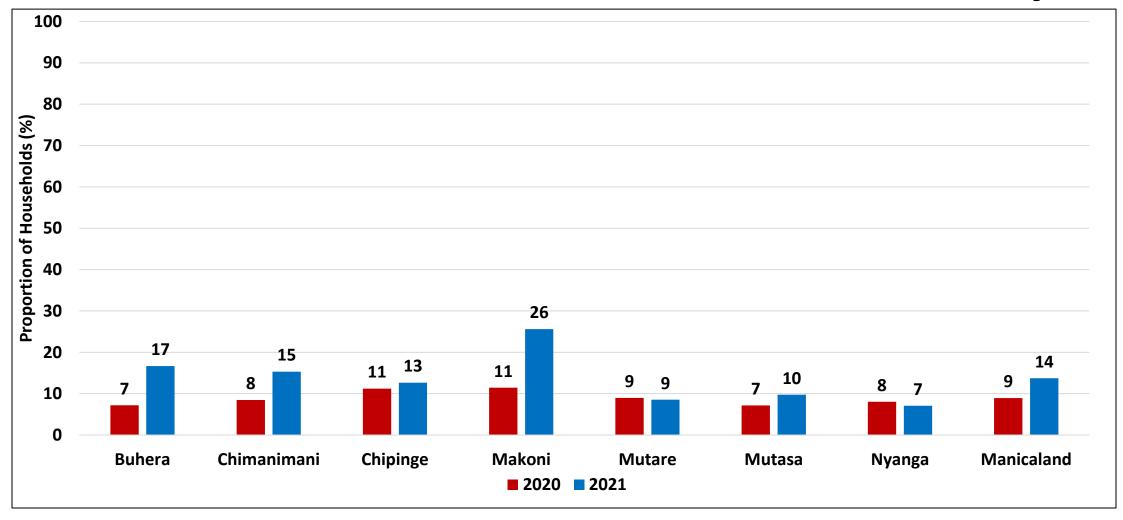


Primary Use of the Loan



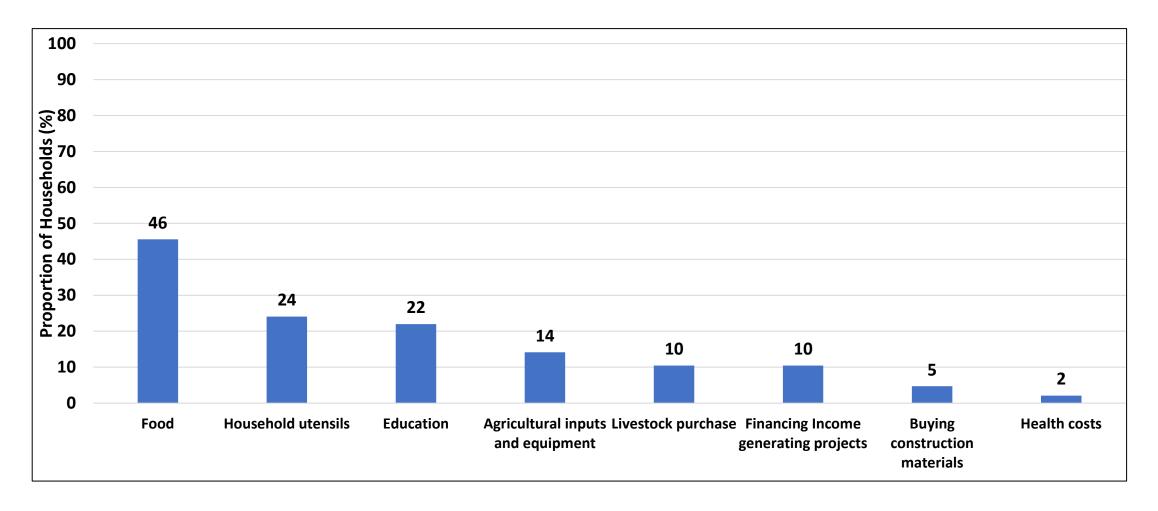
• Most loans were cash (93%) and were mostly used for consumption (37%) and education or school fees (29%).

Households with a Member in an ISAL Group



- About 14% of households in Manicaland reported to be a member of Income Savings and Lending (ISAL) group, an increase from 9% in 2020.
- Makoni (26%) had the highest number of households that reported to be a member of ISAL.

Use of Share-out From the ISAL Group



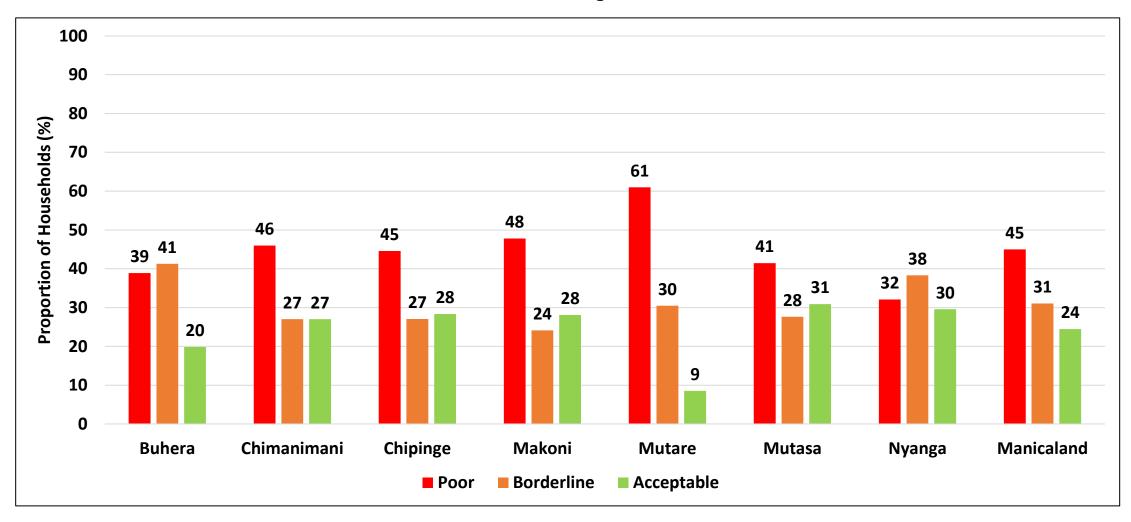
• Food (46%) was the main use for the share outs from ISAL groups in Manicaland.

Food Consumption Patterns

Food Consumption Score

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

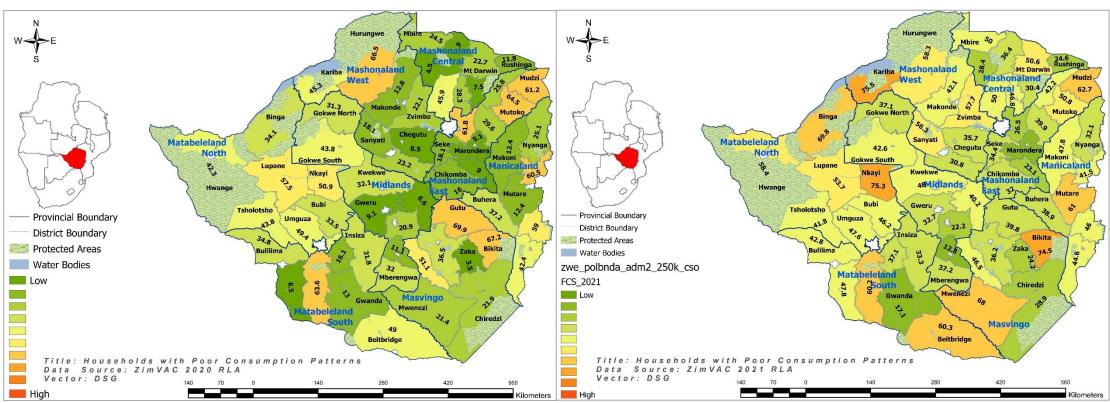
Food Consumption Patterns



• In the province 45% of households had poor consumption patterns with Mutare (61%) having the highest proportion.

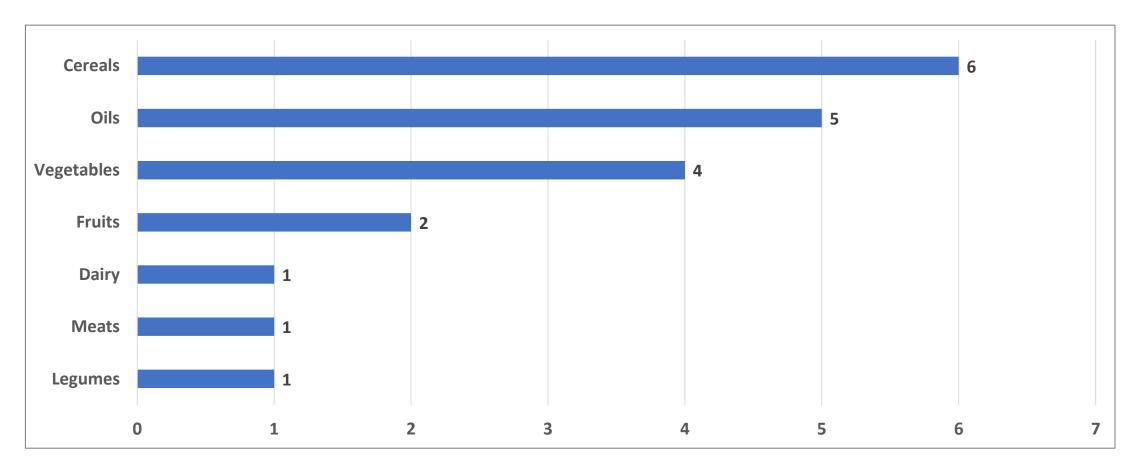
FCS – Houses with Poor Consumption Patterns

2020 2021



Comparing with 2020 Mutare (12.4%) had the greatest percentage change in the proportion of households consuming poor diets (61.3%)

Average Number of Days Households Consumed Food from the Various Food



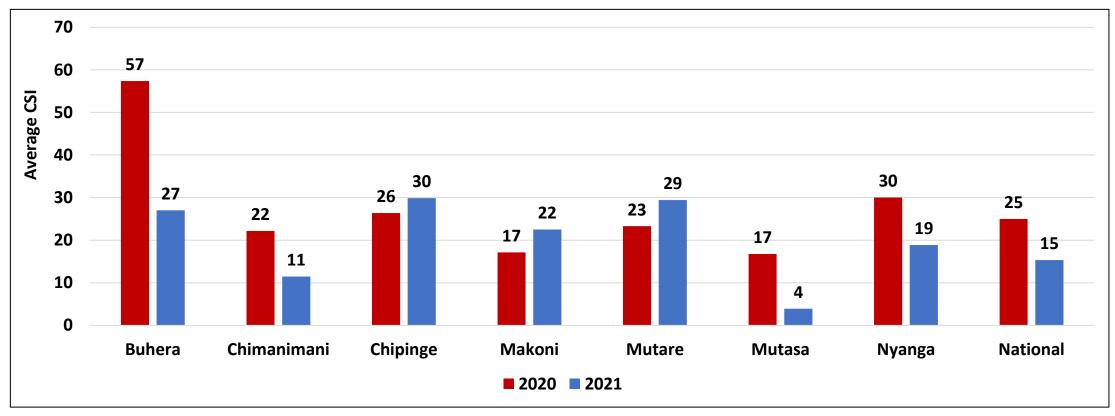
Most of the households consumed cereals, vegetables and oil.

The Coping Strategies Index (CSI)

- Households engage in various methods of coping when faced with food access challenges. The household consumption strategies are food consumption behaviours that households adopt when faced with challenges in accessing food.
- The Reduced Coping Strategies Index (rCSI) considers both the frequency and severity of pre-selected coping strategies that a household used in the seven days prior to the survey. Reduced coping strategies index can be classified into three categories depending on the severity as shown below.

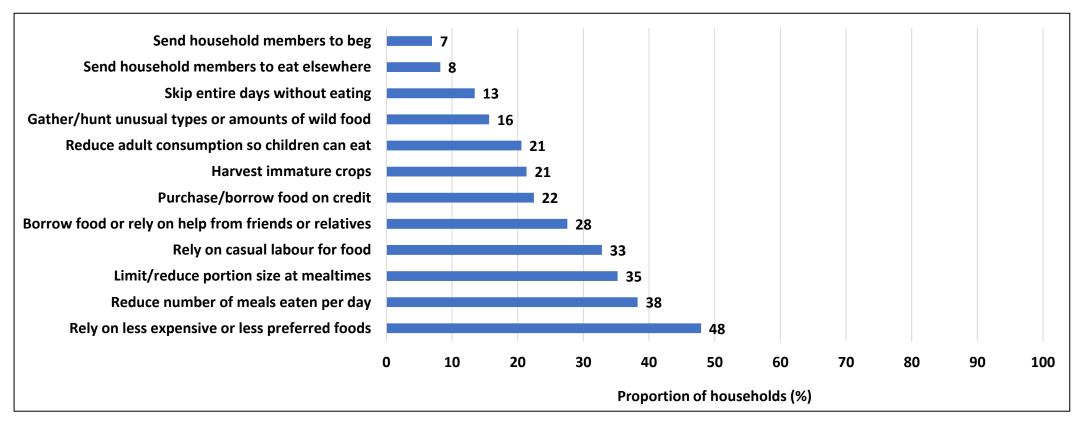


Household Consumption Coping Strategy Index (CSI)



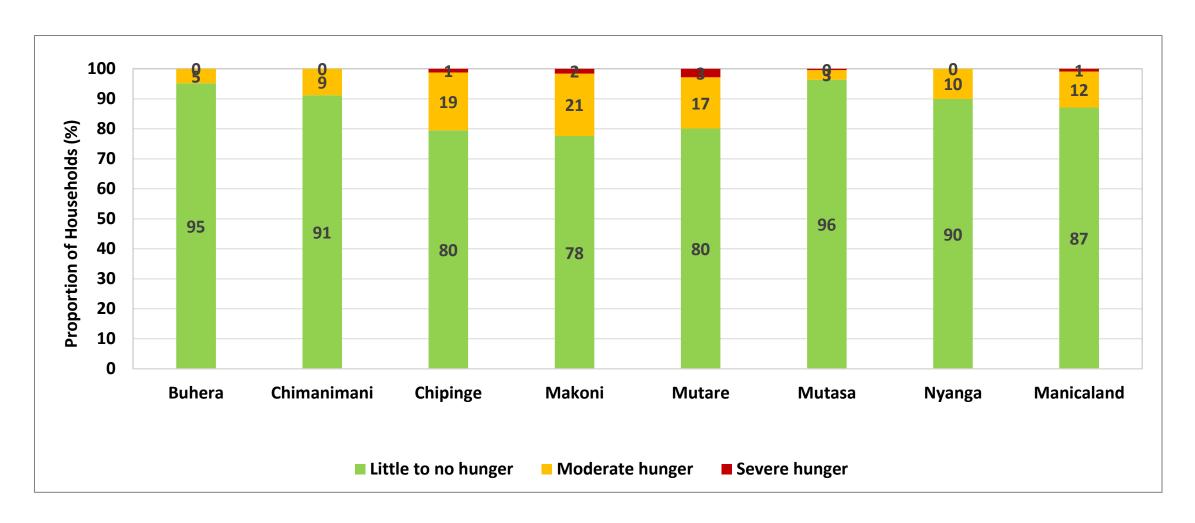
- Chipinge (30), Mutare (29), Buhera (27) and Makoni (22) reported the highest CSI higher than the provincial average of 20 and national average of 15.
- Adoption of high coping by households is an indication that households could have been facing challenges in accessing food.

Household Consumption Coping Strategies



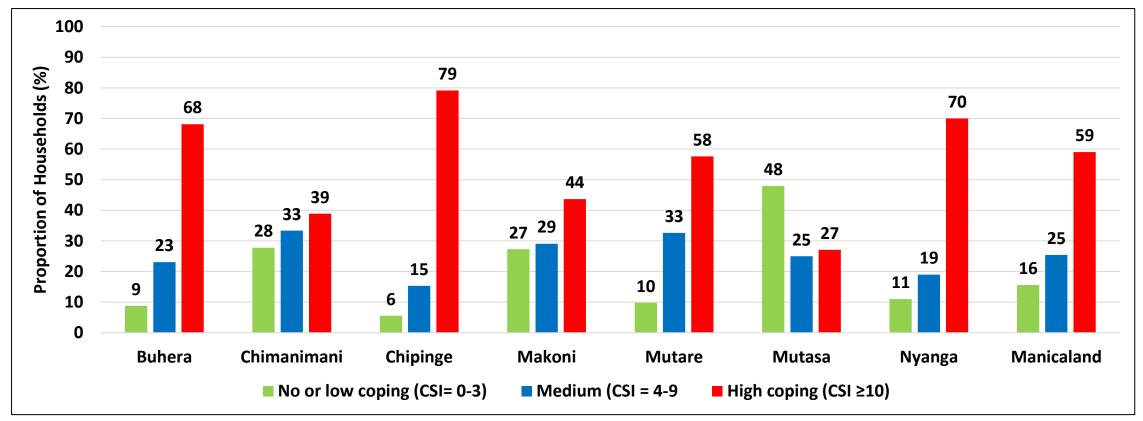
- The household consumption coping strategies that were employed when faced with challenges to access food included: relying on less expensive foods (48%), reducing the number of meals consumed per day (38%) and reducing meal portion size (35%).
- The adoption of these strategies contributes negatively to nutrition outcomes.

Household Hunger Scale



- The province had 12% of households facing moderate hunger.
- In Mutare, 3% were facing severe hunger.

Household Reduced Consumption Coping Strategy Index (rCSI)



- The highest proportion of households which reported high consumption based coping was in Chipinge (79%), Nyanga (70%) and Buhera (68%) above the provincial average of 59%.
- Mutasa (48%) had the highest proportion of households which adapted low or no coping.

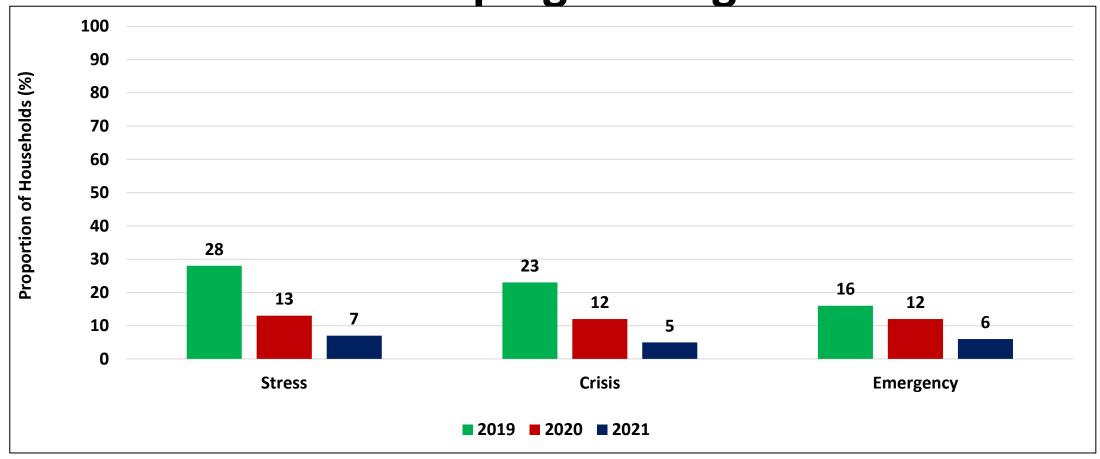
Livelihoods Based Coping Strategies

Households Livelihood Coping Strategies

- Livelihood Coping Strategies are behaviours employed by households when faced crisis and measures longer-term coping capacity of households.
- The livelihoods Coping strategies have been classified into three categories namely stress, crisis and emergency as indicated in the table below.

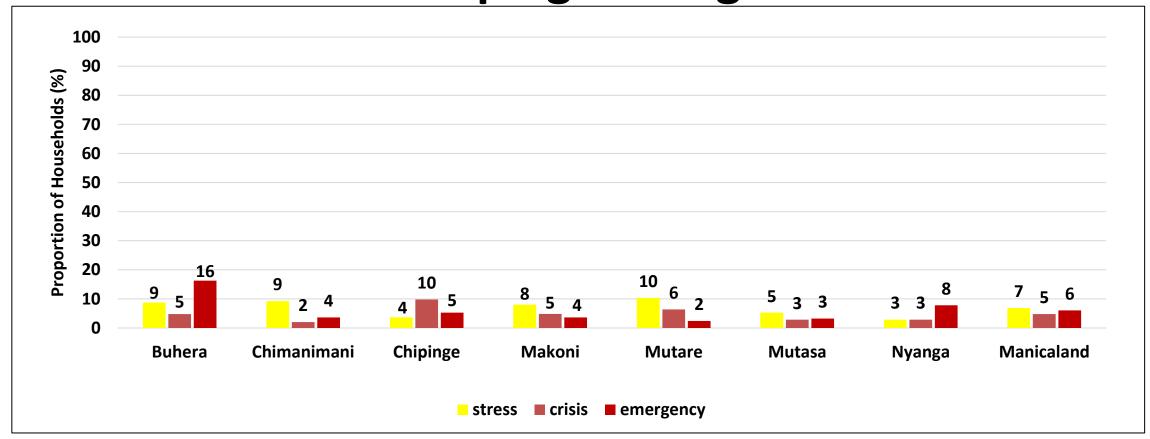
Category	Coping Strategy
Stress	Borrowing money Spending savings Selling more non-productive livestock than usual Selling household assets
Crisis	Selling productive assets Withdrawing children from school Reducing non-food expenditure
Emergency	Selling land Begging for food Selling the last breeding stock to buy food

Households Engaging in Livelihood Based Coping Strategies



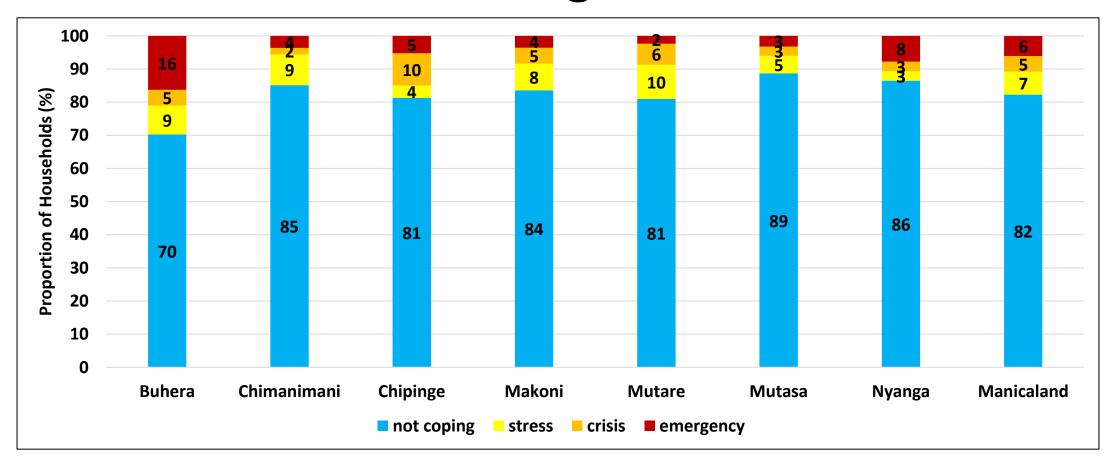
• There has been a marked decrease in the proportion of households engaging in livelihood based coping strategies over the last three years.

Households Engaging in Livelihoods Coping Strategies



- At provincial level 6% of the surveyed households resorted to emergency coping mechanisms with the highest proportion reported in Buhera (16%), followed by Nyanga at 8%.
- Households engaging in emergency livelihood coping strategies reduce their long term coping capacities.

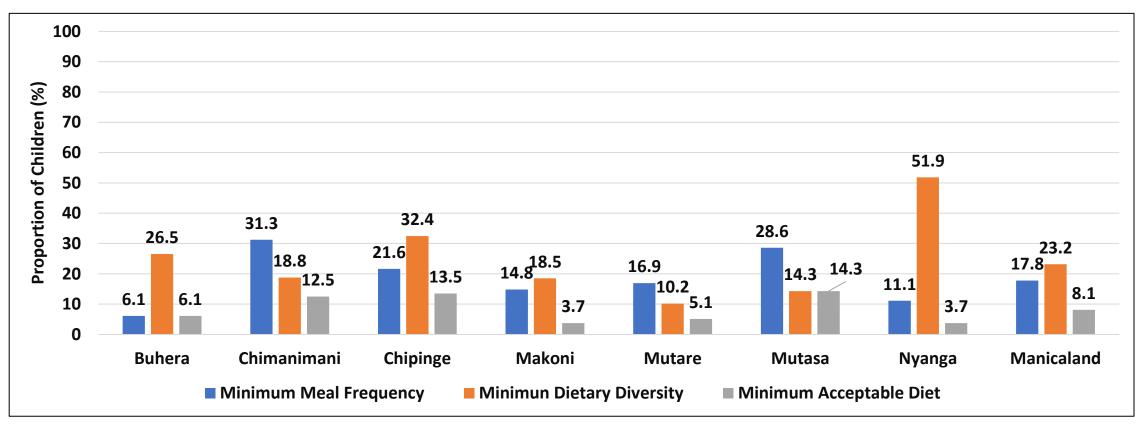
Households Maximum Livelihoods Coping Strategies



- At provincial level, 82% households did not use any coping strategies to maintain their access to food and other basic goods and services.
- Mutasa (89%) had the most households that did not engage in any livelihood coping strategies (89%).

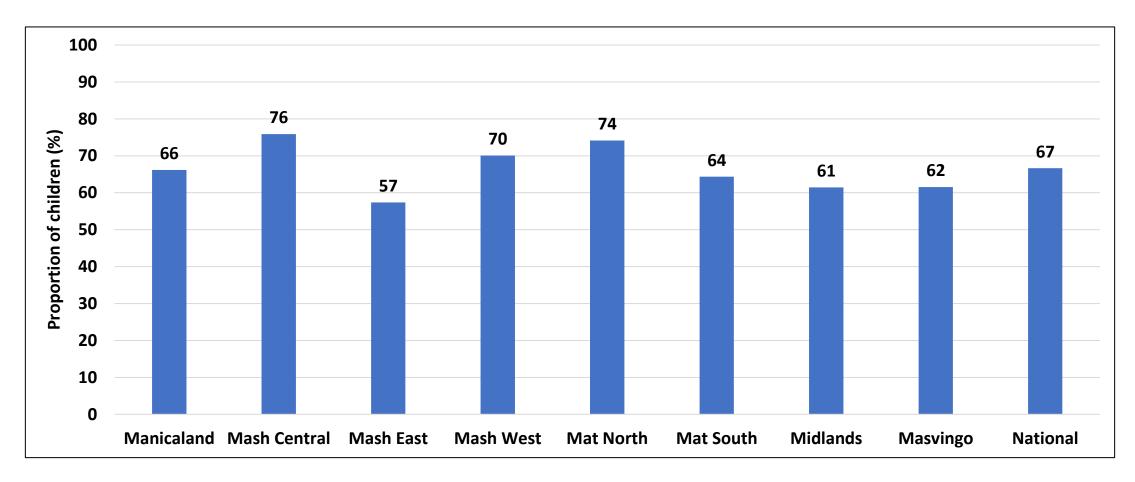
Complementary Feeding

Complementary Feeding Practices



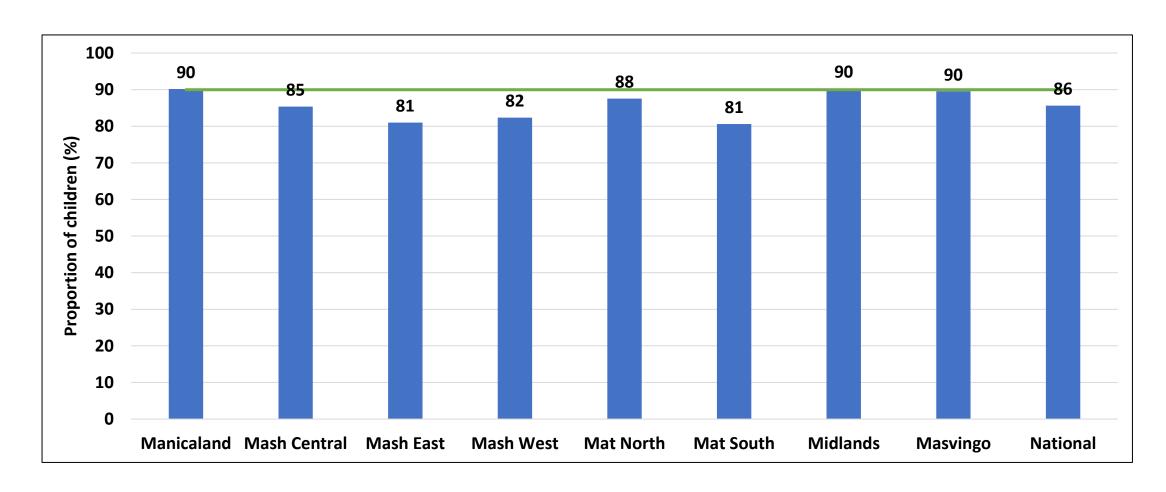
- Only 3.7% of children aged 6-23 months received the Minimum Acceptable Diet in Nyanga and Makoni. Highest rates of MDD where in Nyanga (51.9%).
- A minimum acceptable diet is an indicator that combines information on children who received the minimum dietary diversity and the minimum meal frequency. It is essential to ensure appropriate growth and development for children aged 6-23 months.

Continued Breastfeeding beyond 1 Year



- Nationally, 67% of the children continued to be breastfed beyond 1 year.
- Mashonaland Central had the highest proportion of children who were breastfed beyond 1 year (76%).

Early Initiation of Breastfeeding



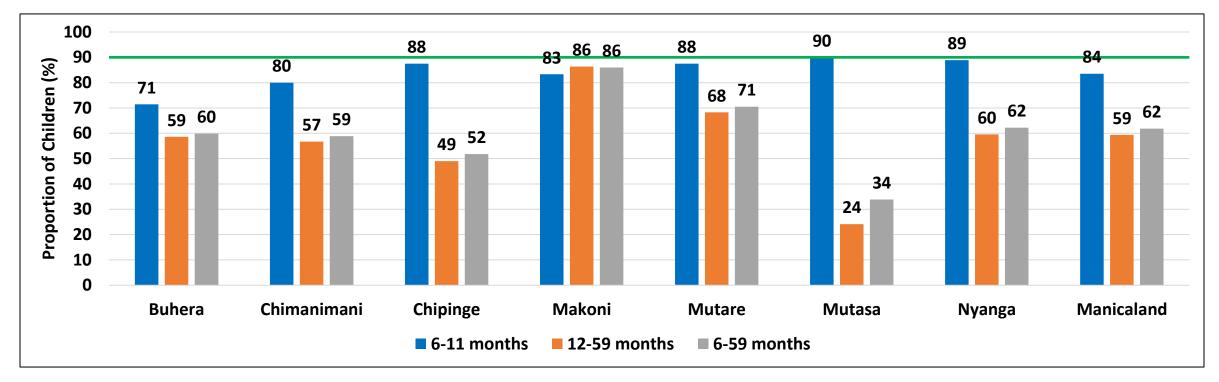
- Nationally, the proportion of children who were initiated to breastfeeding within an hour, as per recommended practice was 86%
- Manicaland, Midlands and Masvingo provinces reached the target of 90%.

Child Nutrition Status

Recommended Vitamin A Supplementation Schedule for Children 6–59 Months of Age

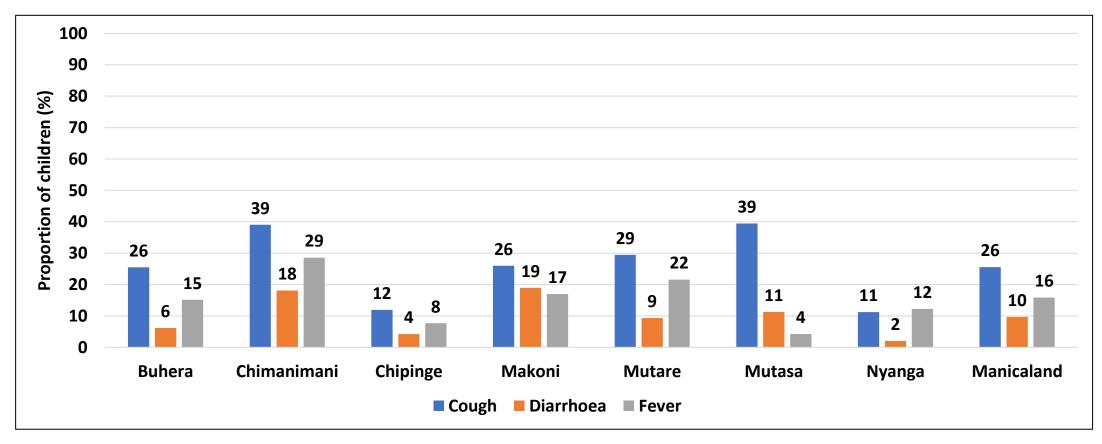
Target group	Infants 6–11 Months of age	Children 12–59 Months of age		
Dose	100 000 IU	200 000 IU		
Frequency	Once a year	Twice a year (Every 6 months)		
Route of administration	Oral			

Children Aged 6-59 Months who Received the Recommended Dose of Vitamin A



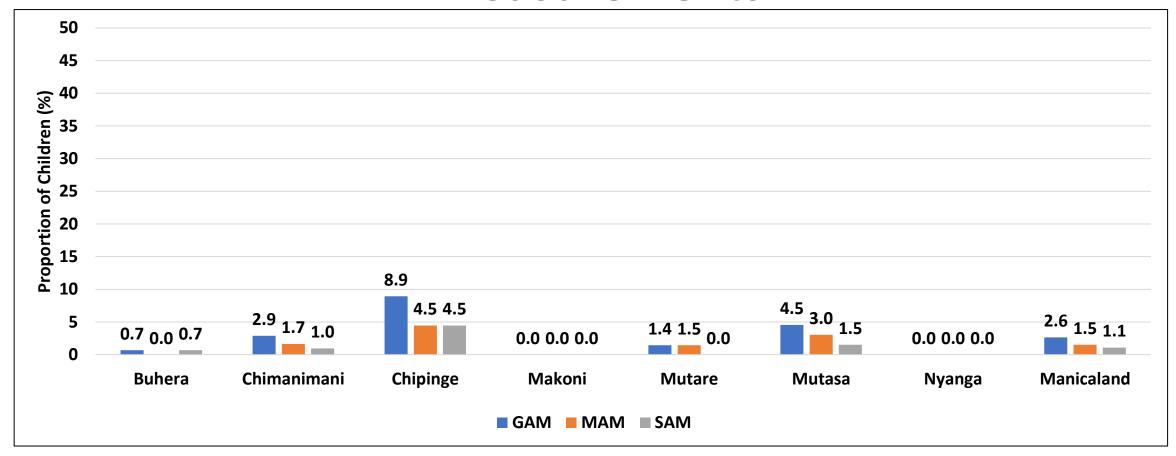
- The proportions of children who received the recommended dose of Vitamin A in the past 12 months were: 84% for 6-11 months; 59% for 12-59 months and 62% for the children 6-59 months.
- Only Mutasa (90%) reached the recommended target of 90% for children 6-11 months.
- Mutare (71%) had the highest proportion of children 6-59 months who received recommended Vitamin A doses and Mutasa (34%) had the lowest.

Child Illness



- Mutasa and Chimanimani had highest proportion of children who had cough (39%).
- Chimanimani (29%) and Mutare (22%) had highest proportion of children who had fever.
- Child illness has an impact on dietary intake and nutrient utilization among children, hence can lead to acute malnutrition.

Acute Malnutrition Based on MUAC Measurements



- Chipinge had the highest GAM rates of 8.9%, above the WHO threshold of 5%.
- However, the provincial GAM rate was 2.6 which is below the WHO threshold.

Gender Based Violence

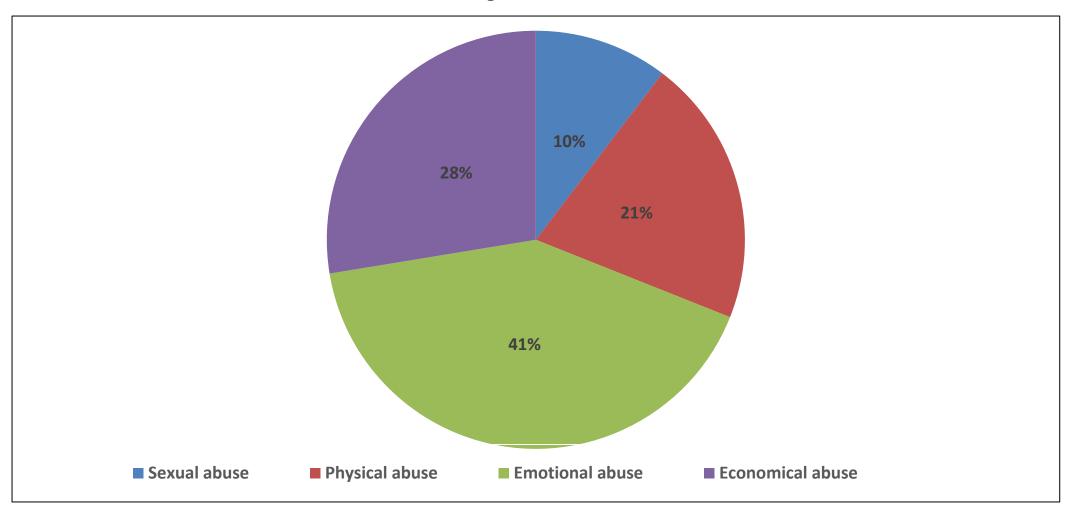
Forms of Gender Based Violence

		Physical abuse (%)			Sexual abuse(%)		
	N	No	Yes	Refused to answer	No	Yes	Refused to answer
Manicaland	1741	94.3	3.7	2.0	97.6	0.6	1.8
Mash Central	1999	96.2	3.5	0.3	99.0	0.7	0.3
Mash East	2257	96.6	2.8	0.5	99.1	0.6	0.3
Mash West	1722	95.9	3.1	1.0	98.3	0.8	0.9
Masvingo	1747	97.2	2.4	0.4	99.0	0.6	0.5
Mat North	1747	97.0	1.9	1.1	98.2	0.7	1.1
Mat South	1736	97.3	1.6	1.1	98.8	0.2	1.0
Midlands	1999	95.7	3.8	0.5	98.5	0.9	0.6
National	14948	96.3	2.9	0.8	98.6	0.6	0.8

- In Manicaland, 3.7% of the respondents reported that they experienced physical abuse while 0.6% experienced sexual abuse.
- Of the 3.7% who experienced GBV in Manicaland, only 3% reported the incidents.
- The highest proportion of respondents (43%) got GBV services from the Victim Friendly Unit.

Spousal Violence

Forms of Spousal Violence



- Nationally emotional abuse(41%) was the most prevalent form of abuse among spouses.
- Sexual abuse was the least reported with 10%.

Incidence of Spousal Violence

	Sexual abuse			Physical abuse (%)		Emotional abuse (%)		Economical abuse (%)	
Province	(%)								
	N	Male	Female	Male	Female	Male	Female	Male	Female
Manicaland	1389	2.2	3.3	4.8	5.2	8.8	9.4	5.6	5.7
Mash Central	1766	1.3	1.9	2.7	4.4	8.4	6.6	4.9	4.3
Mash East	2042	1.2	1.0	3.3	2.5	6.8	6.5	5.3	3.3
Mash West	1322	1.1	2.1	2.5	2.5	6.4	9.3	3.4	5.5
Masvingo	1562	0.6	1.2	1.5	2.2	3.3	2.6	1.8	2.3
Mat North	1464	0.9	0.4	1.8	0.6	3.3	2.8	2.5	2.8
Mat South	1627	2.0	1.4	3.9	2.9	6.8	4.6	4.7	4.4
Midlands	1597	0.2	1.5	2.1	1.5	4.3	4.3	2.7	2.2
National	12769	1.2	1.5	2.8	2.7	6.0	5.8	3.9	3.7

- Manicaland had the highest incidences of all forms of spousal violence in both males and females.
- Emotional abuse was the highest form of spousal violence for both males (8.8%) and females (9.4%).

Victims who Sought Medical Attention as a Result of Spousal Violence

	So	exual	Pl	nysical	Emotional		
	Suffered abuse (%)	Sought medical attention (%)	Suffered abuse (%)	Sought medical attention (%)	Suffered abuse (%)	Sought medical attention (%)	
Manicaland	2.67	17.9	4.97	18.6	9.01	17.8	
Mash Central	1.59	10.3	3.57	32.8	7.54	17.8	
Mash East	1.08	11.5	2.84	17.2	6.62	16.1	
Mash West	1.59	8.7	2.5	17.1	7.88	25.5	
Masvingo	0.83	0	1.73	15.2	3.07	15.3	
Mat North	0.61	0	1.16	16.2	3.01	13.5	
Mat South	1.72	22.2	3.44	21.1	5.84	13.3	
Midlands	0.81	15.6	1.82	17.2	4.32	21.8	
National	1.34	11.8	2.76	20.1	5.9	18.3	

[•] In Manicaland, 17.9% sought medical attention after suffering sexual violence; 18.6% for physical and 17.8% for emotional violence.

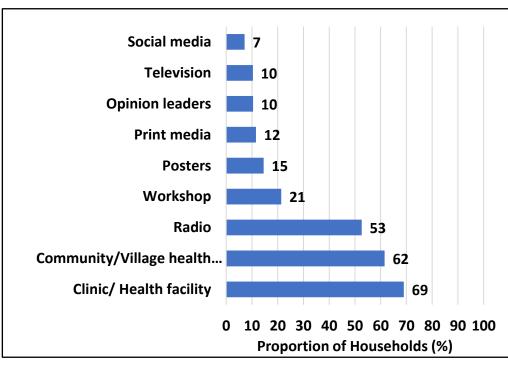
COVID-19 and Livelihoods

Sources of COVID-19 Information

Current Sources

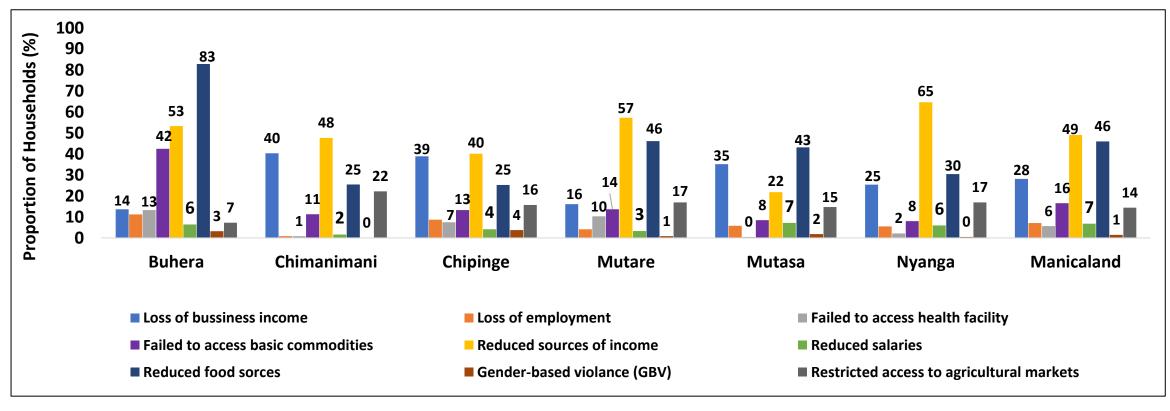
Others **Vehicles moving with hailers Road shows** Posters Newspapers **Traditional leaders** Television Non-Governmental... Churches 13 Social gathering Social media 20 Health worker 42 Friends and relatives **Community Health...** Radio 79 60 80 100 Proportion of Households (%)

Preferred Future Sources



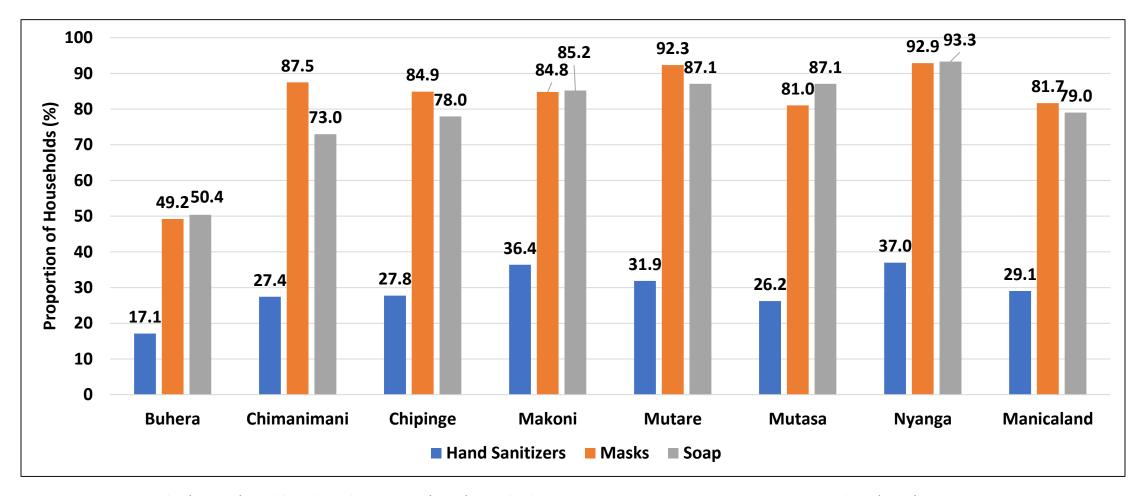
- The proportion of households which heard about COVID-19 was high, above 90% in all districts. The main sources of COVID-19 information in the province were the radio (79%), friends and relatives (48%) and community health workers (49%).
- The main preferred future sources of information on COVID-19 in the province were: clinic/health facility (69%), community/village health workers (62%) and radio (53%).
- The highest proportion of households which were aware of the existence of the COVID-19 toll free lines, was in Buhera (53%).

Effects of COVID-19 on Livelihoods



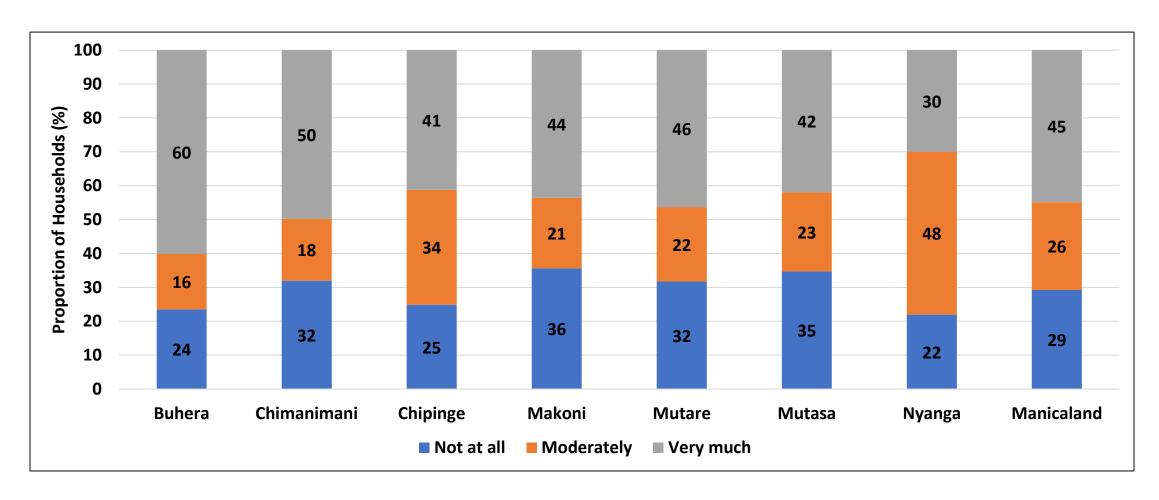
- The main effects of COVID-19 on livelihood were reduced sources of income (49%) and reduced food sources (49%).
- Buhera had the highest proportion of households that reported reduced food sources (83%) as the main effect of COVID-19 on livelihoods while Nyanga had the highest proportion of households that reported reduced sources of income (65%) as the main effect of COVID-19 on livelihoods.

Access to Hand Sanitizers, Masks and Soap



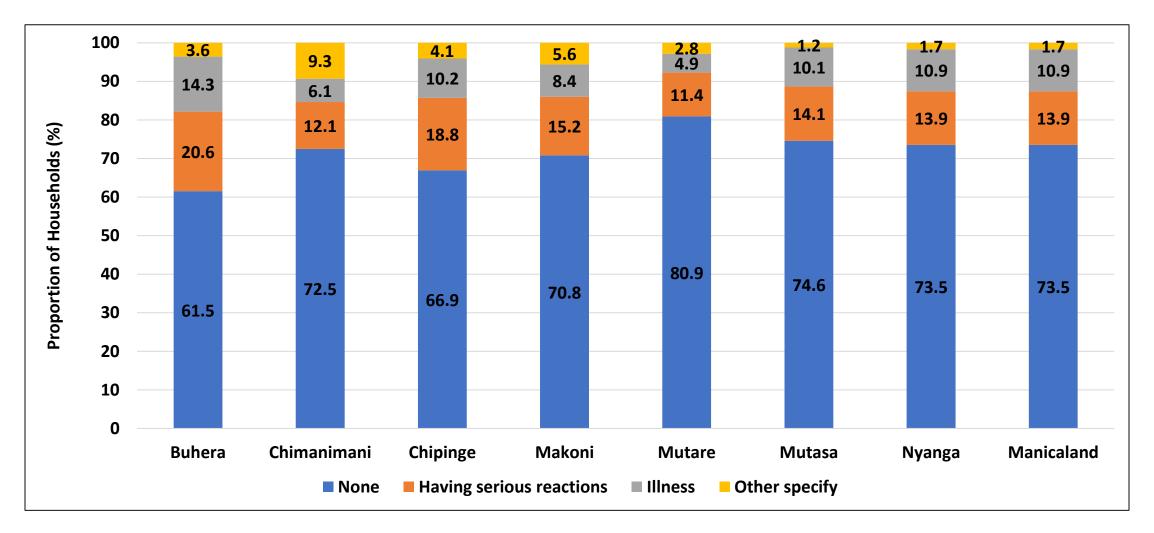
- Access to masks (81.7%) and handwashing soap (79%) was high. However, access to sanitisers was very low (29%).
- The trend was similar in all districts, that is, masks were accessible whereas hand sanitizers were not easily accessible.
- About 29% of the surveyed households could afford COVID-19 PPE and accessories. The lowest proportion was in Buhera at 8.5%.

Trust in the COVID-19 Vaccine



• About a third of households reported that they had no trust in the COVID-19 vaccine.

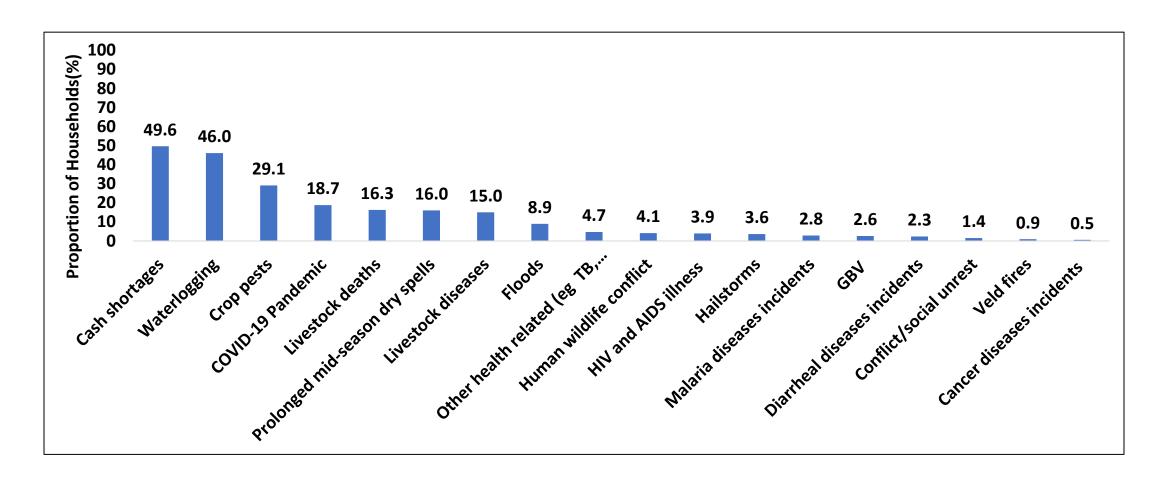
Vaccine Concerns



- The majority of households indicated no concern about the Covid-19 vaccine (73.5%).
- Having serious reactions (13.9%) was the most stated concern.

Shocks and Stressors

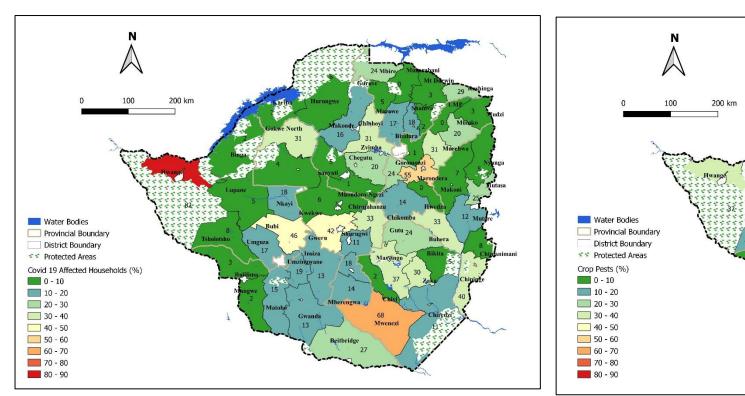
Proportion of Households Experiencing Shocks

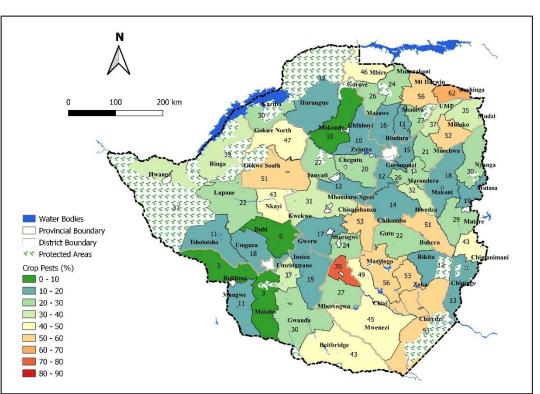


• Cash shortages (49.6%), water logging (46%), crop pests (29.1%) and COVID-19 pandemic (18.7%) were the most prevalent shocks experienced by households.

Shocks and Stressors: COVID-19 and Crop Pests

COVID-19 Crop Pests

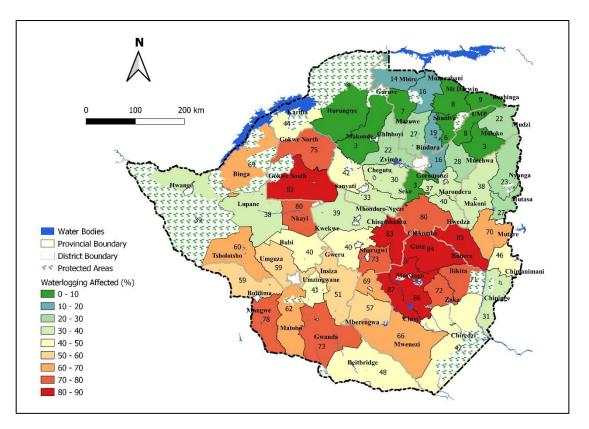




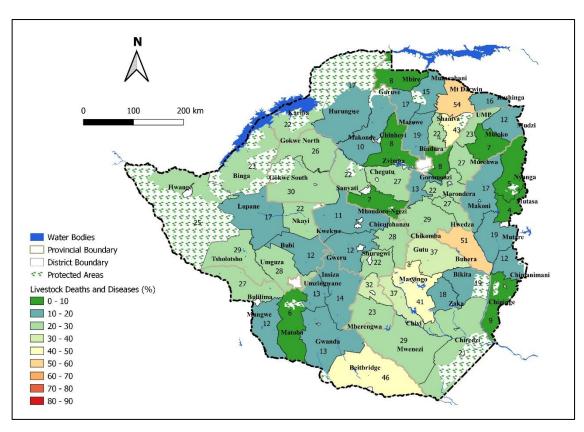
- Buhera (33%) had the highest proportion of households which were affected by COVID-19, the least affected were Chimanimani (8%), Makoni (7%) and Nyanga (5%).
- Buhera (51%) had the highest proportion of households which were affected by crop pests and Chipinge (13%) had the least.

Shocks and Stressors

Water-logging

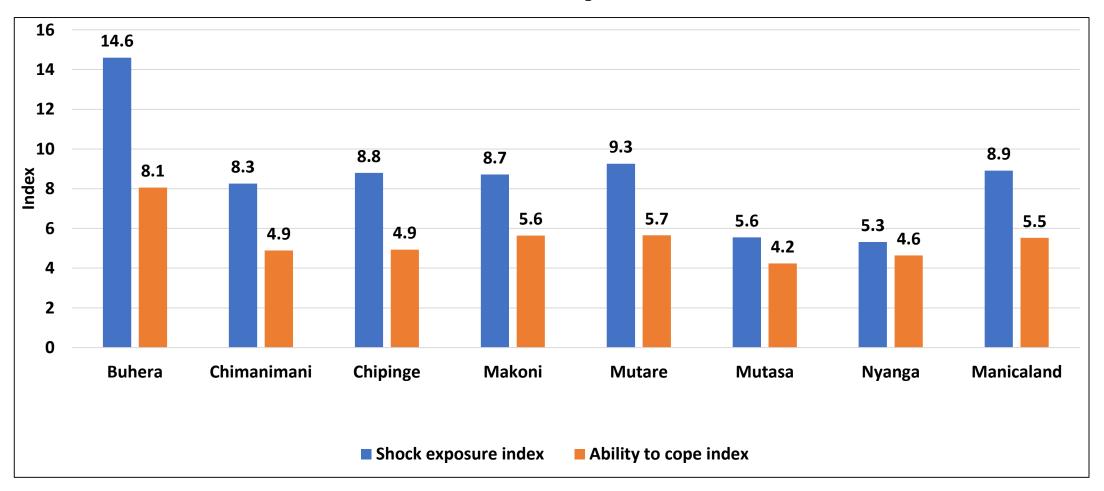


Livestock Deaths and Diseases



- Buhera (85%) and Mutare (70%) had the highest proportion of households that were affected by water-logging.
- Buhera (51%) had the highest proportion of households that were affected by livestock deaths and diseases.

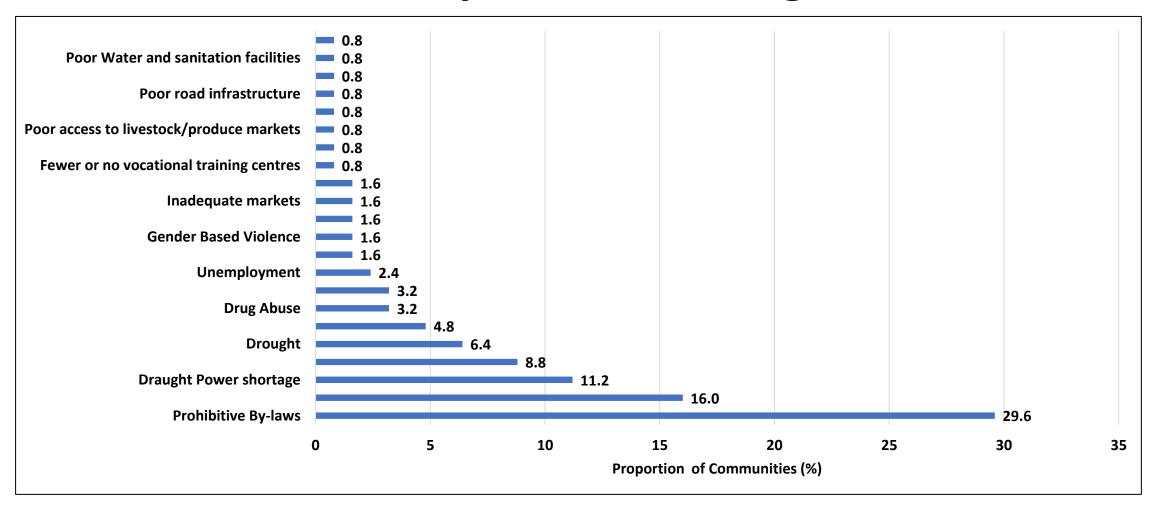
Comparison Between Shock Exposure and Ability to Cope



- Shock exposure was higher than the ability to cope across all districts.
- Households continue to be vulnerable to shocks and stressors and are not able to cope on their own.

Development Challenges

Development Challenges



• Prohibitive by-laws (29.6%) was the major challenge reported by the majority of communities in the province, followed by lack of income generating projects (16%) and draught power shortage (11.2%).

Development Challenge	Buhera	Chimanimani	Chipinge	Makoni	Mutare	Mutasa	Nyanga	Manicaland
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Prohibitive By-laws	23.1	40.6	20.0	11.1	35.0	57.1	25.0	29.6
Lack of income generating projects	15.4	9.4	26.7	5.6	10.0	42.9	25.0	16.0
Corruption	0.0	6.3	6.7	0.0	15.0	0.0	25.0	8.8
Draught Power shortage	7.7	9.4	0.0	16.7	10.0	0.0	25.0	11.2
Drought	7.7	12.5	6.7	0.0	10.0	0.0	0.0	6.4
Drug Abuse	0.0	9.4	0.0	5.6	0.0	0.0	0.0	3.2
No primary/secondary school in the ward	0.0	6.3	0.0	11.1	0.0	0.0	0.0	3.2
Lack of /intermittent Electricity supply	0.0	3.1	0.0	5.6	0.0	0.0	0.0	1.6
Fewer or no vocational training centres	0.0	3.1	0.0	0.0	0.0	0.0	0.0	0.8
Gender Based Violence	0.0	0.0	0.0	11.1	0.0	0.0	0.0	1.6
Poor/ lack of Health and infrastructure	0.0	0.0	0.0	5.6	0.0	0.0	0.0	0.8
High food prices	0.0	0.0	6.7	5.6	0.0	0.0	0.0	1.6
Inadequate markets	7.7	0.0	6.7	0.0	0.0	0.0	0.0	1.6
Lack of Irrigation infrastructure	15.4	0.0	13.3	11.1	0.0	0.0	0.0	4.8
Shortage of cash	7.7	0.0	0.0	0.0	5.0	0.0	0.0	1.6
Poor access to livestock/produce markets	7.7	0.0	0.0	0.0	0.0	0.0	0.0	0.8
Poor representation by leaders	0.0	0.0	0.0	5.6	0.0	0.0	0.0	0.8
Poor road infrastructure	0.0	0.0	6.7	0.0	0.0	0.0	0.0	0.8
Poverty	0.0	0.0	0.0	0.0	5.0	0.0	0.0	0.8
Unemployment	7.7	0.0	0.0	5.6	5.0	0.0	0.0	2.4
Poor Water and sanitation facilities	0.0	0.0	0.0	0.0	5.0	0.0	0.0	0.8
Lack of /limited Water for crop and livestock								
production	0.0	0.0	6.7	0.0	0.0	0.0	0.0	0.8

- Mutasa (57.1%) recorded that most of their communities were affected by prohibitive by-laws for their development.
- Chipinge (26.7%) reported that their greatest challenge to development was lack of income generating projects and for Makoni (16.7%) it was

Food Insecurity

Food Security Dimensions

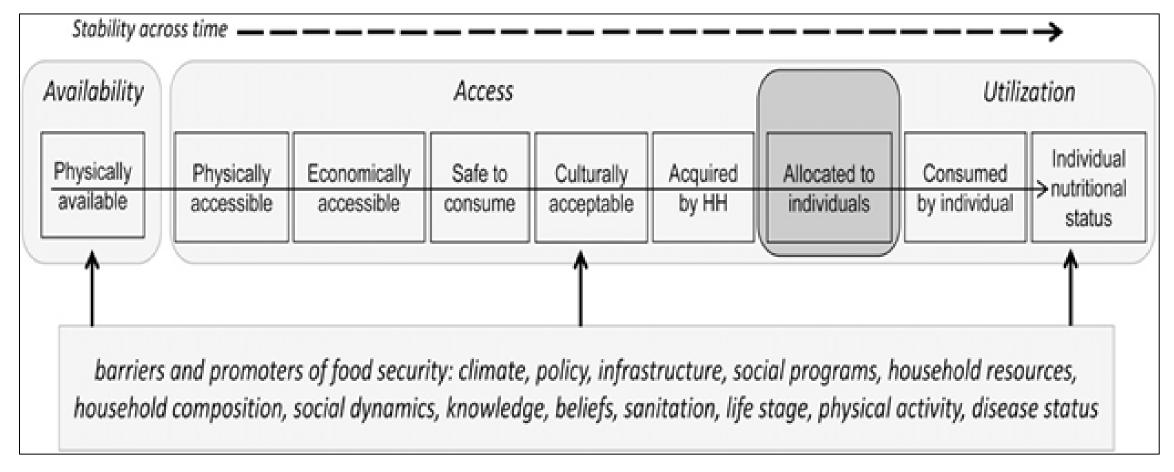


Figure 3: Dimensions of Food Security (Jones et al., 2013)

- 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

• Each of the surveyed households' minimum expenditure or the emergency nutrition sensitive food basket was computed from the following annual food basket requirement for an individual:

Food Items	Individual Annual Requirement
Maize Grain (Kgs)	148
Rice (Kgs)	15
Ration meat (Kgs)	14.6
Milk (Litres)	36.5
Cooking Oil (Litres)	13.5
Peanuts (Kgs)	0.73
Cabbage (Heads)	15
Beans (Kgs)	7.3
Sugar (Kgs)	12.1

- 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 2021/22 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.

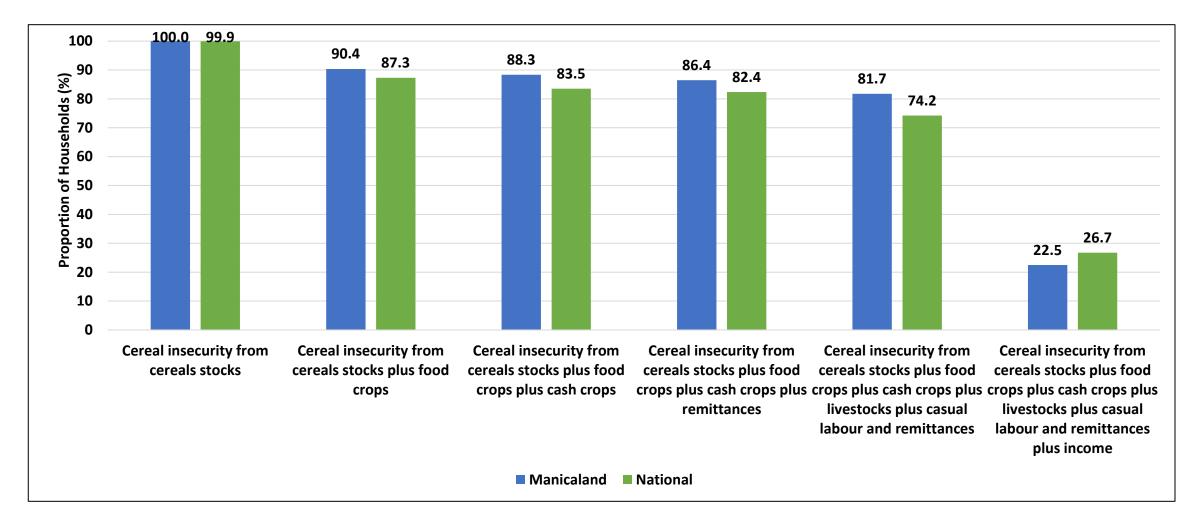
Household Food Security Status

- 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.

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.

Cereal Insecurity Progression by Income Source



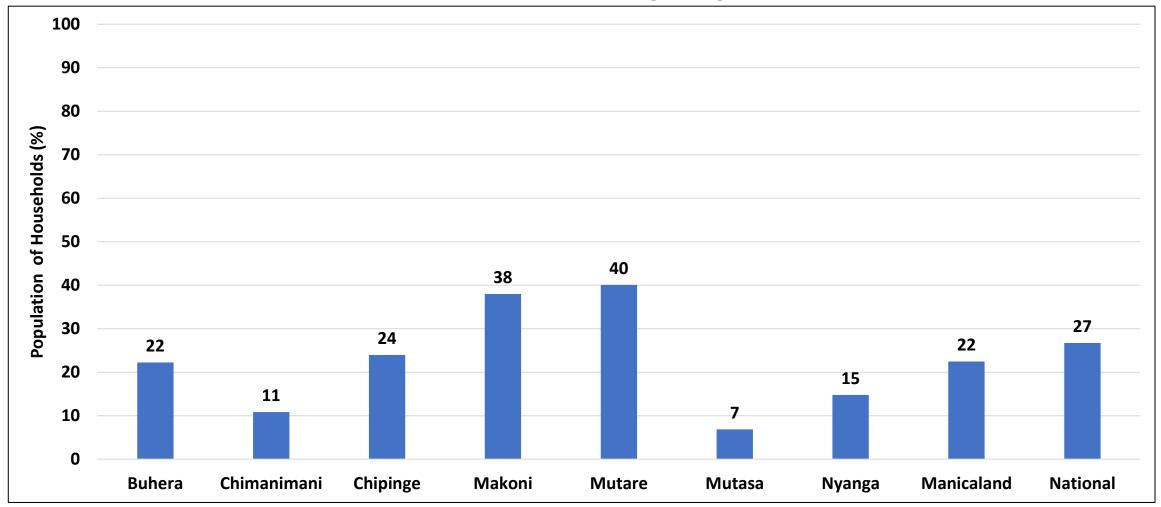
- The cereal insecurity prevalence in the province is projected to be 22.5% during the peak hunger period of 2021/22.
- The combination of the pandemics which are precipitating macro-economic and social challenges contributed to this seemingly high prevalence. 194

Cereal Insecurity by District

District	Propo	ortion of Househ	olds (%)	Food Insecure Population			
	Jul - Sept	Oct -	Jan - Mar	Jul - Sept	Oct - Dec	Jan - Mar	
		Dec					
Buhera	14	17	22	40680	51140	65088	
Chimanimani	6	8	11	10083	12771	18149	
Chipinge	13	17	24	46463	59531	85667	
Makoni	24	32	38	75343	103438	121316	
Mutare	24	36	40	79165	116801	131077	
Mutasa	2	4	7	2903	7984	12339	
Nyanga	10	12	15	14971	17965	21558	
Manicaland	13	18	22	237485	324871	401977	
National	16	21	27	1795204	2366104	2942897	

[•] During the peak hunger period January to March 2022, 401.977 people will be cereal insecure in the province.

Cereal Insecurity by District



• During the peak hunger period (January to March 2022), Mutare (40%) will be having the highest food insecure population.

Cereal Requirements

District	Cereal Requirements (MT)					
	Jul - Sept	Oct - Dec	Jan - Mar			
Buhera	1505	1892	2408			
Chimanimani	373	473	672			
Chipinge	1719	2203	3170			
Makoni	2788	3827	4489			
Mutare	2929	4322	4850			
Mutasa	107	295	457			
Nyanga	554	665	798			
Manicaland	8787	12020	14873			
National	66423	87546	108887			

[•] The province will require 14.873MT of cereals during the peak hunger period January to February 2022.

Conclusions and Recommendations

- Almost all the districts in the province (6 out of 7) had cereal sufficiency of over 12 months whilst only 3% of the households were using the recommended post-harvest technologies. This may imply that households may loose their produce due to post-harvest losses. The Ministry of Agriculture and its development partners should intensify promotion of production, marketing and use of affordable and sustainable post-harvest management technologies.
- Cattle deaths were reported to be mainly due to diseases in Buhera (91%). Although a greater proportion of households in the province (89%) received agricultural extension support, access to animal health centres was reported to be low at 48%. The Government of Zimbabwe through the Ministry of Agriculture, should provide dipping services as prescribed in each season and capacitate the department of Veterinary services with necessary resources to manage livestock diseases.
- The proportion of households accessing water from unimproved water sources (18%) and those practicing open defaecation (14%), with Buhera having the highest proportion at 33% is worrisome. Sanitation provision is one of the major and important indicators in attaining upper middle income economy status. The Government of Zimbabwe and its partners should revive and spearhead the strengthening of WASH programmes to ensure that all people have access to safe water and sanitation services.
- Both adults and children were consuming diets of poor quality as indicated by almost half of the households (45%) in the poor Food Consumption Category and only 8% of children 6-23 months consuming the minimum acceptable diets. This has negative effects on the health and nutrition outcomes. This calls for the Government of Zimbabwe through the Ministry of Health and Child Care, relevant ministries and partners to strengthen multi-sectoral community based nutrition specific and sensitive interventions to improve on dietary diversity for all.

Conclusions and Recommendations

- The proportions of children 6-59 months who received the recommended dose of Vitamin A in the past 12 months was 62% which is below the target of 90% in all districts. Vitamin A is essential for the immune system and lower supplementation may result in increased child morbidity and mortality. The Government of Zimbabwe through the Ministry of Health and Child Care and partners need to strengthen the Vitamin A Supplementation by community health workers and nutrition education on consumption of nutrient-rich foods including fortified and bio-fortified foods.
- Almost a third of the communities (29.6%) reported that the need to develop their areas was hindered by prohibitive by-laws. There is
 need for the ministry responsible for local government and all policy-makers to look into the by-laws and prepare conducive environment
 for development of communities.

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