Zimbabwe Vulnerability Assessment Committee (ZimVAC)
2021 Mashonaland Central Rural Livelihoods Assessment Report




ZimVAC is Coordinated by the Food and Nutrition Council (FNC)
Housed at SIRDC: 1574 Alpes Rd, Hatcliffe, Harare.
Tel: +263 242 862 586/862 025 Website: www.fnc.org.zw Email: info@fnc.org.zw
Twitter: @FNCZimbabwe Instagram: fnc_zim Facebook: @FNCZimbabwe

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.

George D. Kembo (DR.)

FNC Director/ ZimVAC Chairperson

Table of Contents

Acknowledgements

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

- Office of the President and Cabinet
- Food and Nutrition Council
- SIRDC
- Ministry of Finance and Economic Development
- Ministry of Lands, Agriculture, Fisheries, Water and Rural Resettlement
- Ministry of Public Service, Labour and Social Welfare
- Ministry of Health and Child Care
- Ministry of Local Government, Public Works and National Housing
- Ministry of Women Affairs, Community, Small and Medium Enterprise Development
- Public Service Commission
- Ministry of Health and Child Care
- United States Agency for International Development (USAID)
- Zimbabwe Defence Forces
- Mercy Corps
- United Nations Children's Fund (UNICEF)
- United Nations Development Programme- ZRBF
- UNFPA-Spotlight Initiative
- Catholic Relief Services (CRS)
- Progress
- United Nations World Food Programme (WFP)
- Sizimele
- MELANA
- Coordinamento Delle Organizzazioni Peril Servizio Volontario (COSV)
- Local Initiatives and Development Agency (LID)
- Adventist Relief Agency (ADRA)
- Caritas
- World Vision
- Lutheran Development Services (LDS)
- Leonard Cheshire Disability Zimbabwe
- MAVAMBO
- Rural District Councils (RDCs)
- Renewed Efforts Against Child Hunger and Malnutrition (REACH)
- Bindura University of Science Education
- Marondera University of Agricultural Sciences and Technology
- Hand in Hand
- Care International
- Tsuro
- Welthungerhilfe (WHH)
- GOAL
- Plan International
- Sustainable Agriculture Trust (SAT)
- Mwenezi Development Training Centre (MDTC)
- Nutrition Action Zimbabwe (NAZ)
- Africa Ahead
- Action Aid
- CARITAS Harare

Acknowledgement of Support

ZIMBABWE

World Health Organization

WFP
wfp.org

unicef
for every child

FUND THE ZIMBABWE RESILIENCE BUILDING

REACH
ACCELERATING THE SCALE-UP OF FOOD AND NUTRITION ACTIONS
Hosted by the World Food Programme

Spotlight Initiative
To eliminate violence against women and girls

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

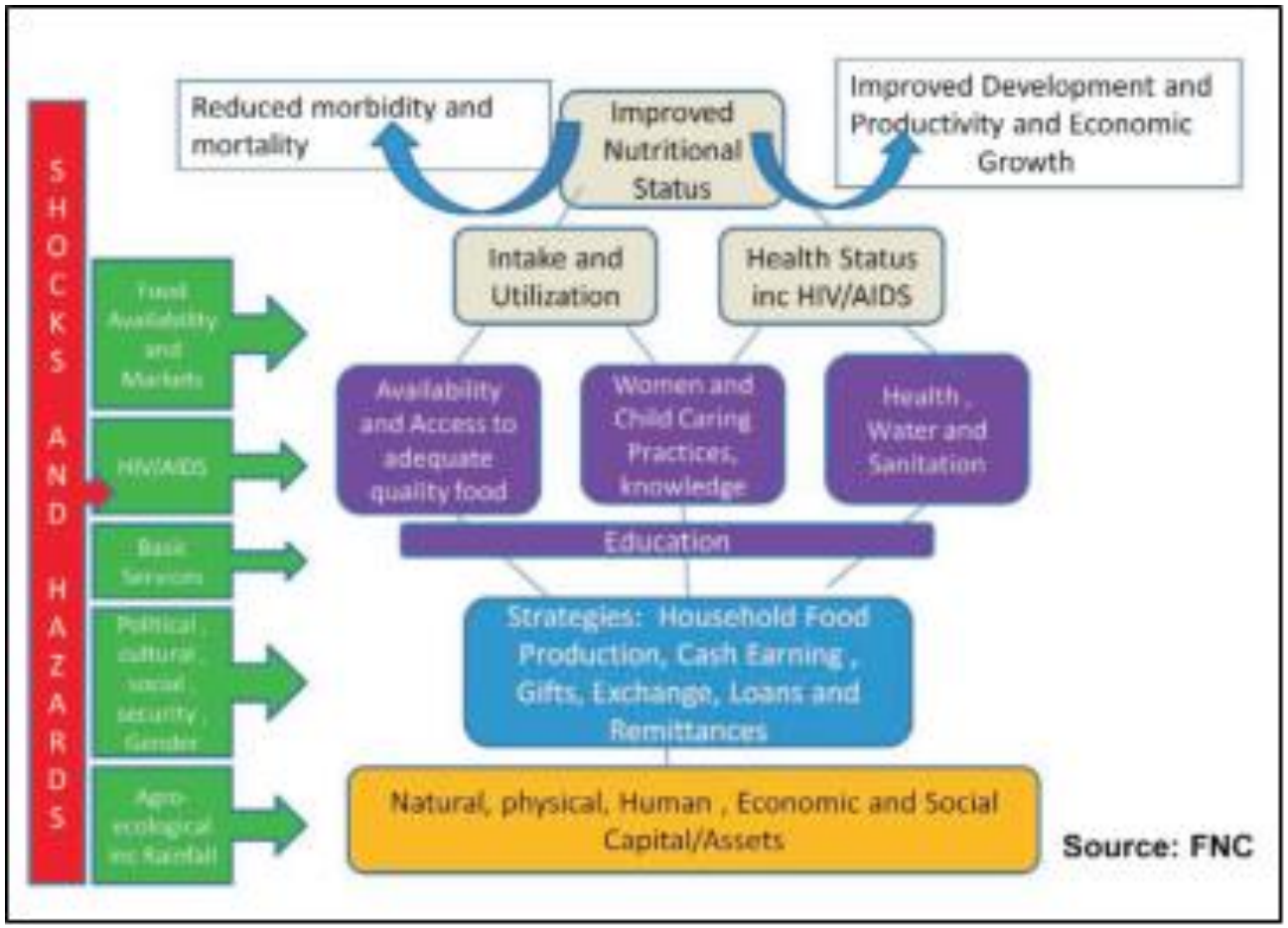


Figure 1: Food and Nutrition Conceptual Framework

- 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.

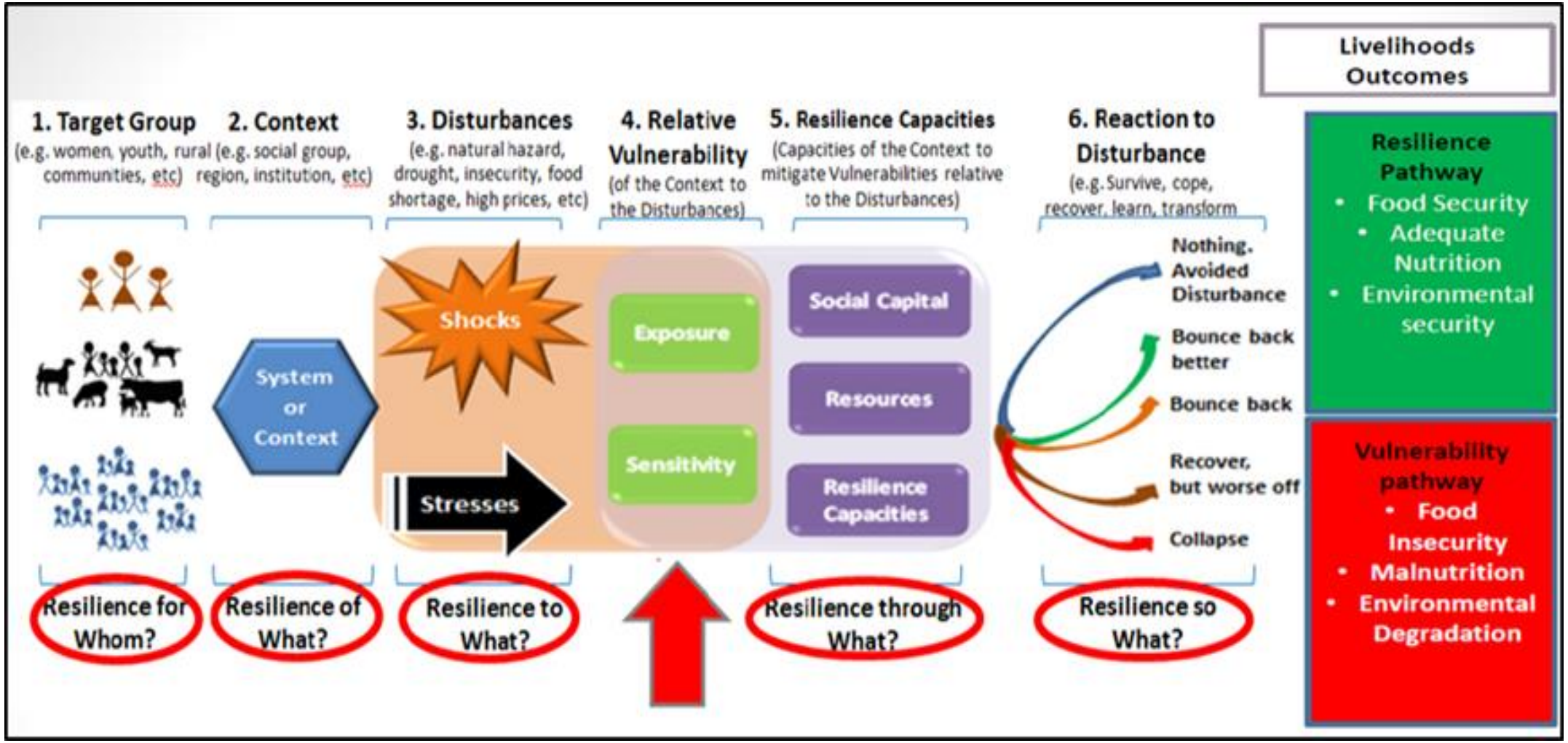
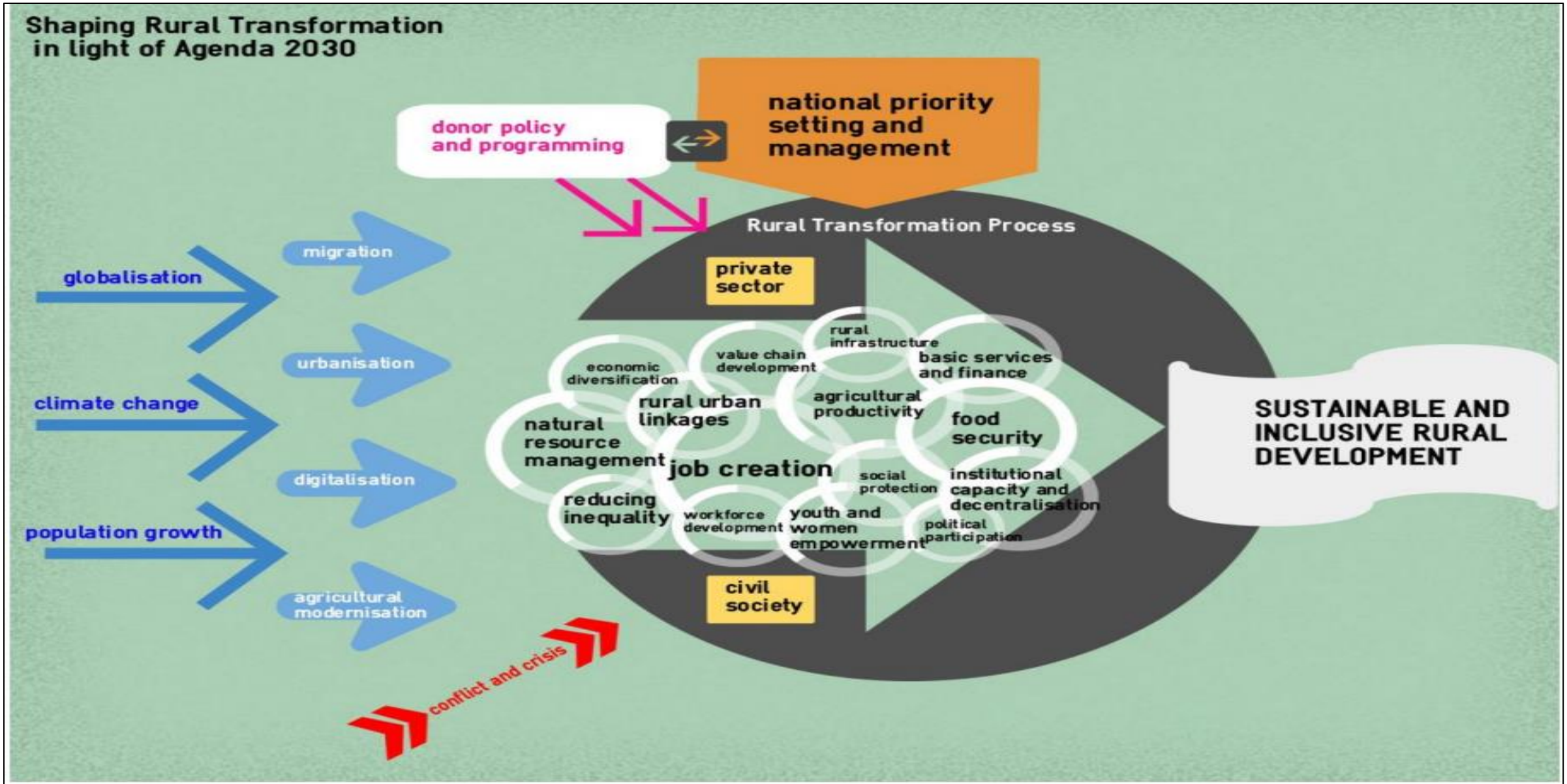


Figure 2: Zimbabwe resilience framework (UNDP Zimbabwe, 2015)



Source: Internal Working Document, GIZ Sectoral Project Rural Development (2016)

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

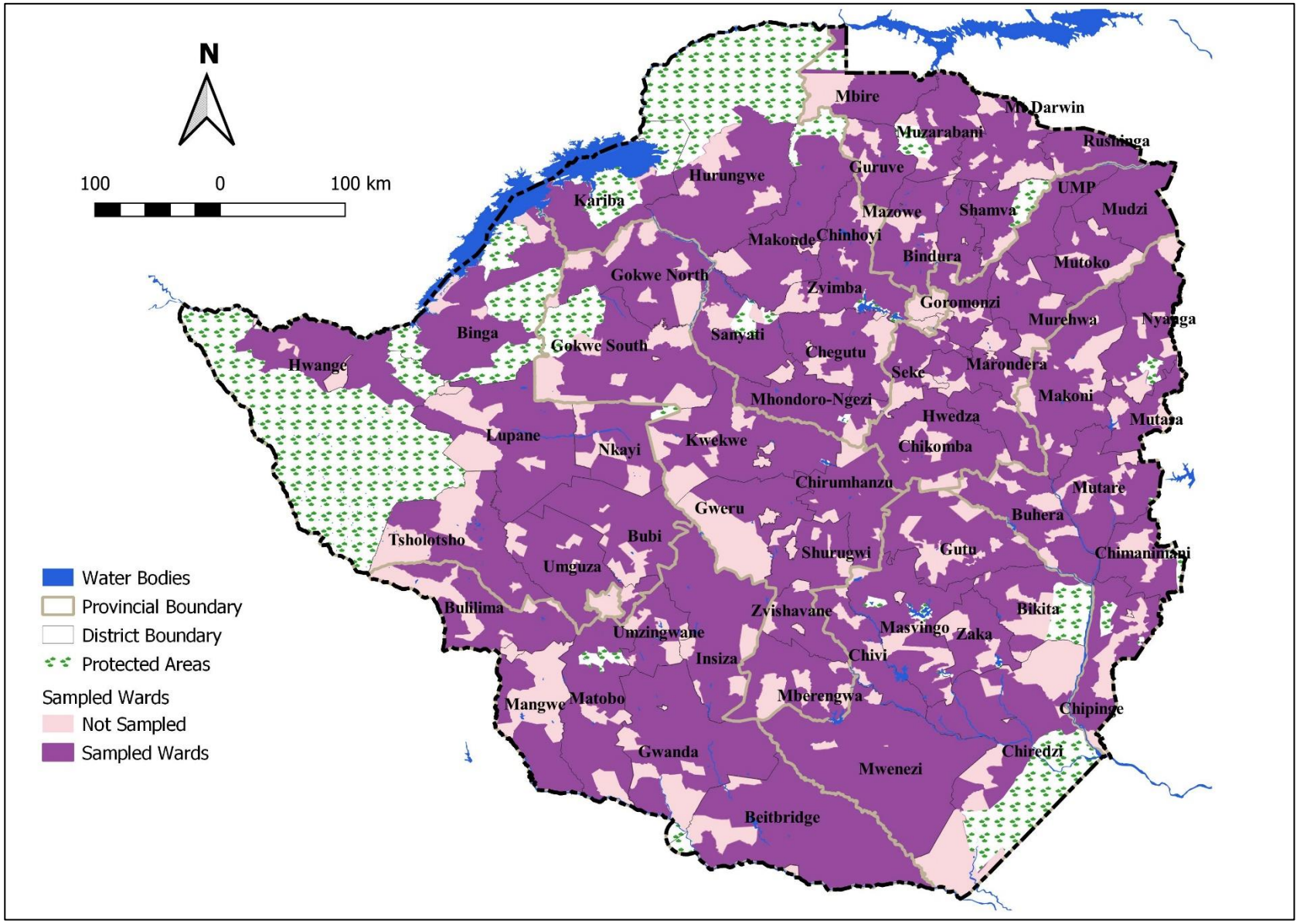
- Primary data collection took place from 3 to 20 July, 2021. In recognising the risk of spreading COVID-19 during data collection, innovative approaches were used to collect vital information without causing any harm. The RLA was guided by global and country specific recommendations and all necessary 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 1999.
- 5 FGDs were held per district.

Districts	Number of Sampled Households
Bindura	250
Muzarabani	250
Guruve	250
Mazowe	250
Mt Darwin	249
Rushinga	250
Shamva	250
Mbire	250
Mash Central	1999

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

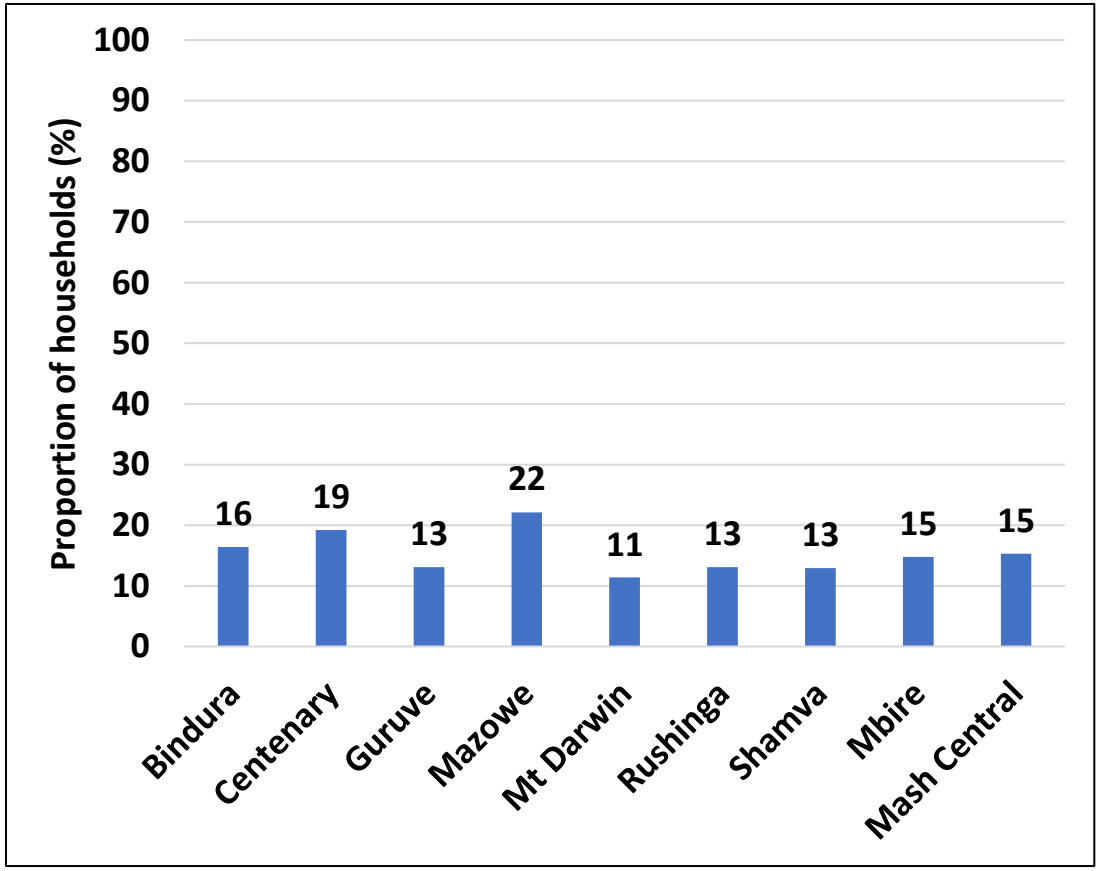
Demographic Description of Sample

Household Characteristics

Household Size

District	Average	Minimum	Maximum
Bindura	4.1	1.0	10.0
Muzarabani	4.0	1.0	10.0
Guruve	4.5	1.0	10.0
Mazowe	4.7	1.0	14.0
Mt Darwin	4.6	1.0	10.0
Rushinga	4.6	1.0	10.0
Shamva	4.7	1.0	10.0
Mbire	3.5	1.0	7.0
Mash Central	4.3	1.0	14.0

Orphanhood



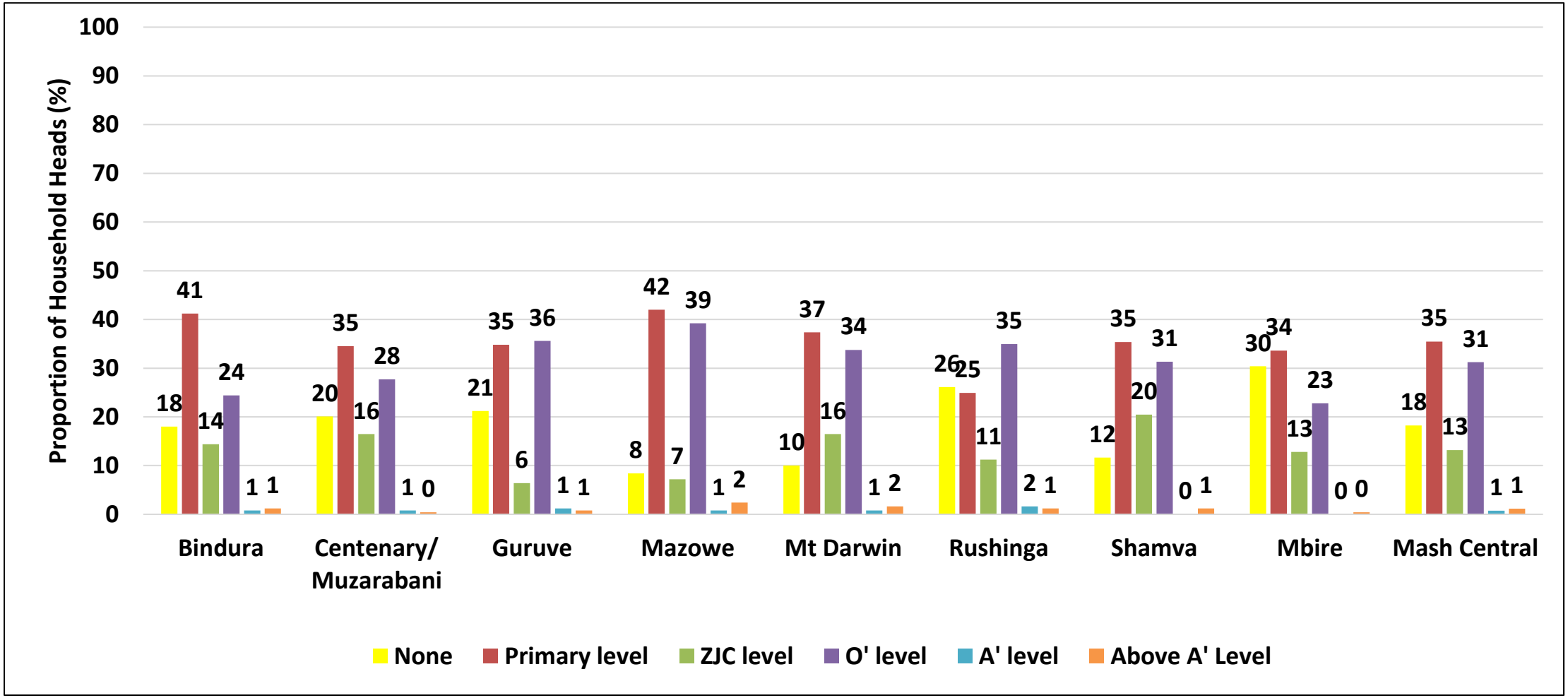
- The average household size in the province was 4.3 members.
- At least 15% of the households had an orphan in the house. The highest proportion was in Mazowe (22%).

Characteristics of Household Head: Sex and Age

	Household Head Sex (%)		Household Head Average Age	
District	**Male**	**Female**	**Average**	**Minimum**
Bindura	70.8	29.2	49.2	20.0
Muzarabani	**81.6**	18.4	45.1	20.0
Guruve	69.6	30.4	49.3	20.0
Mazowe	72.4	27.6	43.7	20.0
Mt Darwin	79.2	20.8	45.7	17.0
Rushinga	69.5	30.5	51.3	21.0
Shamva	76.0	24.0	51.9	21.0
Mbire	76.0	24.0	46.6	20.0
Mash Central	**74.4**	25.6	**47.9**	17.0

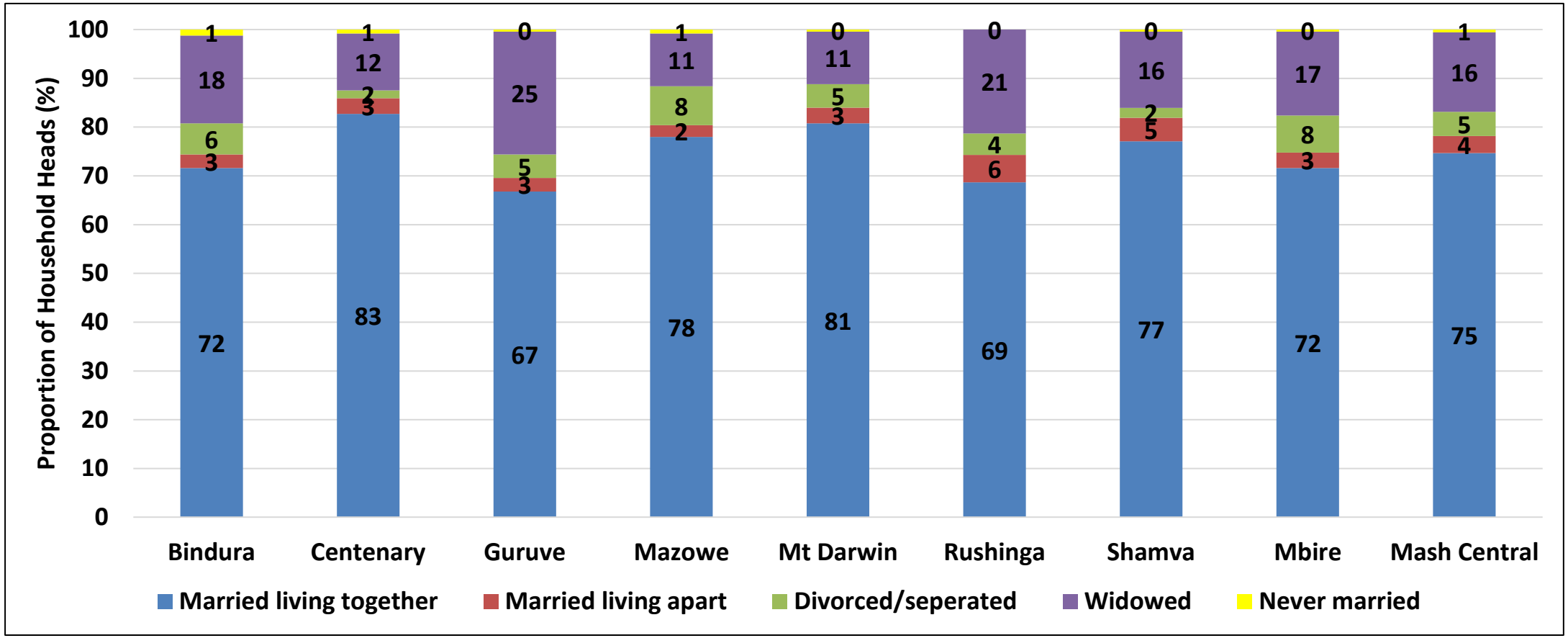
- The majority of the households were male headed (74.4%) with Muzarabani having the highest proportion (81.6%).
- The average age of household head was 47.9 which is within the productive age group.

Characteristics of Household Head: Education Level Attained



- In the province, the majority of household heads had attained primary level education (35%).
- Mazowe had the highest proportion of household heads who had attained O level education and above (42%).

Characteristics of Household Head: Marital Status



- The proportion of household heads who were married and living together was 75% and 16% were widowed.
- Guruve (25%) had the highest proportion of household heads who were widowed.

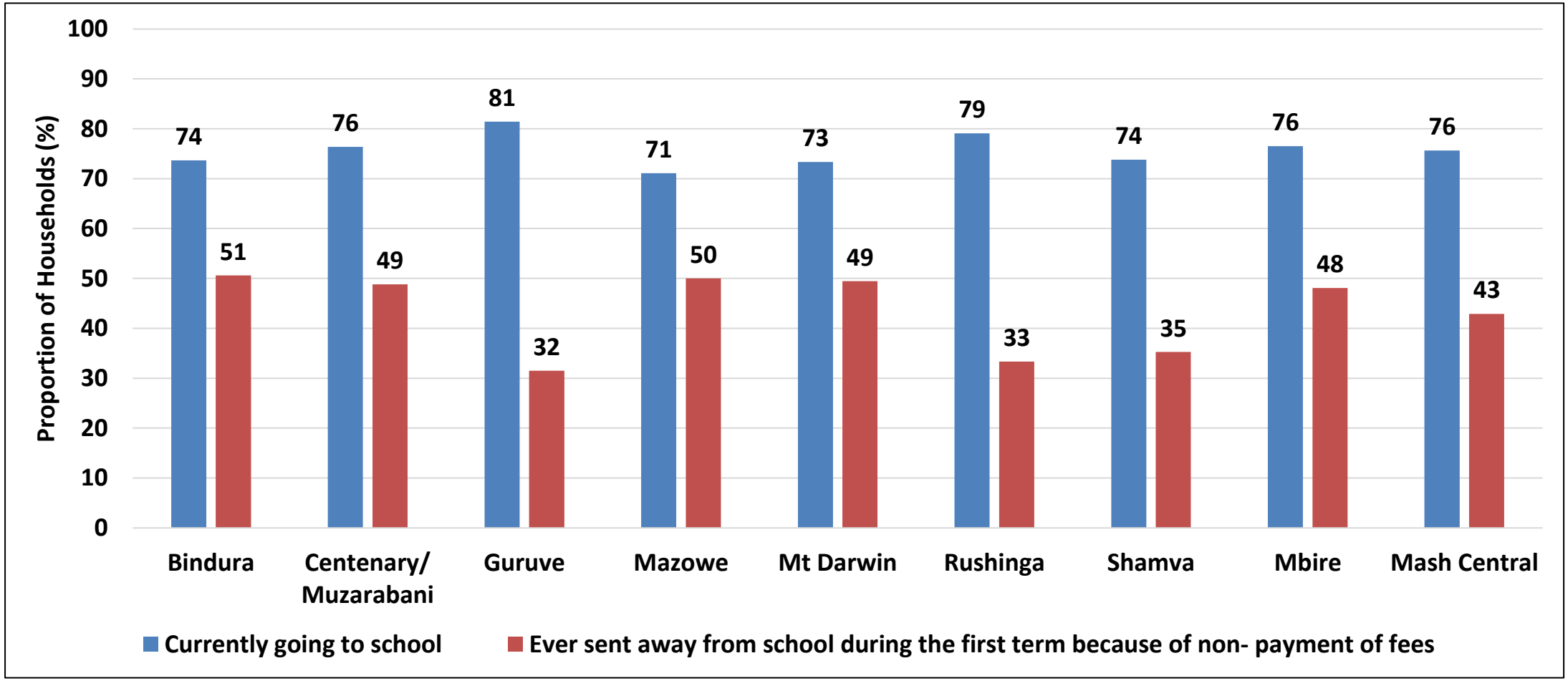
Characteristics of Household Head: Religion

	Roman Catholic (%)	Protestant (%)	Pentecostal (%)	Apostolic Sect (%)	Zion (%)	Other Christian (%)	Islam (%)	Traditional (%)	Other religion (%)	No religion (%)
Bindura	2.8	2.0	5.6	40.8	0.8	8.8	1.2	0.8	0.0	37.2
Muzarabani	4.8	2.0	7.2	**53.4**	2.8	0.8	6.0	2.0	0.0	20.9
Guruve	1.6	6.0	7.2	48.8	0.8	1.6	1.2	2.8	0.4	29.6
Mazowe	2.0	5.6	10.4	34.8	2.4	0.8	2.0	0.8	0.0	41.2
Mt Darwin	0.8	1.2	12.0	**52.0**	0.0	1.2	0.4	12.8	0.0	19.6
Rushinga	8.8	8.0	8.0	38.6	3.6	0.0	0.0	13.3	0.4	19.3
Shamva	1.6	3.6	4.8	45.4	0.8	3.6	0.4	0.4	0.4	39.0
Mbire	2.8	4.4	8.4	35.2	2.8	2.4	4.0	17.2	0.8	22.0
Mash Central	3.2	4.1	8.0	43.6	1.8	2.4	1.9	6.3	0.3	28.6

- The most dominant religion for household heads was the apostolic sect (43.6%).
- Muzarabani and Mt Darwin had the highest proportion of household heads which reported Apostolic Sect as their religion 53.4% and 52% respectively.

Education

School Attendance



- During the time of the assessment about 76% of children of school going age were in school.
- The highest proportion of children who were currently going to school was in Guruve, 81%.
- About 43% of the children in the province had been sent away from school during the previous term due to non-payment of fees. Bindura, (51%) had the highest proportion.

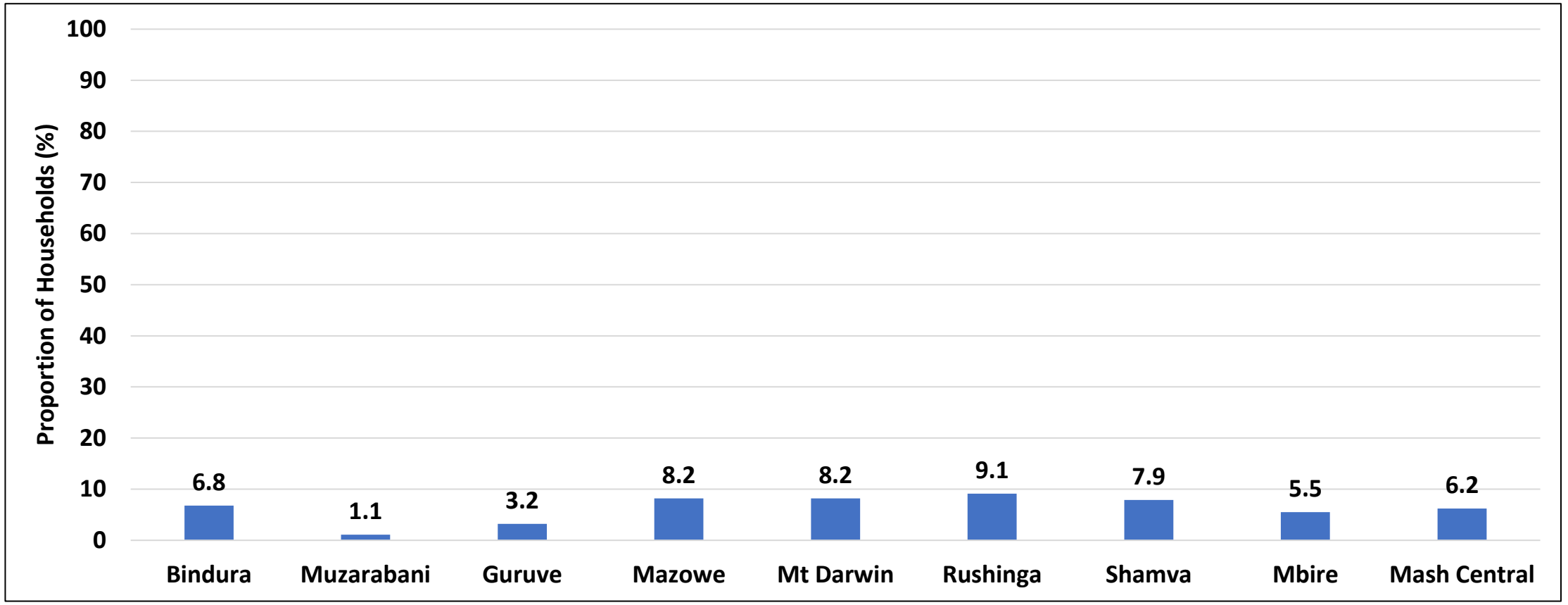
Major Reasons for Children Not Being in School

	Illness (%)	Not interested in school (%)	Distance to school to far (%)	Expensive or no money (%)	Child considered too young (%)	Pregnancy/ Marriage (%)	Completed O/A level (%)	Non-payment of last term school fees (%)
Bindura	6.3	6.3	0.0	25.0	12.5	25.0	0.0	0.0
Centenary/Muzarabani	0.0	10.5	5.3	26.3	15.8	26.3	5.3	0.0
Guruve	0.0	0.0	5.3	21.1	31.6	26.3	5.3	0.0
Mazowe	0.0	0.0	0.0	57.1	14.3	7.1	7.1	0.0
Mt Darwin	0.0	0.0	0.0	11.1	0.0	33.3	0.0	11.1
Rushinga	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.0
Shamva	0.0	0.0	0.0	0.0	66.7	33.3	0.0	0.0
Mbire	0.0	0.0	0.0	58.3	25.0	8.3	8.3	0.0
Mash Central	1.0	3.1	2.1	**30.2**	20.8	**22.9**	4.2	1.0

- The major reasons for children not being in school were expensive or no money (30.2%) and pregnancy or marriage (22.9%).

Chronic Illness

Households with Members who had Confirmed Chronic Illness



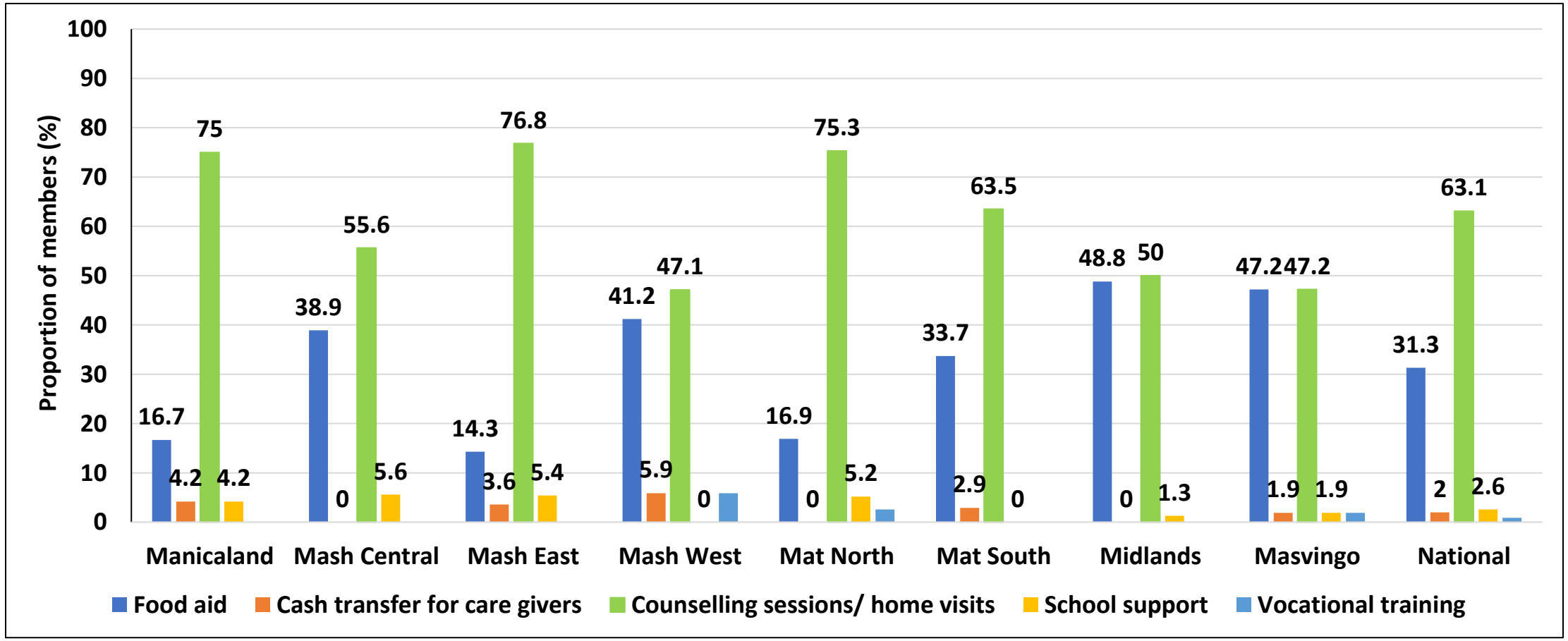
- In the province, 6.2% of the households had members who had confirmed chronic conditions.
- Rushinga district (9.1%) had the highest proportion whilst the least (1.1%) was in Muzarabani.

Proportion of Households with Members who had Chronic Illnesses

District	HIV infection, AIDS (%)	Heart disease (%)	Diabetes, high blood sugar(%)	Asthma (%)	Hypertension, High blood pressure (%)	Arthritis, chronic body pain (%)	Epilepsy, seizures, fits (%)	Stroke (%)	Cancer (%)	Tuberculosis (%)	Kidney diseases (%)	Ulcer, chronic stomach pain (%)	Other (%)
Bindura	41.6	0	11.7	6.5	14.3	10.4	3.9	1.3	2.6	1.3	0	6.5	0
Muzarabani	23.1	0	0	15.4	30.8	7.7	0	0	0	15.4	0	0	7.7
Guruve	22.6	5.7	35.8	15.1	7.5	0	5.7	1.9	0	1.9	0	1.9	1.9
Mazowe	**46.2**	3.8	11.5	4.8	21.2	1	1.9	0	1.9	0	0	0	7.7
Mt Darwin	16.7	5.1	3.8	16.7	16.7	5.1	2.6	2.6	1.3	1.3	1.8	3.8	24.4
Rushinga	23.7	0	9.6	17.5	21.1	0	7.9	1.8	2.6	1.8	1.9	7	5.3
Shamva	9.3	6.5	11.1	5.6	32.4	9.3	0	1.9	6.5	1.9	0	7.4	6.5
Mbire	22.8	7	5.3	8	24.6	1.8	5.3	7	1.8	1.8	0	8.8	5.3
Mash Central	**26.2**	3.6	**11.4**	10.6	**21**	4.1	3.6	2	2.6	1.7	0.7	5	7.5

- The most common chronic condition in the province was HIV/ AIDS (26.2%). The highest proportion was in Mazowe (46.2%).

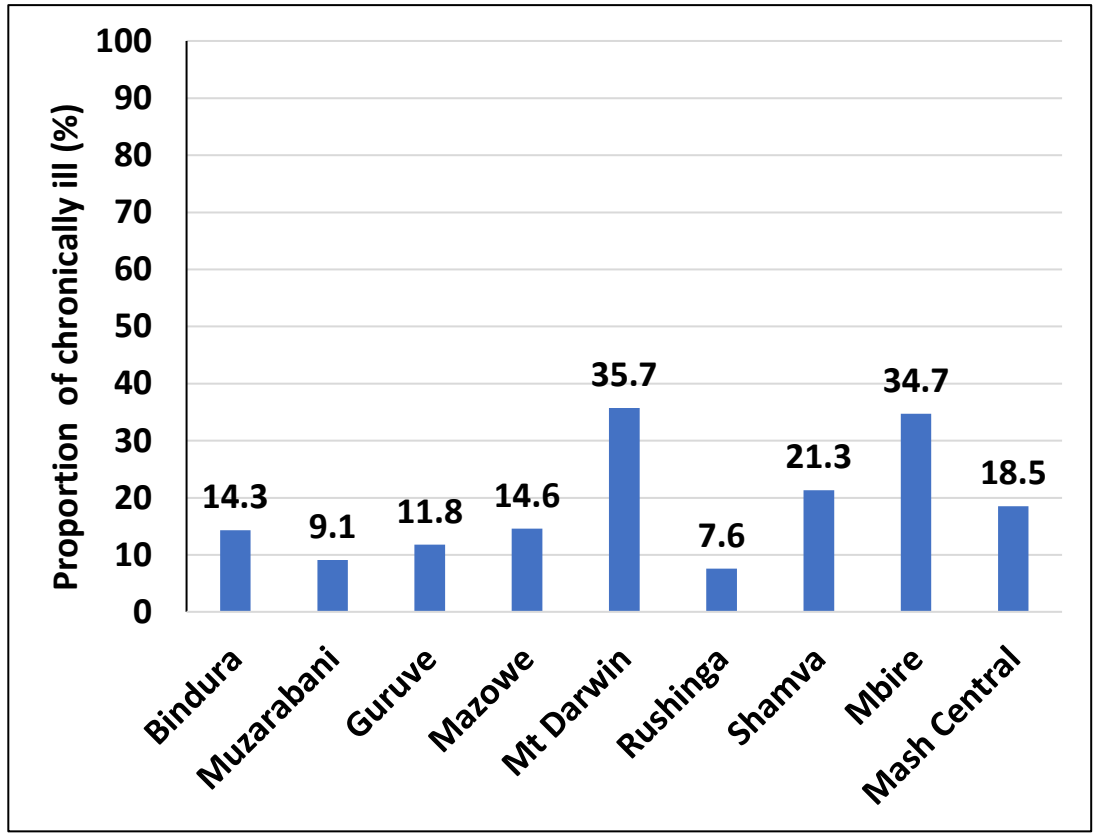
HIV Positive Members who Received Support



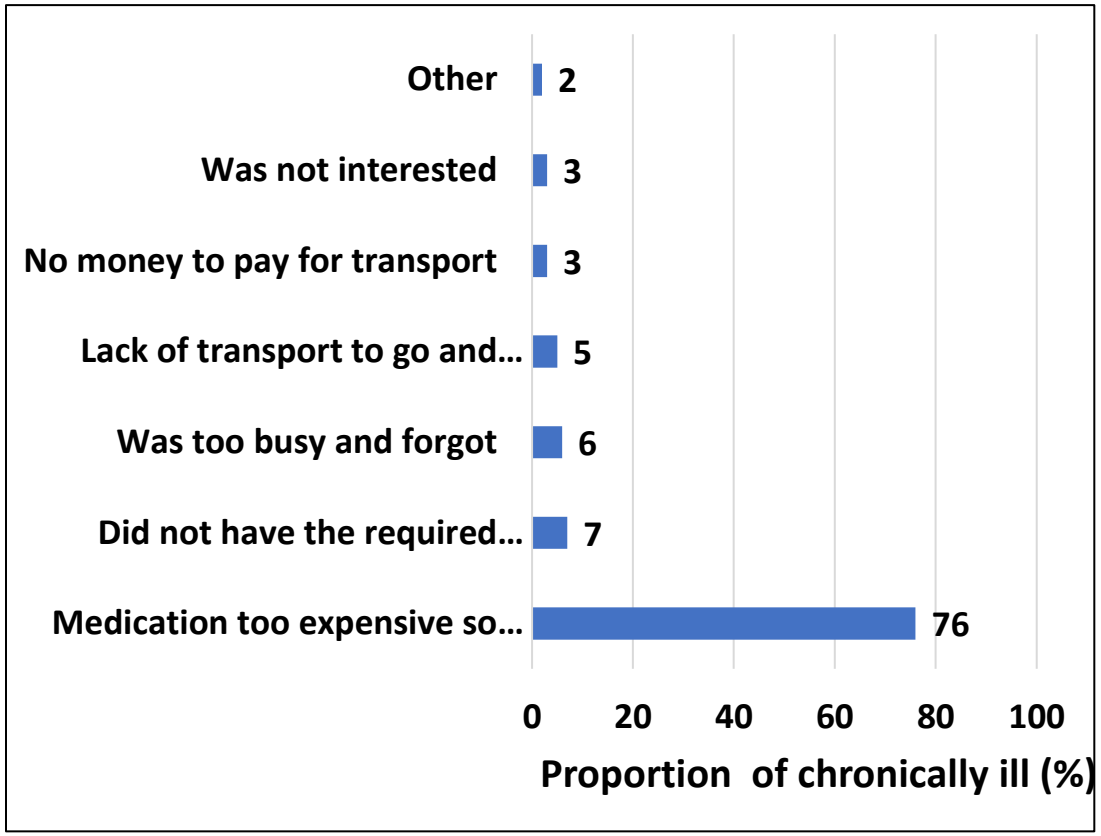
- Nationally, of those members that had HIV/AIDS, the majority received support in the form of counselling sessions/home visits (63.1%).
- For Mashonaland Central, the proportion of those who received support was also high for counseling sessions/home visits (55.6%).

Chronically Ill Persons Who Missed Medication and Reasons

Chronic Ill who Missed Doses



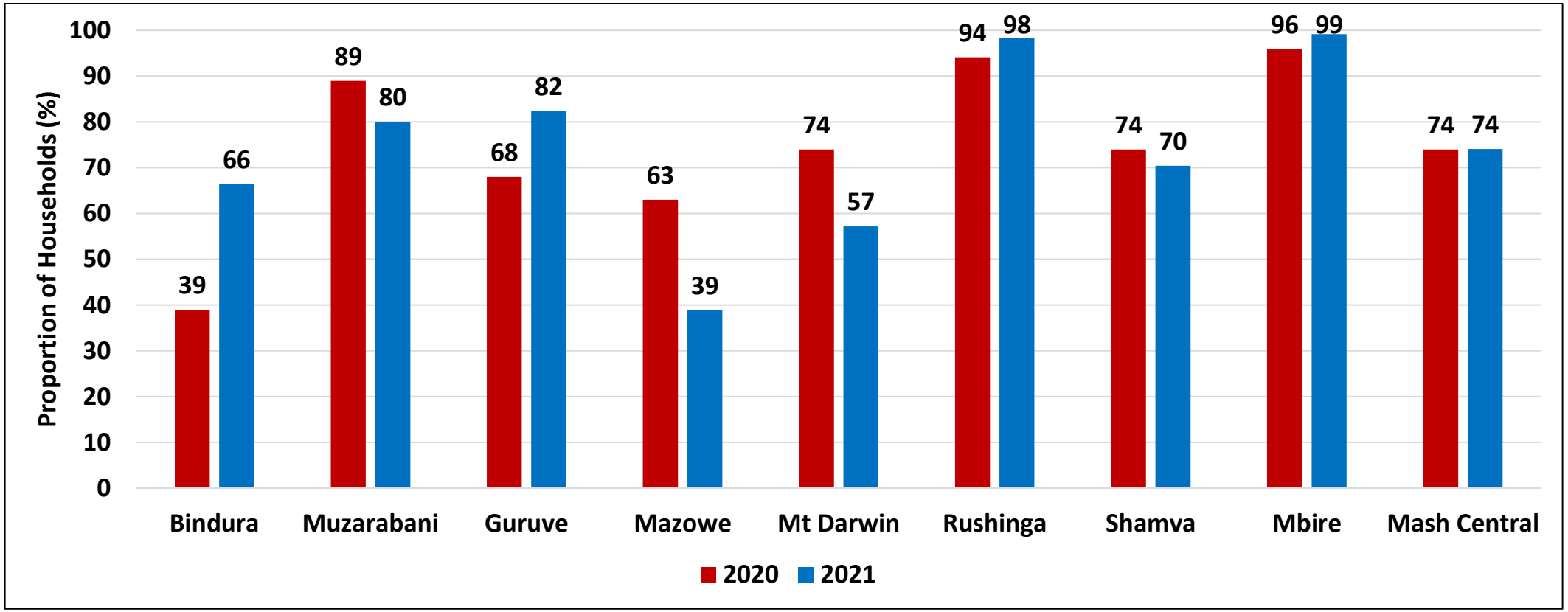
Reasons for Missing Doses



- At provincial level, the proportion of chronically ill members who missed their medication was 18.5%.
- The main reasons for missing medication were medication too expensive (76%), lack of the required currency to purchase (7%) and forgetting (6%).

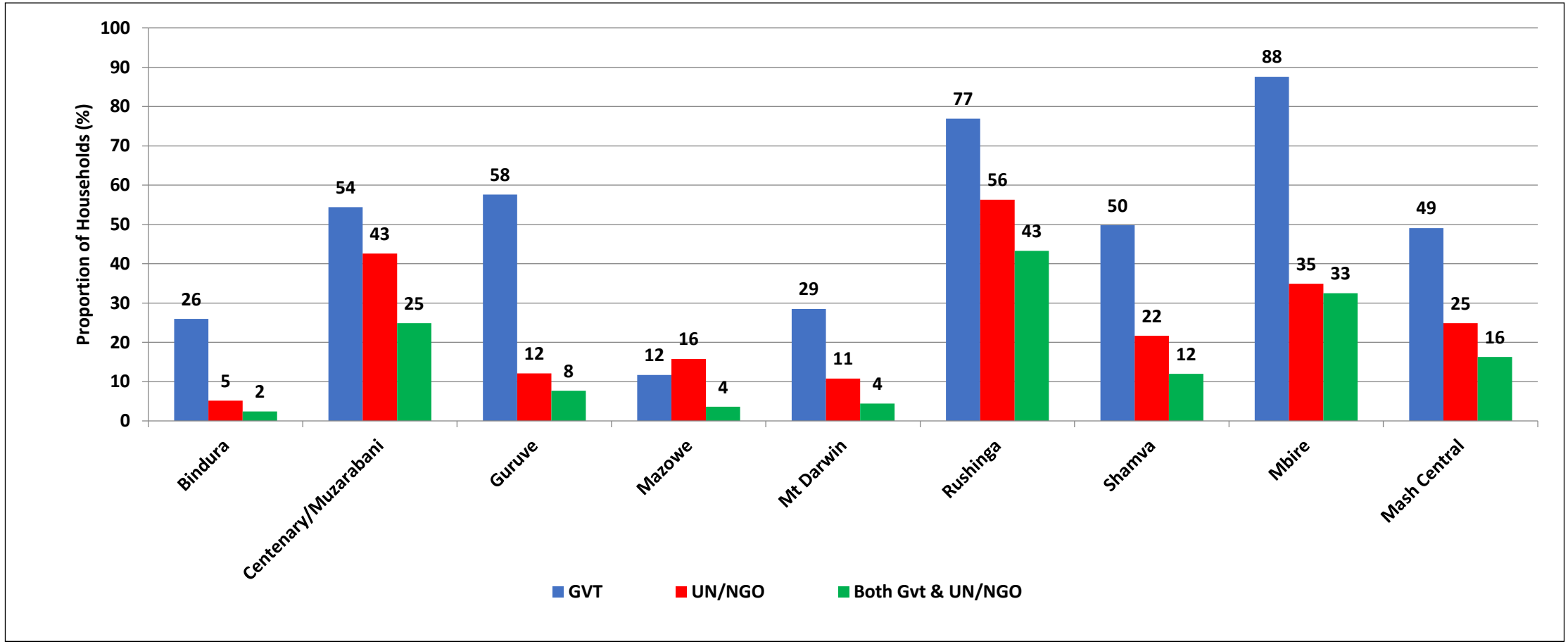
Social Protection

Households Which Received any Form of Support



- There was no change in the proportion of households who received any form of support from 2020 and 2021.
- Mbire had the highest proportion of households (99%) which received support whilst Mazowe had the least (39%).

Peak Hunger period Support



- Major source of support during the period was Government, with Mbire (87.6%) having the highest proportion of households being assisted.
- Bindura had the least proportion of households receiving assistance from both Government and development partners (2%) .

Sources of Any Form of Support

District	Government Support (%)	UN/NGO Support (%)	Church Support (%)	Rural Relatives (%)	Urban Relatives (%)	Diaspora (%)	Charitable Groups (%)
Bindura	48	7	4	27	18	3	2
Muzarabani	58	40	4	22	19	4	4
Guruve	75	10	2	13	20	2	0
Mazowe	18	17	1	3	6	1	4
Mbire	90	36	4	20	11	1	50
Mt Darwin	33	16	6	14	14	5	3
Rushinga	91	56	7	29	15	2	54
Shamva	52	21	6	10	10	1	4
Mash Central	58	25	4	17	14	2	15

- Government (58%) and development partners (25%) were the main sources of support in Mashonaland Central.
- Rushinga had the highest proportion of households (90%) which received government support.

Forms of Support From Government

	Food (%)	Cash (%)	Crop inputs (%)	Livestock support: pass-on (%)	Livestock support: Tick grease (%)	Other livestock support (%)	WASH inputs (%)	Weather and climate (%)	Covid-19 related support (%)	Other (%)
Bindura	37	3.4	70.6	0	2.5	0	0	0.8	0.8	0.8
Muzarabani	70.5	0	58.4	0	9.4	0	0	0	0	0
Guruve	14	0.	98.4	0	0	0	0	0	0	1.1
Mazowe	37.5	2.1	62.5	0	0	0	0	0	0	2.1
Mbire	89.8	10.7	25.8	0	0.4	0	0.4	0	0	1.3
Mt. Darwin	56.6	1.2	49.4	0	0	0	1.2	0	0	2.4
Rushinga	50.7	0.9	90.7	0	9.3	0	1.3	0.9	2.2	0
Shamva	34.4	0.8	74.8	0	0	0	0.8	0	0	3.1
Mash Central	51.5	2.8	67.4	0	3.3	0	0.5	0.3	0.5	1.1

- Crop inputs were the major form of support received across all districts (67.4%) followed by food assistance (51.5%).
- Guruve had the highest proportion of households (98.4%) which received crop inputs and Mbire had the lowest (25.8%).

Forms of Support from UN/NGOs

	Food (%)	Cash (%)	Crop inputs (%)	Livestock support: pass-on (%)	Livestock support: Tick grease (%)	Other livestock support (%)	WASH inputs (%)	Weather and climate (%)	Covid-19 related support (%)	Other (%)
Bindura	56	22	22	0	0	6	0	0	6	17
Guruve	20	0	76	0	0	0	0	0	0	4
Mazowe	100	0	0	0	0	0	0	0	0	0
Mbire	72	18	12	0	0	0	0	0	0	1
Mt. Darwin	79	21	0	0	0	2	2	0	1	0
Muzarabani	97	4	4	0	0	0	2	0	1	0
Rushinga	95	1	15	0	0	0	4	0	9	1
Shamva	79	4	4	0	0	0	21	0	0	8
Mash Central	84	7	12	0	0	0	4	0	3	3

- At least 84% of the households received food assistance from UN/NGOs.

Agriculture Prodution

Cereal Stocks as at 1 April 2021

District	Cereal Stocks (kgs)
Bindura	26.1
Centenary	53.1
Guruve	20.0
Mazowe	21.1
Mt Darwin	14.0
Rushinga	39.3
Shamva	16.9
Mbire	38.1
Mash Central	26.6

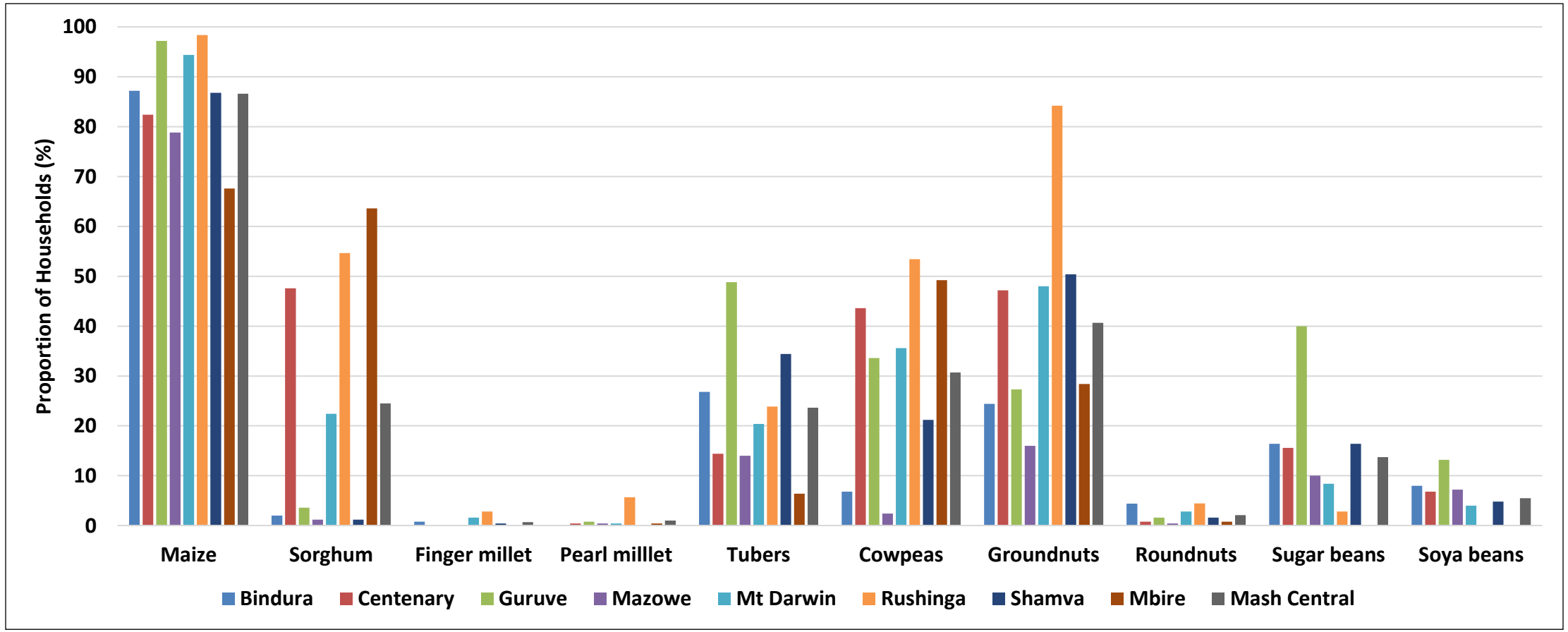
- The average household cereal stocks as at 1 April for the province were 26.6kgs per household.
- Centenary had the highest average stocks (53.1kgs) whilst Mt Darwin had the least (14.0kgs).

Maize from Casual Labour and Remittances

	Casual Labour (kgs)	Remittances (Kgs)
Bindura	65.1	4.4
Centenary/Muzarabani	35.4	9.5
Guruve	34.2	0.0
Mazowe	33.0	0.0
Mt Darwin	30.7	0.0
Rushinga	59.9	5.0
Shamva	21.1	0.0
Mbire	42.8	0.0
Mash Central	**39.9**	**1.1**

- The provincial average maize received from casual labour was 39.9kgs.

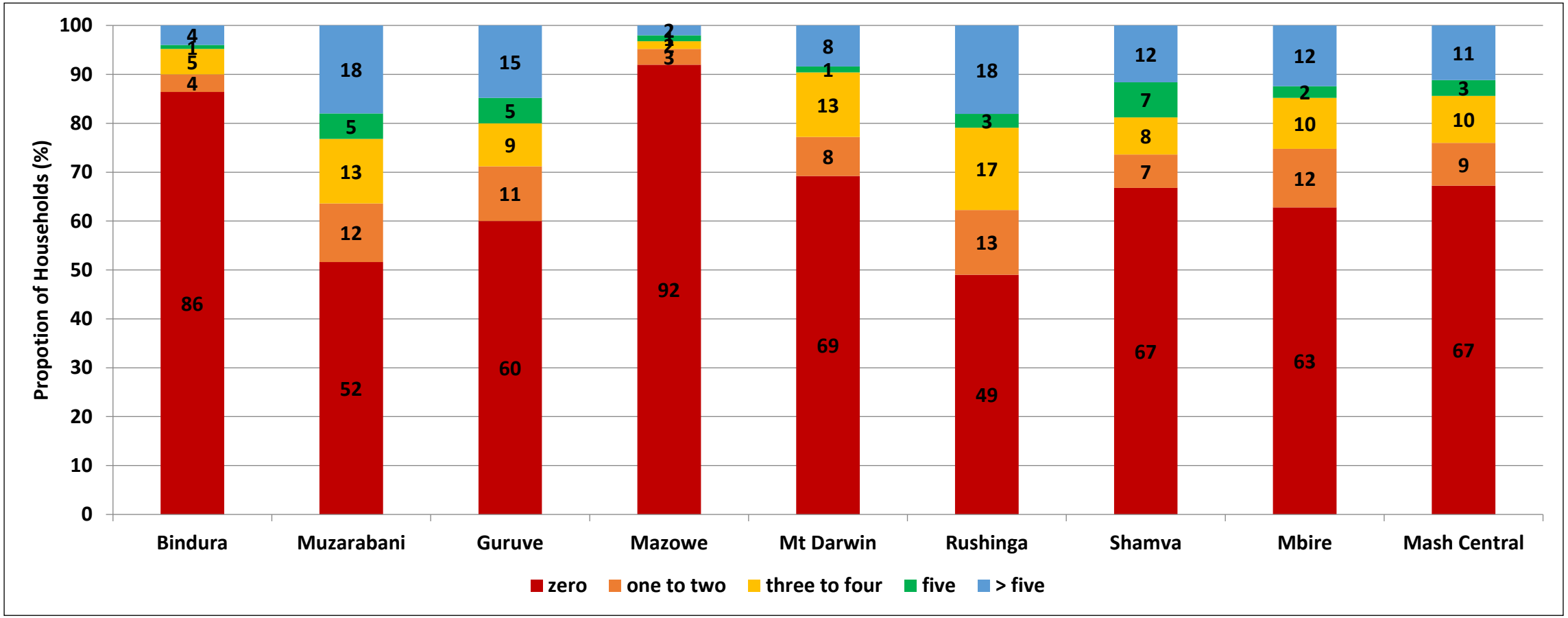
Households that Grew Various Crops



- Maize was the most commonly grown crop in the province followed groundnuts, cowpeas and tubers.
- The most commonly grown crops in Rushinga were maize, sorghum, groundnuts, cowpeas and tubers.

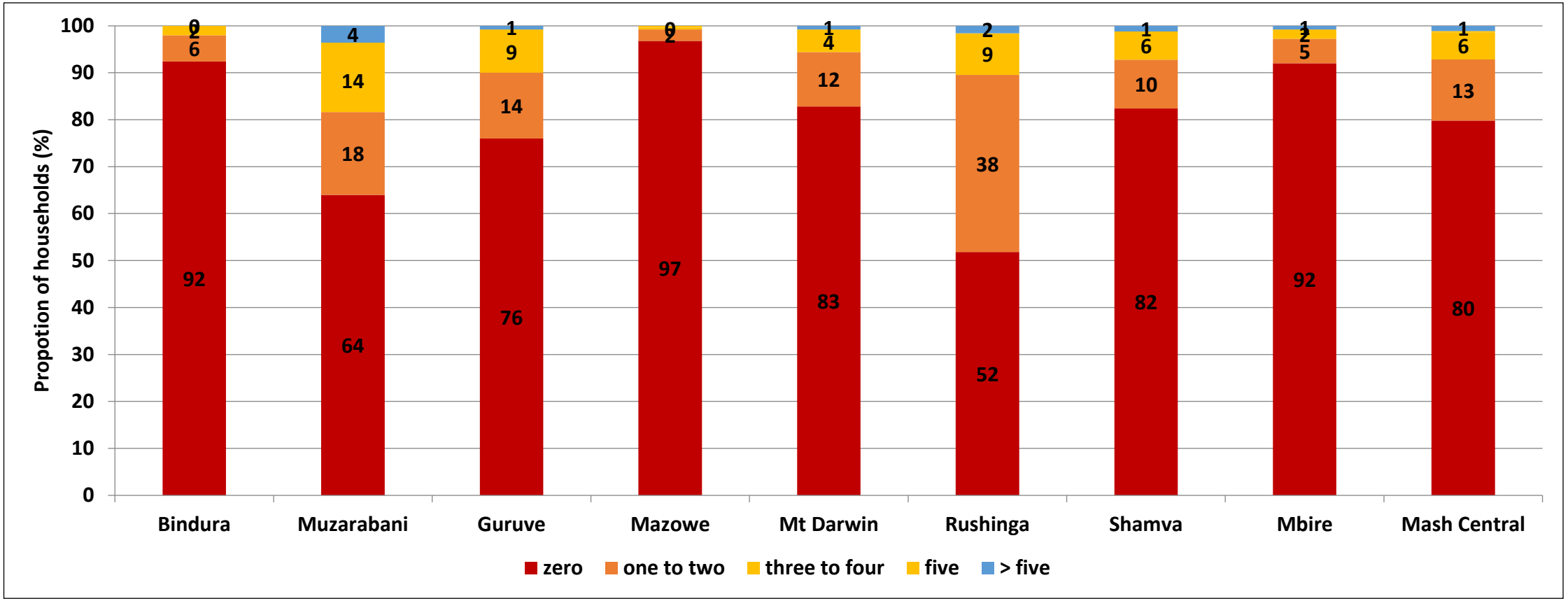
Livestock

Households which Owned Cattle



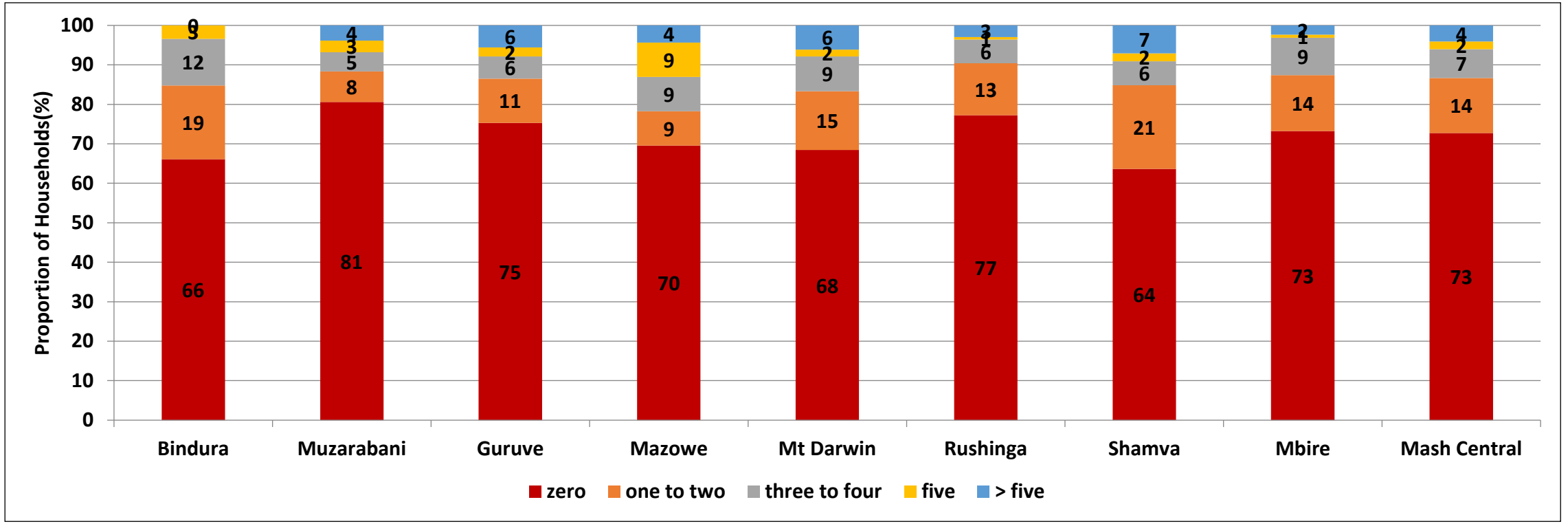
- The proportion of households which did not own cattle remained high (67%) in the province.
- The highest proportion of households which owned more that five (5) cattle was in Rushinga and Muzarabani (18%).

Households which Owned Draught Cattle



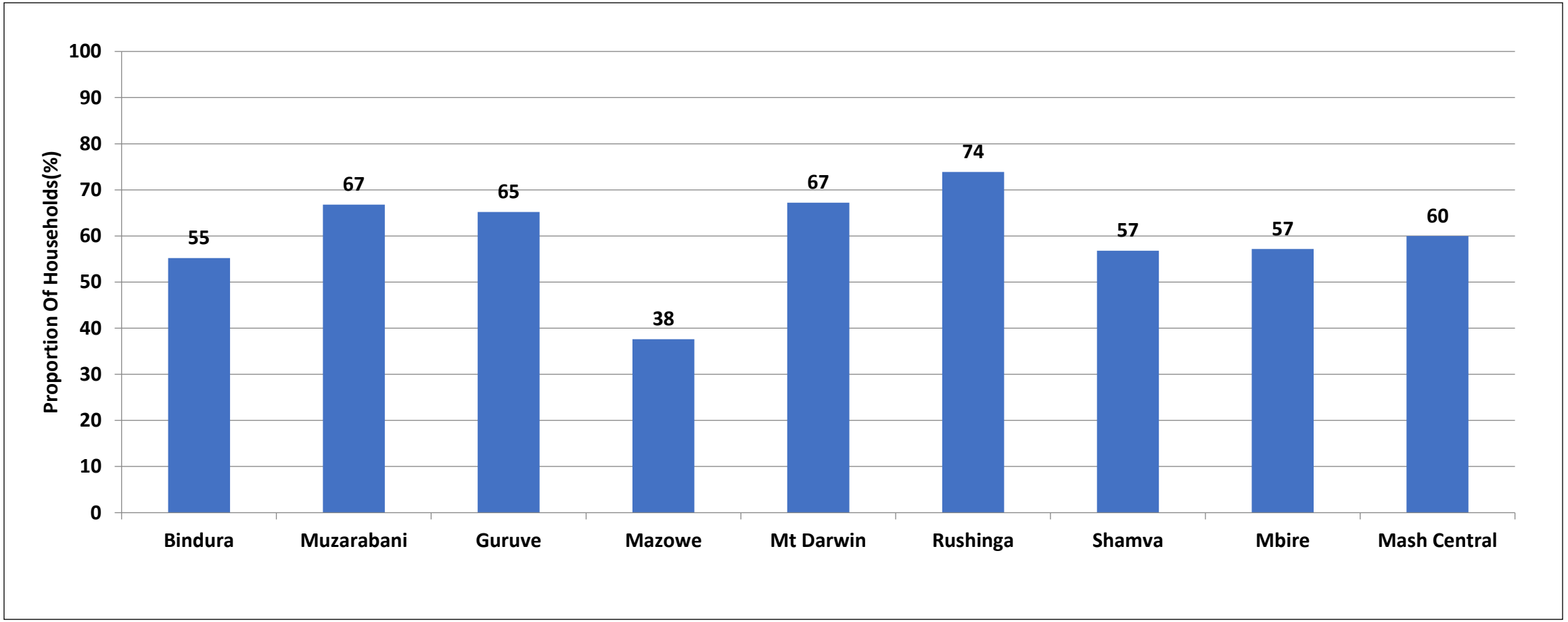
- The proportion of households which did not own draught cattle was (80%). Mazowe (97%) had the highest proportion.
- Muzarabani (18%) had the highest proportion of households that owned more than two (2) draught cattle.

Households which Owned Goats



- The proportion of households which did not own goats in the province was 73%. Muzarabani (81%) and had the highest proportion of households that did not own goats.
- The highest proportion of households that owned 5 or more goats was in Shamva.

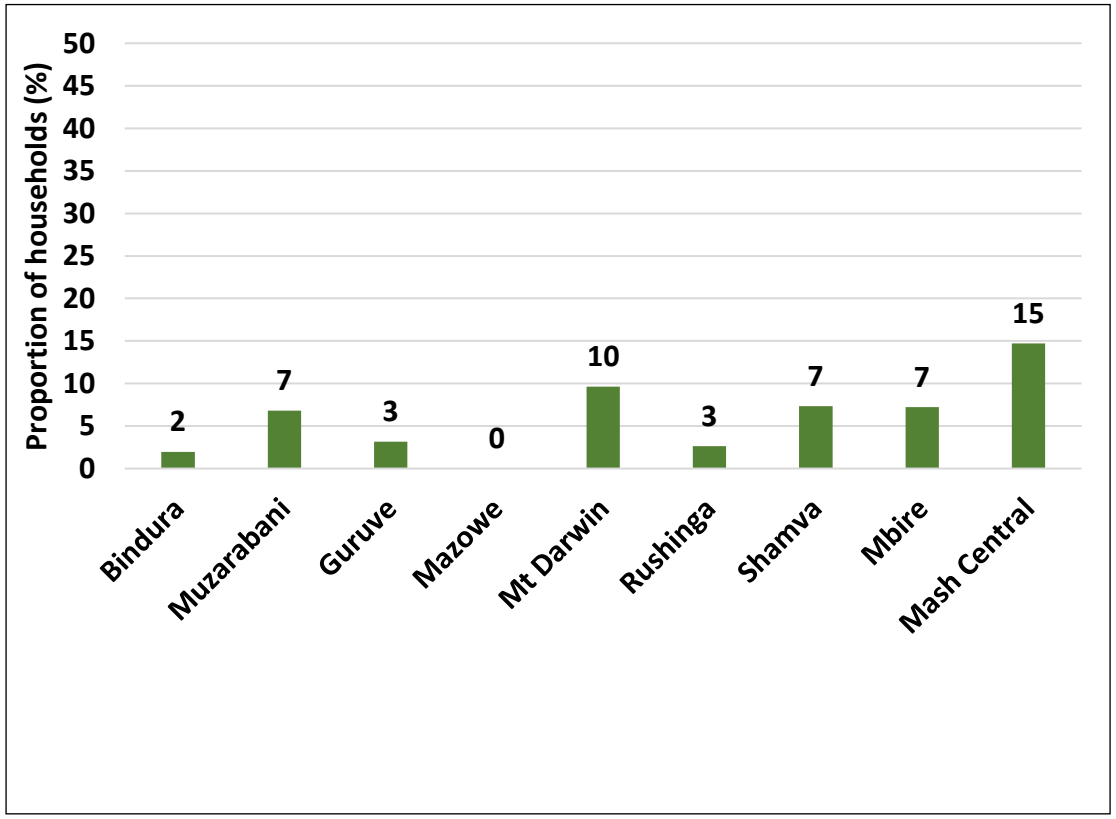
Households Which Owned Poultry



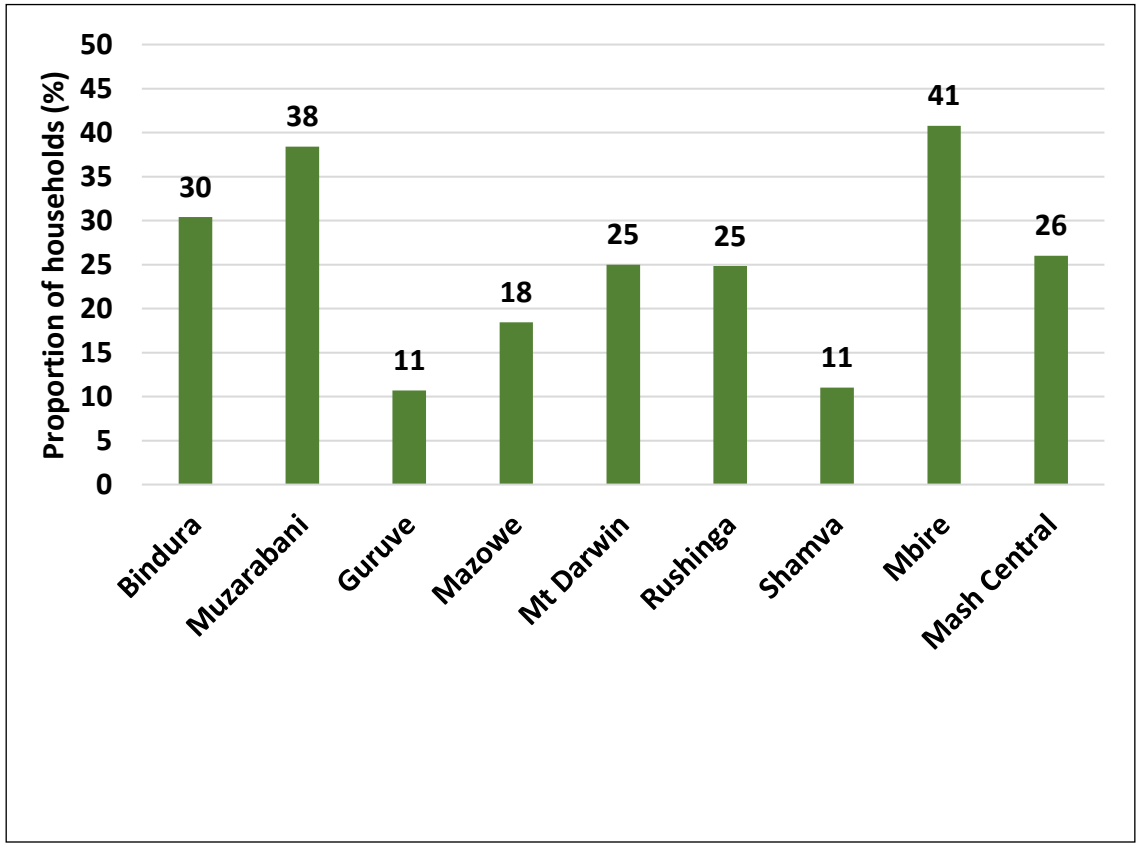
- The proportion of households which owned poultry in the province was 60%. Rushinga had the highest (74%) and Mazowe had the lowest (38%).

Livestock Offtake Rates

Cattle



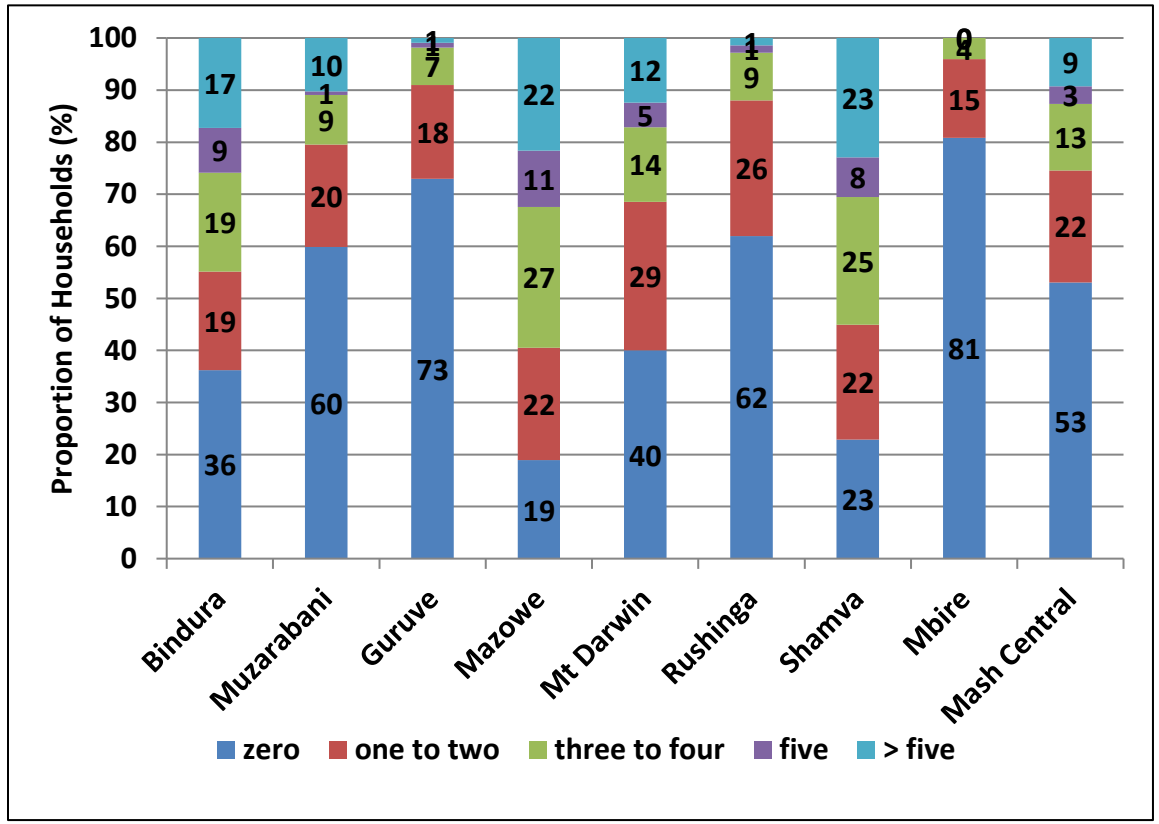
Goats



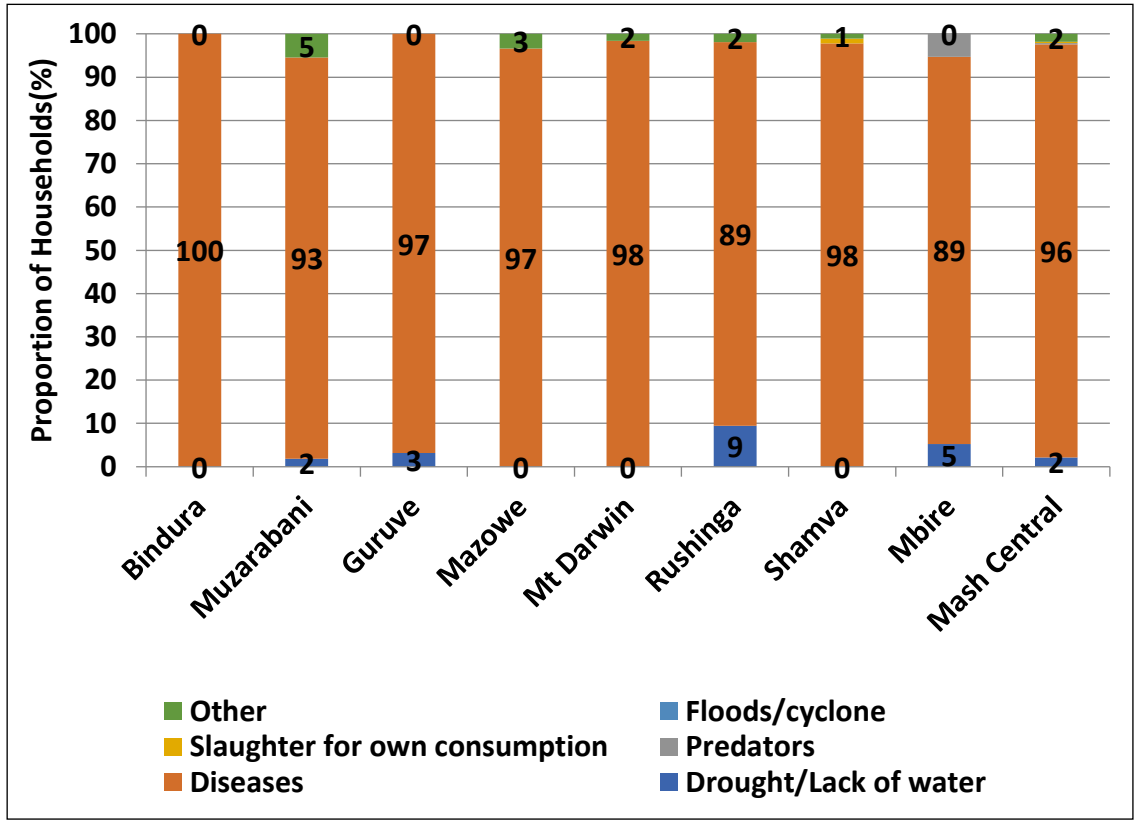
- Percentage offtake refers to the number of animals sold/slaughtered annually as a fraction of total herd. It is an indicator of the business approach in livestock production, and its contribution to household livelihoods.
- Offtake rates were generally low with an average of 15% for cattle and 26% for goats.
- Mount Darwin had the highest cattle offtake (10%), while goat offtake was highest in Mbire (41%).

Households which Reported Cattle Deaths and Causes of Deaths

Households which reported cattle deaths

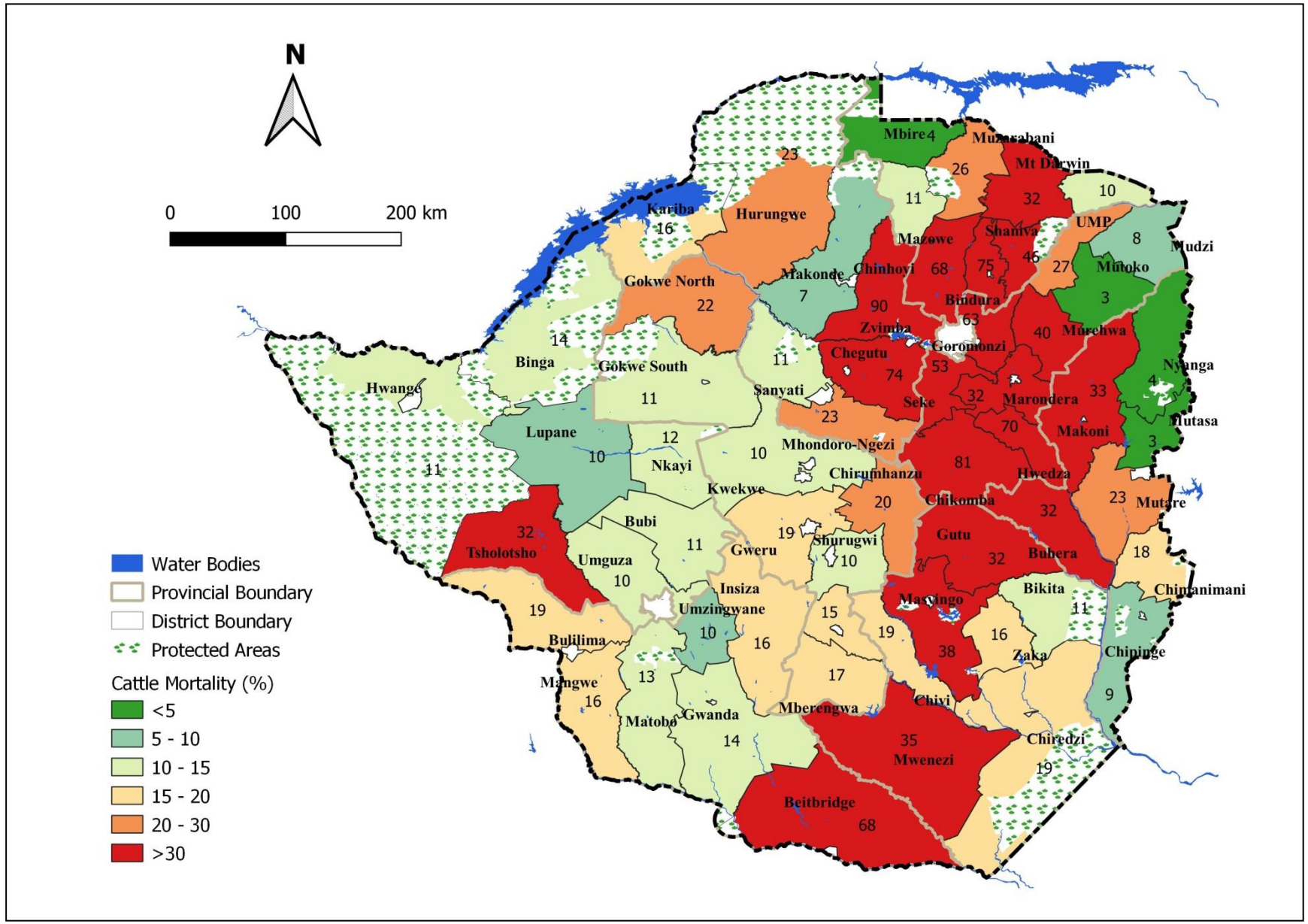


Causes of Deaths



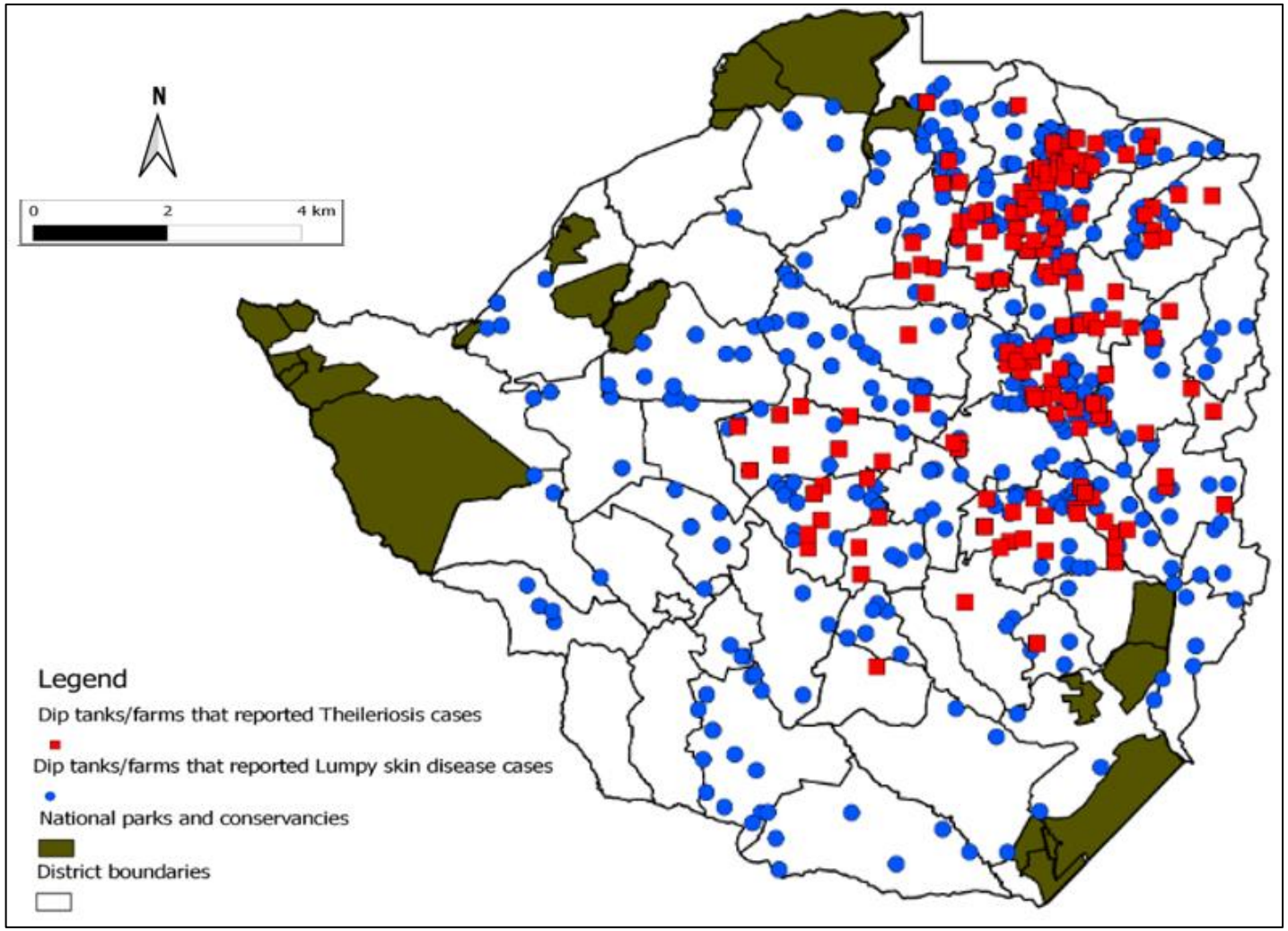
- About 53% of households reported to have lost one or more animals to death.
- At least 96% of the households reported that diseases were the cause of death in Mashonaland Central

Cattle Mortality Rate by District



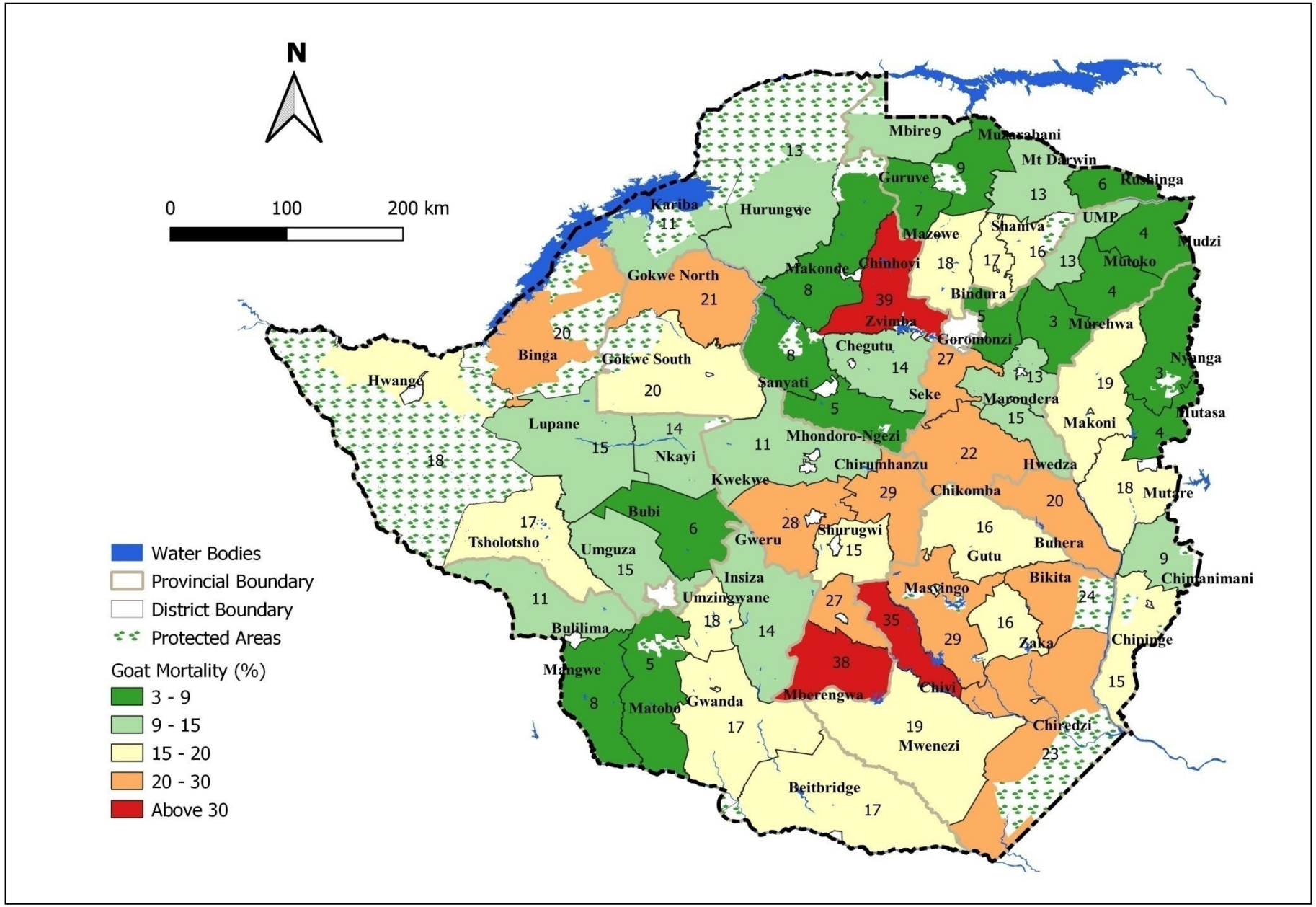
- High Mortality rates of above 30% were reported in Bindura (75%), Mazowe (68%) Shamva (45%), Mt Darwin (32%).
- Low mortality rates of 5% and below were reported in Mbire (4%).

Theileriosis and Lumpy Skin Disease Outbreaks 2020/2021



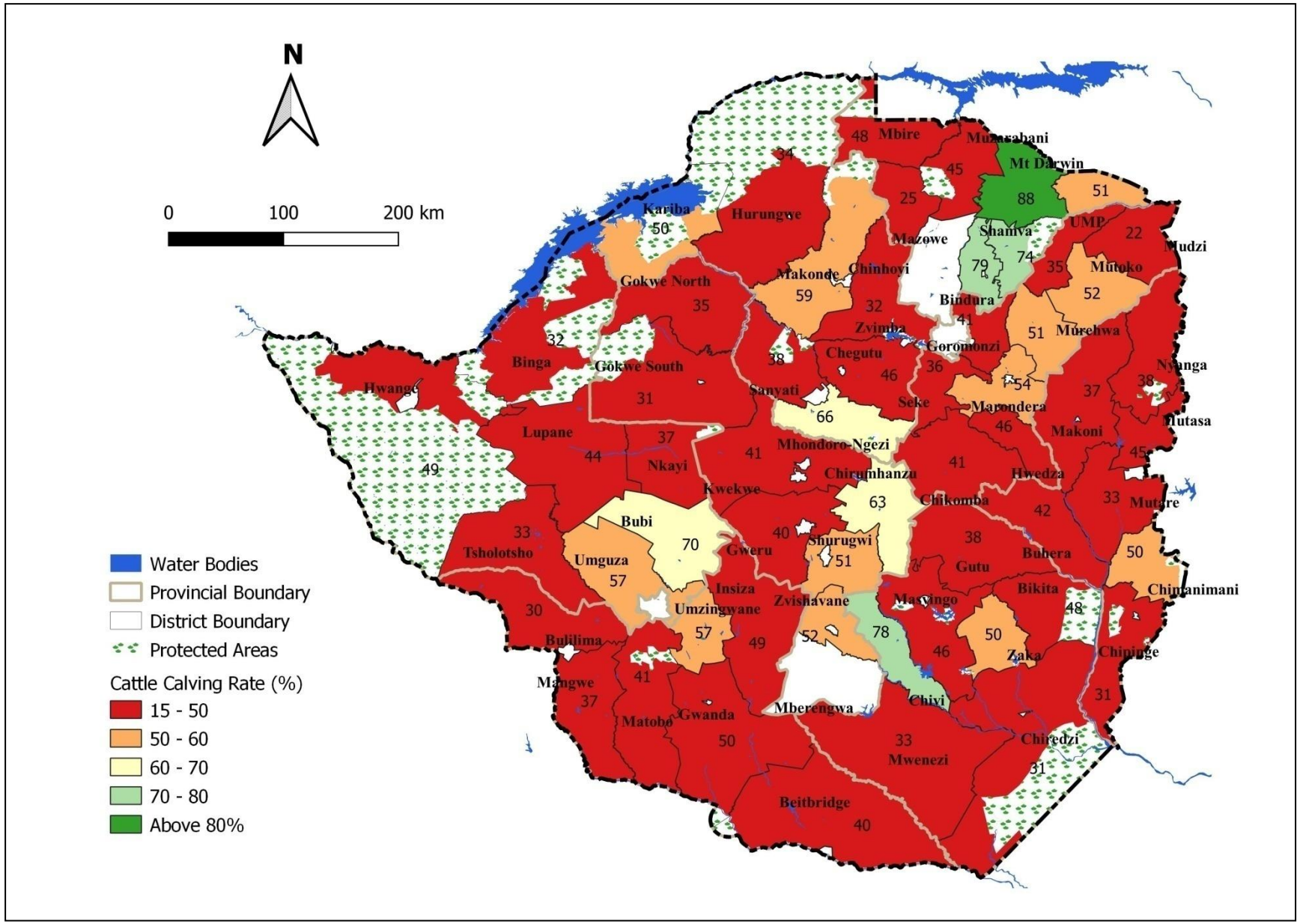
- Outbreaks of January disease were highly concentrated in the Province as well as in Mashonaland East and Manicaland provinces.
- Lumpy skin disease was more widespread, affecting all provinces.

Goat Mortality Rate by District



- Goat mortality was generally high in 50% of the districts in the province (above 10%).
- Mazowe (18%), Bindura (17%), Shamva (16%) and Mt. Darwin (13%) reported high goat mortality rates of over 10%.
- Rushinga had the lowest goat mortality rate (6%).

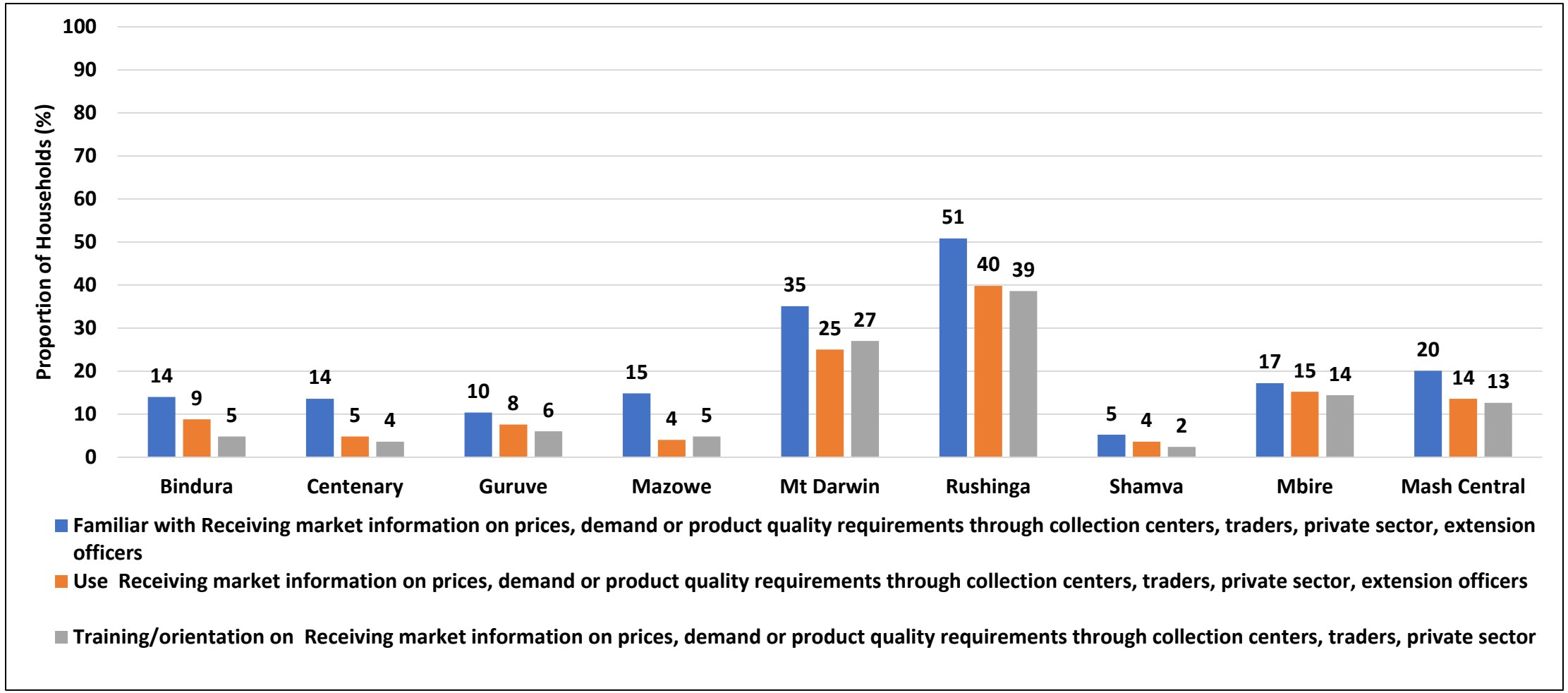
Calving Rate



- 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 low (below 50%) across all districts.
- The national average calving rate was 45%.
- The highest calving rates were reported in Mt Darwin (88%).

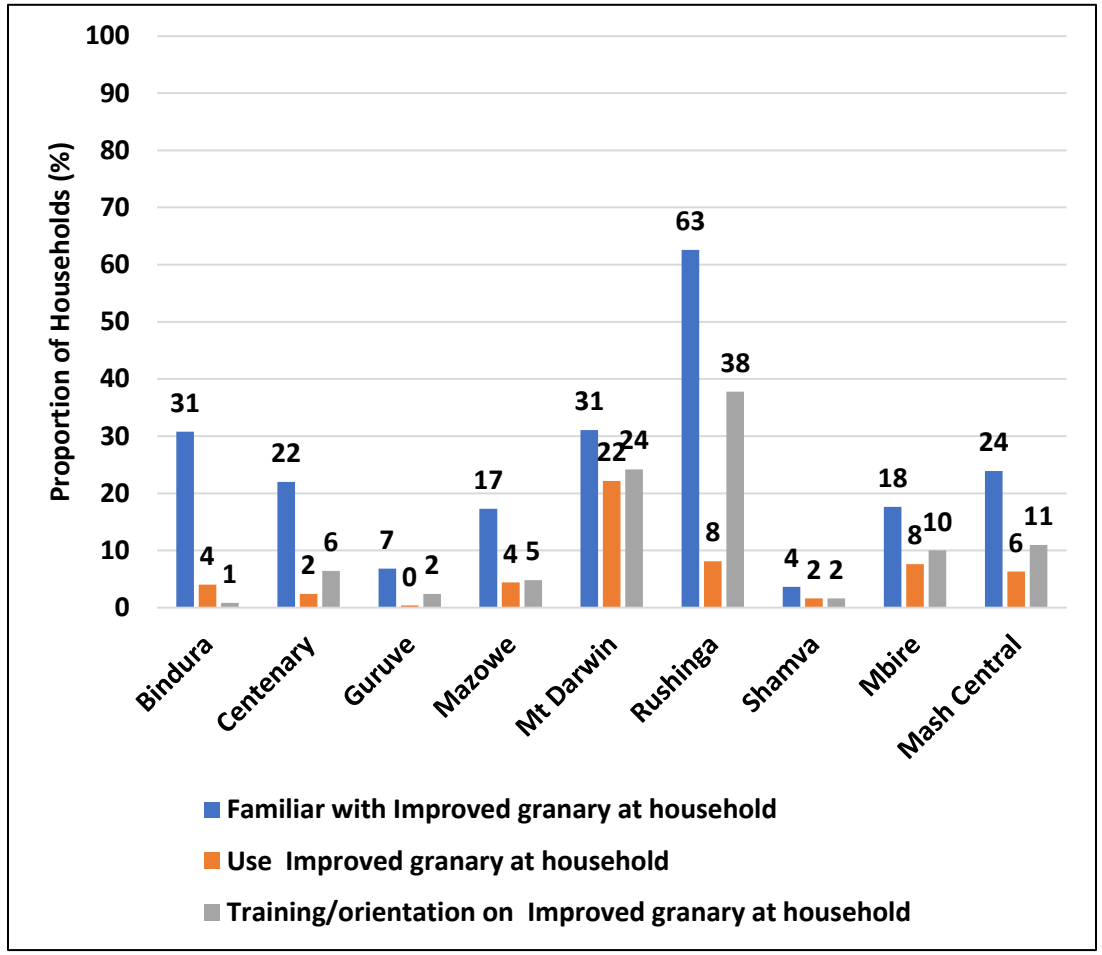
Agricultural Value Chains

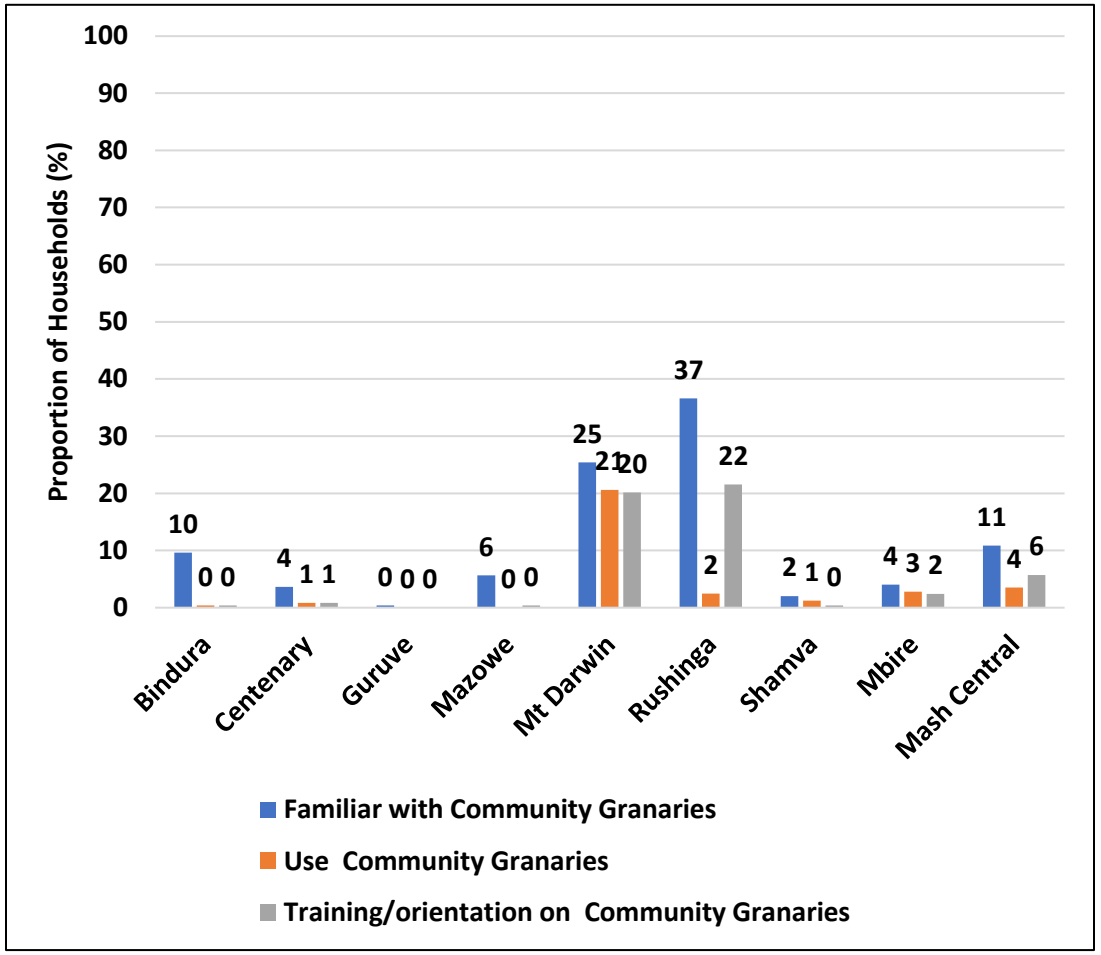
Market Information Access



- In the province only 14% of the households indicated that they had accessed market information through various channels.
- Marketing information is important for planning.

Use of Improved Granaries and Community Granaries

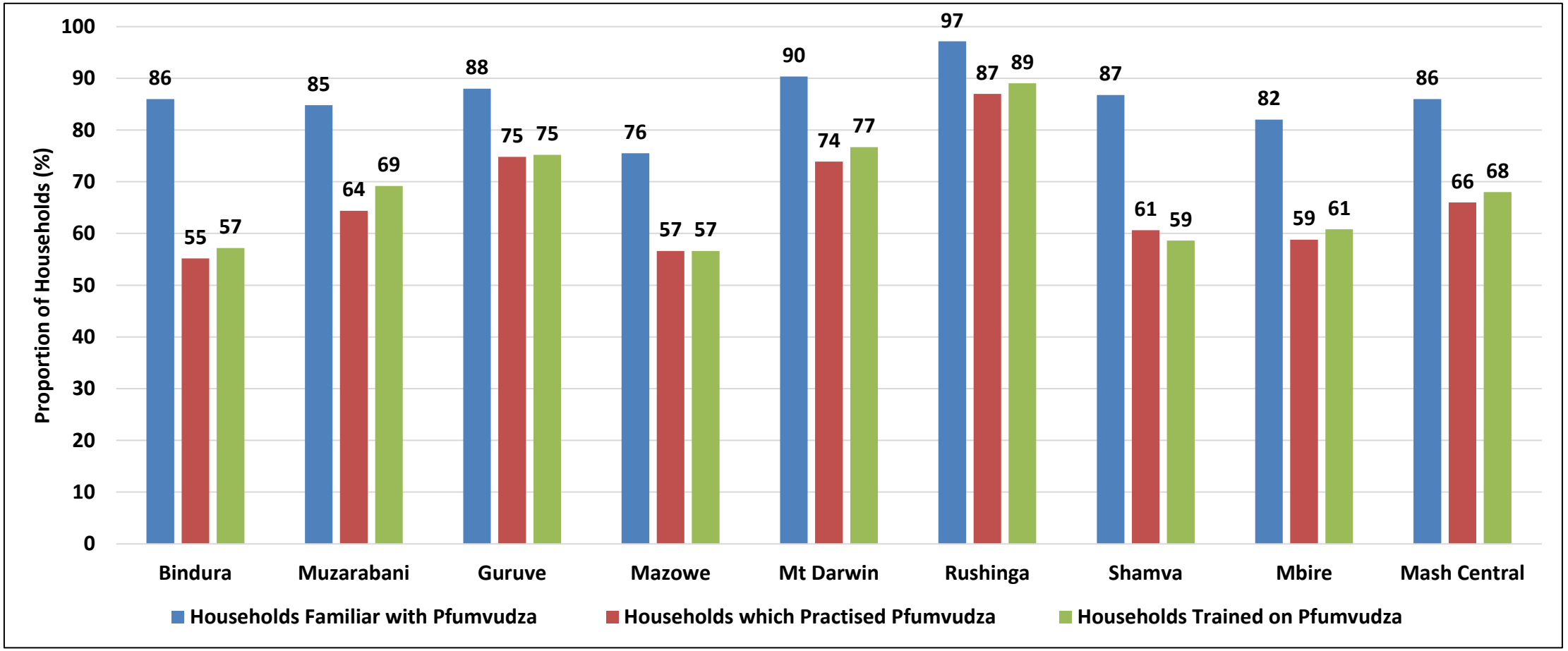




- Use of improved granaries was limited as only 6% of the households indicated that they had used them. About 4% of the households also indicated that they had used community granaries.
- This could have a negative effect on post harvest management.

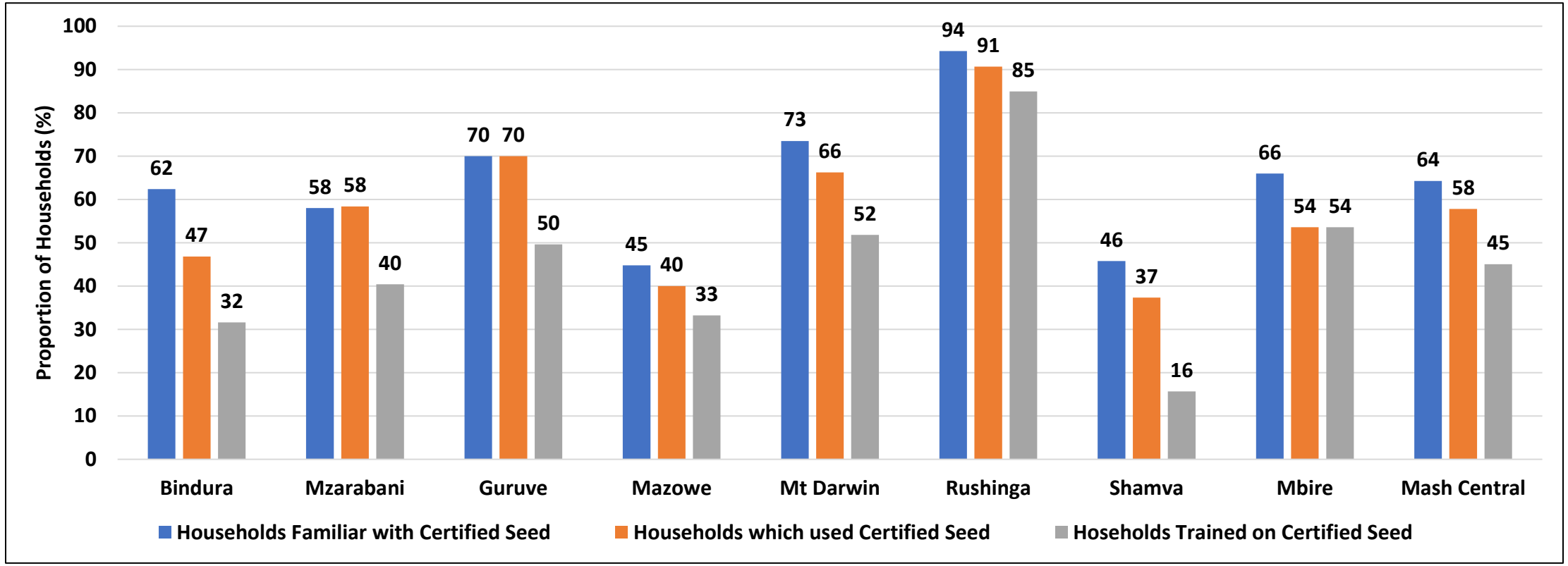
Climate Smart Agriculture

Household Knowledge of Pfumvudza



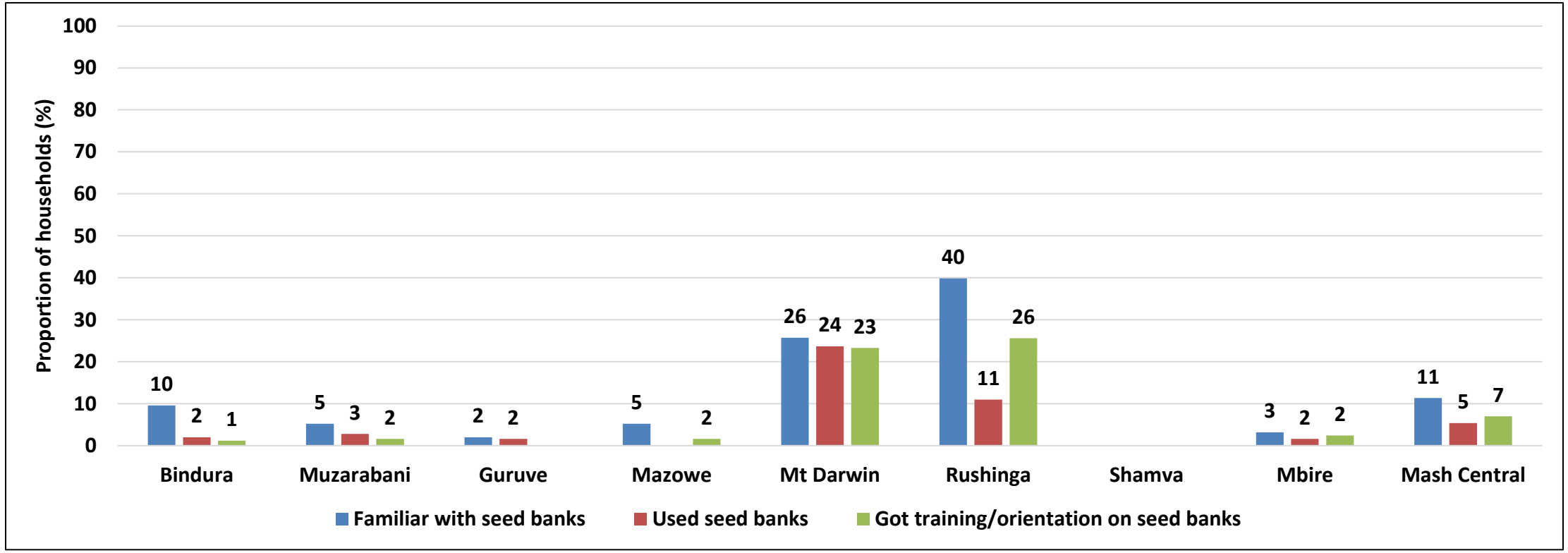
- In the province, 86% of households were familiar with Pfumvudza , 66% had practiced it while 68% had received training
- Rushinga (87%) had the highest proportion of households which practiced Pfumvudza while Bindura (55%) had the lowest.

Use of Quality Certified Seeds



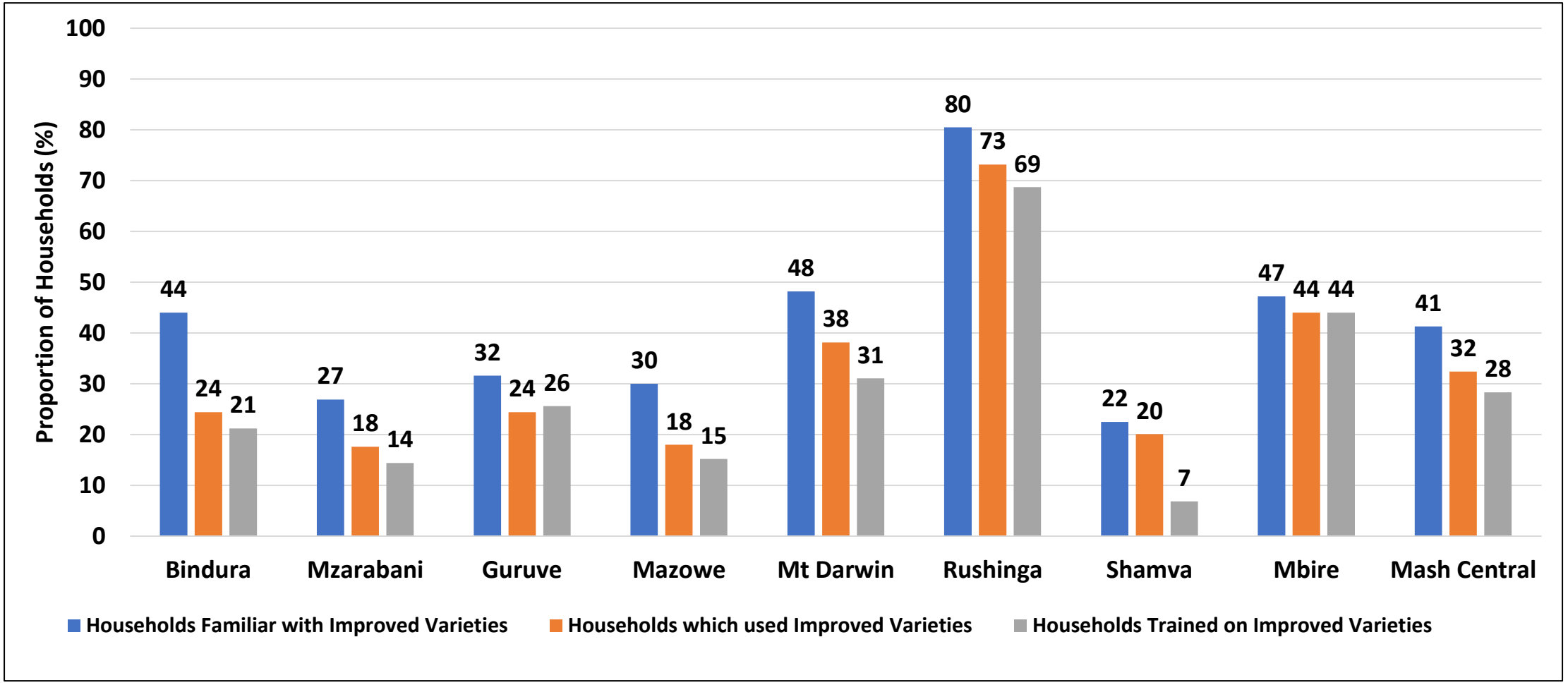
- The use of quality certified seed was at 58% in the province. Use of quality seed has a bearing on productivity.
- Rushinga had the highest usage of certified seed (91%).

Use of Community Seed Banks



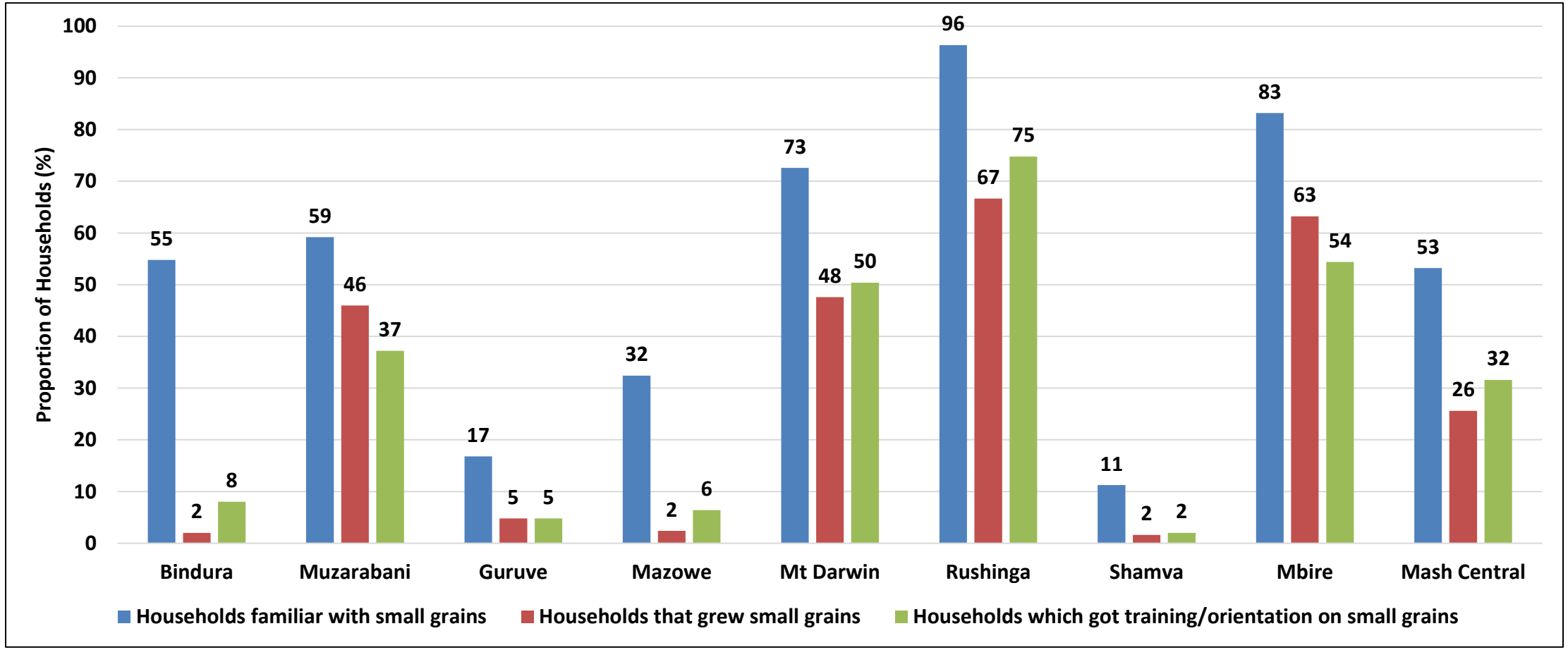
- The proportion of households using community seed banks was relatively low (5%) with Mt Darwin having the highest proportion (24%).

Households which Adapted Improved Seed



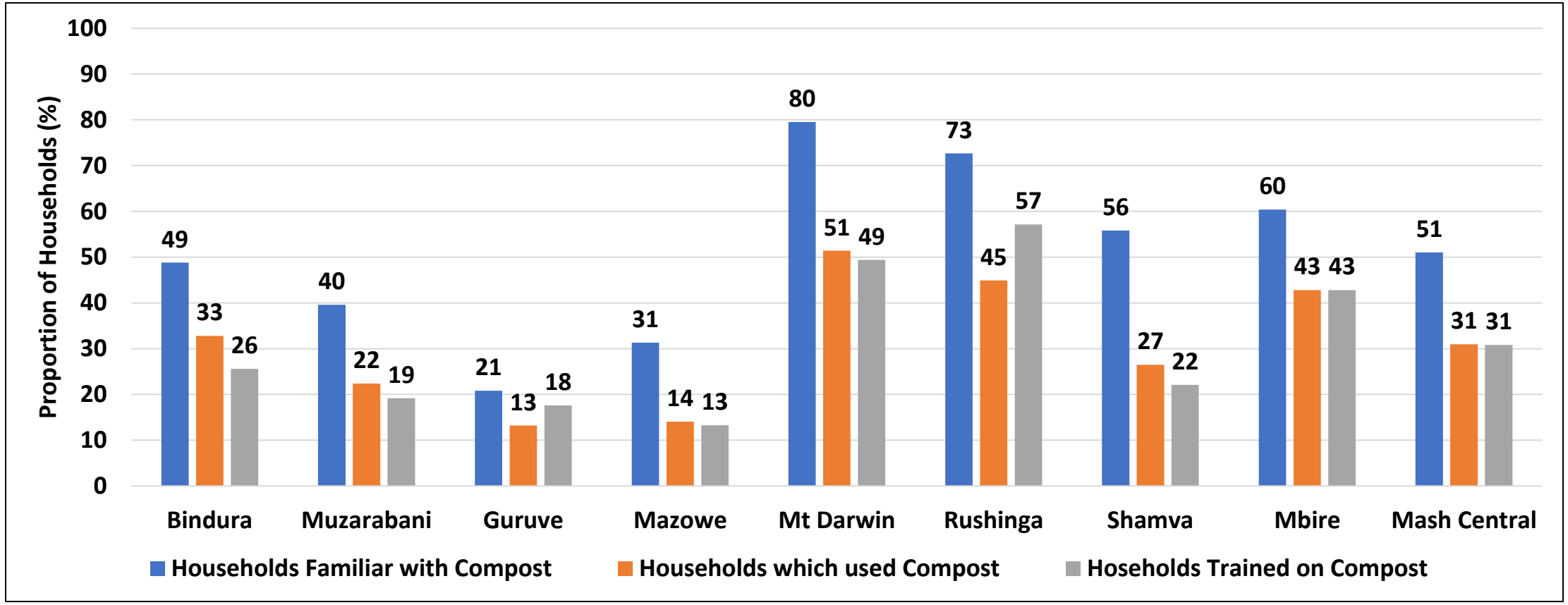
- In the province, 32% of the households used suitable improved varieties with the highest proportion reported in Rushinga (73%).

Households Growing Small Grains



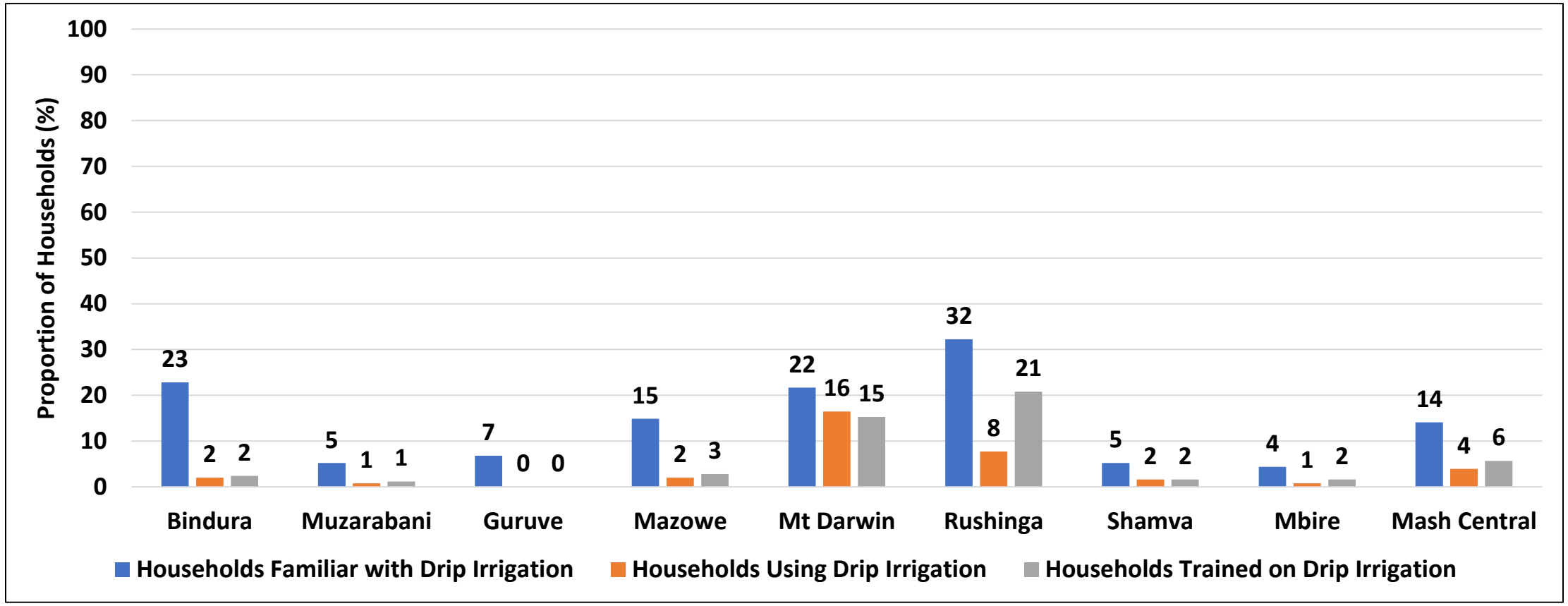
- About 29% of the households in the province grew small grains.
- Rushinga (67%) had highest proportion of households growing small grains with Bindura, Mazowe and Shamva (2%) having the lowest.

Use of Compost/Organic fertilizer



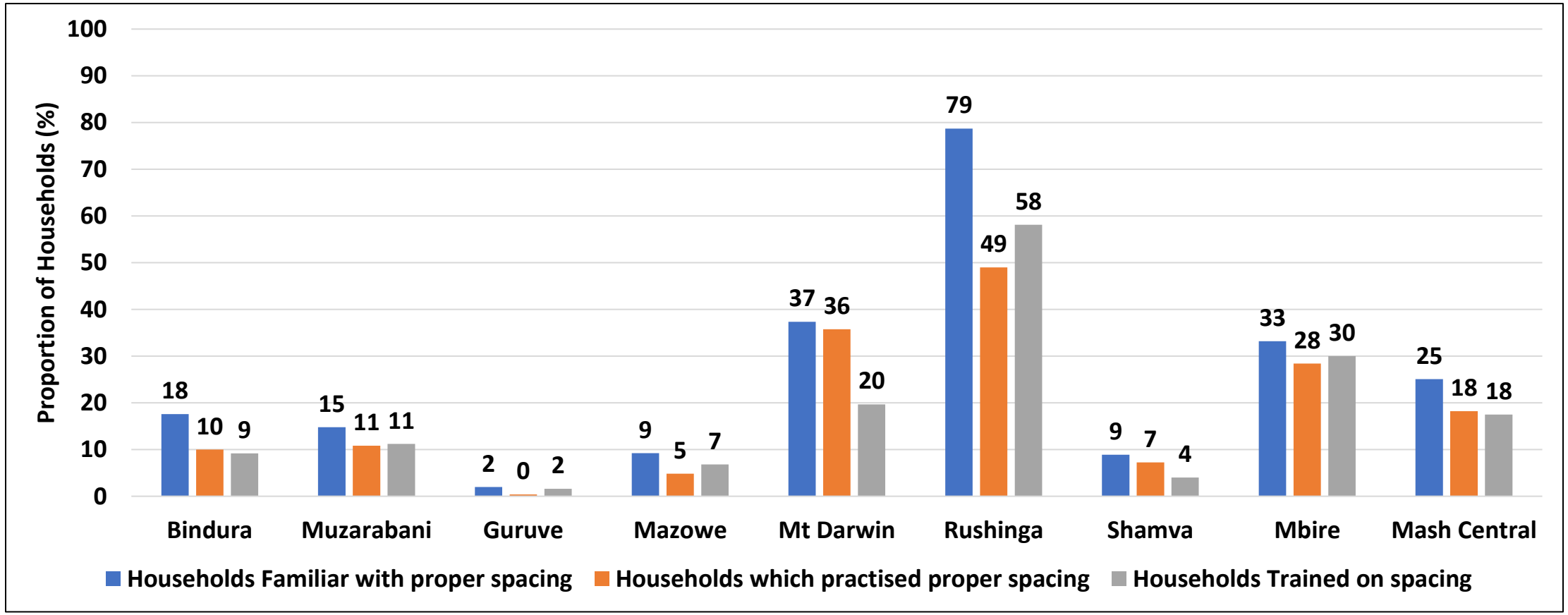
- Only 31% of the households used compost across the province.
- The use of compost was highest in Mt Darwin (51%) and lowest in Guruve (13%).

Use of Drip Irrigation



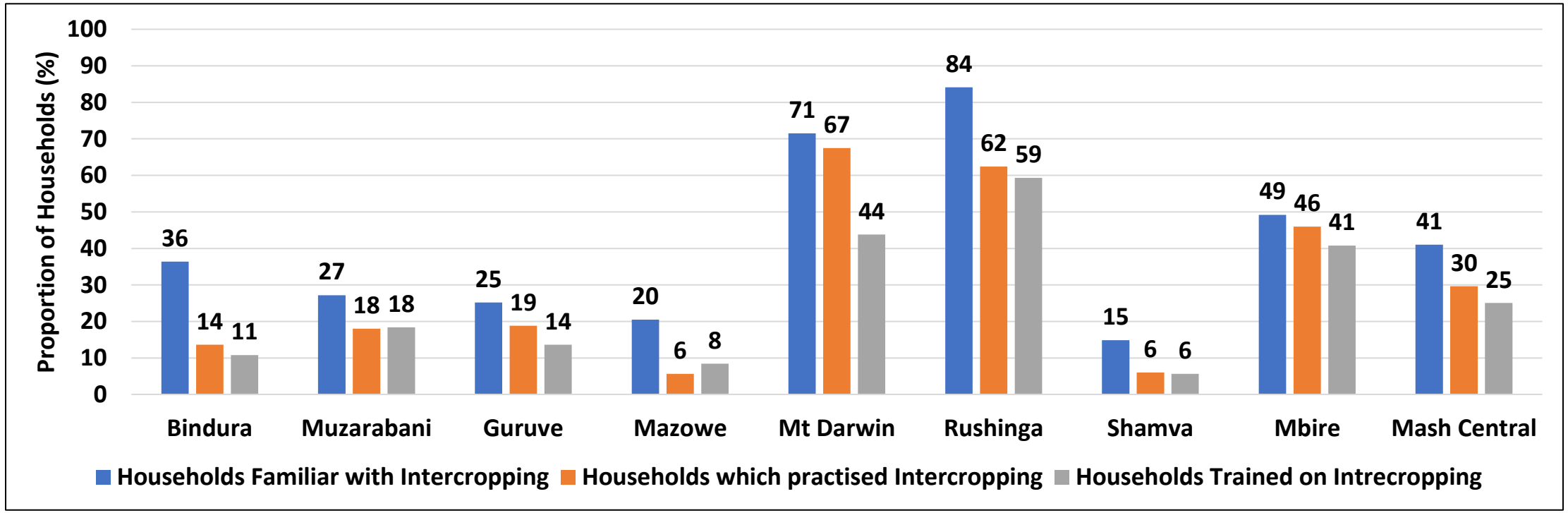
- The use of drip irrigation was low across all districts (4%).

Plant Spacing



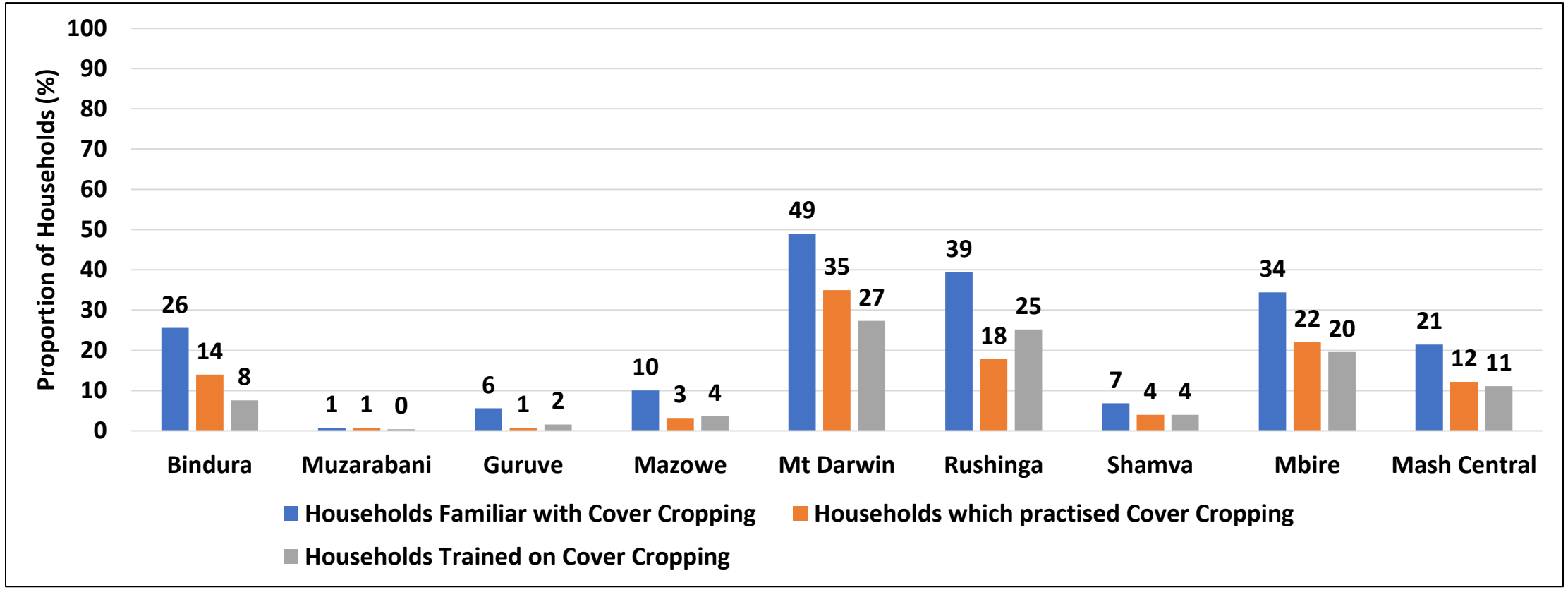
- Only 18% of households in the province used appropriate plant spacing.

Intercropping Practice



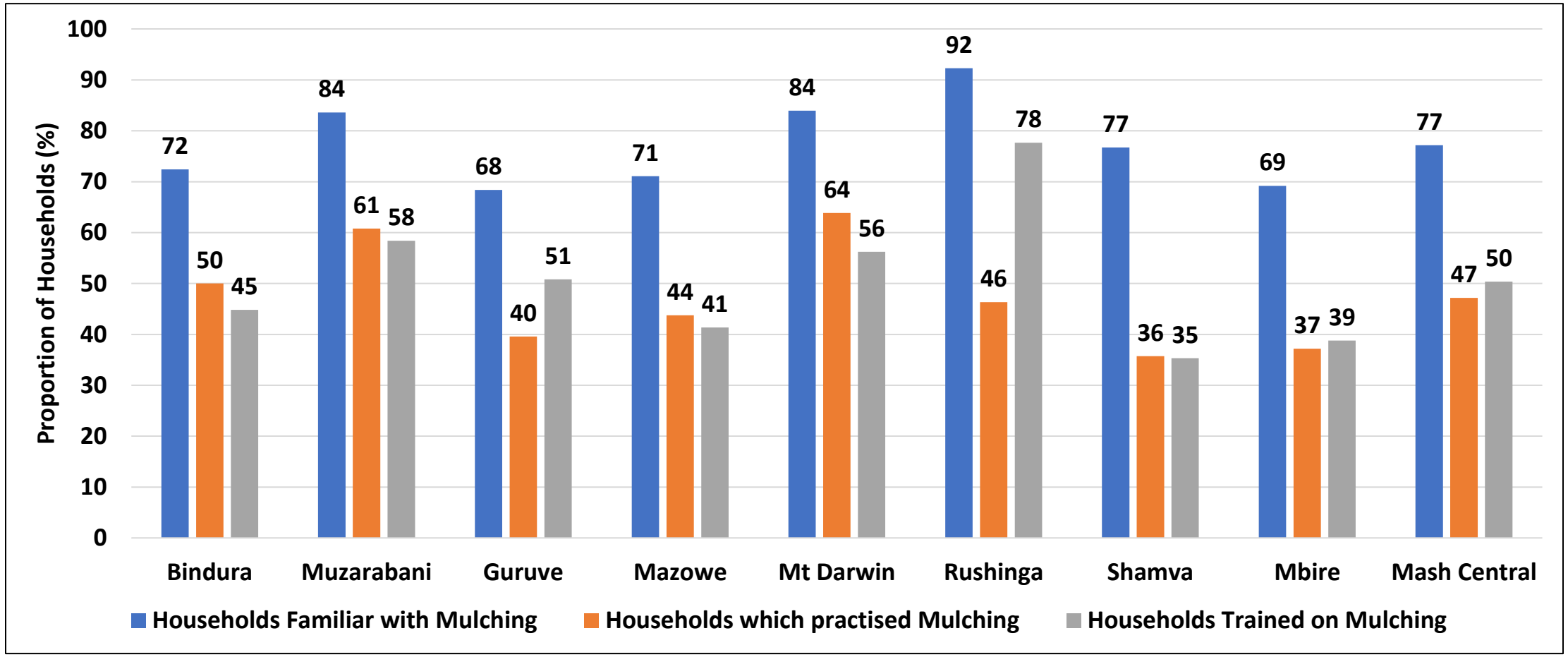
- Intercropping was practiced by 30% of the households in the province.
- Mt Darwin (67%) had the highest proportion of households practicing intercropping while Mazowe and Shamva (6%) had the lowest.

Cover Cropping



- Cover cropping was practiced by only 12% of the households in the province.
- Mt Darwin (35%) had the highest proportion of households practicing cover-cropping with the least being Muzarabani and Guruve (1%).

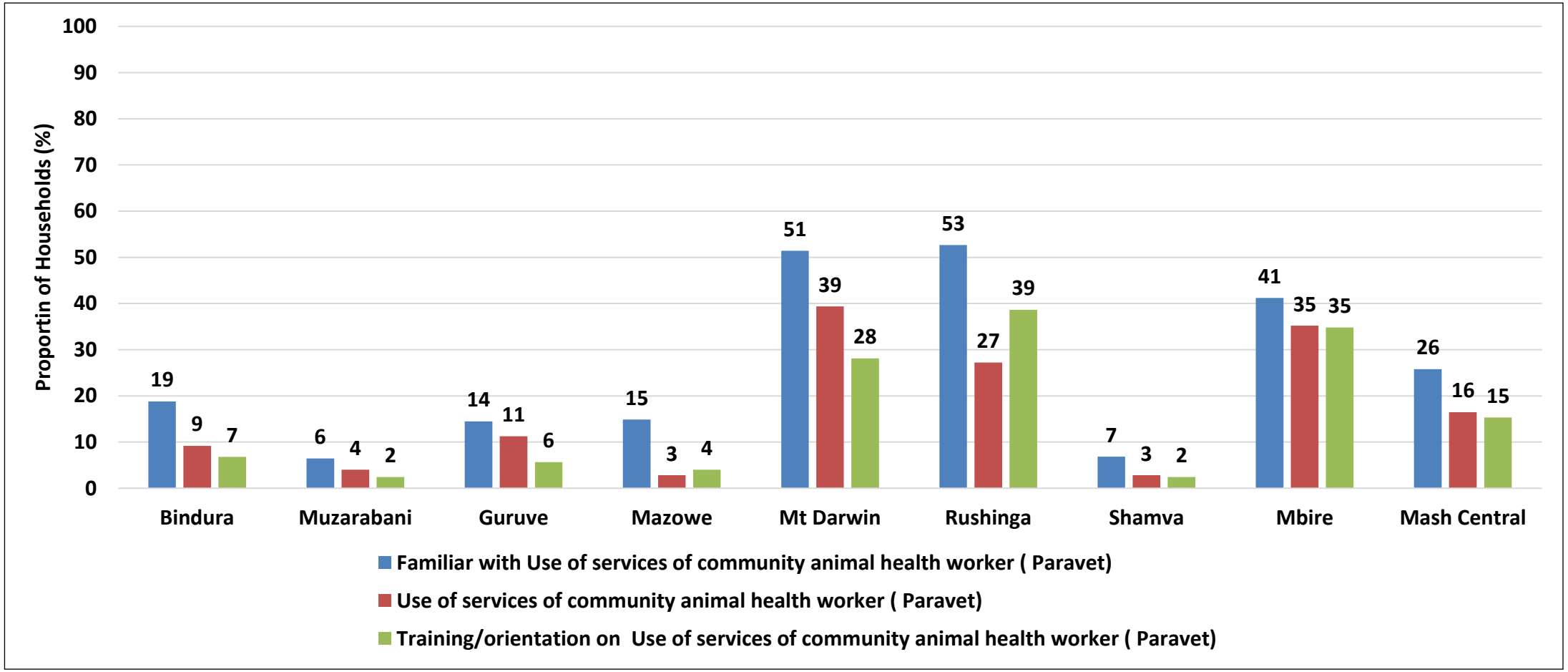
Mulching



- At least 47% of the households practiced mulching in the province.
- Mt Darwin (64%) had the highest proportion of households using mulch with the lowest being Shamva (36%).

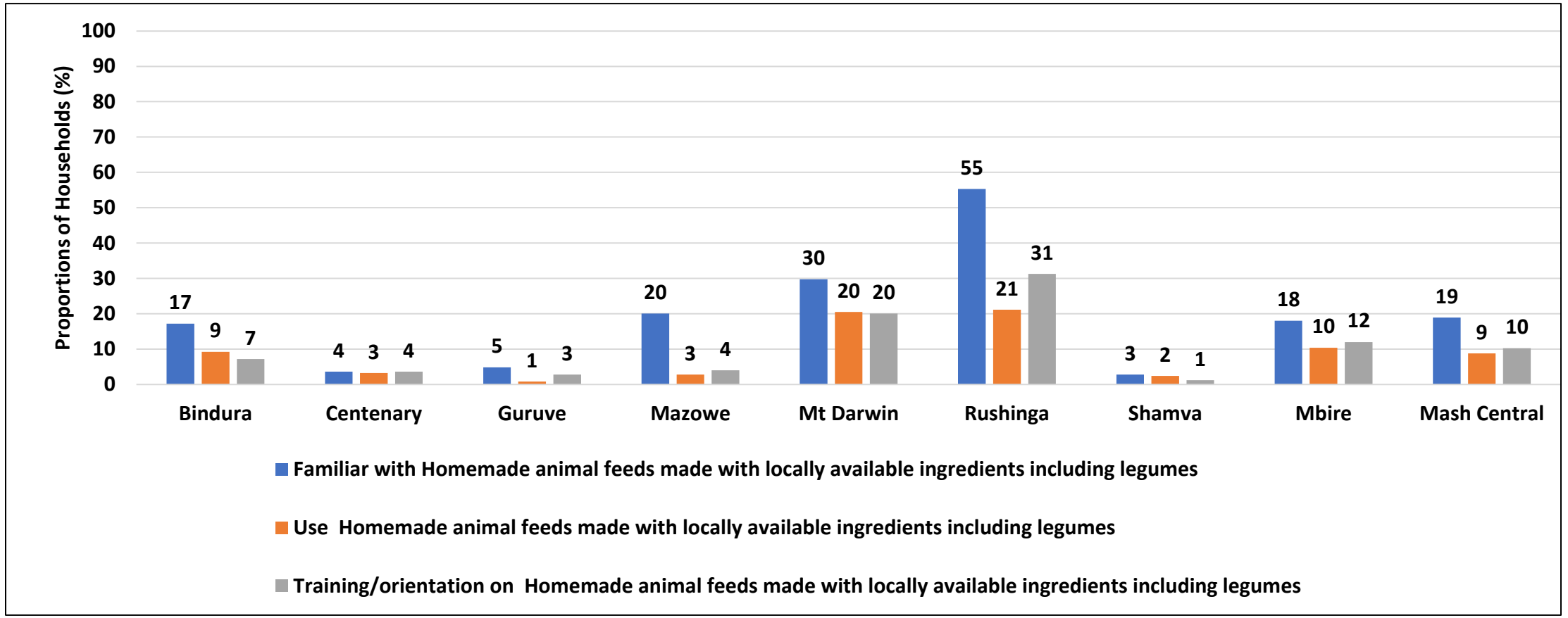
Livestock Practices

Use of Services of Community Animal Health Worker



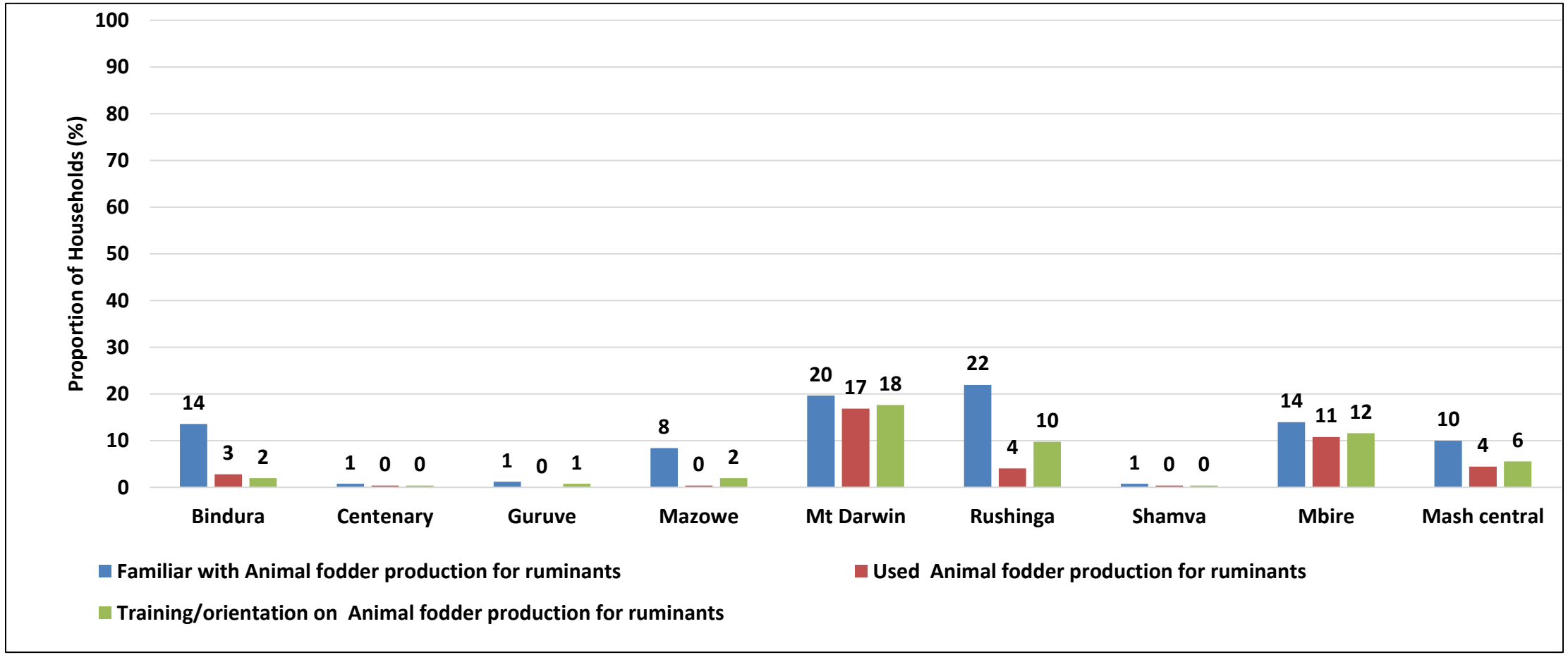
- Use of community animal health worker / paravet was low in the province (16%)
- Mt. Darwin had the highest proportion of households (39%) whilst Mazowe and Shamva (3%) had the least.

Use of Locally Available Ingredients to Make Homemade Animal Feed



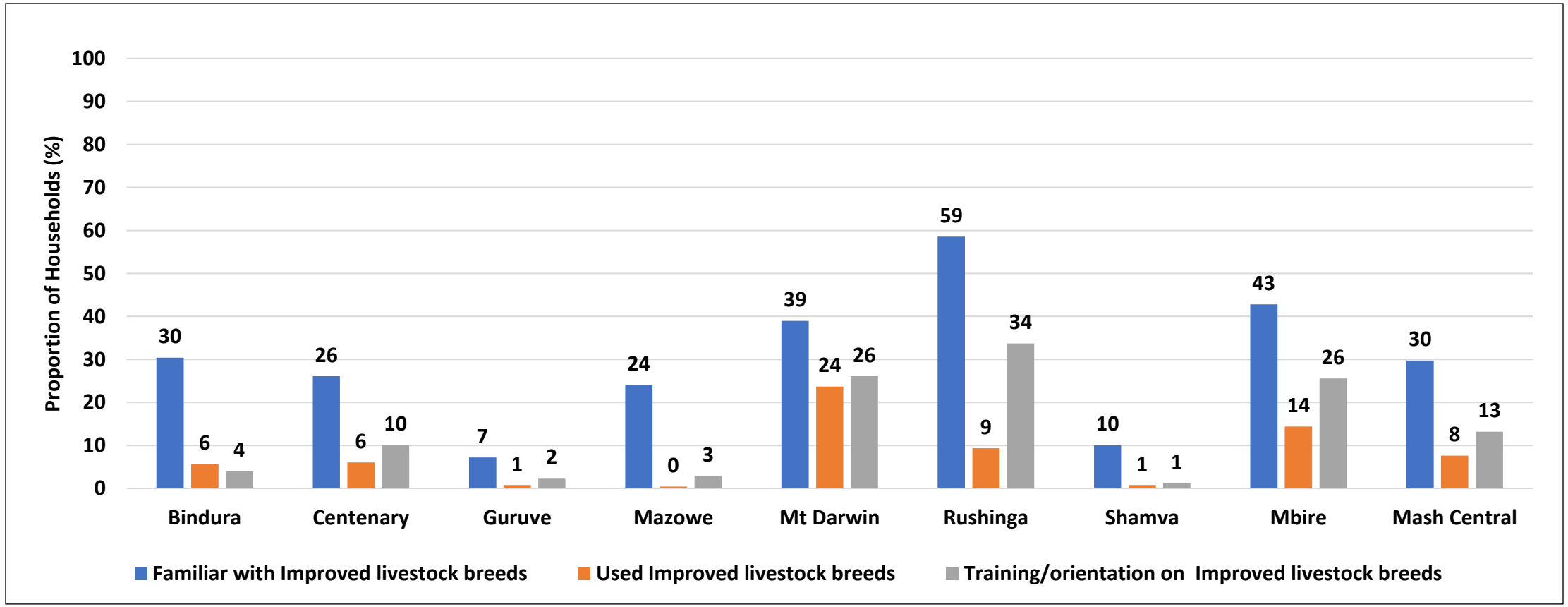
- Making of animal feeds using locally available ingredients was very low in the province (9%).
- Rushinga (21%) had the highest proportion of households making homemade feeds.

Animal Fodder Production For Ruminants



- Fodder production was very limited in the province (4%).
- Mt. Darwin had the highest proportion of households (17%).

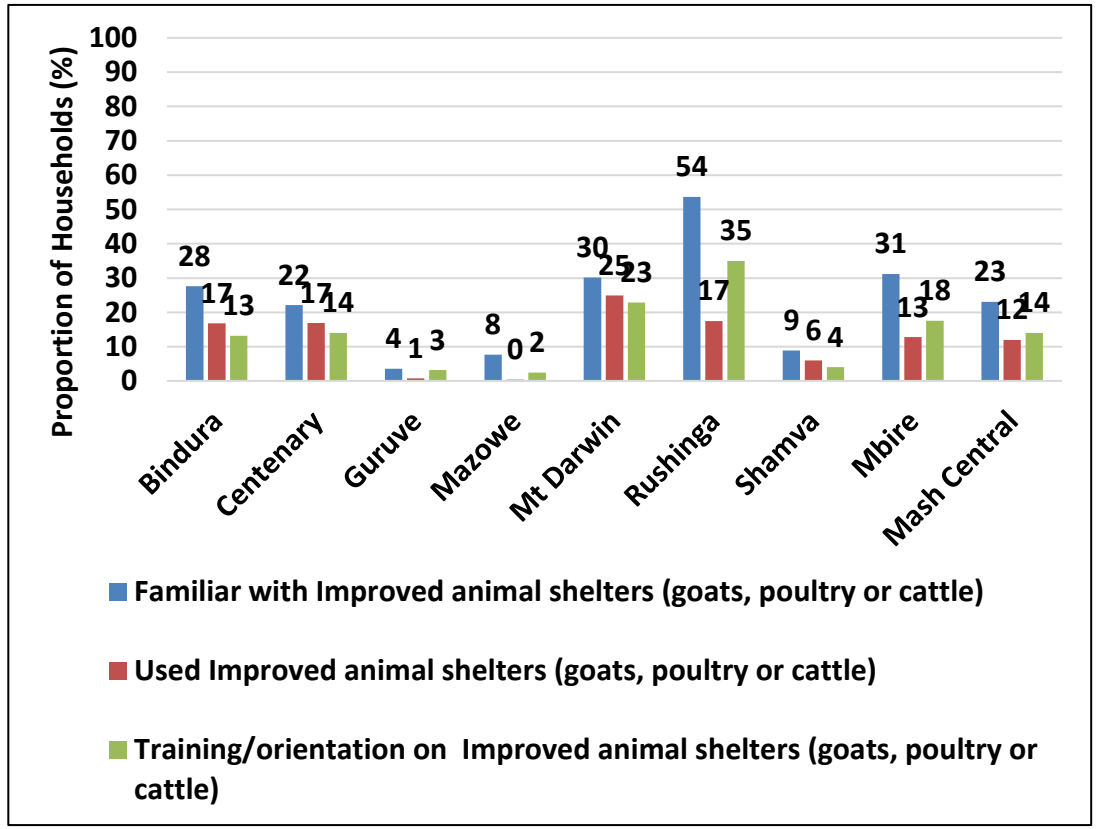
Improved Livestock Breeds



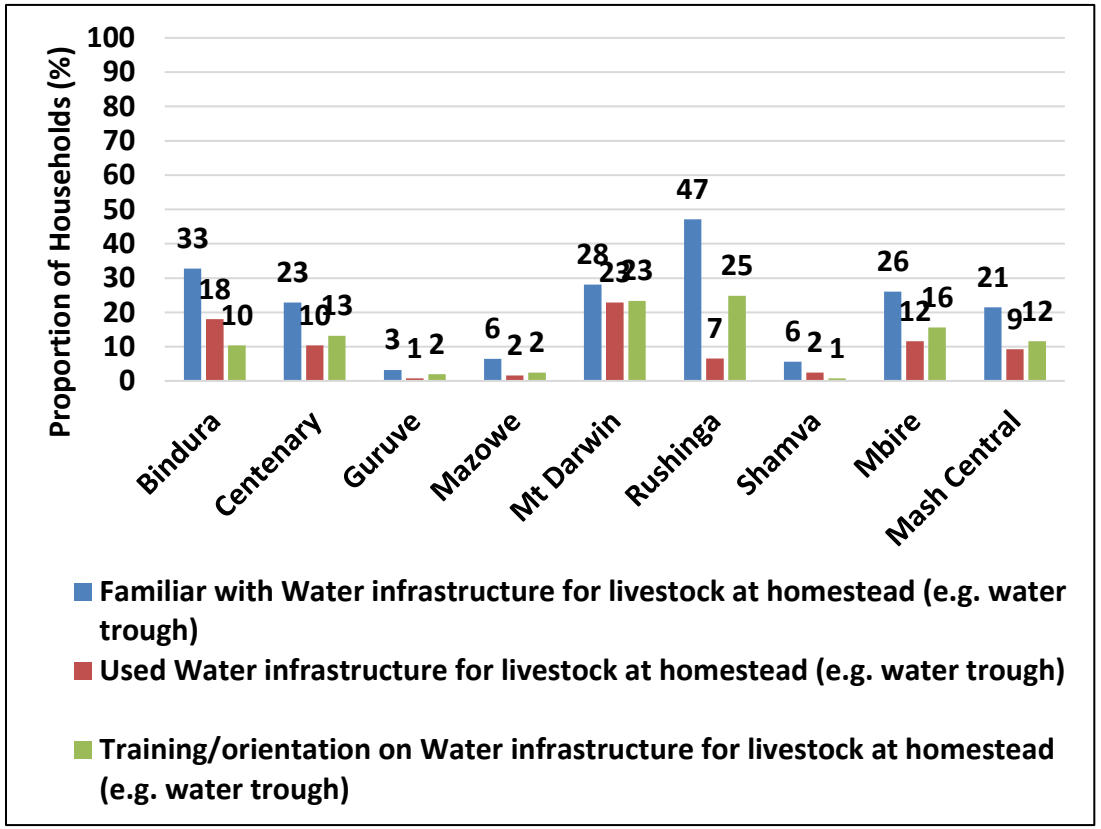
- Only 8% of the households in the province had improved livestock breeds.
- Mt. Darwin (24%) had the highest proportion of households with improved livestock breeds.

Livestock Infrastructure

Improved Animal Housing

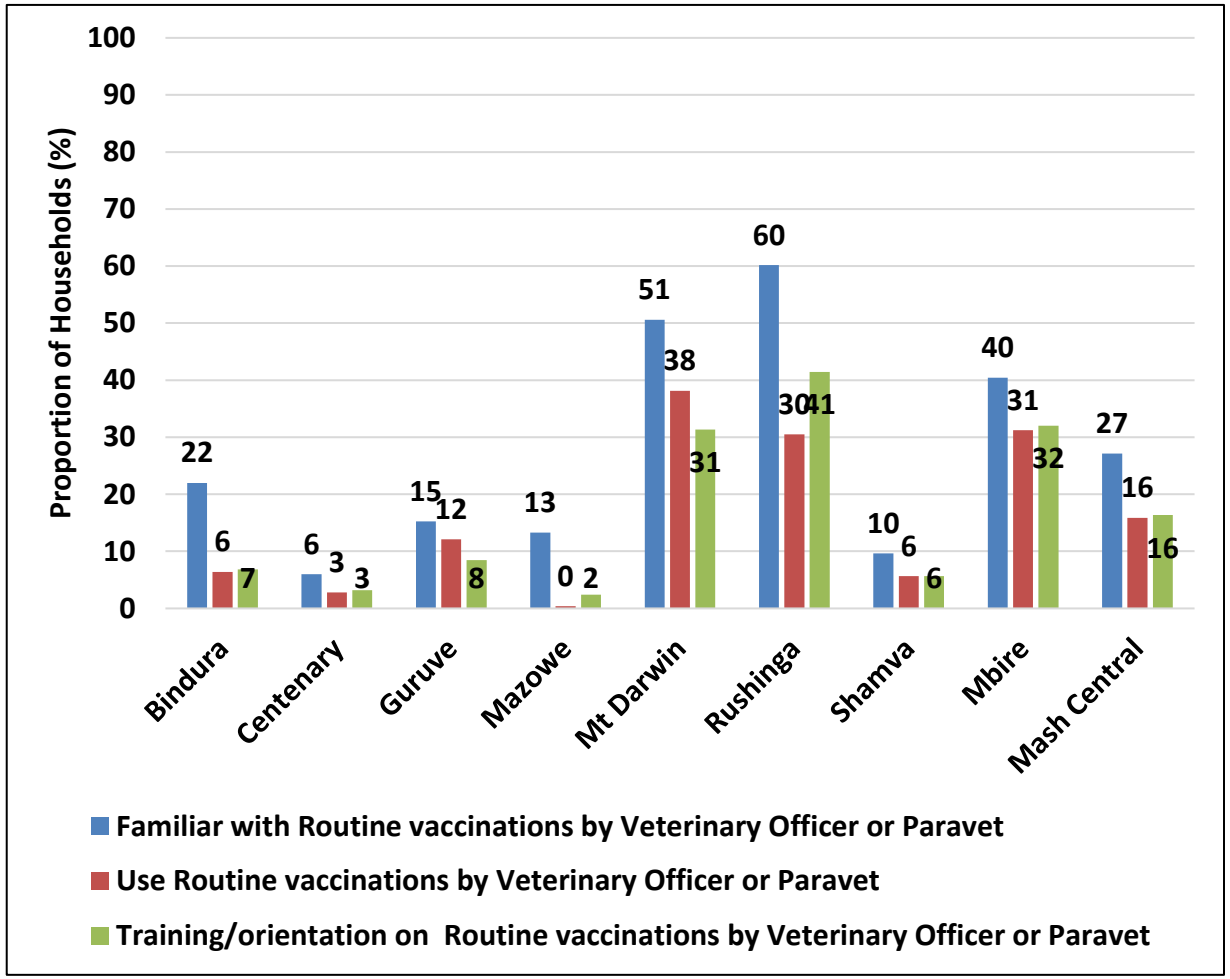


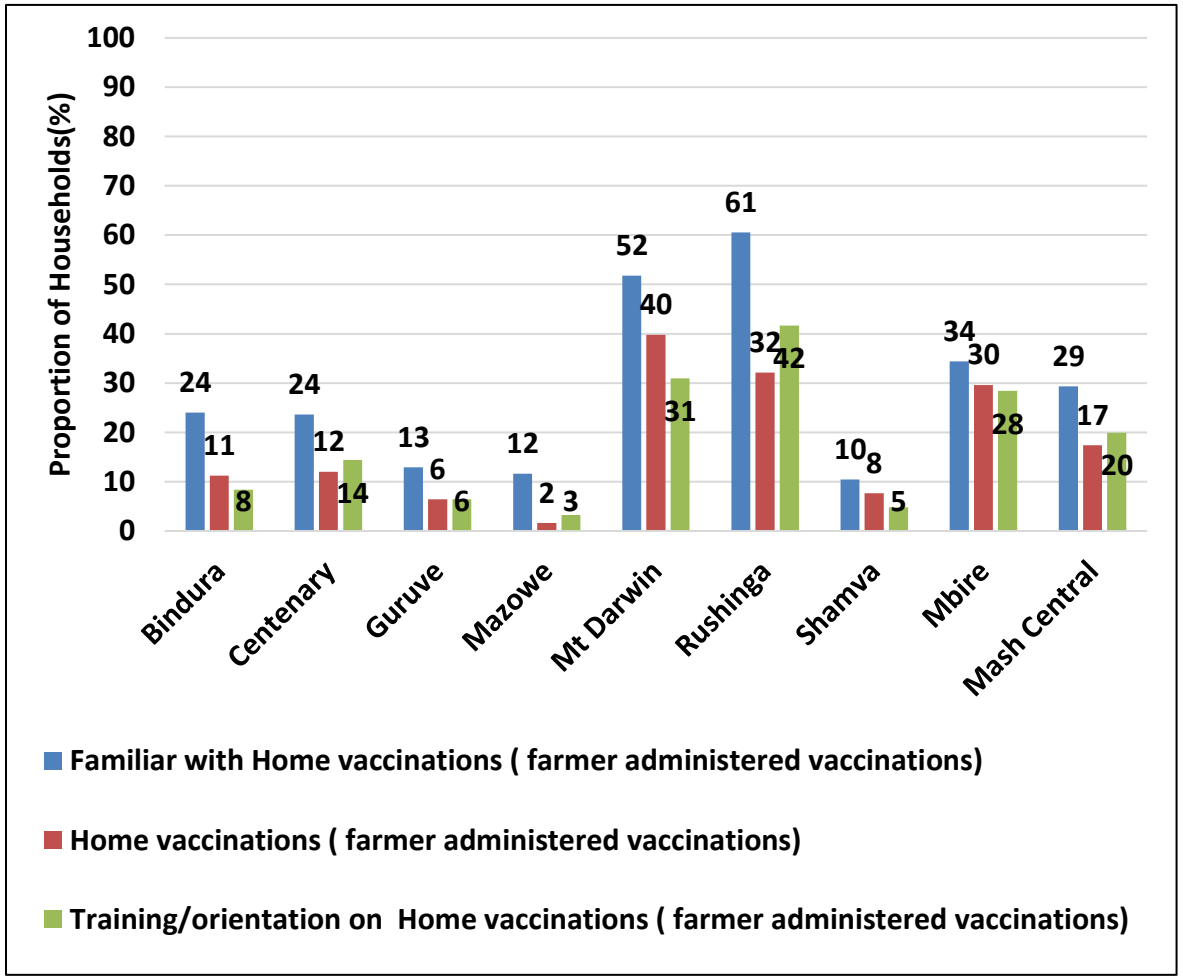
Water Infrastructure for Livestock



- Very few households in the province had improved animal housing (12%) and water infrastructure for their animals (9%).

Livestock Vaccinations

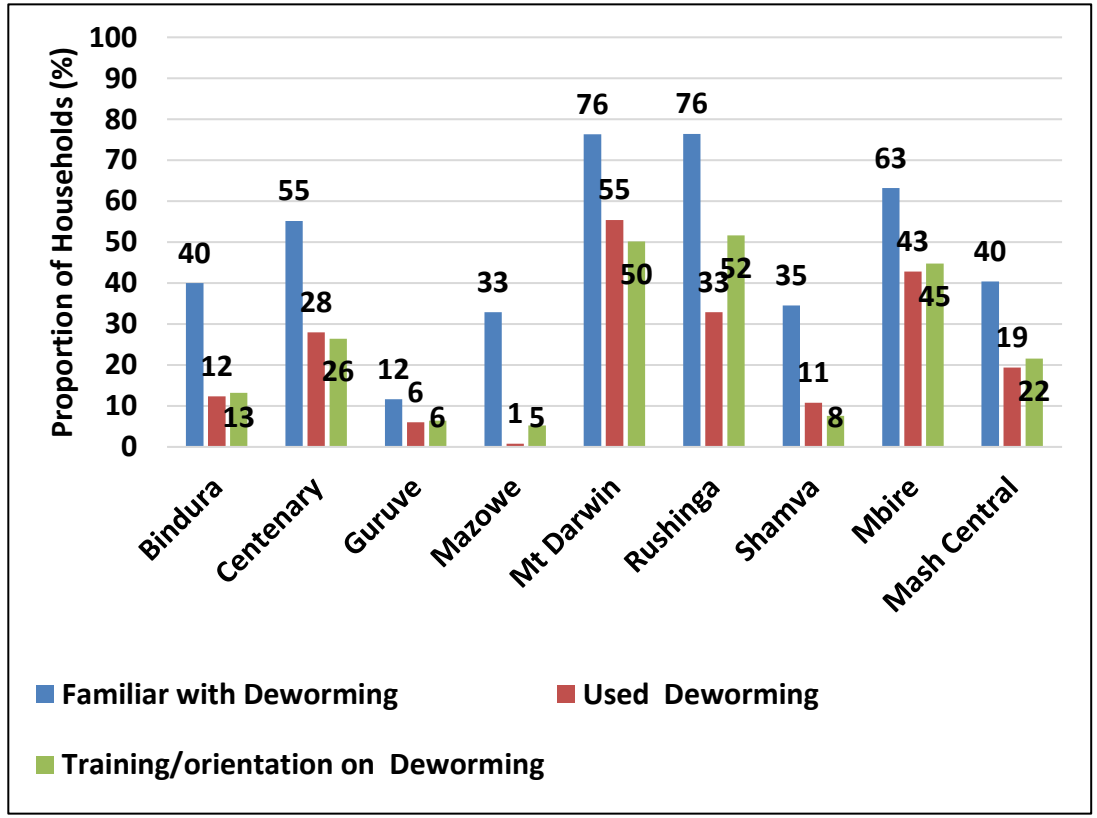




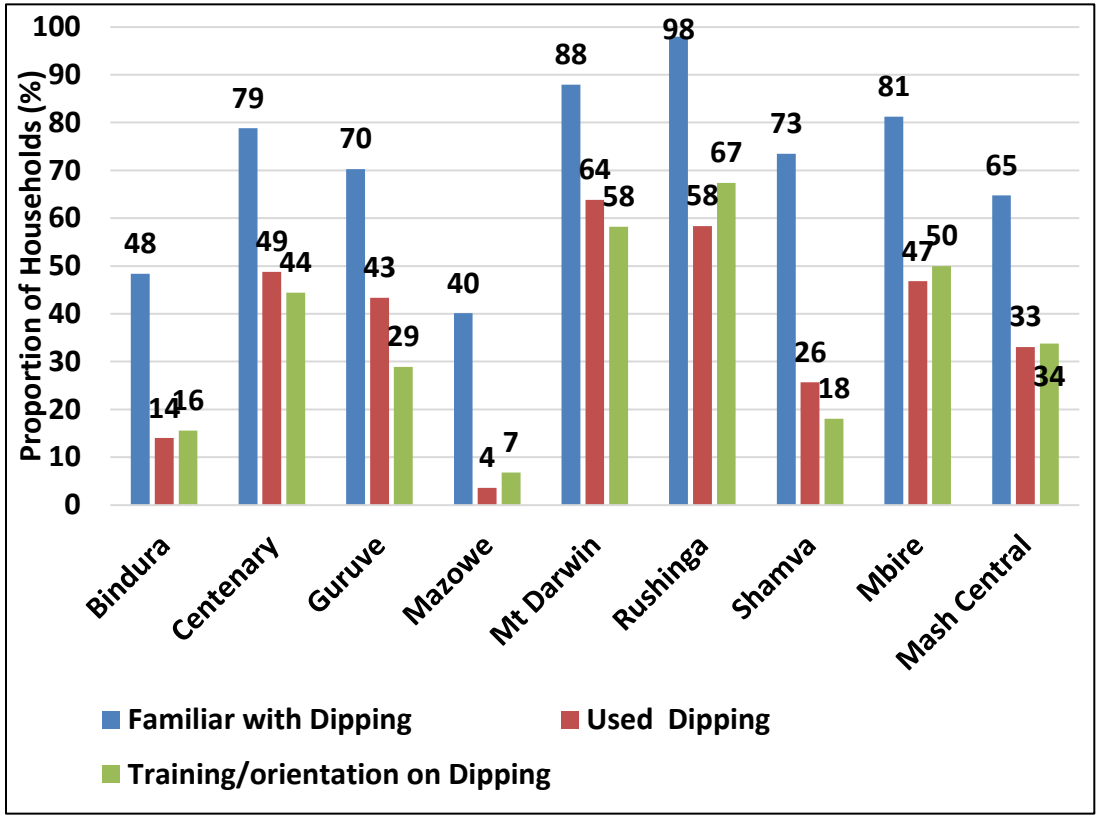
- About 16% of the households in the province were doing routine vaccinations using the veterinary officer whilst 17% were administering vaccines on their own.

Livestock Deworming and Dipping

Deworming



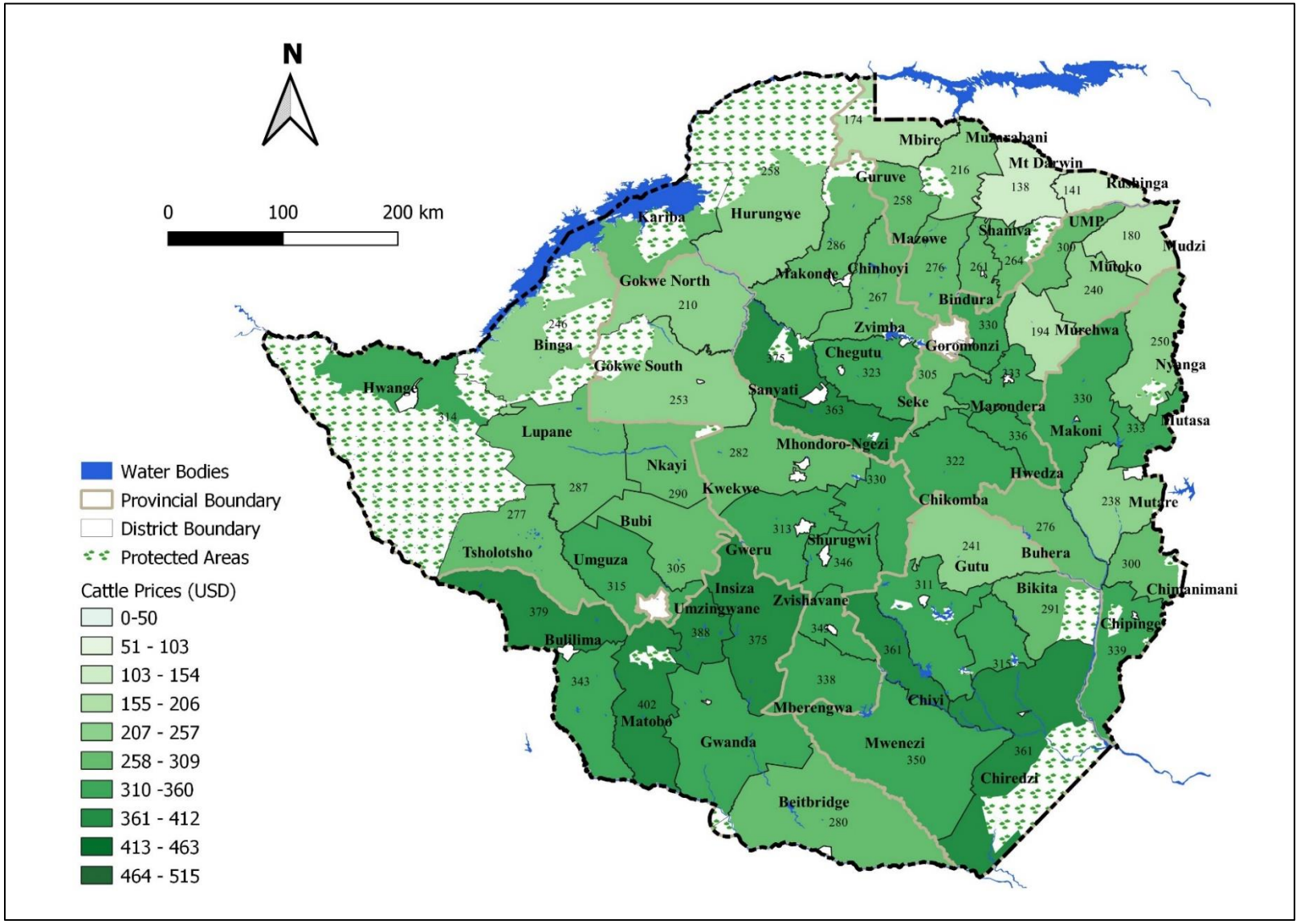
Dipping



- Only 19% of the households in the province were deworming their animals whilst 33% were dipping their animals.

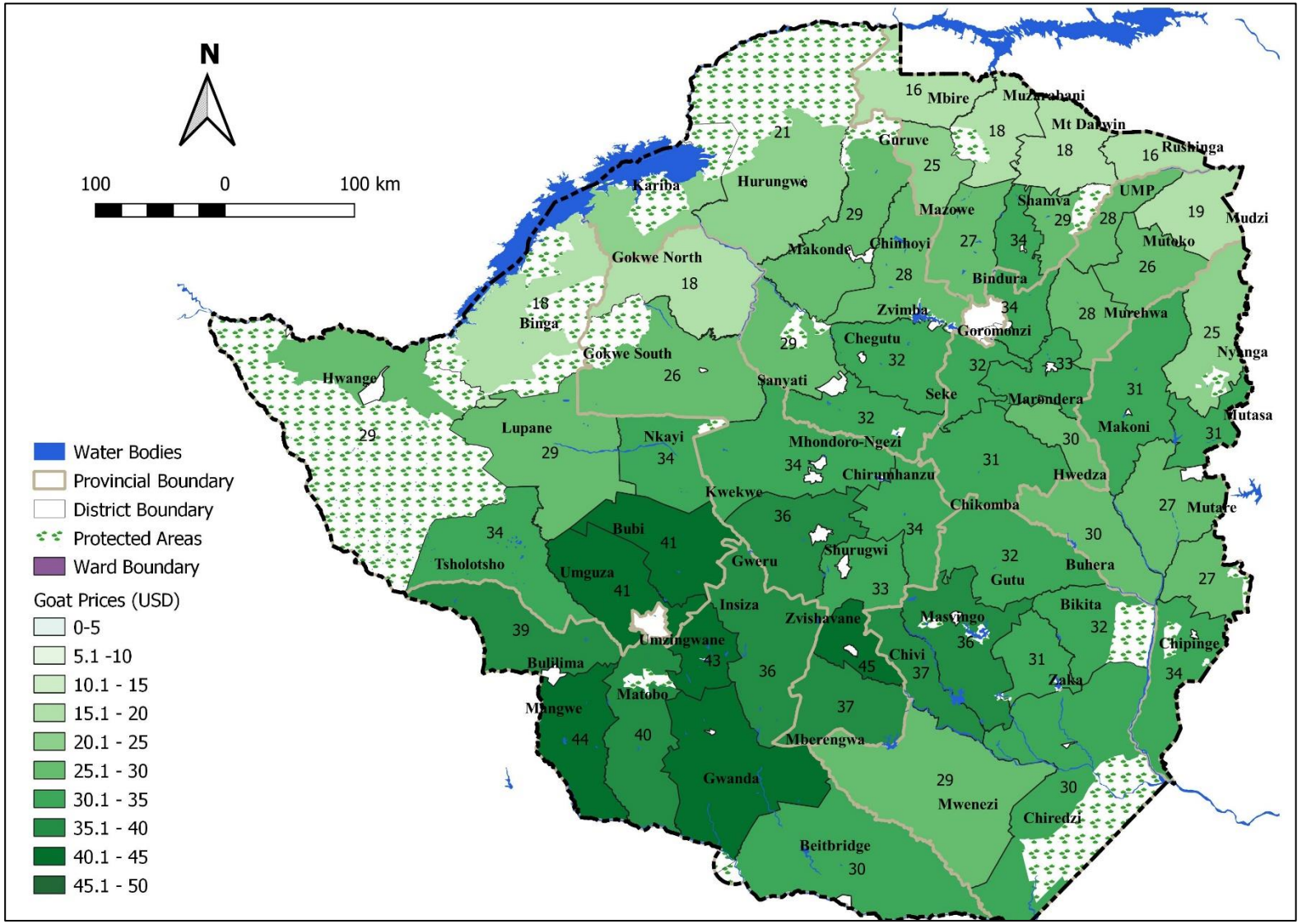
Agricultural Produce Markets

District Cattle Prices (USD)



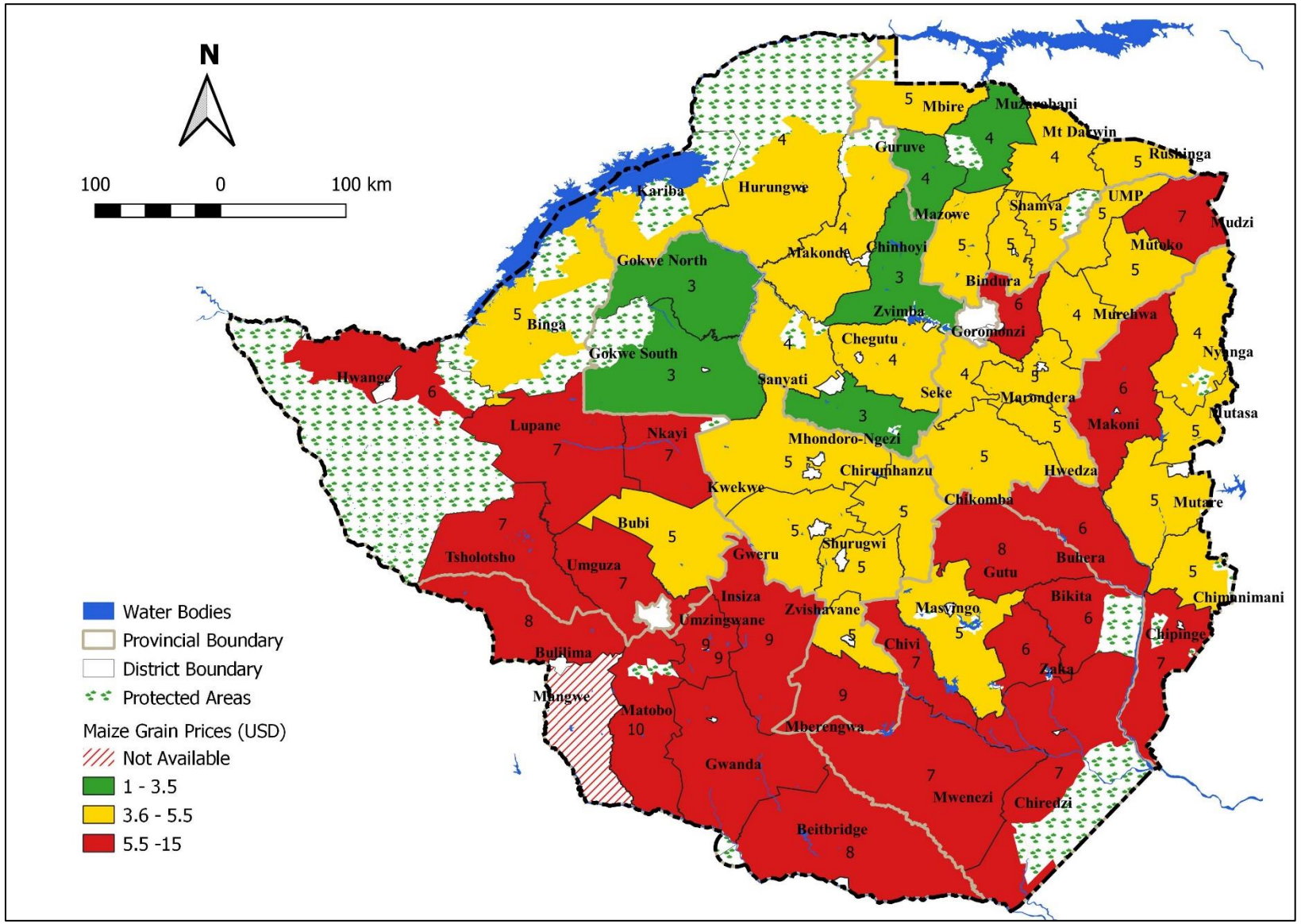
- The highest average cattle prices in the province were reported in Mazowe (USD 276).
- The lowest prices were reported in Mt Darwin (USD 138).

District Goat Prices (USD)



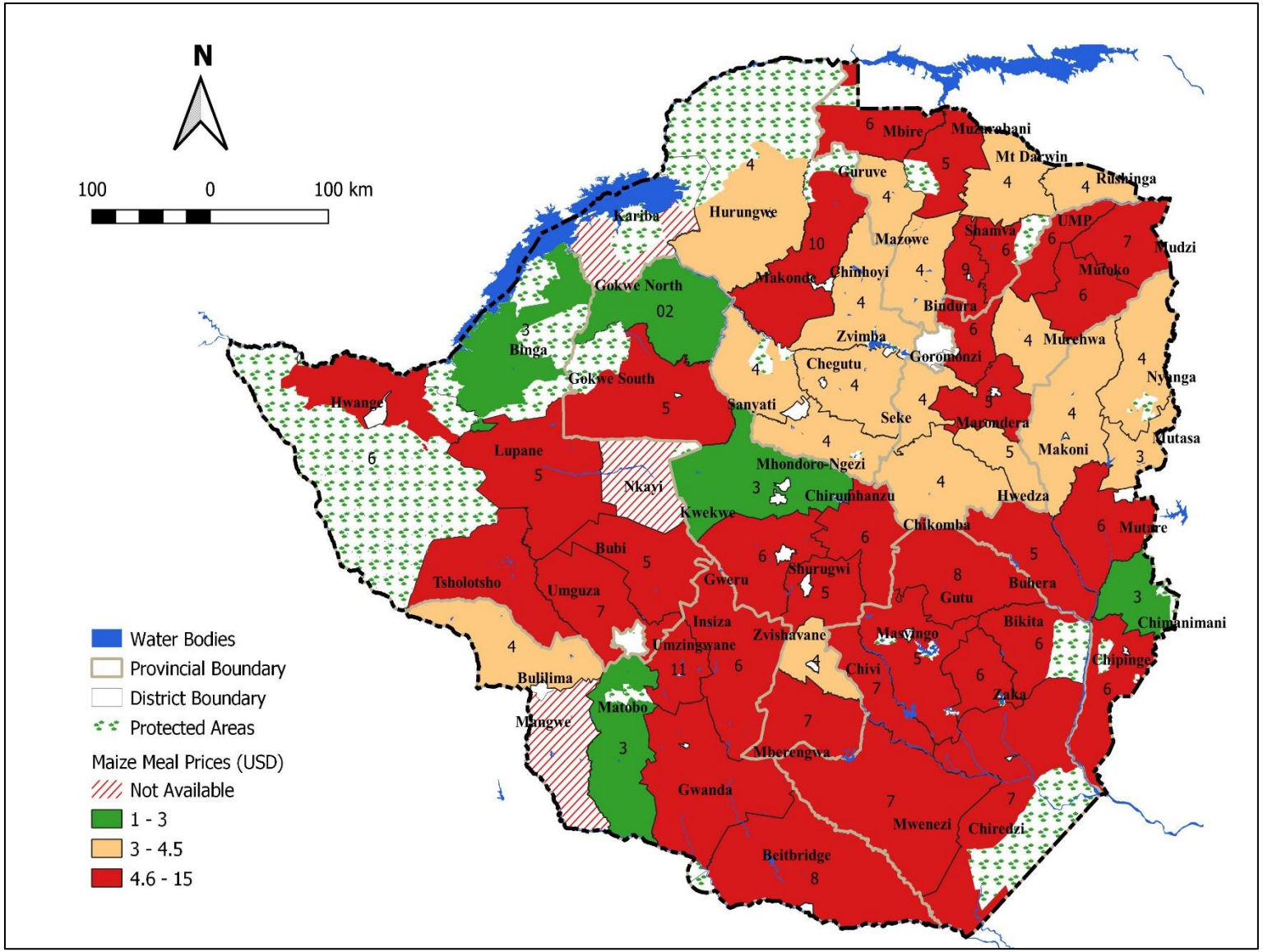
- The Highest goat prices were reported in Bindura (USD 34).
- The lowest prices were reported in Rushinga and Mbire (USD 16).

District Average Maize Grain Prices (USD)



- The lowest maize grain prices were reported in Mt Darwin, Muzarabani and Guruve, at USD 4 per 20 litre bucket.

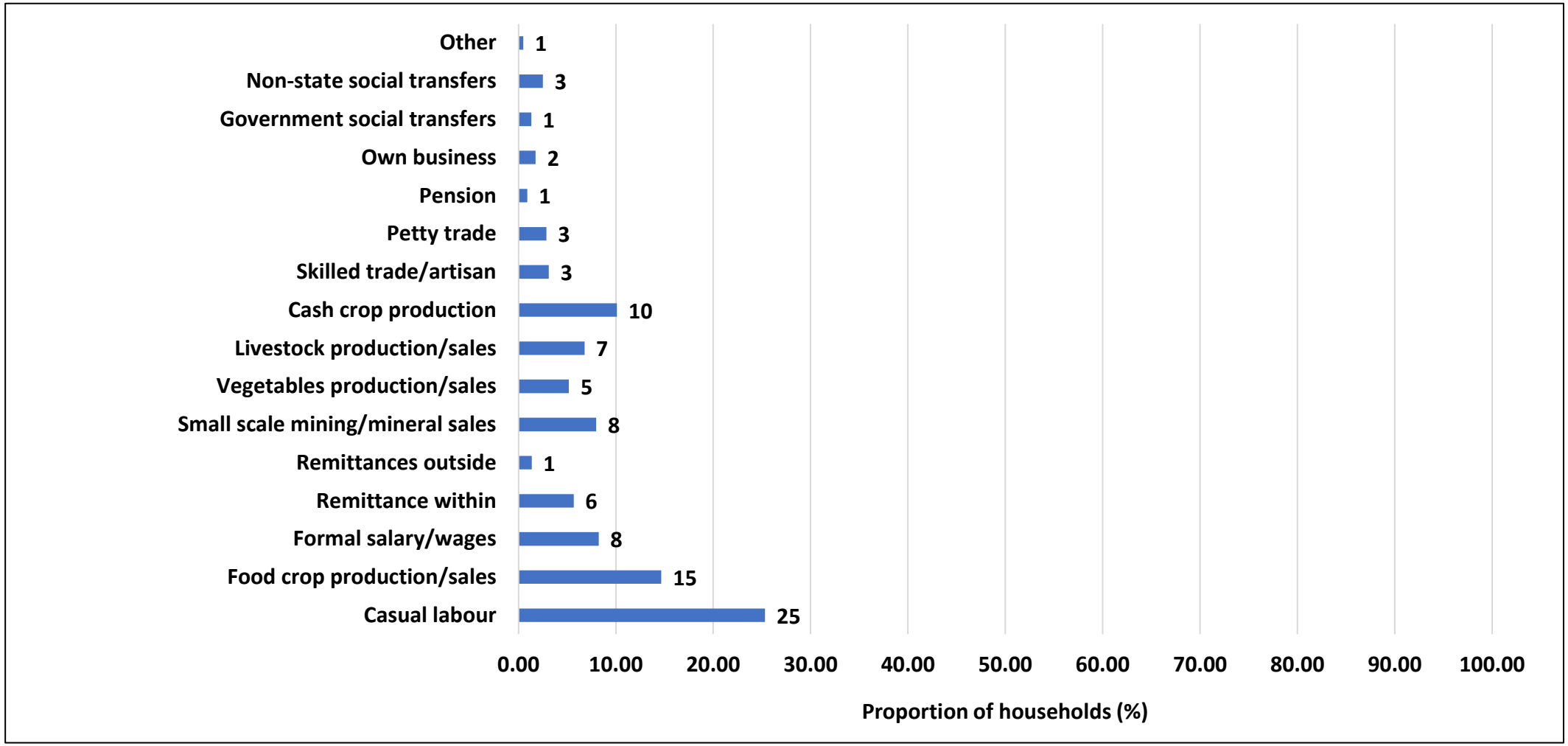
District Maize Meal Prices (USD)



- The highest Maize Meal price was reported in Bindura (USD 9).

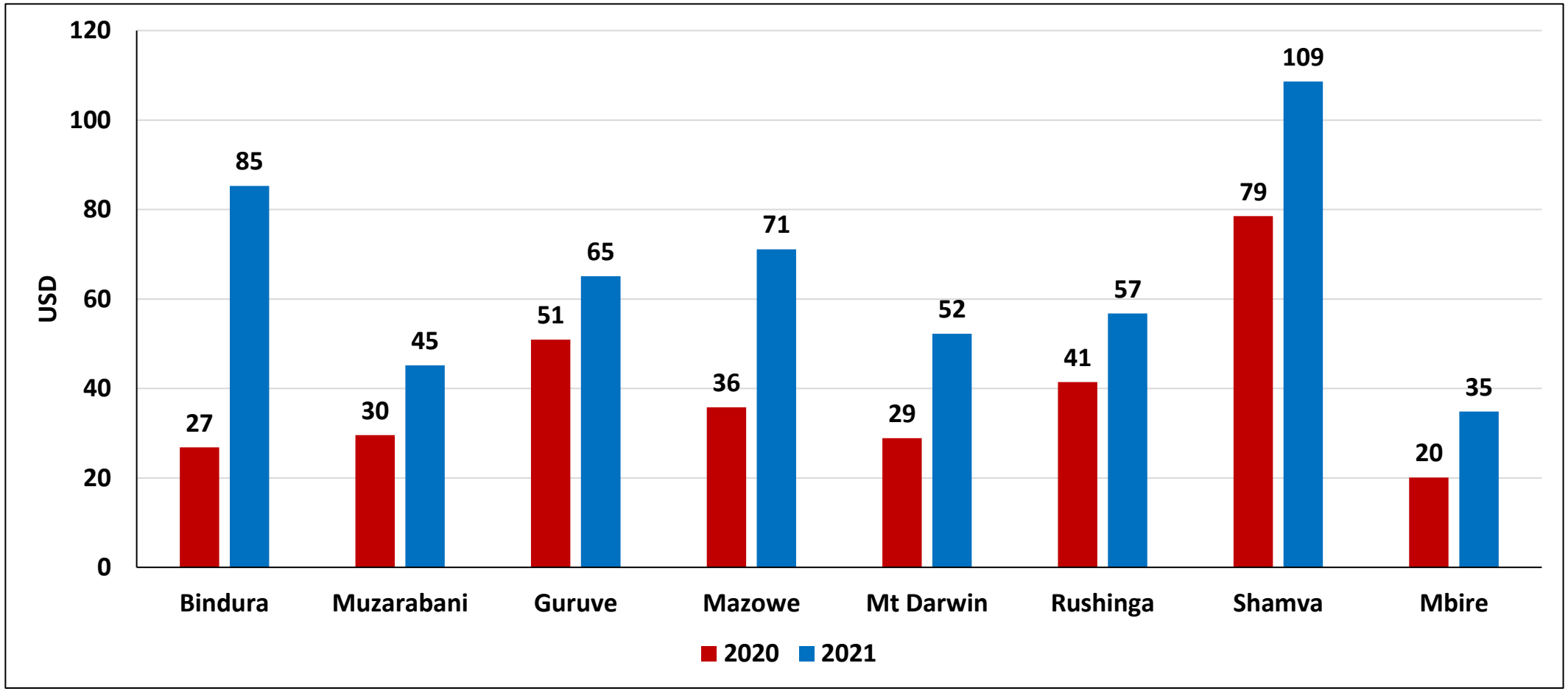
Incomes and Expenditure

Current Most Important Source of Income



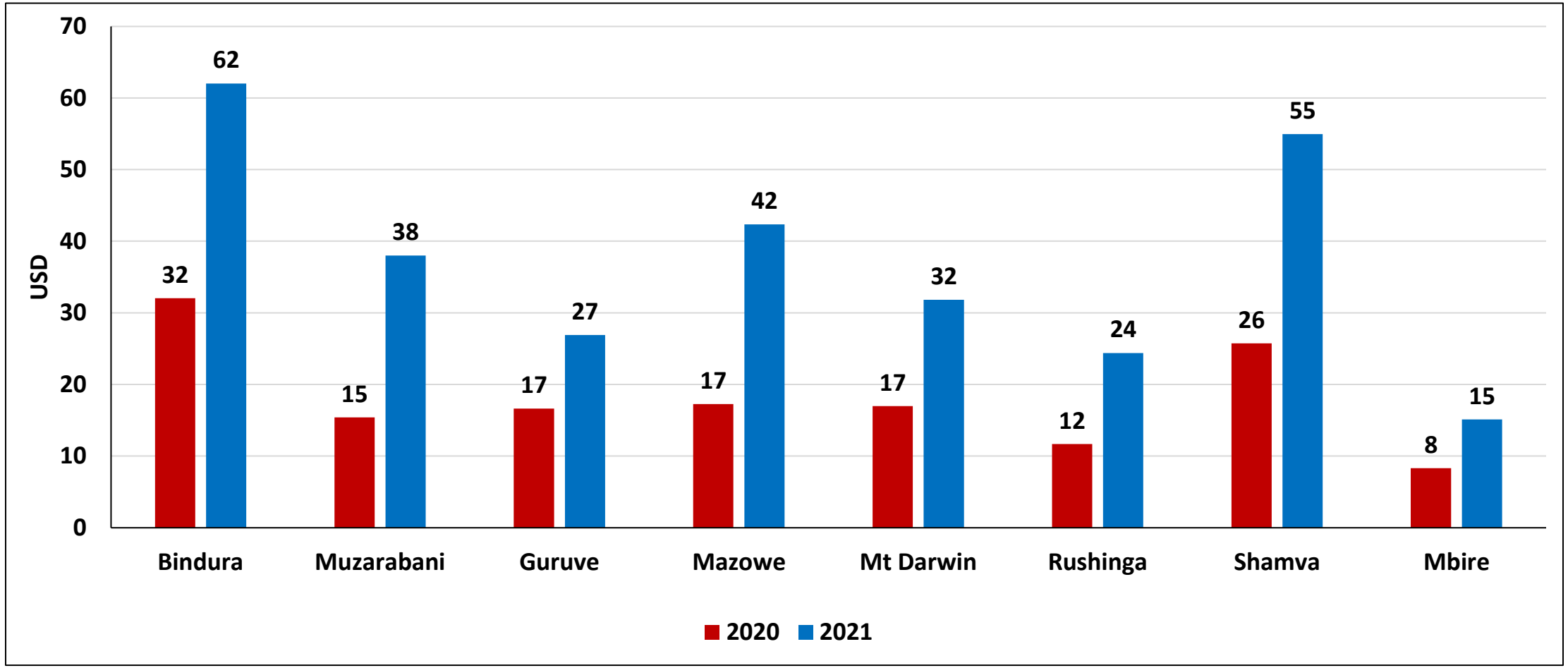
- Most households relied on casual labour (25%) as the most important source of income, followed by food crop production/sales (15%), cash crop production (10%), formal salary/wages (8%), small scale mining (8%) and livestock production and sales (7%) were the top main income sources.

Average Household Monthly Income (USD) for April 2021



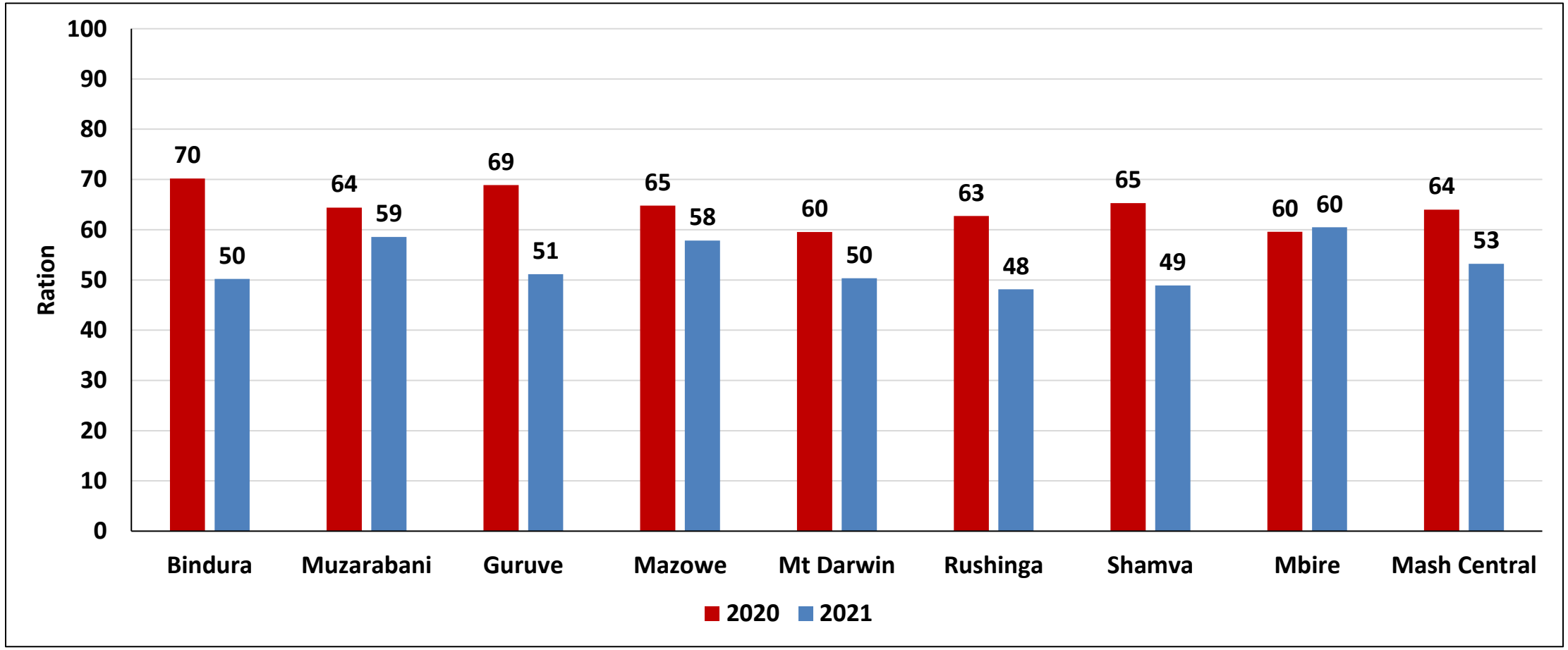
- Average household income increased across all districts as compared to 2020.
- Average monthly income for the districts ranged from USD 35 in Mbire to USD 109 in Shamva.

Average Household Monthly Expenditure (USD) for April 2021



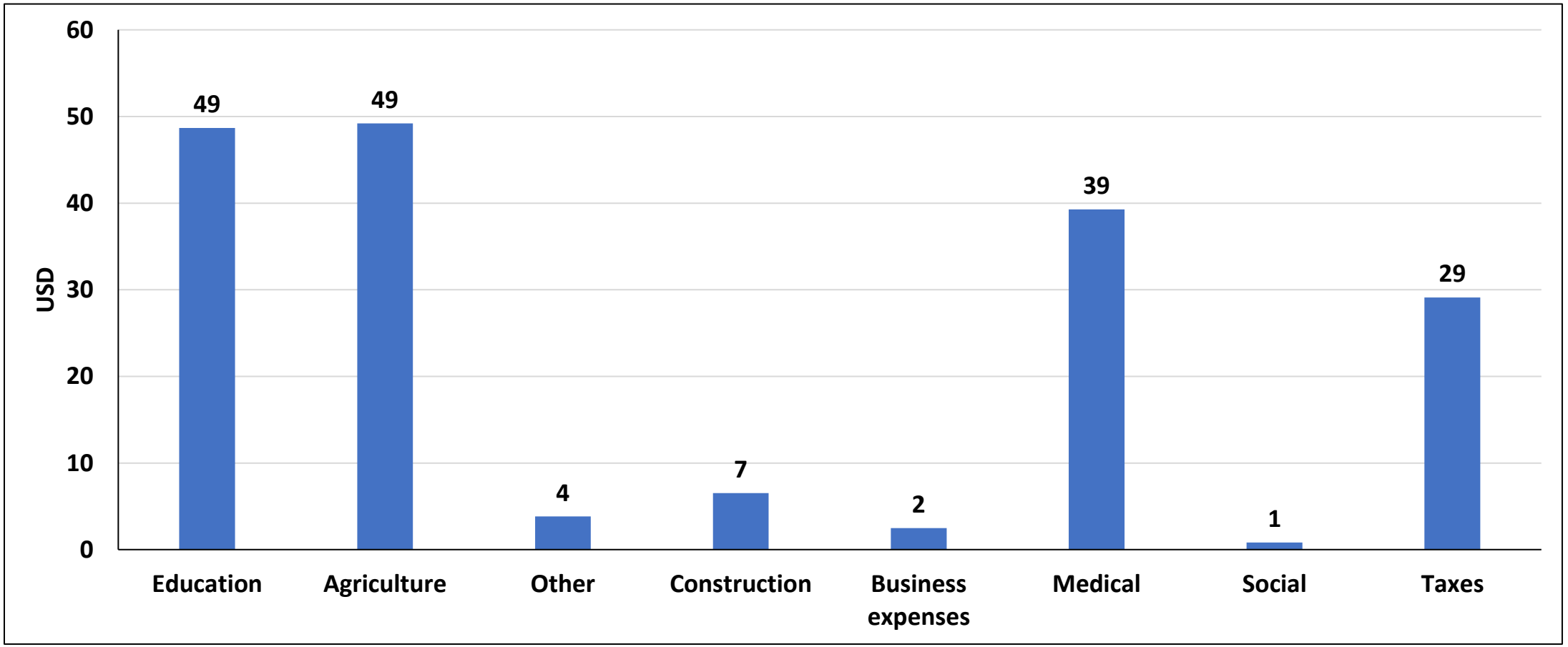
- Average monthly expenditure was higher than last year for all districts.
- Average expenditure for the province ranged from USD 15 in Mbire to USD62 in Bindura.

Food Expenditure Ratio



- Proportion of food expenditure was 53%; a decrease from 64% reported in 2020.
- This implies that households had less to spend on other essential services such as health and education.

Average Household 6 Month Expenditure



- The highest average household 6 months expenditure was on education and agriculture (USD 49).

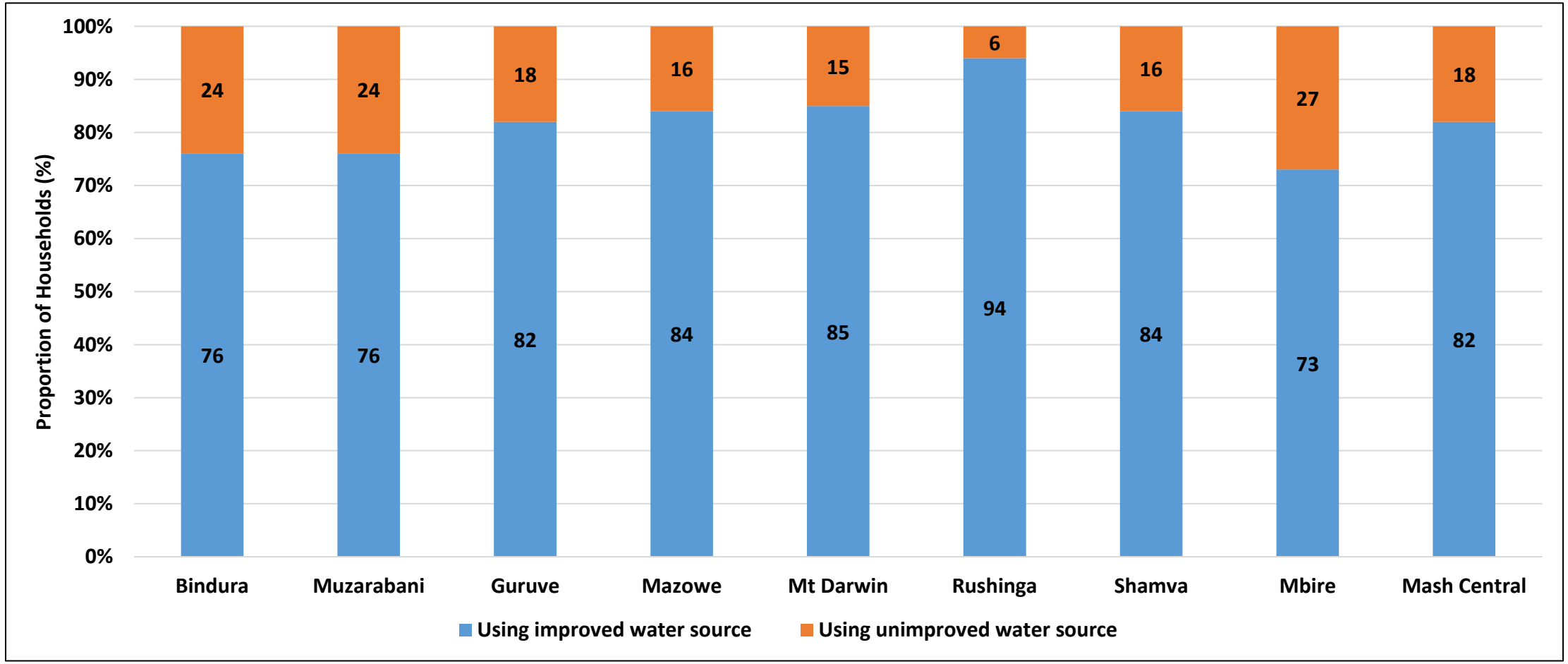
Water, Sanitation and Hygiene

Ladder for Drinking Water Services

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

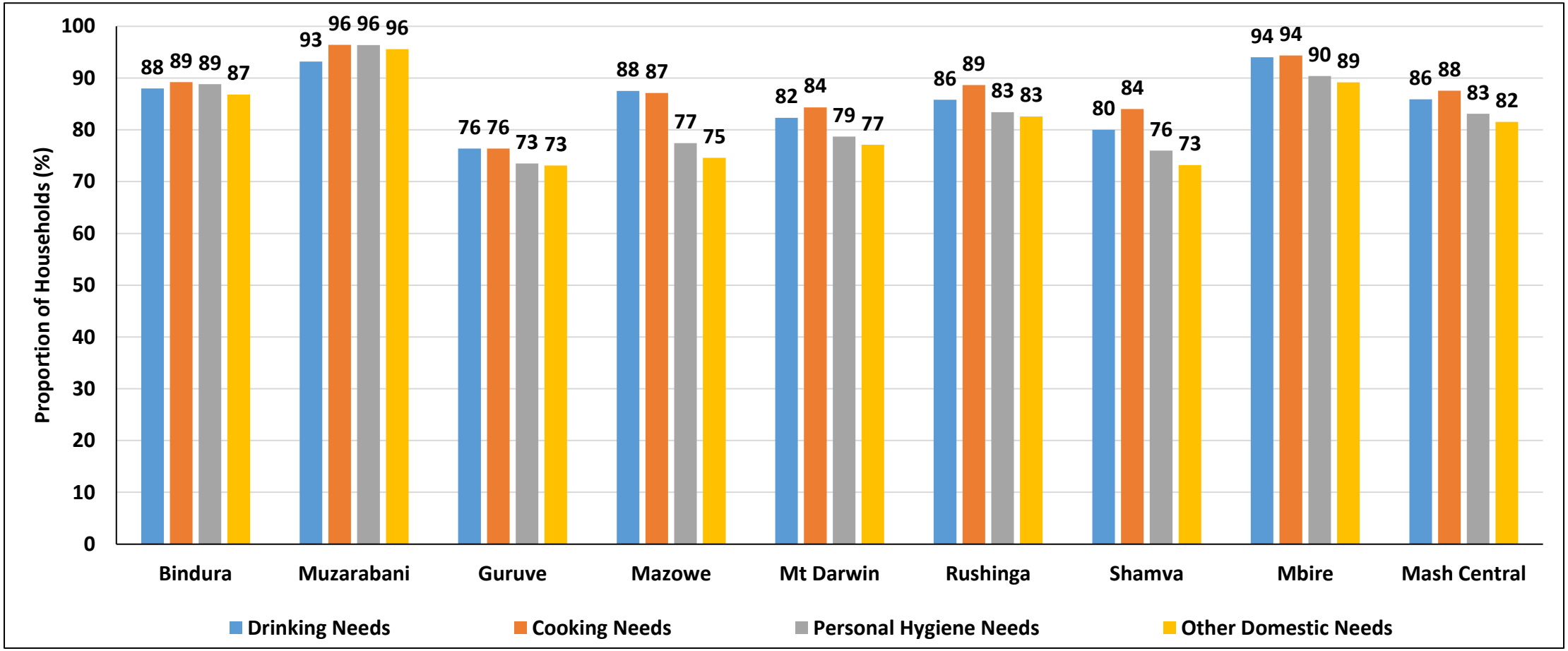
Note :
"Improved" drinking water sources are further defined by the quality of the water they produce, and are protected from faecal contamination by the nature of their construction or through an intervention to protect from outside contamination. Such sources include: piped water into dwelling, plot,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

Access to Improved Water



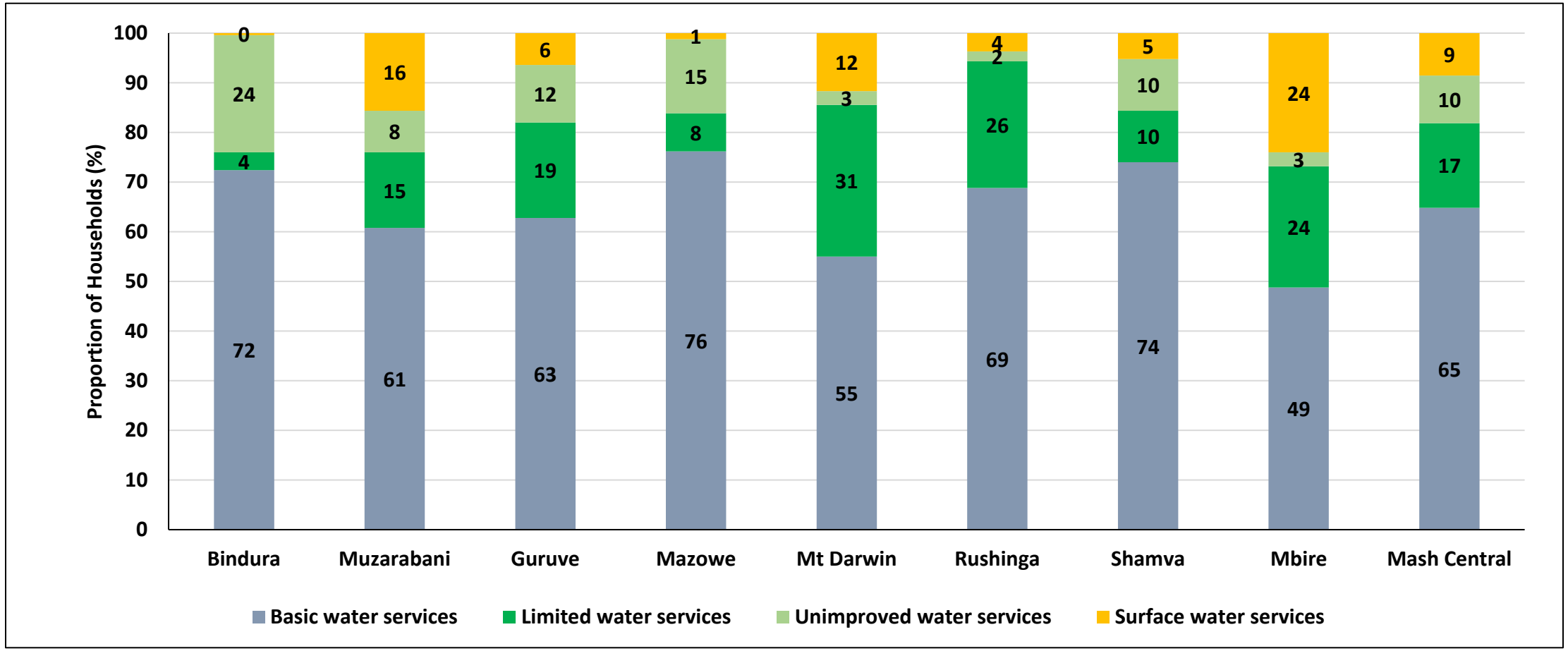
- At provincial level the proportion of households with access to improved water was 82%.
- Mbire (27%) had the highest proportion of households using unimproved water sources, followed by Muzarabani (24%) and Bindura (24%).
- Rushinga (94%) had the highest proportion of households accessing improved water, whilst Mbire (73%) had the least.

Access to Adequate Domestic Water



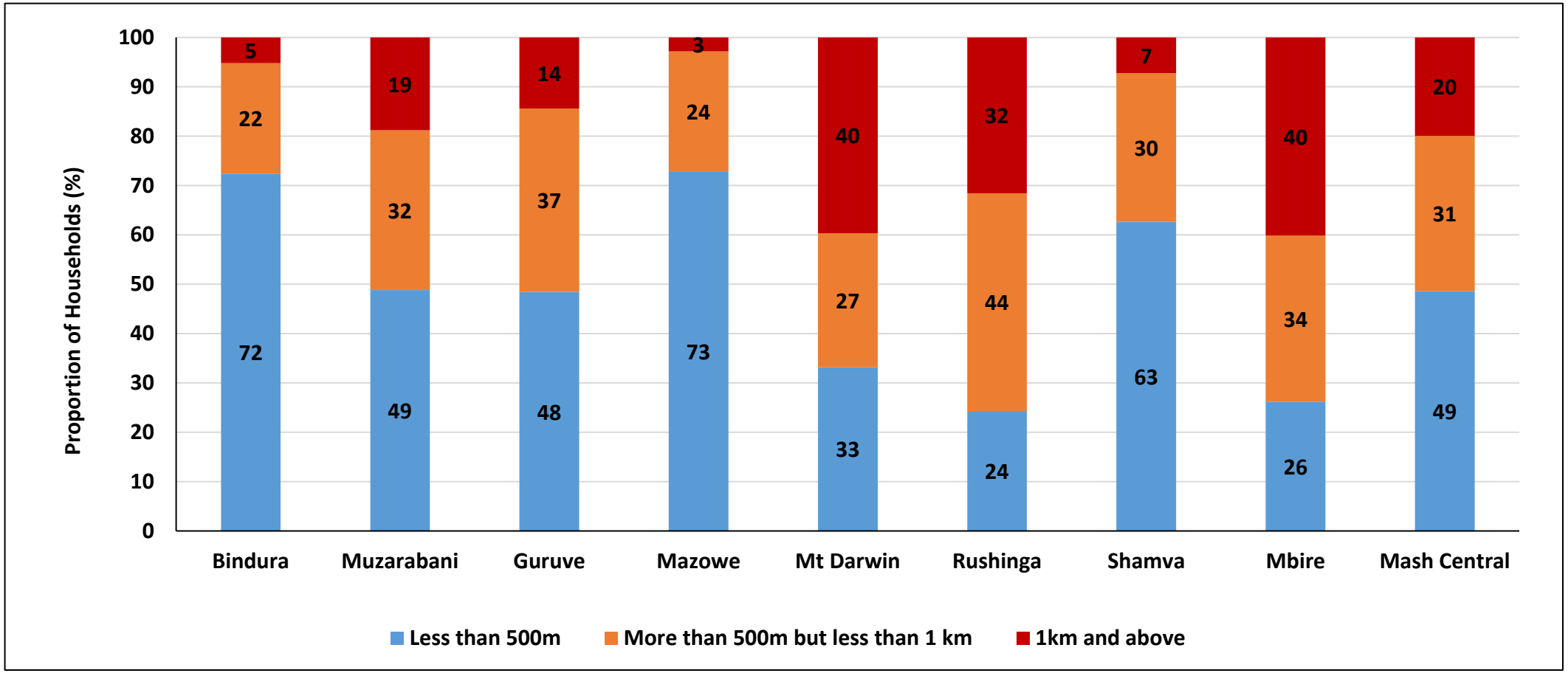
- More than 80 % of the households reported having adequate water for cooking, drinking, personal hygiene and other domestic needs.

Main Drinking Water Services



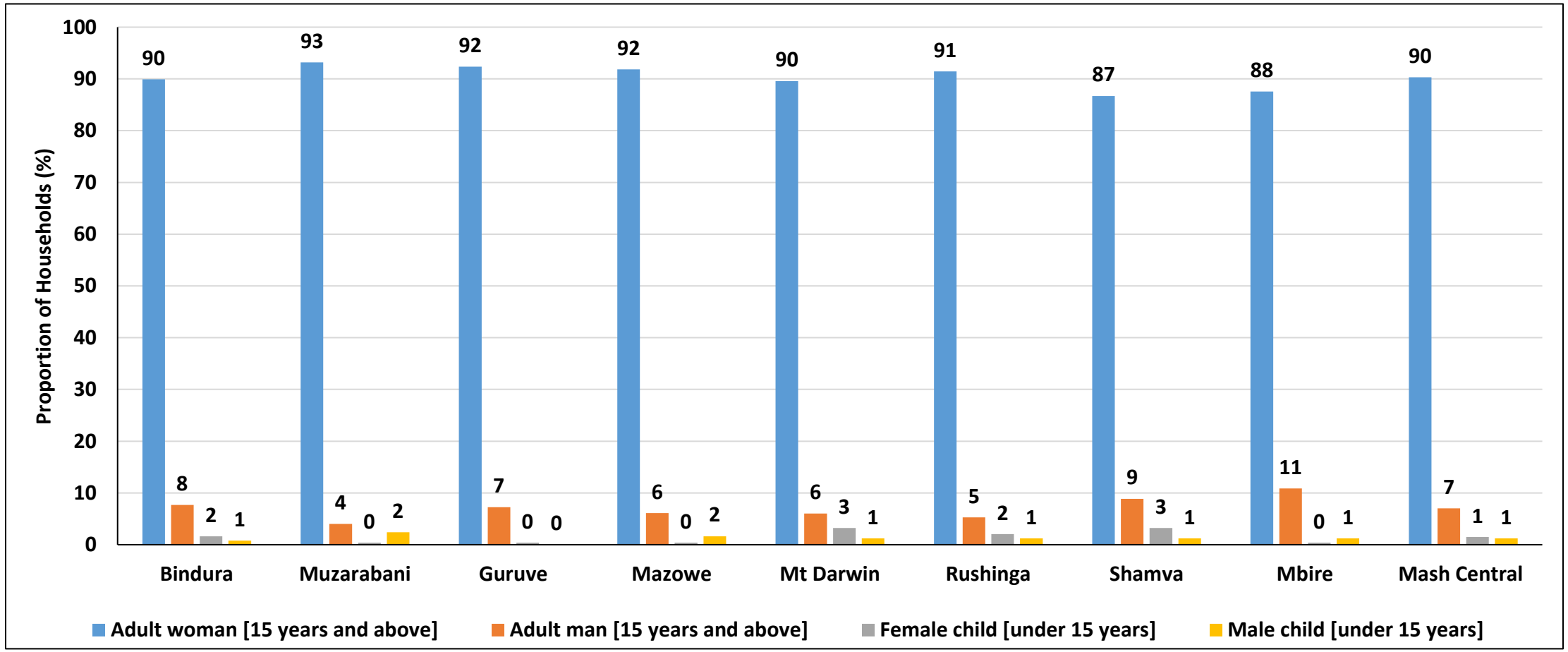
- The proportion of households accessing basic water services in Mashonaland Central province was 65%.
- Bindura (24%) had the highest proportion of households using unimproved water sources.

Distance Travelled to Main Water Source



- At provincial level, 49% of the households travelled a distance of less than 500m to get to a water source.
- Mt Darwin (40%) had the highest proportion of households travelling a kilometre and more to get to a water source.

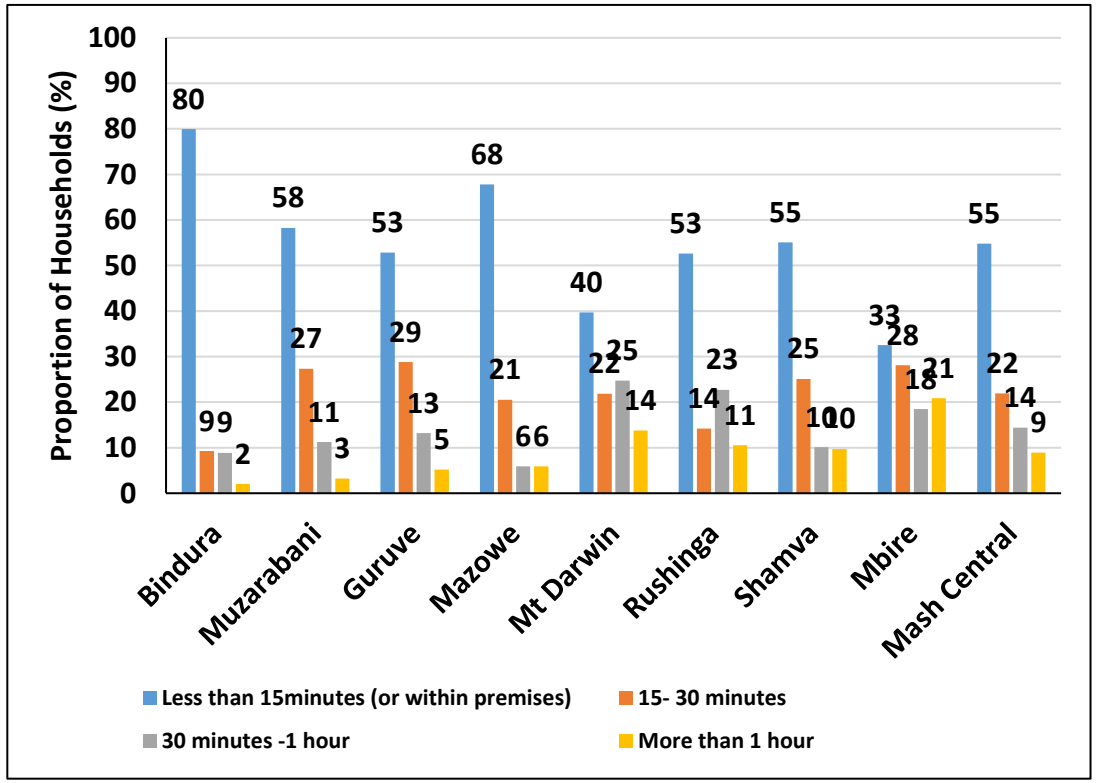
Fetching Water for Cooking and Drinking



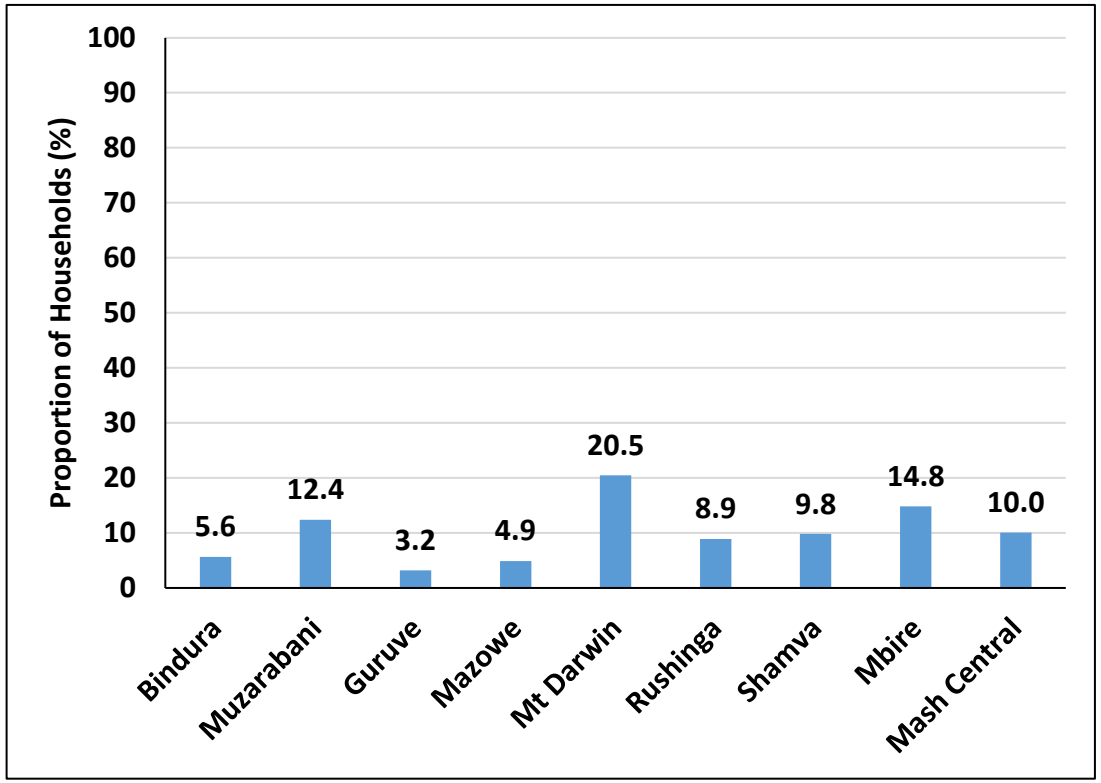
- The role of fetching water in Mashonaland Central province was mainly performed by adult women (15 years and above).
- Mbire (11%) had the highest proportion of households with adult men 15 years and above preforming the role of fetching water for cooking and drinking.

Time Spent Queuing at Water Source and Violence at Water Source

Time Spent at Water Source



Violence at Water Source



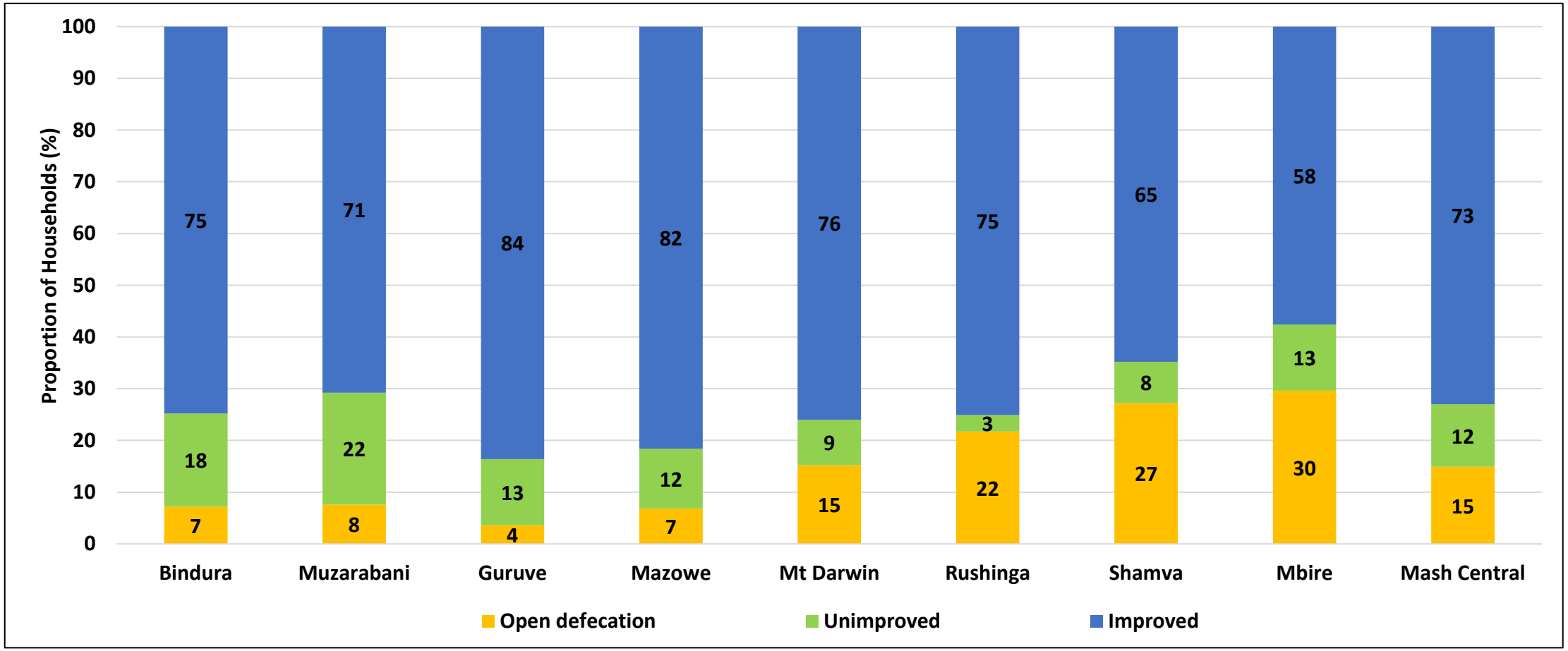
- The proportion of households spending less than 15 minutes queuing at a water source or within premises was 55%.
- Mbire (21%) had the highest proportion of households queuing for more than an hour at a water source.
- Mt Darwin (20.5%) followed by Mbire (14.8%) also had the highest proportion of households reporting 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



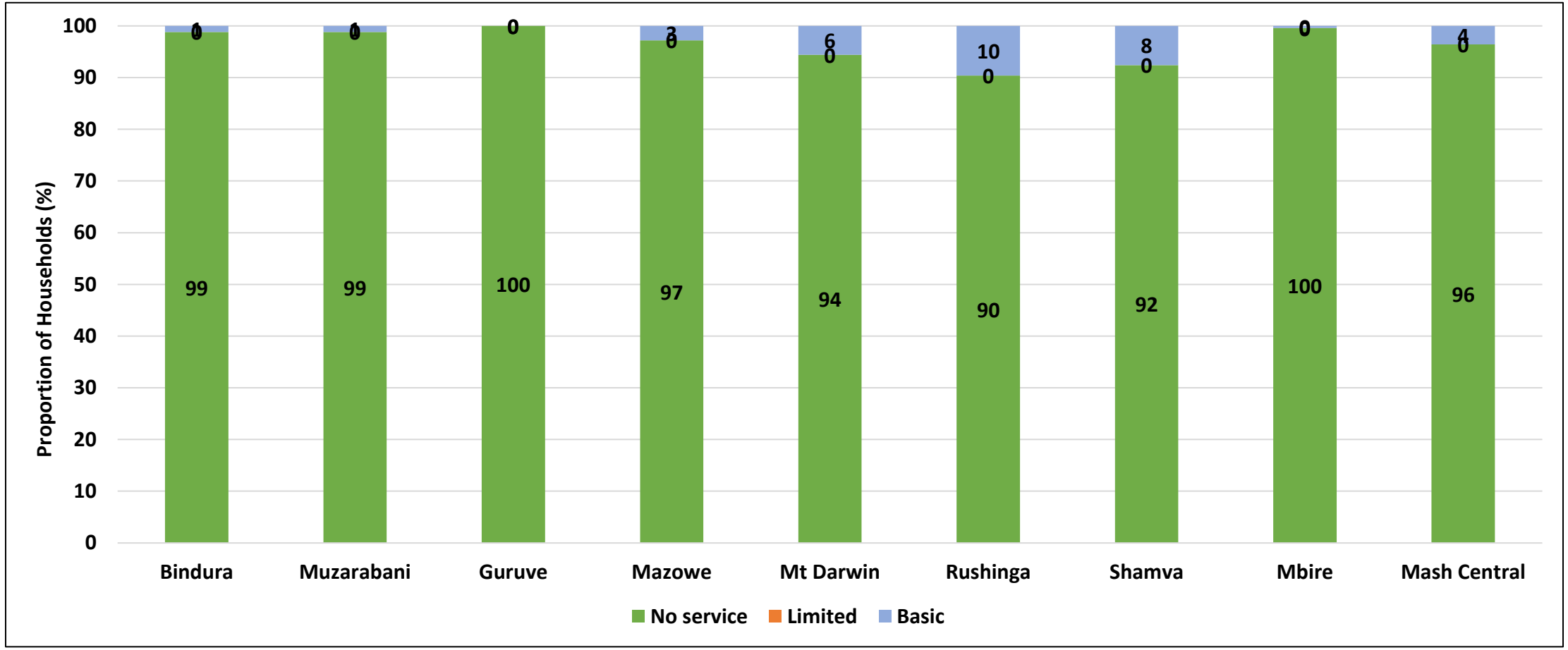
- In the province, 73% of households had access to improved sanitation facilities.
- Mbire district (30%) had the highest proportion of households practising open defaecation.

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.

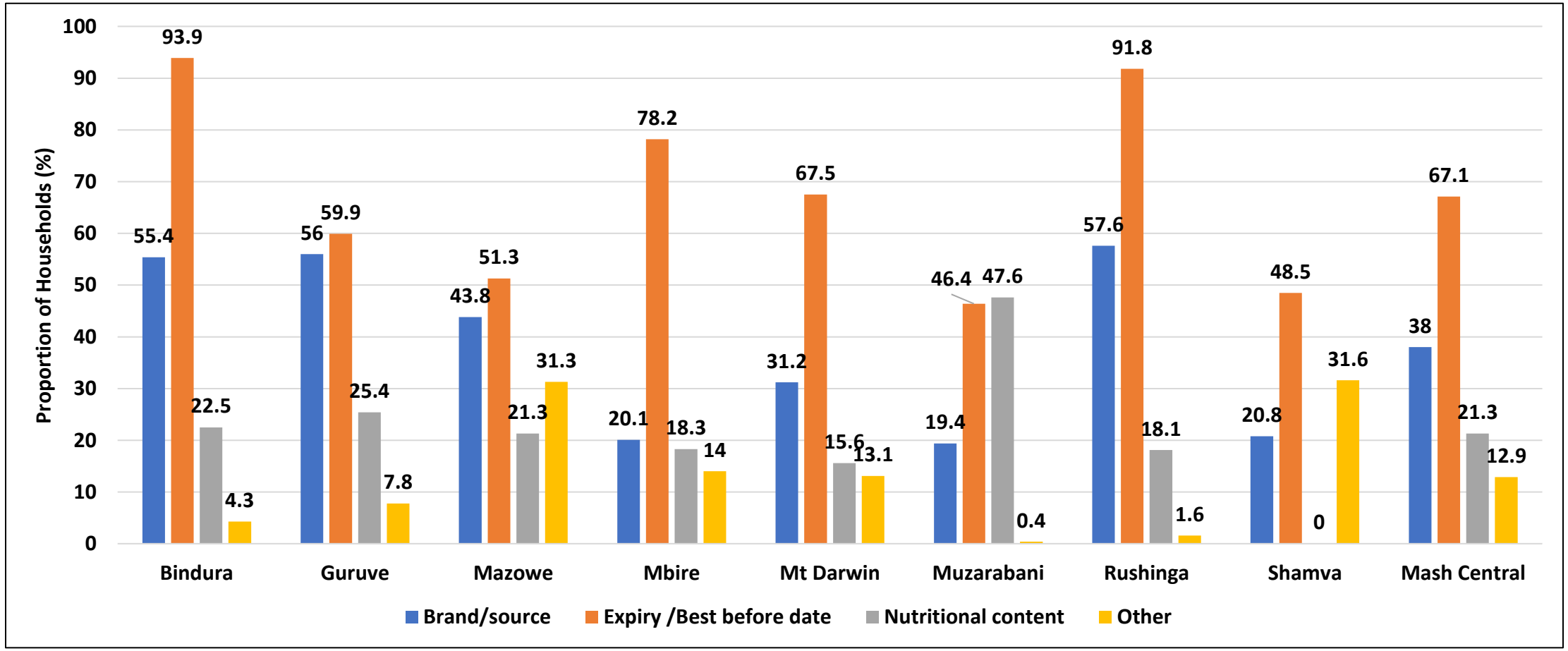
Access to Hand Washing Facilities



- There were generally no handwashing facilities at most households (96%) across the province.
- Rushinga (10%) had the greatest proportion of households which had basic handwashing facilities.

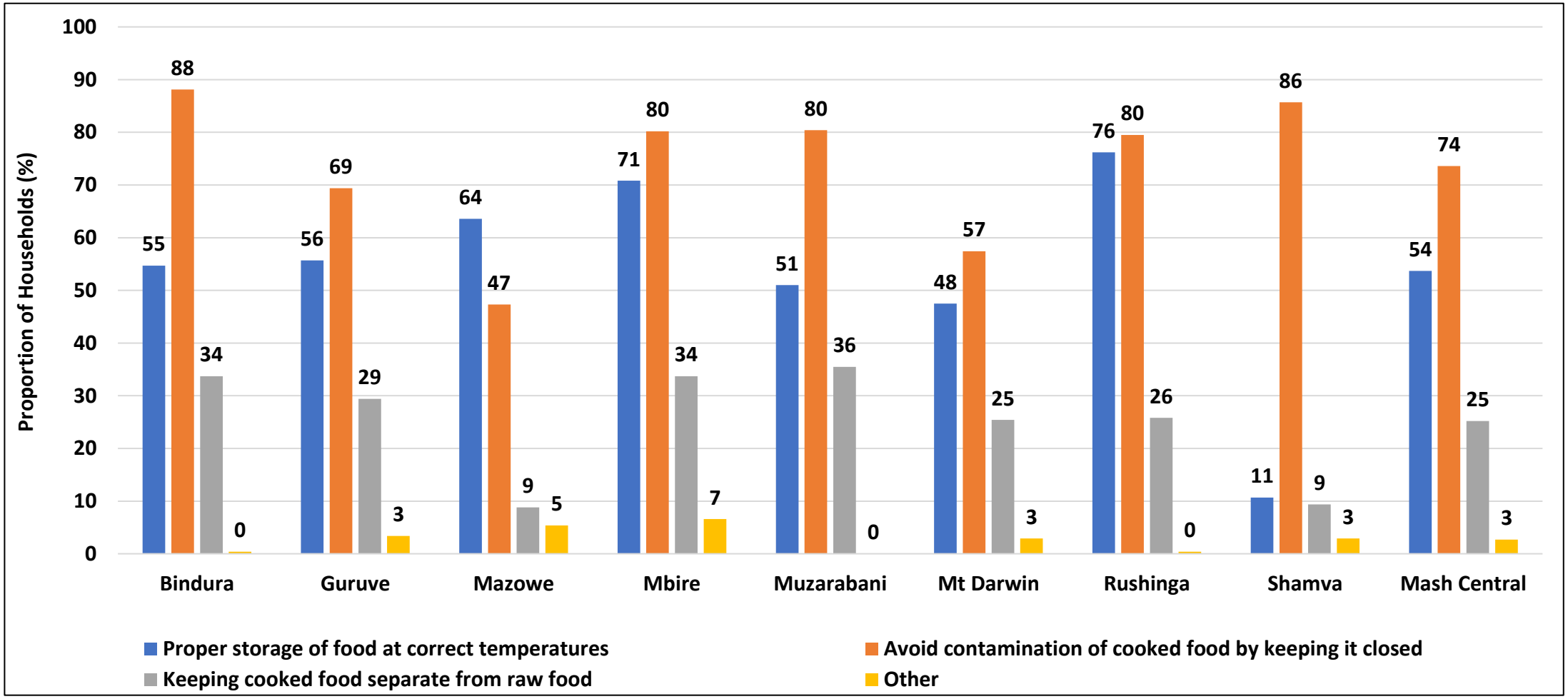
Food Safety

Considerations when Purchasing Food



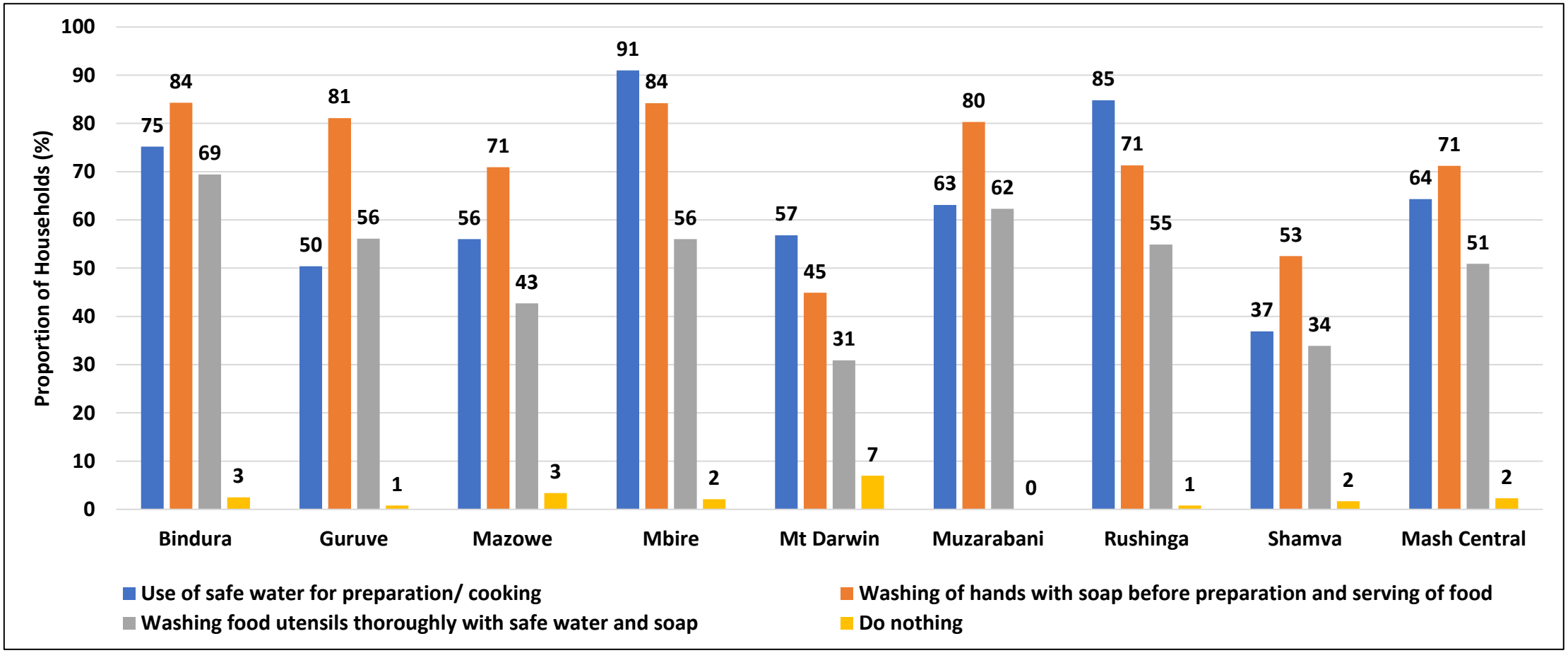
- In the province, 67.1% of households reported considering the expiry date when purchasing food for their families.
- Muzarabani (47.6%), had the greatest proportion of households which considered nutritional content when purchasing food.

Ways to Keep Food Safe



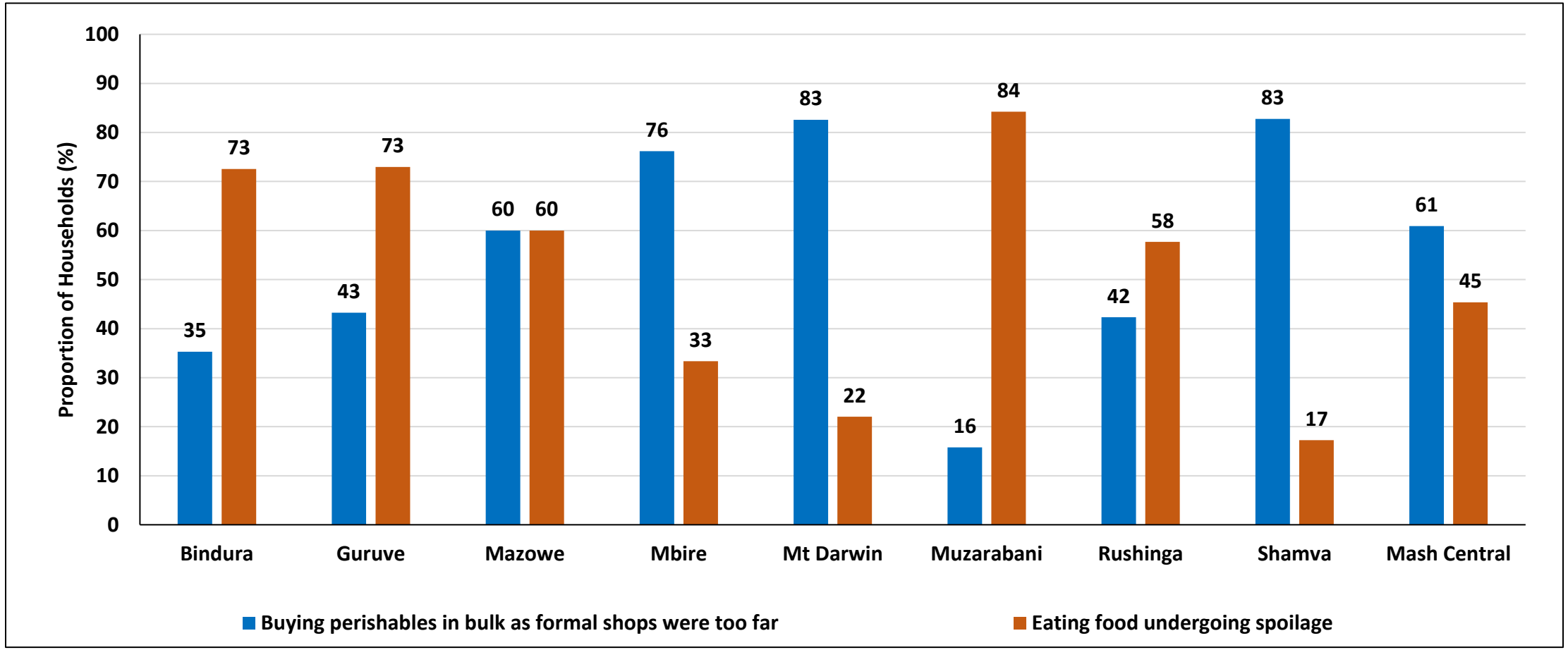
- Keeping food closed to avoid contamination (74 %) was the most reported method of keeping food safe.

Safe Preparation of Food



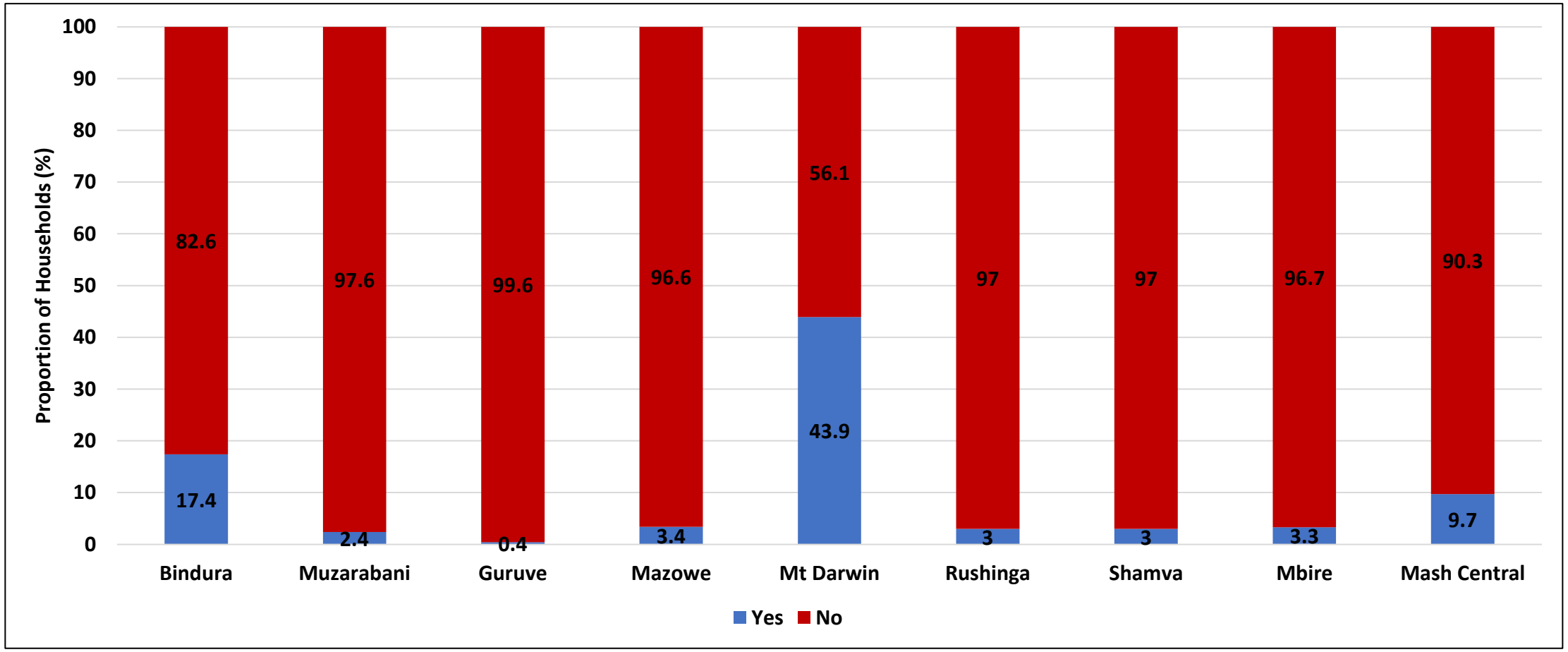
- In the province, 71% of households reported that washing hands with soap before preparation and serving food was important in safe food preparation.
- Only 2% of households did nothing to ensure food safety during preparation of food.

Household Food Safety During COVID-19 Lockdown Period



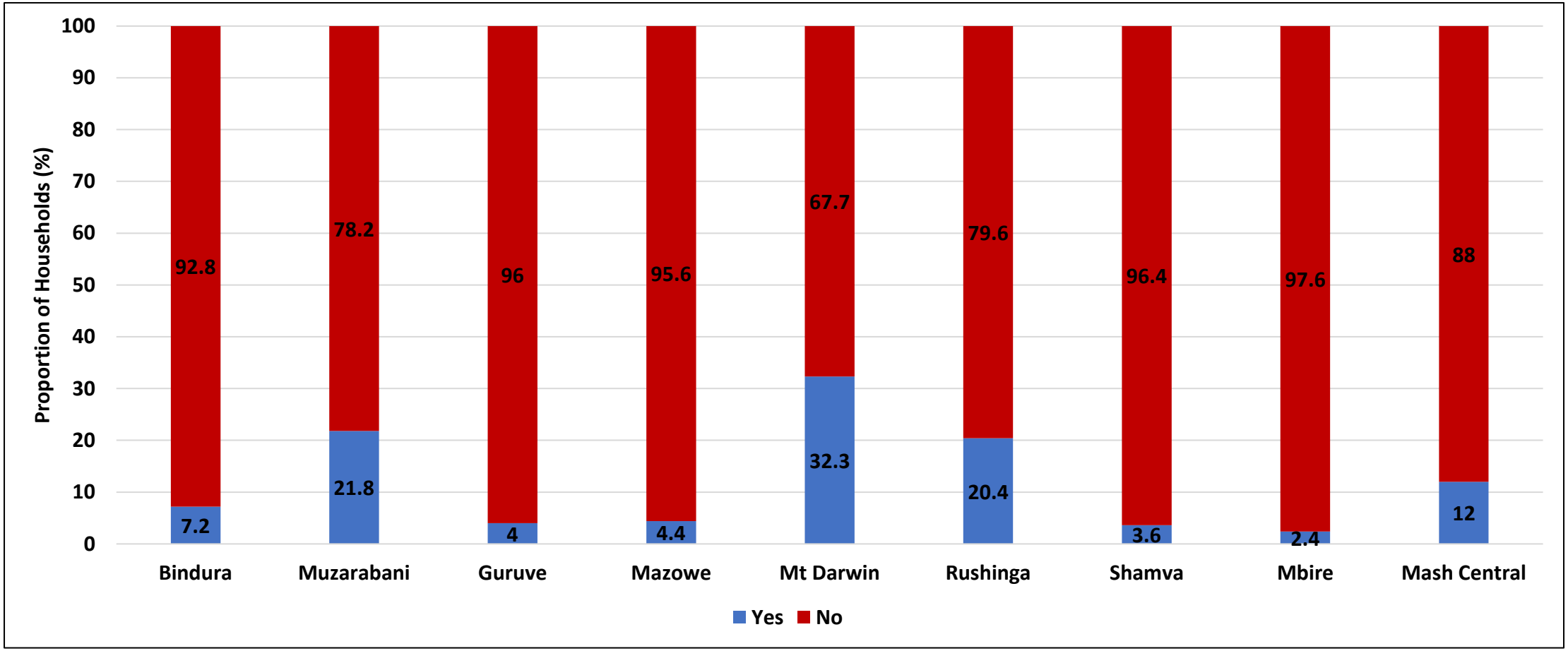
- Muzarabani (84%) had the highest proportion of households which consumed food undergoing spoilage during the January to March 2021 national lockdown.

Purchase of Expired or Spoiled Food



- Mt Darwin (43.9%) had the greatest proportion of households which purchased expired or food undergoing spoilage due to its reduced price.

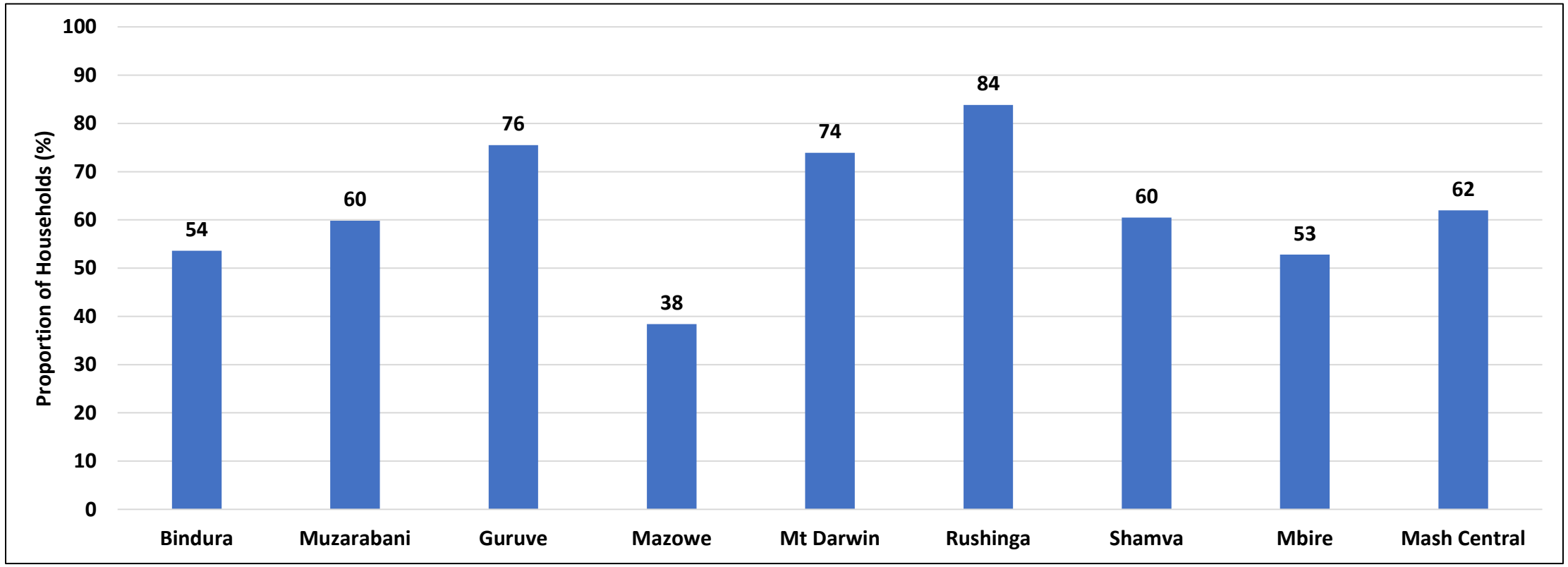
Information on Food Safety



- From April 2020 to May 2021, only 12% of the households received information on food safety issues.

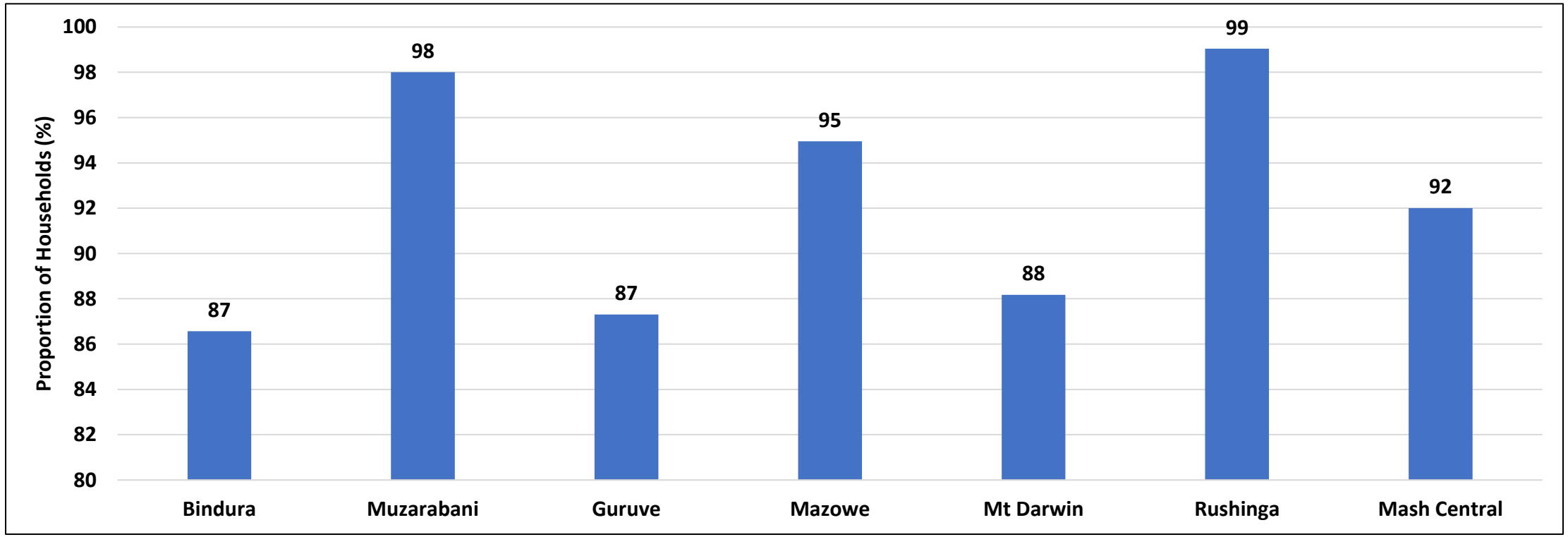
Access to Services and Infrastructure

Households which Received Any Agricultural Extension Services in the Past Year



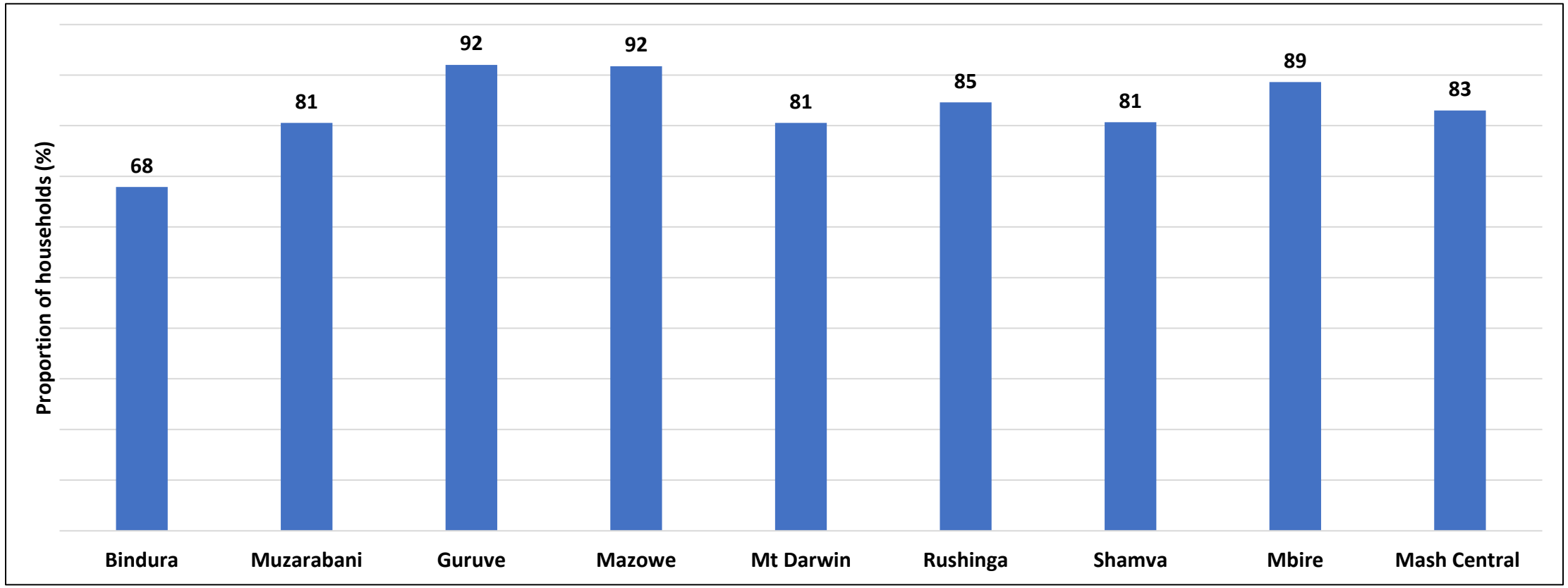
- In Mashonaland Central, 62% of the households reported to have received some form of agricultural extension services support in the past year.

Households which Received Agricultural Training



- Of the 62% of households which received extension services, 92% received agricultural training from extension officers.

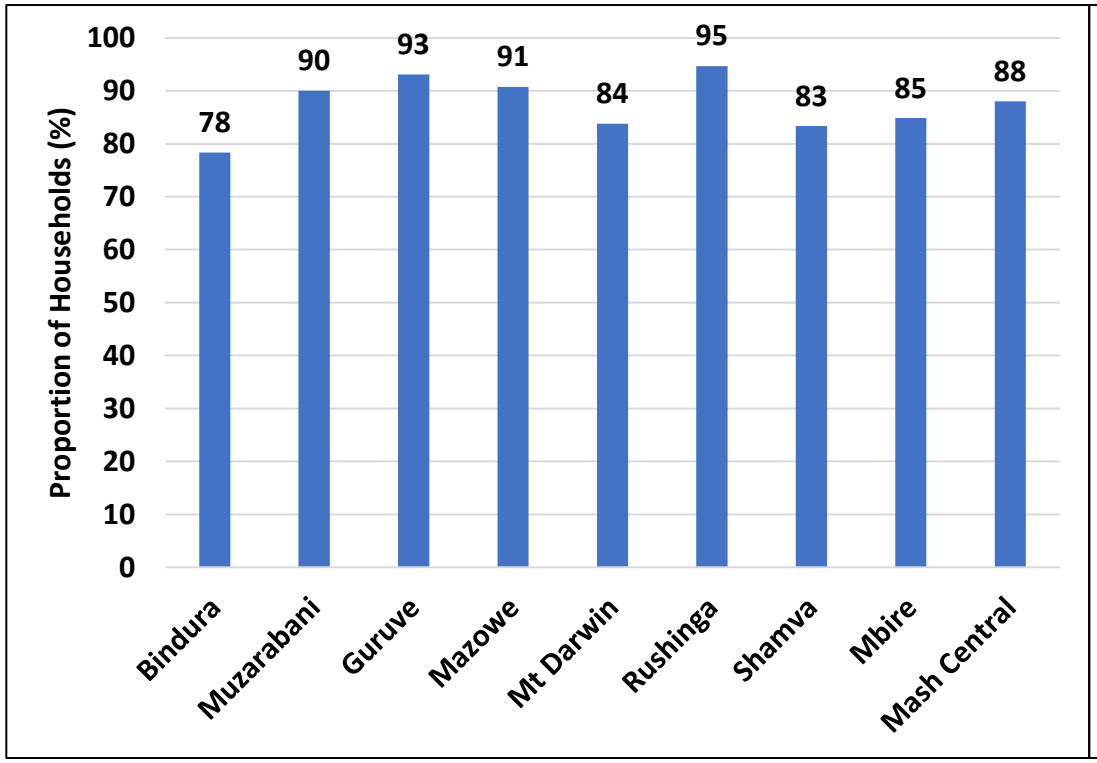
Households which Received Agriculture Extension Visits



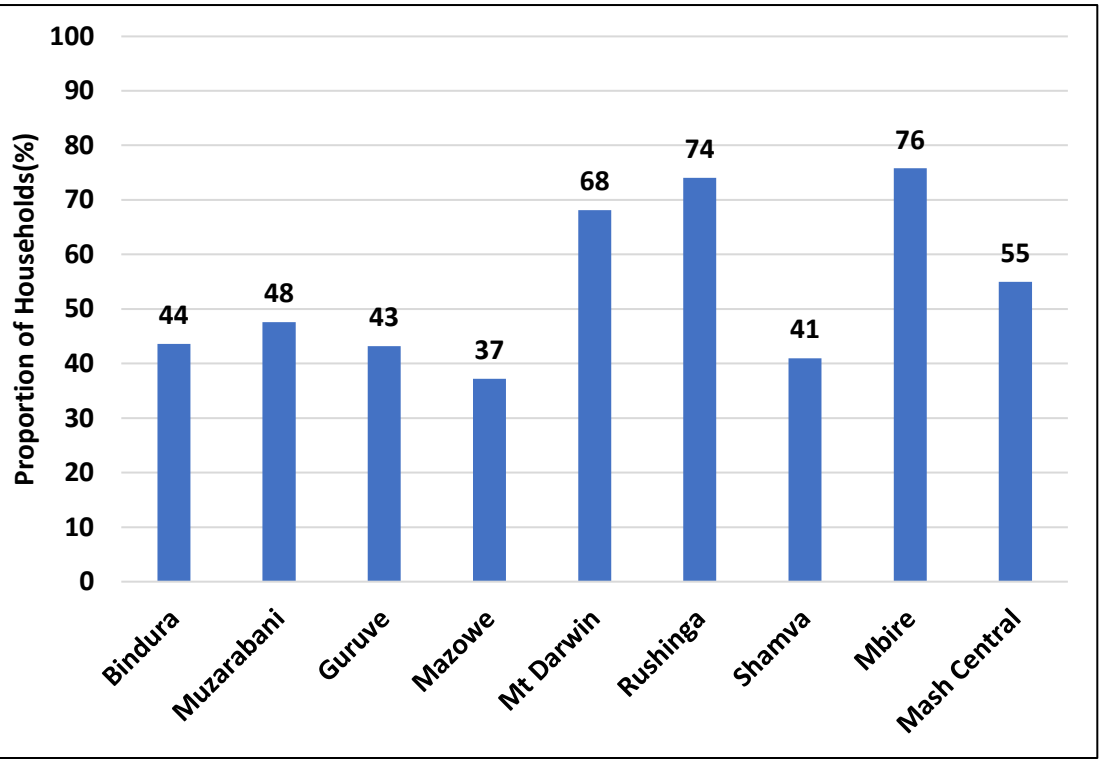
- Eighty three percent of households reported to have received agricultural extension visits from extension officers.

Households which Received Agriculture Advice from Extension Officers

Cropping Advice

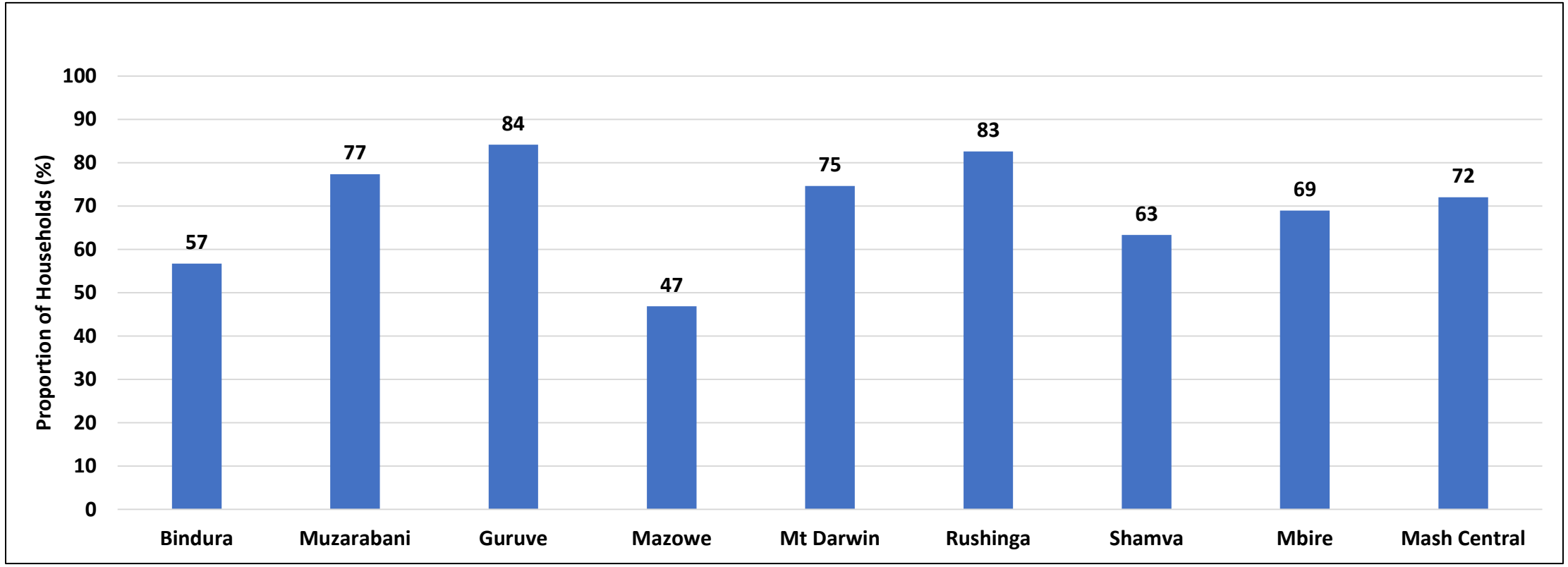


Livestock Advice



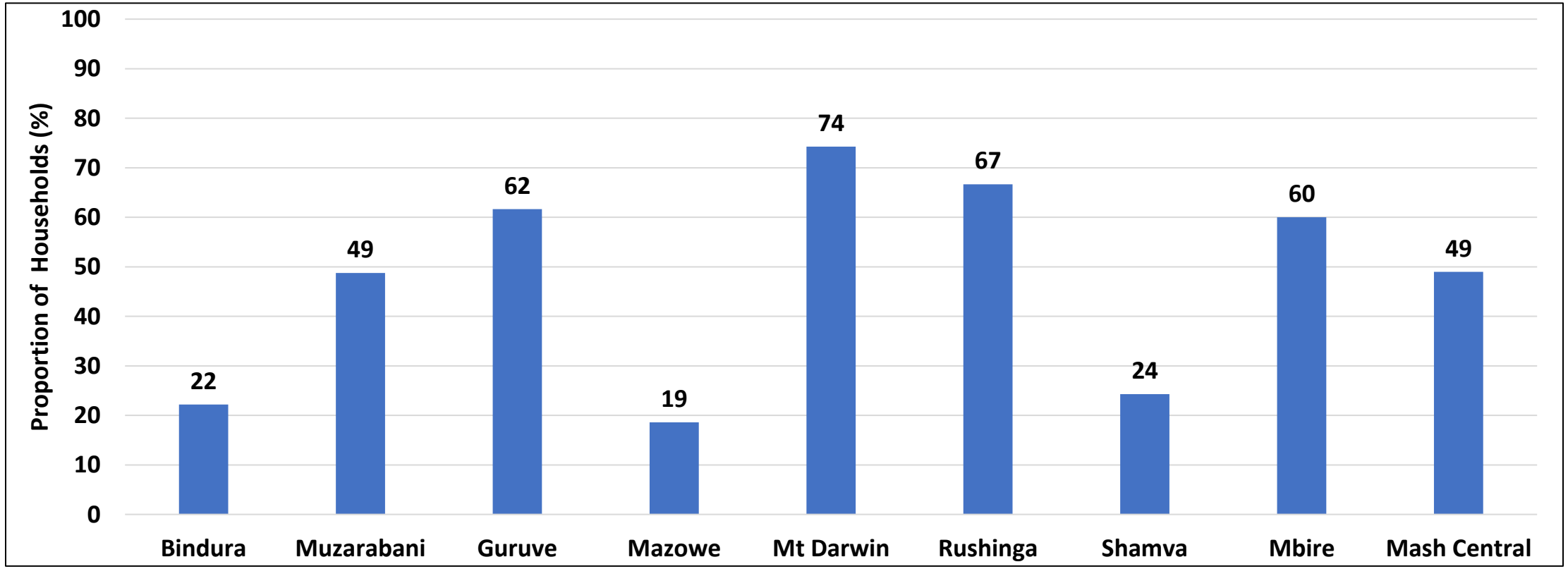
- The proportion of households which received cropping advice from extension officers was high across all districts.
- At least 55% of the households received livestock advice.

Households which Received Extension Support on Fall Army Worm



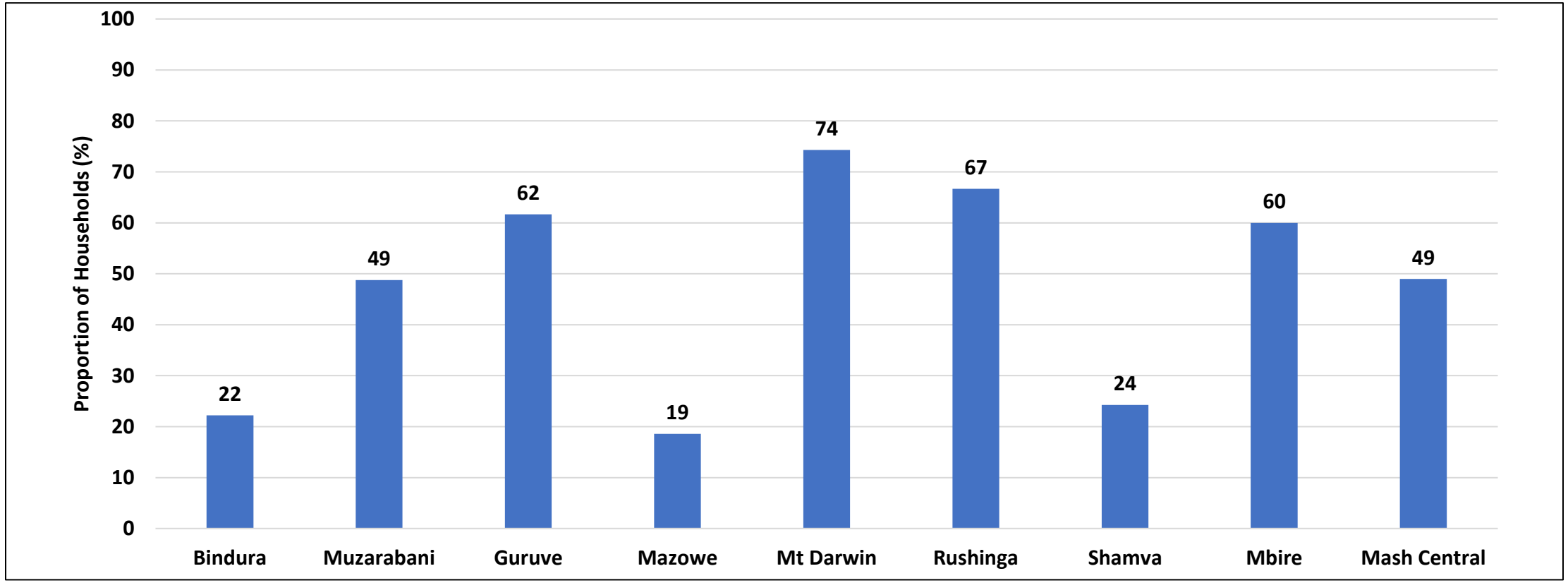
- Seventy two percent of households in Mashonaland Central received extension support on Fall Army Worm.
- Mazowe District (47%) had the least proportion of households reporting to have received support on Fall Army Worm

Households which Received Extension Support on Weather and Climate



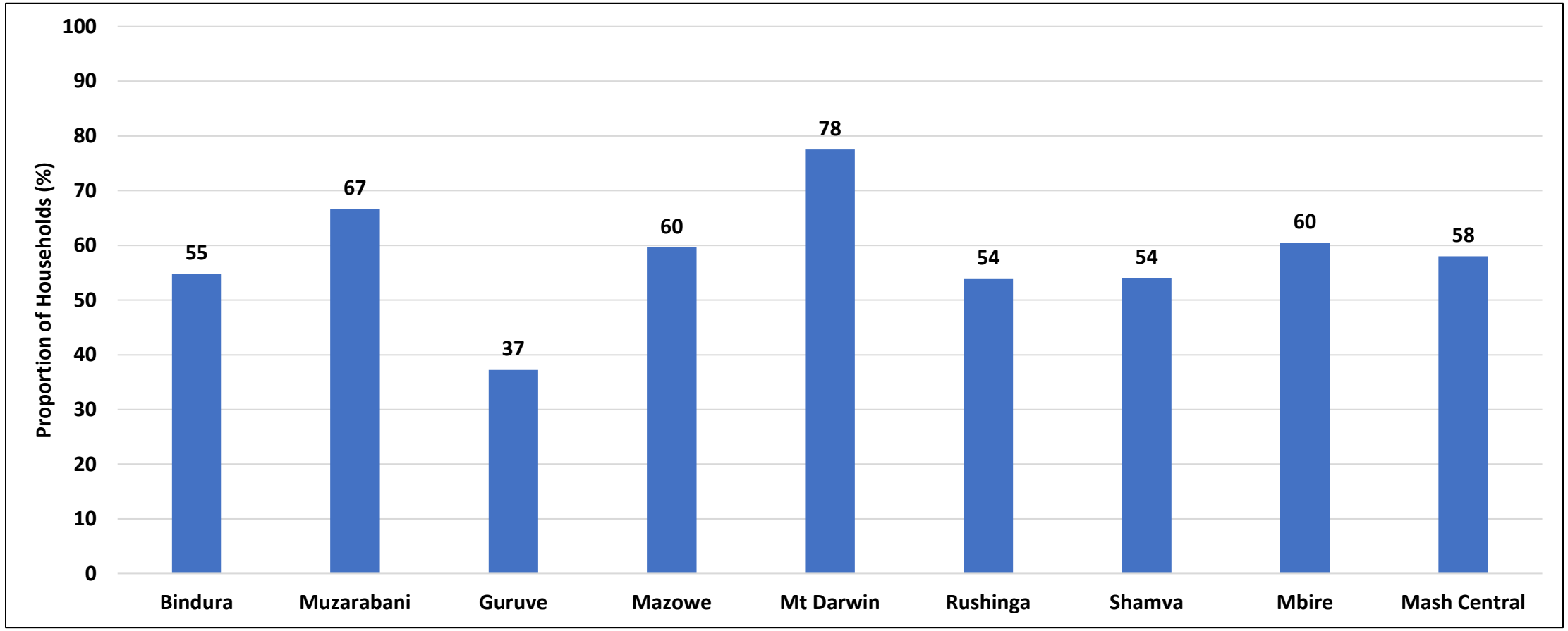
- Forty nine percent of households received extension support on weather and climate.

Access to Animal Health Centres



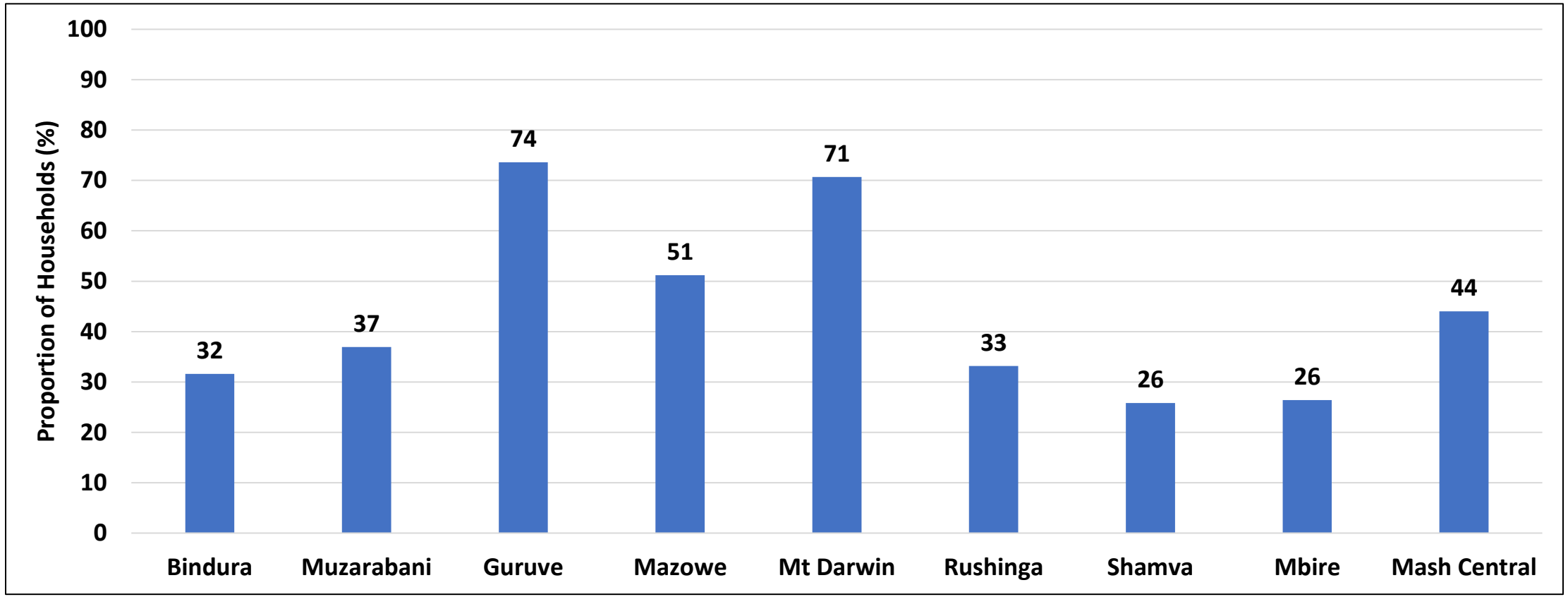
- In Mashonaland Central, 49% of the households had access to animal health centres
- Shamva (24%), Bindura (22%) and Mazowe (19%) reported the least proportion of households with access to health centres

Police Services Reachable within One Hour



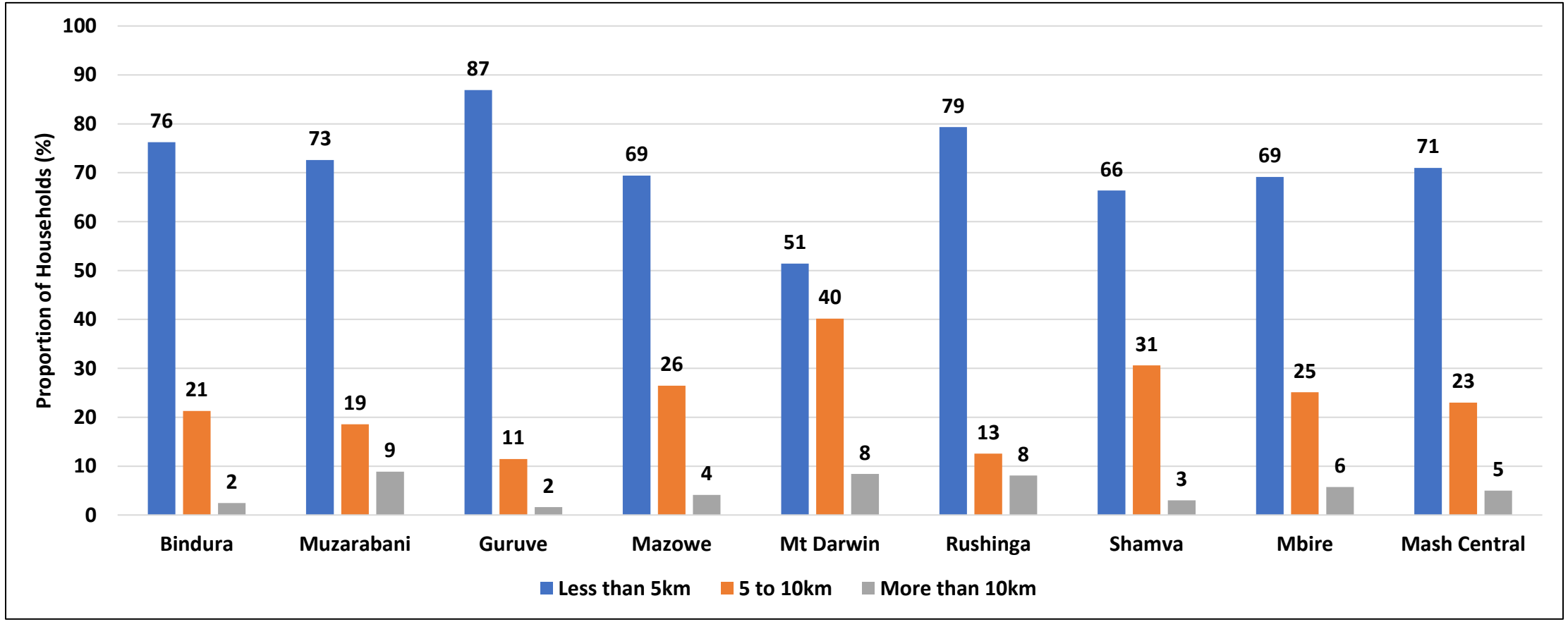
- Fifty Eight percent of households reported to have police services that were reachable within one hour.

Access to Victim Friendly Services



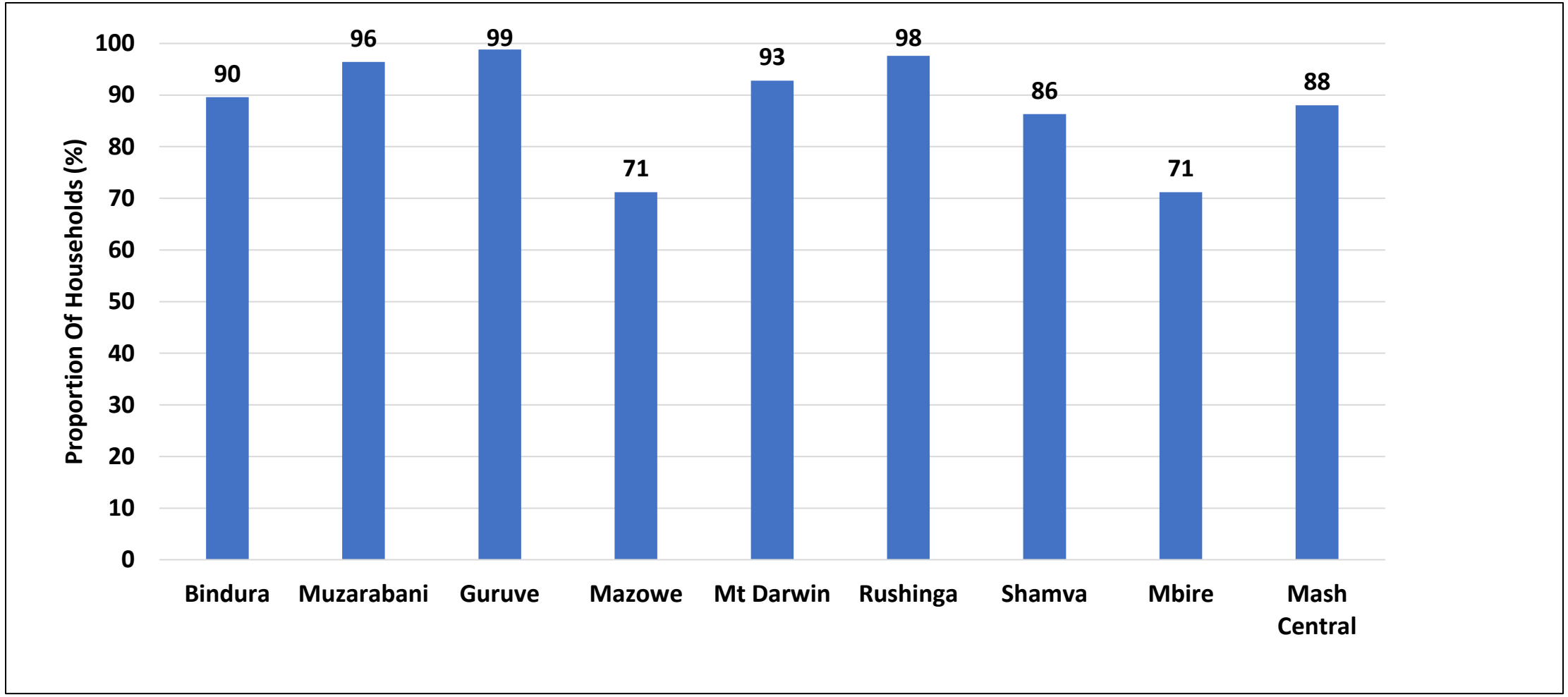
- Access to victim friendly services was 44% in the province.
- Rushinga (33%), Shamva (26%) and Mbire (26%) had the least proportion of households which had access to victim friendly services.

Approximate Distance of the Nearest Primary School



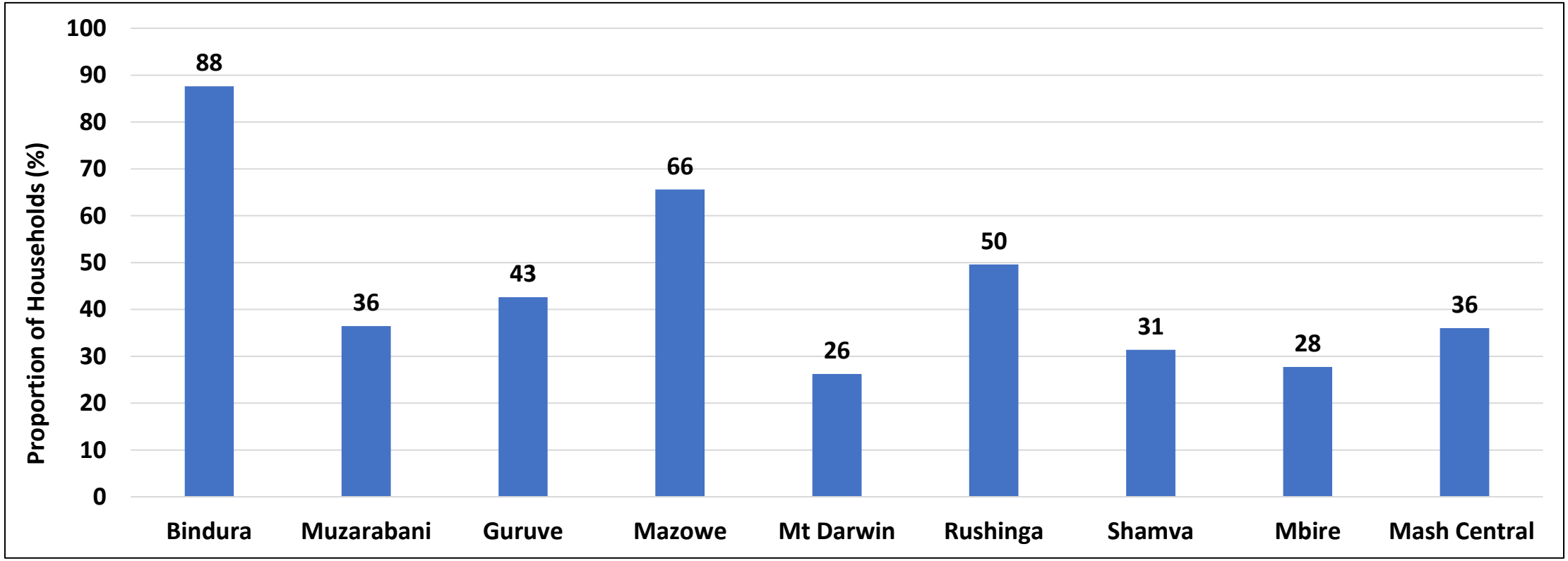
- At least 71% of households reported to have their nearest school within a distance of the less than 5km

Household Access to Health-Related Information



- About 88% of the households had access to health-related information.

Households which Received Nutrition Education in the Past 12 Months



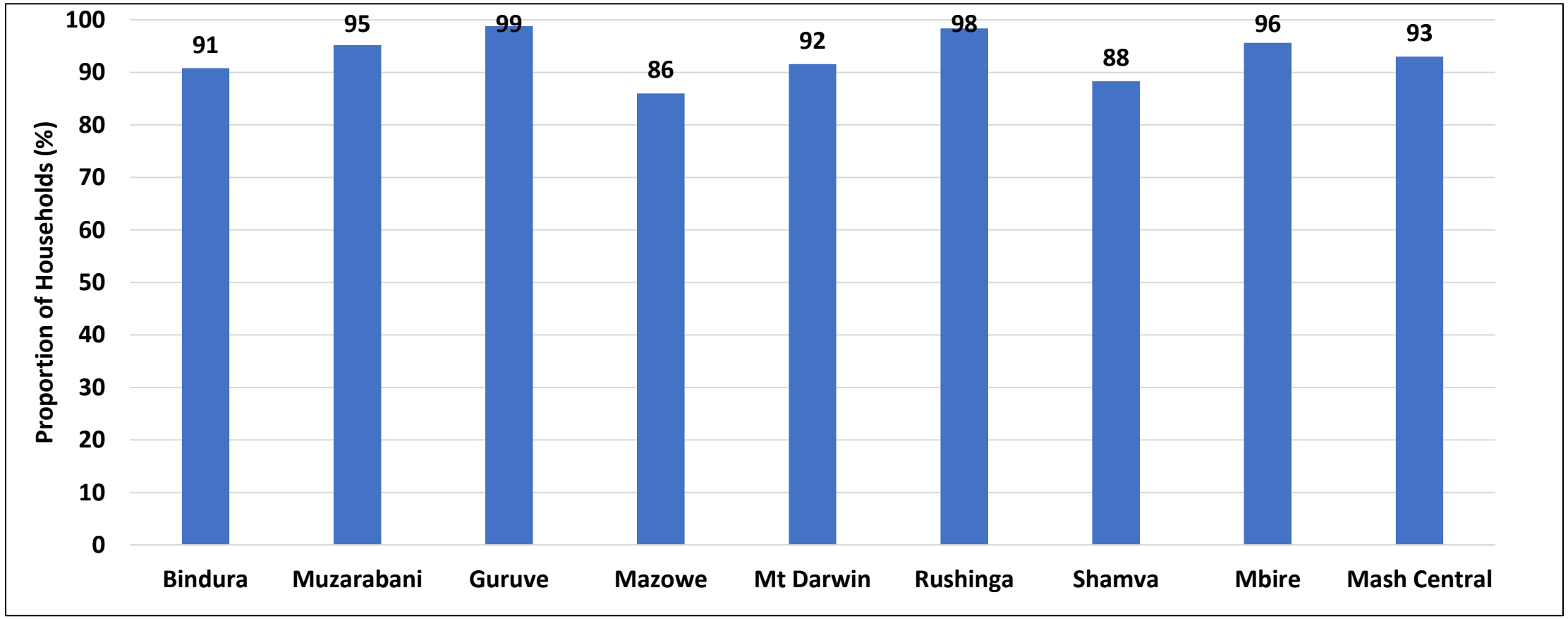
- Only 36% of households reported to have received nutrition education the past 12 months.

Sources of Nutrition Education

	Government (%)	UN/NGOs (%)	Care group (%)	IYCF support group (%)	Village Health Workers/ Volunteers (%)	Other (%)
Bindura	14	3	1	0	79	3
Muzarabani	12	0	2	0	43	42
Guruve	48	10	0	5	21	16
Mazowe	41	3	1	0	40	16
Mt Darwin	19	6	4	1	15	56
Rushinga	15	3	1	1	39	41
Shamva	51	5	0	0	22	21
Mbire	17	1	2	0	28	53
Mash Central	13	0.7	2	2.5	32	51

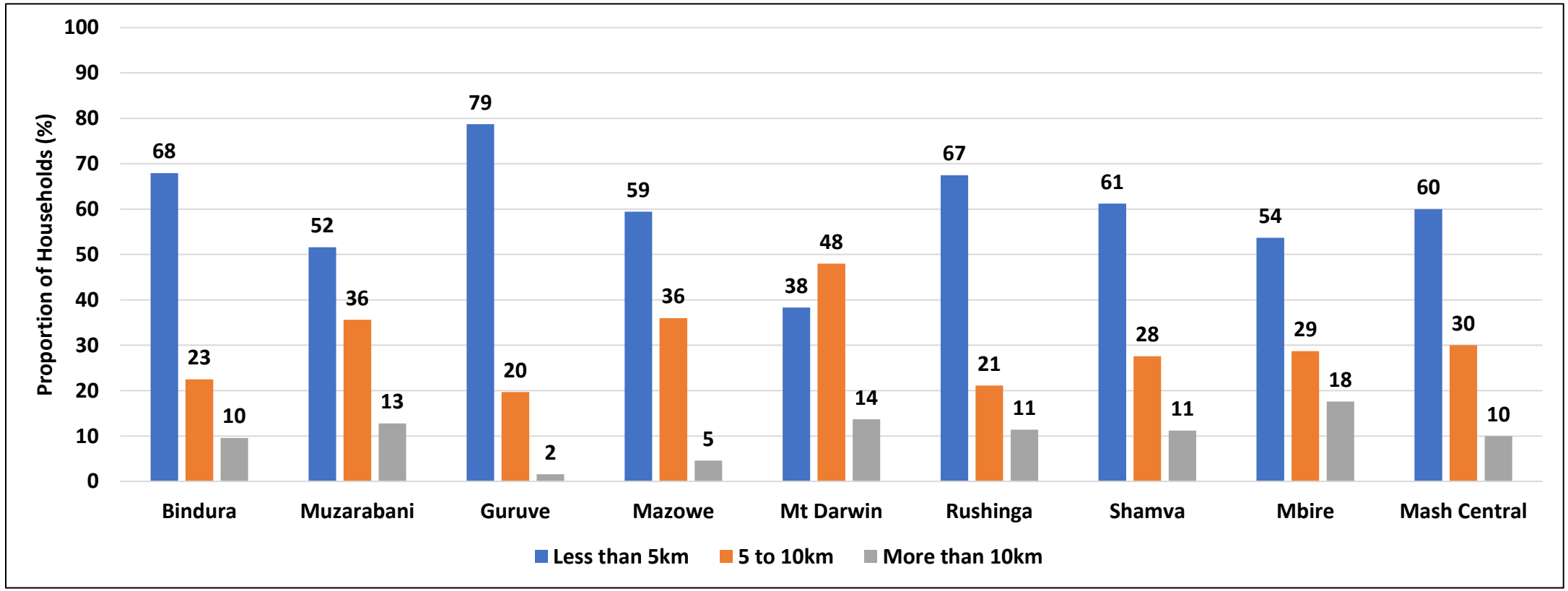
- The main source of Nutrition Education was other sources (51%), village health workers (32%) and other Government workers (13%).

Access to the Services of a Village Health Worker



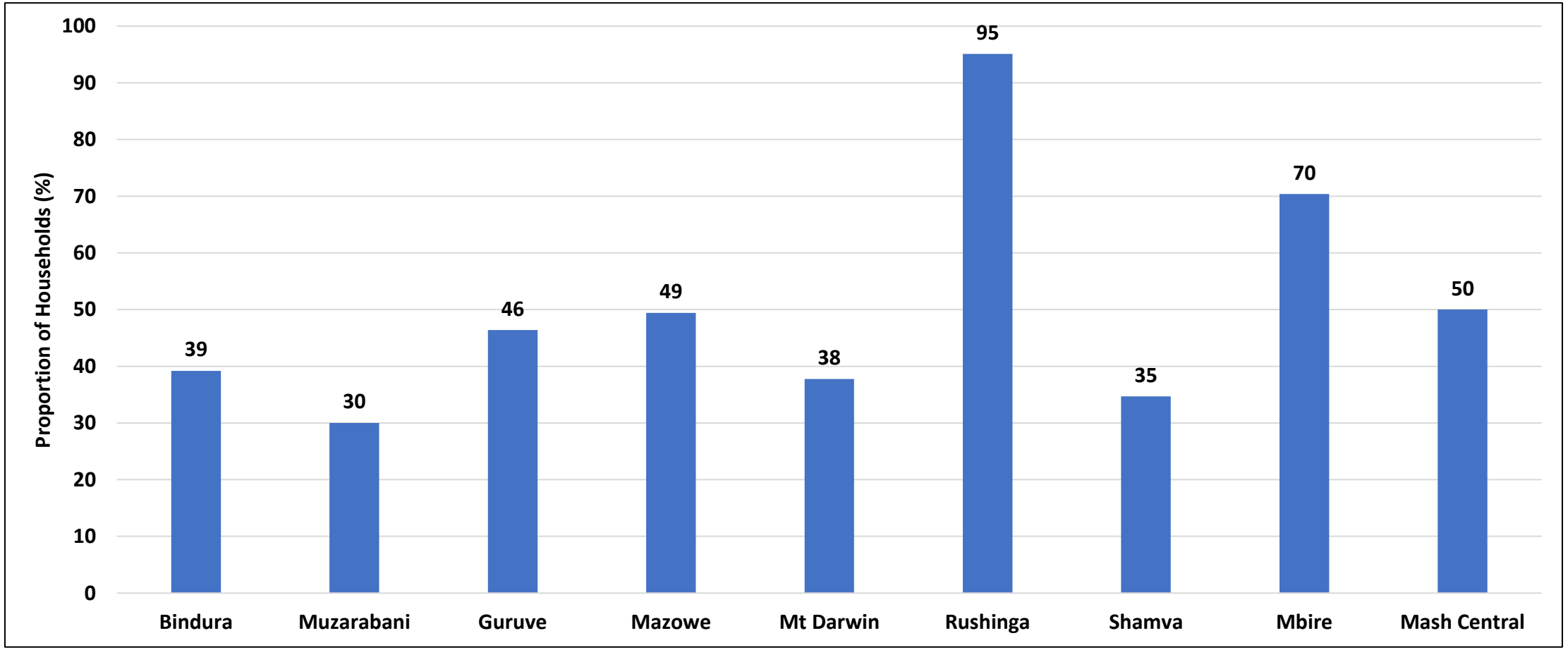
- The majority of households in Mashonaland Central had access to the services of a village health worker.

Approximate Distance of the Nearest Health Facility/ Clinic



- At least 60% of households were within a 5km radius to the nearest health facility.

Access to Grain Facility



- Fifty percent of households reported to have access to a grain facility.
- Shamva (35%), Muzarabani (30%) had the lowest proportion of households which had access to grain facilities.

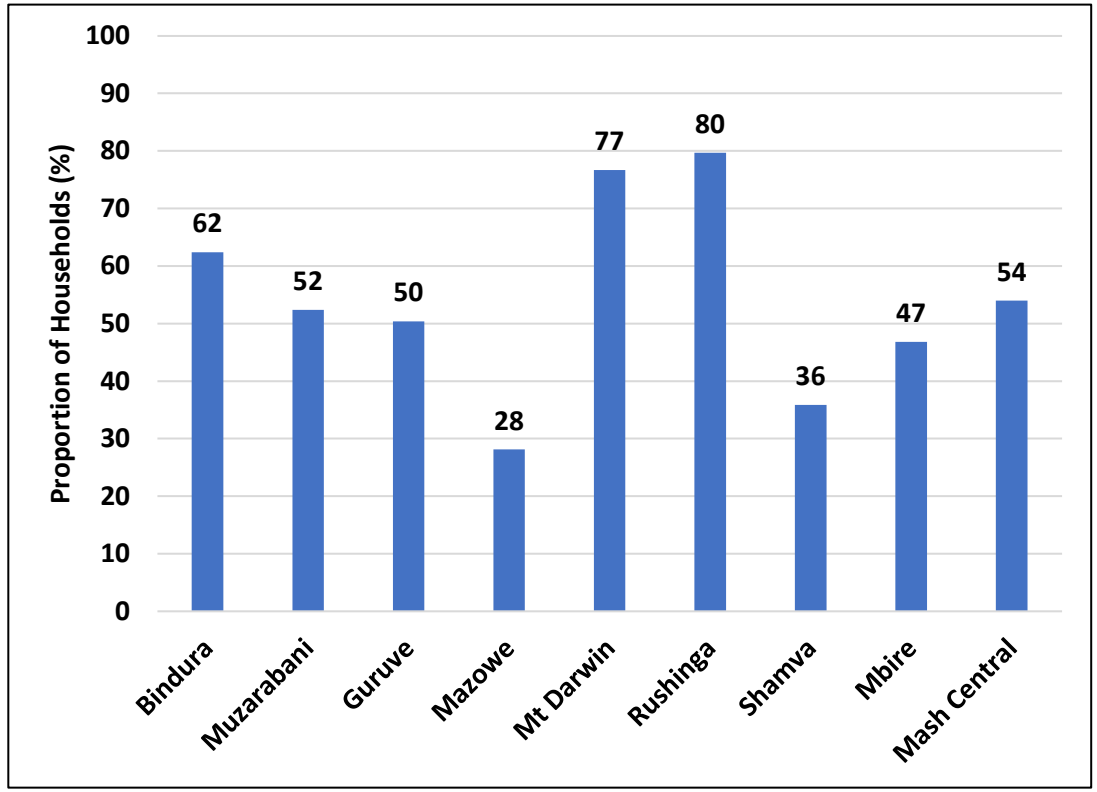
Structures Used to Store Grain

	Ordinary room (%)	Traditional granary (%)	Ordinary granary (%)	Improved granary (%)	Bin/drum (%)	Crib (%)	Hermetic bags (%)	Metal silos (%)
Bindura	98	0	2	0	0	0	0	0
Muzarabani	36	52	10	0	0	0	1	0
Guruve	98	2	0	0	0	0	0	0
Mazowe	85	10	2	0	0	2	0	0
Mt Darwin	74	14	7	0	2	1	1	0
Rushinga	58	29	9	2	2	0	0	0
Shamva	77	21	0	0	1	1	0	0
Mbire	80	19	1	0	0	0	0	0
Mash Central	75	19	4	0	1	0	0	0

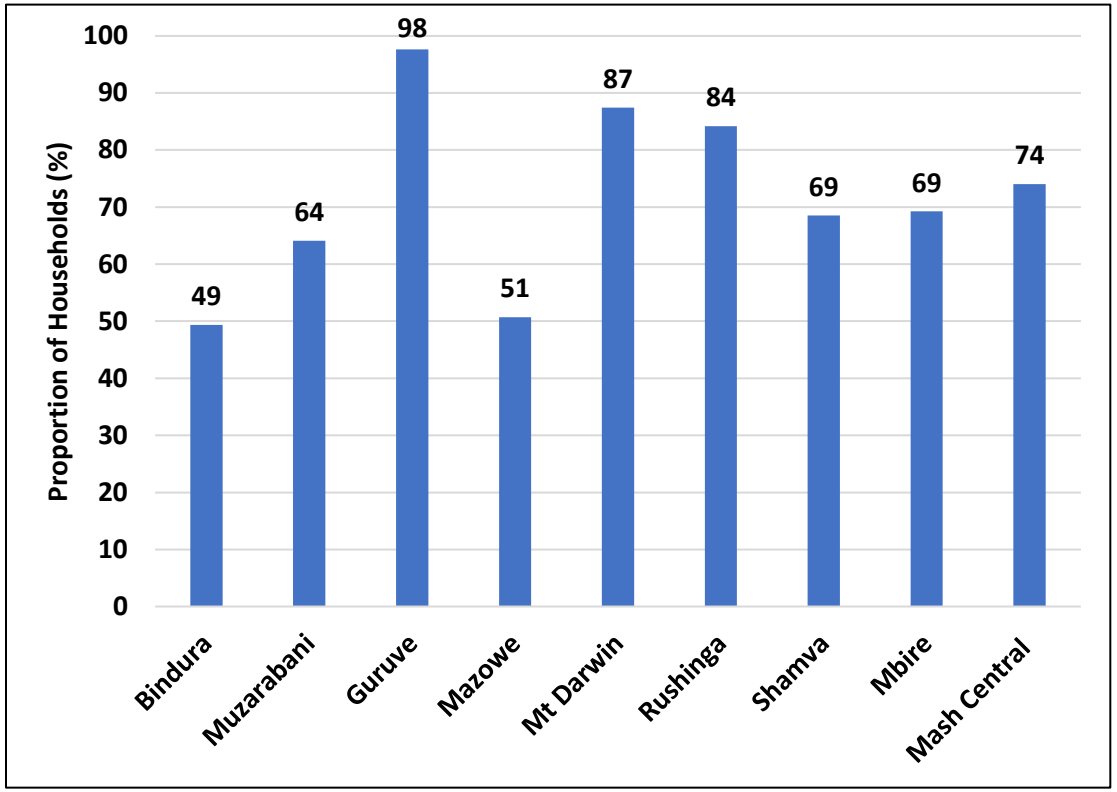
- The most common structures used to store grain at household level were the ordinary room (75%) followed by the traditional granary (19%)
- Of concern was the low use of improved granary (0%) and hermetic bags (0%) which are reliable methods that reduce post harvest losses

Household which Received and Used Early Warning Information

Received Early Warning Information



Used Information to Plan Response Mechanisms



- Fifty Four percent of households in Mashonaland Central received early warning information.
- Of those who received early warning information, 74% used it to plan for response mechanisms.

Households which Received Information On Public Health Diseases

District	Rabies (%)	Anthrax (%)	Cholera (%)	Typhoid (%)	Dysentery (%)	Salmonella (%)	Listeria (%)
Bindura	34	20	65	46	34	4	2
Muzarabani	8	12	71	45	46	16	0
Guruve	8	12	83	2	5	0	2
Mazowe	34	23	81	29	35	2	1
Mt Darwin	32	23	96	40	53	3	0
Rushinga	10	35	97	54	12	0	0
Shamva	34	29	82	34	16	4	4
Mbire	59	49	82	60	45	2	1
Mash Central	37	30	86	34	29	5	2

- The majority of households in Mashonaland Central (86%) received public health information on cholera.

Sources of Information on Gender Based Violence Services

	Radio (%)	Other household member (%)	Television (%)	Newspaper (%)	Social media (%)	Internet browsing (%)	Government Extension Worker (%)	Health workers (%)	Health promoters (%)	Friends and relatives (%)	UN/NGOs (%)	Police (%)	Other (%)
Bindura	89	16	8	2	3	0	2	37	14	11	10	16	0
Muzarabani	80	3	2	0	7	0	22	38	9	1	1	9	2
Guruve	82	23	0	5	4	1	10	46	23	34	2	16	1
Mazowe	43	9	5	0	3	0	6	5	5	13	4	13	27
Mt Darwin	81	20	7	9	20	7	16	27	12	11	3	24	1
Rushinga	65	2	2	0	3	0	46	51	13	4	6	18	0
Shamva	28	5	3	0	3	0	5	18	8	8	5	30	15
Mbire	79	53	2	0	1	1	25	18	10	15	9	13	3
Mash Central	73	16	3	3	7	2	21	34	13	13	5	17	4

- The main sources of information on Gender Based Violence Services were radio (73%), health workers (34%) and Government extension workers (21%).

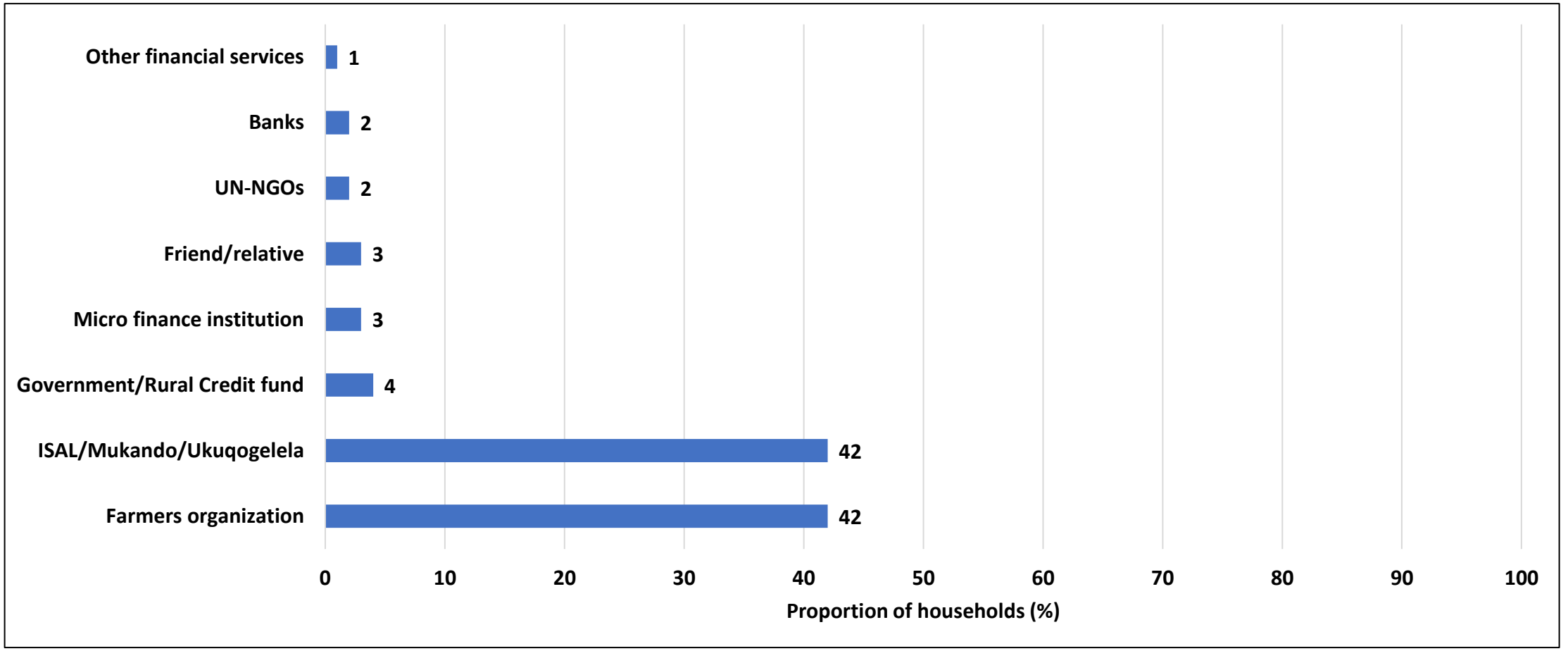
Household Ownership of Infrastructure that Enhances Food and Nutrition Security

	Irrigation (%)	Farming equipment (%)	Fowl runs (%)	Solar powered water source (%)	Borehole (%)	Storage facility (%)	Savings (%)	Beehives (%)	Nutrition gardening (%)	Agro-forestry (%)	Other (%)
Bindura	3	10	50	0	0	3	16	8	59	1	10
Muzarabani	11	27	52	2	4	25	2	1	10	0	27
Guruve	1	51	27	1	1	1	4	0	25	0	10
Mazowe	1	42	17	1	2	2	1	0	15	0	27
Mt Darwin	1	13	41	2	2	1	4	0	33	0	28
Rushinga	1	7	2	0	0	1	6	0	15	0	75
Shamva	2	26	50	0	1	2	7	0	27	6	4
Mbire	21	15	33	0	2	16	2	1	20	0	30
Mash Central	2	33	33	2	3	20	8	2	39	0	15

- In Mashonaland Central the most commonly owned infrastructure that enhances food and nutrition security included nutrition gardens (39%), fowl runs (33%) and farming equipment (33%).

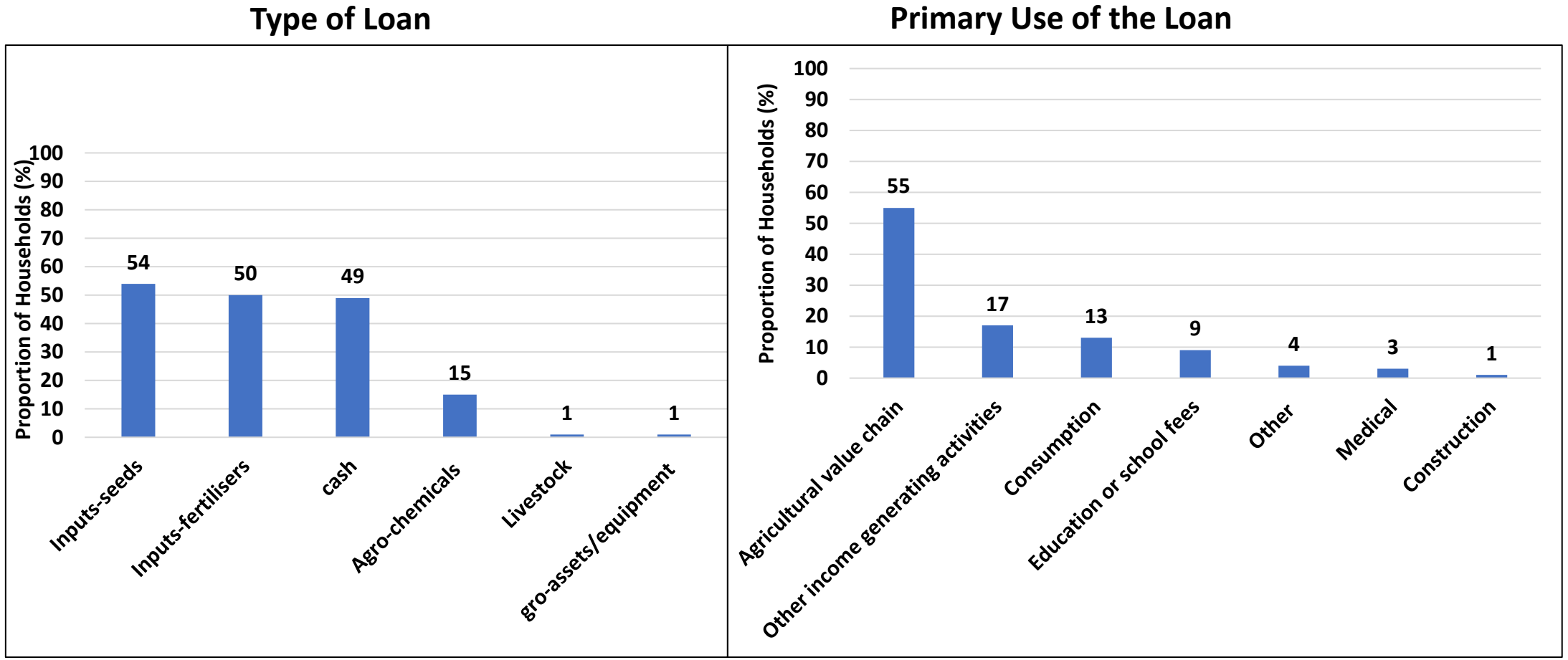
ISALS and Loans

Sources of Loans



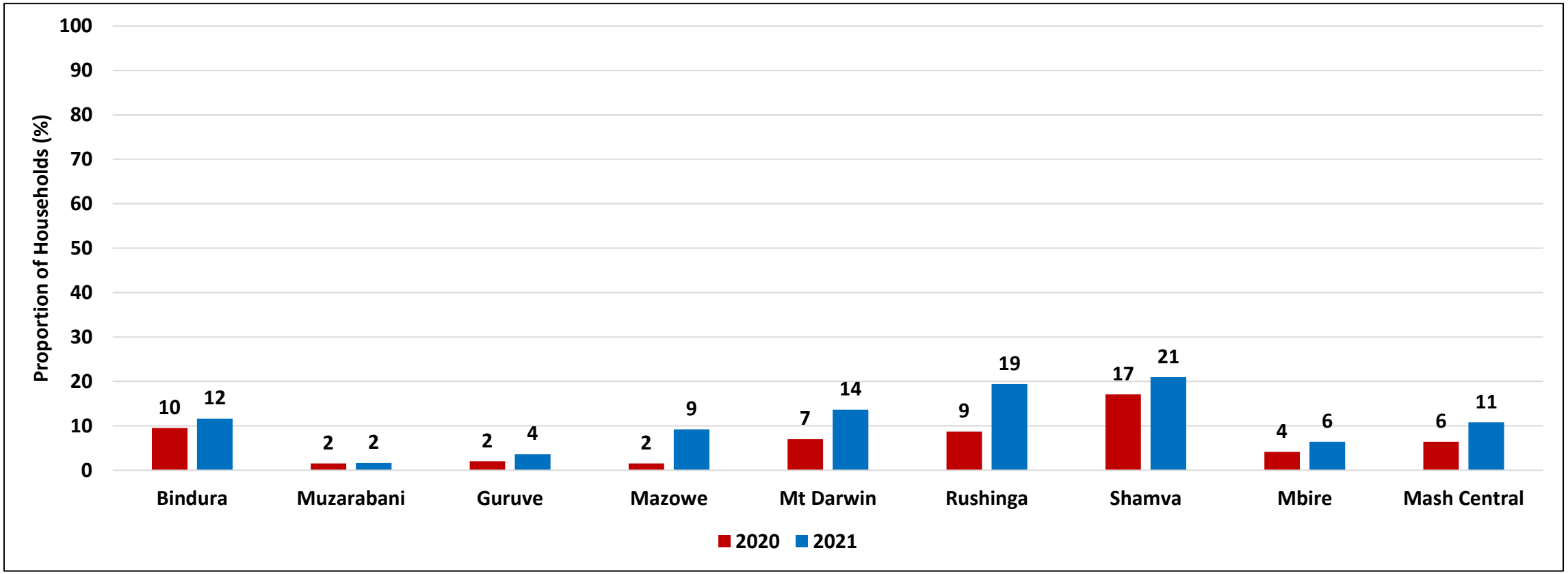
- Of the 6.1% households which received loans, the majority reported that they received the loans from farmer organisations and ISAL/Mukando (42%).

Type of Loan and Primary Use



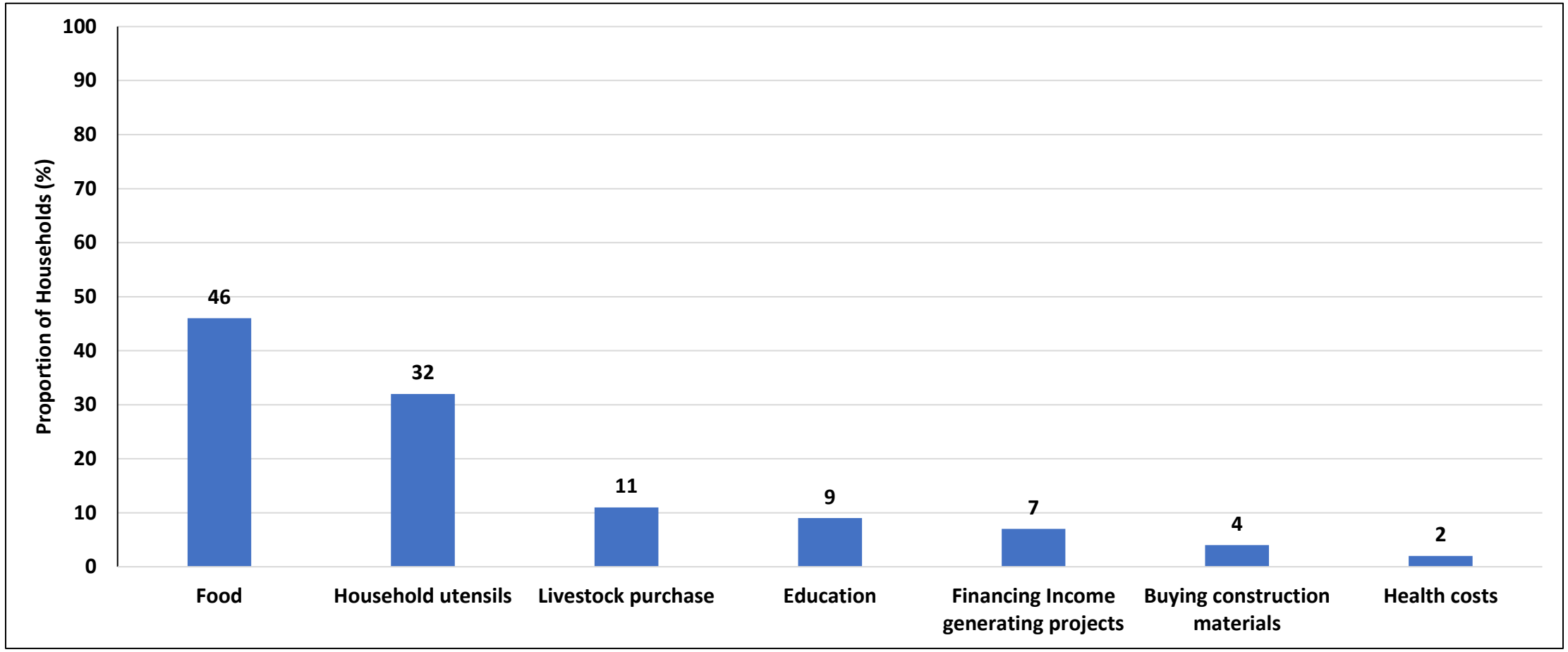
- In Mashonaland Central about 54% of Households received loans in the form of Input- Seeds, 50% as Input-seeds and 49% in the form of cash.
- Agricultural value chain was reported by the majority of households as the primary use of the loan.

Households with a Member in an ISAL Group



- About 11% of households in the province reported to be a member of Income Savings and Lending (ISAL) group, an increase from 6% reported in 2020.

Use of Share –out from the ISAL Group



- A significant proportion of households in ISAL groups used their Share-Out from ISAL group to buy Food (46 %).

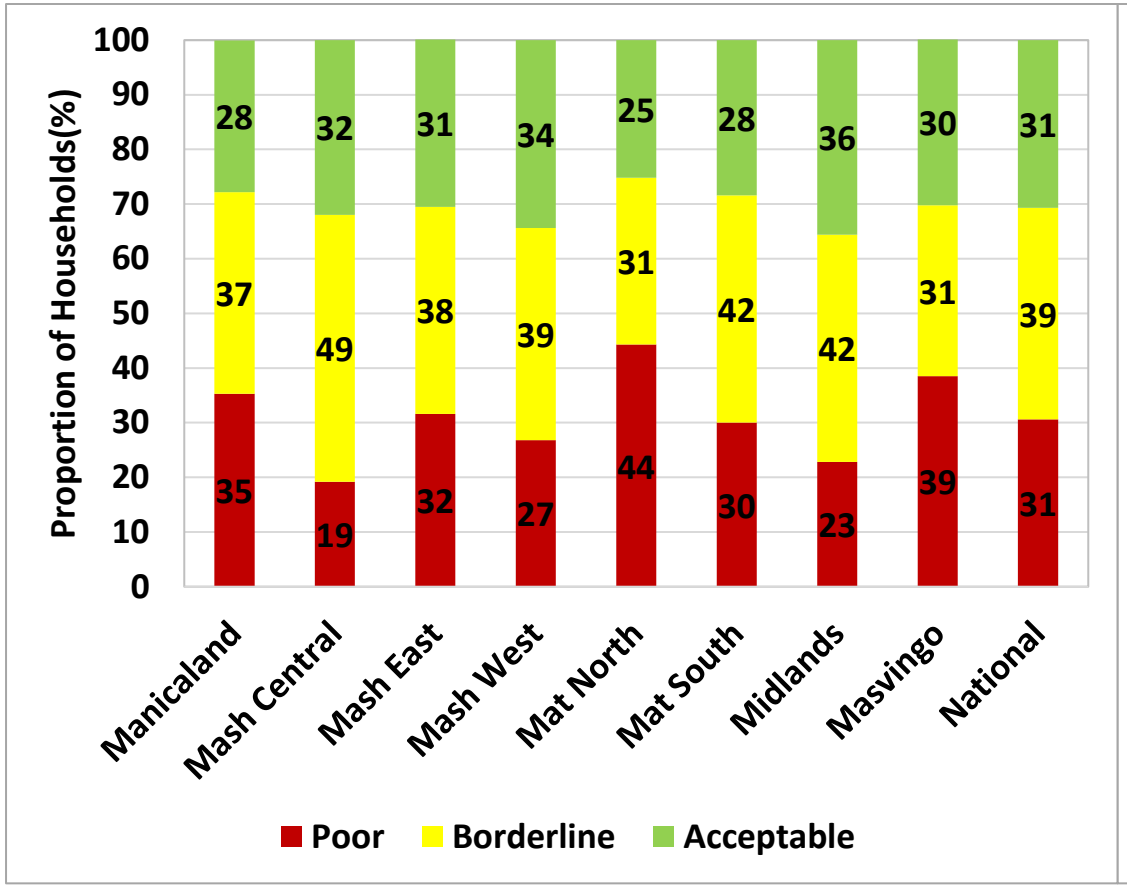
Food Consumption Patterns

Food Consumption Score

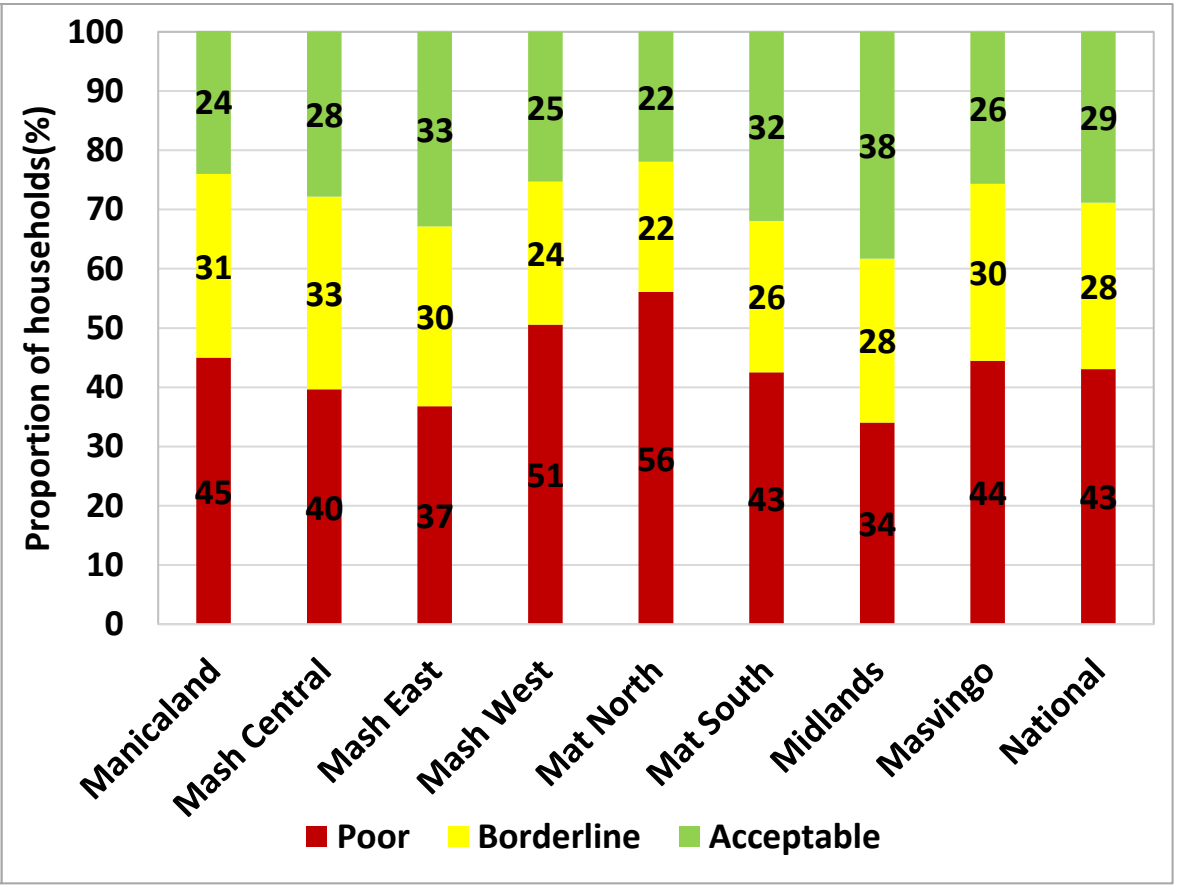
Food Consumption Score Groups	Score	Description
POOR	0-21	An expected consumption of staple 7 days, vegetables 5-6 days, sugar 3-4 days, oil/fat 1 day a week, while animal proteins are totally absent
BORDERLINE	21.5-35	An expected consumption of staple 7 days, vegetables 6-7 days, sugar 3-4 days, oil/fat 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 by Province

2020

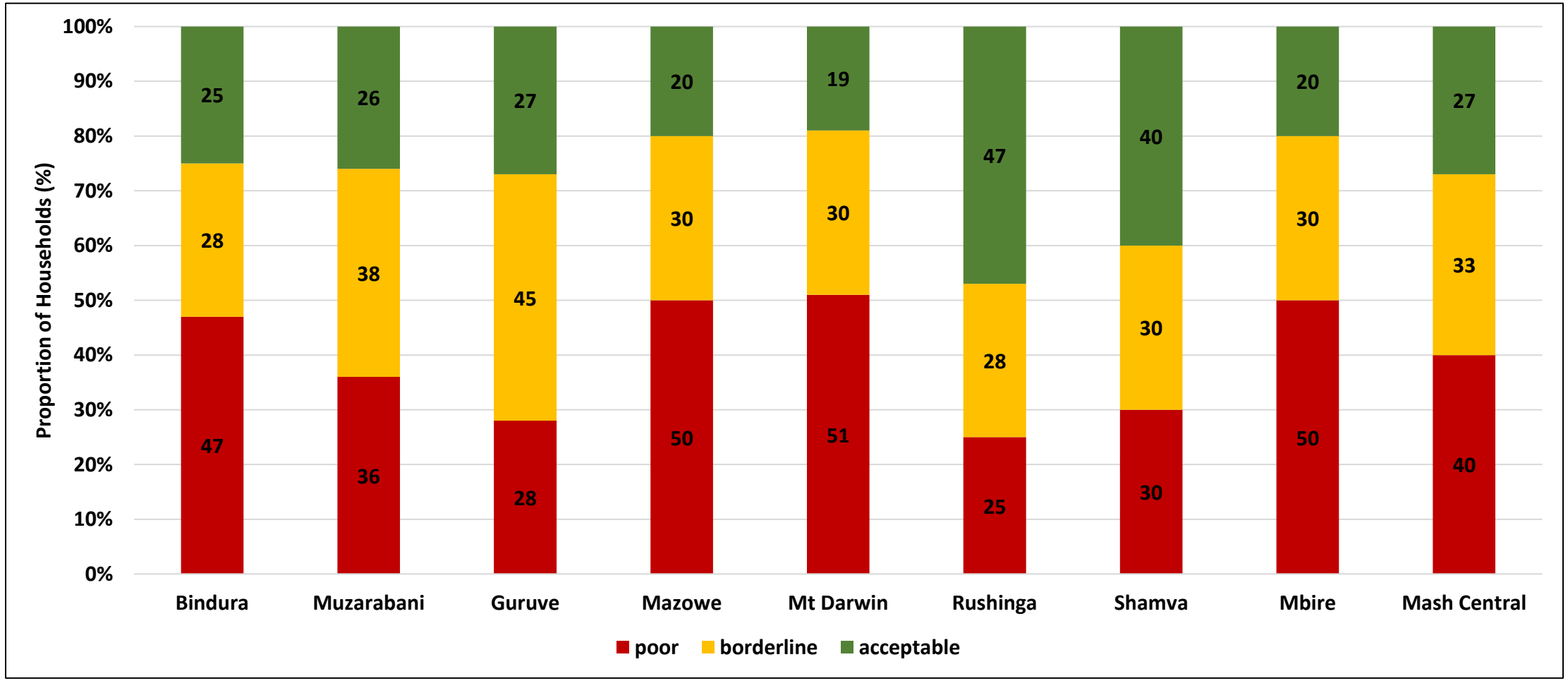


2021



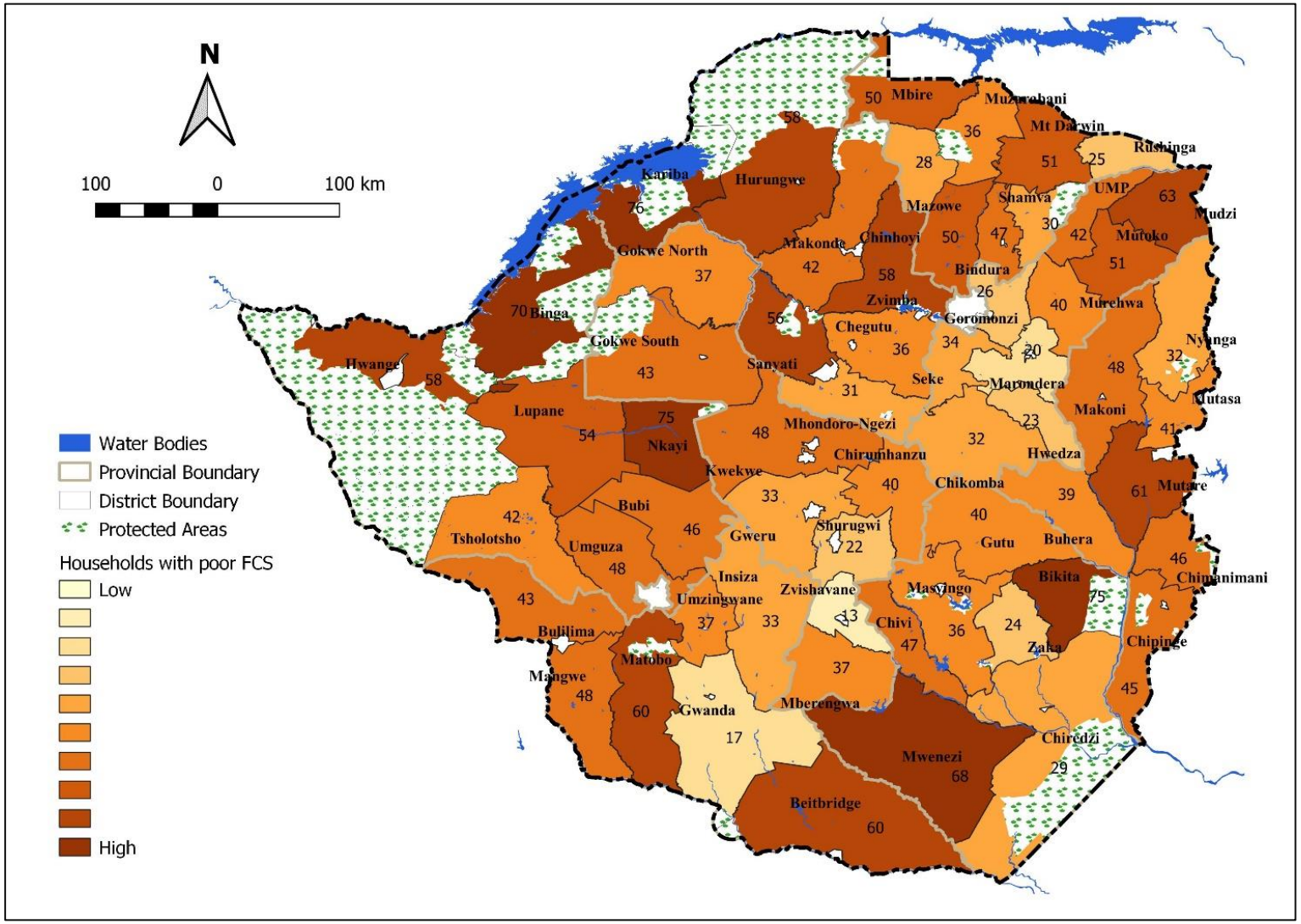
- Generally, all provinces had an increase in households with poor consumption patterns and a decrease in those with acceptable consumption patterns except for Mashonaland East (37%) which had a 2 percentage point increase.

Food Consumption Patterns



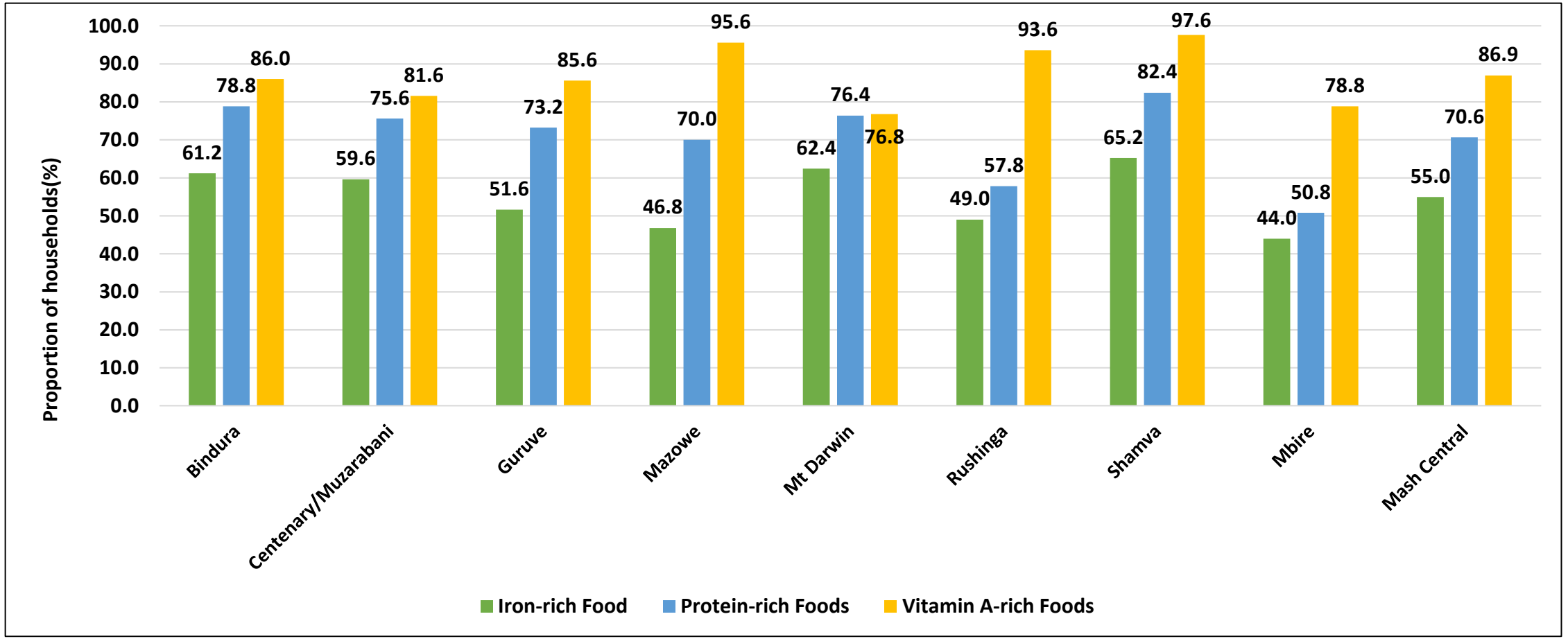
- About 40% of households had poor consumption patterns with Mt. Darwin having the highest proportion (51%).
- Rushinga (47%) had the highest proportion of households with acceptable diets.

Poor Food Consumption Patterns by District



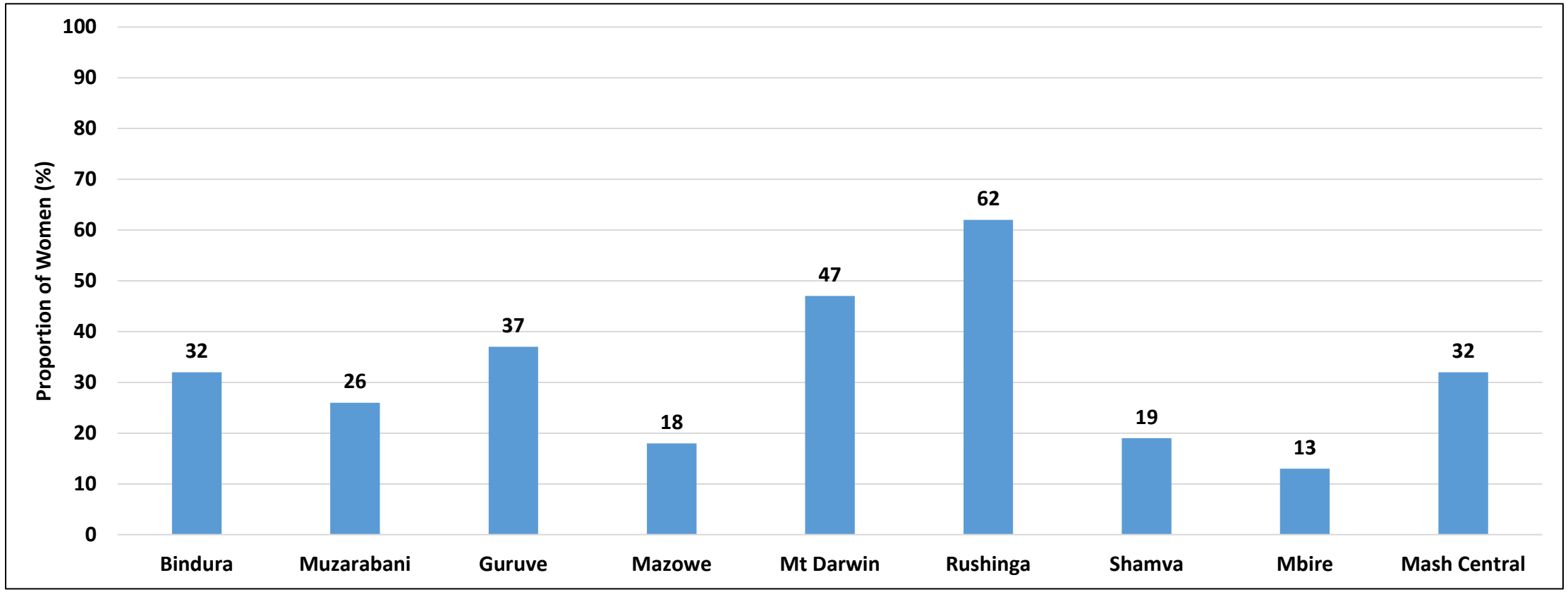
- The highest proportion of households consuming poor diets was in Mt. Darwin (51%).

Household Consumption of Protein, Iron and Vitamin A Rich Foods



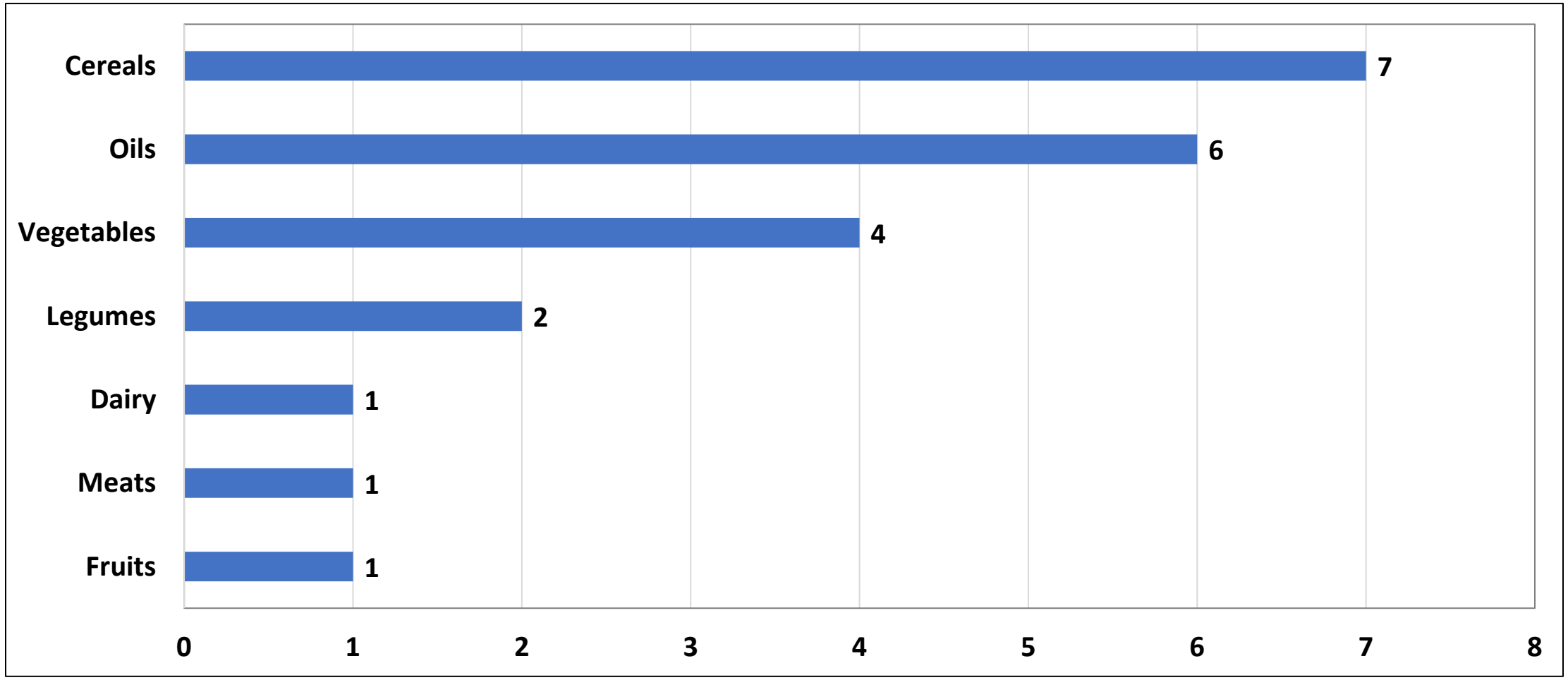
- About 55% of the households consumed iron-rich foods seven days prior to the survey.
- Vitamin A rich foods were the most consumed foods in the province.
- Mazowe (46.8%) had the lowest proportion of households consuming iron rich foods.

Minimum Dietary Diversity for Women of Child Bearing Age



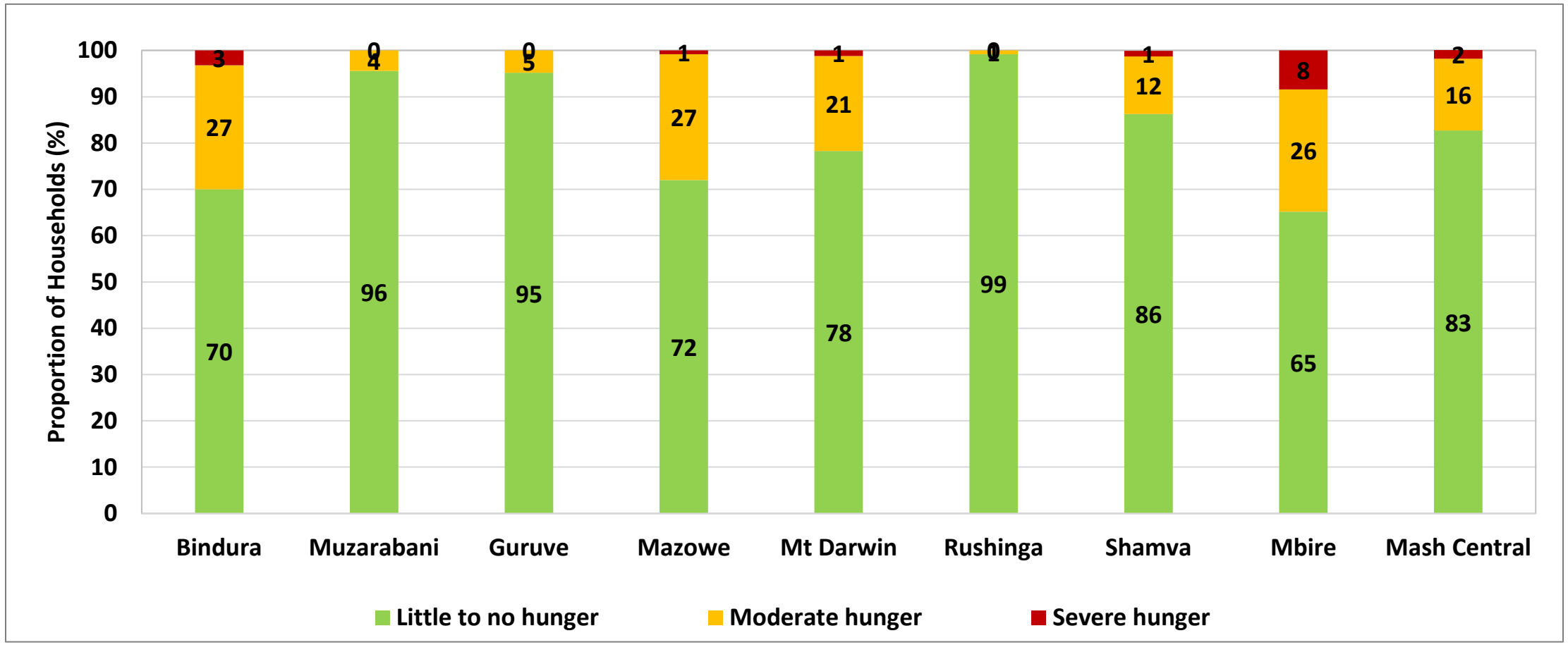
- In the province, 32% of women consumed a Minimum Dietary Diversity (MDD) 24-hours prior to the survey.
- Rushinga (62%) had highest WCBA consuming a minimum dietary diversity.

Average Number of Days Households Consumed Food from the Various Food



- The most common food groups consumed by households were cereals, oils and vegetables.

Household Hunger Scale



- Only 2% of the households in the province had experienced severe hunger.
- Mbire (8%) had the highest proportion of households which experienced severe hunger.

Livelihoods Based Coping Strategies

The Coping Strategies Index (CSI)

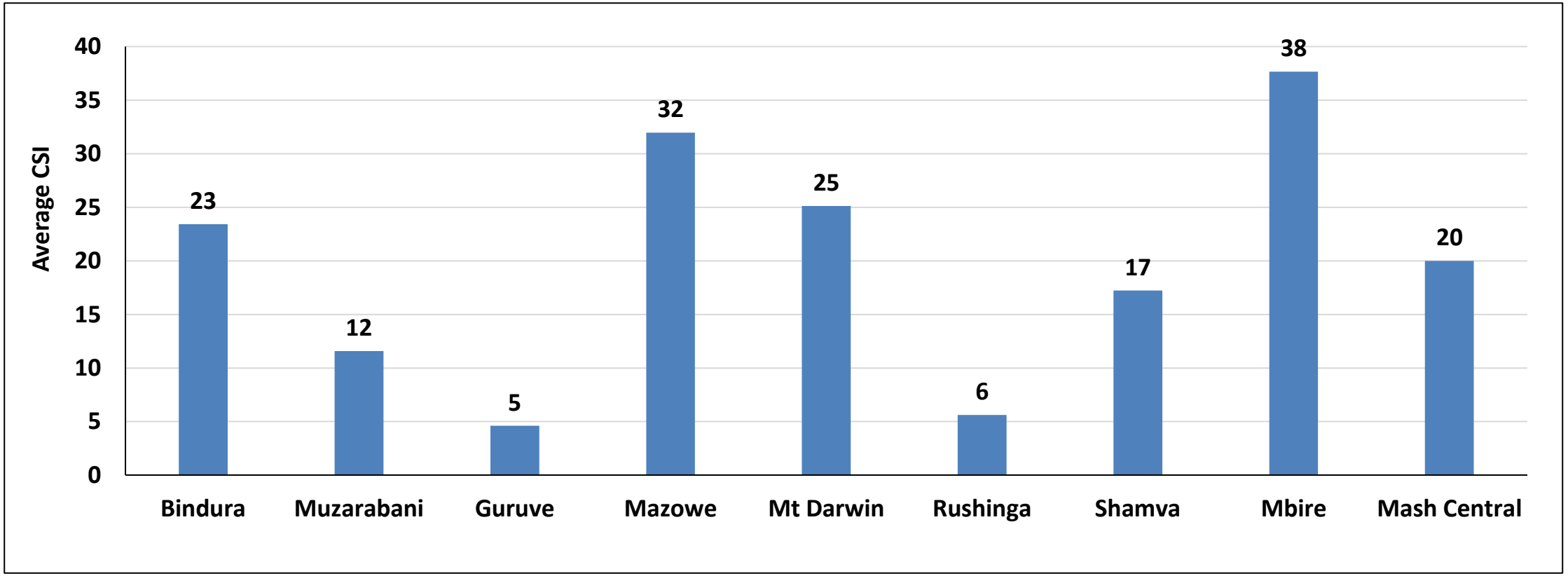
- Households engage in various methods of coping when faced with food access challenges. The household consumption strategies are food consumption behaviours that households adopt when faced with challenges in accessing food.
- The Reduced Coping Strategies Index (rCSI) considers both the frequency and 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.

Low or no coping (CSI 0-3)

Medium Coping (CSI 4-9)

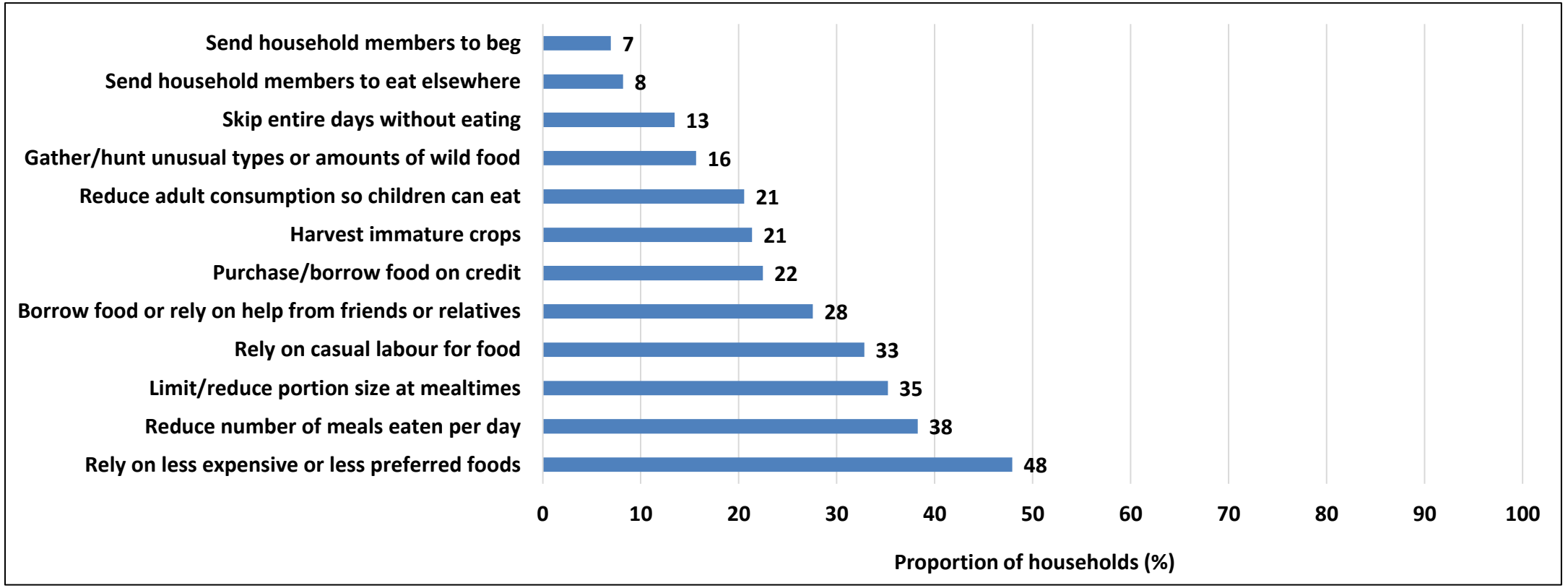
High Coping (CSI ≥10)

Household Consumption Coping Strategy Index (CSI)



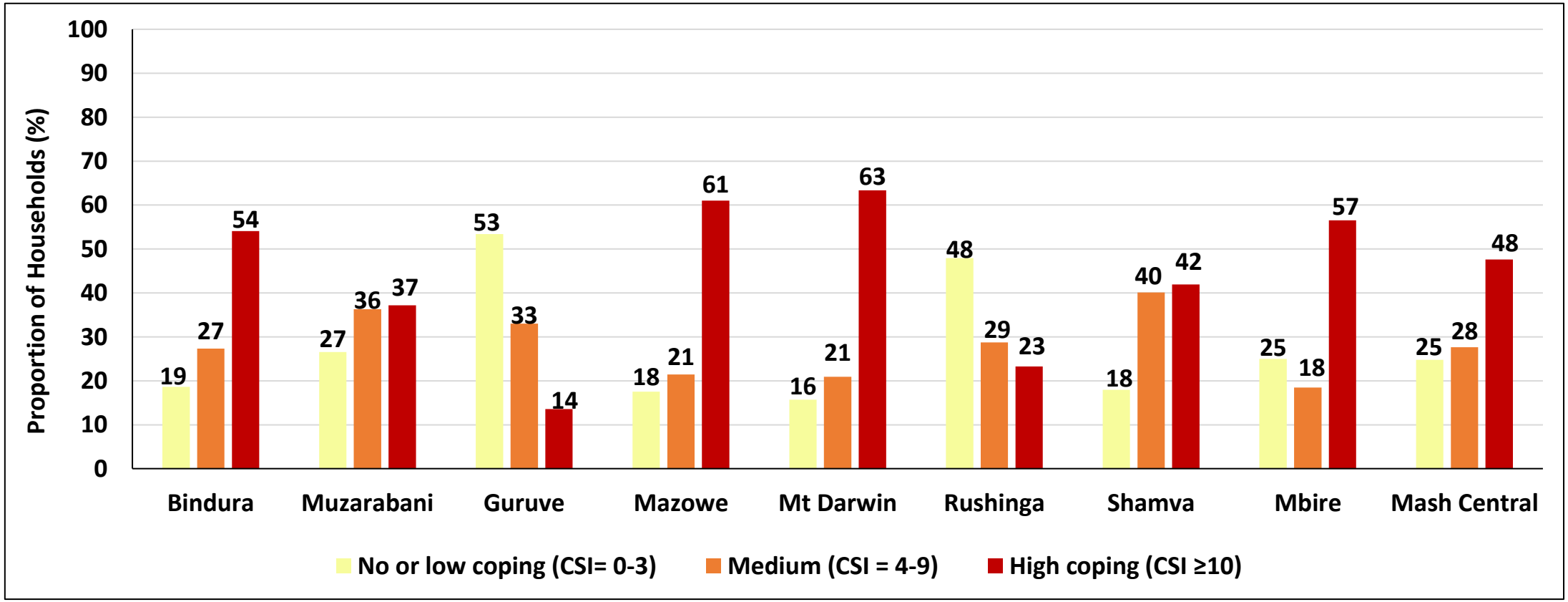
- The highest CSI was reported in Mbire (38) and Mazowe (32) above the provincial average of 20 and the national average of 15.
- Adoption of high coping by households is an indication that households could have been facing challenges in accessing food.

Household Consumption Coping Strategies



- The main consumption strategies adopted by households from Mashonaland Central 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 Reduced Consumption Coping Strategy Index (rCSI)



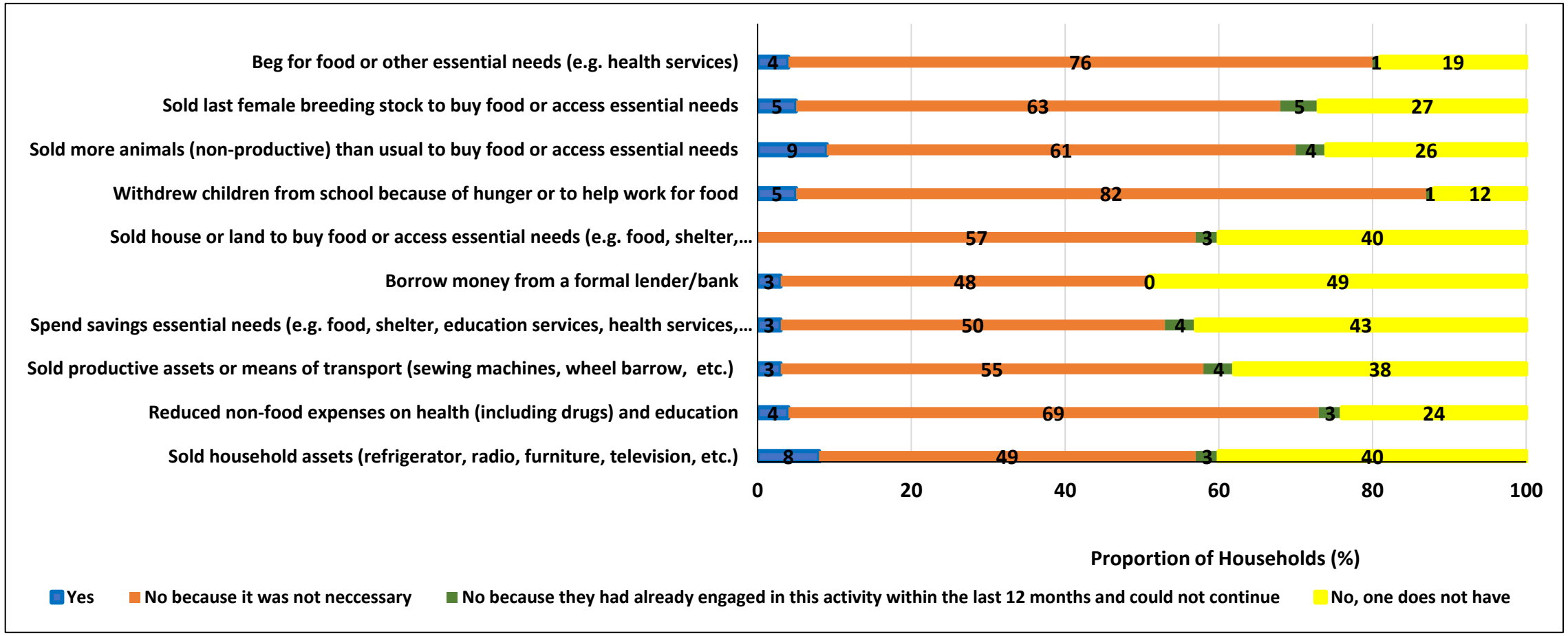
- Mount Darwin (63%) and Mazowe (61%) reported the highest proportion of households adopting high consumption based coping.
- Guruve (53%) and Rushinga (48%) had the highest proportion of households adopting low or no coping strategies.

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.

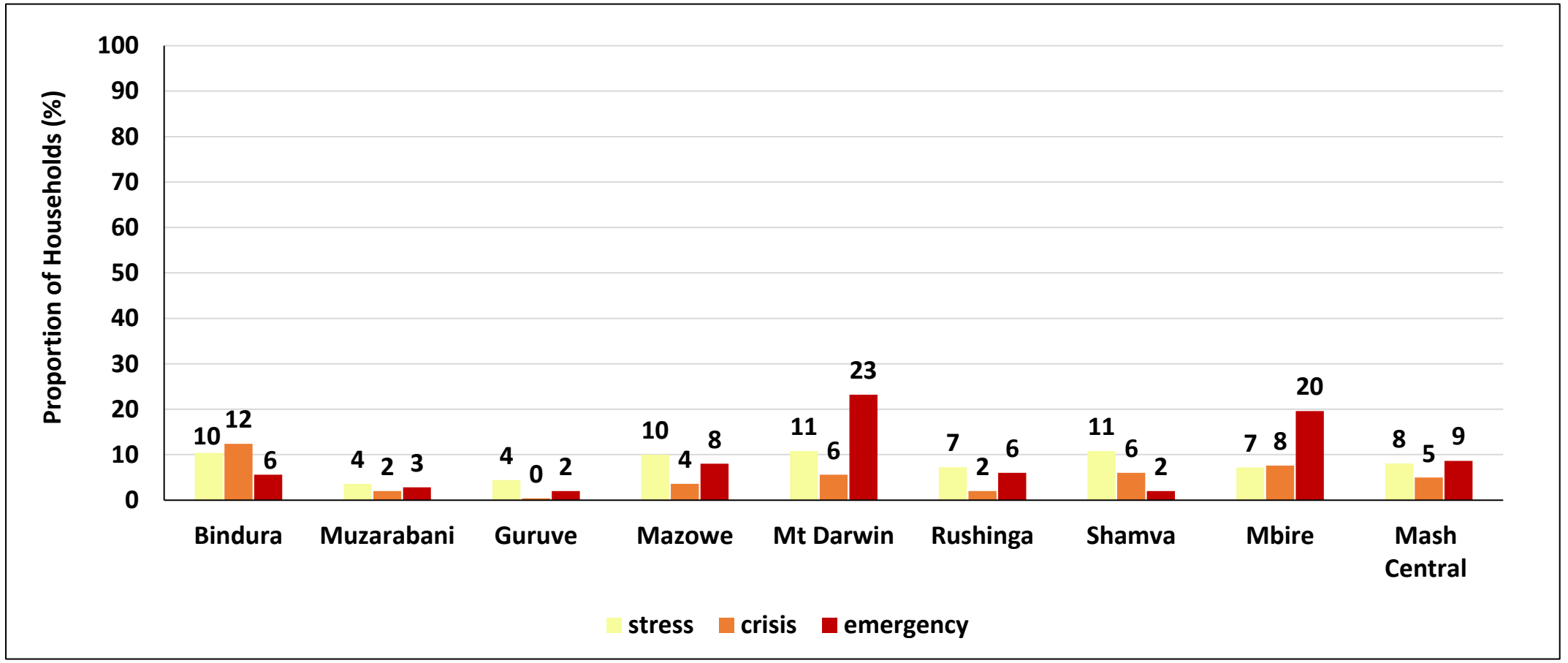
Category	Coping Strategy
Stress	Borrowing money Spending savings Selling more non-productive livestock than usual Selling household assets
Crisis	Selling productive assets Withdrawing children from school Reducing non-food expenditure
Emergency	Selling land Begging for food Selling the last breeding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

Households Engaging in Livelihood Coping Strategies



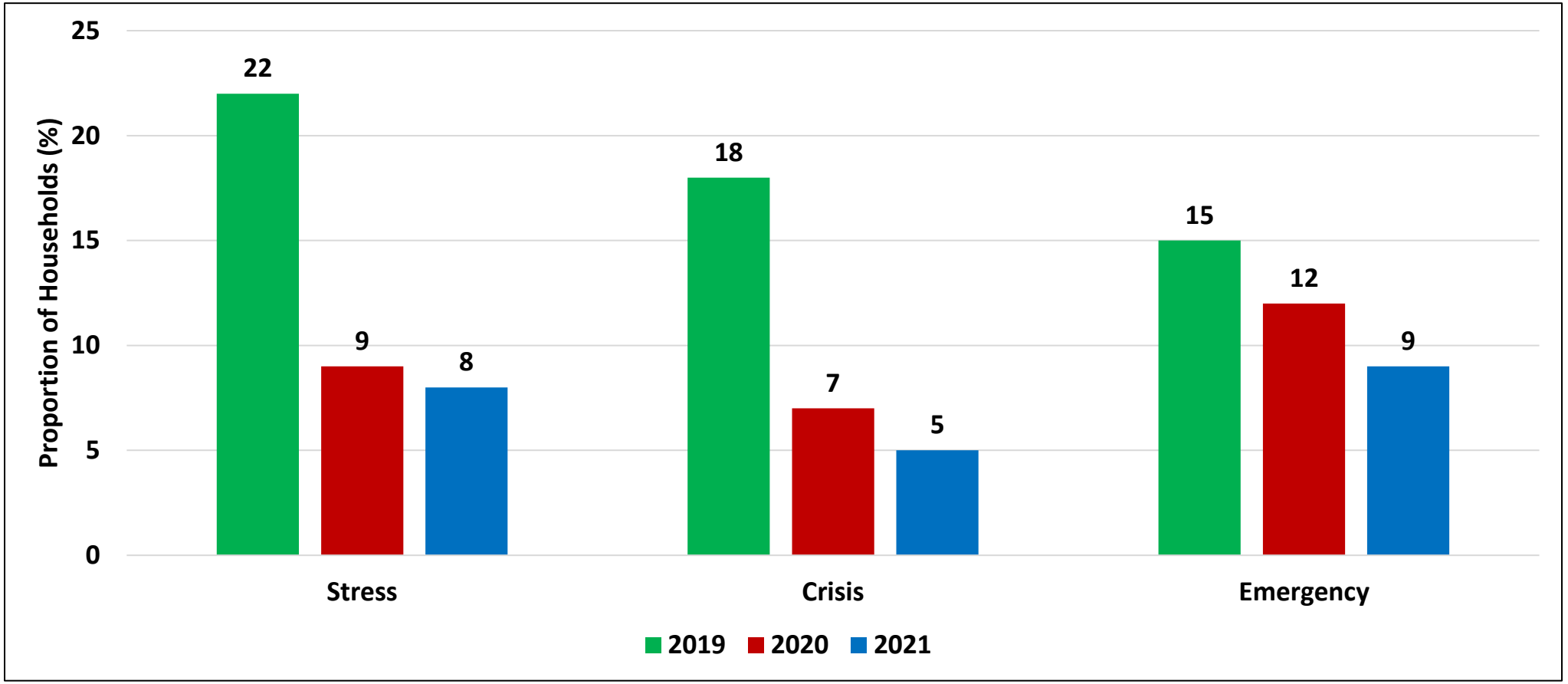
- The top four livelihoods coping strategies engaged by households included: selling more of the non-productive animals (9%), selling household assets (8%), selling the last breeding stock (5%) and withdrawing children from school (5%).

Households Engaging in Livelihoods Coping Strategies



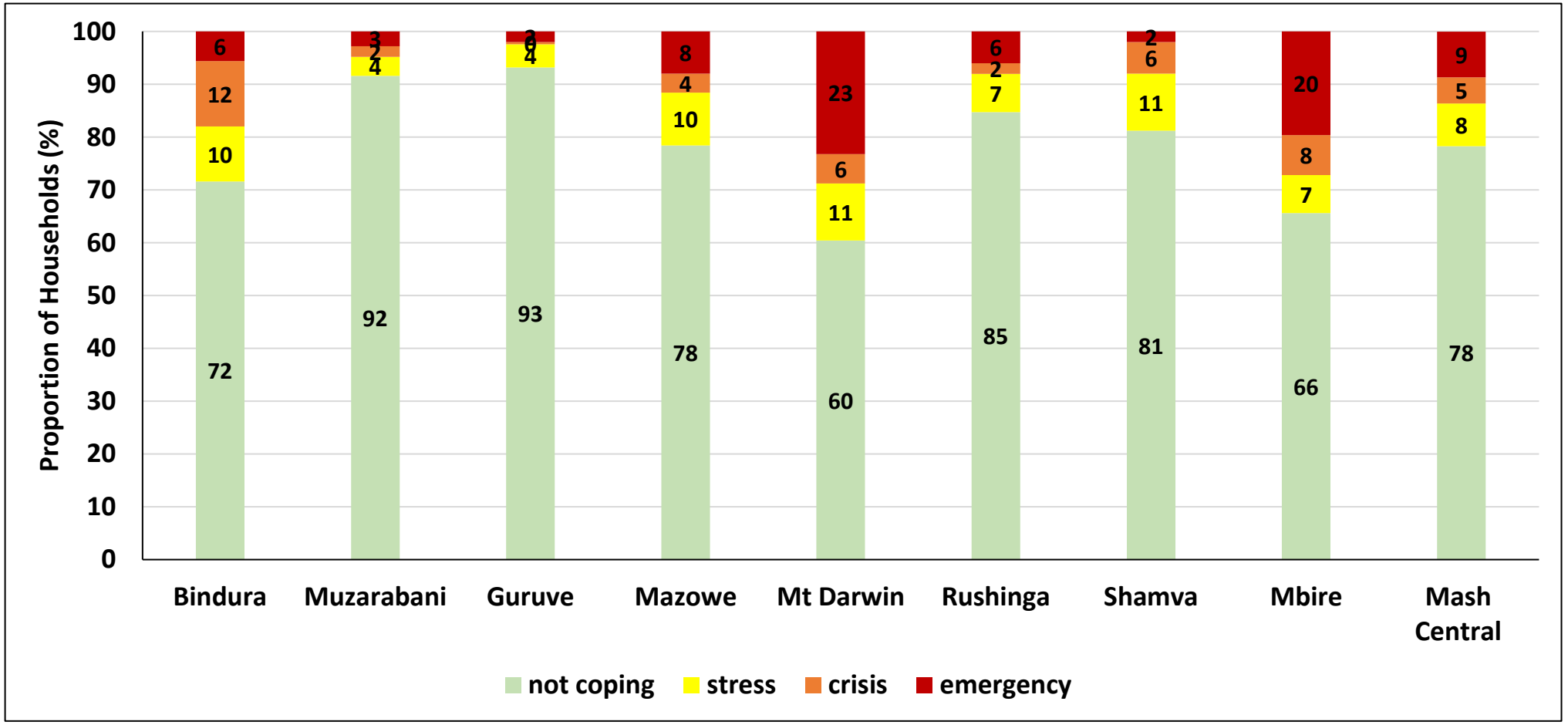
- At provincial level, 9% of the surveyed households resorted to emergency livelihood coping strategies.
- The proportion of households which resorted to emergency livelihoods coping mechanisms was high in Mt Darwin (23%), followed by Mbire (20%).

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.

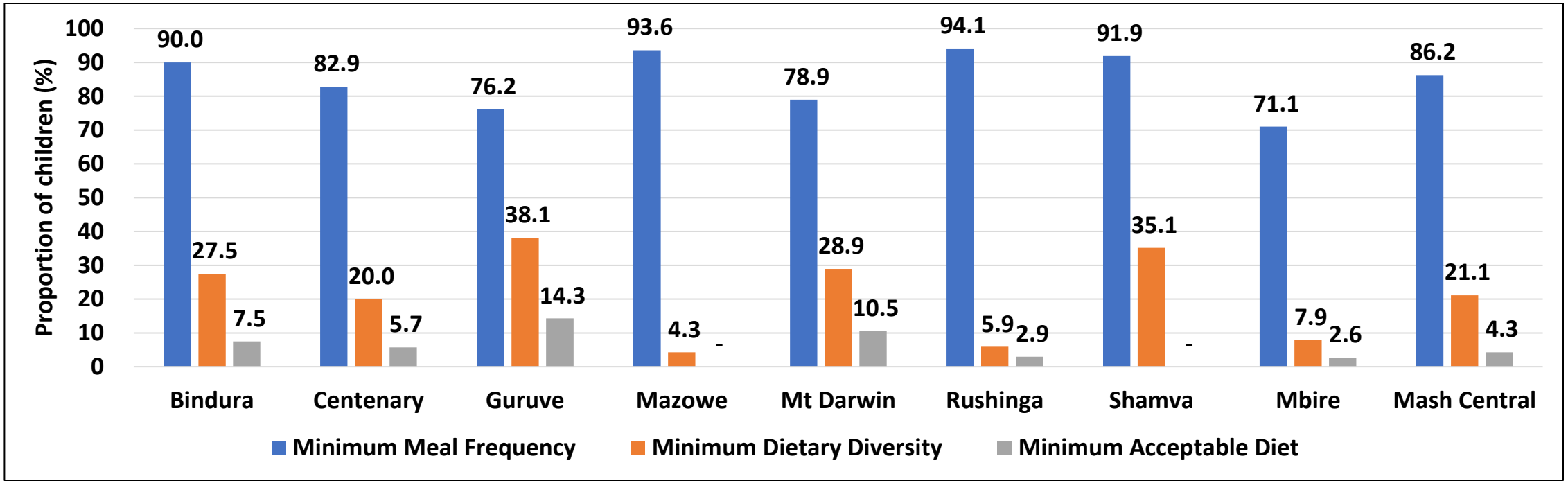
Households Maximum Livelihoods Coping Strategies



- At provincial level, 78% of the surveyed households did not use any coping strategies to maintain their access to food and other basic goods and services.

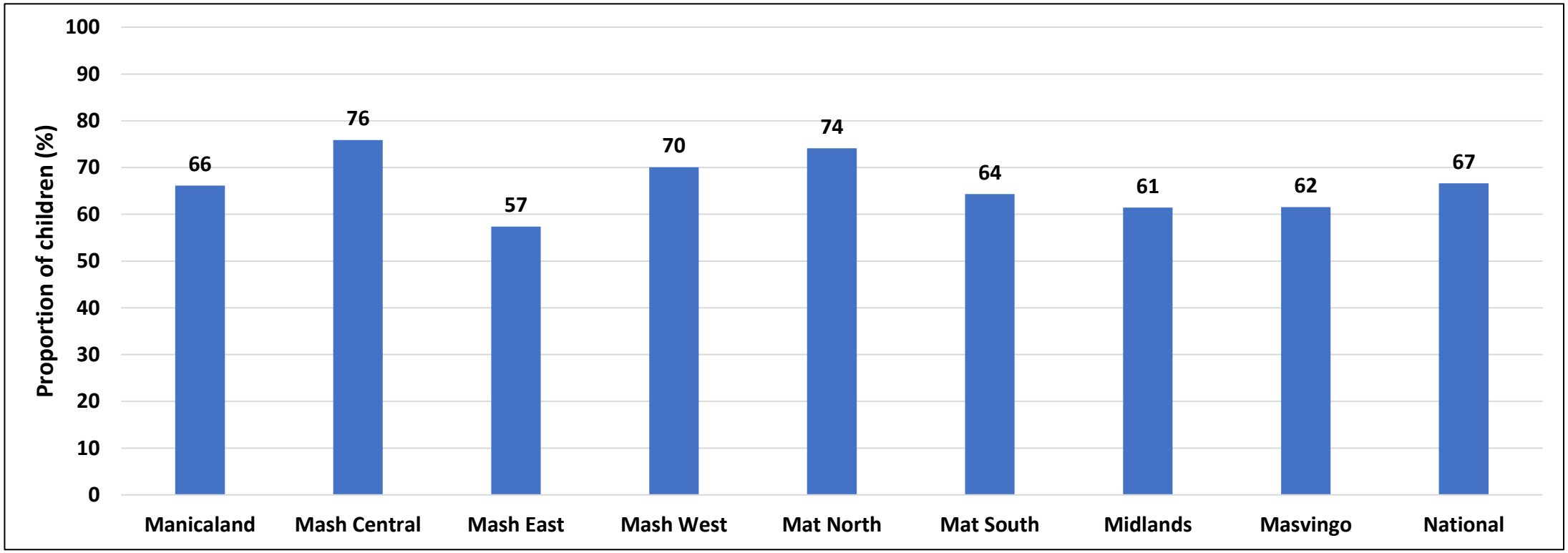
Complementary Feeding

Complementary Feeding Practices Based on Seven Food Groups



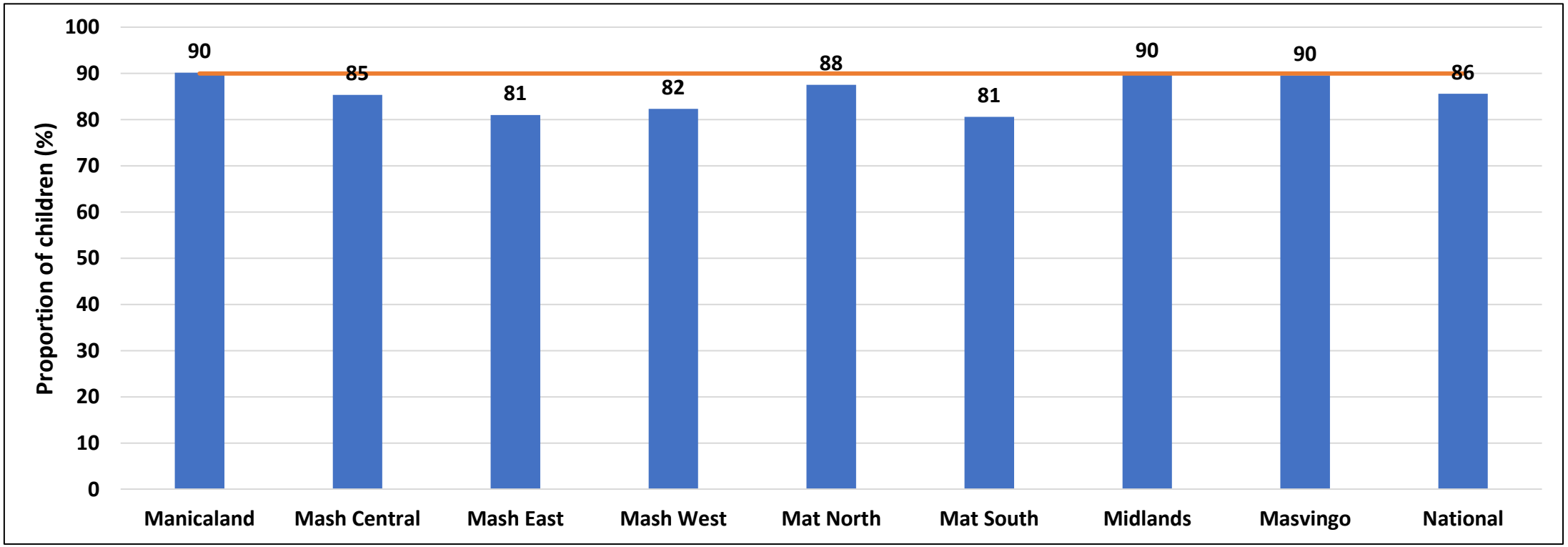
- Mashonaland Central had the highest average Minimum meal frequency of 86.2%. The average MAD for Mashonaland Central was 4.3%
- A minimum acceptable diet is an indicator that combines information on children who received the minimum dietary diversity and the minimum meal frequency. It is essential to ensure appropriate growth and development for children aged 6-23 months.

Continued Breastfeeding beyond 1 year



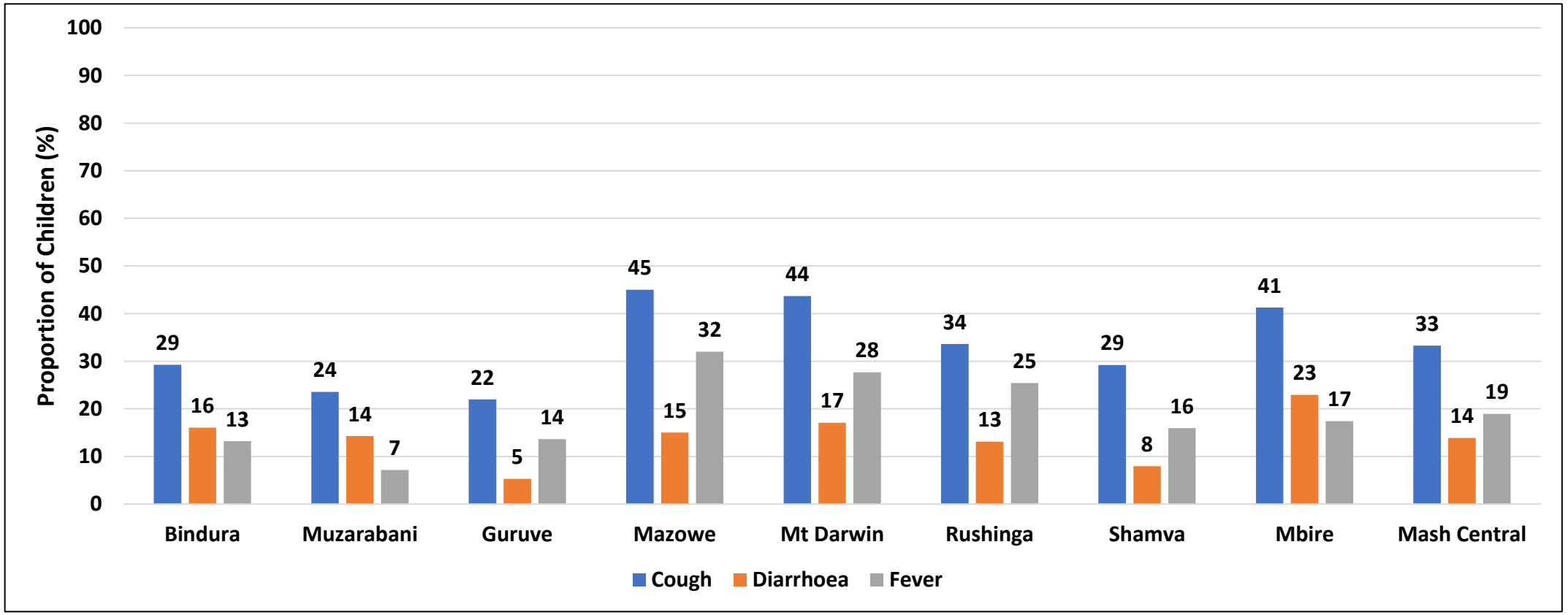
- Nationally, 67% of the children continued to be breastfed beyond 1 year.
- Mashonaland Central had the highest proportion of children who were breastfed beyond 1 year (76%).

Early Initiation of Breastfeeding



- Nationally, the proportion of children who were initiated breastfeeding within an hour, as per recommended practice was 86%
- Mashonaland Central (85%) failed to reach the national target of 90%.

Child Illness

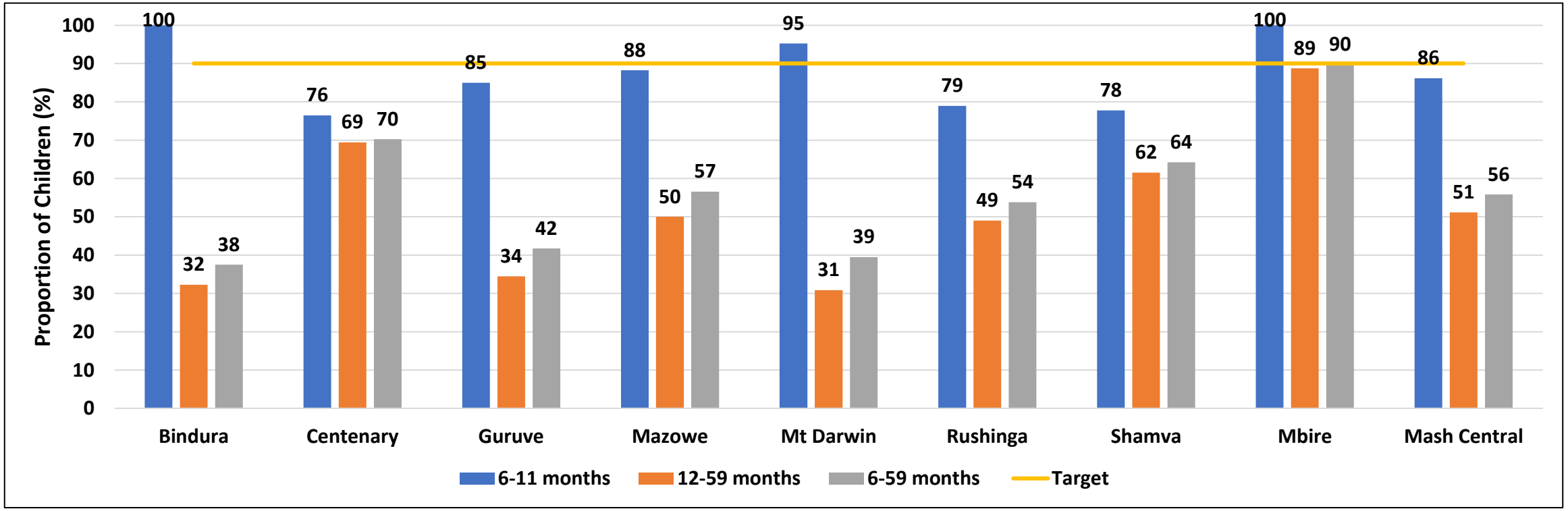


- Mazowe had highest proportion of children who had cough (45%) and fever (32%).
- Mbire (23%) had highest proportion of children with diarrhoea.

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	

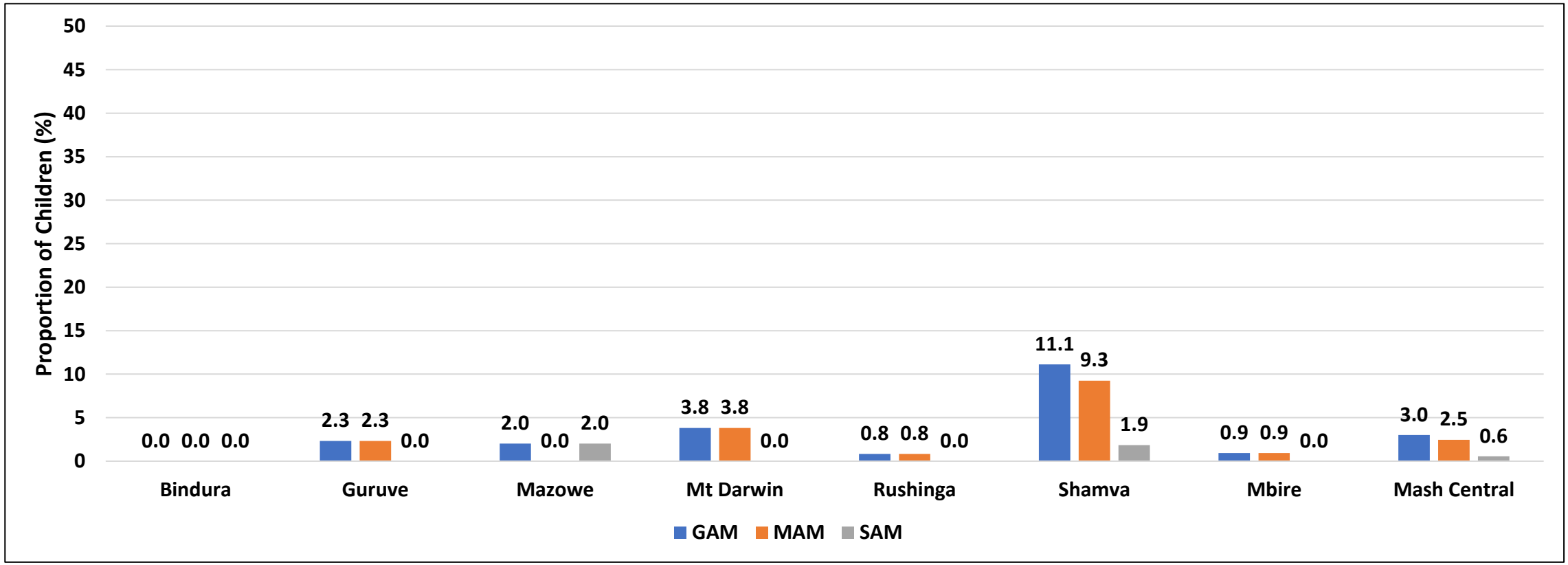
Children aged 6-59 Months who Received the Recommended Dose of Vitamin A



- The proportions of children who received the recommended dose of Vitamin A in the past 12 months were: 86% for 6-11 months; 51% for 12-59 months and 56% for the children 6-59 months.
- Only Mbire district (90%) reached the recommended target of 90% for children 6-59 months.
- Bindura (38%) and Mt Darwin (39%)had the lowest proportions of children 6-59 months who received recommended Vitamin A doses.

Child Nutrition Status

Acute Malnutrition by District based on MUAC Measurements



- Shamva had a very high GAM rate of 11.1 %, above the WHO threshold of 5%.
- However, the provincial GAM rate was 3% which is below the WHO threshold.

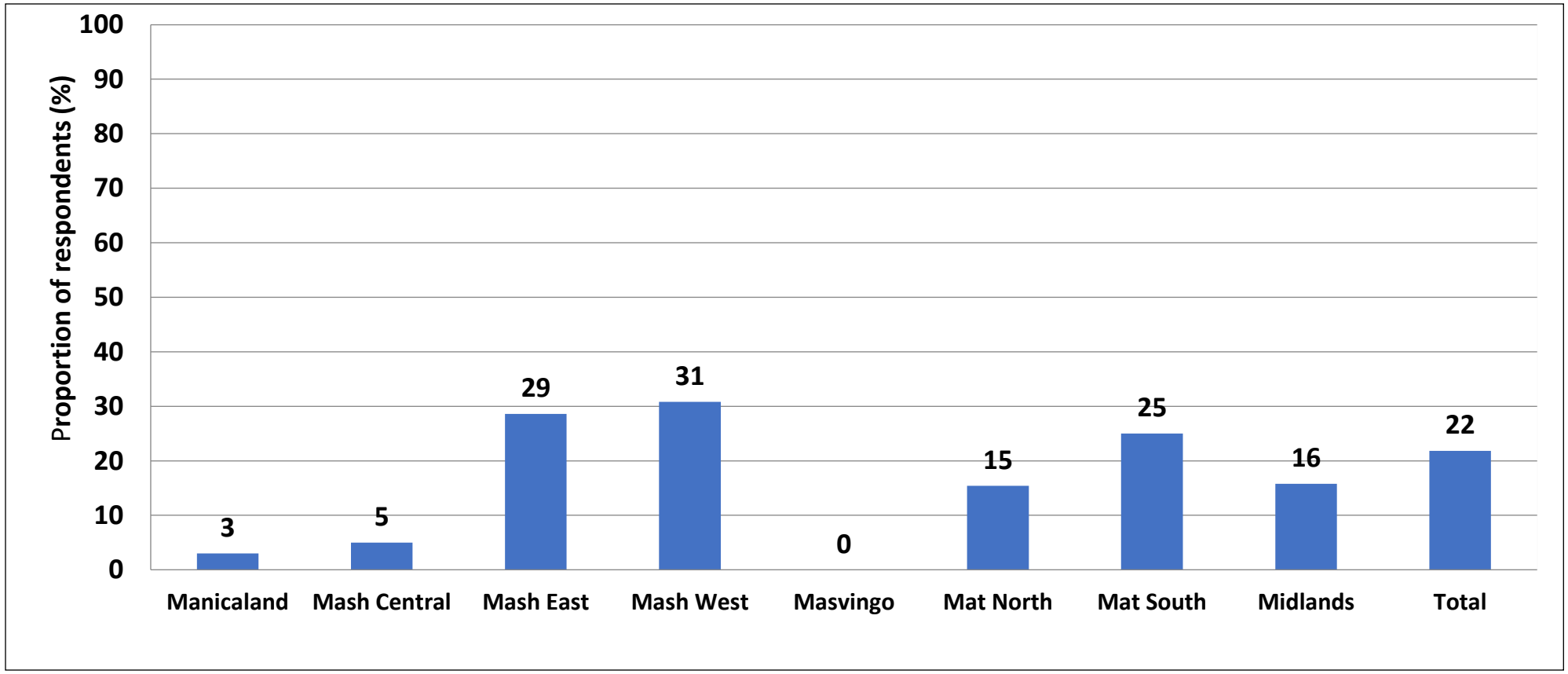
Gender Based Violence

Forms of Gender Based Violence

	N	Physical abuse (%)			Sexual abuse (%)		
		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

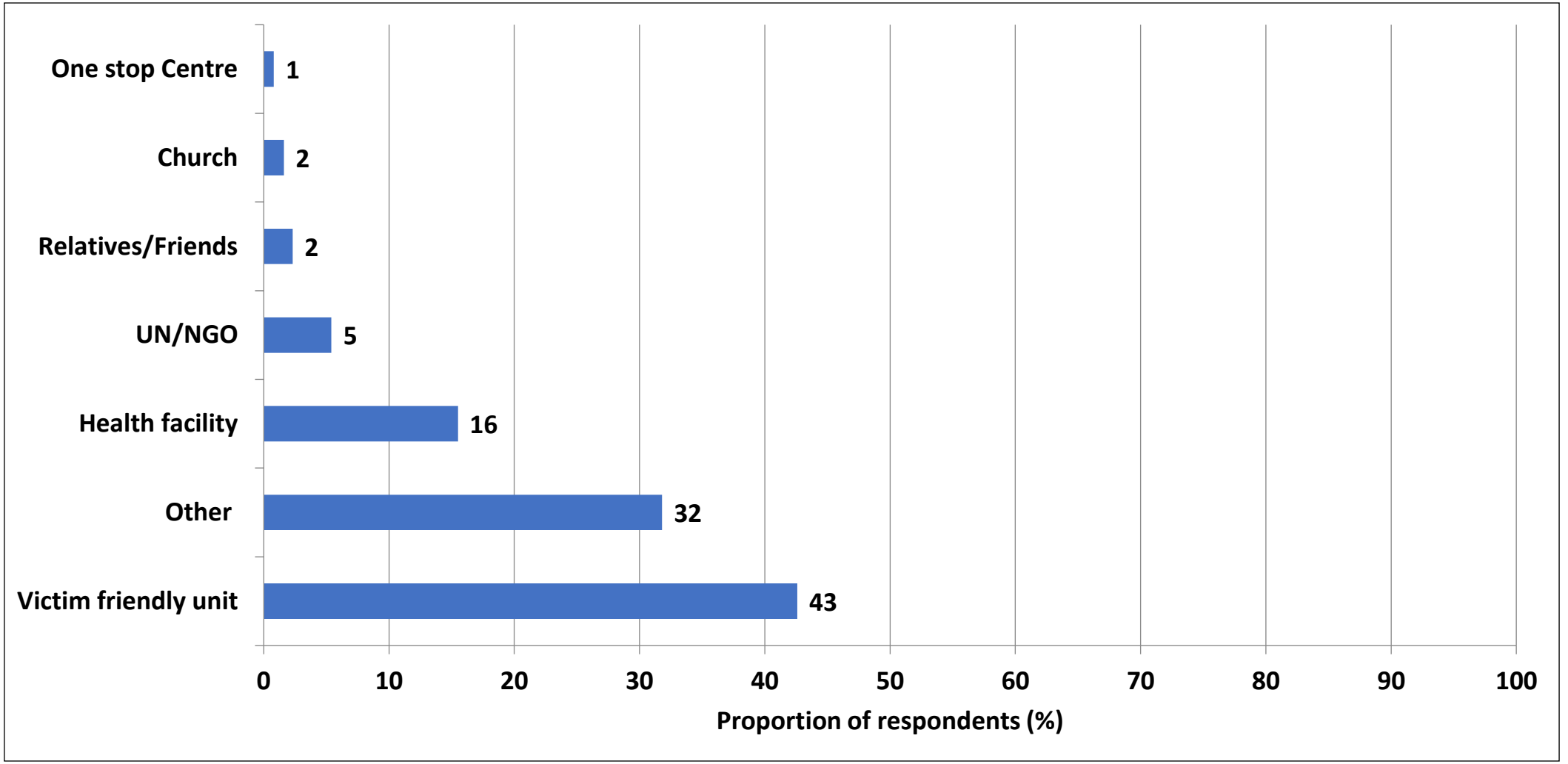
- Nationally, 2.9% of the respondents reported having experienced physical abuse while 0.6% reported to have experienced sexual abuse.

Victims of GBV who Reported



- Of those who experienced GBV, 22% reported the incidents.
- Mashonaland West (31%) had the highest proportion of respondents who reported cases of GBV.

Sources of GBV Services



- The highest proportion of respondents (43%) got a service from the Victim Friendly Unit.

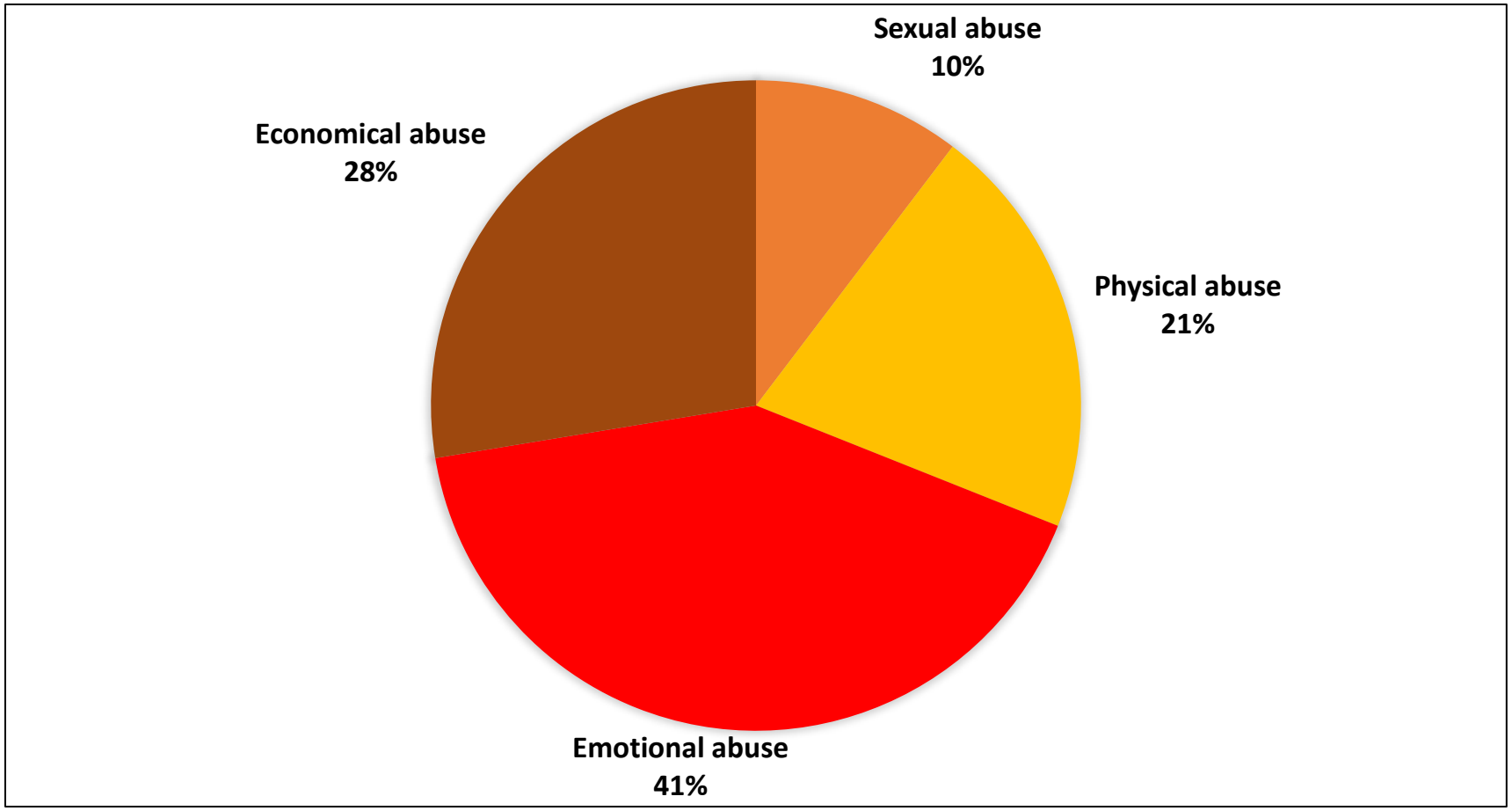
Spousal Violence

Incidence of Spousal Violence

Province	Sexual abuse			Physical abuse		Emotional abuse		Economical abuse	
	(%)			(%)		(%)		(%)	
	N	Male	Female	Male	Female	Male	Female	Male	Female
Manicaland	1389	2.16	3.34	4.82	5.18	8.76	9.35	5.58	5.68
Mash Central	1766	1.25	1.91	2.74	4.39	8.44	6.64	4.9	4.28
Mash East	2042	1.16	1.01	3.27	2.47	6.75	6.5	5.27	3.3
Mash West	1322	1.09	2.07	2.48	2.51	6.37	9.32	3.42	5.47
Masvingo	1562	0.63	1.16	1.46	2.15	3.34	2.64	1.78	2.31
Mat North	1464	0.9	0.38	1.8	0.63	3.29	2.76	2.54	2.76
Mat South	1627	2.02	1.36	3.92	2.86	6.83	4.64	4.7	4.37
Midlands	1597	0.23	1.49	2.09	1.49	4.3	4.34	2.67	2.17
National	12769	1.18	1.52	2.82	2.68	6.01	5.76	3.86	3.74

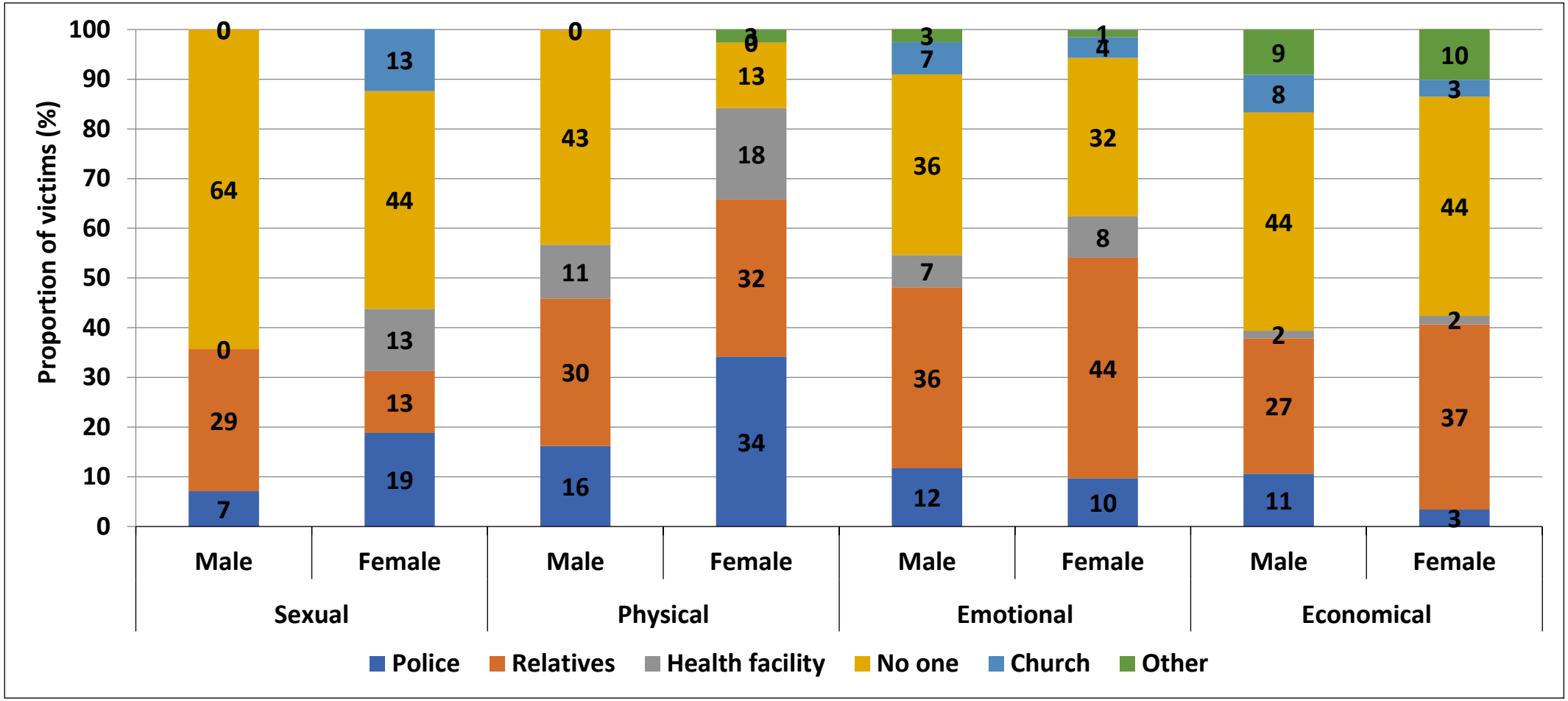
- There was high incidence of emotional abuse among spouses, 6.01% for males and 5.76% for females nationally.
- Generally, emotional abuse was high for both males and females while sexual abuse had the lowest reported incidents.

Forms of Spousal Violence



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

Reported Incidence of Spousal Violence



- Most victims of sexual abuse did not report to anyone, males 64% and females 44%.
- Physical violence was mostly reported to the police by females (34%) and males either did not report (43%) or reported to relatives (30%).
- Emotional and economical violence were either reported to no one or to relatives by both males and females.

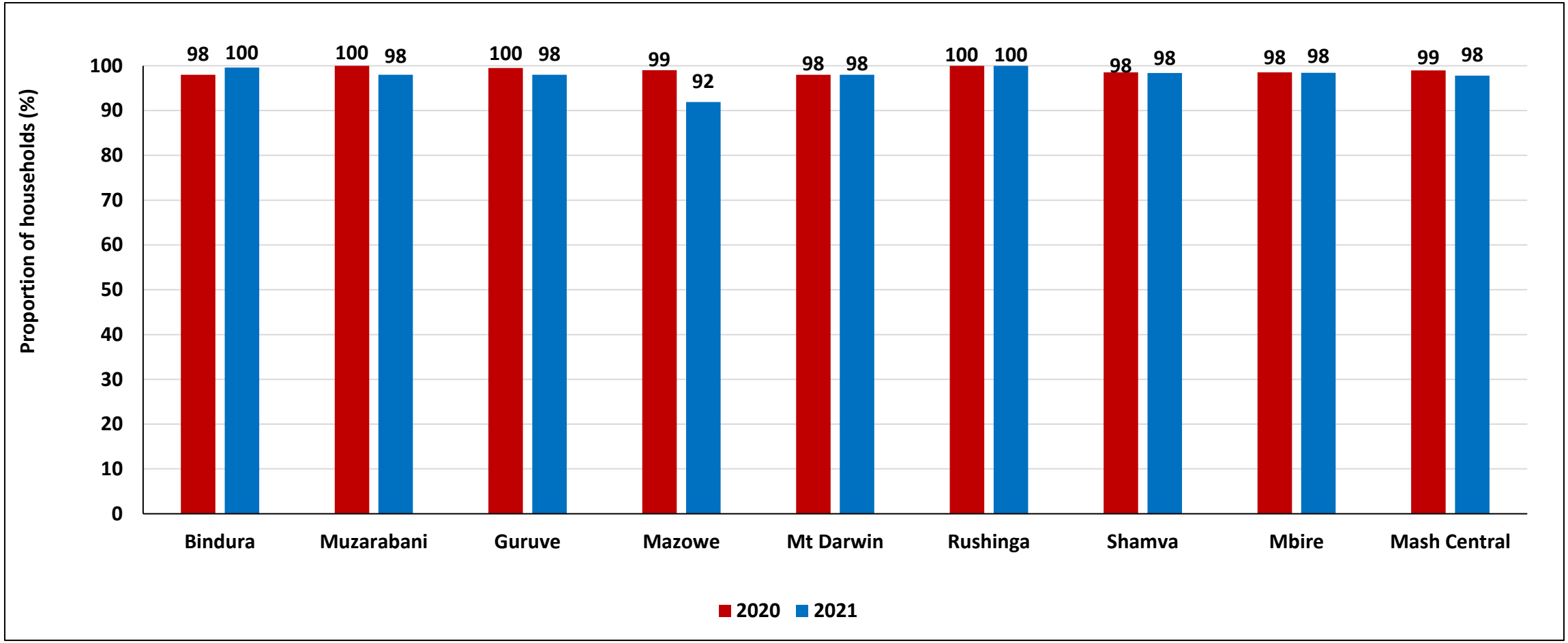
Victims who Sought Medical Attention as a Result of Spousal Violence

	Sexual		Physical		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

- Medical attention was sought by 11.8% of those who suffered sexual violence, 20.1% for physical and 18.3% for emotional violence.

COVID-19 and Livelihoods

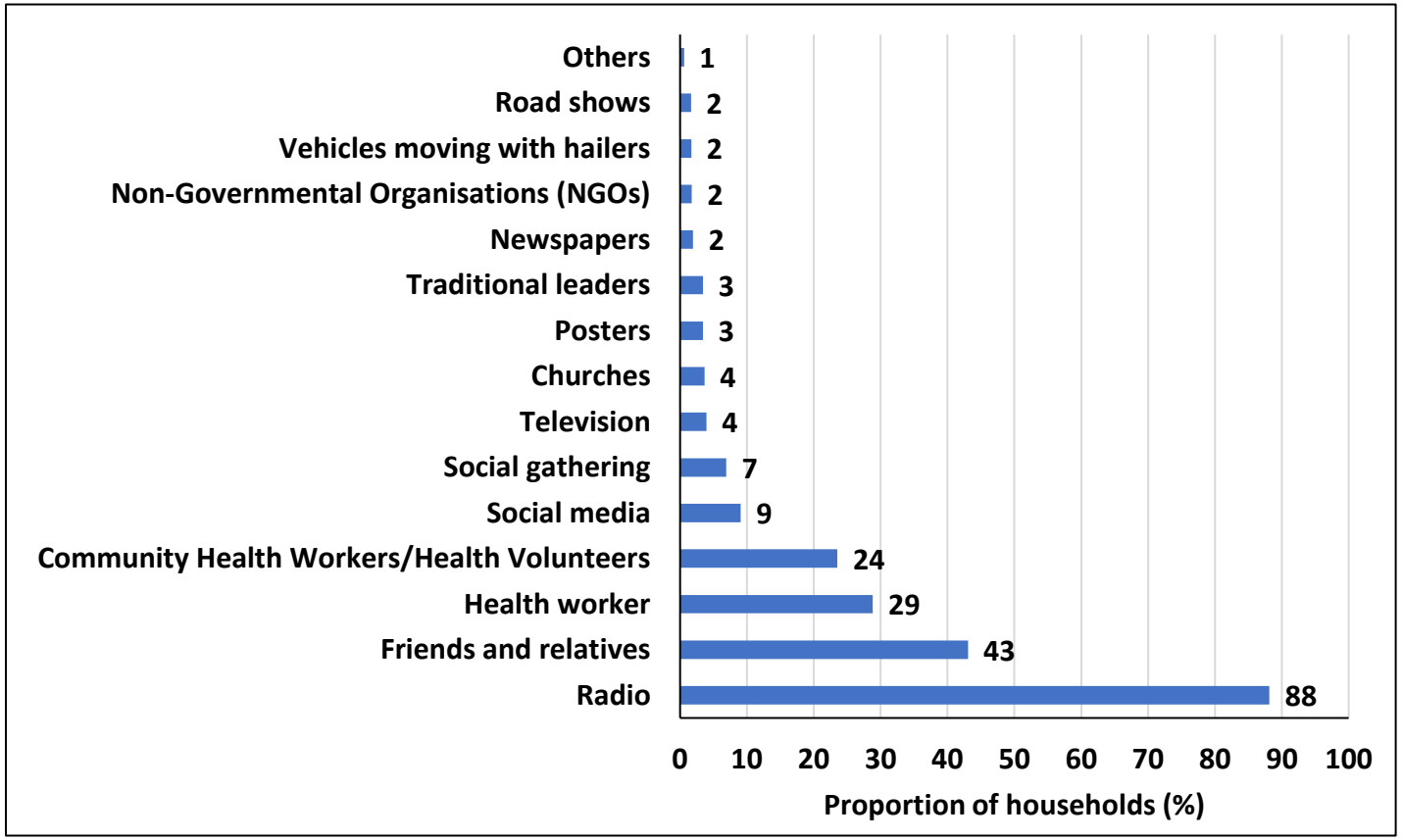
Proportion of households that ever heard about COVID-19



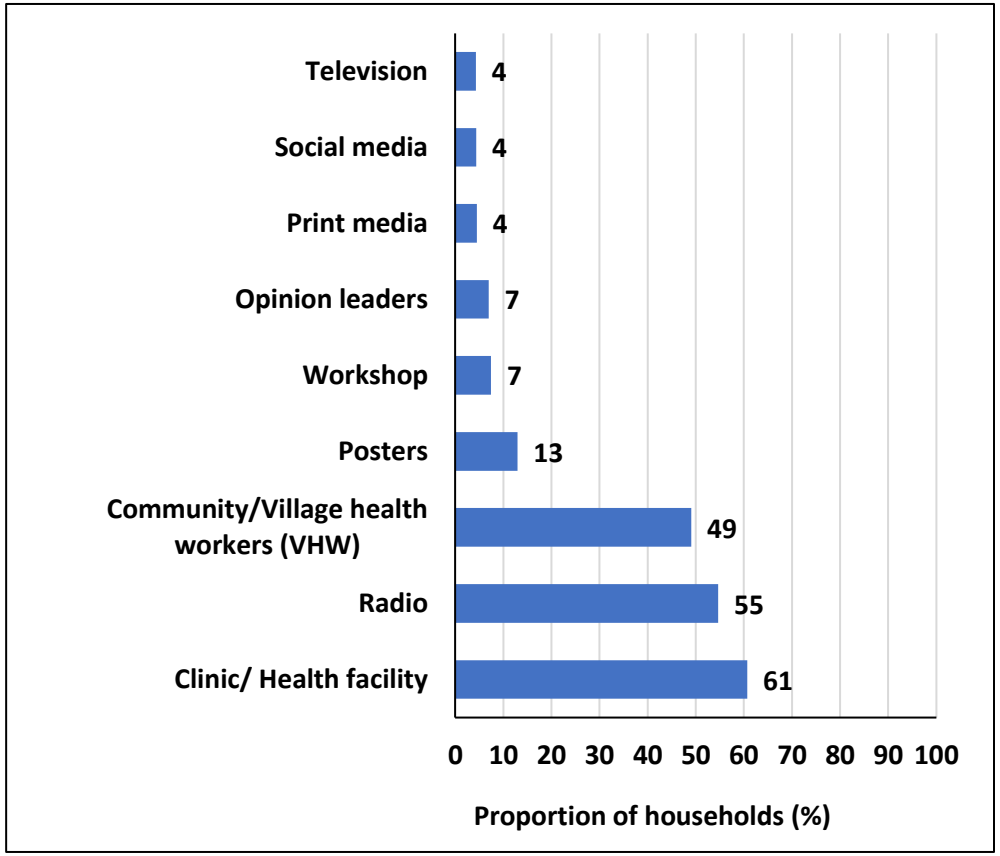
- Most of the districts had at least 98% of the households aware about COVID-19 except for Mazowe which had the lowest proportion of 92%.

Sources of COVID-19 Information

Current Sources



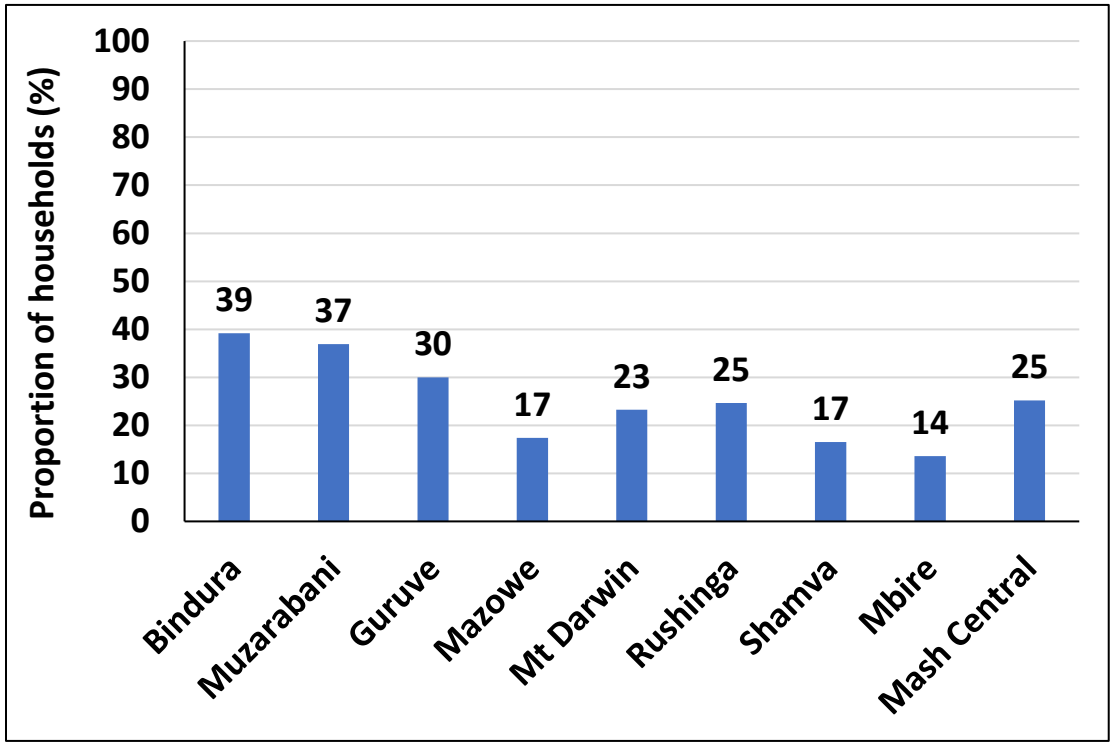
Preferred Future Sources



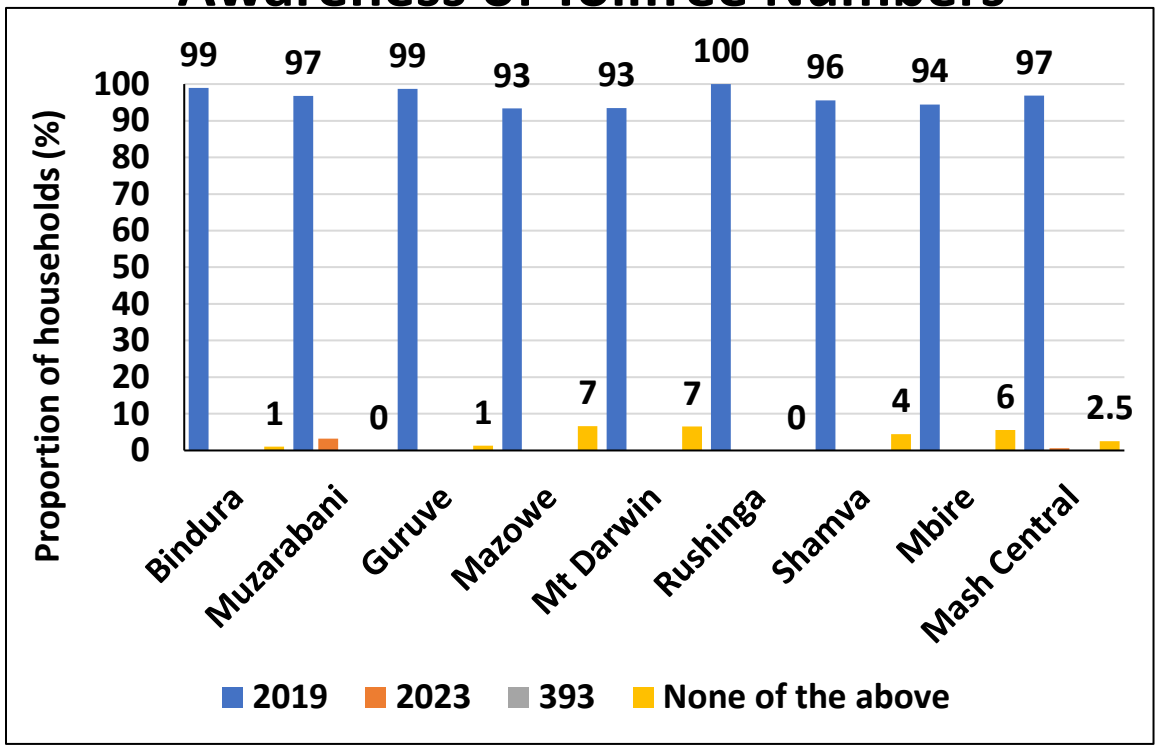
- The main sources of COVID-19 information in the province were reported to be the radio (88%), friends and relatives (43%) and community health workers (29%).
- The main preferred future sources of information on COVID-19 in the province were reported to be: clinic/health facility (61%), radio (55%) and community/village health workers (49%).

COVID-19 Tollfree Numbers

Awareness of the Availability of Tollfree Numbers

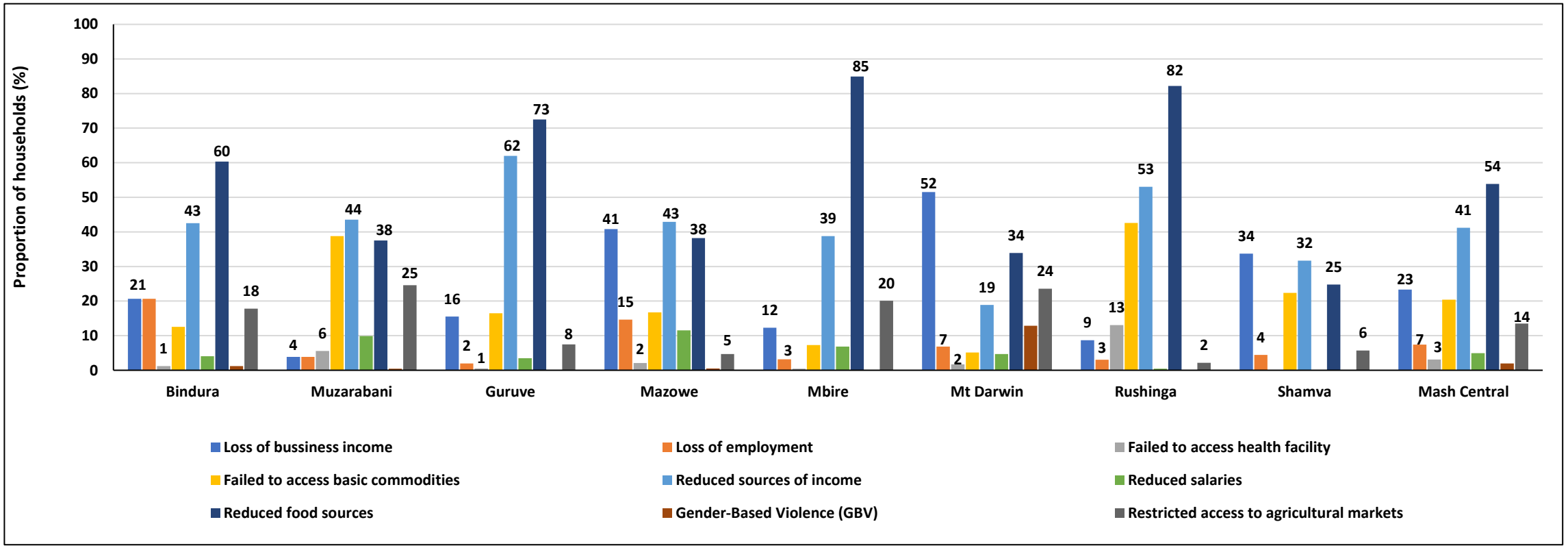


Awareness of Tollfree Numbers



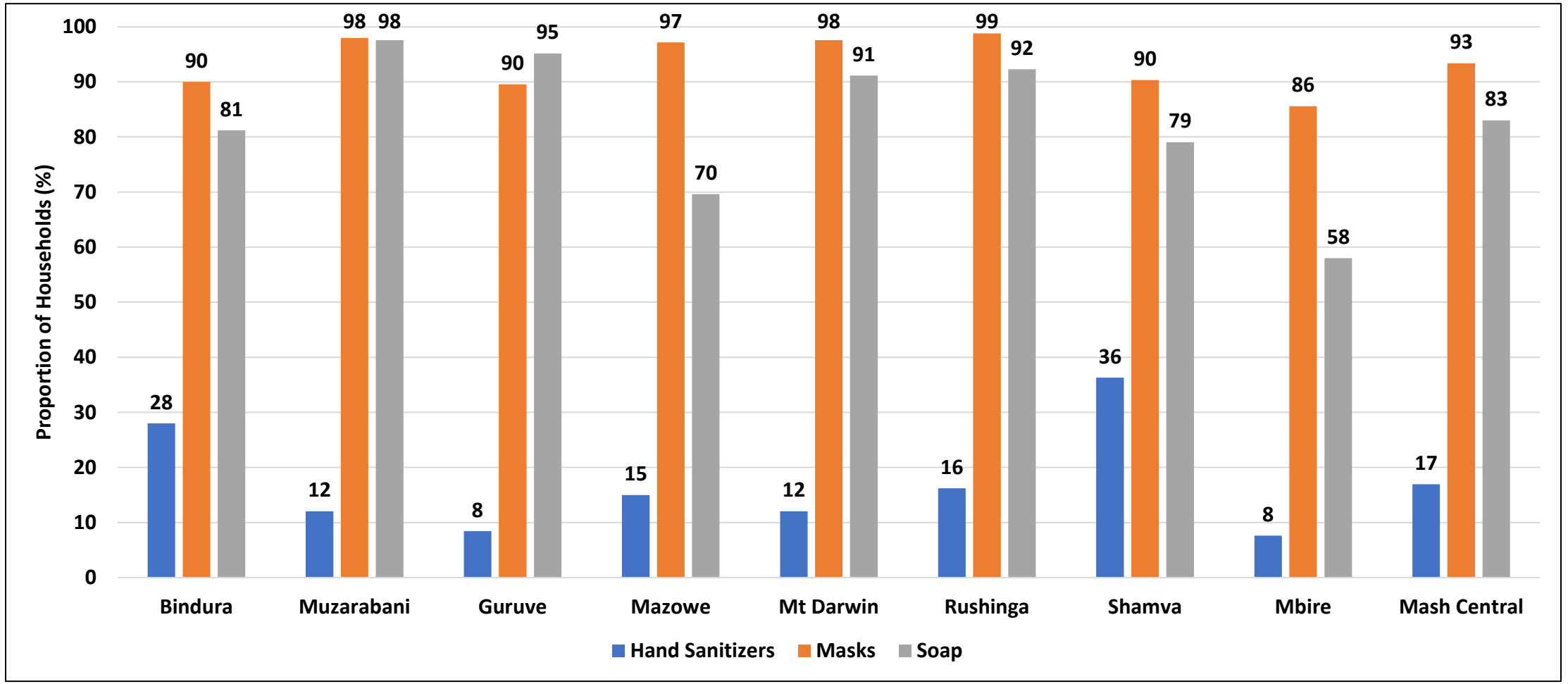
- The proportion of households which were aware of the existence of the COVID-19 toll free lines was low in the province (25%). Of concern is the high proportion that is not aware of the existence of the tollfree numbers.
- Of those who were aware of the availability of toll free number, the most common toll free number was 2019 (97%) hence the need for more awareness of the existence of the other lines.

Effects of COVID-19 on Livelihoods



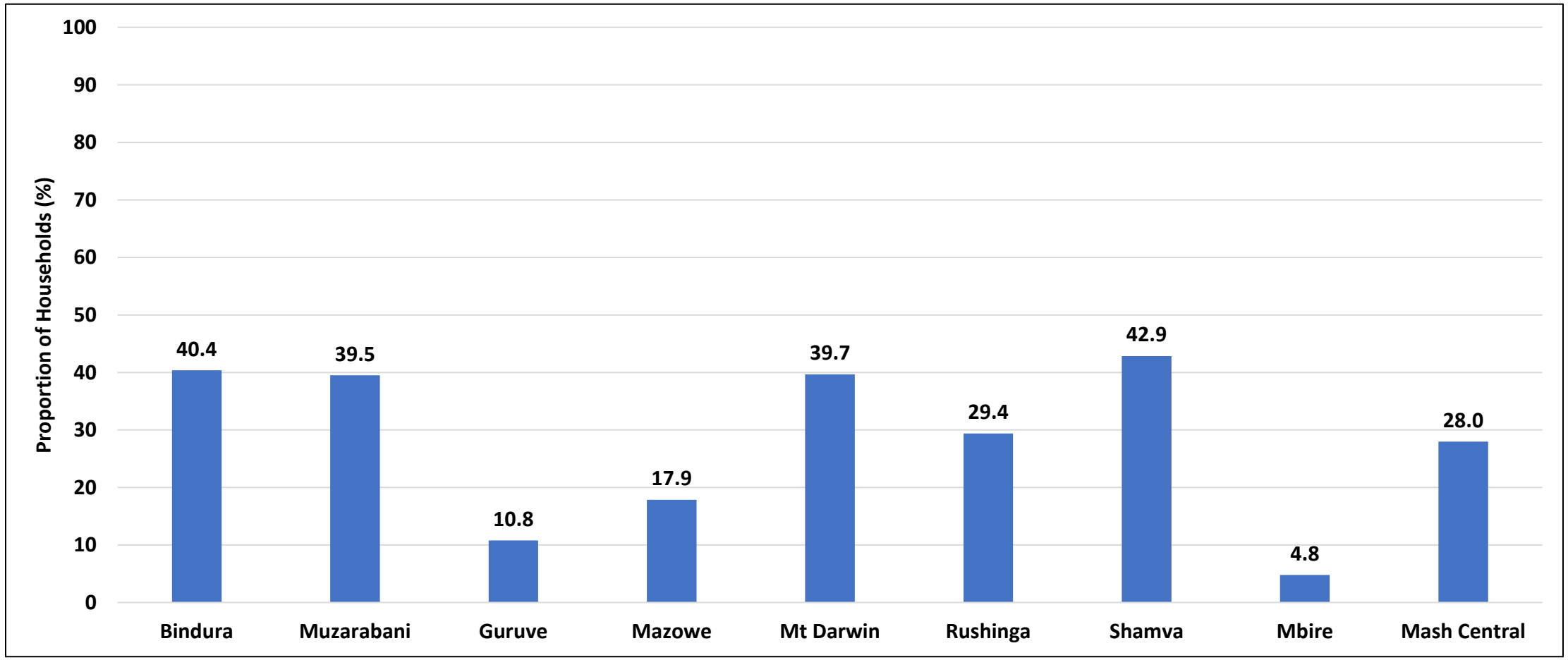
- At provincial level, the main effects of COVID-19 on livelihoods were reduction in food sources (54%) and sources of income (41%).
- Mbire (85%), Rushinga (82%) and Guruve (73%) had the highest proportion of households which reported a reduction in food sources as the main effect of COVID-19 on livelihoods, followed by a reduction in sources of income.
- Most of the impacts could be attributed to the restrictive measures.

Access to Hand Sanitizers, Masks and Soap



- Access to masks (93%) and handwashing soap (83%) was high. However, access to sanitisers was very low (16.9%).
- The trend was similar in all districts, that is, masks were accessible whereas hand sanitizers were not easily accessible.

Affordability of PPE



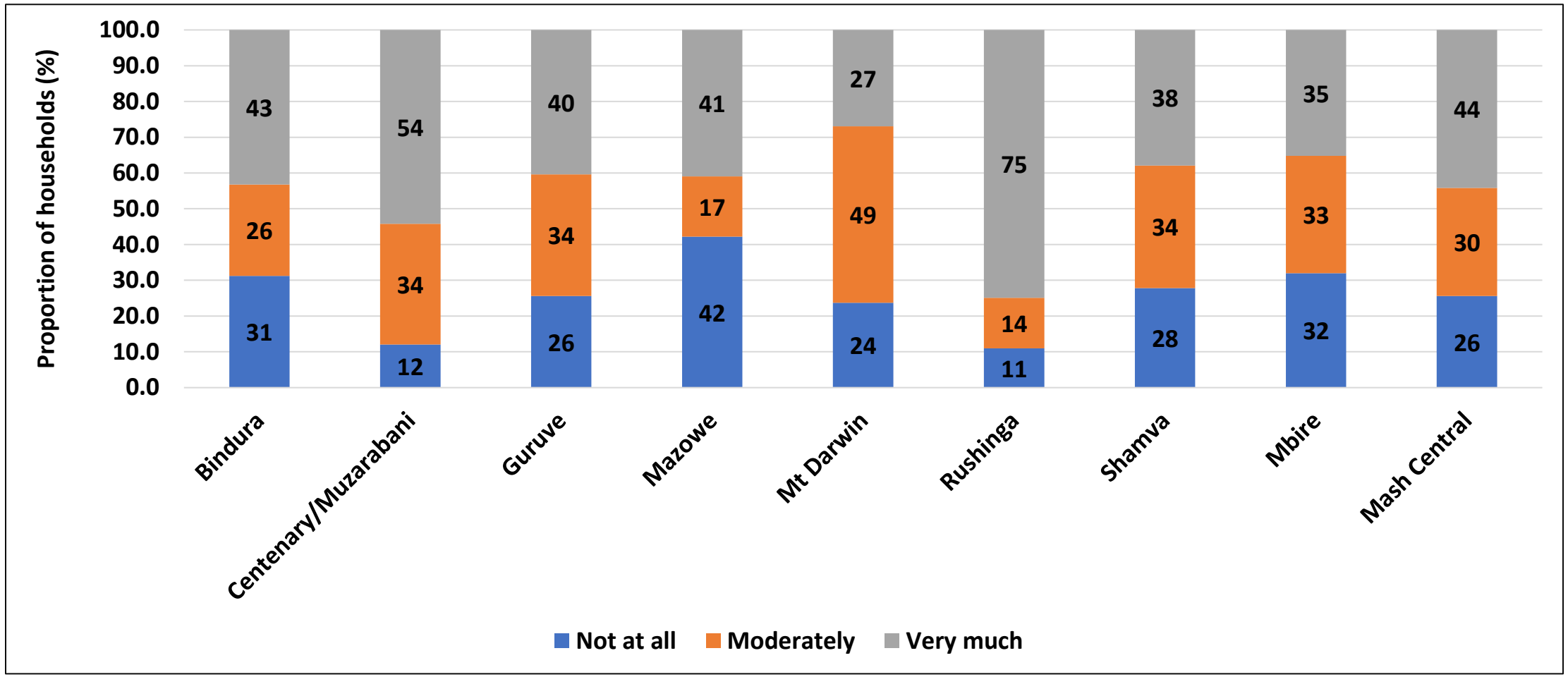
- Twenty-eight percent of the surveyed households could afford COVID-19 PPE and accessories. The lowest proportion was in Guruve at 10.8%.

How Household Members were Protecting Themselves from COVID-19

	Frequently wash hands with soap under running water (%)	Use alcohol based hand sanitizers (%)	Avoid touching mouth, eyes and nose (%)	Use a face mask in public places (%)	Cover mouth with flexed elbow when sneezing and coughing (%)	Avoid crowded places (%)	Practice social distancing (%)	Use of herbals (%)	Traditional /religious practices (%)	Getting vaccinated (%)	Others (%)
Bindura	87.6	25.7	45.0	71.9	22.9	61.4	73.1	23.3	2.0	3.2	0.4
Muzarabani	73.1	26.1	47.4	88.0	22.1	41.0	41.0	7.6	1.2	0.0	0.0
Guruve	53.6	1.6	27.2	85.6	26.4	72.8	63.6	4.8	0.4	2.0	0.8
Mazowe	54.8	8.3	4.1	72.2	1.2	20.7	26.1	4.6	1.2	0.8	2.5
Mbire	80.7	8.4	39.8	68.7	15.7	62.7	54.6	4.0	3.6	0.0	0.4
Mt Darwin	87.6	21.3	27.7	66.7	28.1	33.7	32.9	18.1	8.8	0.8	0.8
Rushinga	85.8	7.7	25.6	87.4	9.3	44.7	80.9	3.7	6.9	4.5	0.4
Shamva	55.2	2.8	4.8	47.2	0.8	37.1	11.3	3.2	0.8	0.4	3.6
Mash Central	87.6	25.7	45.0	71.9	22.9	61.4	73.1	23.3	2.0	3.2	0.4

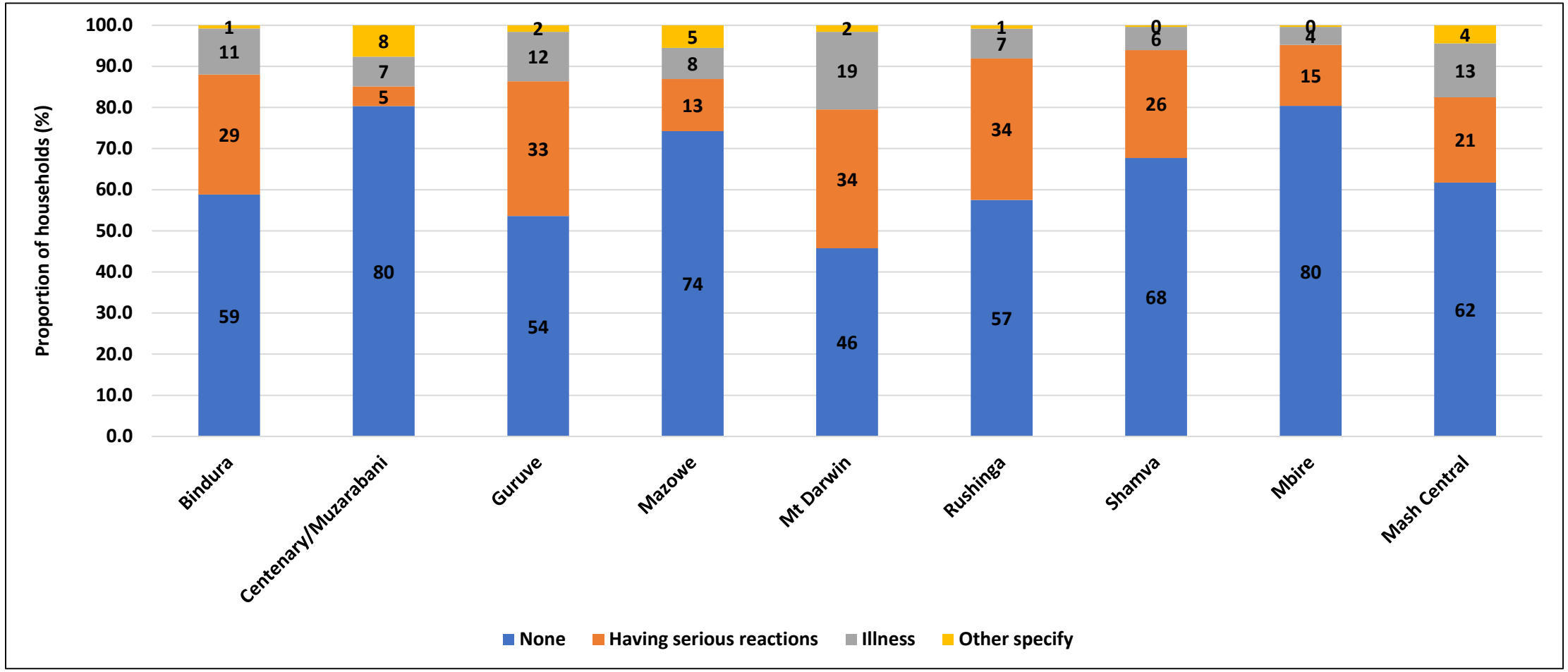
- The most common methods used by households to protect themselves from COVID-19 included frequently washing hands with soap under running water (87.6%), practicing social distancing (73.1%) and use of face masks in public areas (71.9%).

Trust in the Covid-19 Vaccine



- Only 44% of the households in the province had trust in the COVID 19 vaccine.

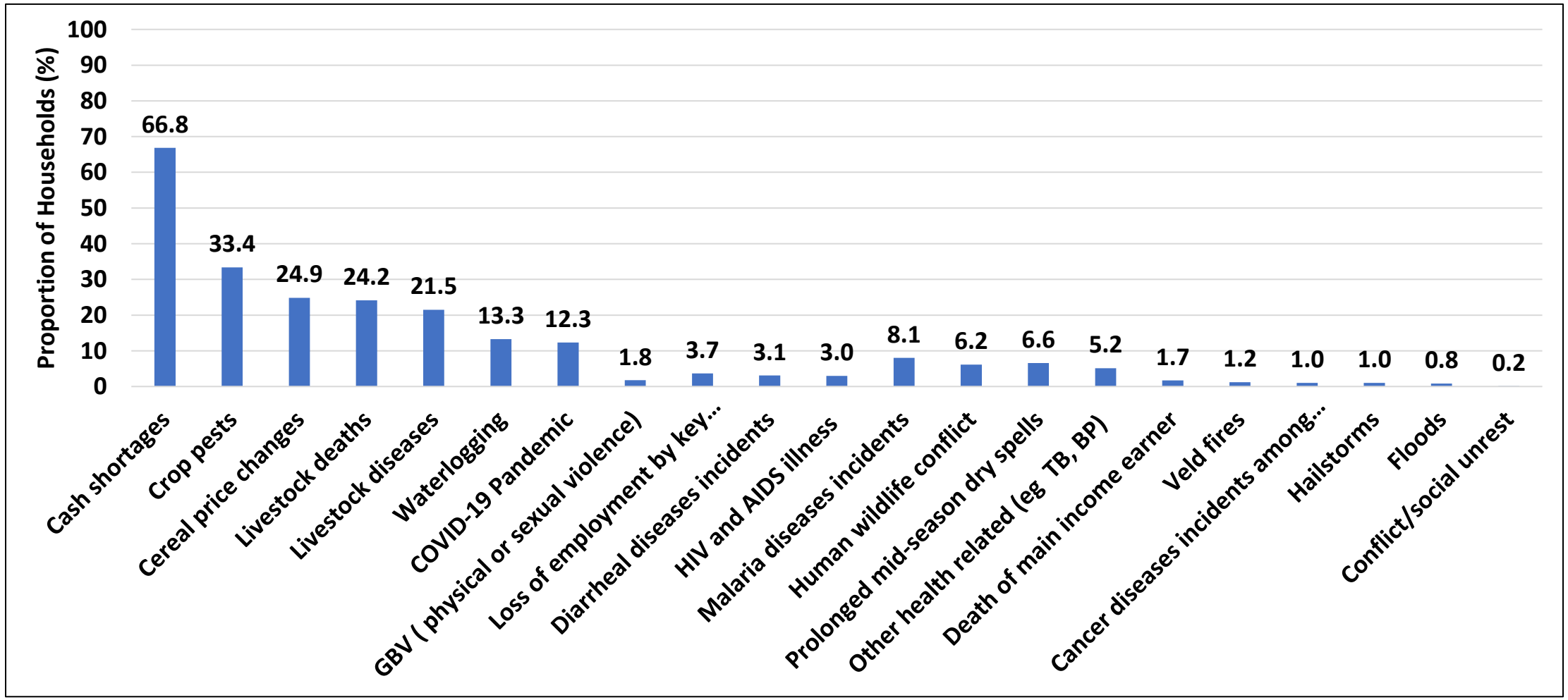
Vaccine Concerns



- The majority of the households indicated having no concern about the COVID-19 vaccine (62%).
- Having serious reactions (21%) was the most stated concern.

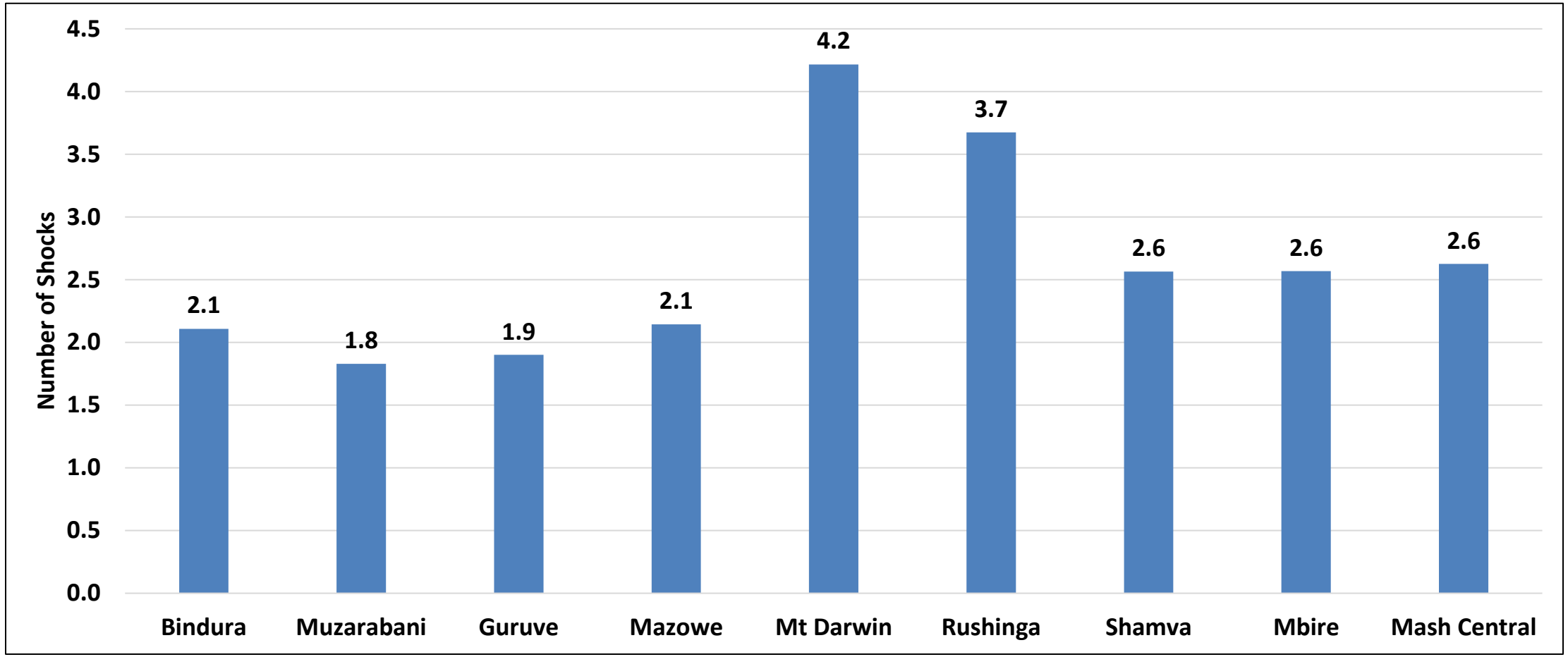
Shocks and Stressors

Households Experiencing Shocks



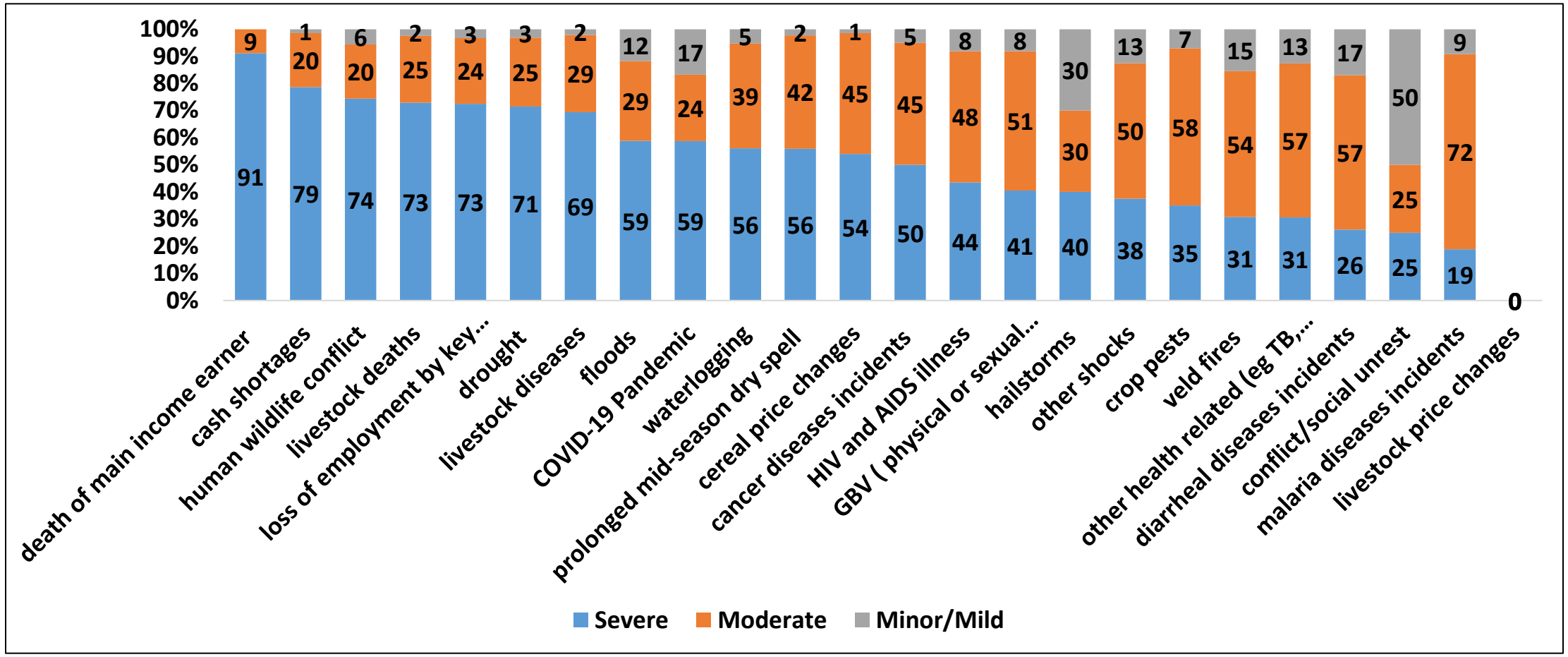
- Cash shortages (66.8%), crop pests (33.4%) and cereal price changes (24.9%) were the most prevalent shocks experienced by households in the province.

Number of Shocks/Stressors Experienced by Households



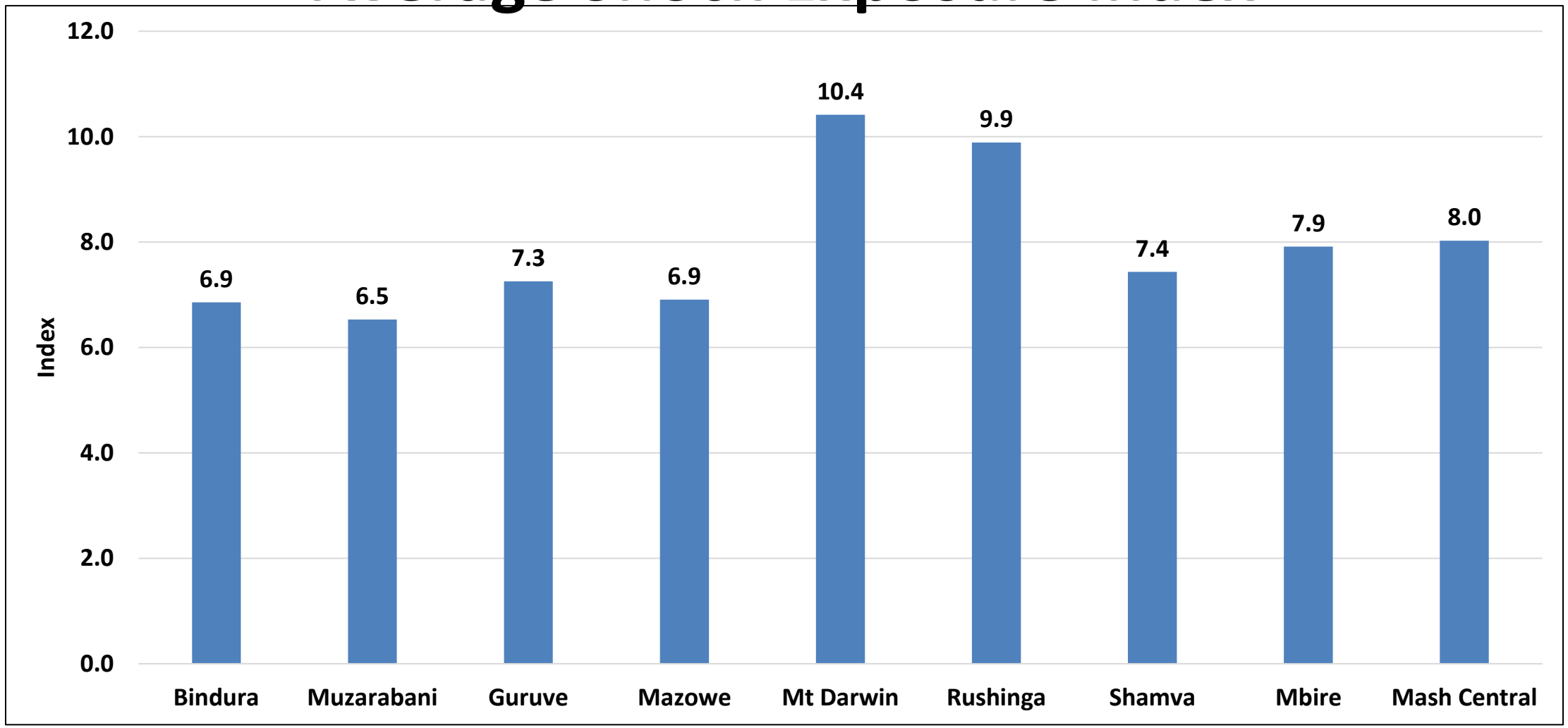
- Mt Darwin (4.2), Rushinga (3.7) Mbire and Shamva (2.6) had the highest average number of shocks.

Severity of Shocks



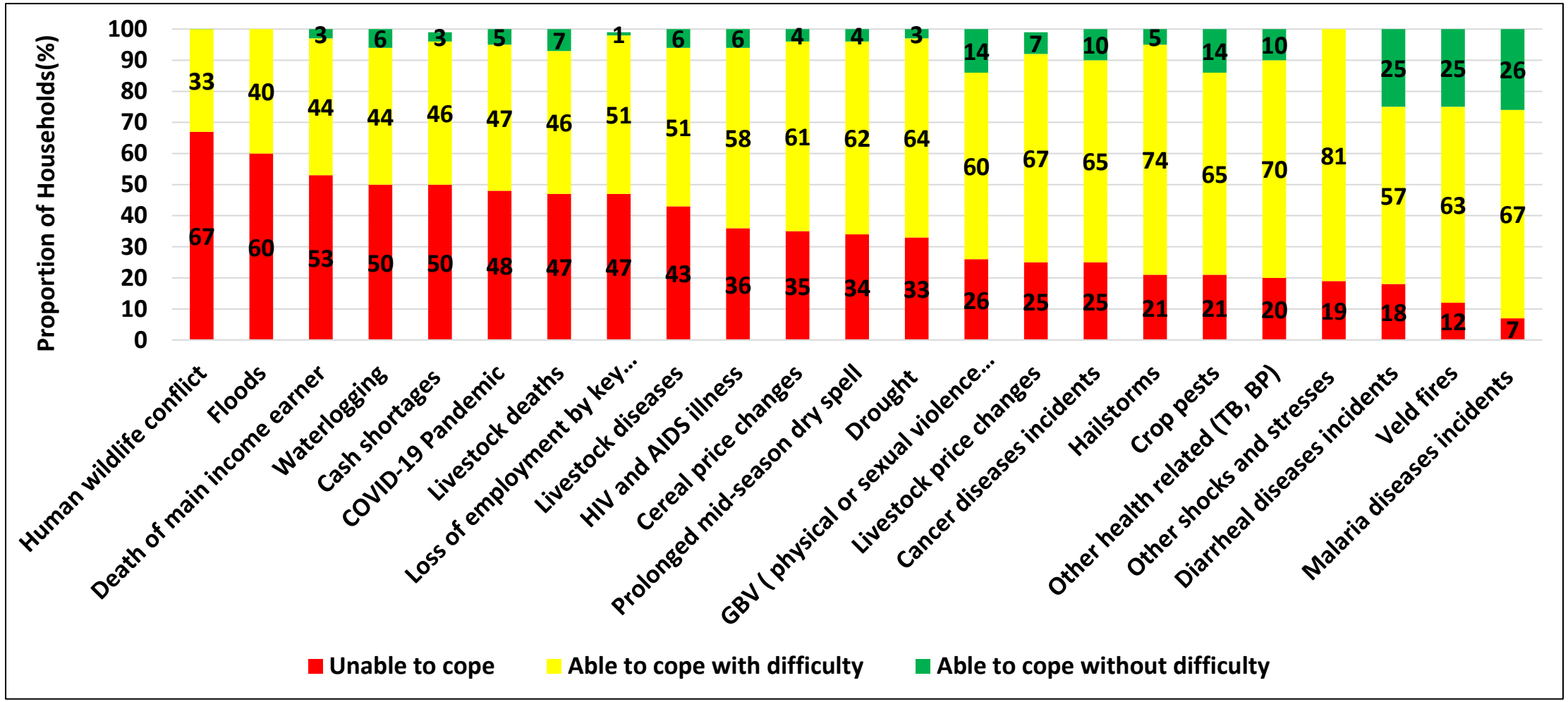
- Death of main income earner (91%), cash shortages (79%) and human wildlife conflict (74%) were reported to have had the most severe impact on households.

Average Shock Exposure Index



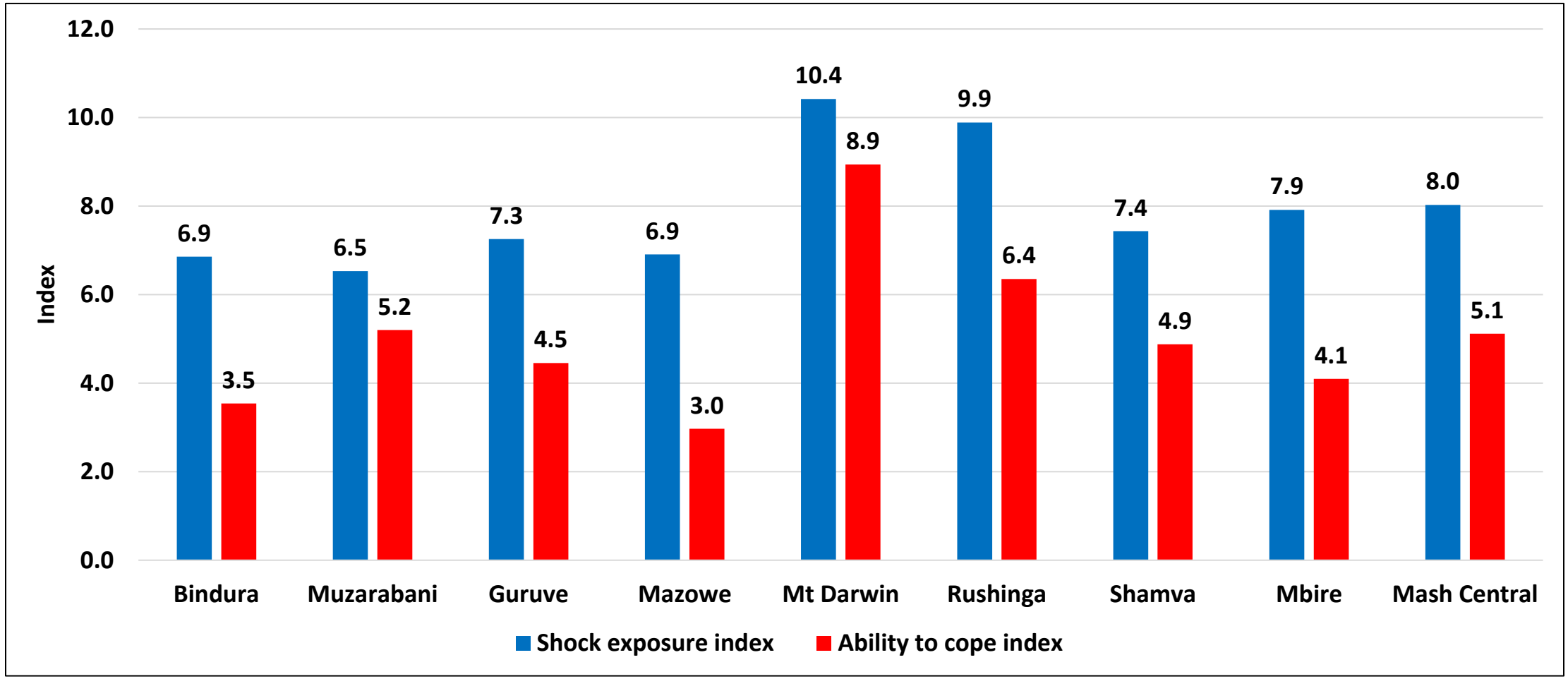
- Shock exposure index was calculated by multiplying the number of shocks experienced with the impact severity of the shock to the household.
- Mt Darwin (10.4), Rushinga (9.9) and Mbire (7.9) had the highest shock exposure index.

Households' Perception of their Ability to Cope with Future Shocks



- The majority of households perceived inability to cope with human wildlife conflict, weather related, livelihood and economic shocks.

Comparison Between Shock Exposure and Ability to Cope



- Exposure to shocks 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.

Food Security

Food Security Dimensions

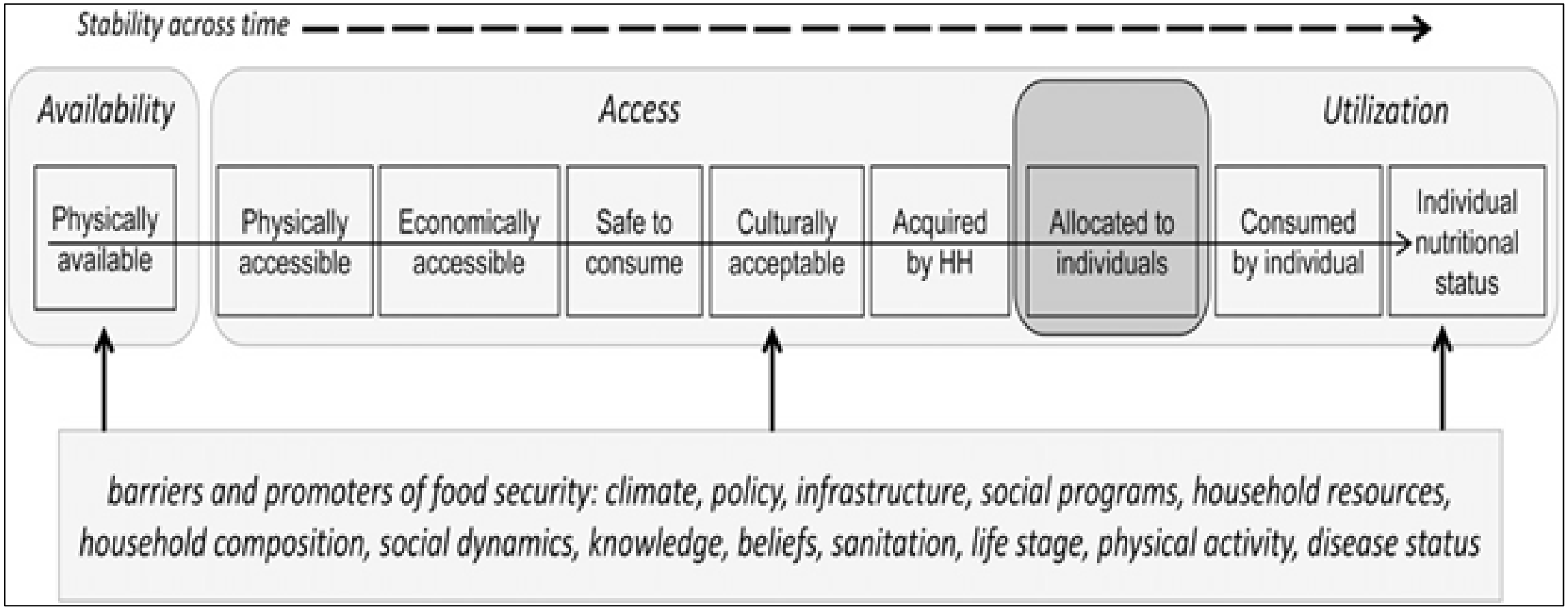


Figure 3: Dimensions of Food Security (Jones et al., 2013)

Food Security Analytical Framework

- Food security exists when all people at all times, have **physical, social and economic** access to food which is safe and consumed in sufficient quantity and quality to meet their dietary needs and food preferences and it is supported by an environment of adequate sanitation, health services and care allowing for a healthy and active life (Food and Nutrition Security Policy, 2012).
- The four dimensions of food security as give in Figure 3 are:
  - **Availability** of food
  - **Access** to food
  - The safe and healthy **utilization** of food
  - The **stability** of food availability, access and utilization

Food Security Analytical Framework

- Each of the surveyed households' 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

Food Security Analytical Framework

- Each of the surveyed households' potential to acquire minimum expenditure food basket (Figure 3) was computed by estimating the household's likely disposable income (both cash and non cash) in the 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.

Food Security Analytical Framework

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

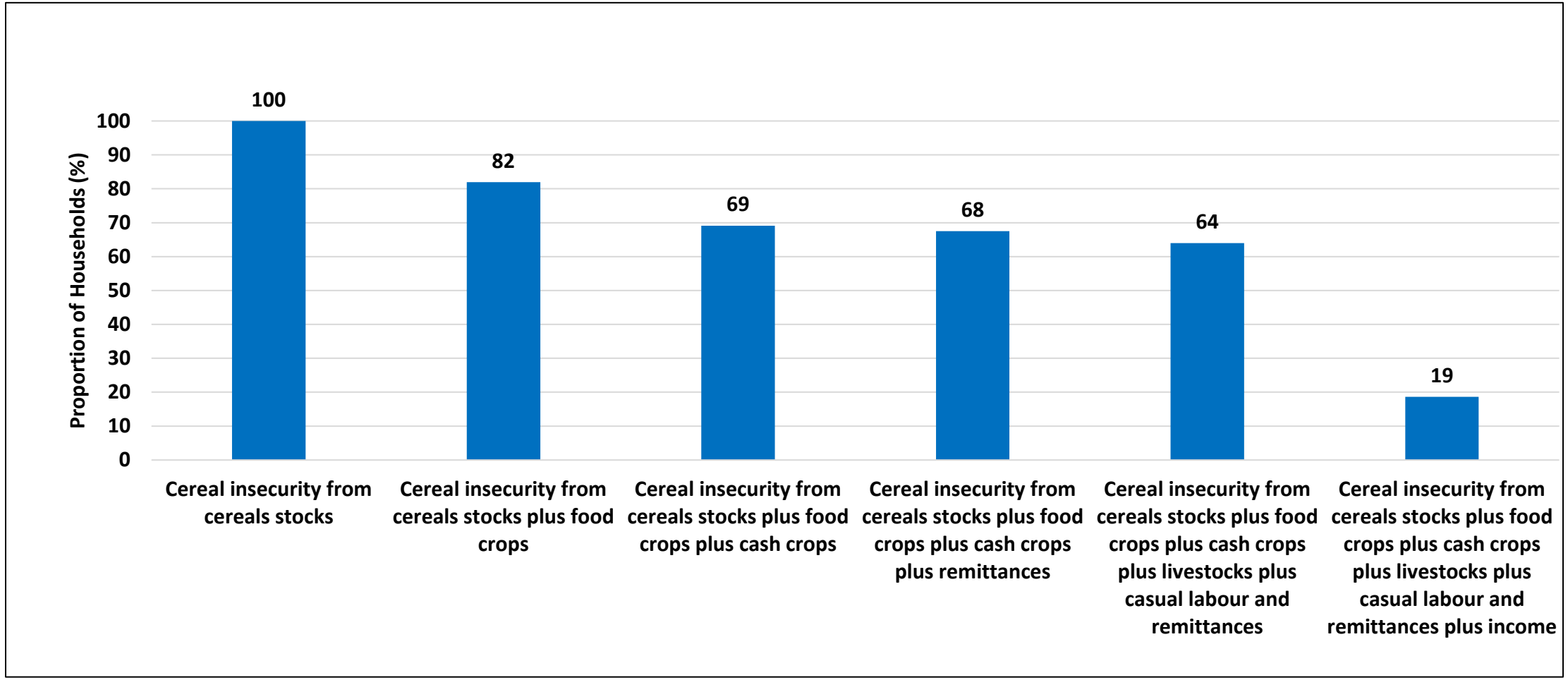
Food Security Analytical Framework

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

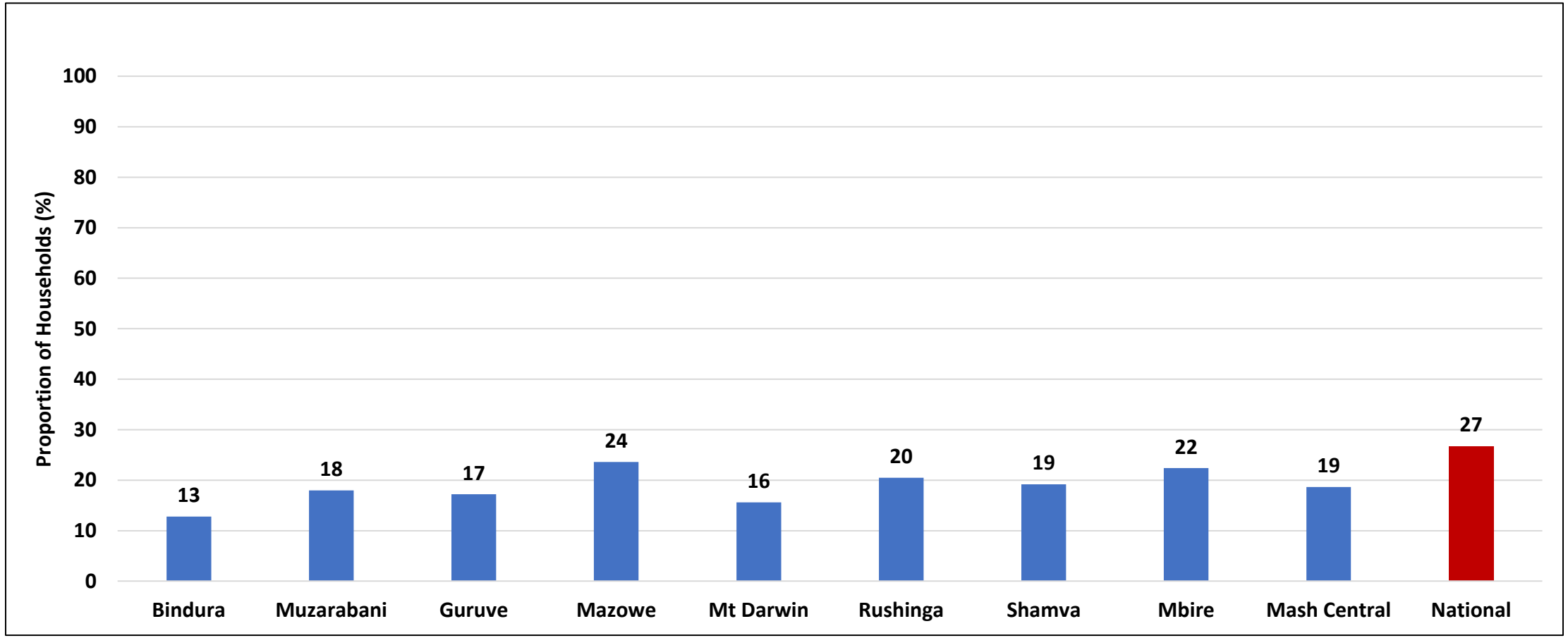
Summary of food security Status

- During the peak hunger period (January 2021 to March 202) it is estimated that approximately **19%** of the rural households in Mashonaland Central province will be cereal insecure.
- The **19%** of rural households will translate to approximately **266 723** individuals requiring **9 869MT** of cereal.

Cereal Insecurity Progression by Income Source

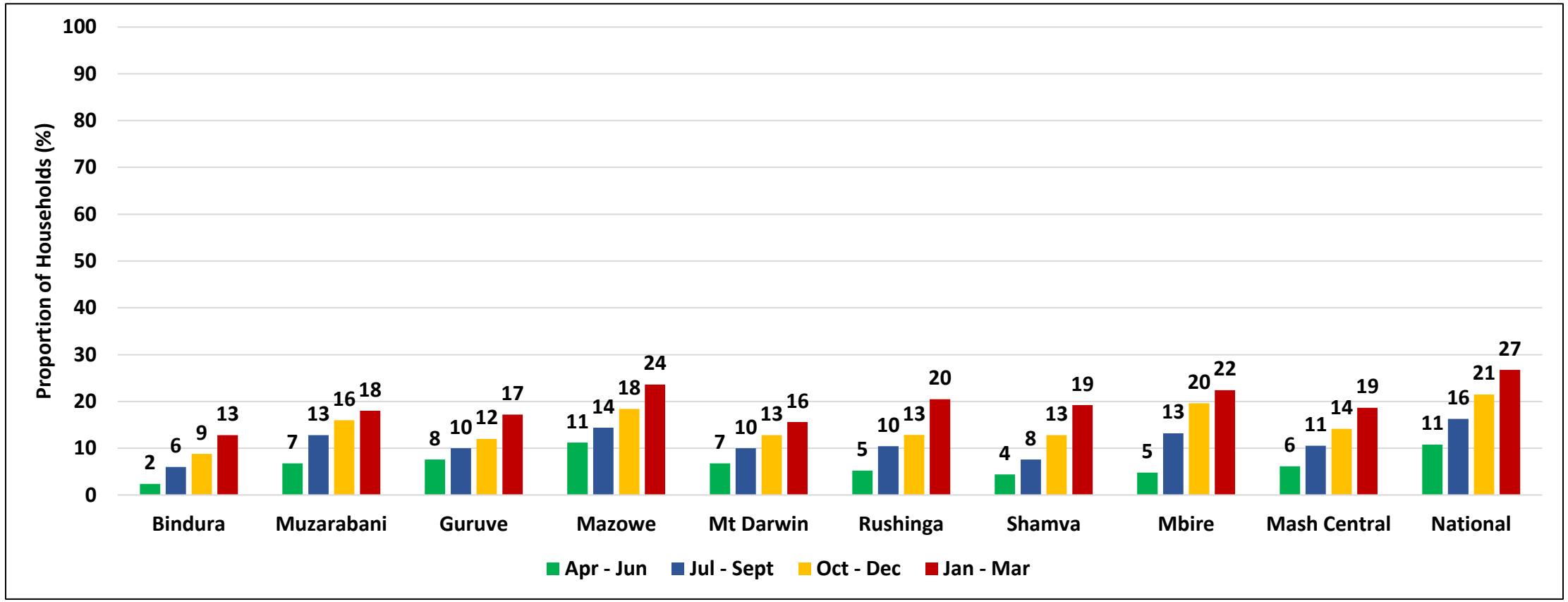


Cereal Insecure Proportion by District



- During the peak hunger period, 19% of the households in the province will be cereal insecure.
- Mazowe (24%) will have the highest proportion of cereal insecure households, whilst Bindura (13%) will have the least.

Cereal Insecurity Progression by Quarter



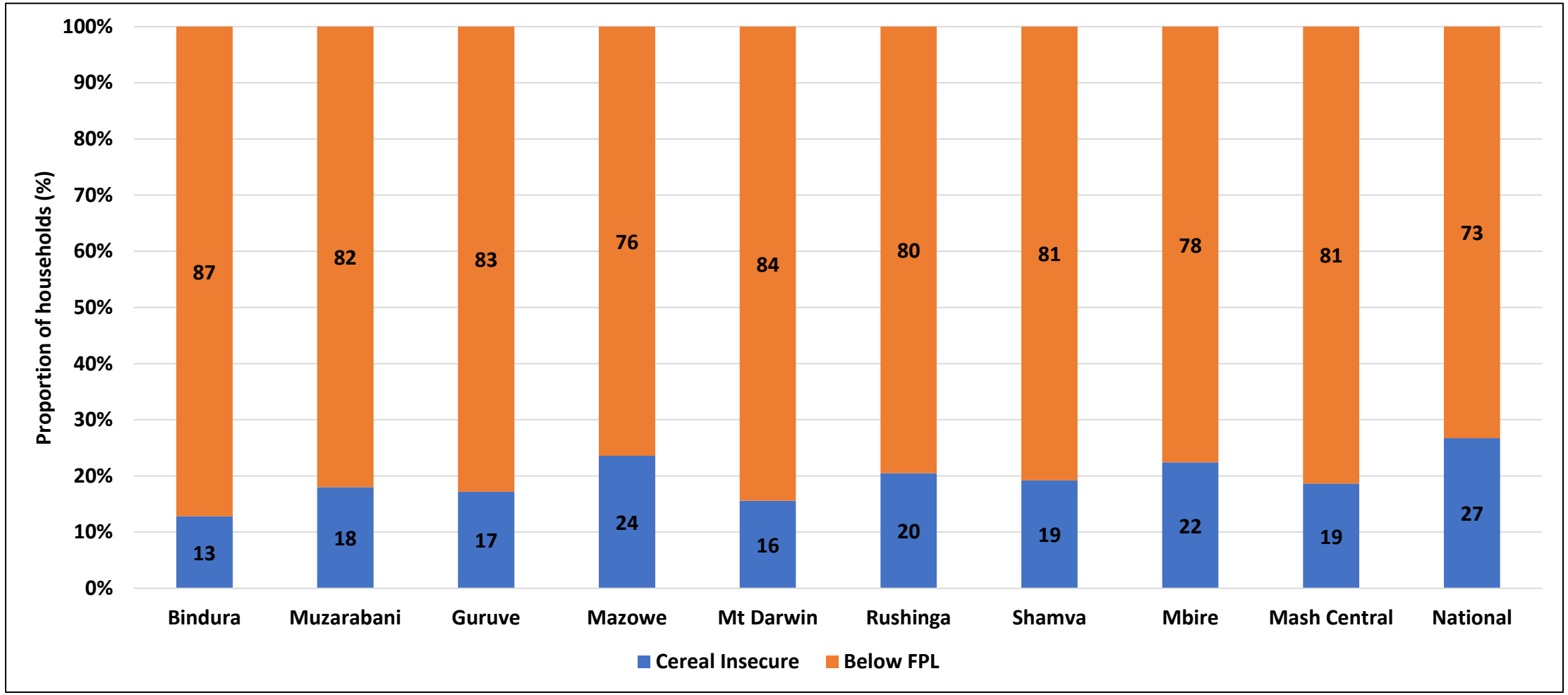
- During the first quarter of the consumption period 6% of the households will be cereal insecure, 11% in the second quarter, 14% in the third quarter and 19% in the peak hunger period.

Cereal Insecure Populations and Cereal Requirements

District	Proportion of Households (%)			Food Insecure Population			Cereal Requirements (MT)		
	Jul - Sept	Oct - Dec	Jan - Mar	Jul - Sept	Oct - Dec	Jan - Mar	Jul - Sept	Oct - Dec	Jan - Mar
Bindura	6	9	13	9 790	14 358	20 884	362	531	773
Muzarabani	13	16	18	20 258	25 322	28 487	750	937	1 054
Guruve	10	12	17	15 268	18 322	26 262	565	678	972
Mazowe	**14**	**18**	**24**	46 874	59 895	76 822	1 734	2 216	2 842
Mt Darwin	10	13	16	25 605	32 774	39 943	947	1 213	1 478
Rushinga	10	13	20	9 649	11 875	18 926	357	439	700
Shamva	8	13	19	13 200	22 232	33 348	488	823	1 234
Mbire	13	20	22	14 219	21 114	24 130	526	781	893
Mash Central	**11**	**14**	**19**	**150 886**	**202 373**	**266 732**	**5 583**	**7 488**	**9 869**
National	**16**	**21**	**27**	**1 795 204**	**2 366 104**	**2 942 897**	**66 423**	**87 546**	**108 887**

- During the peak hunger period 19% of the households in the province will be cereal insecure, translating to 266 732 individuals. The total cereal requirement for the period is 9 869MT.

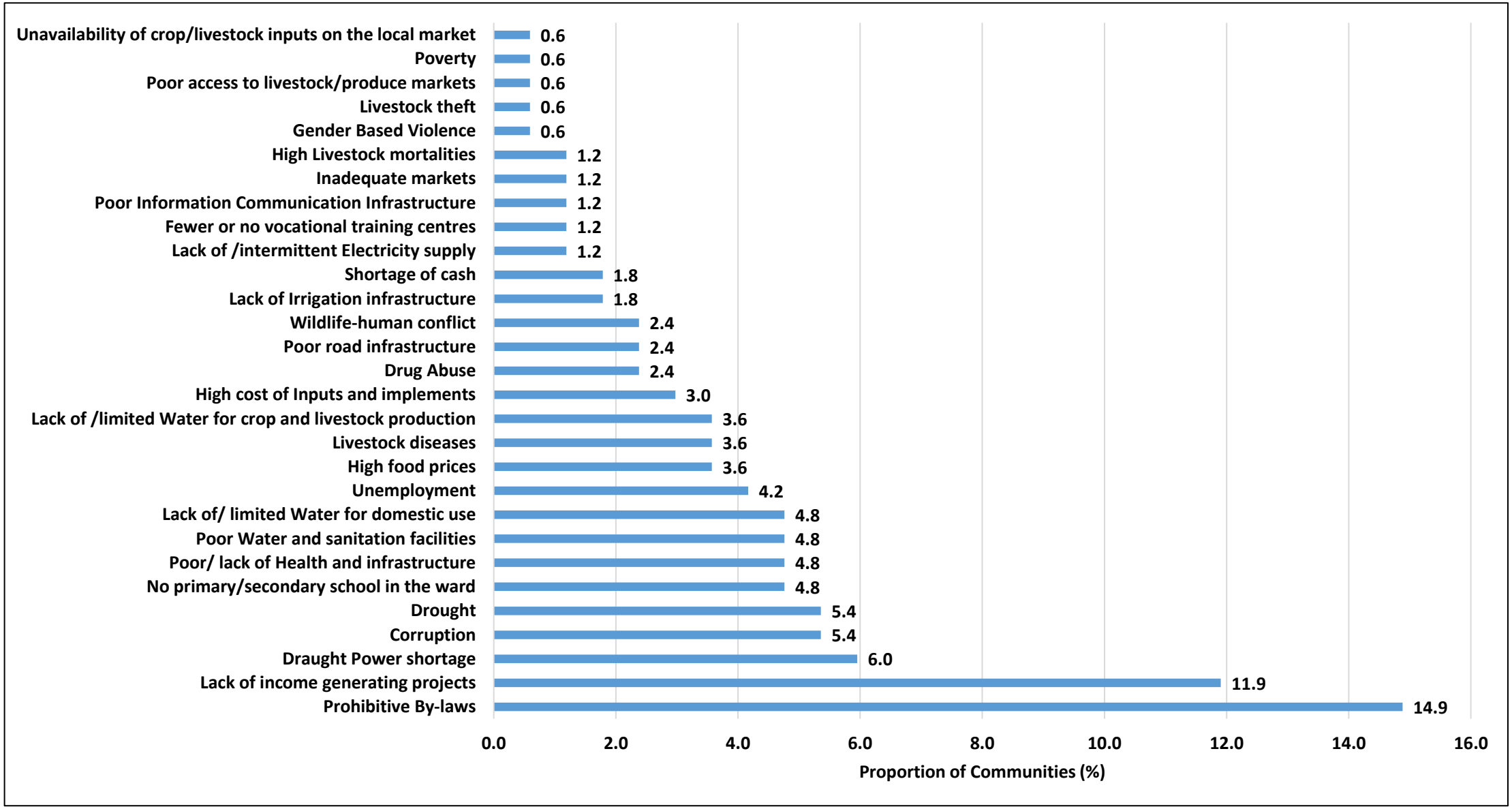
Cereal Insecurity and Poverty Lines



- Even though 81% of the households in the province are able to meet their cereal requirements, they are below the food poverty line.
- This is indicating that almost all rural households will not be able to meet all their food requirements to meet a healthy life thus assistance should not target cereal insecure households only.

Community Development Challenges and Priorities

Development Challenges

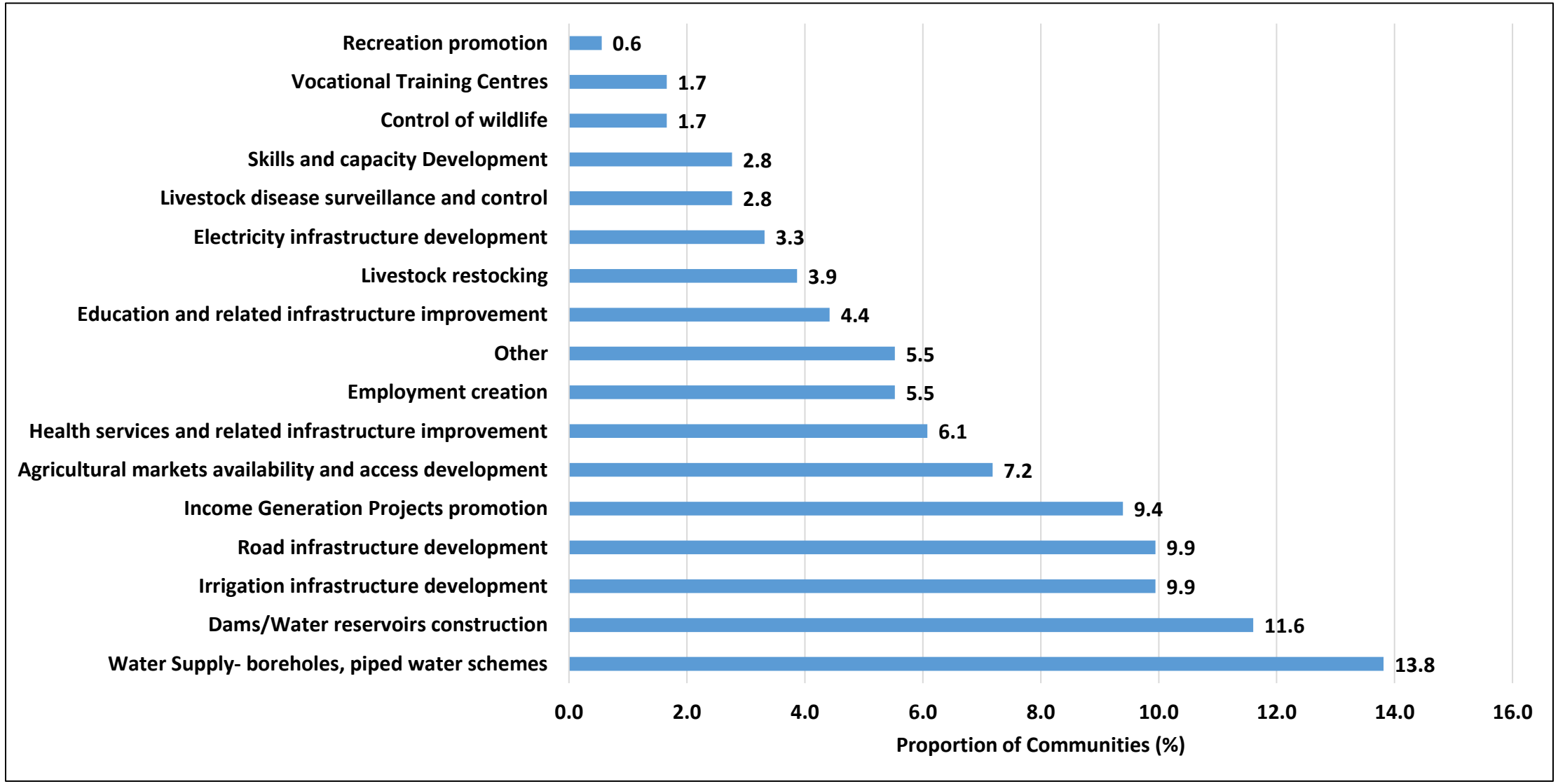


Development Challenge	Bindura (%)	Centenary (%)	Guruve (%)	Mazowe (%)	Mt Darwin (%)	Rushinga (%)	Shamva (%)	Mbire (%)	Mash Central (%)
Prohibitive By-laws	7.5	77.8	22.2	16.7	11.1	10.0	0.0	13.0	14.9
Lack of income generating projects	10.0	22.2	16.7	16.7	7.4	0.0	23.1	13.0	11.9
Corruption	5.0	0.0	11.1	11.1	0.0	0.0	0.0	13.0	5.4
Draught Power shortage	7.5	0.0	5.6	16.7	7.4	0.0	7.7	0.0	6.0
Drought	2.5	0.0	5.6	22.2	0.0	15.0	0.0	0.0	5.4
Drug Abuse	2.5	0.0	5.6	5.6	3.7	0.0	0.0	0.0	2.4
No primary/secondary school in the ward	0.0	0.0	5.6	5.6	7.4	5.0	7.7	8.7	4.8
Lack of /intermittent Electricity supply	0.0	0.0	0.0	5.6	3.7	0.0	0.0	0.0	1.2
Fewer or no vocational training centres	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.7	1.2
Gender Based Violence	0.0	0.0	0.0	0.0	3.7	0.0	0.0	0.0	0.6
Poor/ lack of Health and infrastructure	0.0	0.0	0.0	0.0	7.4	15.0	7.7	8.7	4.8
High food prices	5.0	0.0	5.6	0.0	11.1	0.0	0.0	0.0	3.6
Poor Information Communication Infrastructure	0.0	0.0	0.0	0.0	3.7	5.0	0.0	0.0	1.2
Inadequate markets	2.5	0.0	0.0	0.0	0.0	0.0	0.0	4.3	1.2
High cost of Inputs and implements	7.5	0.0	5.6	0.0	0.0	0.0	7.7	0.0	3.0
Lack of Irrigation infrastructure	0.0	0.0	0.0	0.0	0.0	0.0	7.7	8.7	1.8
Shortage of cash	7.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.8
High Livestock mortalities	2.5	0.0	0.0	0.0	3.7	0.0	0.0	0.0	1.2
Livestock diseases	7.5	0.0	0.0	0.0	11.1	0.0	0.0	0.0	3.6
Livestock theft	2.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6
Poor access to livestock/produce markets	0.0	0.0	0.0	0.0	0.0	5.0	0.0	0.0	0.6
Poor road infrastructure	0.0	0.0	5.6	0.0	0.0	5.0	7.7	4.3	2.4
Poverty	2.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6
Unemployment	7.5	0.0	5.6	0.0	7.4	0.0	7.7	0.0	4.2
Unavailability of crop/livestock inputs on the local market	2.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6
Poor Water and sanitation facilities	2.5	0.0	5.6	0.0	7.4	5.0	7.7	8.7	4.8
Lack of/ limited Water for domestic use	7.5	0.0	0.0	0.0	0.0	15.0	15.4	0.0	4.8
Lack of /limited Water for crop and livestock production	5.0	0.0	0.0	0.0	0.0	20.0	0.0	0.0	3.6
Wildlife-human conflict	2.5	0.0	0.0	0.0	3.7	0.0	0.0	8.7	2.4

Top Development Challenges

District	Top 5 development challenges	District	Top 5 Development Challenges
Bindura	• Lack of income generating projects (10%) • **Prohibitive by-laws (7.5%)** • High cost of Inputs and implements (7.5%) • Livestock diseases (7.5%) • Lack of/ limited water for domestic use (7.5%)	**Mt. Darwin**	• **Prohibitive By-laws (11.1%)** • High food prices (11.1%) • Livestock diseases (11.1) • Lack of income generating projects (7.4%) • Draught Power shortage (7.4%) • **No primary/secondary school in the ward (7.4%)**
Centenary	• **Prohibitive by-laws (77.2%)** • Lack of income generating projects (22.7%)	**Shamva**	• Lack of income generating projects (23.1%) • Lack of/ limited Water for domestic use (15.4%) • Draught Power shortage (7.7%) • **No primary/secondary school in the ward (7.7%)** • Poor water and sanitation facilities (7.7%)
Guruve	• **Prohibitive By-laws (22.2%)** • Lack of income generating projects (16.7%) • Corruption (11.1%) • Lack of draught power (5.6%) • Drought (5.6%)	**Rushinga**	• Lack of /limited Water for crop and livestock production (20%) • Poor/ lack of Health and infrastructure (15%) • Lack of/ limited Water for domestic use (15%) • Drought (15%) • **Prohibitive by-laws (10%)**
Mazowe	• Drought (22.2%) • **Prohibitive By-laws (16.7%)** • Lack of draught power (16.7%) • Lack of income generating projects (16.7%) • Corruption (11.1%)	**Mbire**	• **Prohibitive by-laws (13%)** • Lack of income generating projects (13%) • Corruption (13%) • **No primary/secondary school in the ward (8.7%)** • Poor water and sanitation facilities (8.7%)

Development Priorities



Development Priority	Bindura (%)	Centenary (%)	Guruve (%)	Mazowe (%)	Mt Darwin (%)	Rushinga (%)	Shamva (%)	Mbire (%)	Mash Central (%)
Control of wildlife	0.0	0.0	0.0	0.0	0.0	0.0	0.0	11.5	1.7
Dams/Water reservoirs construction	0.0	25.0	7.7	6.7	15.0	22.7	18.8	11.5	11.6
Education and related infrastructure improvement	3.4	16.7	0.0	6.7	0.0	4.5	0.0	7.7	4.4
Electricity infrastructure development	0.0	0.0	3.8	3.3	5.0	0.0	0.0	11.5	3.3
Employment creation	13.8	16.7	0.0	6.7	5.0	0.0	6.3	0.0	5.5
Health services and related infrastructure improvement	0.0	8.3	0.0	3.3	15.0	13.6	0.0	11.5	6.1
Income Generation Projects promotion	20.7	8.3	15.4	10.0	0.0	0.0	18.8	0.0	9.4
Irrigation infrastructure development	10.3	8.3	15.4	6.7	5.0	13.6	12.5	7.7	9.9
Livestock restocking	10.3	0.0	0.0	3.3	10.0	0.0	6.3	0.0	3.9
Agricultural markets availability and access development	10.3	0.0	11.5	0.0	5.0	13.6	6.3	7.7	7.2
Livestock disease surveillance and control	3.4	0.0	3.8	6.7	5.0	0.0	0.0	0.0	2.8
Recreation promotion	0.0	0.0	0.0	0.0	5.0	0.0	0.0	0.0	0.6
Road infrastructure development	10.3	8.3	11.5	6.7	10.0	13.6	6.3	11.5	9.9
Skills and capacity Development	3.4	0.0	3.8	6.7	5.0	0.0	0.0	0.0	2.8
Vocational Training Centres	0.0	0.0	0.0	3.3	0.0	0.0	6.3	3.8	1.7
Water Supply- boreholes, piped water schemes	13.8	8.3	15.4	13.3	15.0	18.2	12.5	11.5	13.8
Other	0.0	0.0	11.5	16.7	0.0	0.0	6.3	3.8	5.5

Development Priorities

District	Top 5 development Priorities	District	Top 5 Development Priorities
Bindura	• Income Generation Projects promotion (20.7%) • Employment creation (13.8%) • **Water Supply- boreholes, piped water schemes (13.8%)** • Irrigation infrastructure development (10.3%) • Livestock restocking (10.3%)	**Mt. Darwin**	• Dams/Water reservoirs construction (15%) • Health services and related infrastructure improvement (15%) • **Water Supply- boreholes, piped water schemes (15%)** • Livestock restocking (10%) • Road infrastructure development (10%)
Centenary	• Dams/Water reservoirs construction (25%) • Education and related infrastructure improvement (16.7%) • Employment creation (16.7%) • Health services and related infrastructure improvement (8.3%) • Road infrastructure development (8.3%)	**Shamva**	• Dams/Water reservoirs construction (18.8%) • Income Generation Projects promotion (18.8%) • Irrigation infrastructure development (12.5%) • **Water Supply- boreholes, piped water schemes (12.5%)** • Employment creation (6.3%)
Guruve	• Income Generation Projects promotion (15.4%) • Irrigation infrastructure development (15.4%) • **Water Supply- boreholes, piped water schemes (15.4%)** • Agricultural markets availability and access development (11.5%) • Road infrastructure development (11.5%)	**Rushinga**	• Dams/Water reservoirs construction (22.7%) • **Water Supply- boreholes, piped water schemes (18.2%)** • Health services and related infrastructure improvement (13.6%) • Agricultural markets availability and access development (13.6%) • Road infrastructure development (13.6%)
Mazowe	• **Water Supply- boreholes, piped water schemes (13.3%)** • Income Generation Projects promotion (10%) • Dams/Water reservoirs construction (6.7%) • Education and related infrastructure improvement (6.7%) • Employment creation (6.7%)	**Mbire**	• Control of wildlife (11.5%) • Dams/Water reservoirs construction (11.5%) • Electricity infrastructure development (11.5%) • Health services and related infrastructure improvement (11.5%) • Road infrastructure development (11.5%) • **Water Supply- boreholes, piped water schemes (11.5%)**

Conclusions and Recommendations

Conclusions and Recommendations

- Government and development support is highly commendable in the province. During the peak hunger period about 16% of the households indicated that they received support from both government and UN/ NGOs. However, there is need for harmonised programming for efficient and effective support.
- Given that the average household cereal production was 718.9kgs, that 43% of the households produced cereals sufficient for more than 12 months and that use of improved granaries (6%) and other grain protection methods was limited, it is recommended that Ministry of Lands, Agriculture, Fisheries, Water and Rural Resettlement scale up post harvest management trainings and technology transfer to farmers so as to salvage the harvest.
- Livestock deaths due to diseases were very high (96%). The deaths were reported to be mainly due to diseases in Bindura (75%), Mazowe (68%) Shamva (45%) and Mt Darwin (32%). Although a greater proportion of households in the province (62%) received agricultural extension support, access to animal health centres was reported to be low 49%. The Government of Zimbabwe through the Ministry of LAFWRR, should provide dipping services as prescribed in each season and capacitate the department of Veterinary services with necessary resources to manage livestock diseases. There is need to continue and intensify disease surveillance, prevention and control. There is need for capacitation of farmers in livestock farming as a business.

Conclusions and Recommendations

- About 3% of the respondents reported to have experienced gender based violence (either sexual or physical). Emotional violence (41%) was the most prevalent form of violence among spouses. It is important to note that males were also victims of all forms of violence hence the need to include males in prevention of violence programmes. The Government should strengthen mechanisms and community structures for effective awareness and referral systems on GBV.
- The top 3 income sources for the province were casual labour (25.3%), food production/sales (14.7%) and cash production sales (10.1%). In addition, households indicated that COVID-19 reduced their food sources (54%) and reduced sources of income (41%). Furthermore, 33.4% of households in the province highlighted that crop pests were one of the top shocks that affected them. There is therefore need to intensify crop pests and disease surveillance and control.
- The proportion of households accessing water from unimproved water sources was 18%. At least 15% of the households were practicing open defecation, with Mbire having the highest proportion at 30% and this 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.

Conclusions and Recommendations

- Both adults and children were consuming diets of poor quality as indicated by almost half of the households (40%) in the poor Food Consumption Category and only 4.3% 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.
- The proportions of children 6-59 months who received the recommended dose of Vitamin A in the past 12 months was 86% which is below the target of 90%. Only Mt. Darwin (95%), Bindura (100%) and Mbire (100%), exceeded the 90% target. 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 needs 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.
- About 14.9% of the communities reported the need to develop their areas was hindered by prohibitive by-laws. There is need for the Local Government and Public Works through Local Authorities to prepare by-laws conducive for development.

Supported By

World Health Organization

Spotlight Initiative
To eliminate violence against women and girls

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