Mashonaland West
Zimbabwe Vulnerability Assessment Committee (ZimVAC) 2022 Rural Livelihoods Assessment Report




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

ZIMBABWE
Vulnerability
Assessment Committee

Foreword

The Zimbabwe Vulnerability Assessment Committee (ZimVAC) undertook the 2022 Rural Livelihoods Assessment (RLA) in fulfilment of Commitment 6 of the Food and Nutrition Security Policy (FNSP). Through its integrated Food and Nutrition Security Information System, Government through the ZimVAC remains committed to collecting, collating and disseminating up to date, accurate and disaggregated food and nutrition security information for informing policy, programming and tracking of national, regional and global food and nutrition targets in a timely manner. ZimVAC is a technical advisory committee comprised of representatives from Government, Development Partners, UN, NGOs, Technical Agencies and the Academia.

The 2022 RLA, the 22nd since inception, was motivated by the desire to monitor progress of commitments in the National Development Strategy 1, the Food and Nutrition Security Policy, Sustainable Development Goals and planning for targeted interventions to help the vulnerable people, given the prevailing drought situation in the country.

In order to ensure that we leave no-one and no place behind in all our programming, this report covers the following thematic areas: education, food and income sources, income levels, expenditure patterns, food security, COVID-19, WASH, social protection, youth and Gender Based Violence, among other issues. Hence, the findings from this assessment will inform the development of holistic and multi-sectoral response strategies.

We are grateful for the financial and technical support which we received from the ZimVAC and our strategic partners. We applaud the food and nutrition security structures at national, provincial, district and ward levels for successfully carrying out the survey. We also extend our appreciation to Government and Development Partners for the financial support and technical leadership which made the assessment a success. We are indebted to the rural communities of Zimbabwe and all the rural local authorities for their collaboration during the survey. 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 as we strive to ensure that every Zimbabwean is free from hunger and all forms of malnutrition.

George D. Kembo (Dr.)

DIRECTOR GENERAL a.i./ 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
- Ministry of Finance and Economic Development
- Ministry of Lands, Agriculture, Fisheries, Water and Rural Development
- Ministry of Public Service, Labour and Social Welfare
- Ministry of Health and Child Care
- Ministry of Local Government and Public Works
- Rural District Councils (RDCs)
- Ministry of Women Affairs, Community, Small and Medium Enterprise Development
- United States Agency for International Development (USAID)
- Mercy Corps
- Meteorological Services Department
- United Nations Children's Fund (UNICEF)
- START NETWORK
- UNFPA-Spotlight Initiative
- United Nations Development Programme- ZRBF
- United Nations World Food Programme (WFP)
- United Nations Food and Agriculture Organisation (FAO)
- Sizimele
- MELANA
- HOCIC
- Save the Children
- Local Initiatives and Development Agency (LID)
- Adventist Relief Agency (ADRA)
- World Vision
- Simukai
- SNV
- Redcross
- National Aids Council
- ALPHA
- Africa Ahead
- CTDO
- Bindura University of Science Education
- Marondera University of Agricultural Sciences and Technology
- University of Zimbabwe
- Care International
- Welthungerhilfe (WHH)
- Plan International
- Mwenezi Development Training Centre (MDTC)
- Nutrition Action Zimbabwe (NAZ)
- Action Aid
- SAFIRE
- ZINWA
- CARITAS
- Heather Chimonga Orphanage
- Action Contre la Faim (ACF)
- Centre for Conflict Management and Transformation (CCMT)
- Jointed Hands Welfare Organisation (JHWO)

Acknowledgement of Support

ZIMBABWE

Food and Agriculture Organization of the United Nations

World Health Organization

Spotlight Initiative
To eliminate violence against women and girls

START NETWORK

Acronyms

EA	Enumeration Area
FNC	Food and Nutrition Council
FNSP	Food and Nutrition Security Policy
HDDS	Household Dietary Diversity Score
NDS 1	National Development Strategy 1
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, 22 rural and 9 urban livelihoods updates have been produced.
- ZimVAC plays a significant role in fulfilling Commitment Six of the Food and Nutrition Security Policy (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 all forms of malnutrition.

ZimVAC supports Government, particularly FNC in:

- Convening and coordinating national food and nutrition security issues in Zimbabwe.
- Mapping 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 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 purpose of informing policy formulation and programming appropriate interventions.

Objectives

The specific objectives of the assessment were:

1. To estimate the population that is likely to be food insecure in the 2022/23 consumption year, their geographic distribution and the severity of their food insecurity.
2. To assess the nutrition status of children of 6 – 59 months.
3. To describe the socio-economic profiles of rural households in terms of characteristics such 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.
4. To determine the coverage of humanitarian and developmental interventions in the country.
5. To determine the effects of shocks experienced by communities on food and nutrition security.
6. To measure household resilience and identify constraints to improving their resilience.
7. To identify early recovery needs in order to determine short to long term recovery strategies.
8. To identify development priorities for communities.

Background

- The continuous shocks and hazards affecting the rural communities call for ongoing monitoring as the food and nutrition situation continues to evolve.
- 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 59% recorded in 2019 to less than 10% by 2025.
- The 2021/2022 season started late in the second and third dekad of December 2021 in most parts of the country. The season was characterised by poor rainfall distribution in both space and time across the country. There were incessant rains in January followed by a prolonged dry spell in the first week of February to the end of March. The passage of Tropical Storm Ana at the end of January 2022 helped to reduce rainfall deficits in parts of the country, but the tropical storm was characterised by heavy rains, which caused water logging and leaching.
- The false start of the season resulted in failed crop establishment, forcing most farmers to replant several times. The late onset caused late plantings which were later affected by the prolonged dry spell at the reproductive stage causing write offs especially in the central and southern parts of the country. The rainfall season also affected livelihoods strategies which include seasonal on-farm labour, livestock sales, vegetable production and sales, harvesting, and the sale and consumption of wild produce.
- According to the Ministry of Agriculture's 2nd Round Crop and Livestock Assessment, the estimated maize production for the 2021/2022 season stands at 1 557 914 Mt which is a 43% decrease from the 2 717 171Mt produced in the 2020/2021 season. Traditional grains production for the 2021/2022 season is estimated at 194 100MT representing a 44% decrease from 347 968Mt in 2020/2021. The total cereal production is 1 752 014Mt against a national cereal requirement of 2 267 599Mt (1 817 599Mt for human consumption and 350 000Mt for livestock).

Background

- 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 households.
- 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 macroeconomic situation remains volatile due to parallel market exchange rates that are the main drivers of ZWL price increases in both formal and informal sectors. This is impacting livelihoods and access to food, especially among poor households.
- The health pandemic, due to COVID-19, continues to be the biggest health and human crisis threatening food security and nutrition among the Zimbabwean population. The impact of the pandemic is being felt in all sectors of the economy, including health, education and agriculture. The COVID 19 pandemic, whose effects and devastation have been felt across all parts of the world, has magnified pre-existing differences in economic and social conditions of the vulnerable populations.

Contextual Analysis- Background

The livelihoods of rural households continue to be affected by both systemic and idiosyncratic shocks which include but are not limited to the following:

Systemic Shocks

- Climatic shocks (Drought and prolonged mid-season dry spells, floods, water logging, crop and livestock pests, hailstorms)
- Economic shocks (sharp changes of cereals and livestock prices)
- Crop and livestock diseases

Idiosyncratic shocks

- Health related shocks (COVID-19, chronic illness)
- Death of breadwinner

Government Mitigatory Measures

- Despite the environmental challenges for the period under review, the Government is applauded for being proactive and implementing a number of mitigatory measures.
- Government remained committed to ensuring that every Zimbabwean is free from hunger and malnutrition and led the implementation of the following measures to ensure food security for all people:

a) ***COVID-19 Vaccination Campaign-*** The campaign has seen eligible members of the population receiving doses of the COVID-19 vaccine. As of the 10th of June 2022, 6.24 million people (55.6%) had received their first dose and 4.6 million (40.7%) were fully vaccinated. Furthermore, 838 292 people had received the third dose (booster dose).

b) ***Supporting the vulnerable groups*** through distribution of food aid (in-kind) and cash transfers; cash transfer for cereals, harmonized social cash transfers.

Government Mitigatory Measures

c) ***Food Subsidies*** through continued implementation of social protection measures to improve food access (e.g. maize meal subsidies).

d) ***Enabling environment-*** Government also opened up space for development partners to contribute and assist.

e) ***Removing restrictions on food importation*** such as removal of import duty on maize and wheat, cooking oil, among other basic commodities, to ensure affordability of essential foodstuffs and to mitigate the effects of the drought.

f) ***Pfumvudza/Intwasa Programme,*** through programmes which farmers are supported with seed, fertiliser and herbicides.

g) ***Emergency Road Rehabilitation Programme*** – the Government of Zimbabwe declared all roads to be a state of national disaster on 9 February 2021. Shortly after, a second Emergency Road Rehabilitation Programme (ERRP II) was launched and the objectives of the programme are to improve the road network, which was extensively damaged during the rainy season, and to harness the potential of the transport system in promoting economic growth.

Government Mitigatory Measures

h) ***National Public Infrastructure Investment Programme*** prioritises and embraces projects identified by communities. Major trunk roads are now being upgraded, new infrastructure being constructed, and additional raw water sources are being delivered to mitigate the impact of climate change.

i) ***Access to consumptive water*** through availing resources towards borehole drilling, rehabilitation and construction of Head works for livestock water troughs.

j) ***Strengthening of Multi-Sectoral Structures*** in order to operationalise a cohesive response to the food and nutrition challenges. The structures include the following: Inter-Ministerial Cabinet Committee for Food and Nutrition Security, Inter-Ministerial Grain Importation Committee, Internal Logistics and Distribution of Grain Committee, Working Party of Permanent Secretaries, Food Aid Working Group, National Food and Nutrition Security Committee, District Food and Nutrition Security Committees, District Drought Relief Committees and Ward Food and Nutrition Security Committees (inclusive of local leadership including local Councilors and Chiefs).

Assessment Methodology

Methodology – Assessment Design

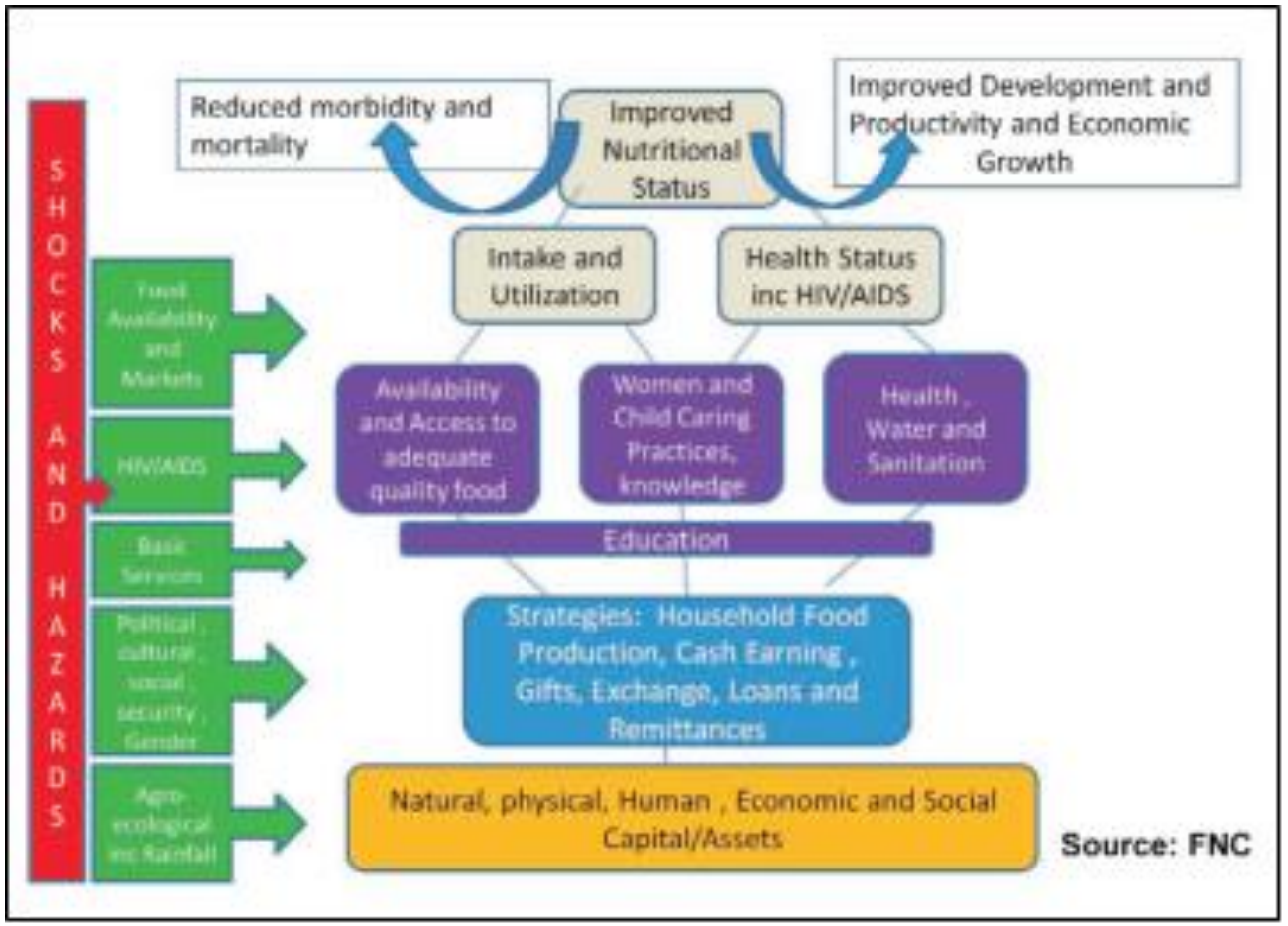


Figure 1: Food and Nutrition Conceptual Framework

- The assessment was a cross-sectional study whose design was guided and informed by the Food and Nutrition Security Conceptual Framework (Figure 1), which Zimbabwe adopted in the FNSP (GoZ, 2012), and the conceptual framework on food security dimensions propounded by Jones et al. (2013).
- The assessment was also guided and informed by the resilience framework (Figure 2) so as to influence the early recovery of households affected by various shocks.
- The assessment looked at food availability and access as pillars that have confounding effects on food security as defined in the FNSP (GoZ, 2012).
- Accordingly, the assessment measured the amount of energy available to a household from all its potential sources hence the **primary sampling unit** for the assessment was the household.

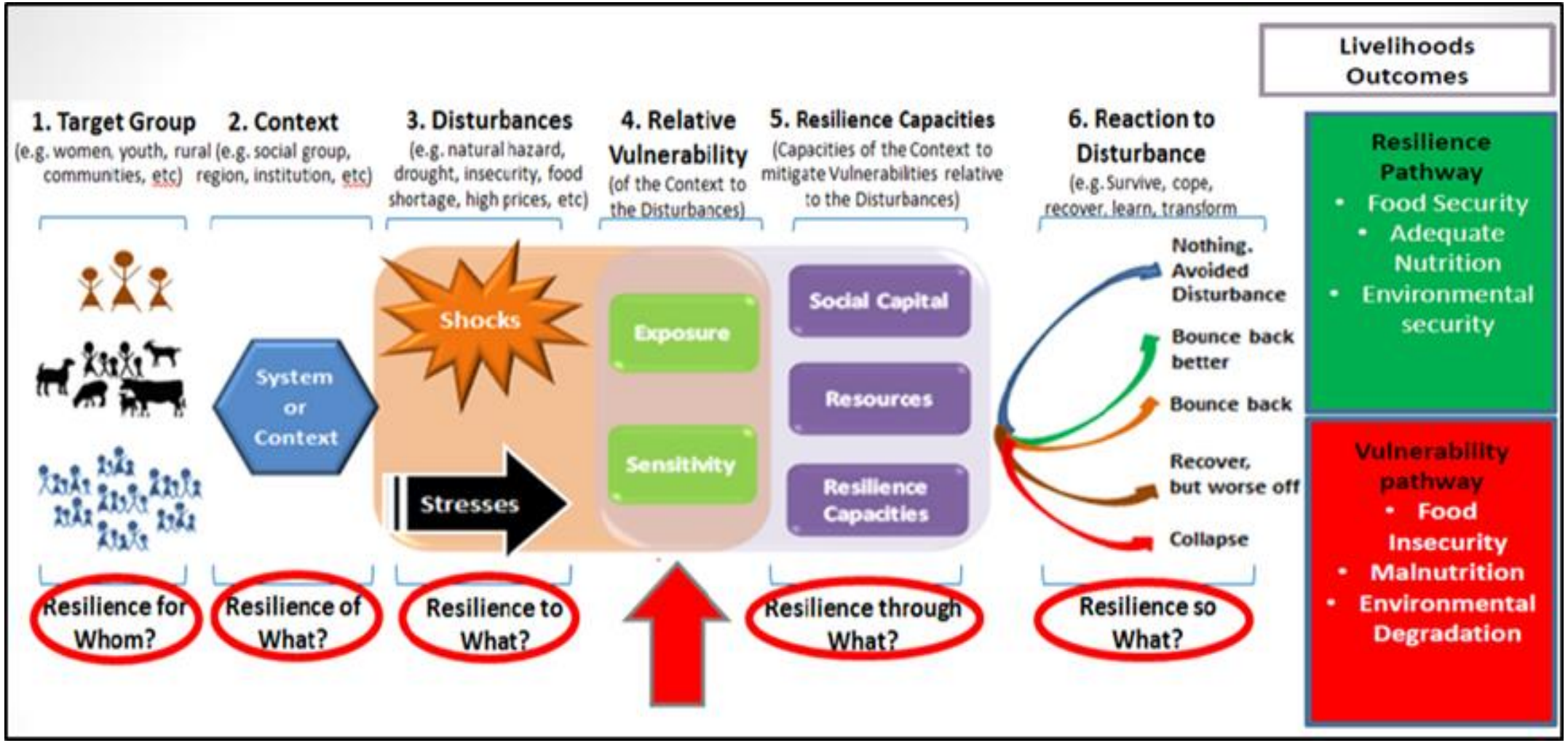


Figure 2: Zimbabwe Resilience Framework (UNDP Zimbabwe, 2015)

Methodology – Assessment Process

- ZimVAC, through multi-stakeholder consultations, developed an appropriate assessment design concept note and data collection tools informed by the assessment objectives.
- The primary data collection tools used in the assessment were the android–based structured household questionnaire and the community Focus Group Discussion (FGD) guide.
- ZimVAC national supervisors (including Provincial Agritex Extension Officers and Provincial Nutritionists) and enumerators were recruited from Government, United Nations, Technical partners and Non-Governmental Organisations. These underwent training in all aspects of the assessment. In order to minimise the risk of spreading COVID-19, training for enumerators was done at district level.
- The Ministry of Health and Child Care was the lead ministry in the development of the Infection, Prevention and Control (IPC) guidelines which guided all processes from survey planning to data collection.
- The Ministry of Local Government coordinated the recruitment of district level enumerators and mobilisation of provincial supervision and district enumeration vehicles. Three enumerators were selected from each district for data collection and one anthropometrist was responsible for taking anthropometric measurements.

Methodology – Assessment Process

- Enumerator training was held from 9 to 10 May 2022. Primary data collection took place from 11 to 23 May 2022. 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.
- Data analysis and report writing ran from 4 June to 12 June 2022. 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 1 500 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.
- The total households interviewed in the province were **1752.**
- Twelve FGDs and one Key Informant Interview (KII) on irrigation and grazing were held per district.

District	Number of Sampled Households
Chegutu	250
Hurungwe	251
Makonde	250
Kariba	250
Zvimba	254
Mhondoro Ngezi	249
Sanyati	248
Provincial	1752

Assessment Findings

Demographic Description

Household Characteristics

District	Sex		Age group			
	Male (%)	Female (%)	0 - 4 years (%)	5 - 17 years (%)	18 - 59 years (%)	60+ years (%)
Chegutu	51.6	48.4	13.2	31.7	44.9	10.2
Hurungwe	49.4	50.6	12.4	31.0	48.7	7.9
Kariba	51.0	49.0	10.3	34.5	48.0	7.2
Makonde	50.0	50.0	13.0	32.6	47.3	7.1
Zvimba	43.9	56.1	14.7	32.7	43.5	9.1
Mhondoro-Ngezi	50.0	50.0	11.5	33.6	43.1	11.8
Mash West	**51.8**	48.2	13.0	**28.9**	49.1	9.1

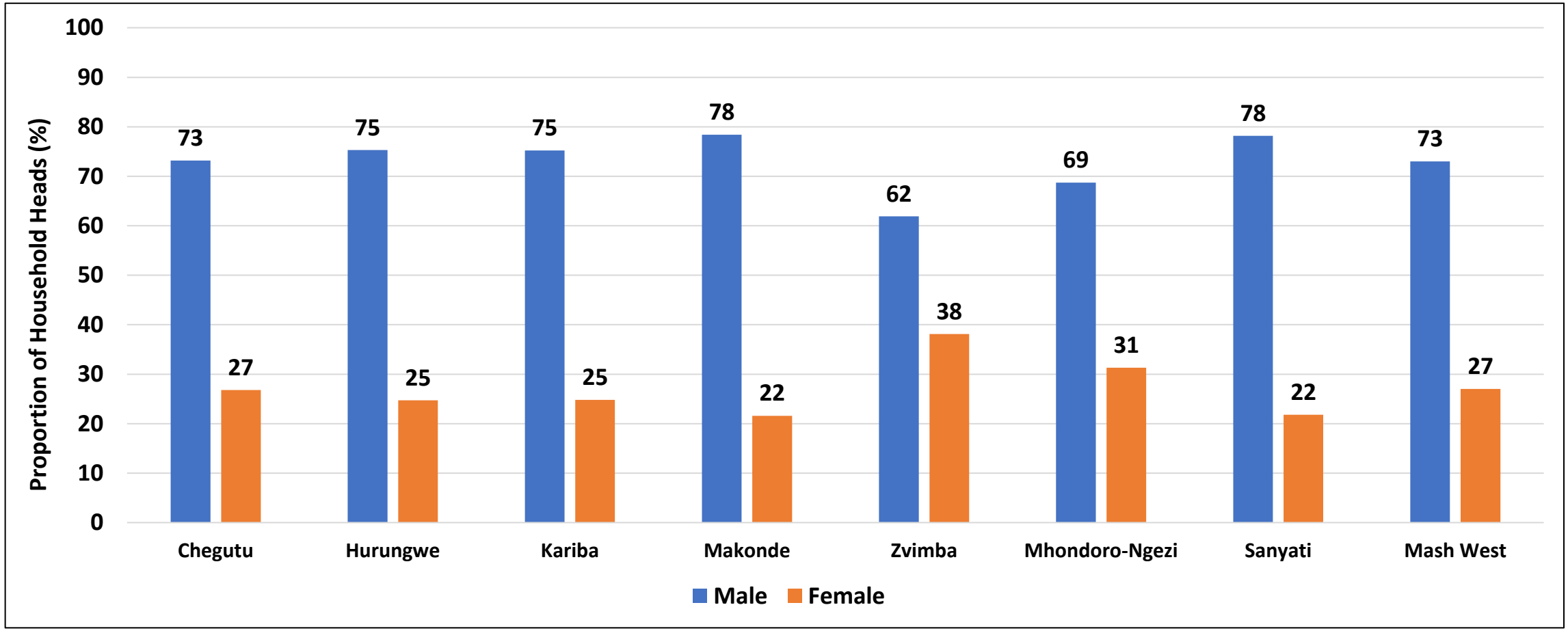
- Of the sampled population, 51.8% were male and 48.2% were females.
- The majority were in the 18-59 years age group.

Household Characteristics

District	Average Household Size	Average Household Head Age (Years)	Male Headed Households (%)	Female Headed Households (%)
Chegutu	4.4	50.6	73	27
Hurungwe	3.7	45.2	75	25
Kariba	4.4	44.9	75	22
Makonde	4	46.9	78	22
Zvimba	4	48.5	62	38
Mhondoro-Ngezi	4.6	52	69	31
Sanyati	4.3	48.2	78	22
Mash West	**4.2**	**48**	**73**	**27**

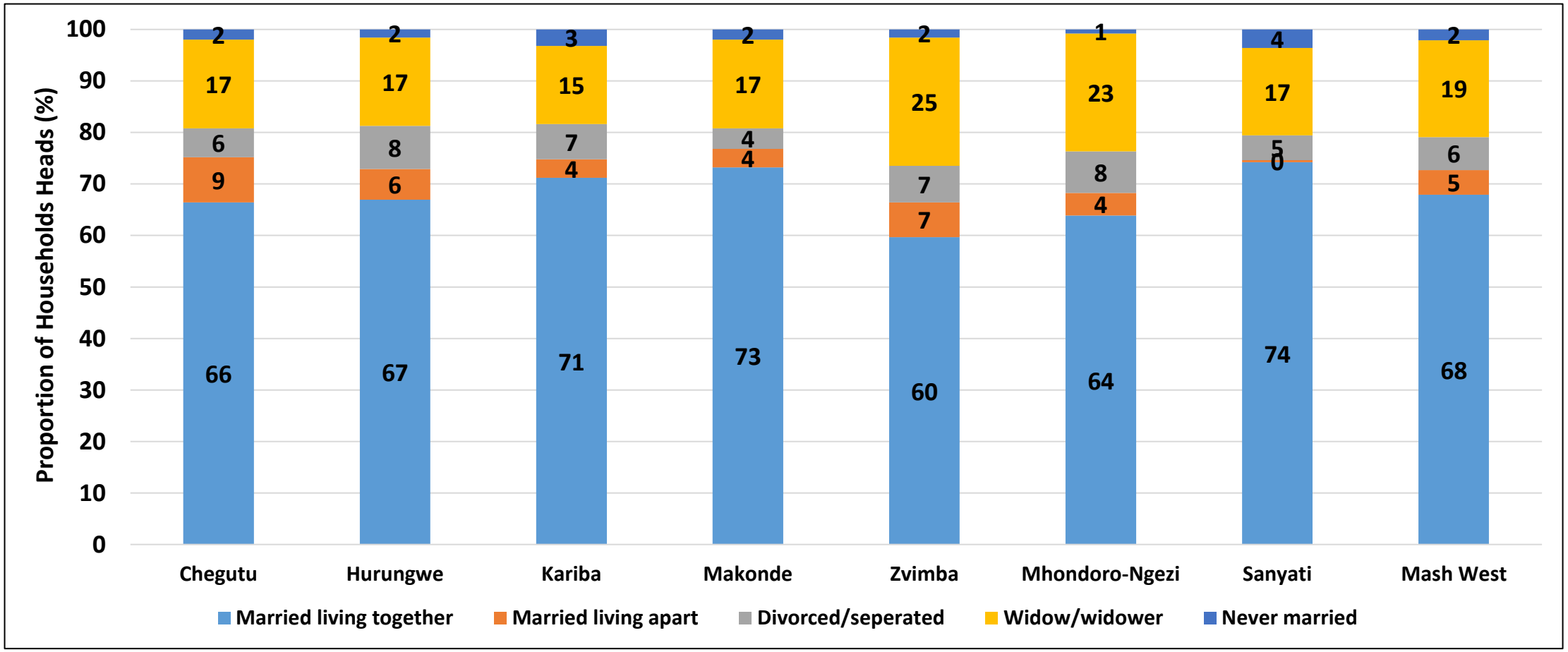
- The average household size for the province was 4.2 members.
- Mhondoro- Ngezi had the biggest household size of 4.6 and Hurungwe the least with 3.7 members
- The average age of household heads in the province was 48 years.
- The proportion of male headed households was 73%.

Characteristics of Household Head: Sex



- The majority of households in the province were male headed (73%).
- Zvimba (38%), had the highest proportion of female household heads.

Household Head Characteristics: Marital status



- The majority of the household heads in the province were married and living together (68%), 19% were widowed and 2% were never married.
- The pattern was the same across districts.

Household Head Characteristics: Religion

District	Roman Catholic (%)	Protestant Churches (%)	Pentecostal Churches (%)	Apostolic Sects (%)	Zion (%)	Other Christian (%)	Islam (%)	Traditional (%)	Other religion (%)	No religion (%)
Chegutu	6.4	10.4	15.2	28.4	2.0	0.4	1.6	1.2	0.8	33.6
Hurungwe	6.8	0.4	21.5	22.7	5.2	0.8	0.4	2.8	10.4	29.1
Kariba	4.0	3.6	11.6	36.4	9.2	0.4	0.0	11.2	0.0	23.6
Makonde	2.8	6.4	10.8	39.6	4.4	2.4	2.0	3.6	1.6	26.4
Zvimba	6.3	17.0	11.9	34.4	2.8	0.8	2.8	1.2	0.8	22.1
Mhondoro-Ngezi	10.1	20.2	9.3	36.3	2.4	0.8	0.4	2.8	0.0	17.7
Sanyati	7.7	5.3	10.1	34.0	10.1	3.6	0.0	0.4	0.0	28.7
Mash West	**6.3**	**9.0**	**12.9**	**33.1**	**5.1**	**1.3**	**1.0**	**3.3**	**1.9**	**25.9**

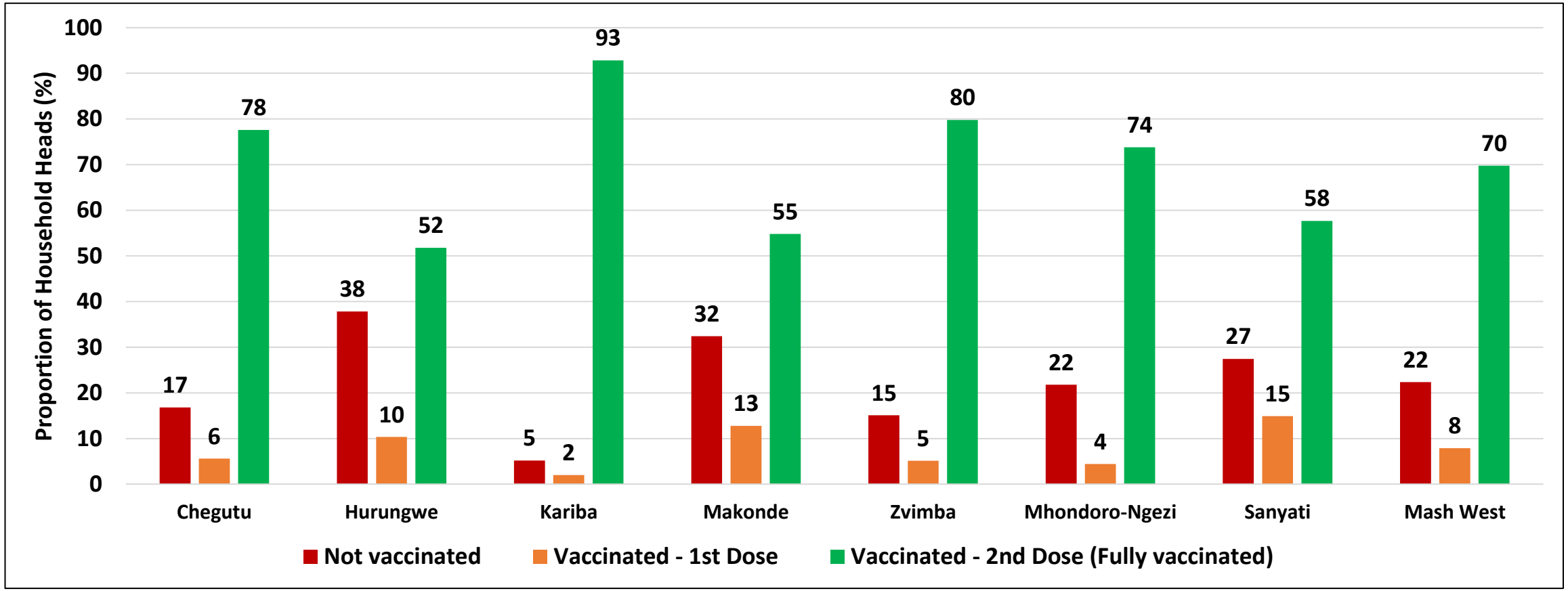
- The majority of the household heads in the province were of the Apostolic sect (33.1%) and 25.9% had no religion.

Household Head Characteristics: Educational Level

District	None (%)	Primary level (%)	ZJC level (%)	O' level (%)	A' level (%)	Diploma/Certificate after primary (%)	Diploma/Certificate after secondary (%)
Chegutu	4.0	46.0	14.8	31.6	0.8	1.2	0.8
Hurungwe	10.8	30.3	13.1	42.2	2.0	0.8	0.4
Kariba	19.3	27.3	19.7	30.9	1.6	0.4	0.8
Makonde	15.6	50.0	13.2	20.4	0.8	0.0	0.0
Zvimba	15.4	35.6	9.1	37.5	1.2	0.0	0.4
Mhondoro-Ngezi	3.2	38.6	12.0	41.0	0.8	0.4	3.6
Sanyati	6.5	21.9	24.3	44.5	1.2	1.6	0.0
Mash West	**10.7**	**35.7**	**15.2**	**35.4**	**1.2**	**0.6**	**0.9**

- The majority of the household heads in the province (35.7%) completed only primary level, followed by 35.4% that completed ordinary level.
- The pattern was the same across districts.

Household Head Characteristics: COVID-19 Vaccination Status



- The majority of household heads in the province (70%), were fully vaccinated.
- Kariba had the highest proportion of households heads who were fully vaccinated against COVID-19.

Vulnerability Attributes in the Province

District	Household Headed by a Child (%)	Household Headed by an Elderly (%)	Household Head who is Mentally Challenged (%)	Household Head with a Chronic Condition (%)	Households with an Orphan (%)	Parent does not Live in the Household (%)
Chegutu	2.4	22.8	1.6	3.6	9.6	45.3
Hurungwe	3.2	18.3	2	5.2	17.4	29.4
Kariba	2.4	16.7	0.8	4.3	11.3	20.9
Makonde	0.8	30.6	0.8	1.2	9	23.7
Zvimba	0.8	26.9	0.8	8.4	12	39.6
Mhondoro-Ngezi	1.2	30.6	0.4	6.2	16.1	40.9
Sanyati	3.6	29.6	2.8	7.7	12.1	22.8
Provincial	**2.1**	**25**	**1.3**	**5.2**	**12.4**	**32.1**

- The province had a significant proportion of elderly headed households (25%), and 12.4% of households with orphans.
- About 5.2% of the household heads were chronically ill.

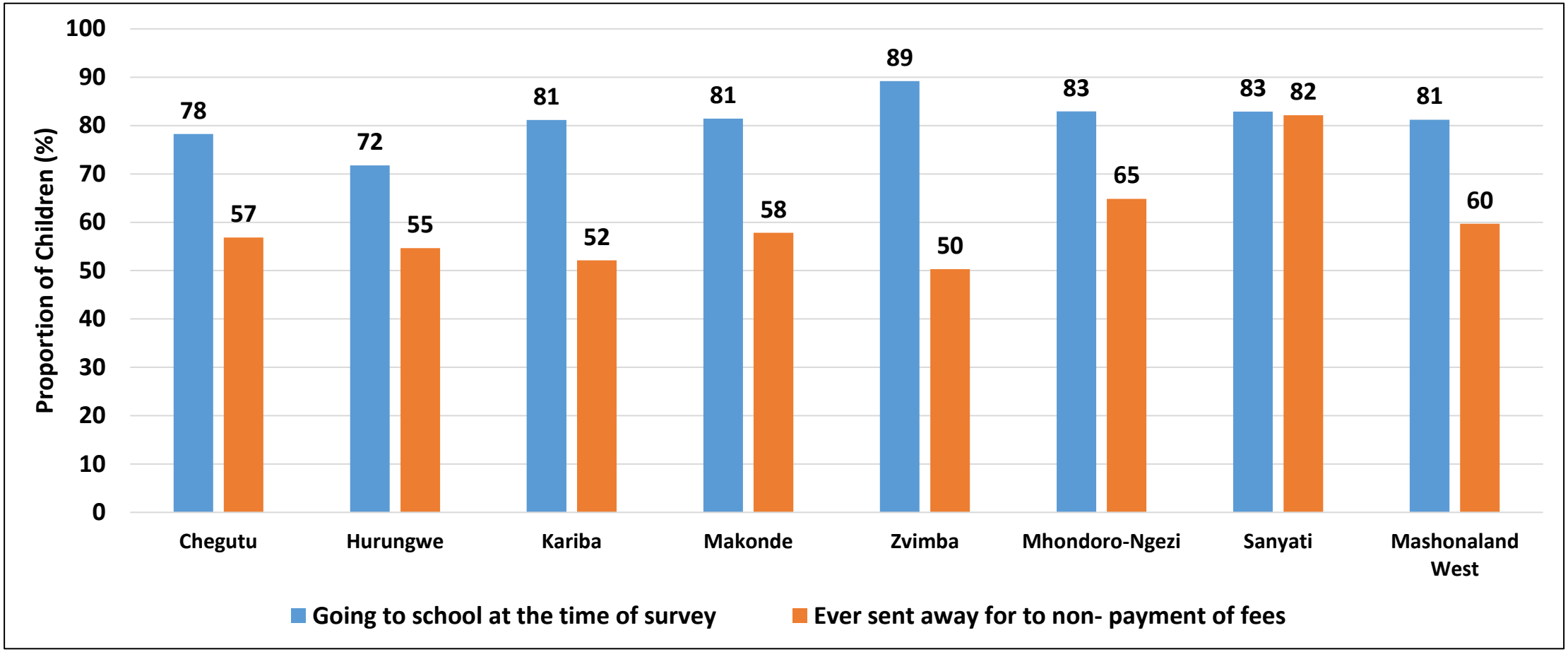
Households Vulnerability Attributes

District	With at least 1 member who has chronic condition (%)	With at least 1 mentally challenged Household members (%)
Chegutu	4	7.6
Hurungwe	3.2	5.2
Kariba	7.2	7.6
Makonde	2	4.8
Zvimba	6.3	6.7
Mhondoro-Ngezi	16.5	2.8
Sanyati	7.7	9.7
Provincial	**6.7**	**6.3**

- The province had 6.7% of households with at least one member that was chronically ill and 6.3% of households that had at least one household member who was mentally challenged.

Education

School Attendance



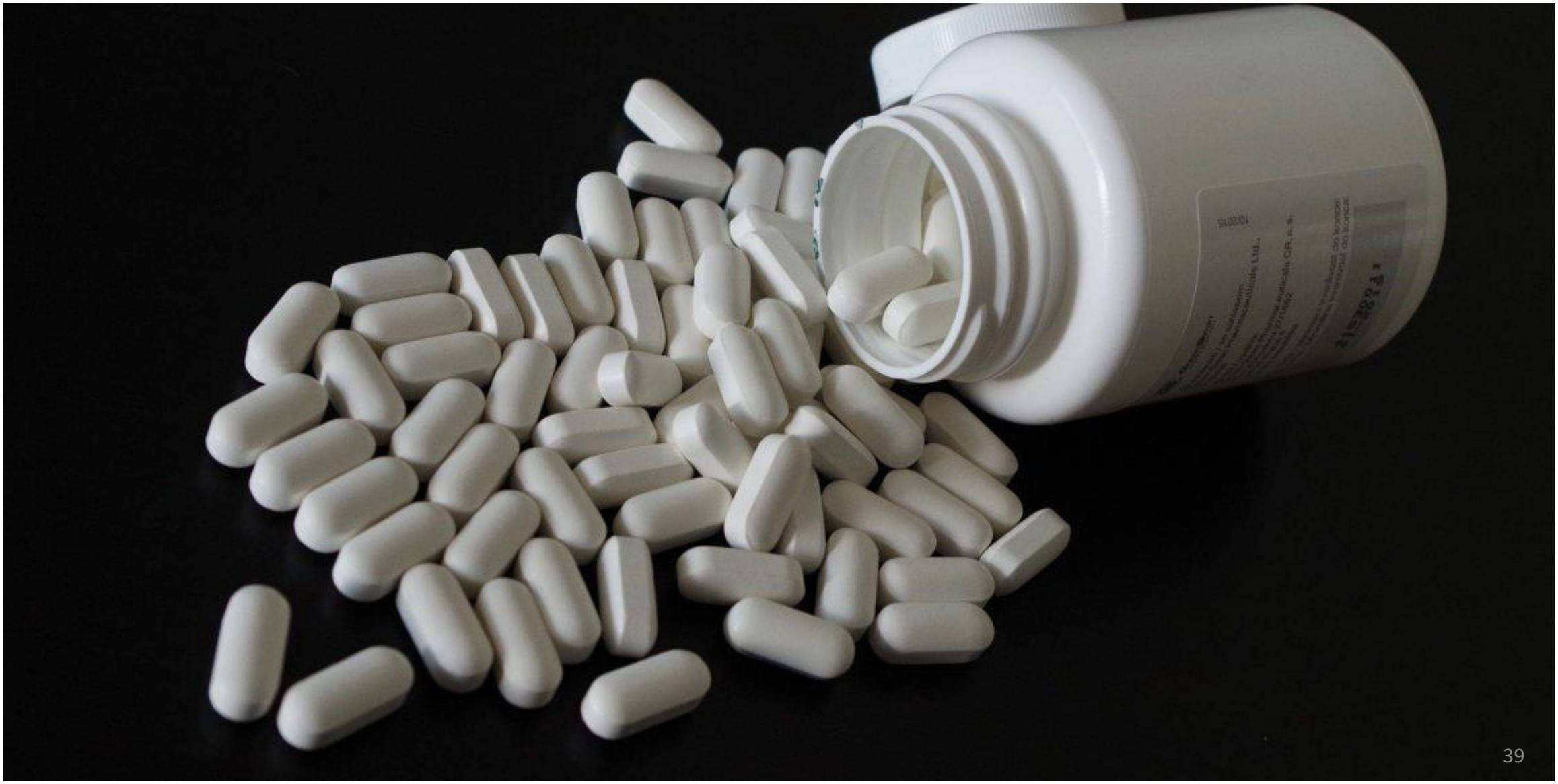
- In the province, 81% of children were going to school at the time of the survey.
- Sixty percent of the children were turned away from school due to non-payment of school fees.
- Sanyati (82%) had the highest proportion of children that were sent away from school due to non- payment of school fees.

Forms of Schooling

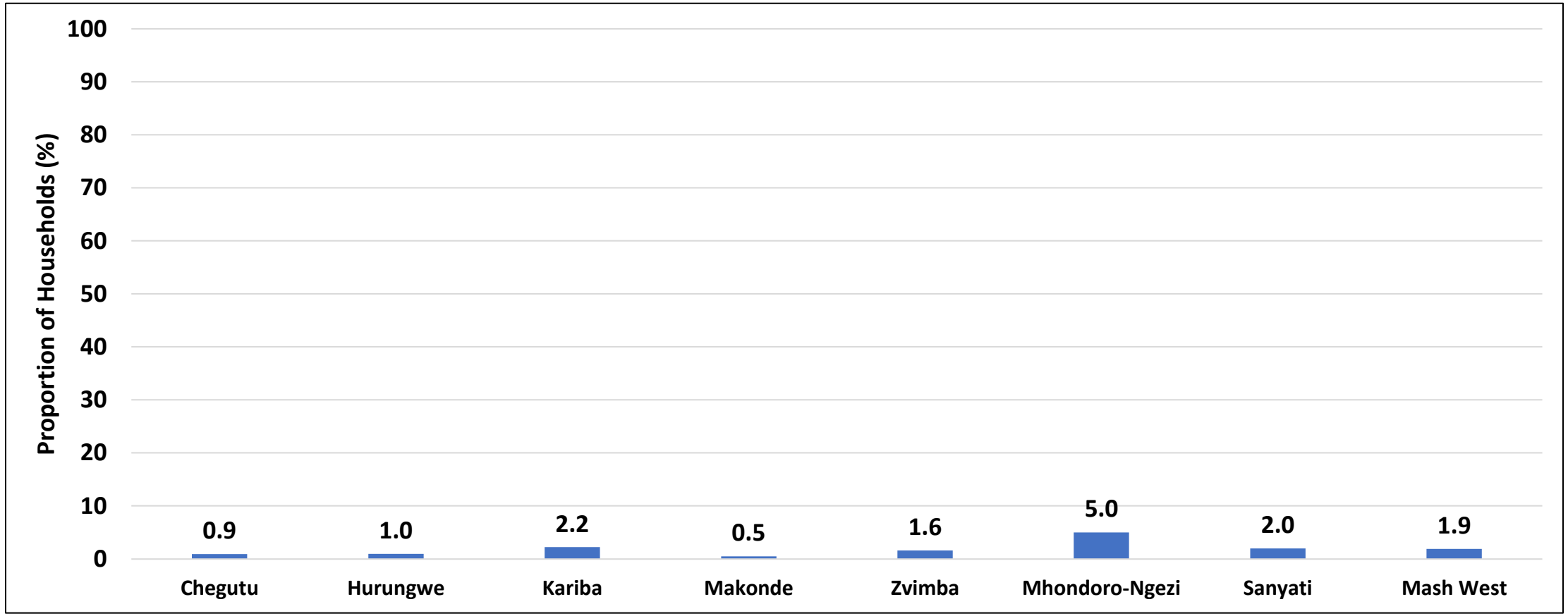
District	Home (%)	Physical (%)	Radio lessons (%)	TV lessons (%)	Online lessons (e.g. Learning passport, Educonnect Zimbabwe) (%)	WhatsApp (%)
Chegutu	1.9	97.8	0.3	0	0	0
Hurungwe	9.4	83.5	4.3	0	0.8	2
Kariba	21.2	52.4	19.4	2.9	0	4.2
Makonde	0	99.7	0.3	0	0	0
Zvimba	1.6	97.7	0.7	0	0	0
Mhondoro-Ngezi	0.4	99.6	0	0	0	0
Sanyati	0	100	0	0	0	0
Chegutu	1.9	97.8	0.3	0	0	0
Mash West	**5.6**	**88.5**	**4.3**	**0.5**	**0.1**	**1**

- The most common form of schooling in the province was physical attendance across all districts (88.54%).

Chronic Conditions



Households with Members with Chronic Conditions



- About 1.9% of households in the province had at least one member with a chronic condition.
- The highest proportion (5%) was in Mhondoro-Ngezi and the least proportion was in Makonde (0.5%).

Chronic Conditions (1.9%)

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 (%)	Liver diseases (%)	Kidney diseases (%)	Ulcer, chronic stomach pain (%)	Other (%)
Chegutu	33.6	2.6	6.9	5.2	36.2	4.3	1.7	0.9	0.0	4.3	0	0	1.7	2.6
Hurungwe	41.3	0	19.6	13.0	15.2	4.3	0	2.2	2.2	0.0	0	0	0.0	2.2
Kariba	17.7	3.8	0	15.2	7.6	17.7	3.8	3.8	0.0	1.3	0	6.3	3.8	19
Makonde	27.5	0	16.7	14.7	31.4	1	2	0	2	1	0	2	1	1
Zvimba	35.9	0.9	18.8	5.1	13.7	7.7	2.6	4.3	0.9	0	0	0	4.3	6
Mhodoro-Ngezi	9.8	4.7	6.1	7.0	25.2	16.8	2.8	1.4	2.3	0.5	0	1.4	7.5	14.5
Sanyati	11.3	5.6	21.1	9.9	35.2	0.7	2.8	2.8	0	2.1	0.7	0.7	4.2	2.8
Mash West	21.9	3.1	12.1	9.1	25.4	8.3	2.5	2.1	1.1	1.3	0.1	1.3	4.0	7.6

- The most common chronic condition in the province was hypertension (25.4%), followed by HIV (21.9%) and the least was liver disease at 0.1%.

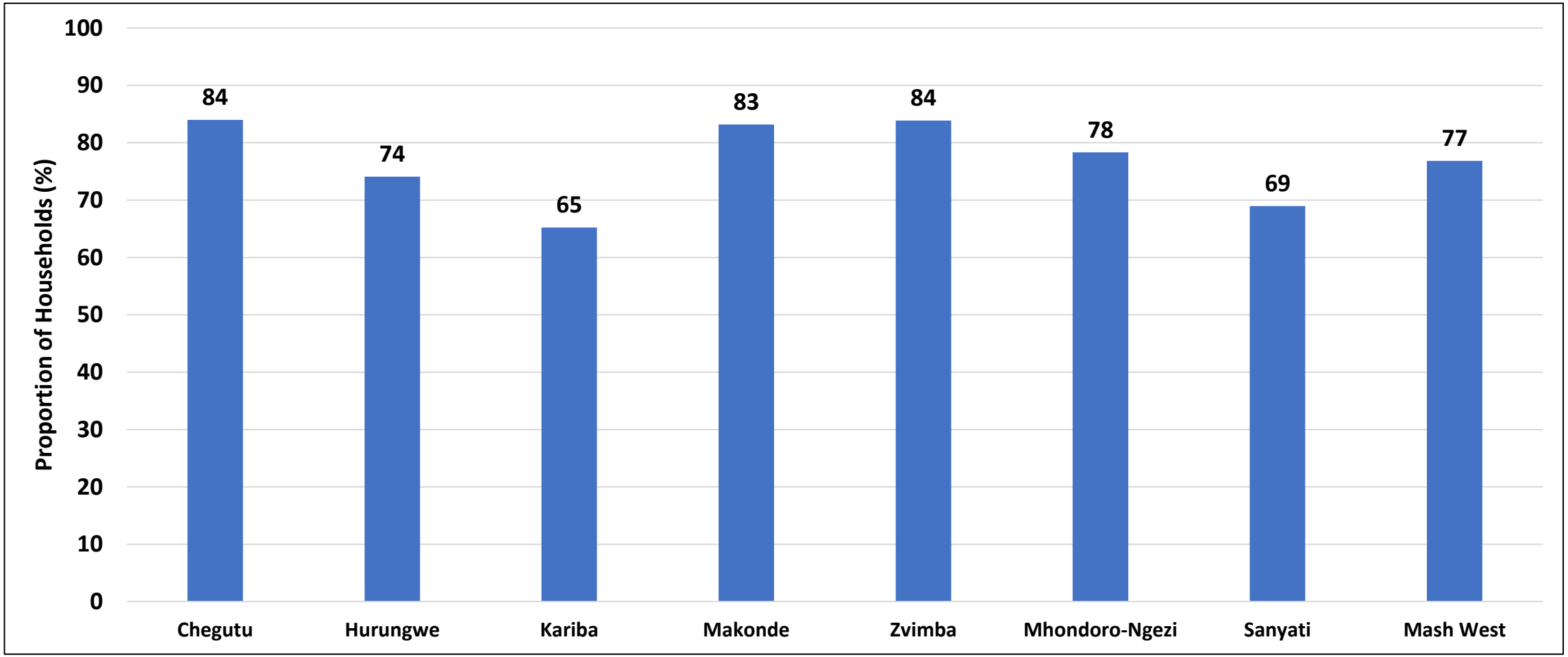
Water, Sanitation and Hygiene

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.

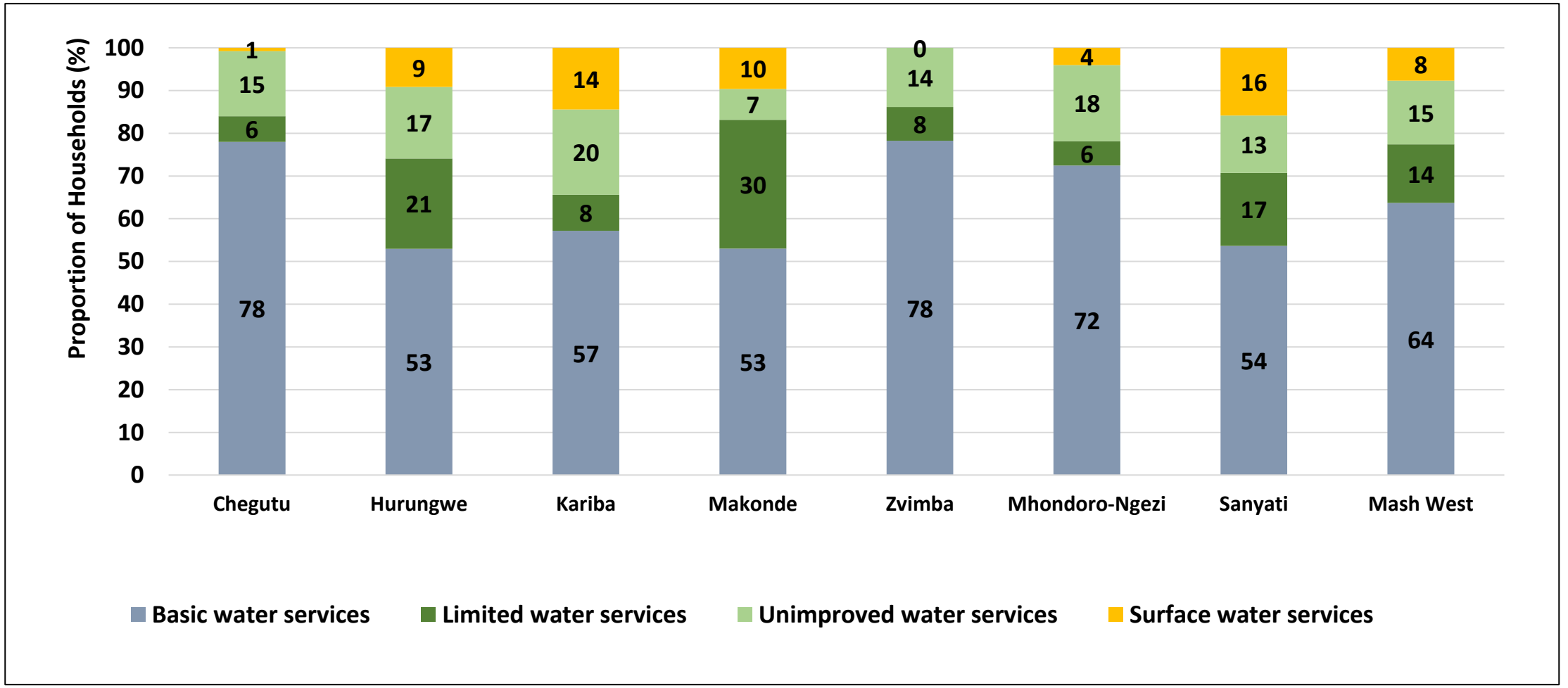
Note :
"Improved" drinking water sources are further defined by the quality of the water they produce, and are protected from faecal contamination by the nature of their construction or through an intervention to protect from outside contamination. Such sources include: piped water into dwelling, plot, 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 Sources



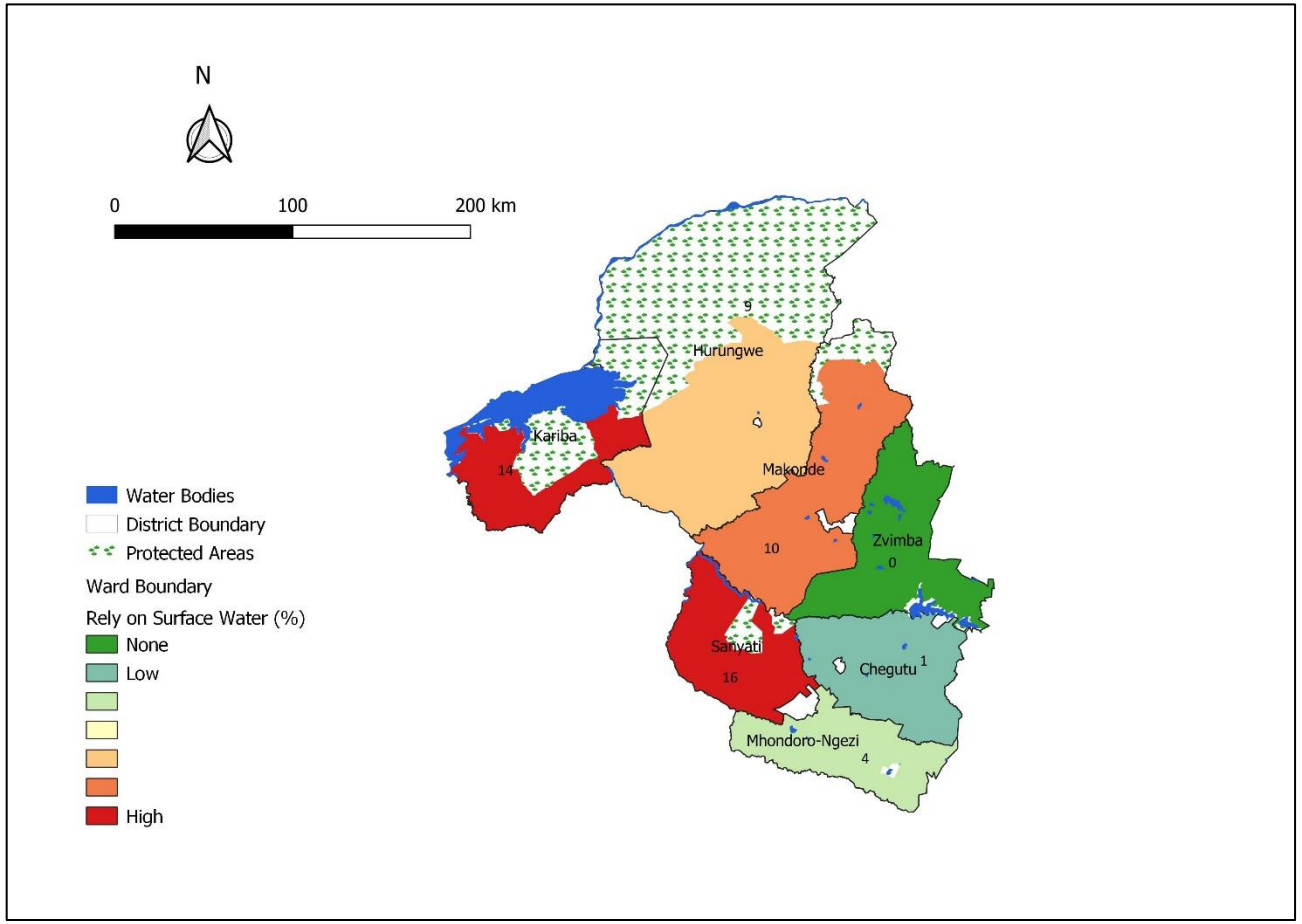
- At provincial level the proportion of households which had access to improved water was 77%.
- Chegutu (84%) and Zvimba (84%) had the highest proportion of households which accessed improved water sources.

Main Drinking Water Services



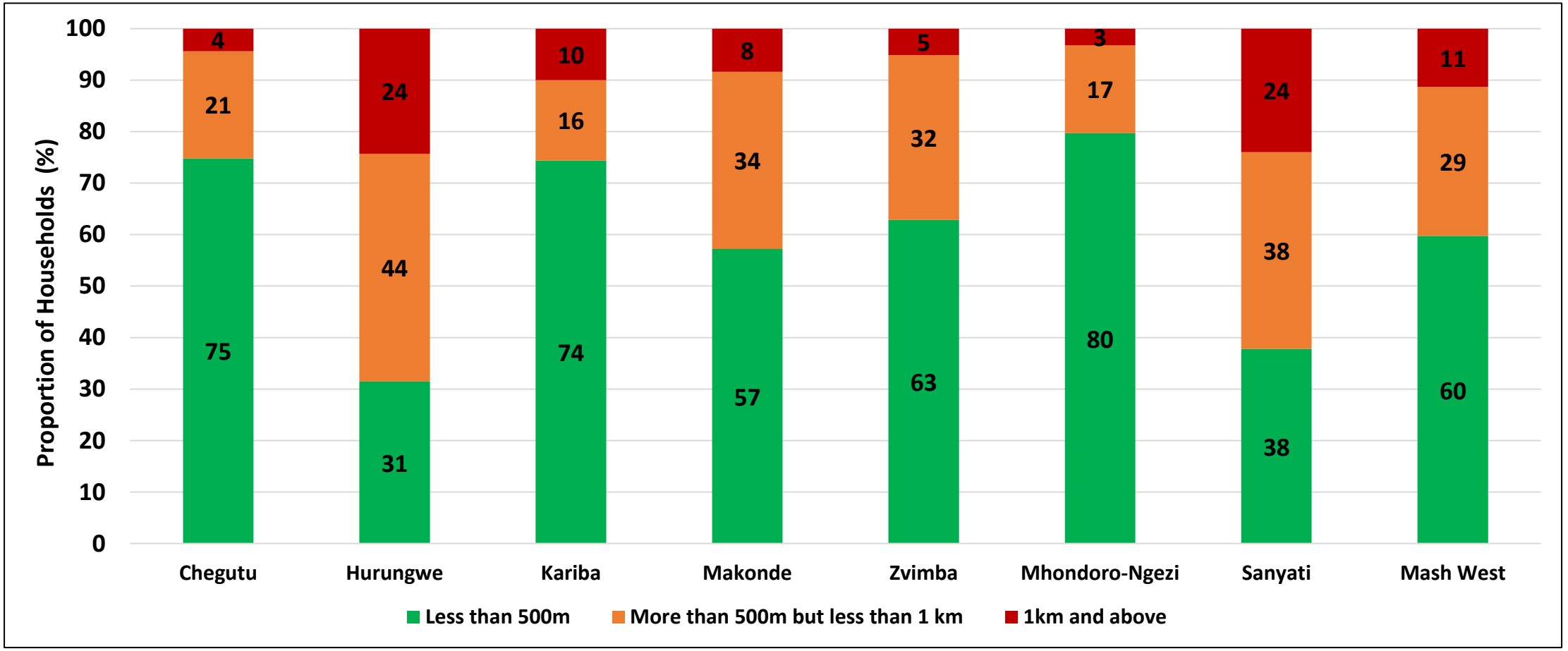
- The proportion of households accessing basic water services in the province was 64% and there was no improvement from 2021.
- Kariba (20%) had the highest proportion of households which used unimproved water services.

Households Drinking Surface Water



- Sanyati (16%) had the highest proportion of households using surface water for drinking purposes.

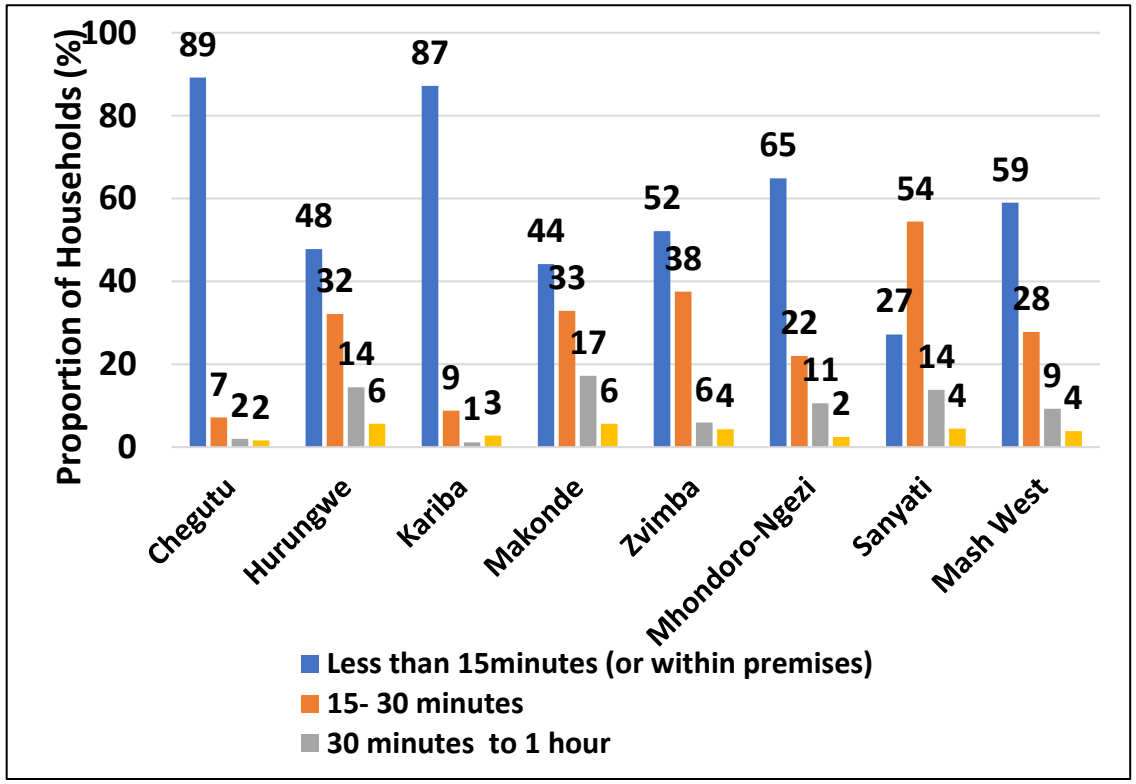
Distance Travelled to Main Water Source



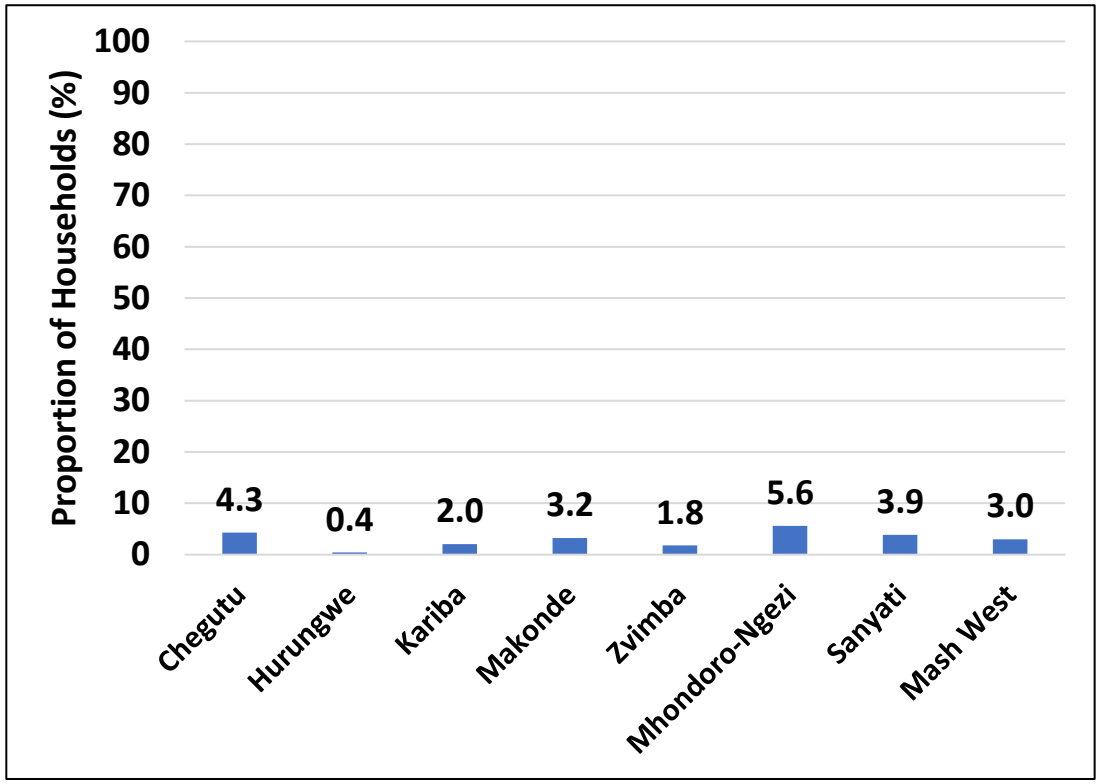
- In the province, 60% of households travelled a distance of less than 500m to get to a water source.
- Hurungwe and Sanyati (24%) had the highest proportion of households travelling one kilometre and above to get to a water source.

Time Spent Queuing at Water Source and Violence at Water Source

Time Spent At Water Source



Violence At Water Source



- The proportion of households which spent less than 15 minutes queuing at a water source or had water within premises was 59%.
- Hurungwe (6%) and Makonde (6%) had the highest proportions of households queuing for more than an hour at a water source.
- Mhondoro Ngezi (5.6%) recorded the highest proportion of households reporting violence at a water source.

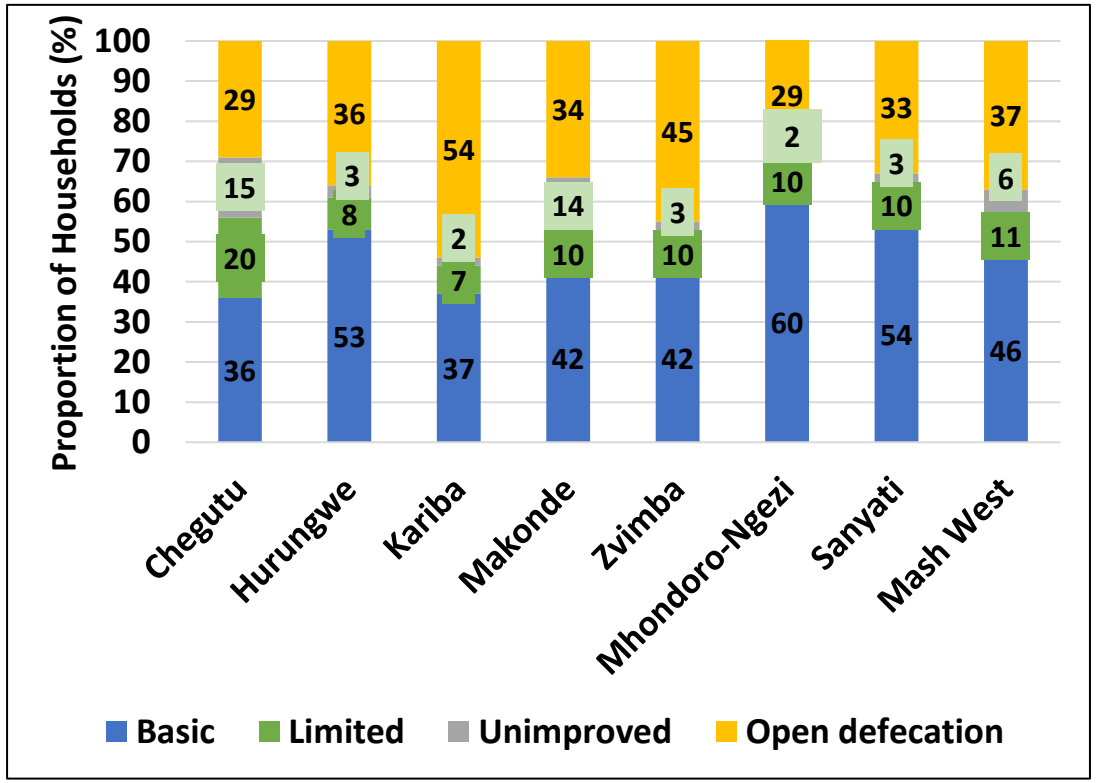
Ladder for Sanitation

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.

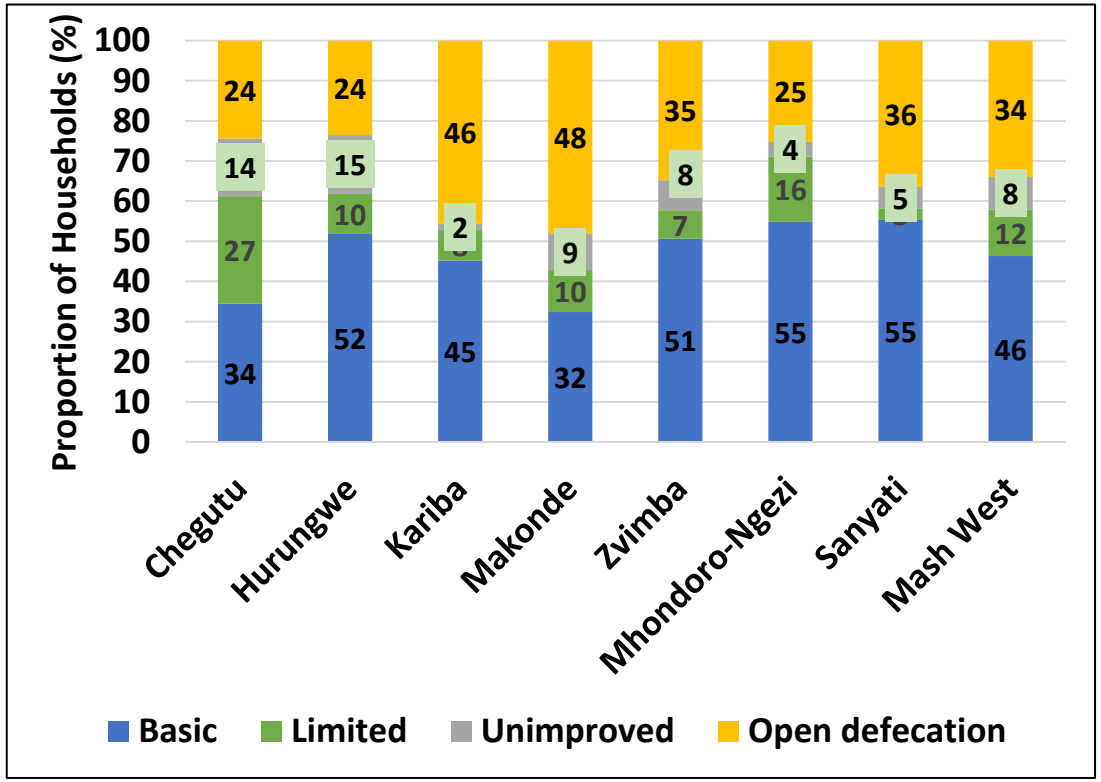
Note: Improved sanitation facilities: Facilities that ensure hygienic separation of human excreta from human contact. They include flush or pour flush toilet/latrine, Blair ventilated improved pit (BVIP), pit latrine with slab and upgradeable Blair latrine.

Access to Improved Sanitation Services

2021

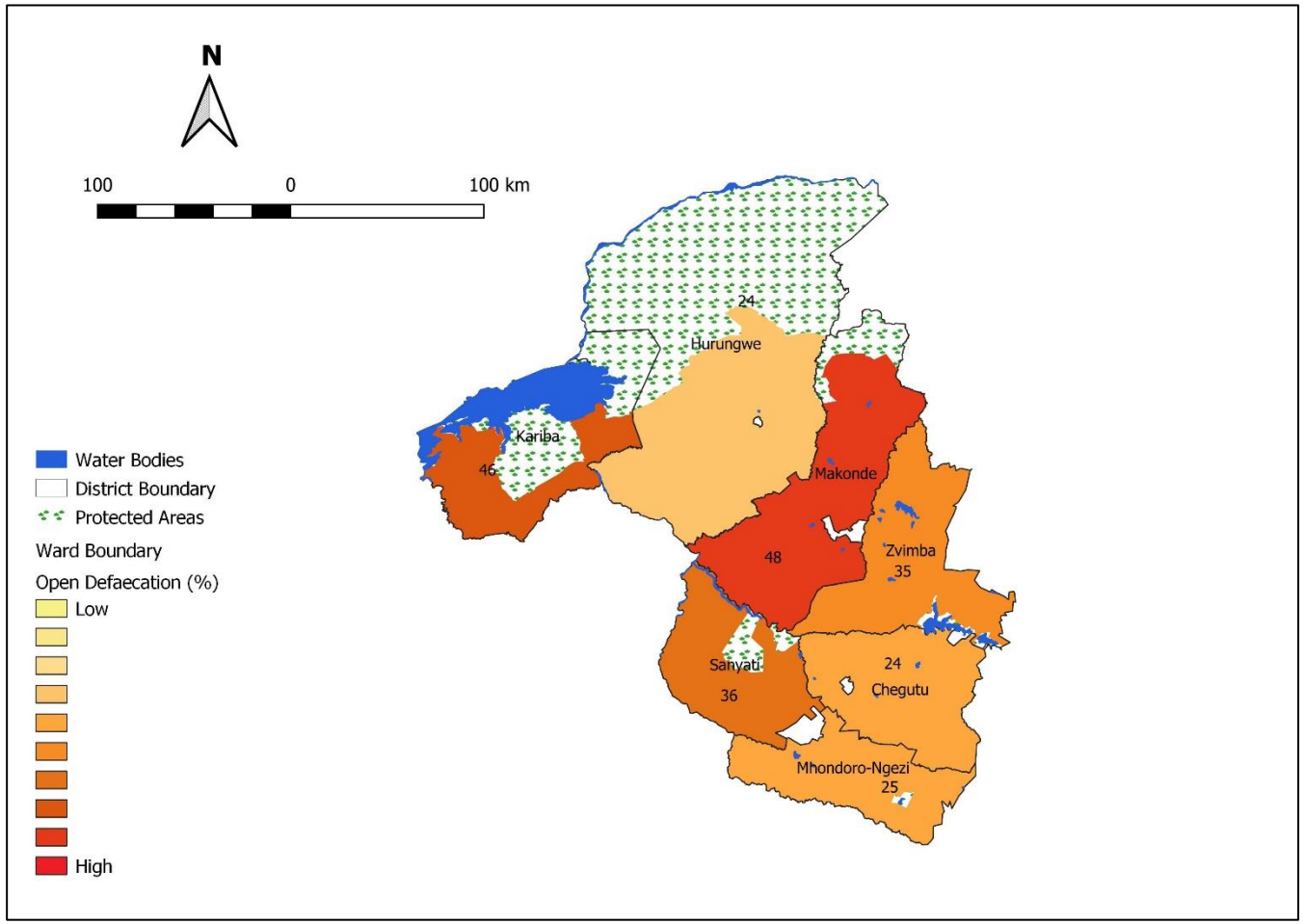


2022



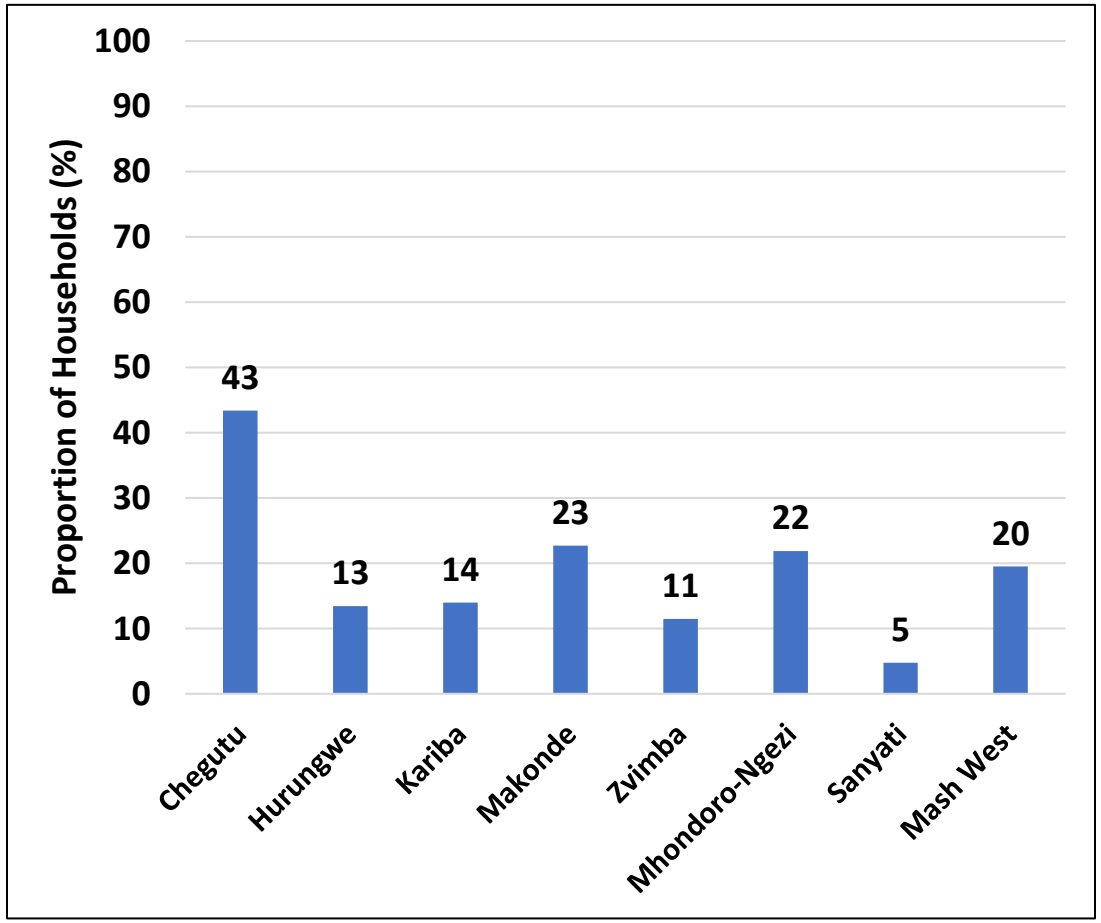
- In the province, open defecation slightly reduced from 37% in 2021 to 34% in 2022.
- At provincial level, 8% of the households were using unimproved sanitation facilities, an increase from 6% in 2021.

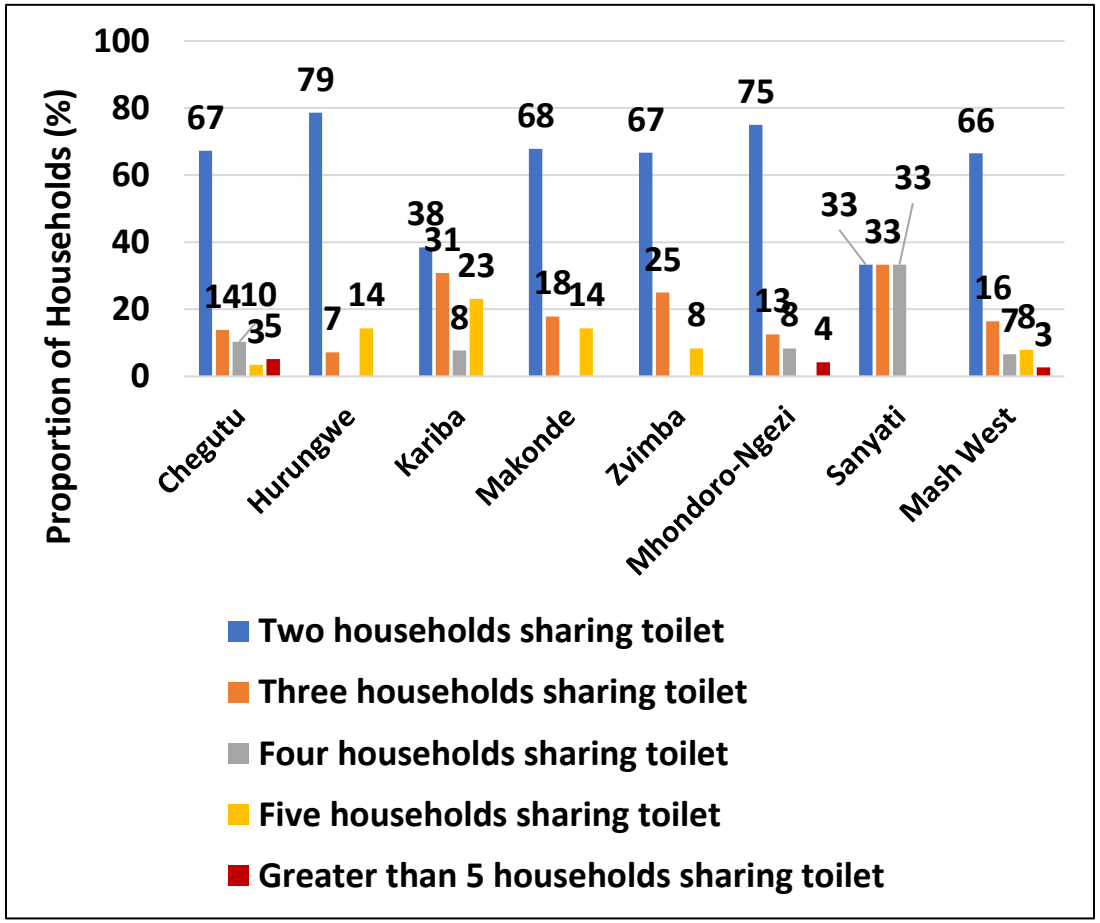
Open Defecation



- Makonde (48%) followed by Kariba (46%) had the highest proportions of households practising open defecation.

Households Sharing Toilets





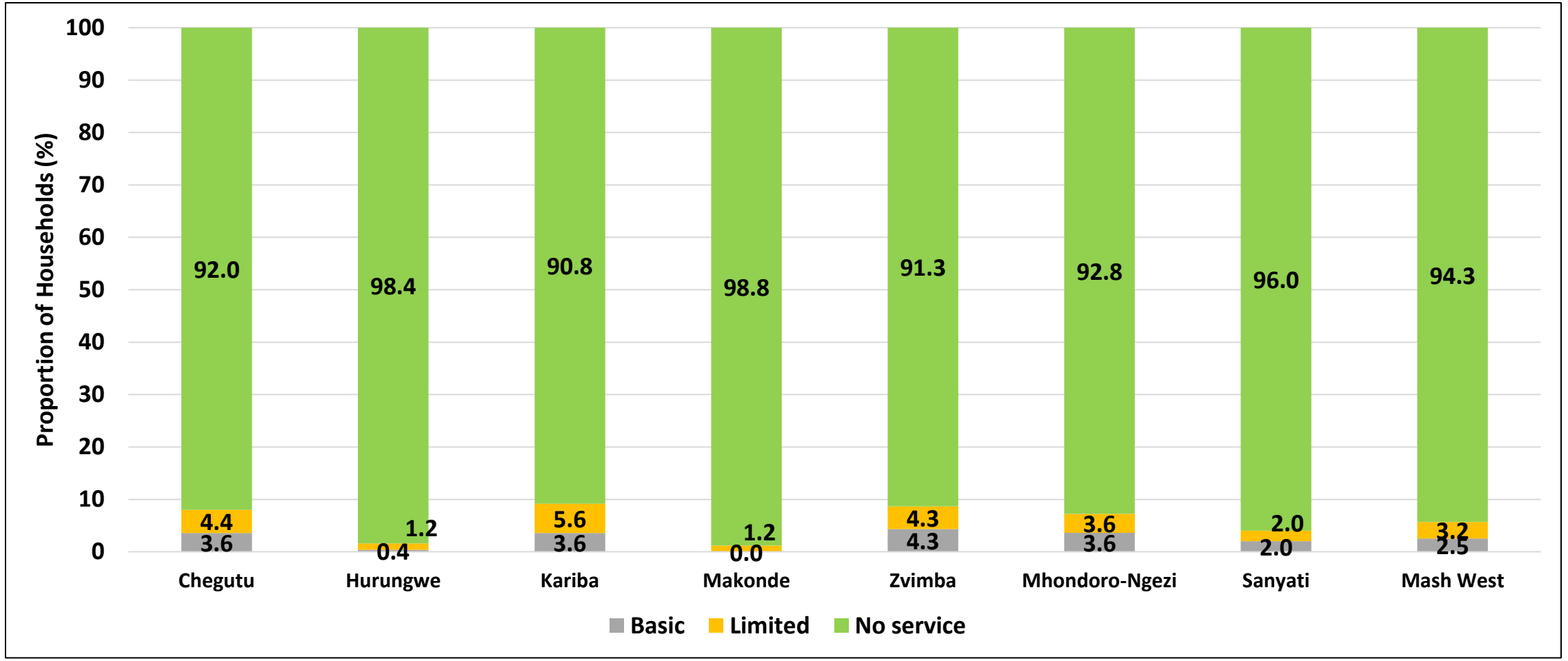
- There were 20% of households sharing toilets in the province and the highest proportion was in Chegutu (43%).
- About 66% of households shared toilets with two households while 3% shared with more than five households.

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.

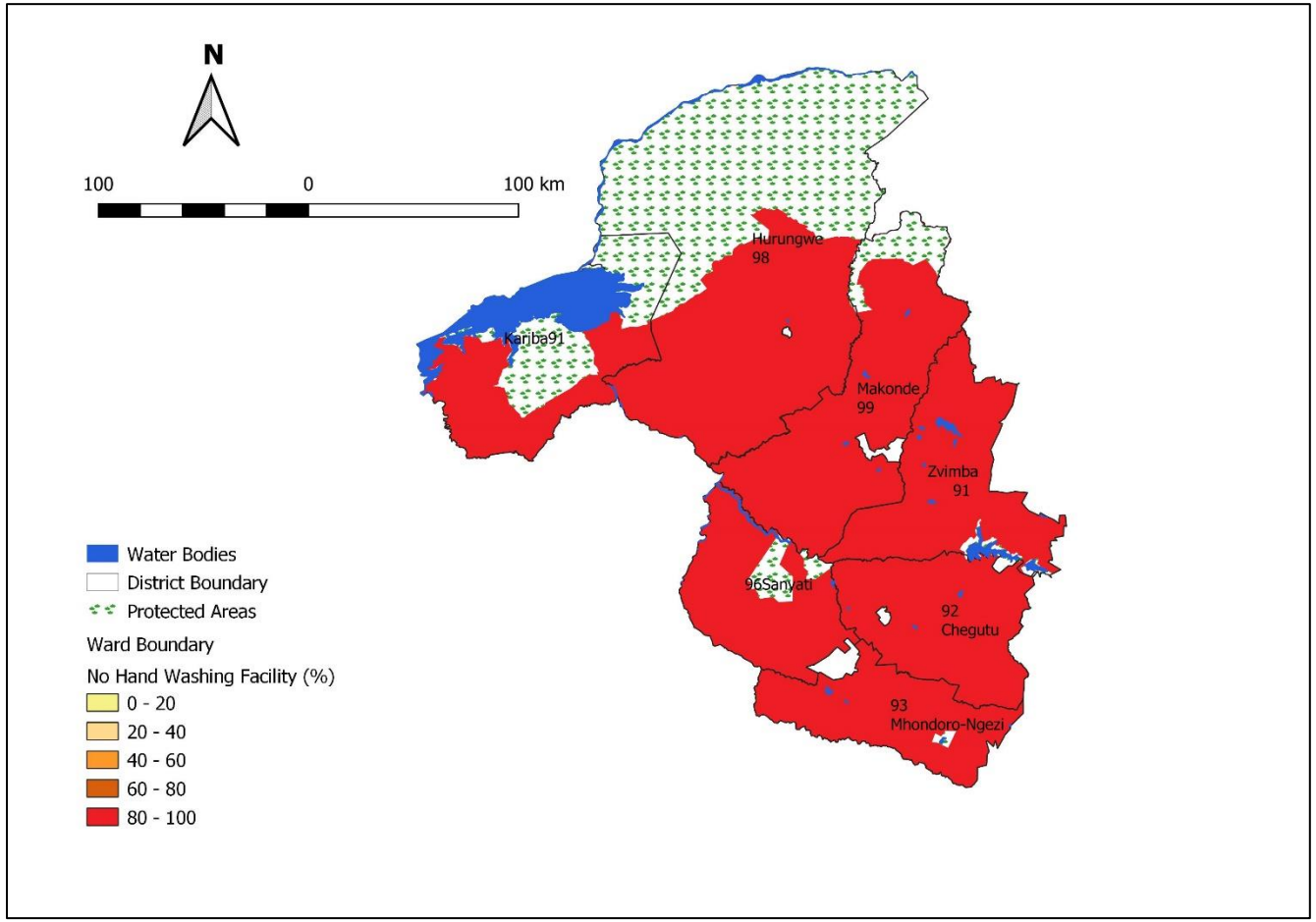
Note: handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy taps, and jugs or basins designated for hand washing. Soap includes bar soap, liquid soap, powdered detergents and soapy water but does not include sand, soil, ash and other handwashing agents.

Access to Hand Washing Facilities



- There were no handwashing facilities at most households (94.3%) across the province.
- Zvimba (4.3%) had the highest proportion of households that had basic handwashing facilities.

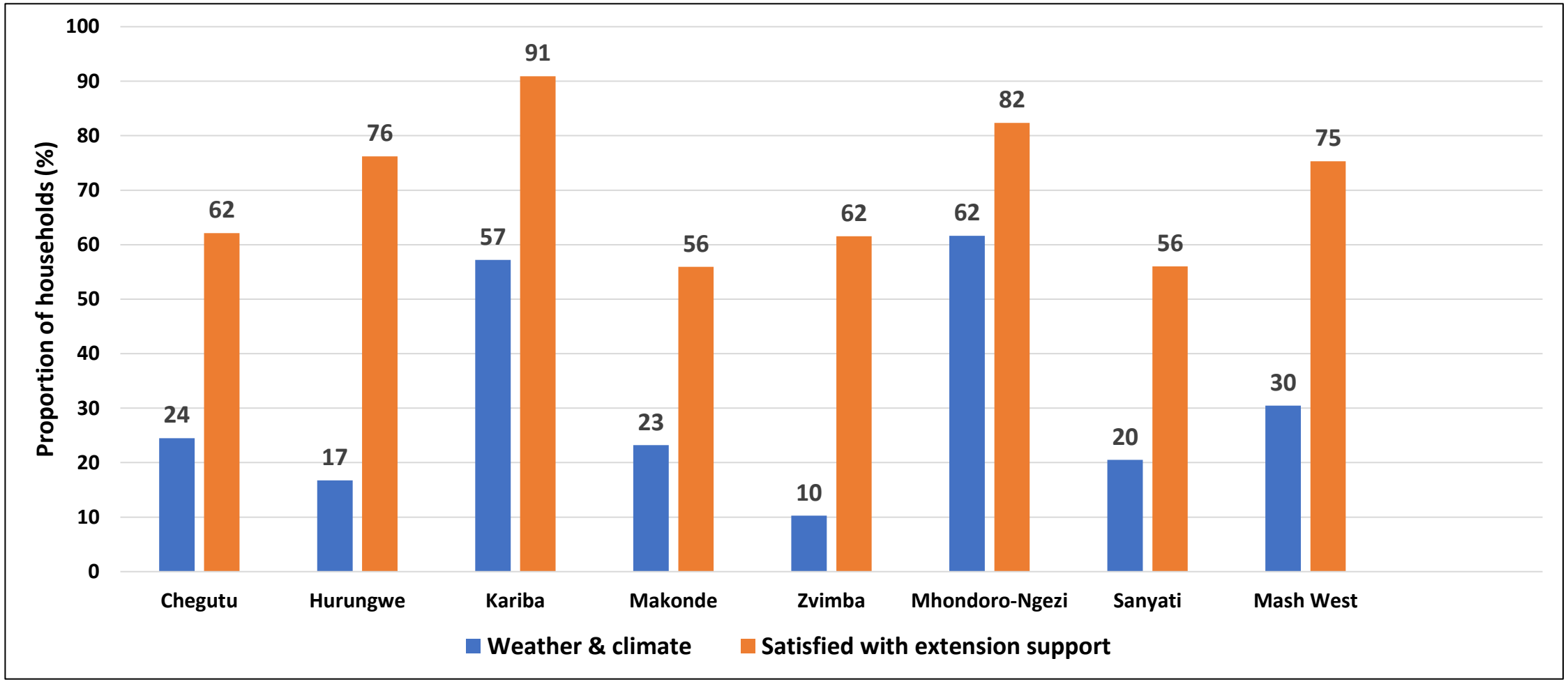
Non-availability of Handwashing Facilities



- There were no handwashing facilities at most households sampled during the survey
- Makonde (99%) and Hurungwe (98%) had the highest proportions of households that had no handwashing facilities at their toilets.

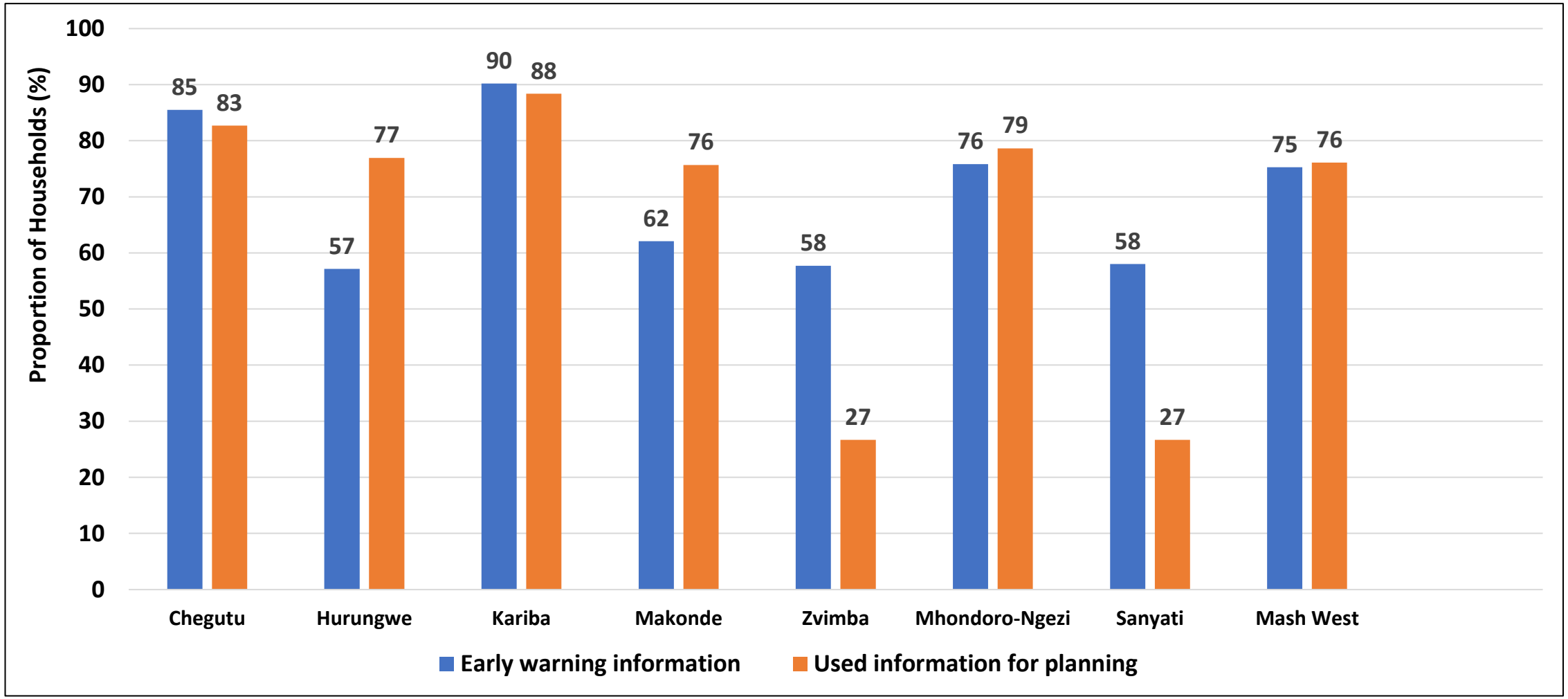
Access to Critical Infrastructure

Access to Weather and Climate Information



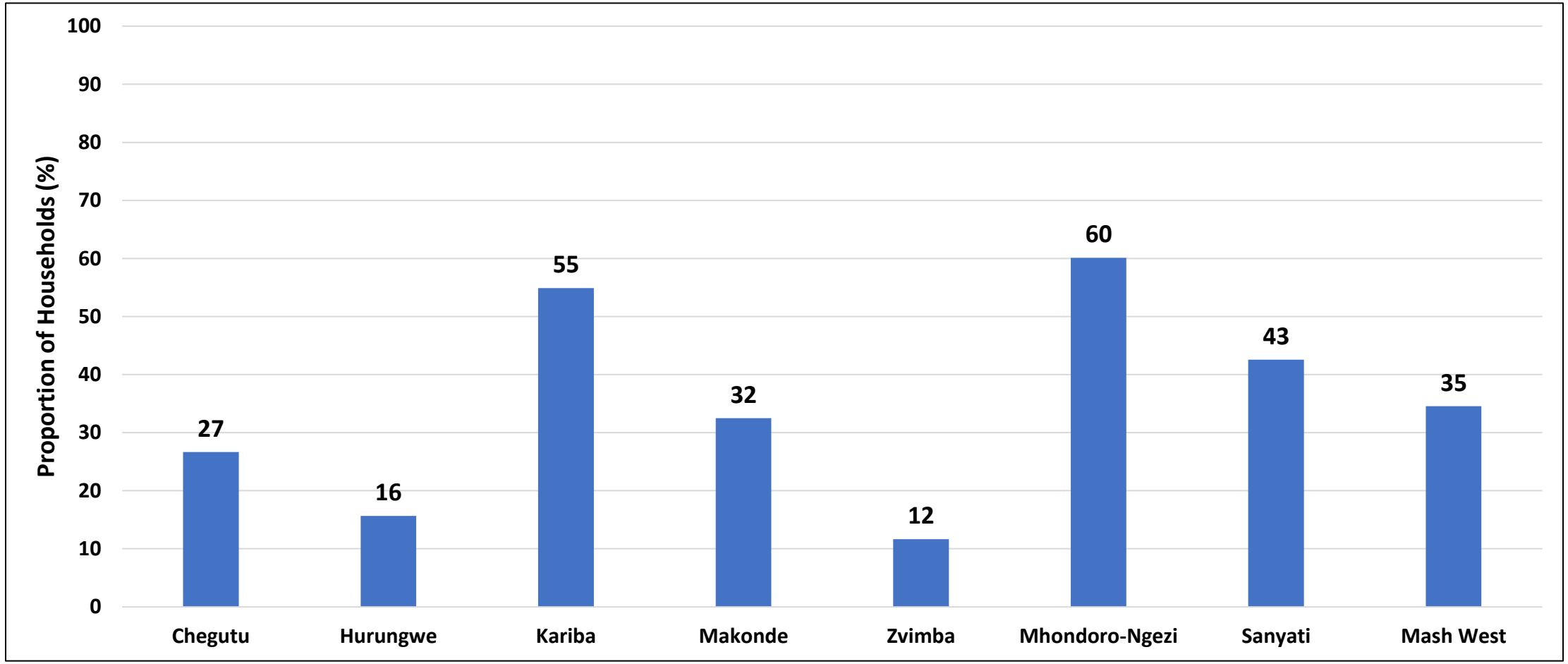
- About 30% of the households in the province accessed weather and climate information from extension workers.
- Seventy five percent were satisfied with the extension support.

Access to Early Warning Information



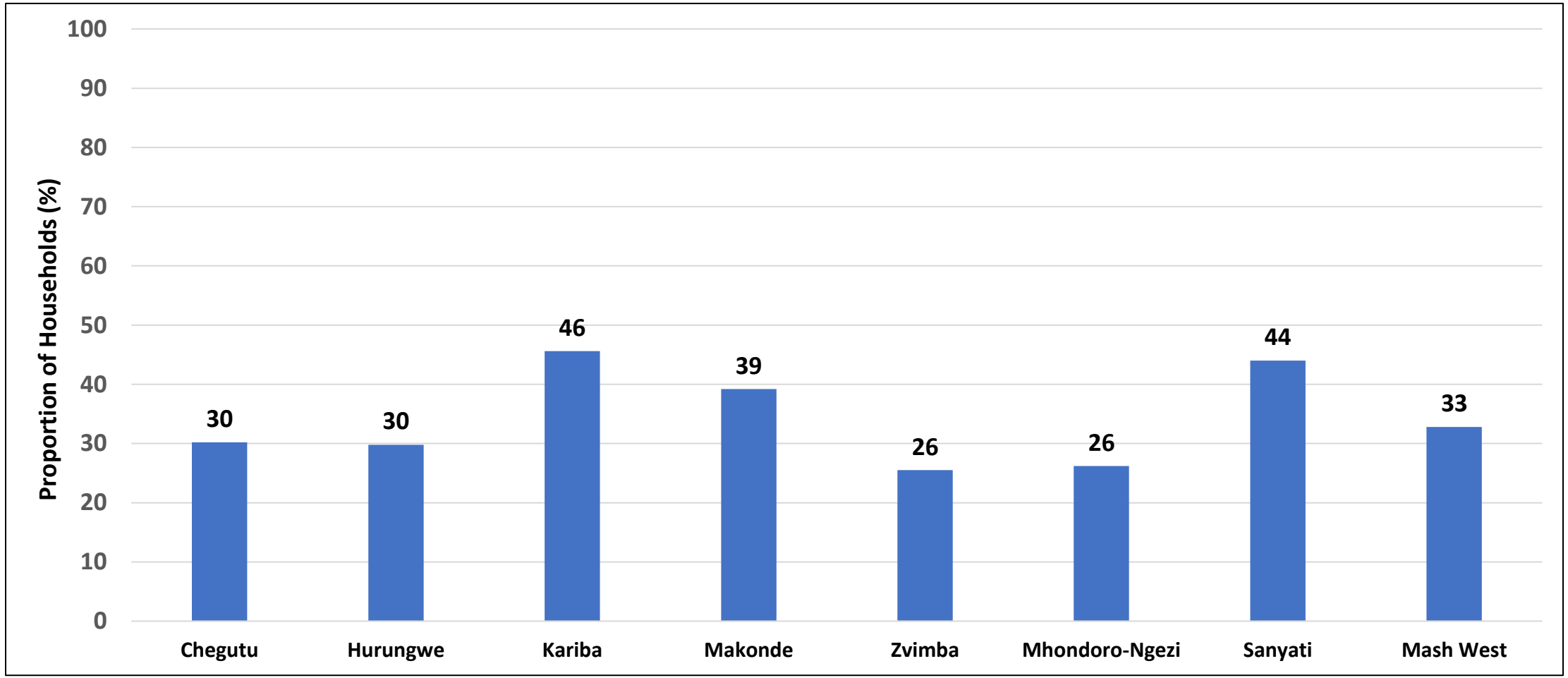
- About 75% of the households in the province accessed early warning information and 76% used the information for planning purposes.

Access to Information on January Disease



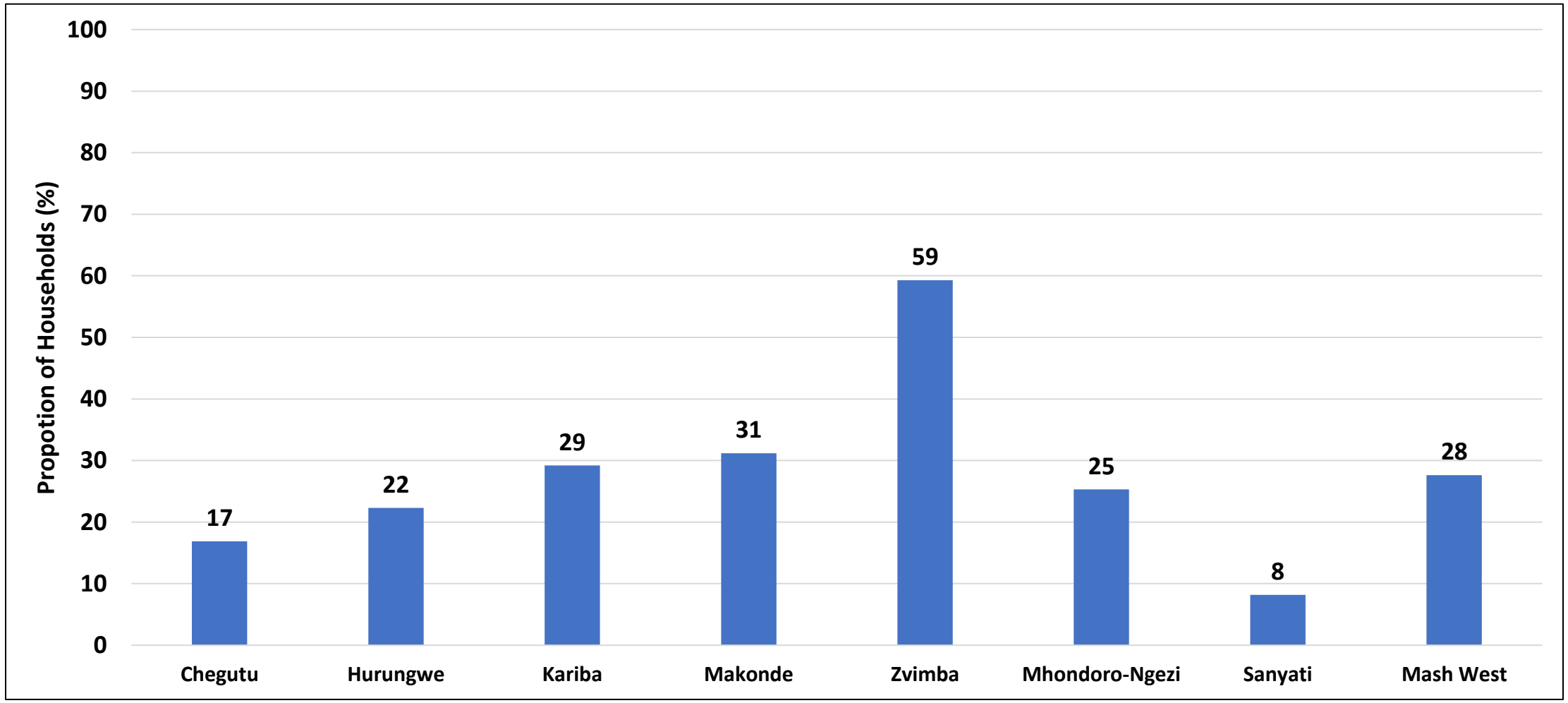
- Mhondoro- Ngezi (60%) and Kariba (55%) had the highest proportions of households that accessed information on January disease.

Access to Victim Friendly Unit



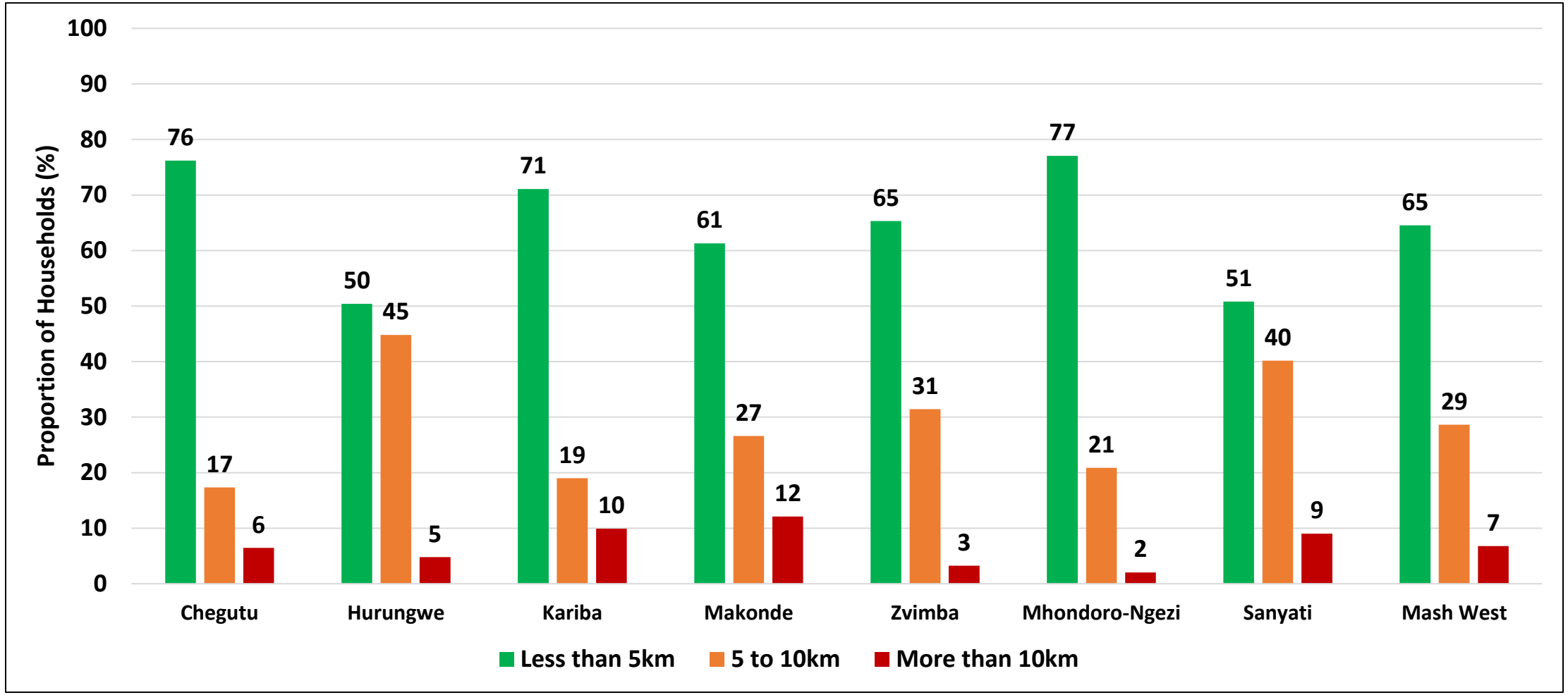
- Kariba (46%) and Sanyati (44%) had the highest proportions of households which had access to the victim friendly unit.

Police Services Reachable within One Hour



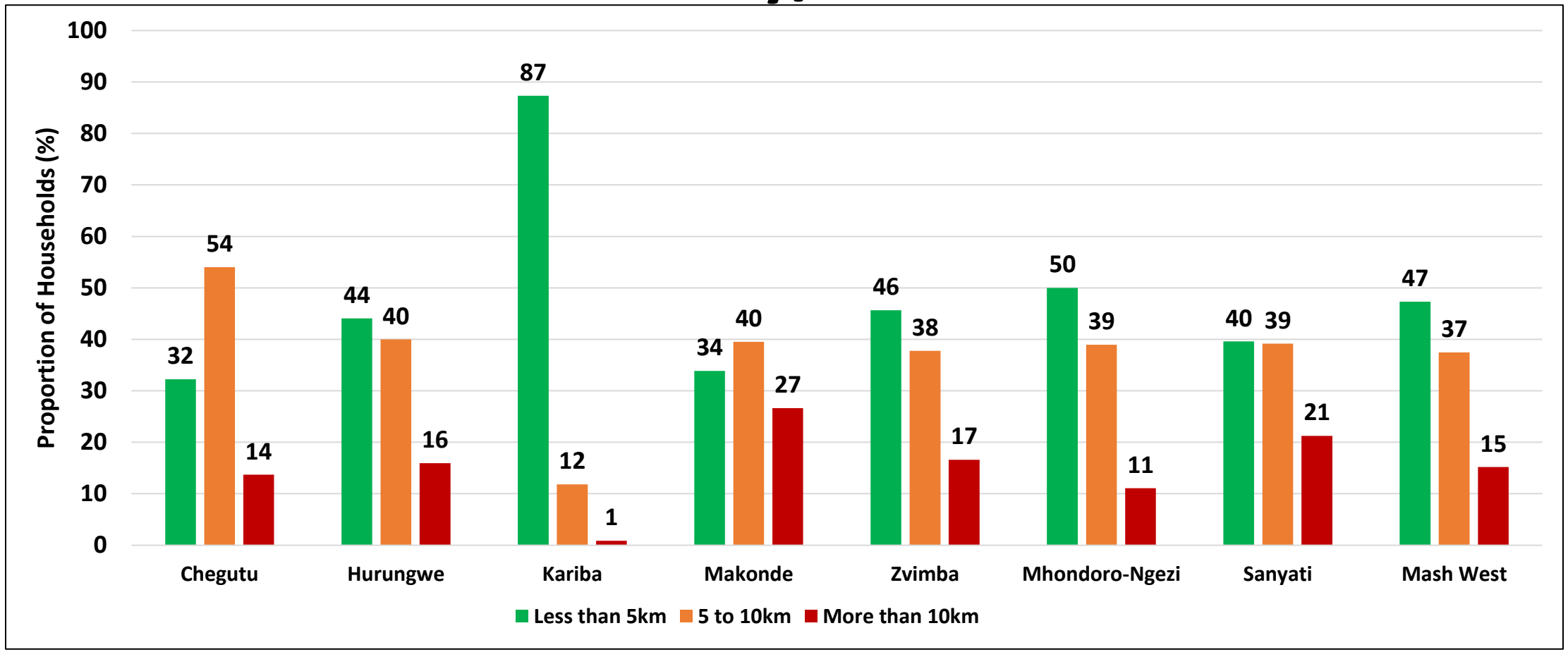
- Only 28% of households in the province reported that police services were reachable within one hour.

Approximate Distance of the Nearest Primary School



- Sixty five percent of households reported to have their nearest school within a distance of the less than 5km

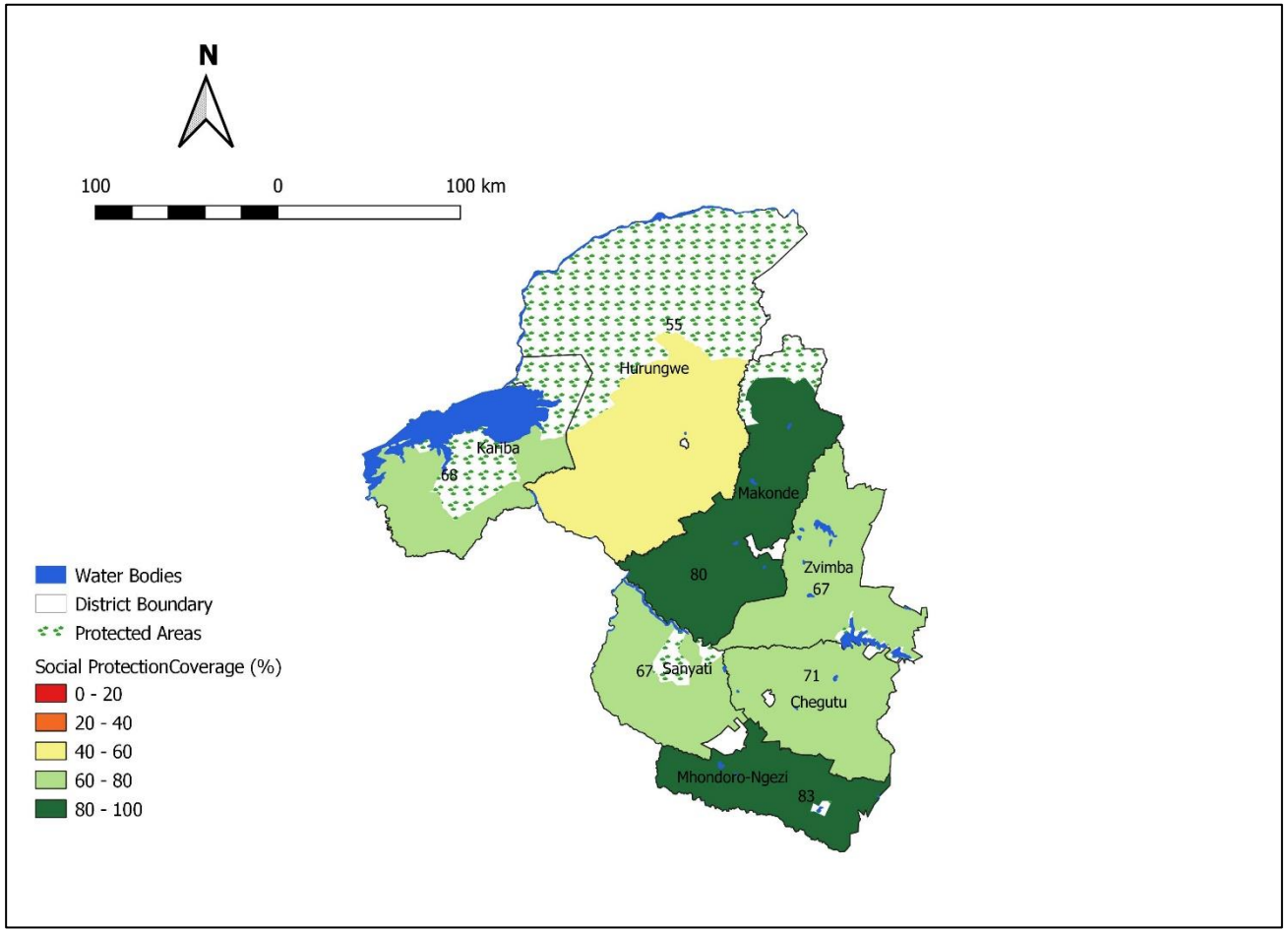
Approximate Distance of the Nearest Health Facility/Clinic



- About 47% of households were within a 5km radius to the nearest health facility, while 15% were more than 10km from their nearest health facility/clinic.

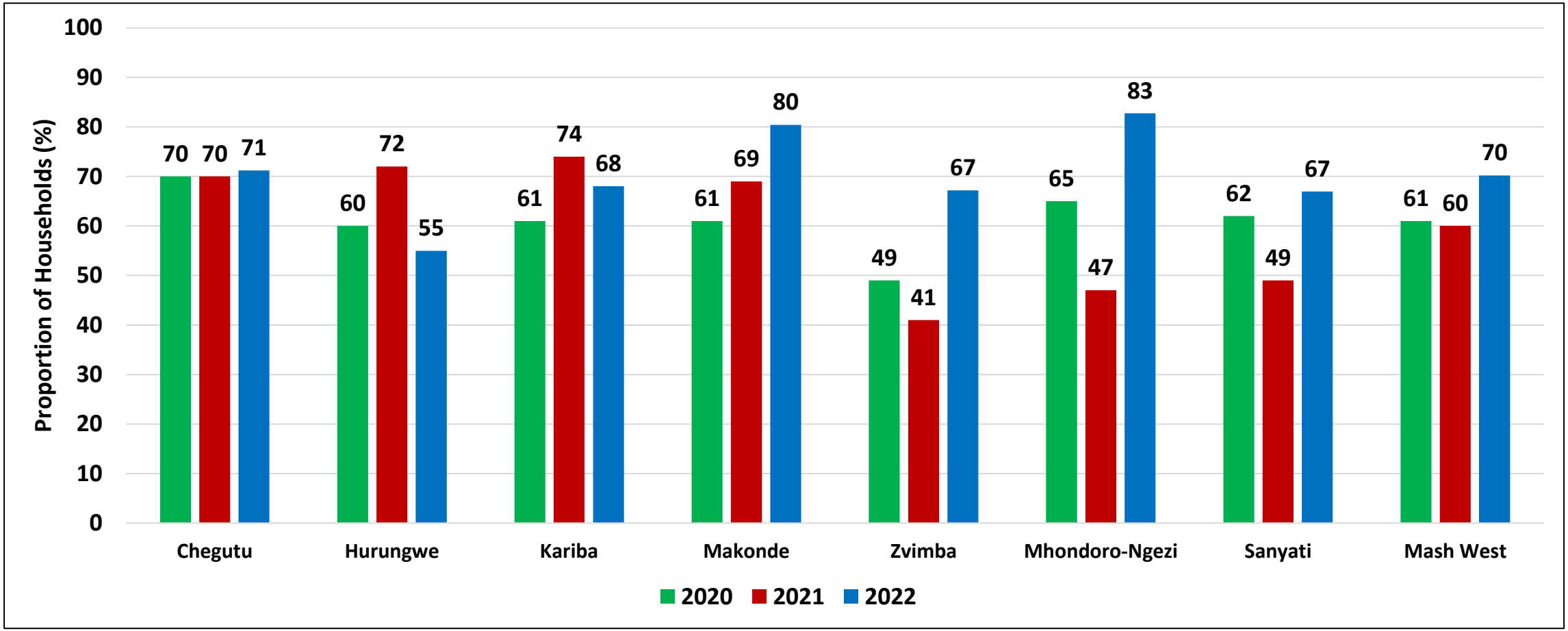
Social Protection

Combined Social Protection Assistance



- Mhondoro Ngezi (83%) had the highest proportion of households that received social protection assistance.

Households Which Received any Form of Support



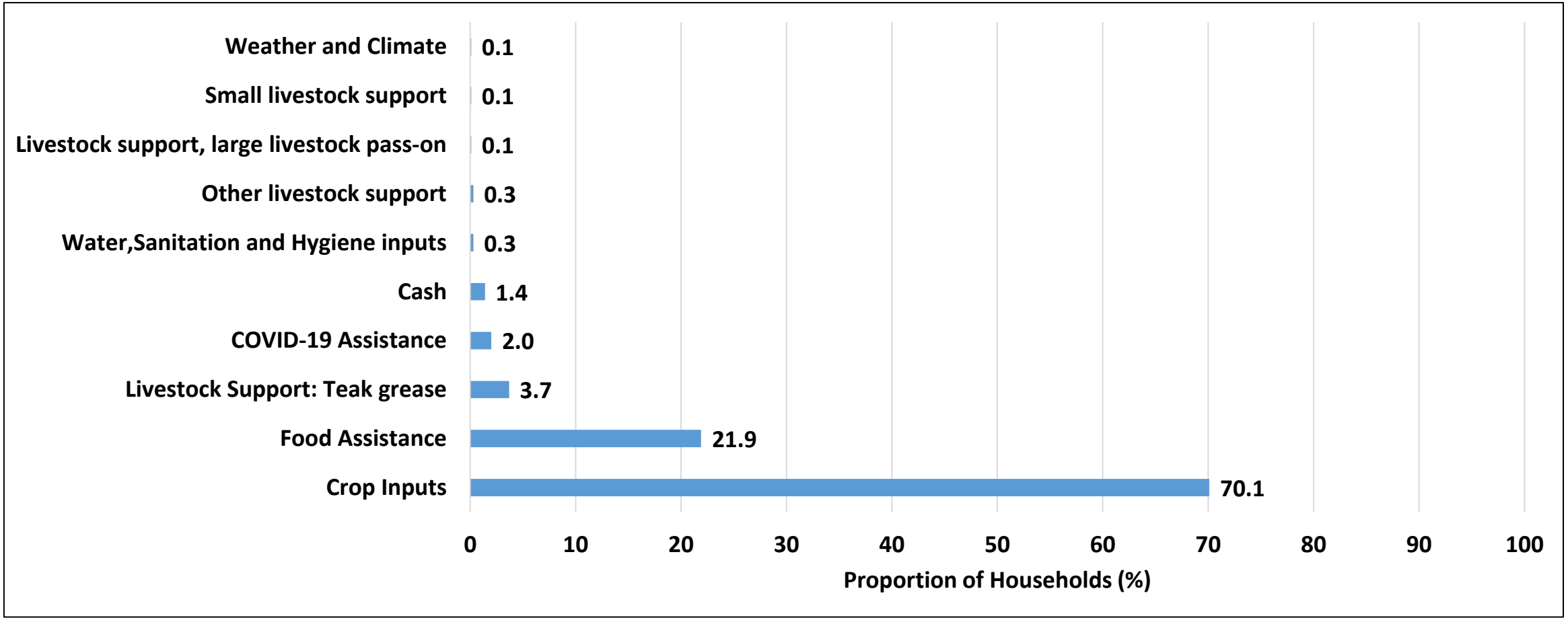
- The proportion of households which received any form of support in the province was 70%, a 10% increase from 2021.
- Mhondoro Ngezi (83%) had the highest proportion whilst Hurungwe (55%) had the lowest proportion of households which received support.

Sources of Any Form of Support

District	Government (%)	UN/NGO (%)	Churches (%)	Relatives within Community (%)	Non Relatives within Community (%)	Relatives Outside Community (%)	Non-Relatives Outside Community (%)	Diaspora (%)	Other Support Groups (%)
Chegutu	58.4	2.4	1.6	14.8	8	17.2	1.6	7.6	2.8
Hurungwe	53.8	0.8	0	.8	0.4	4	0.8	0.4	0
Kariba	57.2	50.8	4.8	2	2.4	1.6	0.8	0	0
Makonde	77.2	0.4	1.2	8.8	1.6	12	0	0.8	0
Zvimba	62.8	0	0.8	8.8	1.6	12	0	0.8	0
Mhondoro Ngezi	79.1	3.6	4.8	4	2.8	10.8	1.2	6.9	0
Sanyati	57	2	0	16	10.2	11.9	1.6	2.9	0
Mash West	**63.7**	**8.6**	**1.9**	**7.2**	**3.8**	**9.5**	**0.9**	**2.9**	**0.6**

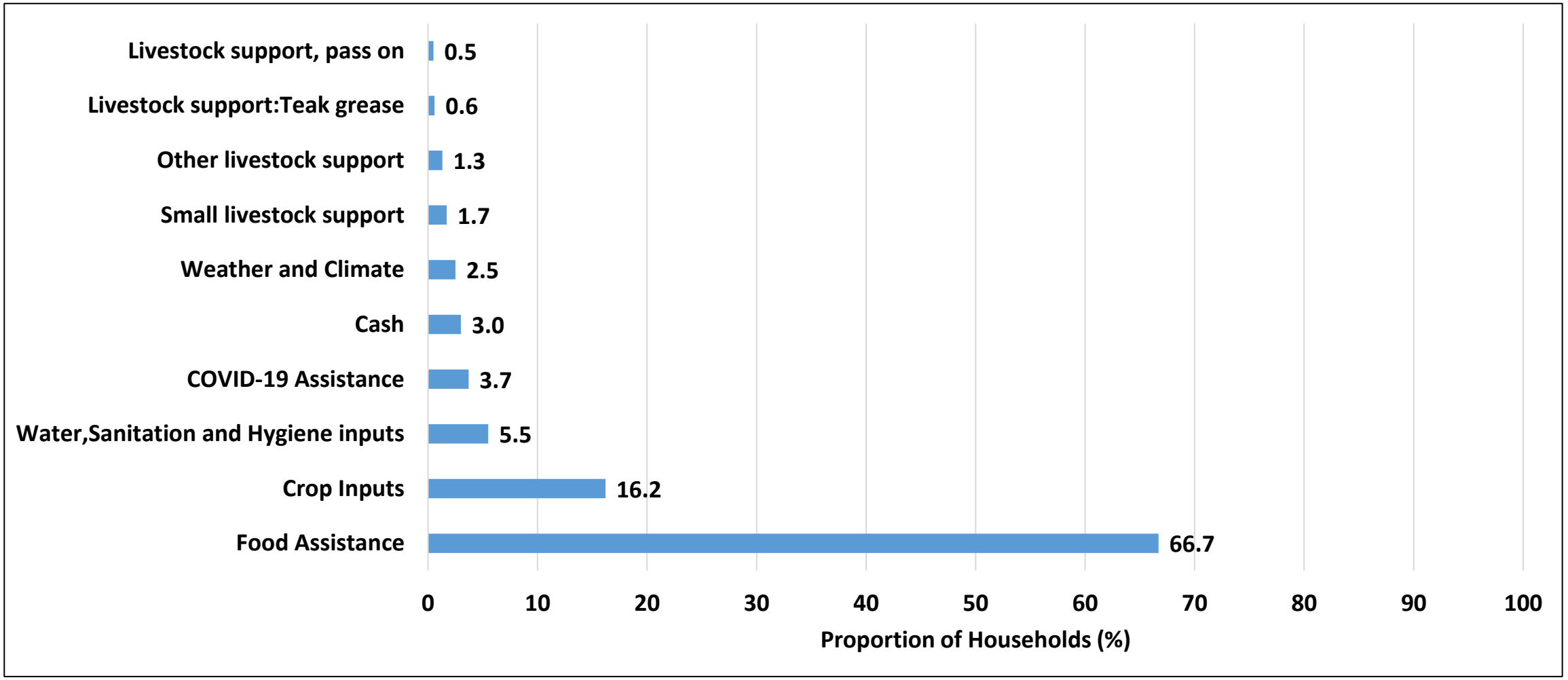
- The province received support from all sources with Government being the main source (63.7%).

Forms of Support from Government (63.7%)



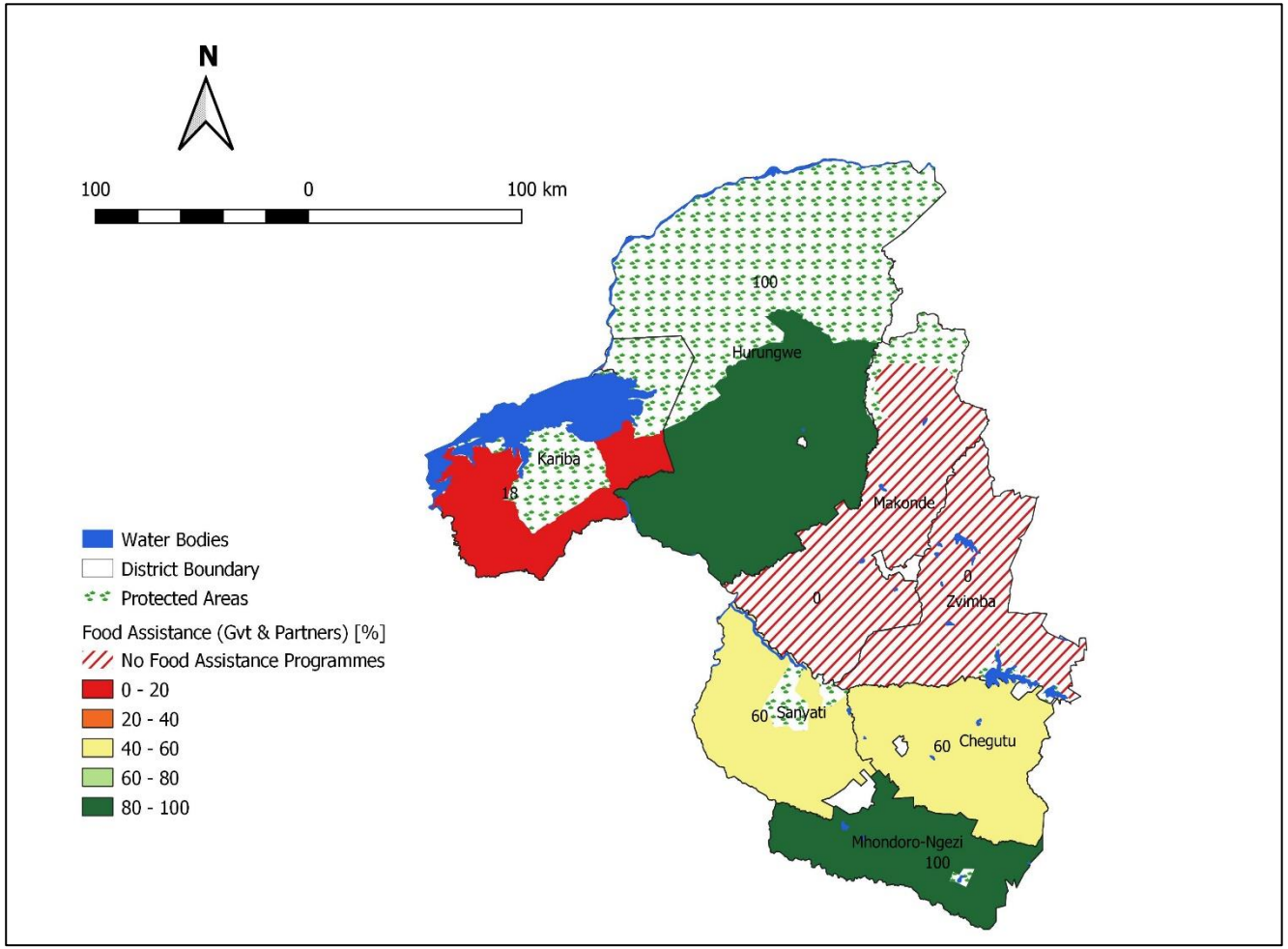
- Crop inputs (70.1%) and food (21.9%) were the major forms of support received from Government.

Forms of Support from UN/NGO (8.6%)



- Food (66.7%) and crop inputs (16.2%) were the major forms of support received from UN/NGOs in the all the seven districts.

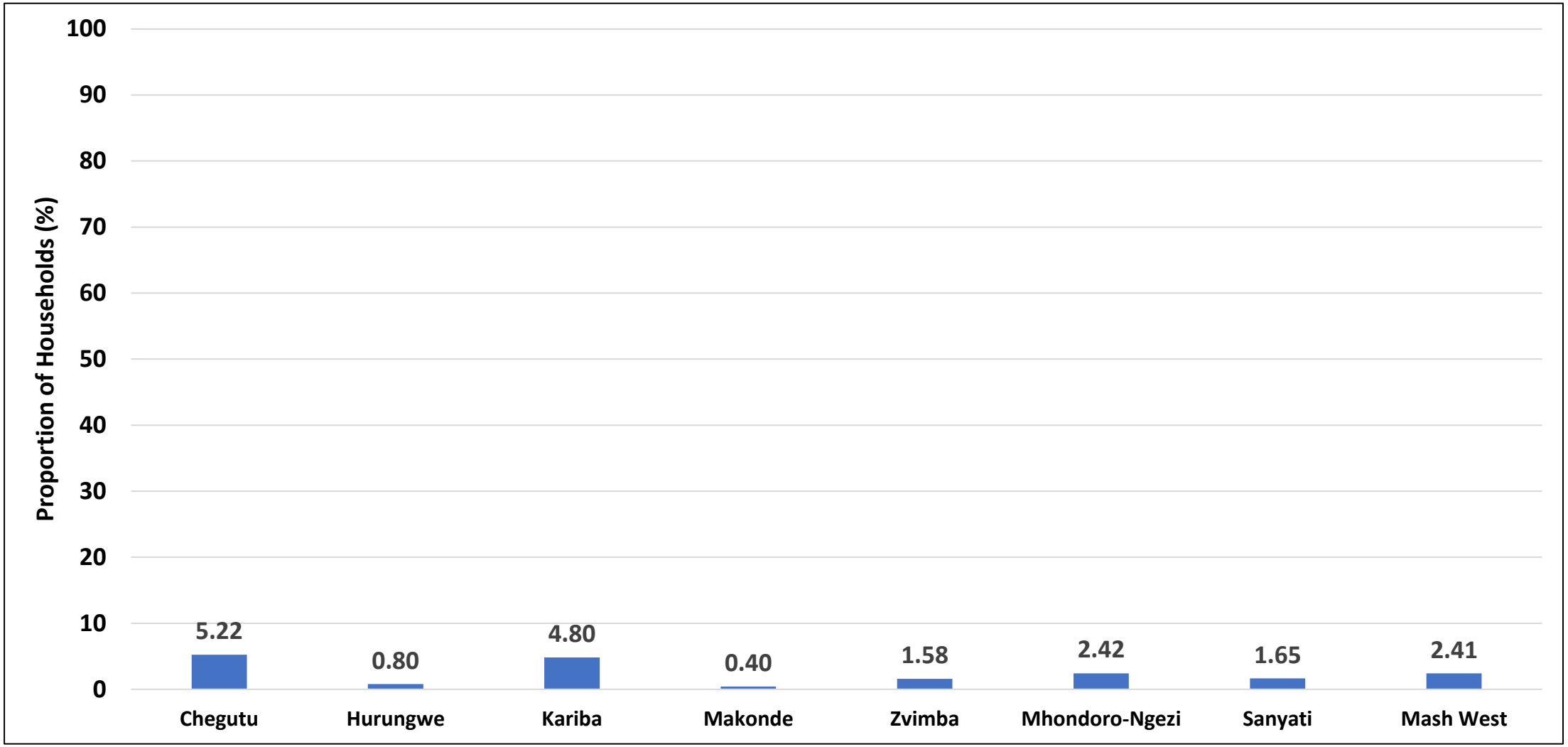
Food Assistance



- There were no food assistance programmes from both Government and NGOs in Makonde and Zvimba districts.
- The highest proportion of households which received food assistance were in Mhondoro-Ngezi (100%) and Hurungwe (100%).

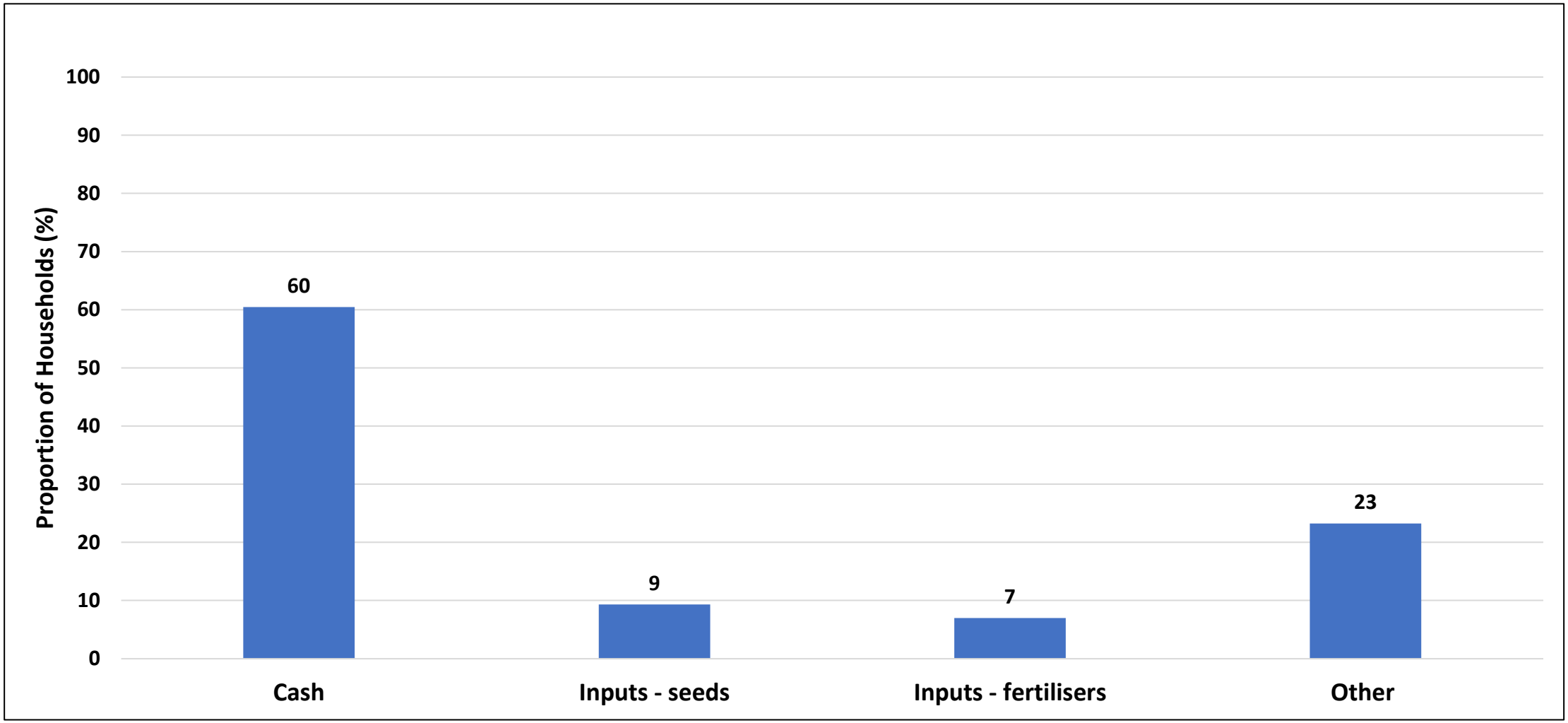
Loans

Households which Received Loans



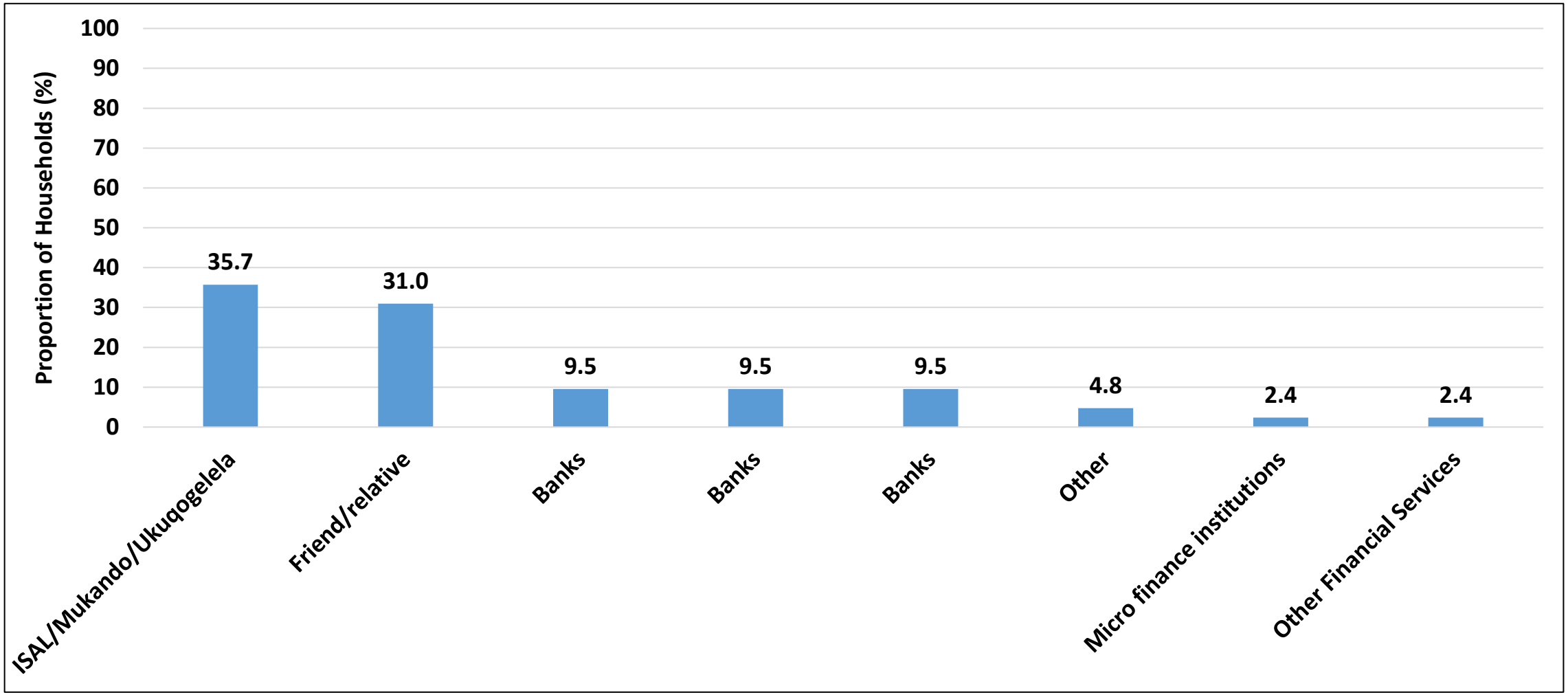
- About 2.41% of the households in the province received loans.

Types of Loans (2.41%)



- About 60% of households in the province received cash loans.

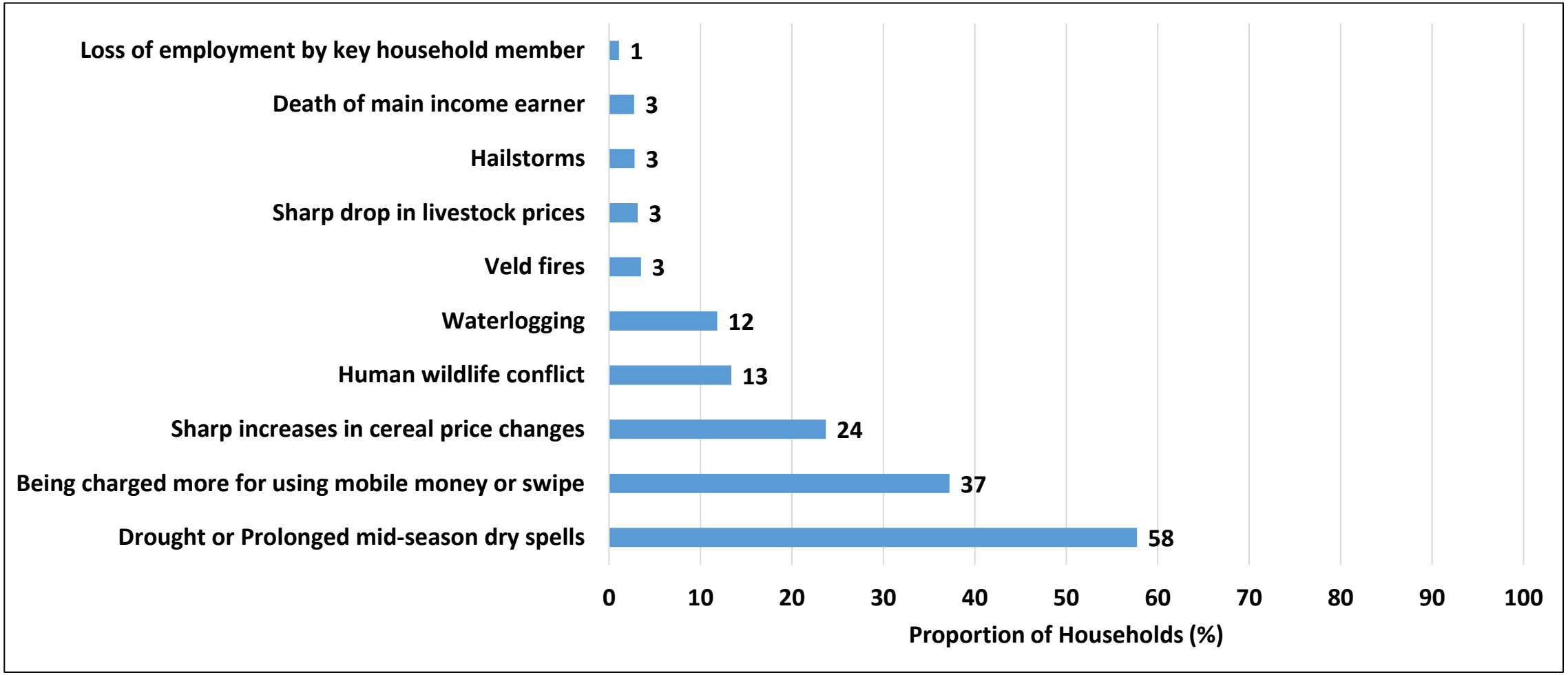
Sources of Loans



- The most common source of loans was ISALS/Mukando/Ukuqogelela

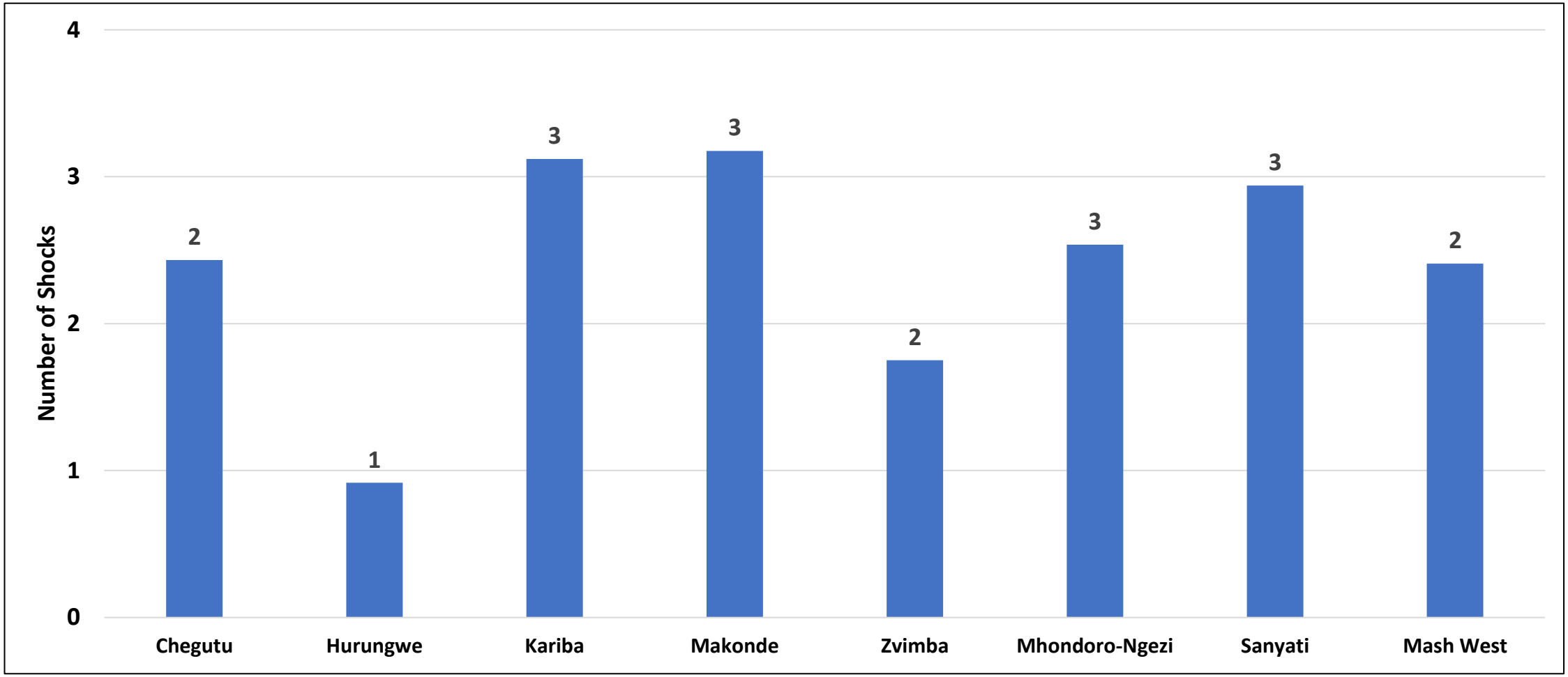
Shocks and Hazards

Shocks Experienced by Households



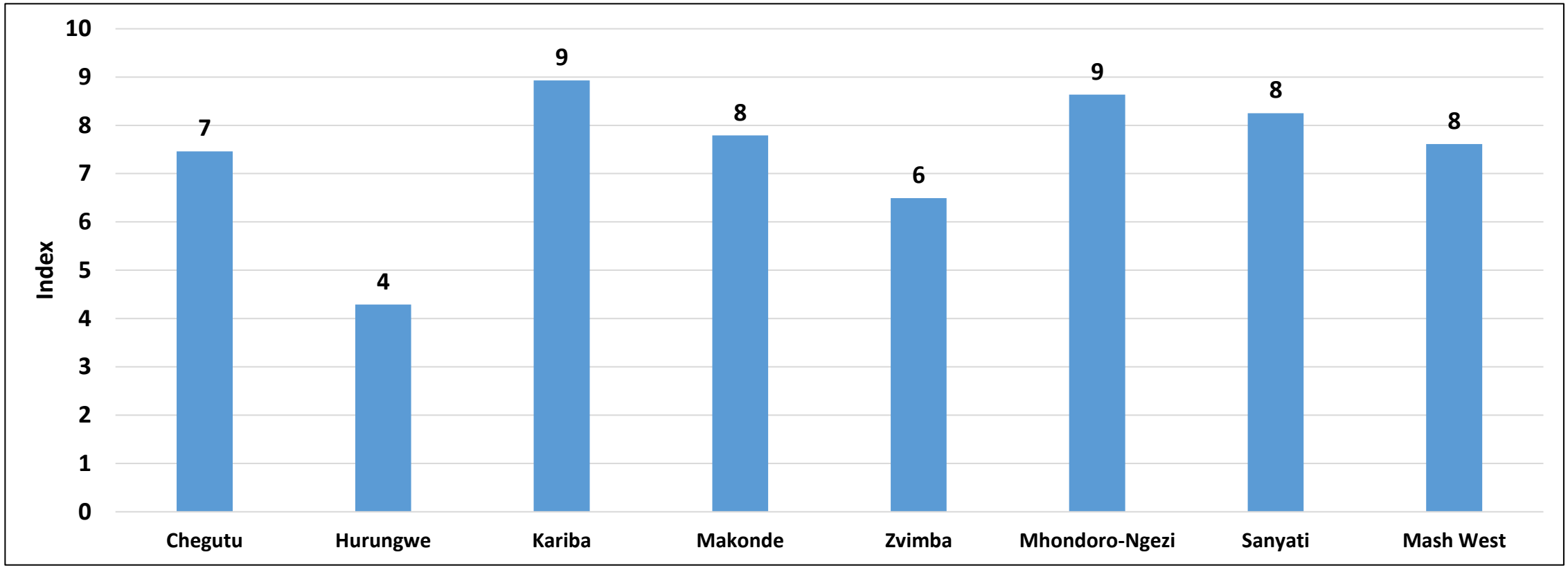
- The most experienced shocks in the province were drought/prolonged mid-season dry spell (58%), being charged more for using mobile money/swipe (37%) and sharp increases in cereal price (24%).

Average Shocks per Household.



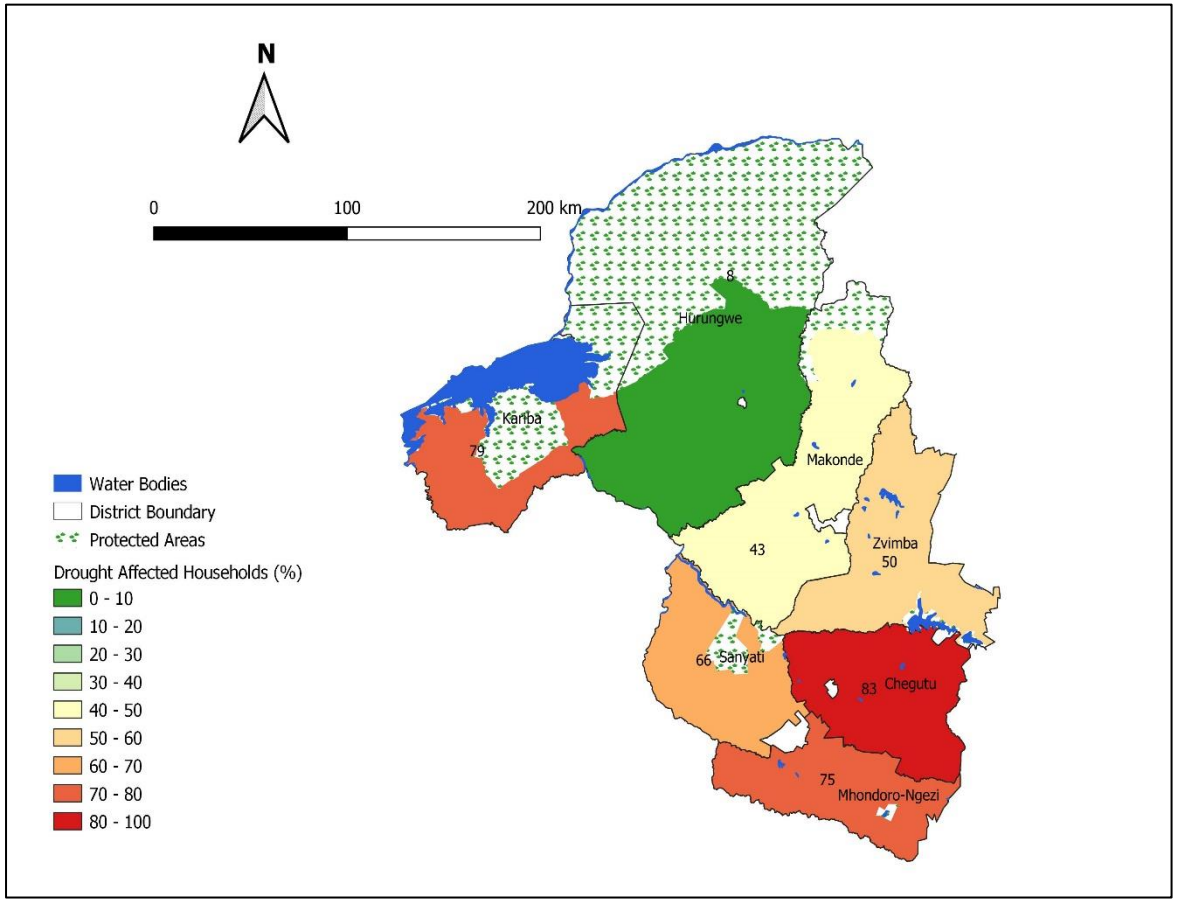
- Makonde (3) experienced the highest number of shocks whilst Hurungwe (1) had the lowest number of shocks.

Average Shock Exposure Index



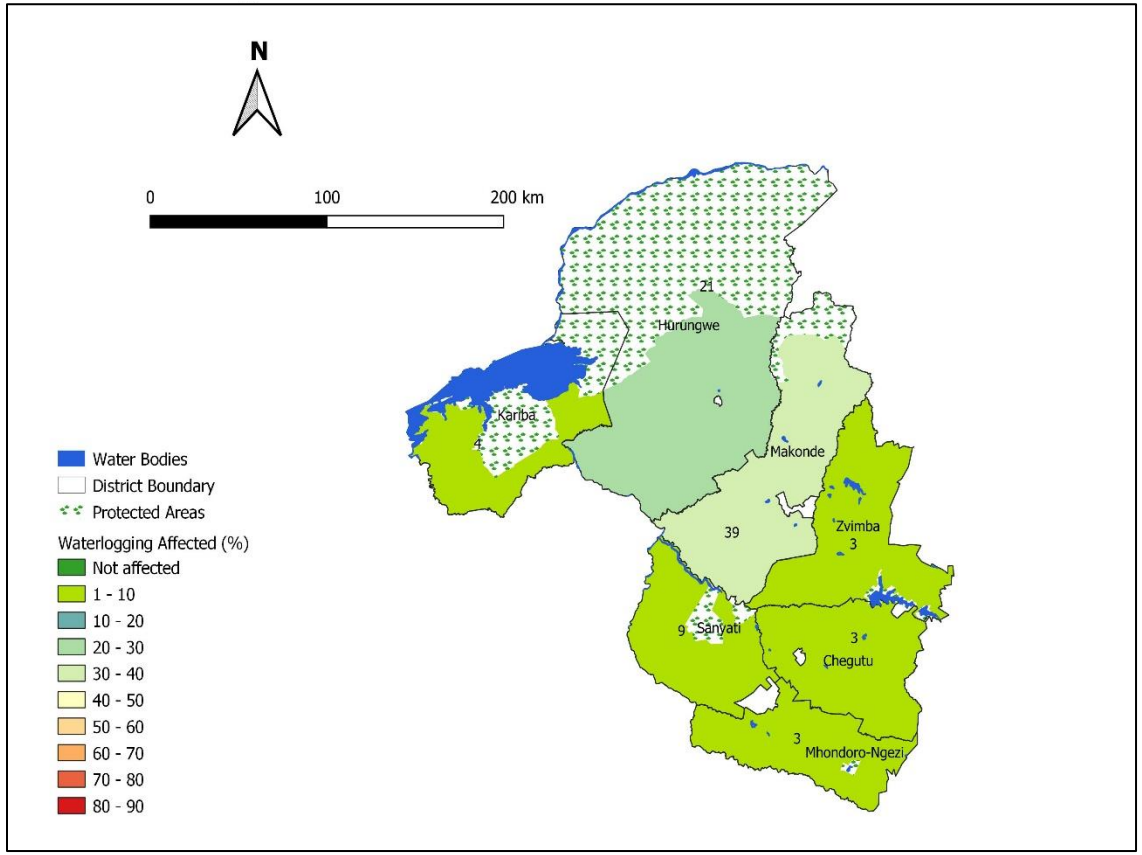
- Shock exposure index was calculated by multiplying the number of shocks experienced with the impact severity of the shock on the household.
- Kariba and Mhondoro-Ngezi (9) had the highest while Matabeleland North (6) had the lowest.

Households Affected by Drought/Mid-Season Dry Spell



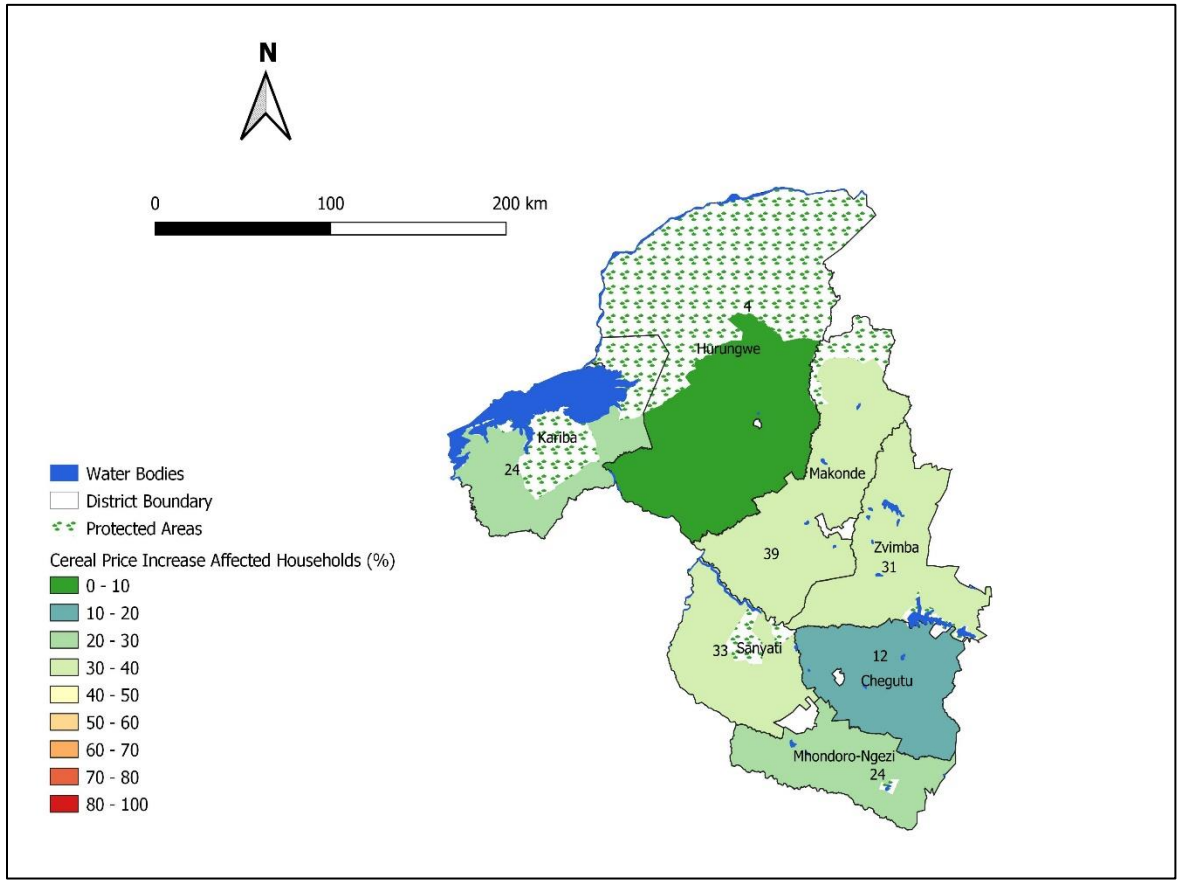
- On average, 58% of households in the province were affected by drought/mid season dry spell.
- Chegutu (83%), Kariba (79%) and Mhondoro-Ngezi (75%) had highest proportions of households which were affected by drought.

Households Affected by Waterlogging



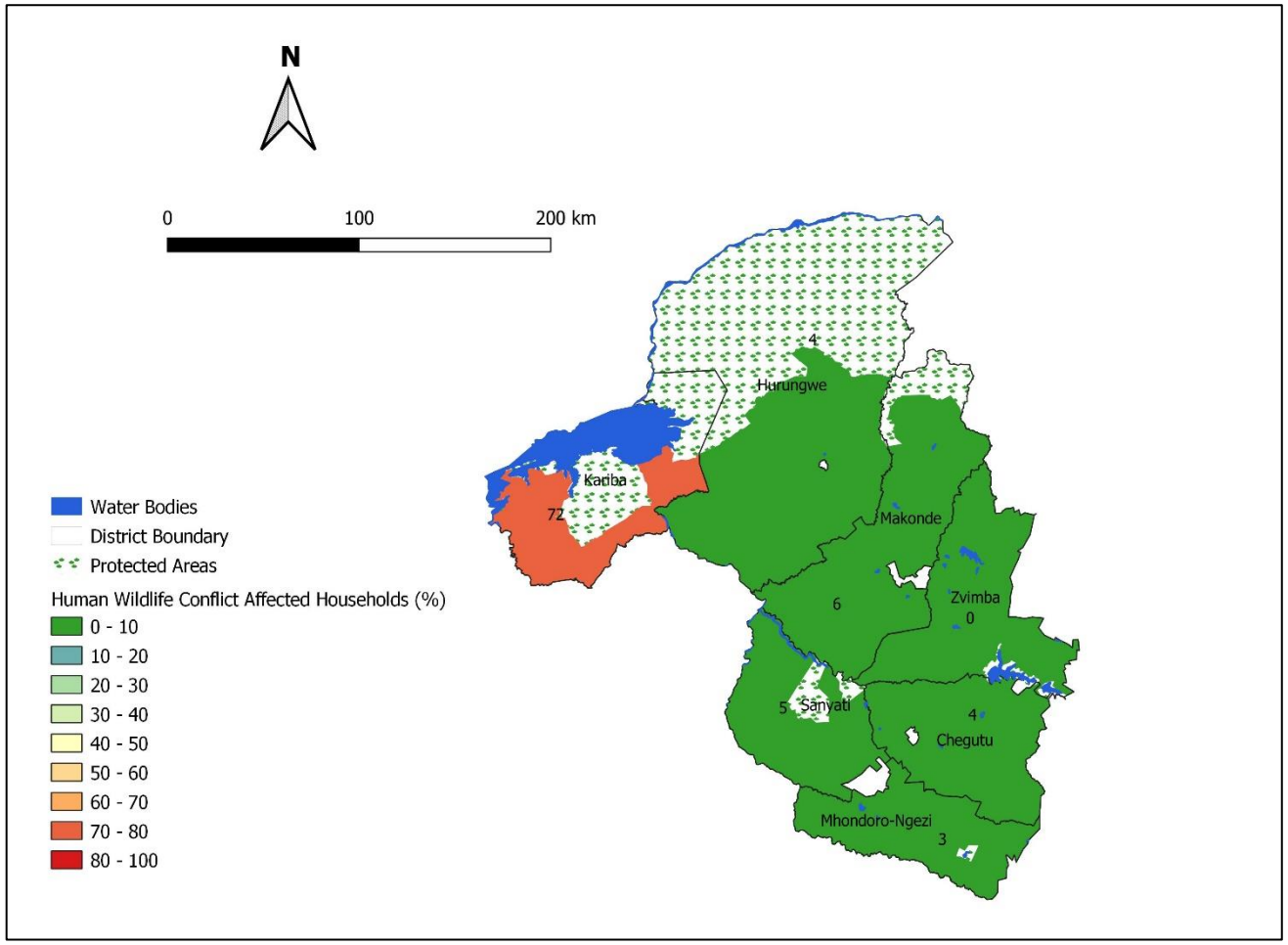
- Makonde (39%) had the highest proportion of households which were affected by waterlogging.

Households which Reported Sharp Cereal Price Increase



- Makonde (39%) had the highest proportion of households which were affected by sharp cereal price increase.
- Hurungwe (4%) had the lowest proportion of households which were affected by sharp cereal price increase.

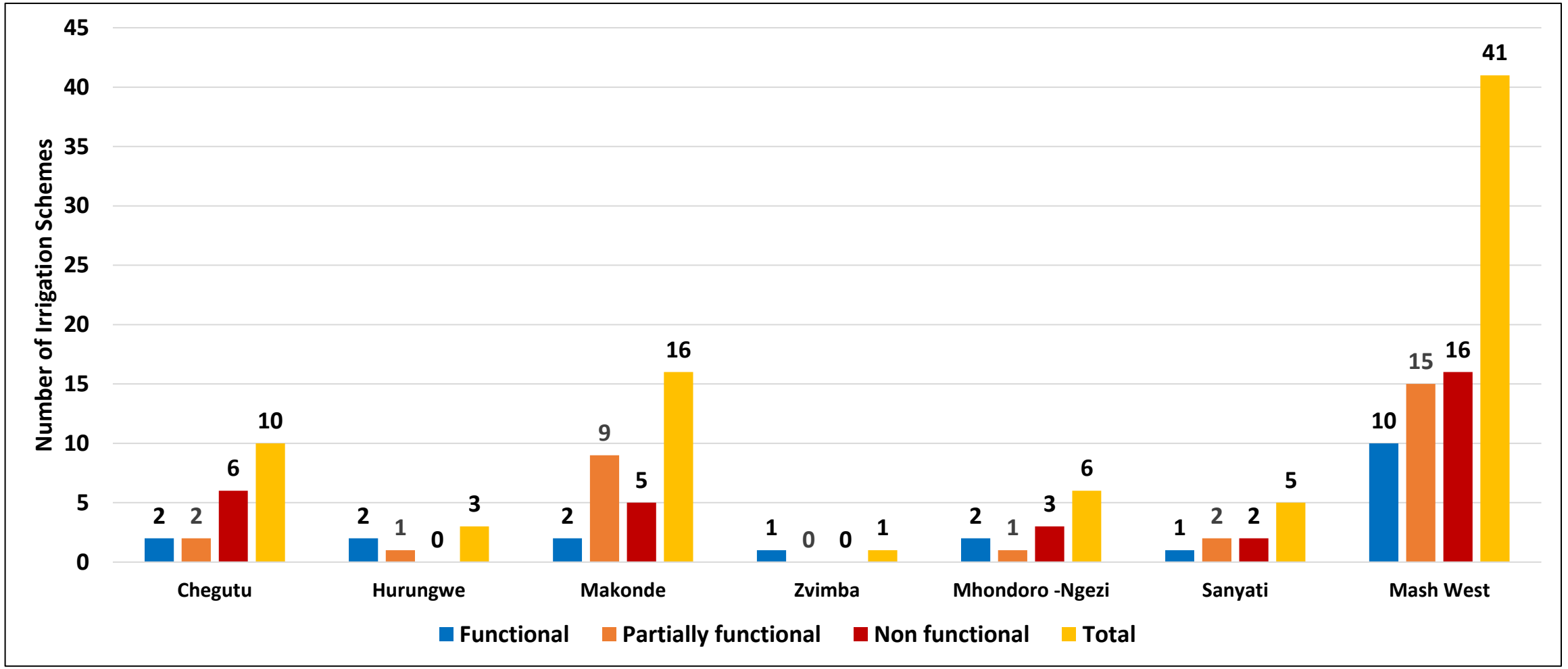
Households which Reported Experiencing Wild Life Conflict



- Kariba (72%) had the highest proportion of households that reported experiencing human wild life conflict.

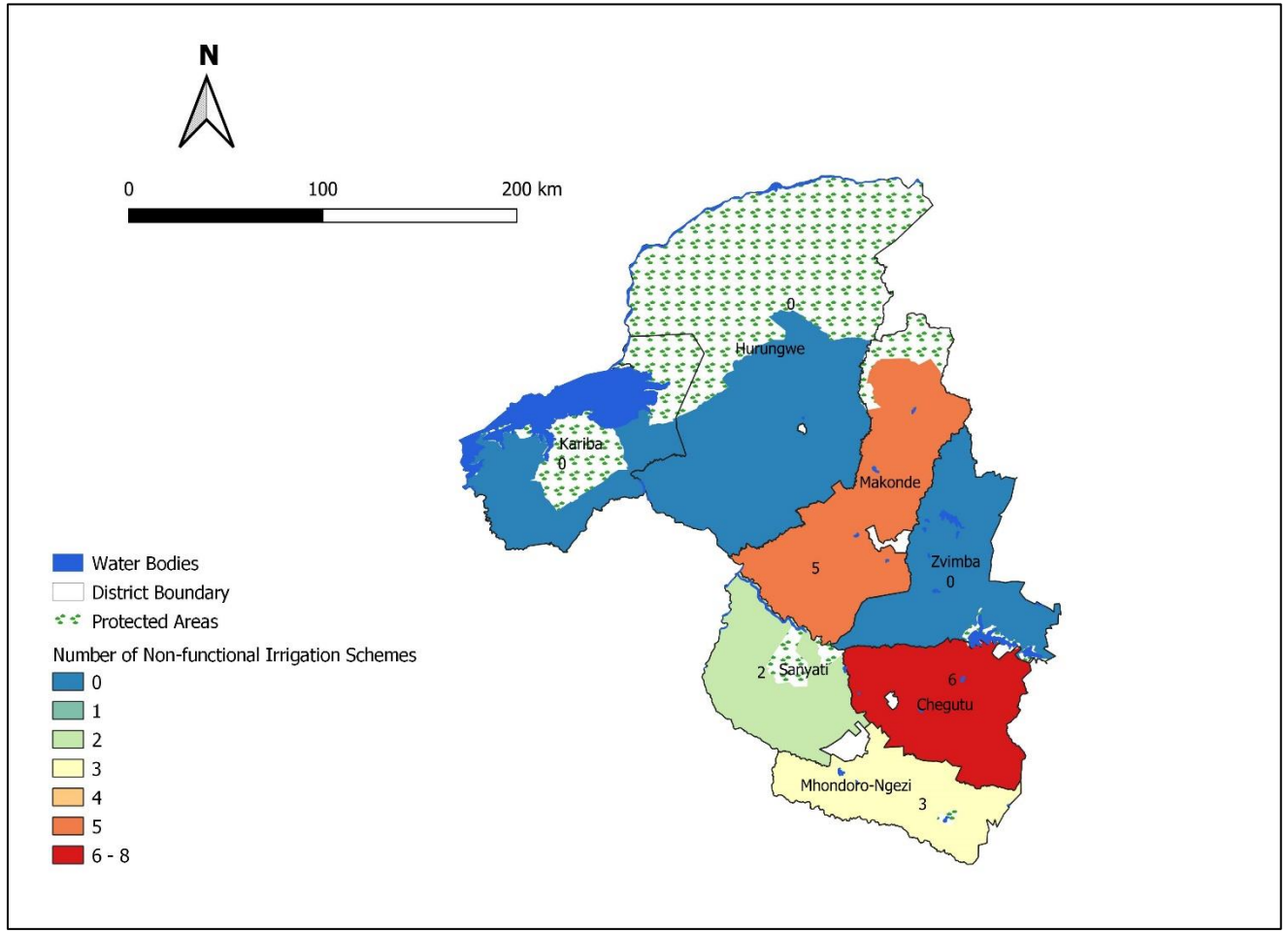
Infrastructure - Irrigation

Status of Irrigation Schemes



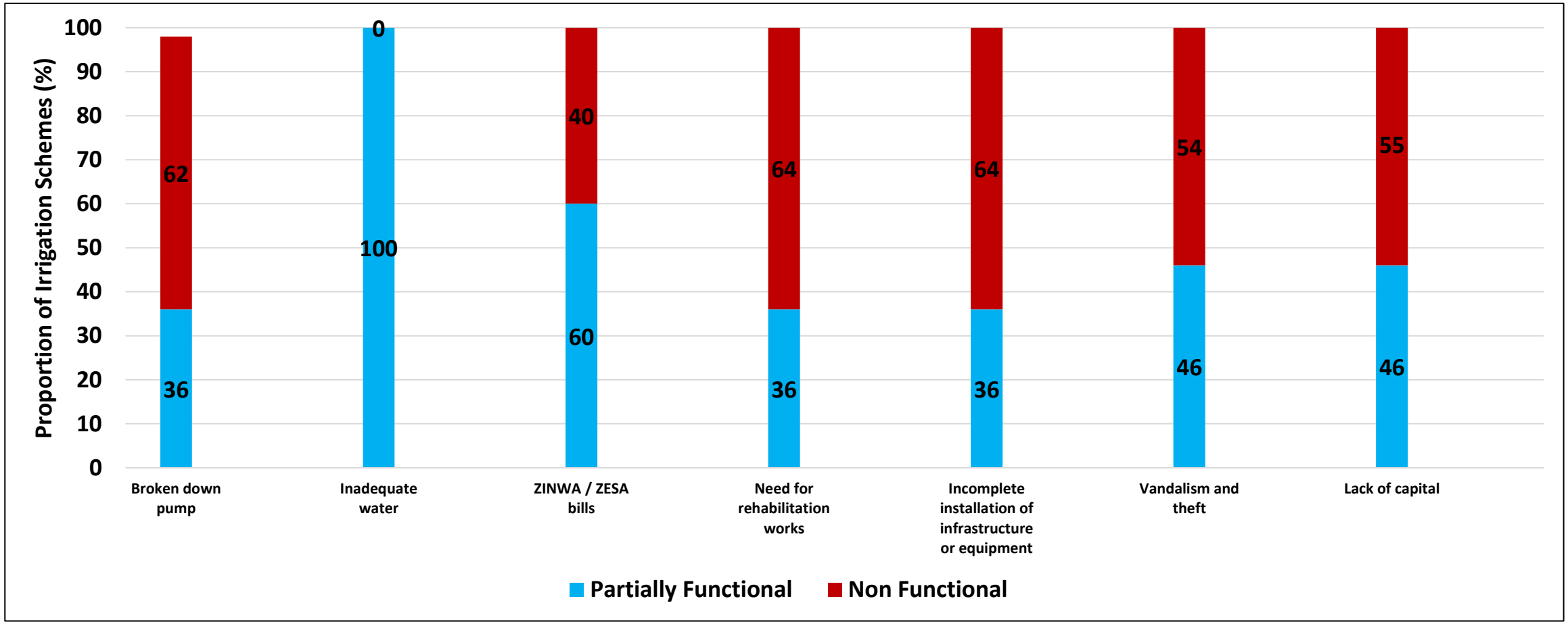
- There are a total of 41 irrigation schemes in the province and only 10 are functional while 15 are partially functional.

Non-Functional Irrigation Schemes



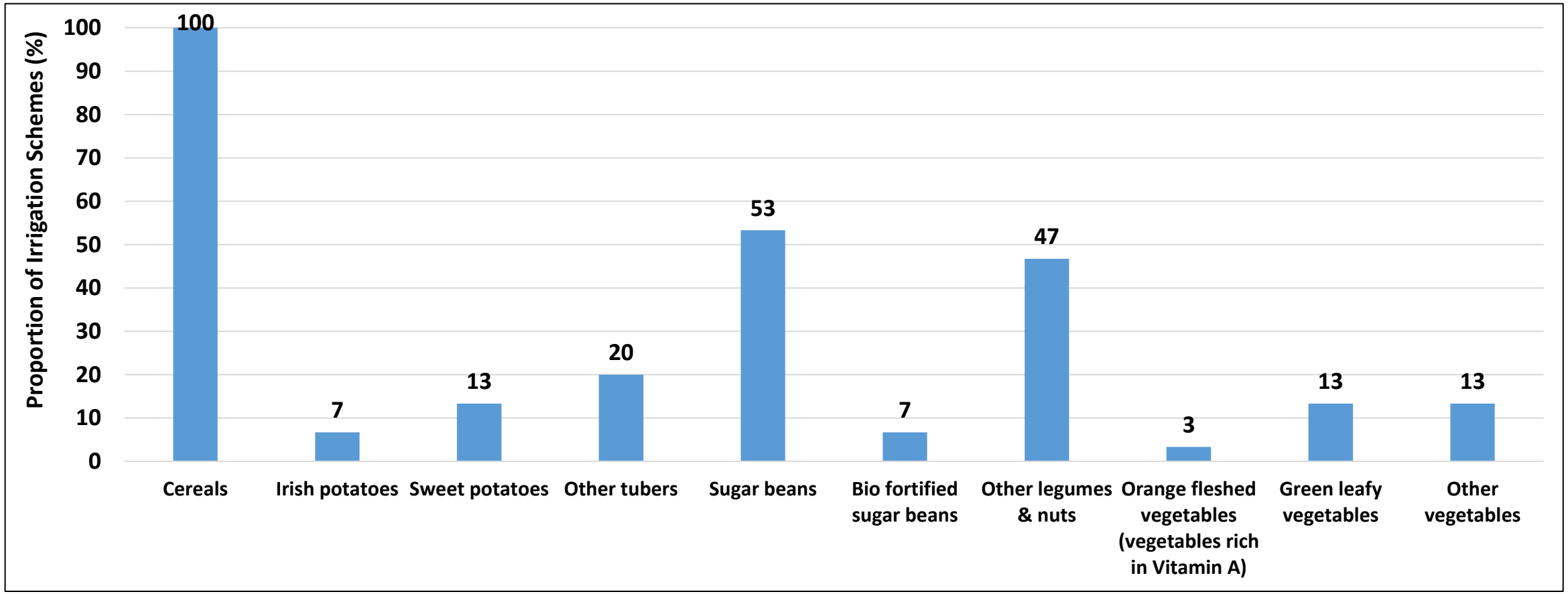
- Chegutu (6) had the highest number of non-functional irrigation schemes.

Reasons for Non-Functionality of Irrigation Schemes



- Most irrigation schemes that were not functioning had incomplete installation of infrastructure or equipment (64%) and needed rehabilitation works (64%).
- Those which were partially functional were mainly because of inadequate water (100%).

Crops Grown at the Irrigation Schemes

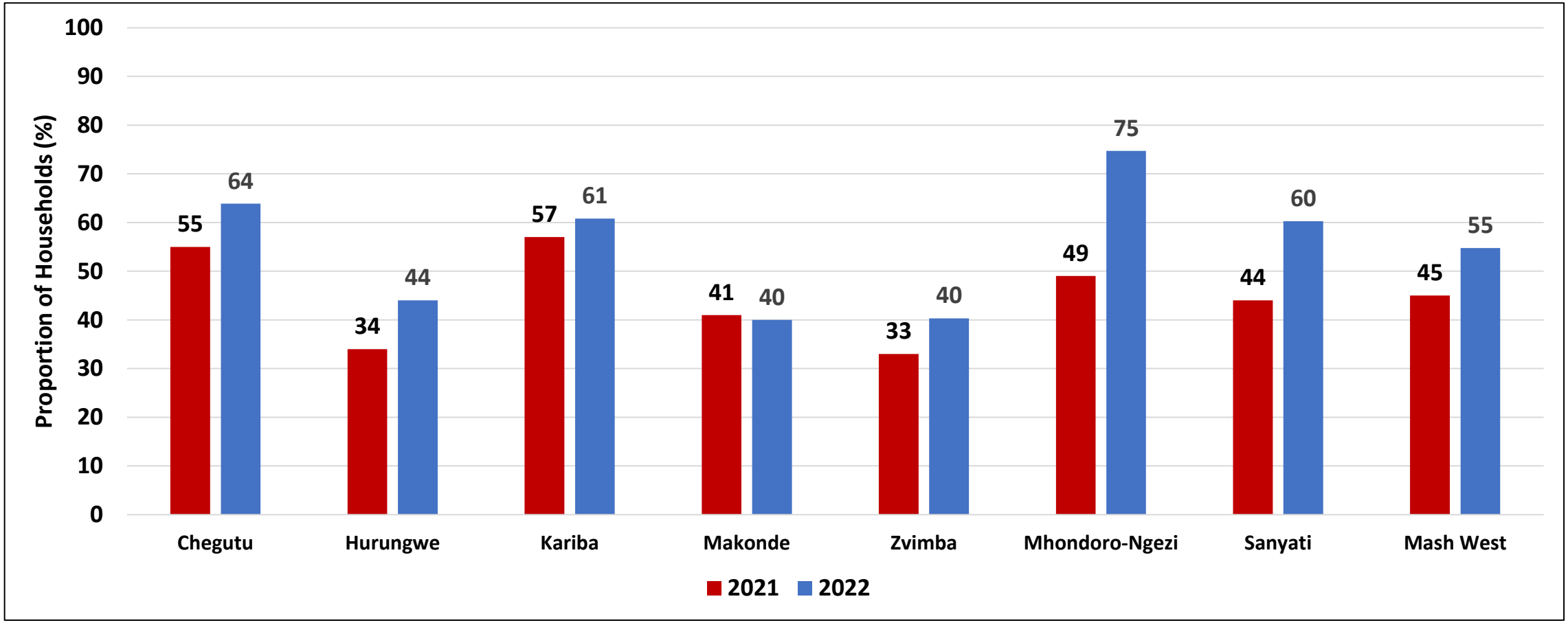


- The most grown crops at the irrigation schemes were cereals (100%) followed by sugar beans (53%).
- Orange fleshed vegetables that are rich in Vitamin A were the least grown crops.

Agriculture Production

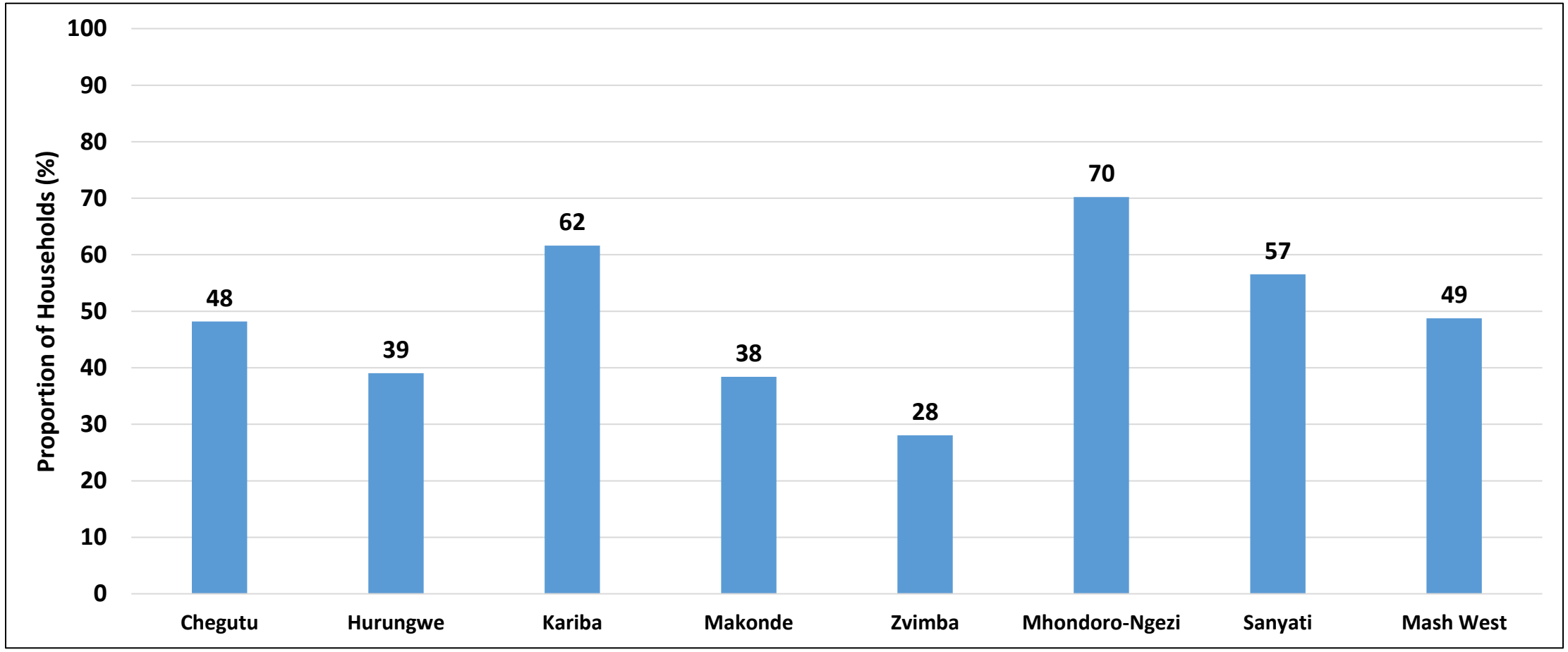
Agriculture Extension Services

Households which Received Agricultural Extension Services



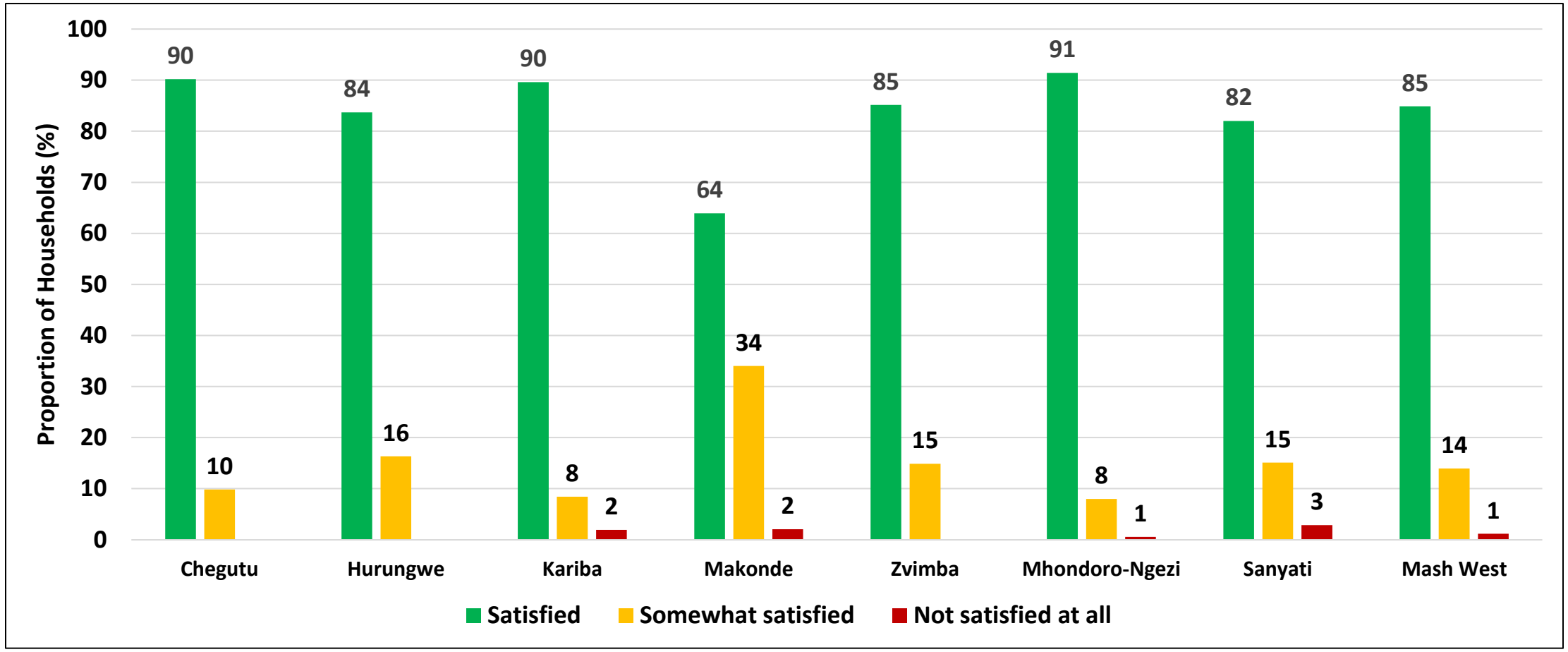
- About 55% of households reported receiving some form of agricultural extension services support in the past year.

Households which Received Agricultural Extension Visits



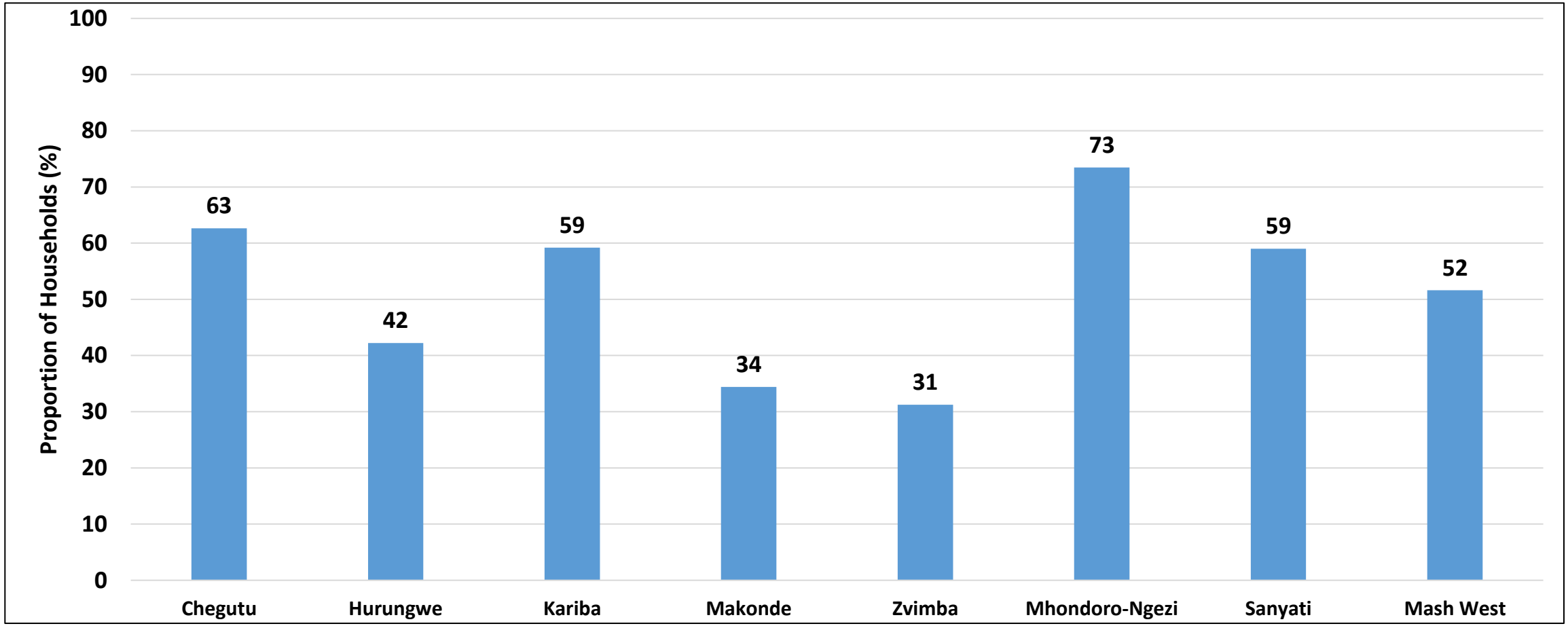
- The proportion of households which were visited by agricultural extension workers in the province was 49%.

Satisfaction with Agriculture Extension Visits Received



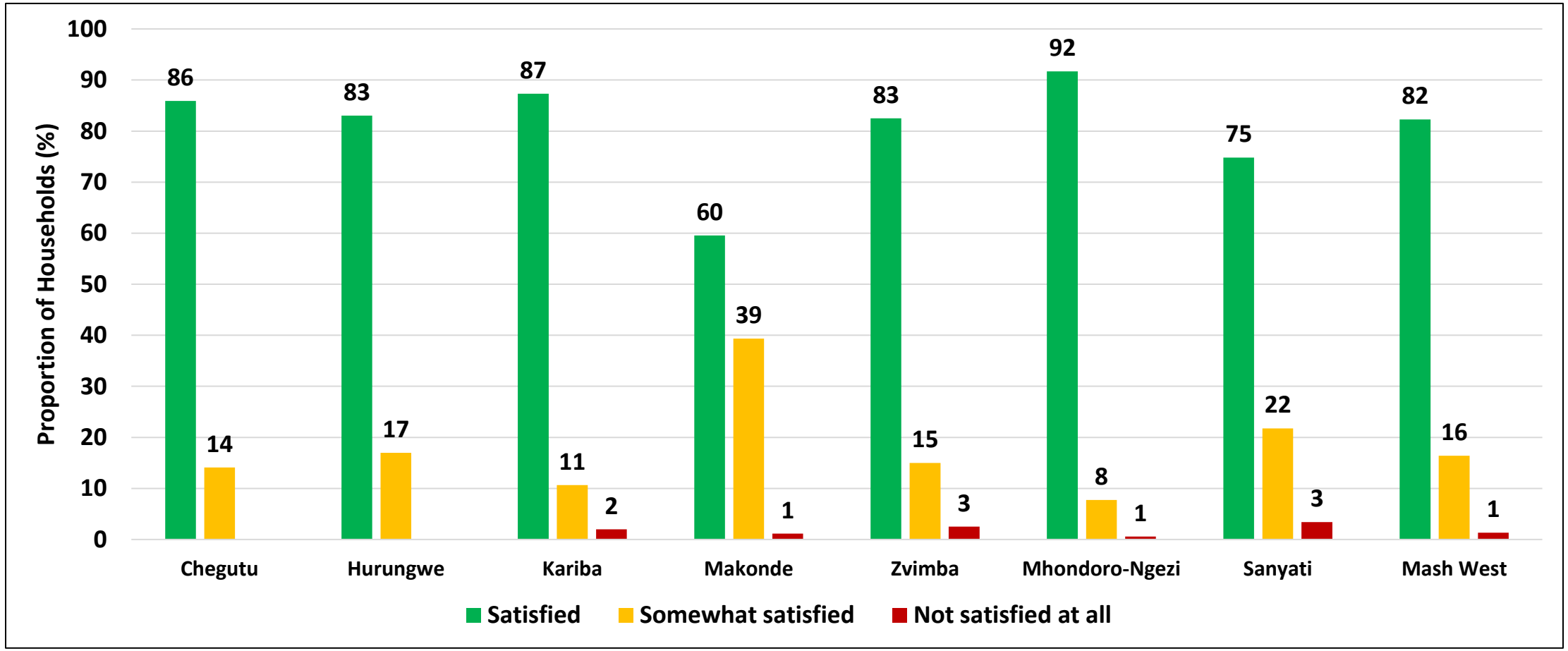
- Of the 49% of households which received agricultural extension visits in the province, 85% reported that they were satisfied with the services they received.

Households which Received Agricultural Training



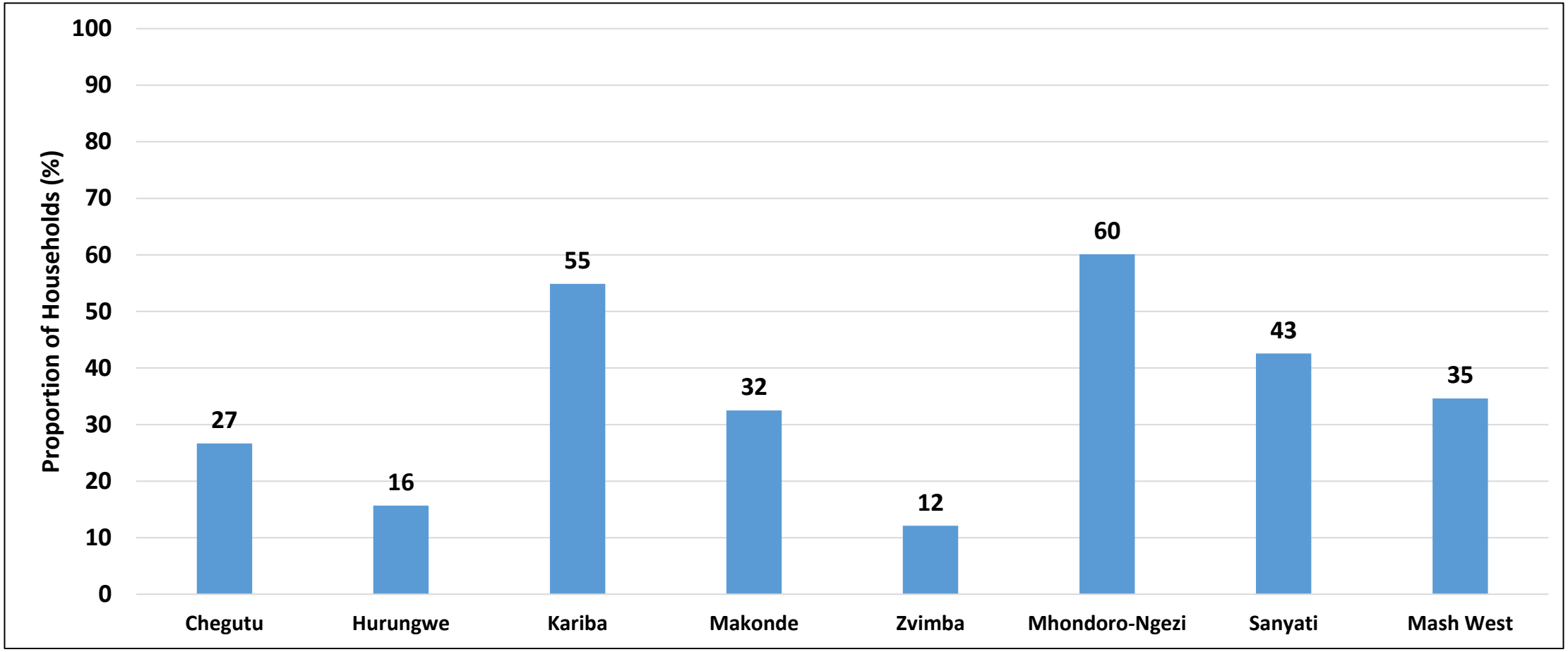
- About 52% of households in the province received agricultural training on cropping and livestock.
- Mhondoro-Ngezi had the highest proportion of households which received agricultural training in the past year.

Satisfaction with Agricultural Training Received



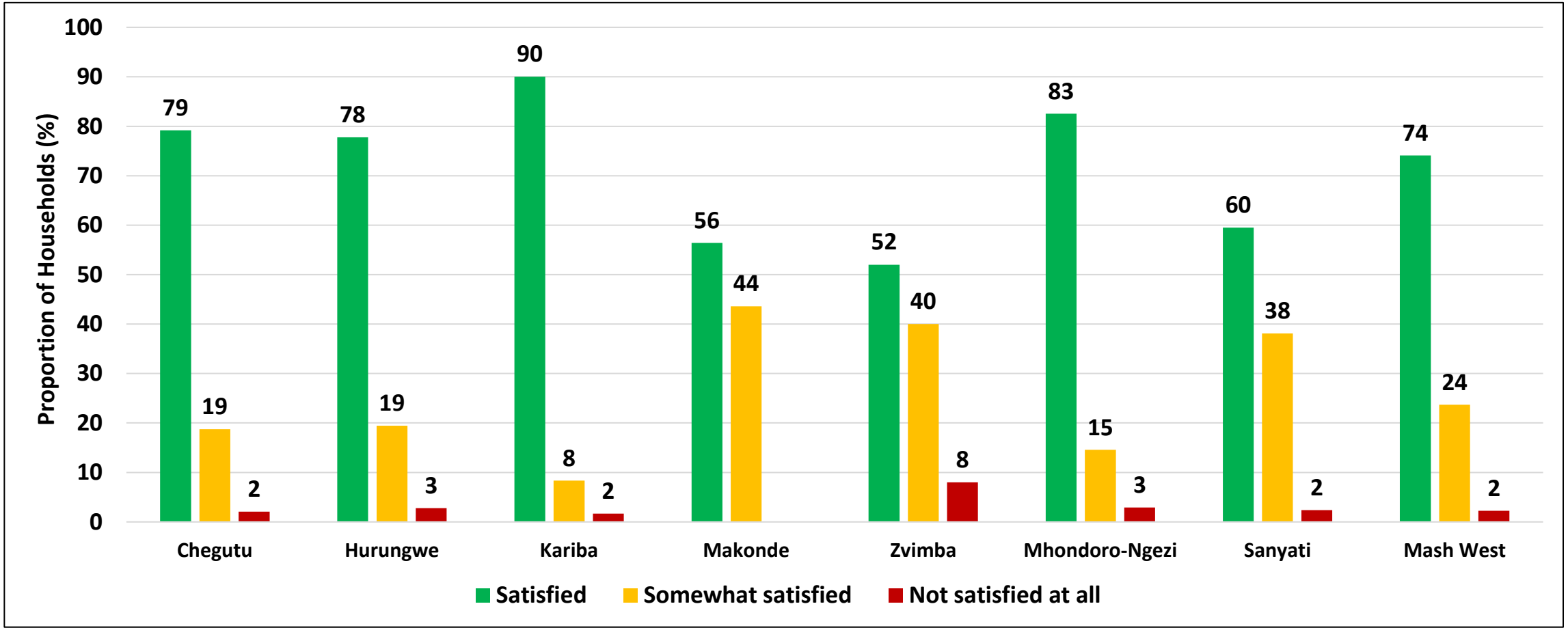
- Of the 52% of households which received agricultural training, 82% reported that they were satisfied with the training received.

Households which Received Extension Services on January Disease



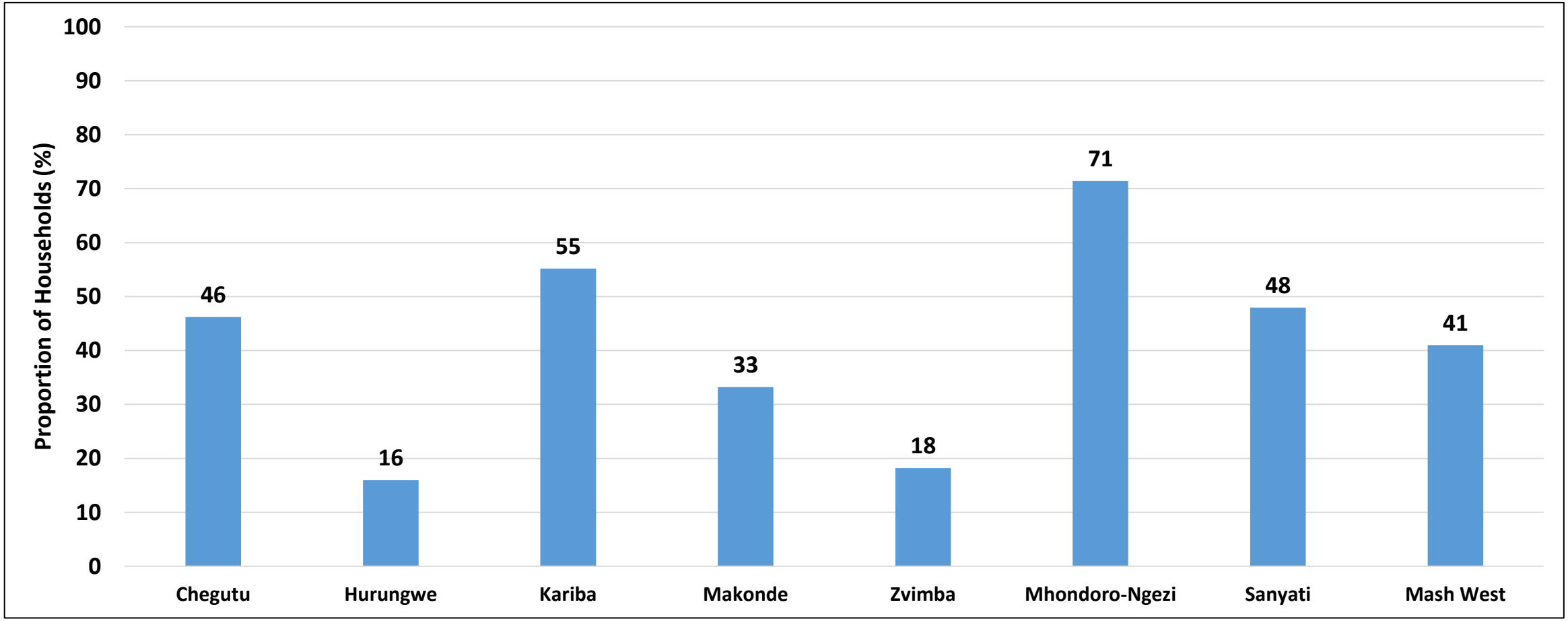
- In the province, 35% of households received extension services on January disease.
- Mhondoro Ngezi (60%), had the highest proportion of households which received extension services on January disease.

Satisfaction with Extension Services on January Disease



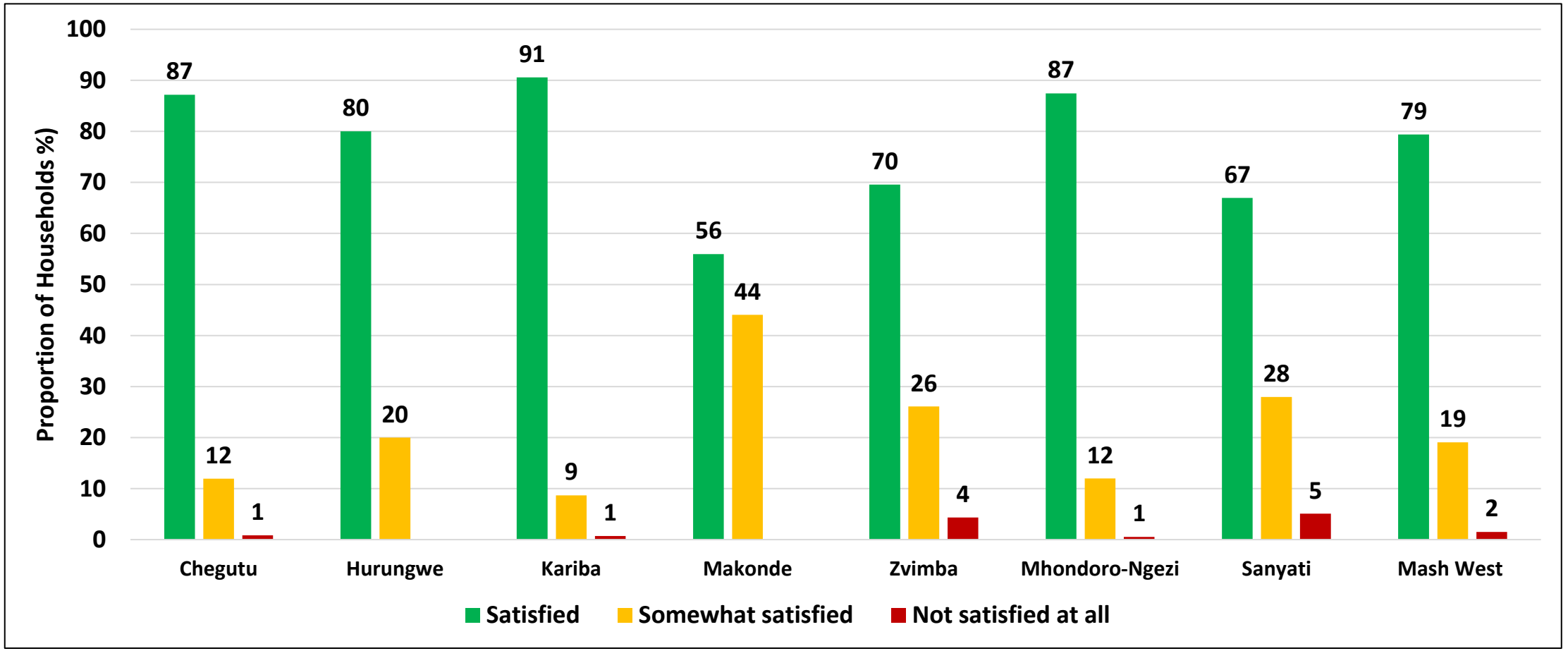
- Of the 35% which received extension services on January disease, 74% of households were satisfied with the service.

Households which Received Extension Services on Fall Army Worm



- About 41% of the households in the province received extension services on fall army worm.
- Hurungwe (16%), had the least proportion of households which received extension services on fall army worm.

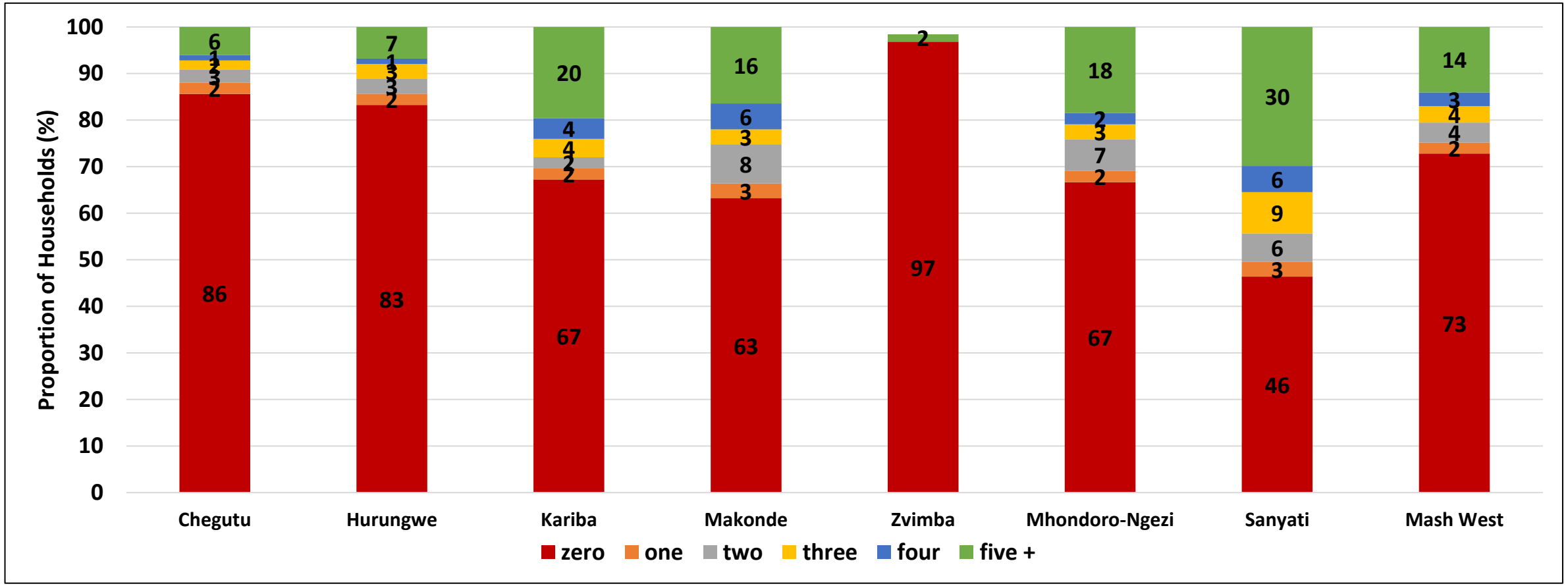
Satisfaction with Extension Services on Fall Army Worm



- Of those households which received extension services on fall army worm, 79% reported that the services were satisfactory.

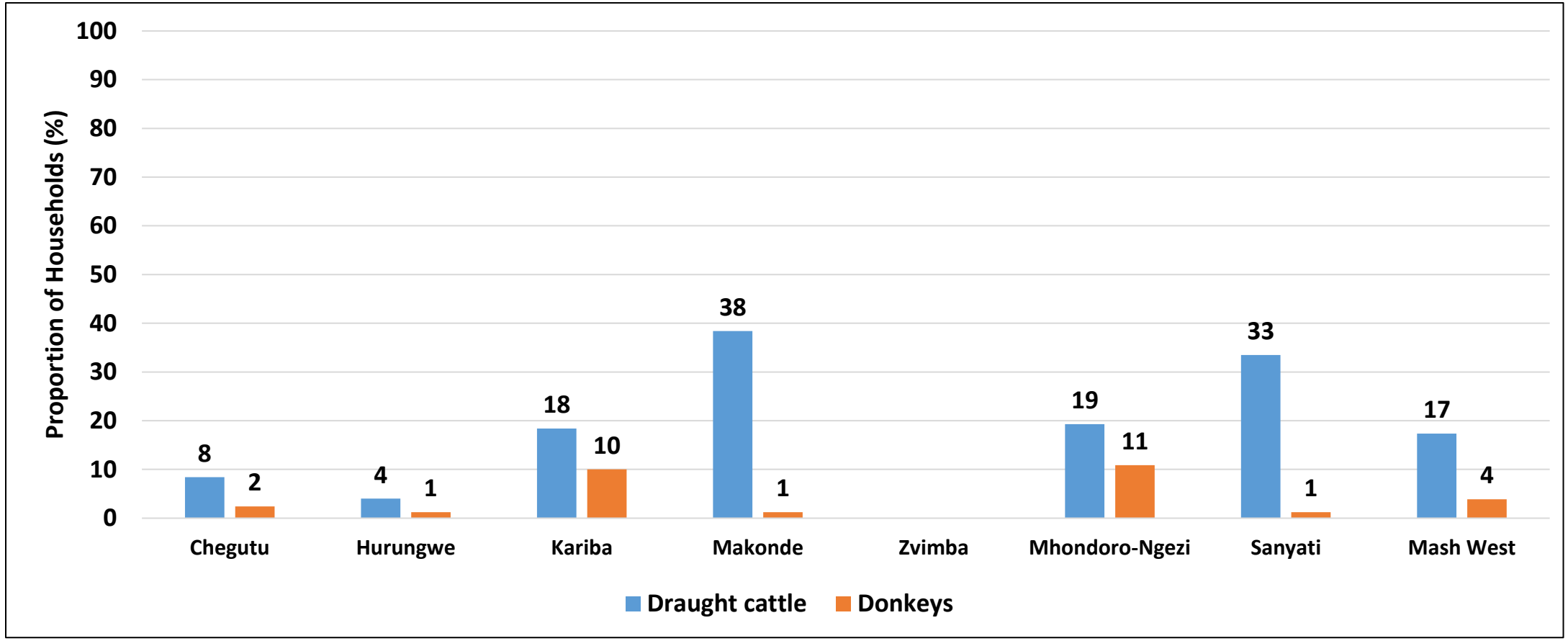
Livestock Production

Households which Owned Cattle



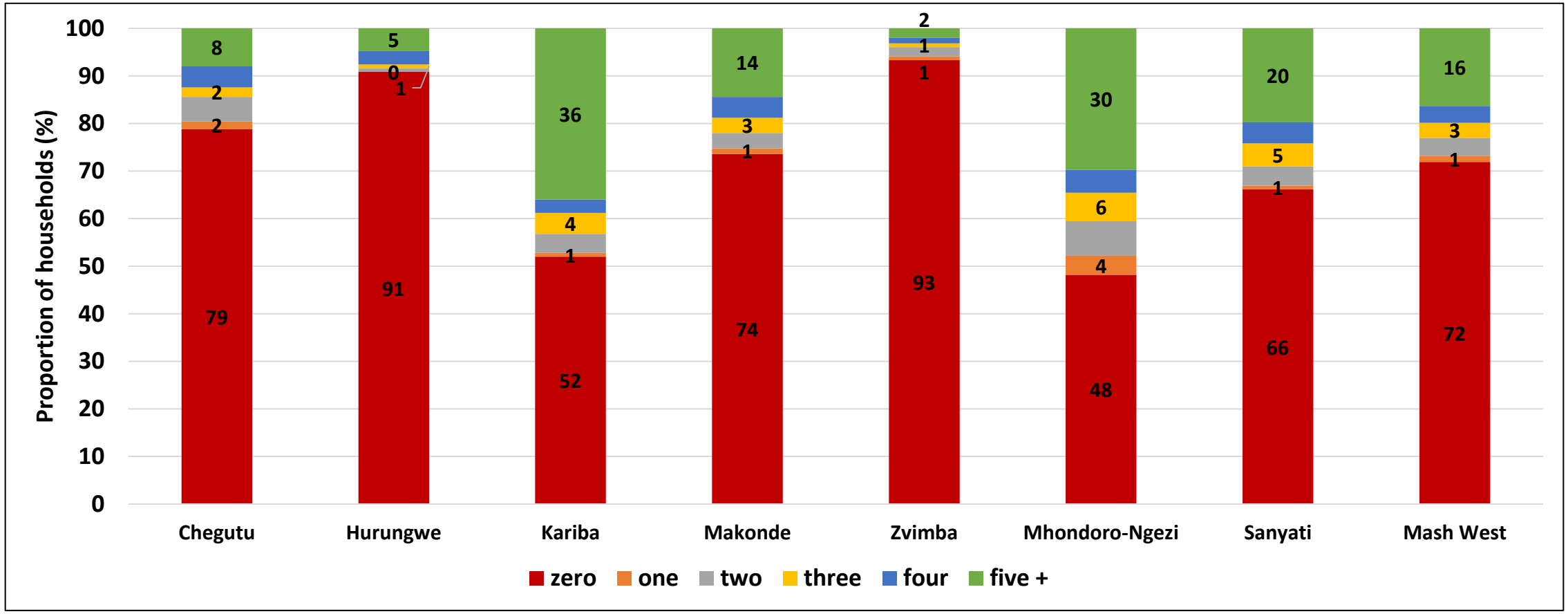
- The proportion of households which did not own cattle was high at 73%.
- The highest proportion of households which owned more than five (5) cattle was in Sanyati (30%).

Households which Owned Draught Power



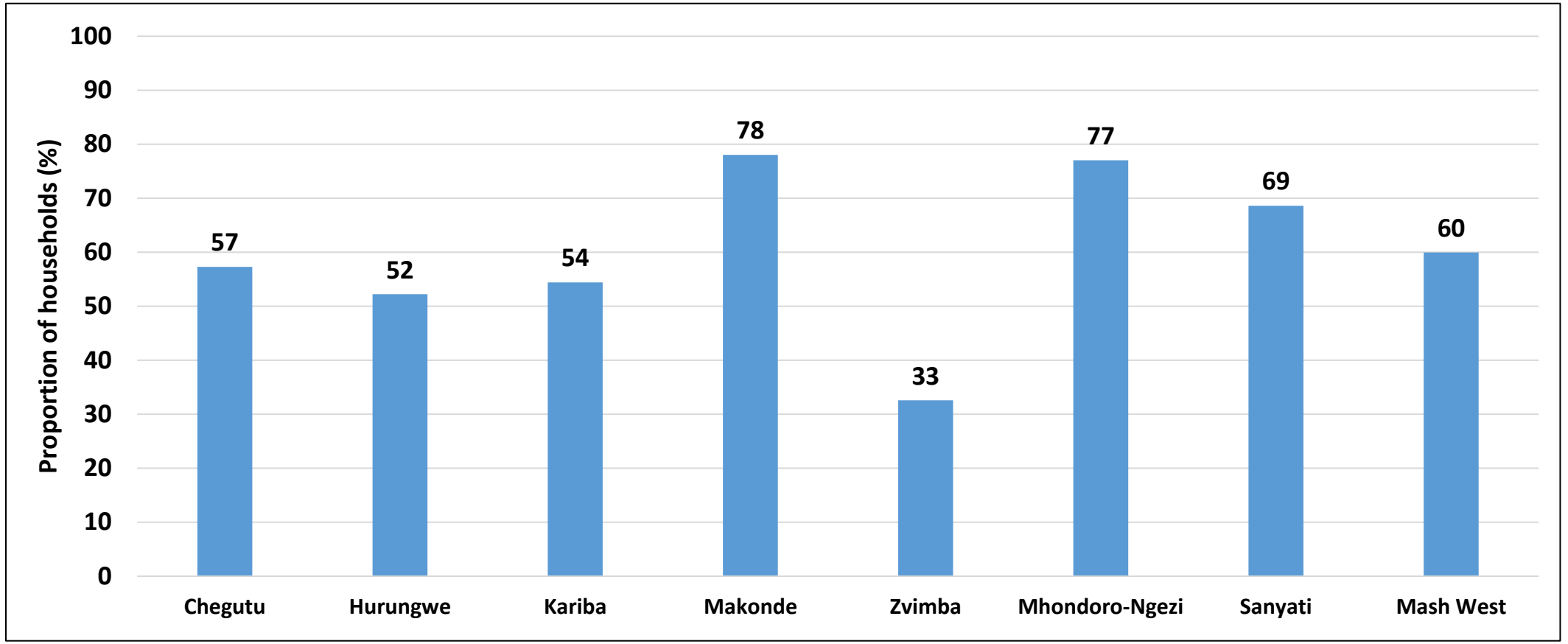
- In the province, 17% of households owned draught cattle, while 4% owned donkeys.
- Makonde (38%), had the highest proportion of households which owned draught cattle.
- Mhondoro-Ngezi (11%), had the highest proportion of households which owned donkeys.

Households which Owned Goats



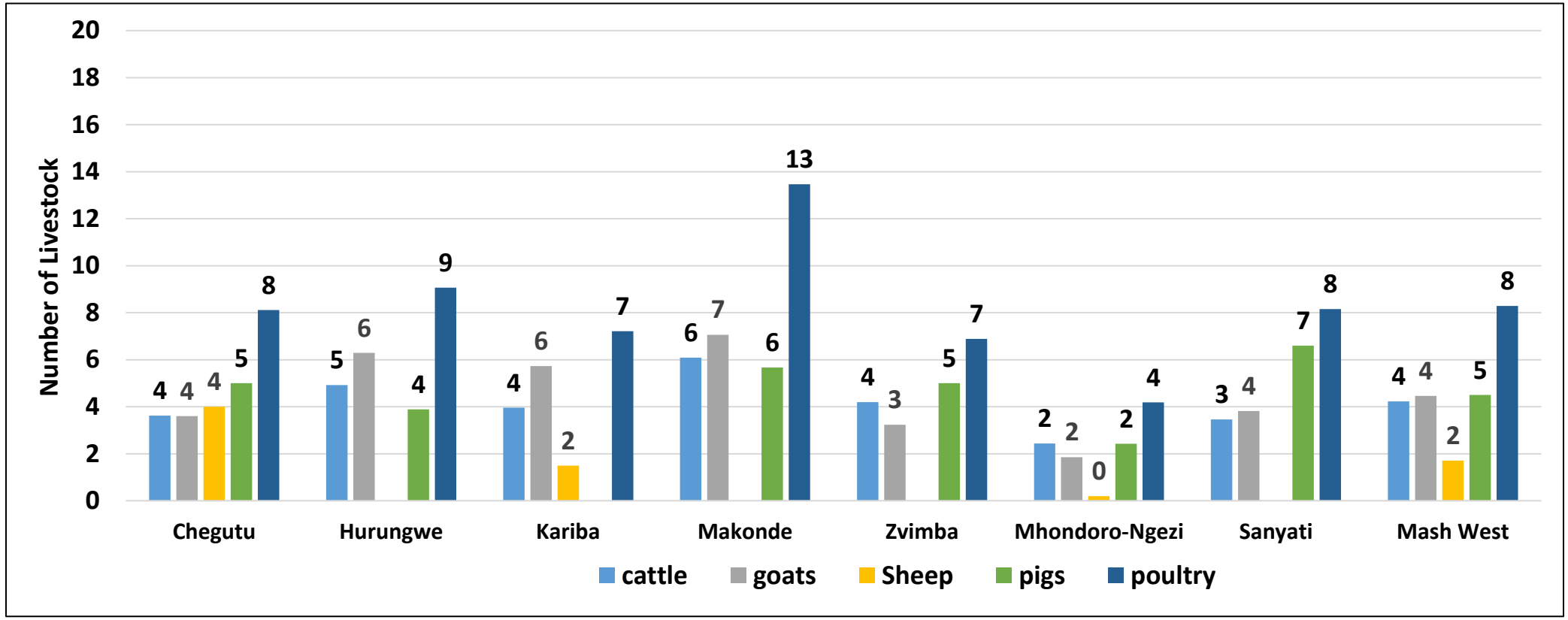
- In the province, the proportion of households that did not own goats was 72%
- The highest proportion of households that owned 5 or more goats was in Kariba (36%).

Households which Owned Poultry



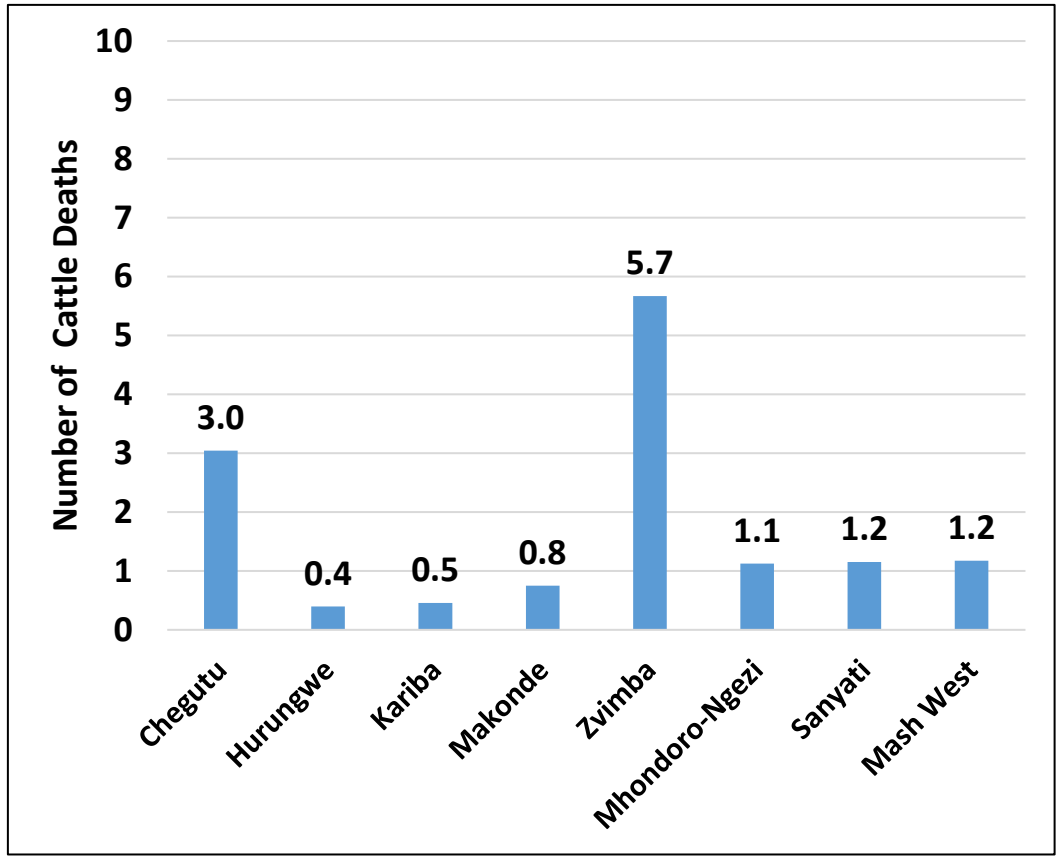
- About 60% of households in the province owned poultry.
- Makonde (78%), had the highest proportion of households which owned poultry.

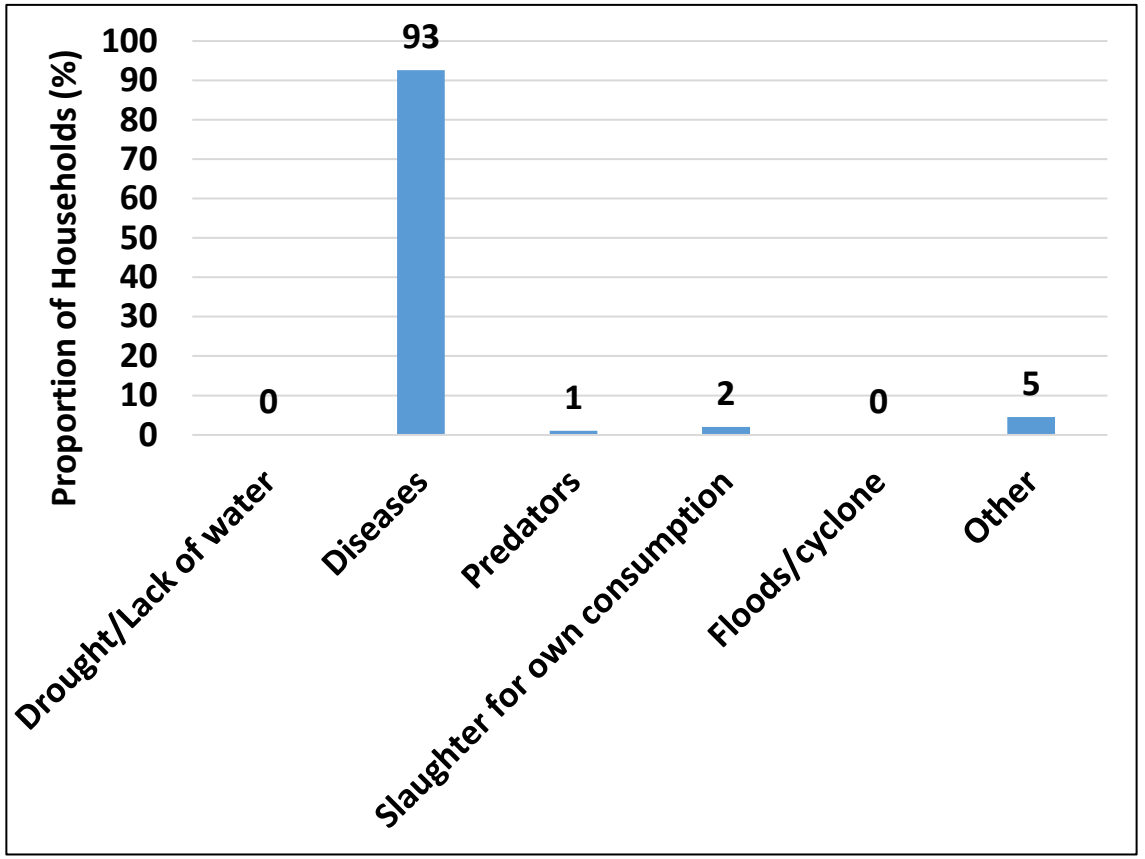
Average Livestock Numbers per Household



- The average cattle herd size per household was 4 , the average flock sizes were 4 goats and 2 sheep per household.
- Makonde had the highest average holding for cattle (6), goats (7) and poultry (13).
- Sanyati (7), had the highest holding for pigs while Chegutu (4), had the highest holding for sheep.
- Mhondoro-Ngezi had the least average holding for all livestock classes.

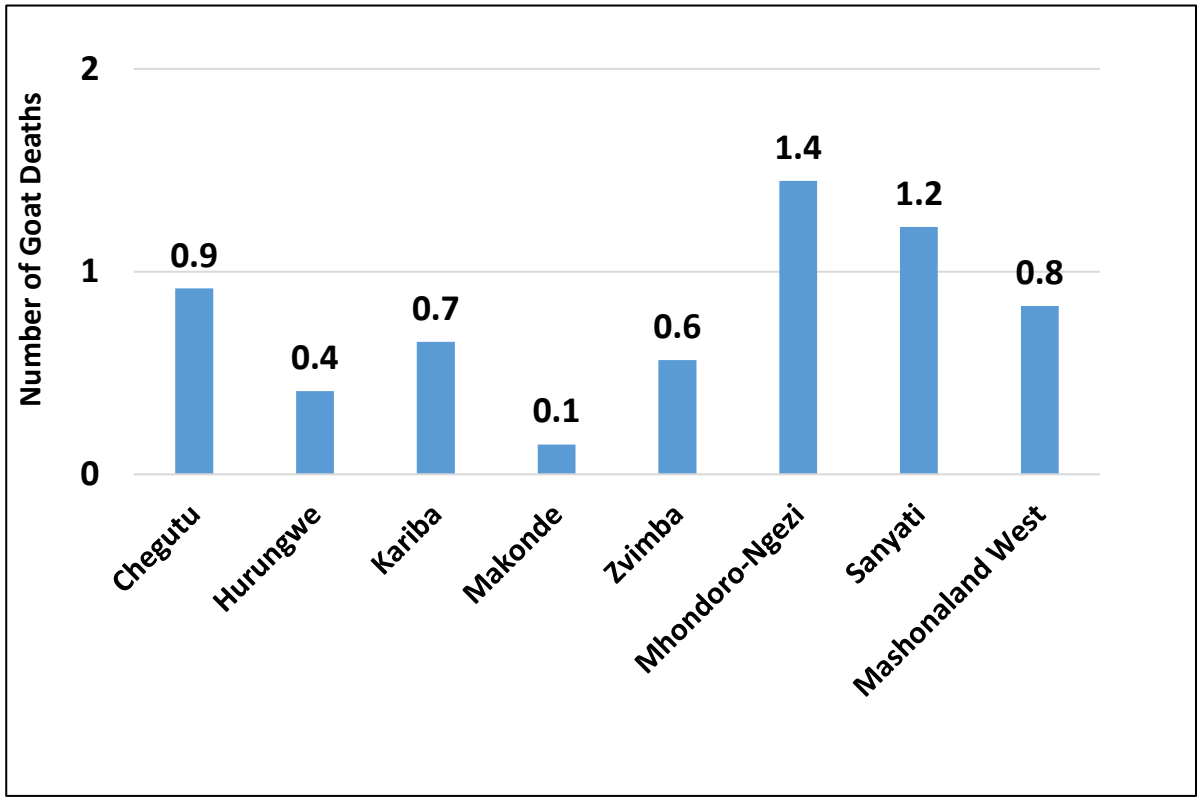
Average Number of Cattle Deaths and Causes of Deaths

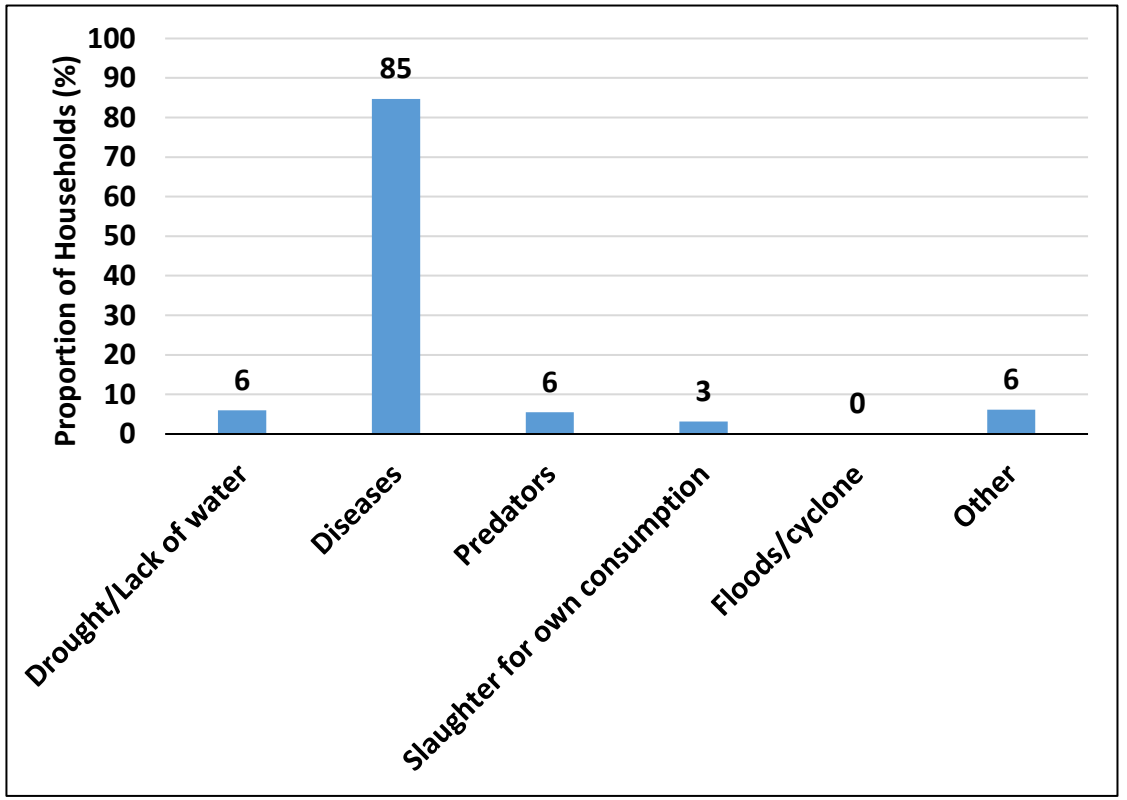




- On average a household lost one beast. The highest number of cattle deaths were recorded in Zvimba (5.7), while the least was in Hurungwe (0.4).

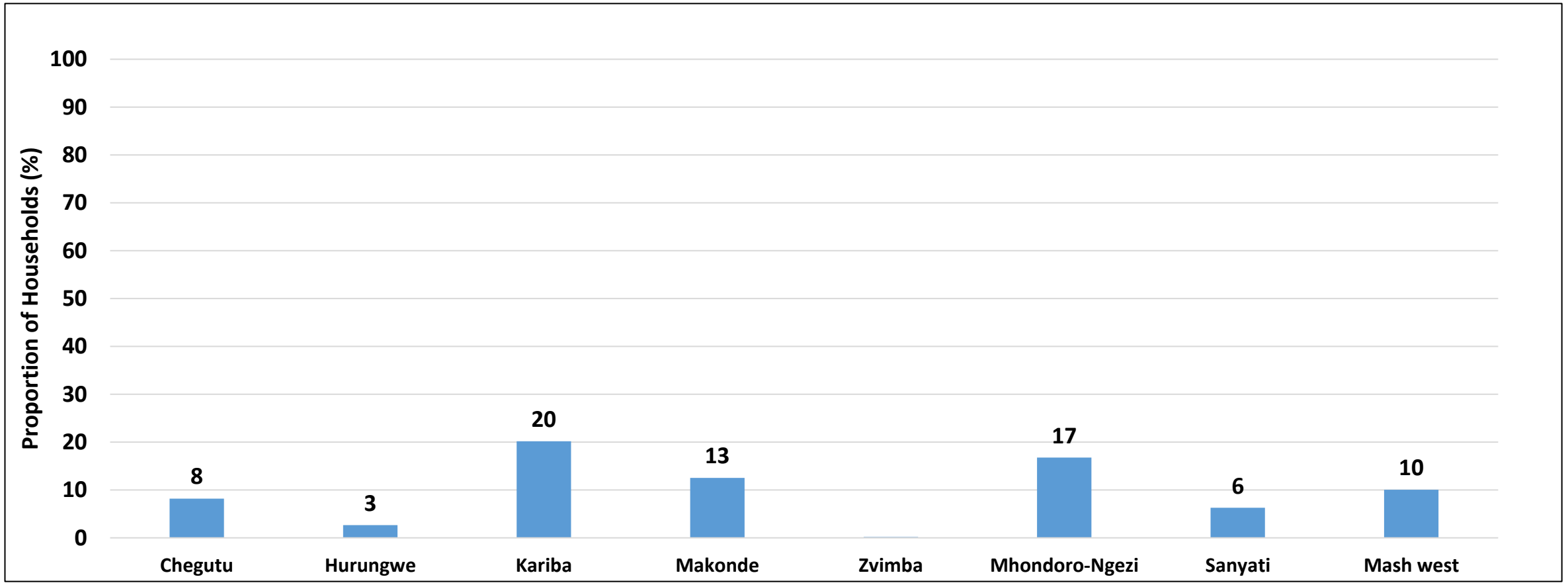
Average Number of Goat Deaths and Causes of Deaths





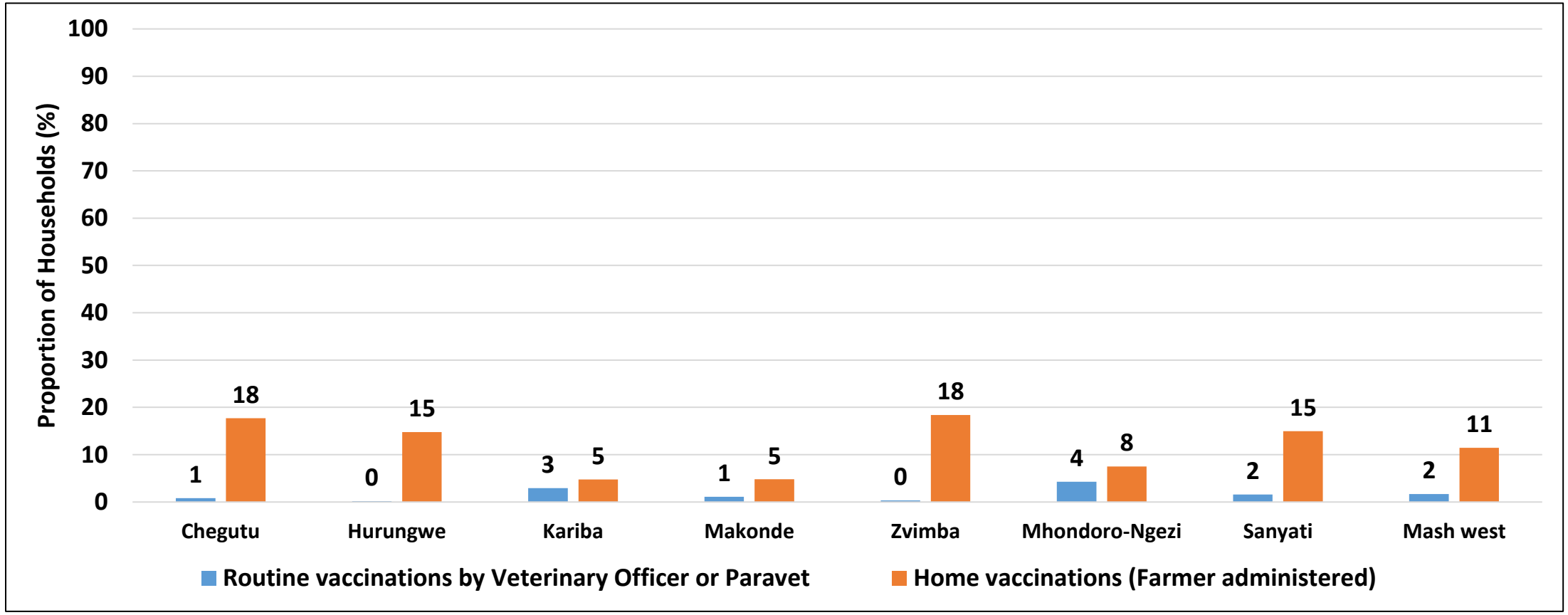
- The provincial average number of goat deaths per household was one.
- The major cause of goat deaths was diseases, affecting 85% of the households.
- The highest number of goat deaths was recorded in Mhondoro-Ngezi (1.4).

Improved Livestock Breeds



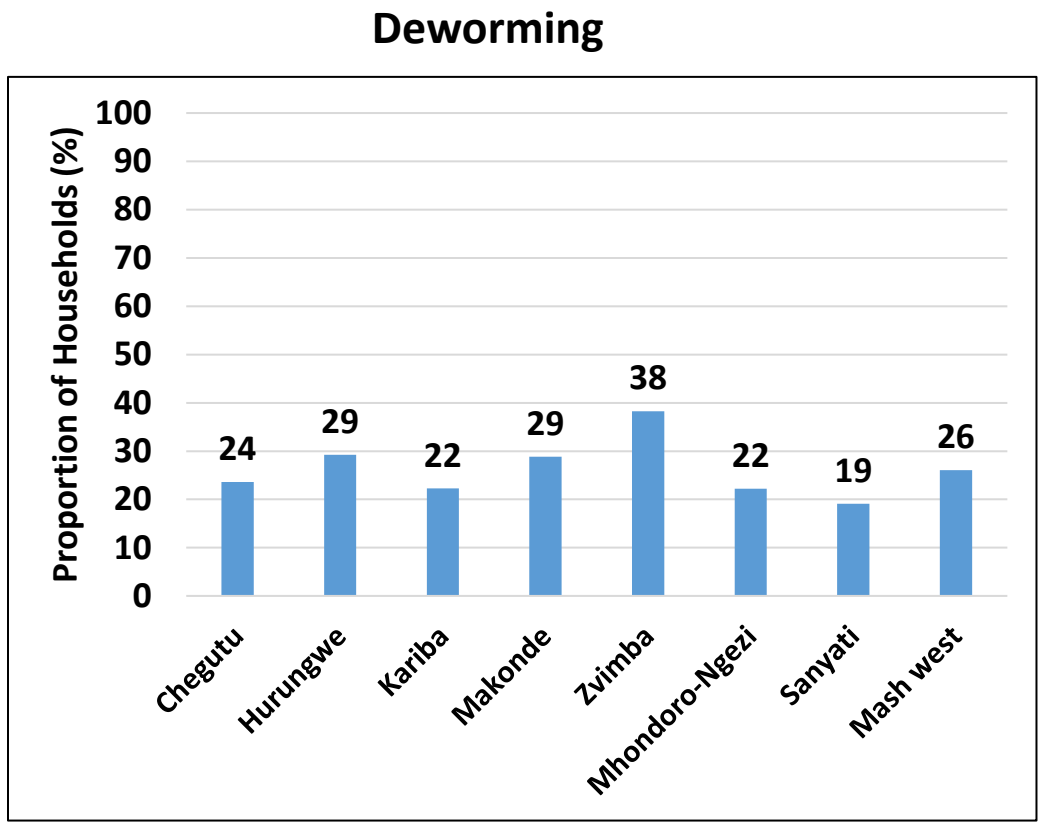
- In the province, 10% of the households owned improved livestock breeds.
- The highest proportion of households with improved livestock breeds was in Kariba (20.2%).

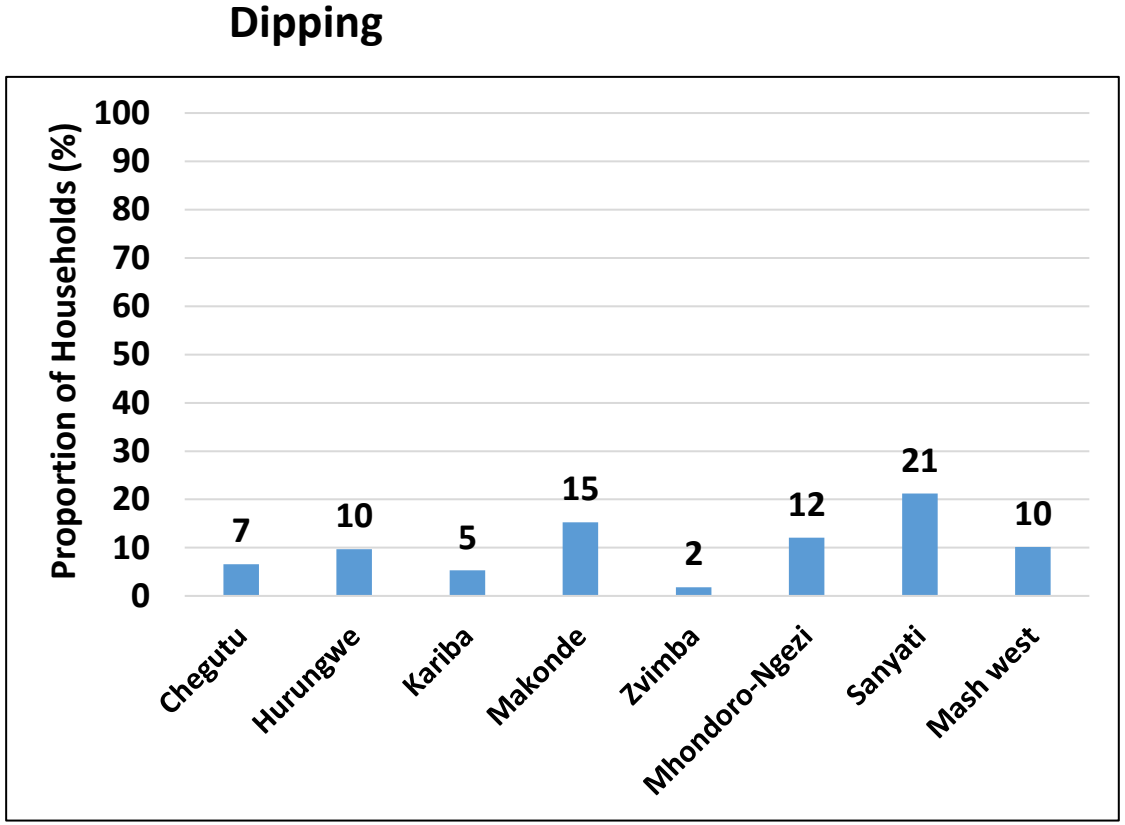
Livestock Vaccinations



- Farmers in the province were mainly administering vaccinations to their livestock at home (11%), while 2% of the households had routine livestock vaccinations by Veterinary Officer or Paravet.
- Zvimba (18%), had the highest proportion of households which administered vaccinations at home while Kariba (5%) and Makonde (5%) had the least proportions of households which did so.

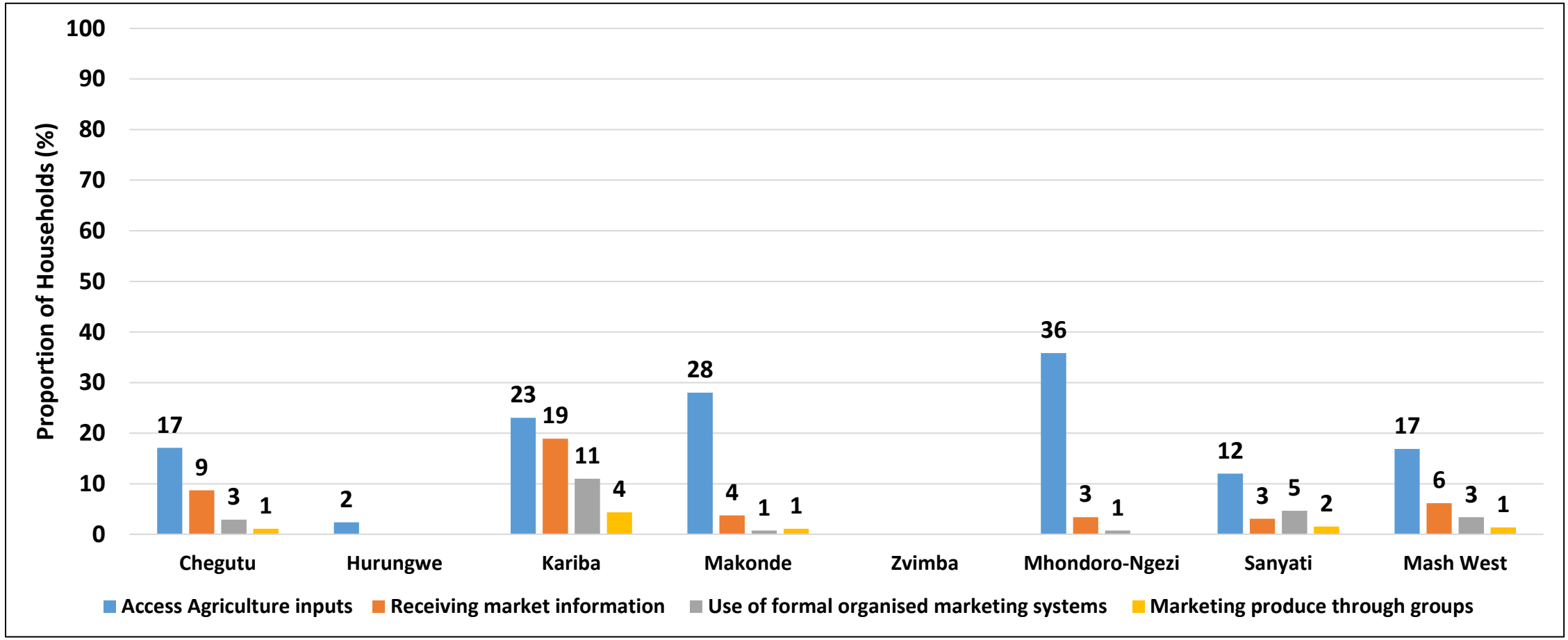
Livestock Deworming and Dipping





- In the province, 26% of the households practised deworming while 10% dipped their livestock.
- Zvimba (38%), had the highest proportion of households which practised deworming while Sanyati (19%) recorded the lowest proportion.
- The highest proportion of households which dipped their cattle was in Sanyati (21%) while the least proportion of households was in Zvimba (2%).

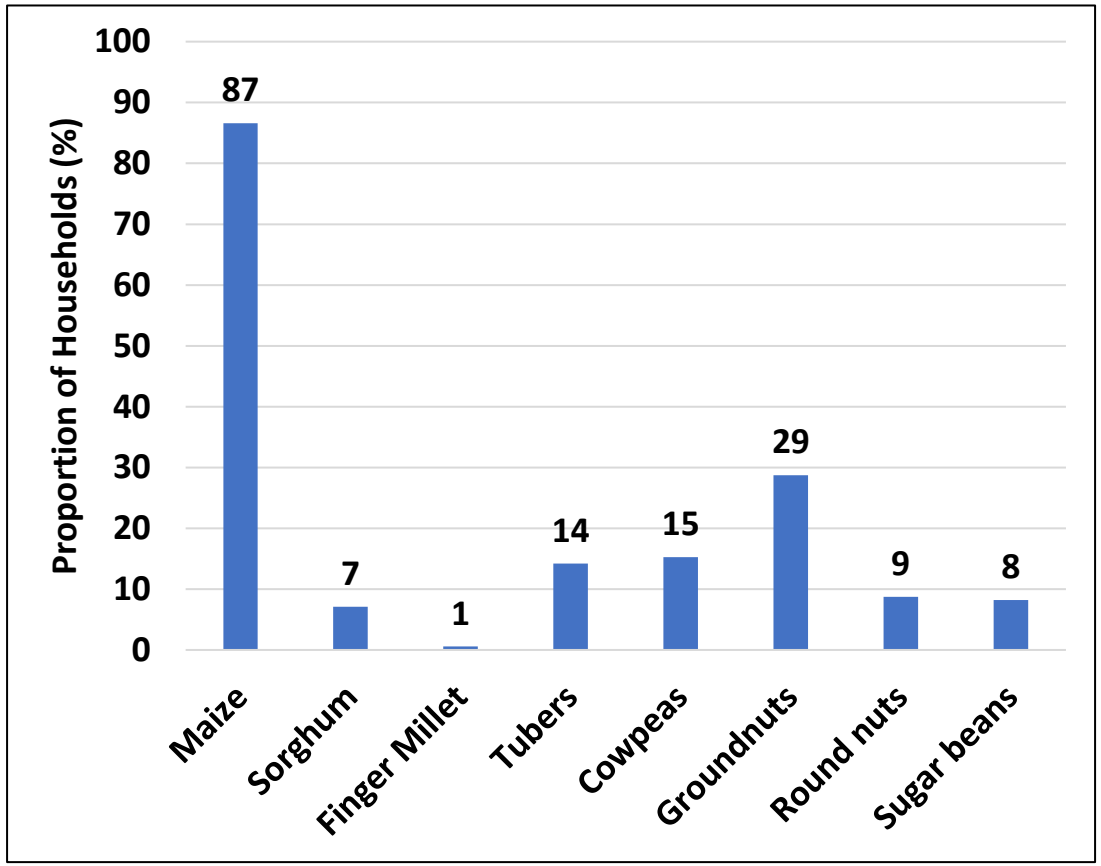
Agriculture Marketing

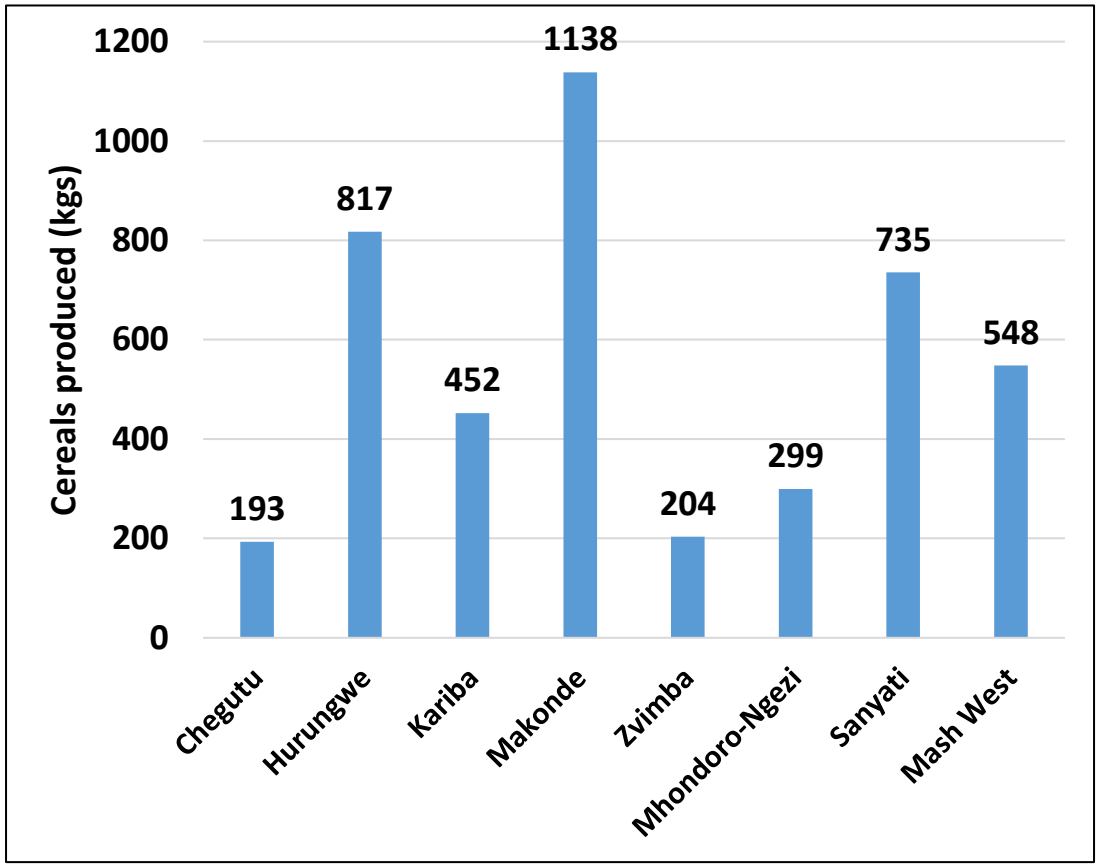


- About 17% of the households in the province had access to agriculture inputs and 6% received market information.

Crops

Crops Grown and Average Household Cereal Production





- The most commonly grown crop in the province was maize (87%) , followed by groundnuts (29%).
- The average household cereal production for the province was 548kgs.
- The highest production was recorded in Makonde (1138kgs) and lowest in Chegutu (193kgs).

Household Cereal Stocks as at 1 April 2022

District	Cereals (kg)	Shelled groundnuts (kgs)	Unshelled groundnuts (kgs)	Shelled roundnuts (kgs)	Unshelled roundnuts (kgs)	Cowpeas (kgs)	Beans (kgs)	Other Stocks of cereals/pulses (kgs)
Chegutu	77.7	0.1	4.2	0	0.2	0.6	0.4	0
Hurungwe	72.5	3.1	14.6	0.1	0.5	0.9	3	0
Kariba	136.4	4.5	20.5	4.9	3.2	3.9	0.1	0.1
Makonde	118.3	7.2	6	0	0.4	1.3	1.7	0
Zvimba	17.1	0	0.6	0.1	0	0.4	0	0
Mhondoro-Ngezi	44.5	0.7	5.8	0.4	0.1	1.5	0.5	0
Sanyati	134.8	2.3	17.1	1.9	1.3	4.1	0.4	0
Mash West	**85.8**	**2.6**	**9.8**	**1**	**0.8**	**1.8**	**0.9**	**0**

- The average household cereal stocks in the province were 85.8kg.

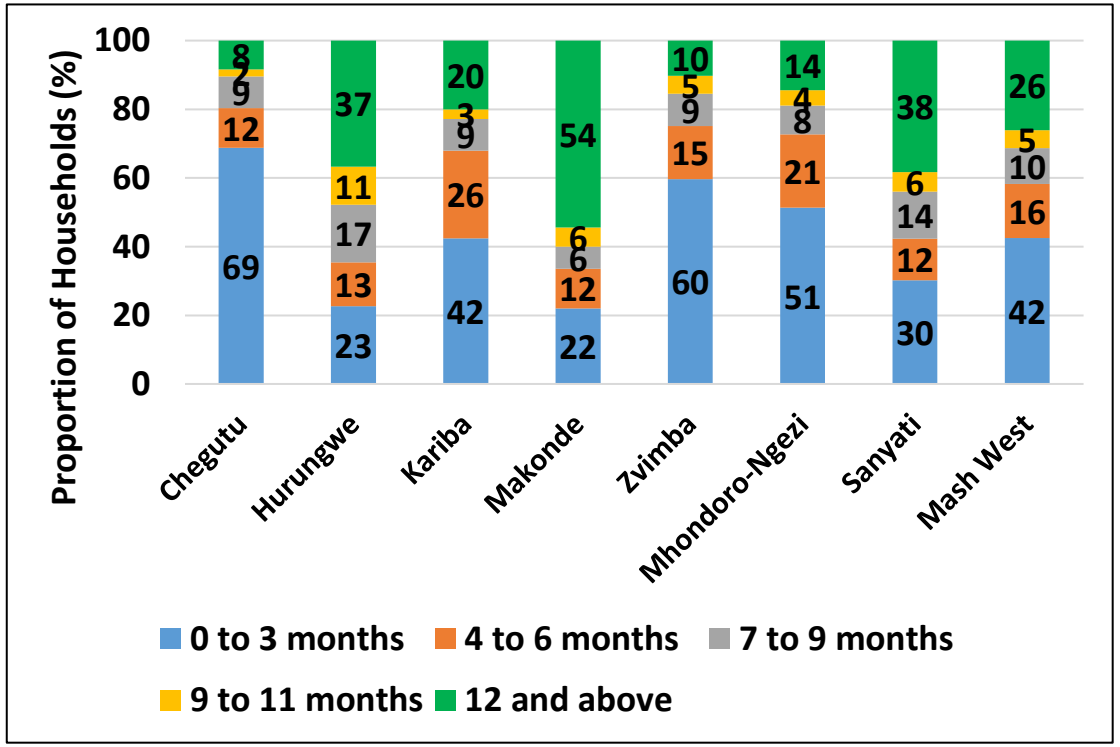
Average Cereal Accessed from Remittances and Casual Labour

District	Cereal from remittances (kg)	Cereal from Casual labour (kg)
Chegutu	84.3	4.7
Hurungwe	108.6	17.8
Kariba	34.1	2.4
Makonde	53.1	2.7
Zvimba	34.8	0.2
Mhondoro-Ngezi	18.6	1.7
Sanyati	17.8	3.2
Mash West	**50.3**	**4.7**

- The average cereal from remittances were 50.3kg with Hurungwe having the largest at 108.6kgs.
- Cereal accessed from casual labour were limited with Hurungwe having the largest of 17.8kgs.

Cereal Self Sufficiency

Household Cereal Self Sufficiency (Zimbabwe Vulnerability Assessment Committee 2022)

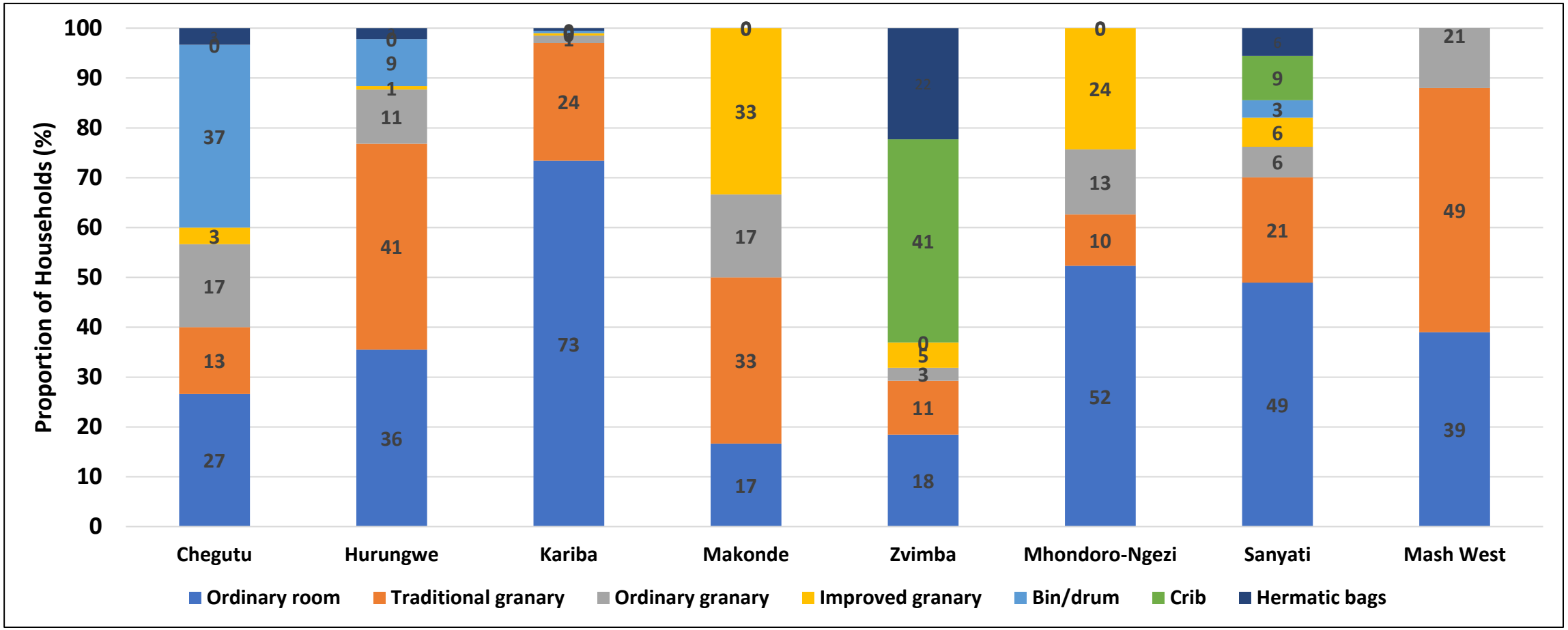


District Cereal Self Sufficiency (Crops and Livestock Assessment 2022)

Period	District
0-3 months	-
4-6 months	-
7-9 months	-
10-12 months	Sanyati
Over 12 months	Chegutu, Hurungwe, Kariba, Makonde, Mhondoro-Ngezi, Zvimba

- On average, 26% of the households in the province had more than 12 months supply of cereals from own production while 42.5% of the households had cereals from own production sufficient for 0-3months only.
- According to the second round Crops and Livestock Assessment, most districts in the province produced cereals enough for more than 12 months, except for Sanyati with cereal sufficient for 10 to 12 months

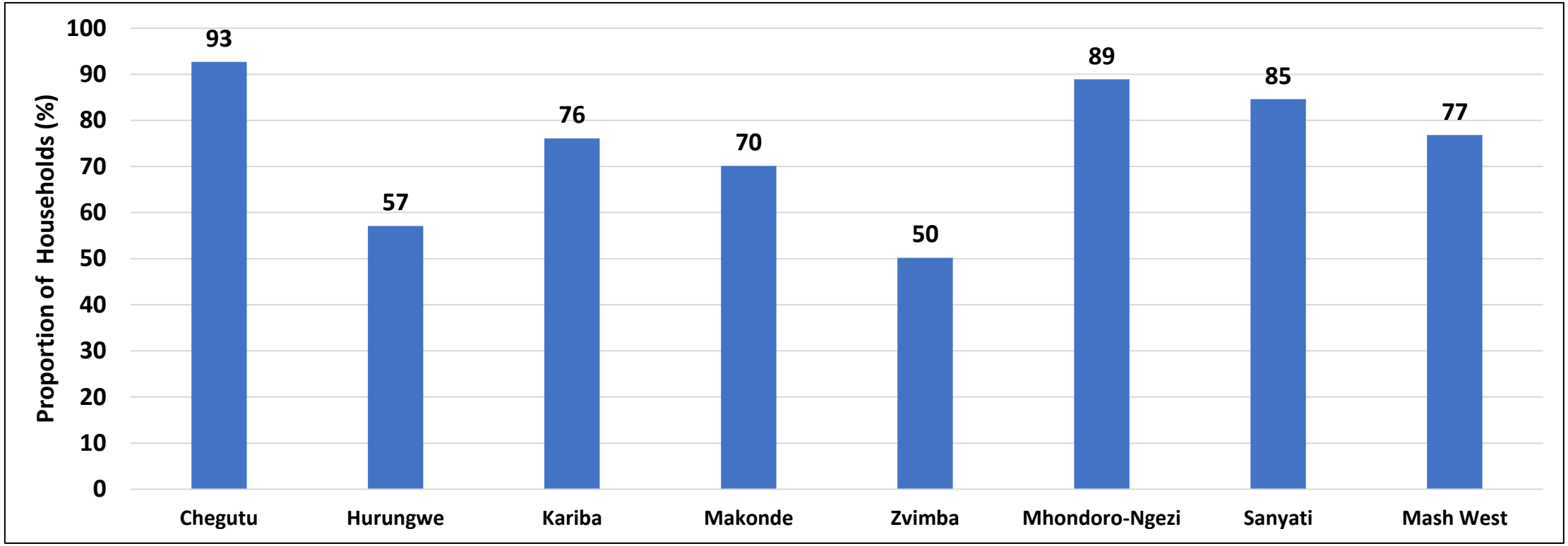
Structures Used to Store Grain



- The most common structures used to store grain were ordinary rooms (49%), followed by traditional granary (21%).
- Of concern was the low usage of improved granaries (6%) and hermatic bags (6%).

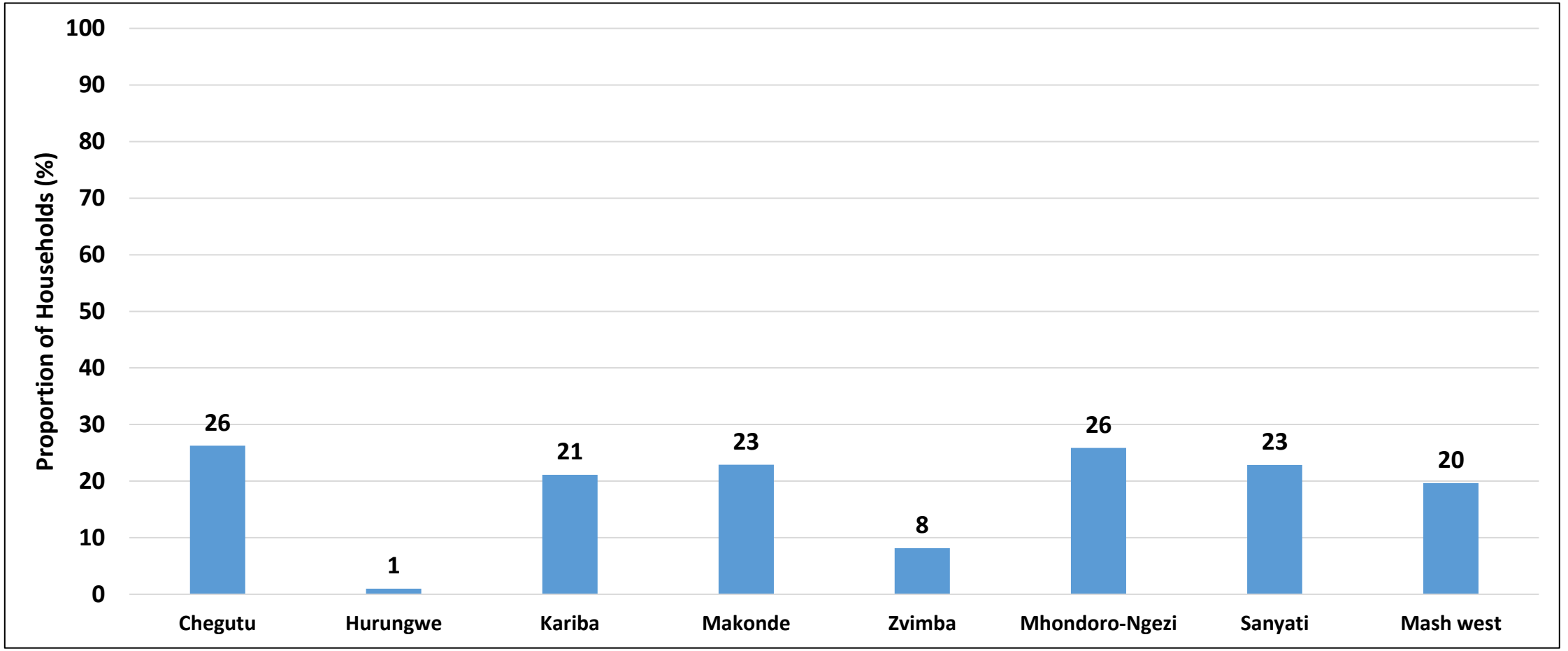
Climate Smart Agriculture

Households which Practised Climate Smart Agriculture



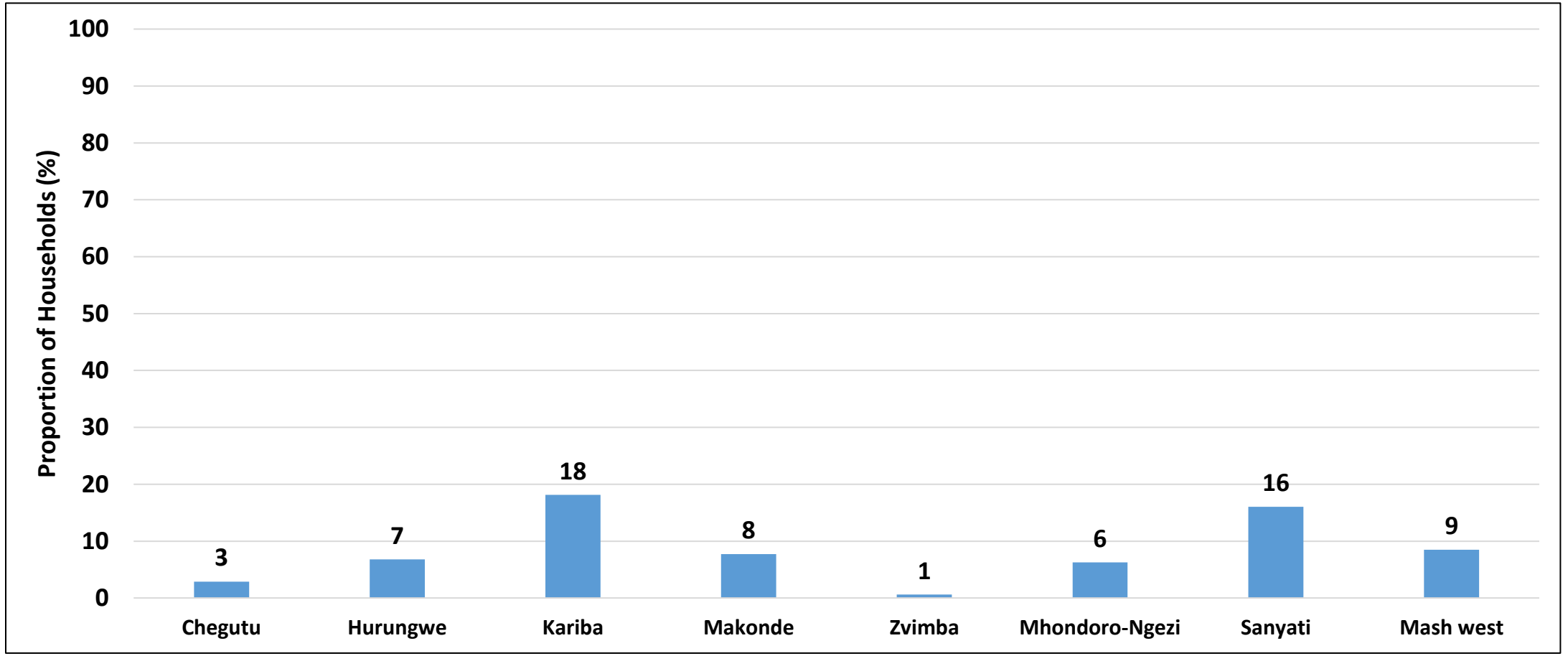
- About 77% of households in the province practised climate smart agriculture.
- Chegutu (93%), reported the highest proportion of households which practised climate smart agriculture whilst Zvimba (50%) had the least proportion.

Use of Quality Certified Seeds



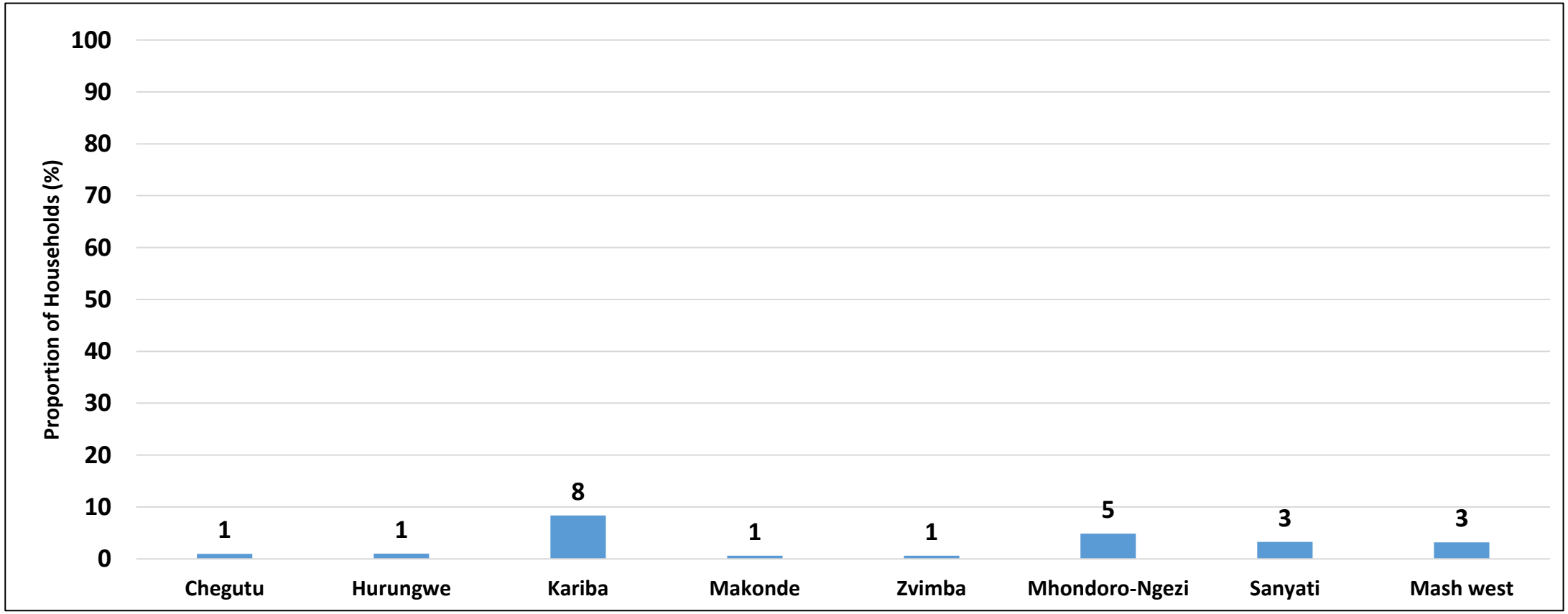
- Only 20% of the households used quality certified seeds in the province.
- Chegutu and Mhondoro-Ngezi (26%), had the highest proportion of households which used quality certified seeds while Hurungwe (1%) had the least proportion.

Households which Adopted Improved Crop Varieties



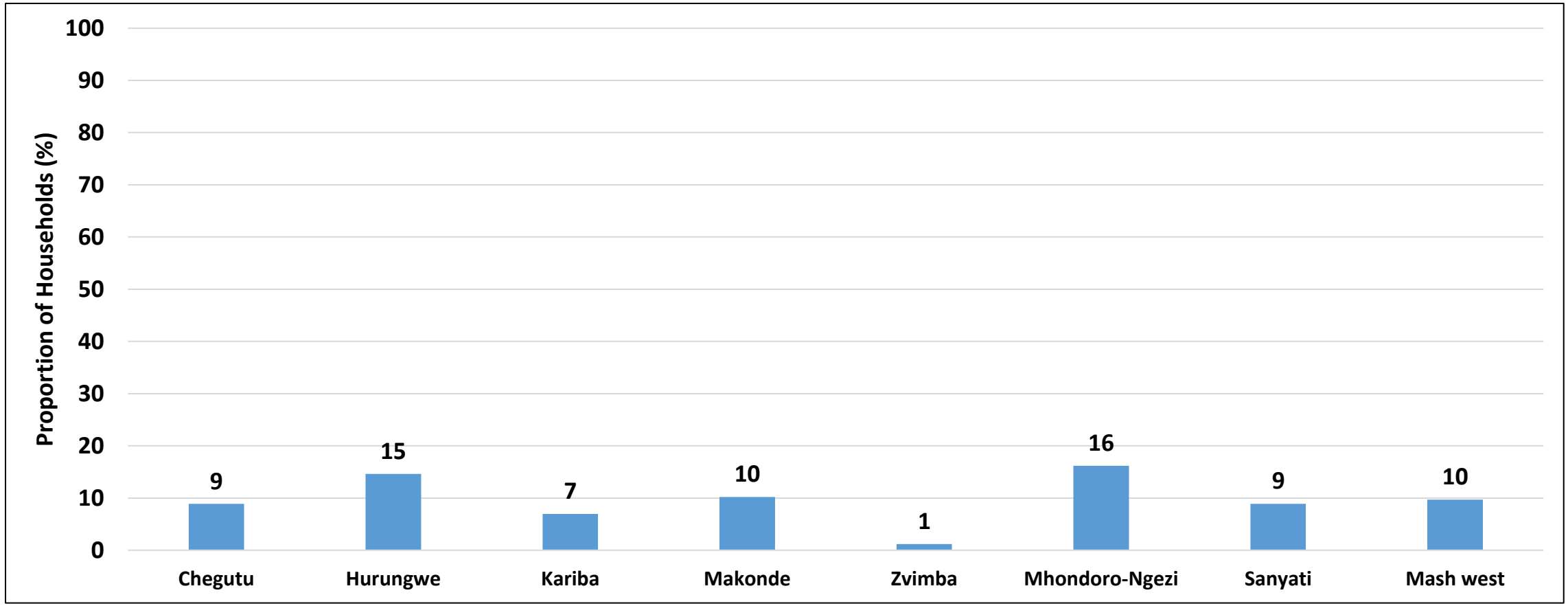
- Adoption of improved crop varieties was very low in the province at 9%.
- Kariba (18%), reported the highest proportion of households which adopted improved crop varieties.

Households Growing Small Grains



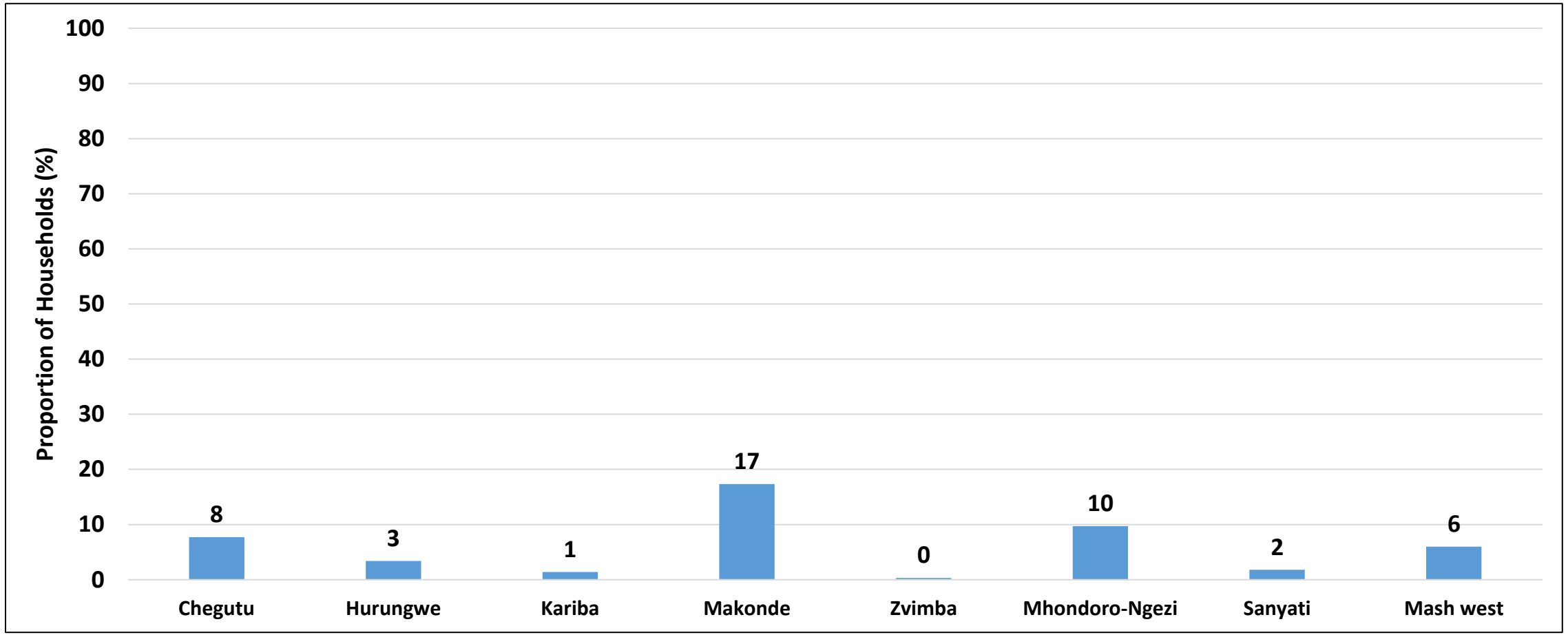
- Growing of small grains was very low in the province with only 3% of the households practising it.
- The highest proportion of households which grew small grains was in Kariba (8%).

Crop Rotation



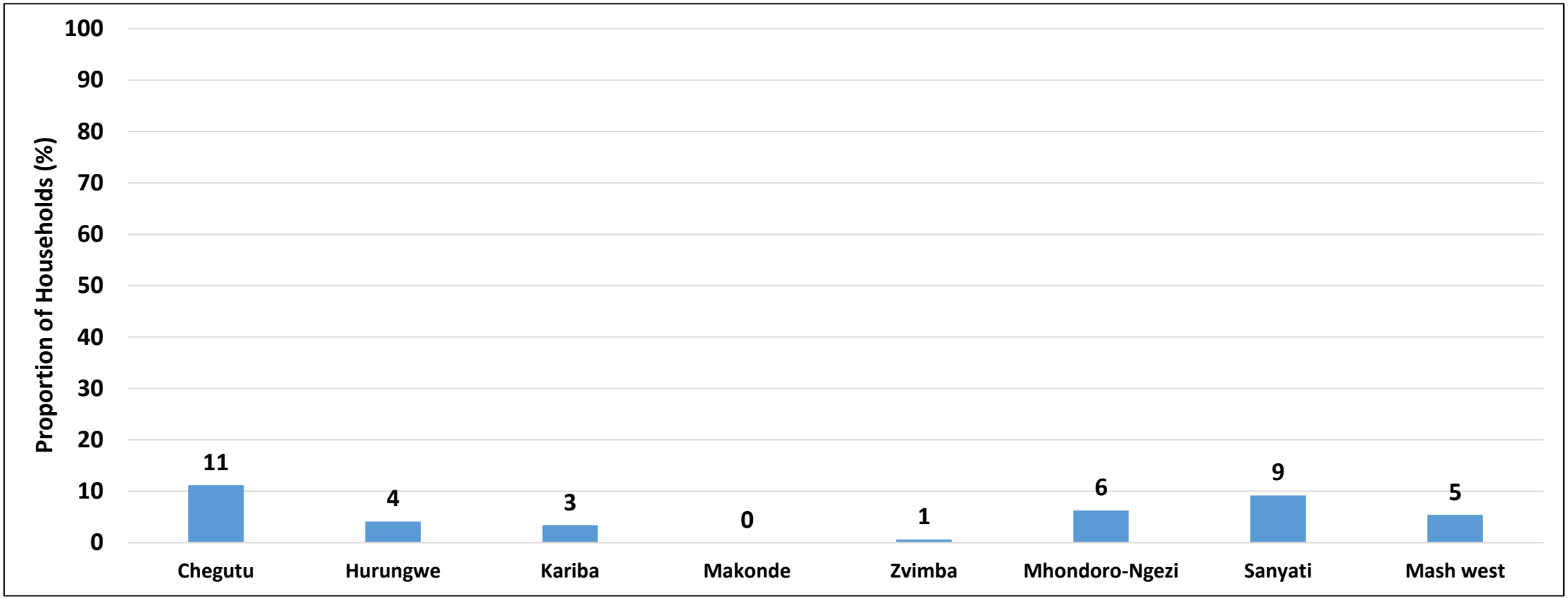
- In the province, 10% of households practised crop rotation.
- The highest proportion of households which practised crop rotation was in Mhondoro-Ngezi (16%).

Use of Organic Fertilizer



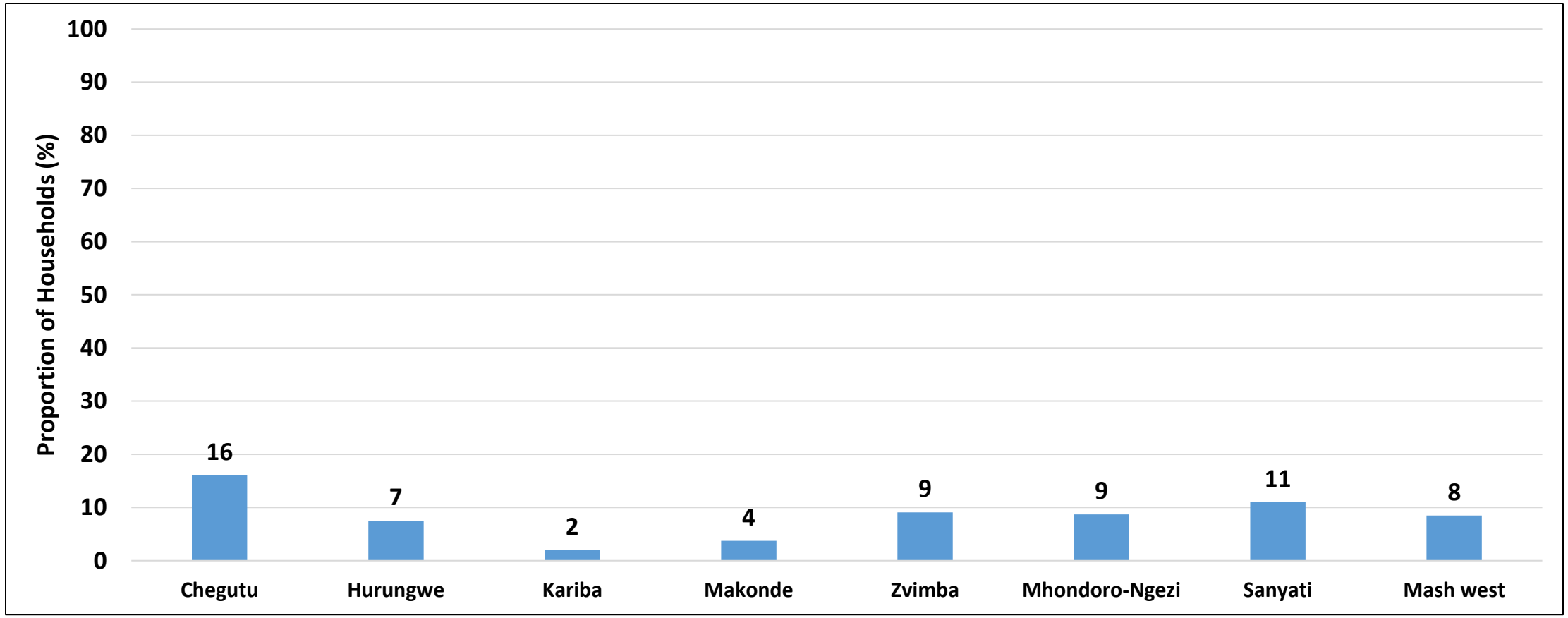
- Only 6% of the households in the province used organic fertilizer.

Intercropping Practice



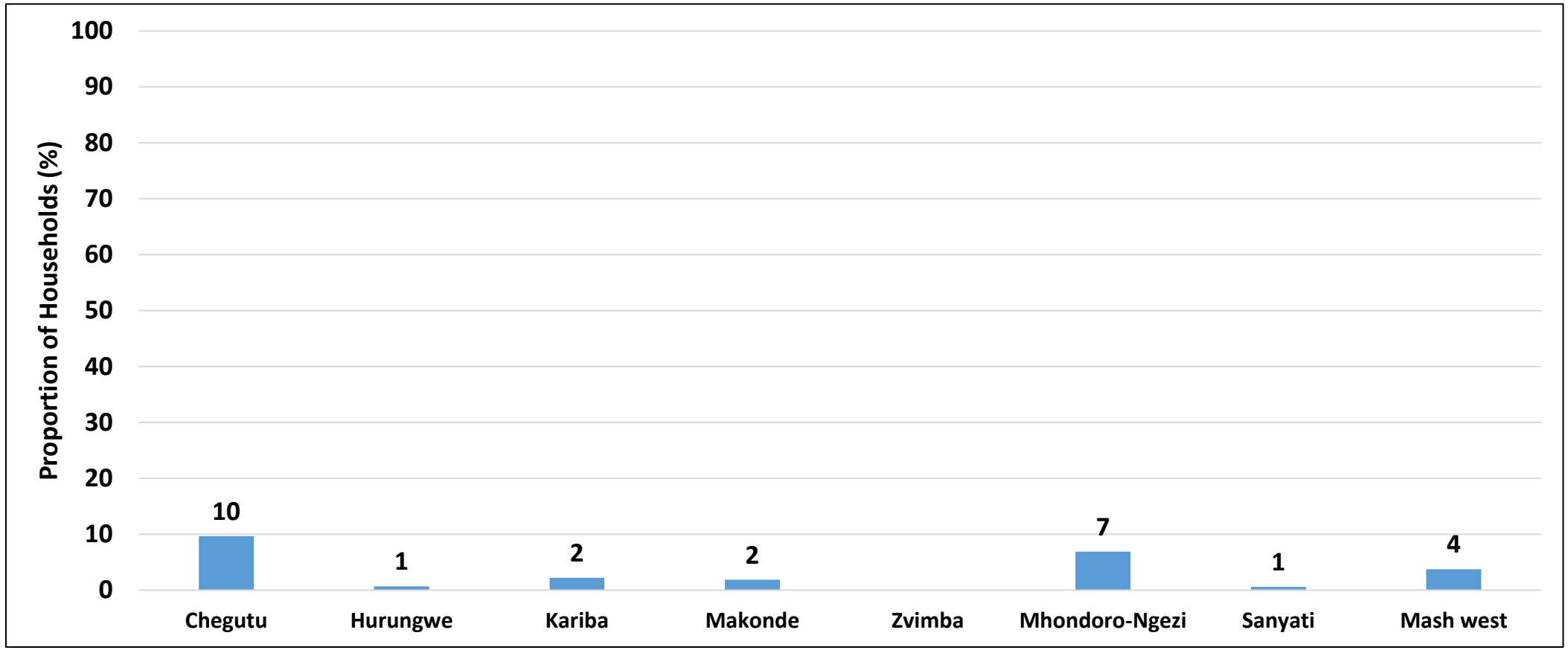
- The province had only 5% of the households practising intercropping.

Mulching



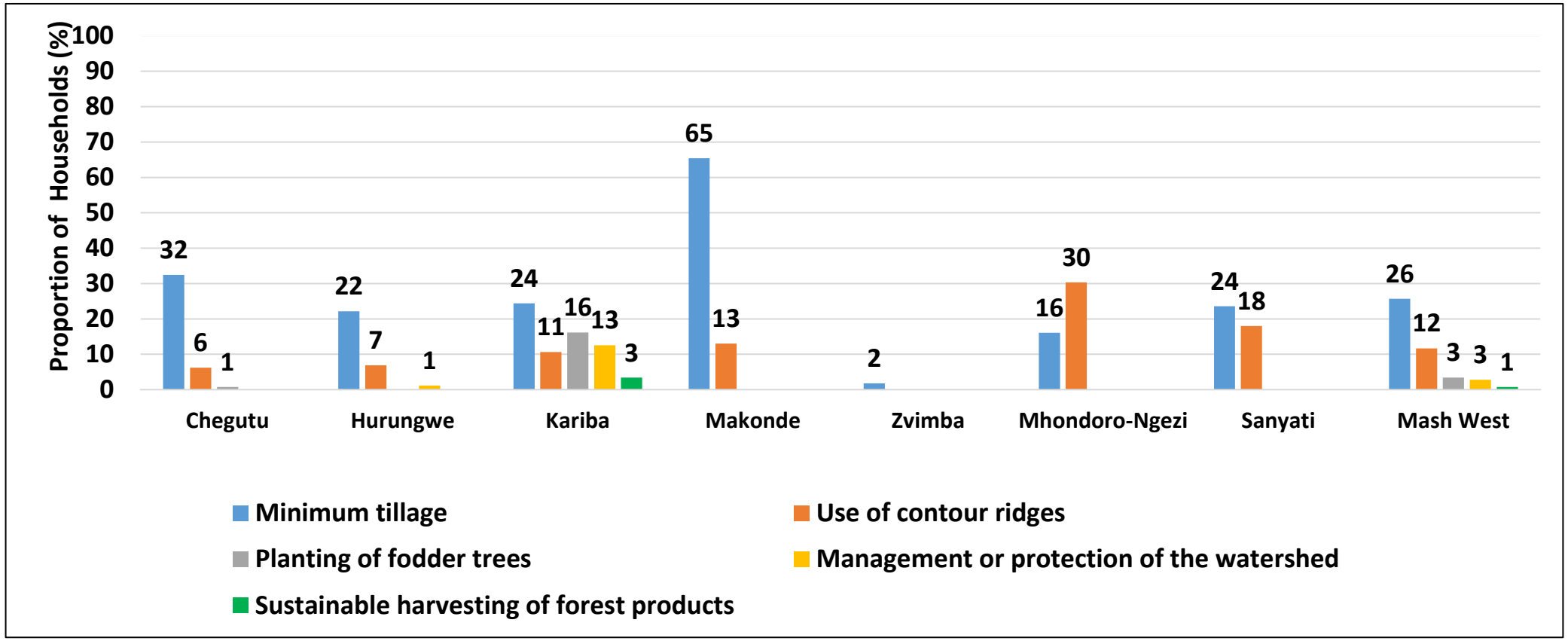
- Only 8% of households in the province used mulch in their crop fields.

Integrated Pest Management (IPM)



- Integrated Pest Management was practised by a very small proportion of households in the province, 4%.

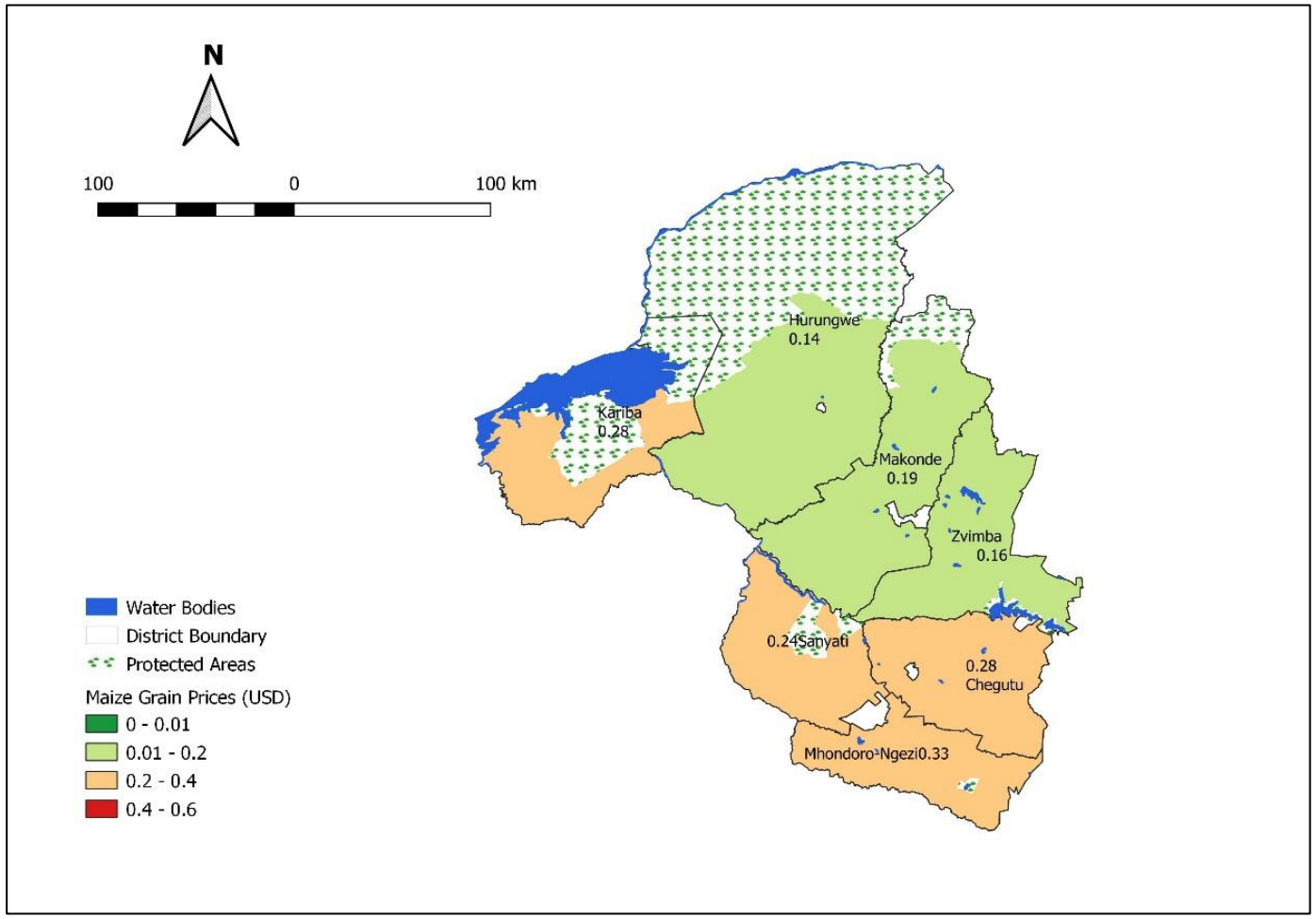
Soil and Water Conservation Techniques



- The main soil and water conservation techniques implemented in the province were minimum tillage (26%) and use of contour ridges (12%).
- Makonde (65%) had the highest proportion of households which practised minimum soil and water conservation techniques.

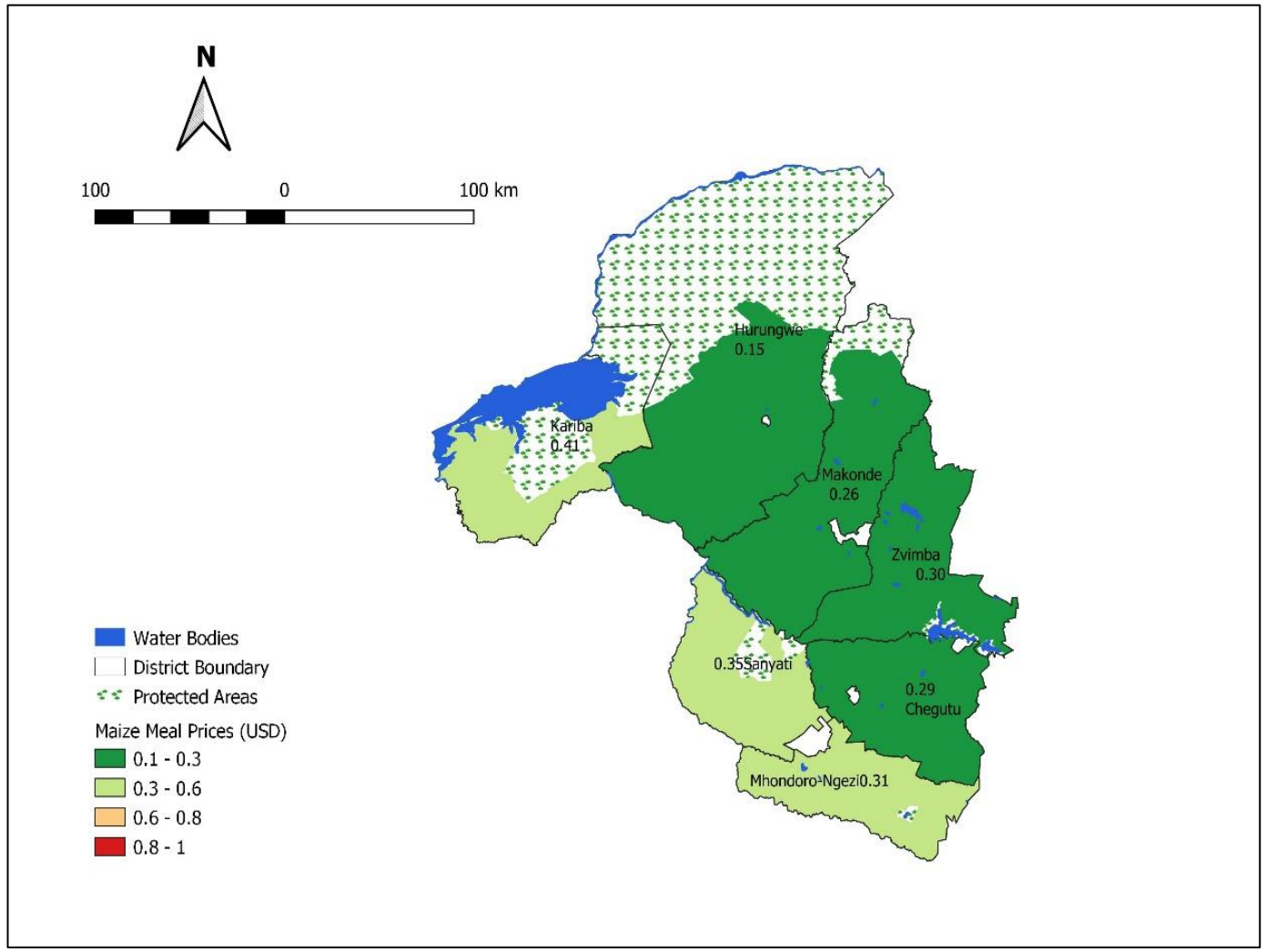
Agricultural Produce Markets

District Average Maize Grain Prices (USD)



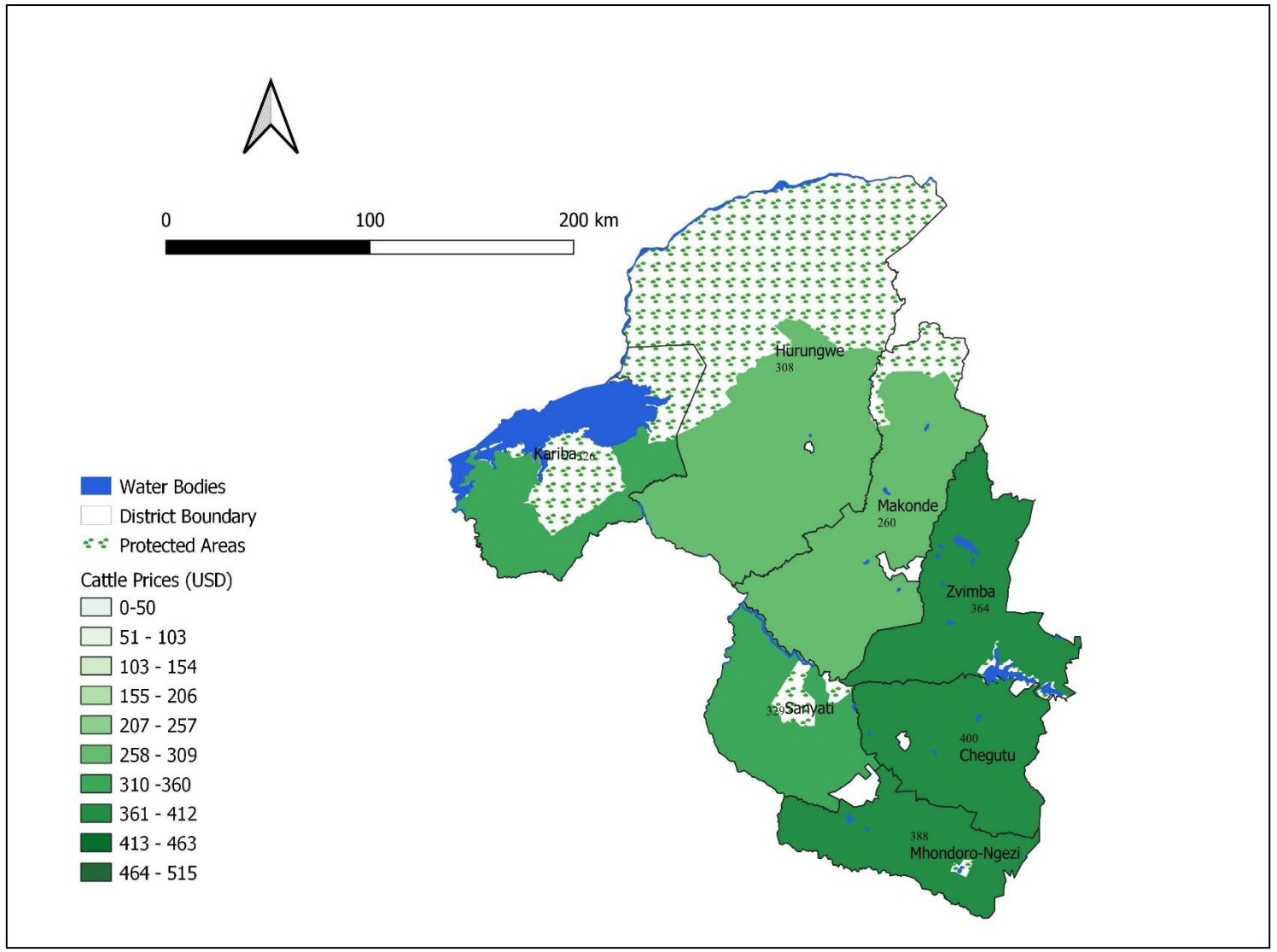
- Average maize grain prices were ranging from USD0.14 to USD0.33 per kg.
- The lowest maize grain price was in Hurungwe (USD0.14), while Mhondoro-Ngezi recorded the highest price (USD0.33).

District Maize Meal Prices (USD)



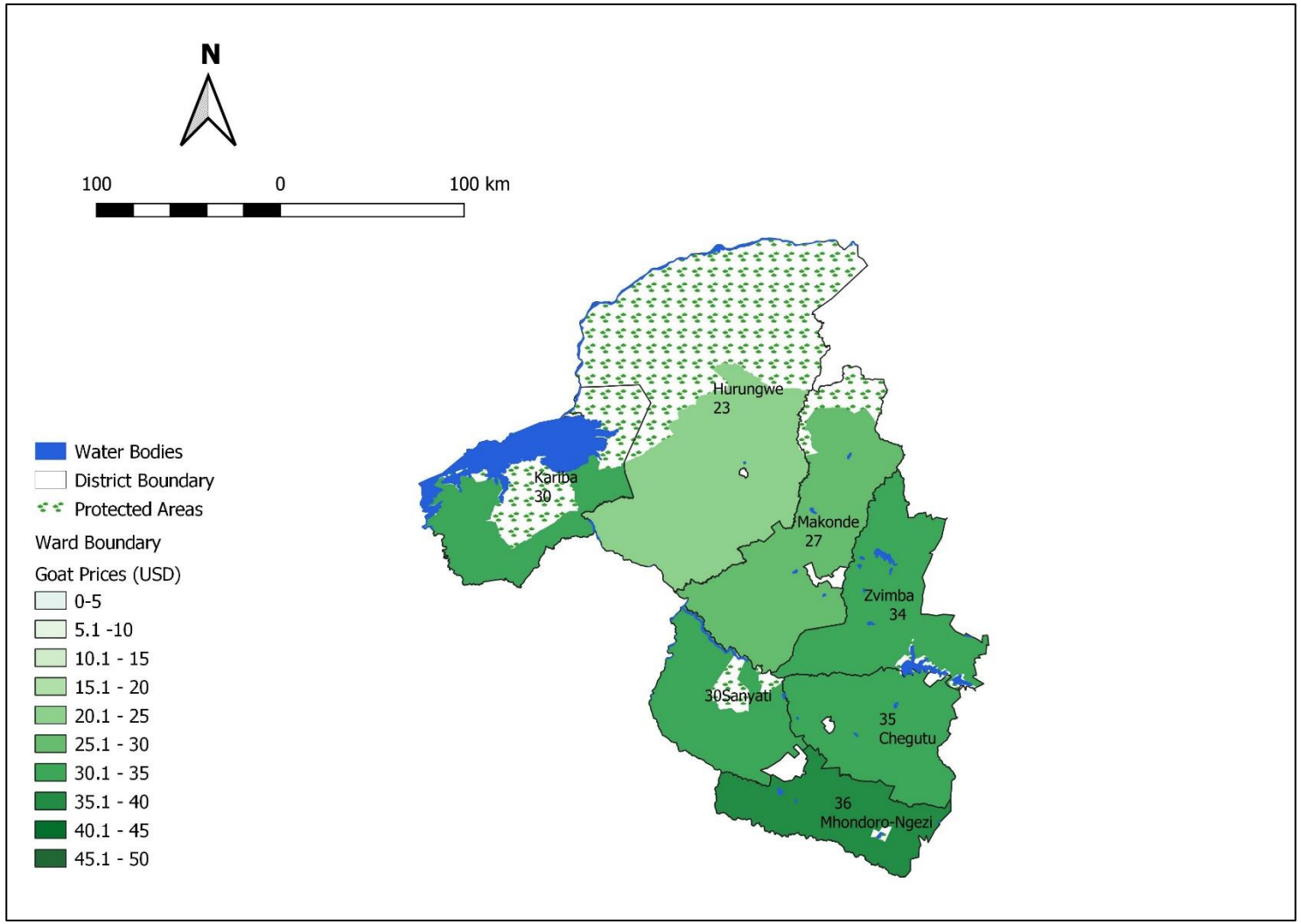
- The average maize meal price in the province was USD 0.30 per kg.
- The highest maize meal price was recorded in Kariba (USD 0.41).
- Hurungwe (USD0.15), recorded the lowest maize meal price.

District Cattle Prices (USD)



- The average cattle price in the province was USD 339.
- The highest cattle price was recorded in Chegutu (USD 400).
- Makonde had the lowest cattle price USD 260).

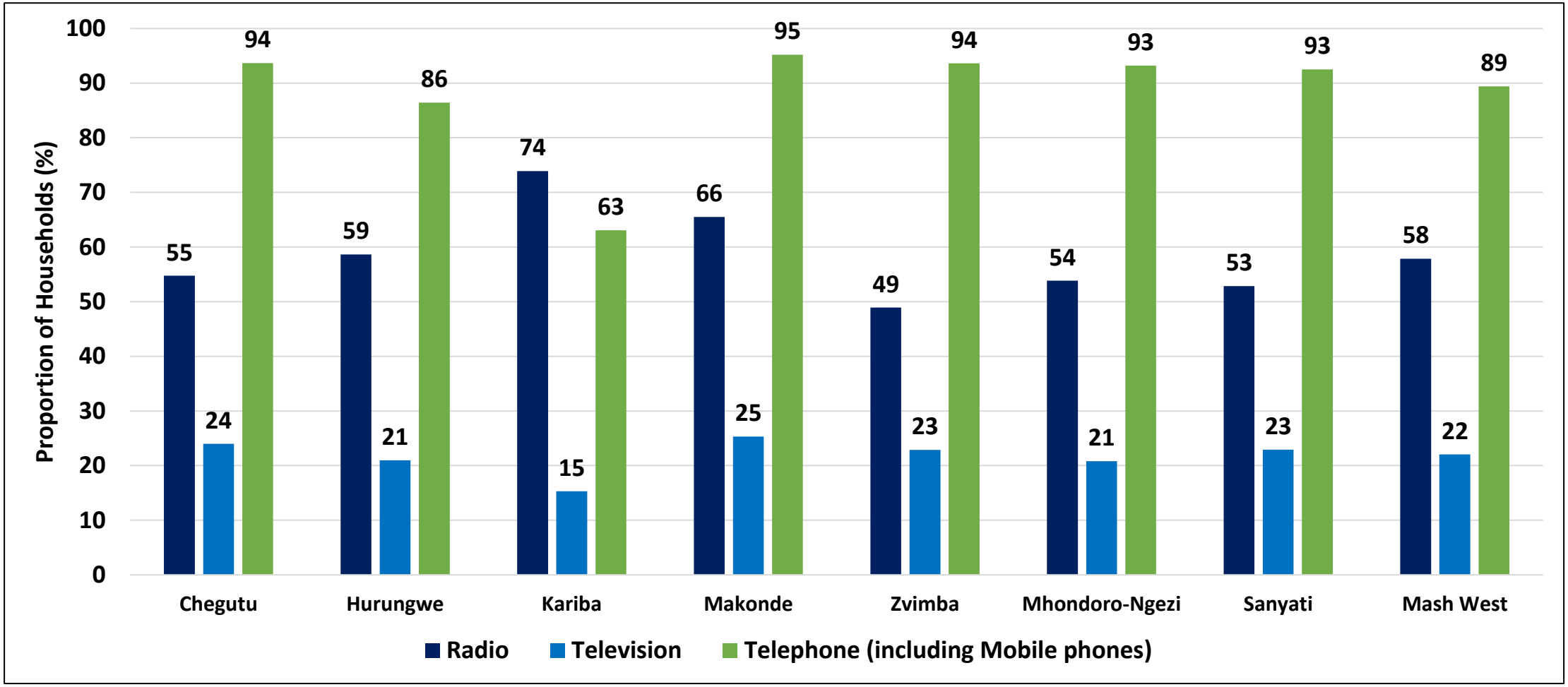
District Goat Prices (USD)



- The highest goat price was recorded in Mhondoro-Ngezi (USD 36).
- Hurungwe had the lowest goat price USD 23).

Assets

ICT Asset Ownership



- The most commonly owned ICT asset by households across the province was telephones (89%) (including mobile phones).

Productive Asset Ownership

District	Plough oxen pulled (%)	Scotch cart (%)	Sickle (%)	Pick-axe (%)	Axe (%)	Hoe (%)	Spade or shovel (%)	Knapsack sprayer (%)	Cultivator, ridger, planter (%)	Wheel barrow (%)
Chegutu	23	21.2	42.9	31	87.6	96	47.8	20.4	6.6	34.5
Hurungwe	55.8	38.1	40	32.6	80	97.2	49.3	28.8	6	19.5
Kariba	29.8	25.5	51.5	44.3	88.1	95.3	33.2	20.9	3.4	17.4
Makonde	49.8	37.2	38.9	14.2	64.4	93.9	34.4	36.8	6.5	15.8
Zvimba	4.9	9.5	28	9.5	46.9	91.4	16.9	6.6	0.8	17.7
Mhondoro-Ngezi	60.3	43.9	61.1	59.4	85.4	98.3	68.6	32.6	12.1	42.7
Sanyati	37.1	31.9	52	50.7	92.1	97.4	50.2	29.3	4.8	41.9
Mash West	37.1	29.6	44.9	34.3	77.4	95.6	42.7	25	5.8	27

- The most common productive assets owned by households were hoes (95.6%), followed by axes (77.4%).

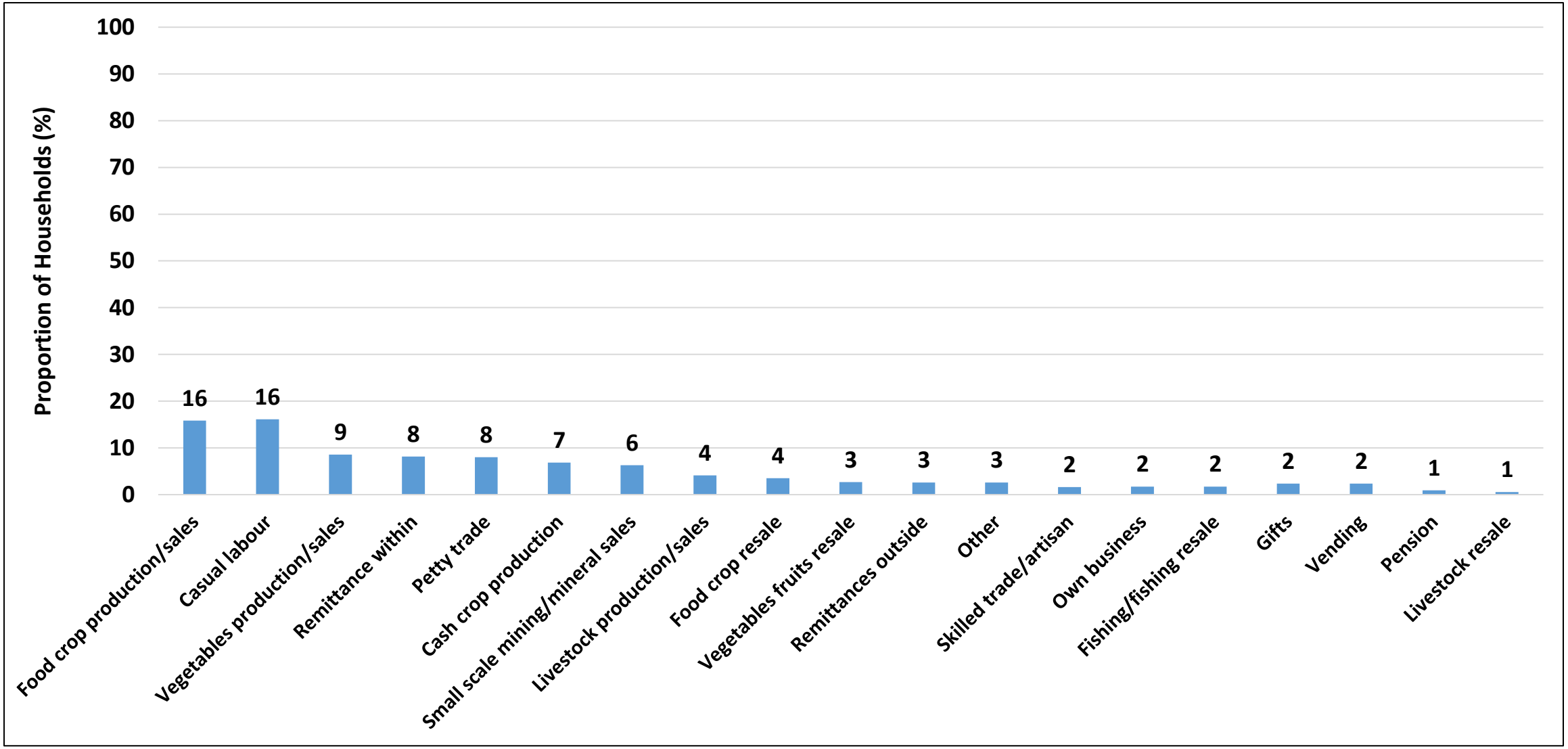
Entrepreneurial Assets Ownership

District	Grain Mill/shop (%)	Freezit making machine (%)	Peanut butter producing machine (%)	Welding machine (%)	Maputi gun (%)	Sewing machine (%)
Chegutu	14.3	0	0	0	7.1	78.6
Hurungwe	85.7	0	0	14.3	0	14.3
Kariba	47.4	0	0	10.5	0	42.1
Makonde	23.5	0	5.9	0.0	0	64.7
Zvimba	0	7.1	7.1	0	0	100
Mhondoro-Ngezi	30.8	0	7.7	7.7	0	69.2
Sanyati	33.3	0	12.5	0	0	70.8
Mash West	30.6	0.9	5.6	3.7	0.9	65.7

- The majority of households in the province owned sewing machines (65.7%).
- Zvimba had 100% of households with sewing machines.

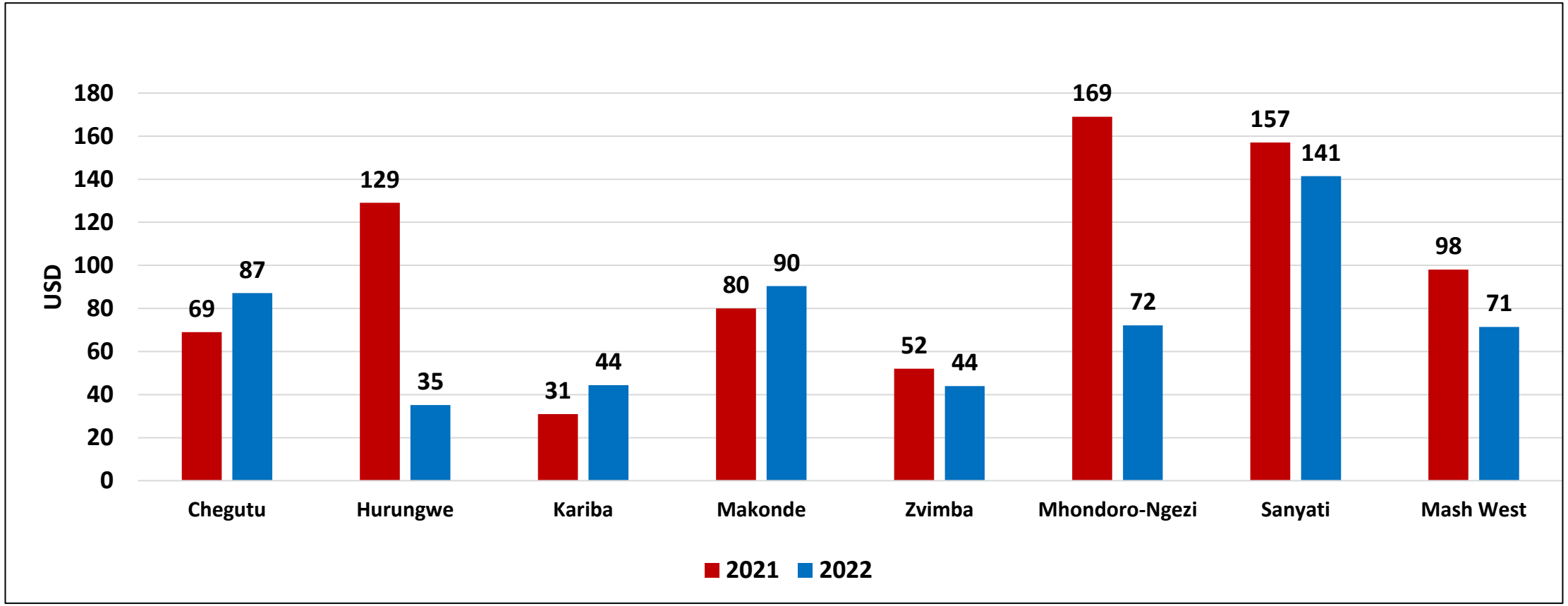
Income and Expenditure

Most Important Sources of Income



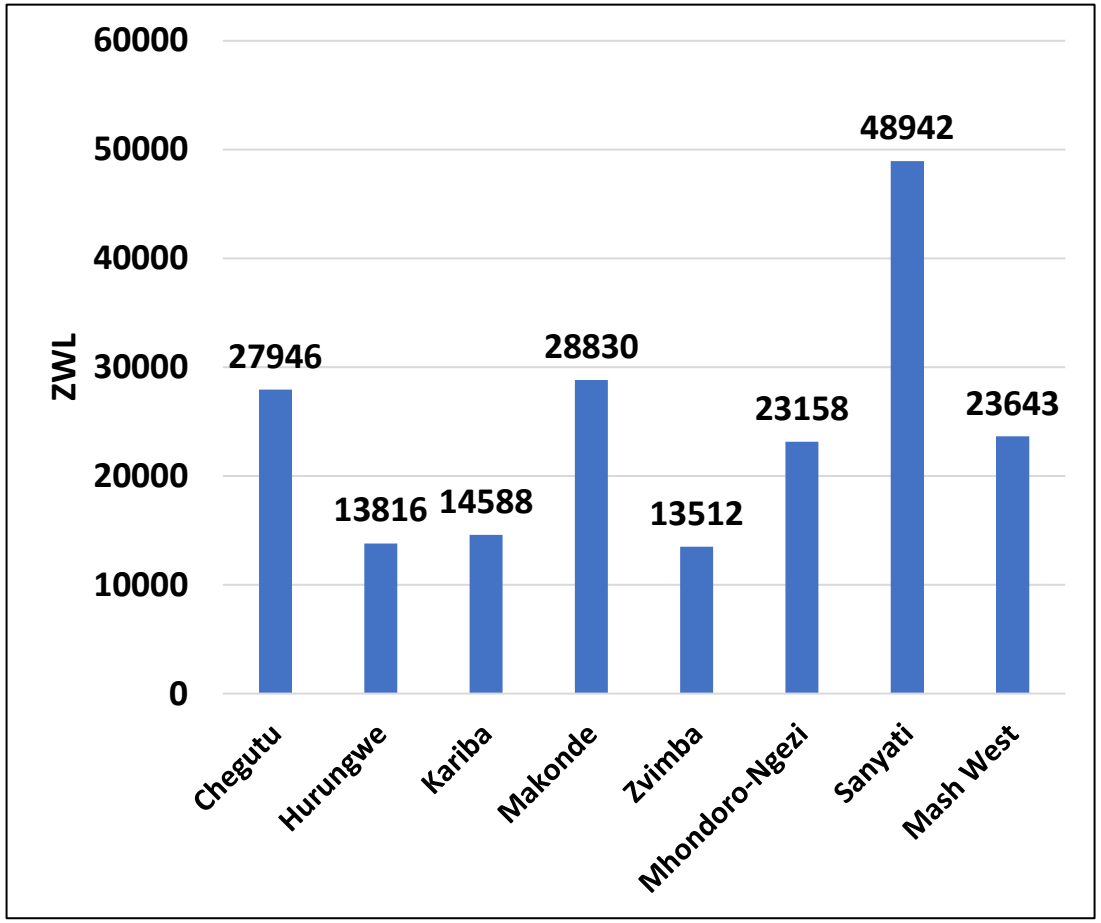
- The most important sources of income in the province were food crop production/sales (16%) and casual labour (16%).

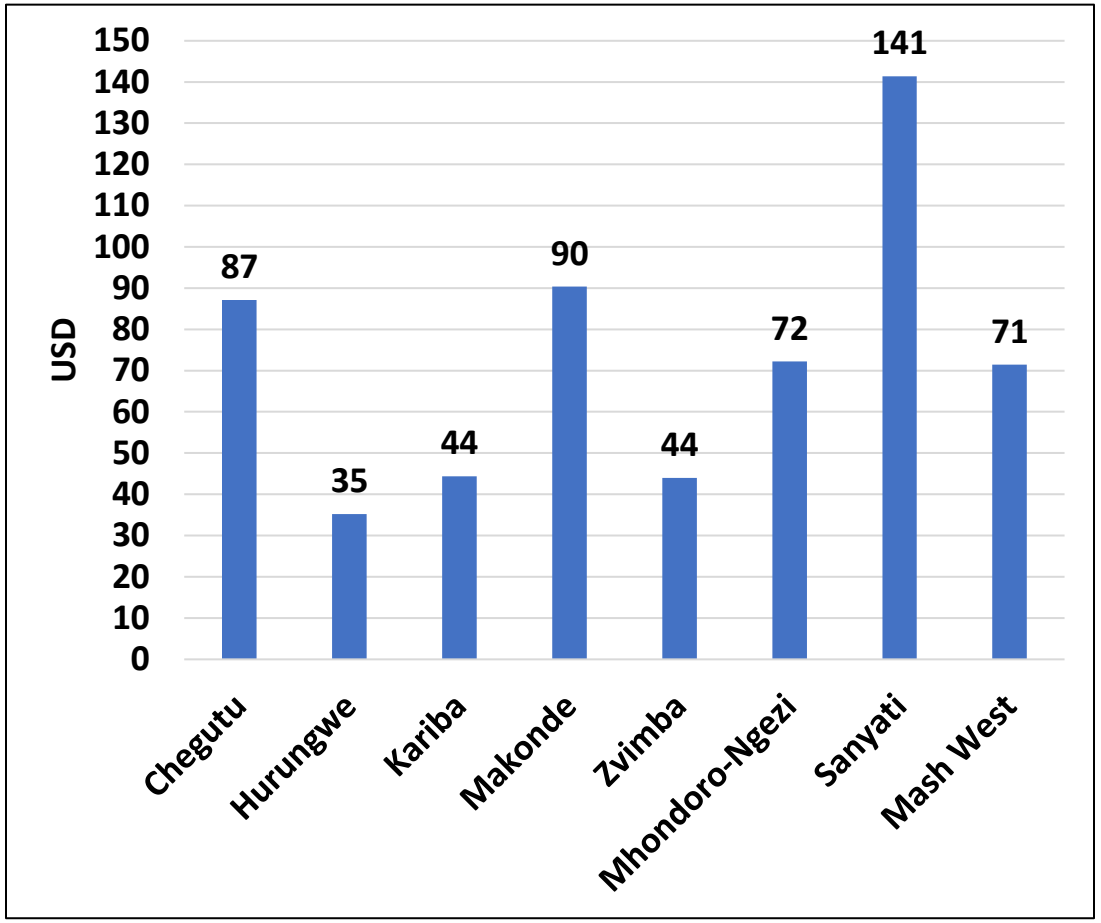
Average Household Monthly Income (USD)



- The average household monthly income for the province was USD71, a decrease from USD 98 reported last year.
- The highest average income was reported in Sanyati (USD 141).
- The lowest was reported in Hurungwe (USD 35).

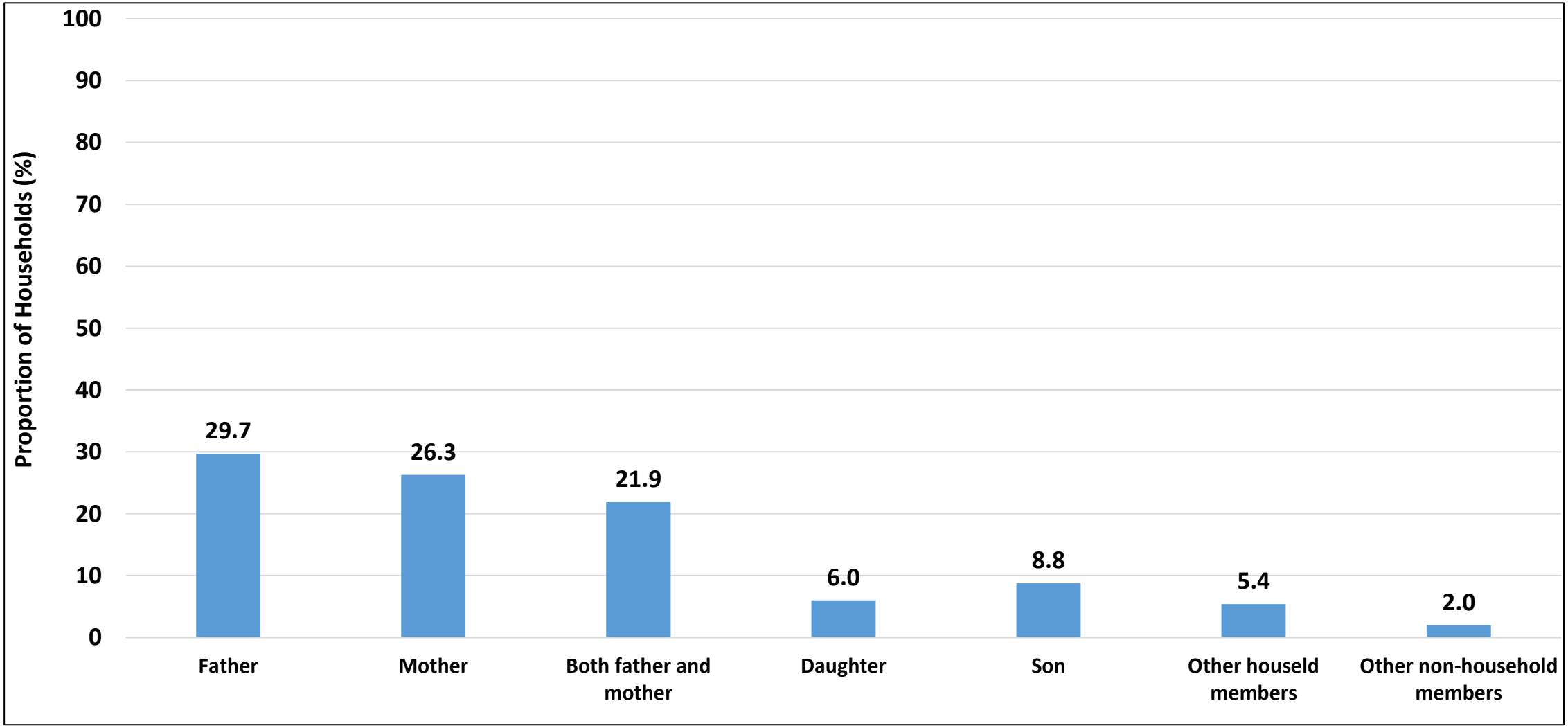
Average Household Monthly Income for April 2022





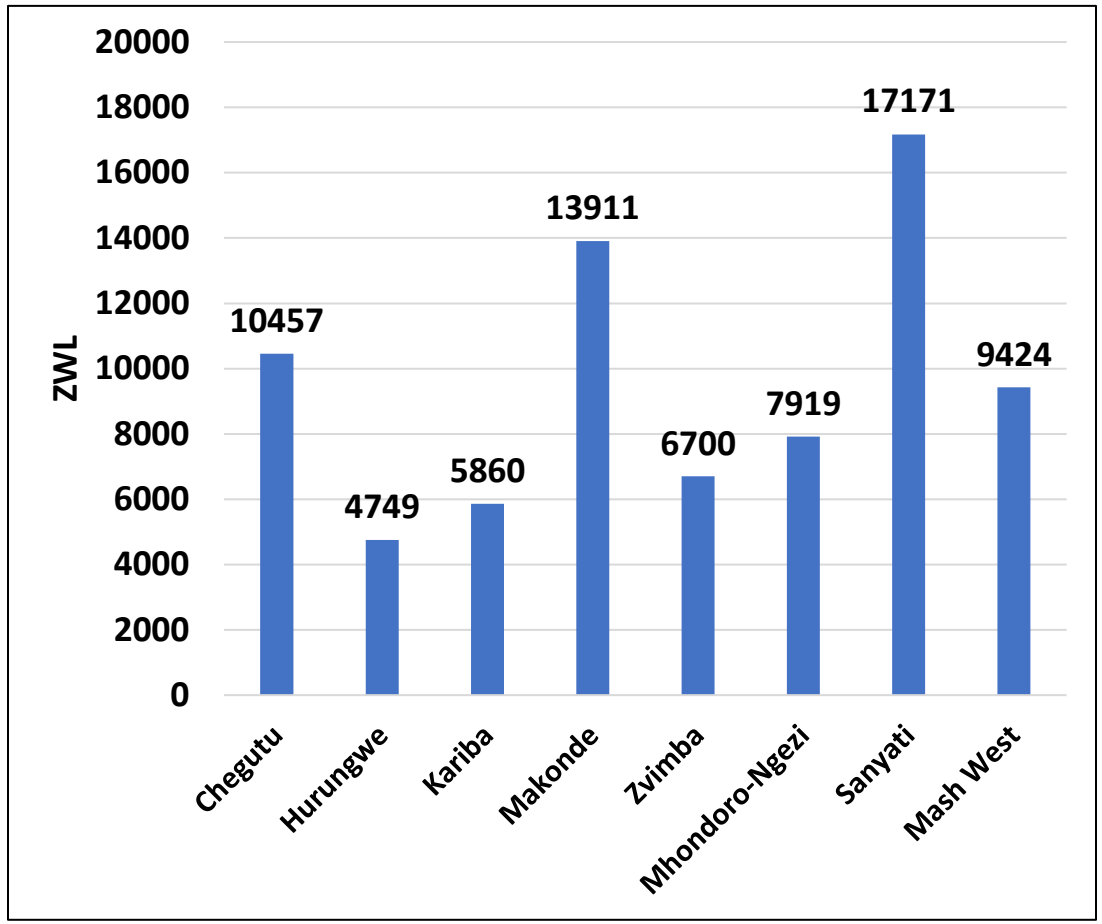
- Sanyati had the highest average household income for the month of April 2022 (ZWL48,942).

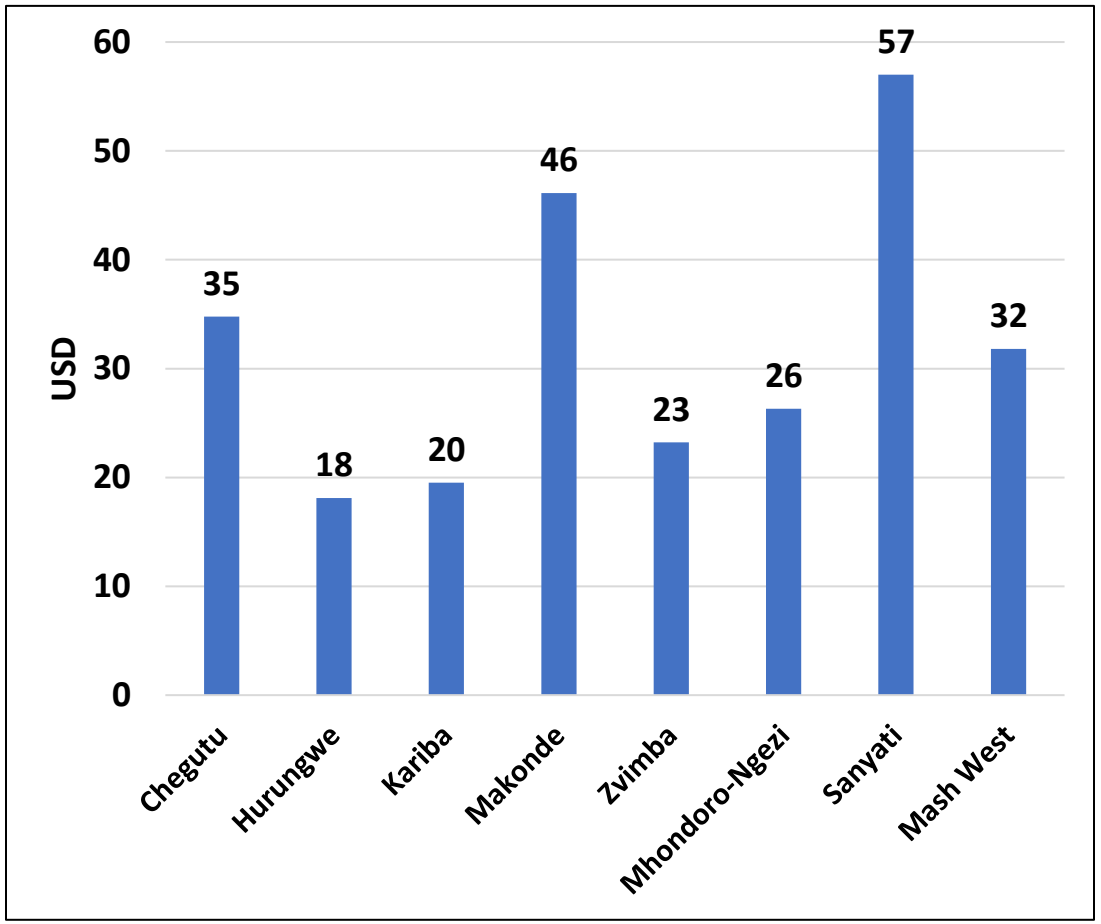
Main Income Contributor



- Fathers (29.7%), were reported as the main income contributors for the province.

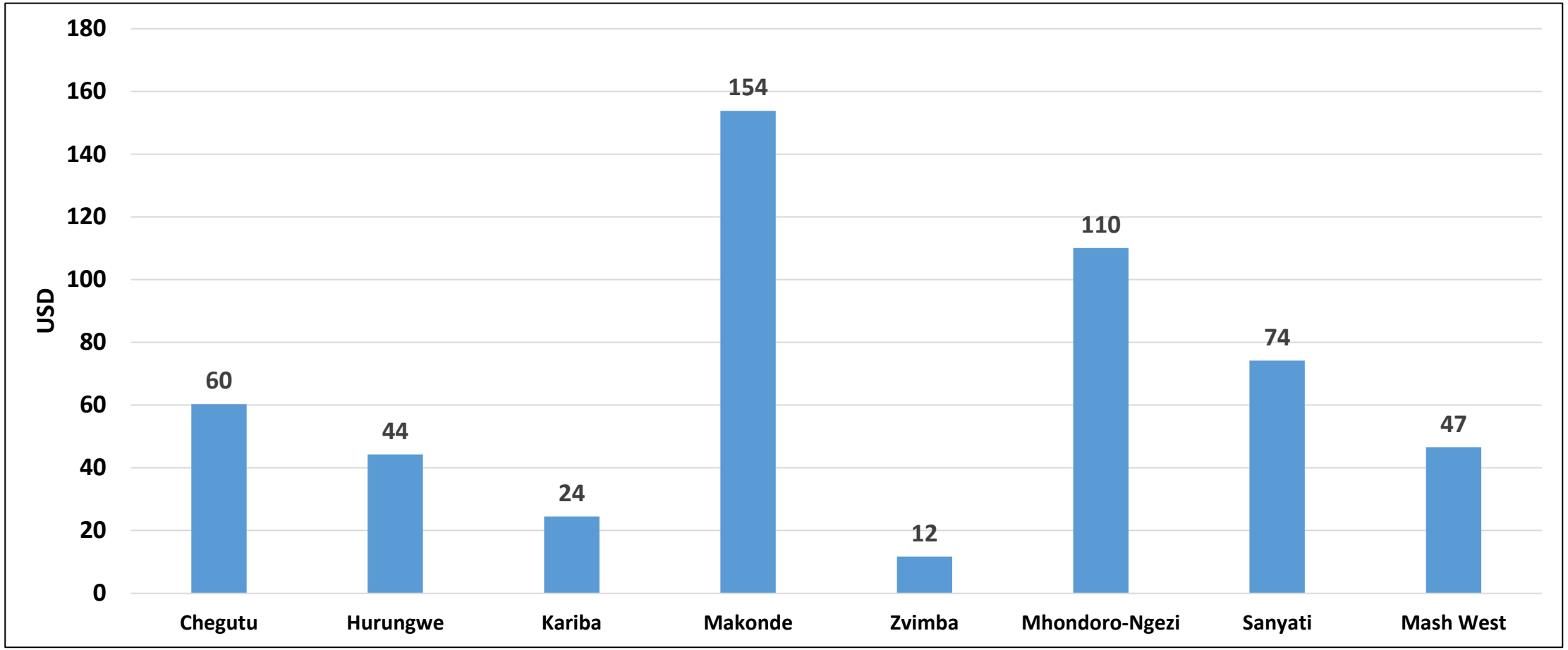
Average Household Monthly Expenditure for April 2022





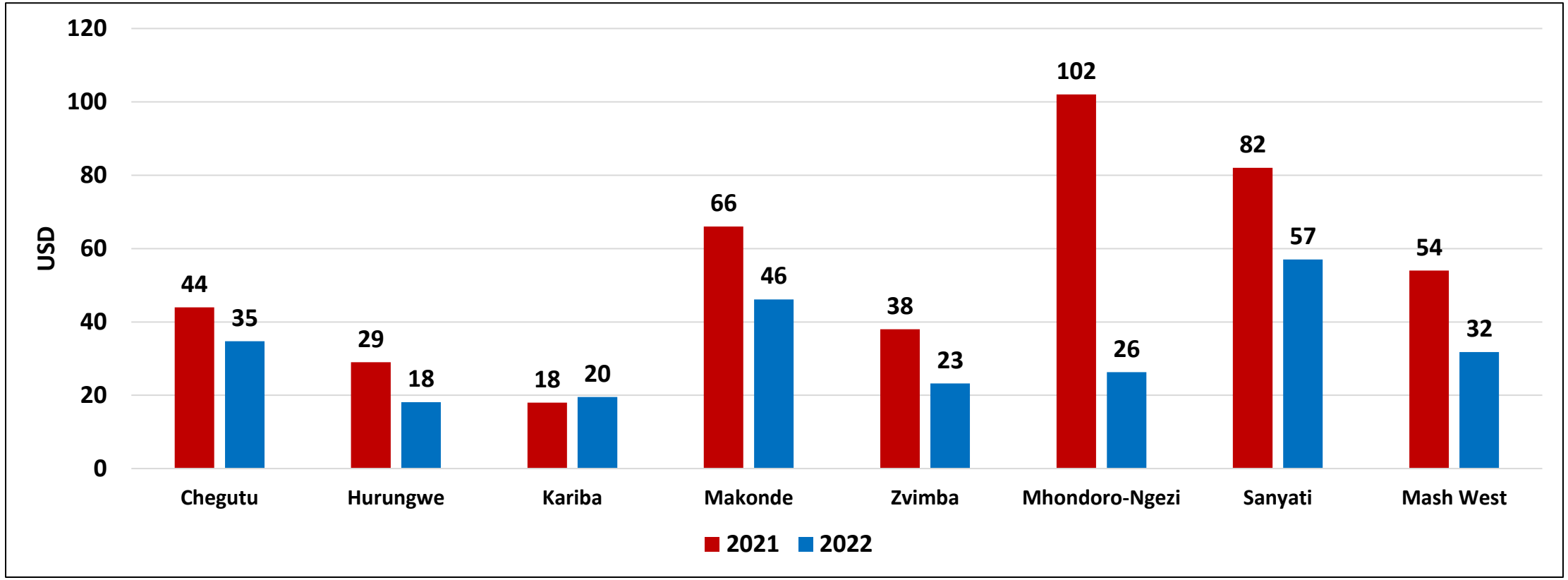
- Sanyati had the highest average monthly expenditure in the province (ZWL 17,171).

Average Household 6 Month Expenditure



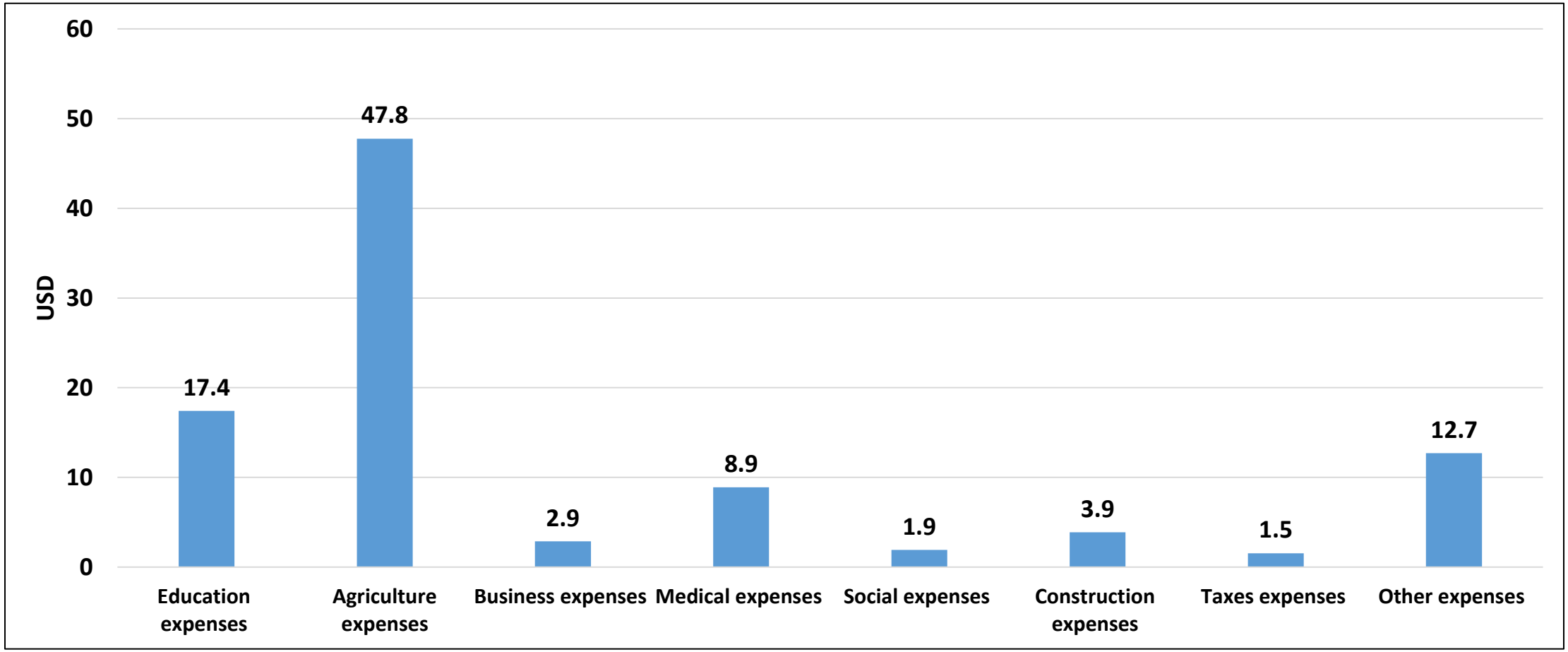
- The highest average household 6 months expenditure was reported in Makonde (USD 154), and the least was reported in Zvimba (USD 12).

Average Household Monthly Expenditure (USD)



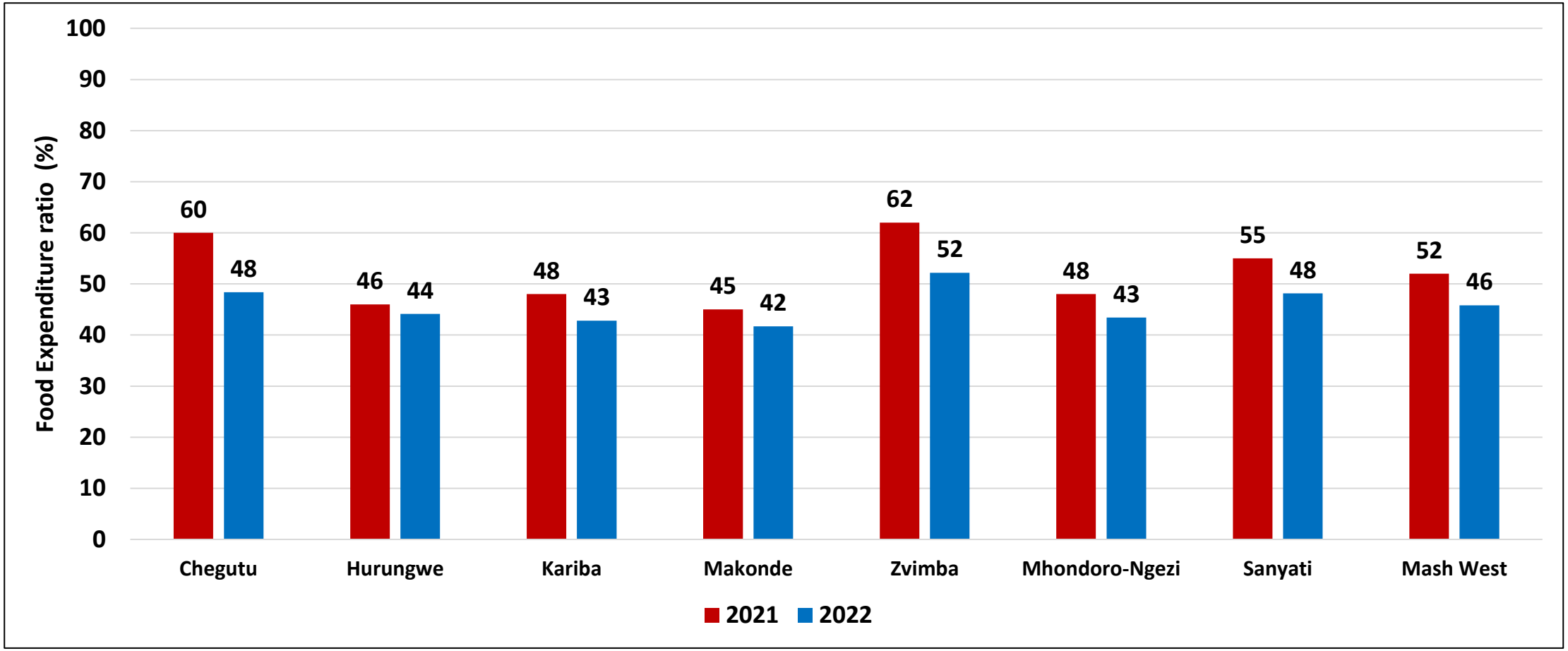
- The average household expenditure for the province was USD 32.
- The highest average expenditure was reported in Sanyati (USD 57).
- The lowest household average expenditure was reported in Hurungwe (USD 18).

Average Household 6 Month Expenditure by Use



- Agriculture (USD 47.8), had the largest proportion of the household's income, whilst taxes expenses activities (USD1.5) had the least.

Food Expenditure Ratio



- The food expenditure ratio decreased from 52% reported in 2021 to 46% in 2022.
- This implies that households had a little more to spend on other essential services such as health and education.

Nutrition and Diets

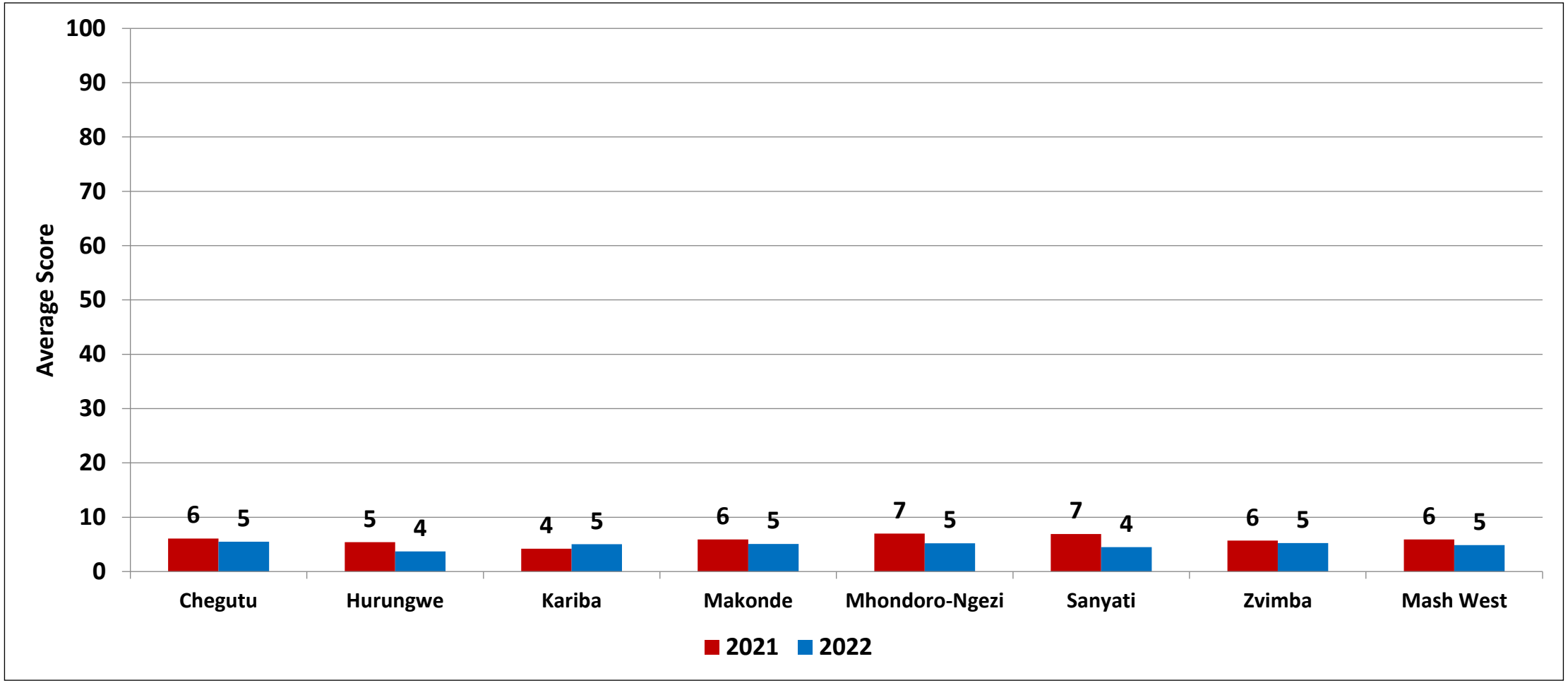
Household Consumption Patterns

Household Dietary Diversity Score (HDDS)

- Household dietary diversity is the number of food groups consumed by a household with a given reference period and is an important indicator of food security. A more diversified household diet is correlated with caloric and protein adequacy, percentage of protein from animal sources, and household income.
- The HDDS indicator provides a glimpse of a household's ability to access food as well as its socioeconomic status based on the previous 24hours.
- The following 12 food groups were used to calculate the HDDS indicator: A. Cereals B. Roots and tubers C. Vegetables D. Fruits E. Meat, poultry, offal F. Eggs G. Fish and sea food H. Pulses, legumes, nuts I. Milk and milk products J. Oil/fats K. Sugar/honey L. Miscellaneous.
- Each food group was assigned a score of 1 (if consumed) or 0 (if not consumed). The household score ranged from 0 to 12 and is equal to the total number of food groups consumed by the household.
- Dietary diversity based on HDDS categorized into three categories,

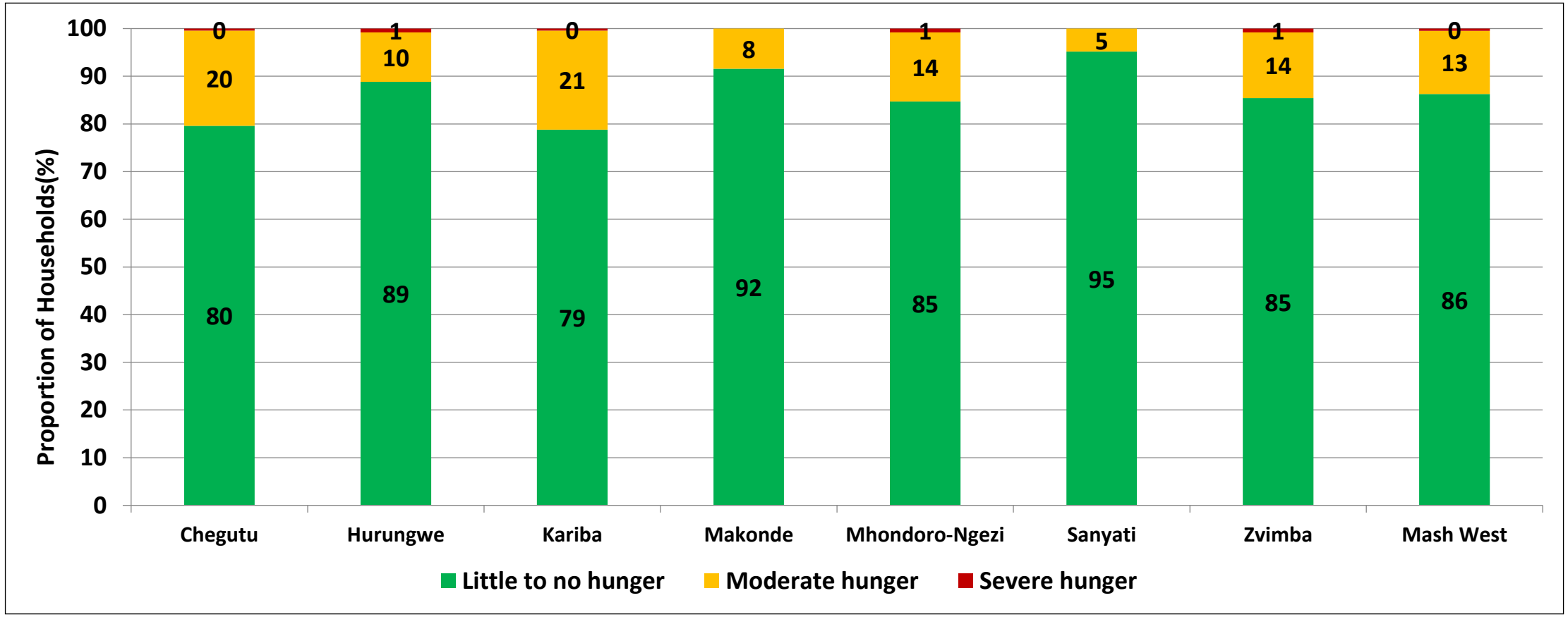
Less than 3	**Low Dietary Diversity**
4-5	**Moderate Dietary Diversity**
Above 5	**High Dietary Diversity**

Household Dietary Diversity Score



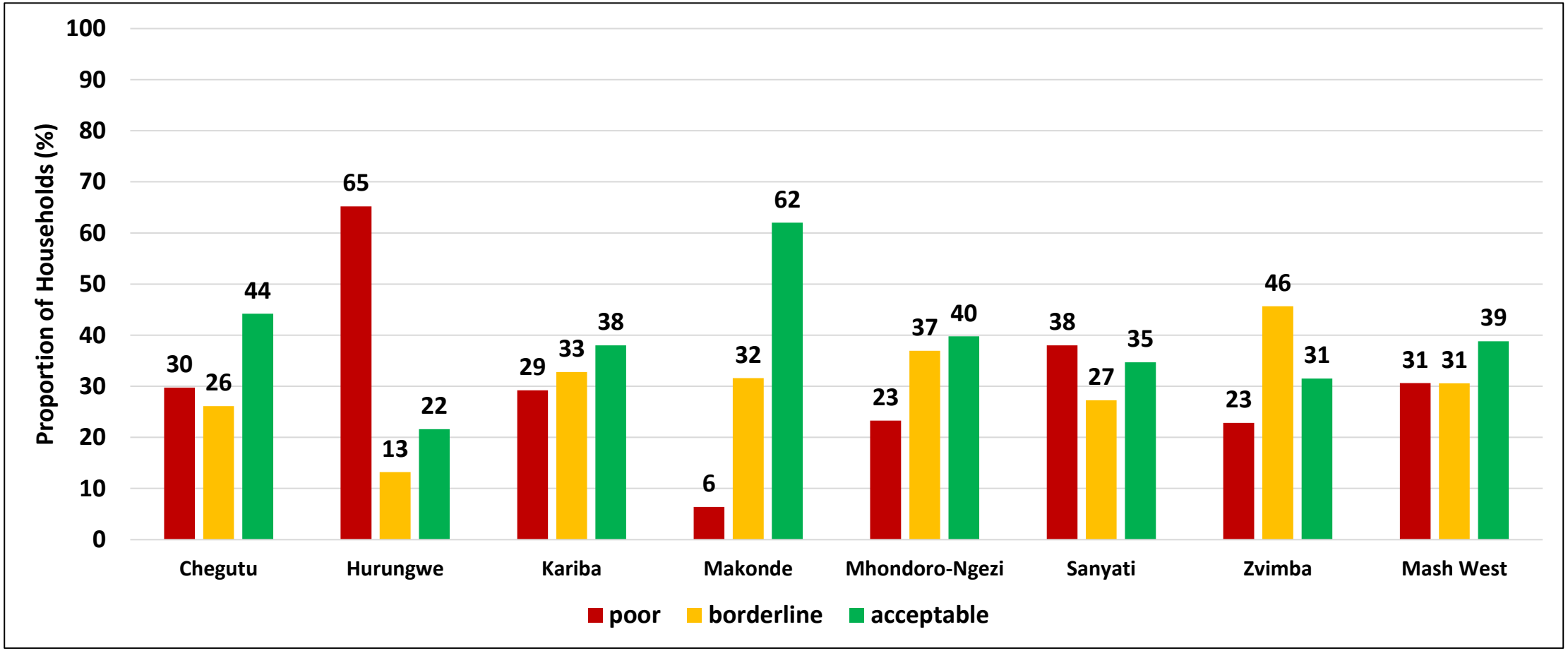
- In the province, consumption of a diversified diet decreased from 6 in 2021 to 5 in 2022.

Household Hunger Scale



- The majority of households (86%) reported experiencing little to no hunger in the 30 days prior to the assessment.
- Amongst those that experienced moderate to severe hunger, Kariba (21%) and Chegutu (20%) had the highest proportions.

Household Food Consumption Patterns

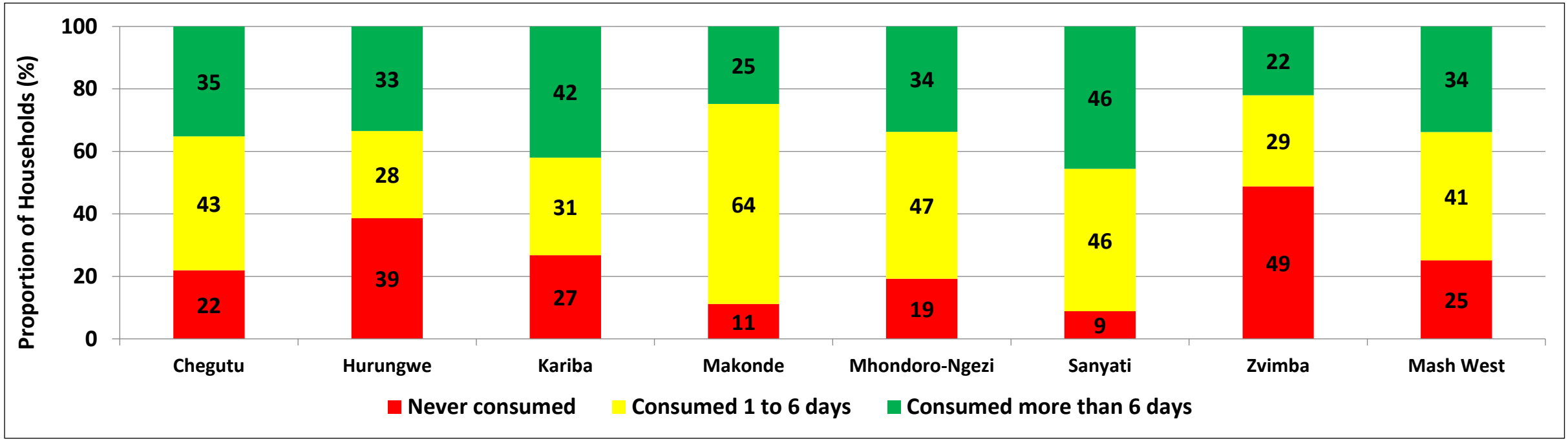


- At provincial level 31% of the households had poor consumption patterns with Hurungwe (65%) having the highest proportion.
- Makonde (62%), had the highest proportion of households with acceptable diets.

Household Consumption of Protein, Vitamin A and Iron Rich Foods

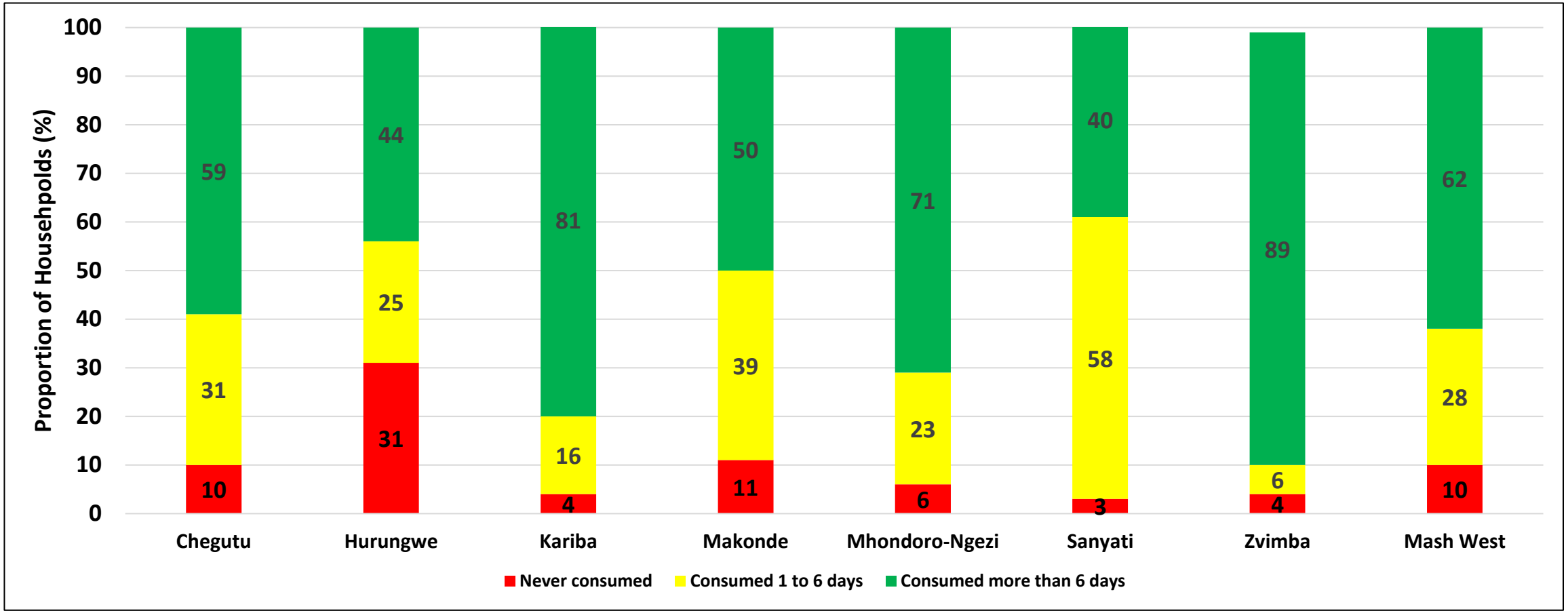
- Protein which plays a key role in growth, is crucial for the prevention of wasting as well as stunting which takes place largely within the first 1000days. Vitamin A and Iron deficiencies are some of the major contributors of mortality and morbidities among children and women in developing countries. Iron deficiency, contributes to anemia mainly among preschool children and women.
- Anaemia contributes to the reduced productivity and quality of life in adulthood. The major contributors of anaemia and Vitamin A deficiency are low consumption of a diet rich in micronutrients and macronutrients such as protein, Vitamin A and Iron. If tackled before the age of five, Vitamin A deficiency can reduce mortality and infectious diseases such as measles, diarrhoea and malaria by about a third.
- Protein rich foods include Pulses, Dairy, Flesh meat, Organ meat, Fish and Eggs Vitamin A rich foods include Dairy, Organ meat, Eggs, Orange vegetables, Green vegetables and Orange fruits while iron rich foods include Flesh meat, Organ meat, and Fish

Average Number of Days Households Consumed Protein Rich Foods



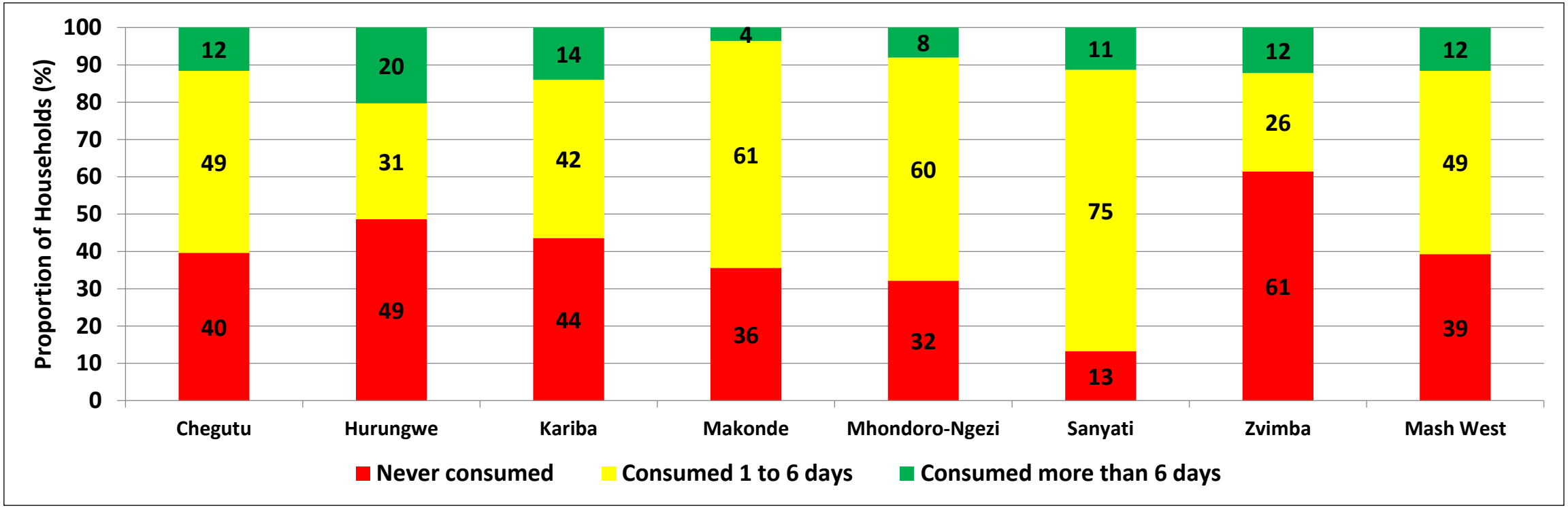
- Approximately one in three households in the province consumed protein rich foods for 7days proceeding the survey.
- A quarter of the households never consumed any protein rich foods.
- Zvimba (49%) and Hurungwe (39%) had the highest proportion of households that never consumed protein rich foods.
- Kariba (42%), had the highest proportion of households that consumed protein rich foods on daily basis while Makonde (64%) had the highest proportion of those that consumed for 1-6 days.

Average Number of Days Households Consumed Vitamin A Rich Foods



- The majority of households in the province (62%), consumed Vitamin A rich foods 7 days preceding the survey, with 28% consuming for 1 to 6 days.
- Hurungwe (31%), had the highest proportion of households which never consumed Vitamin A rich foods.
- Sanyati (40%), had the lowest proportion of households consuming Vitamin A rich foods on a daily basis while Zvimba (89%) had the highest.

Average Number of Days Households Consumed Iron Rich Foods

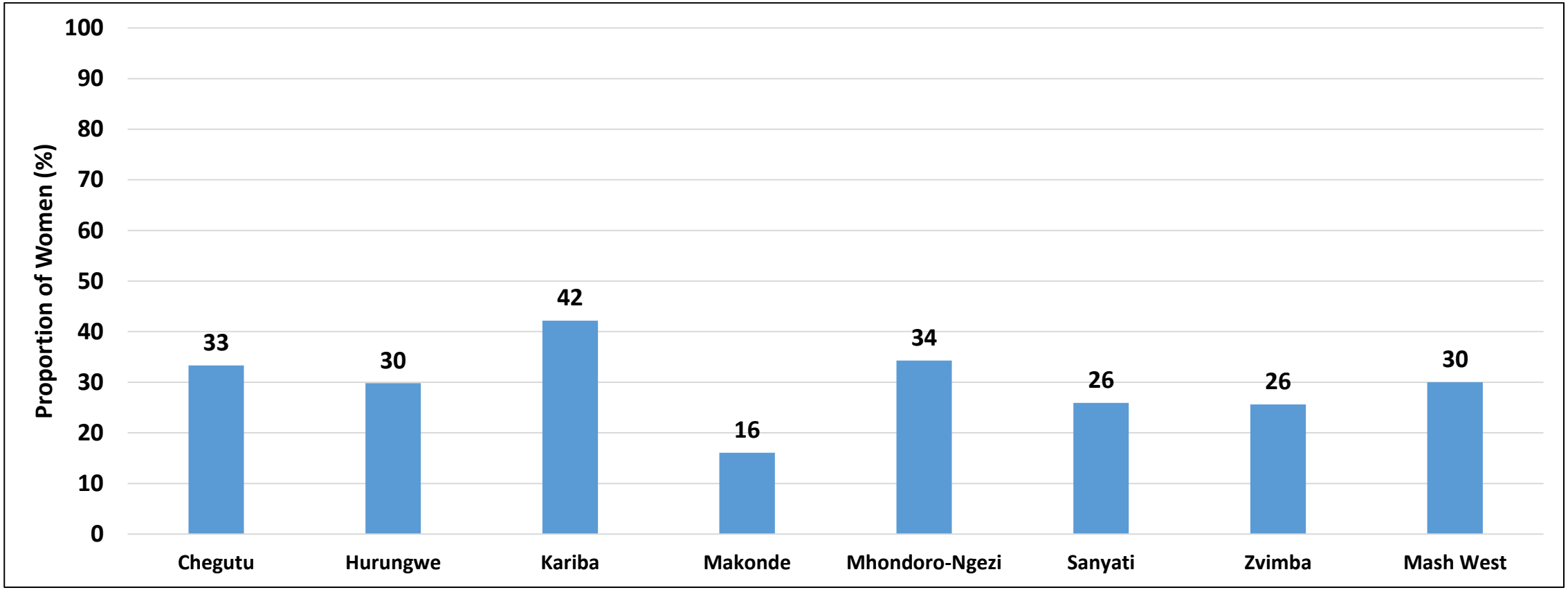


- Less than half (39%) of the households in the province never consumed iron rich foods with almost half (49%) consuming for 1 to 6 days and 12% consuming daily.
- Zvimba (61%), had the highest proportion of households which never consumed any iron rich foods while Sanyati (11%) had the lowest.
- Sanyati (75%), had the highest proportion of households which consumed iron rich foods for 1 to 6 days.
- Hurungwe (20%), had the highest proportion of households which consumed iron rich foods.

Minimum Dietary Diversity for Women (MDDW)

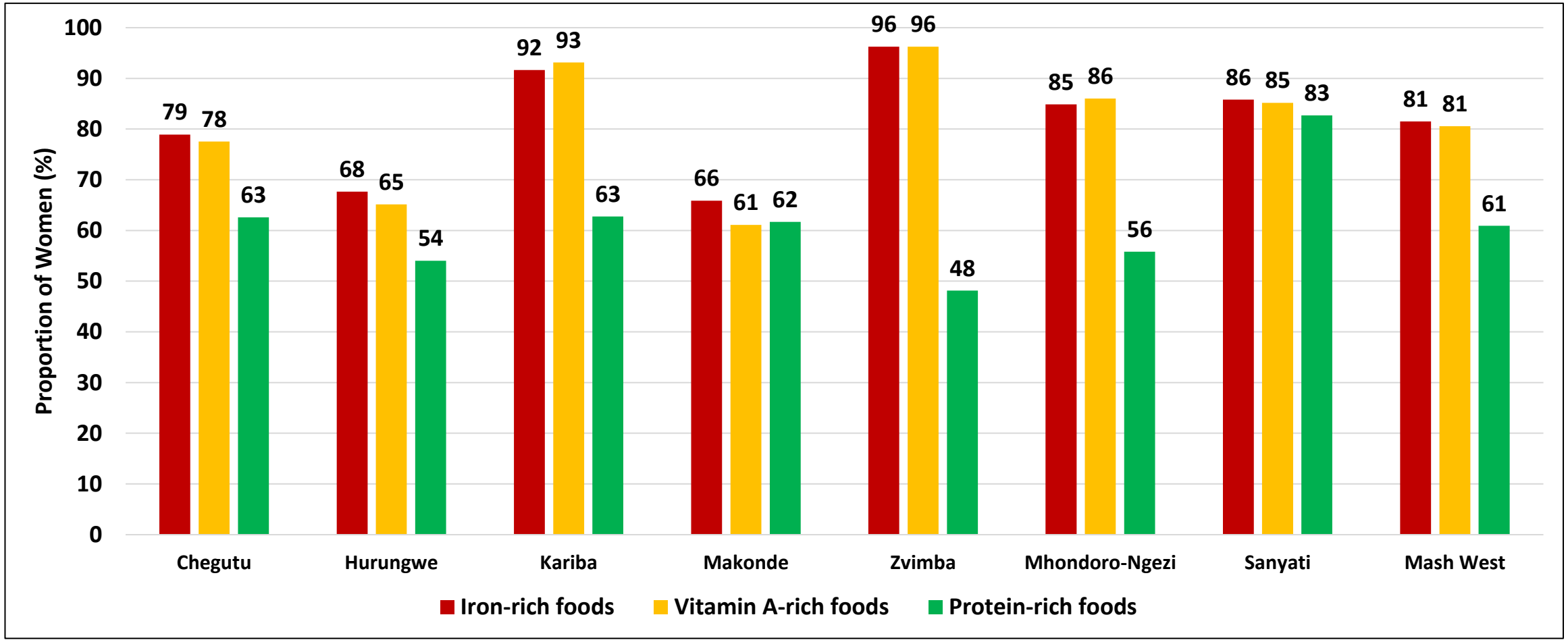
- Women of reproductive age (WRA) are often nutritionally vulnerable because of the physiological demands of pregnancy and lactation. MDD-W is an indicator of whether or not women 15–49 years of age have consumed at least five out of ten defined food groups the previous day or night.
- The ten food groups are: 1. Grains, white roots and tubers, and plantains 2. Pulses (beans, peas and lentils) 3. Nuts and seeds 4.Dairy 5.Meat, poultry and fish 6.Eggs 7.Dark green leafy vegetables 8.Other vitamin A-rich fruits and vegetables 9.Other vegetables 10.Other fruits. The proportion of women 15–49 years of age who reach this minimum in a population is used as a proxy indicator for higher micronutrient adequacy, one important dimension of diet quality.

Minimum Dietary Diversity for Women of Child Bearing Age



- Only 1 in 3 women of child bearing age in the province met the recommended minimum dietary diversity for women of at least 5 food groups per day.
- Kariba (42%), had the highest proportion of women consuming at least five food groups while Makonde (16%) had the lowest proportion.

Consumption of Protein, Iron and Vitamin-A Rich Foods by Woman of Child Bearing Age



- In the province 81% of women of child bearing age had consumed iron rich foods, 81% consumed Vitamin A rich foods while 61% consumed protein rich foods a day preceding the survey.

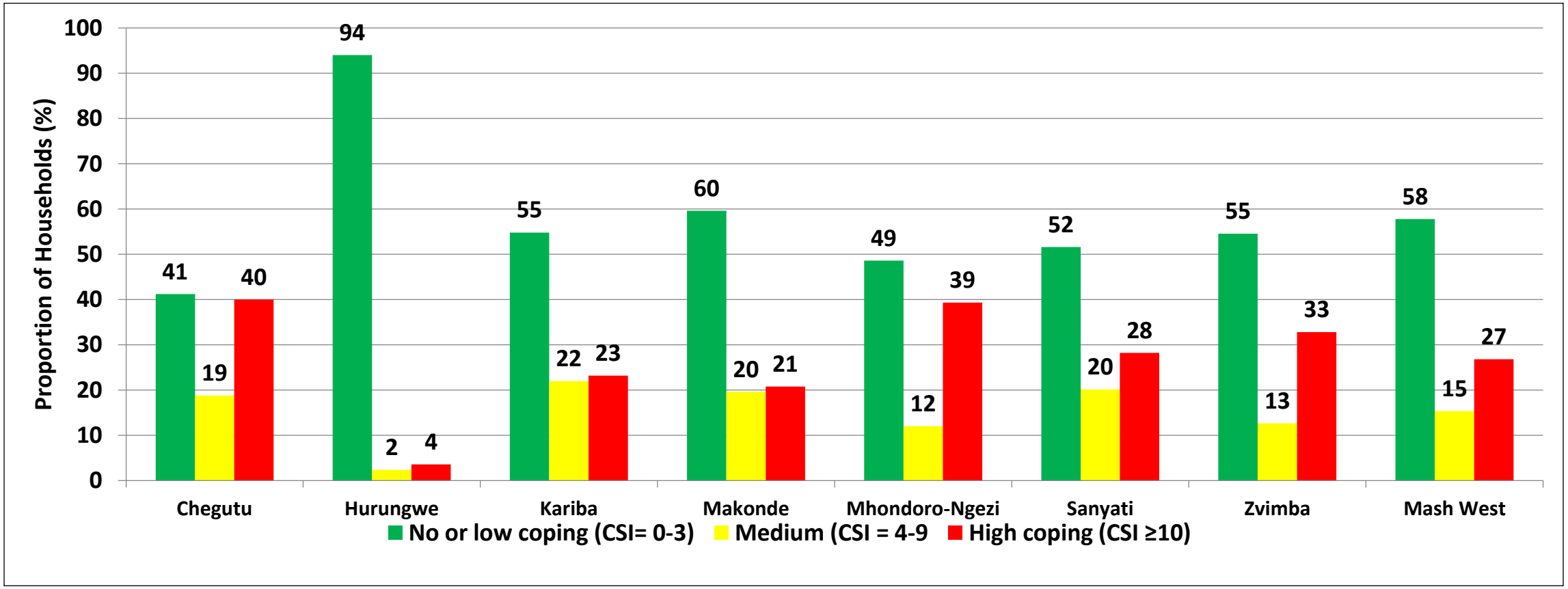
Household Consumption and Livelihoods Based Coping Strategies

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) is a proxy indicator of household food insecurity
- It 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.

CSI Category	CSI Score
Low or no coping	0-3
Medium Coping	4-9
High Coping	**≥10**

Reduced Consumption Coping Strategy Index (rCSI)



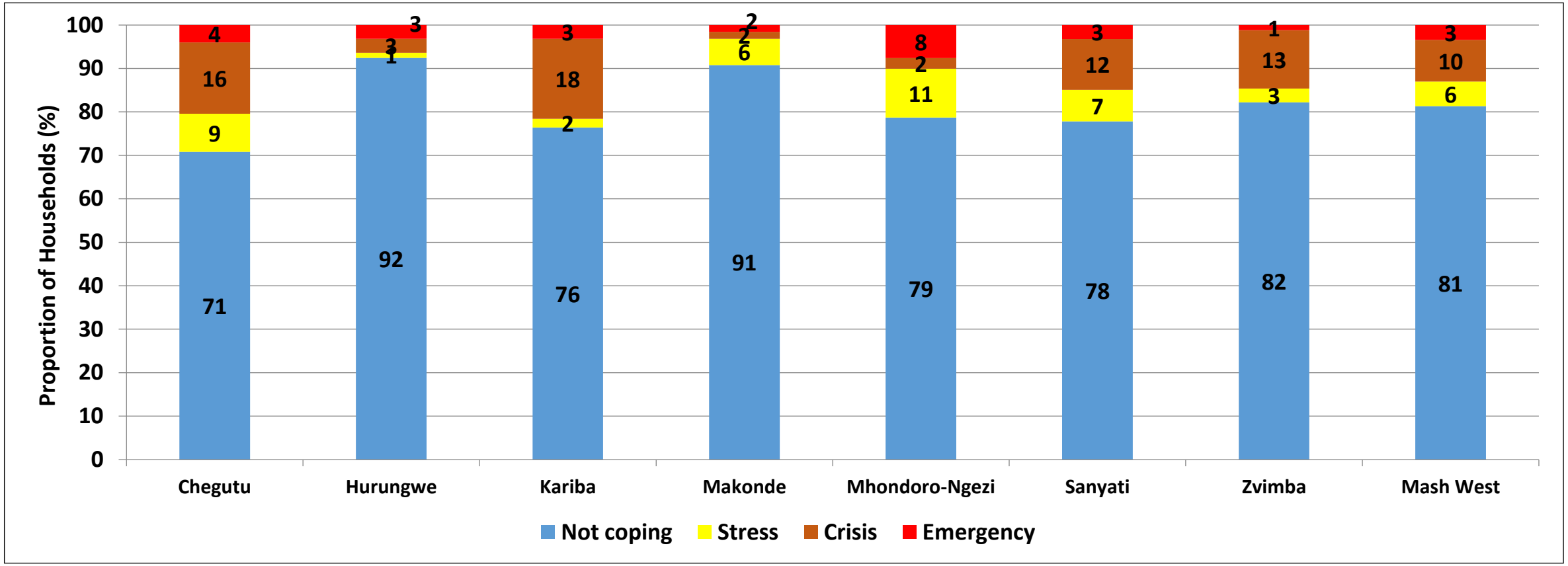
- Approximately 27% of households in the province reported an extensive use of negative food consumption coping strategies.
- Chegutu (40%) and Mhondoro-Ngezi (39%) reported the highest proportion of households embarking on extensive use of negative food consumption coping strategies.

Livelihood Coping Strategies

- Livelihood Coping Strategies are behaviours employed by households when faced with a 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.

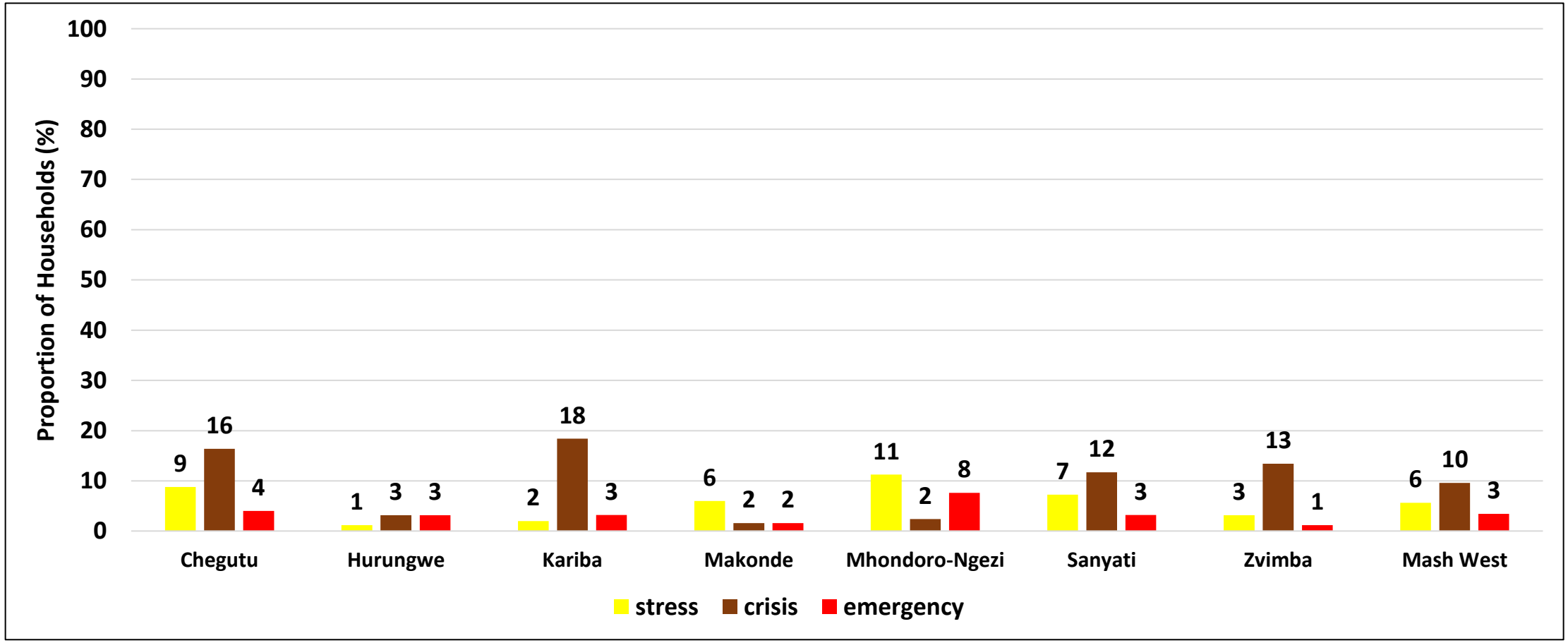
Category	Coping Strategy
Stress	Borrowing money Spending savings Selling more non- productive livestock than usual Selling household assets
Crisis	Selling productive assets Withdrawing children from school Reducing non-food expenditure
Emergency	Selling land Begging for food Selling the last breeding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

Households Maximum Livelihoods Coping Strategies



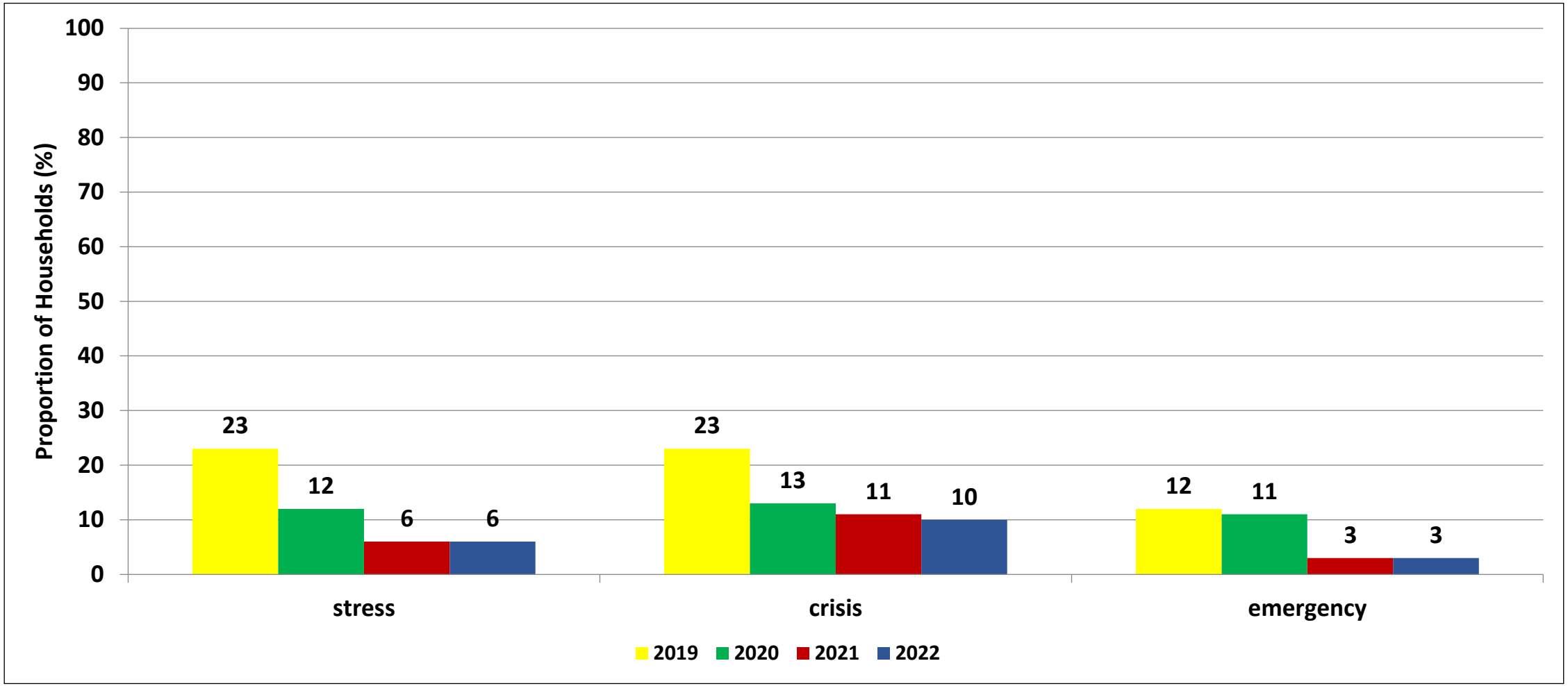
- In the province, 81% of the surveyed households did not use any coping strategies to maintain their access to food and other basic goods and services.
- Hurungwe (92%), had the highest proportion of households that did not engage in any livelihood coping strategies.

Households Engaging in Livelihoods Coping Strategies



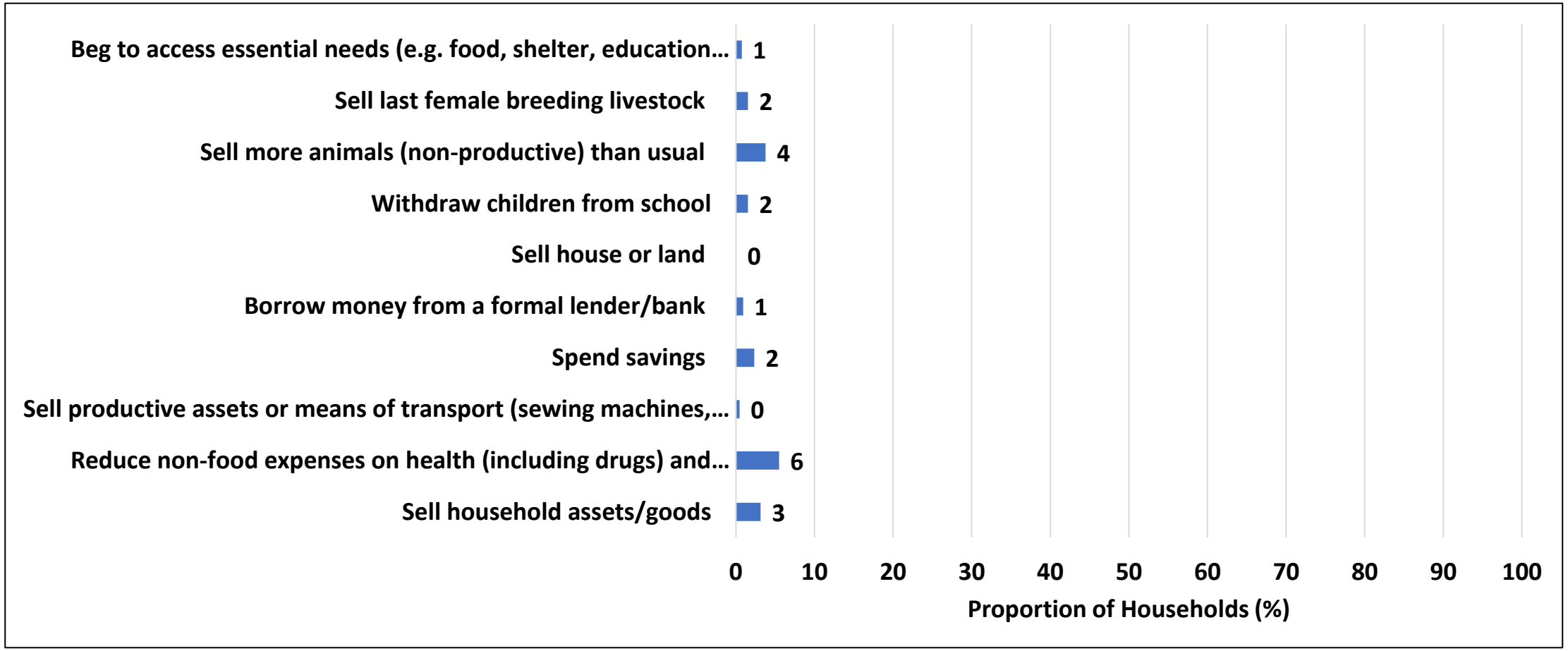
- At provincial level, 3% of the households resorted to emergency coping mechanisms.
- The proportion of households that resorted to emergency coping mechanisms was high in Mhondoro-Ngezi (8%).

Households Engaging in Livelihood Based Coping Strategies



- There was a general decrease in the proportion of households engaging in livelihood based coping strategies over the last four years.

Households Engaging in Livelihood Coping Strategies



- The most common livelihoods coping strategies engaged by households were reducing non-food expenses on health (6%) and selling more non-productive animals than usual (4%).

Child Nutrition

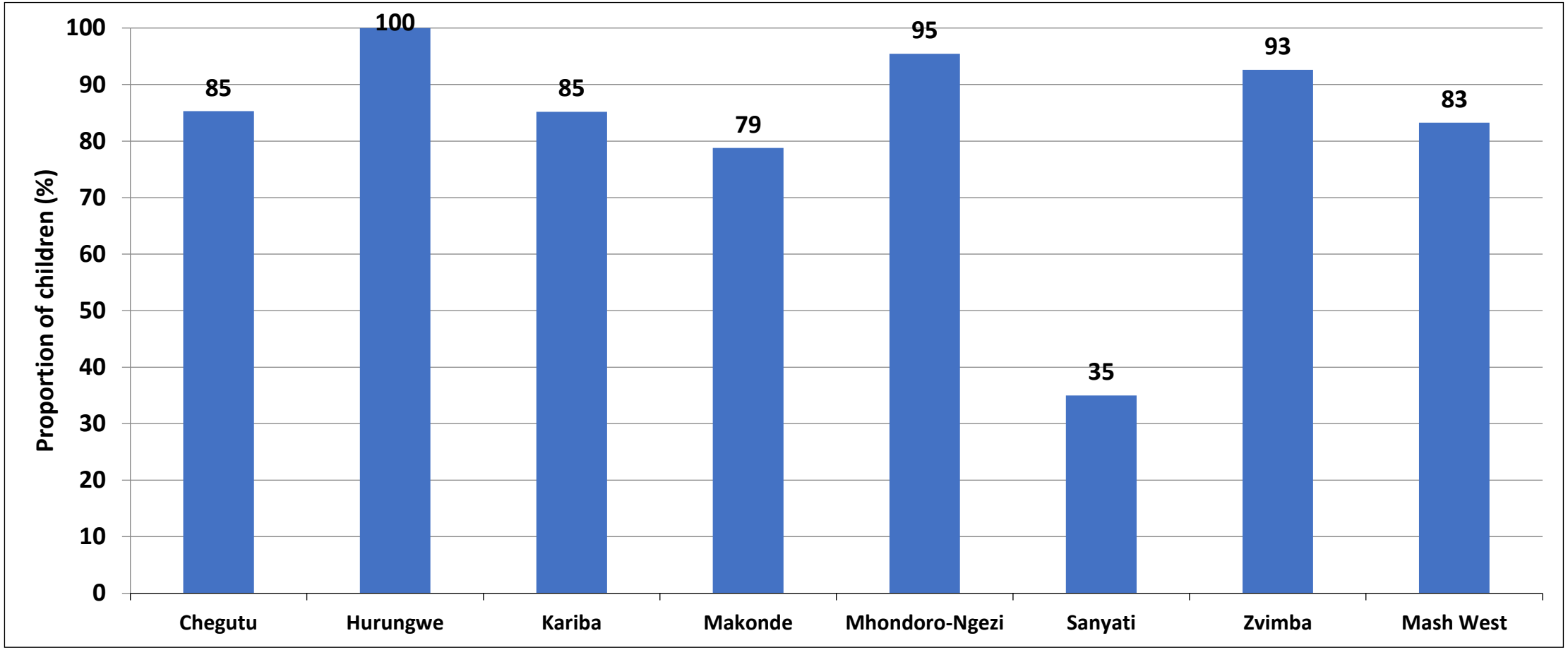
Infant and Young Child Feeding Practices

Infant and young child feeding is a key area to improve child survival and promote healthy growth and development. The indicators for assessing feeding practices in children 6-23 months of age include **minimum dietary diversity, minimum meal frequency and minimum acceptable diet** among others.

Minimum dietary diversity: Is the proportion of children 6-23 months of age who receive foods from 4 or more food groups. The 7 foods groups used for this indicator are grains, roots and tubers legumes and nuts dairy products (yogurt, cheese) flesh foods (fish, poultry and liver/organ meats) eggs vitamin A rich fruits and vegetables other fruits and vegetables.

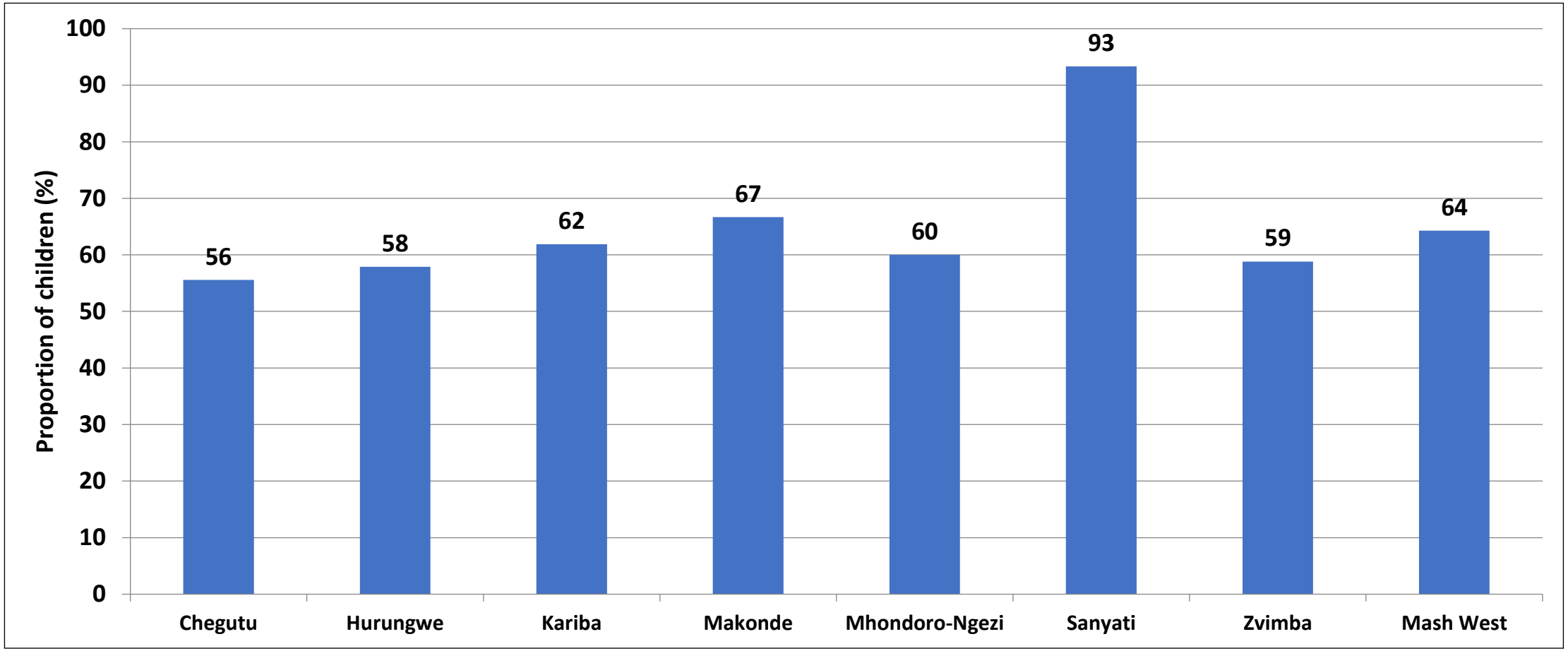
- **Minimum Meal Frequency**: Is the proportion of breastfed and non breastfed children 6-23 months of age who receive solid, semi solid, or soft foods (but also including milk feeds for non breastfed children) the minimum number of times or more. Minimum number of times refers to 2 times for breastfed infants 6-8 months, 3 times for breastfed children 9-23 months and 4 times for non breastfed children 6-23 months.
- **Minimum Acceptable Diet**: Is the proportion of children 6-23 months of age who receive a minimum acceptable diet apart from breast milk

Early Initiation of Breastfeeding



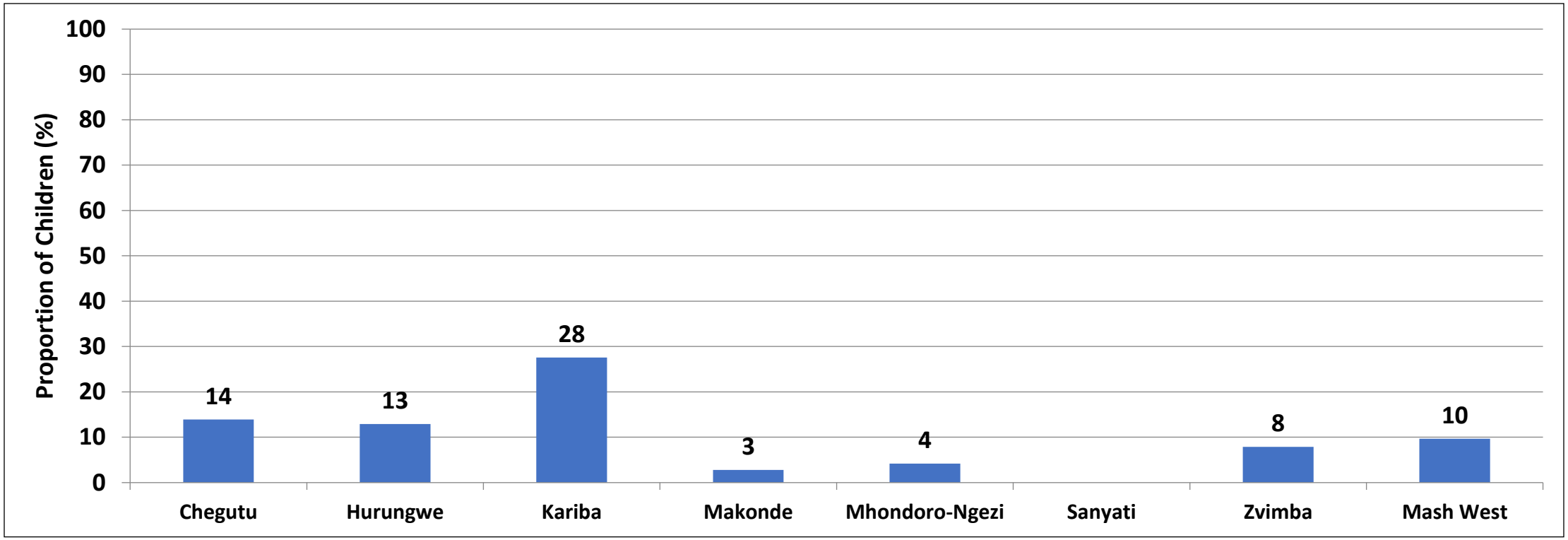
- Provincially, 83% of new-born babies were breastfed within the recommended first hours of birth.
- Hurungwe (100%), had all their new-born babies breastfed within the recommended first hour whilst Sanyati (35%) had the least proportion of babies breastfed within the recommended time.

Continued Breastfeeding Beyond 1 Year



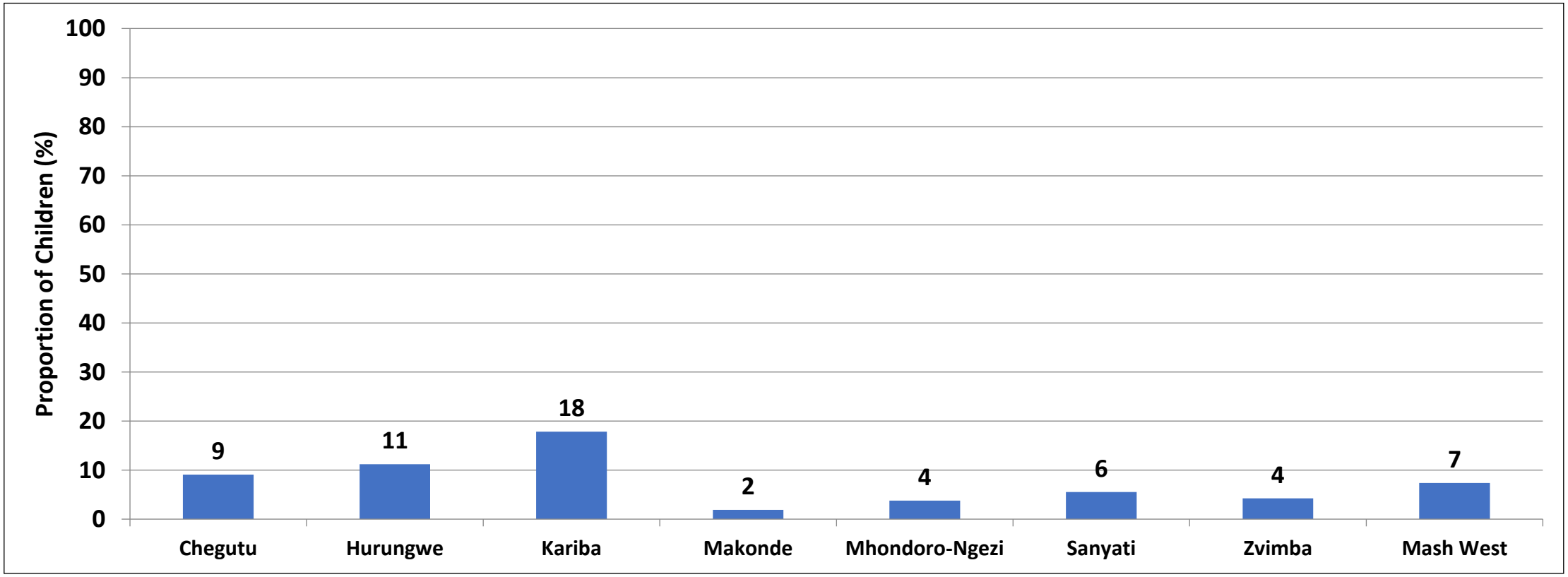
- Provincially, 64% of the children continued to be breastfed beyond 1 year.
- Sanyati (93%), had the highest proportion of children breastfed beyond 1 year whilst Chegutu (56%) had the lowest.

Bottle Feeding



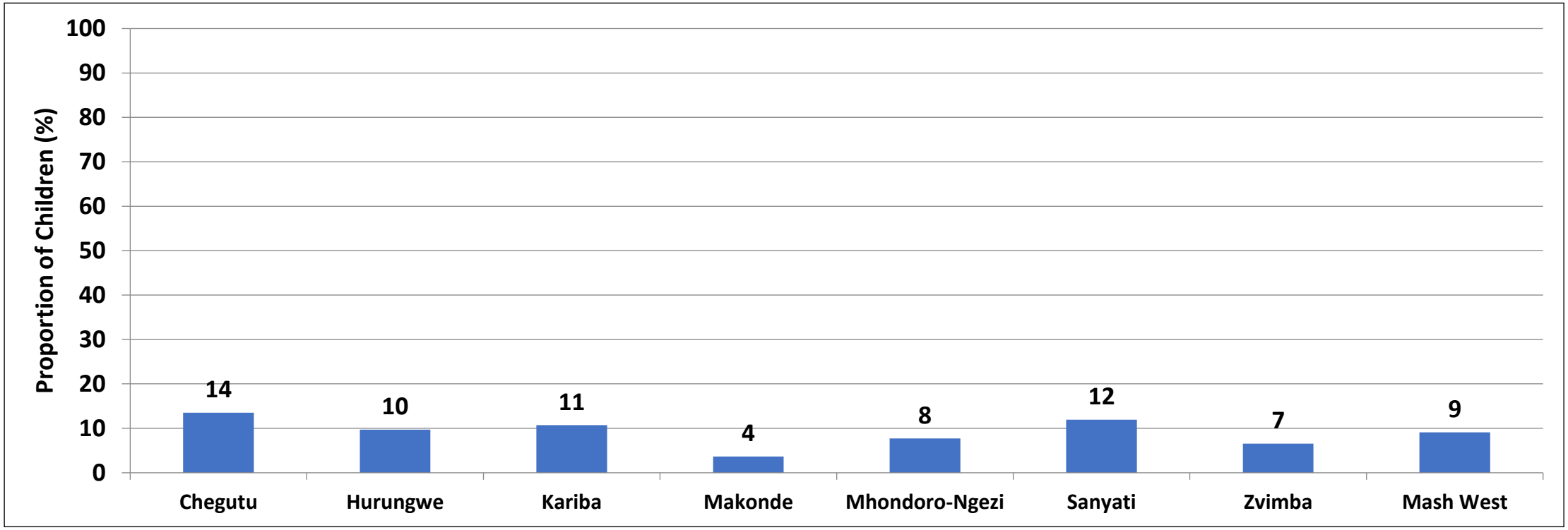
- Provincially, 10% of children were fed milk using feeding bottles during their breastfeeding period.
- Kariba (28%), had the highest proportion of children who were fed milk using feeding bottles.

Prevalence of Global Acute Malnutrition (GAM) in Children 6-59 Months of Age



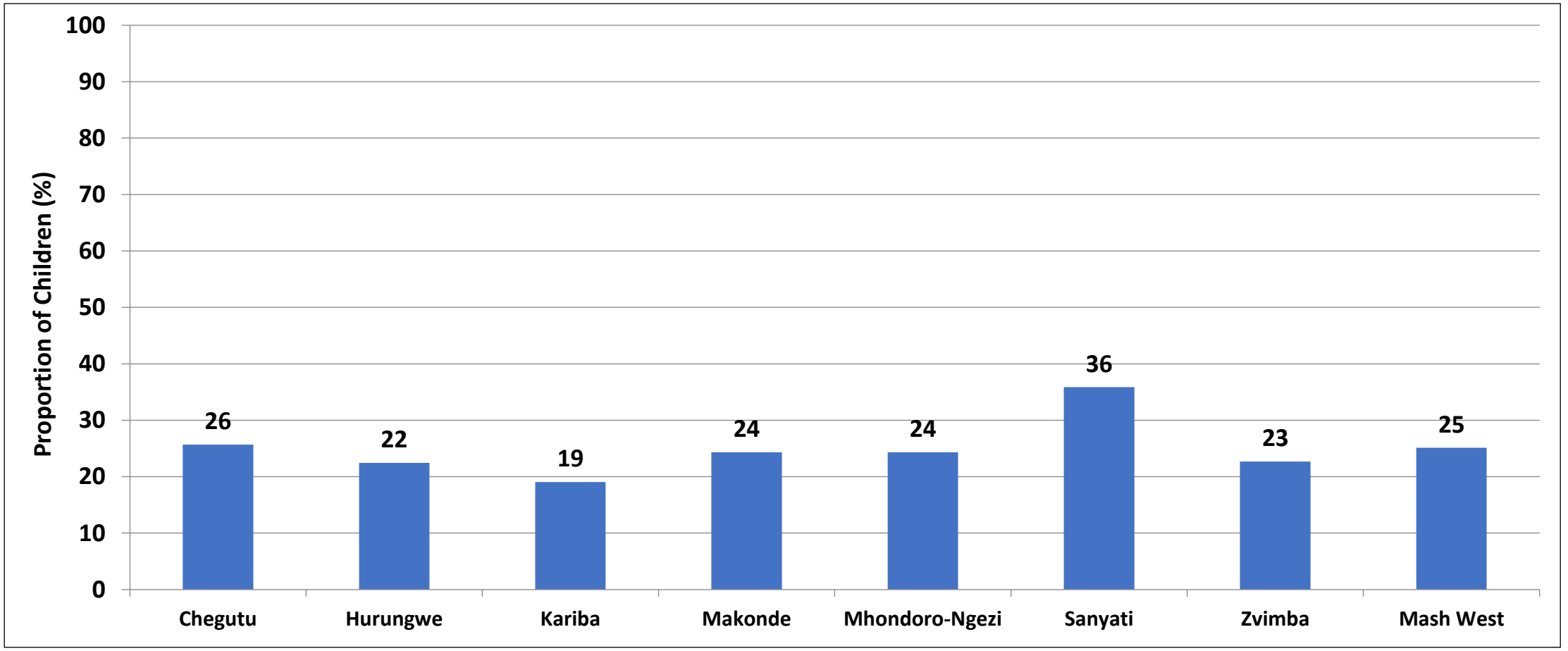
- Provincially, 7% of children were acutely malnourished.
- Kariba (18%), had the highest proportion of acutely malnourished children whilst Makonde (2%) had the lowest.
- Kariba (18%), Hurungwe (11%), Chegutu (9%) and Sanyati (6%) had acute malnutrition rates above the emergency cut-off point of 5%.

Prevalence of Underweight in Children 6-59 Months of Age



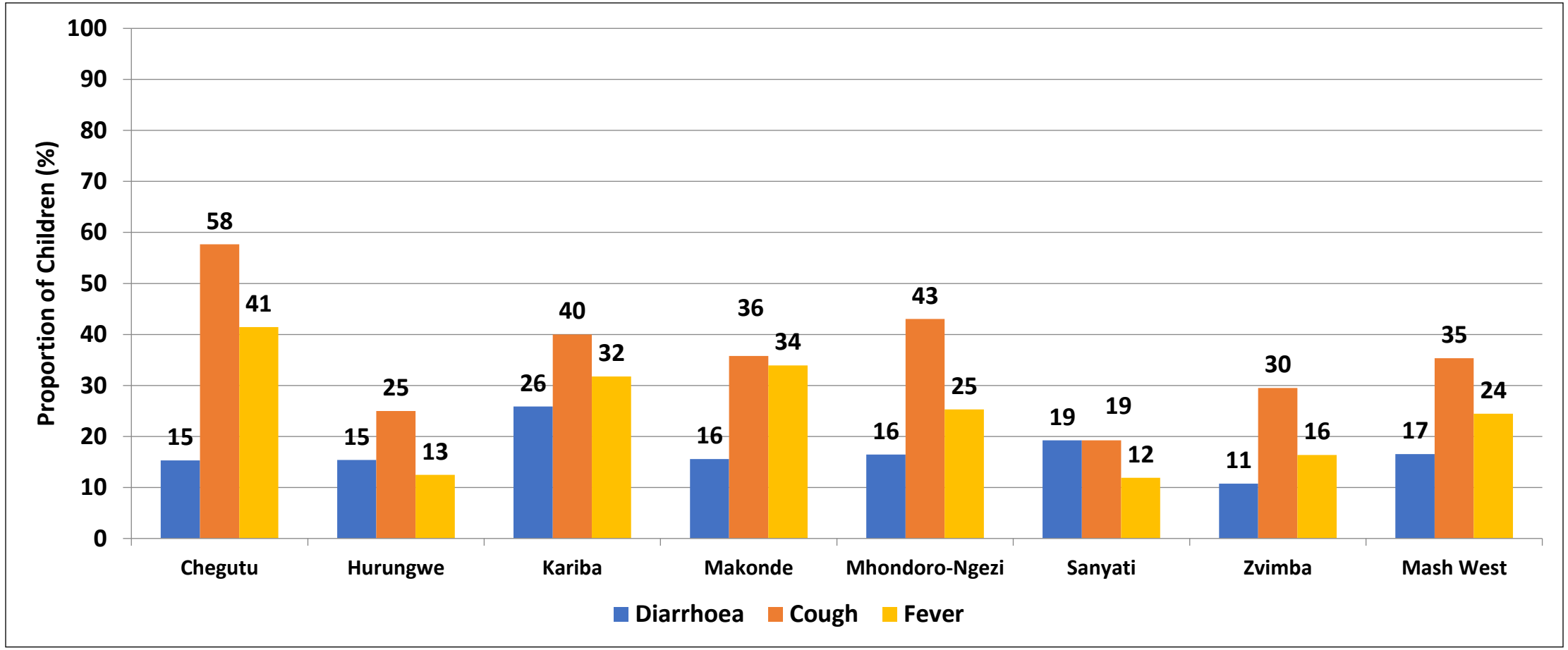
- In the province, 9% of children were underweight.
- Chegutu (14%), had the highest proportion of underweight children whilst Makonde (4%) had the lowest.

Prevalence of Stunting in Children 6-59 Months of Age



- Provincially, 25% of children were stunted or chronically malnourished.
- Sanyati (36%), had the highest proportion of stunted children whilst Kariba (19%) had the lowest.

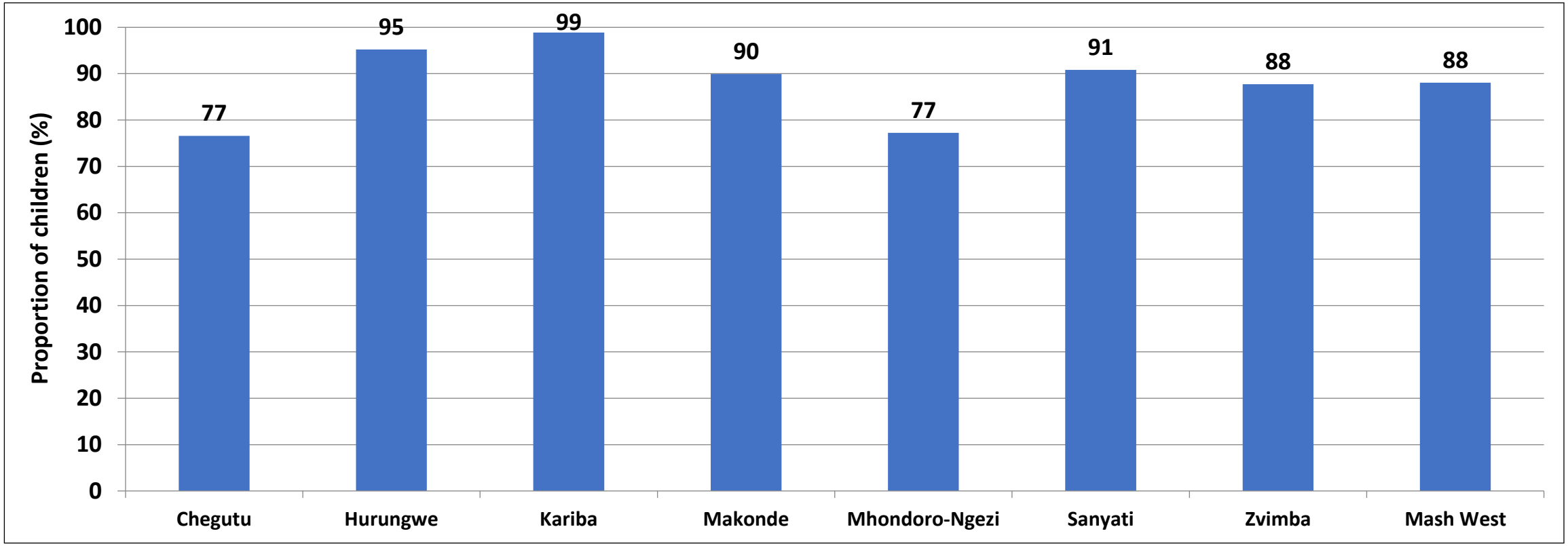
Illness in Children 0-59 Months



- Chegutu reported the highest proportion of children who had cough (58%) in the two weeks preceding the survey.
- Kariba (26%), had the highest proportion of children who had diarrhea.
- Chegutu (41%), had the highest proportion of children who had fever.

Vitamin A Supplementation

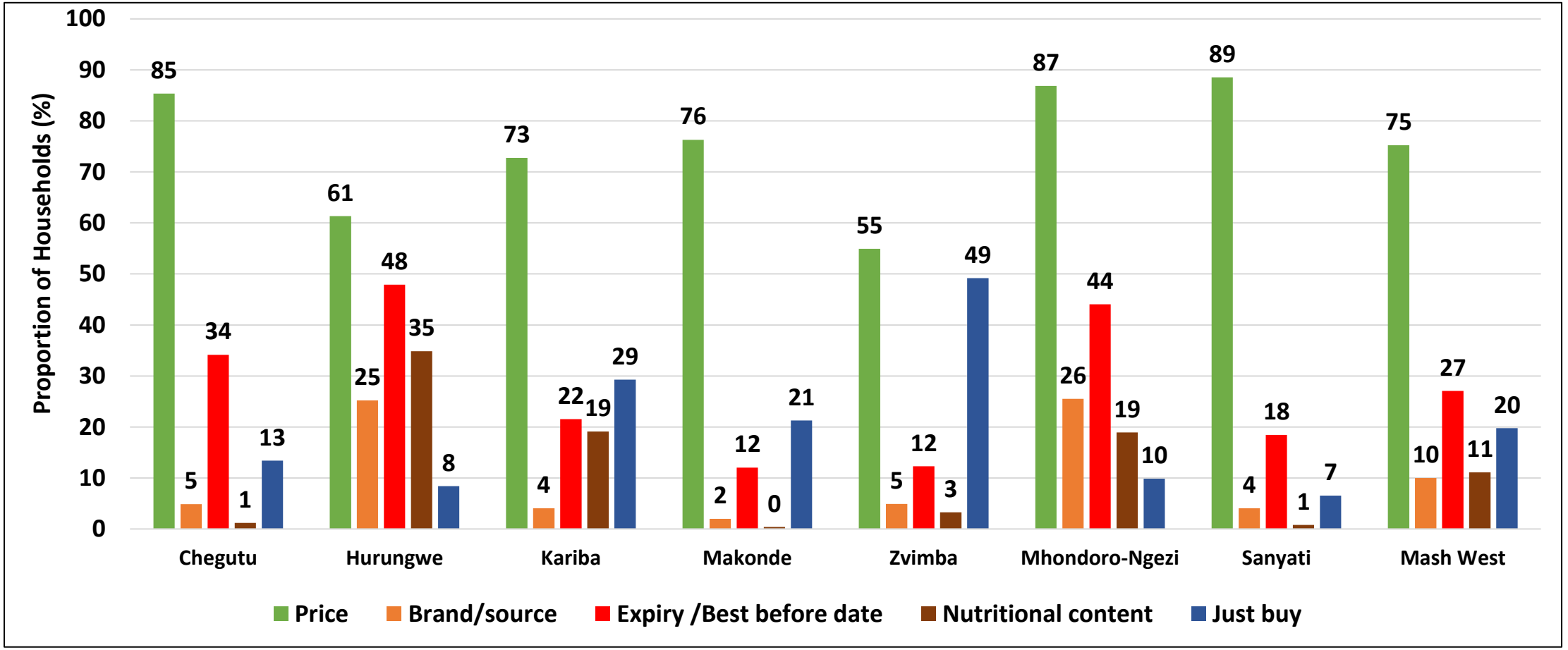
Vitamin A Supplementation in Children 6-59 Months



- Provincially, 88% of children 6-59 months received the recommended dose of Vitamin A in the past 12 months.
- Kariba (99%), had the highest proportion of children 6-59 months who received the recommended Vitamin A doses whilst Chegutu (77%) had the lowest.

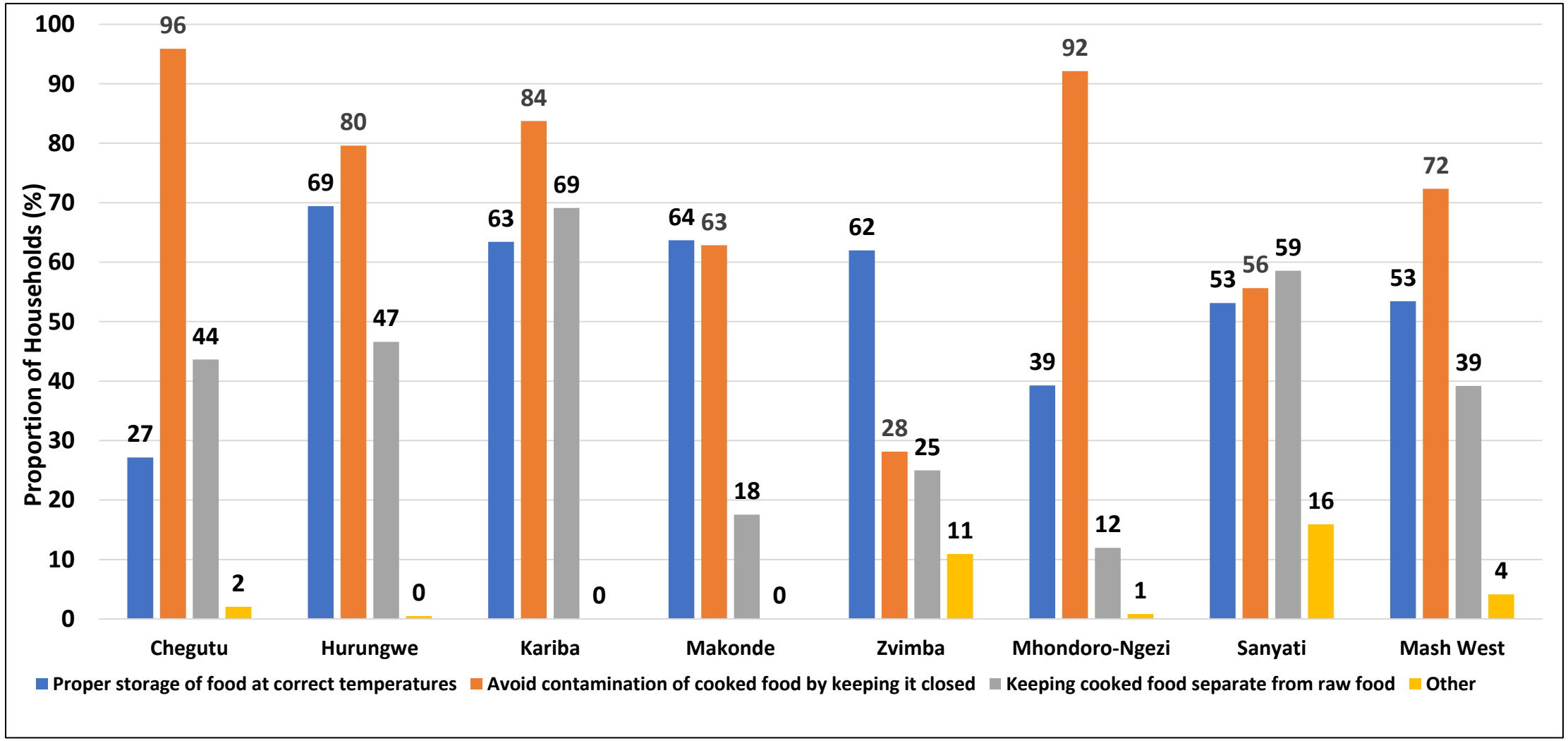
Food Safety

Considerations when Purchasing Food



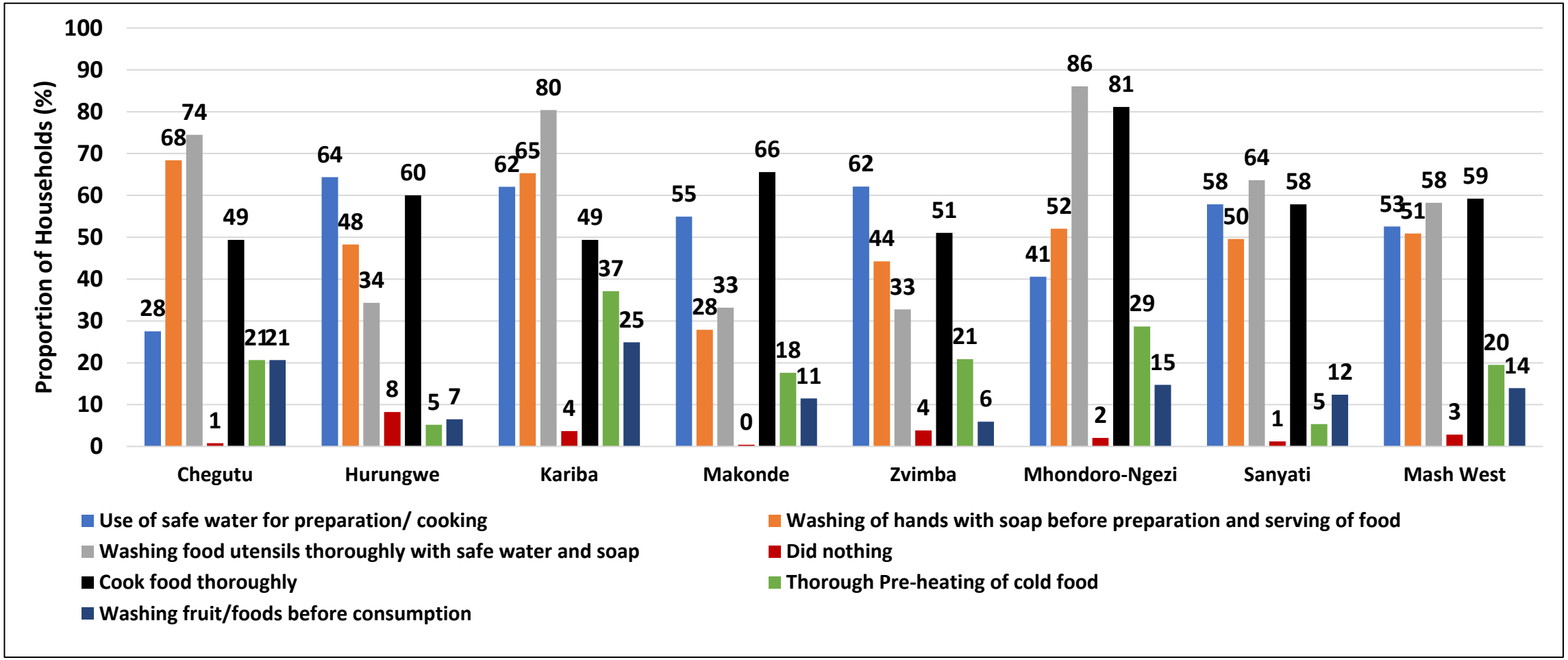
- In the province, 75% of households reported considering price when purchasing food for their families.
- Hurungwe (35%), had the highest proportion of households which considered nutritional content when purchasing food.

Ways to Keep Food Safe



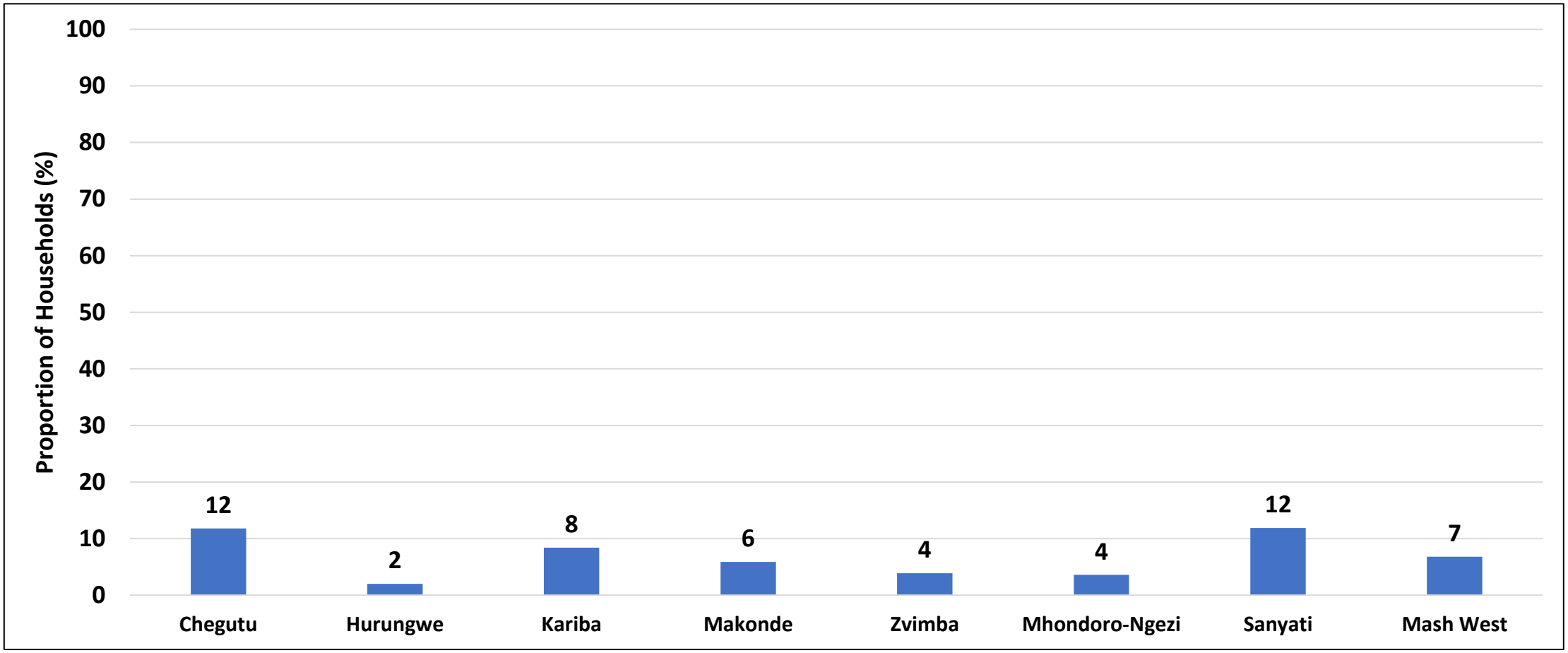
- Keeping food closed to avoid contamination (72%) was the frequently mentioned method of keeping food safe.

Safe Preparation of Food



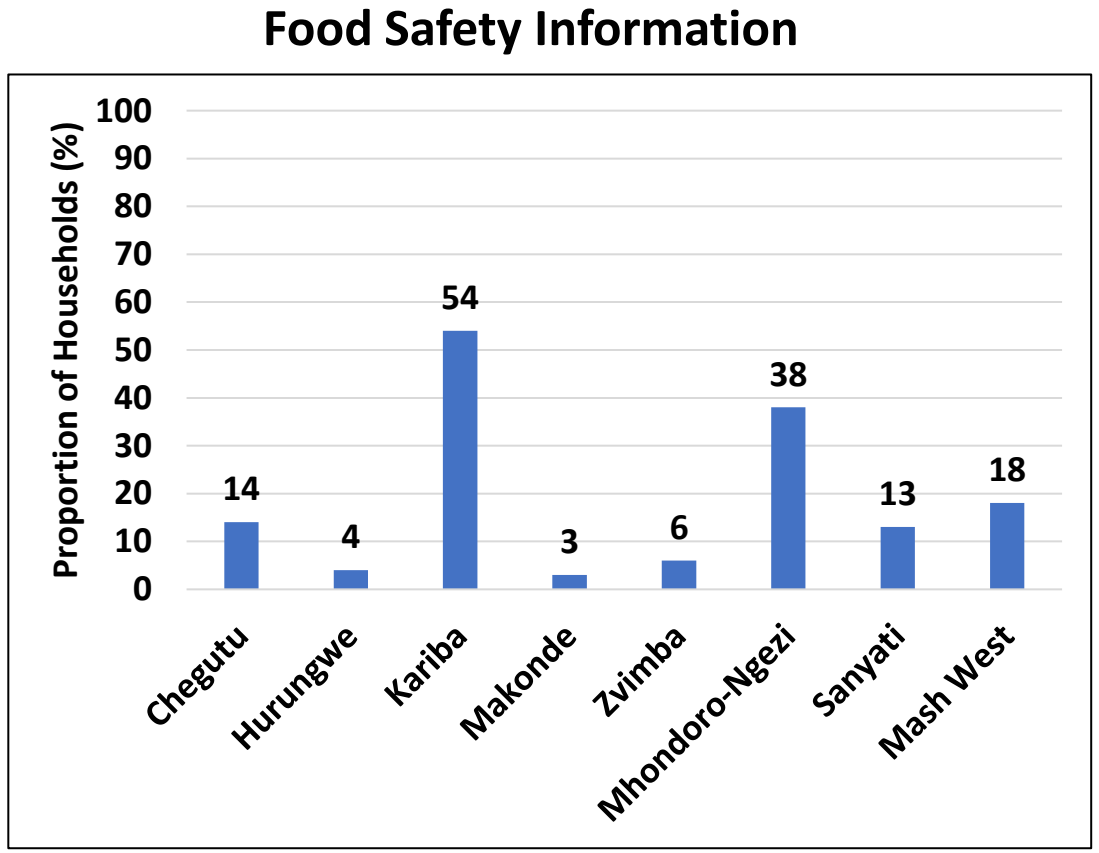
- About 59% of households reported that cooking food thoroughly and (58%) washing utensils thoroughly with safe water and soap were important in safe food preparation.

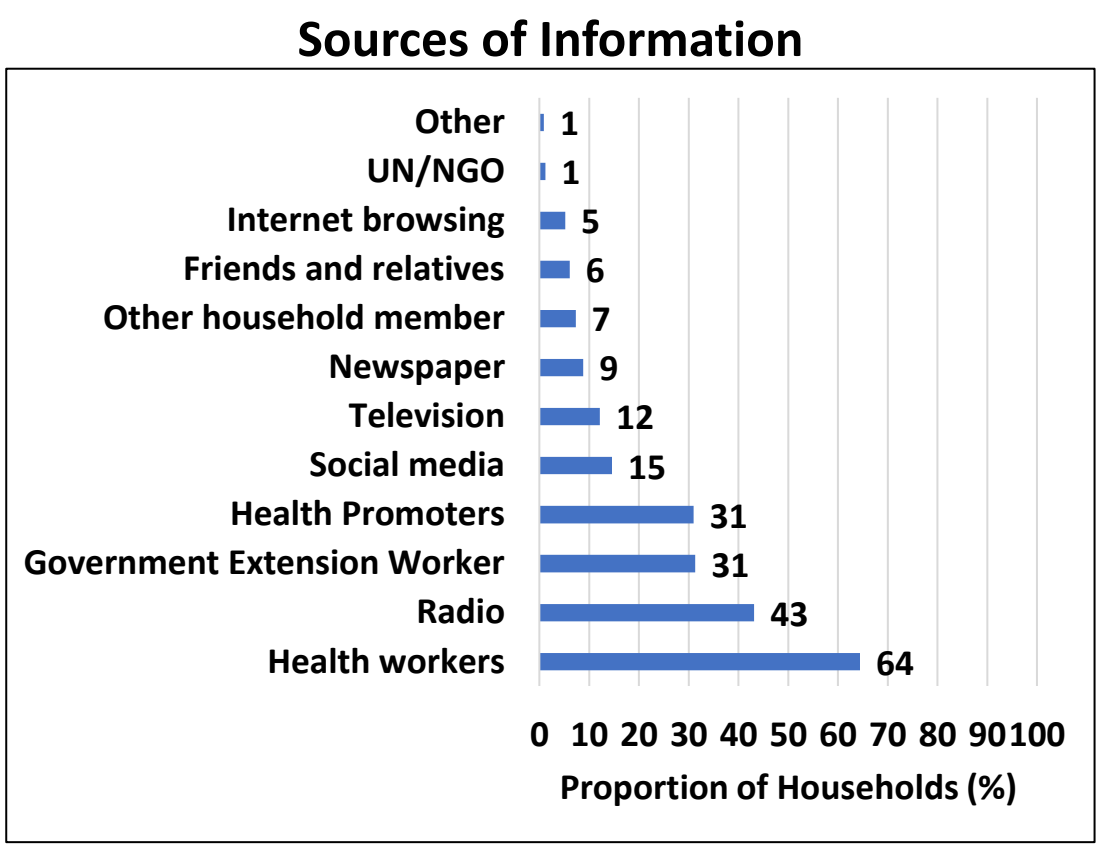
Purchase of Expired or Spoiled Food



- The majority of households in the province did not purchase expired or food undergoing spoilage due to reduced prices.
- Chegutu (12%) and Sanyati (12%) had the highest proportion of households which purchased expired or food undergoing spoilage due to its reduced price.

Food Safety Information and Sources





- From May 2021 to April 2022, only 18% of the households in the province received information on food safety issues.
- Kariba district (54%), had the highest proportion of households which received information on food safety issues.
- About 64% of households received food safety information from health workers.

Food Security

Food Security Dimensions

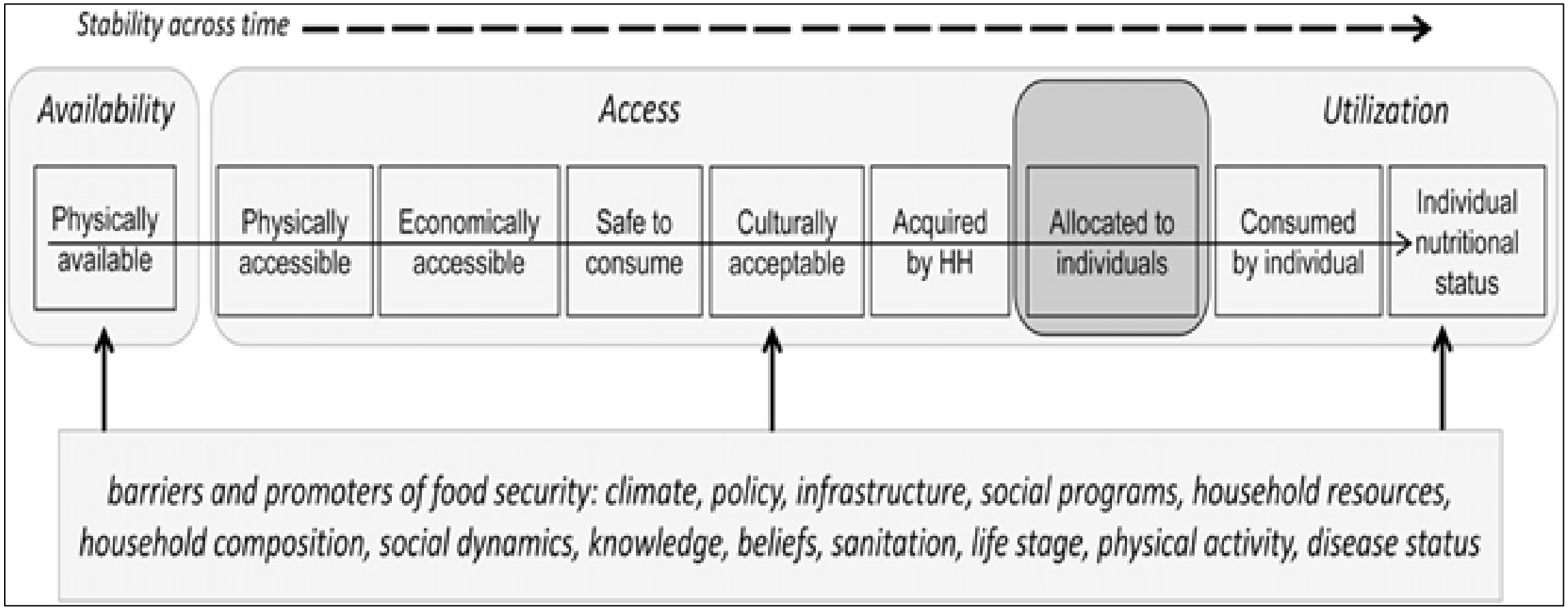


Figure 3: Dimensions of Food Security (Jones et al., 2013)

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

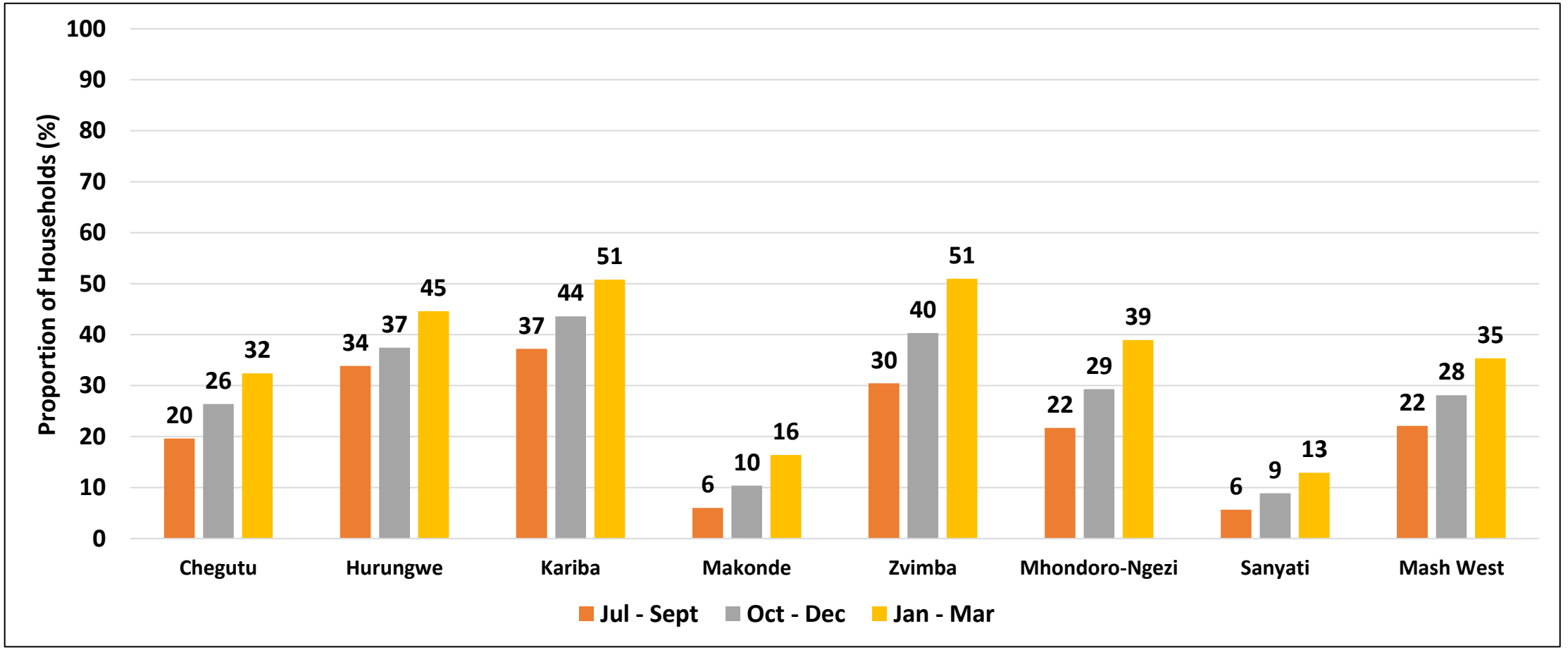
Food Security Analytical Framework

- Household cereal security was determine by measuring a household’s potential access to enough cereal to give each member 2100 kilocalories per day in the consumption period 1 April 2022 to 31 March 2023.
- Each of the surveyed households’ potential to acquire cereals was computed by estimating the household's likely disposable income (both cash and non cash) in the 2022/23 consumption year from the following possible income sources;
    - Cereal stocks from the previous season;
    - Own food crop production from the 2021/22 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

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

Cereal Insecurity Progression by Quarter



- About 35% of households in the province will be cereal insecure during the peak hunger period (January to March 2023).
- Zvimba (51%) and Kariba (51%) were projected to have the highest proportions of households facing cereal insecurity during the peak hunger period.

Cereal Insecure Population by Quarter

District	Food Insecure Population		
	Jul - Sept	**Oct - Dec**	**Jan - Mar**
Chegutu	33,932	45,704	56,091
Hurungwe	125,605	138,904	165,503
Kariba	17,339	20,322	23,678
Makonde	10,380	17,991	28,371
Zvimba	90,191	119,474	151,100
Mhondoro-Ngezi	25,495	34,466	45,797
Sanyati	7,181	11,284	16,413
Mash West	**288,367**	**366,606**	**461,239**

- During the peak hunger period (January to March 2023) it is estimated that approximately 461,239 people in Mashonaland West will be cereal insecure.
- Hurungwe (165,503) was projected to have the highest population of cereal insecure people during the peak hunger period.

Cereal Requirement (MT) by District by Quarter

District	Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar
Chegutu	820	1255	1691	2075
Hurungwe	4265	4647	5139	6124
Kariba	490	642	752	876
Makonde	205	384	666	1050
Zvimba	2687	3337	4421	5591
Mhondoro-Ngezi	559	943	1275	1694
Sanyati	152	266	418	607
Mash West	**8023**	**10670**	**13564**	**17066**

- Hurungwe will require 6,124MT of cereal during the peak hunger period.

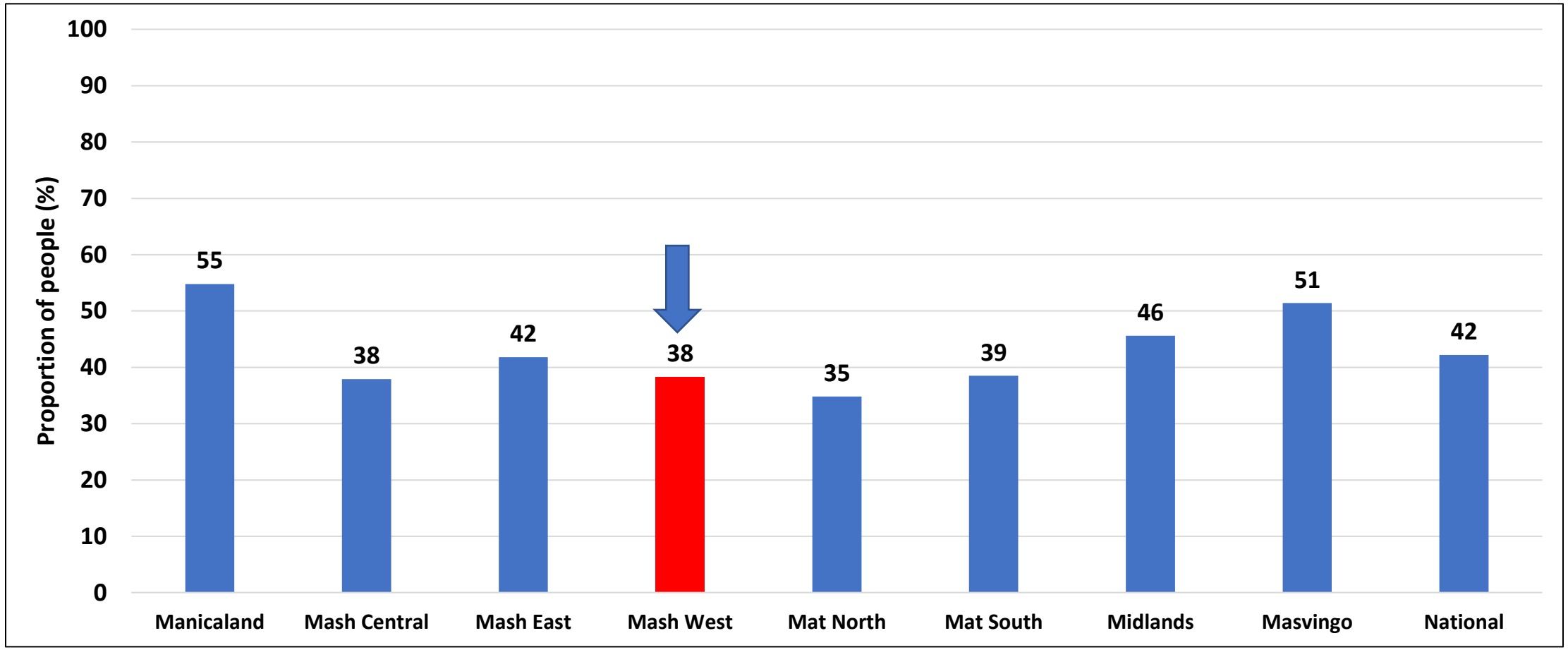
Gender Based Violence

Forms of Gender Based Violence

Province	Physical Violence (%)		Sexual Violence (%)	
	Yes	Refused to answer	Yes	Refused to answer
Manicaland	1.9	0.4	0.7	0.4
Mash Central	5	0.2	0.8	0.2
Mash East	4.3	0.2	0.4	0.1
Mash West	2.9	0.3	1.0	0.2
Mat North	1.5	0.7	0.6	0.9
Mat South	2.4	0.7	0.4	0.7
Midlands	2.9	0.2	0.7	0.3
Masvingo	2.0	0.1	0.2	0.1
National	2.9	0.3	0.6	0.4

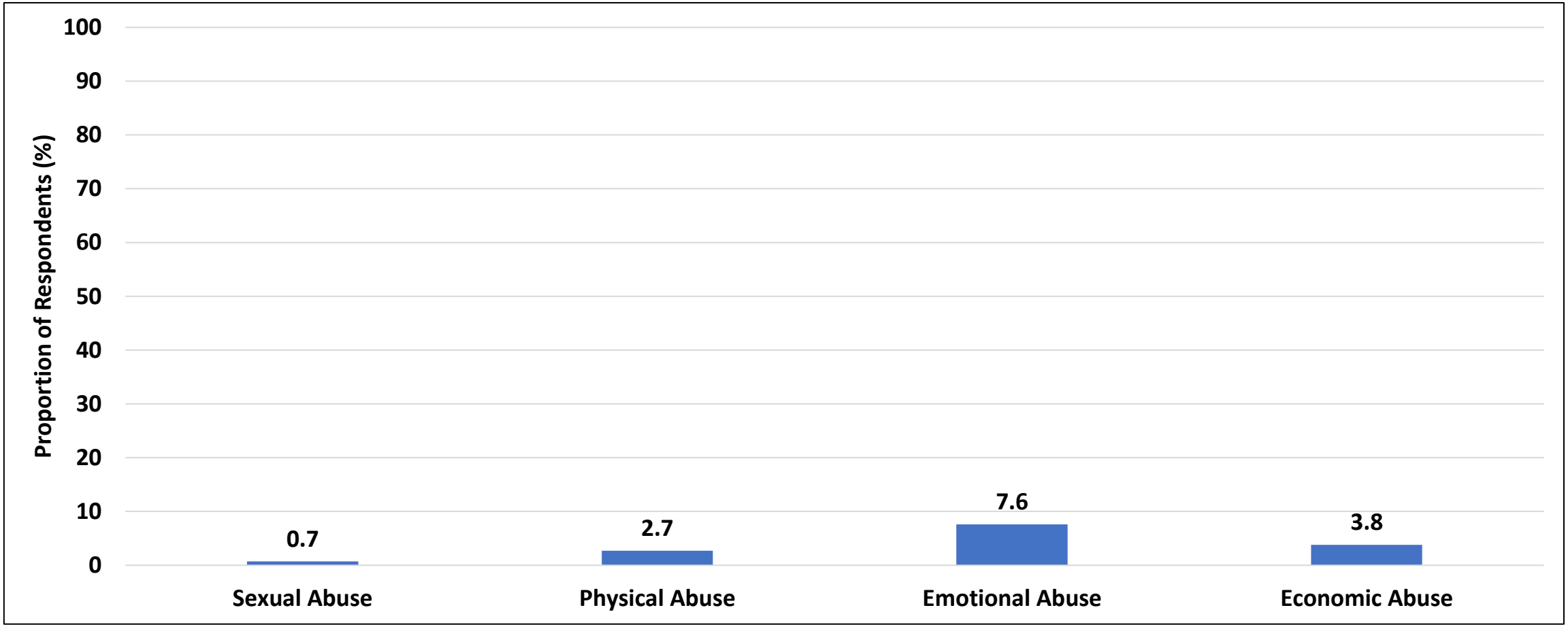
- In the province 2.9% of the people interviewed indicated that they experienced physical violence whilst 1% experienced sexual violence.

Victims of GBV who Reported



- Only 38% of the victims of GBV in the province reported.

Incidence of Spousal Violence



- About 7.6% of the respondents experienced emotional abuse.

Victims that Sought Counselling Services after Spousal Violence

Province	Physical violence (%)	Sexual violence (%)	Emotional violence (%)	Economic violence (%)
Manicaland	38.5	30.0	34.1	21.6
Mash Central	17.6	21.9	25.7	27.5
Mash East	25.0	29.3	25.5	21.7
Mash West	11.0	16.1	8.8	9.5
Mat North	12.5	4.5	5.0	5.6
Mat South	0	24.0	28.3	23.7
Midlands	22.7	22.0	15.3	20.8
Masvingo	37.5	21.4	15.6	10.7
National	19.3	22.2	19.4	10.3

- In the province, only 11%, 16.1%, 8.8% and 9.5% of the victims sought counselling services after facing physical, sexual, emotional and economic violence respectively.

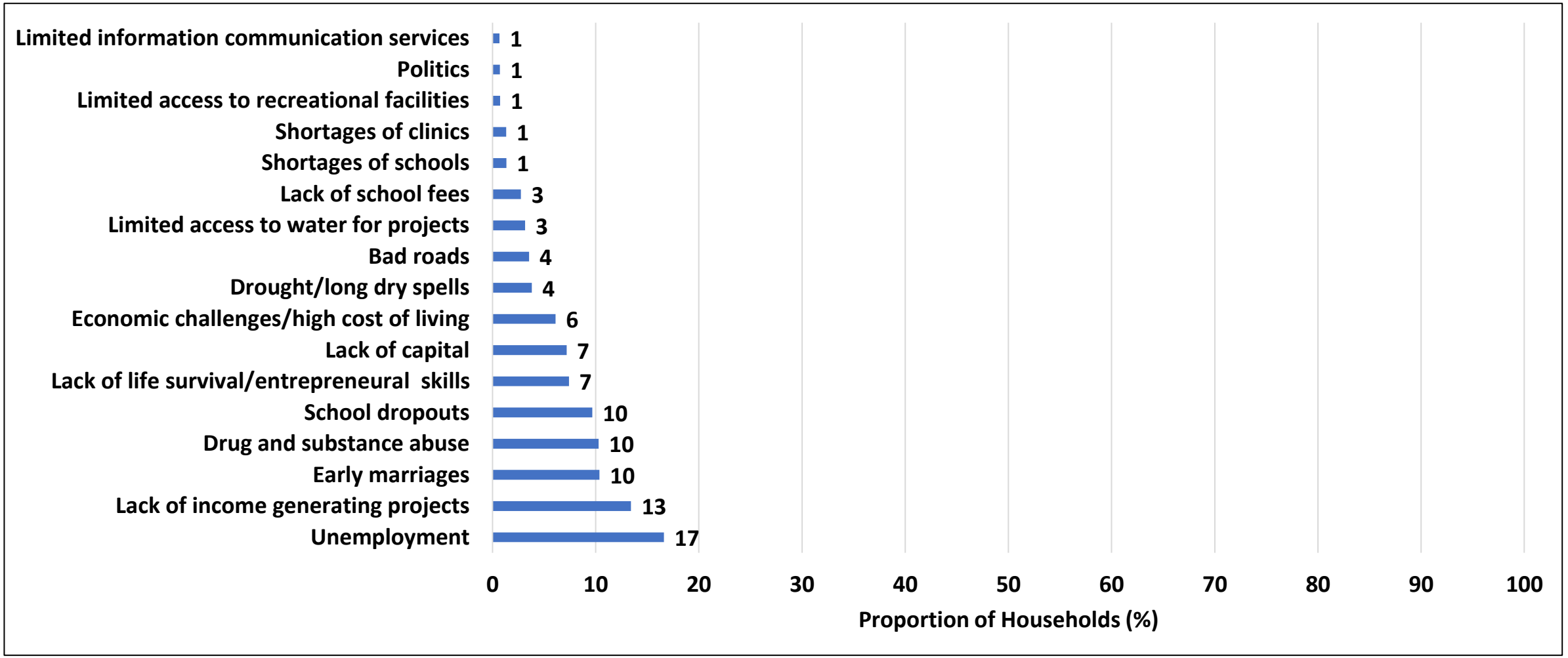
Victims who Reported to Relatives after Spousal Violence

Province	Physical violence (%)	Sexual violence (%)	Emotional violence (%)	Economic violence (%)
Manicaland	0	20.0	50	55.6
Mash Central	40	50	36.8	50
Mash East	38.9	50	44.4	38.5
Mash West	40	66.7	42.9	0
Mat North	66.7	33.3	50	0
Mat South	33.3	50	53.3	58.3
Midlands	25	25	85	81.8
Masvingo	0	40	20	40
National	32.8	20	50	49.3

- Victims of spousal violence were mainly reporting to relatives.
- In the province, 40%, 66.7%, and 42.9% of the victims reported to relatives after facing physical, sexual, emotional and economic violence respectively.

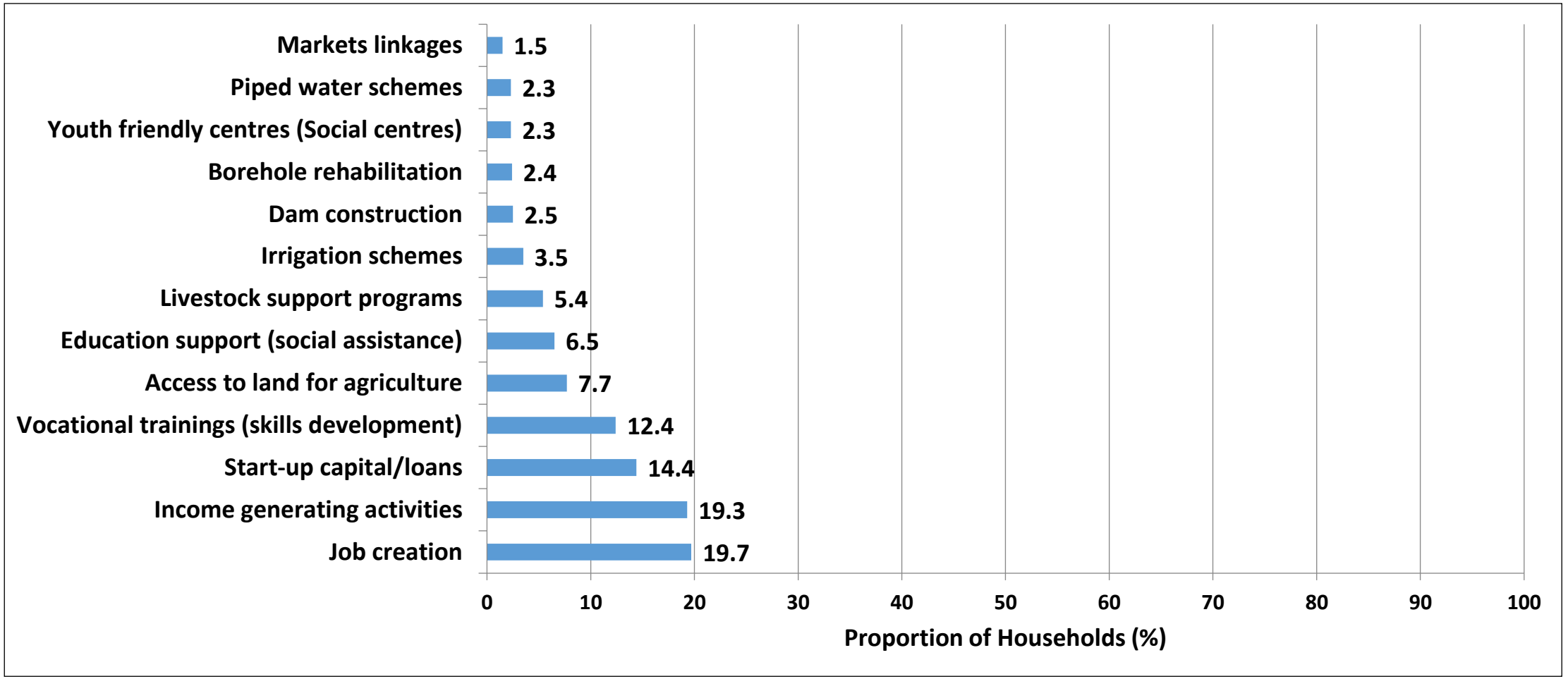
Youth

Youth Challenges



- Unemployment (17%) was reported as the main youth challenge in the province.

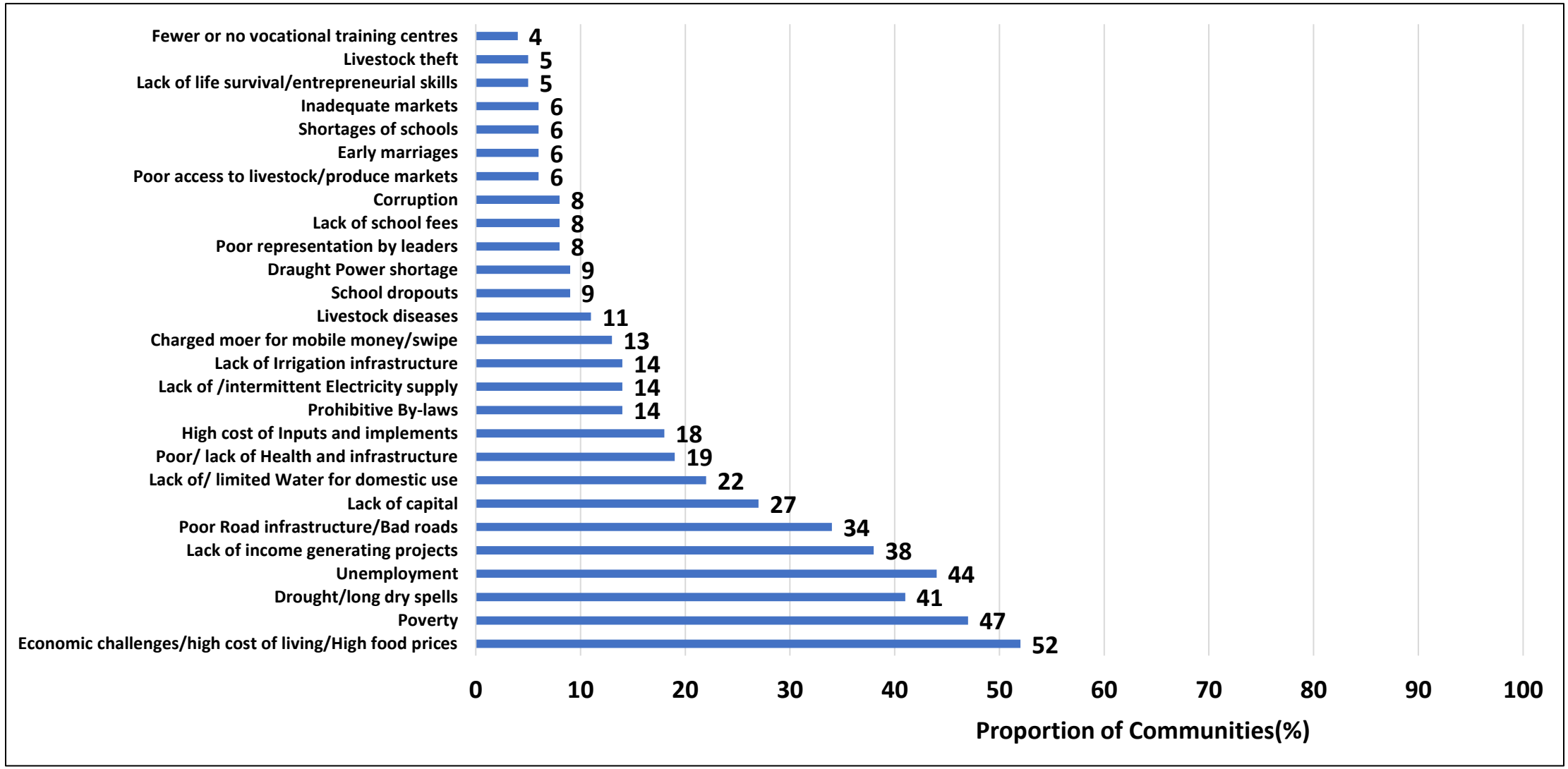
Youth Development Priorities



- Job creation (19.7%) and income generating activities (19.3%) were mentioned by most households as the major youth development priorities.

Developmental Issues

Community Development Challenges



- Economic challenges/high cost of living/high food prices (52%) was the most common development challenges mentioned by communities.

Community Development Priorities

Development Priority	Chegutu (%)	Hurungwe (%)	Kariba (%)	Makonde (%)	Mhondoro-Ngezi(%)	Sanyati (%)	Zvimba (%)	Mash West (%)
Road infrastructure development	72.7	91.7	50	55.6	75	100	0	64.6
Health services infrastructure	54.5	50	50	44.4	58.3	50	0	44.3
Income generating projects promotion	36.4	41.7	50	55.6	50	25	0	36.7
Water supply, boreholes/piped water schemes	54.5	41.7	0	44.4	25	75	18.2	36.7
Electricity infrastructure development	27.3	16.7	41.7	33.3	66.7	25	9.1	31.6
Dams/Water reservoirs construction	54.5	33.3	8.3	55.6	25	25	0	27.8
Employment creation	9.1	66.7	41.7	22.2	41.7	8.3	0	27.8
Livestock restocking	45.5	16.7	25	0	75	0	0	24.1
Irrigation infrastructure	18.2	25	50	22.2	25	8.3	0	21.5
Education infrastructure	36.4	25	25	22.2	8.3	25	0	20.3
Income generating activities	18.2	16.7	16.7	33.3	25	16.7	18.2	20.3
Wildlife control	0	16.7	75	0	0	16.7	0	16.5
Market Linkages	18.2	0	8.3	11.1	8.3	25	36.4	15.2

- Road infrastructure development, health services infrastructure development and income generating activities were listed by households as the most important development priorities.

Conclusions and Recommendations

Conclusions and Recommendations

- Food aid (NGOS 66.7% and Government 21.9%) and crop inputs (Government 70.1% and NGOs 16.2%) remain the main form of any support in the province and this is commendable considering different challenges still facing communities due to the effects of climate change and the COVID-19 pandemic. Government and its partners should continue supporting this programming ensuring that support is given in time. However there is need for Government working with its development partners to focus on strengthening resilience building programmes to ensure communities are self reliant and can sustain themselves.

- The high levels of open defecation in Makonde (48%) and Kariba (46%) are a great cause for concern. Government and its partners to prioritise supporting identified districts with high levels of open defaecation. In Kariba all designated fishing camps need to have permanent sanitation facilities to reduce the incidents of open defaecation.

- Food safety is an important element if food security is to achieved. The proportion of households that received information on food safety in the province was only 18%. Consumer education on food safety is important in order for consumers to demand safe food and also keep their food safe. The Ministry of Health and Child Care and the Ministry responsible for Agriculture should scale up food safety education for communities as part of their routine community work.

Conclusions and Recommendations

- The average cattle herd per household was 4, the cattle mortality rate was 8% and a household lost one beast on average. The major cause of cattle death was diseases at 92.6%. There is need for Government and development partners to capacitate the department of Veterinary Services with the required chemicals and maintenance of infrastructure. The Government should establish Public Private Partnerships (PPPs) that facilitate availability of affordable animal health chemicals.
- Production of improved livestock breeds in the province is still very low (10%), artificial insemination is one method that can be used to improve the breeds. Only 0.1% of households in Kariba district practiced artificial insemination on their cattle. Chinhoyi University of Technology is facilitating training of extension personnel in AI, semen production and storage. The current challenge is availability of equipment for AI. There is need for provision of equipment for livestock officers to start rolling out the programme.
- Maize remained the most crop grown across the province, the average cereal production was 548kg per household. The average cereal stocks as at 1 April was 85.8kg. On the contrary, with all this produce, the use of improved granaries and hermetic bags is very low. The majority of households are storing grain in ordinary rooms (49%) and traditional granaries (21%). The limited use of improved granaries can have a negative effect on post harvest management and affect the quality of harvest received this season. It is recommended that the Ministry of Agriculture scale up post harvest management trainings and technology transfer to farmers so as to salvage the harvest.

Conclusions and Recommendations

- The province experienced drought (56%) and water logging (12%). The main Climate Smart Agriculture (Pfumvudza) technology being implemented by the farmers is minimum tillage, the rest are not being implemented. There is need to scale up use of the CSA technologies by farmers for the full benefits to be realized.
- There are 41 irrigation schemes in the province, only 8 are functional while 16 are partially functional. The main reasons for the non and partial functionality are incomplete installation of infrastructure and equipment (64%) and need for rehabilitation works (64%). There is need for capacitation of the Irrigation Department for rehabilitation and installation of the required infrastructure. In response to mid season dry spells and droughts being experienced in the province, while endowed with water resources, there is need to scale up irrigation development through Public Private Partnerships.

Conclusions and Recommendations

- The majority of the households across the province did not consume a diverse diet and this is a cause for concern. In the province, consumption of a diversified diet decreased from 6 in 2021 to 5 in 2022. At the same time, the food consumption profiles for 31% of households varied from borderline to poor which might be an indication of food shortage in the affected households.
- Most women of child-bearing age failed to consume the recommended minimum food groups. Only 1 in 3 women of child-bearing age in the province met the recommended minimum dietary diversity for women of at least 5 food groups per day. Maternal health and nutrition services should be streamlined into Education and Agriculture.
- The high proportion of children who were identified with wasting or acute malnutrition (Province 7% and highest in Kariba, 18%), is a cause of concern in most districts in the province. There in need for the Ministry of Health and Child Care to scale up active case finding for acute malnutrition across all the districts for an early detection and treatment of these children.
- The low coverage of vitamin A Supplementation in the province especially for Chegutu (77%) and Mhondoro-Ngezi (77%) that are below the national target of 80% are a cause for concern. The Ministry of Health and Child Care needs to scale up Vitamin A supplementation through the Village Health Workers particularly in districts such as Chegutu, Makonde, Mhondoro-Ngezi and Zvimba.

Data Collection Teams

District	Name	Organisation
Chegutu	Vimbai Nhamo	Agritex
	Millicent Chigombe	Ministry of Health and Child Care
	Auxillia Matambanadzo	Ministry of Local Government and Public Works
	Rudo Chagombera	CARE International
Hurungwe	Tafirenyika Marowa	Agritex
	Beauty Makoshori	Ministry of Health and Child Care
	Kudakwashe Shoshore	Ministry of Local Government and Public Works
	Remigio Makuwere	Hurungwe Rural District Council
Makonde	Leah Mutandiri	Ministry of Public Service, Labour and Social Welfare
	Reason Nyanzira	Ministry of Health and Care
	Ndaizivei Mwela	Makonde Rural District Council
	Christopher Marambe	Agritex
Kariba	Russel Chipere	Ministry of Health and Child Care
	Everton Jaison	Agritex
	Maxwell Mutumba	Ministry of Public Service, Labour and Social Welfare
	Lameck Machaya	Nyaminyami Rural District Council
Zvimba	Diana Mushayavanhu	Zvimba Rural District Council
	Gamuchirai Babvu	Ministry of Public Service, Labour and Social Welfare
	Sibusisiwe Madhiye	Agritex
	Hugh Chikerema	Ministry of Health and Child Care
Mhondoro Ngezi	Chiedza Jean Chiwunda	Ministry of Health and Child Care
	Joachim Tigere	Ministry of Local Government and Public Works
	Takunda Dzawo	Agritex
	Linda Zinahwa	Mhondoro Ngezi Rural District Council
Sanyati	Portia Ndhlovu	Ministry of Public Service, Labour and Social Welfare
	Chipiwa Musaka	Ministry of Health and Child Care
	Daniel Cholele	Ministry of Women Affairs, Community, Small and Medium Enterprises Development
	Tonderai Chigora	Agritex

Report Writing Team

Walter Chigumbu	**Ministry of Health and Child Care , Mashonaland West**
Abigail Chikomo	**Ministry of Agriculture, Lands, Water, Fisheries and Rural Development, Mashonaland West**
Rongai Machinga	**Ministry of Agriculture, Lands, Water, Fisheries and Rural Development, Harare**
Rangarirai Mureya	**Food and Nutrition Council**

Supported by

ZIMBABWE

Food and Agriculture Organization of the United Nations

WFP

wfp.org

unicef for every child

START NETWORK

Spotlight Initiative
To eliminate violence against women and girls

World Health Organization