Zimbabwe Livelihoods Assessment Committee (ZimLAC)

2024

Rural Livelihoods Assessment

Mashonaland Central Provincial Report

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Foreword

The 2024 Zimbabwe Livelihoods Assessment Committee (ZimLAC) Rural Livelihoods Assessment (RLA) was undertaken against the background of the 2023/2024 El Niño induced drought. This RLA, the 24th since inception, was guided by the urgent need for the Government of Zimbabwe to determine the impact of the El Niño induced drought on households in the rural areas and provide evidence to inform decision making. The assessment will also ensure the timely development of holistic and robust response programmes.

Considering that this was a unique year, the ZimLAC engaged various data collection approaches to enhance ground-truthing of contextual issues affecting food and nutrition security in different geographic areas. In that regard, the household interviews and community Focus Group Discussions were complemented by interviews with selected Chiefs (together with the Headmen and other traditional leaders who fall under their jurisdiction) and district level Key Informant Interviews. This multi-pronged approach contributed towards collation of in-depth insights into pertinent rural households' livelihoods issues which include demographics, health, nutrition, WASH, social protection, food consumption patterns, income sources, income levels, expenditure patterns, coping strategies, shocks and food security.

We would like to extend our sincere gratitude to the Government of Zimbabwe and its Development Partners for the financial and technical support which enabled us to undertake the survey in a timely manner. We remain indebted to the food and nutrition security structures at both provincial and district levels for their support. We appreciate the rural communities of Zimbabwe, the local authorities as well as Traditional Leaders for cooperating and supporting this assessment. We submit this report to you for your use and reference in your invaluable work towards addressing priority issues keeping many of our rural households vulnerable to food and nutrition insecurity.

George D. Kembo (Dr.)

DIRECTOR GENERAL/ ZIMLAC CHAIRPERSON

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Acknowledgements

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- Office of the President and Cabinet
- Food and Nutrition Council
- Ministry of Finance, Economic Development and Investment Promotion
- 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)
- ZIMSTATS
- United Nations Children's Fund (UNICEF)
- START NETWORK
- United Nations World Food Programme (WFP)
- UNDP
- Catholic Relief Services
- Adventist Relief Agency (ADRA)
- World Vision
- Red Cross
- Bindura University of Science Education
- Marondera University of Agricultural Sciences and Technology
- Plan International
- CARITAS
- Lower Guruve Development Association
- Mwenezi Development Trust
- LID Agency
- Abundant Life For All (ALFA)
- Members of Parliament (Shamva, Murehwa South, Murehwa West and Murehwa North Constituencies)
- St Daniels Rehabilitation Centre
- JF Kapnek Trust Zimbabwe
- Takunda
- Family Aids Caring Trust (FACT)
- Valley of Hope
- Simukai
- AMALIMA Loko
- Midlands AIDS Service Organisation
- ZVANDIRI
- Aqua Culture Zimbabwe
- CARE International
- Nutrition Action Zimbabwe
- Mavambo Trust
- Mavambo Orphan Care
- Zimbabwe Prisons and Correctional Services
- CIMMYT
- Zimbabwe Council of Churches
- Heather Chimoga Orphan Care
- Harare Rotary Club CBD
- Centre for Agro-Entrepreneurship & Sustainable Livelihoods Trust
- Africa Ahead

Acknowledgement of Financial Support

Introduction and Background

Introduction

- ZimLAC plays a significant role in operationalising 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".
- The information system is critical in informing decision making as it provides evidence for timely response by Government.
- ZimLAC livelihood assessments' results continue to be an important tool for informing and guiding policies and programmes that respond to the prevailing food and nutrition security situation with 11 urban and 24 rural livelihoods updates having been produced to date.

Zimbabwe Livelihoods Assessment Committee (ZimLAC)

ZimLAC is a consortium of Government, Development Partners, UN, NGOs, Technical Agencies and the Academia which 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.

ZimLAC supports Government, particularly FNC in:

- Convening and coordinating national food and nutrition security issues in Zimbabwe.
- Charting a practical way forward for fulfilling legal and existing policy commitments in food and nutrition security.
- Advising Government on the strategic direction in food and nutrition security.
- Undertaking a “watchdog role” and 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 guide the following:

- Evidence based planning and programming for targeted interventions.
- Development of interventions that address immediate to long term needs as well as building resilient livelihoods.
- Early warning for early action.
- Monitoring and reporting progress towards commitments within the guiding frameworks of existing national and international food and nutrition policies and strategies such as the National Development Strategy 1, the Food and Nutrition Security Policy, Sustainable Development Goals and the Zero Hunger strategy.

Purpose

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

Objectives

The specific objectives of the assessment were:

1. To estimate the rural population that is likely to be food insecure in the 2024/2025 consumption year, their geographic distribution and the severity of their food insecurity.
2. To assess the nutrition status of the rural population.
3. To describe the socio-economic profiles of rural households in terms of such characteristics as their demographics, access to basic services (education, health services, water, sanitation and hygiene services), assets, income sources, agriculture, incomes and expenditure patterns, food consumption patterns and consumption coping strategies.
4. To determine the coverage of humanitarian and developmental interventions.
5. To determine the effects of shocks experienced by communities on food and nutrition security.
6. To identify development priorities for communities

Contextual Analysis - Background

- The 2023/2024 El Niño event caused widespread drought conditions across southern Africa, characterized by a late onset of rains, extended mid-season dry spells and extreme high temperatures. The El Nino phenomenon significantly and adversely impacted seasonal rainfall's spatial and temporal distribution.

- The extended dry conditions have had a widespread, severe impact on crops, as it occurred at a time when cereal crops were generally most susceptible to water deficits, resulting in widespread crop failure.

- Reduced precipitation exacerbates water scarcity, impacting agriculture, hydroelectric power generation, and water supply for communities (drinking and sanitation).

- Zimbabwe, like most Sub-Saharan countries was in the grip of the 2023/24 El Nino-induced drought which resulted in massive crop failure, depletion of water resources and pastures.

- According to the Ministry of Lands, Agriculture, Fisheries, Water and Rural Development's 2024 2nd Round Crop, Livestock and Fisheries Assessment Report, both agricultural production and productivity for the 2023/ 2024 agricultural season were severely and negatively impacted by, arguably, the worst drought-induced El Nino in 40 years. Statistically, the season had the latest and driest start to a summer season in 40 years.

Contextual Analysis - Background

- The majority of rural households in Zimbabwe rely on rain-fed agriculture which is susceptible to climate change and variability. The dry conditions had an adverse effect on the commencement of planting nationwide, resulting in a substantial decrease in the area planted and crop yields. In addition, the dry conditions resulted in low livestock productivity and poor pastures which ultimately affects food security and livelihood options.

- The delayed onset of the rainfall season resulted in late planting as most farmers started planting in late December following some significant rainfall across the country which also resulted in a trail of destruction to infrastructure and livelihoods. More than 80% of the country received below normal rainfall average by end of February 2024. Prolonged dry weather conditions were again experienced in November and the first half of December 2023. The country further experienced the driest month of February 2024 on record.

- Crop failure was also exacerbated by the outbreak of fall armyworm (FAW) caterpillars with the highest infestation occurring in Mashonaland Central, Mashonaland East, Midlands, and Matabeleland South provinces. Outbreaks of African Armyworm, quelea birds and armoured crickets were also reported. Control measures were put in place and minimized the damage.

- Livestock was impacted by the El Niño induced dry conditions, which resulted in considerable shortages in pasture and reduced water availability for livestock. In Zimbabwe, over 9,000 drought-related cattle deaths were reported and over 1.4 million cattle were reported as being at high risk of drought conditions and death due to lack of pasture and water.

- The Zimbabwean economy being agro-based has been largely affected notwithstanding mitigatory measures vigorously pursued by Government and partners.

Economic Stabilisation Measures

- Government, through the Ministry responsible for Finance put in place a number of measures which resulted in the following:
- Government delivered the 2024 Monetary Policy Statement which was expected to ensure lasting stability, certainty, and predictability in the exchange rate and inflation.
- The Reserve Bank introduced a structured currency which was expected to result in the dissipation of inflationary pressures in the short to medium term.
- Against this background, the Monetary Policy Statement primarily focused on immediate measures necessary to boost the demand for local currency in the multicurrency economy, fostering a stable and sustainable exchange rate, rebuilding market confidence and policy credibility and supporting a stable and sustainable economy as enshrined in Vision 2030 and (National Development Strategy 1) NDS1.
- The foreign currency receipts for January and February 2024 amounted to US$2.2 billion compared to US$1.8 billion received during the same period in 2023, representing a 23% increase.
- Month-on-month inflation also declined from a peak of 12.10% in June 2023 to -1.3% in August 2023. Driven by the exchange rate volatility, the month-on-month inflation rebounded to 4.7% in December 2023 and 5.4% in February 2024.
- However, the EL-Nino-induced drought, which turned out to be more severe than initially anticipated was expected to impact negatively on the domestic economy’s growth trajectory.

Government Mitigatory Measures

- In terms of Section 27(1) of the Civil Protection Act [*Chapter 10:06],* His Excellency, the President of the Republic of Zimbabwe, Cde Dr E.D Mnangagwa declared a nationwide State of Disaster due to the El Nino induced drought on the 3rd of April 2024. In order to facilitate a coordinated response to the climate-induced drought and allow for resource mobilization and response planning in the short and medium term, Government developed the robust *2024 EL NINO INDUCED DROUGHT DISASTER: DOMESTIC AND INTERNATIONAL APPEAL FOR ASSISTANCE*. In the Appeal, Government focuses on search and rescue, mitigation and resilience building in the following critical areas:
    - Agriculture
    - Food and nutrition security
    - Protection
    - Health
    - Water, Sanitation and Hygiene (WASH)
    - Education
    - Environment and Natural Resources
    - Energy
    - Macro, Small and Medium Enterprises
- The impact of the current El Nino induced drought was expected to last until March 2025 for most communities hence it was critical that requisite resources be mobilized urgently to assure communities of sustenance. The Appeal seeks to raise a total of USD 3.9 Billion.

Contextual Analysis – Government Mitigatory Measures

Government remained committed to ensuring that every Zimbabwean is free from hunger and all forms of malnutrition and led the implementation of the following measures to ensure food security for all people:

- **Food Mitigation:** Government is targeting **7.7 million** people in both rural and urban areas who were projected to be food insecure. Of these, 6 million are in the rural areas. Government is embarking on a blitz three-month phased distribution plan prioritising the worst affected areas and the hard to reach. The blitz is targeting the most vulnerable groups who include the elderly, persons with disabilities, orphaned and child-headed households and chronically ill, among others. Each beneficiary will receive a three-month allocation of grain at once which has been pegged at **7.5kg per** person per month translating to **22.5kg per person** for three months and **138,171MT** countrywide. In urban areas, each beneficiary will be given cash equivalent to procure a **10kg bag** of mealie meal via mobile money transfers on a monthly basis.

- Government has also adopted the *Build-Back Better* Strategy to cushion communities and assist them to recover from the El Niño induced drought.

- **Presidential Borehole Drilling Scheme:** In order to alleviate the prevailing water scarcity challenges and climate change, Government is implementing the Presidential Borehole Drilling Scheme. The scheme aims to facilitate the provision of clean water to households and will help to avert the potential threats of waterborne diseases. The solar powered boreholes will also avail the much needed water for consumption and hygiene.

- **Strengthening of Multi-Sectoral Structures** in order to operationalise a cohesive response to the food and nutrition challenges.

Contextual Analysis – Government Mitigatory Measures

On the 12th of March 2024, Cabinet approved the following:

- The Food Security Outlook Report to March 2025 to facilitate winter cereals production planning.
- The consumption of 7,5kg per person per month be used immediately for social welfare and be adjusted after October to 8,5kg per person per month.
- The purchase of local grain at import parity price of USD390 per tonne to mop up excess local grain.
- Duty waiver on the importation of rice and potato seed.
- Importation of Genetically Modified stock feed, under strict supervised milling and distribution.
- Duty free importation of maize, rice and cooking oil by households with effect from July 2024.
- Re-activation of the Grain Mobilisation Committee to monitor private sector imports as well household imports.

Assessment Methodology

Methodology – Assessment Design

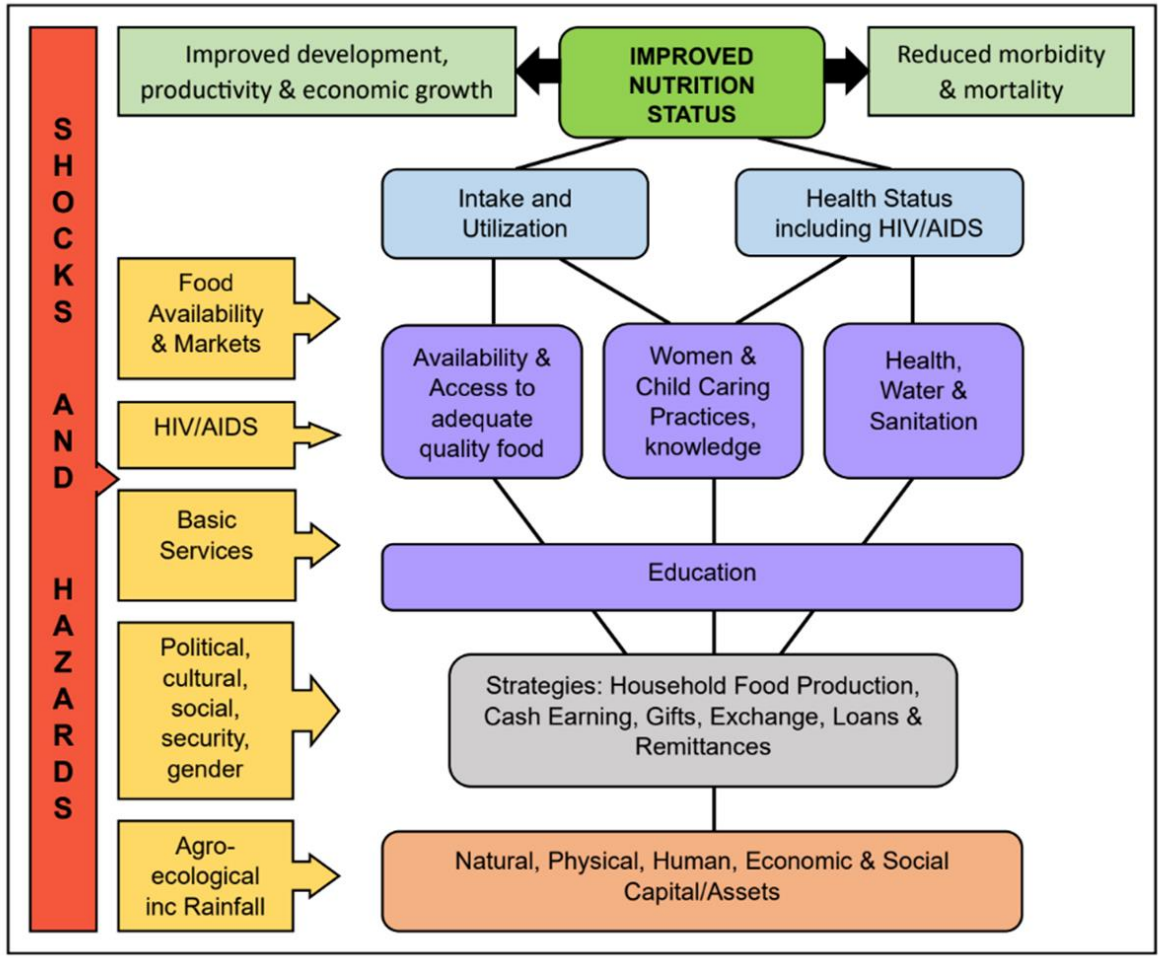


Figure 1: Food and Nutrition Conceptual Framework

- 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.

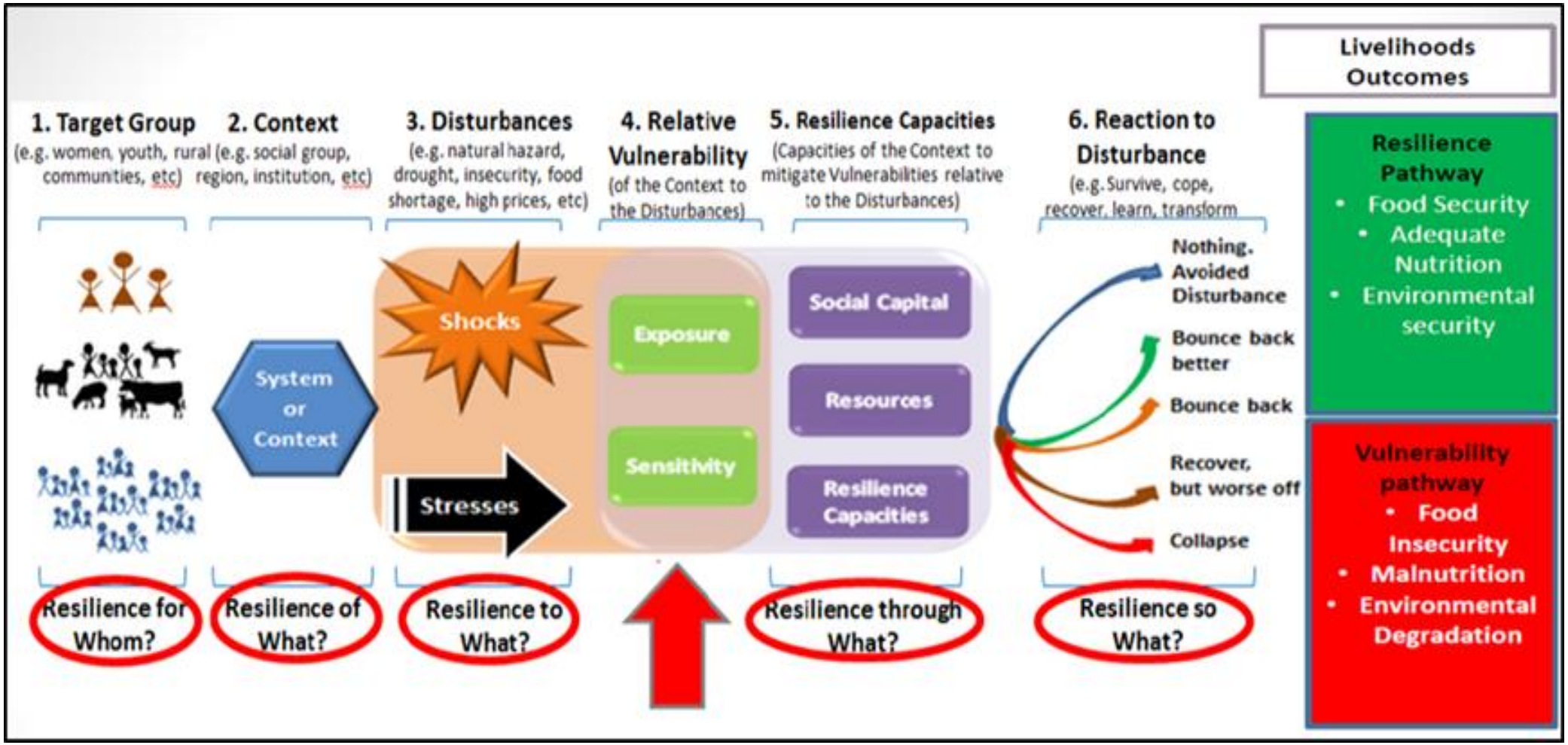


Figure 2: Zimbabwe Resilience Framework (UNDP Zimbabwe, 2015)

Methodology – Assessment Process

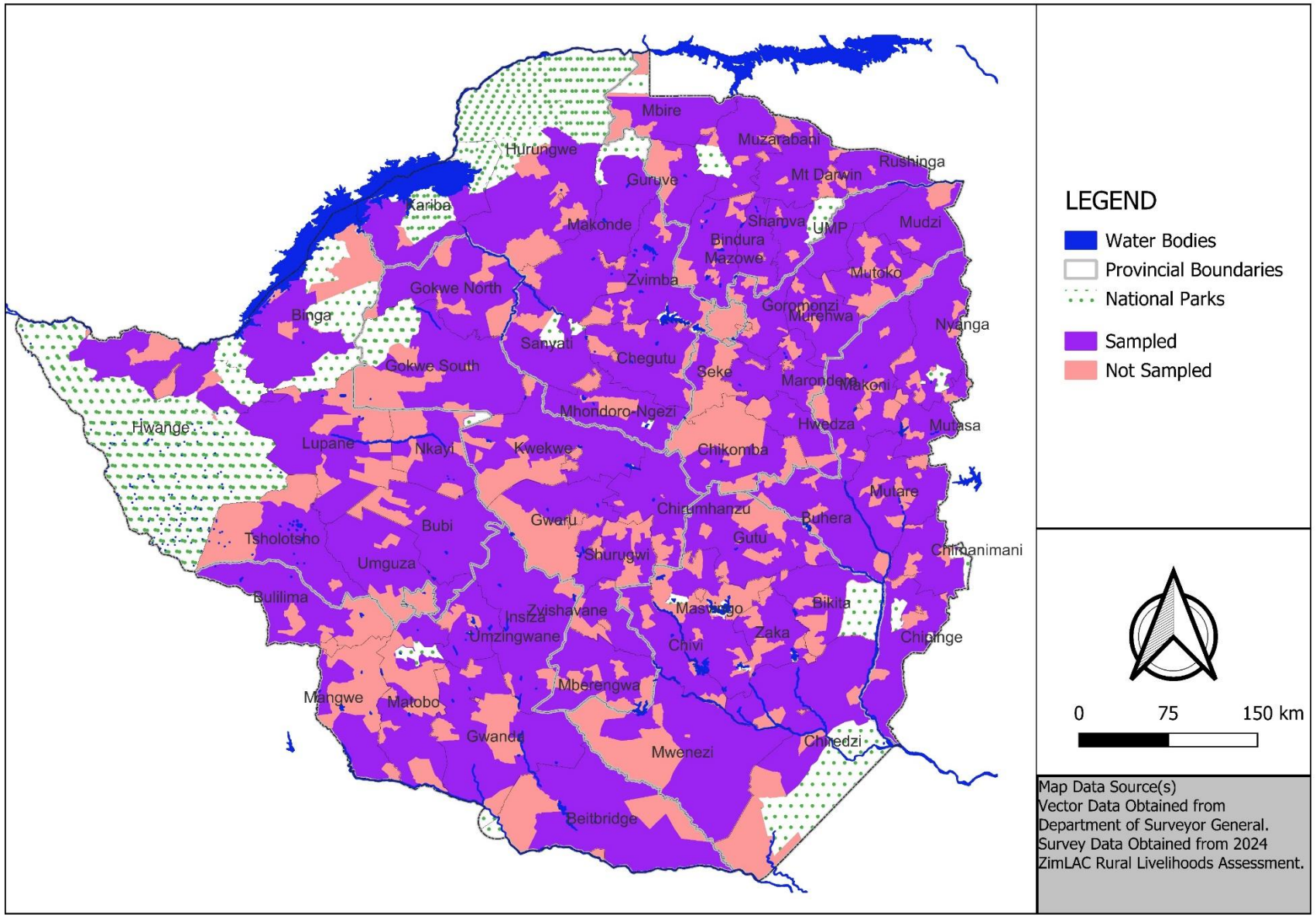
- ZimLAC, through multi-stakeholder consultations, developed an appropriate assessment design concept note and data collection tools informed by the assessment objectives.
- The primary data collection tools used in the assessment were the android–based structured household questionnaire, the community Focus Group Discussion (FGD) guide, Irrigation Key Informant Interview and the Chiefs' FGD guide.
- ZimLAC 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. Training for enumerators was done at district level.
- 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.
- Primary data collection took place from 4 to 20 May 2024. Data analysis and report writing ran from 27 May to 7 June 2024. 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.
- A two staged cluster sampling was used and comprised of:
  - Sampling of 30 clusters per each of the 8 rural districts, denoted as EAs in this assessment, from the Zimbabwe Statistics Agency (ZIMSTAT) 2022 master sampling frame using the PPS methodology.
  - The second stage involved the systematic random sampling of 10 households per EA (village).
- At least 300 households were sampled per district. A total of 2403 households were interviewed.
- 80 FGDs and 8 Chief's Focus Group Discussions were held across all the districts.

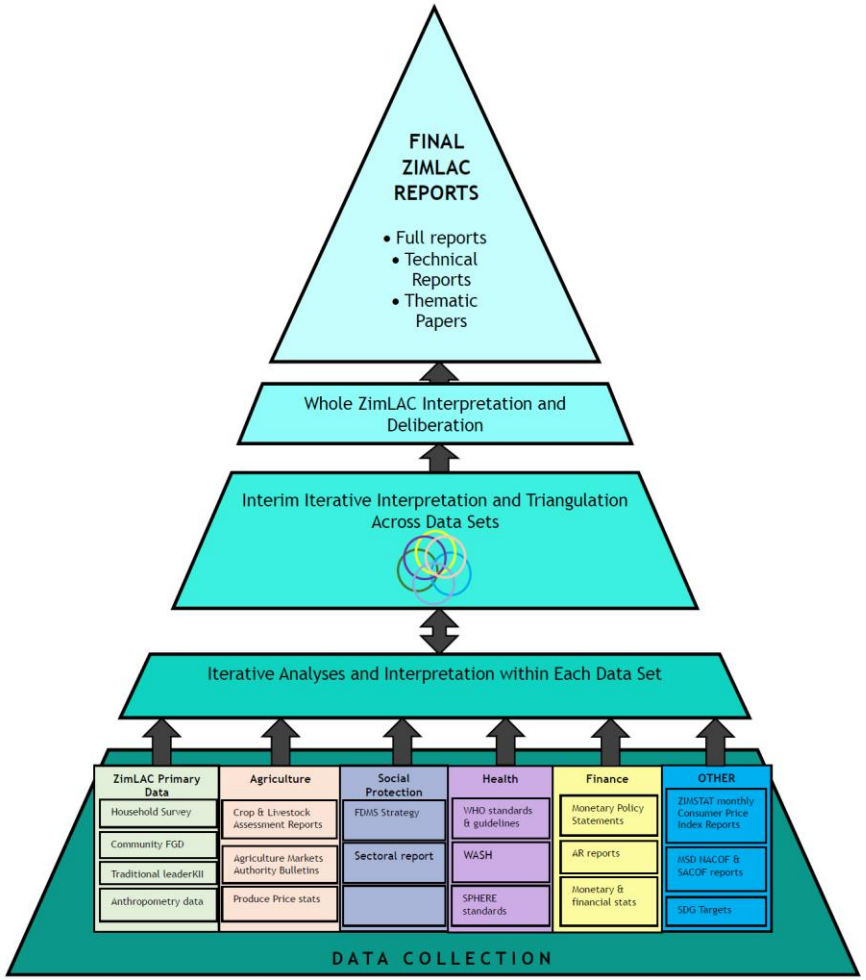
District	Number of Sampled Households
Bindura	300
Muzarabani	300
Guruve	300
Mazowe	300
Mt Darwin	300
Rushinga	302
Shamva	301
Mbire	300
Mash Central	2,403

Methodology – Sampled Wards



Data Preparation and Analysis

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



Technical Scope

The 2024 RLA collected and analysed information on the following thematic areas:

- Health
- WASH
- Nutrition
- Agriculture and other rural livelihoods activities
- Food security
- Shocks and stressors
- Social protection
- Youth
- Linkages amongst the key sectoral and thematic areas
- Cross-cutting issues such as gender

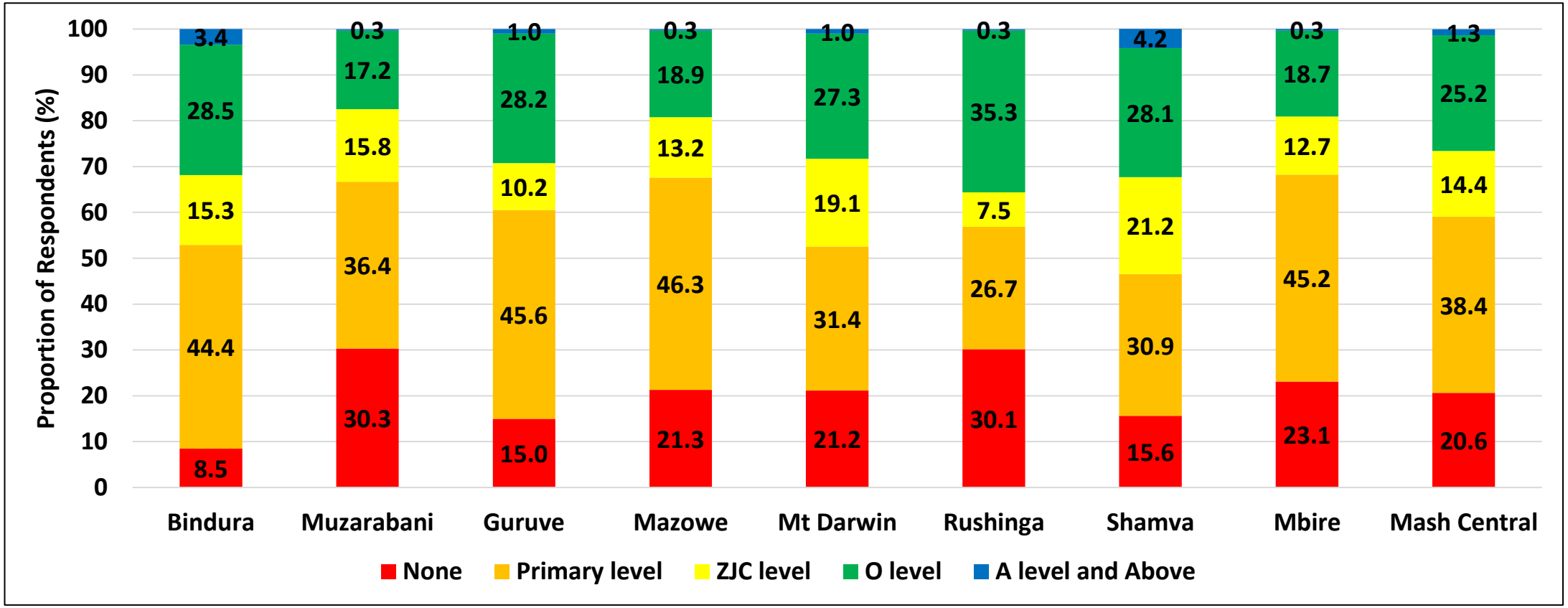
Household Characteristics

Characteristics of Respondents

District	Age of Respondent (Years)	Sex of Respondent	
		Males (%)	Females (%)
Bindura	51.0	36.0	64.0
Muzarabani	45.2	41.3	58.7
Guruve	46.4	36.3	63.7
Mazowe	41.4	19.3	80.7
Mt Darwin	44.4	33.3	66.7
Rushinga	44.6	33.4	66.6
Shamva	43.5	30.2	69.8
Mbire	45.4	35.0	65.0
Mash Central	**45.2**	**33.1**	**66.9**

- The average age of the respondents was 45.2years.
- Approximately, 66.9% of the respondents were females.

Characteristics of Respondents: Education Level



- About 79.4% of the respondents had attained some form of education. This reflected their ability to articulate developmental issues pertaining to their households and communities respectively.

Household Members Characteristics

District	Average Household Size	Sex (%)		Household Members (%)						
		Male headed households	Female headed households	0 to 9 years	10 to 17 years	18 to 29 years	30 to 39 years	40 to 49 years	50 to 64 years	65+ years
Bindura	4.0	50.1	49.9	24.8	20.0	18.1	9.5	11.6	9.8	5.9
Muzarabani	4.0	49.0	51.0	26.3	18.7	17.1	10.7	11.9	8.5	6.8
Guruve	4.1	48.0	52.0	24.2	20.1	18.0	10.6	8.5	8.9	9.7
Mazowe	4.0	48.0	52.0	25.2	15.6	21.8	11.2	11.3	9.1	5.8
Mt Darwin	4.6	49.7	50.3	29.1	19.7	17.8	10.7	8.8	7.2	6.7
Rushinga	2.5	43.5	56.5	20.9	13.0	17.3	10.9	15.4	11.7	10.8
Shamva	3.6	46.8	53.2	23.6	17.4	17.2	11.9	11.7	8.5	9.2
Mbire	4.2	49.3	50.7	25.9	21.2	15.1	11.4	11.8	7.6	7.0
Mash Central	3.9	48.3	51.7	25.3	18.5	17.8	10.8	11.1	8.8	7.5

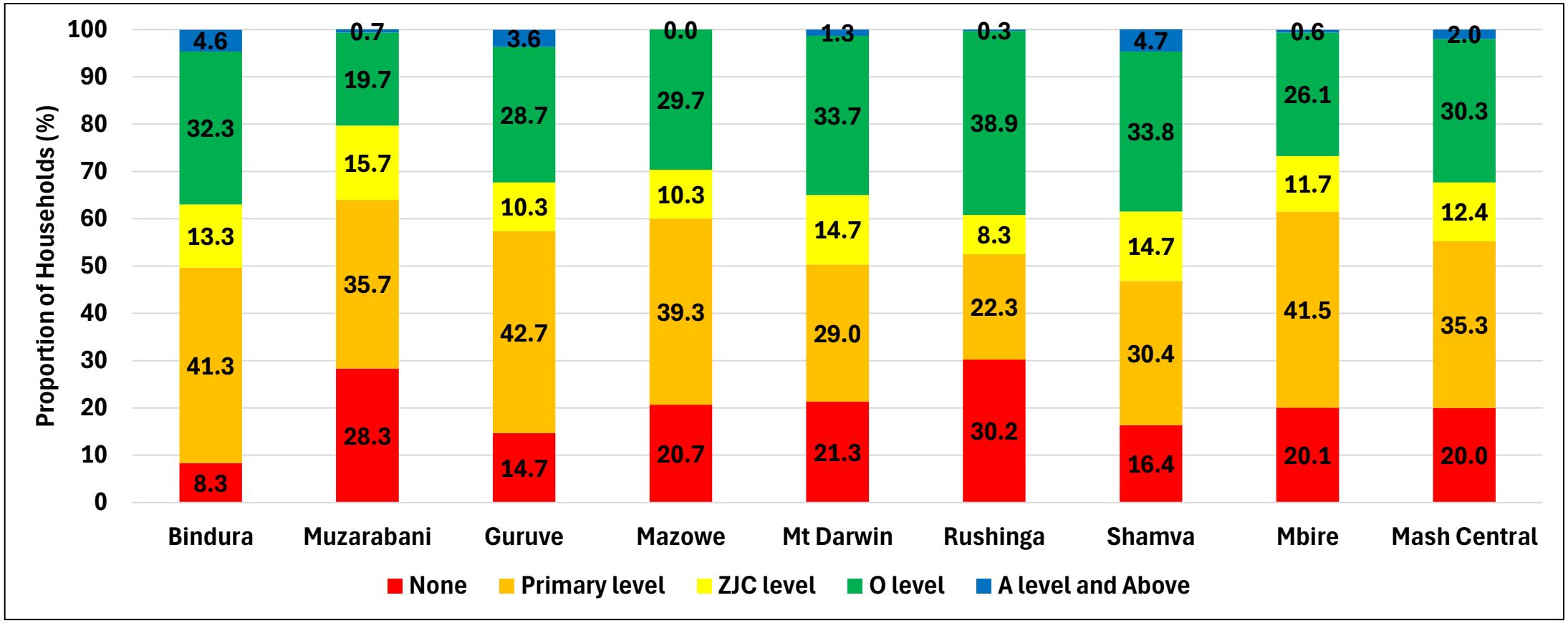
- The average household size was 3.9.
- Females (51.7%) constituted the majority of the household members.
- Those within the 65+ years category constituted 7.5% of the household members.

Characteristics of Household Head

District	Household Head Average Age (years)	Sex of Household Head (%)		Household Head by Category (%)	
		Male	Female	Elderly headed	Child headed
Bindura	51.0	69.3	30.7	17.3	0.0
Muzarabani	45.2	77.3	22.7	20.3	0.0
Guruve	46.4	66.0	34.0	29.0	0.0
Mazowe	41.4	69.7	30.3	15.0	0.0
Mt Darwin	44.4	70.3	29.7	22.0	0.0
Rushinga	44.6	51.7	48.3	20.5	0.3
Shamva	43.5	62.1	37.9	23.3	0.7
Mbire	45.4	73.7	26.3	21.0	0.3
Mash Central	51.7	67.5	32.5	21.1	0.2

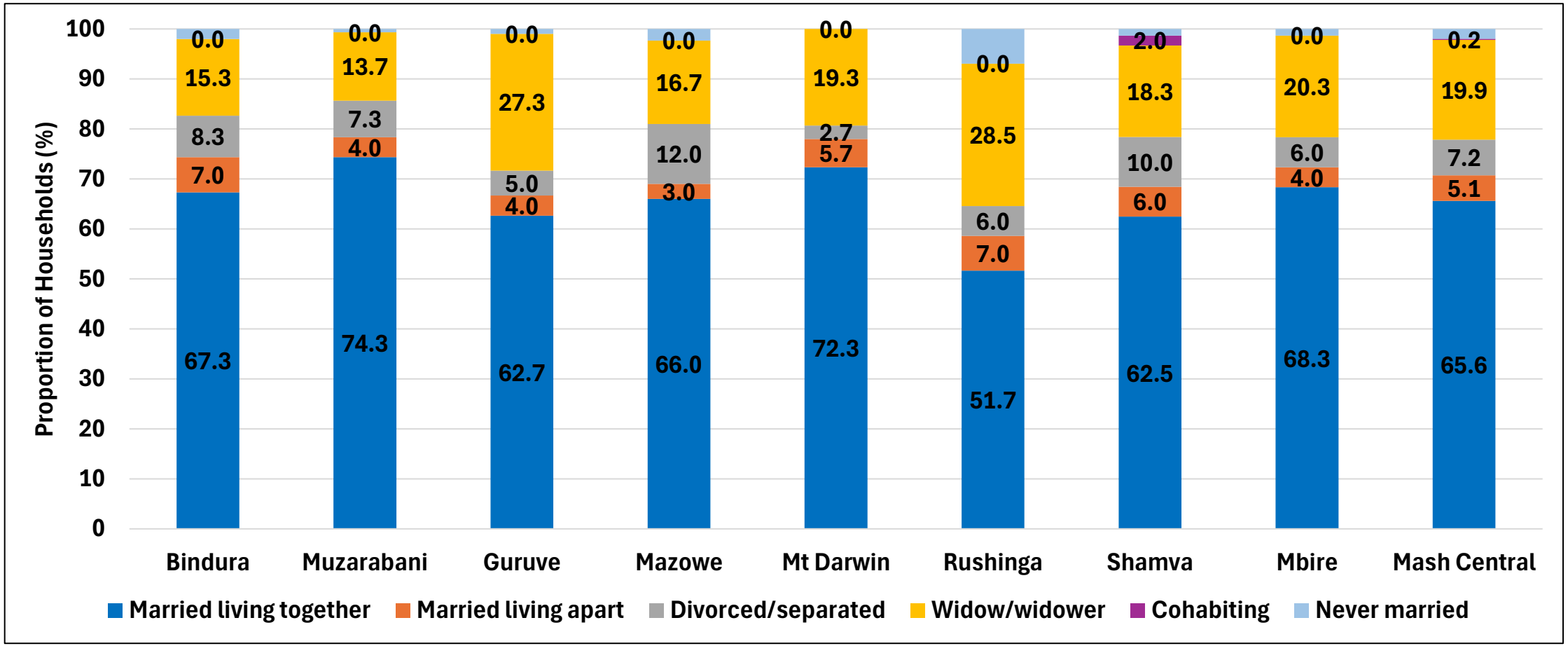
- The average age of the household heads was 51.7 years.
- About 32.5% of the households were female-headed and the highest proportion was recorded in Rushinga (48.3%).
- Elderly- headed households constituted 21.1% whilst child-headed were 0.2%.

Characteristics of Household Head: Level of Education Attained



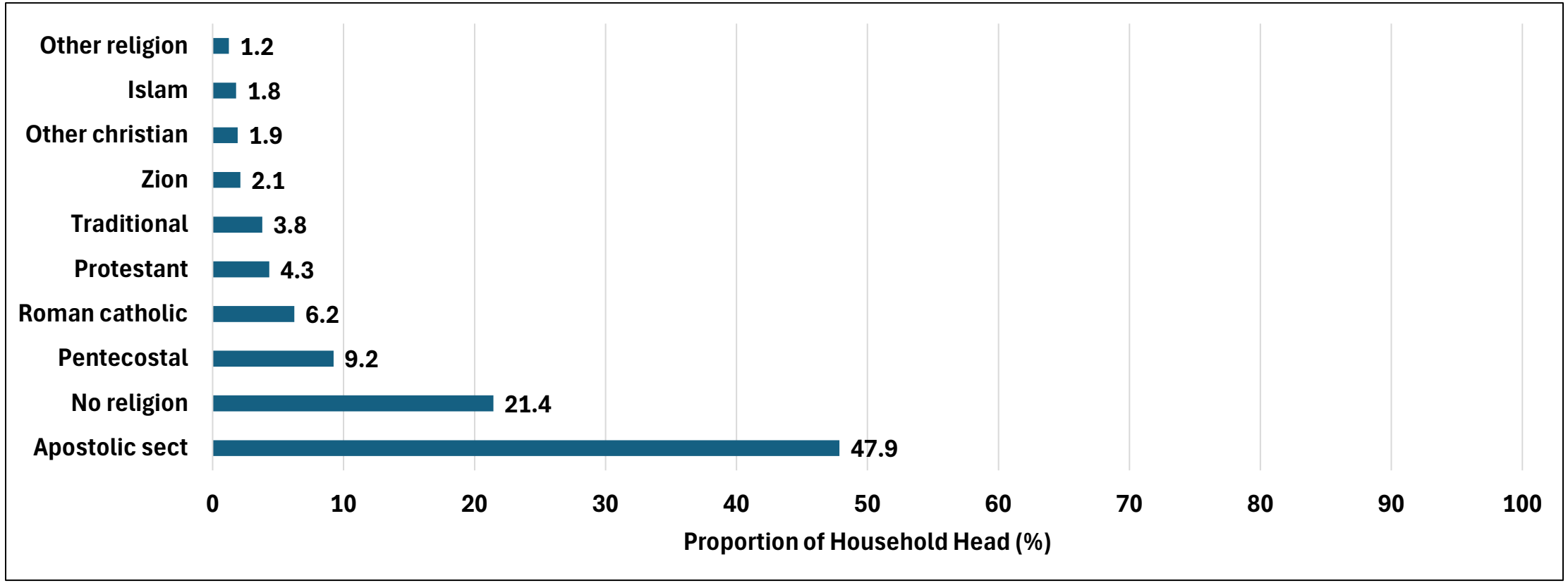
- About 80% of the household heads attained some form of education.

Characteristic of Household Head: Marital Status



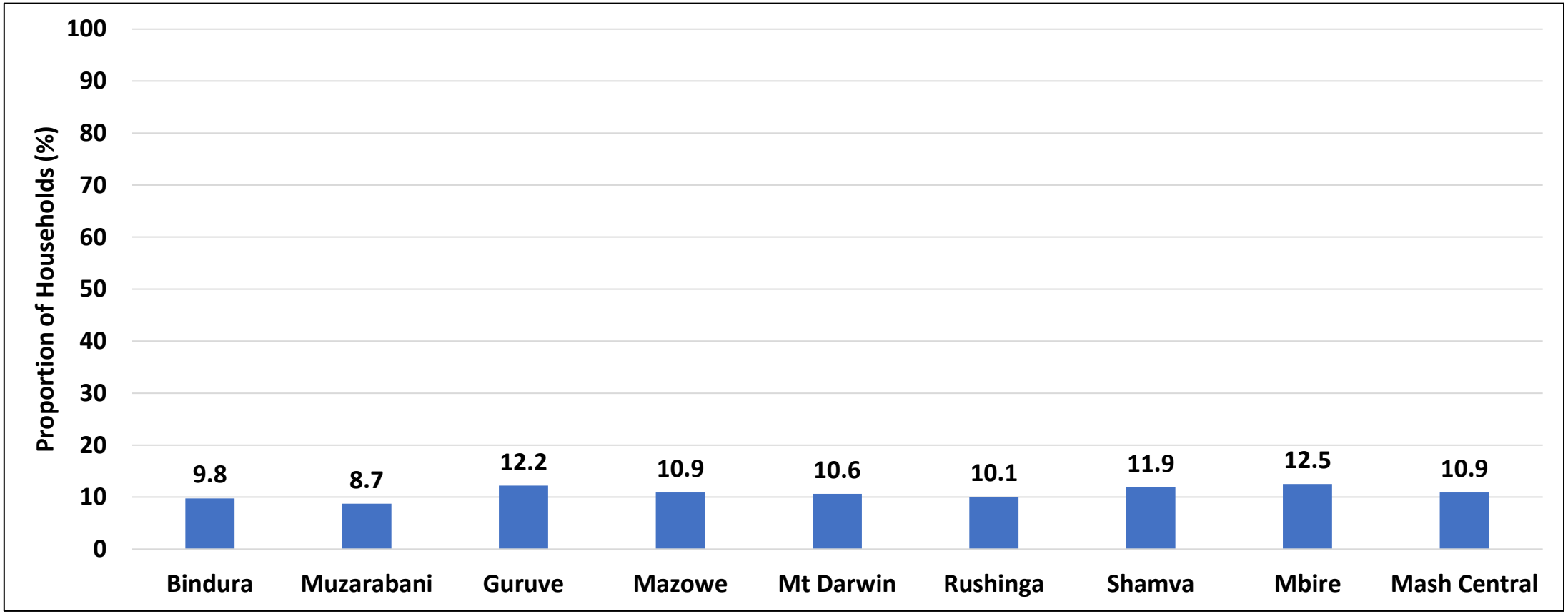
- About 65.6% of the household heads were married and living together.
- Rushinga (28.5%) had the highest proportion of household heads who were widowed against the national proportion of 19.9%.

Characteristics of Household Head: Religion



- The highest proportion of household heads were of the apostolic sect (47.9%), no religion (21.4%) and Pentecostal (9.2%).

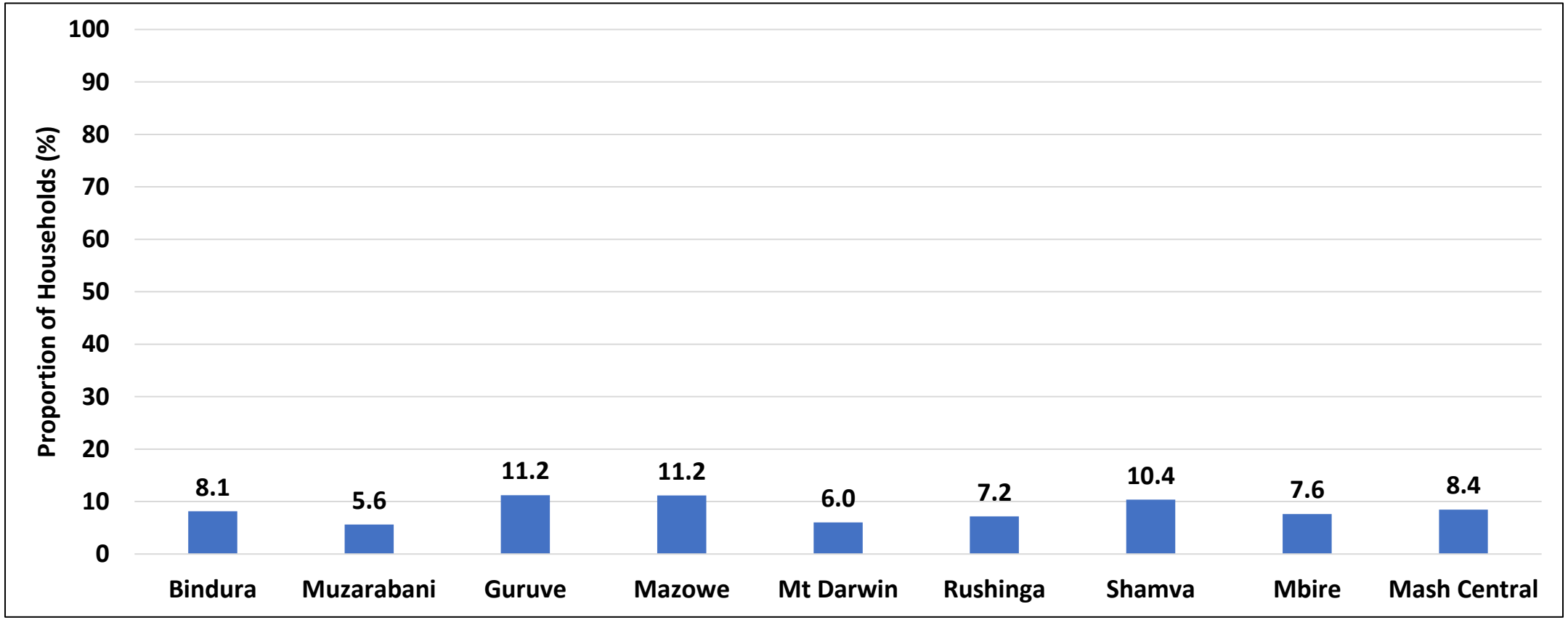
Orphaned Children



- The proportion of households with orphans was 10.9%.

Chronic Conditions

Chronic Conditions



- The proportion of households that had a member with a chronic condition was (8.4%)

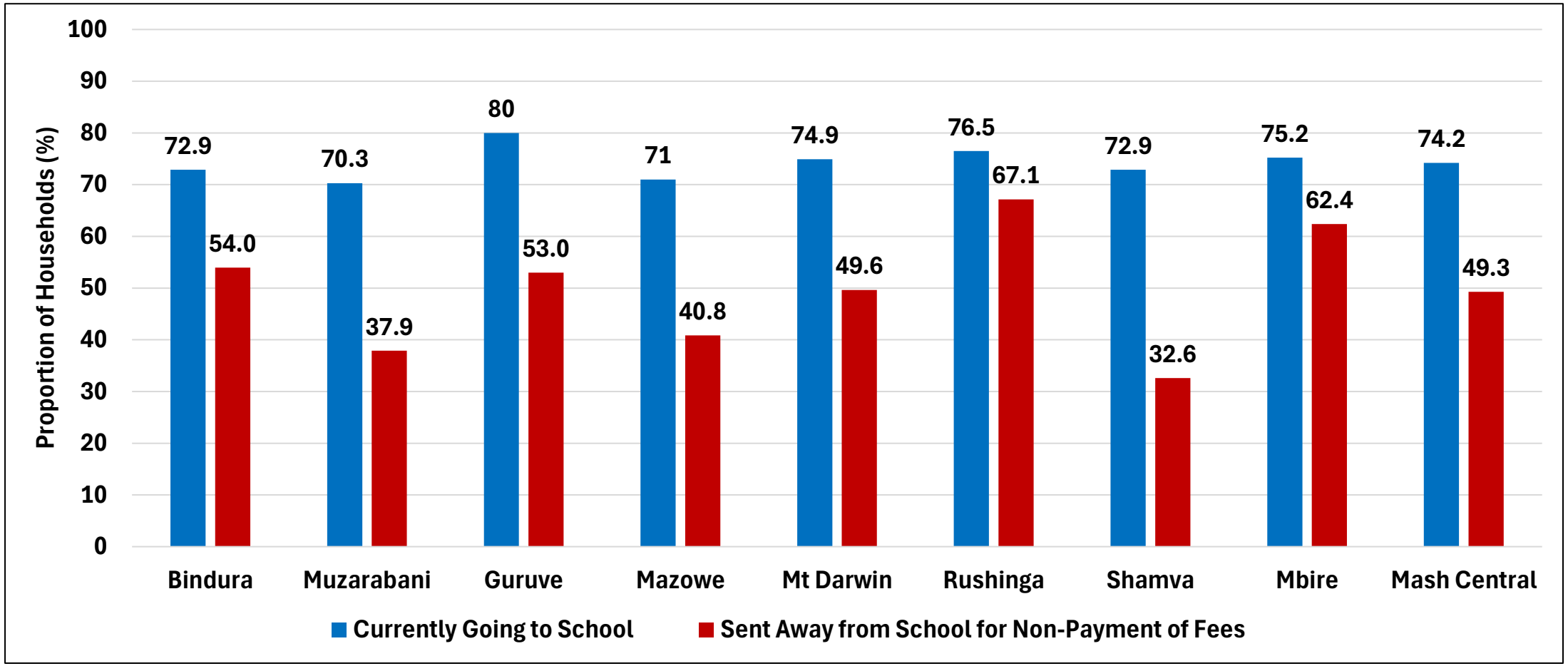
Household Members Who had Chronic Conditions (8.4%)

District	HIV infection, AIDS (%)	Heart disease	Diabetes, high blood sugar (%)	Asthma	Hypertension, High blood pressure (%)	Arthritis, chronic body pain (%)	Epilepsy, seizures, fits (%)	Stroke (%)	Cancer (%)	Tuberculosis (%)	Kidney diseases (%)	Ulcer, chronic stomach pain (%)	Mental illness	Not willing to disclose (%)	Other (%)
Bindura	1.2	0.4	1.0	0.3	3.1	0.7	0.3	0.6	0.0	0.4	0.0	0.2	0.6	0.3	0.2
Muzarabani	1.5	0.4	0.8	0.2	1.6	0.8	0.3	0.1	0.3	0.2	0.1	0.1	0.2	0.0	0.0
Guruve	1.8	0.8	0.4	1.0	3.7	3.5	0.1	0.2	0.0	0.2	0.3	0.5	0.1	0.0	0.4
Mazowe	3.9	0.6	1.8	0.6	4.4	0.1	0.2	0.2	0.2	0.0	0.0	0.3	0.1	0.1	0.0
Mt Darwin	0.9	0.5	0.7	0.6	2.0	0.2	0.1	0.4	0.1	0.0	0.1	0.1	0.3	0.2	0.5
Rushinga	1.3	0.5	0.7	0.5	2.8	0.5	0.0	0.2	0.2	0.0	0.0	0.5	0.2	0.0	0.5
Shamva	1.9	0.2	3.6	0.7	1.3	1.5	0.5	0.2	0.2	0.2	0.0	0.6	0.0	0.5	0.3
Mbire	0.5	0.9	1.5	1.1	3.1	0.2	0.3	0.0	0.2	0.0	0.3	0.3	0.3	0.0	0.3
Mash Central	1.6	0.6	1.3	0.6	2.8	0.9	0.2	0.3	0.1	0.1	0.1	0.3	0.2	0.1	0.3

- Hypertension/high blood pressure (2.8%) and HIV infections/AIDS (1.6%) were the major chronic conditions that were cited.

Education

School Attendance



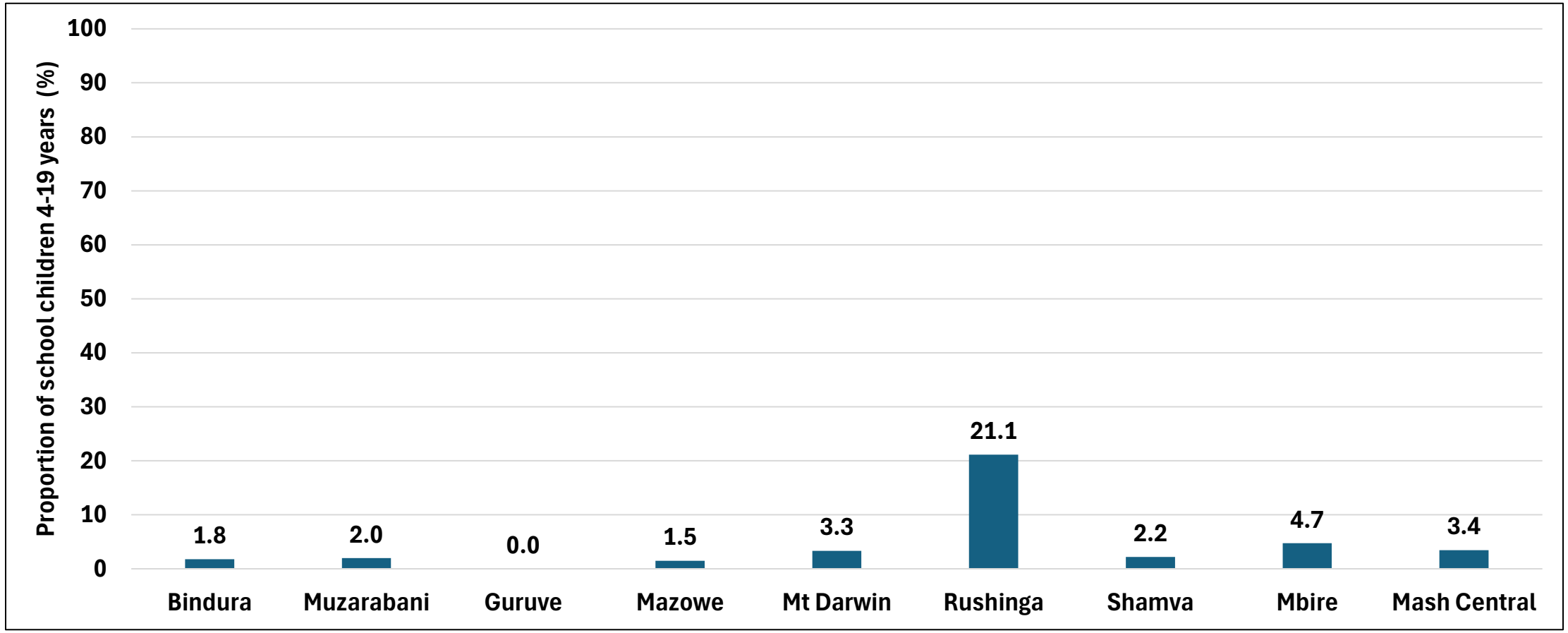
- At the time of the assessment, 74.2% of school going age children were in school.
- Those who were reported to have been ever sent away from school during the first term of 2024 for non-payment of fees constituted 49.3%.

Reasons for Children not Being in School (25.8%)

District	Financial challenges (%)	Illness (%)	Not interested in school (%)	Distance too far (%)	Child considered too young (%)	Pregnancy/ marriage (%)	Completed O/A level (%)
Bindura	16.7	0.7	0.9	0.2	2.4	2.6	2.4
Muzarabani	11.7	0.2	4.4	1.3	4.6	3.5	3.1
Guruve	10.1	0.0	0.8	0.6	2.7	1.4	3.9
Mazowe	17.6	0.0	1.2	0.0	1.5	2.0	2.0
Mt Darwin	12.3	0.5	1.8	2.5	0.7	5.4	1.1
Rushinga	5.6	0.0	2.3	0.0	3.8	1.9	8.5
Shamva	8.3	0.6	1.4	2.8	3.0	6.1	2.8
Mbire	14.4	0.0	1.0	0.8	2.8	3.1	2.0
Mash Central	**12.6**	0.3	1.7	1.1	2.6	**3.4**	2.8

- Of the 25.8% of children out of school, financial challenges (12.6%) was reported to be the main reason why children were not going to school.
- Pregnancy/marriage (3.4%) was the second highest reason which is a cause for concern for the girl-child.

Children Receiving Hot Meals at School



- The proportion of children who received a hot meal at school was at 3.4% .
- The highest proportion of children who received a hot meal was reported in Rushinga (21.1%).

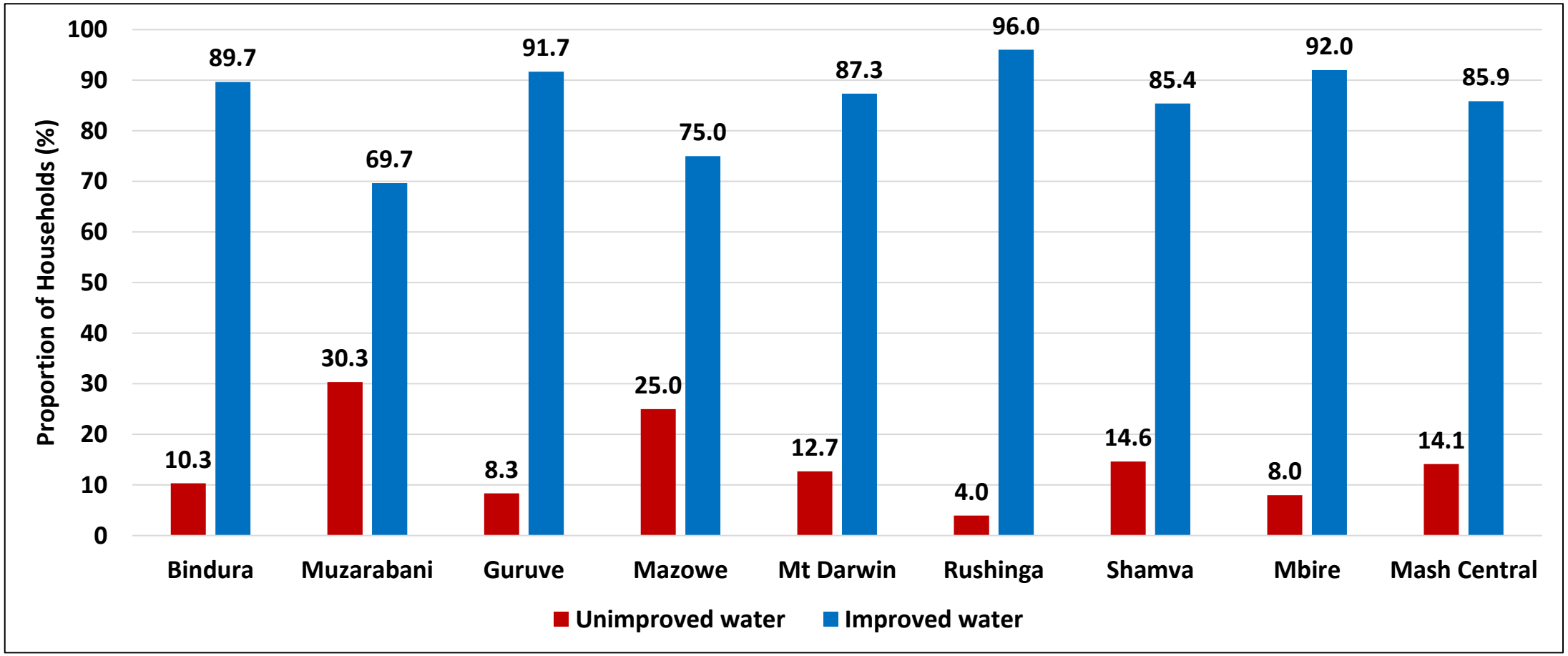
Water, Sanitation and Hygiene

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.

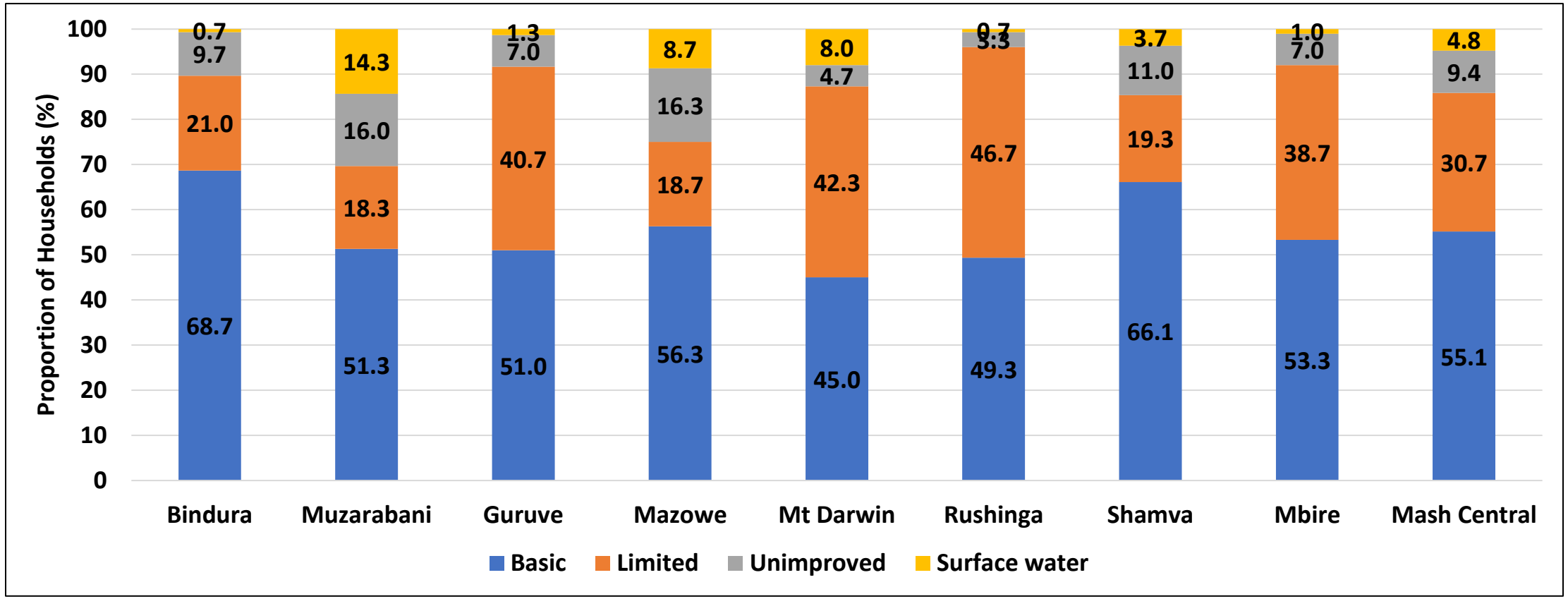
Note :
"Improved" drinking water sources are further defined by the quality of the water they produce, and are protected from faecal contamination by the nature of their construction or through an intervention to protect from outside contamination. Such sources include: piped water into dwelling, plot,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



- The proportion of households which were accessing improved water sources was 86%.
- Rushinga (96%) had the highest proportion of households accessing improved water sources.

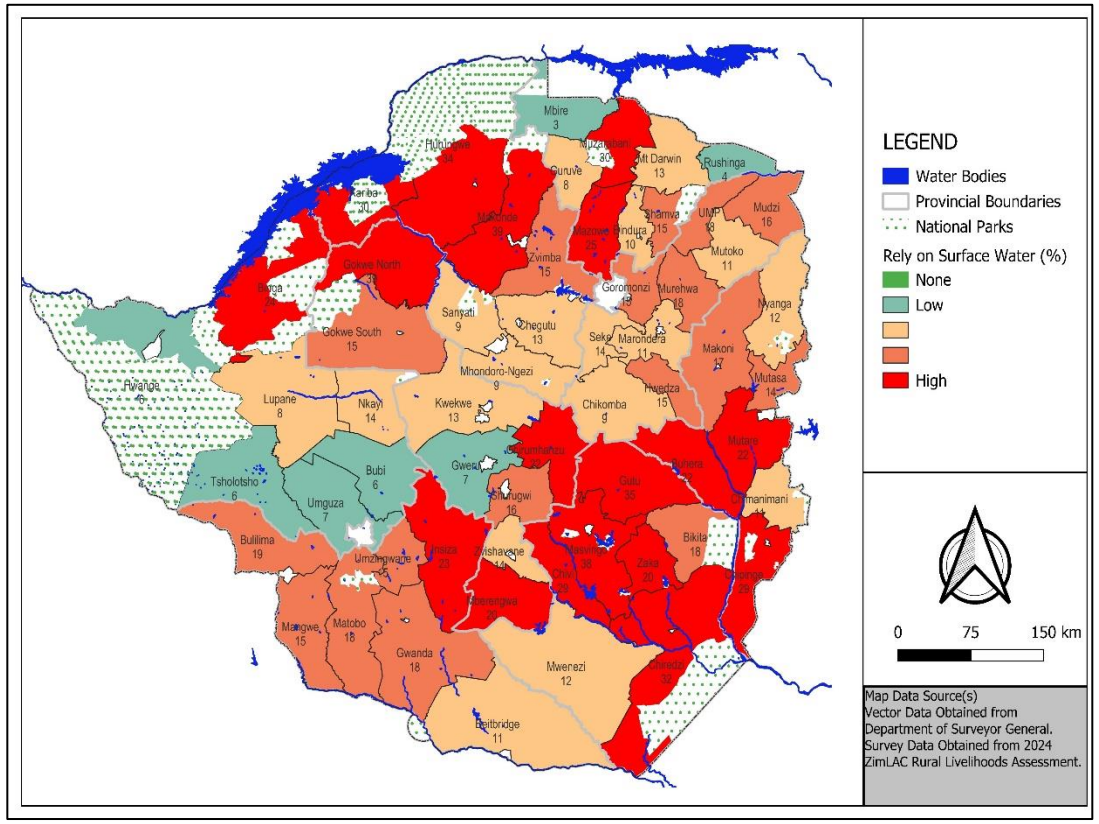
Main Drinking Water Services



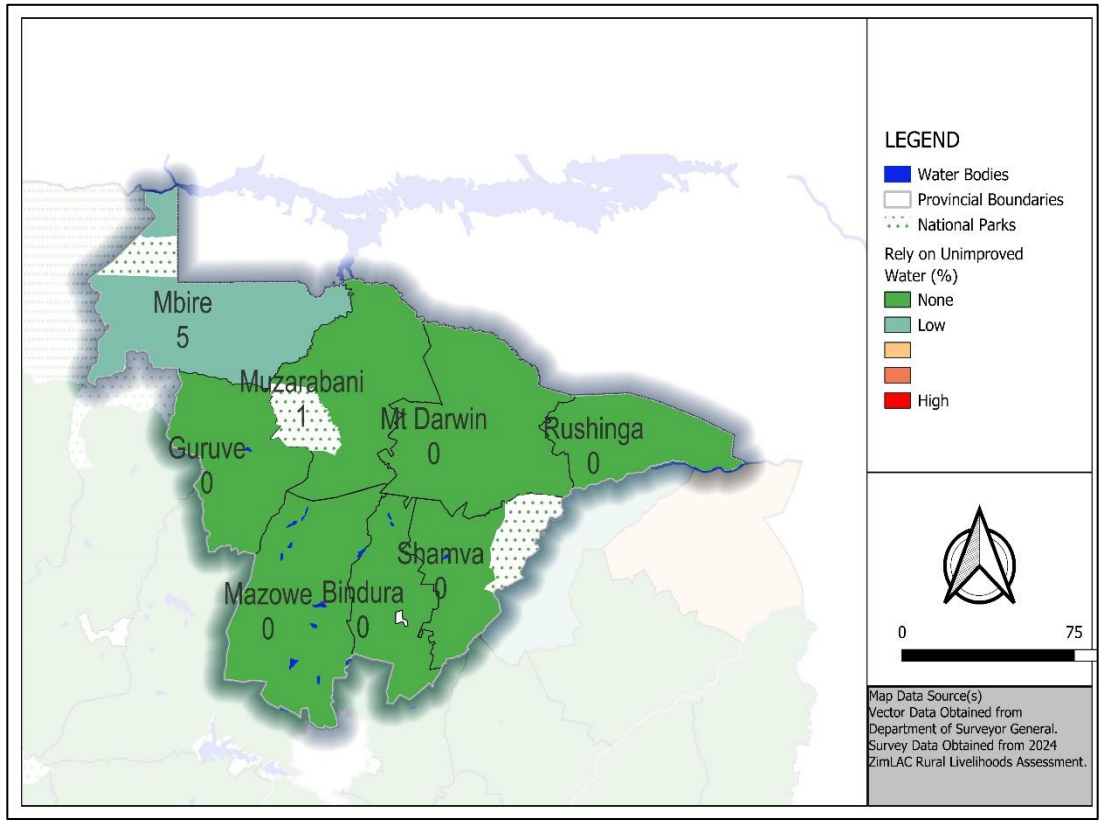
- The proportion of households accessing basic water services was 55.1%.
- Muzarabani and Mazowe (16%) had the highest proportion of households accessing unimproved water services.

Households Drinking Water Sources

Surface Water

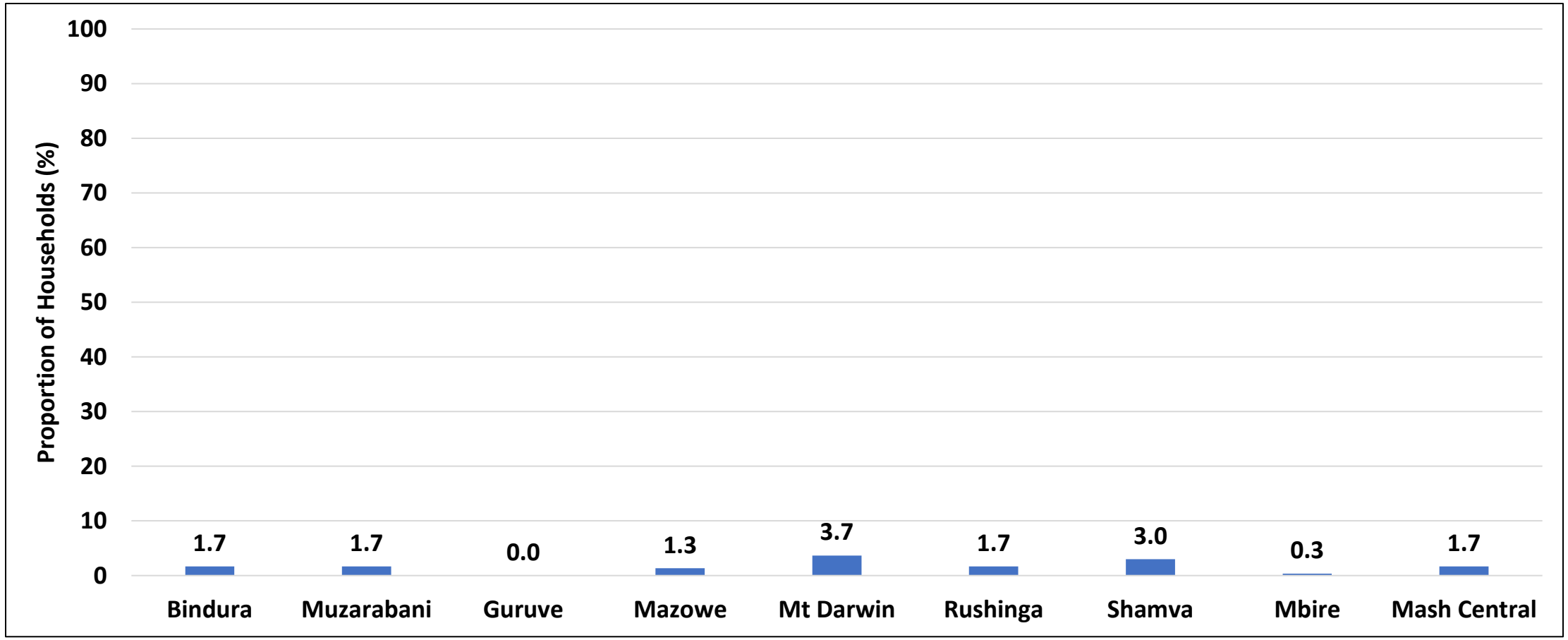


Unimproved Water Sources



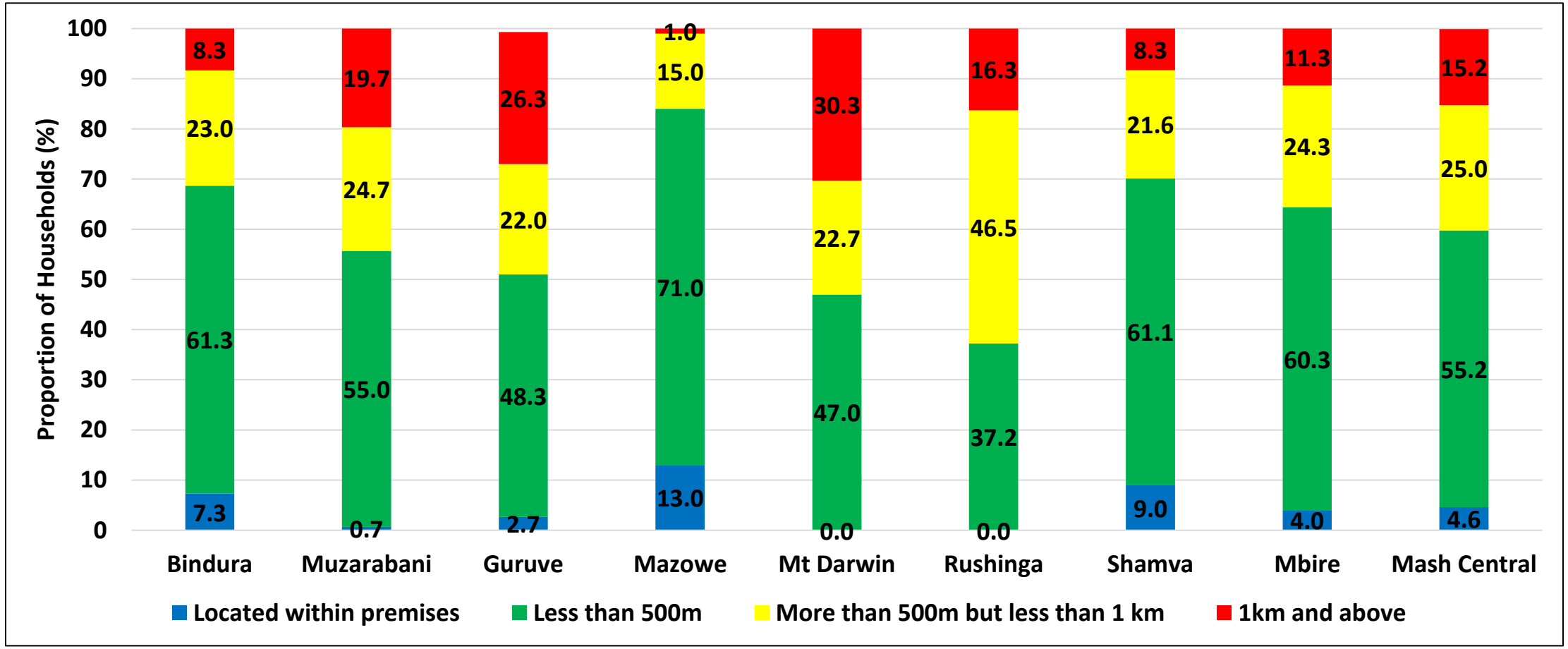
- Mazowe (25%) had the highest proportion of households which relied on drinking surface water.
- The proportion of households which reported to be using unimproved water sources was highest in Mbire (5%).

Households Treating Drinking Water



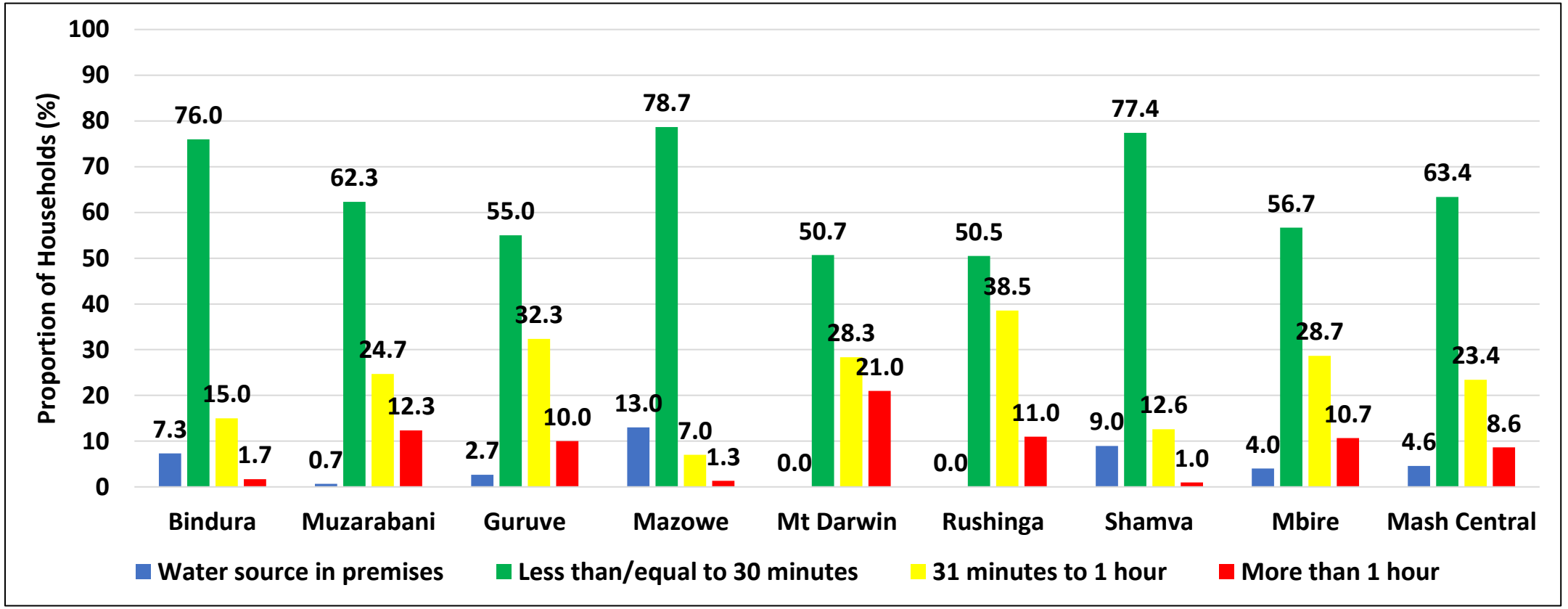
- Only 1.7% of the households reported to have been treating their drinking water.
- Treating of drinking water by communities protects against water-borne diseases such as cholera and diarrheal diseases.

Distance Travelled to and from Main Drinking Water Source



- At least 84.8% of the households were accessing water within a distance of 1km.
- However, attention needs to be given to 15.2% of households which were travelling more than 1km.

Time Taken to and from Main Drinking Water Source



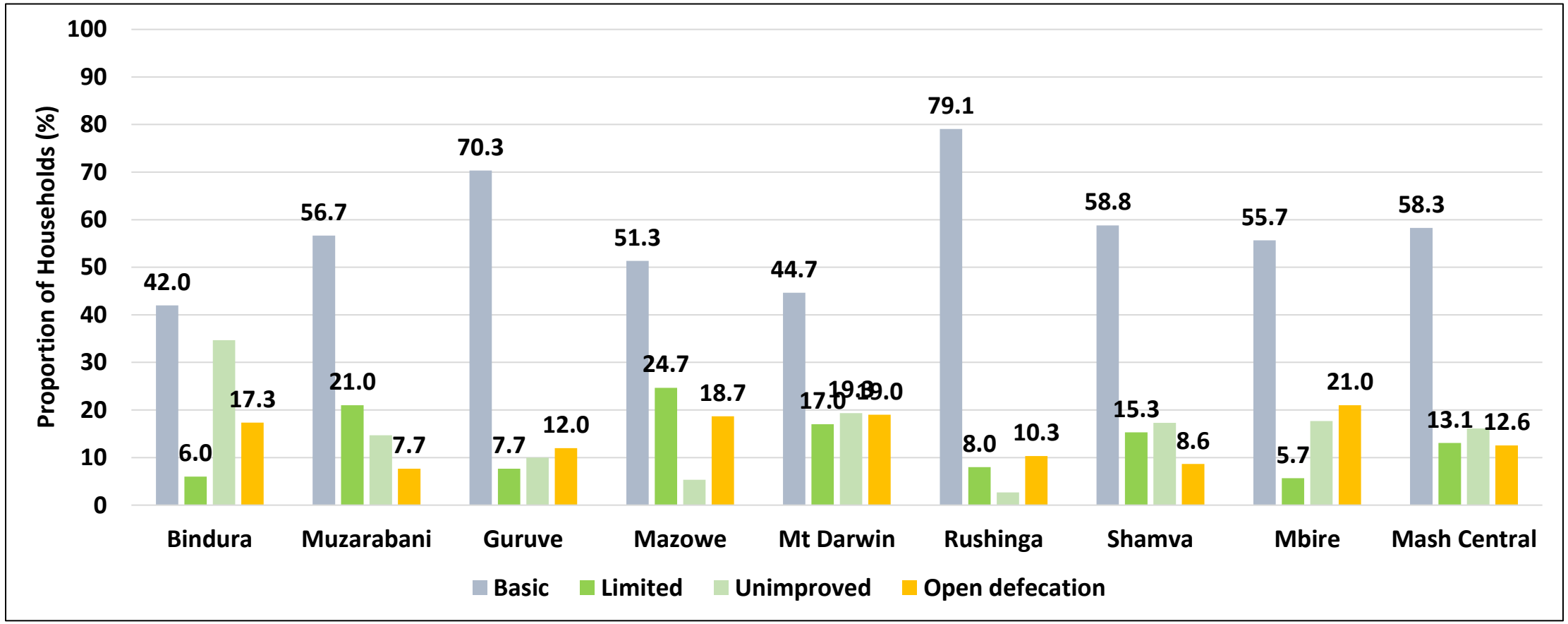
- About 4.6% of the households had their water source within their premises and 8.6% travelled more than an hour to and from the main drinking water source.
- Mt Darwin (21%) had the highest proportion of households which travelled more than one hour.

Ladder for Sanitation

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

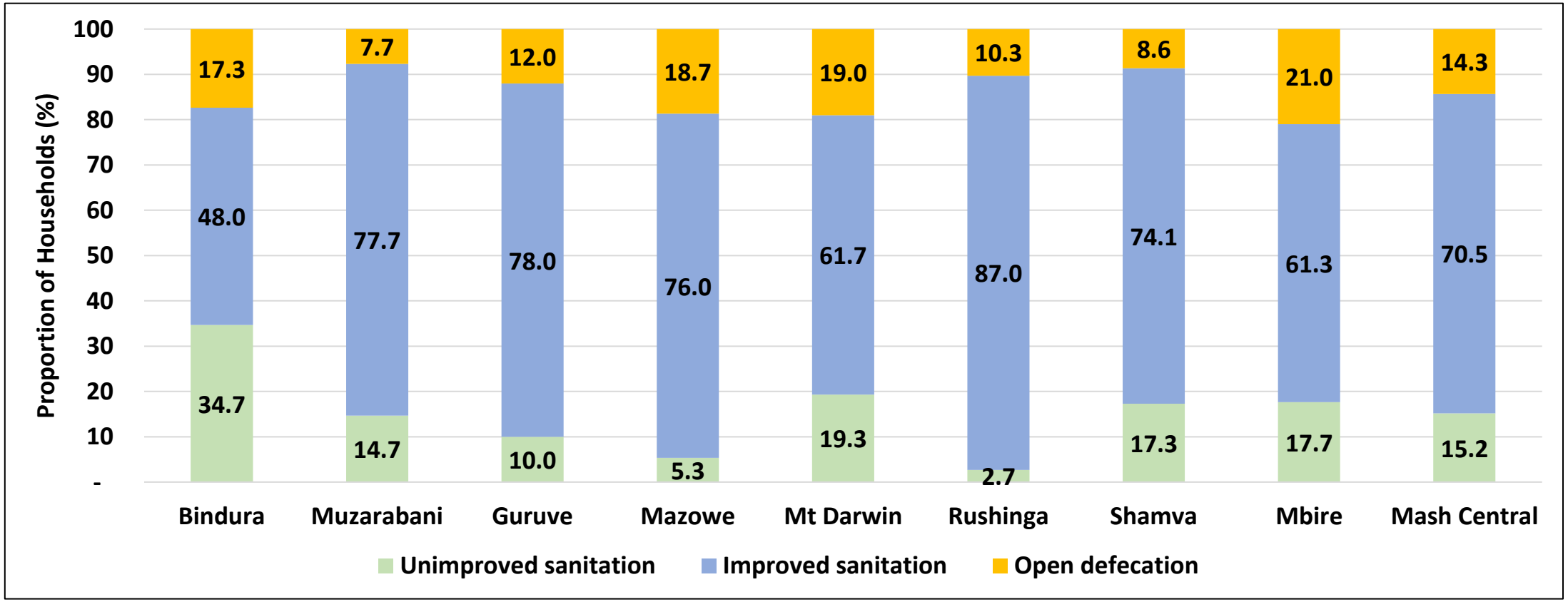
Note: Improved sanitation facilities: Facilities that ensure hygienic separation of human excreta from human contact. They include flush or pour flush toilet/latrine, Blair ventilated improved pit (BVIP), pit latrine with slab and upgradeable Blair latrine.

Household Sanitation Services



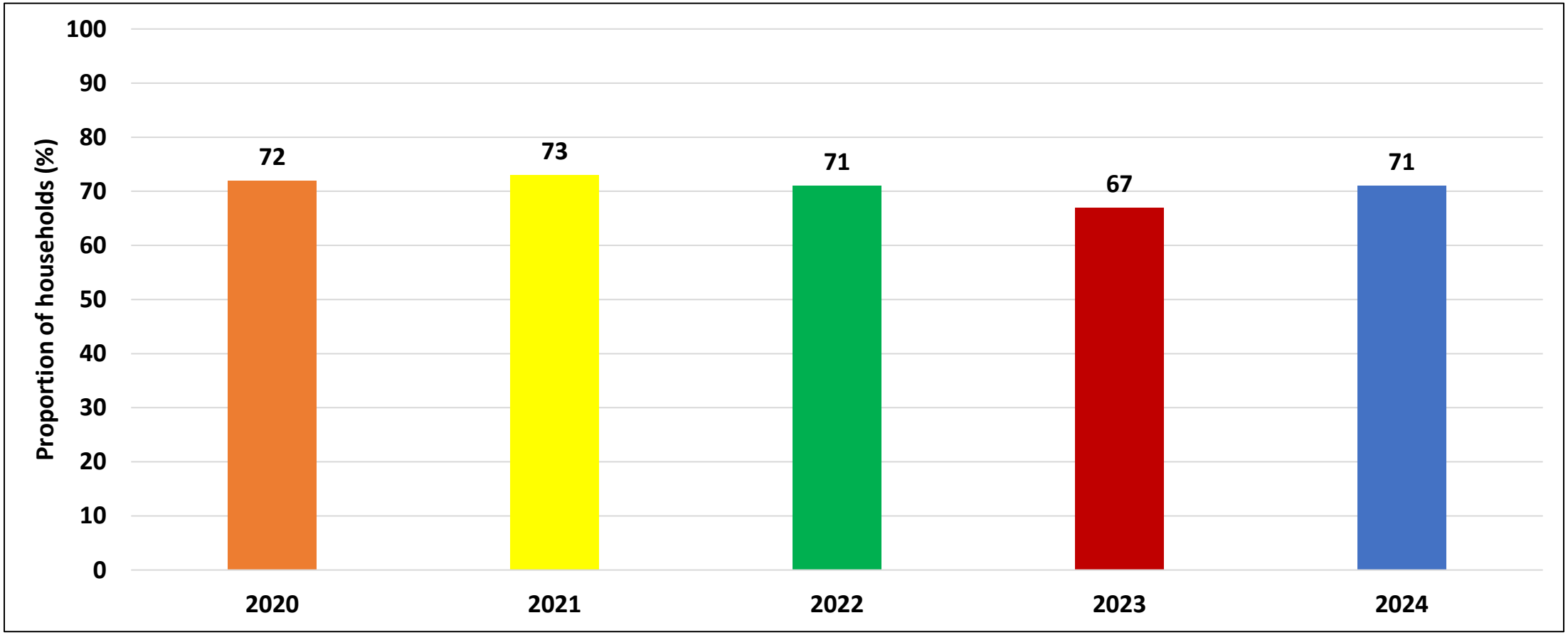
- About 58.3% of the households had access to basic sanitation services.

Access to Improved Sanitation



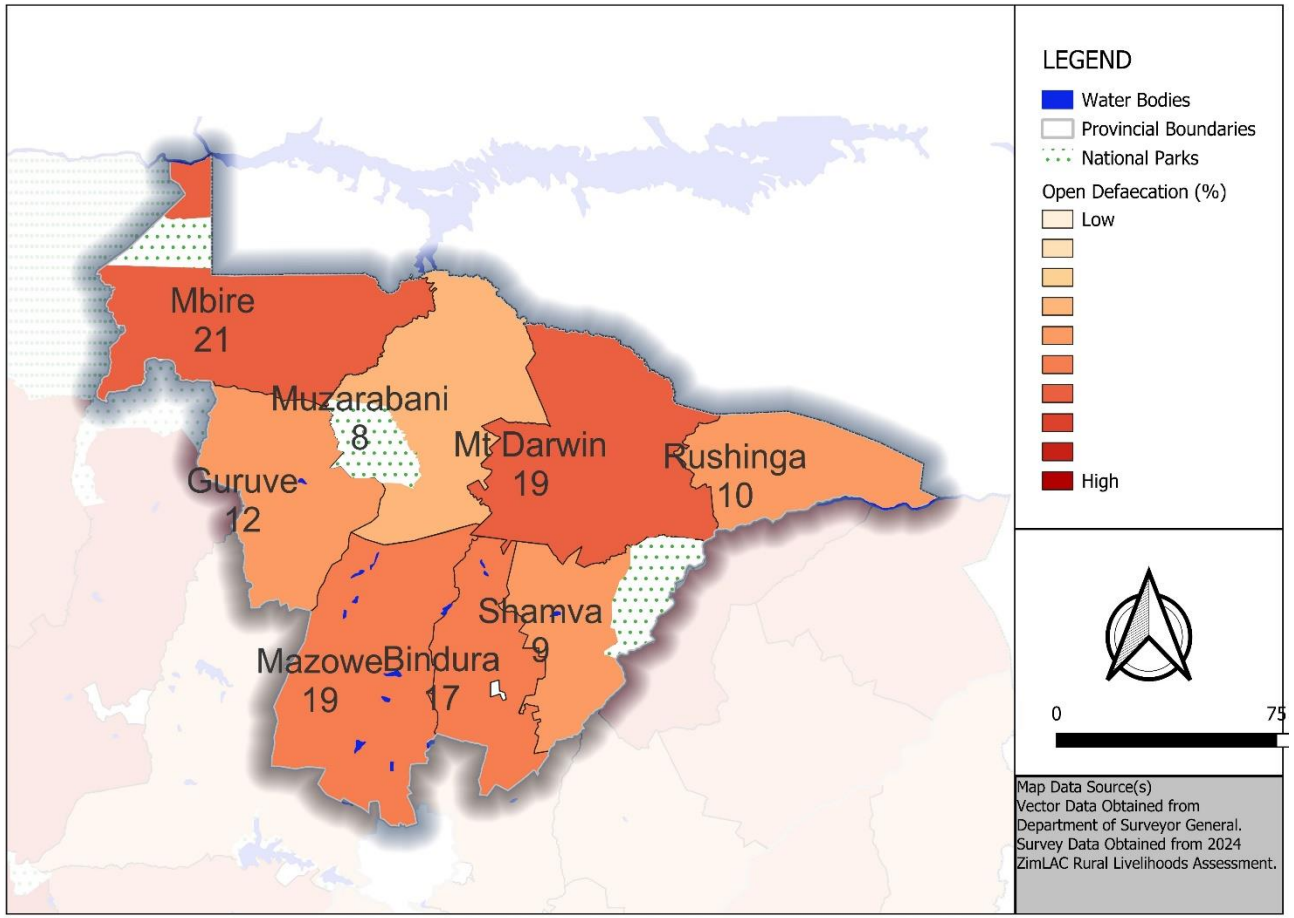
- About 71% of households had access to improved sanitation.

Access to Improved Sanitation Trends



- There was an increase in the proportion of households accessing improved sanitation from 67% in 2023 to 71% in 2024.

Open Defecation by District



- Open defecation was high in most districts across the country.
- In Mashonaland Central, Mbire (21%), had the highest proportion of households which practised open defecation.

Ladder for Hygiene

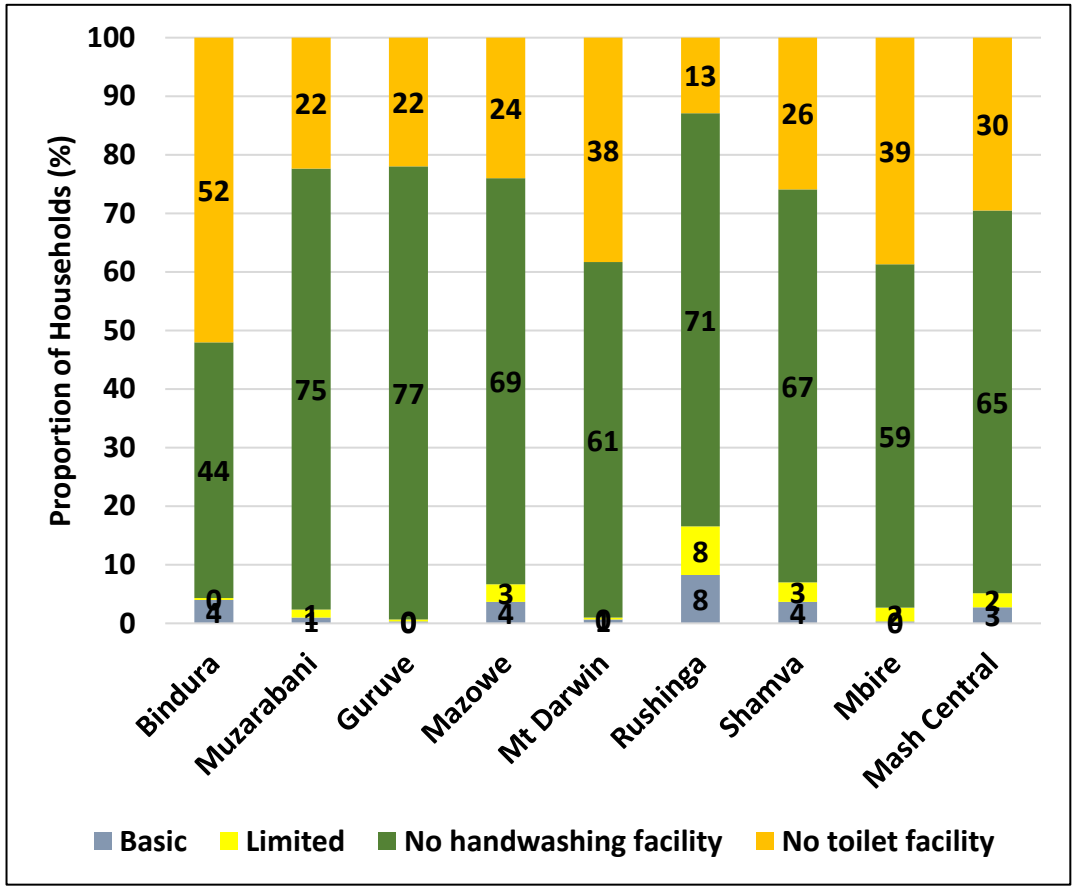
Service level	Definition
Basic	Availability of a handwashing facility on premises with soap and water.
Limited	Availability of a handwashing facility on premises without soap and water.
No Facility	No hand washing facility on premises.

Access to Handwashing Services

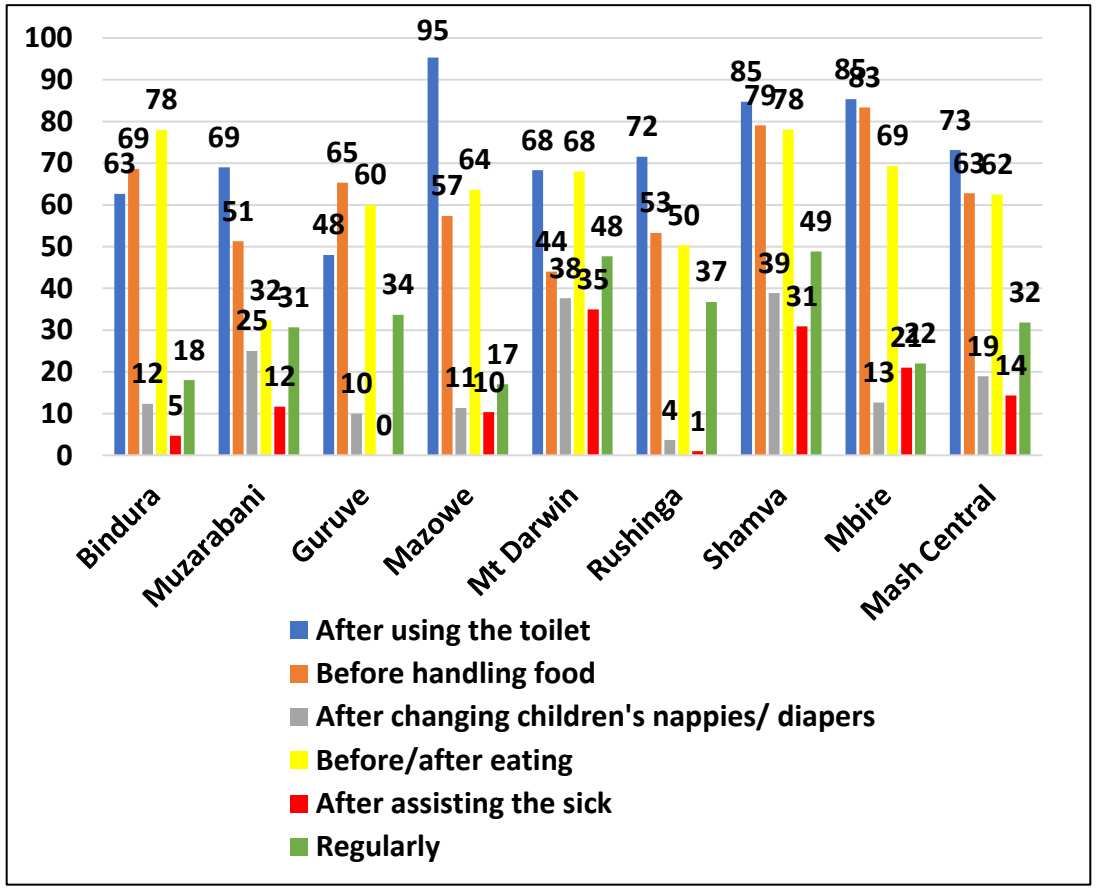
Note: handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy taps, and jugs or basins designated for hand washing. Soap includes bar soap, liquid soap, powdered detergents and soapy water but does not include sand, soil, ash and other handwashing agents.

Access to Handwashing Facility

Access to Handwashing Facility



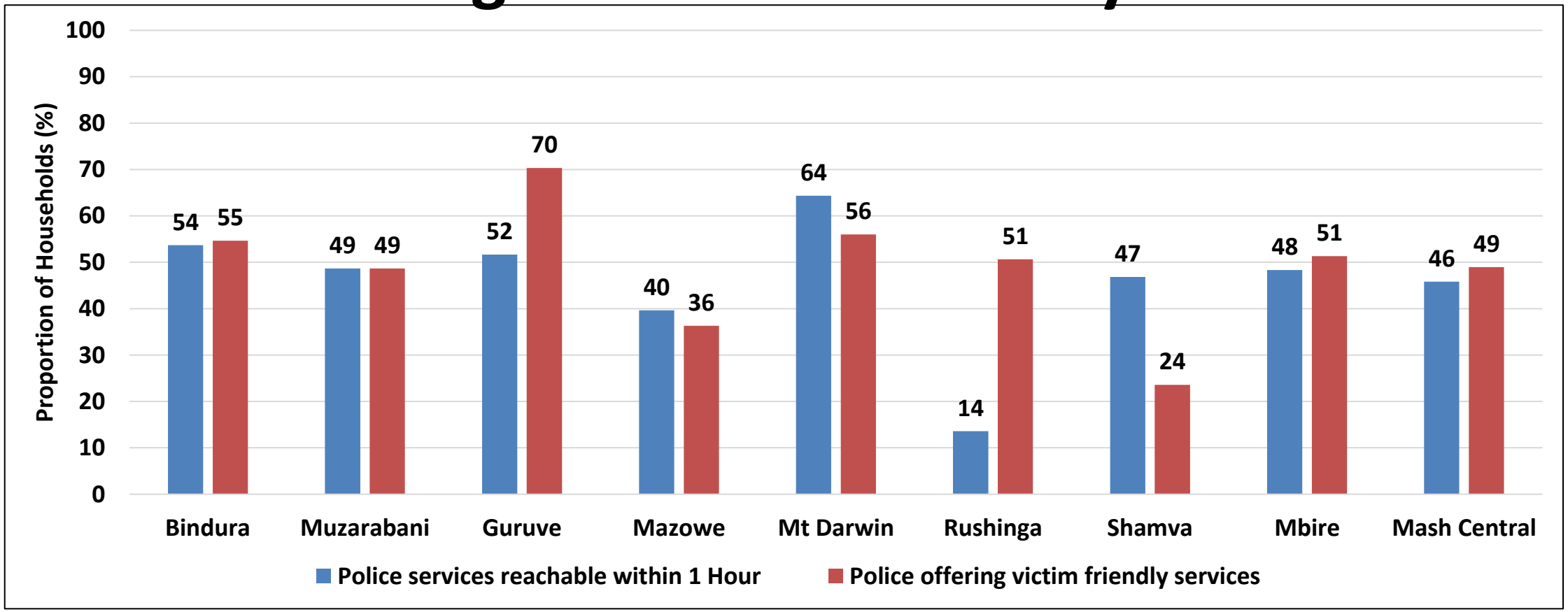
Handwashing at Critical Times



- The majority of the households (65%) had no handwashing facility.
- Most households practiced handwashing after using the toilet (73%), before handling food (63%) and before/after eating (62%).

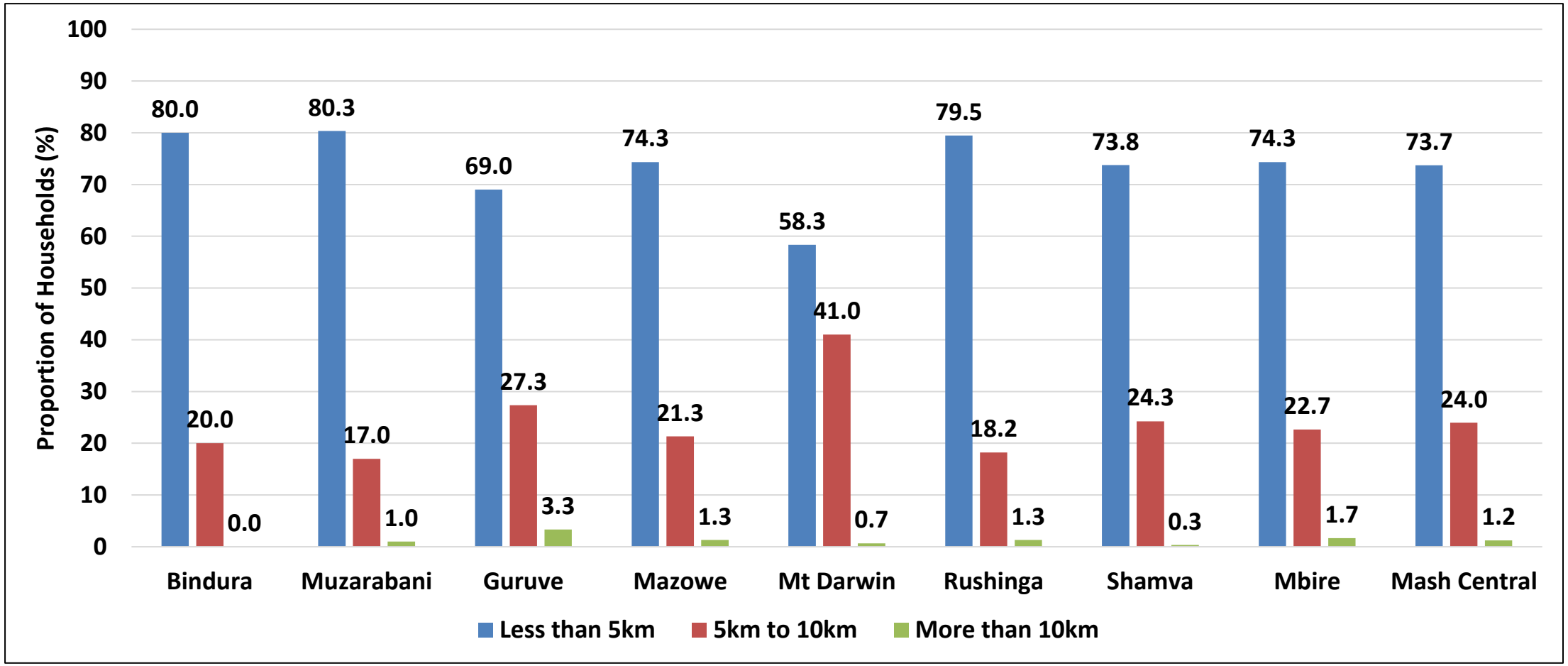
Access to Critical Infrastructure

Police Services Reachable Within One Hour and Knowledge of Victim- Friendly Services



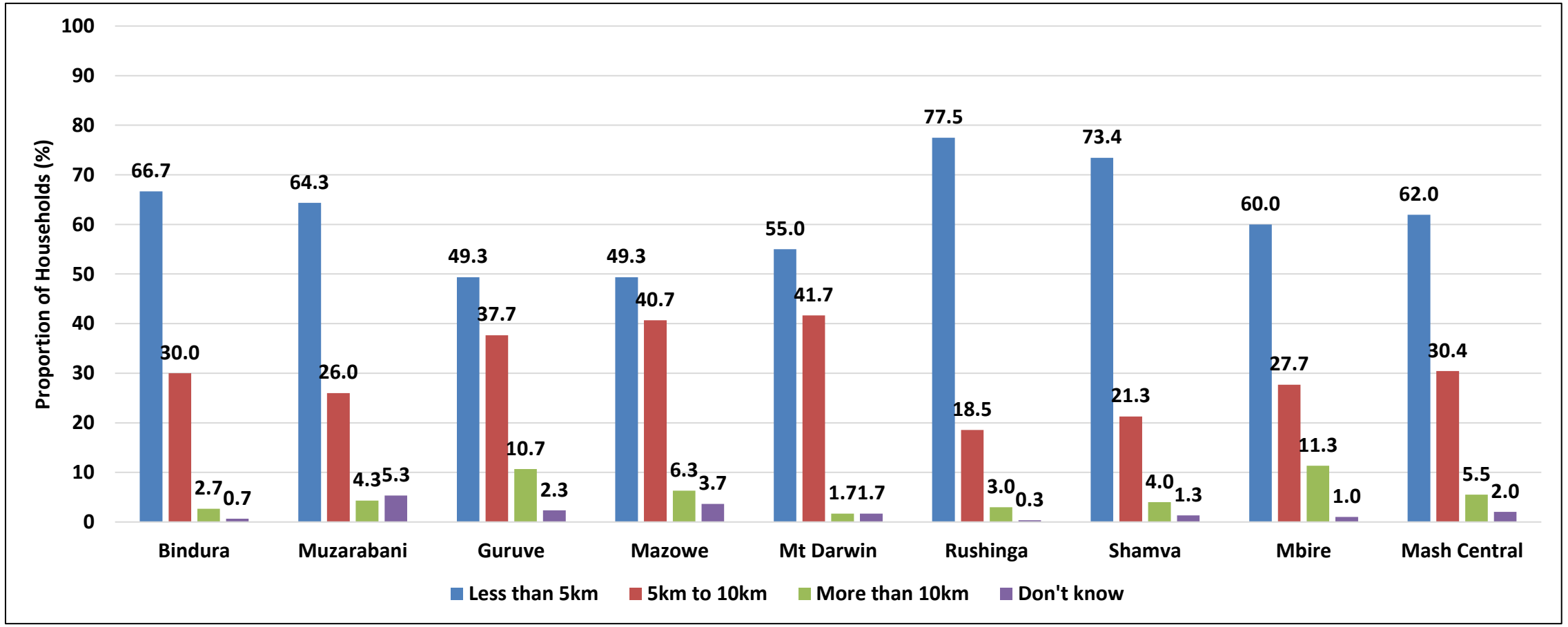
- Less than half of the households (46%) reported to have a police station reachable within one hour whilst 49% were aware of victim-friendly services.
- Rushinga (14%) had the least proportion of households which reported to access police services reachable within one hour.
- The least proportion of households which were aware of victim friendly services was in Shamva (24%).

Distance to Nearest Primary School



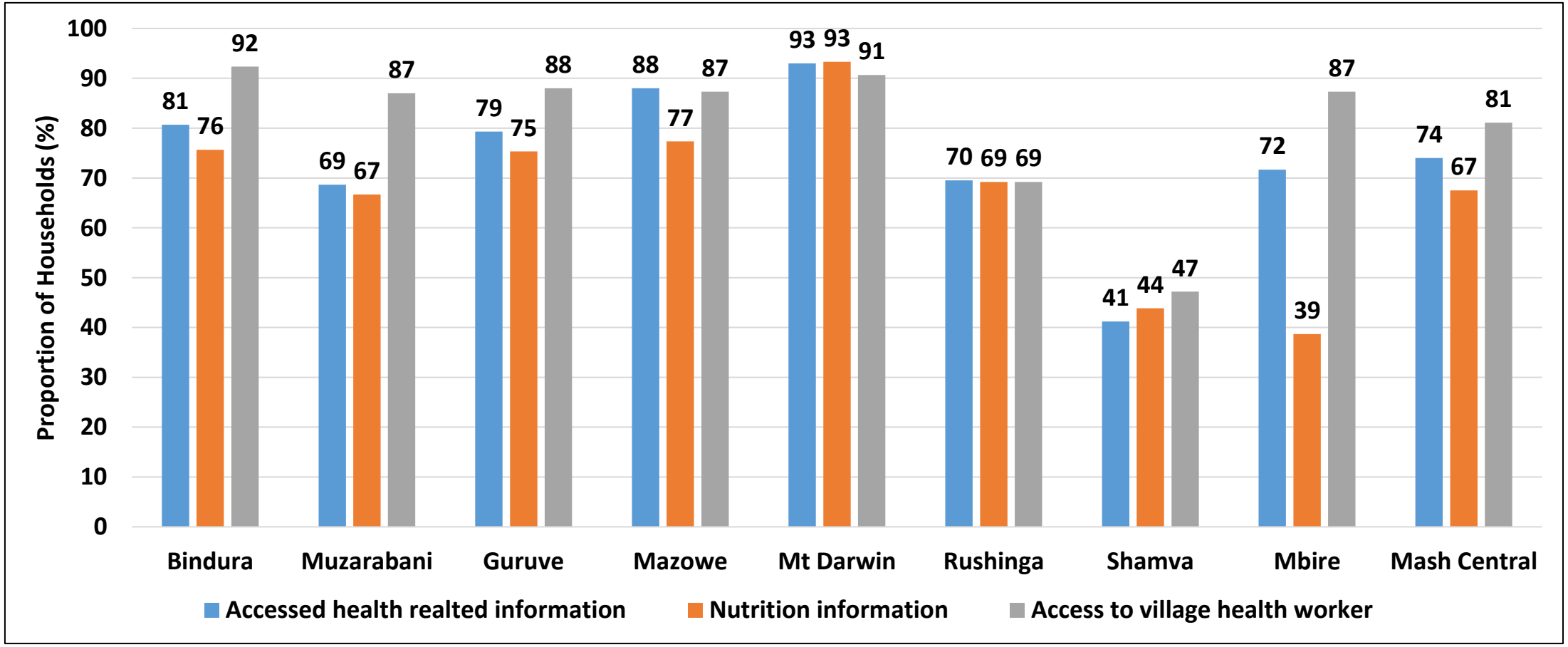
- About 73.7% of the households had a primary school within 5km whilst the rest indicated it was more than the stipulated distance of 5km radius.

Approximate Distance to Nearest Health Facility



- A high proportion of the households indicated their nearest health facility was less than 5km (62%), 5-10km (30.4%) and more than 10km (5.5%).
- Some of the community members who are affected by distances more than 5km include pregnant mothers, children, the elderly and the chronically ill.

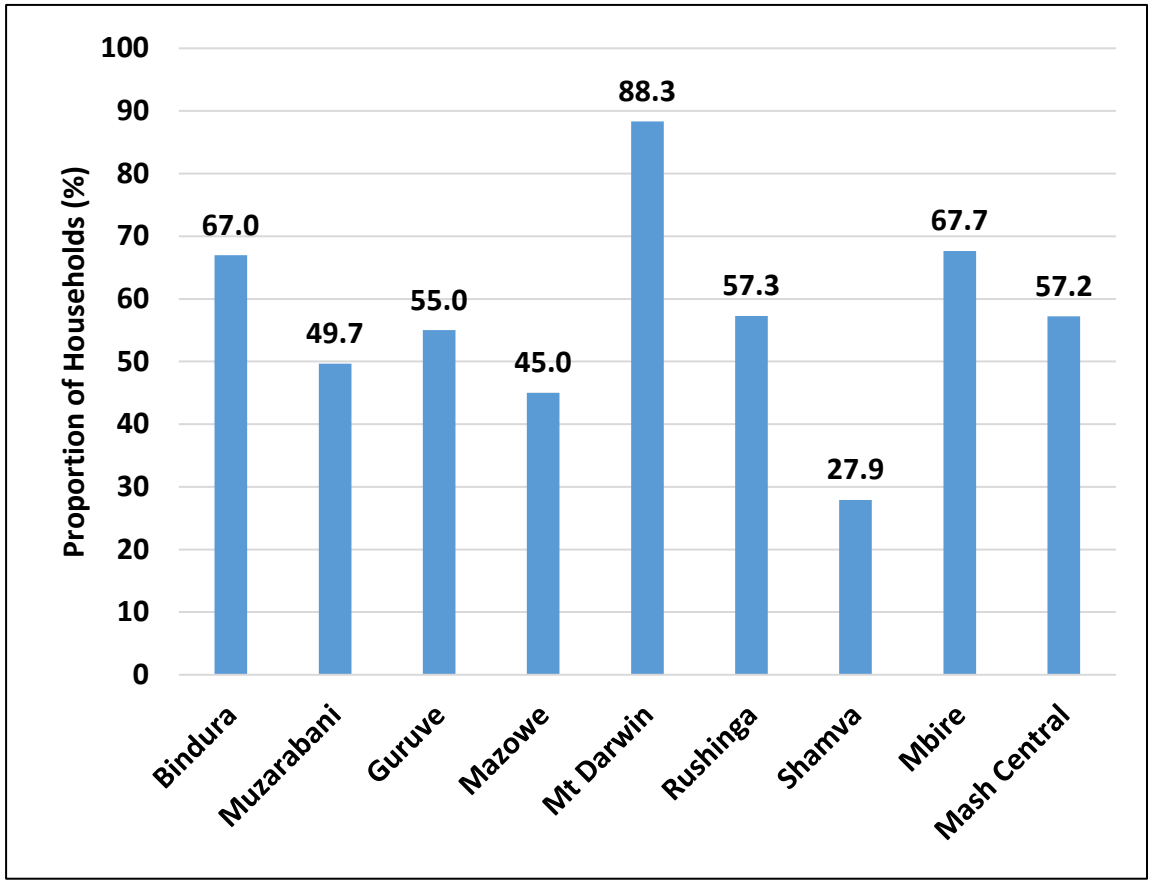
Access to Health Information and Services



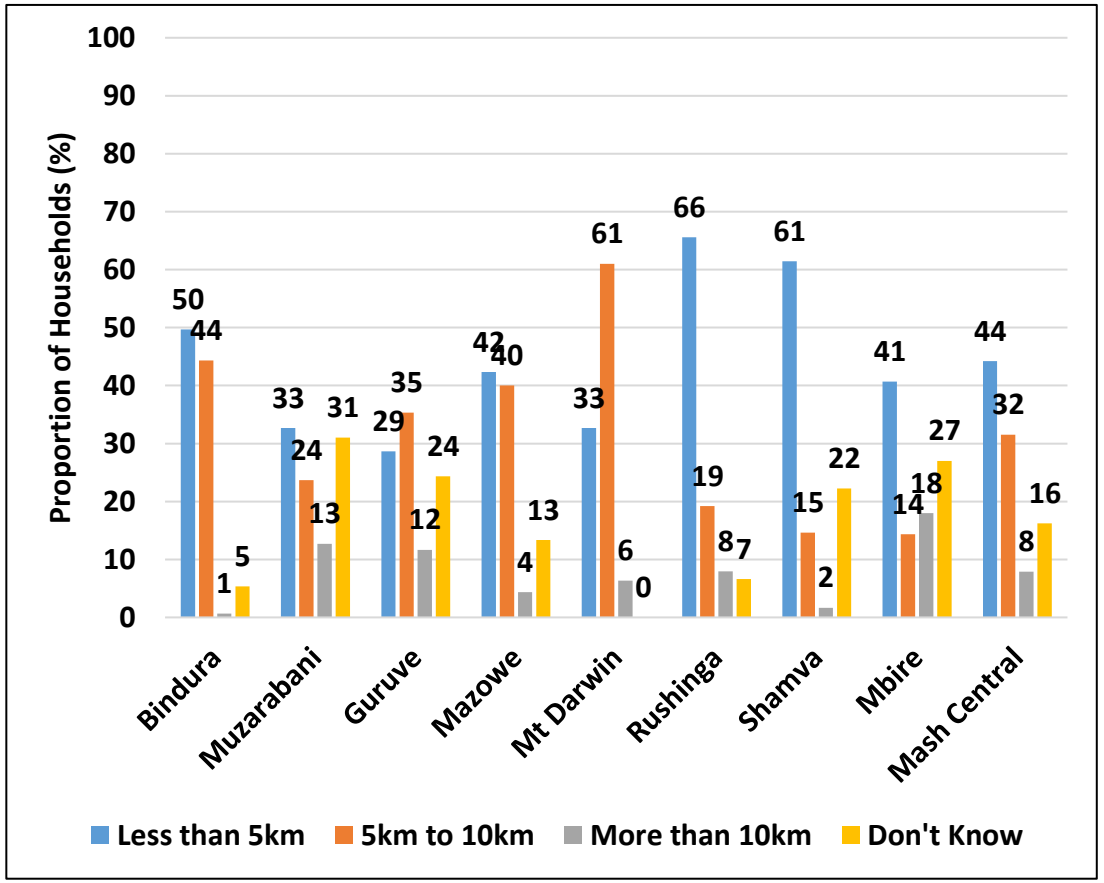
- Most households (81%) reported to have access to a village health worker, health-related information (78%) and nutrition information (67%).
- Mbire (39%) had the least proportion of households having access to nutrition information.

Access to Information on Services for Victims of Physical and Sexual Violence

Access to Information



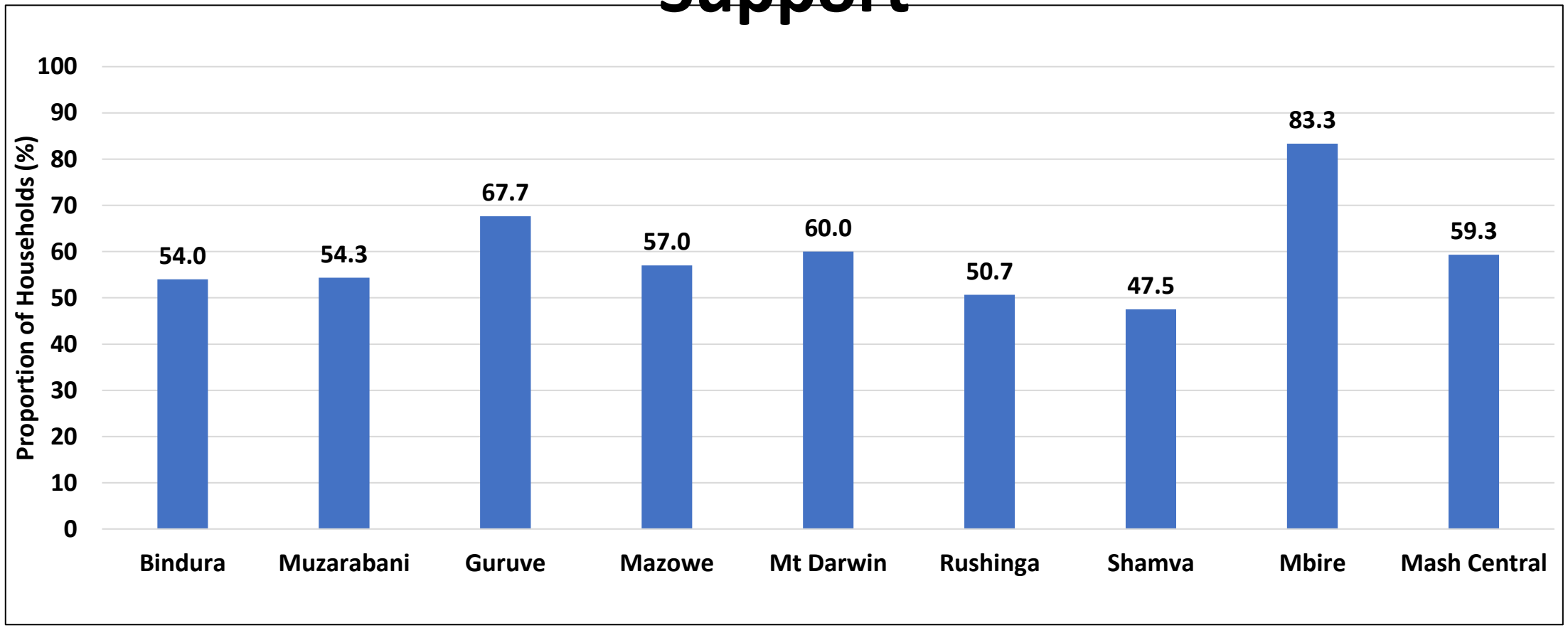
Distance Traveled to Access Services



- Approximately 57.2% of the households had access to information on services for victims of physical and sexual violence.
- Only 44% travelled a distance of less than 5km to the nearest service facility for physical and sexual violence. This has a negative impact on assistance-seeking behaviors for survivors of physical and sexual violence.

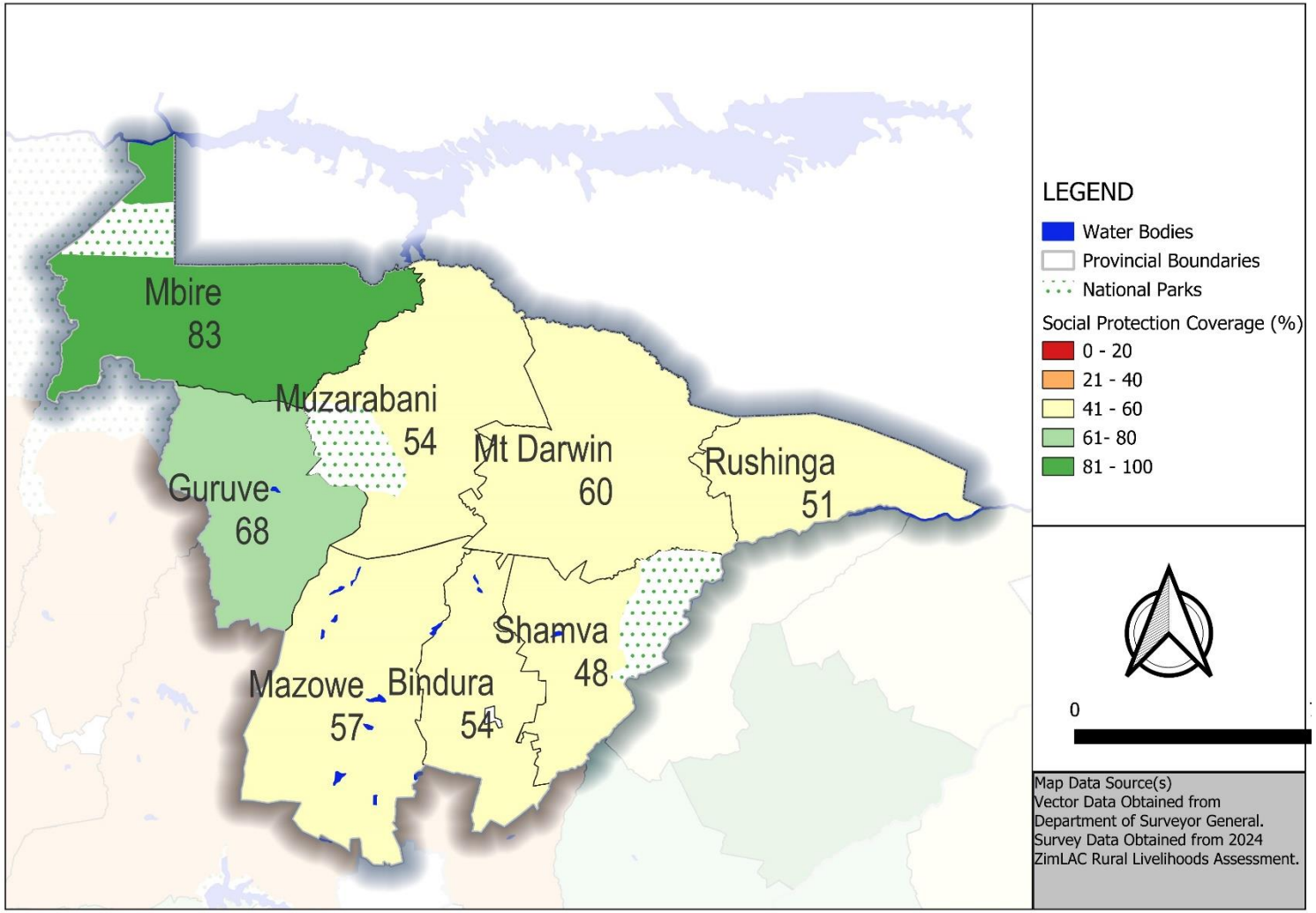
Social Protection

Households which Received Any Form of Support



- About 59.3% of the households reported to have received any form of support.

Coverage of Social Support



- Mbire (83%) had the highest proportion of households which received any form of support whilst Shamva (48%) had the least.

Sources of Support

District	Received support from Government (%)	Received support from UN/NGO (%)	Received support from Churches (%)	Received support from Urban relatives (%)	Received support from Rural relatives (%)	Received support from Diaspora relatives (%)	Received support from Mutual Groups (%)
Bindura	52.0	1.0	0.0	0.7	0.0	0.7	0.7
Muzarabani	51.3	1.3	3.3	14.7	15.7	1.0	0.0
Guruve	67.3	0.3	0.3	0.0	0.3	0.3	0.0
Mazowe	55.7	0.7	2.0	0.3	1.0	0.7	0.0
Mt Darwin	57.0	2.3	1.0	1.0	1.0	0.3	0.7
Rushinga	44.7	9.9	1.3	1.3	1.0	0.7	1.0
Shamva	45.2	4.7	1.0	1.0	1.0	0.3	2.0
Mbire	78.7	11.0	2.0	4.7	16.7	0.7	0.0
Mash Central	56.5	3.9	1.4	3.0	4.6	0.6	0.5

- Most of the households reported that they received support from Government (56.5%).
- Mbire (78.7%) had the highest proportion of households which received support from Government.

Government Forms of Support

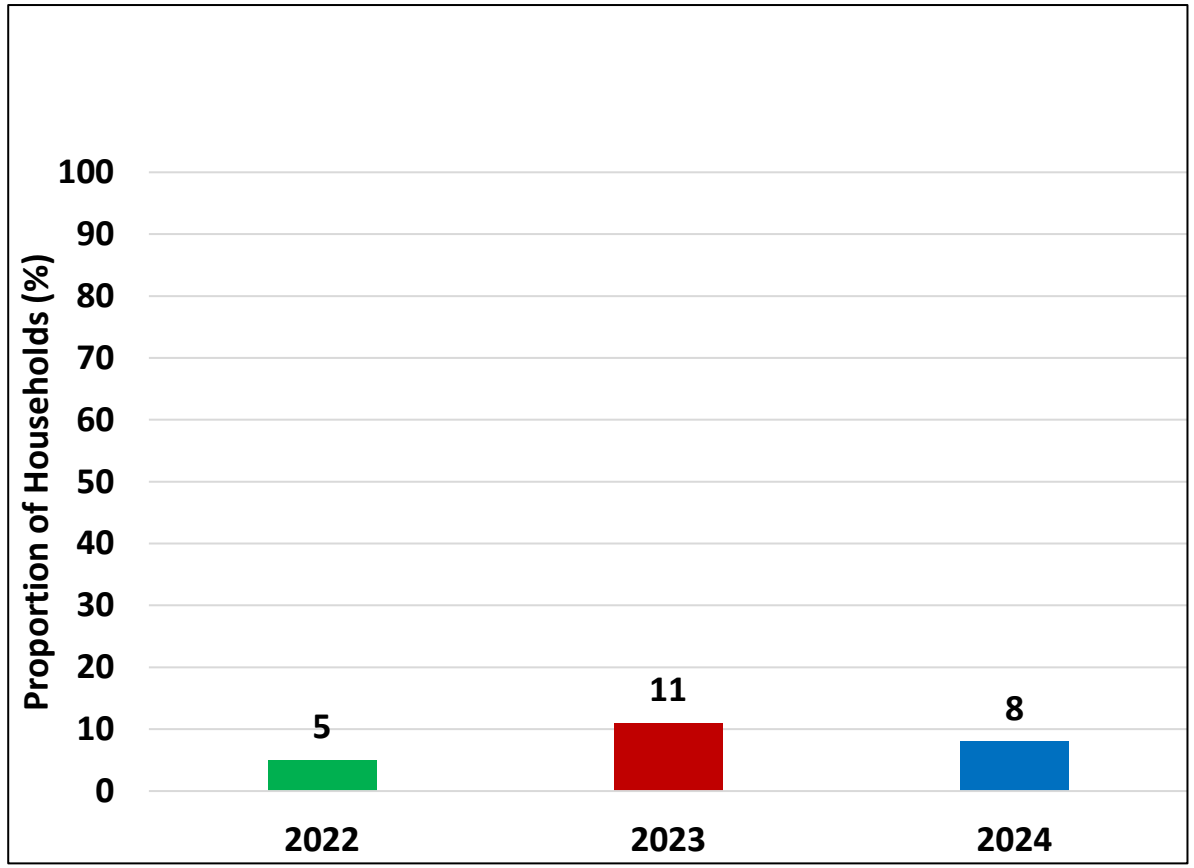
District	Food (%)	Cash transfers (%)	Vouchers (%)	Crop inputs (%)	Livestock (cattle, goats, chicken, fish, etc (%)	WASH hardware (inputs) (%)	WASH software (trainings/messaging) (%)	Education assistance (%)	Health Assistance (%)	Other (%)
Bindura	6.7	0.7	0.7	48.7	0.3	0.0	0.0	0.7	0.3	0.0
Muzarabani	35.0	1.0	0.0	35.0	0.0	0.0	0.3	0.0	0.0	0.0
Guruve	3.7	0.3	0.0	66.3	0.0	0.0	0.0	0.7	0.0	0.0
Mazowe	10.3	0.0	0.7	53.0	0.0	0.0	0.0	1.0	0.3	0.3
Mt Darwin	45.3	0.0	0.3	38.7	0.0	0.3	0.3	0.0	0.3	0.0
Rushinga	15.6	1.0	1.0	34.1	0.0	0.0	0.0	0.3	0.0	0.0
Shamva	6.6	0.0	0.3	41.9	0.0	0.7	1.7	5.3	1.0	0.3
Mbire	**64.7**	0.3	0.0	**70.3**	0.0	0.0	0.0	2.7	0.0	0.0
Mash Central	**23.5**	0.4	0.4	**48.5**	0.0	0.1	0.3	1.3	0.2	0.1

- The major forms of support that households received from Government were crop inputs (48.5%) and food (23.5%).
- Mbire had the highest proportion of households which received crop input (70.3%) and food (64.7%) support from Government respectively.

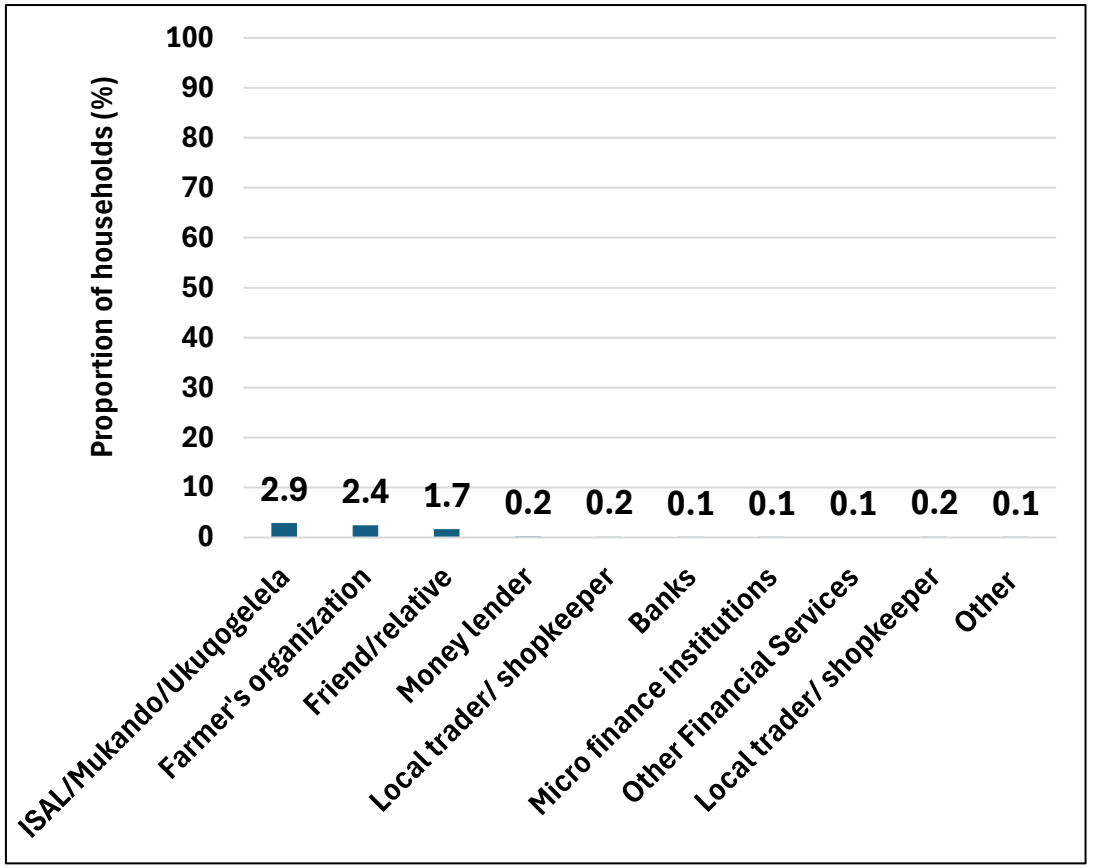
Loans

Loans

Trends of Households which Accessed Loans

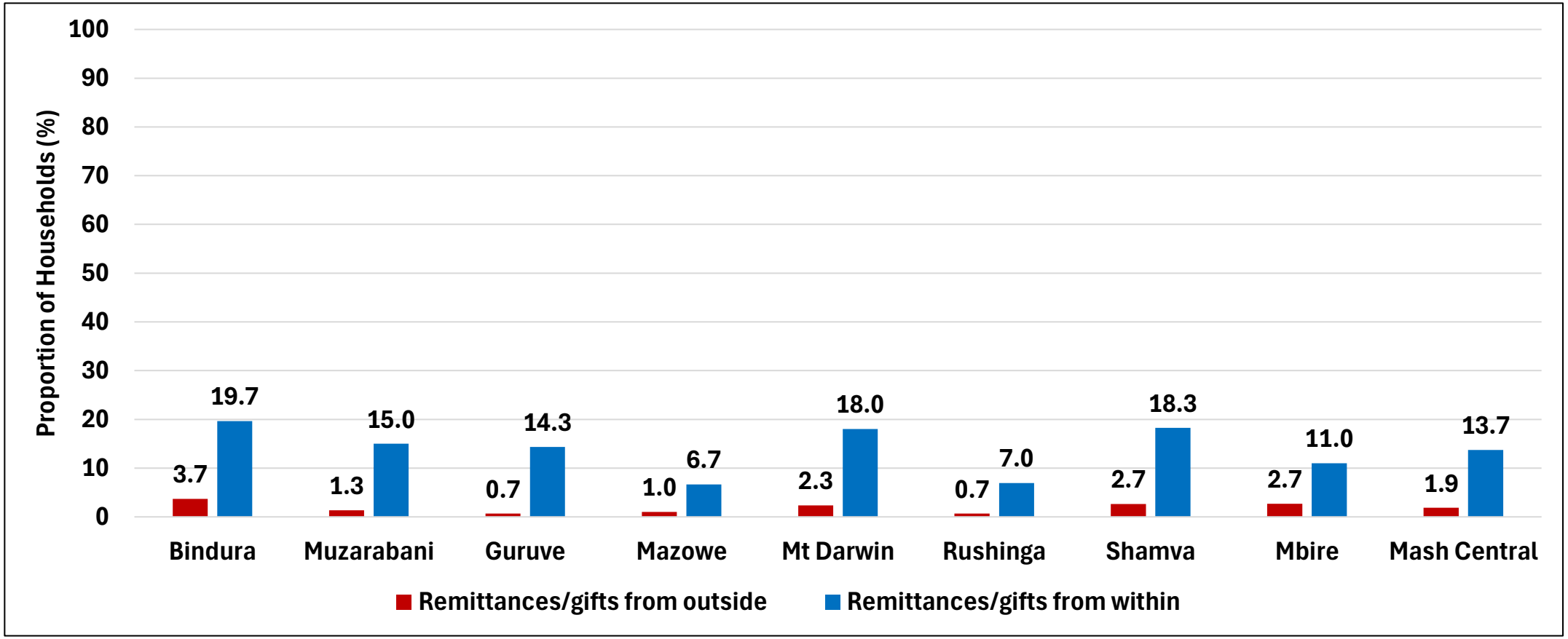


Sources of Loans



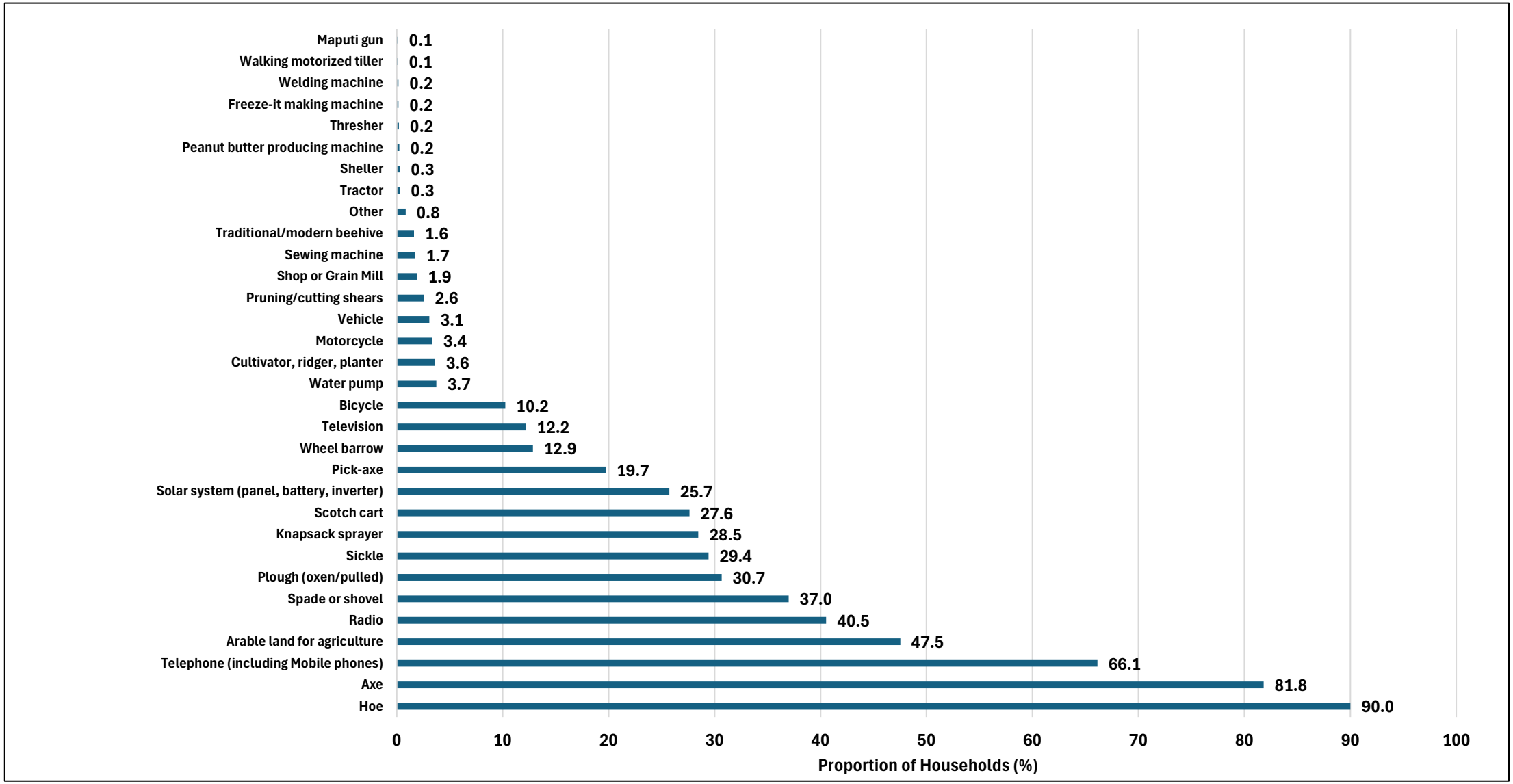
- About 8% of the households reported to have accessed loans, which was a decrease from the proportion reported in 2023 (11%).
- The main source of loans for households was ISALs/ Mukando/ Ukuqogelela (2.9%)

Remittances



- Remittances to households were mainly from within the country (13.7%).
- Bindura (19.7%) had the highest proportion of households that had received remittances from within the country as well as from outside the country (3.7%).

Assets



- The most common owned assets by households were hoes (90%), axes (80.5%) and telephones (73.6%).
- In the essence of mechanising rural development, less households owned the requisite mechanised assets.

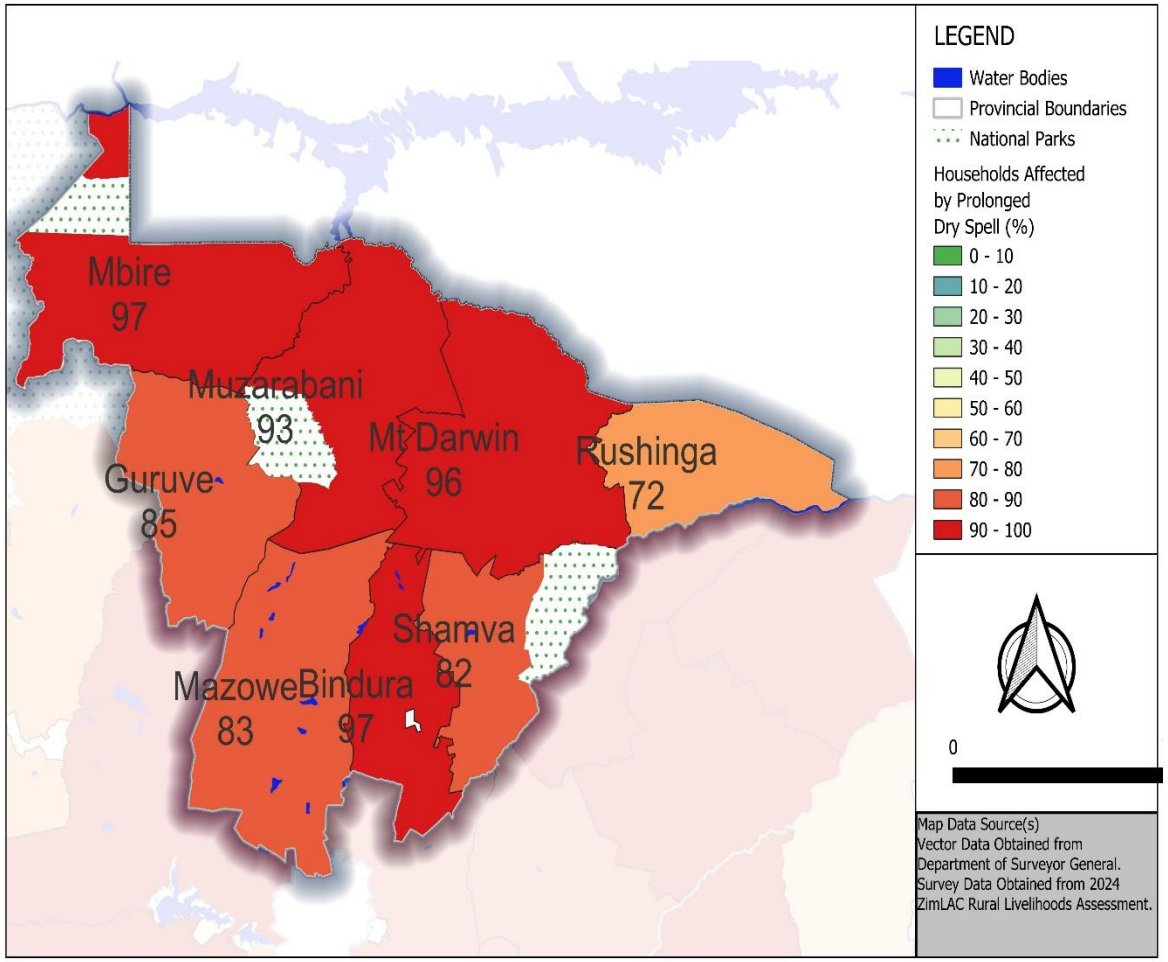
Shocks and Hazards

Proportion of Households Experiencing Shocks

District	Prolonged mid-season dry spell (%)	Cash shortage (%)	Cereal price changes-sharp increase (%)	Livestock deaths (%)	Livestock diseases (%)	Crop pests (%)	Being charged more for using mobile money or swipe (%)	Livestock price changes-sharp drop (%)	Diarrheal related (diarrheal, cholera, typhoid, etc.) (%)	Other Health related (malaria, measles, etc.) (%)
Bindura	96.7	86.7	53.0	15.0	9.7	0.0	4.3	1.0	2.7	3.3
Muzarabani	93.0	75.7	27.7	4.3	5.3	1.3	3.0	5.0	0.3	10.0
Guruve	85.3	50.0	64.7	17.7	17.0	2.0	13.7	12.0	0.7	0.0
Mazowe	83.3	82.7	71.7	4.0	3.7	9.0	14.7	1.7	4.7	0.0
Mt Darwin	96.0	74.3	74.7	31.7	31.7	48.3	15.7	35.7	4.7	11.0
Rushinga	71.5	62.9	6.6	20.2	20.5	14.6	1.3	2.3	3.3	17.2
Shamva	82.1	48.5	46.8	8.0	8.0	11.3	21.3	10.0	12.0	1.3
Mbire	97.3	94.3	68.0	16.0	10.7	14.0	21.0	27.0	15.0	10.7
Mash Central	88.1	71.9	51.6	14.6	13.3	12.6	11.9	11.8	5.4	6.7

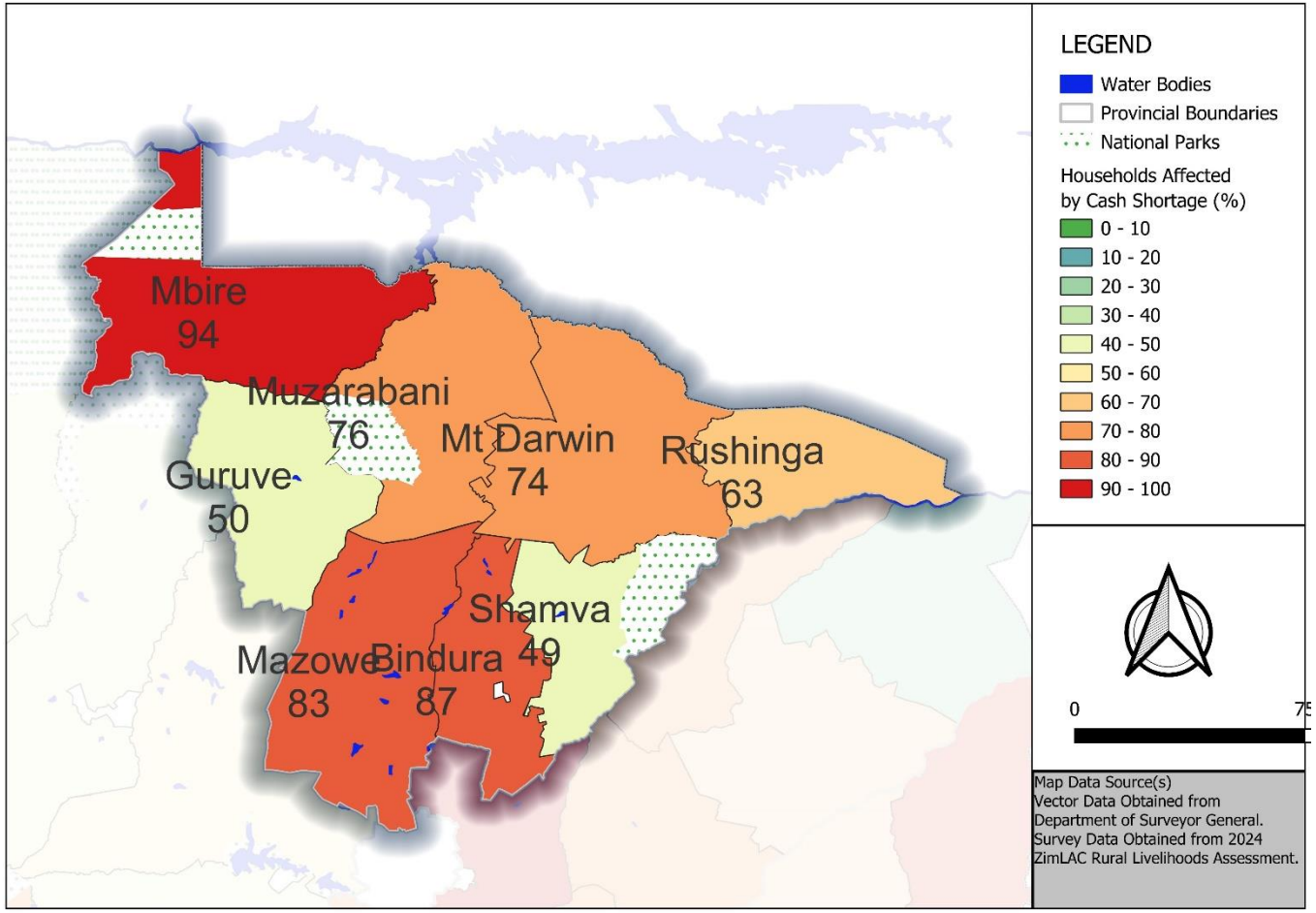
- Prolonged mid-season dry spell (88.1%), cash shortage (71.9%) and sharp increase in cereal prices (51.6%) were the most prevalent shocks experienced by households.

Households which Reported Prolonged Mid-Season Dry Spell as a Shock



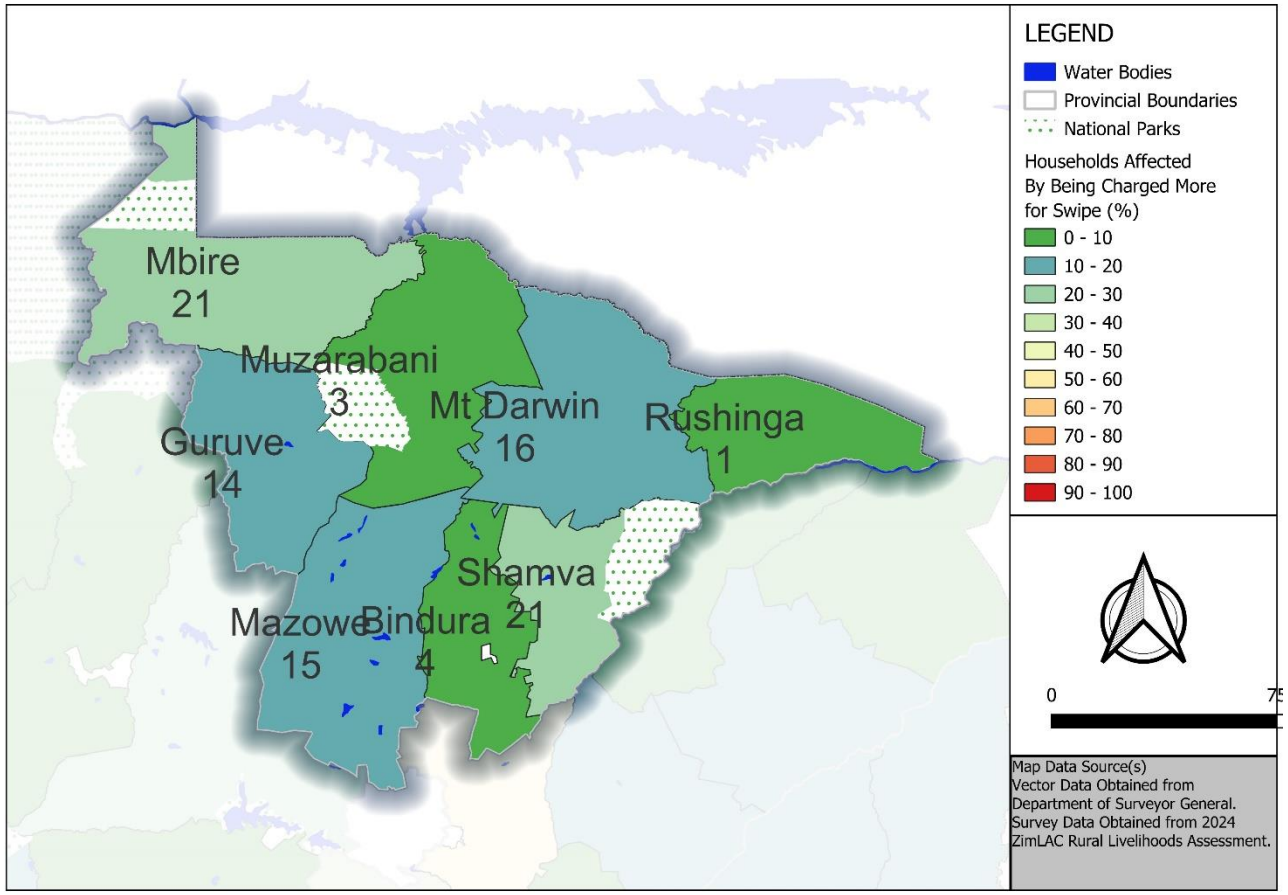
- Most districts reported prolonged dry spell as a shock.
- Mbire and Bindura (97%), Mount Darwin (96%) and Muzarabani (93%) had the greatest proportion of households that experienced prolonged dry spell as a shock.

Households which Reported Cash Shortage as a Shock



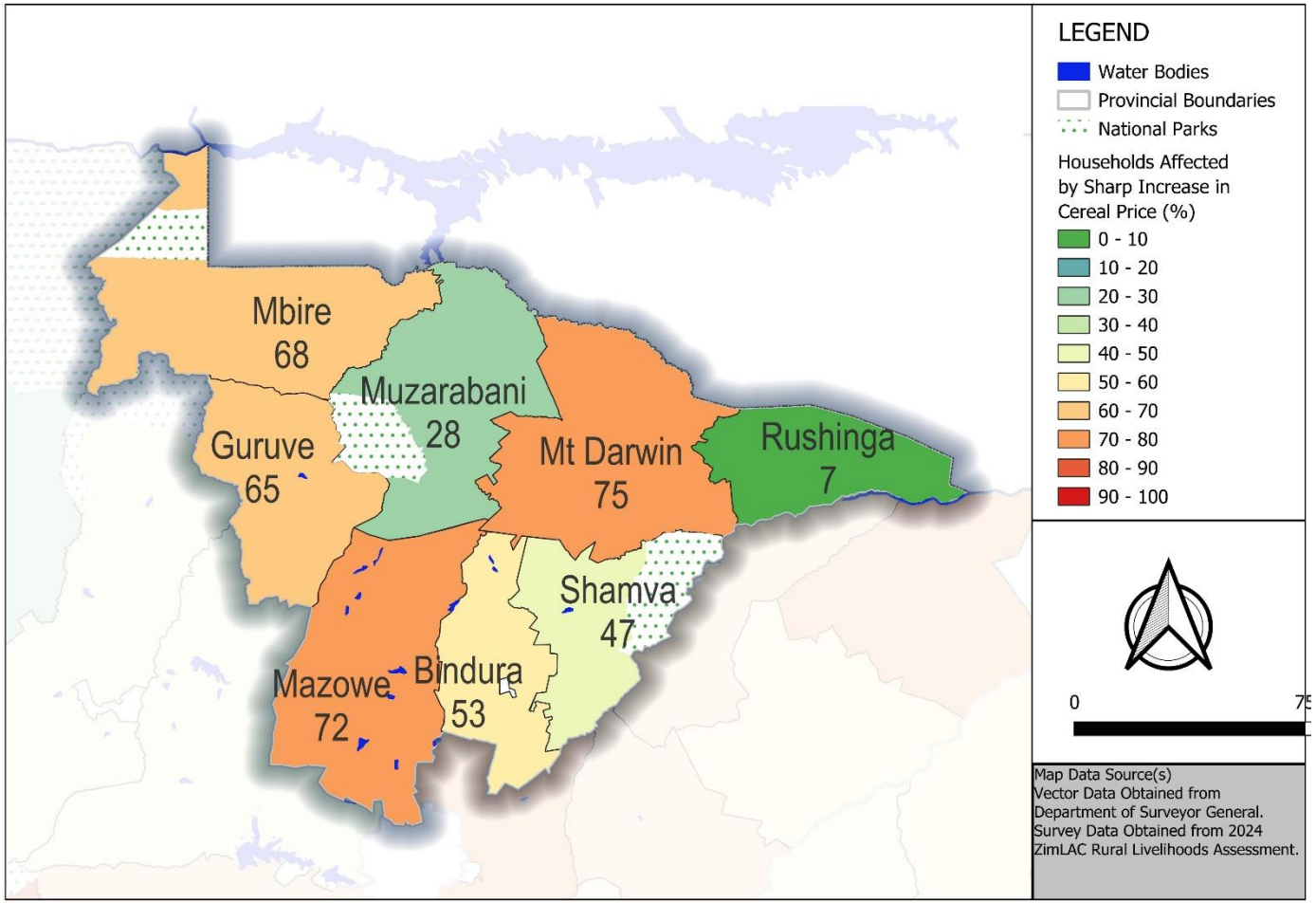
- In Mashonaland Central, Mbire (94%), Bindura (89%) and Mazowe (83%) had the highest proportion of households which reported cash shortage as a shock.

Households which Reported being Charged More for Mobile Transfers or Swipe as a Shock



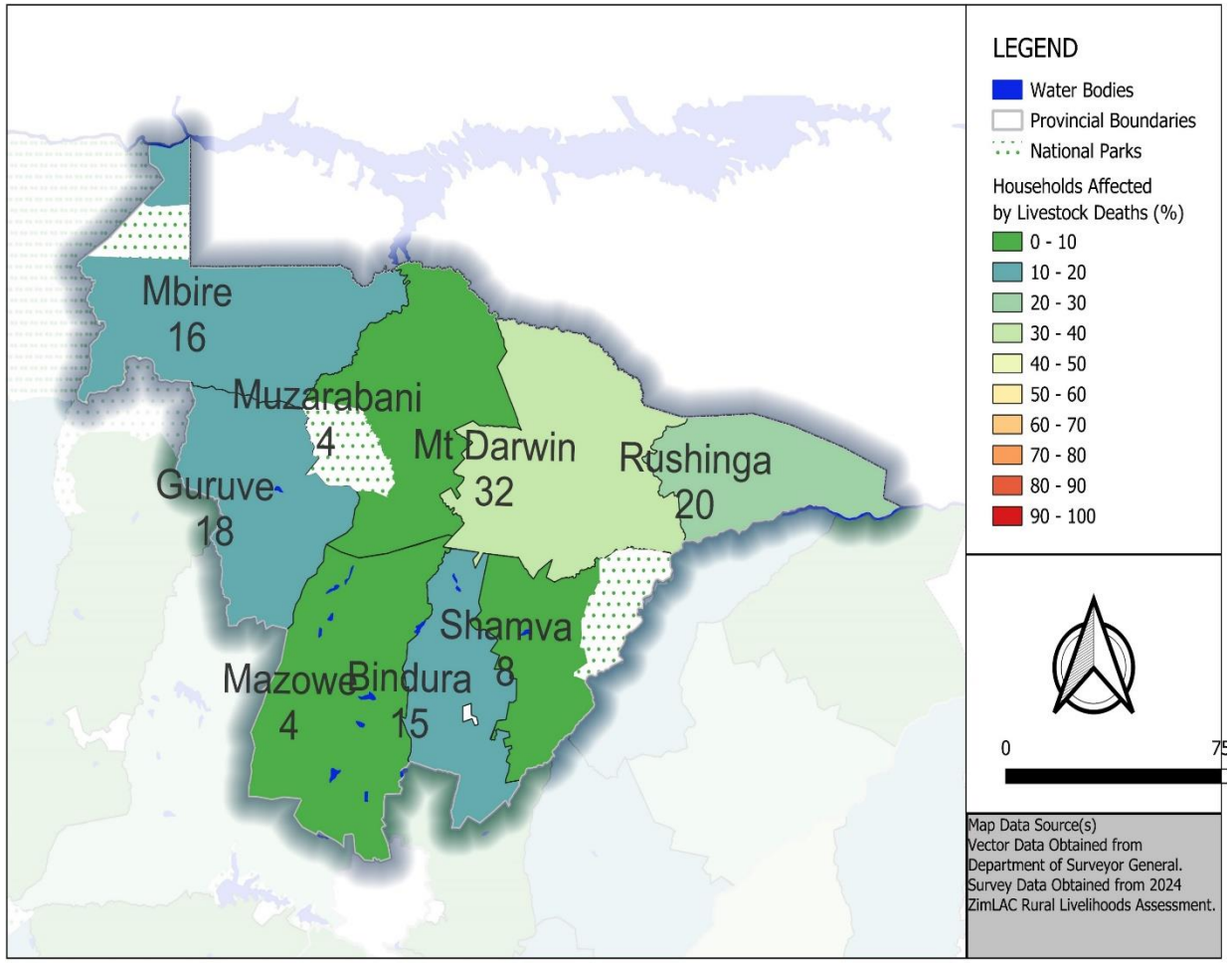
- Mbire (21%) had most households which reported being charged more for mobile transfers for Swipe as a shock.

Households which Reported Sharp Increase in Cereal Prices as a Shock



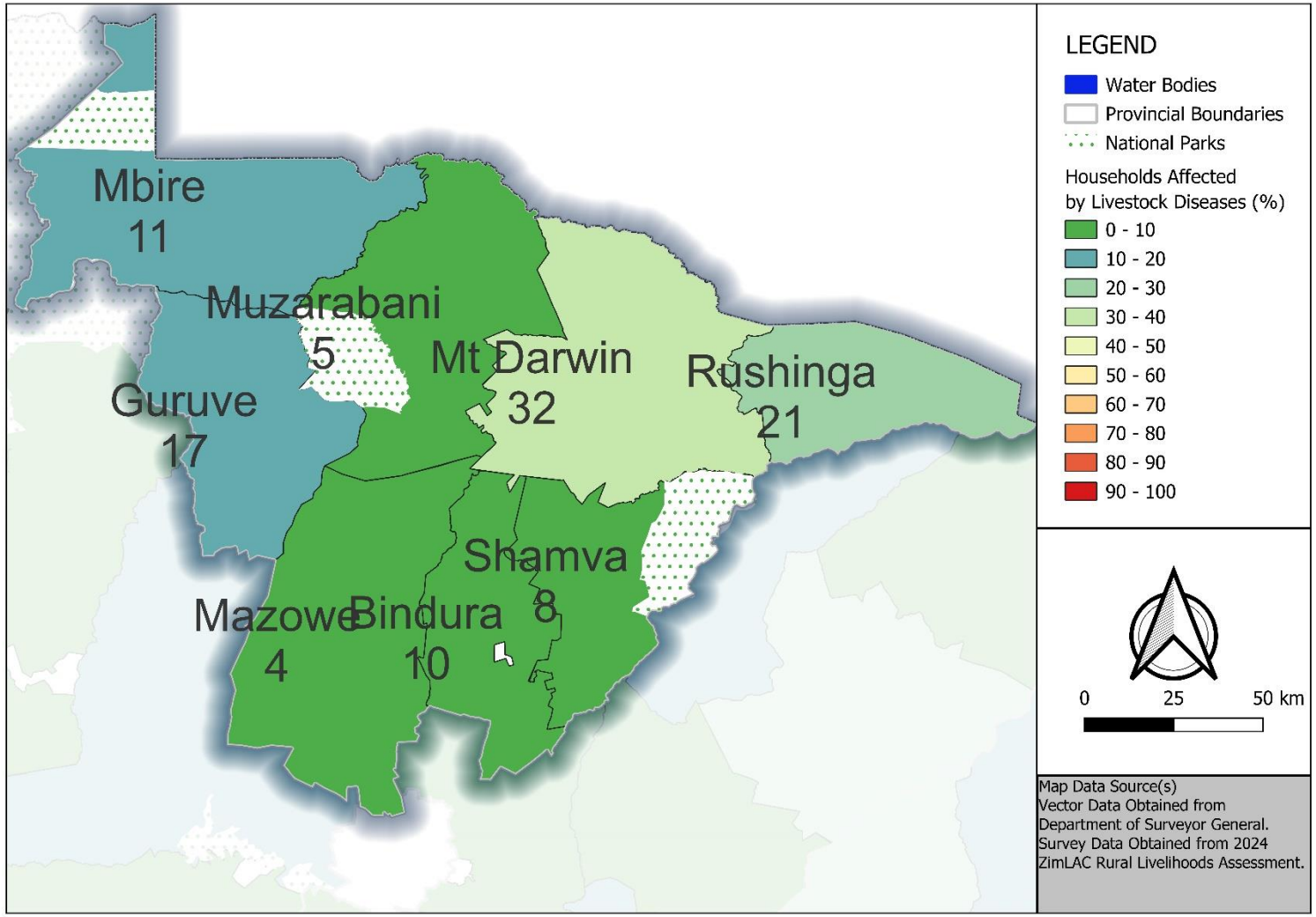
- Mount Darwin (75%) and Mazowe (72%) had the highest proportion of households which reported sharp increase in cereal prices as a shock.

Households Which Reported Livestock deaths as a Shock



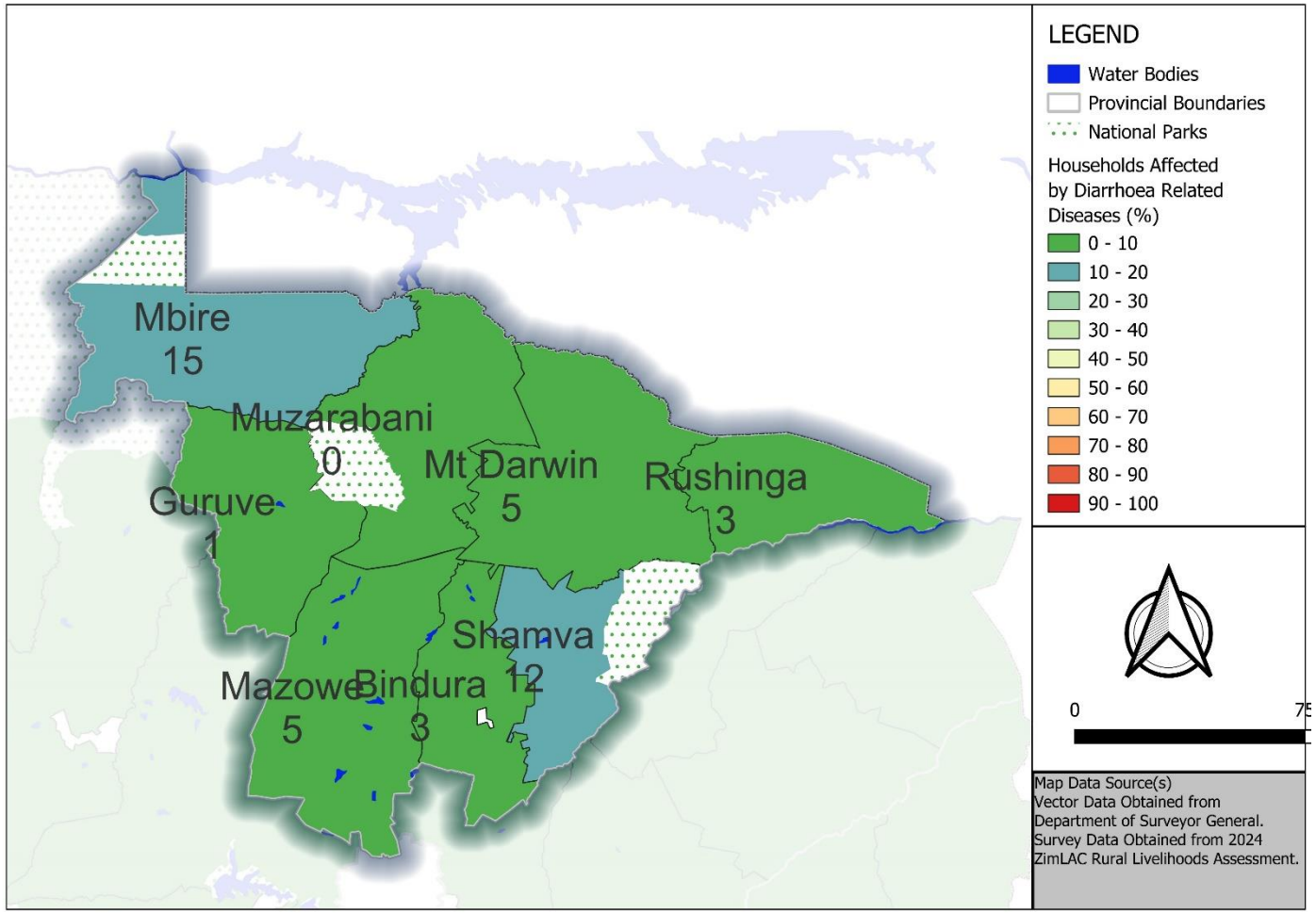
- The highest proportion of households which reported livestock deaths as a shock were in Mount Darwin (32%) and Rushinga (20%).

Households Which Reported Livestock Diseases as a Shock



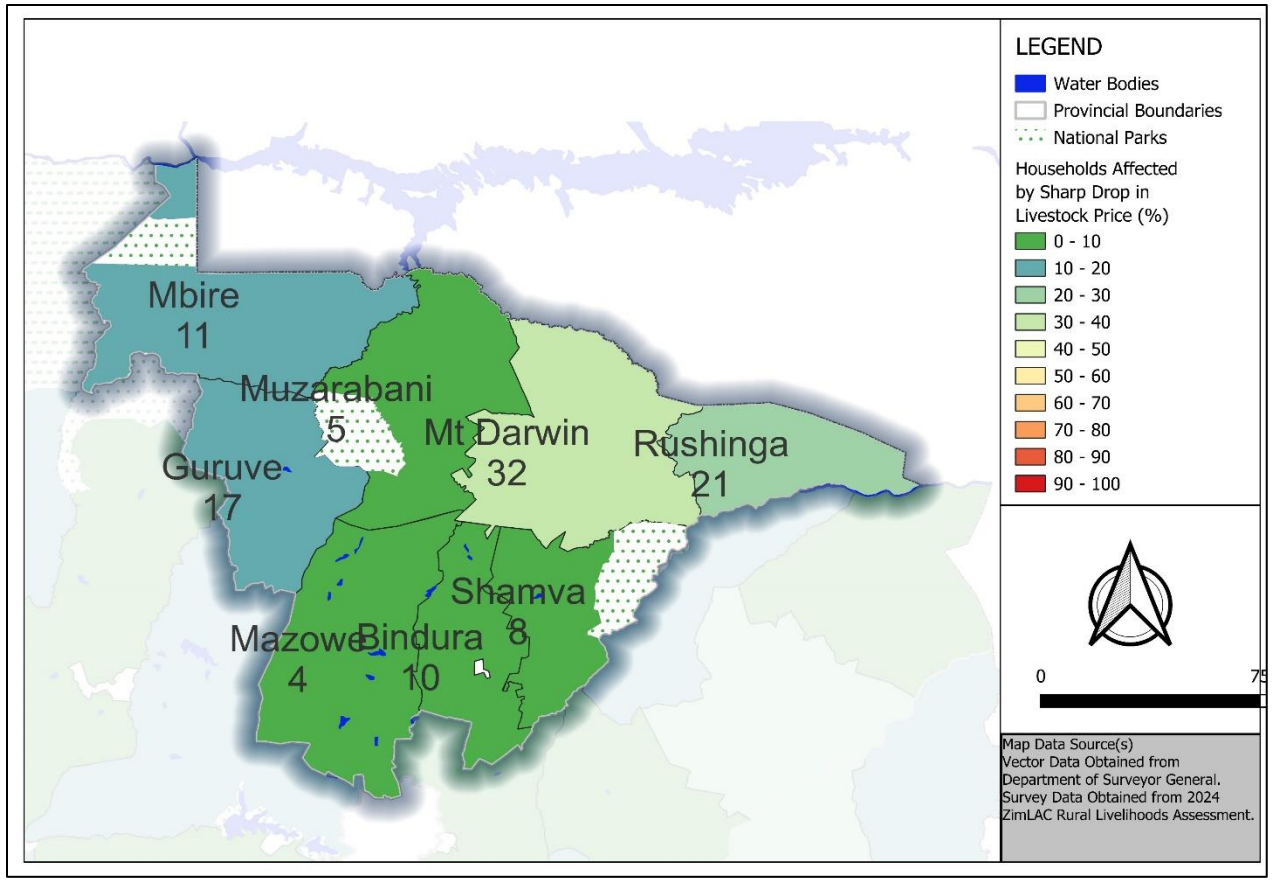
- Mt Darwin (32%) and Rushinga (21%) had most of the households which reported livestock diseases as a shock.

Households which Reported Diarrhea Related Illnesses as a Shock



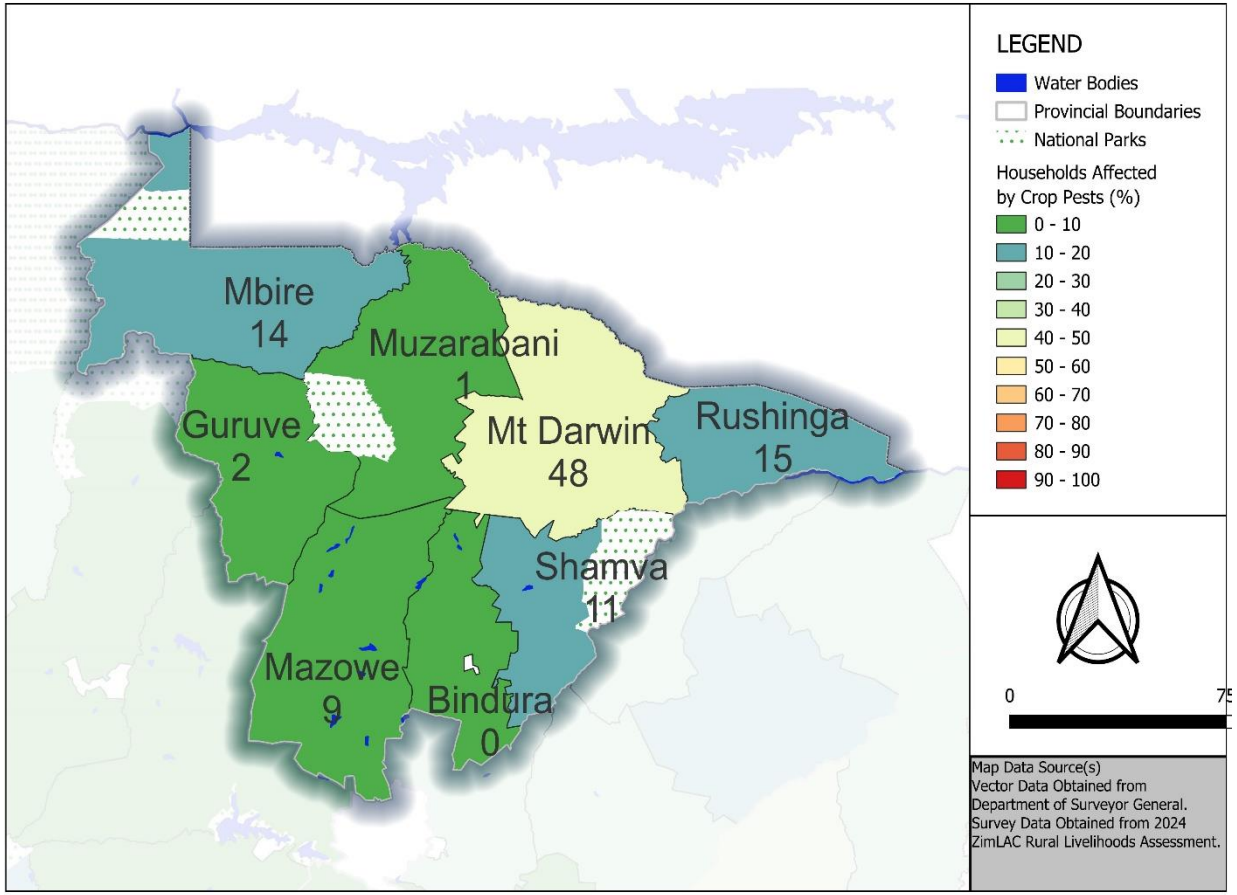
- The highest proportion of households which reported diarrheal related illnesses as a shock were in Mbire (15%) and Shamva (12%).

Households which Reported Livestock Price Changes as a Shock



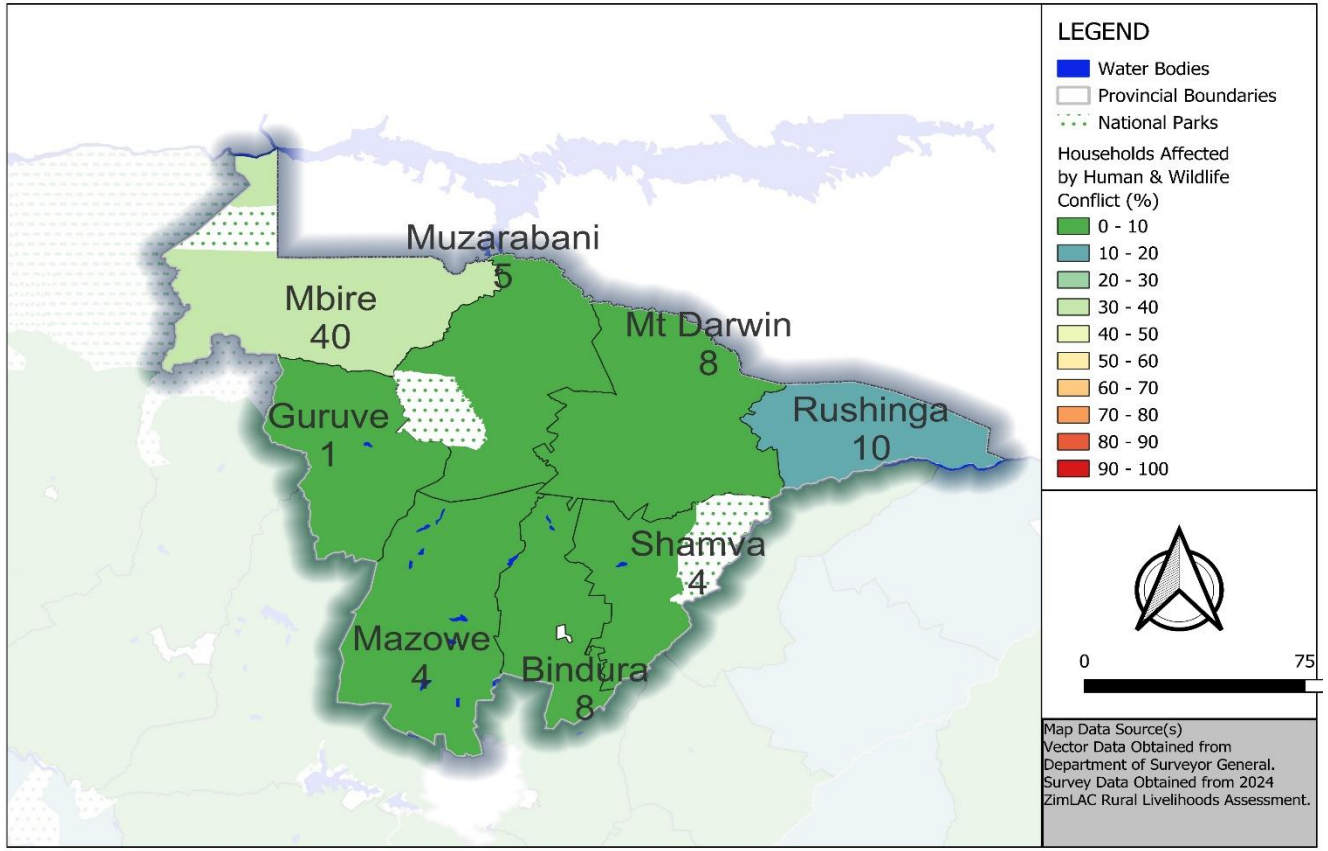
- Mt Darwin (32%) had the highest proportion of households which reported livestock price changes as a shock.

Households which reported Crop Pests as a Shock



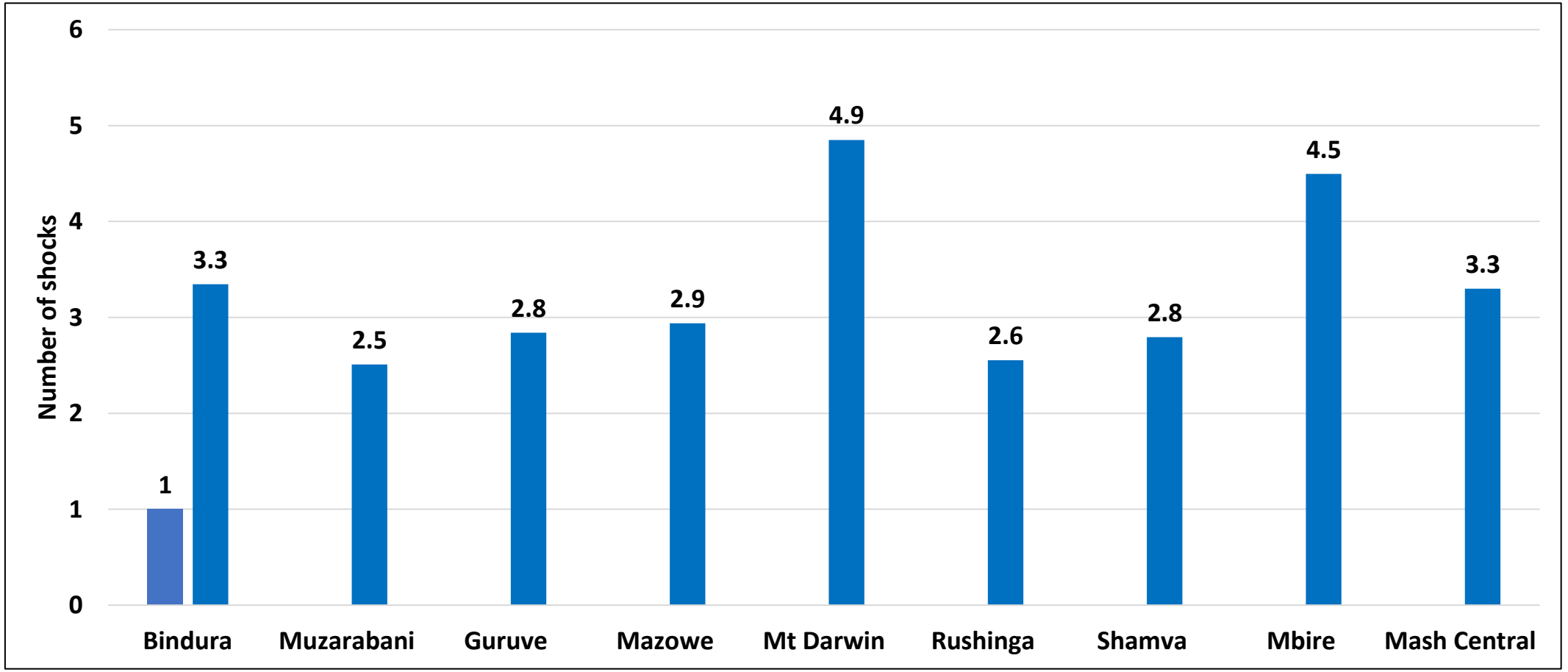
- The highest proportion of households which reported crop pests as a shock were reported in Mt Dawin (48%).

Households Which Reported Human Wildlife Conflict as a Shock



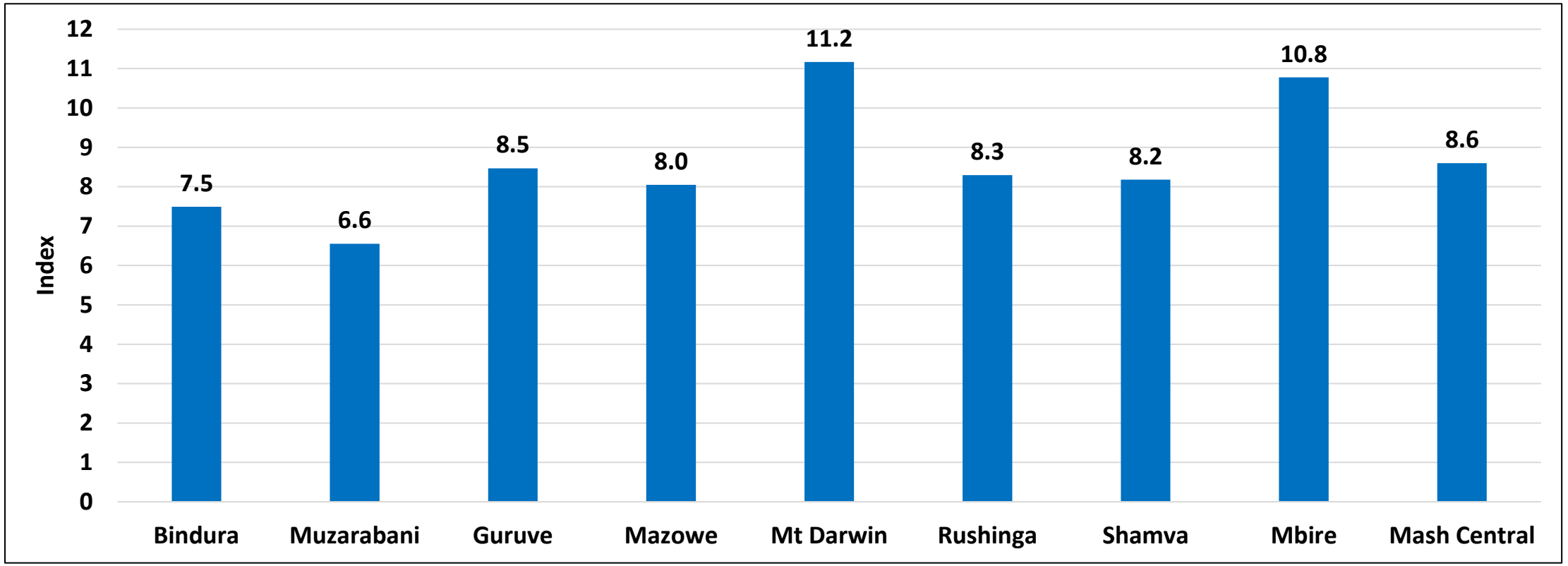
- Mbire (40%) had the highest proportion of households which reported human wildlife as a shock.

Number of Shocks Experienced by Households



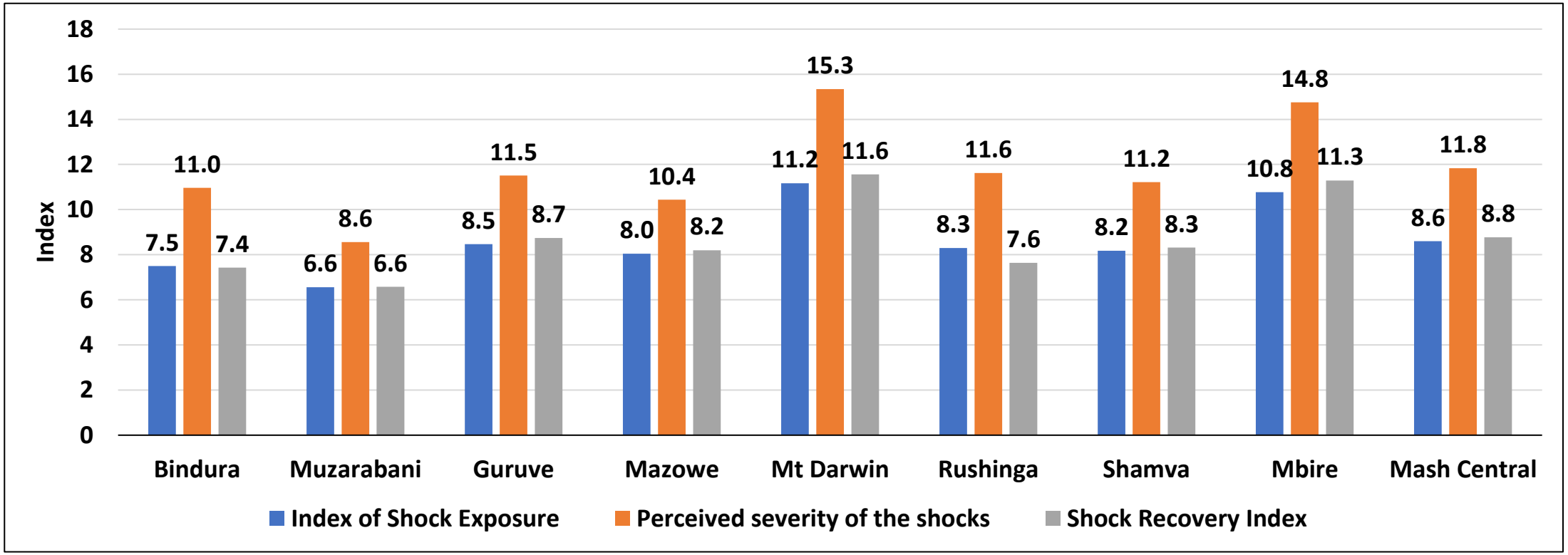
- The average number of shocks experienced by households was 3.3.

Average Shock Exposure Index



- Shock exposure index was calculated by multiplying the number of shocks experienced with impact severity of the shock to the household.
- Shock exposure index was 8.6 at provincial level.
- Mount Darwin (11.2) had the highest shock exposure index in the province followed by Mbire (10.8).

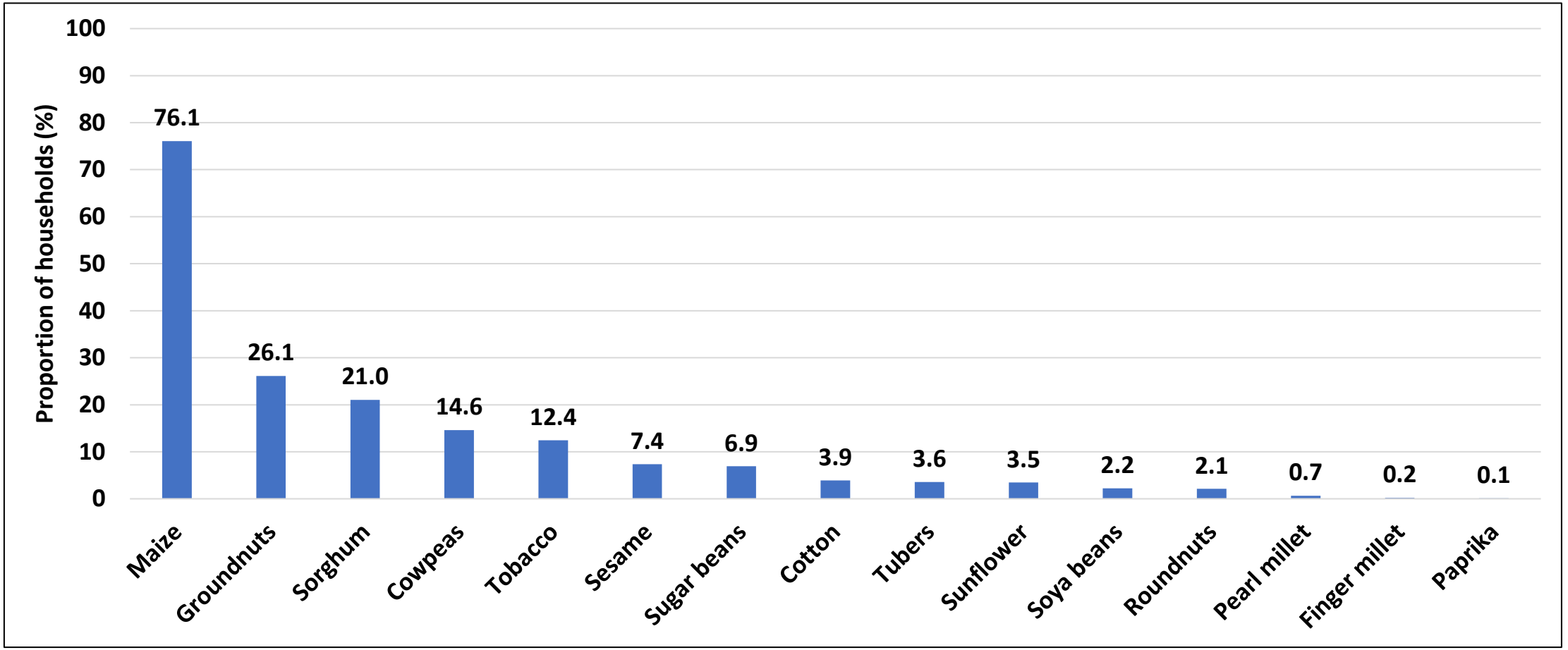
Comparison Between Shock Exposure and Ability to Cope Indices



- The average Shock Exposure Index was 8.6 whilst the perceived shock severity Index was 11.8.
- Average Shock Recovery Index was 8.8.

Crop Production

Households which Planted Crops



- Maize was the most crop grown by the majority of households (76.1%).

Households which Planted Crops by District

	Maize (%)	Sorghum (%)	Finger millet (%)	Pearl millet (%)	Tubers (%)	Cowpeas (%)	Groundnuts (%)	Roundnuts (%)	Sugar beans (%)	Soya beans (%)	Tobacco (%)	Cotton (%)	Paprika (%)	Sunflower (%)	Summer wheat (%)	Sesame (%)
Bindura	71.7	1.7	0.3	0.0	2.3	3.3	15.7	2.7	10.3	2.7	11.3	1.7	0.0	3.3	0.0	0.0
Muzarabani	61.0	27.7	0.0	0.0	0.3	17.3	19.3	0.7	2.7	1.0	19.3	3.0	0.0	0.3	0.0	13.3
Guruve	**95.0**	0.7	0.0	0.0	8.3	2.7	27.0	1.3	21.0	7.7	19.7	2.3	1.0	6.0	0.0	0.0
Mazowe	69.7	0.7	0.3	0.0	7.3	4.3	9.7	2.3	6.7	4.0	4.3	0.7	0.0	0.3	0.0	1.0
Mt Darwin	73.3	15.7	0.0	1.0	0.7	9.0	29.0	2.0	3.7	0.7	**29.3**	1.3	0.0	8.7	0.3	0.7
Rushinga	81.5	47.4	0.3	4.0	0.0	7.6	**41.1**	2.3	0.0	0.0	1.7	5.6	0.0	4.3	0.0	1.7
Shamva	71.4	3.0	0.3	0.0	9.0	10.6	22.9	4.7	11.0	1.3	14.0	0.3	0.0	4.3	0.0	0.0
Mbire	85.0	**71.3**	0.3	0.3	0.7	62.0	**44.3**	1.0	0.0	0.3	0.0	16.3	0.0	0.3	0.0	**42.3**
Mash Central	76.1	21.0	0.2	0.7	3.6	14.6	26.1	2.1	6.9	2.2	12.4	3.9	0.1	3.5	0.0	7.4

- Sesame was grown by about 42.3% of the households in Mbire.

Household Season's Harvest

	Maize		Sorghum		Finger Millet		Pearl Millet		Total Cereals	
	Expected (kgs)	Actual (kgs)	Expected (kgs)	Actual (kgs)	Expected (kgs)	Actual (kgs)	Expected (kgs)	Actual (kgs)	Expected (kgs)	Actual (kgs)
Bindura	892	136	28	0	1	0	0	0	920	136
Muzarabani	856	73	711	19	0	0	0	0	1567	93
Guruve	1511	31	11	0	0	0	0	0	1522	31
Mazowe	628	101	1	0	0	0	0	0	629	101
Mt Darwin	917	310	142	19	0	0	2	0	1062	329
Rushinga	632	101	289	34	2	0	12	0	934	136
Shamva	898	100	10	0	0	0	0	0	909	100
Mbire	818	5	815	5	1	0	3	0	1638	10
Mash Central	894	107	251	10	0	0	2	0	1147	117

- The average season's harvest was 107kg for maize and 10 kg for sorghum.

Cereals from Casual Labour and Remittances

	Maize from casual labour (in kgs)	Maize from remittances (in kgs)
Bindura	6.9	0.0
Muzarabani	25.5	0.8
Guruve	0.0	0.0
Mazowe	7.7	1.7
Mt Darwin	18.9	0.0
Rushinga	0.1	0.0
Shamva	0.3	0.0
Mbire	9.6	1.5
Mash Central	6.7	0.0

- On average, households reported to have accessed 6.7 kgs of maize from casual labour in the previous consumption year.

Cereal Stocks as at 1 April 2024

	Stocks of maize (in kgs)	Stocks of mealie-meal (in kgs)	Stocks of sorghum (in kgs)	Stocks of finger millets (in kgs)	Stocks of pearl millets (in kgs)
Bindura	3.2	0.7	0.0	0.0	0.0
Muzarabani	13.9	11.1	1.8	0.0	0.0
Guruve	1.1	4.5	0.0	0.0	0.0
Mazowe	3.4	9.0	0.0	0.0	0.0
Mt Darwin	8.5	3.3	0.5	0.0	0.0
Rushinga	12.8	8.6	0.0	0.0	0.0
Shamva	16.0	10.8	0.0	0.0	0.0
Mbire	0.7	4.9	0.1	0.0	0.0
Mash Central	6.2	5.9	0.0	0.0	0.0

- The average stocks were 6.2 kgs of maize and 5.9 kgs of maize meal.

Measures to Close Cereal Deficit

	Rely on household monthly income to purchase required food (%)	Sell productive assert(s) to purchase the required food (%)	Use savings to buy the required food (%)	Rely on assistance from relatives in towns (%)	Rely on assistance from relatives in diaspora (%)	Rely on assistance from the government (%)	Rely on assistance from NGO/donors (%)	Rely on assistance from churches (%)	Rely on assistance from well wishers (%)	Don't have any measure in place (%)
Bindura	25.3	3.0	9.3	7.0	1.3	27.3	1.0	0.3	10.7	55.9
Muzarabani	9.7	2.0	1.7	3.0	0.0	10.0	3.3	0.0	1.0	47.3
Guruve	8.7	0.3	7.3	2.3	0.0	44.3	17.7	0.7	6.0	52.6
Mazowe	24.3	0.0	6.3	0.7	0.0	7.3	0.3	0.0	1.7	50.5
Mt Darwin	9.0	2.3	1.3	6.0	1.3	52.3	22.0	0.3	1.3	54.5
Rushinga	13.9	16.2	6.3	2.6	1.3	30.1	13.6	0.0	2.0	59.5
Shamva	24.6	1.3	0.0	3.3	0.7	20.6	3.0	0.3	2.0	58.0
Mbire	5.7	9.7	2.3	2.7	0.0	41.7	38.0	0.0	4.7	51.4
Mash Central	15.1	4.4	4.3	3.5	0.6	29.2	12.4	0.2	3.7	53.6

- The majority of the households (53.6%) do not have measures in place to close the cereal gap.
- About 29.2% of the households reported that they will rely on government to close the cereal gap.

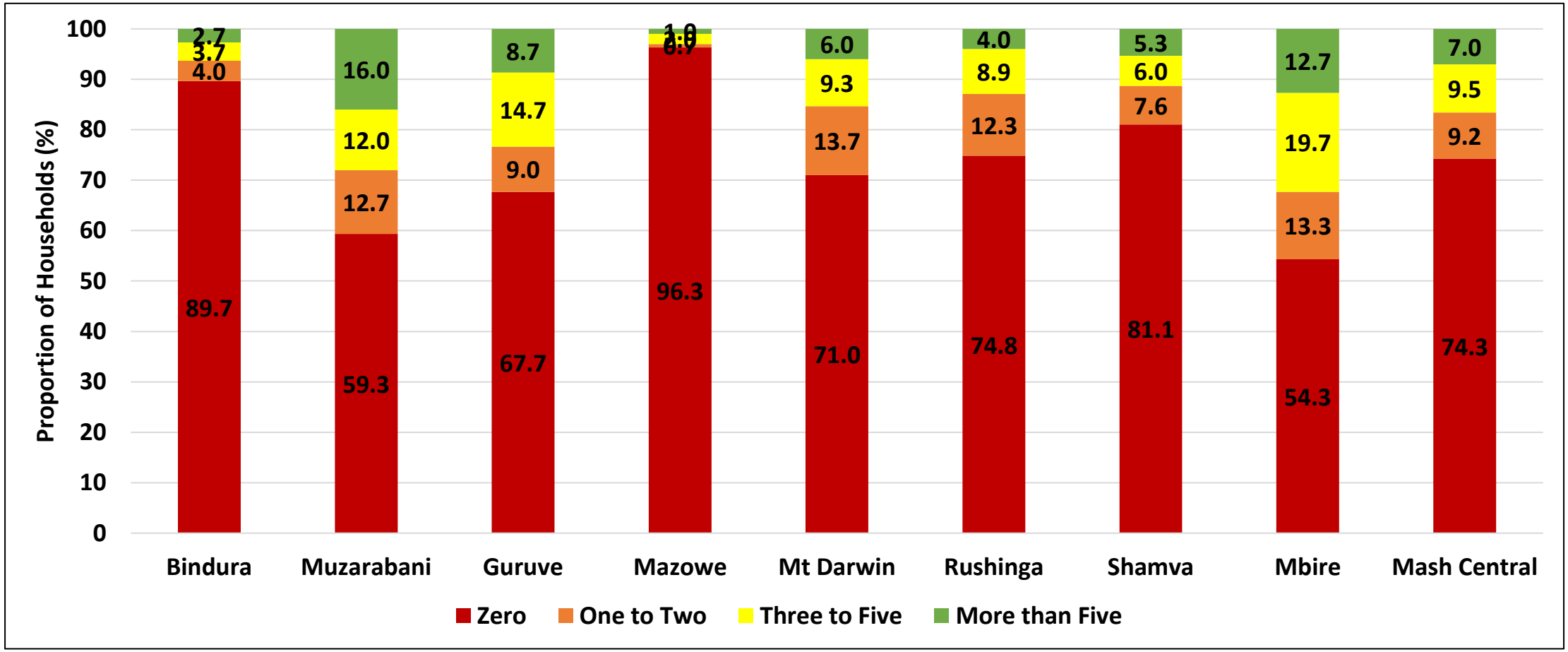
Livestock

Proportion of Households that Owned Livestock

Province	Cattle (%)	Donkeys (%)	Sheep (%)	Goats (%)	Pigs (%)	Poultry (chicken, ducks, guinea fowls, etc) (%)	Rabbits (%)
Manicaland	28.4	0.7	1.1	39.5	2.2	65.5	1.9
Mash Central	**30.2**	**0.8**	**1.2**	**29.0**	**2.0**	**49.4**	**0.9**
Mash East	33.3	0.9	1.3	40.1	1.7	66.5	2.1
Mash West	31.0	3.2	0.5	32.9	2.1	54.6	0.9
Mat North	42.9	15.7	1.0	51.5	2.2	63.5	0.0
Mat South	44.7	34.4	4.2	62.5	1.1	71.6	0.7
Midlands	48.5	5.6	1.0	43.8	2.5	68.1	2.0
Masvingo	45.5	9.2	3.1	43.4	2.7	72.3	3.0
National	37.6	8.3	1.6	42.5	2.0	63.8	1.5

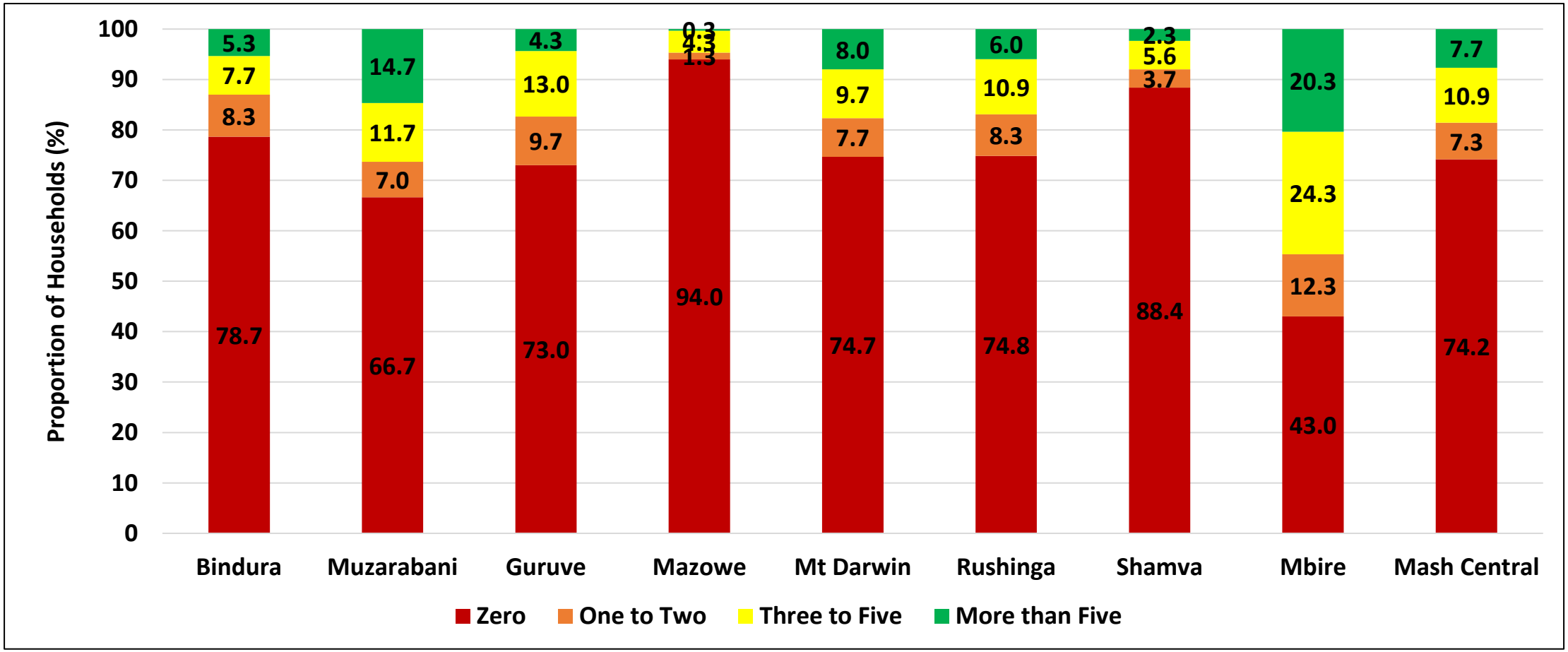
- The most common owned livestock were poultry (49.4%), cattle (30.2%) and goats (29.0%).

Cattle Ownership



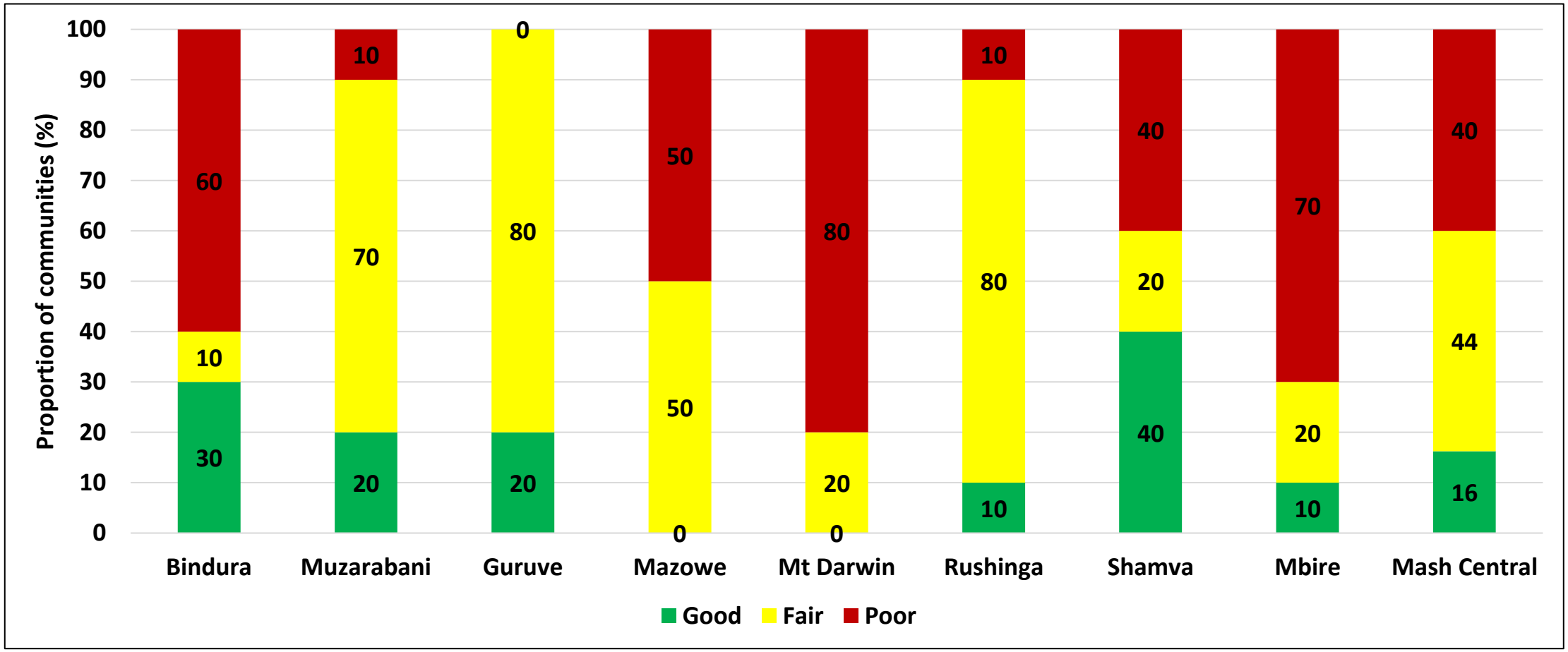
- About 74.3% of households did not own any cattle.
- Only 7% owned more than 5 cattle.

Goat Ownership



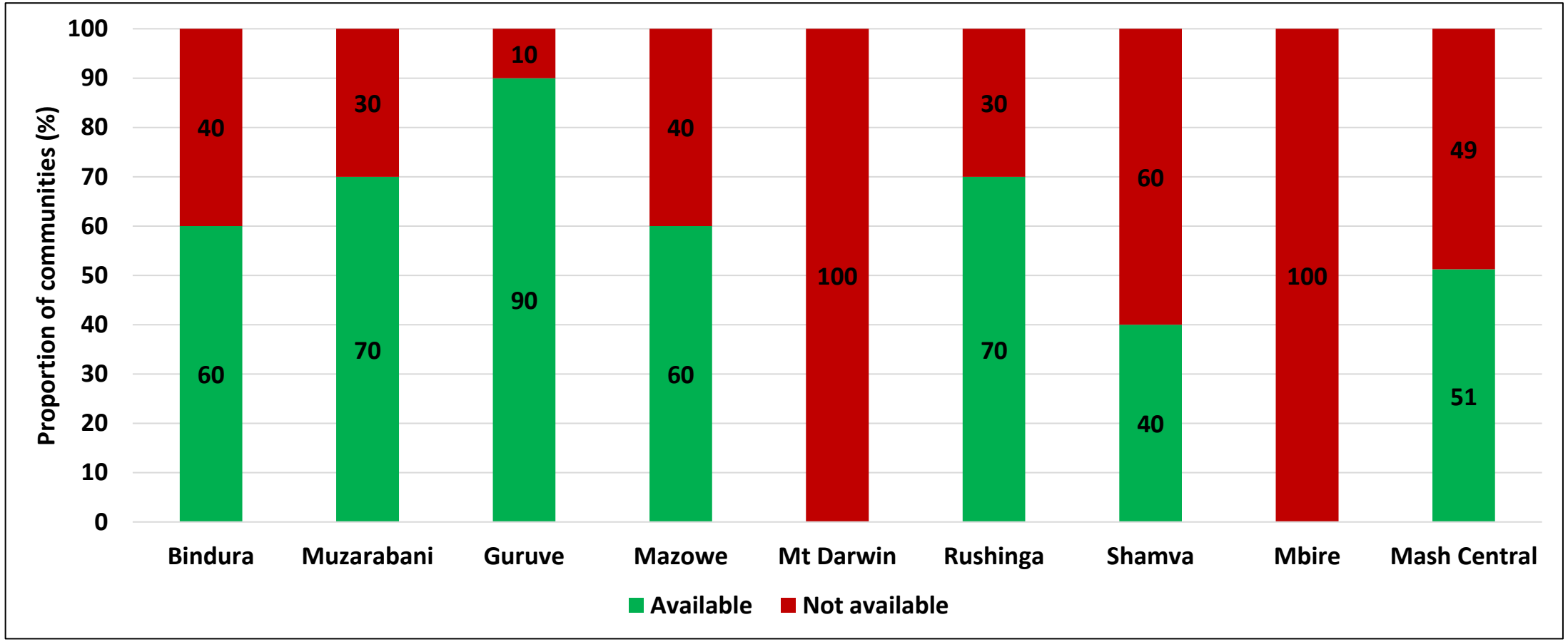
- Most of the households did not own any goats (74.2%).
- Mbire (20.3%) and Muzarabani (14.7%) had the majority of households that owned more than five goats.

Livestock Condition



- About 40% of the communities indicated that their livestock were in poor condition and 16% reported that they were in good condition.
- Most communities in Mt Darwin (80%) and Mbire (70%) reported that the livestock condition was poor.

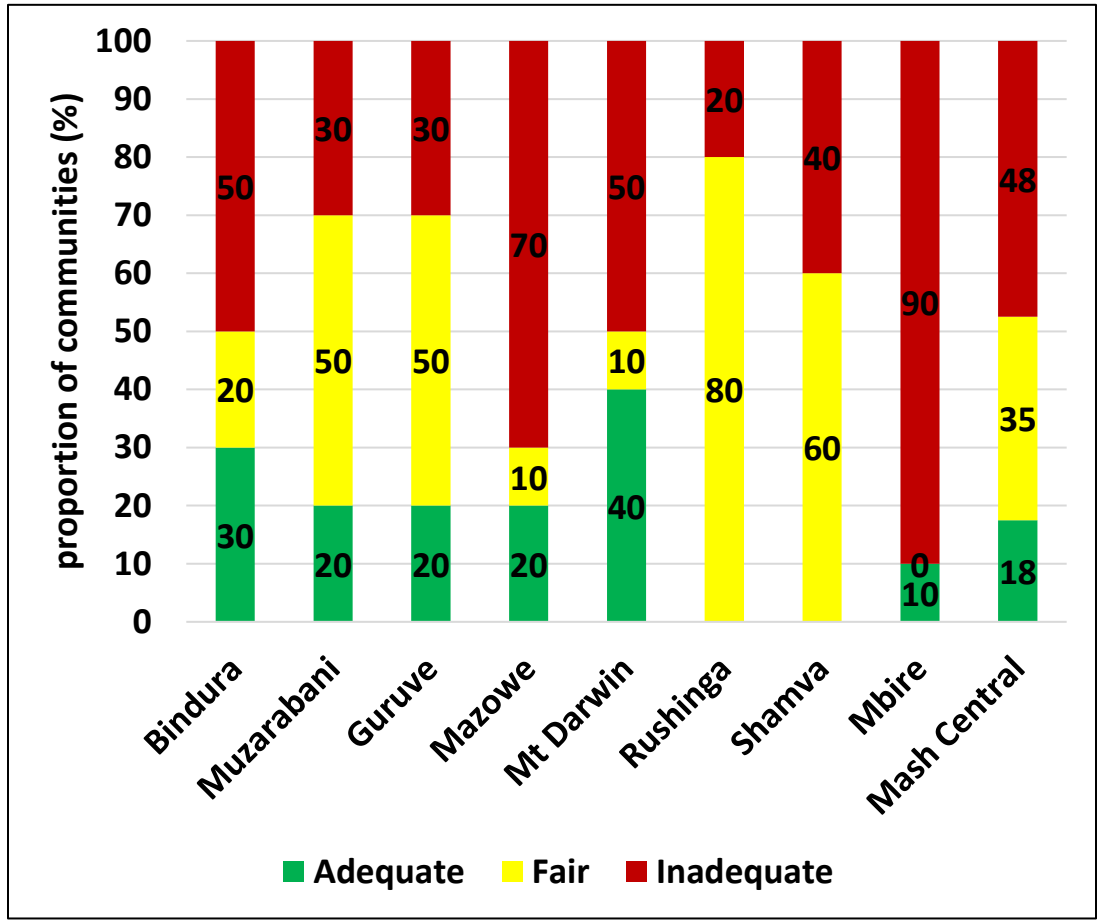
Livestock Water Availability



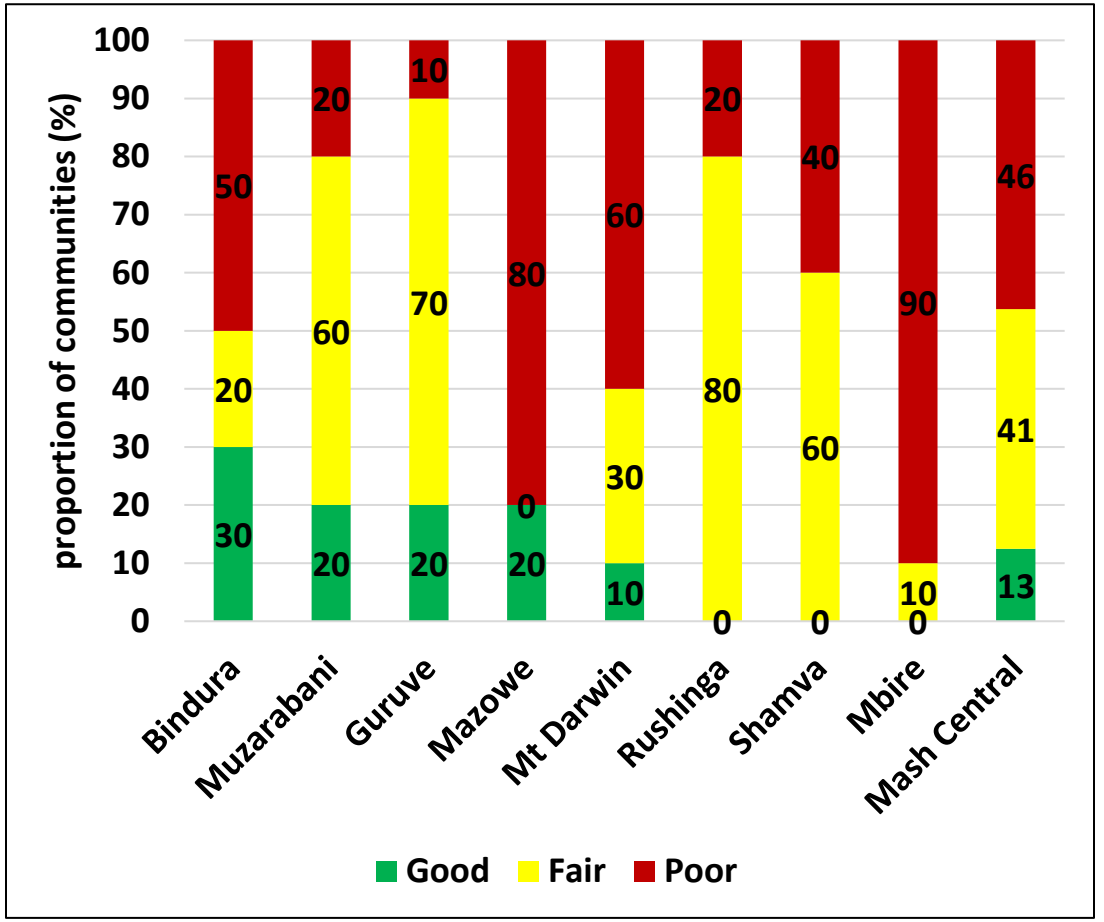
- About 49% of the communities indicated that water for livestock was not available.
- All the communities in Mt Darwin and Mbire indicated that water for livestock was not available.

Pastures Availability and Quality

Availability of Pastures



Quality of Pastures



- About 48% of the communities indicated that pastures for livestock were inadequate whilst 46% indicated that they were of poor quality.

Access to Dipping Facilities and Services

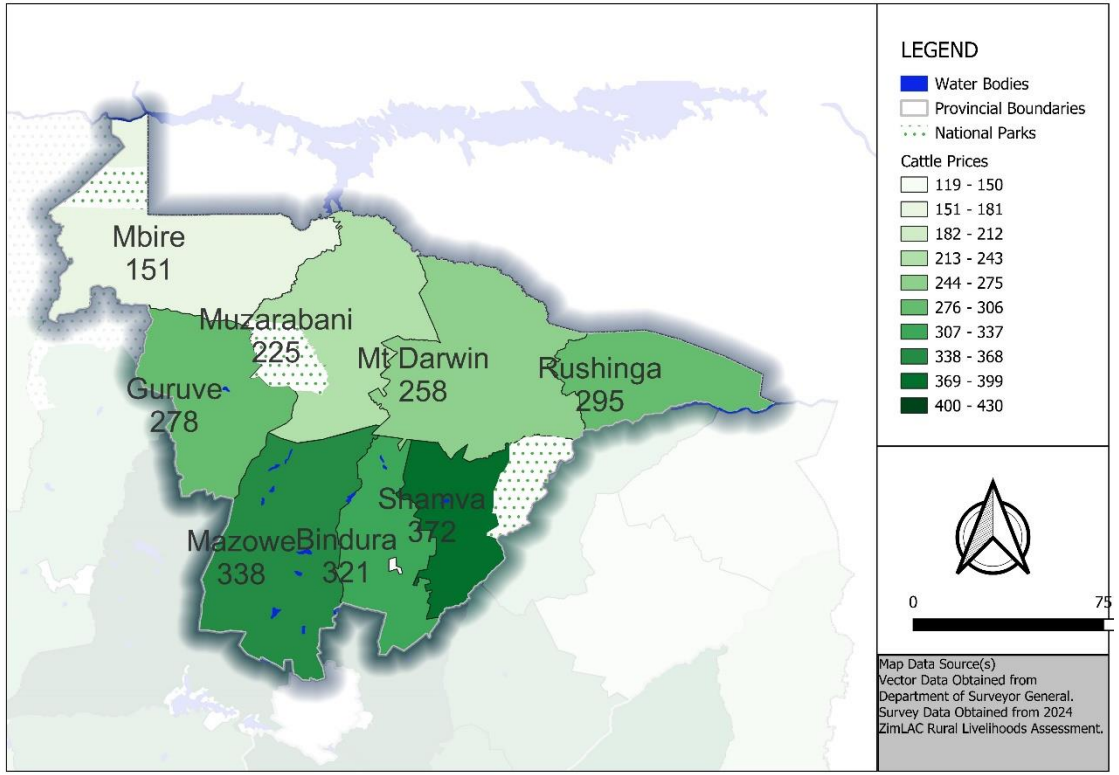
	Access to dipping/spraying facilities (%)	Community dip tank currently functional (%)	Dipping times in the last 4 weeks				
			Once a month (%)	Twice a month (%)	Three time a month (%)	Four times a month (%)	Don't know (%)
Bindura	97.1	100.0	2.9	51.4	11.4	31.4	2.9
Muzarabani	95.3	98.4	29.1	43.3	7.1	19.7	0.8
Guruve	96.6	99.1	0.9	11.3	6.1	80.0	1.7
Mazowe	81.3	93.8	6.7	40.0	0.0	46.7	6.7
Mt Darwin	93.3	99.2	5.1	30.5	2.5	61.9	0.0
Rushinga	97.0	98.0	7.1	52.5	1.0	39.4	0.0
Shamva	86.9	100.0	1.6	52.5	4.9	39.3	1.6
Mbire	97.3	98.0	10.3	83.4	1.4	4.1	0.7
Mash Central	94.9	98.6	9.7	46.6	4.1	38.7	1.0

- About 94.9% of the households had access to dipping and or spraying services.

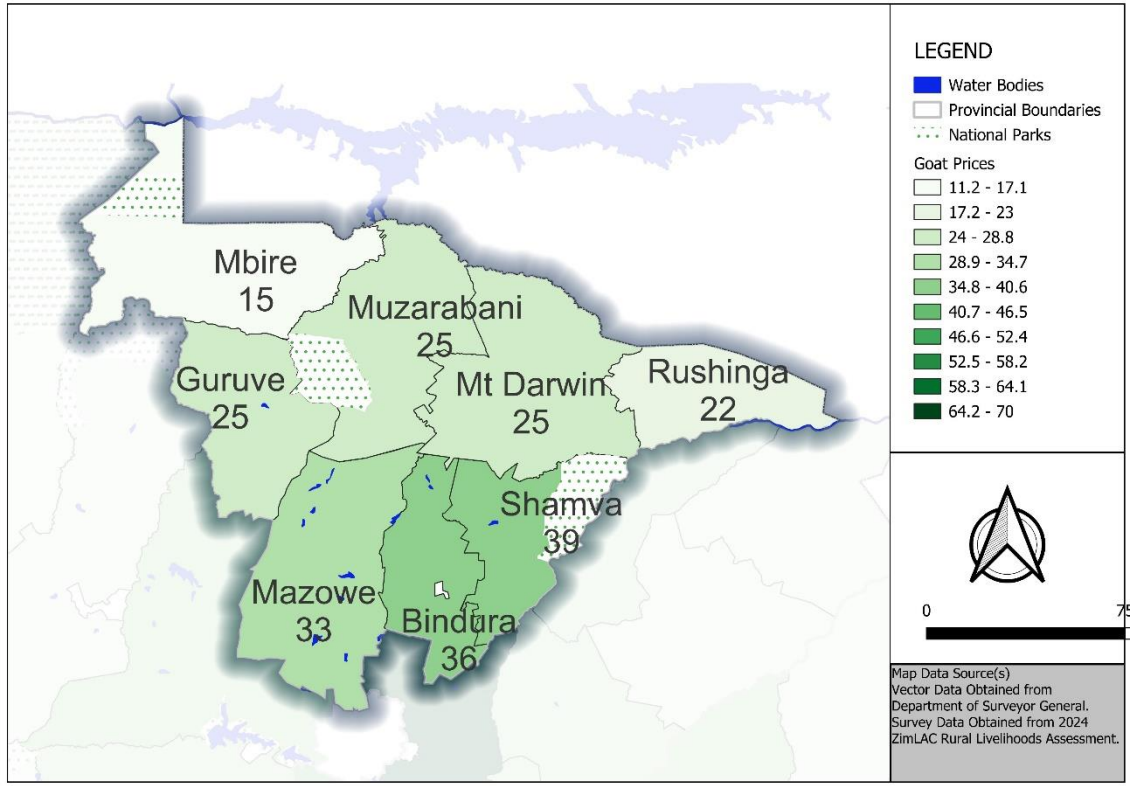
Agriculture Produce Markets

Livestock Prices

Cattle Prices



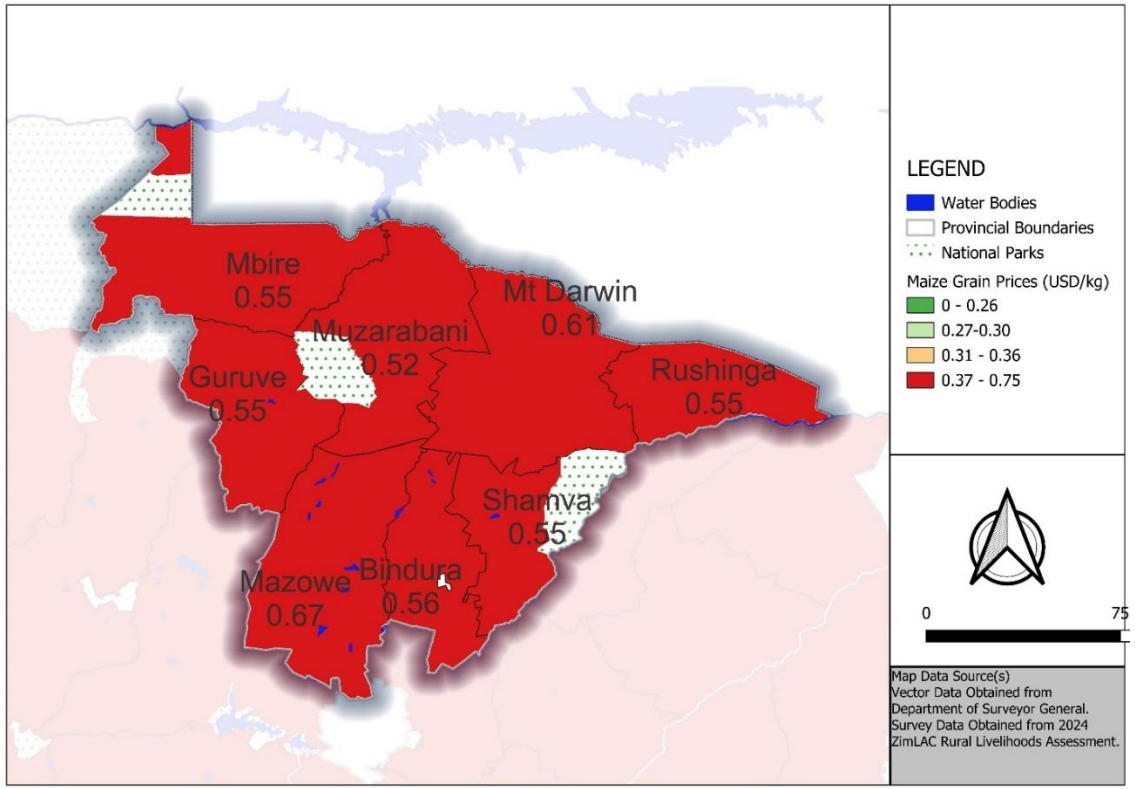
Goat Prices



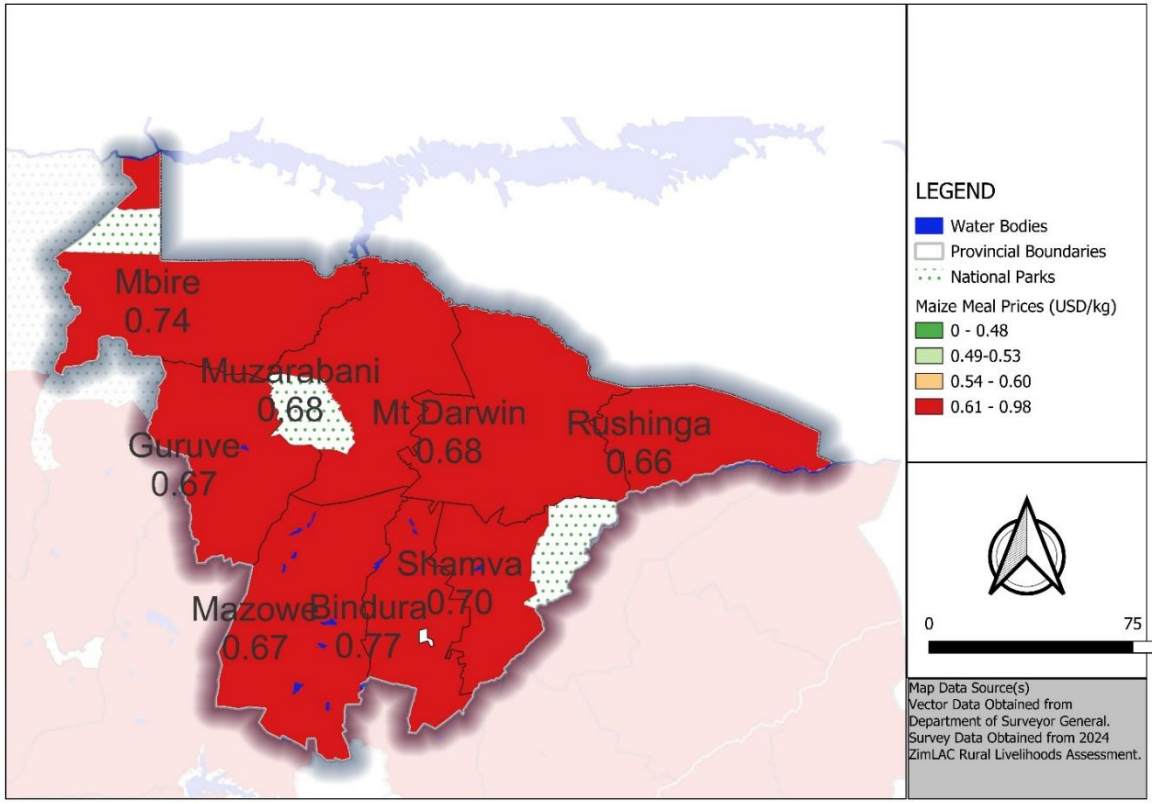
- In Mashonaland Central, cattle prices ranged from USD 151 to USD 372 per average beast.
- High prices of cattle were reported in Shamva USD372.
- Goat prices ranged from USD 15 to USD 36.

Maize Grain and Maize Meal Market Prices

Maize Grain



Maize Meal



- Maize grain ranged from USD0.52 to USD0.67 per kilogram.
- Maize meal prices ranged from USD 0.66 TO USD 0.77 per kilogram.

Agricultural Production Technologies

Adoption of Climate Smart Technologies

District	Climate Smart: Pfumvudza/Intwasa (%)	Climate Smart: Quality certified seeds (%)	Climate Smart: Adapted, suitable Improved Varieties (%)	Climate Smart: Growing traditional grains (%)
Bindura	51.0	43.3	8.3	0.3
Muzarabani	52.0	22.0	6.7	18.3
Guruve	82.3	28.7	0.0	0.0
Mazowe	53.0	39.0	23.3	0.3
Mt Darwin	19.0	56.7	19.3	24.3
Rushinga	50.3	37.1	21.5	28.1
Shamva	33.6	50.5	18.3	1.3
Mbire	54.0	34.0	11.3	32.7
Mash Central	**49.4**	**38.9**	**13.6**	**13.2**

- Most of the households (49.4%) reported adopting Pfumvudza/Intwasa.
- Guruve (82.3%) recorded the highest proportion of households which reported adoption of Pfumvudza/Intwasa.

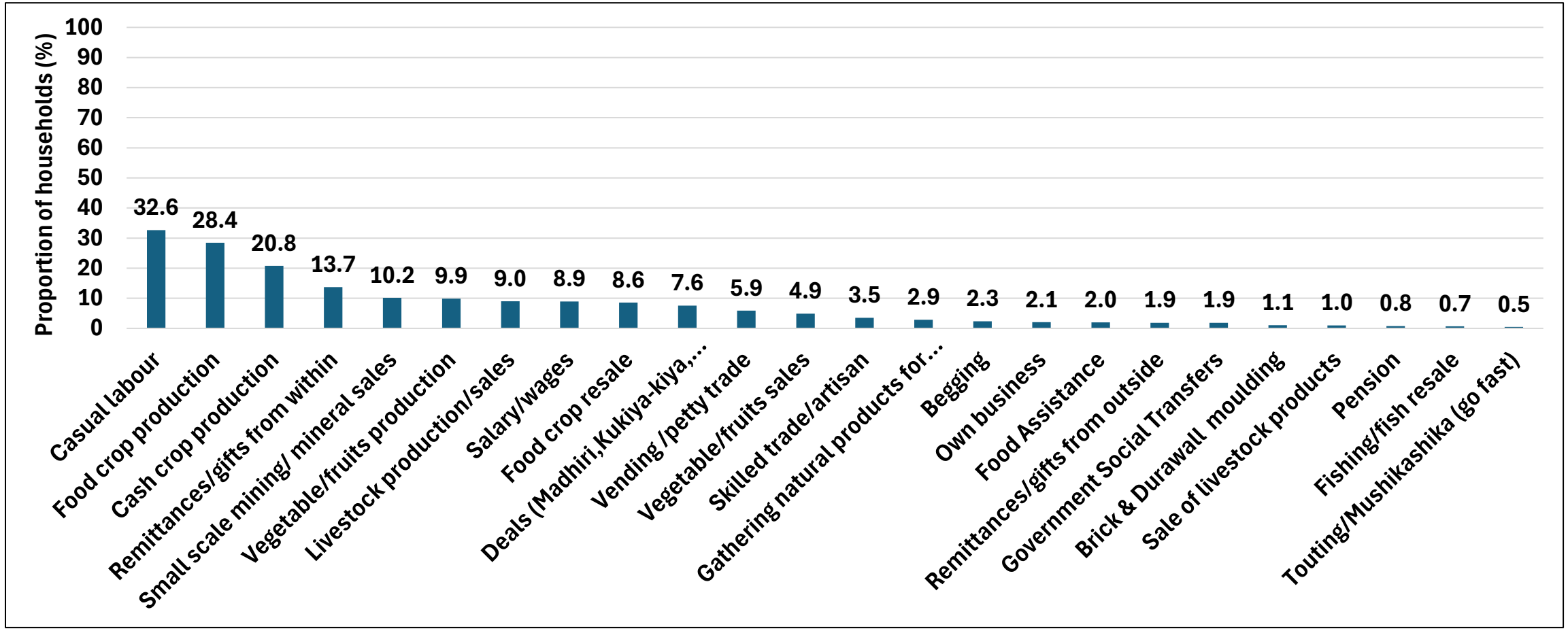
Adoption of Improved Livestock Practices

District	Improved livestock breeds (%)	Improved animal shelters	Water infrastructure for livestock at homestead (%)	Routine vaccinations by Veterinary Officer or Paravet (%)	Home vaccinations (%)	Castration (%)	Deworming (%)	Dipping (%)	Spraying livestock at home or other practice to control ticks (%)	Use of services of community animal health worker (Paravet) (%)	Homemade animal feeds made with locally available ingredients including legumes (%)	Survival feeding (feeding of productive livestock in lean season) (%)
Bindura	7.3	3.7	1.0	5.7	4.3	.7	6.3	9.3	2.3	2.3	1.7	0.0
Muzarabani	2.3	4.3	1.3	.7	1.0	13.0	25.7	34.7	2.7	0.3	3.3	0.0
Guruve	0.3	3.7	0.0	1.0	0.7	6.0	4.7	35.7	0.7	0.3	0.0	0.0
Mazowe	.0	17.7	0.3	1.0	2.0	1.0	2.3	4.3	1.7	0.7	0.3	0.3
Mt Darwin	24.3	16.7	22.0	17.0	19.7	29.3	31.7	44.7	6.0	8.7	3.0	0.0
Rushinga	30.5	47.7	12.9	1.3	1.7	.3	7.3	22.5	2.0	1.0	0.3	0.0
Shamva	24.3	1.7	0.3	0.0	4.0	11.6	23.9	19.6	1.0	0.0	0.3	0.3
Mbire	3.0	2.0	0.3	0.3	1.0	12.3	19.0	50.7	0.3	3.3	3.0	0.3
Mash Central	**11.5**	**12.2**	**4.8**	**3.4**	**4.3**	**9.3**	**15.1**	**27.7**	**2.1**	**2.1**	**1.5**	**0.1**

- Dipping (27.7%), deworming (15.1%) and improved animal shelters (12.2%) were the most adopted livestock practices.

Income and Expenditure

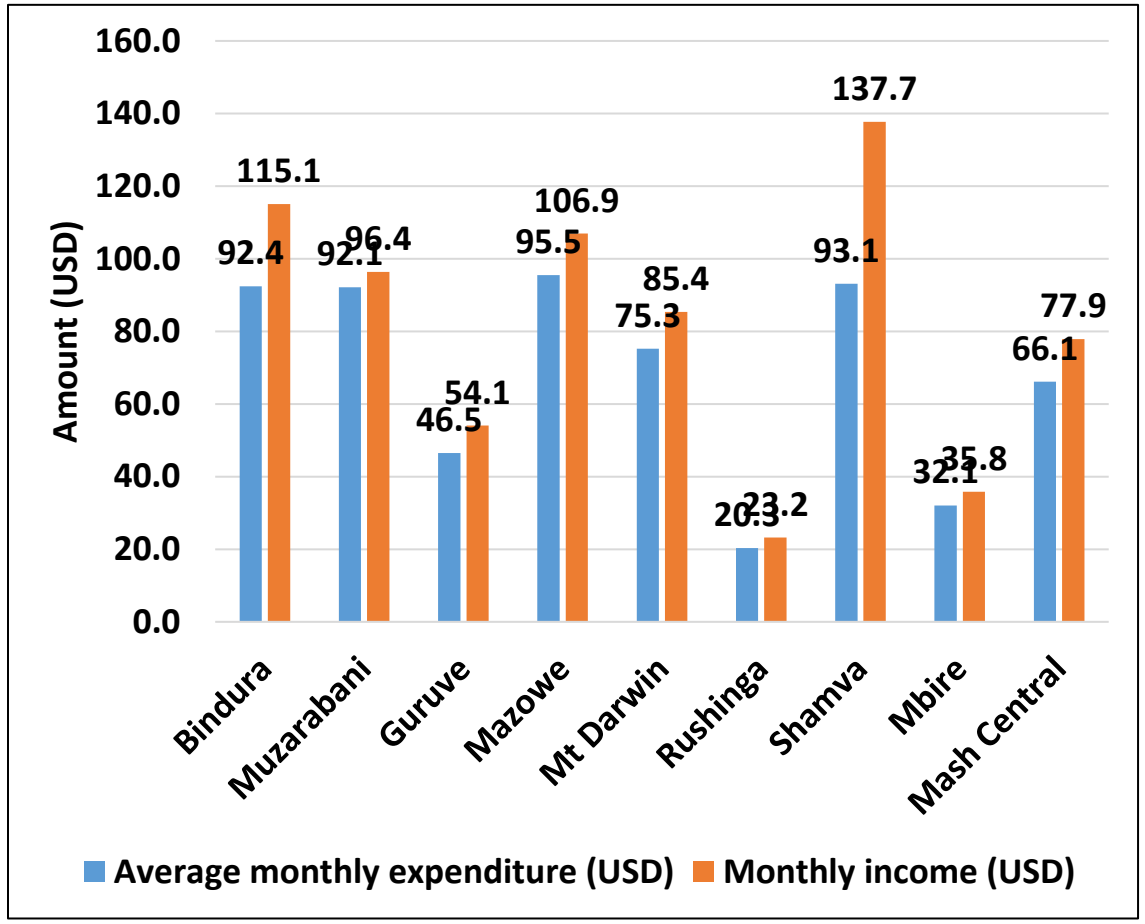
Household Most Important Income Sources



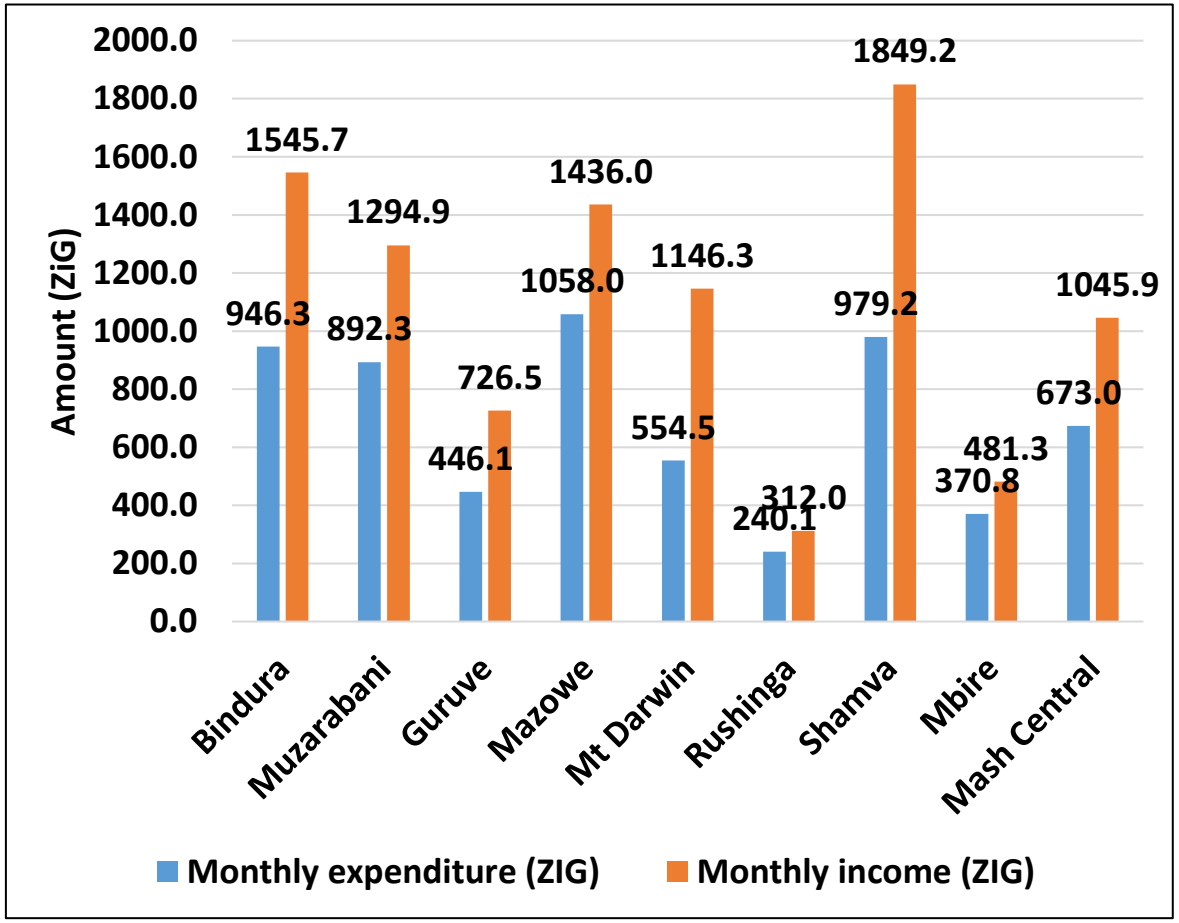
- Most households relied on casual labour (32.6%), food crop production (28.4%) and cash crop production (20.8%).

Income and Expenditure April 2024

USD

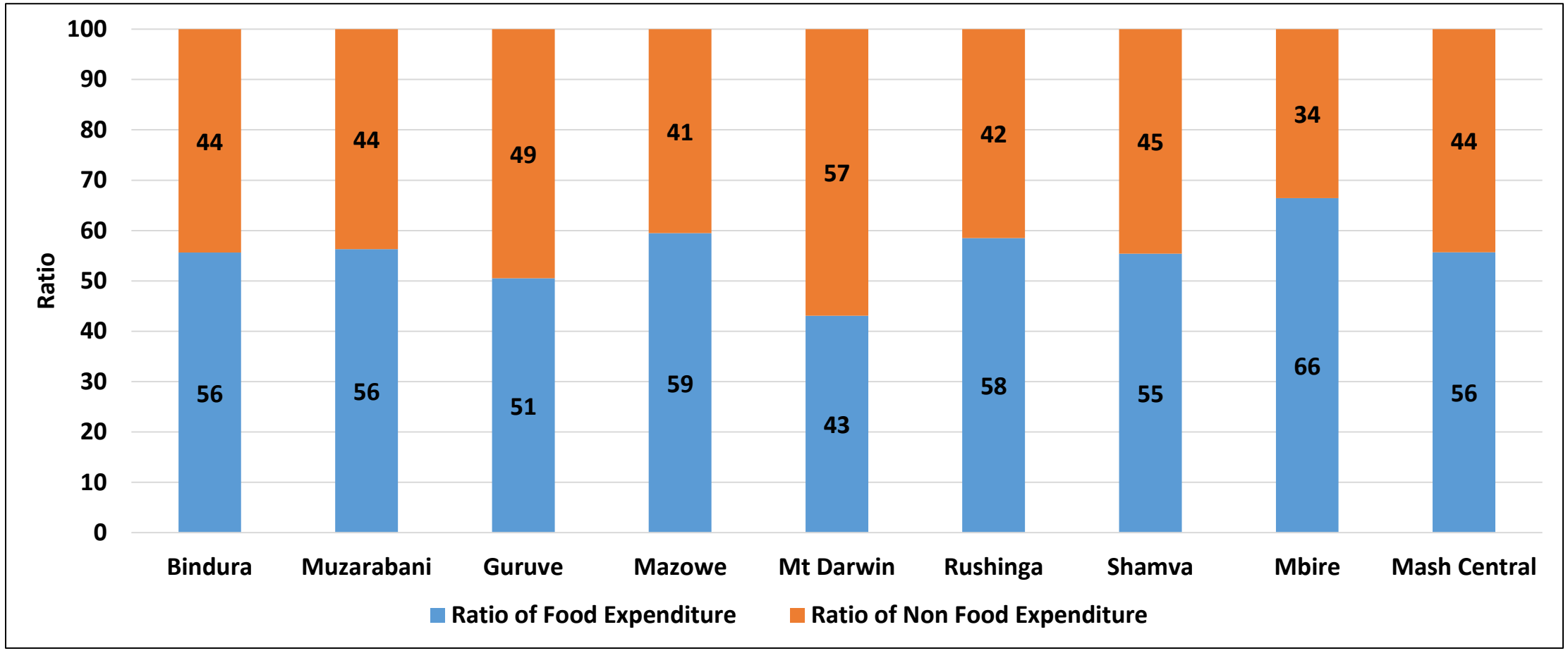


ZiG



- The average monthly income was USD 77.9 and was highest in Shamva (USD 137.7).
- Rushinga (USD 23.2) and Mbire (USD35.8) had the lowest monthly income.
- **NB: The USD monthly income and expenditure was calculated using the official exchange rate of Tuesday 30 April 2024.**

Food Expenditure Ratio



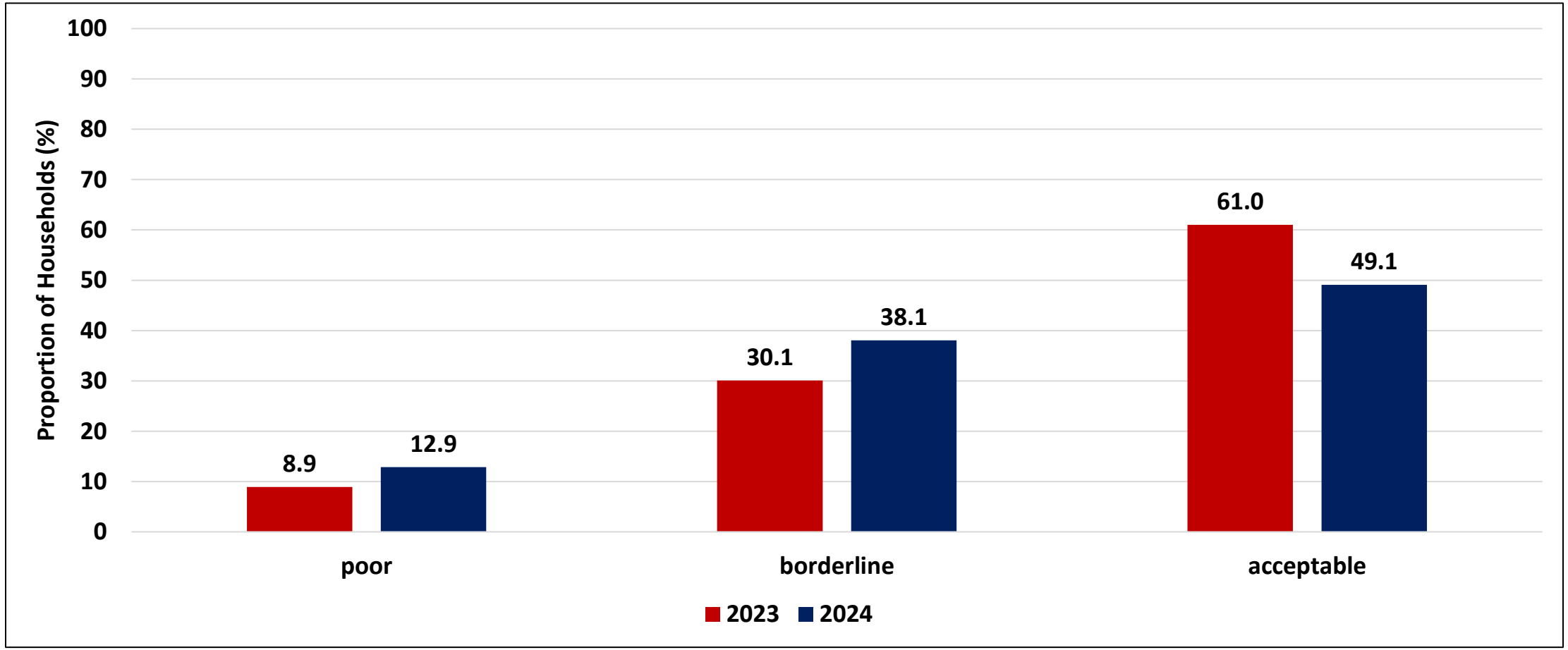
- Food expenditure ratio was 44.

Food Consumption Score

Food Consumption Score Groups

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

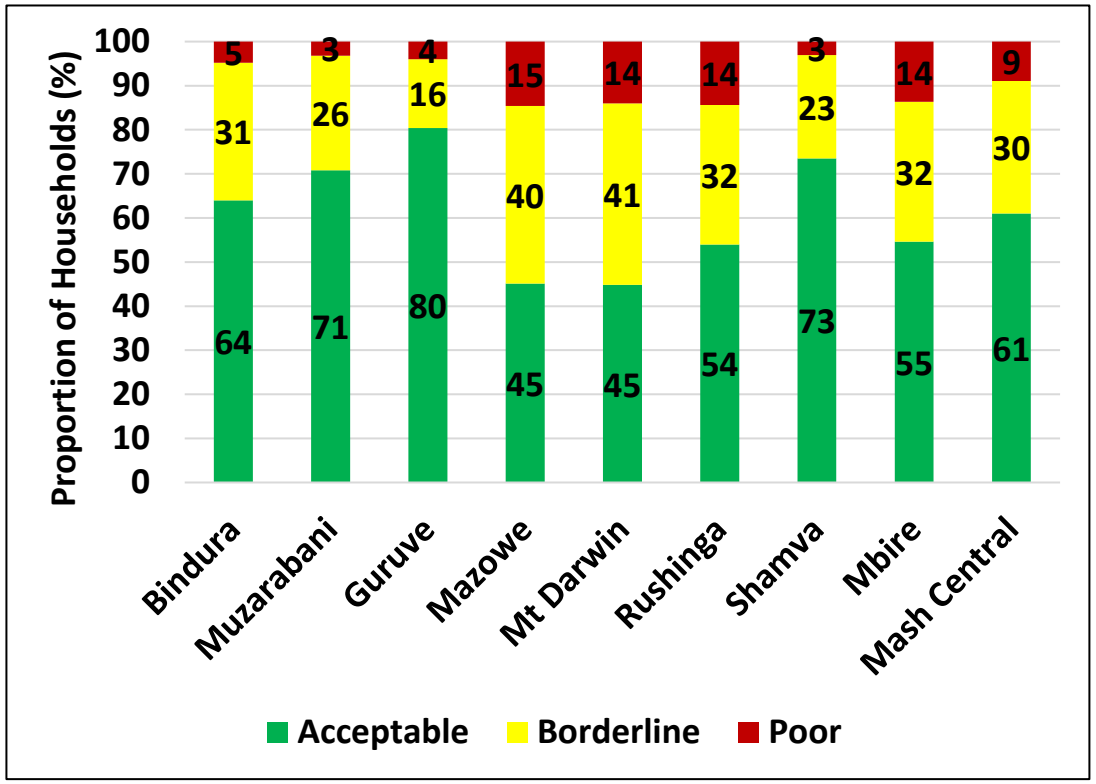
Food Consumption Pattern



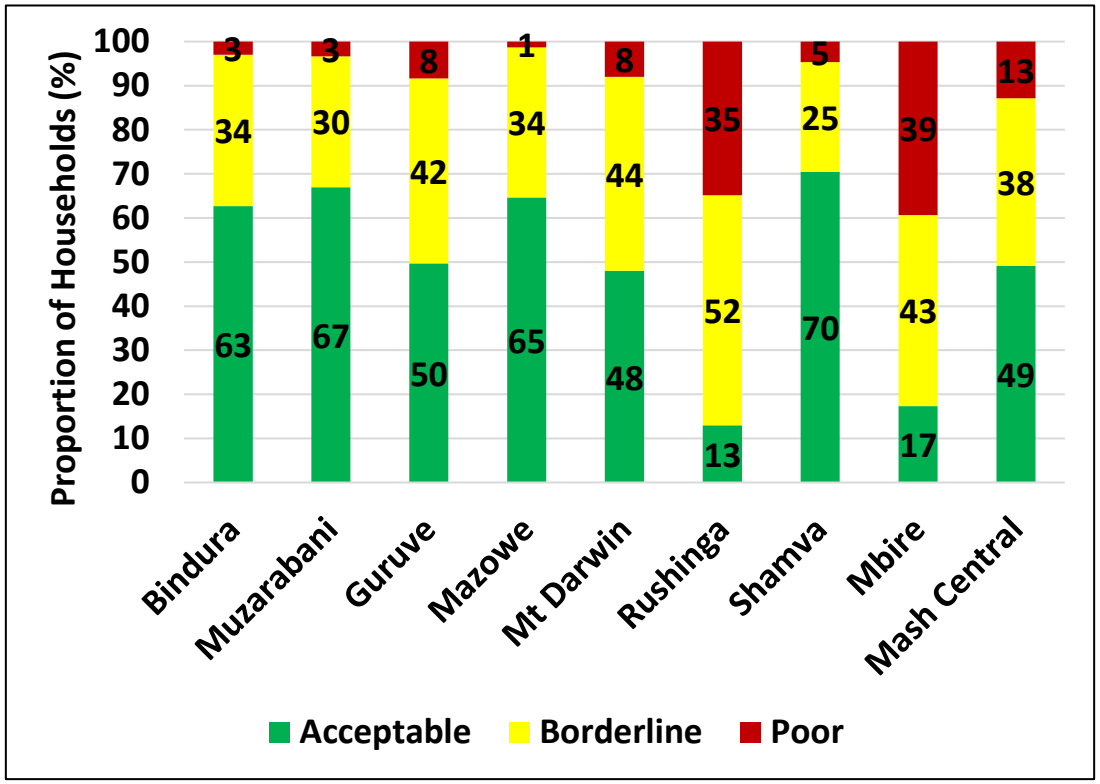
- The proportion of households which consumed acceptable diets decreased from 61% to 49.1% whilst those with poor diets increased from 8.9% to 12.9%.

Food Consumption Pattern

2023



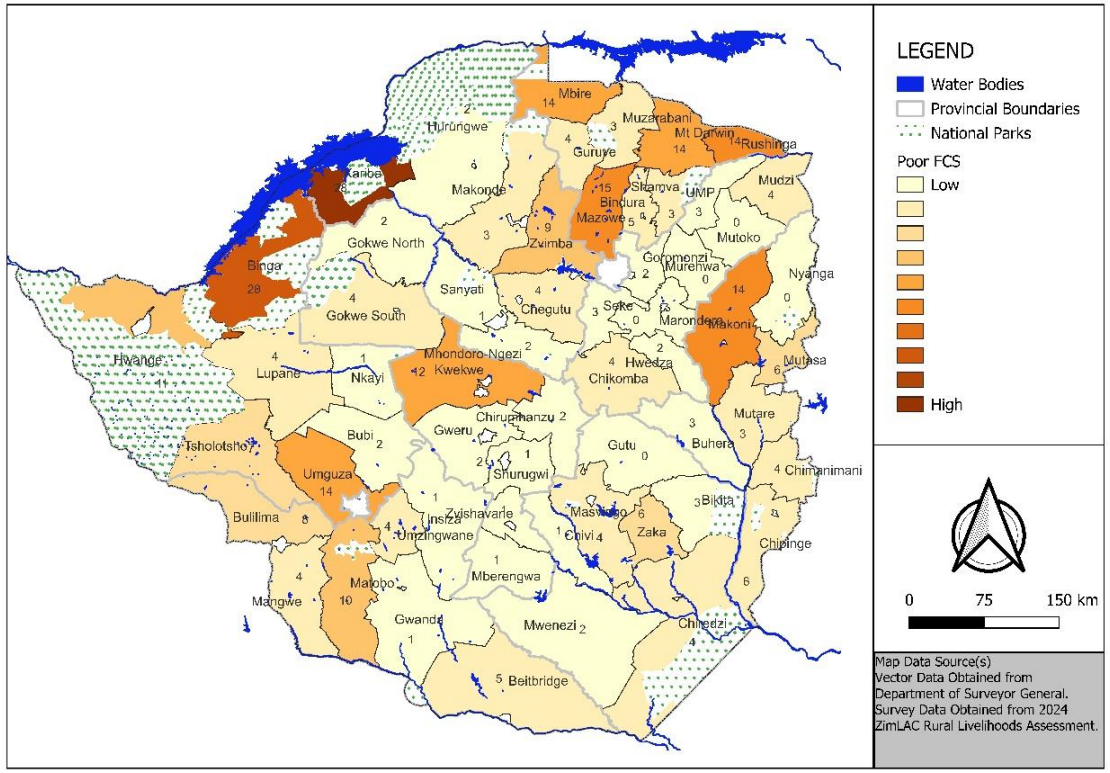
2024



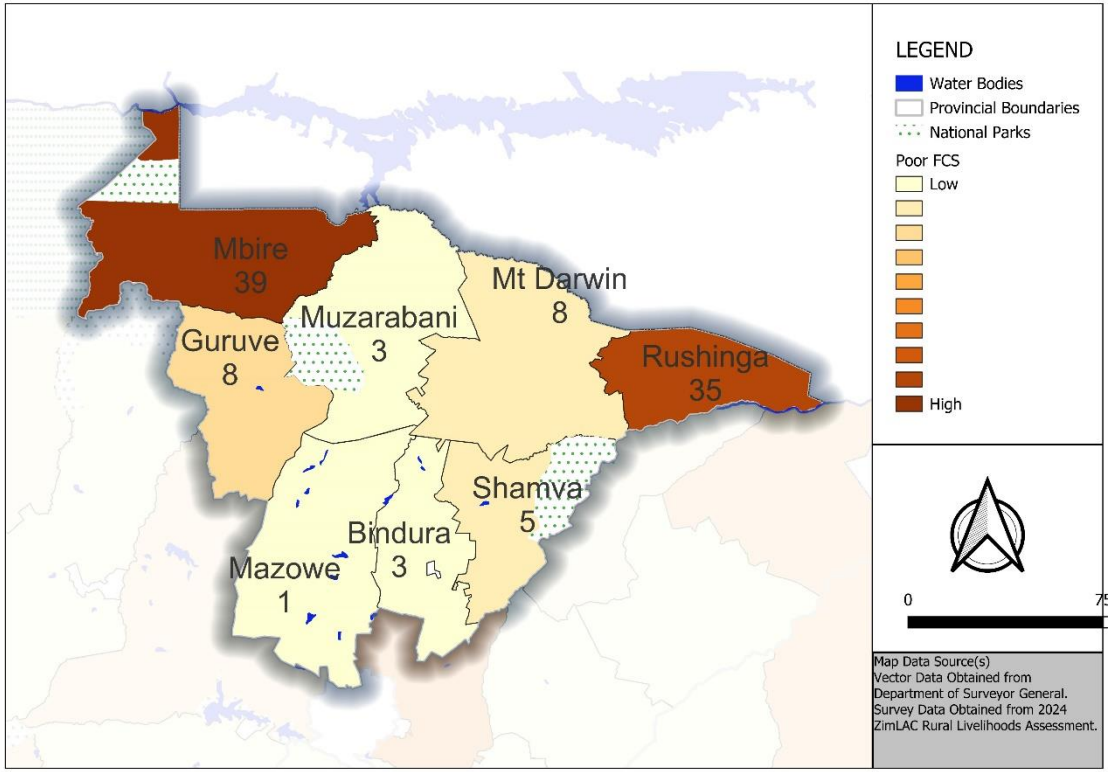
- Shamva (70%) had the highest proportion of households consuming acceptable diets.

Poor Food Consumption Score

2023

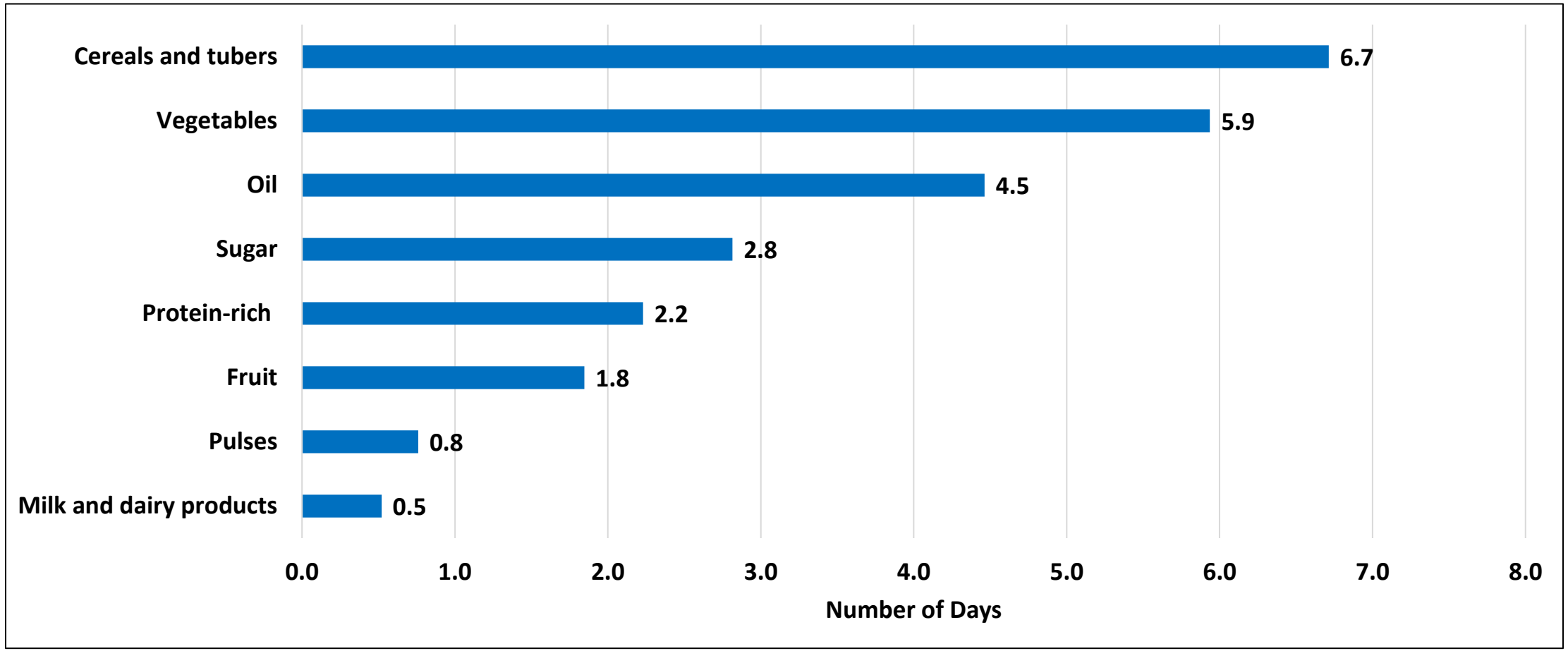


2024



- Mbire (39%) and Rushinga (35%) had the highest proportion of households consuming poor diets.

Average Number of Days a Food Group Was Consumed

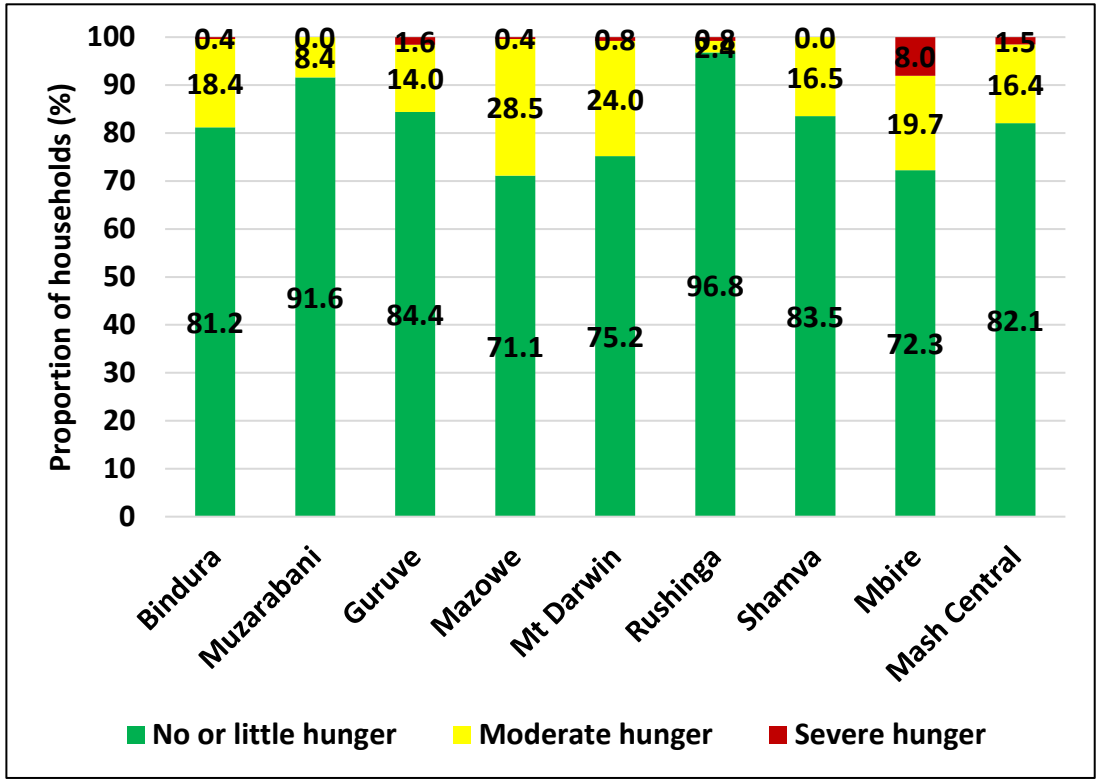


- The most frequently consumed food group was cereals and tubers.
- Pulses and milk and dairy products were consumed an average of less than one day in the seven days preceding the survey.

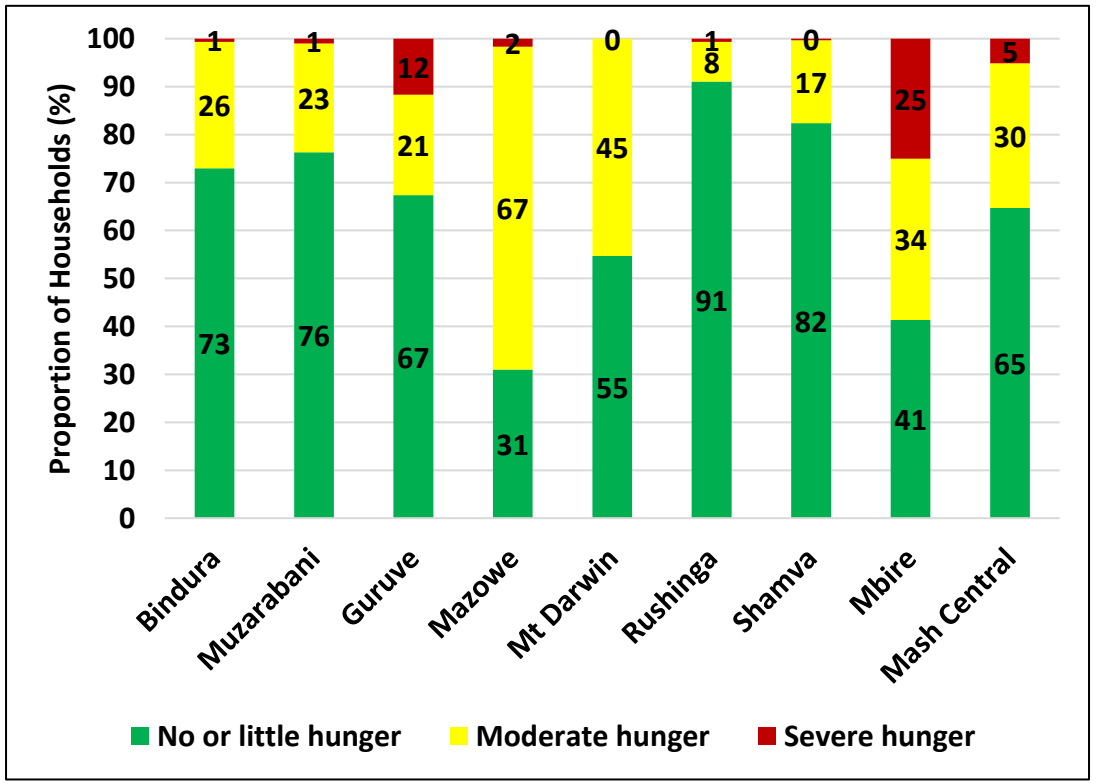
Household Hunger Scale

Household Hunger Scale

2023



2024



- The proportion of households experiencing no to little hunger decreased from 82.1% to 65% whilst those experiencing severe hunger increased from 1.5% to 5%.
- Mbire (25%) had the highest proportion of households experiencing severe hunger.

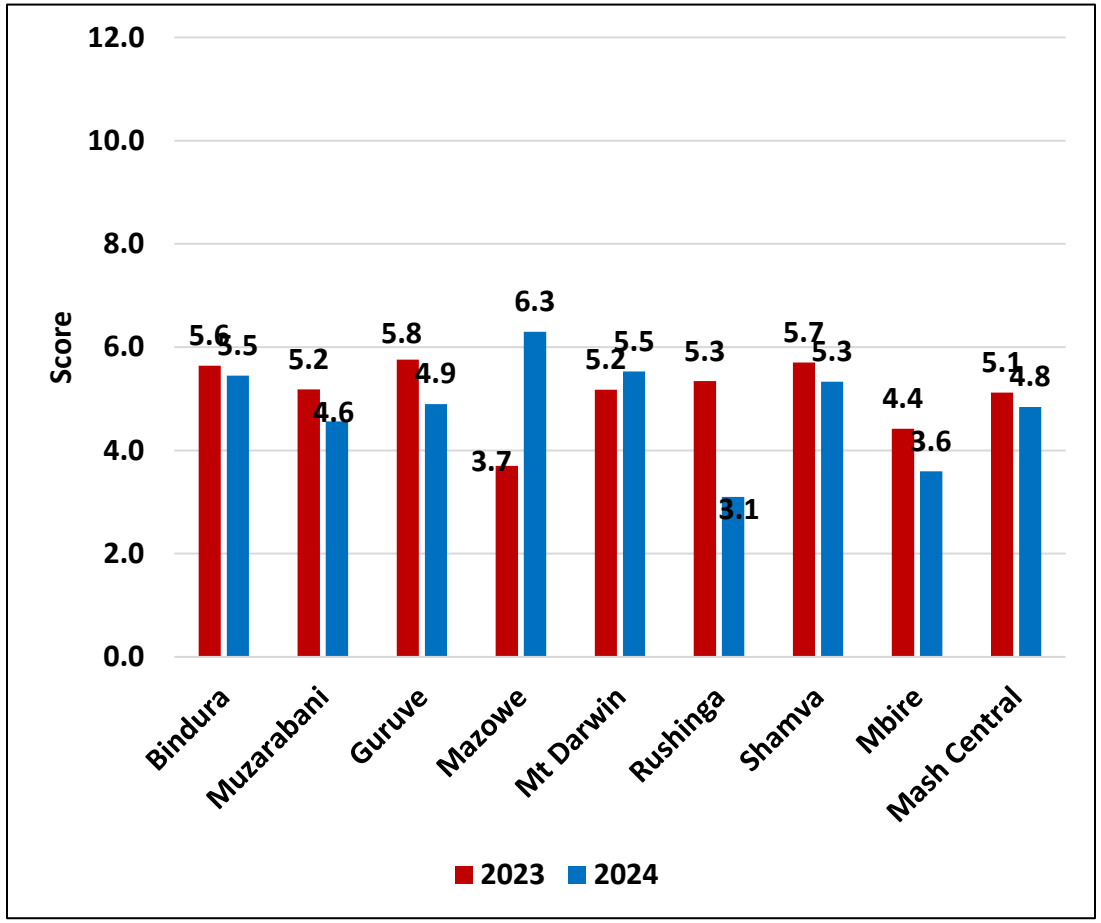
Household Dietary Diversity

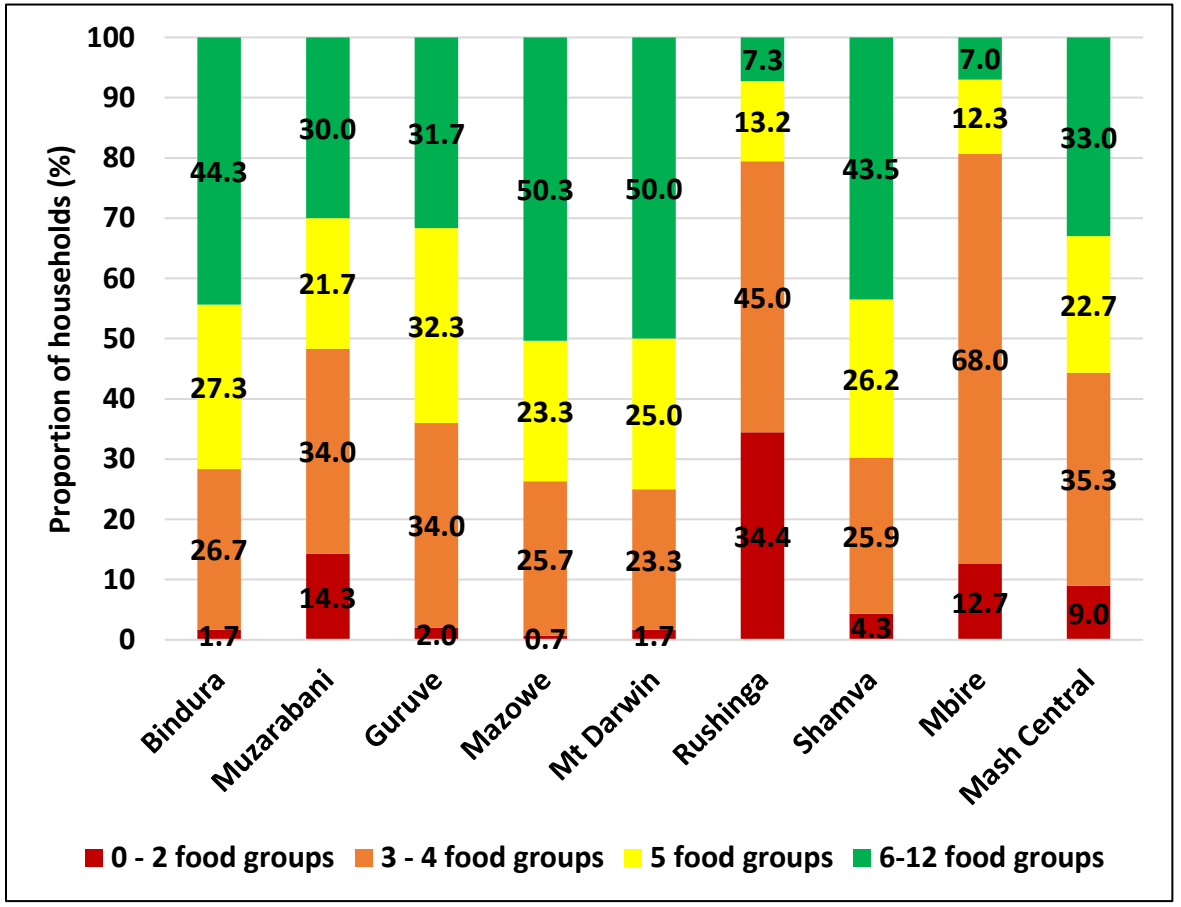
Household Dietary Diversity by Food Groups

	Cereals (%)	Tubers (%)	Pulses (%)	Vegetables (%)	Fruit (%)	Meat (%)	Fish (%)	Eggs (%)	Dairy products (%)	Oil (%)	Sugar (%)	Condiments/coffee/tea (%)
Bindura	99.7	10.0	6.7	97.0	16.0	37.3	9.0	21.0	13.3	92.3	63.3	79.3
Muzarabani	99.7	11.7	14.0	88.7	12.0	36.7	15.7	9.3	12.3	52.7	38.0	65.3
Guruve	99.7	7.0	8.3	93.7	7.7	19.0	3.7	15.3	2.7	91.0	51.0	91.0
Mazowe	97.7	22.0	13.3	93.3	24.3	49.0	33.3	28.0	13.3	95.0	62.0	98.3
Mt Darwin	99.3	13.3	17.7	77.7	49.0	27.7	16.3	5.7	11.0	86.3	50.0	98.7
Rushinga	81.5	3.6	3.0	73.8	24.8	19.2	2.6	1.3	1.3	30.5	18.2	50.0
Shamva	98.3	17.6	20.9	92.4	39.2	40.2	6.3	10.6	11.0	64.8	51.2	80.7
Mbire	92.7	0.3	1.7	84.7	11.3	7.0	3.7	2.0	3.3	40.3	18.0	94.3
Mash Central	96.0	10.7	10.7	87.6	23.1	29.5	11.3	11.7	8.5	69.1	43.9	82.2

- The most consumed food groups were cereals (96%), vegetables (87.6%) and condiments (82.2%).

Household Dietary Diversity Score



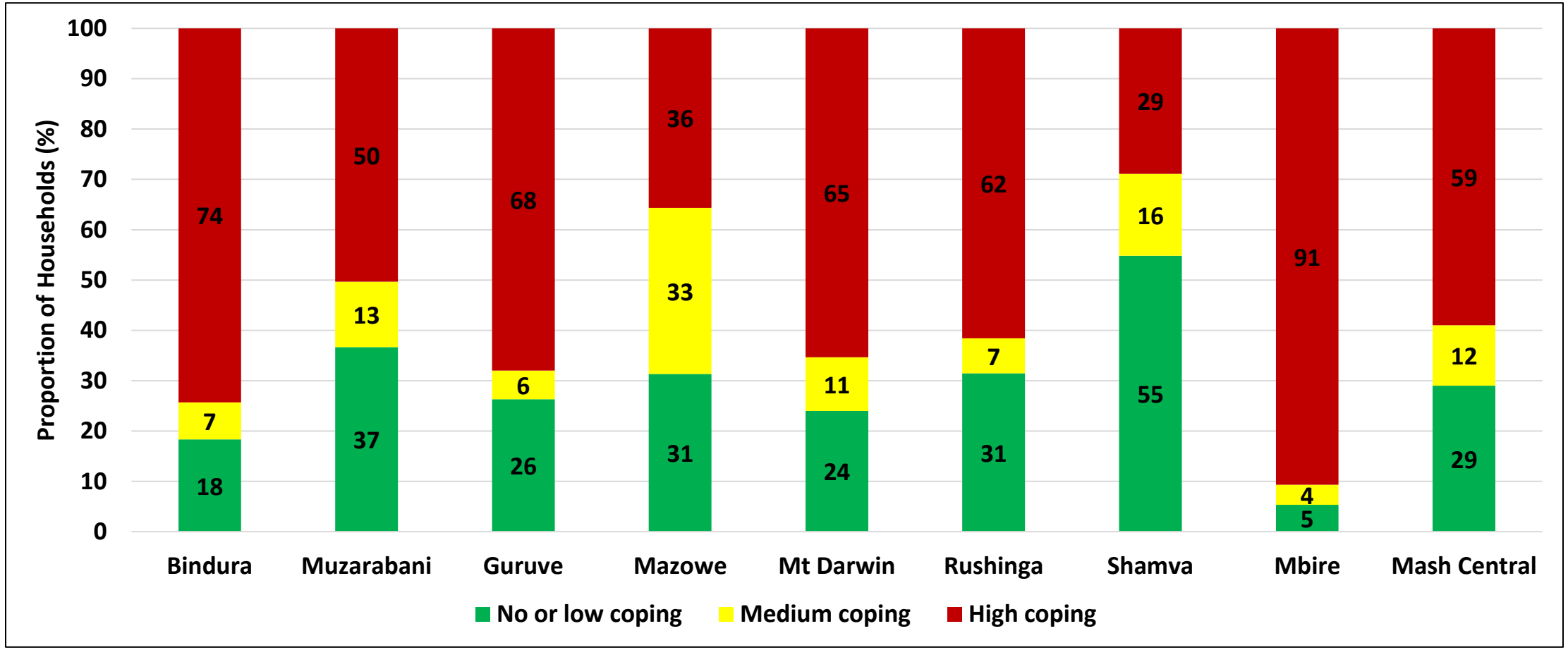


- Household dietary diversity score in Rushinga dropped by 2.2 score between 2023 and 2024.
- About 34.4% of the households in Rushinga consumed 0-2 food groups.

Household Coping

Reduced Consumption Based Coping Strategies (rCSI)

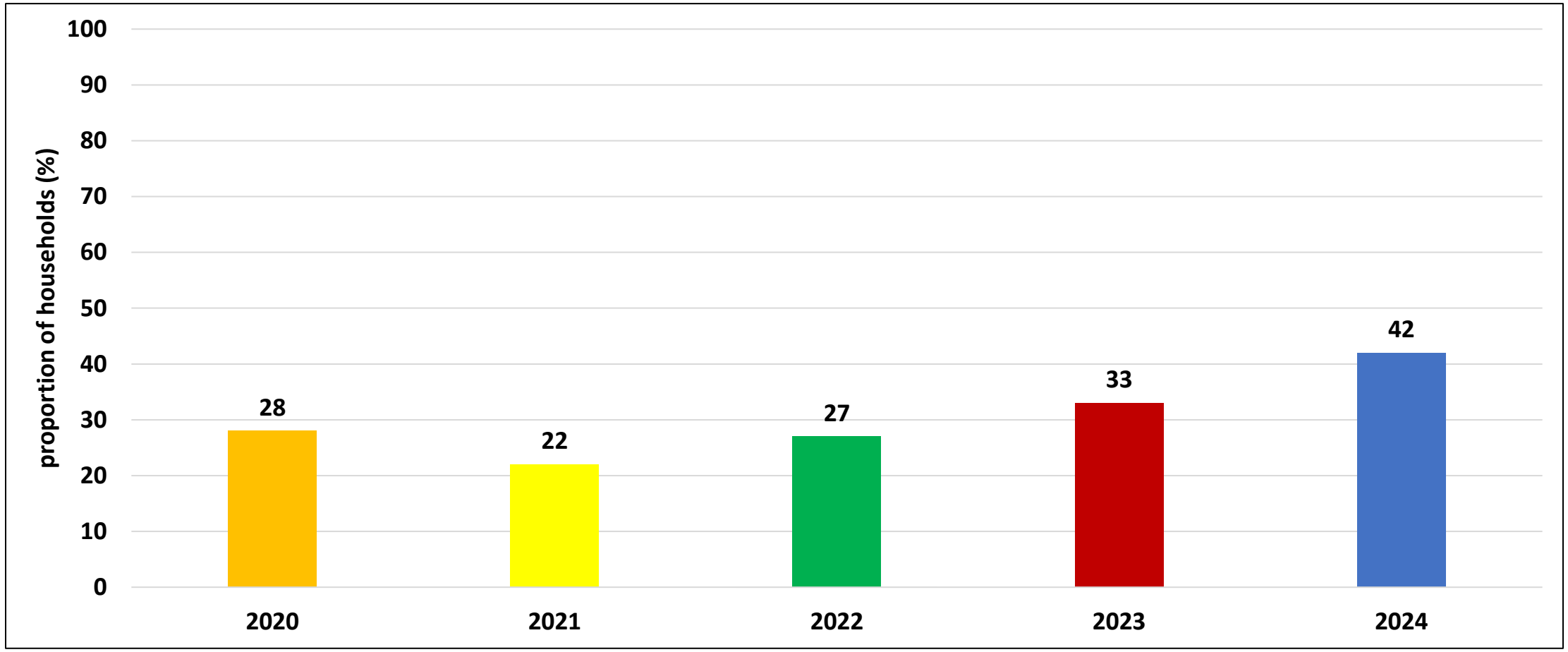
Reduced Consumption Coping Strategy Index



- Fifty-nine percent of the households were engaged in high coping strategies.
- Mbire (91%) had highest proportion of households engaging in high coping strategies.
- Shamva (55%) had the highest proportion of households not engaged in any coping strategies.

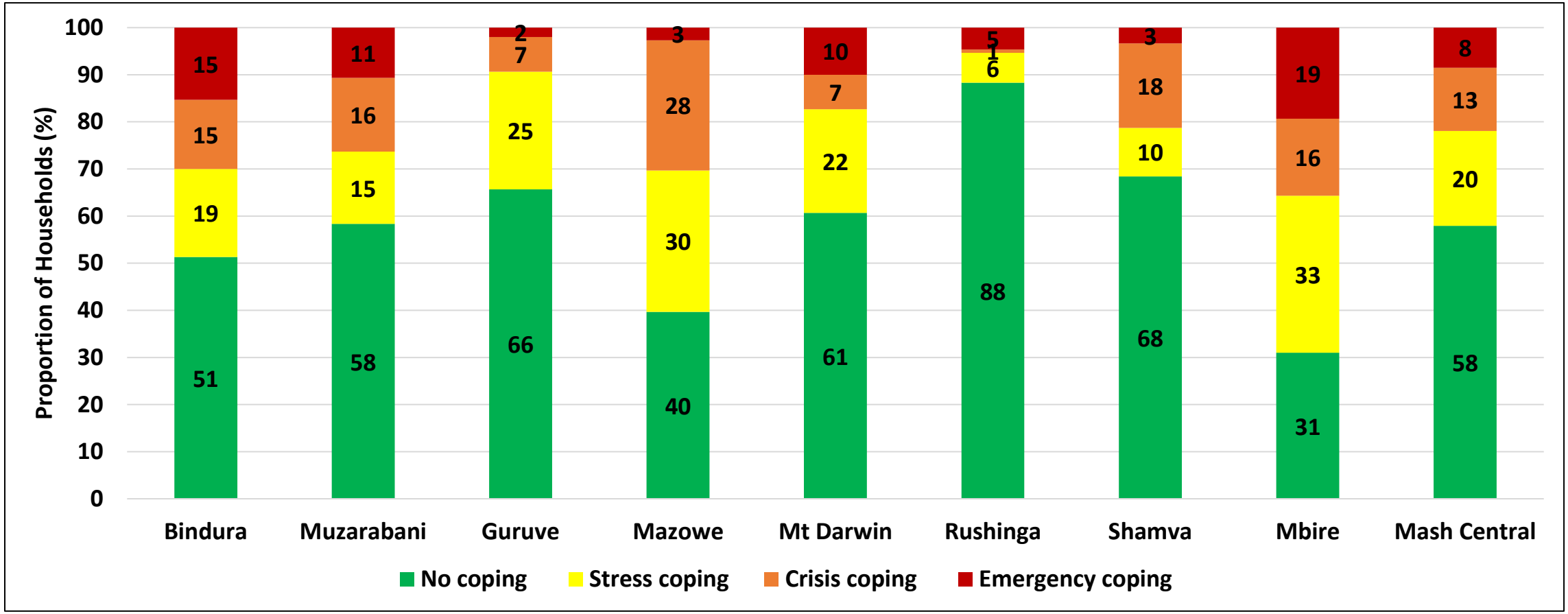
Livelihoods Based Coping Strategies (LCSI)

Households Engaging in any Form of Livelihoods Coping Strategies



- Households engaging in any form of coping were 42%, an increase from 33% in 2023.

Households Maximum Livelihoods Coping Strategies



- The proportion of households engaging in emergency coping strategies was high in Mbire (19%) and Bindura (15%).

Child Health

Vitamin A

Vitamin A Supplementation for Children 6-59 Months

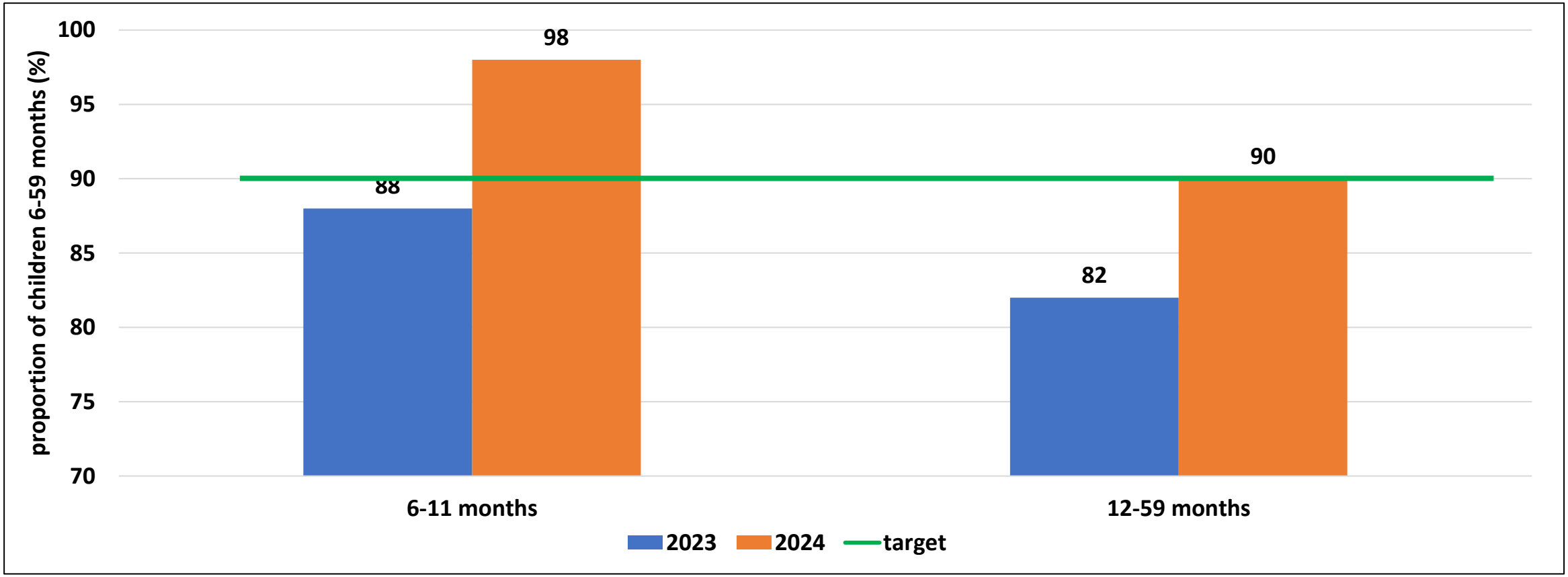
- The World Health Organization recommends Vitamin A Supplementation (VAS) once every six months for children in the age group of 6 59 months.

- VAS is proven to reduce all cause mortality, incidence of diarrhea and measles in children.

The Zimbabwe VAS Schedule

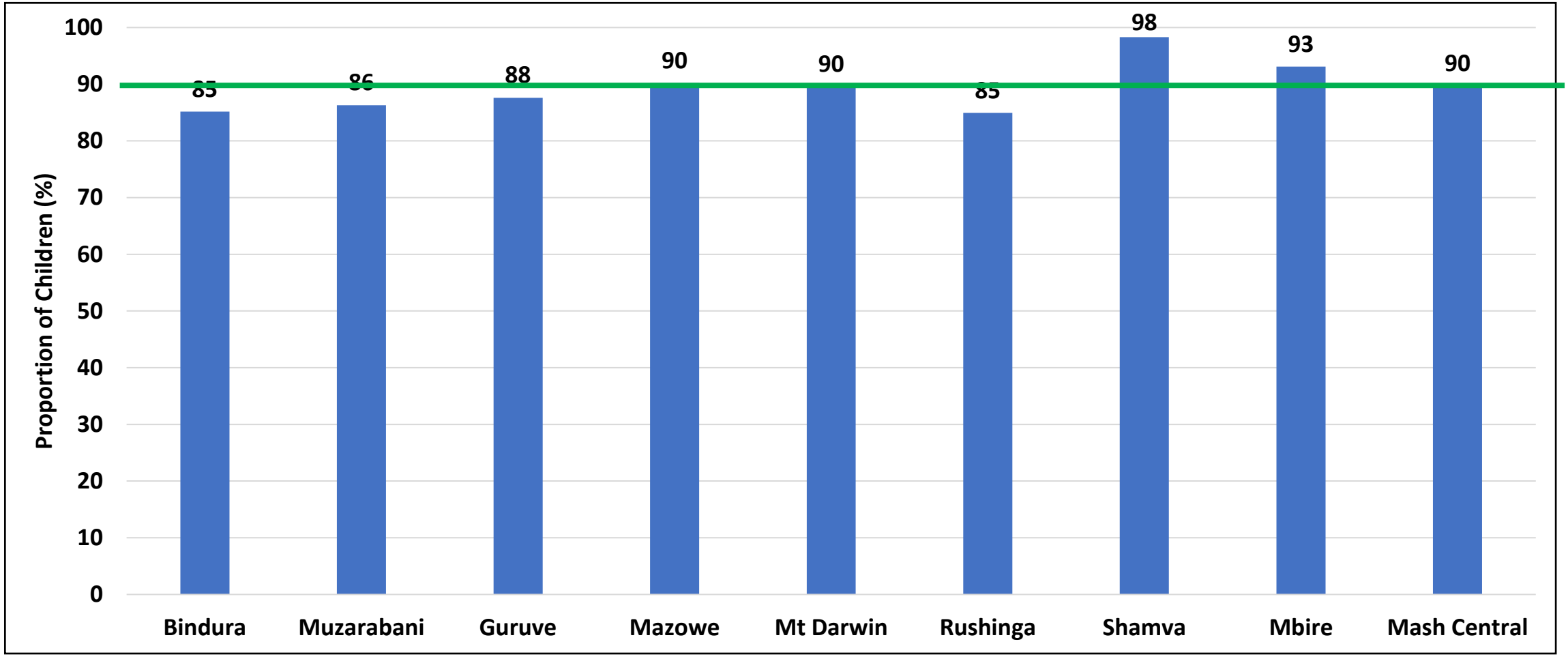
Age Group	Vitamin A Dosage	Timing for Administration
Below 6 months	**Do not give**	**N/A**
6-11 months	**100 000 IU**	**Once at age 6 months**
12-59 months	**200 000 IU**	**Once every 12 months from age 6 months, until child reaches 5 years**

Vitamin A Supplementation



- Performance for Vitamin A supplementation for Mashonaland Central was in line with the national performance of 90% coverage target for the intervention.

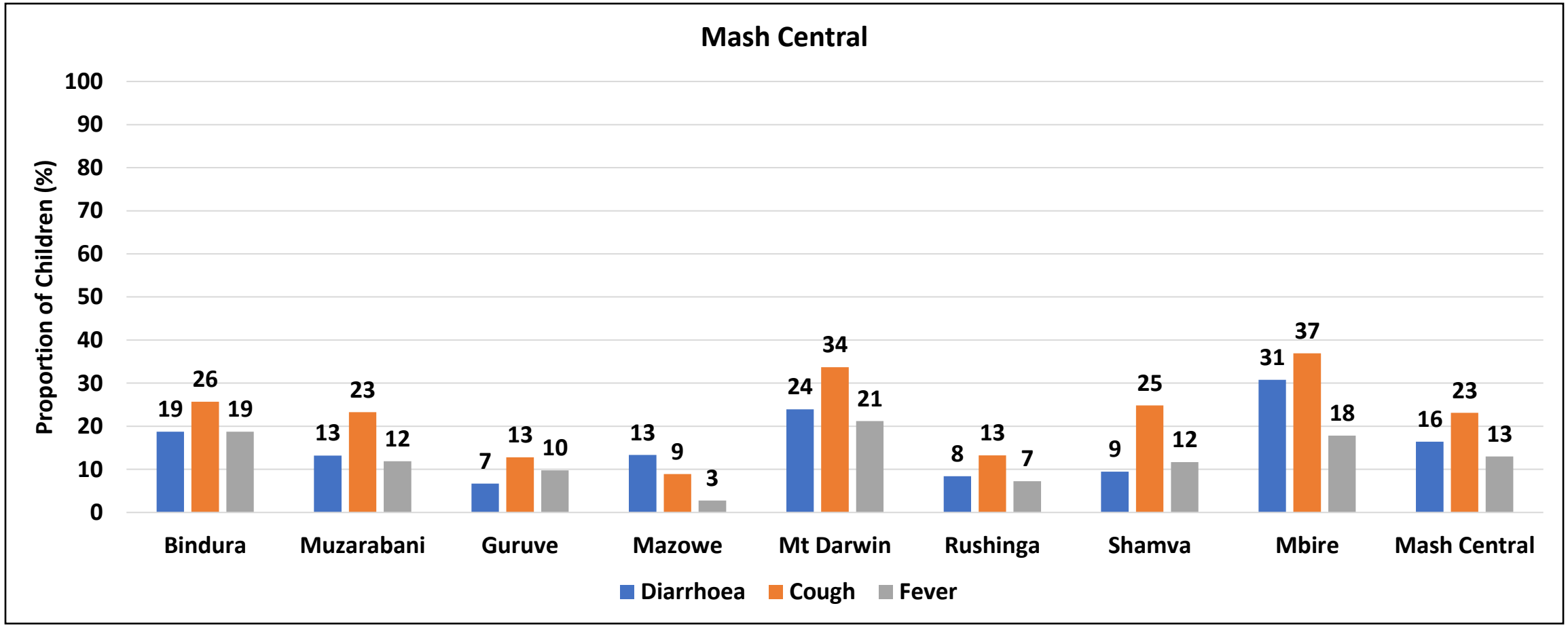
Vitamin A Supplementation for Children 12-59 Months



- Rushinga (85%) and Bindura (85%) reported the least coverage for vitamin A supplementation for children 12-59 months.

Child Illness

Child Illness (6-59 Months) by District



- Cough was the most reported illness for children across all the districts, with Mbire (37%) and Mt Darwin (34%) recording the highest.
- Mbire (31%) also reported the highest proportions for diarrhoea and Mt Darwin (21%) for fever.

Child Nutrition

Infant and Young Child Feeding Practices

Infant and Young Child Feeding

- Infant and young child feeding (IYCF) practices directly affect the health, development and nutritional status of children less than two years of age and ultimately, impact child survival. Improving IYCF practices in children 0–23 months of age is therefore critical to improved nutrition, health and development.
- The World Health Organization (WHO) recommends breastfeeding practices that consist of early initiation of breastfeeding within one hour of birth, exclusive breastfeeding for six months, and continued breastfeeding with complementary feeding for at least two years.
- Exclusive breastfeeding is a low cost, life-saving child survival intervention
- WHO recommends that children aged 6–23 months be fed a variety of foods to ensure that nutrient needs are met. Food group diversity is associated with improved linear growth in young children. A diet lacking in diversity can increase the risk of micronutrient deficiencies, which may have a damaging effect on children's physical and cognitive development.
- Poor-quality diets are one of the greatest obstacles to children's survival, growth, development and learning. During the first two years of life, diets lacking in essential vitamins and minerals can irreversibly harm a child's rapidly growing body and brain and increase the risk of stunting, wasting and micronutrient deficiencies. Meanwhile, foods high in sugar, fat or salt can set children on the path to unhealthy food preferences, overweight and diet-related diseases.

Notes

EGG AND/OR FLESH FOOD CONSUMPTION 6–23 MONTHS (EFF)

- WHO guiding principles for feeding breastfed and non-breastfed children state that “meat, poultry, fish or eggs should be eaten daily, or as often as possible”.
- There is evidence that children who consume eggs and flesh foods have higher intakes of various nutrients important for optimal linear growth. Consuming eggs is associated with increased intakes of energy, protein, essential fatty acids, vitamin B12, vitamin D, phosphorus and selenium, and with higher recumbent length.
- Introduction of meat as an early complementary food for breastfed infants was associated with improved protein and zinc intake.
- Indicator definition: percentage of children 6–23 months of age who consumed egg and/or flesh food during the previous day.

ZERO VEGETABLE OR FRUIT CONSUMPTION 6–23 MONTHS (ZVF)

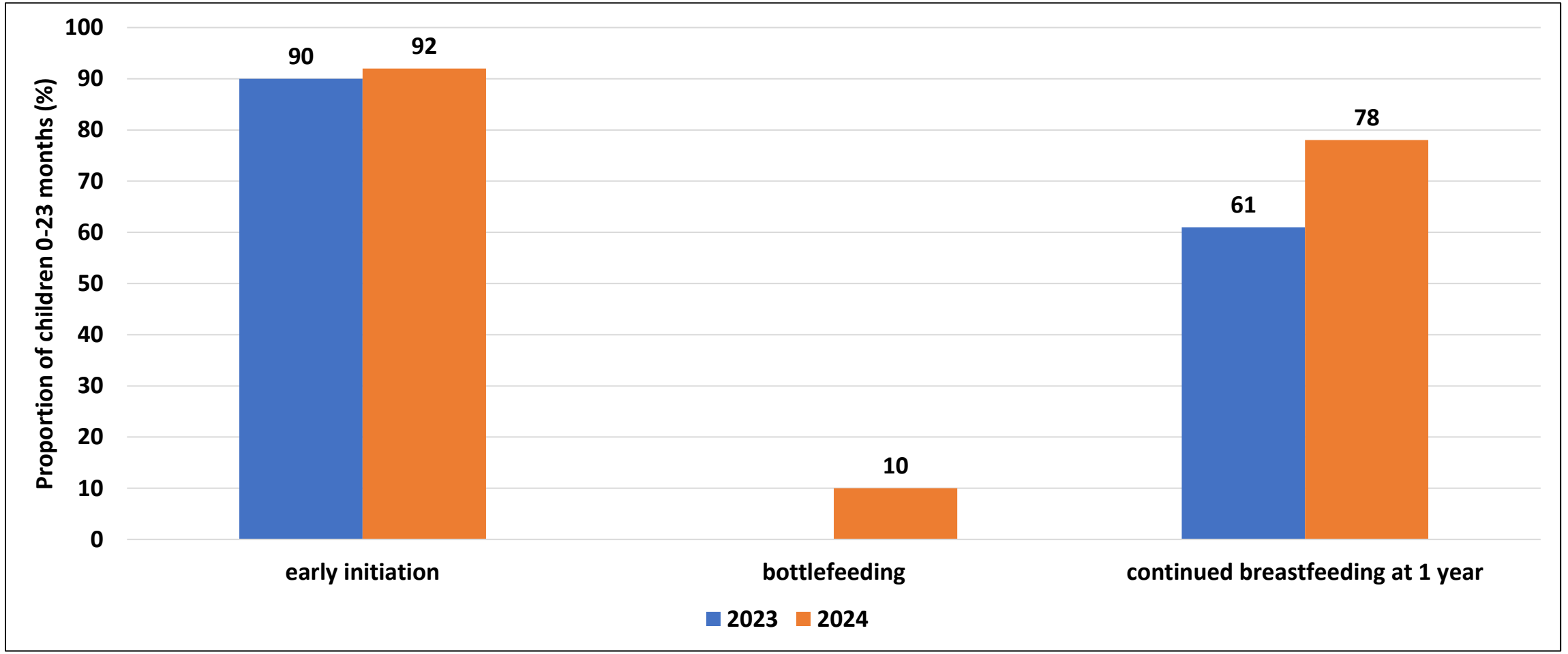
- WHO indicates that low vegetable and fruit consumption is associated with increased risk of noncommunicable diseases (NCDs).
- Non-consumption of vegetables or fruits on the previous day represents an unhealthy practice.
- Indicator definition: percentage of children 6–23 months of age who did not consume any vegetables or fruits during the previous day.

Notes

UNHEALTHY FOOD CONSUMPTION 6–23 MONTHS (UFC)

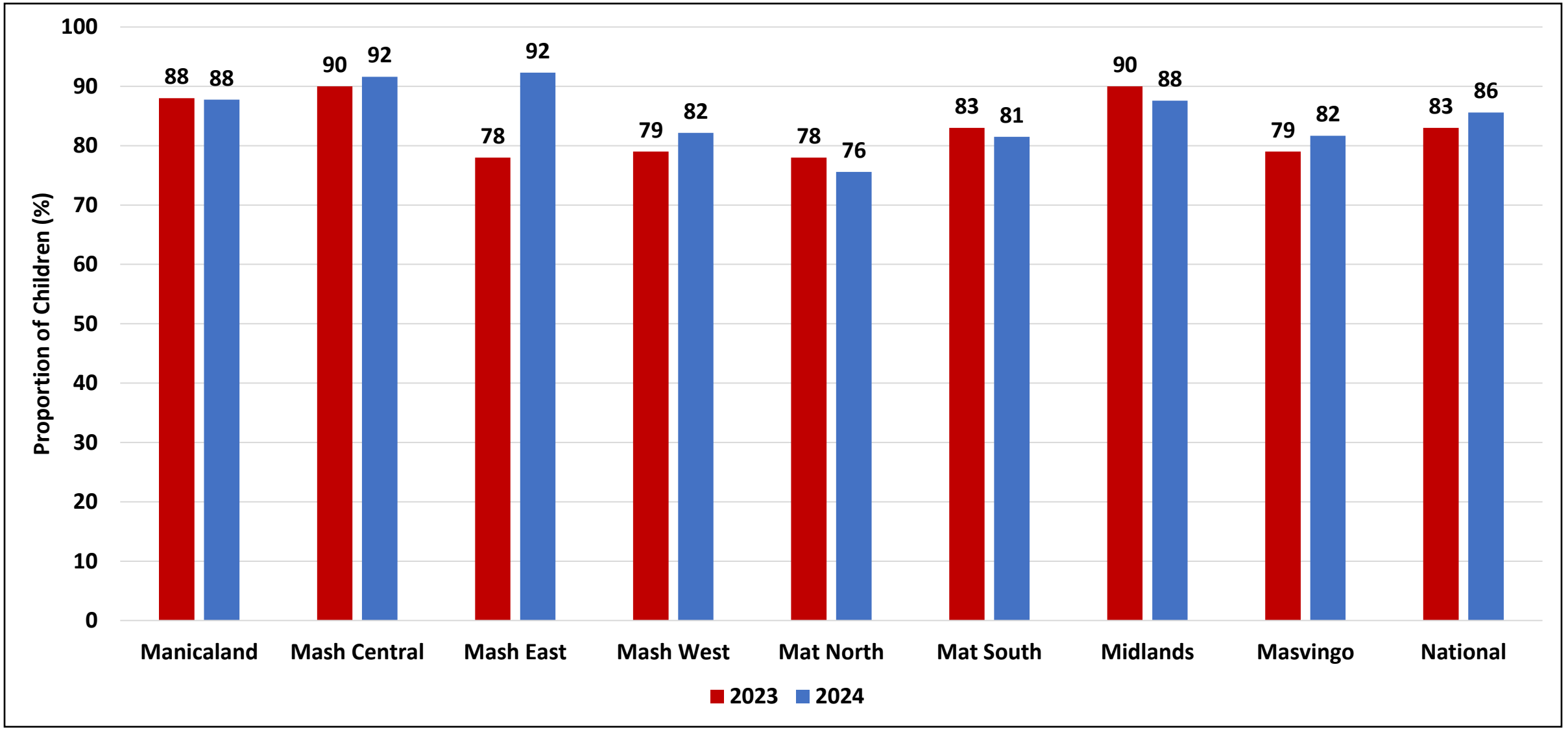
- In many low- and middle-income countries, diet patterns are shifting towards higher intakes of added sugars, unhealthy fats, salt and refined carbohydrates.
- A variety of guidance documents indicate the need to avoid or limit these types of foods when feeding IYC.
- Recent national guidance for feeding IYC advises avoidance of foods such as candies, chocolate, chips, French fries, cakes and cookies: Consumption of such foods may displace more nutritious foods and limit the intake of essential vitamins and minerals.
- Recently, unhealthy snack food and beverage consumption has been associated with a higher risk of nutrient inadequacy, and lower length-for-age among one-year-olds *(43)*.
- Food preferences that begin early in life track into later childhood and adolescence. Such practices, if continued throughout adolescence and adulthood, can increase the risk of becoming overweight or obese, and of related chronic diseases later in life.
- Indicator definition: percentage of children 6–23 months of age who consumed selected sentinel unhealthy foods during the previous day.
- *"sentinel unhealthy foods" are foods or categories of foods (e.g. "sweets"* or *"candies") that are likely to be consumed by IYC and are high in sugar, salt and/or unhealthy fats.*

Breastfeeding Practices



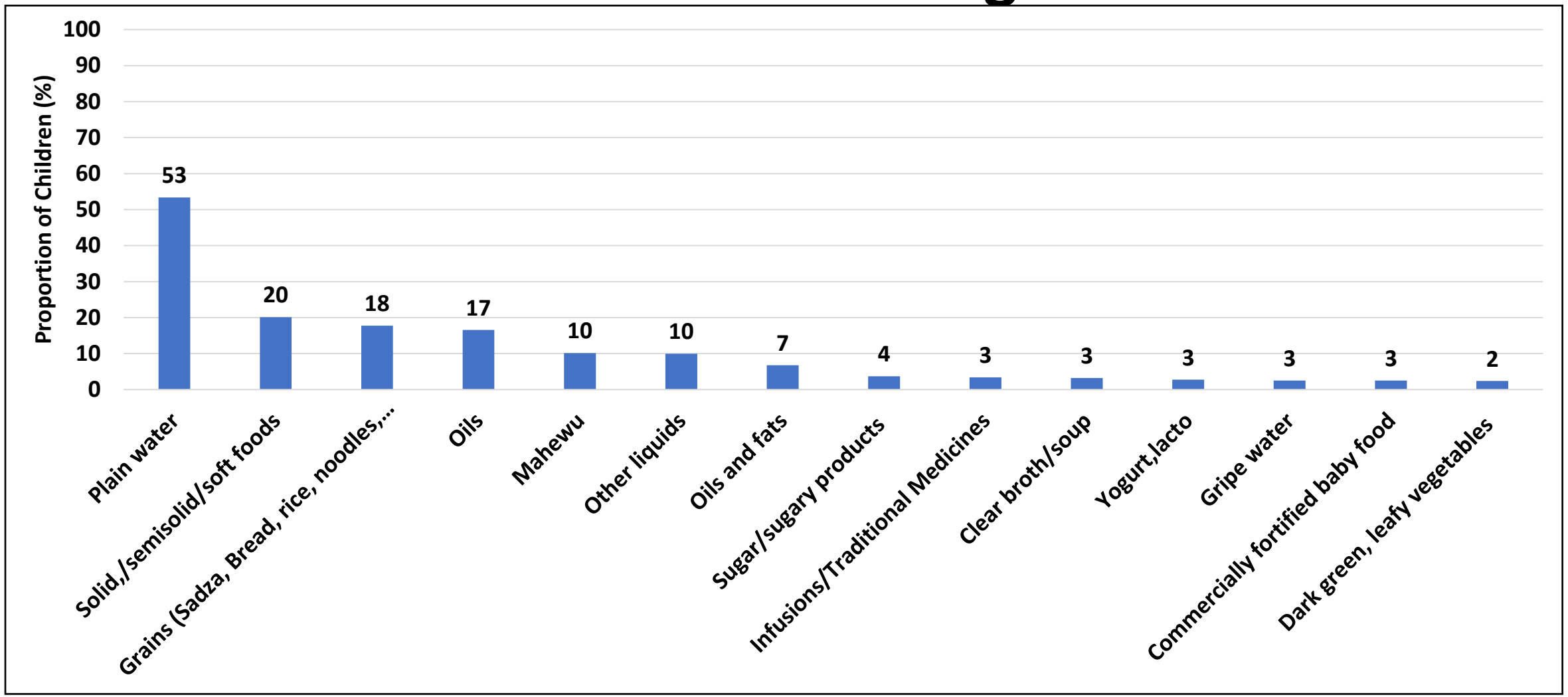
- Breastfeeding is a low cost, life-saving child survival intervention. The proportion of children who continued to be breastfed beyond one year increased from 61% to 78%.
- Early initiation was high at 92%.

Early Initiation of Breastfeeding



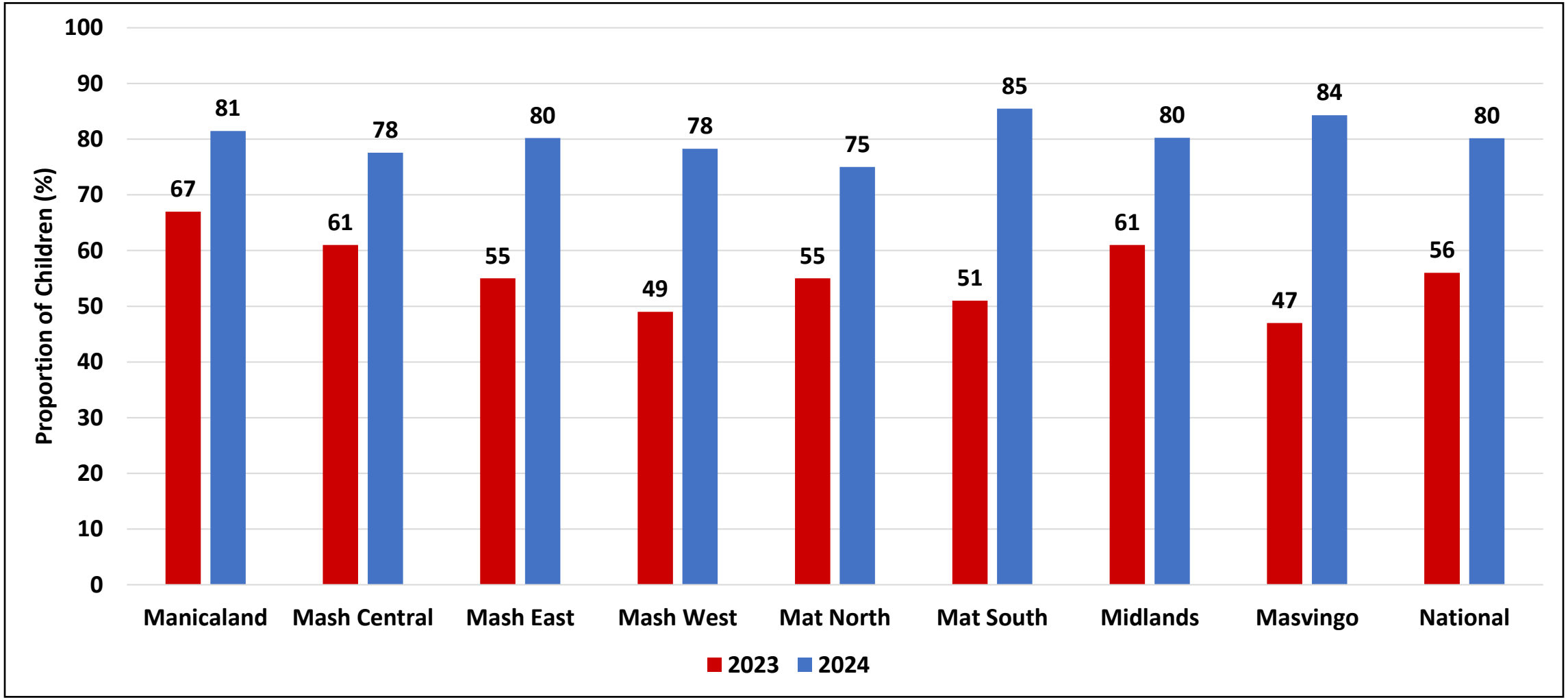
- Nationally, 86% of children who were born were put on the breast within an hour of birth.
- Mashonaland Central reported (92%), which was above the national average.

Foods Given to Children Less than 6 months in Addition to Breastfeeding



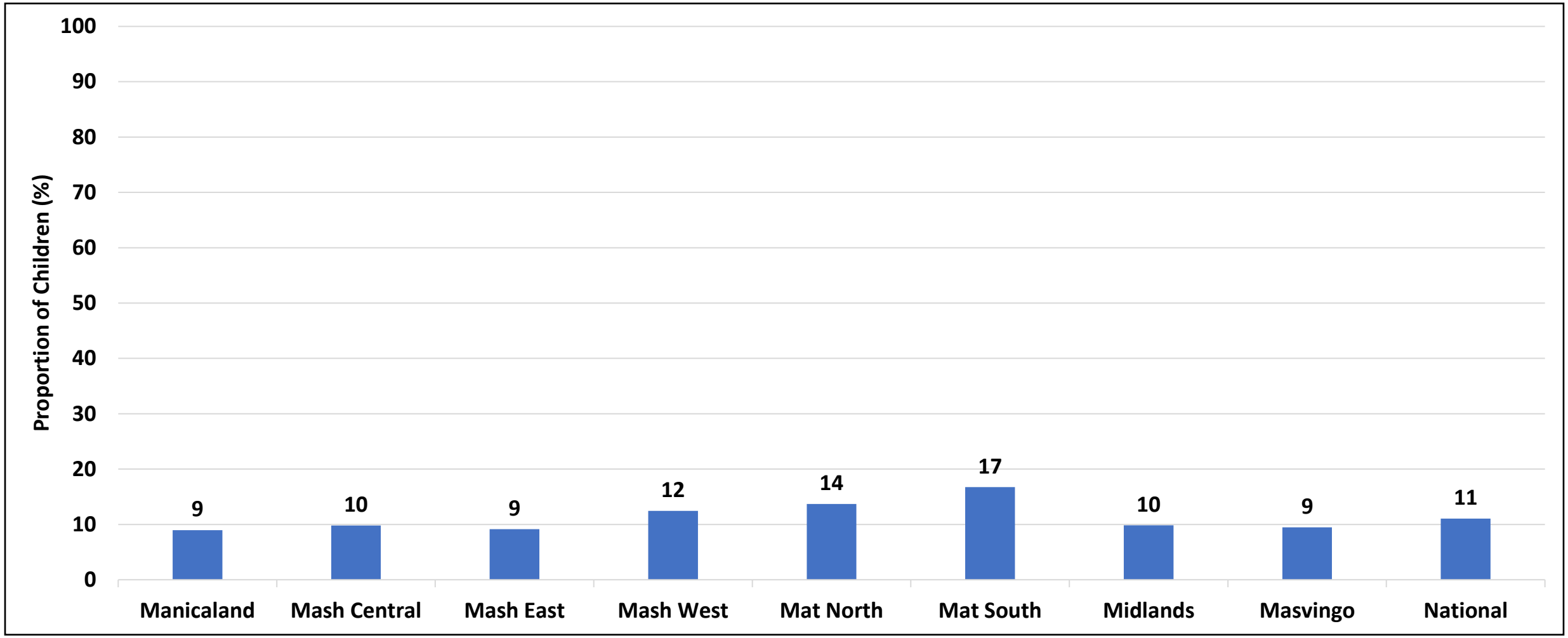
- Nationally, plain water (53%), soft foods (20%), grains (18%) and oils (17%) were the most common foods given to children less than 6 months.

Continued Breastfeeding Beyond 1 Year



- Breastfeeding provides one third of energy needs between 12 and 24 months.
- The proportion of children who continued to be breastfed beyond one year increased across all provinces.
- Nationally, 80% of children were breastfed beyond one year in Mashonaland Central the proportion increased from 61% in 2023 to 78% in 2024.

Bottle Feeding



- Bottle feeding interferes with breastfeeding and predisposes infants to diarrheal diseases, especially in an environment with compromised WASH services.
- Mashonaland Central reported 10%, above the national average of 11%.

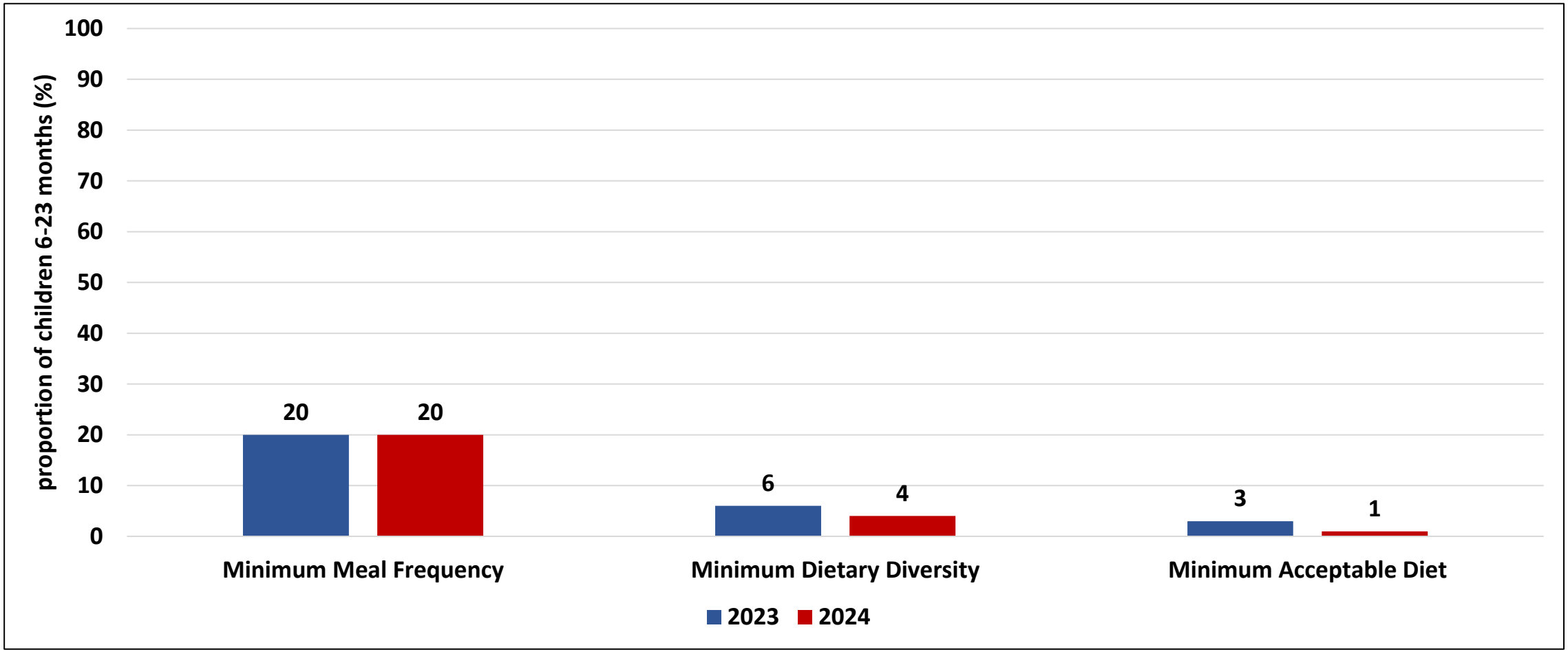
Complementary Feeding

- Minimum Dietary Diversity (MDD) is a proxy indicator for adequate micronutrient density. Both breastfed and non-breastfed infants are expected to consume at least five of the seven food groups that are recommended by the World Health Organisation.

- Minimum Meal Frequency (MMF) is a proxy for a child's energy requirements and is the proportion of breastfed and non-breastfed children 6 to 23 months of age who receive solid, semi-solid, or soft-foods or milk feeds the minimum number of times or more.

- Minimum Acceptable Diet (MAD) is a composite indicator of minimum meal frequency and dietary diversity. It represents minimum standards of IYCF practices.

Infant and Young Child Feeding Diet Quality



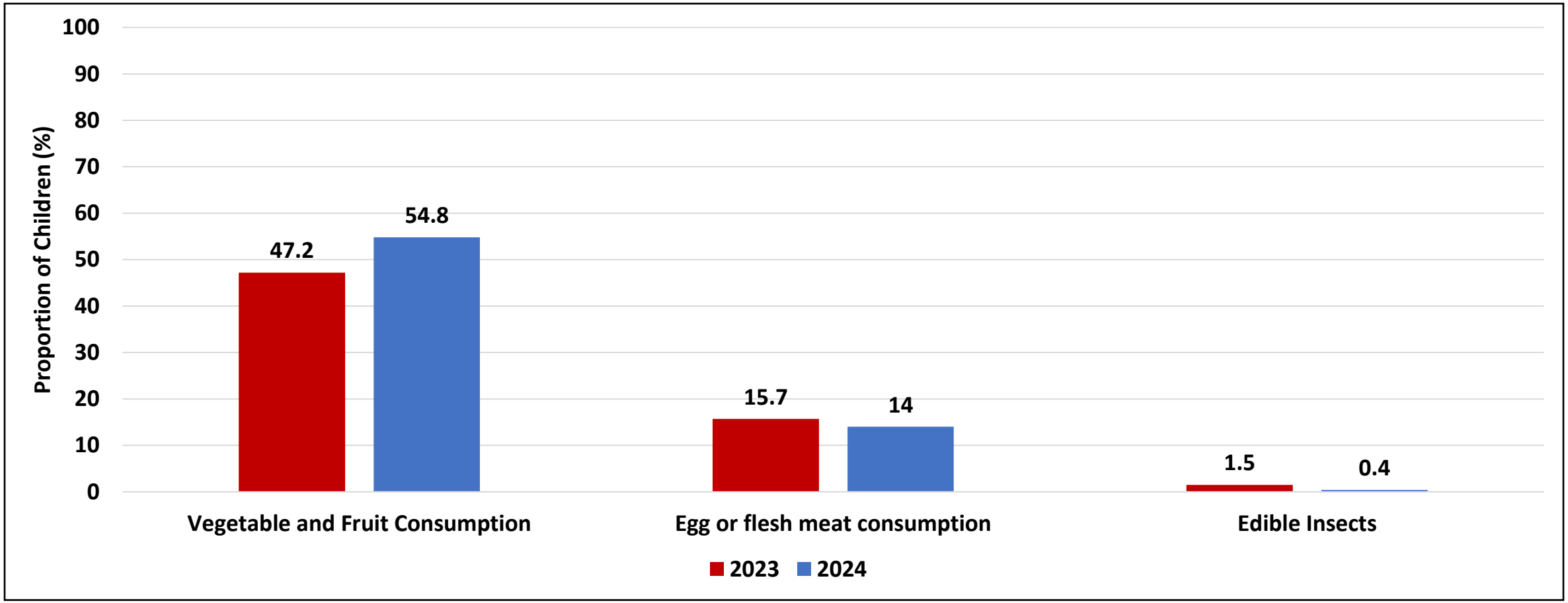
- About 1% of children aged 6-23 months received the Minimum Acceptable Diet, a decrease from 3% recorded in 2023.
- A Minimum Acceptable Diet indicator reflects the proportion of children who receive adequate diverse age-appropriate foods. Adequate nutrition is essential for growth and development of children aged 6-23 months.

Foods Consumed by Children 6-23 Months

	Breastmilk (%)	Grains, roots, tubers and plantains (%)	Pulses (beans, peas, lentils), nuts and seeds (%)	Dairy products (milk, infant formula, yogurt, cheese) (%)	Flesh foods (meat, fish, poultry, organ meats) (%)	Eggs (%)	Vitamin-A rich fruits and vegetables (%)	Other Fruits and vegetables (%)
Manicaland	43.5	94.8	5.2	11.0	11.3	4.3	**49.6**	27.5
Mash Central	46.1	**90.6**	3.8	9.2	11.3	6.2	38.0	22.6
Mash East	44.4	91.2	8.1	20.1	14.8	9.5	47.0	39.6
Mash West	41.4	88.2	3.3	9.3	11.2	2.5	40.5	18.9
Mat North	41.7	92.5	6.8	16.6	6.8	1.3	44.0	23.1
Mat South	44.2	94.2	9.9	19.5	**18.9**	2.6	34.0	26.7
Midlands	37.8	92.7	1.0	18.5	9.6	1.8	40.4	26.3
Masvingo	47.9	90.8	6.7	16.9	12.3	2.5	37.4	26.4
National	43.3	91.8	5.6	15.2	12.1	4.0	41.5	26.8

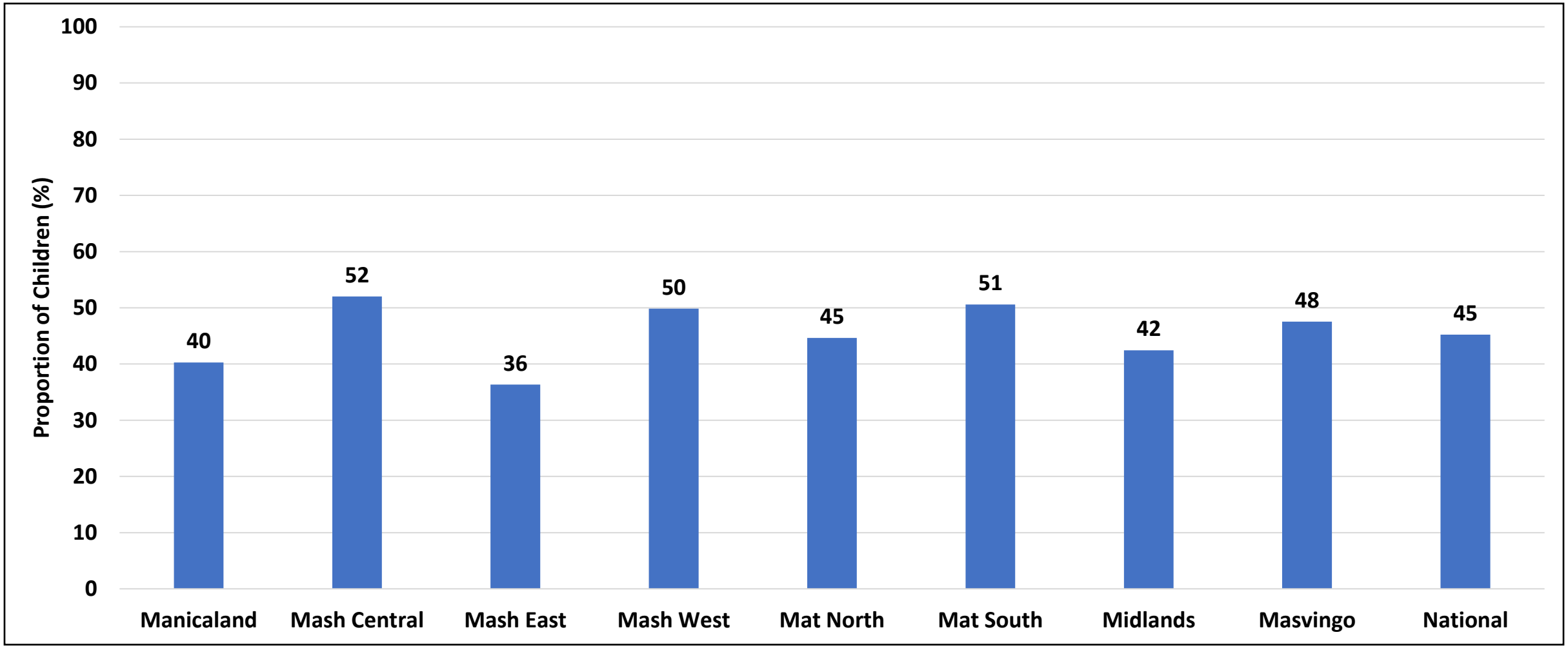
- Most of the children 6-23 months in Mashonaland Central consumed grains, roots and tubers (90.6%), followed by breastmilk (46.1%).

Infant and Young Child Feeding Diet Quality Indicators by Year



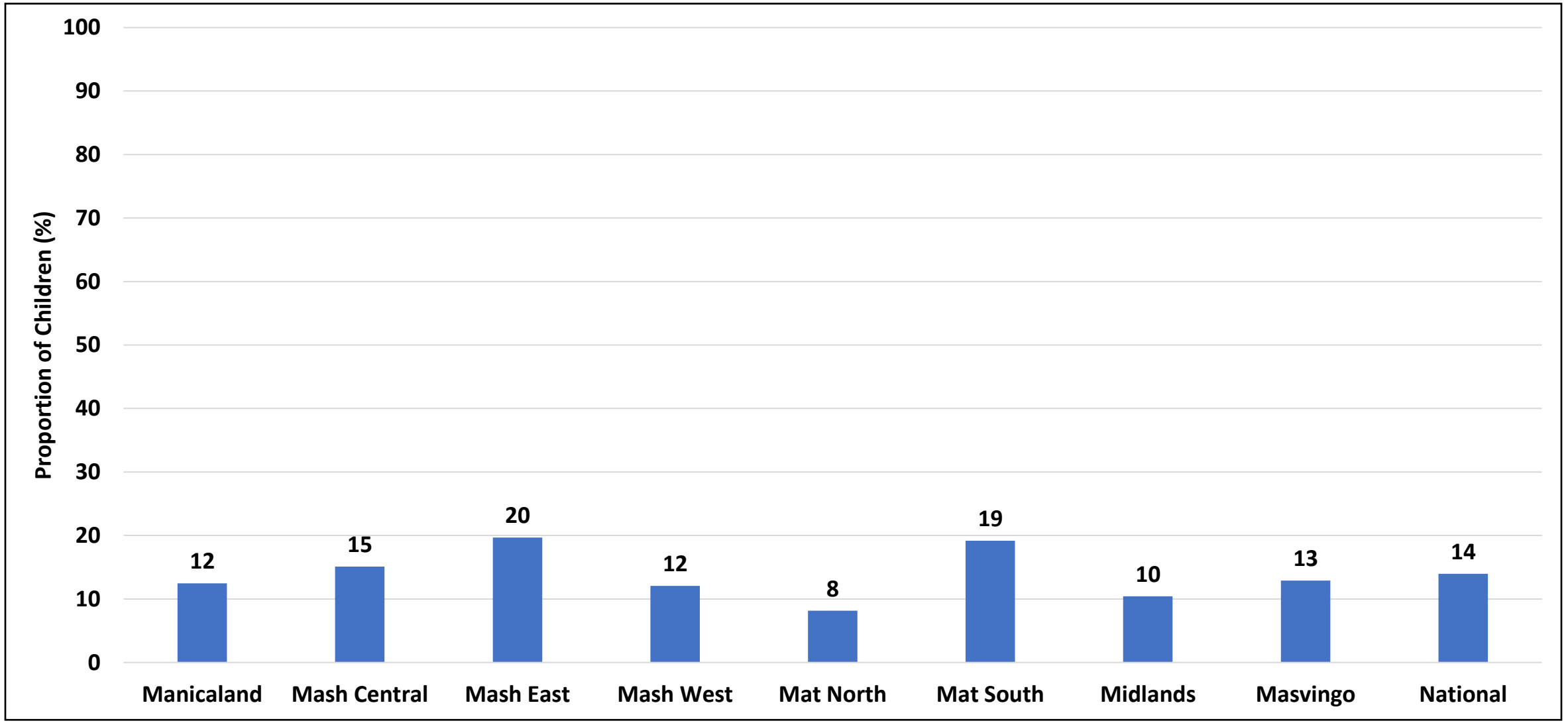
- Vegetable, fruit, egg and flesh meat consumption provides the much-needed nutrients required for optimum growth and development during the window of opportunity (first 1 000 days).
- About 55% of the children 6 to 23 months consumed vegetables and fruits 24 hours preceding the survey.
- Edible insects were not commonly consumed by the children.

Non-Vegetable or Fruit Consumption 6–23 Months (ZVF)



- Nationally, an estimated 45% of children 6-23 months were neither consuming vegetables nor fruits, with Mashonaland Central reporting 52%.

Egg and/Flesh Meat Consumption 6–23 Months (EFF)



- Nationally, only 14% of children 6-23 months were consuming egg and/ flesh meat with Mashonaland Central reporting (15%).

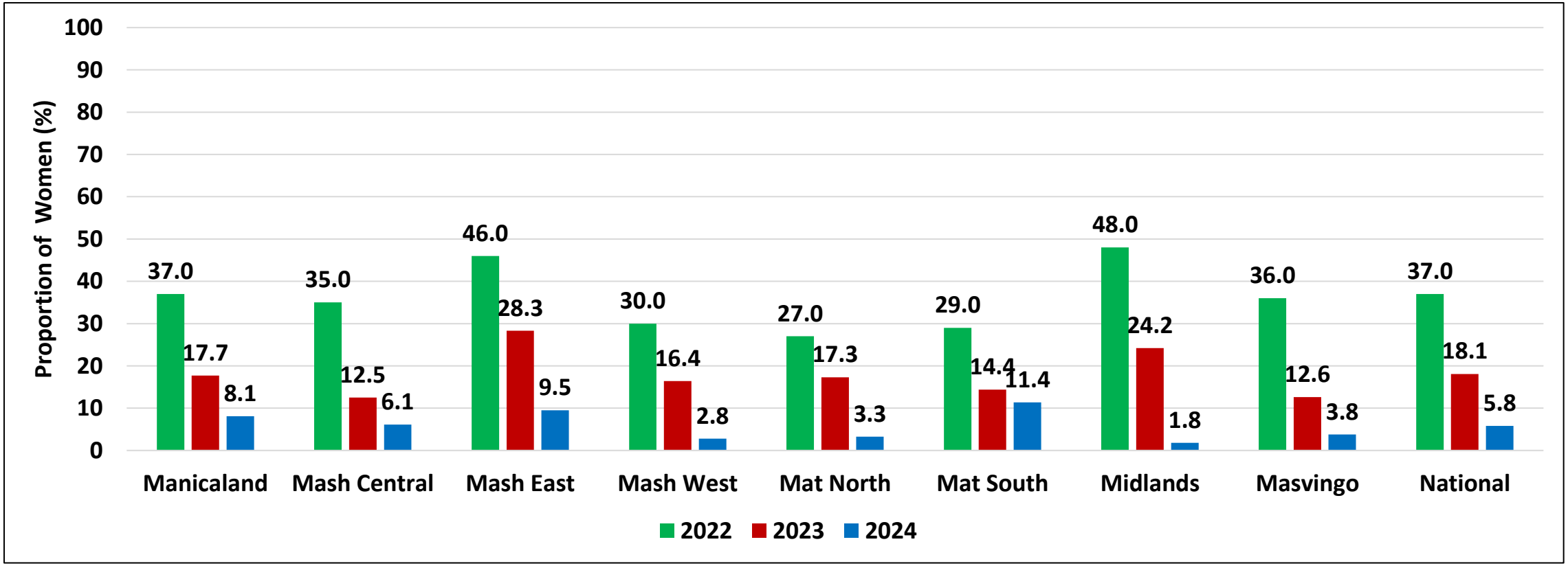
Minimum Dietary Diversity for Women of Child Bearing Age

Actual Food Groups Consumed by WCBA

	Foods made from grains (%)	Orange fleshed Vegetables or root (%)	White roots and tubers (%)	Dark green leafy vegetables (%)	Fruits that are dark yellow or orange inside (%)	Other fruits like bananas, apples, citrus fruits (%)	Other vegetables like onion, tomato (%)	Meat made from animal organs (%)	Other types of meat or poultry, (%)	Eggs (%)	Fish or seafood, (%)	Beans or peas, (%)	Nuts or seeds, (%)	Milk or milk products, (%)	Oils/fat/ butter (%)	Condiments and seasonings, (%)	Other beverages and foods (%)
Manicaland	98.3	22.0	4.1	62.9	2.8	15.9	28.4	3.1	8.9	5.2	5.0	5.4	1.8	5.5	35.8	16.1	8.3
Mash Central	**99.1**	**19.4**	**3.3**	**58.2**	**3.1**	**7.8**	**32.2**	**3.3**	**8.5**	**5.9**	**8.5**	**4.1**	**2.6**	**4.6**	**39.4**	**17.0**	**5.4**
Mash East	95.2	16.3	7.7	57.8	1.0	7.8	46.1	3.9	15.2	7.1	3.8	3.5	2.7	10.1	57.9	27.3	24.4
Mash West	98.8	12.9	1.7	46.4	1.0	2.4	29.4	0.9	5.0	3.8	13.9	3.3	0.3	6.6	39.5	7.5	8.2
Mat North	99.1	9.6	2.4	61.2	0.3	1.5	17.0	4.0	8.9	3.1	2.2	5.0	0.9	6.4	33.0	29.0	21.5
Mat South	97.3	18.1	9.4	50.4	4.0	12.7	32.5	7.9	27.5	5.9	6.4	11.7	2.5	13.2	34.5	13.1	21.4
Midlands	98.0	13.5	4.6	49.1	2.3	4.9	32.3	3.2	11.4	1.5	2.4	4.4	1.4	4.9	29.0	10.3	11.0
Masvingo	96.7	10.5	3.2	50.1	1.0	9.0	30.4	3.8	15.6	1.8	3.7	4.2	3.7	9.2	45.6	9.7	16.0
National	97.7	15.1	4.7	54.3	1.9	7.6	31.4	3.8	12.9	4.2	5.5	5.2	2.0	7.7	39.5	16.3	15.0

- The physiological demands of pregnancy and lactation require a more nutrient-dense diet of Women of Child Bearing Age (WBCA) .
- Generally, WCBA are mostly consuming foods made from grain (99.1%),dark green vegetables(58.2%),Oils(39.4%),Other vegetables(32.2%).
- Insufficient nutrient intakes before and during pregnancy and lactation can affect both women and their infants' health and nutrition outcomes.

Minimum Dietary Diversity for Women of Child Bearing Age by Year



- The proportion of Women of Child Bearing Age(WCBA)consuming at least 5 food groups from the possible 10 has declined from 12.5% in2023 to 6.1% in 2024.
- The observed decrease in quality of diets amongst WCBA is reflective of household food access challenges being faced over the past three seasons across all provinces.

Nutrition Status

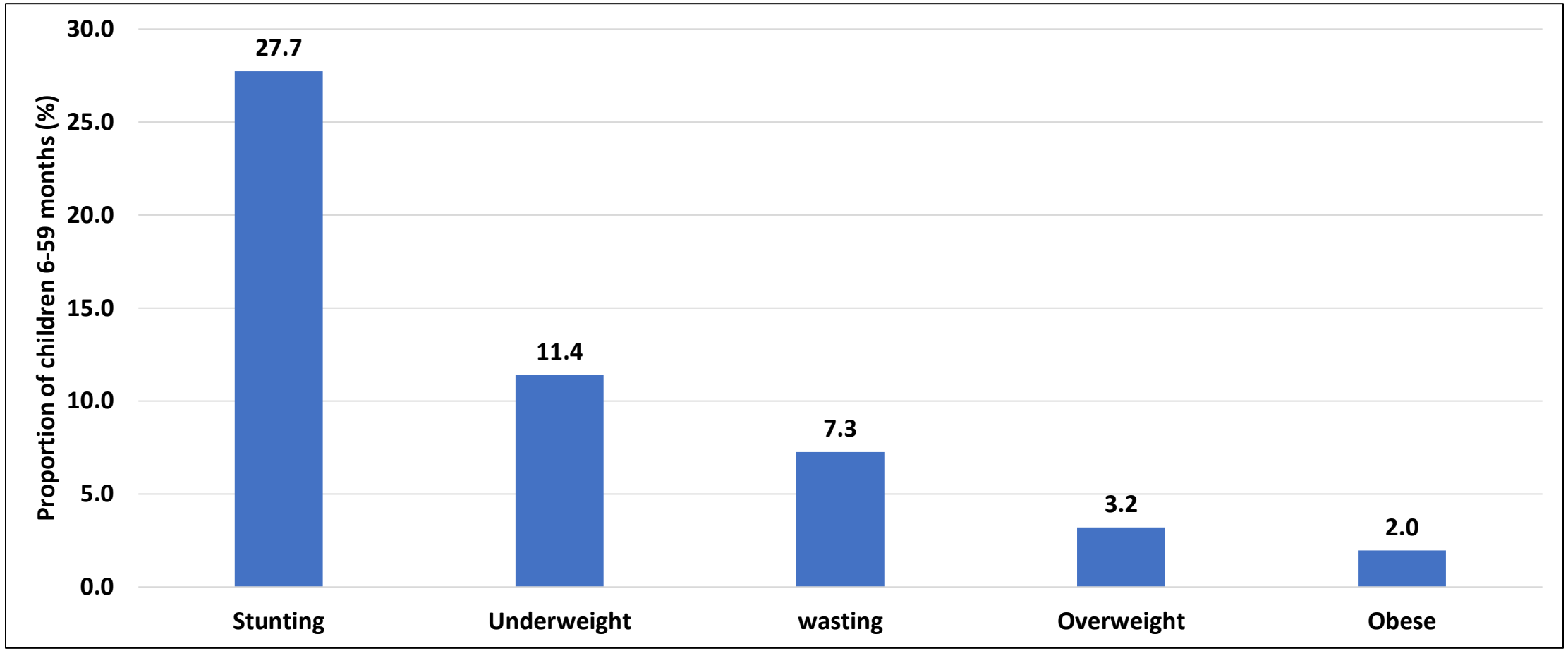
Child Nutrition Status

Child Stunting 	The share of children under the age of five who are short for their age (having a low height-for-age), reflecting chronic undernutrition.
Child Wasting 	The share of children under the age of five who are too thin for their height (low-weight-for-height), reflecting acute undernutrition.
Child Underweight 	The share of the children under the age of the five who are too thin for their age (low weight-for-age).
Overweight /Obesity 	The share of children under the age of five who are too heavy for their height (high weight-for-height).

Child Nutrition Status

Indicator	Indicator definition (WHO standards, 2006)	National prevalence (%)	Prevalence cut-off values for public health significance
Stunting	Height/Length for age <–2 SD of the WHO Child Growth Standards median	**27.7**	<2.5%: Very Low 2.5-<10%: Low 10-<20%: Medium 20-<30%: High ≥30%: Very High (DeOniset al., 2019)
Global Acute Malnutrition	Weight for height <-2SD of the WHO Child Growth Standards median and/oedema	**7.3**	<5% Acceptable 5–9.9%: Poor 10–14.9%: Serious >15%: Critical
Severe Acute Malnutrition	Weight for height <–3 SD of the WHO Child Growth Standards median	**2.6**	0% = acceptable >0%: Unacceptable
Underweight	Weight for age <-2SD of the WHO Child Growth Standards median and/oedema	**11.4**	
Overweight	Weight for height >+2 SD of the WHO Child Growth Standards median	**3.2**	<2.5%: very low 2.5 to <5%: low 5 to <10%: medium 10 to <15%: high ≥15%: very high
obesity	Weight for height >+3 SD of the WHO Child Growth Standards median	**2.0**	

Nutrition Status of Children 6- 59 months

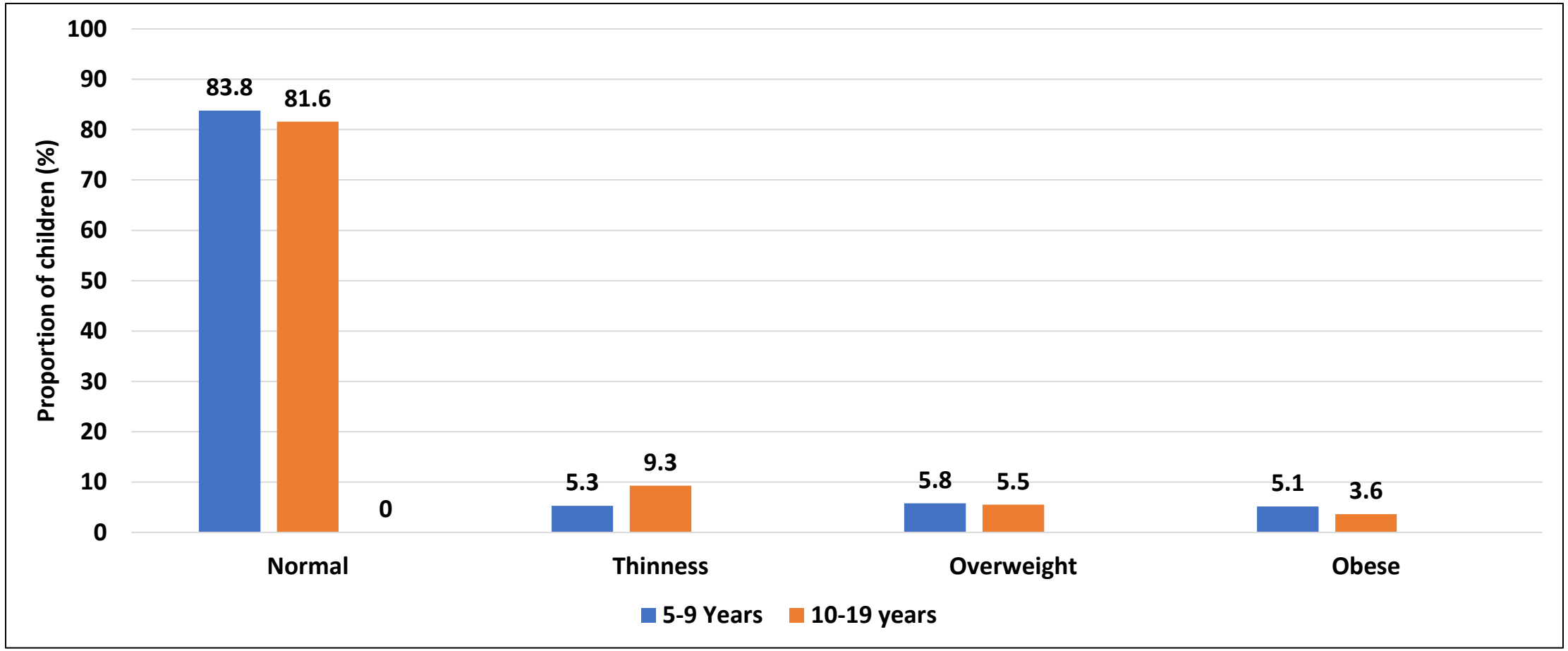


- Stunting level for the children 6-59 months was 27.7% classified as high according to the WHO classification.

Nutrition Status

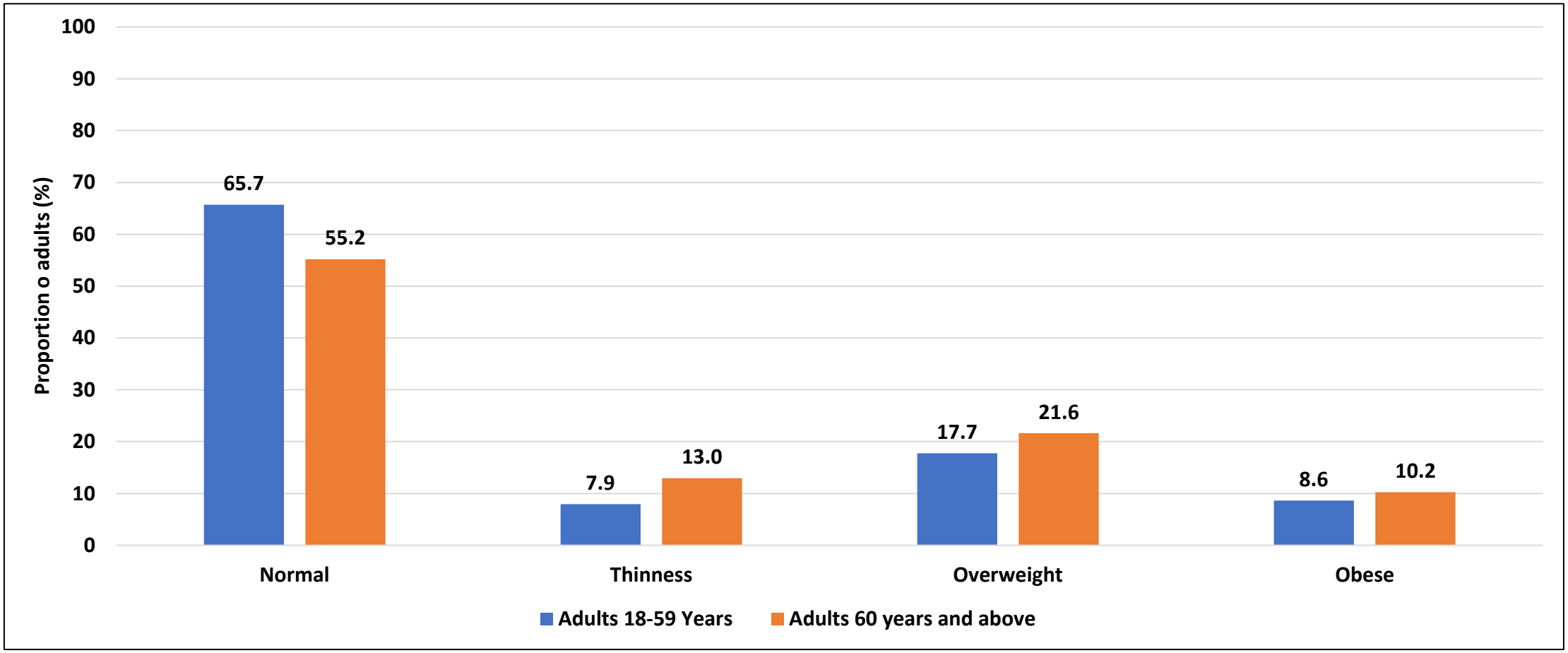
- Body mass index was used to classify adults aged 18 years and above whilst BMI-for-age was used for the 5 to 17 years.
- Having excess fat deposits in the body predisposes individuals to chronic health conditions such as cardiovascular disease (mainly heart disease and stroke), type 2 diabetes, musculoskeletal disorders like osteoarthritis, and some cancers (endometrial, breast and colon).
- On the other hand being underweight or severe thinness increase the risk to undernutrition, decreased muscle strength, hypothermia and lowered immunity.

Nutrition Status



- About 9% of the 10-19 years adolescents were thin.
- About 5% of children 5-9 years were obese.

Nutrition Status of Adults



- Proportion of adults aged 18-59 years who had normal nutrition status was 65.7%.
- Thirteen percent of adults above 60 years had BMI classified as thinness.
- Obesity was 8.6% among the 18-59 years age group.

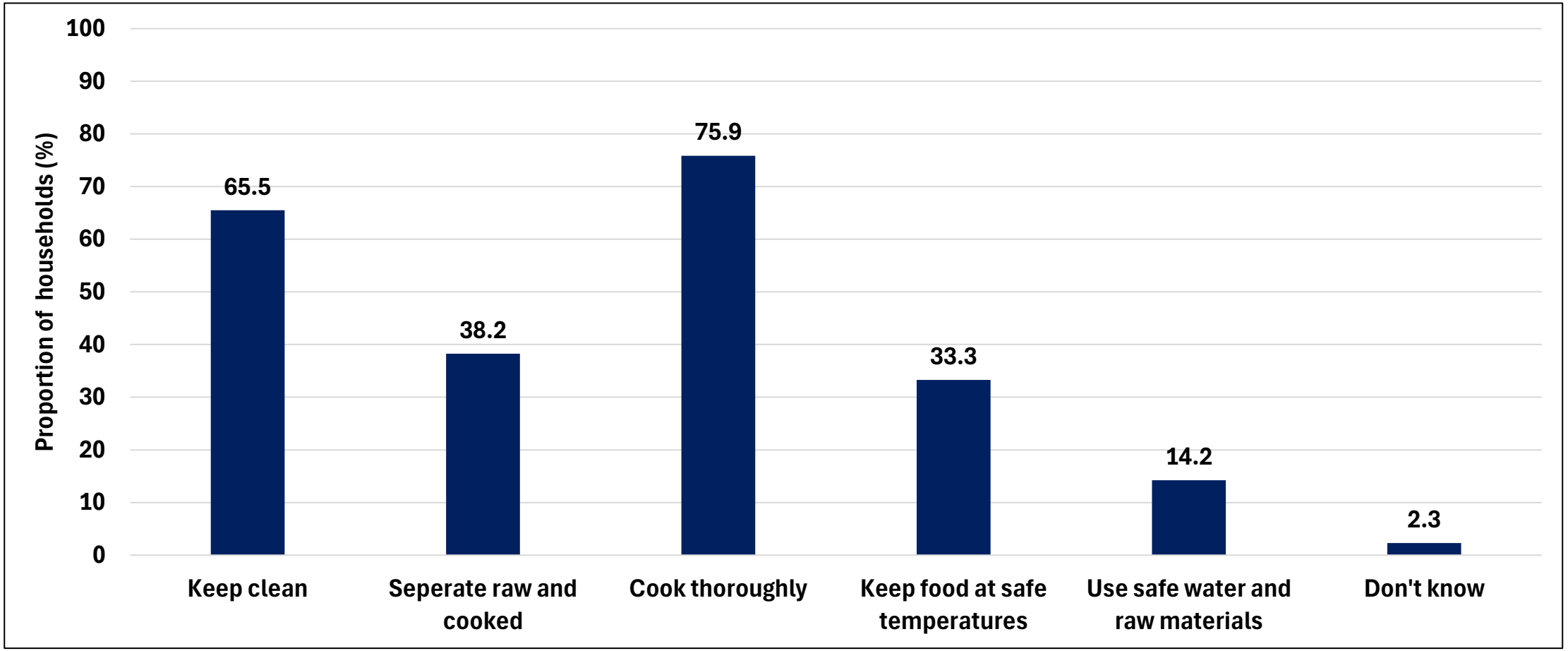
Food Safety

WHO Five Keys to Safer Food

Ensuring food safety is key to preventing food borne illnesses which are contracted through consumption of unsafe foods:

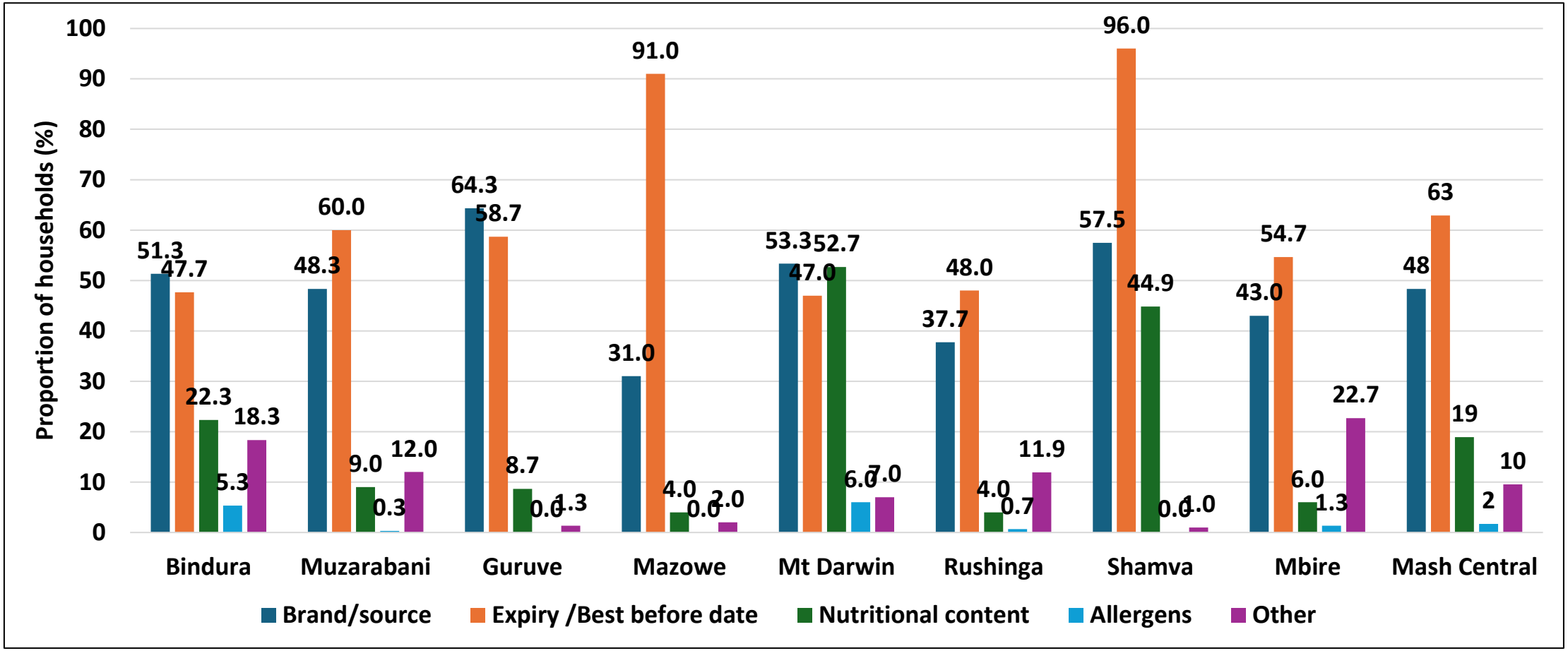
Five Keys	Key Steps
Keep clean	• **Wash hands before handling food** and often during food preparation • **Wash hands after going to the toilet** • Wash and sanitize all surfaces and equipment used for food preparation • Protect kitchen areas and food from insects, pests and other animals
Use safe water and raw materials	• **Use safe water** *households improved water source*) **or treat it to make it safe** *households treat water)* • Select fresh and wholesome foods • Choose foods processed for safety, such as pasteurized milk Wash fruits and vegetables, especially if eaten raw • Do not use food beyond its expiry date
Separate raw and cooked	• Separate raw meat, poultry and seafood from other foods • Use separate equipment and utensils such as knives and cutting boards for handling raw foods • Store food in containers to avoid contact between raw and prepared foods
Cook thoroughly	• Cook food thoroughly, especially meat, poultry, eggs and fish • Bring foods like soups and stews to boiling to make sure that they have reached 70°C • Reheat cooked food thoroughly
Keep food at safe temperatures	• Do not leave cooked food at room temperature for more than 2 hours • Refrigerate promptly all cooked and perishable food (preferably below 5°C) • Keep cooked food piping hot (more than 60°C) prior to serving • Do not store food too long even in the refrigerator • Do not thaw frozen food at room temperature

Ways To Keep Food Safe



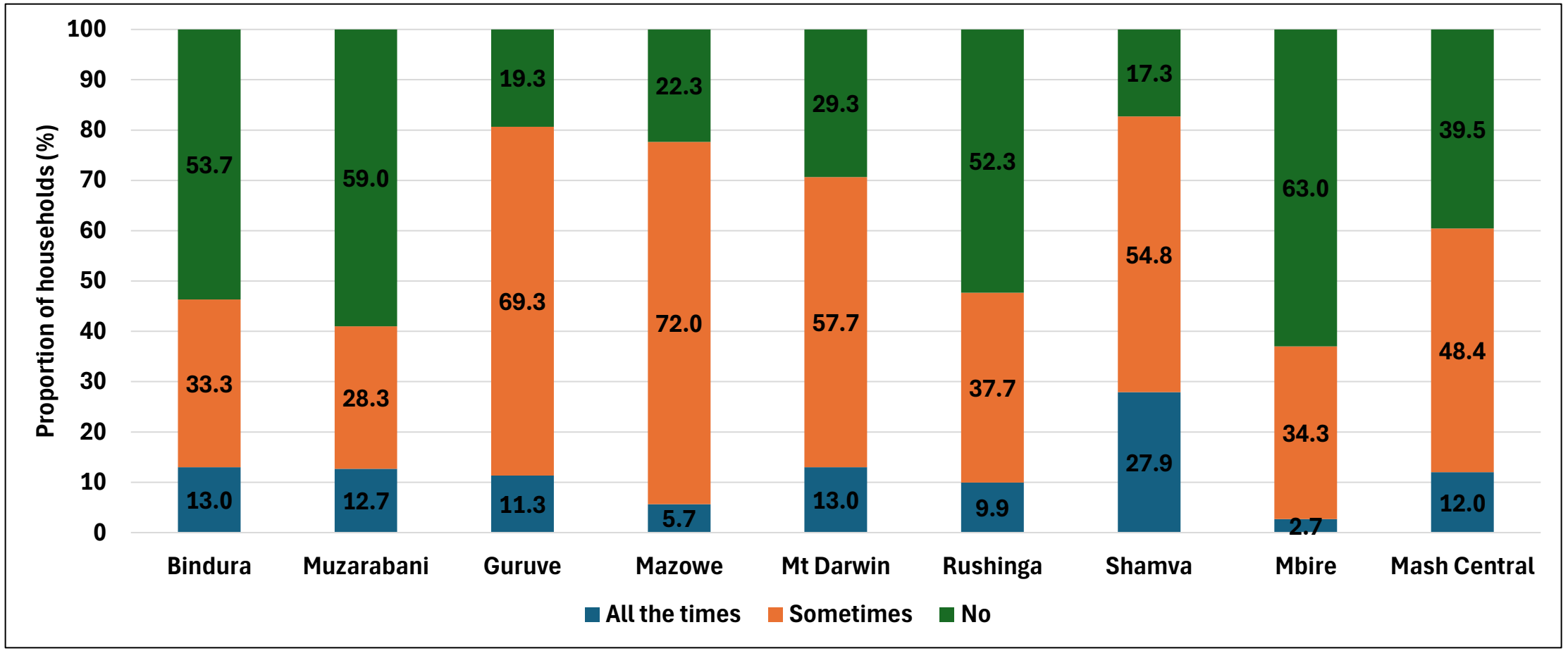
- Cooking food thoroughly (75.9%) was the most mentioned method households employed to keep food safe.

Factors Considered When Buying Food



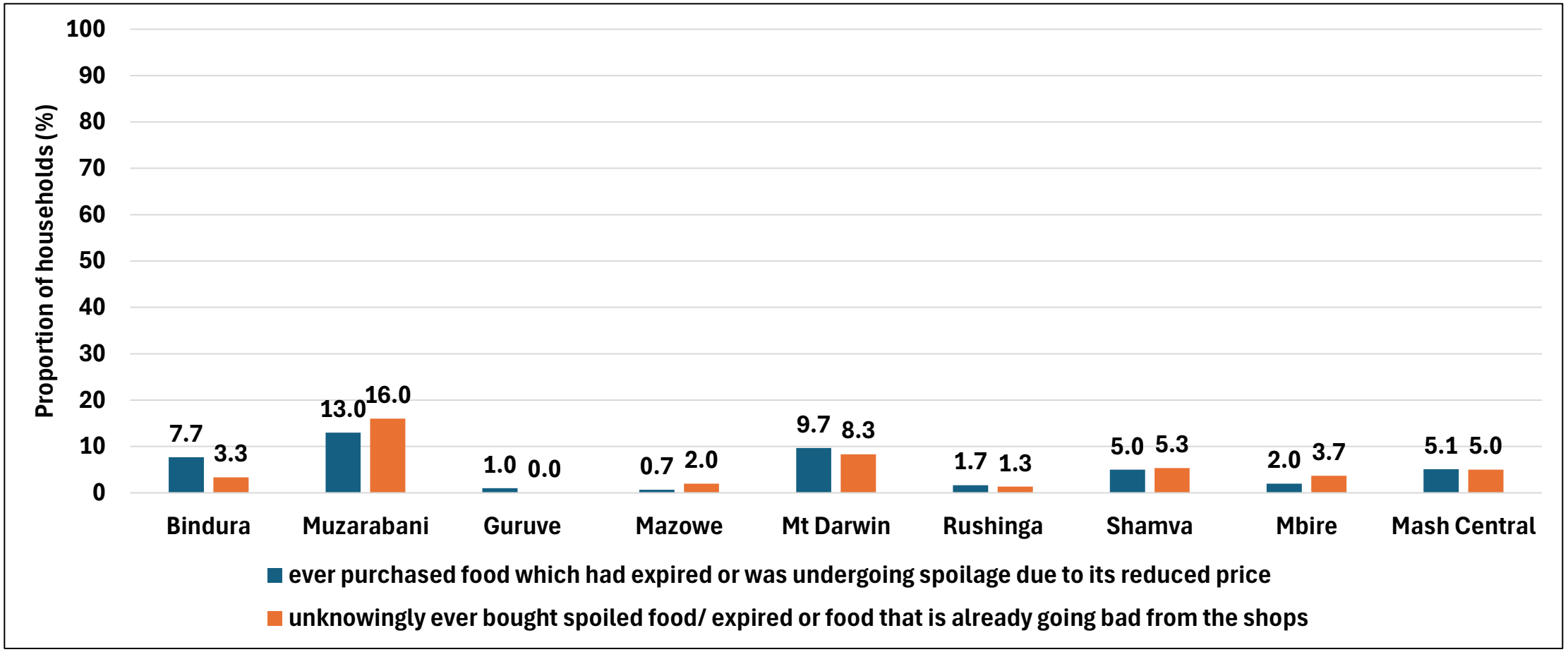
- Expiry date was a major factor considered when buying food, holding price constant.
- The highest proportion of households that considered nutritional content was in Mt Darwin (52.7%) and Shamva (44.9%).

Households Which Read Food Package Before Buying



- About 60.5% of the households read their food package before buying.

Households Practising Unsafe Food Practices



- About 5% of the households unknowingly purchased spoiled food/expired food from shops. This exposes vulnerable groups like children under 5 to food borne illnesses which are usually infectious or toxic in nature and can cause some form of cancers.

Food Security

Food Security Analytical Framework

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

Food Security Analytical Framework

- Household cereal security was determined by measuring a household's potential access to enough cereal to give each member 2100 kilocalories per day in the consumption period 1 April 2024 to 31 March 2025.
- Each of the surveyed households' potential to acquire minimum expenditure food basket was computed by estimating the household's likely disposable income (both cash and non cash) in the 2024/25 consumption year from the following possible income sources;
    - Cereal stocks from the previous season;
    - Own food crop production from the 2023/24 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.

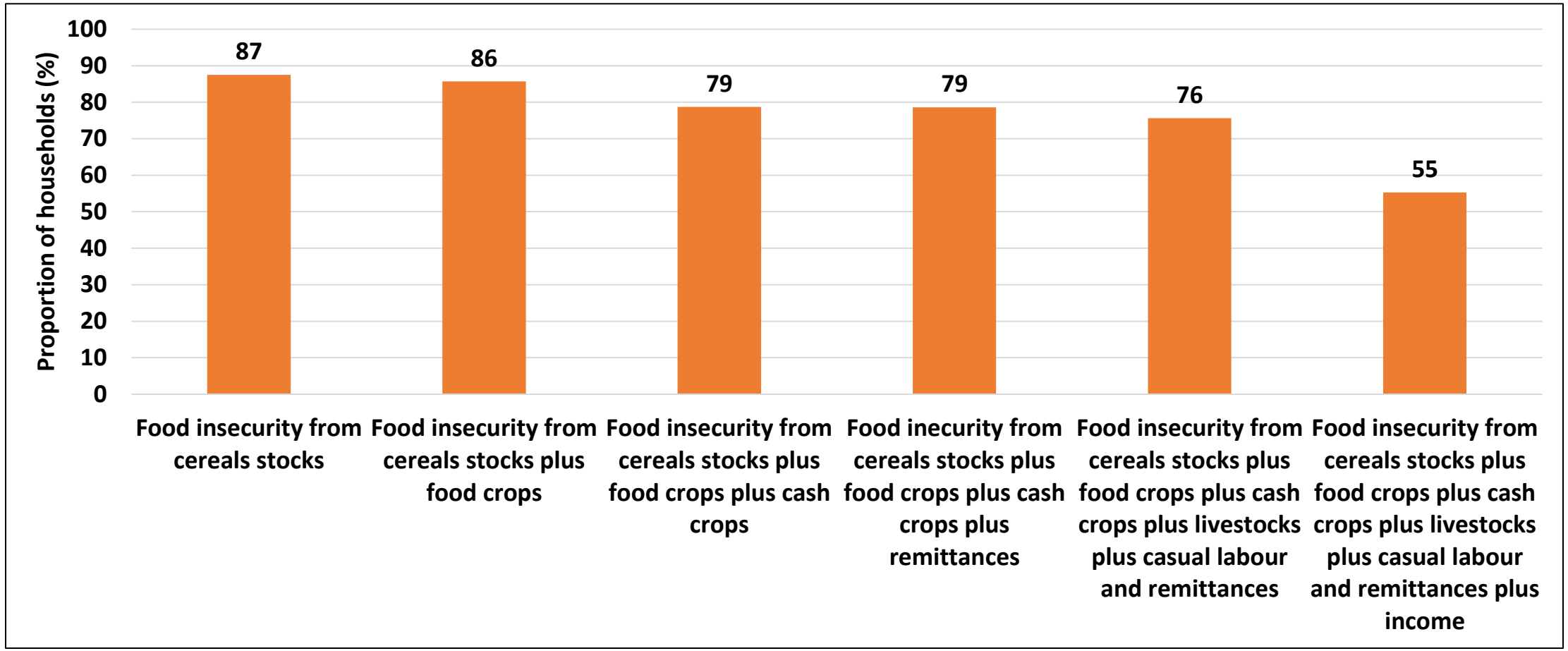
Food Security Analytical Framework

- 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.

Food Security Status at Peak Hunger

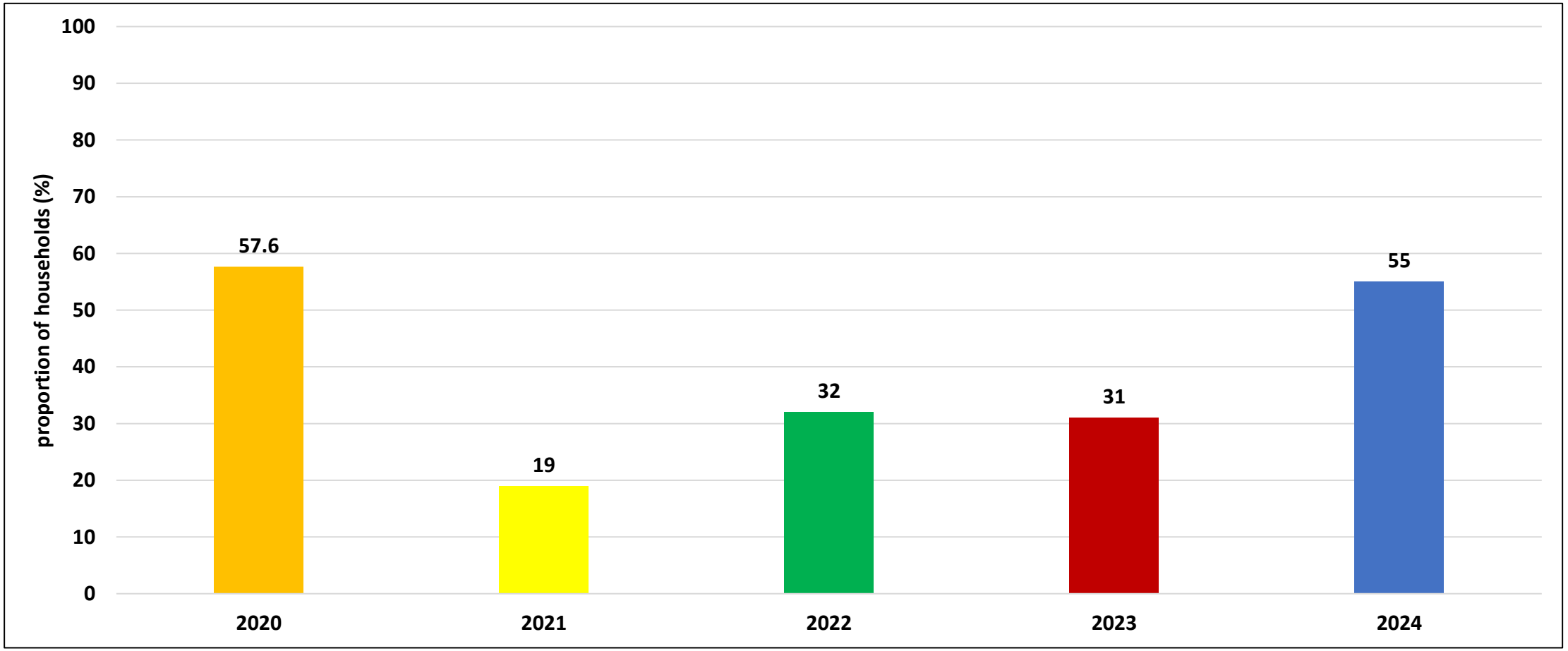
- During the peak hunger period (January to March 2025) it was estimated that approximately 55**%** of the rural households will be cereal insecure.
- The 55% of rural households translated into approximately **728,640** individuals requiring a total of **26,960 MT** of cereal (Maize Grain) from the National Strategic Grain Reserves.

Cereal Insecurity by Pillars



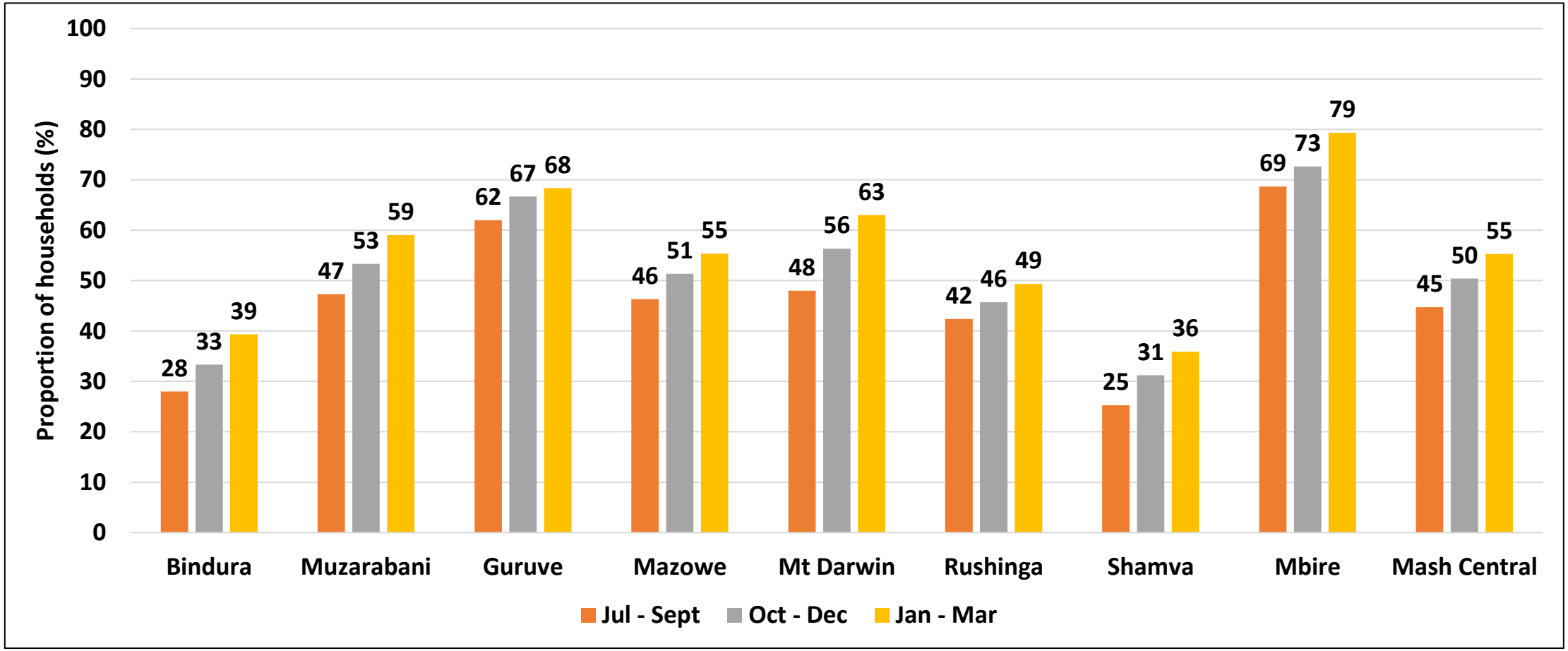
- Considering all sources of potential income, the cereal insecurity prevalence is projected to be 55% during the peak hunger in the 2024/25 consumption year.

Cereal Insecurity Trends: 2020-2024



- Generally, the household cereal insecurity has deteriorated from 31% to 55%.

Cereal Insecurity Progression by Quarter



- Mbire (79%) had the highest proportion of the rural households were projected to be facing food access challenges in the July to September quarter.

Cereal Insecure Population by Quarter

District	Jul - Sept	Oct - Dec	Jan - Mar
Bindura	47,555	56,614	66,804
Muzarabani	63,463	71,507	79,105
Guruve	95,233	102,401	104,961
Mazowe	135,924	150,592	**162,327**
Mt Darwin	115,549	135,610	**151,658**
Rushinga	32,585	35,131	37,931
Shamva	41,823	51,728	59,433
Mbire	57,490	60,839	66,421
Mashonaland Central	**589,623**	**664,423**	**728,640**

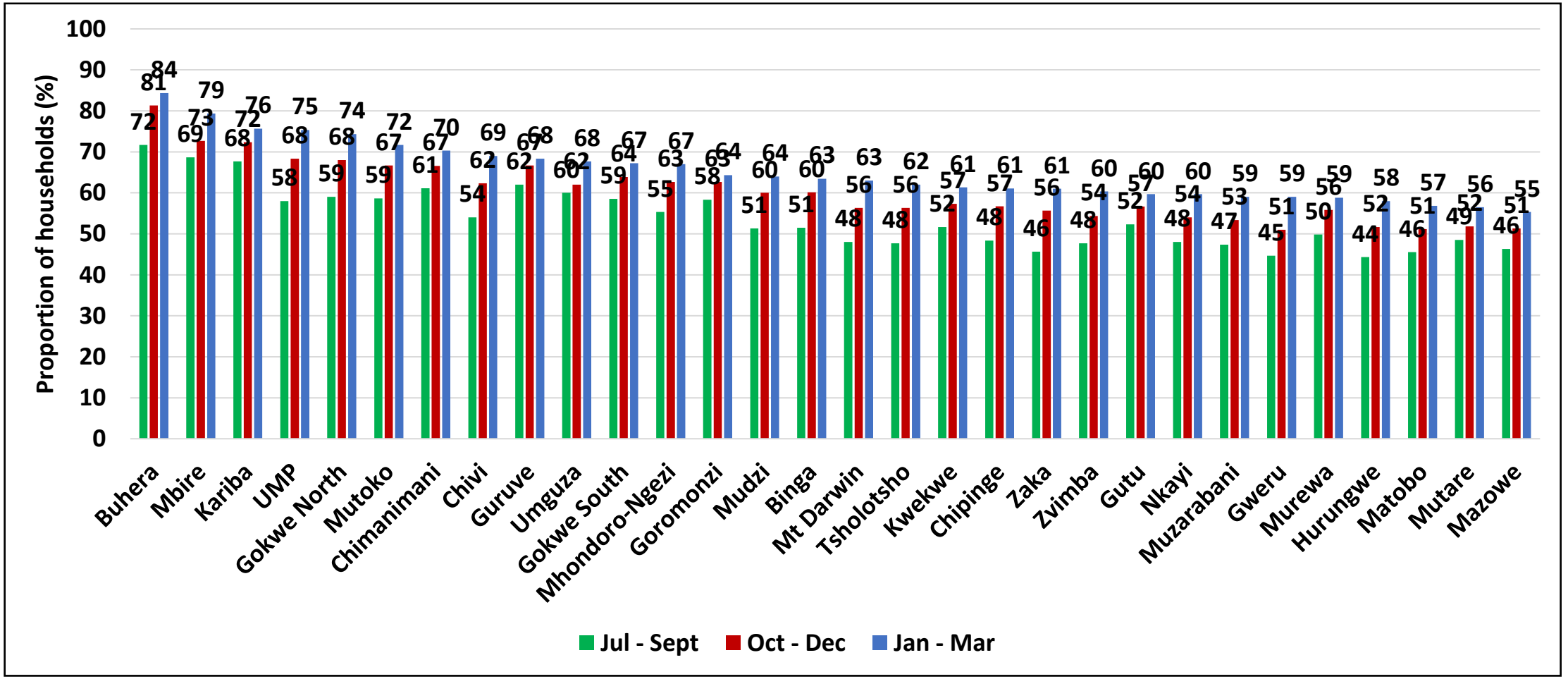
- Mazowe (162 327) and Mt Darwin (151 658) were projected to have the highest populations of cereal insecure people during the peak hunger period.

Cereal Requirements (MT) by Province by Quarter

	Apr - Jun	Jul - Sept	Oct - Dec	Jan - Mar
Bindura	1,529	1,760	2,095	2,472
Muzarabani	1,836	2,348	2,646	2,927
Guruve	3,202	3,524	3,789	3,884
Mazowe	4,342	5,029	5,572	6,006
Mt Darwin	3,177	4,275	5,018	5,611
Rushinga	1,046	1,206	1,300	1,403
Shamva	1,222	1,547	1,914	2,199
Mbire	1,797	2,127	2,251	2,458
Mashonaland Central	**18,149**	**21,816**	**24,584**	**26,960**

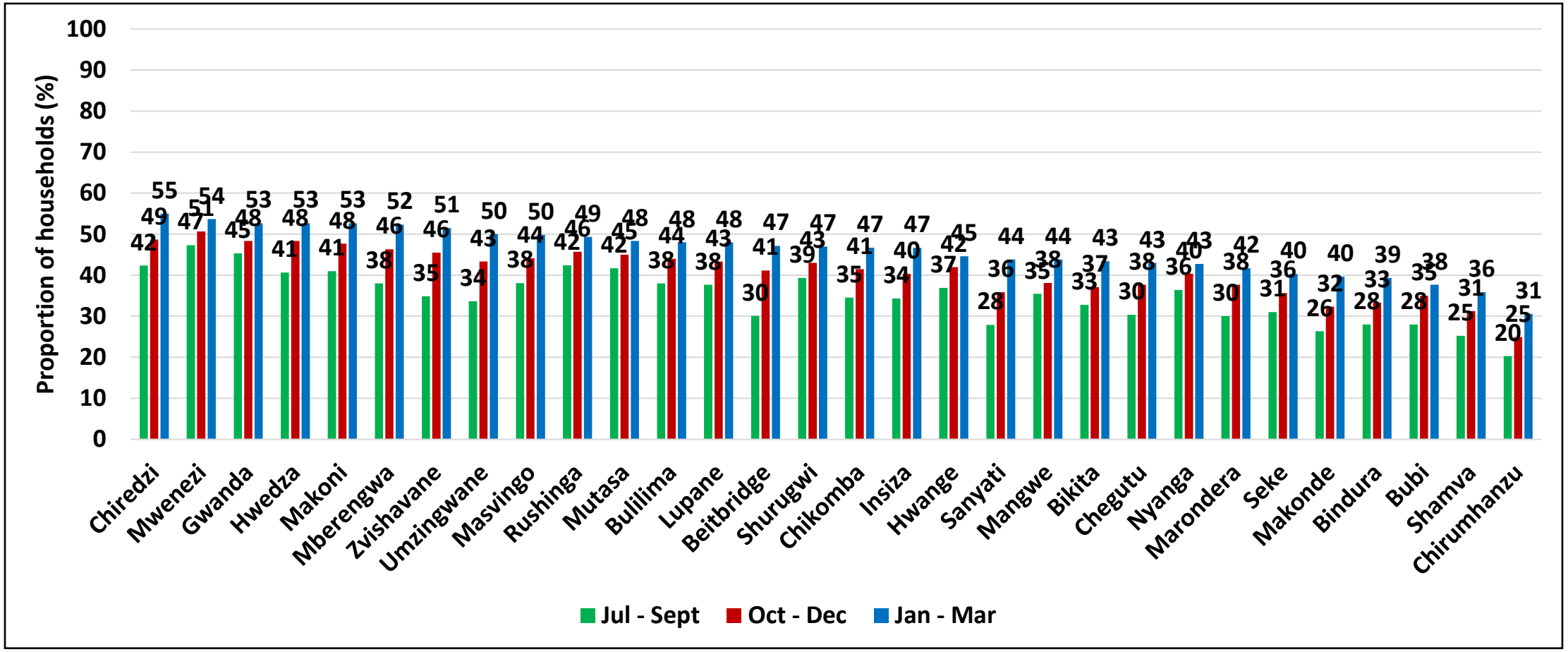
- The provincial cereal requirements was 26 960 MT.

Cereal Insecurity by District (Top 30 at Peak)



- At the peak of the hunger season, Buhera district will have the most food insecure households (86%) followed by Mbire (82%) and Kariba (79%).

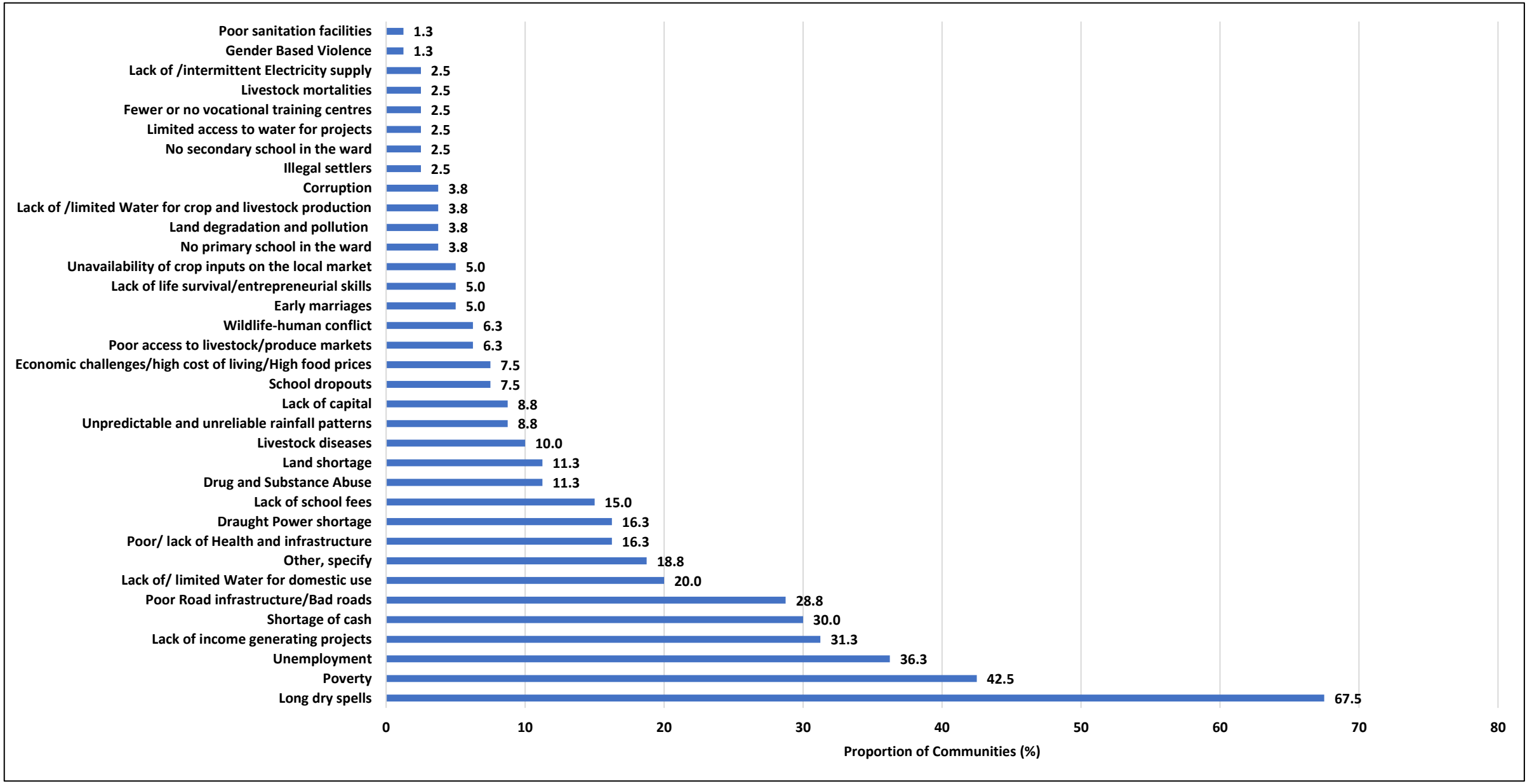
Cereal Insecurity by District (Bottom 30 at Peak)



- The least cereal insecurity prevalence is projected in Chirumhanzu (31%), Shamva (38%) and Bubi (39%) at peak.

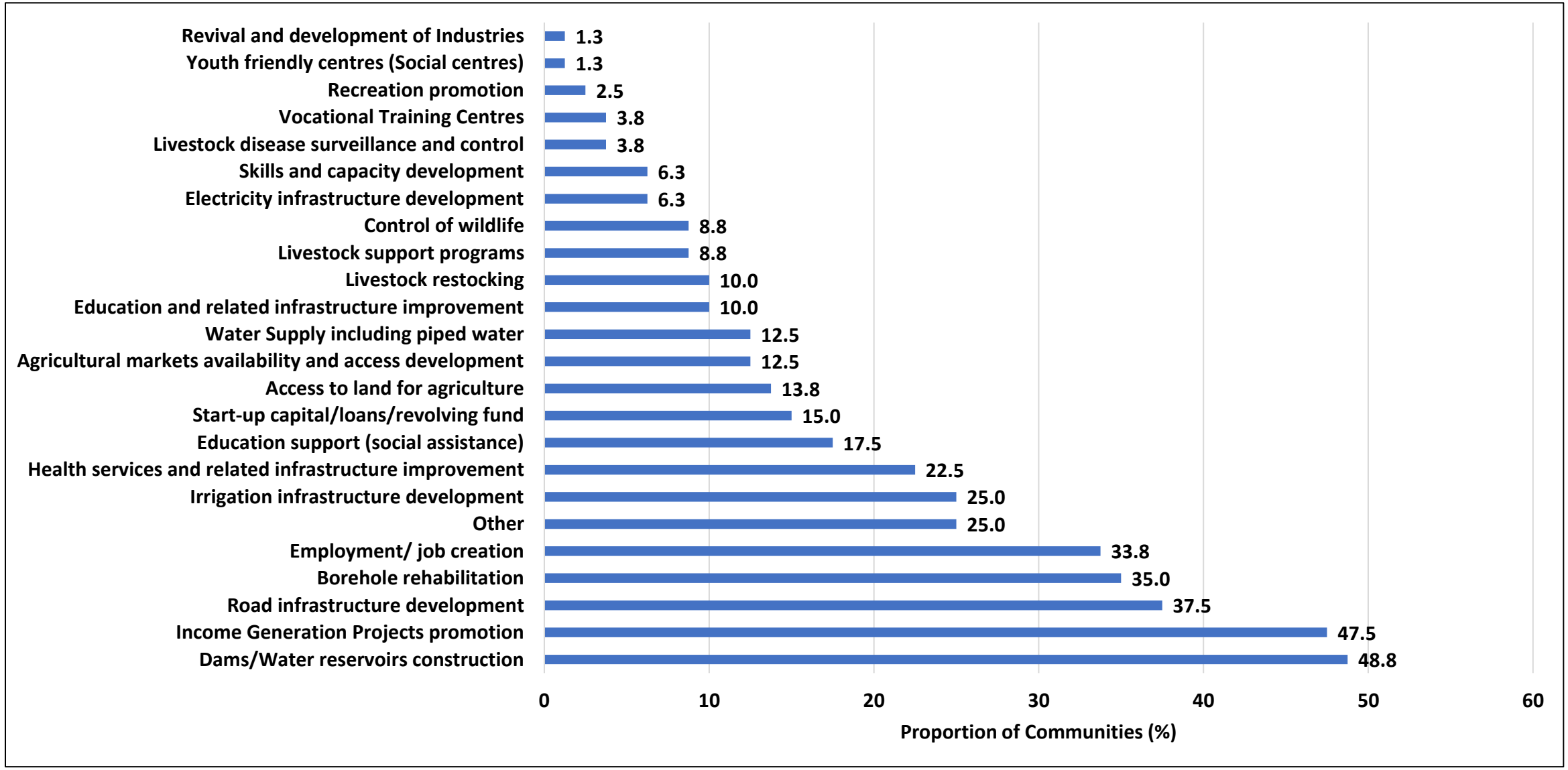
Development Challenges and Priorities

Community Development Challenges



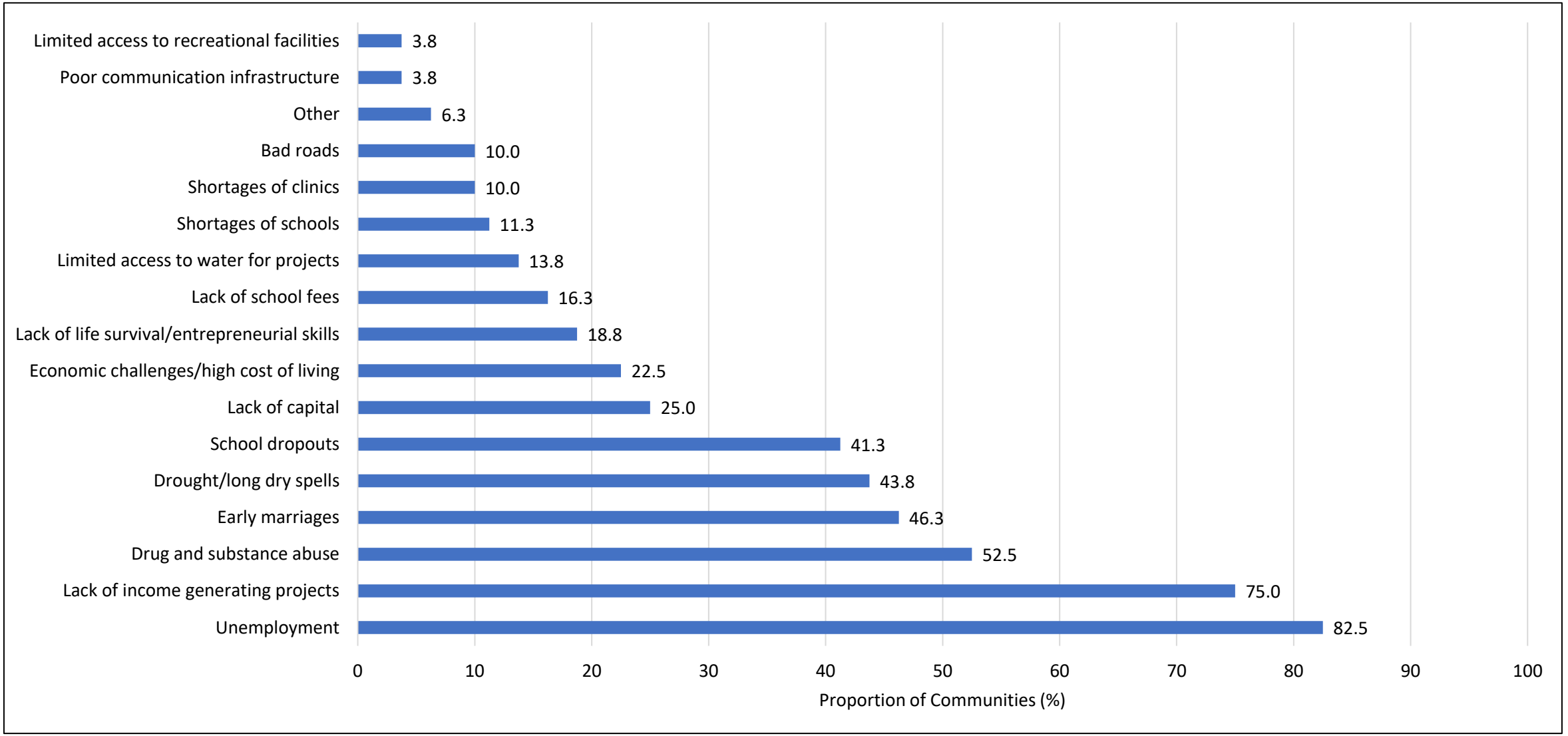
- In Mashonaland Central, long mid-season dry spell (67.5%) was ranked high followed poverty (42.5%) and unemployment (36.3%).

Community Development Priorities



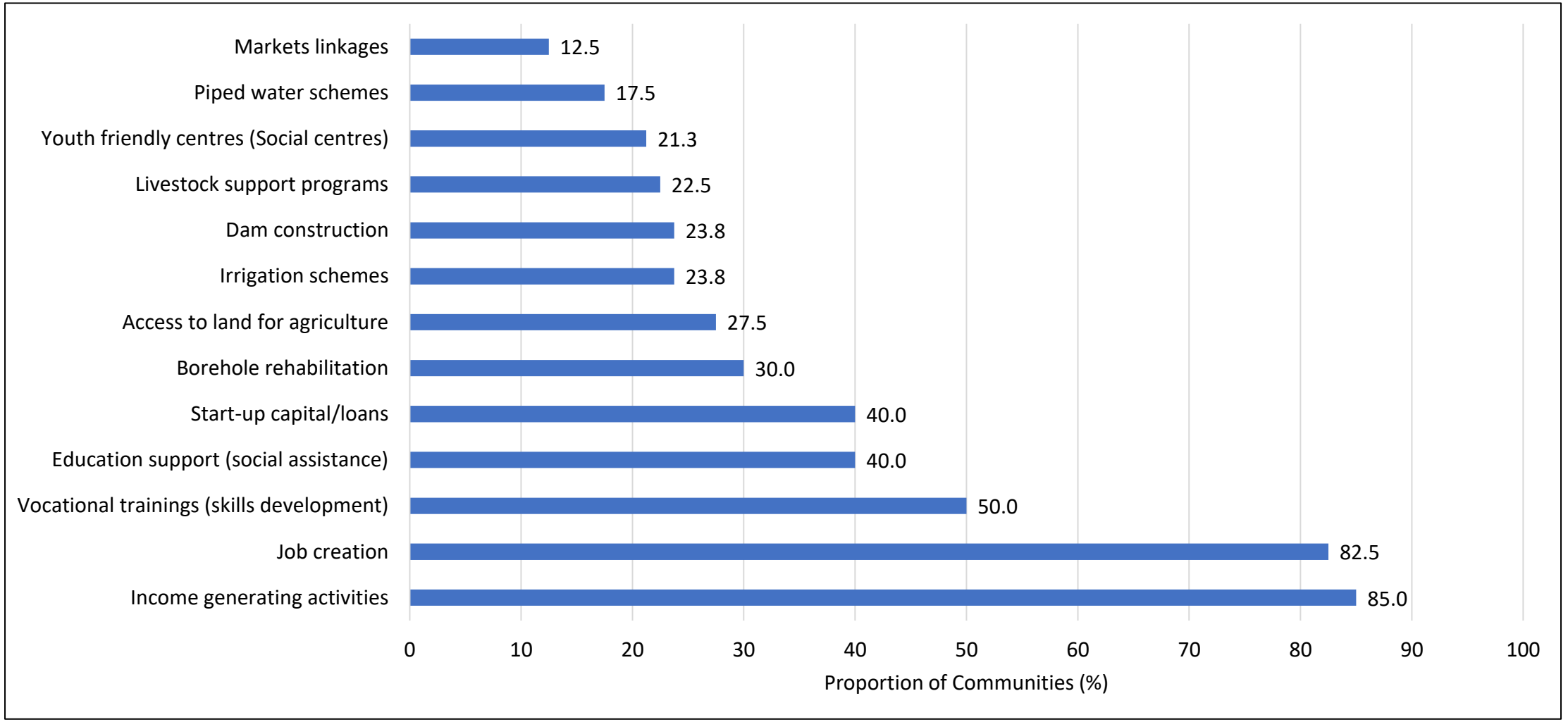
- Most communities prioritised dam construction (48.8%), income generation projects promotion (47.5%) and road infrastructure development (37.5%).

Youth Challenges



- Unemployment (82.5%), lack of income generating projects (75.0%) and drug and substance abuse (52.5%) were reported as the major challenges affecting youths.

Youth Priorities



- Income generating activities (85.0%), job creation (82.5%) and vocational training and skills development (50.0%) were reported as the major development priorities for youths.

Conclusions and Recommendations

Conclusions and Recommendations

Education

- About 49.3% of children in the province were reported to have been sent away from school during the first term of 2024 for non-payment of fees. To ensure retention of children in school, Government, through the Ministry responsible for education and Social Development need to strengthen the targeting criteria to ensure eligible vulnerable children are selected. In addition, Treasury should ensure the resourcing of the responsible Ministries to ensure undisrupted access to education.
- The proportion of children 4 to 19 years who were in school who received a hot meal was 3.4% across the province. The school feeding programme is a targeted social safety net intervention that may provide both educational and health benefits to schoolchildren .The benefits include alleviation of short-term hunger, increasing school enrolment, reducing school dropout and absenteeism. The Ministry responsible for education ought to intensify the school attendance enforcement and follow up on strategies aimed at keeping children in school . Furthermore, the sector has to intensify rollout and operationalisation of the school health and nutrition programme including adaptive procurement models, training courses for implementing schools, the provision of regular technical advice and multi-sector technical visits to implementing schools. Communities should also own the programme and thus contribute effectively.

Water, Sanitation and Hygiene

- Muzarabani (30.3%) and Mazowe (25%) had the highest proportion of households accessing unimproved water sources against a provincial average of 14.1%. In addition, about 15% of the households reported to have been travelling more than one kilometre to the main drinking sources and Mt Darwin (30.3%) and Guruve (26.3%) had the highest. Unimproved water sources are a breeding ground for water borne diseases such as cholera, typhoid and other diarrheal diseases. Therefore, there is need for the Ministries responsible for Health, WASH, Local Government and Traditional Leadership to upscale the establishment of protected water sources for the communities.
- Approximately, 14% of the households had no access to improved sanitation whilst about 15% reported to have been practising open defecation. The province should continue adopting community initiatives at household level that promote construction of toilets to achieve its ambition to ensure use of improved sanitation facilities by all. The Rural Infrastructure Development Authority, Local authorities, traditional leaders, and the Innovation hubs in local tertiary institutions should conduct exploratory studies in high prevalence districts to come up with innovative models suitable in areas with unstable soils. This should be coupled with expanded Social Behaviour Change interventions aimed at creating awareness on the dangers of Open Defecation on health and nutrition outcomes.

Conclusion and Recommendations

Infant and Young Child Feeding

- Breastfeeding up to two years and beyond is one of the high impact child survival strategies. While a high proportion of children (92%) were initiated early within one hour after birth, 78% continued breastfeeding at 1 year. In order to continue on the positive trend, continuous Baby Friendly Initiatives (community and institution based) such as localised on job mentorship, should be sustained. In addition, strengthening of community care groups, community synergy initiatives and attendance of ante-natal care sessions initiatives is recommended to ensure continuum of care during the window of opportunity (first 1000 days). Under the technical leadership of the Ministry of Health and Child Care, this should be augmented by task-sharing with other relevant Ministries such as those responsible for gender and women affairs, agriculture, bringing in the multisectoral approach to realise optimal IYCF practices at community level.
- The Minimum Acceptable Diet (MAD) remained low at 1%, below the national target of 25% with diets mainly characterised by grains, roots and tubers (90.6%), followed by breastmilk (46.1%). Additionally, 15% of children 6-23 months consumed eggs/flesh foods whilst those not consuming fruits and vegetables were 52% and this further impacts negatively on children diet quality outcomes. The recommendation is to standardise and co-ordinate dissemination of nutrition messaging using various platforms including use of existing community structures, community radios, text messages, churches, local gatherings.

Conclusions and Recommendations

Nutrition Status

- Child wasting (Global Acute Malnutrition) was 4.9% at national level with Mashonaland Central (7.3%), above the 5% WHO threshold for emergency response, of which Severe Acute Malnutrition (SAM) was 2.6%. Child wasting carries a high risk of death if left unmanaged. The nutrition sector must remain alert and actively monitor the caseload of severe wasting especially towards the nutrition lean season between September 2024 and March 2025 (lean season). It is recommended to set up sentinel site surveillance mechanisms in all districts given the high Global Acute Malnutrition (GAM) rates to define and monitor early warning indicators and trigger levels that will facilitate implementation of anticipatory actions and an appropriate timely response in the event of a continued deterioration of the nutritional status in children under-five. Children are always first affected when household food security deteriorates due to their high nutrient requirements to support growth and development, it is recommended to include nutrient-dense, protein-rich food supplements for children 6 months to 2 years of age in Government Lean Season Assistance food baskets as well as explore modalities for community-based feeding. The Ministry of Health and Child Care and community health workers should support increased community-based screening for surveillance and monitoring as well as early identification and referral to treatment for children with wasting.

- In the face of overweight and obesity among all age groups, including adults, policies and legislation are needed to promote healthy food environments, both formal and informal, and to empower consumers to make nutritious food choices. The ministry responsible for health needs to take action in nutrition education and awareness to prevent risk factors for non-communicable diseases (NCDs). Nutrition education can raise awareness about the consequences of poor dietary behaviours. More locally tailor-made nutrition education campaigns and awareness efforts are needed to educate the about healthy nutritional behaviours.

Conclusions and Recommendations

Agricultural Production

- About 30.2% of households owned cattle and 29% owned goats. The Government of Zimbabwe through the Ministry of Lands, Agriculture, Fisheries, Water and Rural Development should continue implementing various livestock development programmes aimed at increasing the proportion of households owning livestock and improve access to draught power. The Government of Zimbabwe through the Ministry of Lands, Agriculture, Fisheries, Water and Rural Development should strengthen access to dipping services, surveillance and disease control programmes.
- The province experienced prolonged mid season dry-spell (88.1%). The main Climate Smart Agriculture (CSA) technology being implemented by the farmers was minimum tillage. There is need to scale up CSA technologies that are mechanised, accessible and affordable by farmers for the full benefits to be realized. Mechanization of the technologies may increase adoption by farmers.

Food Security

- There was an increase in the prevalence of cereal insecurity from 31% in 2023 to 55% in 2024. Zimbabwe's climate variability is among the key drivers behind the cereal insecurity. During the peak hunger period (January to March 2024) it is estimated that approximately 55% of the rural households will be cereal insecure. The 55% of rural households will translate to approximately 728 640 individuals requiring 26 960 MT of cereal (maize grain). The Government and partners should consider introducing conditional assistance to households with able-bodied members to avoid creating a dependency syndrome in these vulnerable communities. Special attention should be given to Mbire (79%), Guruve (68%), Mt Darwin (63%) and Muzarabani (59%), as these districts are projected to have the highest proportion of food-insecure households during the peak hunger period.

Conclusions and Recommendations

Development Issues

- Most communities prioritised construction of dams/ water reservoirs (48.8%), income generation projects promotion (47.5%) and road infrastructure development (37.5%). There is need for the province to increase investment in the development of water resources, road infrastructure as well as capital towards income generating projects including provisions relating to enhancing economic opportunities for youth.

Shocks and Hazards

- The average Shock Exposure Index was 8.6 whilst the perceived shock severity Index was 11.8. Average Shock Recovery Index was 8.8 . The findings reflect that households were more resilient to perceived shocks affecting their communities, as the average shock exposure index (8.6) was lower than the shock recovery index (8.8). This positive shift has been due to the various Government-led resilience-building initiatives (also supported by development and humanitarian partners) implemented to manage shocks and hazards.
- In addressing the reported increase in human-wildlife conflict which has mainly affected populations in Mbire (40%) areas that are proximal to protected nature reserves, it is recommended to capacitate and resource the Zimbabwe Parks and Wildlife Management Authority (ZimParks), particularly strengthening implementation of the Communal Areas Management Programme for Indigenous Resources (CAMPFIRE).

Report Writing Team

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