

Zimbabwe Livelihoods Assessment Committee (ZimLAG)

2024 Rural Livelihoods Assessment

Midlands Provincial Report

1574 Alpes Road, Hatcliffe, Harare
Tel: +263-242-862586/ +263-242-862025.
Website: www.fnc.org.zw. Email: info@fnc.org.zw
Twitter: @FNC_Zim, Instagram: [fnc_zim](https://www.instagram.com/fnc_zim), Facebook: Food and Nutrition Council Zimbabwe,
Youtube: FNC Zimbabwe



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

Table of Contents

Foreword.....	1
Acknowledgements.....	4
Acronyms.....	6
Introduction and Background.....	7
Assessment Purpose.....	11
Assessment Methodology.....	19
Demographic Description of Sample.....	27
Education.....	34
Chronic Conditions.....	39
Social Protection.....	42
Household Food Consumption Patterns.....	47
Water, Sanitation and Hygiene (WASH).....	57
Shocks and Hazards.....	71
Agriculture Production.....	80
Agriculture Production Technologies.....	89

Agricultural Produce Markets.....	99
Livestock.....	94
Access to Infrastructure and Information.....	113
Income and Expenditure.....	121
Child Health.....	130
Infant and Young Child Feeding Practices.....	138
Minimum Dietary Diversity for Women.....	159
Child and Adolescent Nutrition.....	161
Adult Nutrition Status.....	166
Climate Change.....	168
Food Security.....	172
Youth.....	186
Development Issues	189
Conclusion and Recommendations.....	192

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- 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



Acronyms

EA	Enumeration Area
FNC	Food and Nutrition Council
FNSP	Food and Nutrition Security Policy
HDDS	Household Dietary Diversity Score
NDS 1	National Development Strategy 1
RLA	Rural Livelihoods Assessment
SAM	Severe Acute Malnutrition
ZimLAC	Zimbabwe Livelihood Assessment Committee

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 Niño 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 Niño-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 Niño 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 Mngangwa 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

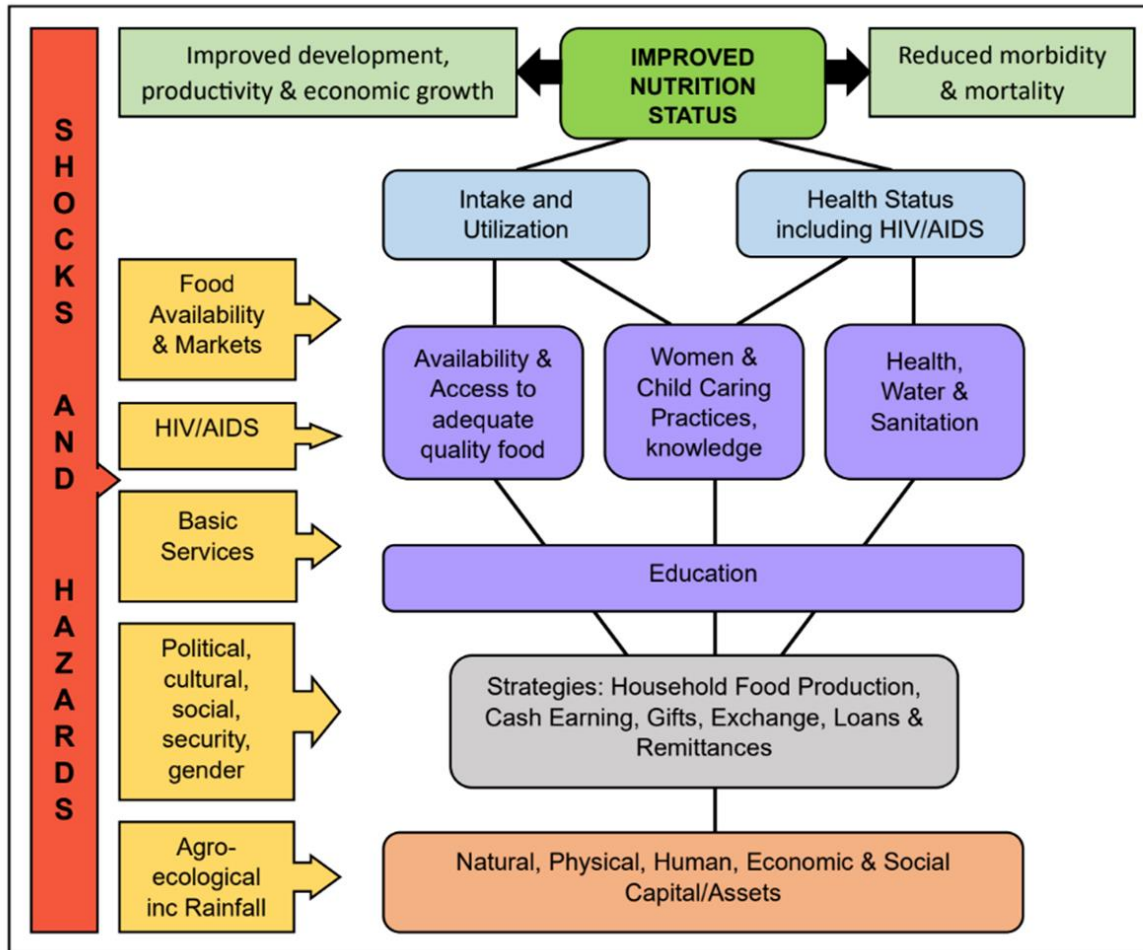


Figure 1: Food and Nutrition Conceptual Framework

- 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.

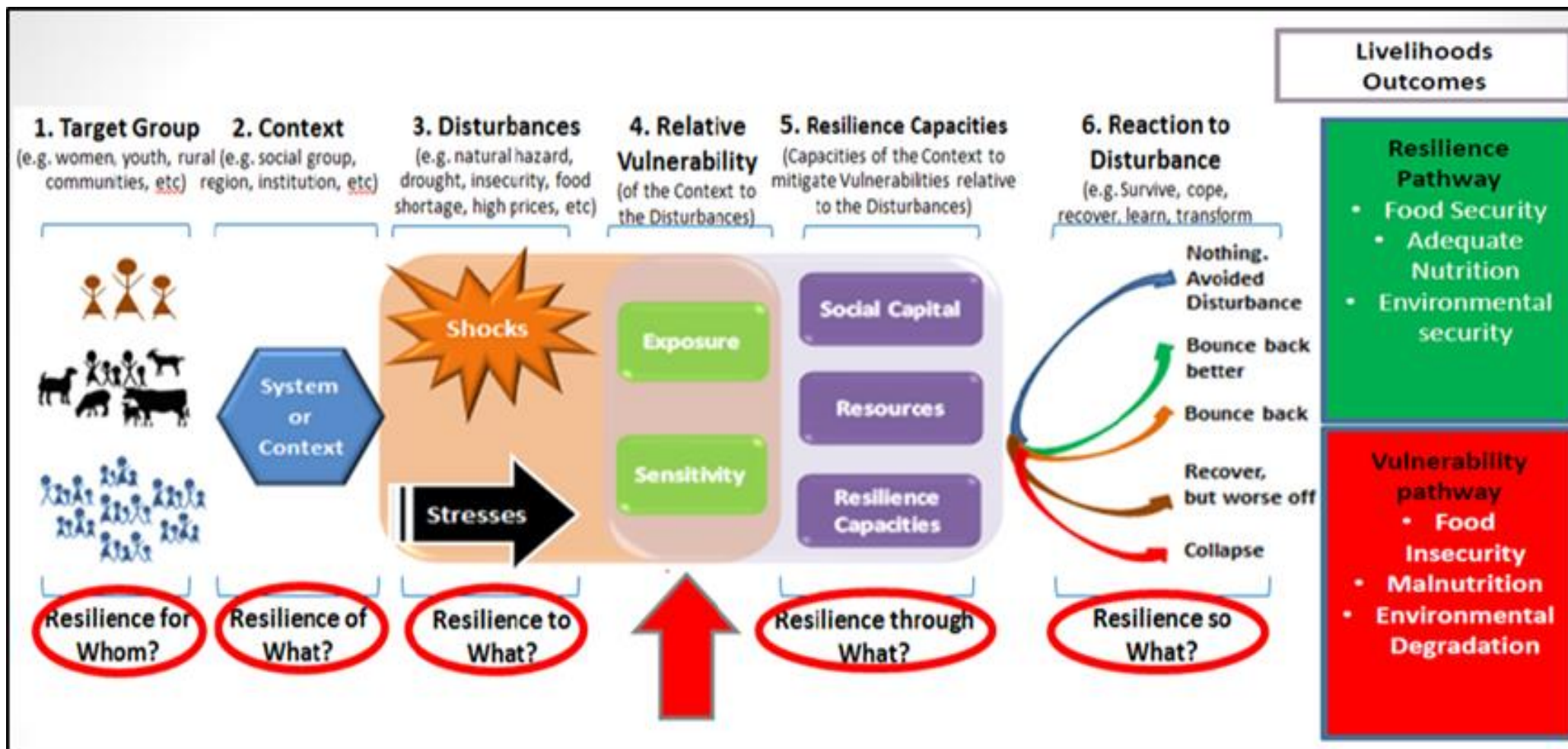


Figure 2: Zimbabwe Resilience Framework (UNDP Zimbabwe, 2015)

Methodology – Assessment Process

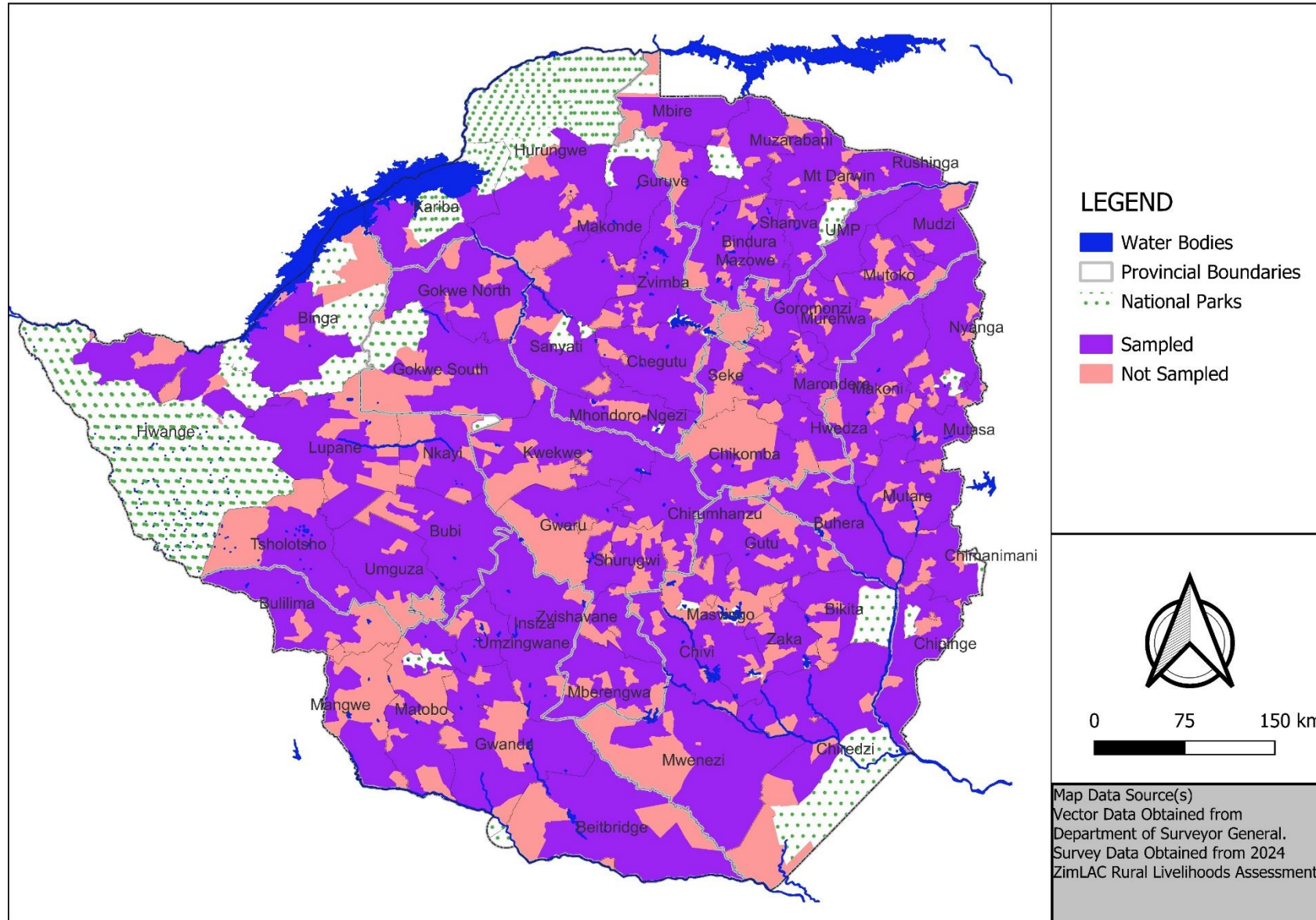
- ZimLAC, through multi-stakeholder consultations, developed an appropriate assessment design concept note and data collection tools informed by the assessment objectives.
- The primary data collection tools used in the assessment were the android-based structured household questionnaire, the community 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.
- Enumerator training was held 3 May 2024. Primary data collection took place from 4 to 18 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.
- The survey collected data from 1 800 randomly selected Enumerated Areas (EAs).
- A two staged cluster sampling was used and comprised of:
 - Sampling of 30 clusters per each of the 60 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 18 001 households were interviewed.
- 83 FGDs and 8 Chief’s Focus Group Discussions were held across all the districts.

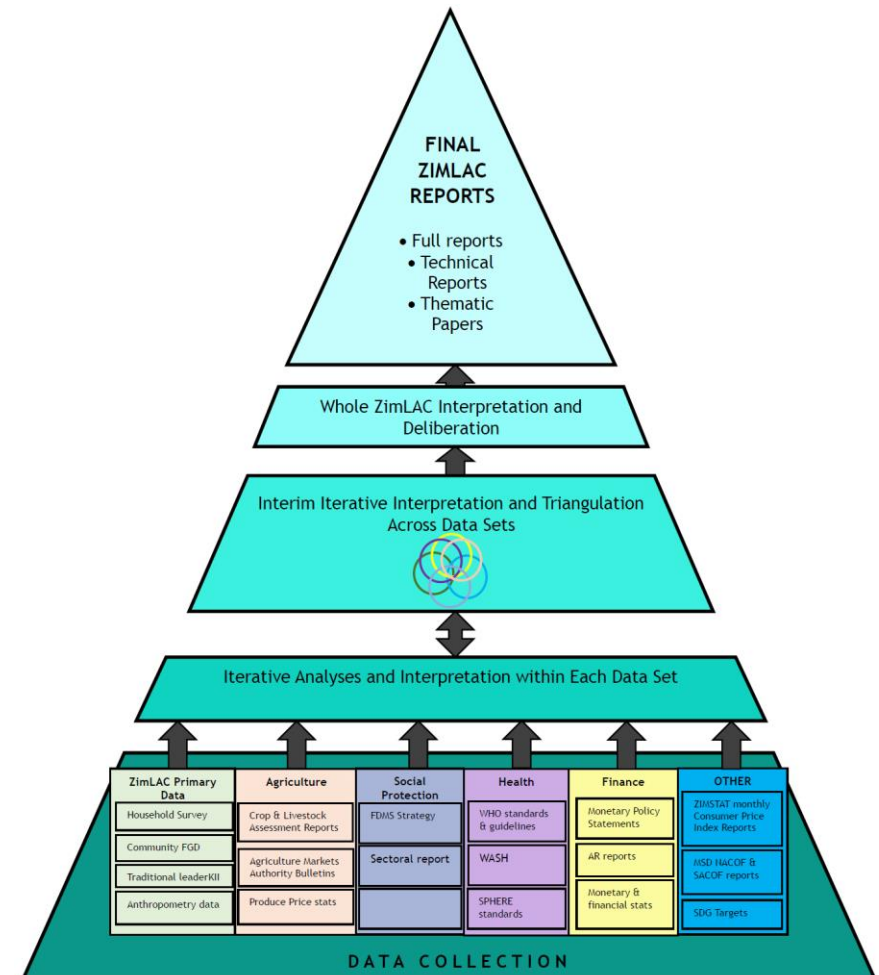
District	Number of Interviewed Households
Chirumhanzu	301
Gokwe North	300
Gokwe South	299
Gweru	300
Kwekwe	300
Mberengwa	300
Shurugwi	300
Zvishavane	301
Midlands	2401

Methodology – Sampled Wards



Data Preparation and Analysis

- Primary data was transcribed using CSEntry on android gadgets and using CSPPro. 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

Demographic Description of the Sample

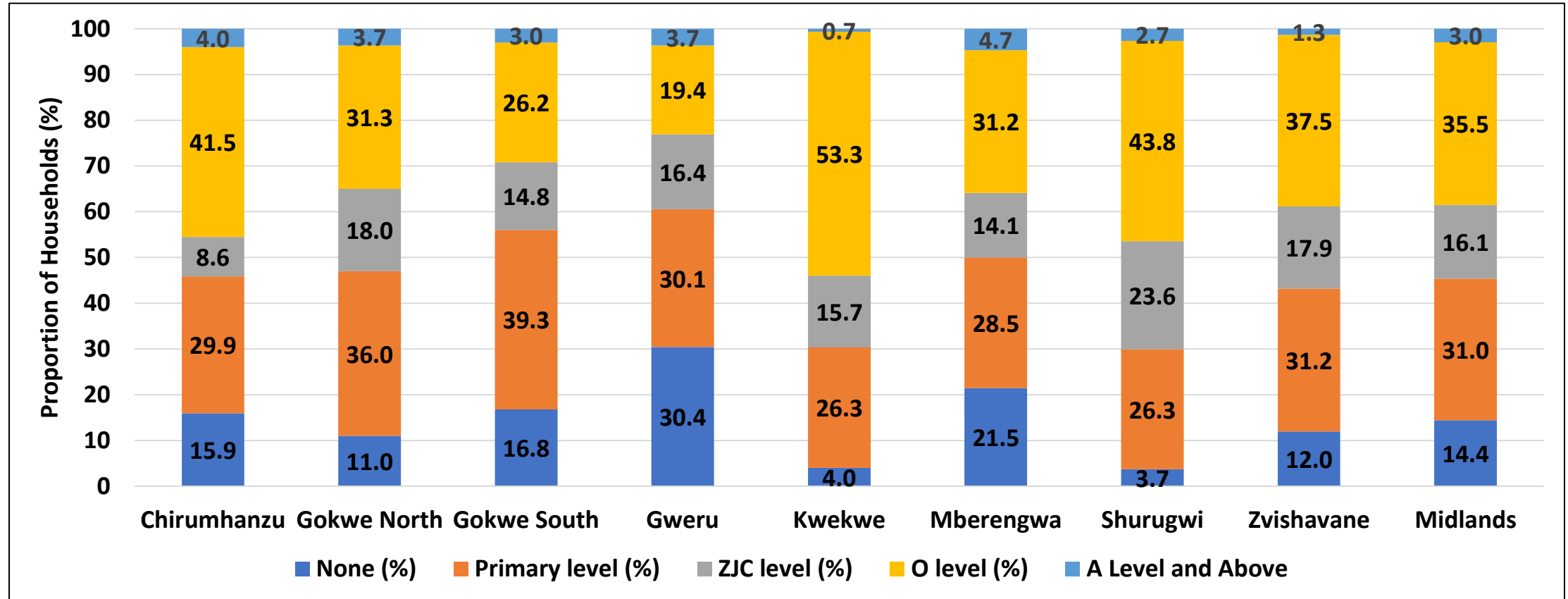
Household Characteristics

Characteristics of Household Head

District	Household Head Average Age (%)	Sex of Household Head (%)		Household Head by Category (%)	
		Male	Female	Elderly headed	Child headed
Chirumhanzu	58.4	61.1	38.9	35.5	0.0
Gokwe North	51.4	67.7	32.3	23.7	0.0
Gokwe South	52.7	65.2	34.8	27.1	0.3
Gweru	71.6	59.3	40.7	41.7	0.3
Kwekwe	51.0	72.7	27.3	23.3	0.0
Mberengwa	51.7	60.0	40.0	26.0	0.7
Shurugwi	51.6	50.7	49.3	26.0	1.0
Zvishavane	55.8	67.8	32.2	33.6	0.0
Midlands	55.5	63.1	36.9	29.6	0.3

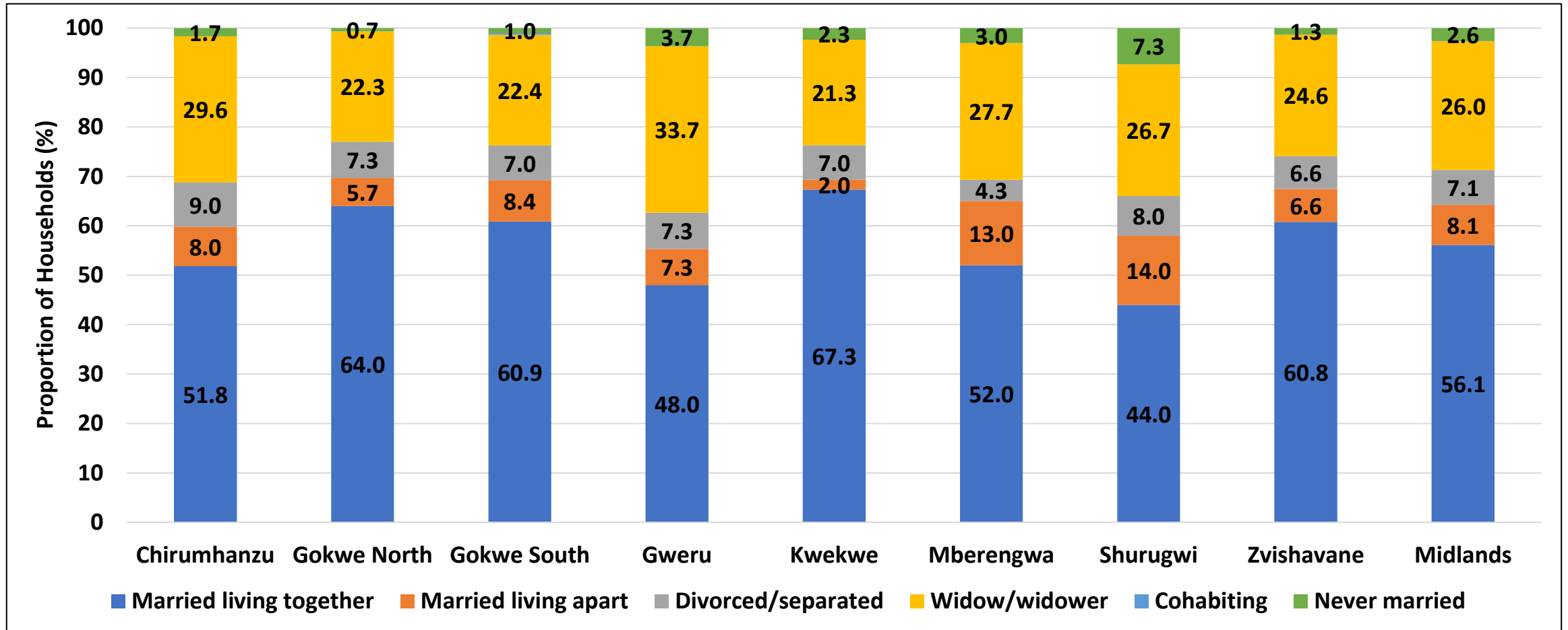
- The average age of household heads was 55.5 years.
- About 36.9 % of the households were female headed, with the highest proportion in Shurugwi (49.3%).
- At least 29.6 % of the households were elderly headed while 0.3% were child-headed.

Characteristics of Household Head: Education Level Attained



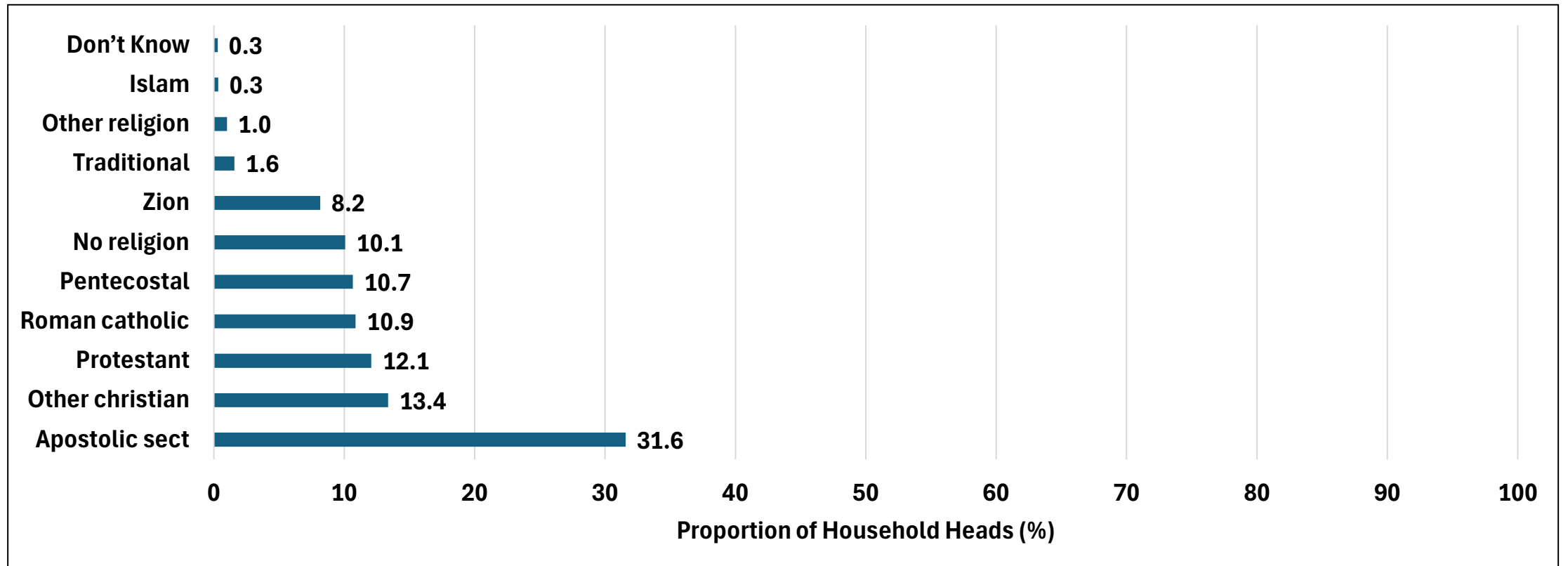
- About 86.5% of the household heads had attained some form of education.

Characteristics of Household Head: Marital Status



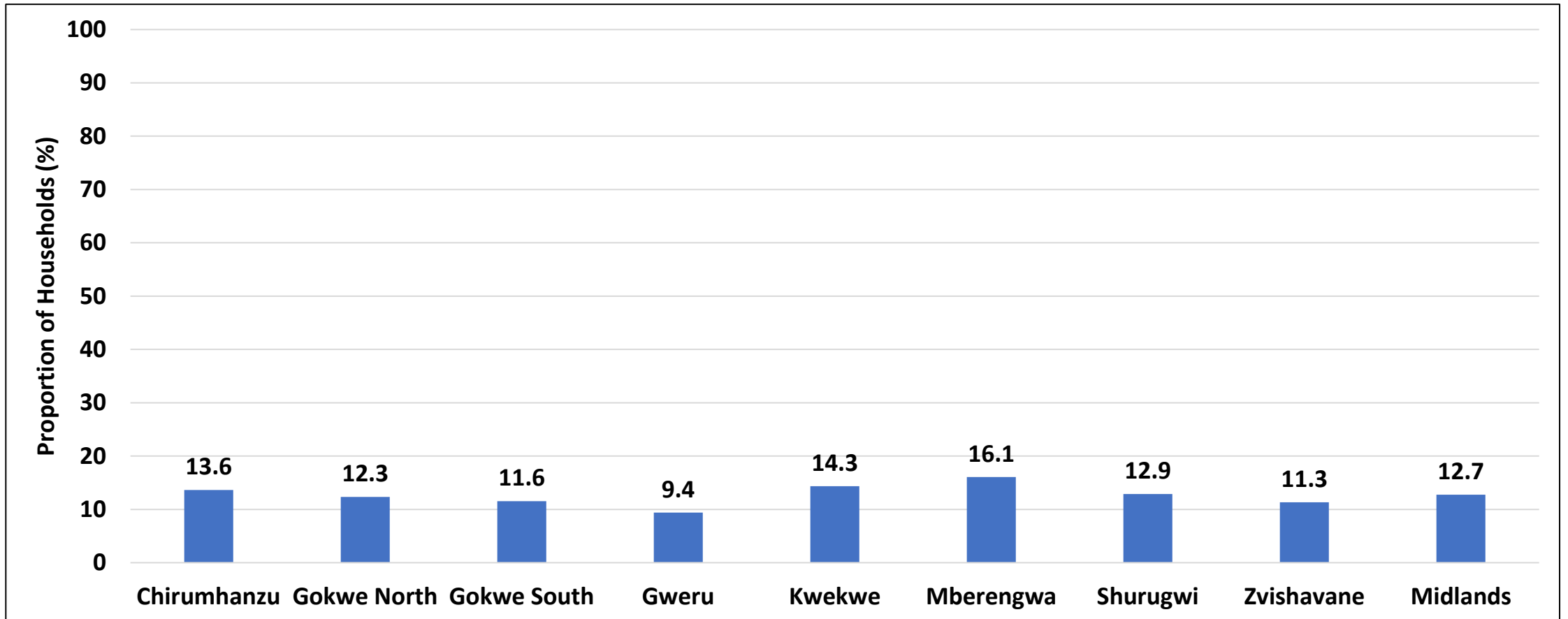
- About 56.1% of household heads were married and living together.

Characteristics of Household Head: Religion



- The majority of household heads were of the Apostolic sect (31.6%), other Christian (13.4%) and Protestant (12.1%).

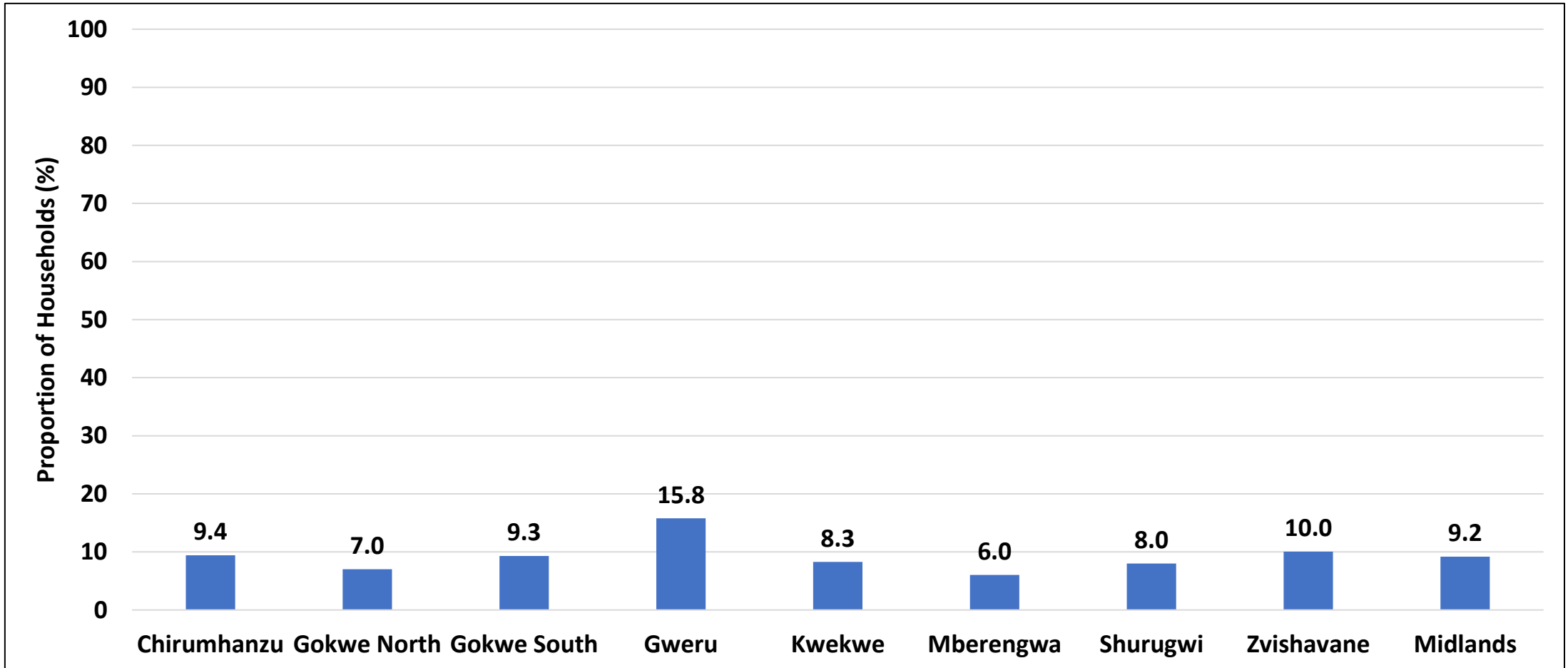
Orphaned Children



- The proportion of households with orphans was 12.7%.
- Mberengwa (16.1%) had the highest proportion of households with orphaned children.

Chronic Conditions

Chronic Conditions



- The proportion of households that had a member with a chronic condition was (9.2%).
- Gweru District (15.8%) had the highest proportion of households that had a member with a chronic condition.

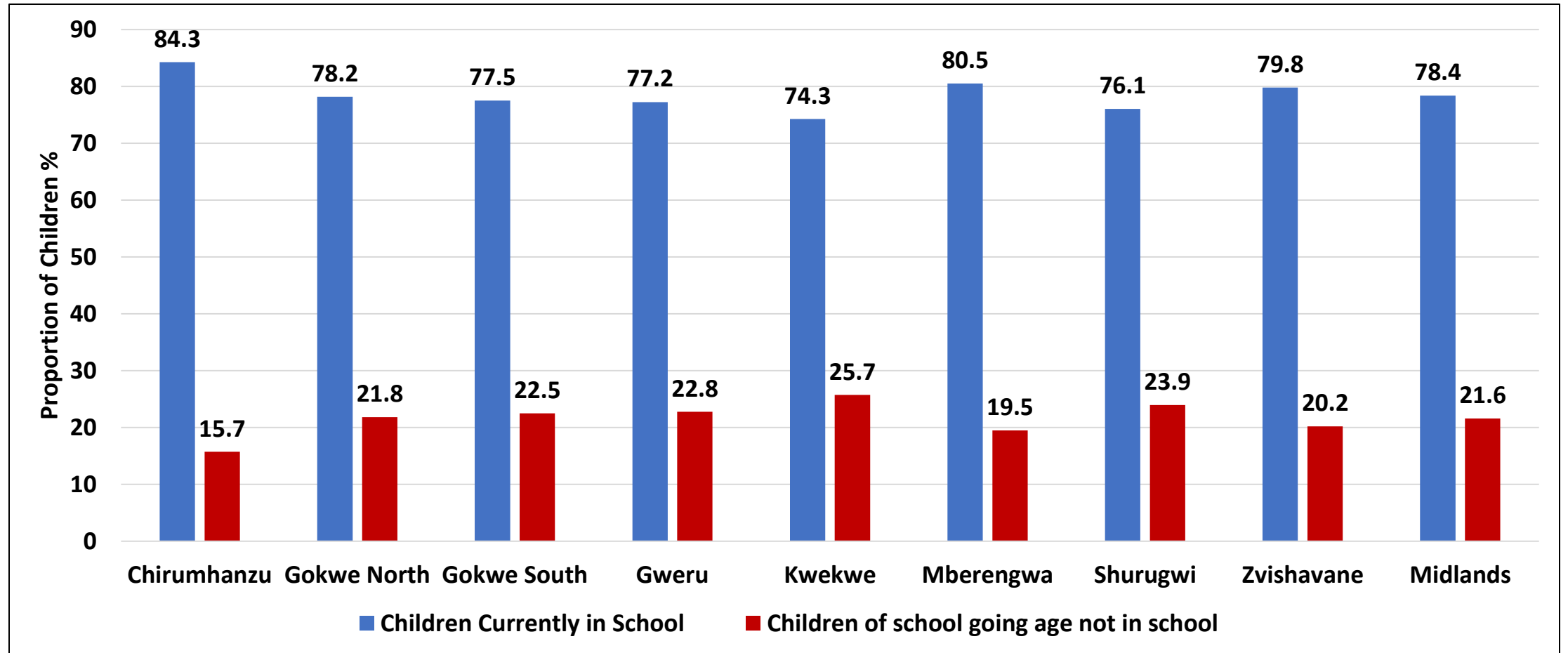
Chronic Conditions by Age

	5 years and above (%)	5-9 years (%)	10-19 yrs (%)	15-49 WCBA (%)	18-59 years (%)	60 years and above (%)
Arthritis, chronic body pain	0.8	0.0	0.0	0.2	0.4	4.8
Asthma	0.7	0.1	0.3	0.7	0.8	1.9
Cancer	0.1	0.0	0.0	0.1	0.1	0.7
Cerebral palsy	0.1	0.0	0.1	0.1	0.1	0.0
Diabetes, high blood sugar	1.7	0.0	0.1	0.9	1.1	8.4
Epilepsy, seizures, fits	0.2	0.1	0.1	0.2	0.3	0.3
Heart disease	0.4	0.0	0.1	0.3	0.3	1.6
HIV infection AIDS	2.9	0.1	0.5	3.8	4.3	4.2
Hypertension, High blood pressure	3.2	0.0	0.0	1.6	1.9	16.4
Kidney diseases	0.1	0.0	0.0	0.0	0.0	0.2
Liver diseases	0.0	0.0	0.0	0.0	0.0	0.1
Mental illness	0.4	0.1	0.1	0.3	0.6	0.6
Not willing to disclose	0.1	0.0	0.0	0.1	0.1	0.4
Stroke	0.2	0.0	0.0	0.1	0.1	1.2
Tuberculosis	0.1	0.0	0.0	0.1	0.2	0.4
Ulcer, chronic stomach pain	0.3	0.0	0.1	0.3	0.3	0.9

- Hypertension (16.4%) was reported as a medically confirmed chronic condition amongst the 60 years and above age group.

Education

School Attendance



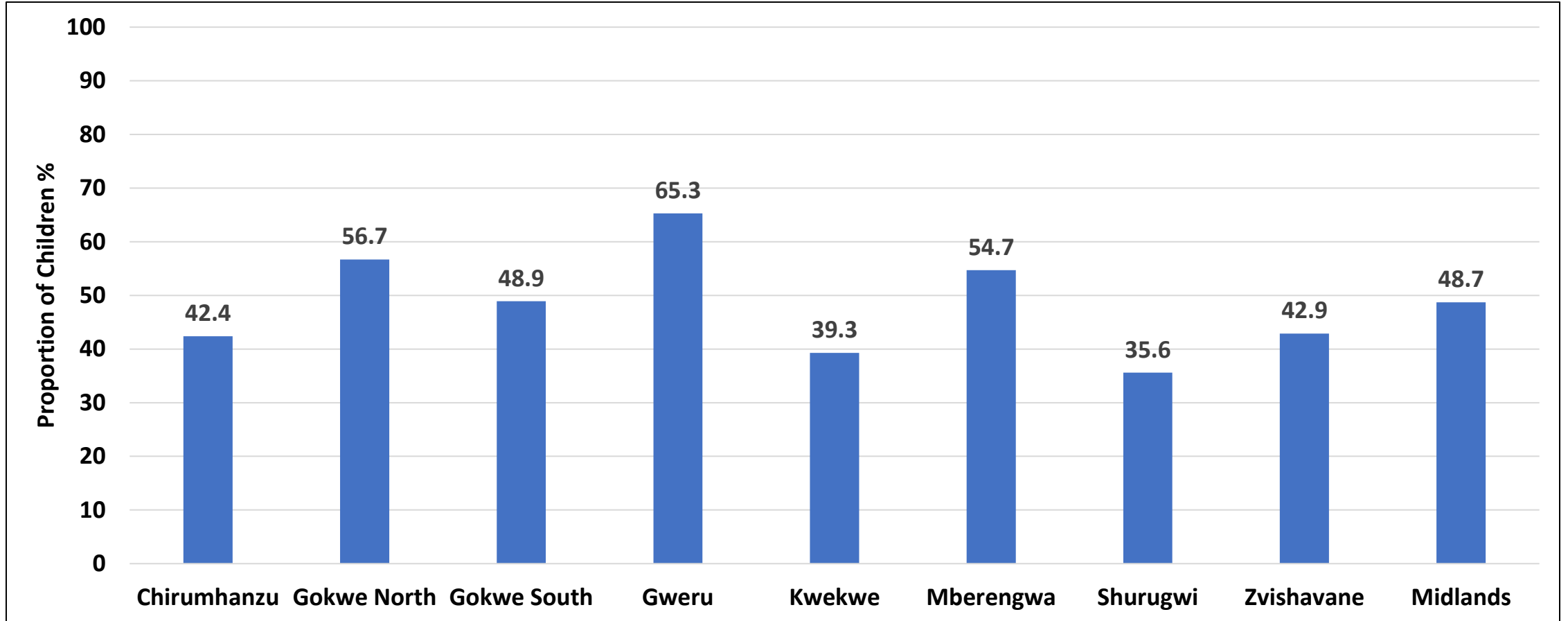
- At the time of the assessment, 21.6% of children of school going age were not going to school.
- Kwekwe (25.7%) had the highest proportion of children not going to school.

Reasons for Children not Being in School (21.6%)

	Financial Challenges (%)	Child considered too young (%)	Pregnancy/marriage (%)	Completed O/A level (%)
Chirumhanzu	2.8	2.5	2.5	5.8
Gokwe North	13.9	0.9	1.7	1.7
Gokwe South	11.6	2.9	2.2	2.2
Gweru	10.8	3.0	3.0	3.0
Kwekwe	13.7	0.9	4.6	1.4
Mberengwa	4.9	3.2	2.1	3.6
Shurugwi	19.7	4.2	2.3	5.2
Zvishavane	7.5	1.5	2.9	5.9
Midlands	9.7	2.2	2.7	3.4

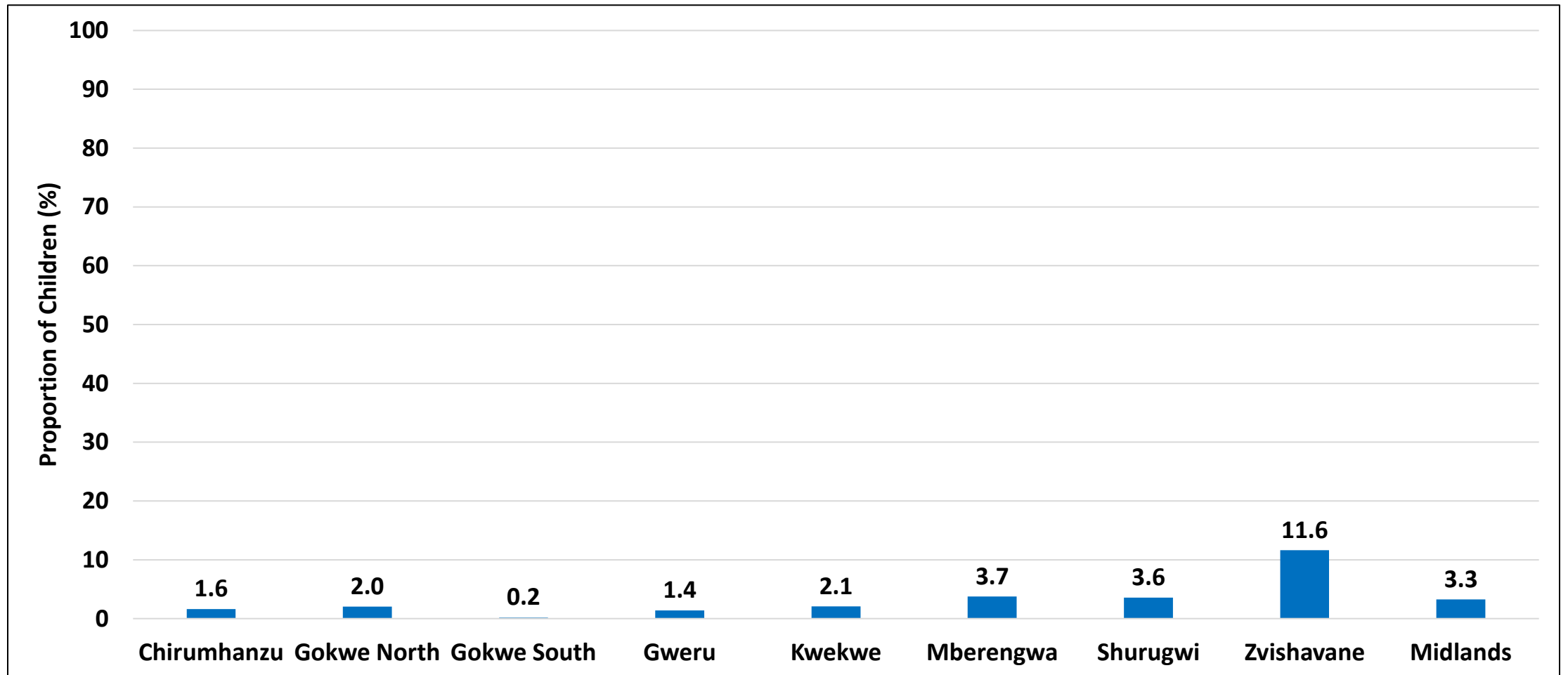
- Of the 21.6% children out of school, financial challenges (9.7%) was reported to be the main reason why children were not going to school.

Children Sent Away from School Because of Non Payment of Fees



- The highest proportion of children that were sent away because of non payment of fees during the first term of 2024 were in Gweru (65.3%) and Gokwe North (56.7%).

Children Receiving Hot Meals at School



- The proportion of children who received a hot meal at school was 3.3%.
- The highest proportion of children who received a hot meal was reported in Zvishavane 11.6%.

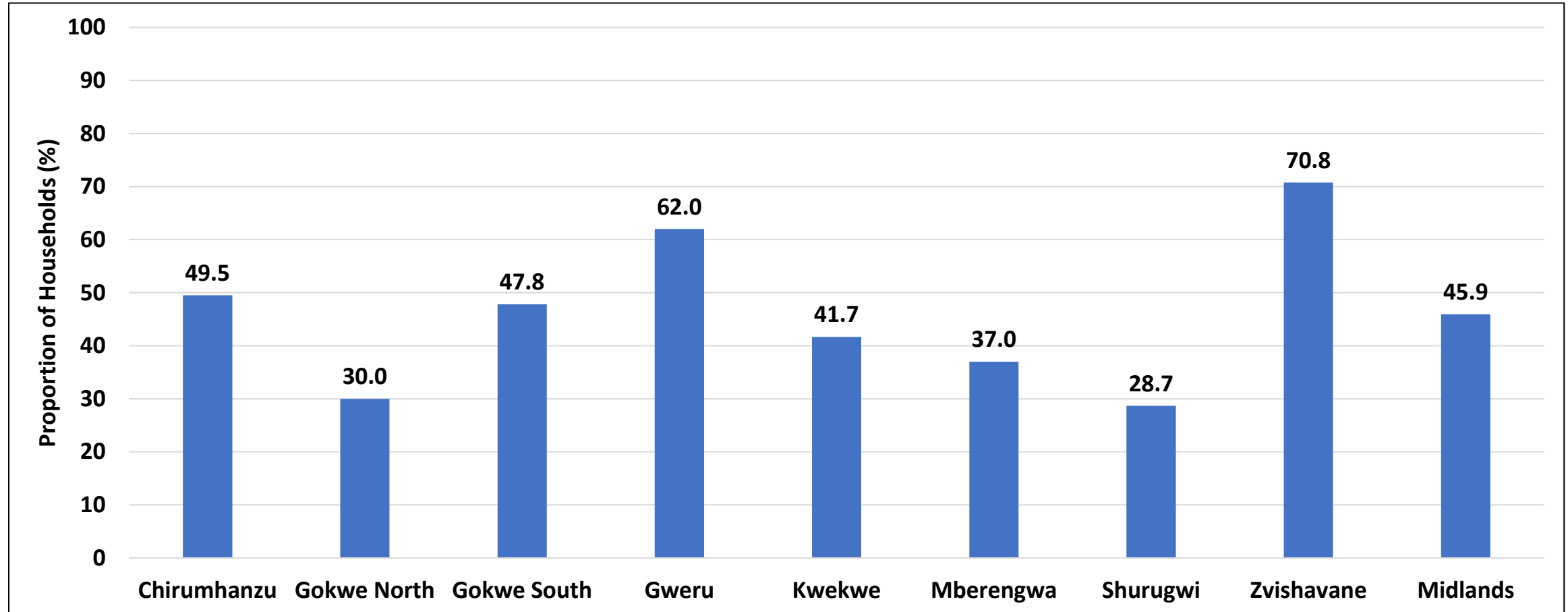
Household Members Who had Chronic Conditions (9.2%)

District	Chronic illness (%)	HIV, AIDS (%)	Heart disease (%)	Diabetes (%)	Asthma (%)	Hypertension (%)	Arthritis (%)	Epilepsy (%)	Stroke (%)	Cancer (%)	Tuberculosis (%)	Ulcer (%)	Cerebral palsy (%)	Mental illness (%)	Other (%)
Chirumhanzu	9.4	3.3	0.3	1.9	0.4	2.1	0.4	0.1	0.4	0.3	0.3	0.1	0.0	0.3	0.6
Gokwe North	7.0	0.8	0.3	2.1	0.5	1.3	0.7	1.1	0.2	0.2	0.0	0.3	0.0	0.3	0.6
Gokwe South	9.3	3.8	0.6	0.9	0.3	2.4	0.7	0.2	0.1	0.1	0.0	0.1	0.0	0.3	0.6
Gweru	15.8	3.2	0.3	1.9	1.8	8.3	0.8	0.0	0.5	0.2	0.1	0.2	0.0	0.9	1.0
Kwekwe	8.3	1.7	0.0	1.8	0.7	2.1	1.6	0.5	0.4	0.0	0.3	0.3	0.0	0.1	0.5
Mberengwa	6.0	2.2	0.0	0.9	0.4	2.3	0.4	0.0	0.3	0.0	0.1	0.1	0.0	0.3	0.4
Shurugwi	8.0	1.2	1.1	1.3	0.8	3.9	0.4	0.1	0.2	0.1	0.1	0.2	0.0	0.0	0.1
Zvishavane	10.0	3.1	0.3	1.5	0.5	2.6	0.2	0.4	0.1	0.4	0.0	0.6	0.0	0.4	0.9
Midlands	9.2	2.5	0.4	1.5	0.7	3.1	0.6	0.3	0.3	0.2	0.1	0.2	0.0	0.3	0.6

- Hypertension (3.1%) and HIV infections/AIDS (2.5%) were the major chronic conditions cited.

Social Protection

Households which Received Any Form of Support



- In Midlands 45.9% of households reported to have received any form of support.
- Shurugwi (28.7%) and Gokwe North (30%) had the least proportion of households that received any form of support.

Sources of Any Form of Support

	Government (%)	UN/NGO (%)	Churches (%)	Urban relatives (%)	Rural relatives (%)	Diaspora relatives (%)	Mutual Groups (%)
Chirumhanzu	46.2	1.0	0.0	1.7	1.3	1.0	0.3
Gokwe North	29.7	0.7	0.0	0.3	0.0	0.0	0.0
Gokwe South	45.2	1.3	0.7	1.0	0.0	1.7	0.3
Gweru	58.0	5.0	2.3	4.0	3.0	1.3	0.7
Kwekwe	40.3	1.0	0.7	4.3	0.3	1.0	0.0
Mberengwa	34.0	2.0	0.7	2.7	1.3	2.3	0.7
Shurugwi	28.7	0.3	0.3	1.3	0.7	1.7	0.0
Zvishavane	65.8	12.3	0.3	13.3	5.3	7.0	0.3
Midlands	43.5	3.0	0.6	3.6	1.5	2.0	0.3

- The main source of any form support was Government (43.5%).
- Zvishavane (65.8%) had the highest proportion of households that received support from Government.

Forms of Support from Government

	Food (%)	Cash transfers (%)	Vouchers (%)	Crop inputs (%)	Livestock (%)	Tick grease, acaricides (%)	WASH hardware (inputs) (%)	WASH software (trainings) (%)	Education assistance (%)	Health Assistance (%)
Chirumhanzu	37.9	1.0	0.0	26.2	0.0	0.3	0.3	0.0	0.0	0.3
Gokwe North	22.3	0.3	0.0	24.0	0.0	0.0	0.0	0.0	0.0	0.0
Gokwe South	24.7	0.0	0.0	28.1	0.0	8.4	0.0	0.0	1.7	0.0
Gweru	45.0	0.0	0.0	28.3	0.0	0.0	0.0	0.0	0.7	0.0
Kwekwe	32.0	0.3	0.0	24.0	0.3	0.0	0.0	0.0	0.7	0.0
Mberengwa	5.3	0.0	0.7	28.3	4.0	0.7	0.0	0.0	0.0	0.3
Shurugwi	11.7	0.0	0.3	24.3	0.3	1.0	0.0	0.0	0.3	0.0
Zvishavane	9.6	0.0	0.0	62.5	0.0	12.6	1.0	0.0	4.7	0.0
Midlands	23.6	0.2	0.1	30.7	0.6	2.9	0.2	0.0	1.0	0.1

- The major forms of support received by households from Government were crop inputs (30.7%) and food (23.6%).
- Food support from the Government was high in Gweru (45%) and low in Zvishavane (9.6 %).

Forms of Support from UN/NGOs

Province	Food (%)	Crop inputs (%)	Cash transfers (%)	WASH software (trainings) (%)	Education assistance (%)	Other (%)	WASH hardware (inputs) (%)	Livestock (%)	Health Assistance (%)	Tick grease, acaricides, (%)	Vouchers (%)
Manicaland	4.5	1.3	0.7	0.2	0.4	0.3	0.1	0.2	0.3	0.0	0.1
Mash Central	0.9	1.5	0.4	0.3	0.1	0.5	0.5	0.0	0.1	0.0	0.1
Mash East	1.4	0.6	1.0	0.0	0.4	0.2	0.1	0.0	0.0	0.0	0.2
Mash West	0.0	0.3	0.0	0.3	0.2	0.2	0.0	0.1	0.1	0.0	0.0
Mat North	3.2	1.0	0.4	2.1	0.9	1.3	0.7	0.2	0.9	0.3	0.0
Mat South	5.2	0.7	3.2	0.1	1.2	0.1	0.0	0.7	0.2	0.3	0.0
Midlands	1.5	0.8	0.0	0.1	0.2	0.3	0.4	0.1	0.0	0.0	0.0
Masvingo	7.4	1.1	0.0	1.2	0.7	1.0	0.2	0.7	0.1	0.0	0.0
National	2.9	0.9	0.7	0.5	0.5	0.5	0.3	0.2	0.2	0.1	0.1

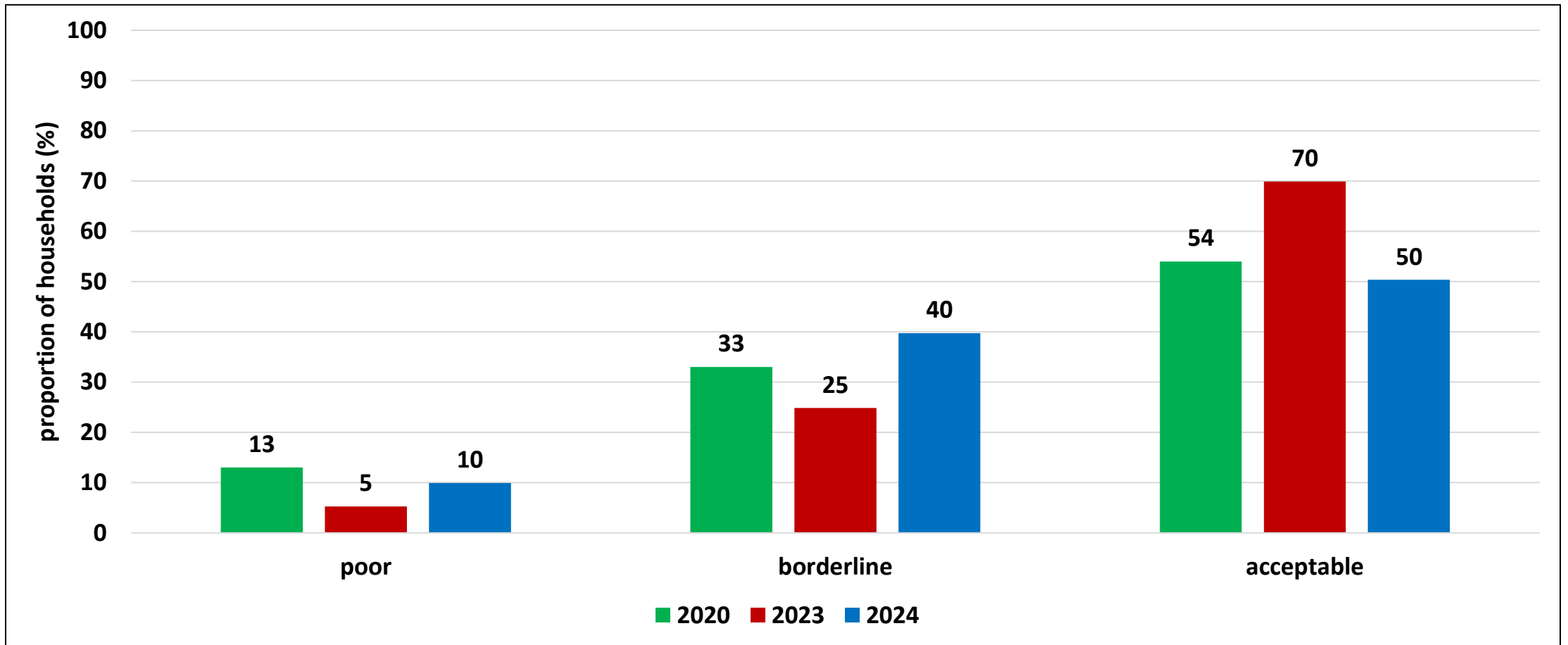
- Only 1.5% of households in Midlands received food support from UN/NGOs.

Household Food Consumption Patterns

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

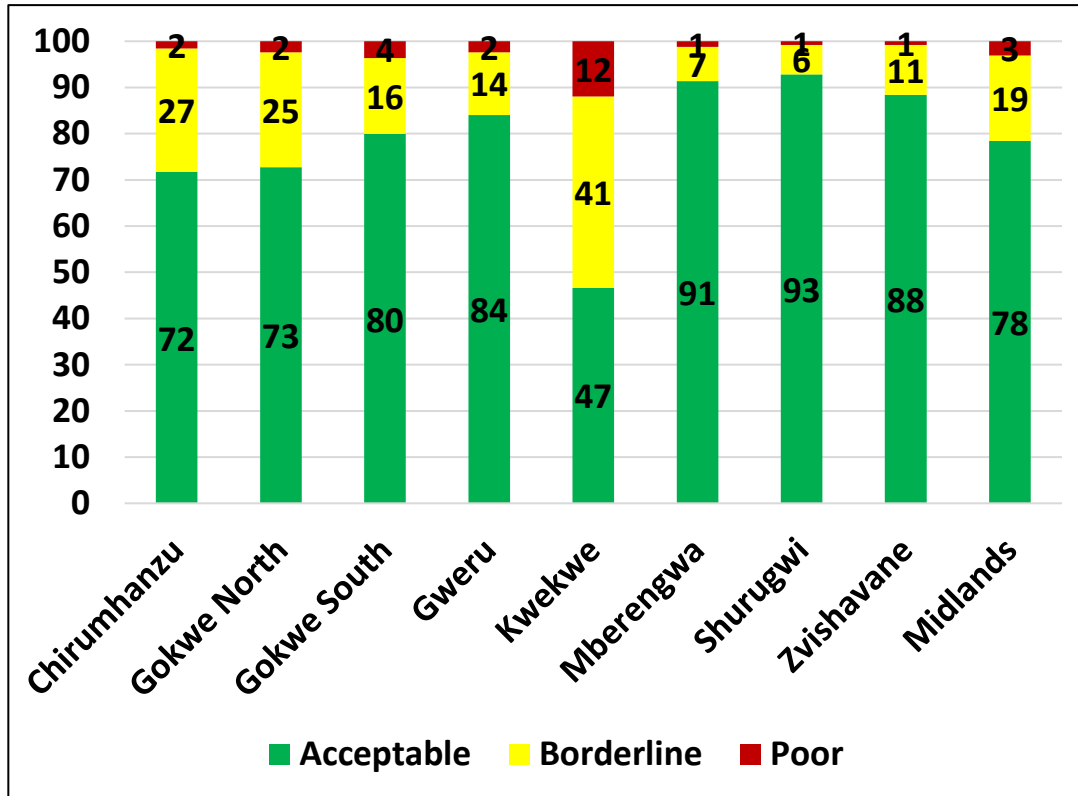
Food Consumption Patterns Trend



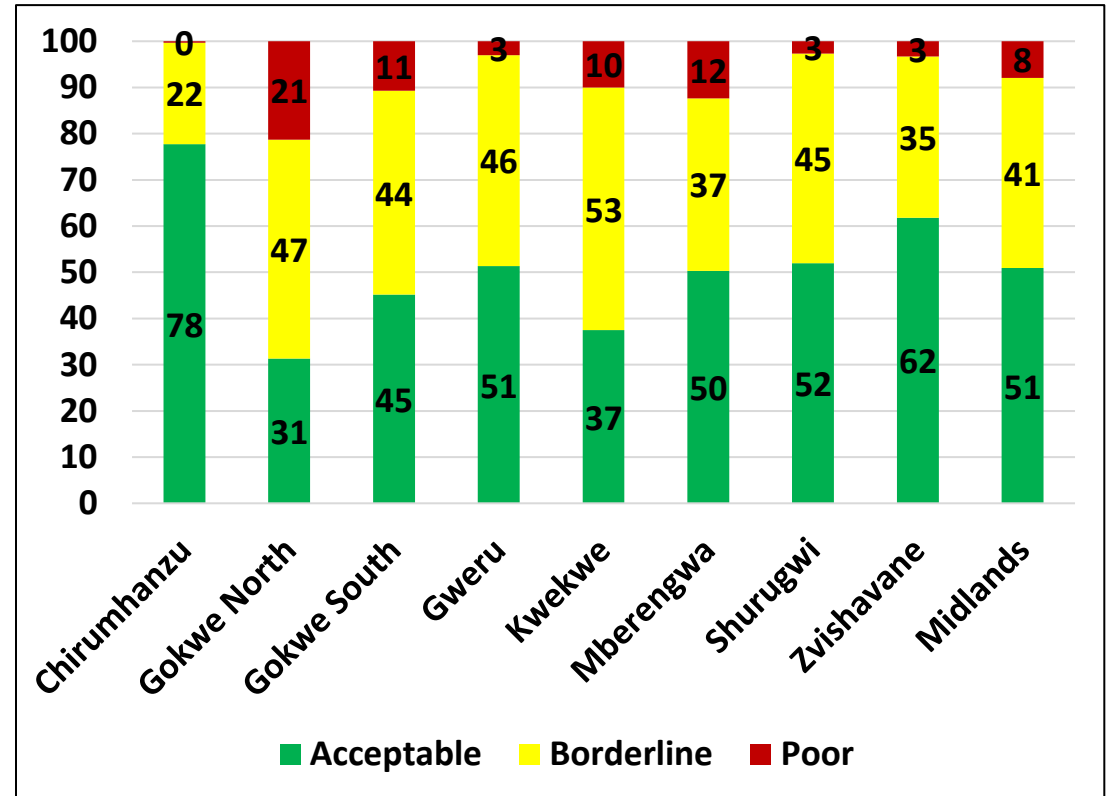
- The proportion of households which consumed acceptable diets decreased from 70% to 50% whilst those with poor diets increased from 5% to 10%.

Food Consumption Patterns

2023



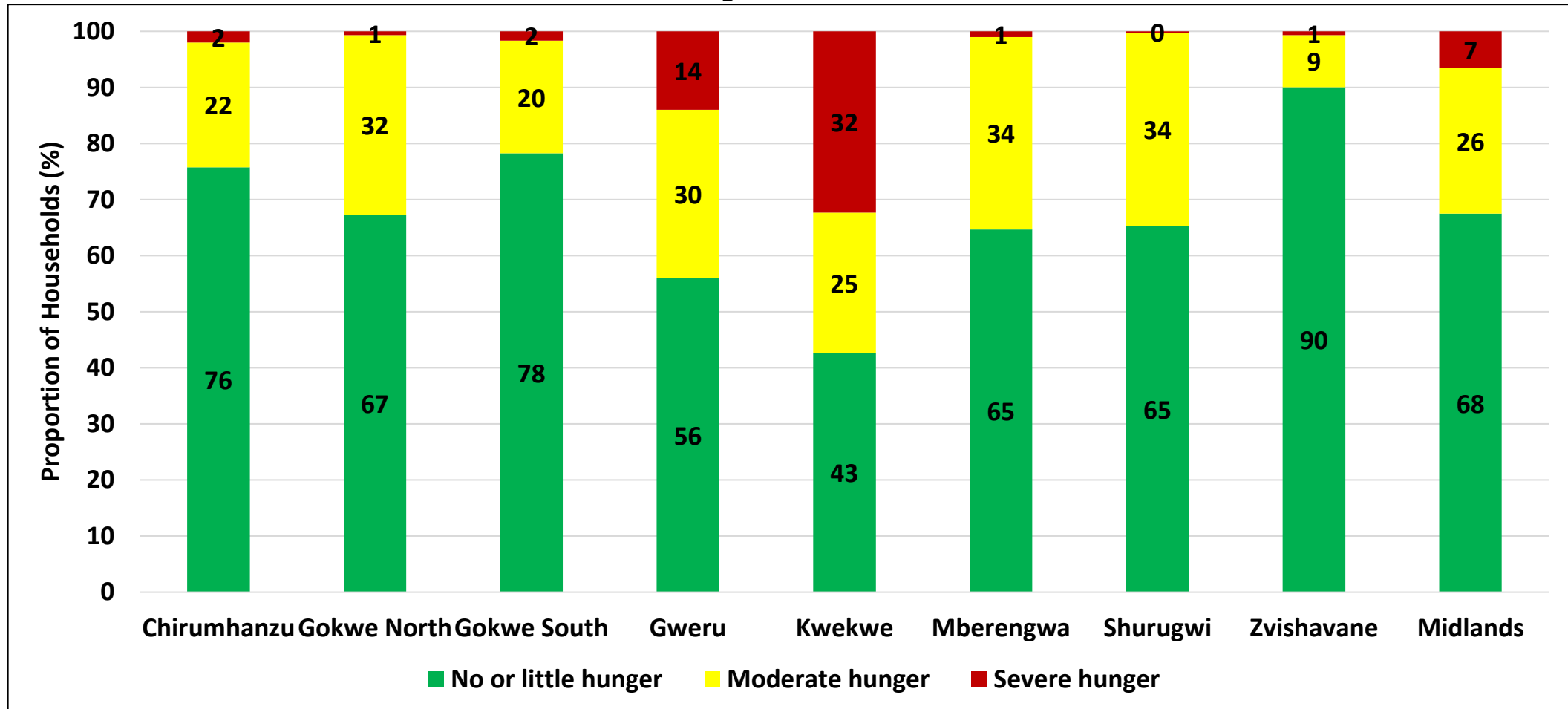
2024



- Chirumhanzu (78%) and Zvishavane (62%) had the highest proportion of households consuming acceptable diets.
- Gokwe North (21%) and Mberengwa (12%) had the highest proportion of households consuming poor diets.

Household Hunger Scale

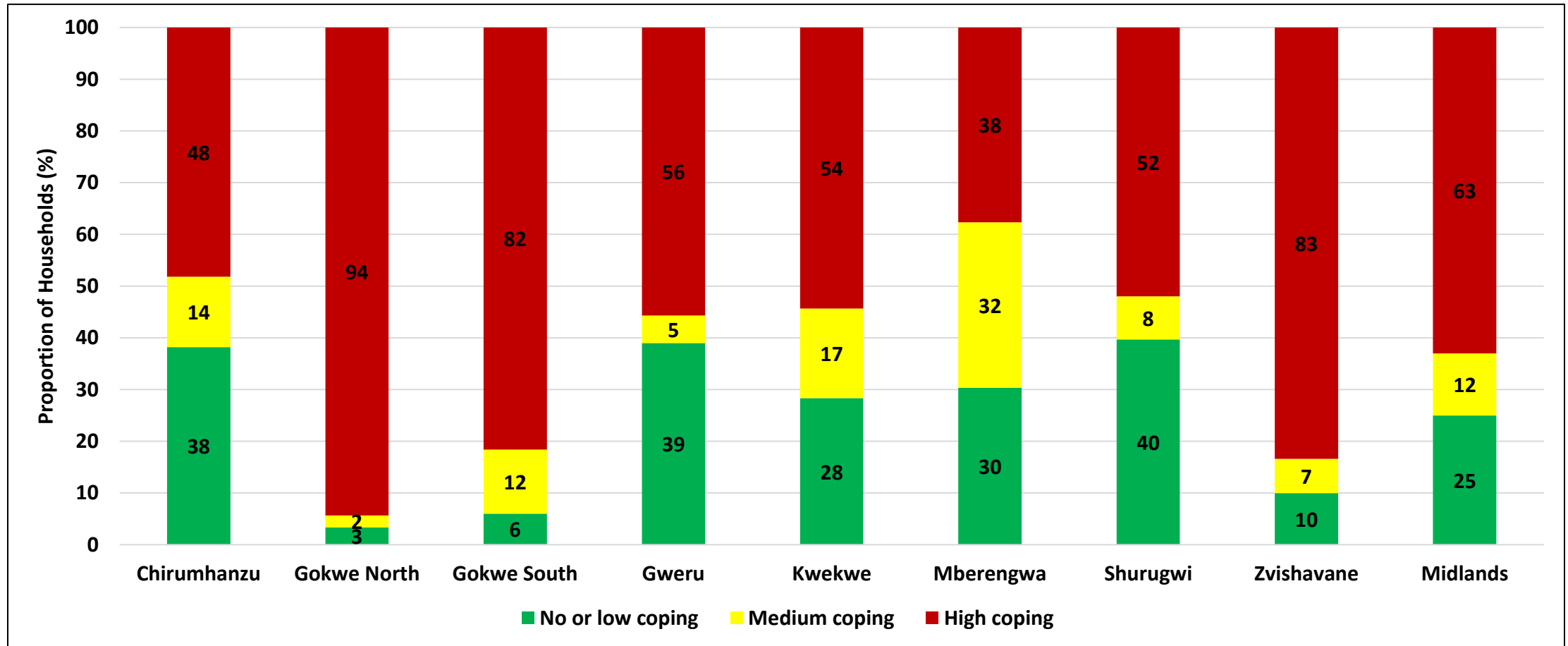
Household Hunger Scale By Year



- In Midlands 7% of households experienced severe hunger.
- Kwekwe (32%) had the highest proportion of households experiencing severe hunger.

Reduced Consumption Based Coping Strategies (RCSI)

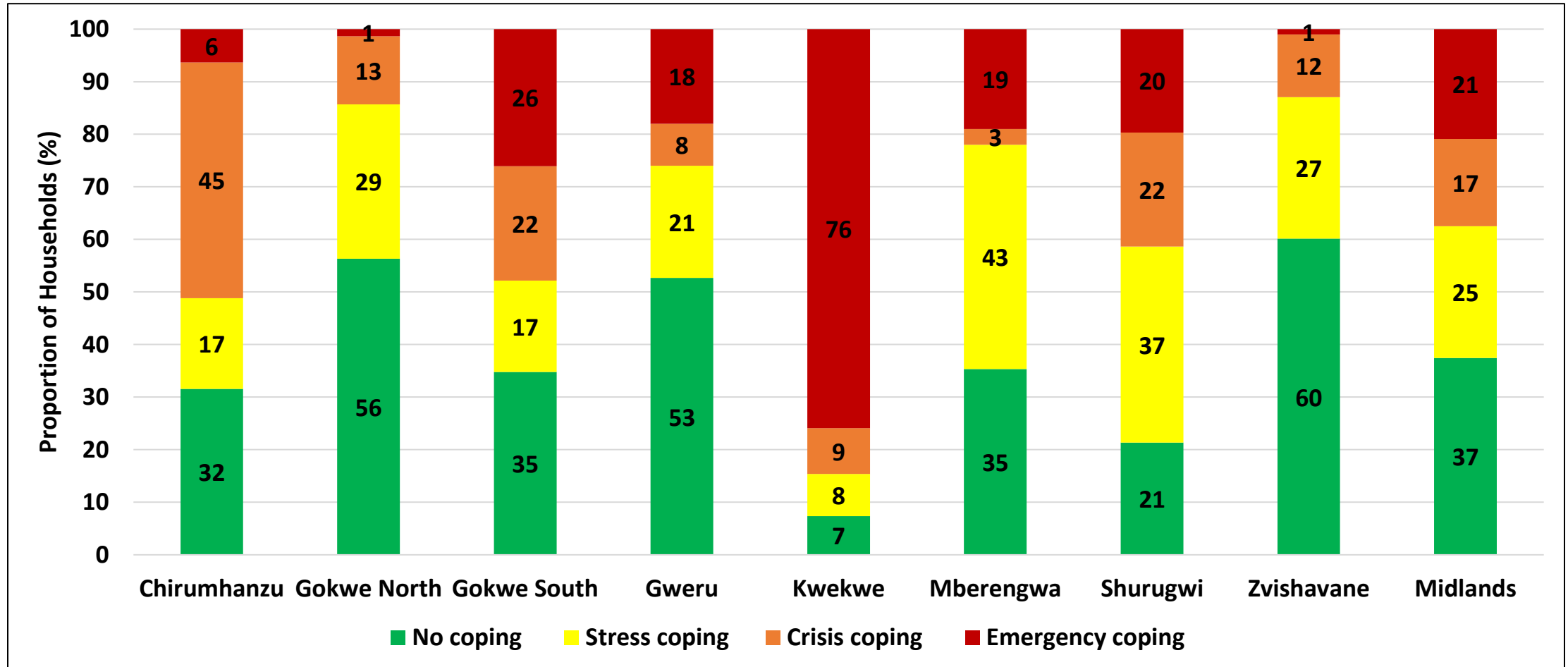
Reduced Consumption Coping Strategy Index



- The majority of the households in Midlands (63%) were engaging high coping strategies.
- Gokwe North (94%) had the highest proportion of households engaging high coping strategies.

Livelihood Coping Strategies

Households Engaging in any Form of Livelihoods Coping Strategies



- The proportion of households engaging in emergency coping was high in Kwekwe (76%), followed by Gokwe North (26%).

Water, Sanitation and Hygiene (WASH)

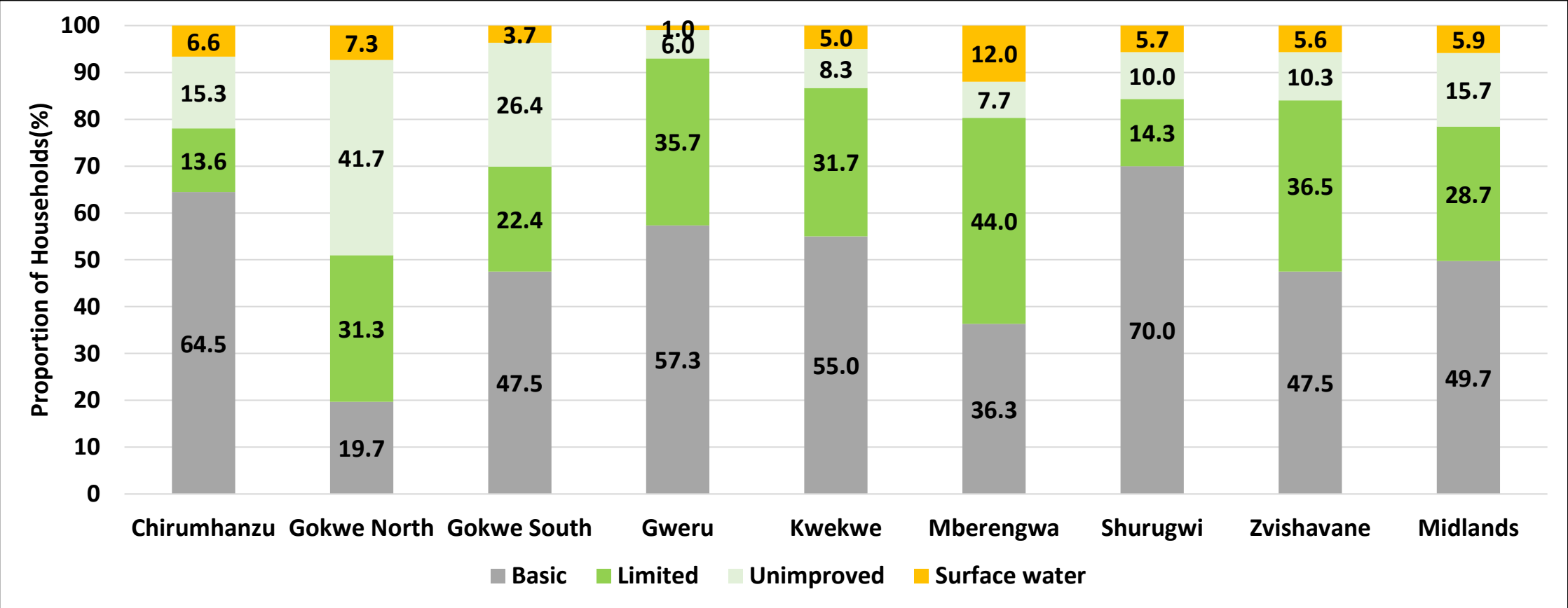
Ladder for Drinking Water Services

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

Note :

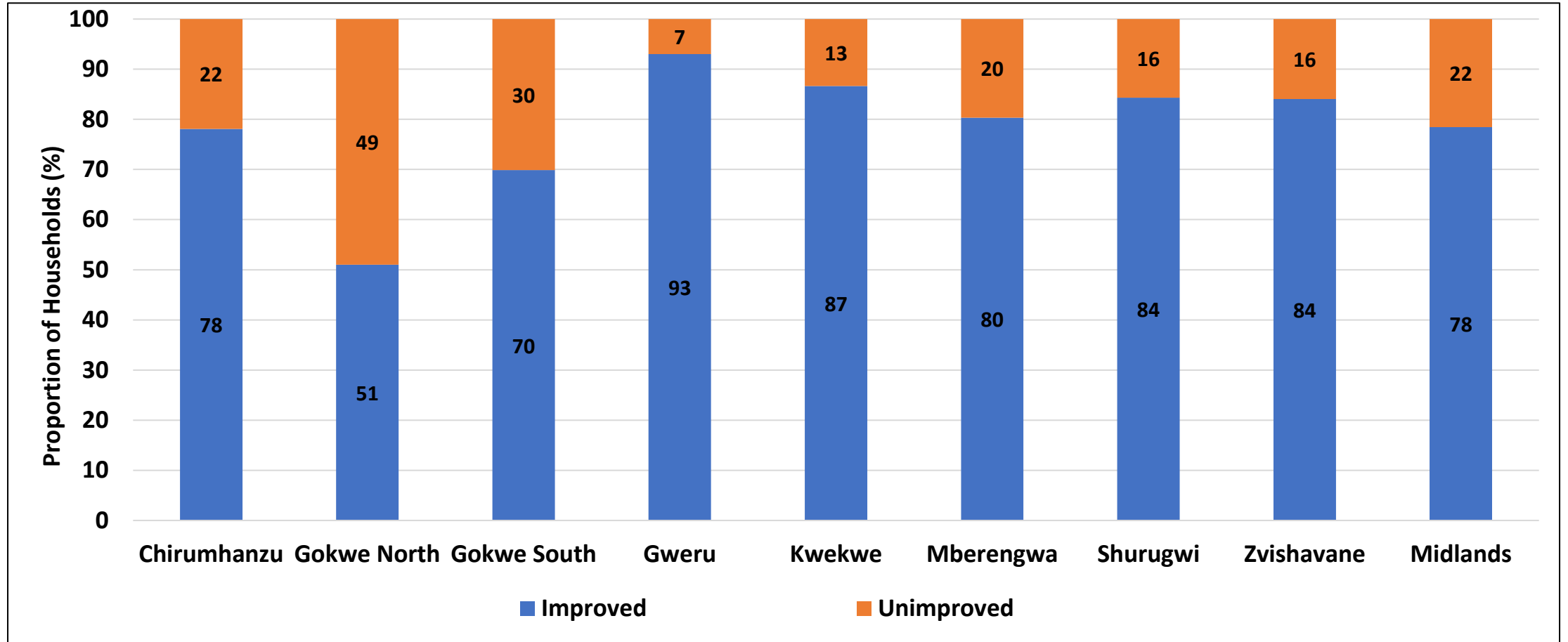
“Improved” drinking water sources are further defined by the quality of the water they produce, and are protected from faecal contamination by the nature of their construction or through an intervention to protect from outside contamination. Such sources include: piped water into dwelling, plot, or yard;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

Main Drinking Water Services



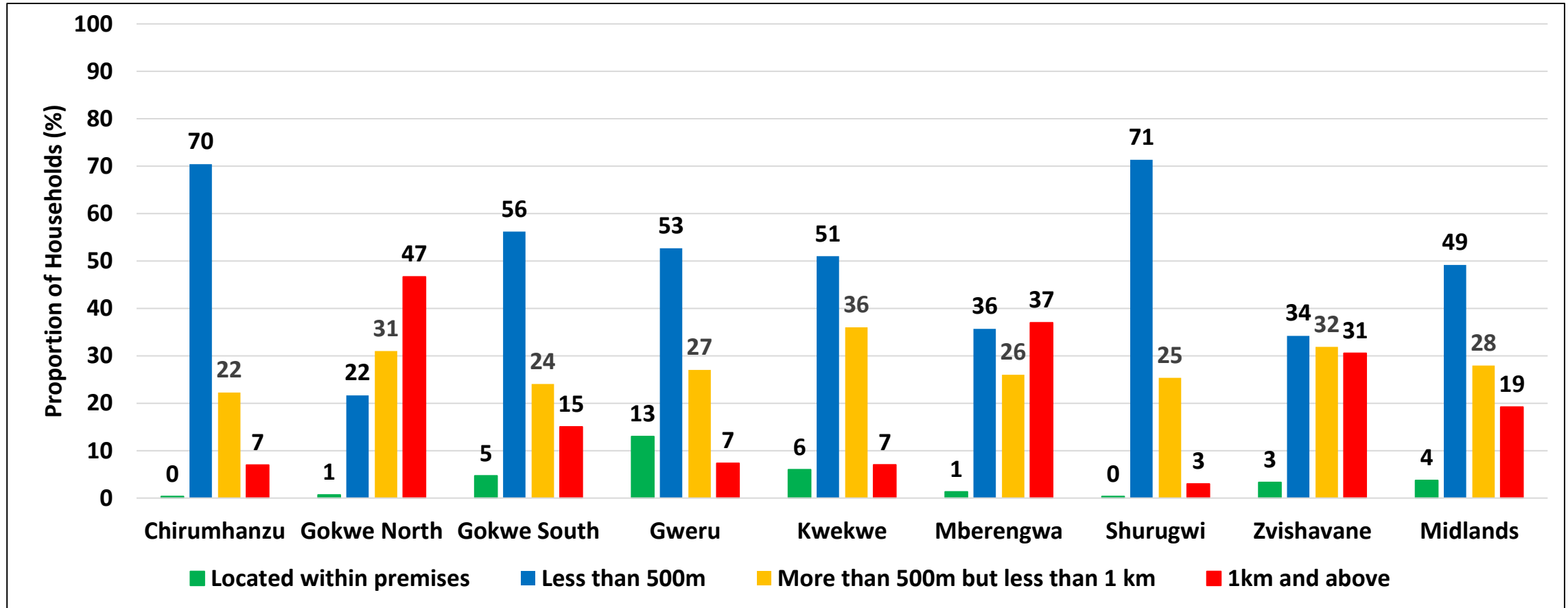
- The proportion of households accessing basic water services was high in Shurugwi (70%), Chirumhanzu (64.5%) and Gweru (57.3%).
- Gokwe North (19.7%) had the least proportion of households accessing basic services.

Access to Improved Water Source



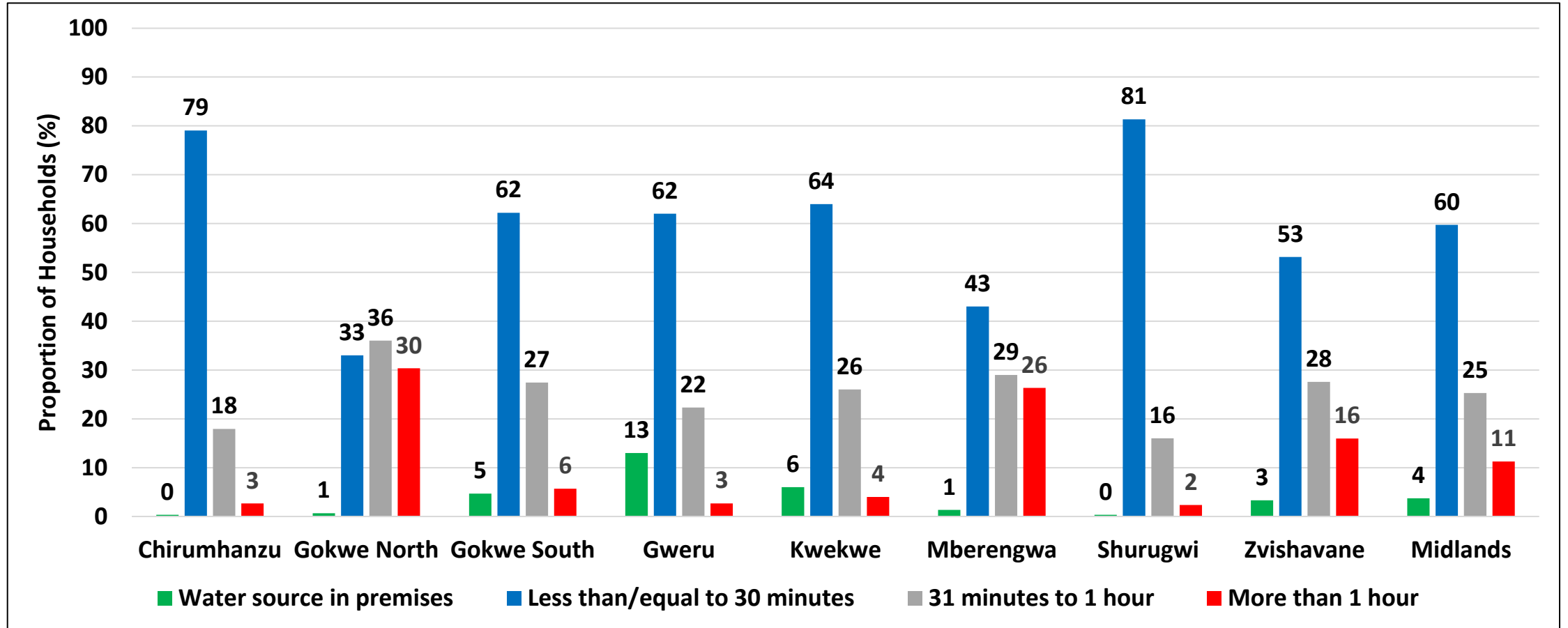
- Seventy eight percent of households were accessing water from improved water sources.
- Gokwe North (49%) had the highest proportion of households accessing water from unimproved sources.

Distance Travelled to and from Main Drinking Water Source



- The proportion of households accessing water within a distance of 1km was (81%).
- Only 4% of households had water sources located within premises.

Time Taken to and from Main Drinking Water Source



- About 60% of households in Midlands spent less than 30 minutes travelling to and from their main drinking water source.
- Of concern is the proportion of households in Gokwe North (30%) which spent more than 1hour travelling to and from their main drinking water source.

Drinking Water Treatment Methods

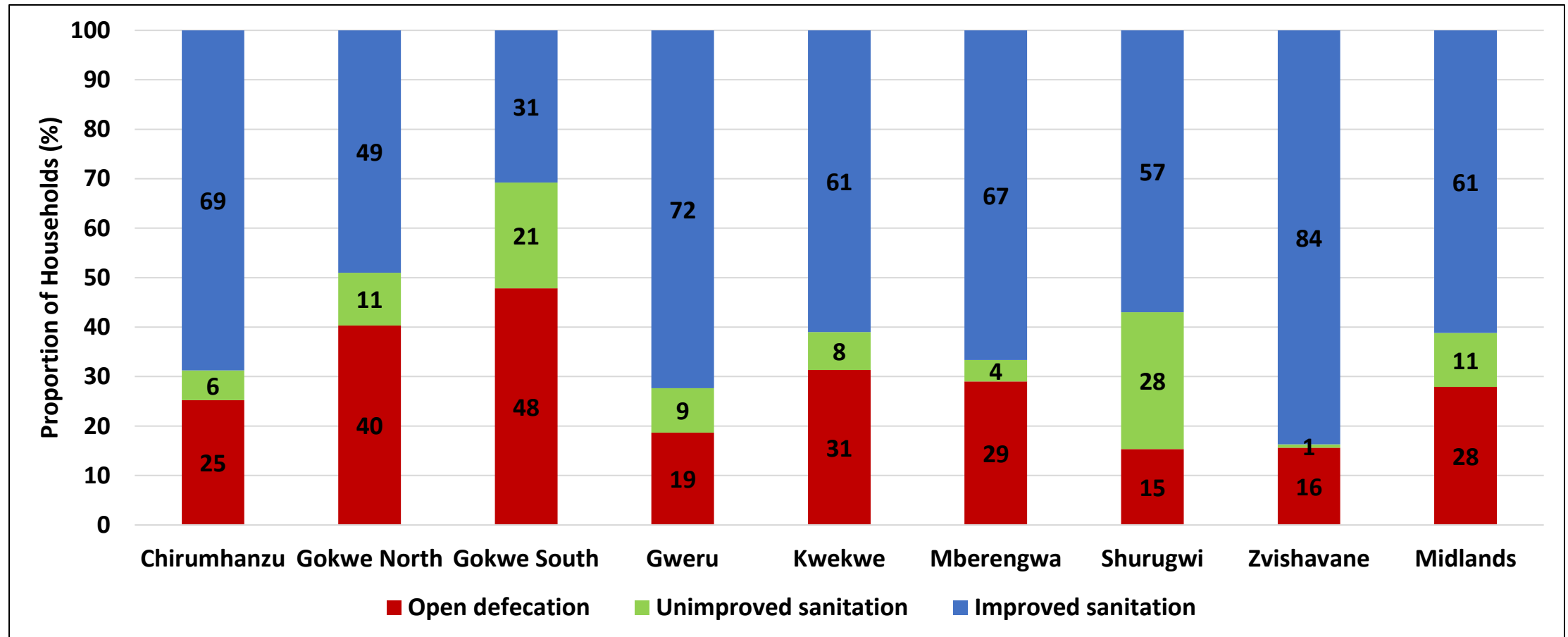
Province	Treat drinking water (%)	Treatment method				
		Boil (%)	Add bleach/chlorine (%)	Use a water filter (ceramic, sand, composite, etc) (%)	Let it stand and settle (%)	Add water treatment tablet (%)
Manicaland	6.0	1.9	2.1	0.5	0.7	0.6
Mash Central	1.7	0.7	0.4	0.0	0.1	0.5
Mash East	4.0	1.3	1.5	0.1	0.3	1.1
Mash West	1.9	1.1	0.5	0.0	0.0	0.3
Mat North	1.5	0.9	0.1	0.0	0.2	0.0
Mat South	2.5	2.0	0.2	0.1	0.2	0.3
Midlands	1.7	1.0	0.4	0.0	0.1	0.2
Masvingo	5.0	1.5	0.7	0.0	2.6	0.3
National	3.0	1.3	0.7	0.1	0.5	0.4

- Treating drinking water is a necessary practice that promotes health and nutrition outcomes.
- Only 1.7% of households in Midlands were treating their drinking water.
- The main method used by households when treating water was boiling (1%).

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.
<p>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.</p>	

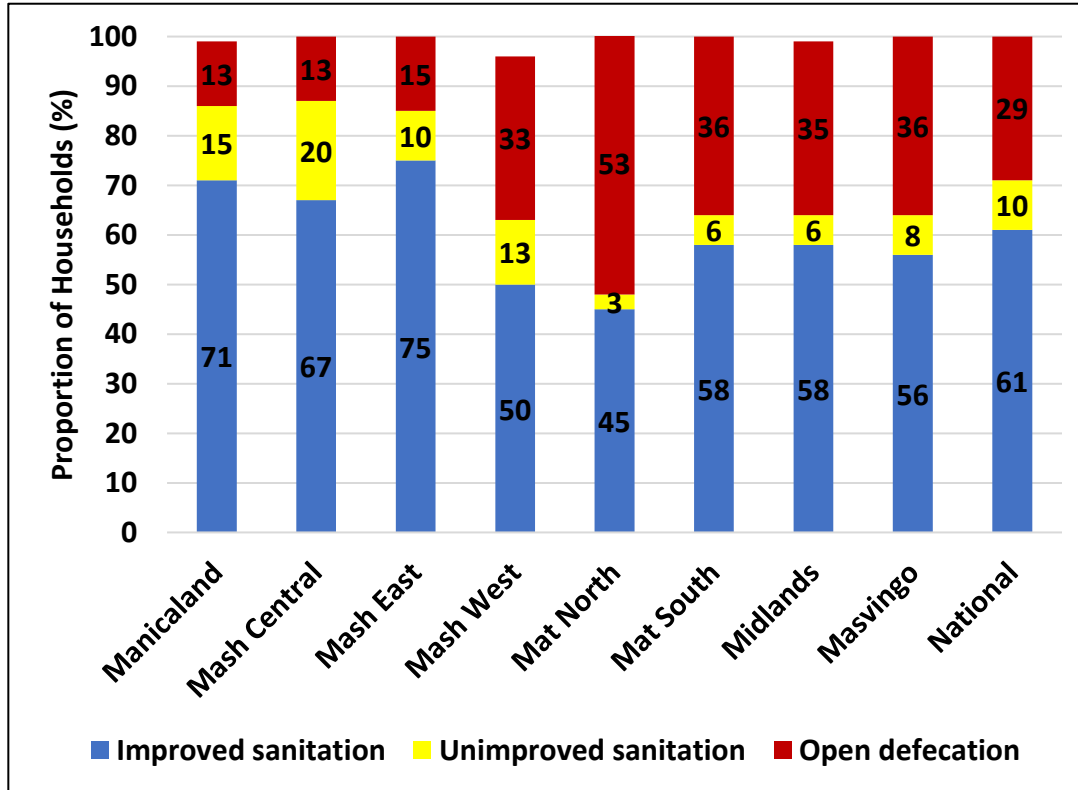
Access to Improved Sanitation



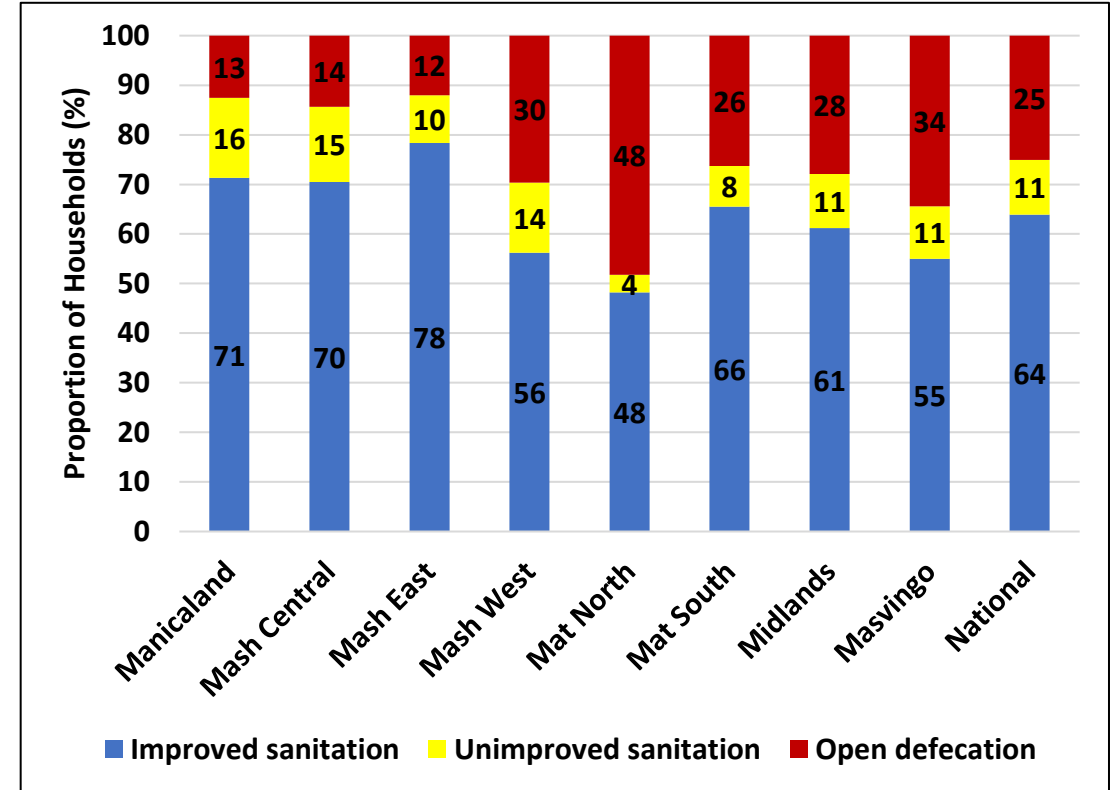
- Sixty-one percent of households in Midlands were accessing improved sanitation.
- Zvishavane (84%) had the highest proportion of households accessing improved sanitation.

Access to Improved Sanitation By Year

2023

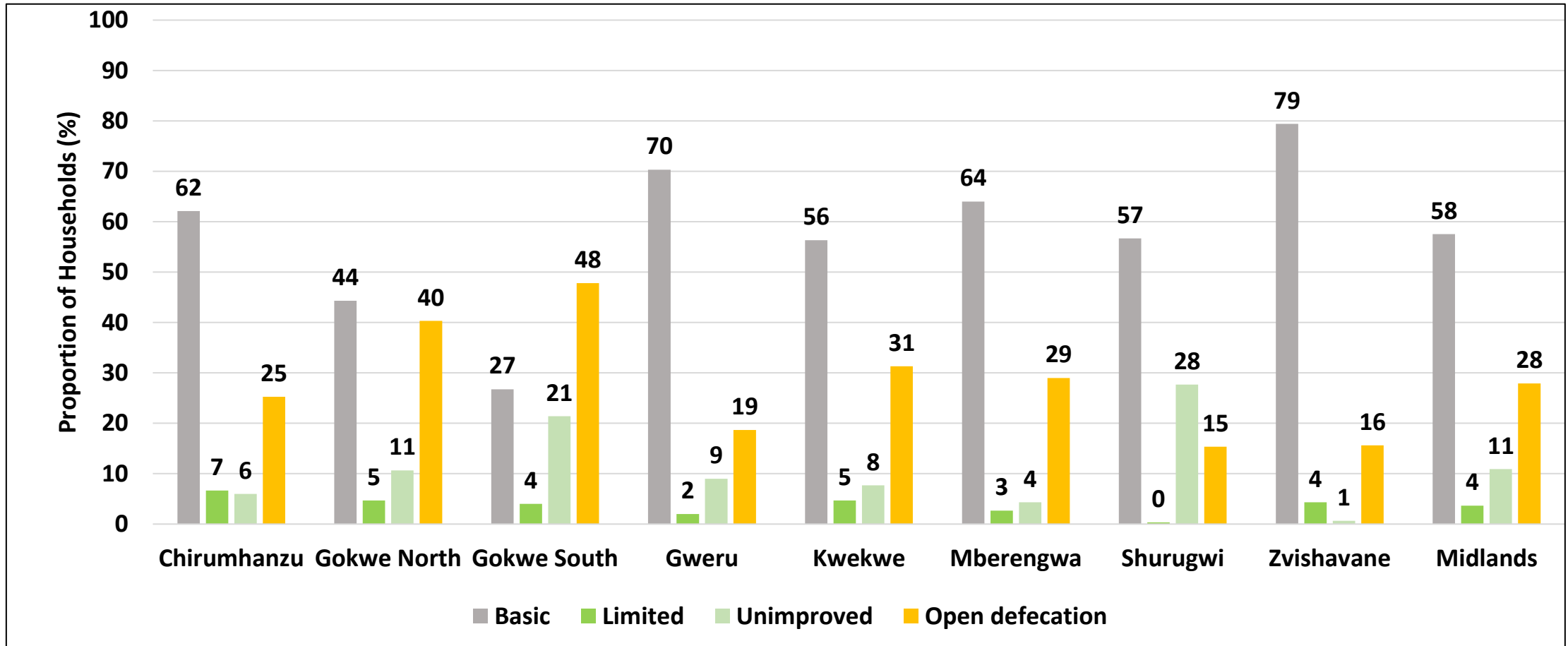


2024



- Access to an improved sanitation facility contributes to better nutritional outcomes via a reduction in enteric pathogen transmission.
- The results are showing a positive rise in the proportion of households accessing improved sanitation from 58% in 2023 to 61% in 2024.
- Of concern is the proportion of households that continue to practice open defecation across all provinces.

Household Sanitation Services



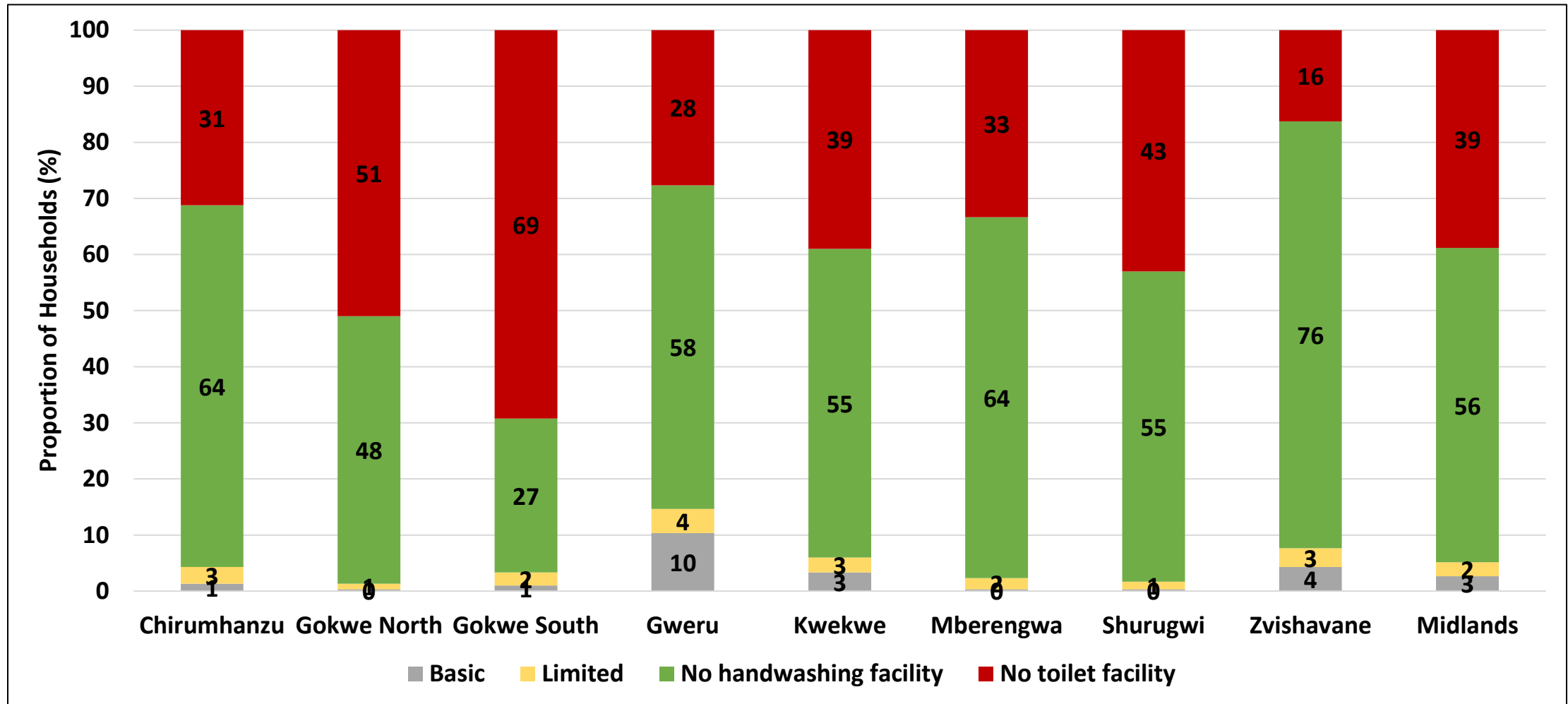
- Zvishavane (79%) and Gweru (70%) had the highest proportion of households accessing basic sanitation services.
- Of concern is the high proportion of households practising open defecation in Gokwe South (48%) and Gokwe North (40%).

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. Access to Handwashing Services
No Facility	No hand washing facility on premises.

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

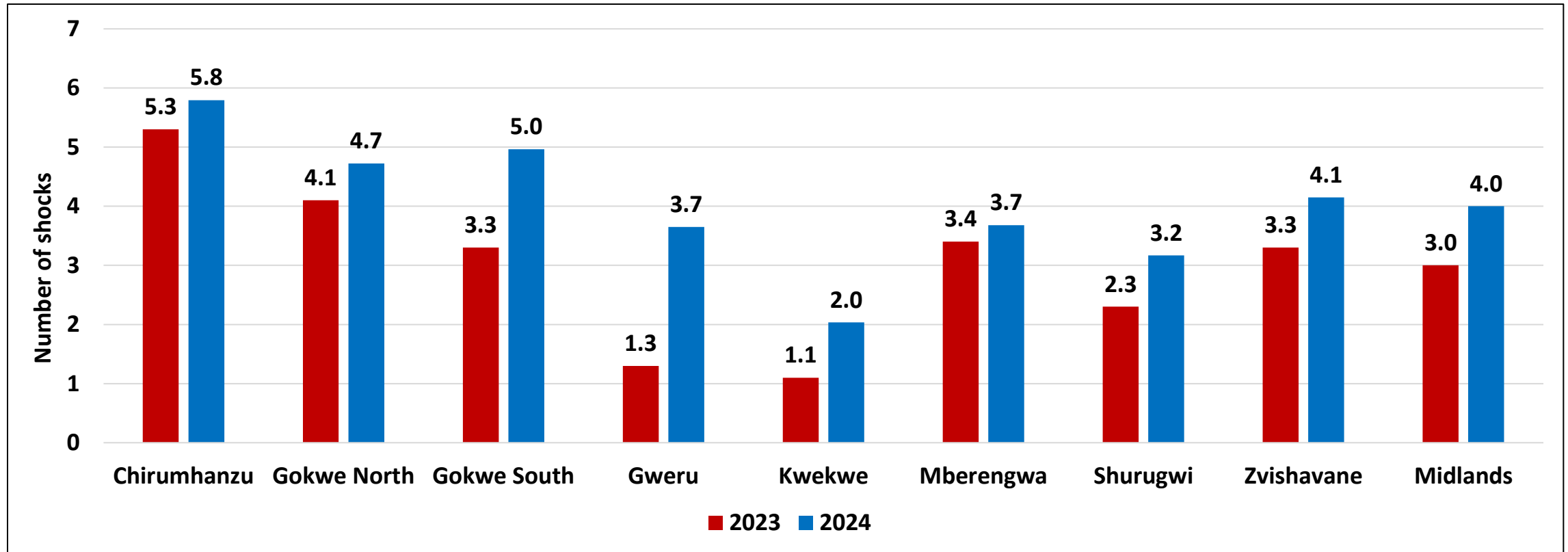
Access to Handwashing Facility



- The majority of households (56%) had no handwashing facility.
- Zvishavane (76%) had the highest proportion of households that did not have a handwashing facility.

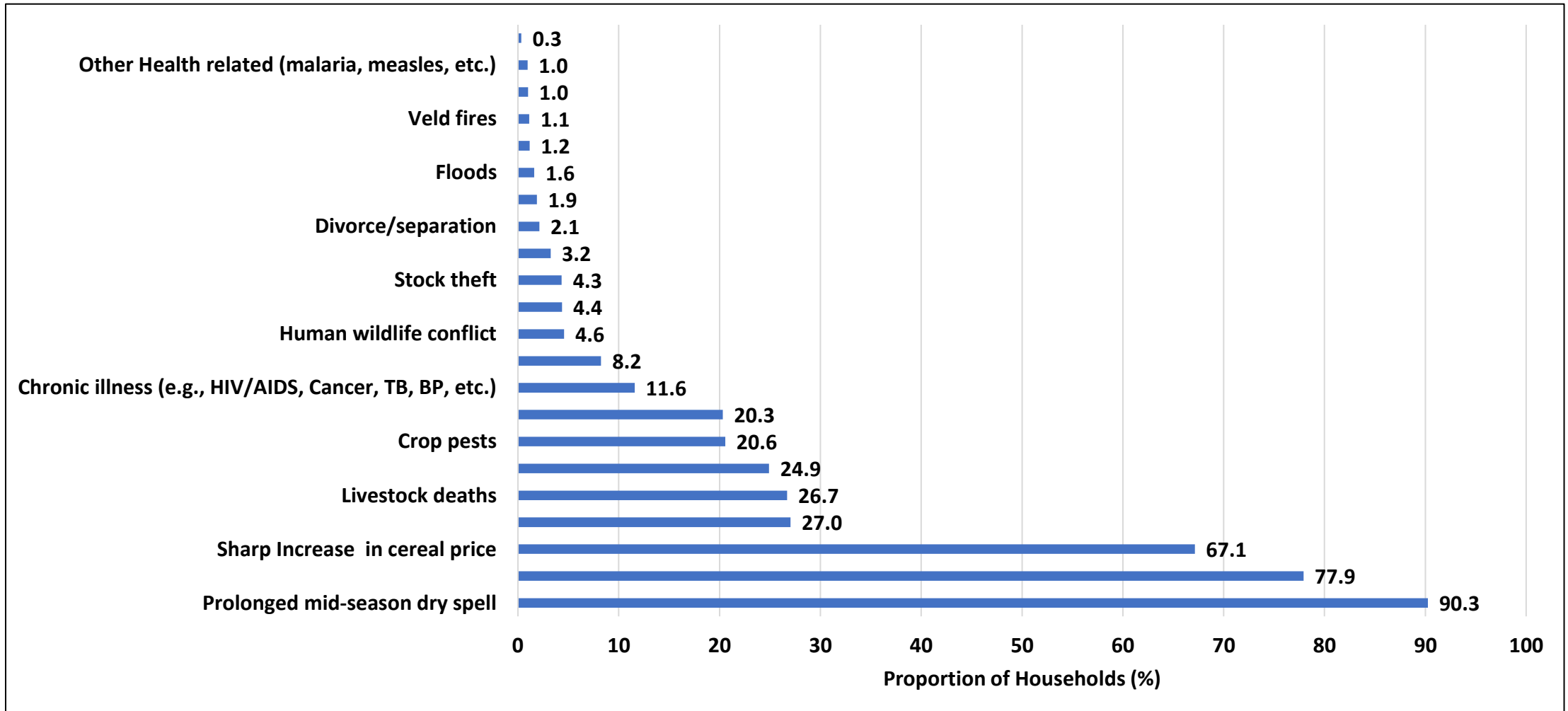
Shocks and Hazards

Number of Shocks Experienced by Households



- The average number of shocks experienced by households was 4.0.
- The number of shocks experienced by households increased in 2024 compared to the previous year across all the districts.
- Chirumhanzu (5.8) had the highest number of shocks, while Kwekwe (2.0) had the lowest..

Proportion of Households Experiencing Shocks



- Prolonged mid-season dry spell (90.3%), cash shortage (77.9%) and sharp increase in cereal prices (67.1%) were the most prevalent shocks experienced by households.

Proportion of Households Experiencing Shocks

District	Prolonged mid-season dry spell (%)	Cash shortage (%)	Sharp increase in cereal price (%)	Livestock diseases (%)	Livestock deaths (%)	Sharp drop in livestock price (%)	Crop pests (%)	Being charged more for using mobile money or swipe (%)	Diarrhoea related (diarrhoea, cholera, typhoid, etc.) (%)	Other Health related (malaria, measles, etc.) (%)
Chirumhanzu	96.0	96.7	93.7	53.5	48.5	47.8	44.5	60.1	2.0	0.0
Gokwe North	95.3	93.3	81.7	17.0	13.3	46.3	13.7	38.7	14.0	5.0
Gokwe South	97.3	94.6	72.9	27.4	25.8	47.5	37.8	17.1	2.3	1.7
Gweru	81.3	82.3	63.0	23.0	23.7	14.3	15.3	13.0	1.7	0.0
Kwekwe	65.0	62.0	29.3	1.7	1.3	3.7	7.3	5.0	0.0	0.7
Mberengwa	93.0	85.3	57.7	41.0	33.0	24.0	9.0	9.0	2.0	0.0
Shurugwi	97.0	66.0	57.0	24.0	29.0	3.0	2.0	1.3	1.7	0.0
Zvishavane	97.0	43.2	81.7	28.6	38.9	12.6	34.9	18.3	2.3	0.3
Midlands	90.3	77.9	67.1	27.0	26.7	24.9	20.6	20.3	3.2	1.0

- Gokwe South (97.3%) had the highest proportion of households which experienced prolonged dry spell.
- Chirumhanzu had the highest proportion of households experienced cash shortages (96.7%), sharp increase in cereal price (93.7%) and livestock diseases (53.5 %).

Economic and Social Shocks

Shock Type	Chirumhanzu (%)	Gokwe North (%)	Gokwe South (%)	Gweru (%)	Kwekwe (%)	Mberengwa (%)	Shurugwi (%)	Zvishavane (%)	Midlands (%)
Cash shortage	96.7	93.3	94.6	82.3	62.0	85.3	66.0	43.2	77.9
Sharp increase in cereal price	93.7	81.7	72.9	63.0	29.3	57.7	57.0	81.7	67.1
Sharp drop in livestock price	47.8	46.3	47.5	14.3	3.7	24.0	3.0	12.6	24.9
Being charged more for using mobile money or swipe	60.1	38.7	17.1	13.0	5.0	9.0	1.3	18.3	20.3
Human wildlife conflict	3.7	4.3	5.0	2.7	1.0	0.0	0.7	19.3	4.6
Divorce/separation	4.0	2.0	4.0	0.7	2.7	0.3	2.3	1.0	2.1
Gender Based Violence (GBV): (physical, sexual, financial, emotional violence).	4.0	0.7	4.7	1.7	0.7	0.7	1.7	1.0	1.9
Drug and substance abuse	0.7	0.0	1.0	0.0	0.0	0.0	6.3	1.3	1.2
Death of main income earner in the household	0.3	1.3	0.3	1.7	1.0	1.0	1.0	1.3	1.0
Loss of employment by key household member	1.0	0.3	0.0	0.0	0.3	0.7	0.3	0.0	0.3

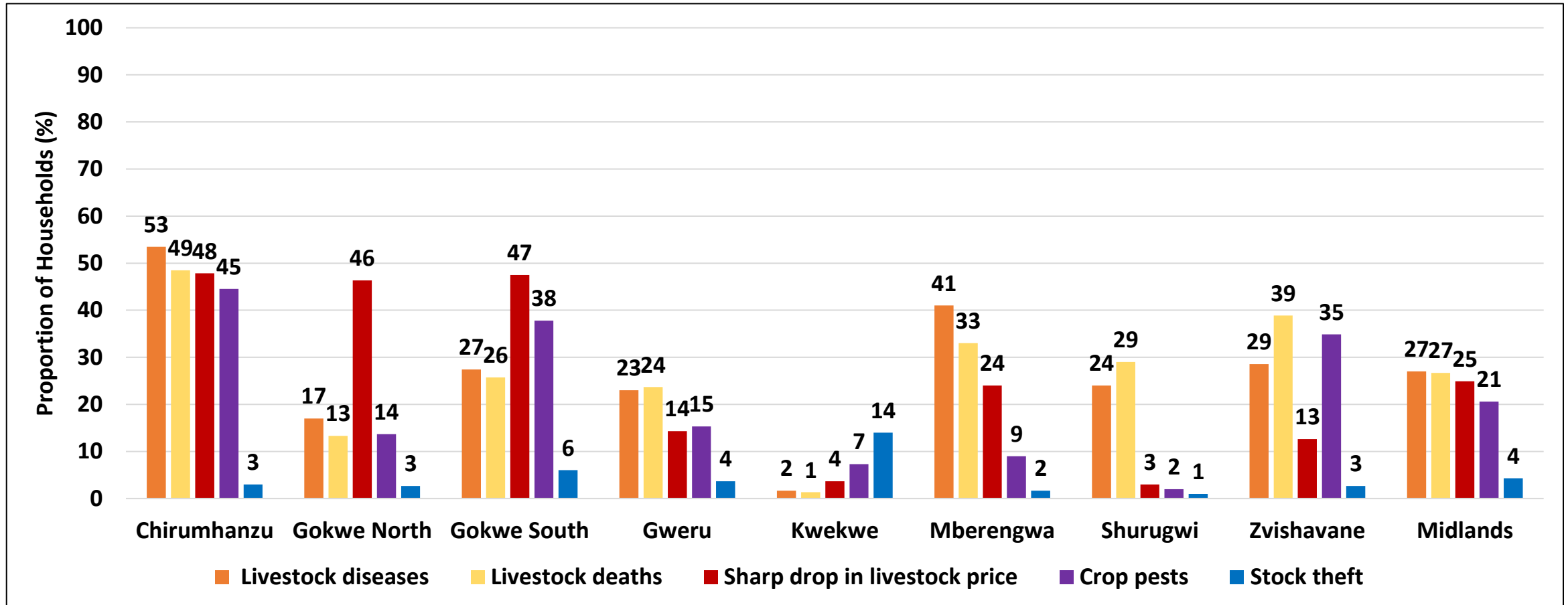
- Cash shortage (77.9%) was the most reported economic shock.

Climate Related Shocks

Shock Type	Chirumhanzu (%)	Gokwe North (%)	Gokwe South (%)	Gweru (%)	Kwekwe (%)	Mberengwa (%)	Shurugwi (%)	Zvishavane (%)	Midlands (%)
Prolonged mid-season dry spell	96.0	95.3	97.3	81.3	65.0	93.0	97.0	97.0	90.3
Hailstorm	5.3	1.7	22.4	23.7	1.7	3.7	2.7	5.0	8.2
Human wildlife conflict	3.7	4.3	5.0	2.7	1.0	0.0	0.7	19.3	4.6
Waterlogging	0.0	20.7	10.7	0.0	0.0	0.0	3.7	0.0	4.4
Floods	0.0	6.7	5.4	0.7	0.0	0.3	0.0	0.0	1.6
Veld fires	0.0	0.0	0.0	3.0	0.3	0.3	3.3	2.0	1.1

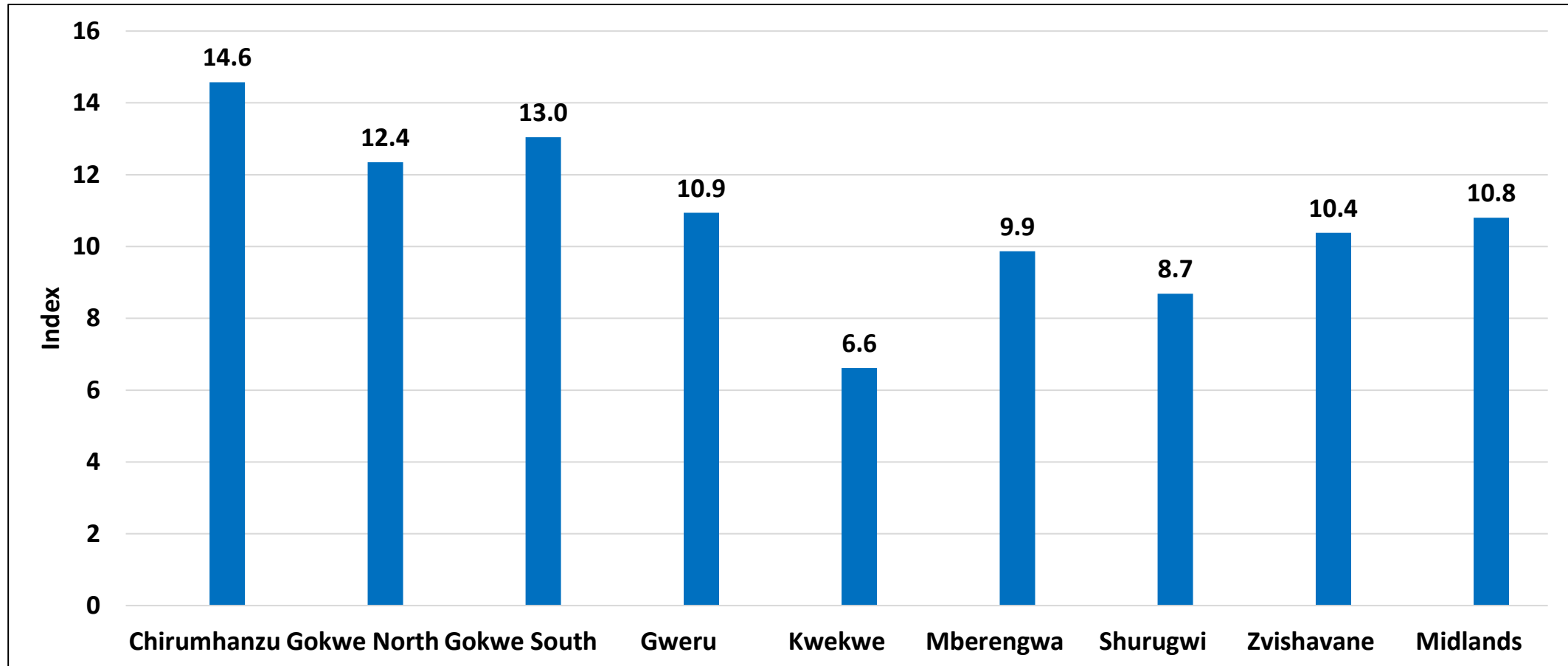
- Prolonged mid-season dry spell (90.3%) was the most reported climate related shock. Veld fires were the least reported (1.1%).

Agriculture Related Shocks



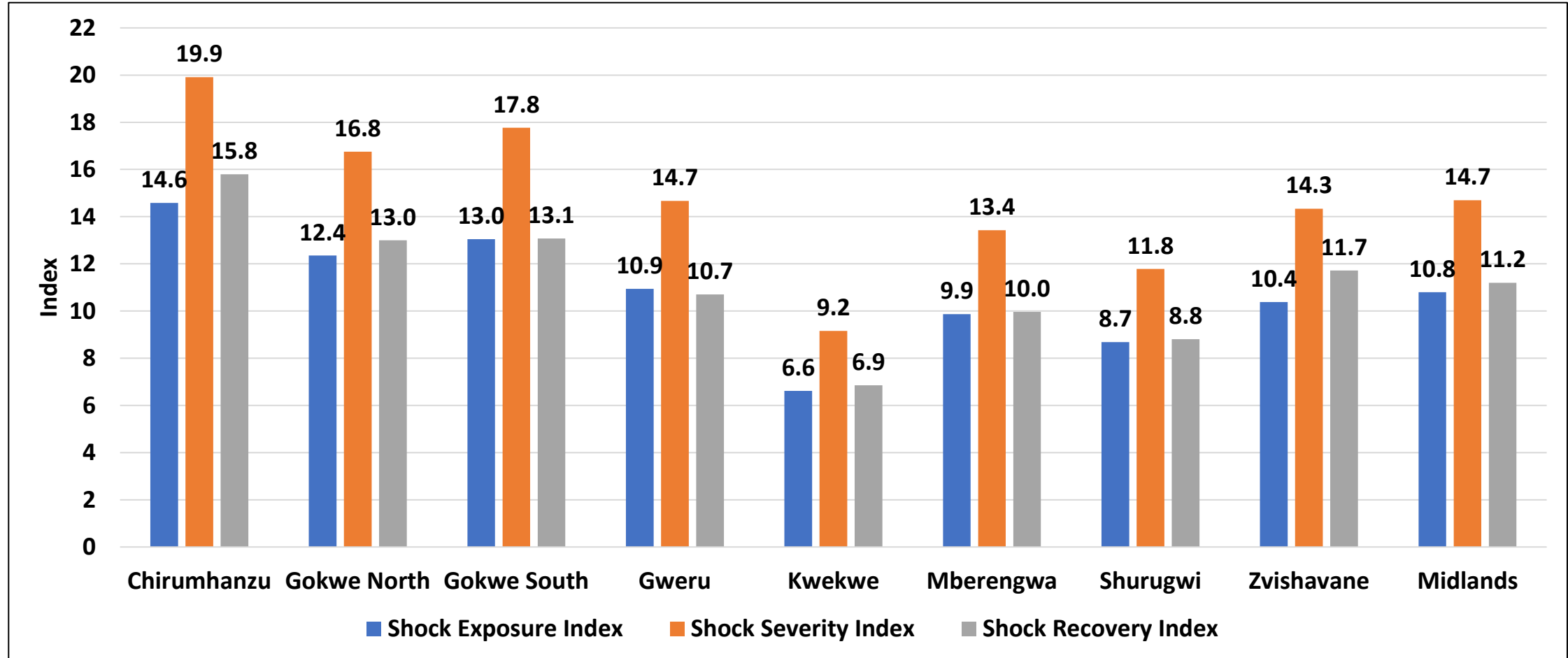
- Livestock diseases (27%) and livestock deaths (27%) were the most reported agriculture related shocks.

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. The average shock exposure index was 10.9.
- Chirumhanzu (14.6) had the highest shock exposure index in the province followed by Gokwe South (13.0).

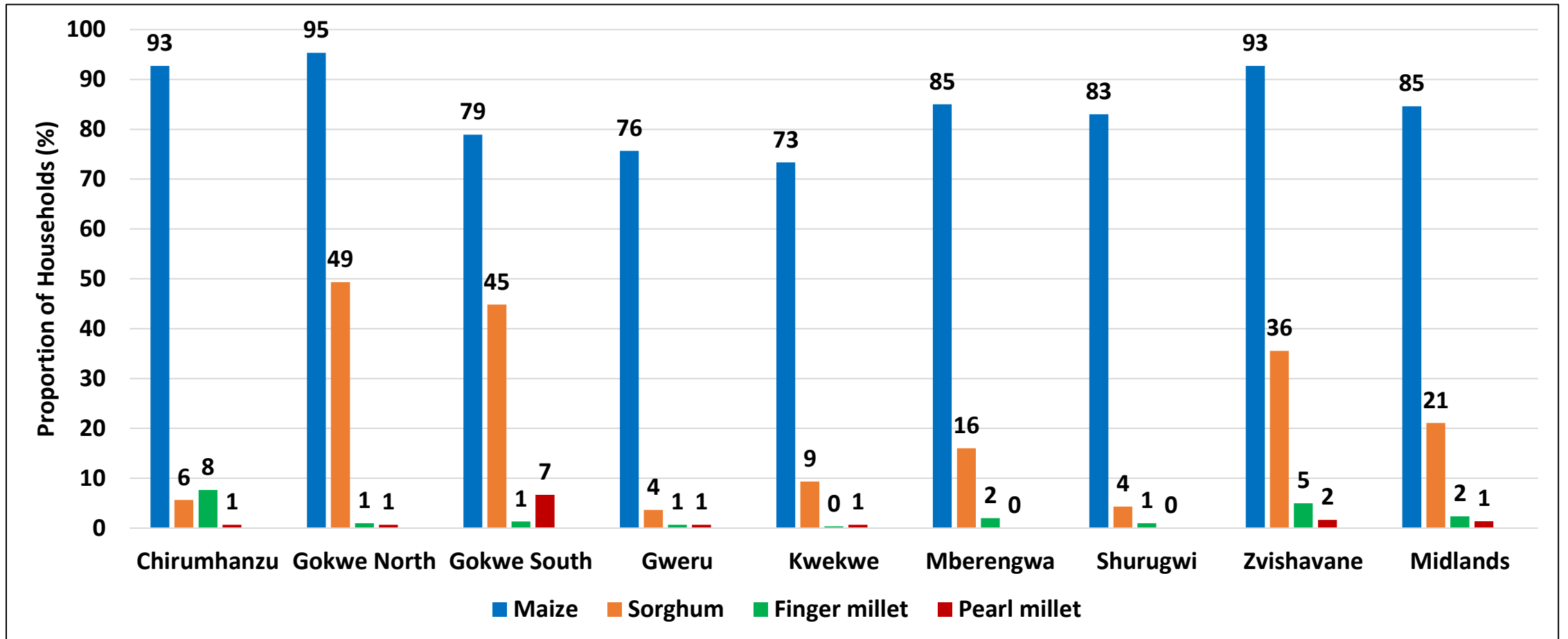
Comparison Between Shock Exposure and Ability to Cope Indices



- The average Shock Exposure Index was 10.8. Shock Severity Index was 14.8. Average Shock Recovery Index was 11.3.
- Shock Exposure Index is lower than the Shock Recovery Index.

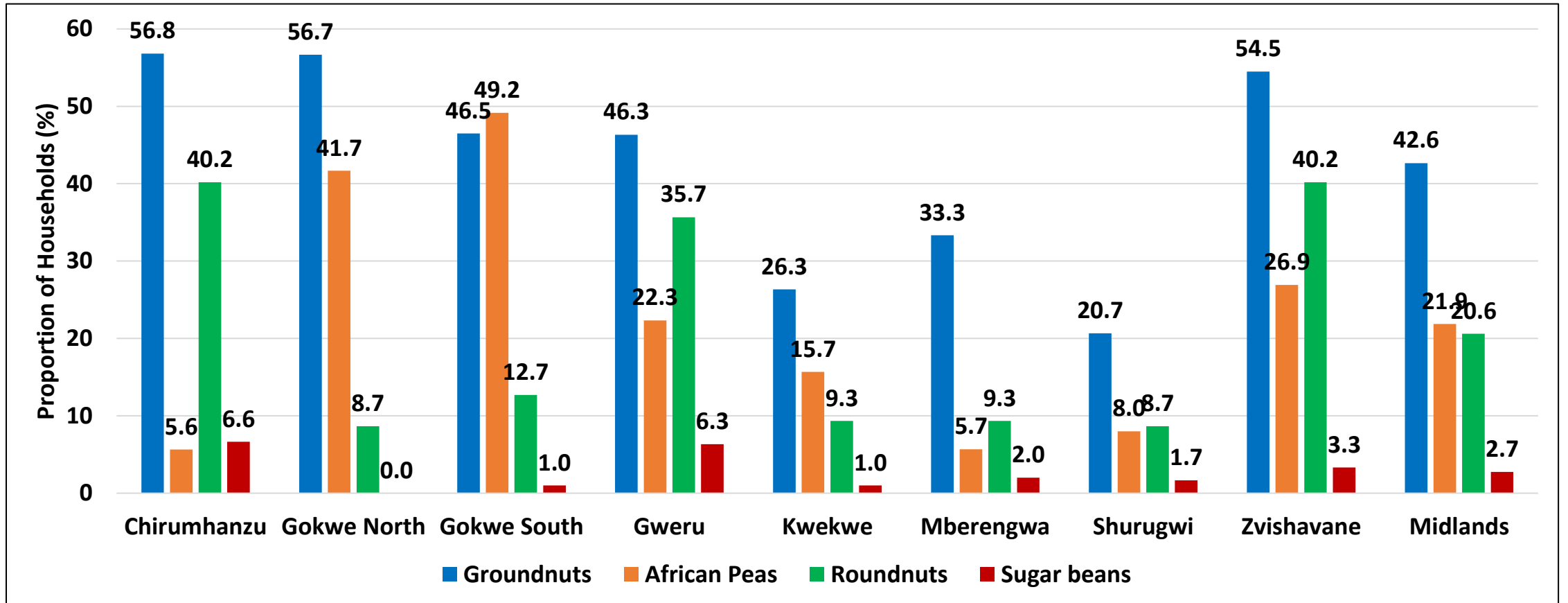
Agricultural Production

Households that Planted Cereals



- Maize (85%) was grown by the majority of the households.
- Gokwe North (95%) had the highest proportion of households that planted maize whilst
- Gokwe North (49%) having the highest proportion of households growing sorghum.

Households that Planted Pulses



- Groundnuts (42.6%) were the most grown pulses across the province.
- Chirumhanzu (56.8%) and Gokwe North (56.7%) had the highest proportion of households that planted groundnuts.

Households that Planted Other Crops

District	Cotton (%)	Sunflower (%)	Tubers (%)	Summer wheat (%)	Sesame (%)	Tobacco (%)	Paprika (%)
Chirumhanzu	0.0	5.0	10.6	0.7	0.0	0.3	0.3
Gokwe North	35.0	7.0	1.0	0.3	0.0	0.3	0.0
Gokwe South	7.4	13.4	3.0	0.0	0.0	0.0	0.0
Gweru	0.0	2.7	8.7	0.0	0.3	0.0	0.0
Kwekwe	0.3	1.3	0.7	0.0	0.0	0.3	0.3
Mberengwa	0.0	0.3	1.7	0.0	0.7	0.0	0.3
Shurugwi	0.0	0.7	1.0	0.3	0.0	0.0	0.0
Zvishavane	0.3	7.6	5.3	0.0	1.0	0.0	0.0
Midlands	5.4	4.7	4.0	0.2	0.2	0.1	0.1

- About 5.4% of the households in the province planted cotton. Gokwe North (35%) has the highest proportion of households which planted cotton.

Source of Maize Inputs

District	Government (%)	Purchases (%)	Retained (%)	Carryover (%)	Gifts (%)	Non-Governmental Organisation (%)	Remittances (%)	Other (%)
Chirumhanzu	64.1	52.5	11.0	0.7	8.3	0.7	1.3	0.0
Gokwe North	37.7	37.3	41.7	9.0	1.0	0.0	2.7	0.3
Gokwe South	49.2	34.4	1.7	17.4	10.4	0.3	1.0	0.0
Gweru	59.0	27.3	3.7	0.3	0.0	0.0	0.3	0.3
Kwekwe	64.3	29.7	1.7	0.3	0.3	0.7	0.0	0.0
Mberengwa	43.0	70.7	4.0	0.3	0.3	0.3	1.0	0.0
Shurugwi	66.3	33.0	0.0	1.3	0.0	0.0	0.0	0.0
Zvishavane	48.8	51.5	7.6	2.7	0.0	0.0	1.3	0.7
Midlands	54.1	42.1	8.9	4.0	2.5	0.2	1.0	0.2

- Government (54.1%) was the main source of maize inputs followed by purchases (42.1%).
- In Mberengwa, most households (70.7%) relied on purchases for maize inputs.

Average Household Stocks as at 1 April 2024

	Maize (kg)	Mealie-meal (kg)
District		
Chirumhanzu	55.5	9.6
Gokwe North	1.3	5.0
Gokwe South	5.1	2.3
Gweru	11.6	7.6
Kwekwe	0.0	2.8
Mberengwa	7.7	8.0
Shurugwi	9.4	4.5
Zvishavane	8.1	7.3
Midlands	10.7	5.6

- The average maize grain stocks available at the households as at 1 April 2024 was 10.7kg.
- Chirumhanzu recorded the highest stocks for both maize (55.5kg) and mealie-meal (9.6kg).

Maize from Casual Labour and Remittances

District	Casual labour (kg)	Remittances (kg)
Chirumhanzu	20.3	0.2
Gokwe North	0.1	0.5
Gokwe South	3.1	0.0
Gweru	0.0	0.0
Kwekwe	0.2	0.0
Mberengwa	1.9	0.0
Shurugwi	0.0	0.0
Zvishavane	4.3	0.0
Midlands	2.1	0

- The average maize stocks from casual labour were 2.1kg per household.
- Chirumhanzu (20.3kg) had the largest stocks of maize from casual labour.

Average Expected and Harvested Crop per Household

District	Maize		Sorghum	
	Expected (kgs)	Actual (kgs)	Expected (kgs)	Actual (kgs)
Chirumhanzu	1891	174	27	0
Gokwe North	1485	154	316	45
Gokwe South	1138	9	310	8
Gweru	852	220	17	4
Kwekwe	371	289	2	2
Mberengwa	867	155	46	11
Shurugwi	1304	65	26	1
Zvishavane	836	18	482	2
Midlands	1093	136	153	9

- The average harvested crop per household for both maize and sorghum was low for the 2023/24 cropping season .
- The actual average maize harvested was 136kg per household which was much lower than the average expected harvest of 1093kg.

Measures to Close Cereal Deficit

District	Rely on household monthly income to purchase required food (%)	Sell productive asset(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 NGOs/donors (%)	Rely on assistance from churches (%)	Rely on assistance from well wishers (%)	Don't know (%)	Don't have any measure in place (%)
Chirumhanzu	40.2	1.0	2.0	24.3	16.6	39.9	4.7	0.0	1.0	4.0	68.4
Gokwe North	6.0	3.3	0.0	1.7	0.3	38.0	21.3	0.7	3.7	1.0	45.3
Gokwe South	2.3	3.0	0.7	5.0	2.0	54.5	22.4	1.3	5.4	0.7	60.2
Gweru	24.7	0.3	0.0	8.0	3.3	36.7	4.0	0.7	3.0	2.0	61.7
Kwekwe	23.3	5.3	4.7	3.3	2.7	18.3	2.7	0.7	0.7	6.7	57.3
Mberengwa	24.3	10.0	42.0	26.0	23.0	54.3	11.0	0.3	2.0	0.7	62.0
Shurugwi	8.0	5.0	2.3	4.3	1.3	23.7	5.3	0.0	1.0	0.0	42.7
Zvishavane	22.3	0.0	0.0	3.0	0.3	50.5	15.3	0.0	0.3	1.7	66.1
Midlands	18.9	3.5	6.5	9.5	6.2	39.5	10.8	0.5	2.1	2.1	58.0

- The majority of the households (58%) reported that they did not have any measures in place to close the cereal gap.
- Chirumhanzu (68.4%) has the highest proportion of households which did not have any measures in place to close the cereal gap.
- About 39.5% of the households were relying on Government assistance to cover the cereal gap.

Agricultural Production Technologies

Households Practising Climate Smart Agriculture

District	Quality certified seeds(%)	Community seed banks (%)	Adapted, suitable Improved Varieties (%)	Growing traditional grains (%)	Crop rotation (%)	Intercropping (%)	Cover cropping (%)	Mulching (%)	Integrated Pest Management (%)	Compost /Organic fertilizer (%)	Drip/Micro Irrigation (%)	Plant Density (%)	Pfumvudza /Intwasa (%)
Chirumhanzu	33.2	3.0	3.0	3.0	33.2	22.6	0.3	19.3	1.3	2.7	1.0	0.3	72.8
Gokwe North	47.7	1.7	9.0	28.0	42.0	7.0	1.0	15.7	2.3	30.7	0.0	0.0	61.0
Gokwe South	30.8	0.3	15.7	32.4	40.5	12.0	0.3	1.3	0.3	18.4	0.0	0.7	51.8
Gweru	8.3	0.0	23.7	1.3	5.0	1.7	0.3	0.0	0.0	0.7	0.0	0.7	48.7
Kwekwe	25.3	4.3	17.7	1.3	4.3	7.3	0.7	1.0	1.7	1.3	1.7	0.7	44.0
Mberengwa	83.7	20.3	2.7	3.0	40.0	32.7	0.3	6.3	0.7	17.3	0.3	0.0	49.3
Shurugwi	6.7	2.0	3.0	0.7	1.7	7.3	0.3	2.0	1.0	4.7	0.3	0.0	73.3
Zvishavane	29.6	0.0	9.0	11.3	42.5	34.2	2.7	10.6	0.7	2.0	0.0	0.3	72.1
Midlands	33.2	4.0	10.5	10.1	26.2	15.6	0.7	7.0	1.0	9.7	0.4	0.3	59.1

- About 59.1% of the households practised Pfumvudza/Intwasa, 33.2% used quality certified seeds and about 26.2% practised crop rotation.

Use of Improved Agricultural Marketing Practices

District	Access Agriculture inputs through agro-dealers and/or agriculture cooperatives (%)	Receiving market information on prices, through collection centers, traders (%)	Use of formal organised marketing systems for crops/livestock (%)	Marketing produces through commodity associations/farmer organization (%)
Chirumhanzu	13.3	1.7	1.0	0.3
Gokwe North	48.0	1.0	0.7	0.3
Gokwe South	21.7	1.7	2.7	0.7
Gweru	8.7	0.7	0.3	0.7
Kwekwe	43.7	15.7	10.0	4.0
Mberengwa	33.0	2.0	0.0	0.7
Shurugwi	21.0	5.7	9.3	2.7
Zvishavane	23.3	1.0	0.7	0.3
Midlands	26.6	3.7	3.1	1.2

- About 26.6% of households accessed agricultural inputs through agro-dealers.
- The proportion of households that received agriculture inputs through agro-dealers was high in Gokwe North (48.0%).

Value Addition

District	Drying, packaging, storage (%)	Improved quality control technologies (sorting, grading) (%)	Food processing (peanut butter, oils, amarula jam, honey) (%)	Branding and labeling (%)	Adopting value addition (%)
Chirumhanzu	15.0	6.3	1.0	0.7	21.9
Gokwe North	0.3	1.3	1.3	1.0	4.0
Gokwe South	9.4	1.3	0.0	0.3	10.4
Gweru	3.3	0.3	0.0	0.0	3.3
Kwekwe	15.3	42.0	7.7	0.7	50.0
Mberengwa	27.0	1.0	1.0	0.0	28.7
Shurugwi	10.0	12.0	14.7	2.7	27.3
Zvishavane	1.0	0.3	0.3	0.0	1.3
Midlands	10.2	8.1	3.2	0.7	18.4

- About 18.4% of the households practised value addition with drying, packaging and storage (10.2%) being the common value addition activity practised.

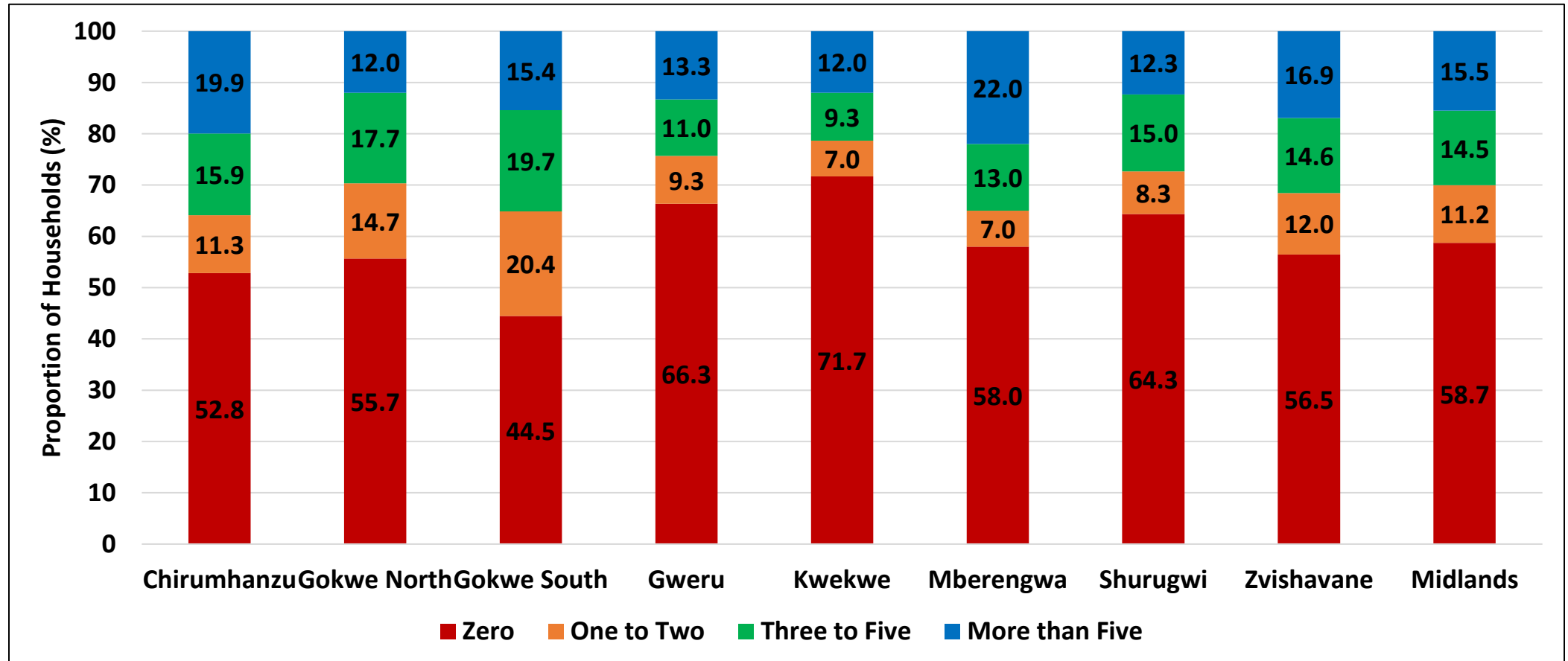
Use of Water and Soil Conservation Strategies

District	Minimum tillage (%)	Use of contour ridges/Contour planting (%)	Planting of fodder trees (%)	Management or protection of the watershed (%)	Sustainable harvesting of forest products (%)	Water harvesting (infiltration pits) (%)	Wheel tractor (%)
Chirumhanzu	49.2	2.3	1.7	0.0	0.0	0.0	0.0
Gokwe North	22.7	2.3	0.0	0.0	2.7	0.3	0.0
Gokwe South	13.0	5.0	0.0	0.0	0.0	0.0	0.0
Gweru	22.3	4.3	0.0	0.0	0.0	0.3	0.0
Kwekwe	44.3	10.7	11.0	3.3	2.7	1.3	2.0
Mberengwa	31.7	15.7	0.0	0.0	0.0	0.0	0.0
Shurugwi	40.3	15.0	2.7	3.0	3.0	0.3	0.0
Zvishavane	62.1	9.6	0.0	2.0	0.0	0.0	0.0
Midlands	35.7	8.1	1.9	1.0	1.0	0.3	0.2

- Minimum tillage (35.7%) was the most common water and soil conservation strategy practised by households.
- The practice of minimum tillage was highest in Zvishavane (62.1%) and lowest in Gokwe South (13.0%).

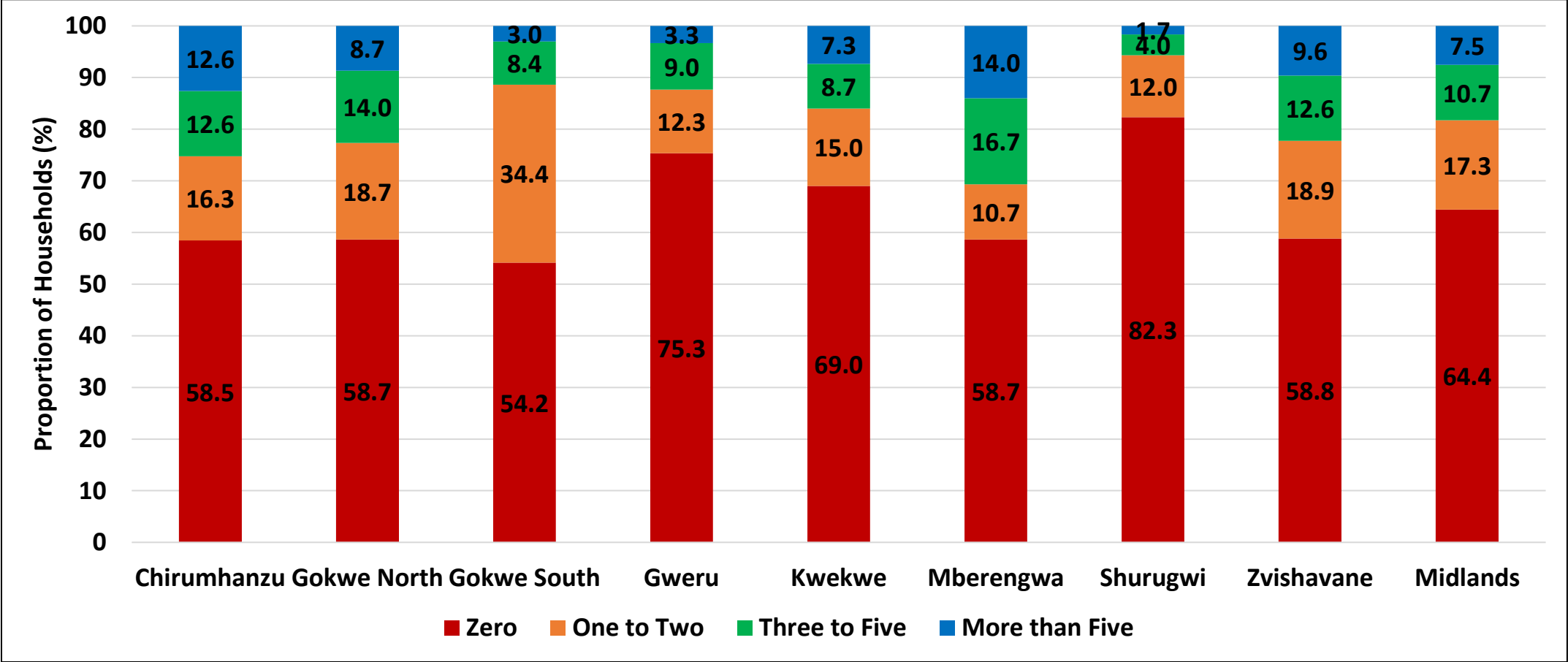
Livestock

Proportion of Households which Owned Cattle



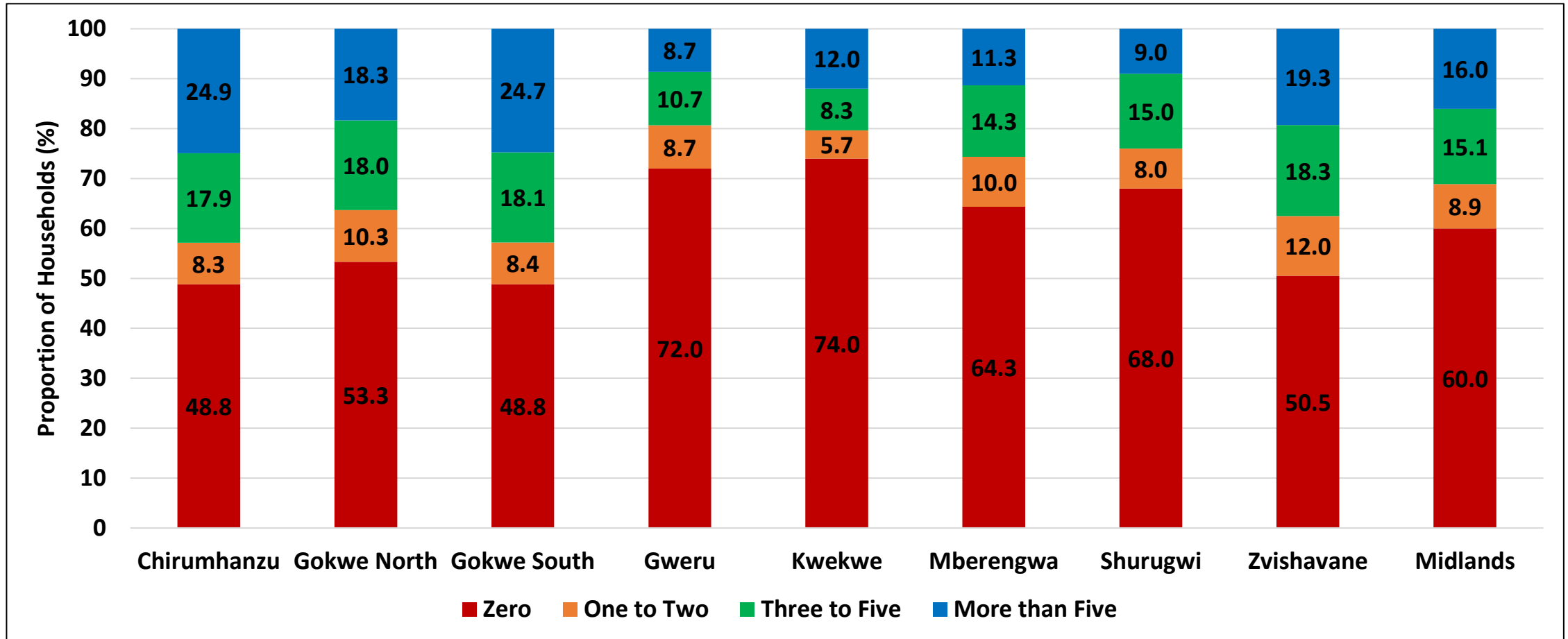
- The proportion of households that did not own cattle was 58.7%.
- Kwekwe (71.7%) and Gweru (66.3%) had the highest proportion of households that did not own cattle.
- About 15.5% of the households owned at least 5 cattle.

Households which Owned Draught Animals



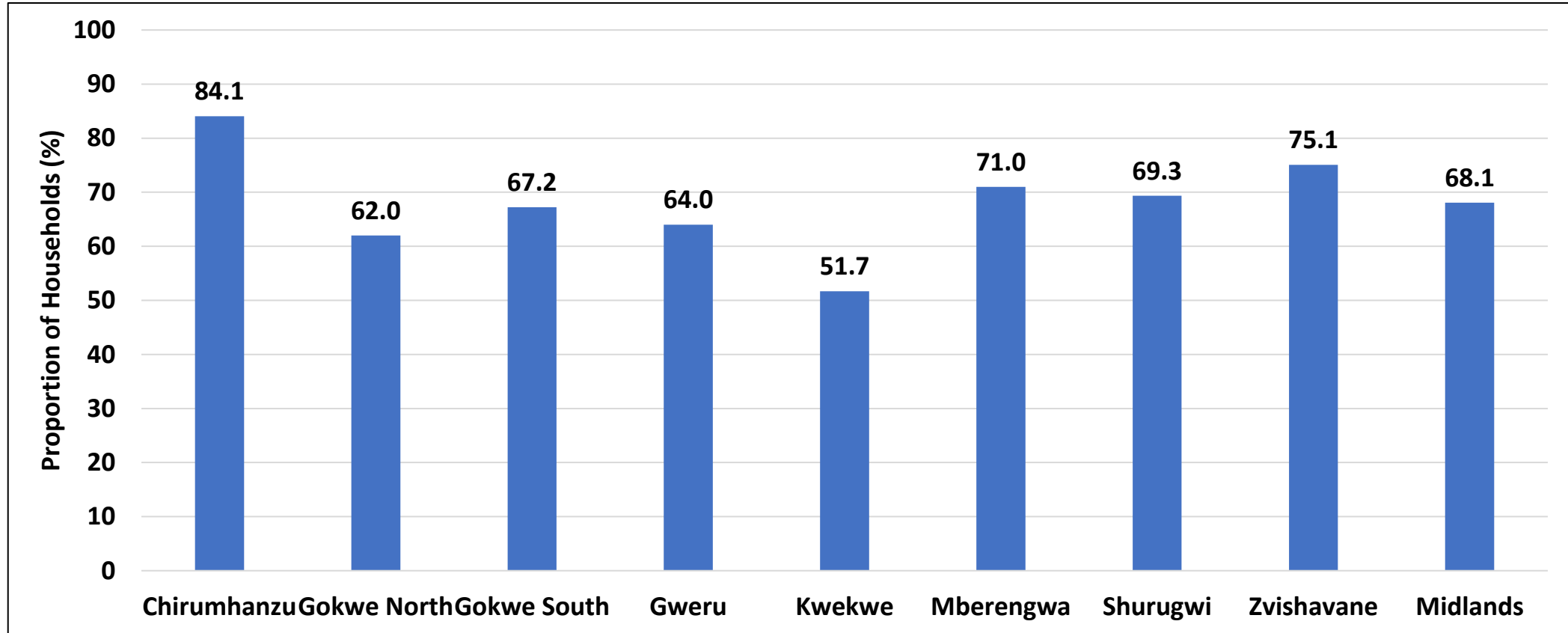
- A high proportion of households (64.4%) did not own draught animals (cattle and donkeys).
- Shurugwi (82.3%) and Gweru (75.3%) had the highest proportion of households that did not own draught animals.

Households which Owned Goats



- A high proportion of households (60%) did not own goats.
- Kwekwe (74%) and Gweru (72%) had the highest proportion of households that did not own goats.
- About 16% of the households owned at least five goats.

Households which Owned Poultry



- About 68.1% of the households owned poultry.
- Chirumhanzu (84.1%) and Zvishavane (75.1%) had the highest proportion of households that owned poultry.

Causes of Deaths for Cattle

District	Drought/lack of water (%)	Diseases (%)	Predators (%)	Slaughter for own consumption (%)	Floods/cyclone (%)	Other (%)
Chirumhanzu	0.0	35.2	0.3	0.0	0.0	0.3
Gokwe North	0.0	10.7	0.0	0.0	0.0	0.0
Gokwe South	0.7	14.4	0.3	0.0	0.0	1.3
Gweru	2.0	24.0	0.0	0.0	0.0	0.7
Kwekwe	1.3	7.0	0.0	0.0	0.0	0.3
Mberengwa	0.3	23.7	0.0	0.0	0.0	0.7
Shurugwi	0.0	26.3	0.0	0.0	0.0	0.3
Zvishavane	2.0	24.6	0.3	0.3	0.0	1.3
Midlands	0.8	20.7	0.1	0.0	0.0	0.6

- Diseases (20.7%) were reported as the major causes of cattle deaths.
- Chirumhanzu (35.2%) and Shurugwi (26.3%) had the highest proportion of households were reported diseases as the major cause of cattle deaths.

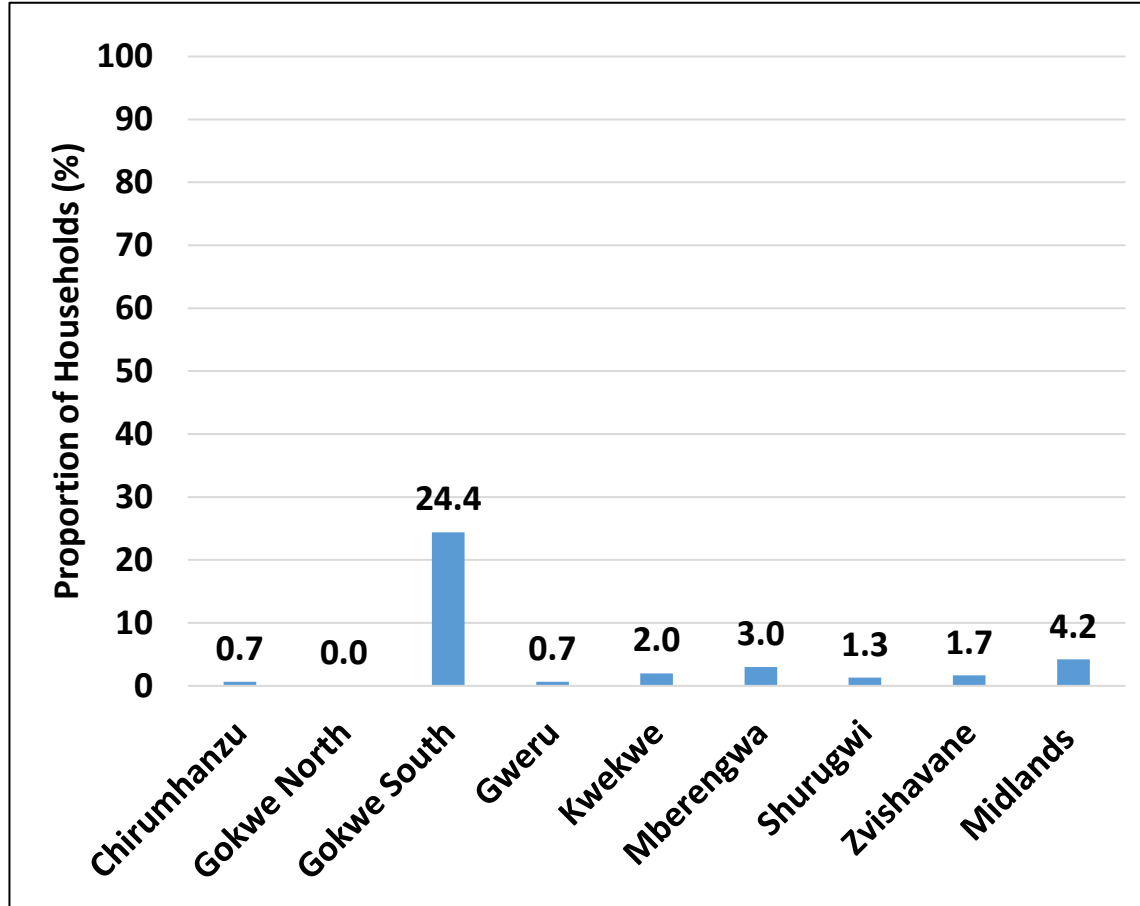
Causes of Deaths for Goats

District	Drought/Lack of water (%)	Diseases (%)	Predators (%)	Slaughter for own consumption (%)	Floods/cyclone (%)	Other (%)
Chirumhanzu	0.0	15.9	2.3	0.3	0.0	1.3
Gokwe North	0.0	6.3	0.7	0.3	0.7	0.0
Gokwe South	0.3	13.0	0.0	0.0	0.0	1.0
Gweru	0.0	8.0	1.7	0.0	0.0	0.0
Kwekwe	1.7	5.3	0.3	0.7	0.0	0.0
Mberengwa	0.0	13.3	4.3	0.3	0.0	0.0
Shurugwi	0.0	14.3	0.0	0.0	0.0	0.0
Zvishavane	0.0	15.0	8.3	0.3	0.0	2.0
Midlands	0.2	11.4	2.2	0.2	0.1	0.5

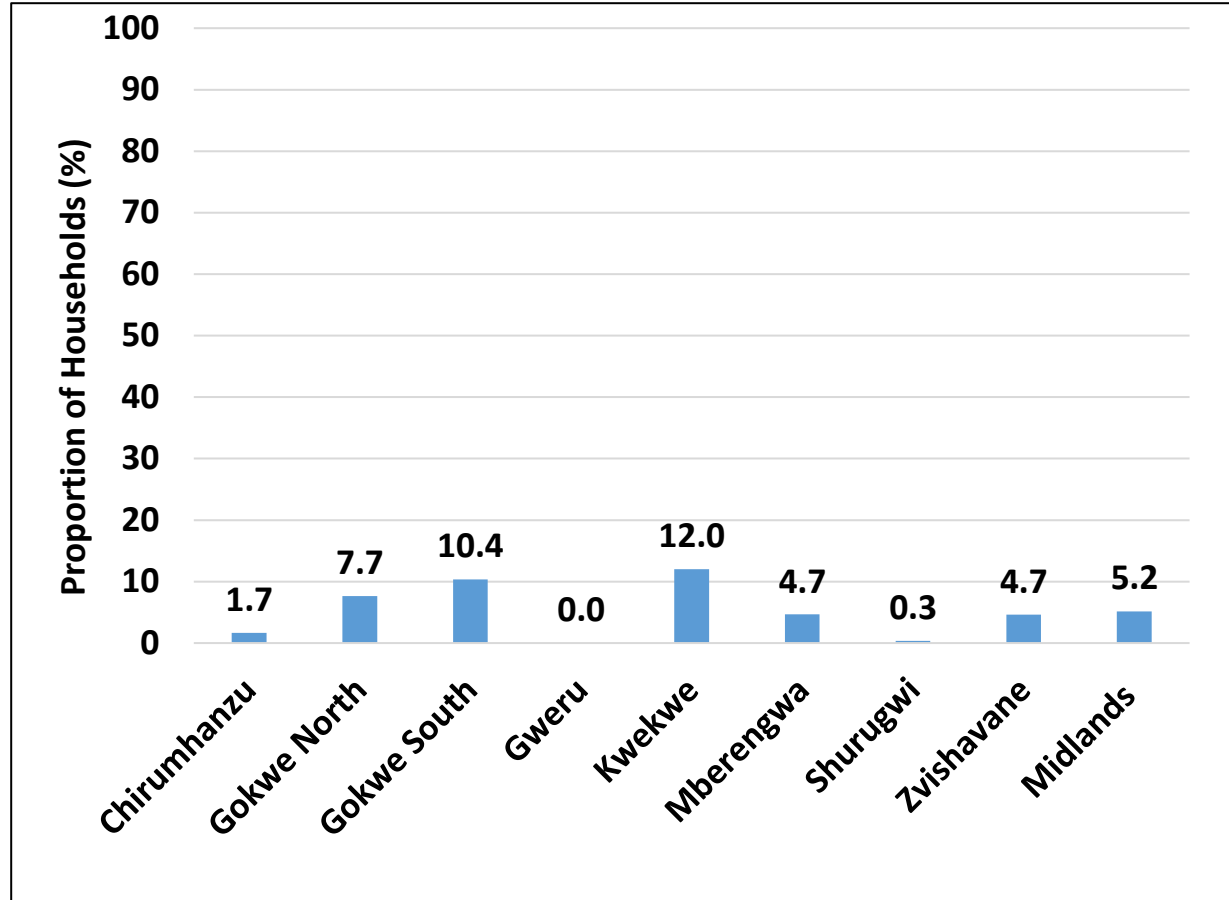
- Diseases (11.4%) which reported as the major causes of goat deaths.
- Chirumhanzu (15.9%) and Zvishavane (15.0%) had the highest proportion of households which reported diseases as the major cause of goat deaths.

Livestock Vaccinations

Routine Vaccinations by Vet Officer/Paravet

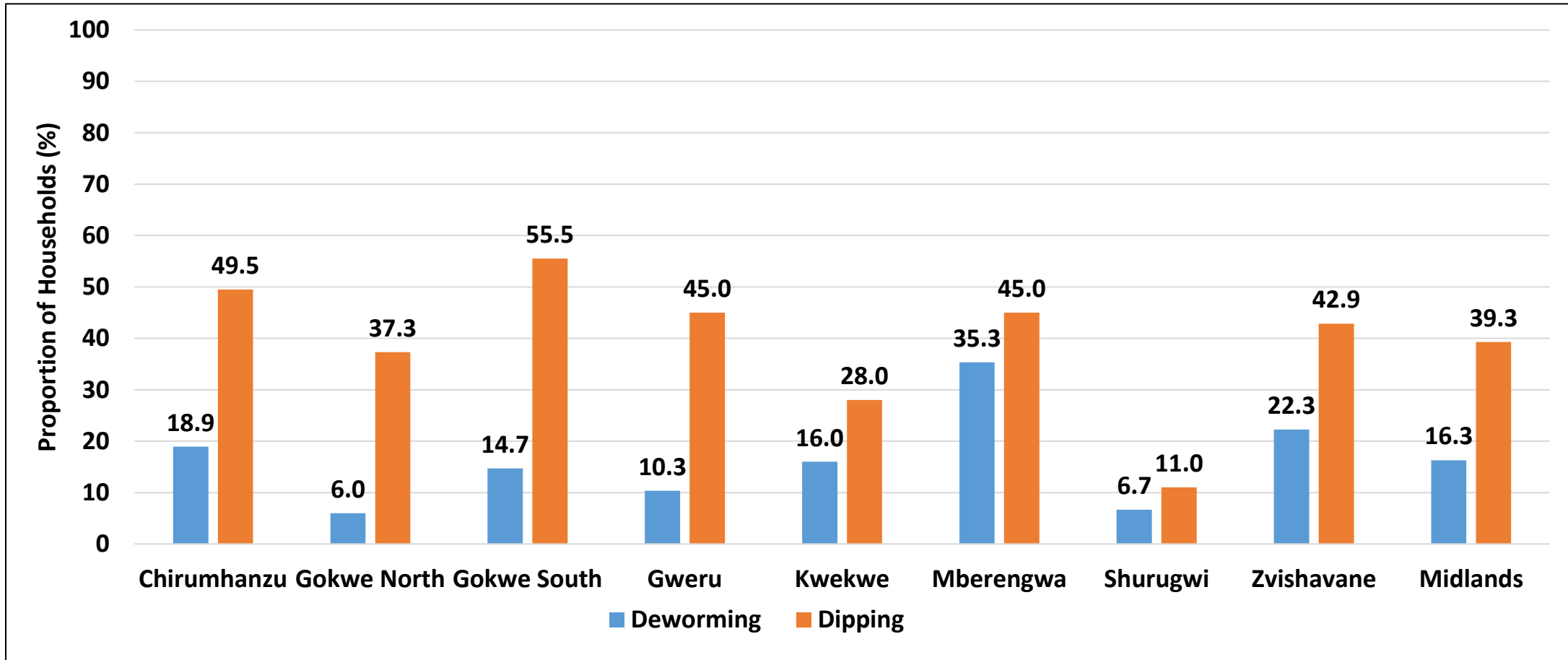


Home Vaccinations



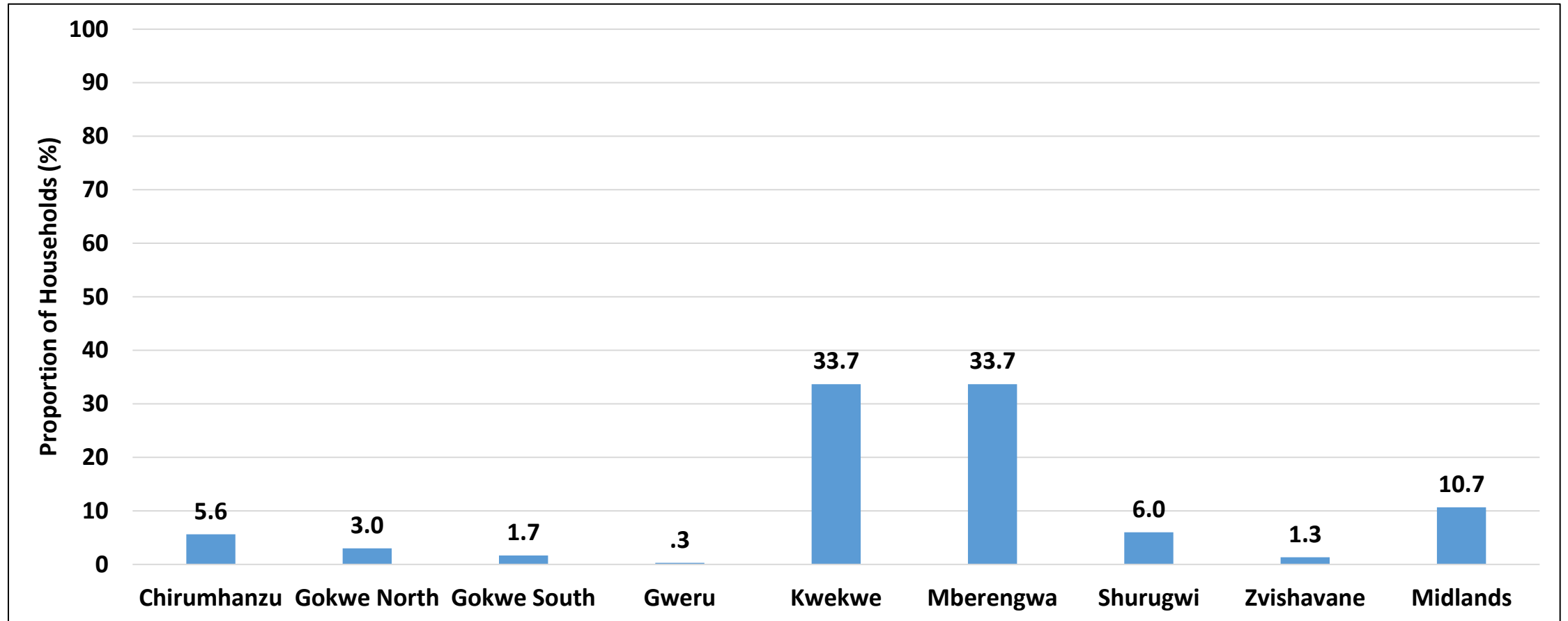
- In Midlands, 4.2% of the households indicated that they had used vaccinations carried out by a Veterinary Officer or Para Vet.
- On the other hand, 5.2% of the households indicated that they used home vaccinations

Livestock Deworming and Dipping



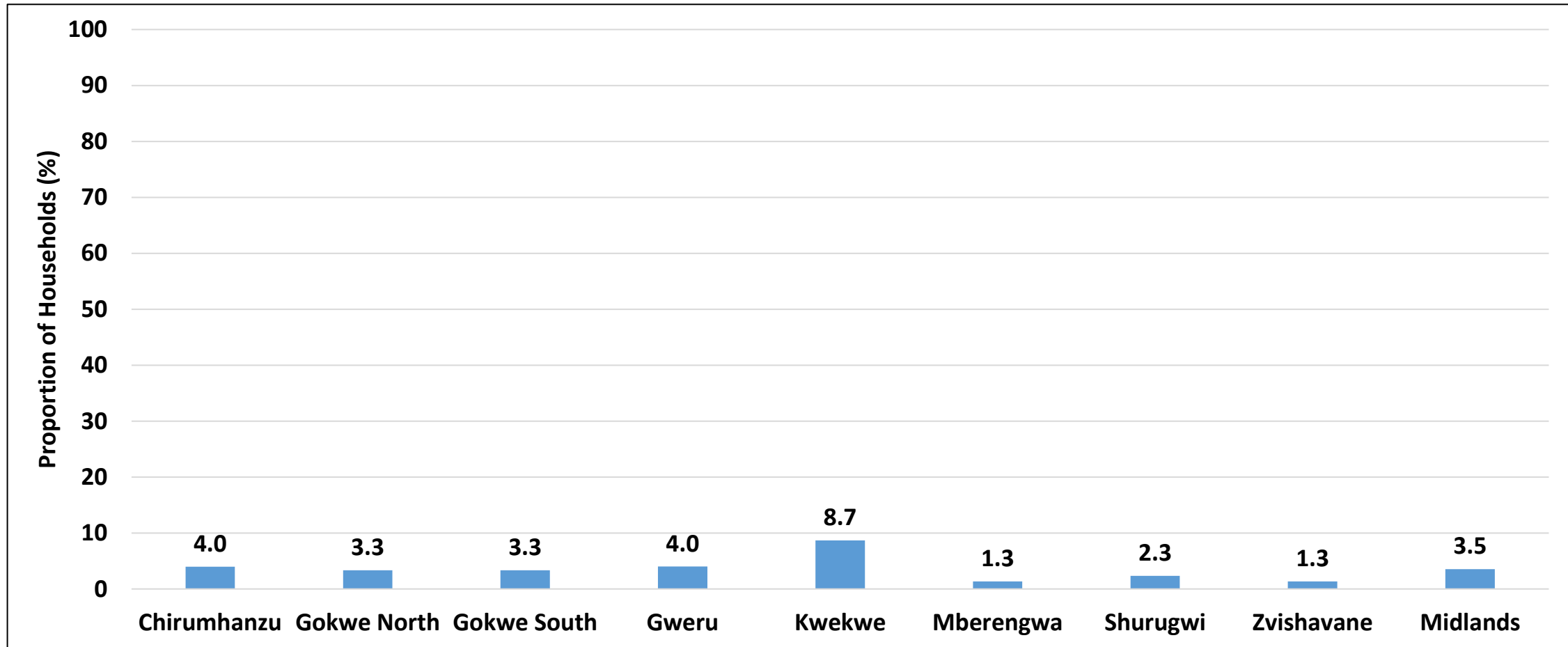
- About 39.3% of the households in the province indicated that they dipped their livestock.
- Gokwe South (55.5%) had the highest proportion of households dipping their livestock while Shurugwi (11.0%) had the least.
- The proportion of households that indicated that they dewormed their livestock was 16.3%.
- Mberengwa (35.3%) had the highest proportion of households deworming their livestock while Gokwe North (6.0%) had the least.

Improved Livestock Breeds



- Only 10.7% of the households indicated that they were using improved livestock breeds.
- Mberengwa (33.7%) and Kwekwe (33.7%) had the highest proportion of households using improved livestock breeds while Gweru (0.3%) had the lowest.

Improved Livestock Shelters



- The proportion of households using improved shelter for livestock was 3.5%.
- Kwekwe (8.7%) had the highest proportion of households using improved livestock shelter while Zvishavane (1.3%) and Mberengwa (1.3%) had the lowest.

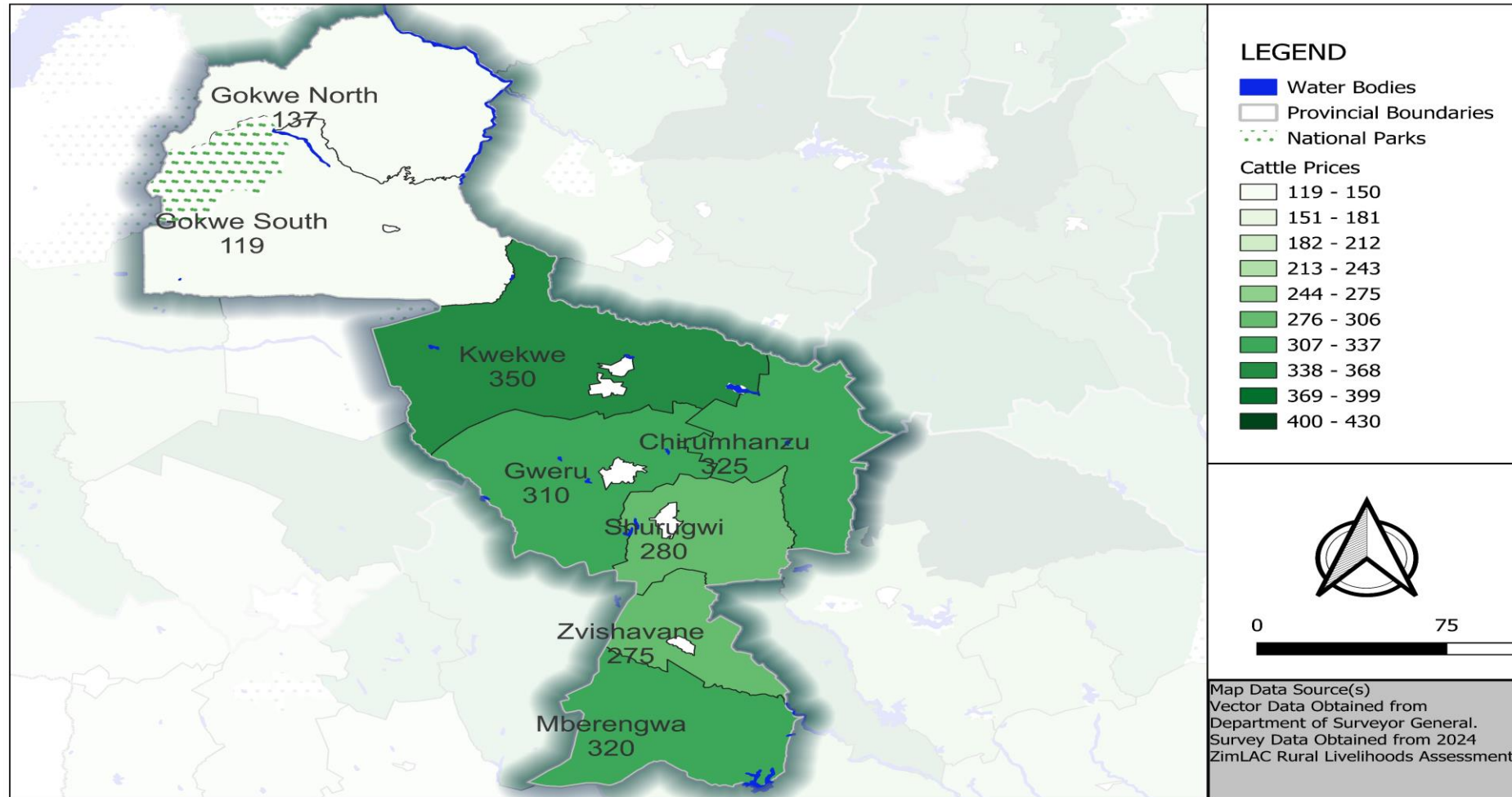
Agricultural Produce Markets

Livestock Prices

District	Cattle (USD)	Goats (USD)	Sheep (USD)	Donkey (USD)	Broiler chicken (USD)	Road runner chicken (USD)
Chirumhanzu	325	34	77	97	7	5
Gokwe North	137	11		48	7	4
Gokwe South	119	14	38	41	6	3
Gweru	310	35	73	84	7	5
Kwekwe	350	36	74	98	7	6
Mberengwa	320	36		119	7	5
Shurugwi	280	35	98	115	6	5
Zvishavane	275	46	83	162	7	5
Midlands	265	31	72	94	7	5

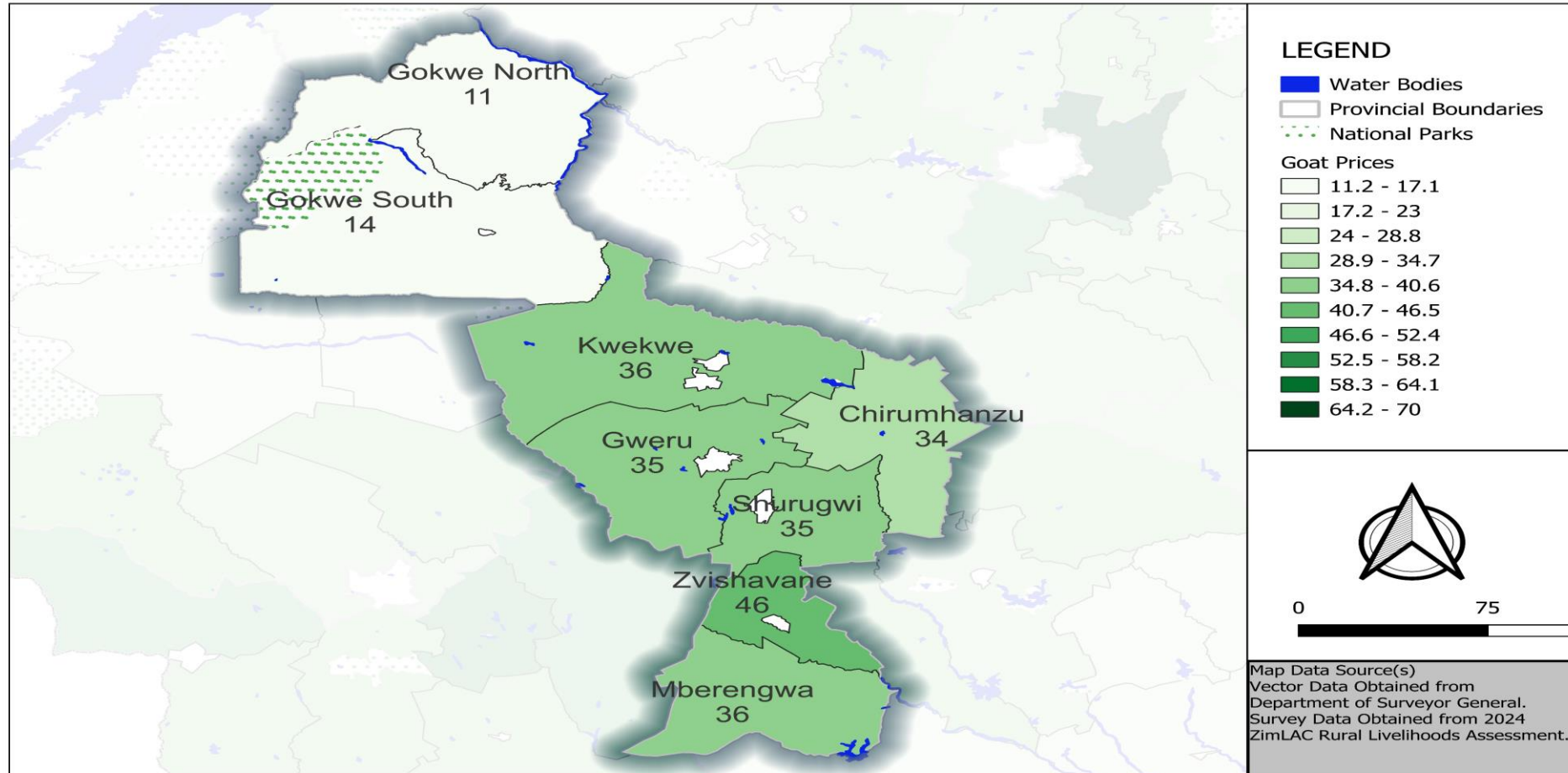
- The average price for cattle in the province was USD 265 while the average price for goats was USD 31.

Cattle Prices



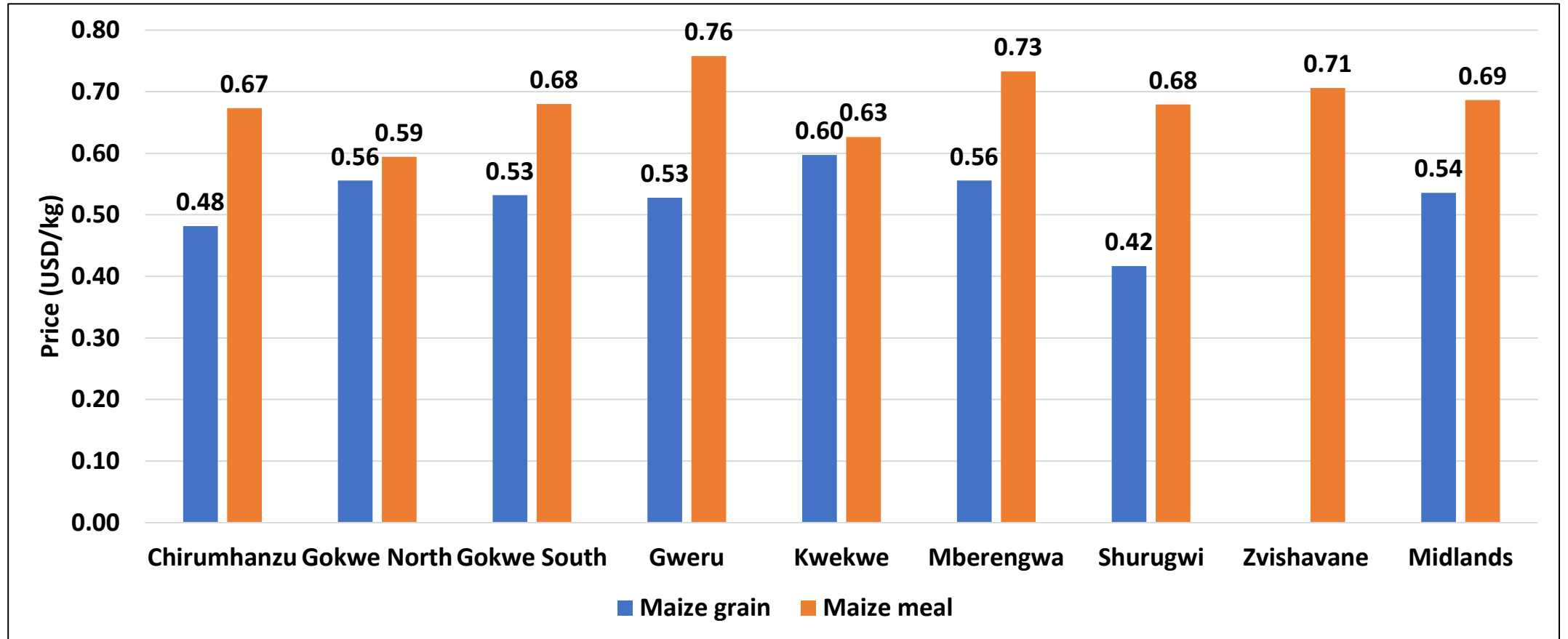
- The highest average cattle prices were in Kwekwe (USD 350) and the lowest cattle prices were in Gokwe South (USD 119).

Goat Prices



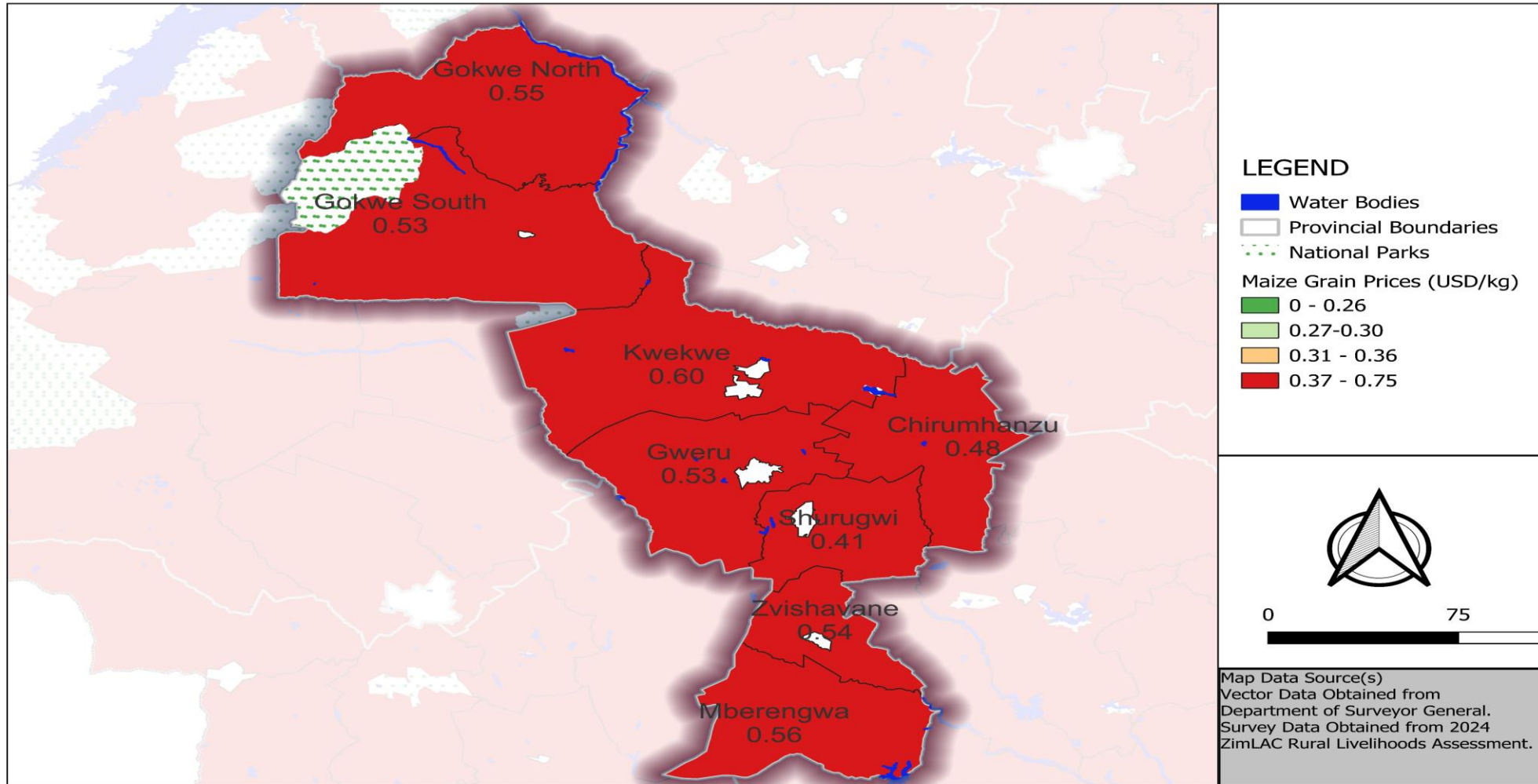
- Goats prices were high in Zvishavane (USD 46) and lowest in Gokwe North (USD 11).

Maize Grain and Maize Meal Prices



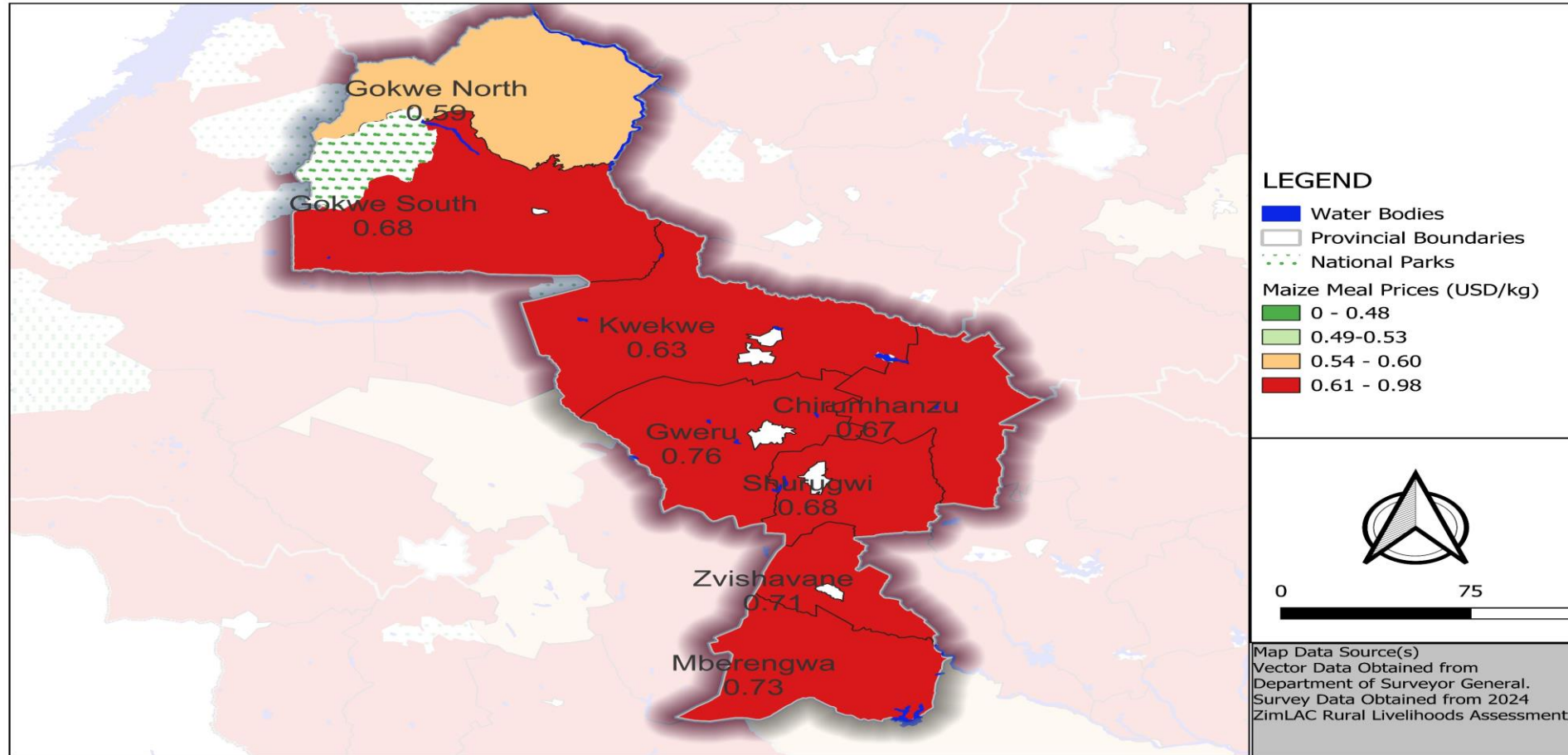
- The average price for maize grain in the province was USD 0.54/kg and the average price for maize meal was USD 0.69/kg.

Maize Grain Prices



- The highest average maize grain prices were in Kwekwe (USD 0.60/kg) and the lowest maize grain prices were in Shurugwi (USD 0.42/kg).

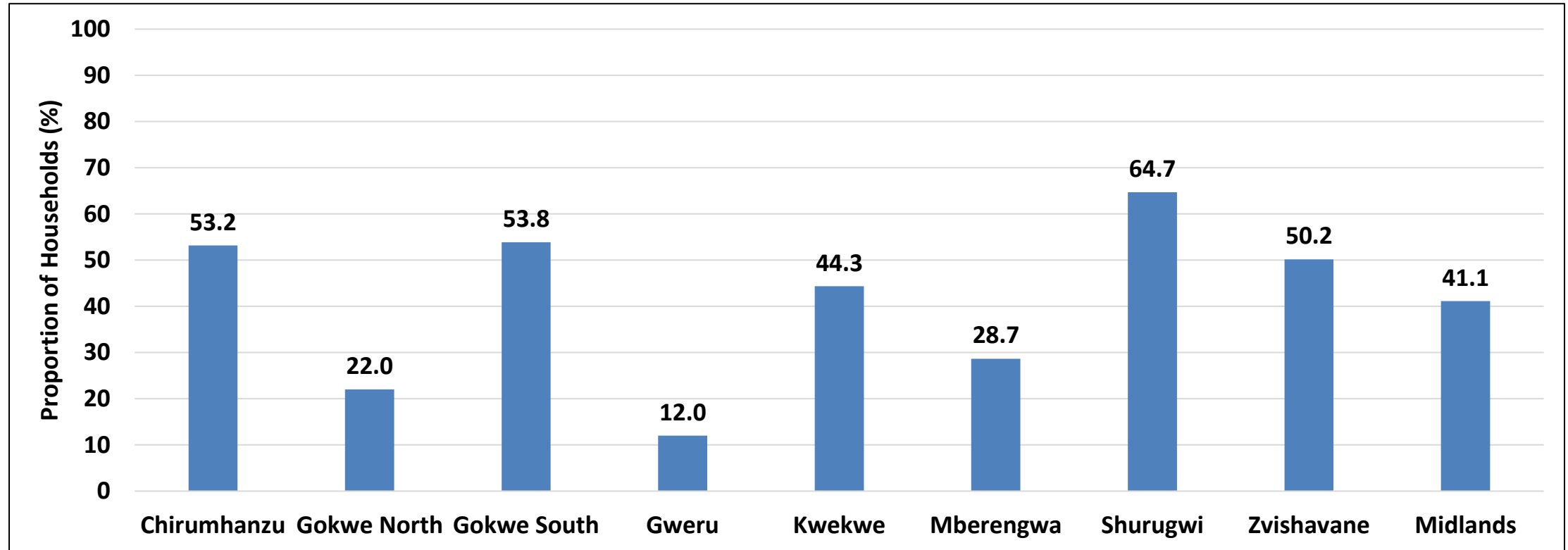
Maize Meal Prices



- Maize meal prices were high in Gweru (USD 0.76/kg) and lowest in Gokwe North (USD 0.59/kg).

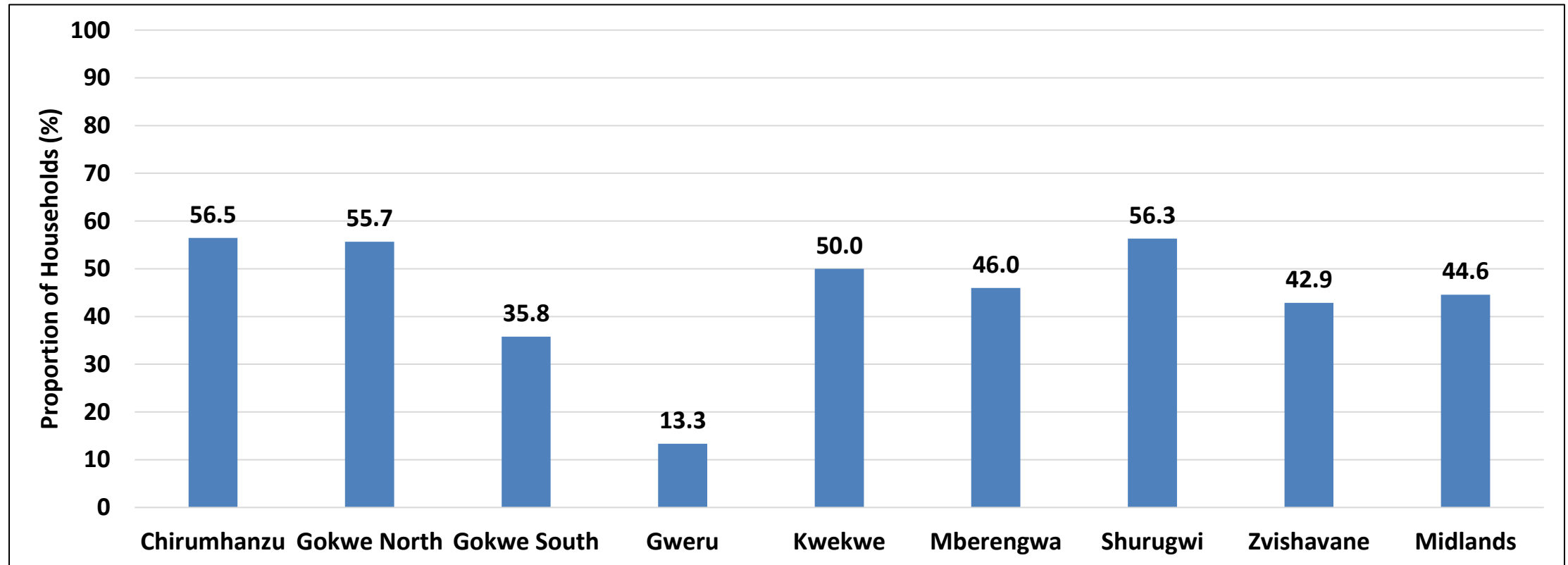
Access to Information and Critical Infrastructure

Households Accessing Police Services Within One Hour



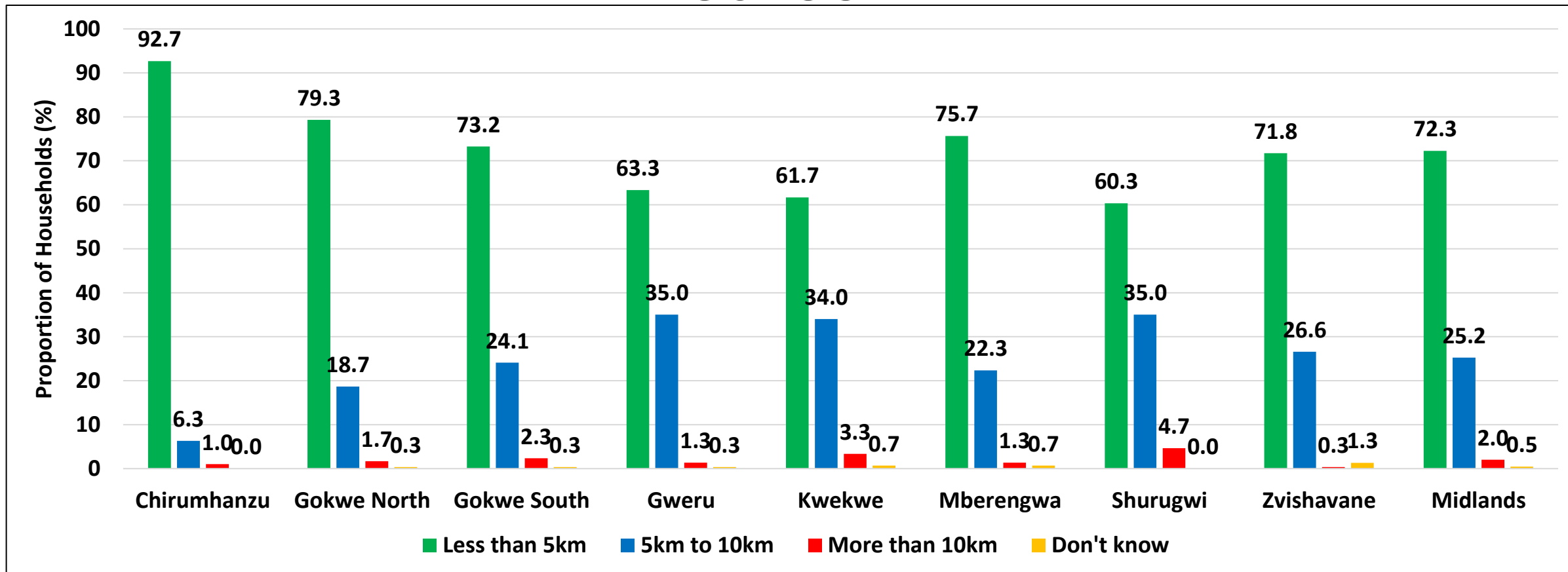
- About 41.1% of the households had access to police services within one hour.
- Shurugwi (64.7%) had the highest proportion of households accessing police services within an hour whilst Gweru (12.0%) had the lowest.

Households' Awareness of Victim-Friendly Services



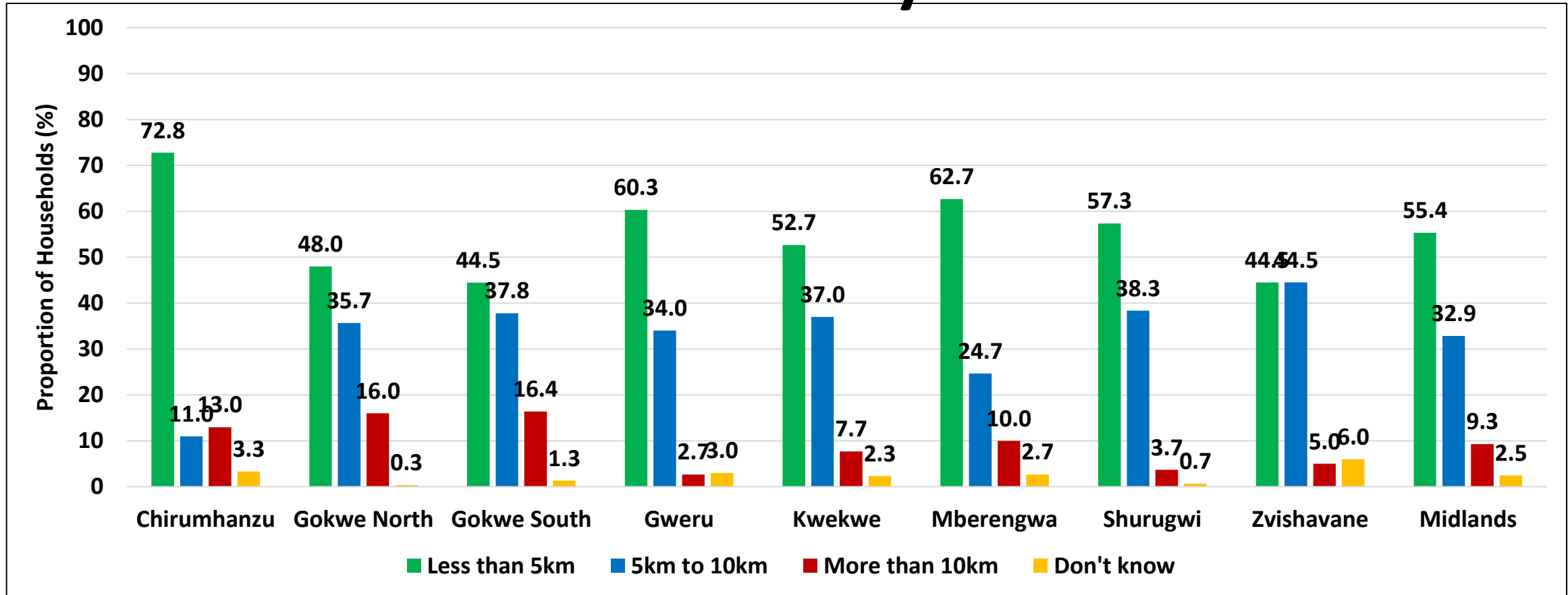
- About 44.6% of the households were aware of the victim-friendly services.
- Chirumhanzu (56.5%) had the highest proportion of households which were aware of the victim friendly services whilst Gweru (13.3%) had the lowest.

Approximate Distance to the Nearest Primary School



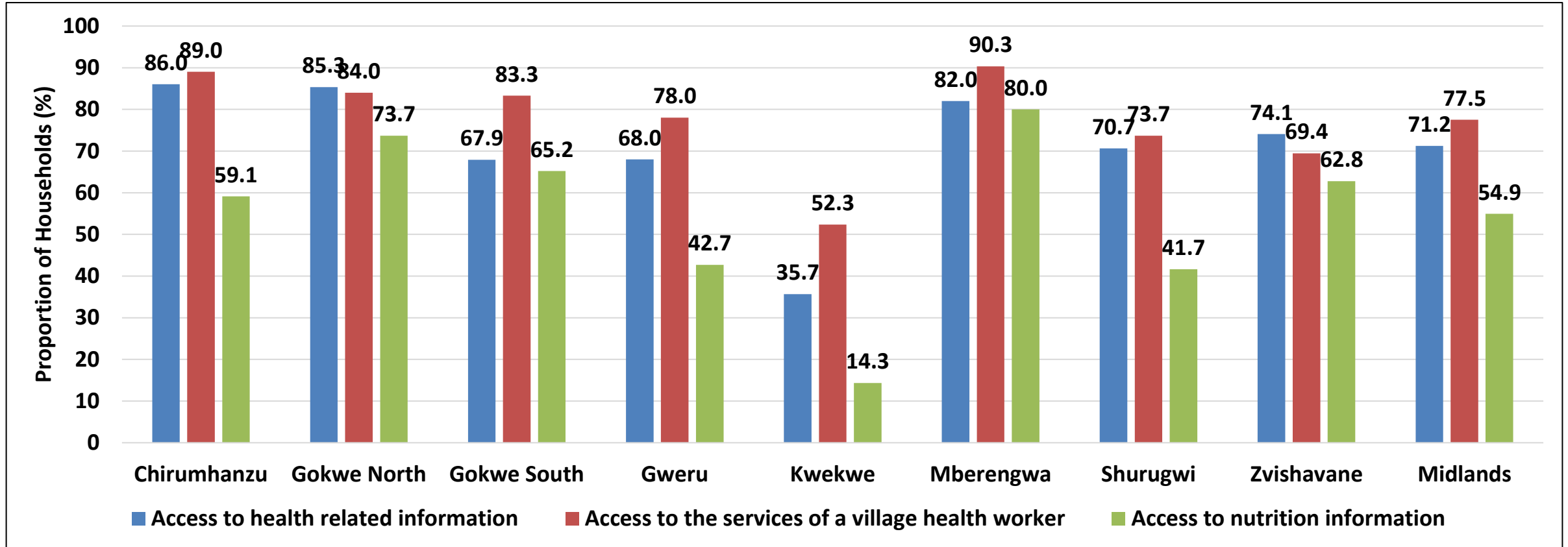
- About 72.3% of the households had access to a primary school within a radius of 5km, whilst 2% had their nearest primary school more than 10km away.
- Shurugwi (4.7%) and Kwekwe (3.3%) had the highest proportion of households that travelled more than 10km to the nearest primary school.

Approximate Distance to the Nearest Health Facility



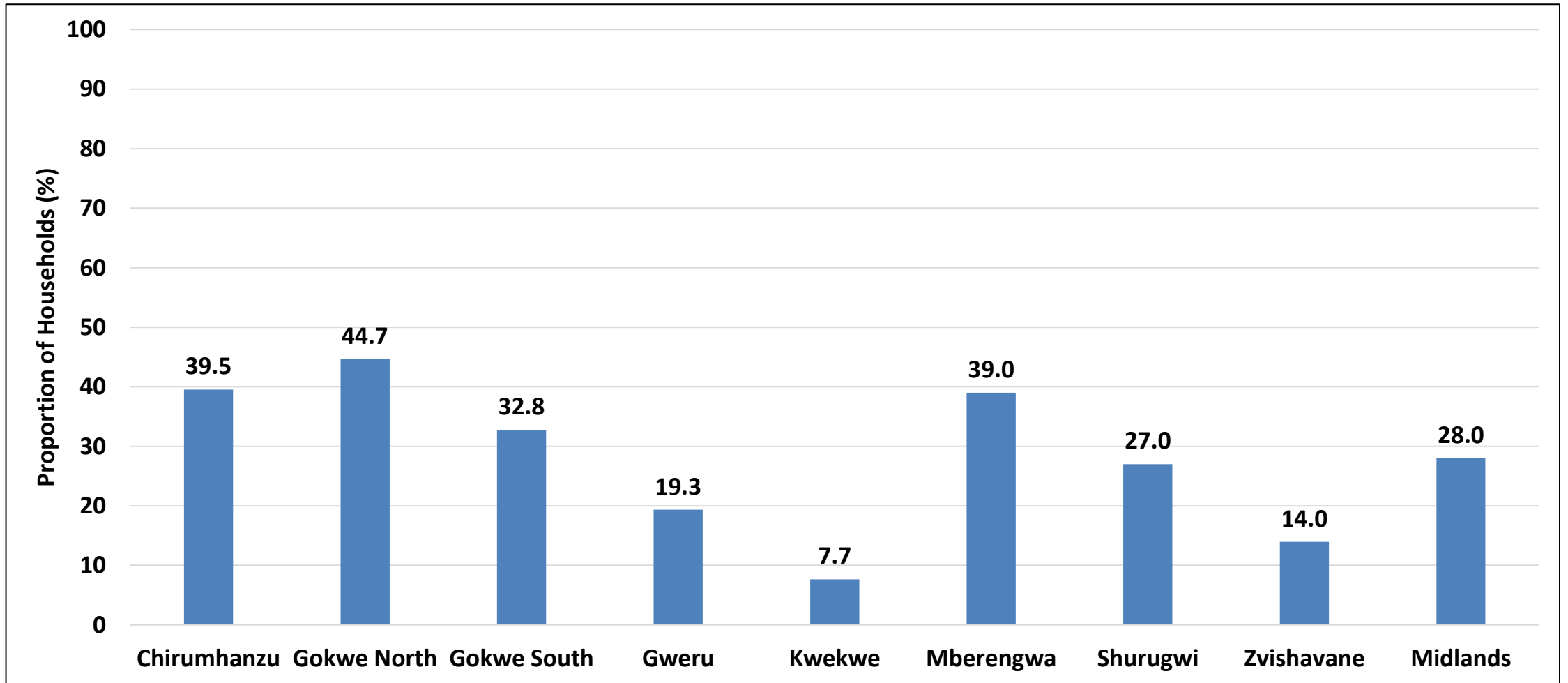
- About 55.4% of the households had their nearest health facility less than 5km.
- About 9.3% of the households travelled more than 10km to the nearest health facility.
- Gokwe South (16.4%) and Gokwe North (16.0%) had the highest proportion of households that travelled more than 10km to the nearest health facility.

Access to Health Information and Services



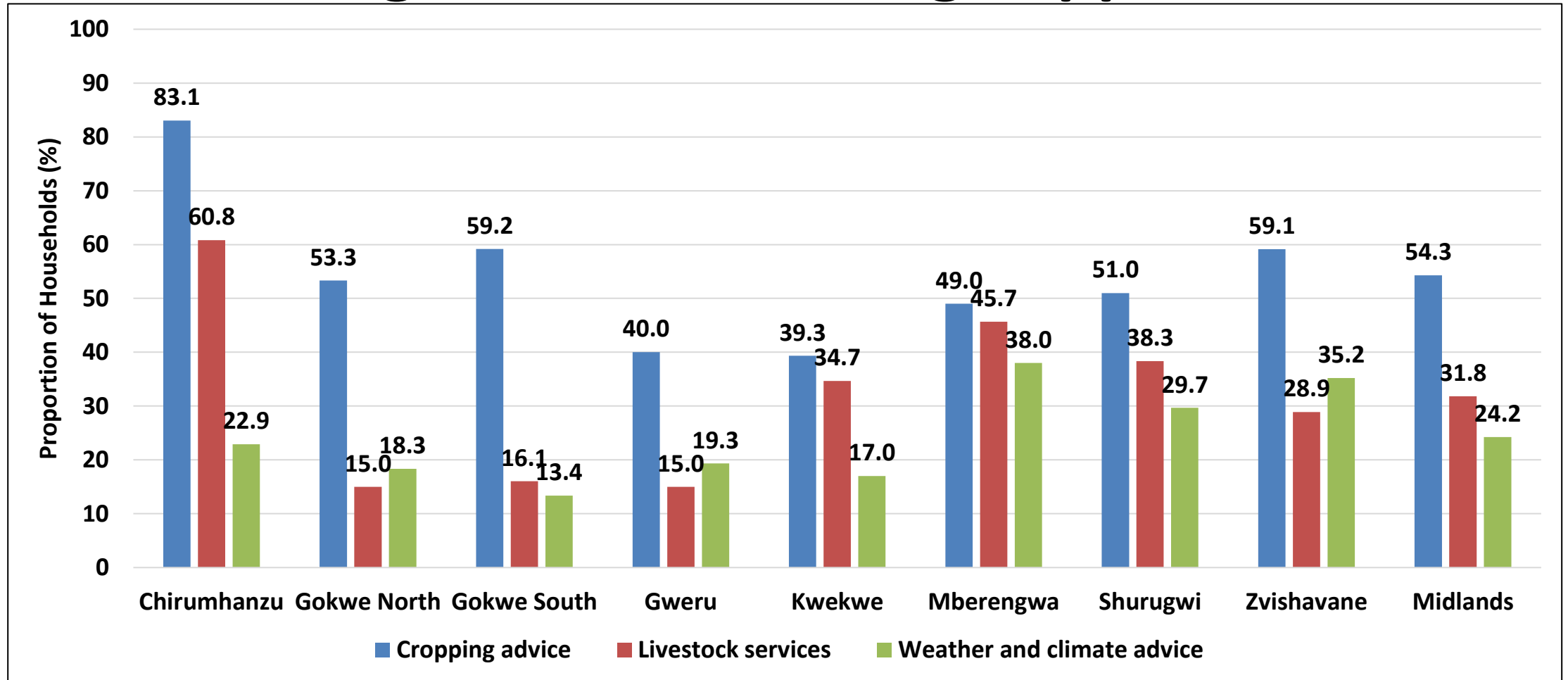
- In Midlands, 71.2% of the households had access to health-related information and services.
- Chirumhanzu (86.0%) had the highest proportion of households who had access to health information and services.
- About 77.5% had access to the services of a village health worker.

Agricultural Extension Visits



- About 28% of the households in Midlands received extension visits.
- Gokwe North (44.7%) had the highest proportion of households which received extension support, while Kwekwe (7.7%) had the lowest proportion.

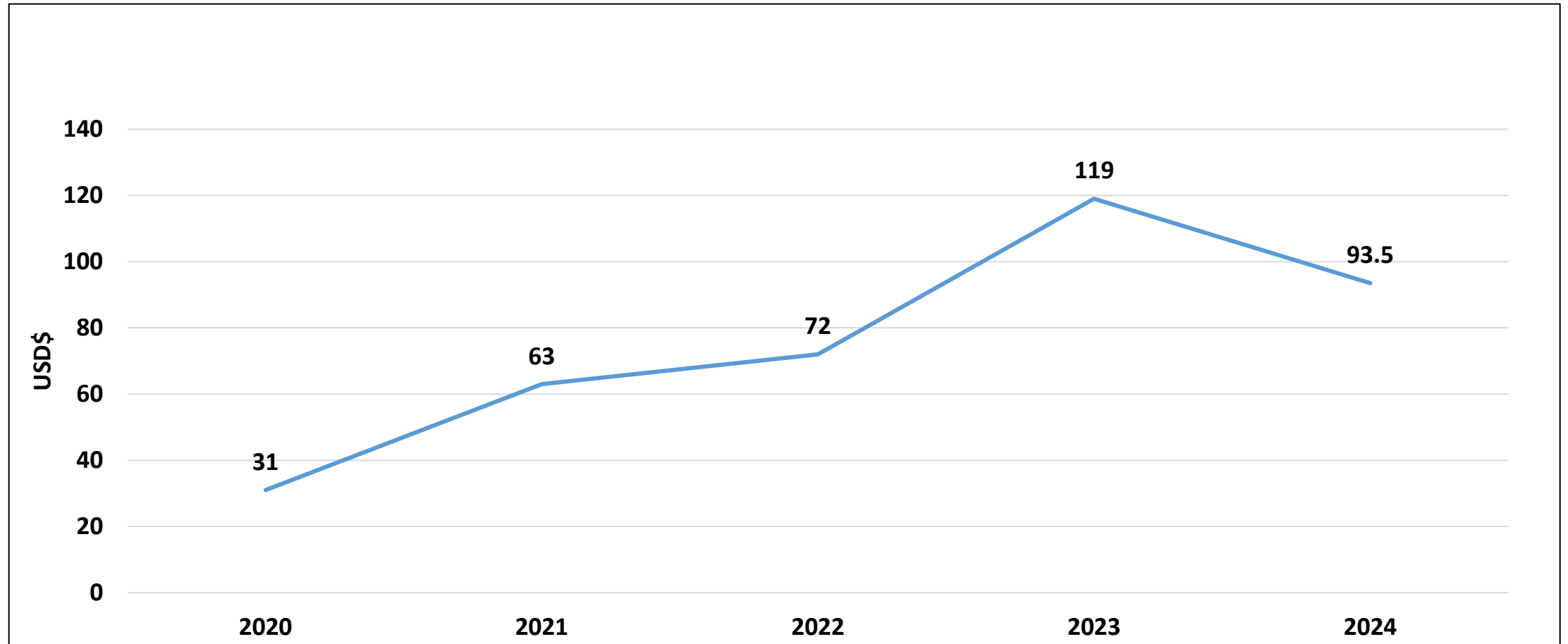
Agricultural Training Support



- About 54.3% of the households received extension support on cropping, livestock (31.8%) and weather and climate advice (24.2%).
- Chirumhanzu had the highest proportion of households which received extension support training on cropping (83.1%) and livestock (60.8%) while Mberengwa (38%) had the highest proportion of households which received weather and climate advice.

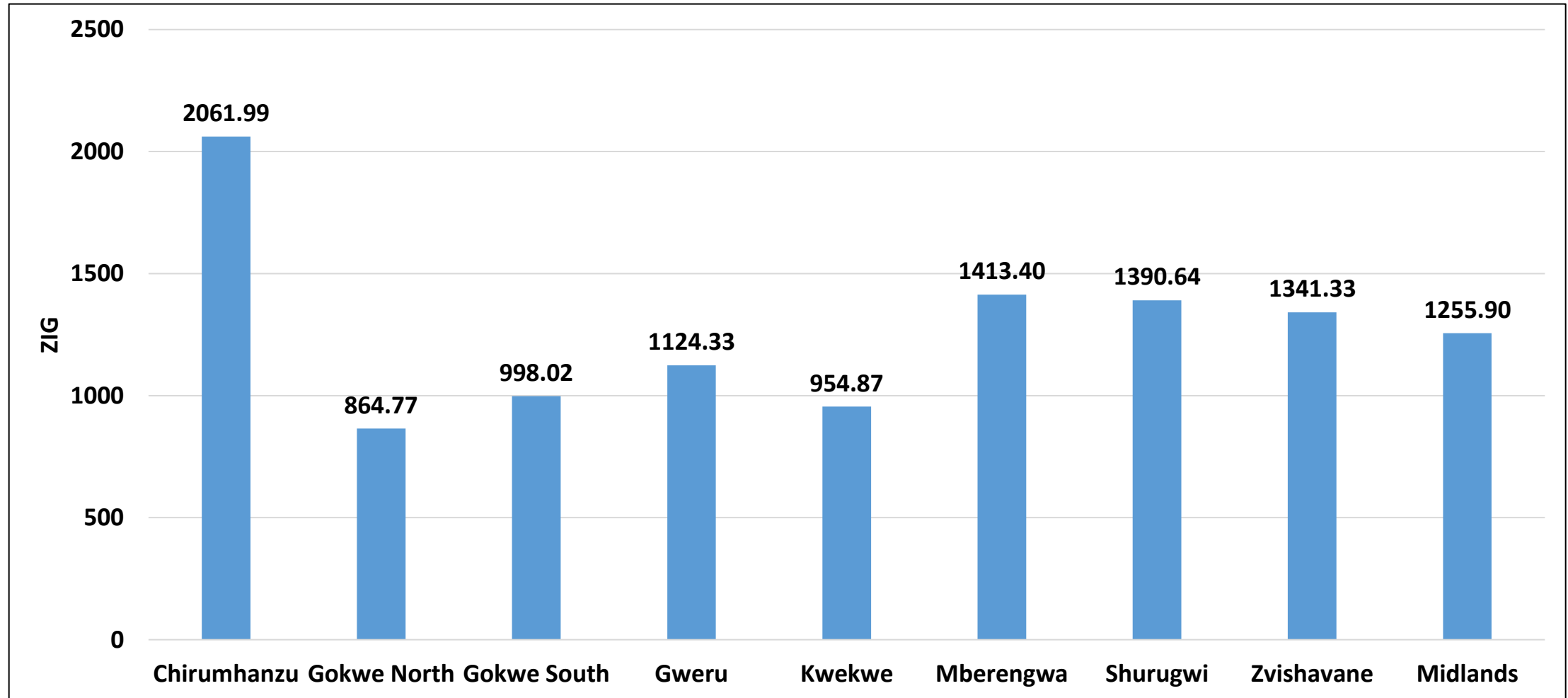
Income and Expenditure

Income Trends: 2020-2024



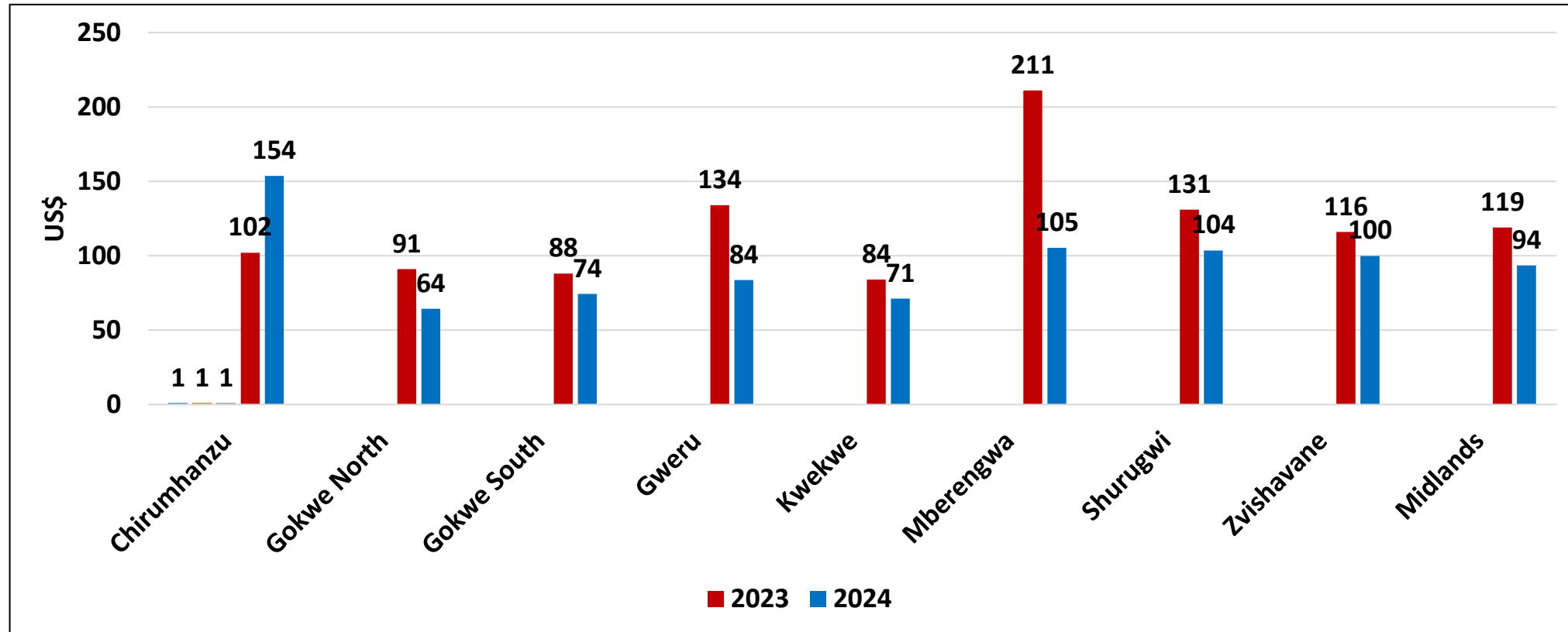
- Compared to the base year (2000), incomes for rural households in Midlands province have been increasing.

Average Household Monthly Income (ZIG) for April 2024



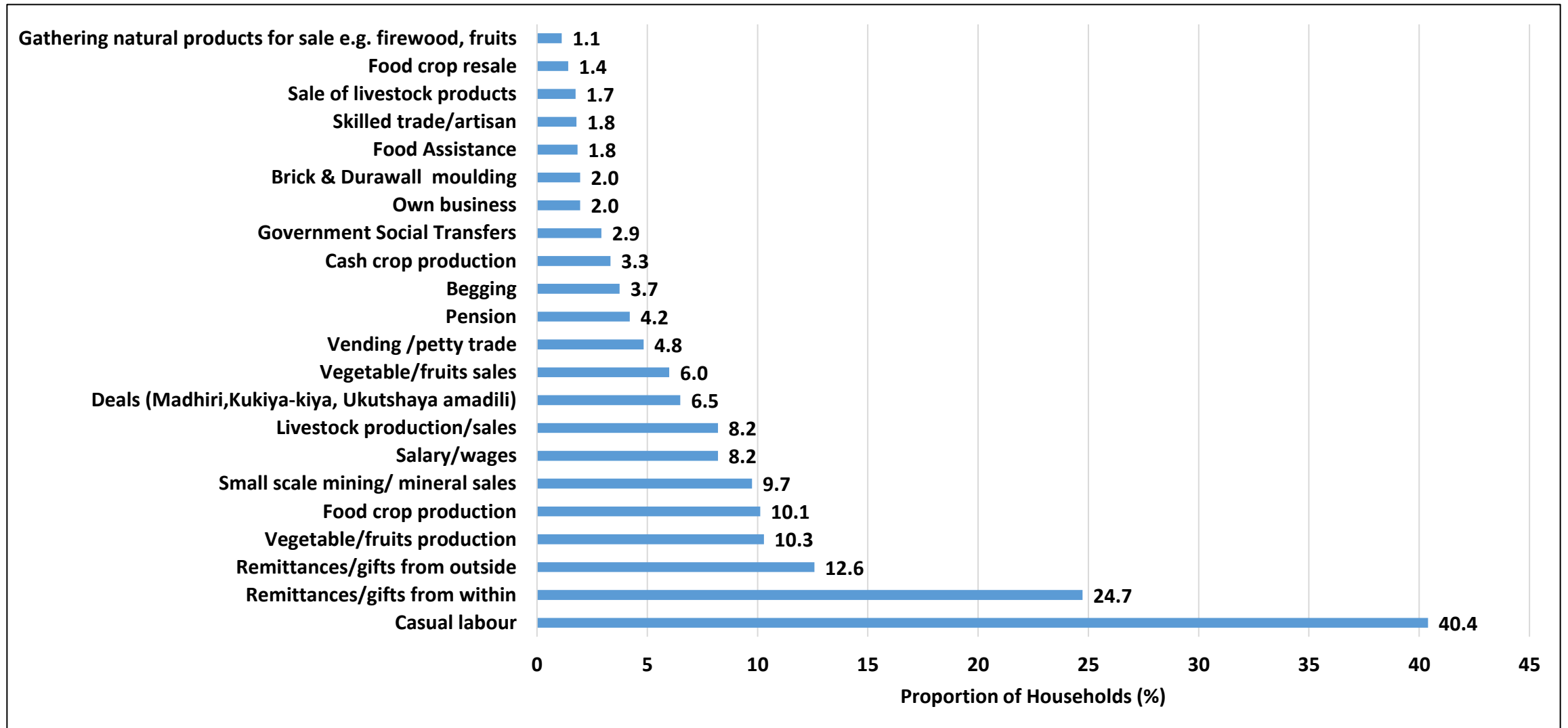
- The average household monthly income was ZIG 1,255.90 with the lowest average income reported in Gokwe North (zig 864.77).

Average Household Monthly Income (USD) for April 2024



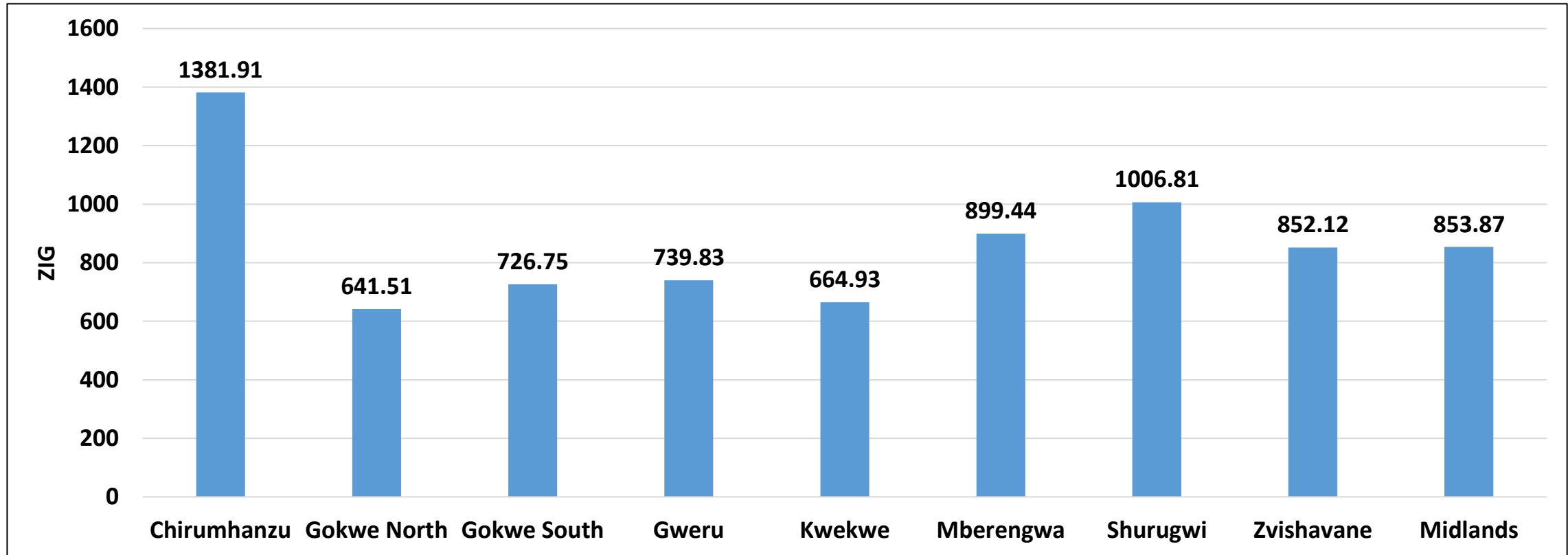
- The household average monthly income decreased from US\$ 119 in 2023 to US\$ 94 in 2024.
- The lowest household average monthly income was reported in Gokwe North (US\$ 64) and the highest was reported in Chirumhanzu (US\$ 154).
- **NB: The US\$ monthly income and expenditure was calculated using the RBZ Official exchange rate of 30 April 2024.**

Most Important Income Sources



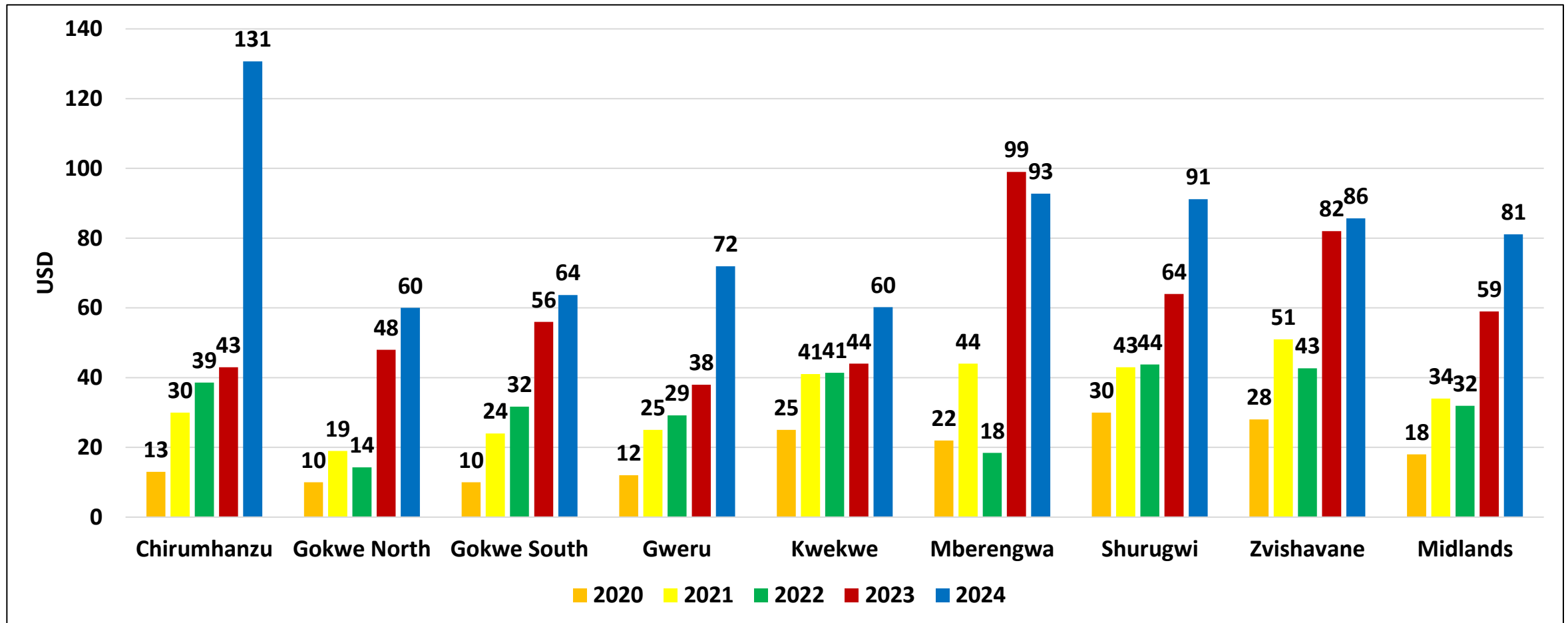
- Most households relied on casual labour (40.4%) and remittances from within Zimbabwe (24.7%) as the important income sources.

Average Household Monthly Expenditure (ZiG) for April 2024



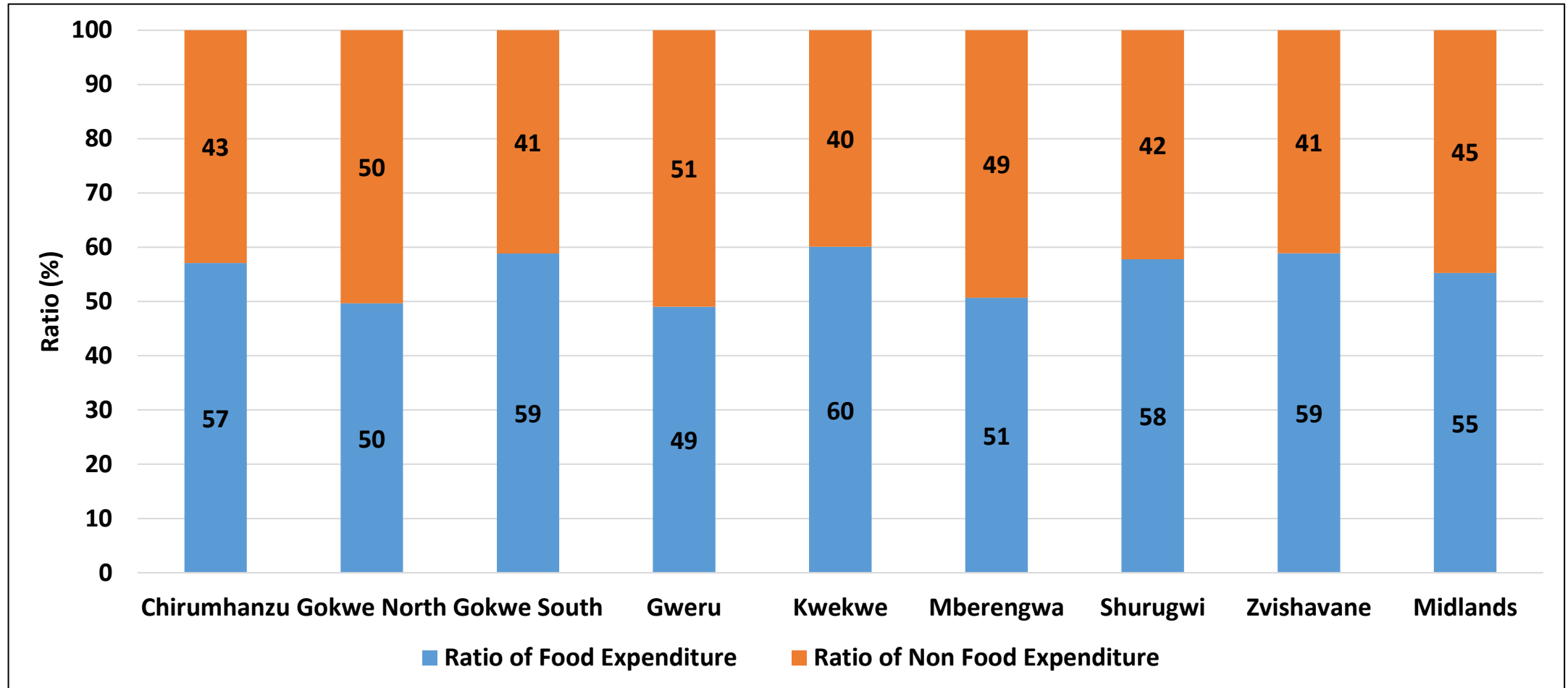
- The average household monthly expenditure was ZiG 853.87 with the lowest average household monthly expenditure in Gokwe North (ZiG 641.51).

Average Household Monthly Expenditure (USD) for April 2024



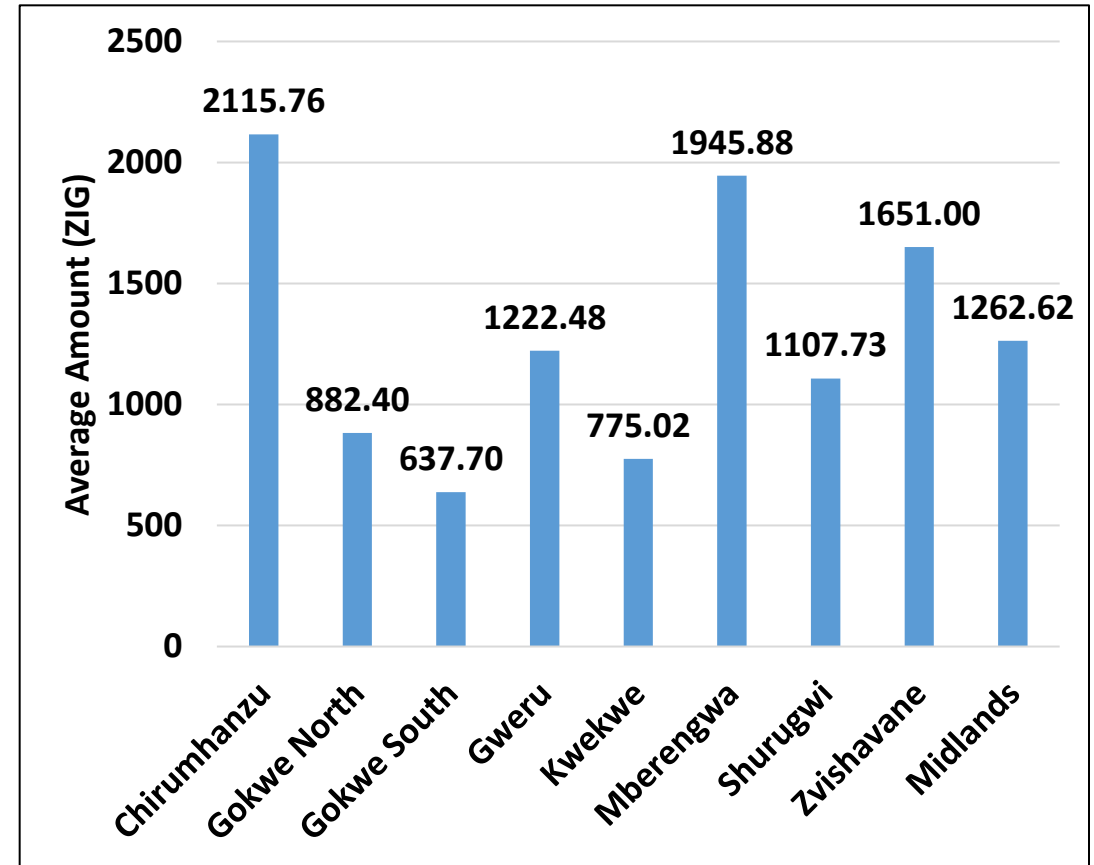
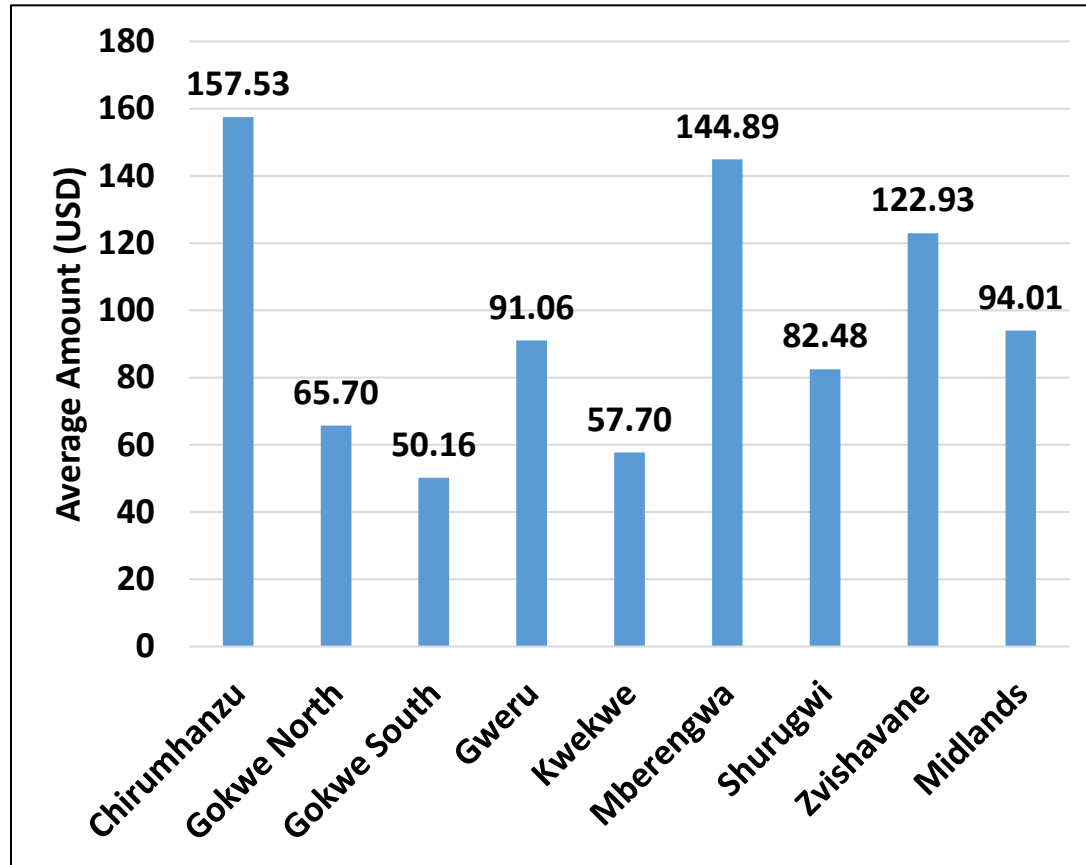
- The household average monthly expenditure increased from USD\$ 59 in 2023 to USD\$ 81 in 2024.
- The lowest household average monthly expenditure was reported in Gokwe North (USD\$ 60) and Kwekwe (USD\$ 60), whilst the highest was reported in Chirumhanzu (USD\$ 131).

Food and Non-Food Expenditure



- The average ratio of food expenditure was 55%.
- Kwekwe (60%) had the highest ratio of food expenditure.

Average Household Six Months Expenditure



- The average household six months expenditure was US\$ 94.01.
- Gokwe South (US\$ 50.16) had the lowest average household six months expenditure.

Child Health

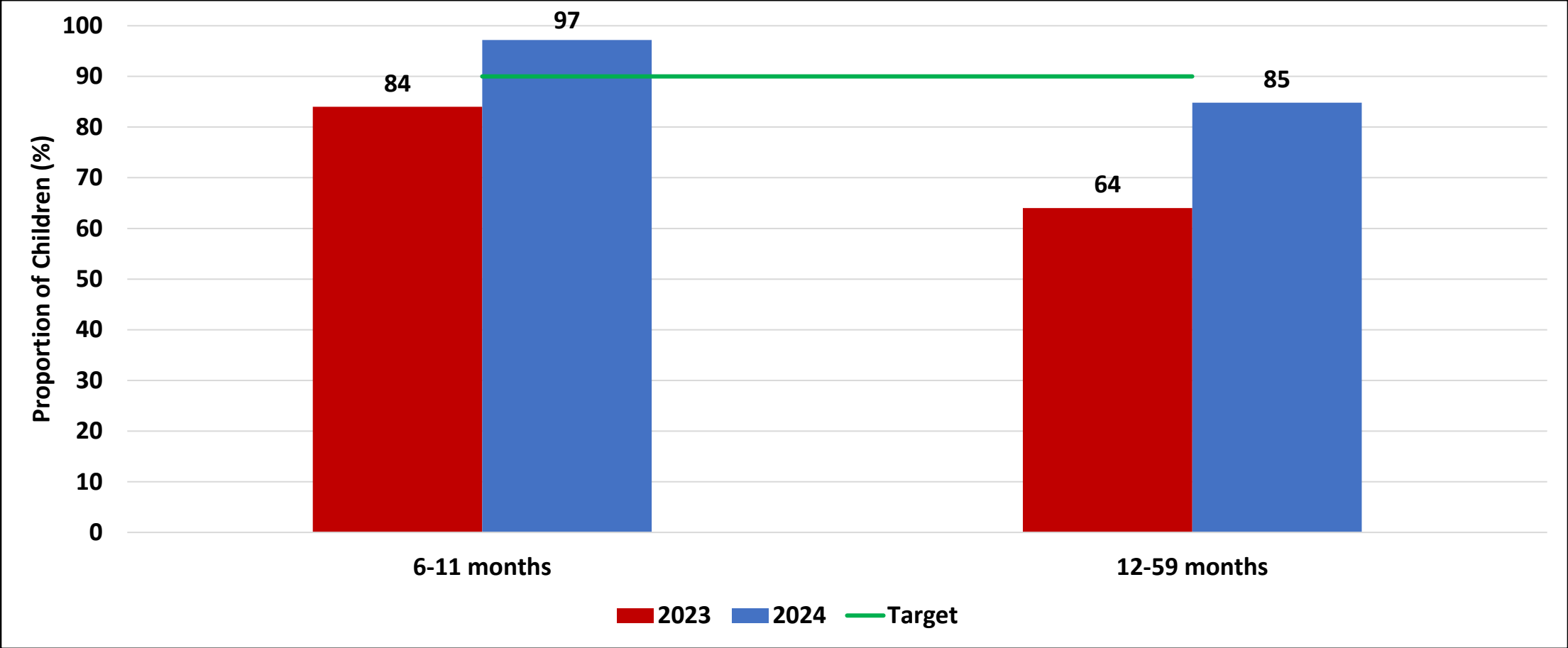
Vitamin A Supplementation for Children 6-59 Months

The Zimbabwe VAS Schedule

- 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.

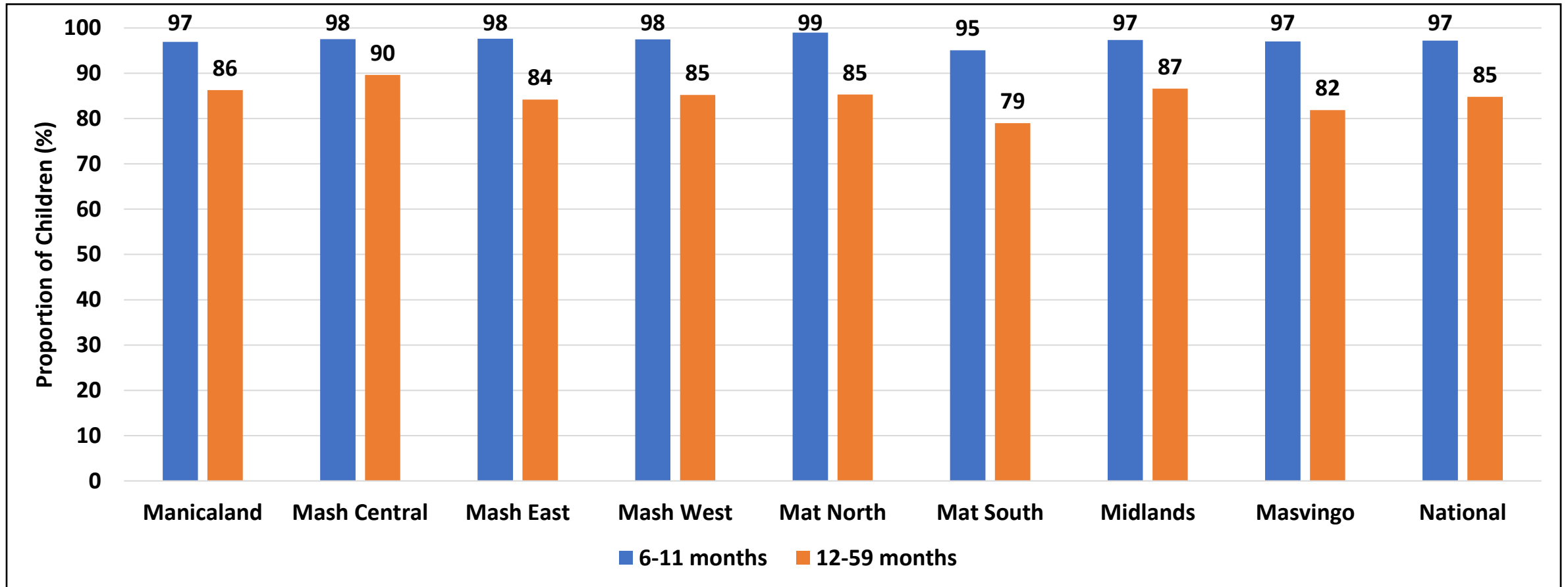
Age Group	Vitamin A Dosage	Timing for Administration
Below 6 months	Do not give	N/A
6-11 months	100 000 IU	Once at age 6 months
12-59 months	200 000 IU	Once every 12 months from age 6 months, until child reaches 5 years

Vitamin A Supplementation for Children 6-59 Months



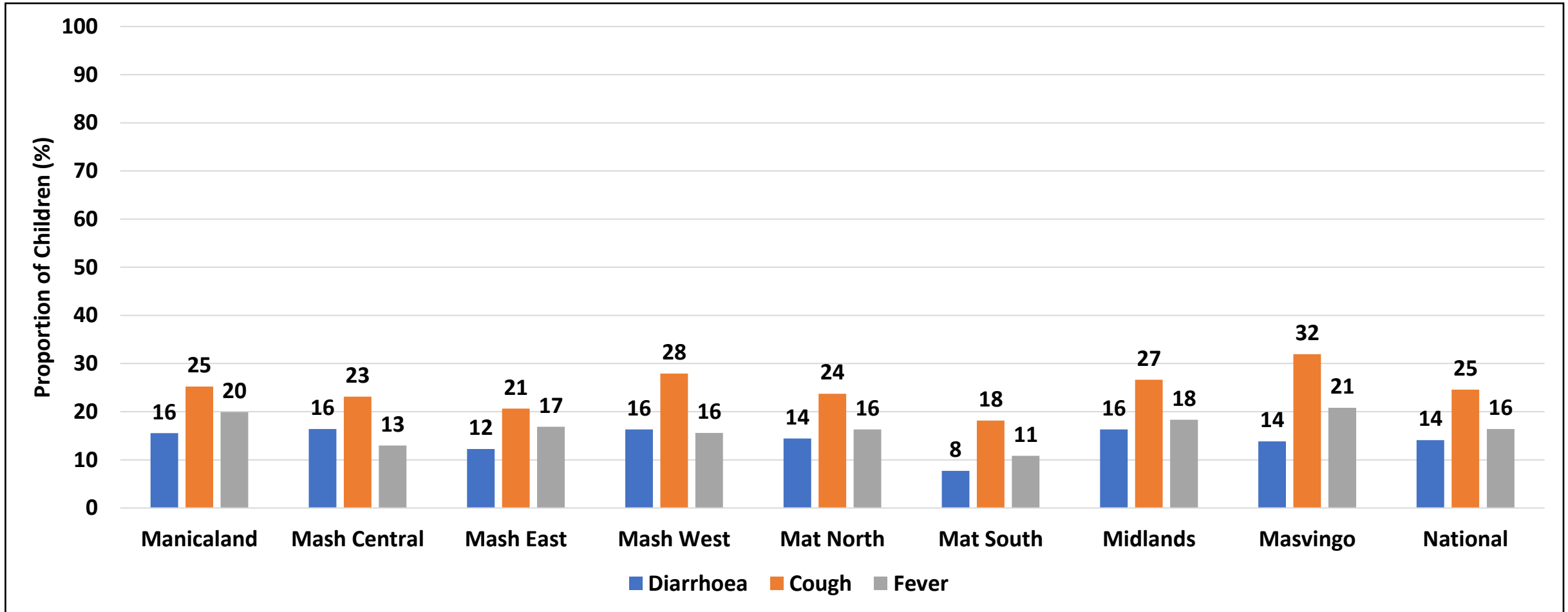
- Overall, Vitamin A supplementation for children increased for the two age categories, however, the 12-59 months category remains a cause for concern since it's below the national target of 90% coverage.

Vitamin A Supplementation by Province



- In Midlands province 95% of children 6-11 months and 87% of 12-59 months received the required one and two doses of Vitamin A, respectively.
- Performance for Vitamin A supplementation for the 6-11 months age group for Midlands province is in line with the national performance, however, the 12-59 months is below the 90% coverage target for the national intervention.

Child Illness (6-59 Months) by Province

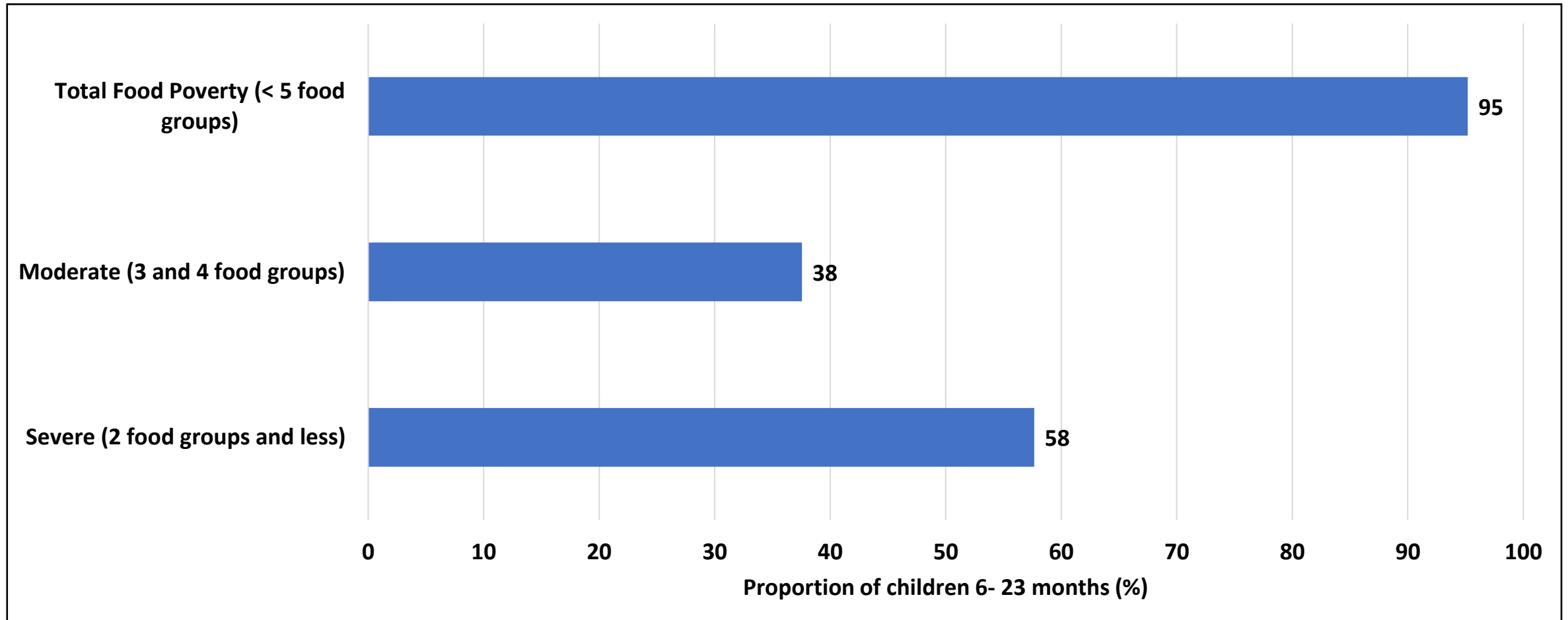


- Cough (27%) was the most reported illness for children in Midlands province.

Child Food Poverty

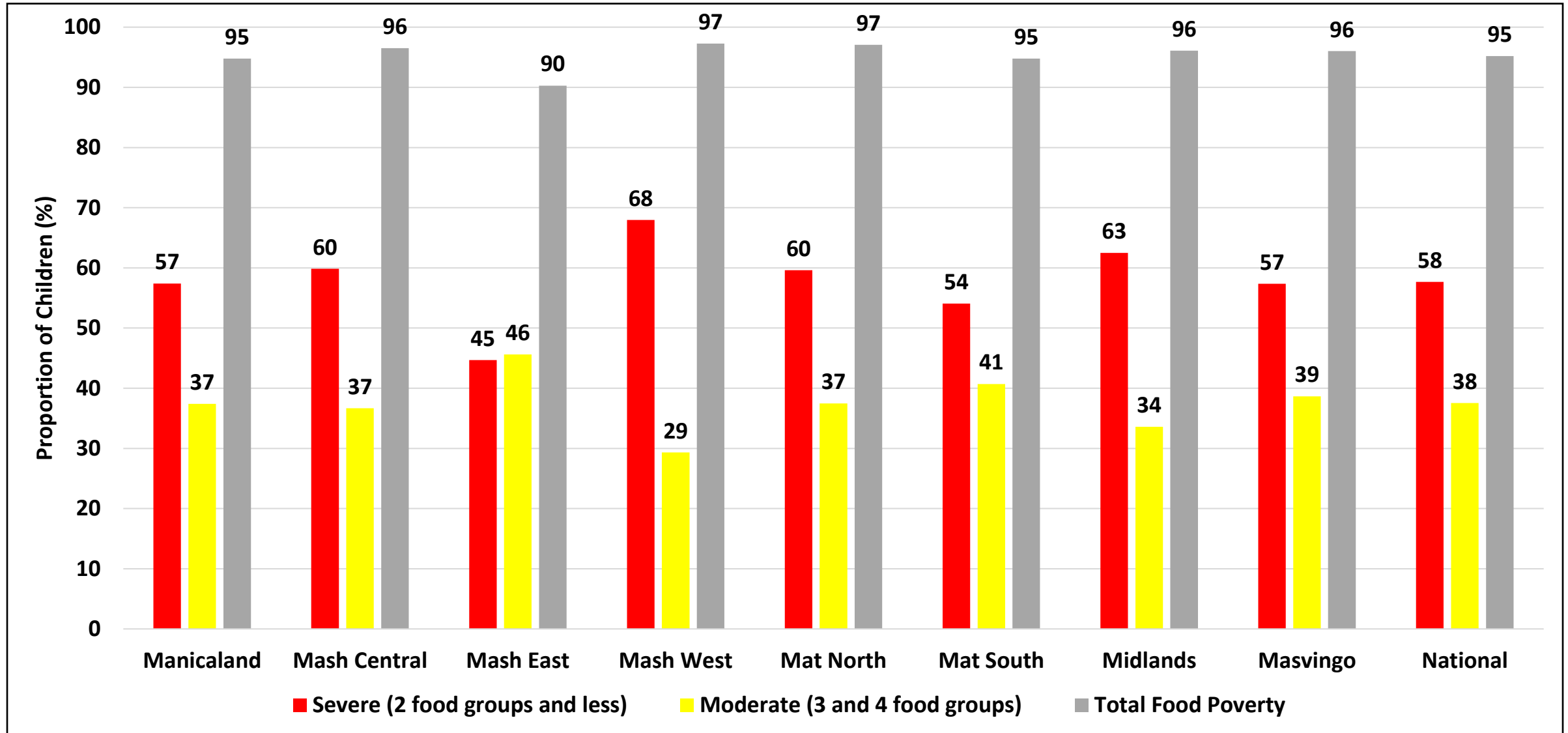
- **Children living in food poverty** is defined as the proportion of children under five years of age consuming foods and beverages from four or fewer of the eight defined food groups.
- **Severe child food poverty** refers to the proportion of children under 5 consuming foods and beverages from zero, one or two out of eight defined food groups during the previous day.
- **Moderate child food poverty** refers to the proportion of children under five 5 consuming foods and beverages from three or four out of eight defined food groups during the previous day.

Child Food Poverty



- Of the children 6 to 23 months, 95% consumed a meal which did not meet minimum dietary diversity in the 24 hours preceding the survey.
- Attention needs to be given to the 58% of children who were in severe food poverty.

Child Food Poverty



- Ninety six percent of children aged 6-23 months in Midlands were experiencing severe food poverty.

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. There is also evidence of low prevalence of egg and flesh food intake across many countries.
- 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)

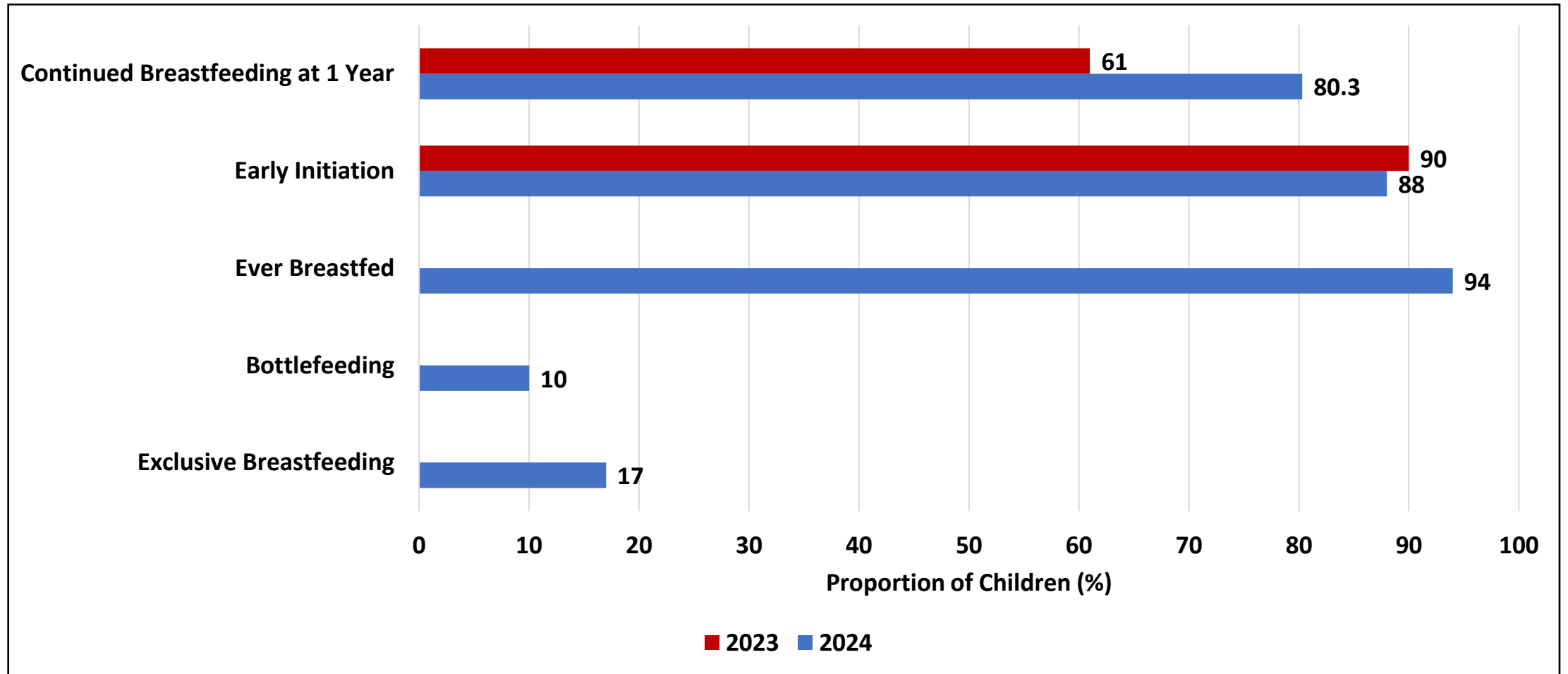
- WHO indicates that low vegetable and fruit consumption is associated with increased risk of noncommunicable diseases (NCDs).
- Non-consumption of vegetables or fruits on the previous day represents an unhealthy practice.
- Indicator definition: percentage of children 6–23 months of age who did not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

Notes

UNHEALTHY FOOD CONSUMPTION 6–23 MONTHS (UFC)

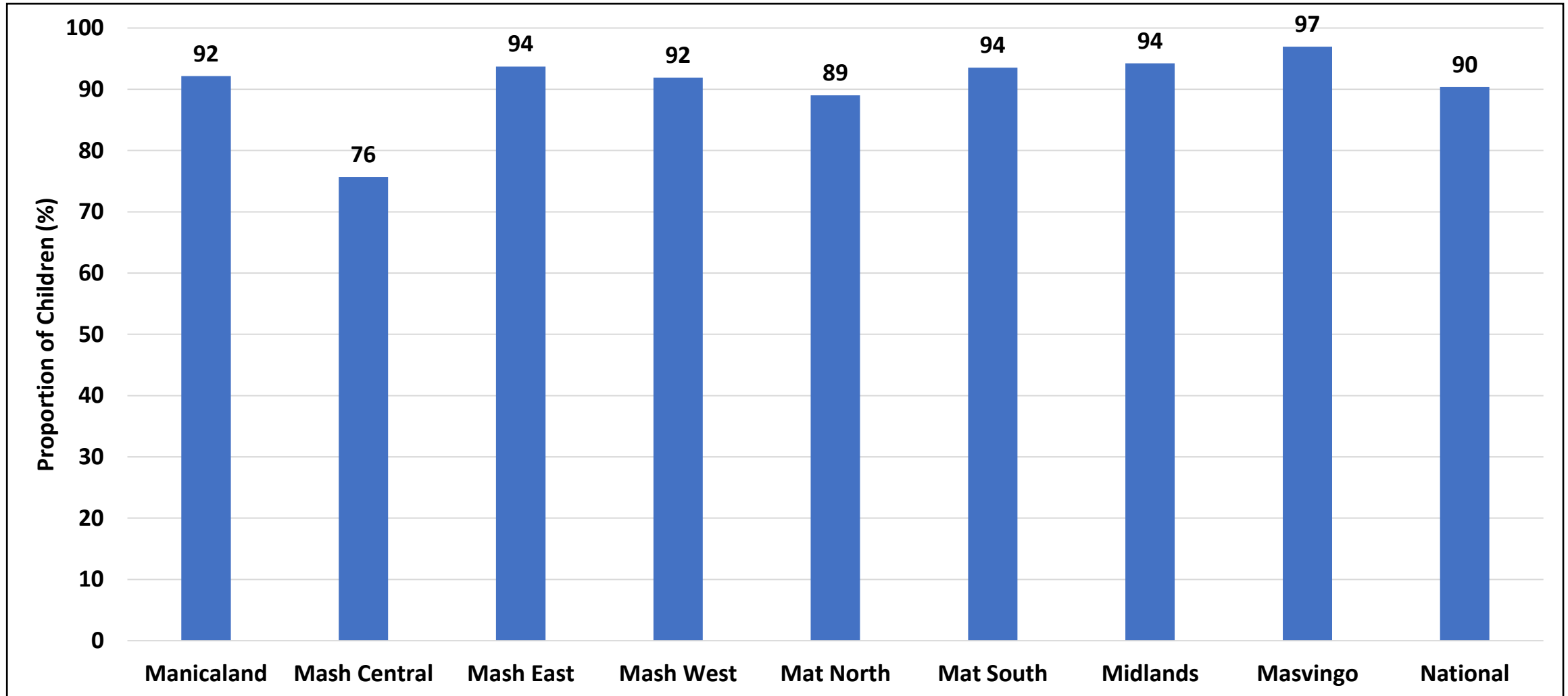
- In many low- and middle-income countries, diet patterns are shifting towards higher intakes of added sugars, unhealthy fats, salt and refined carbohydrates.
- A variety of guidance documents indicate the need to avoid or limit these types of foods when feeding IYC.
- Recent national guidance for feeding 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



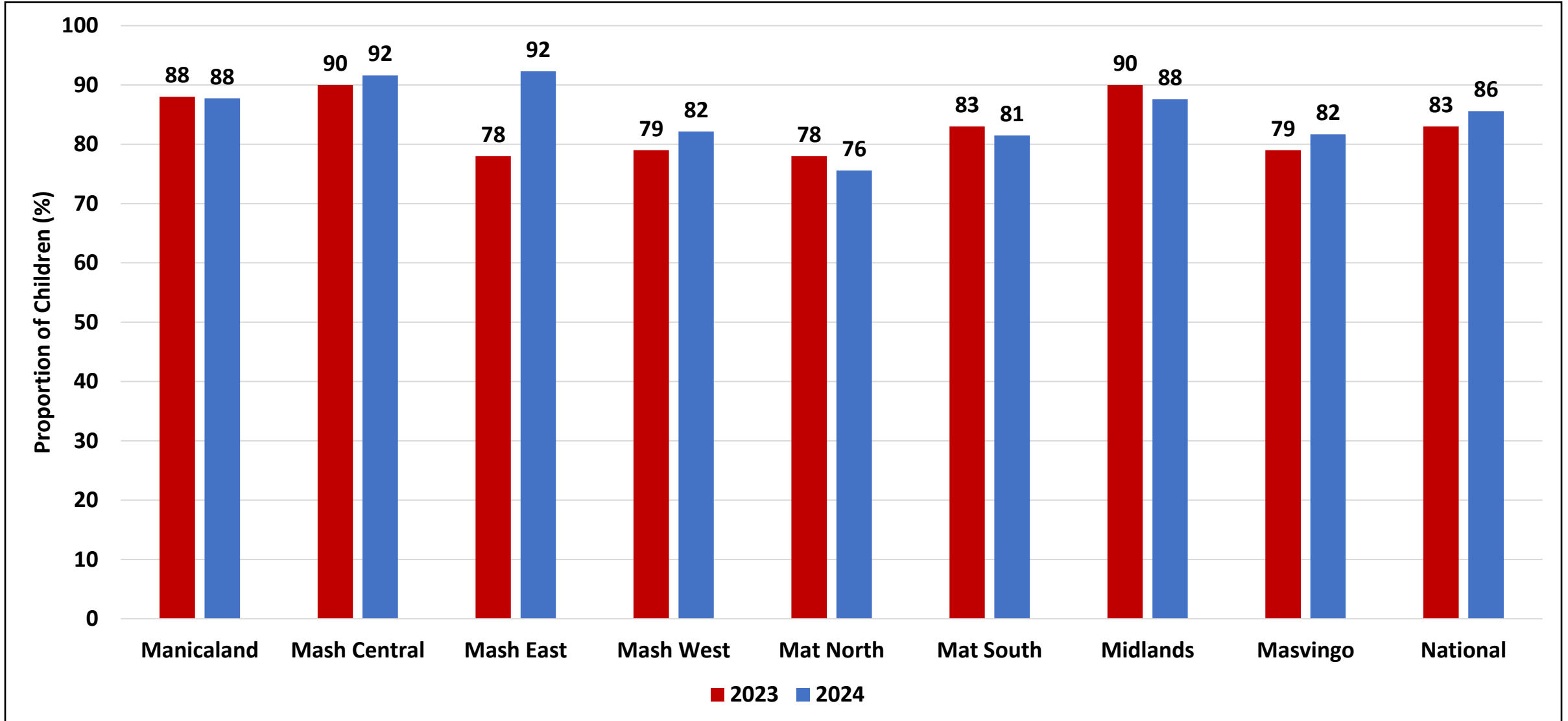
- Exclusive breastfeeding is a low cost, life-saving child survival intervention. The exclusive breastfeeding rate was reported to be 17%. No values were reported for 2023.
- The proportion of children who continued to be breastfed beyond one year increased from 61% to 80.3%.
- At least 94% of the children were ever breastfed.

Children Ever Breastfed



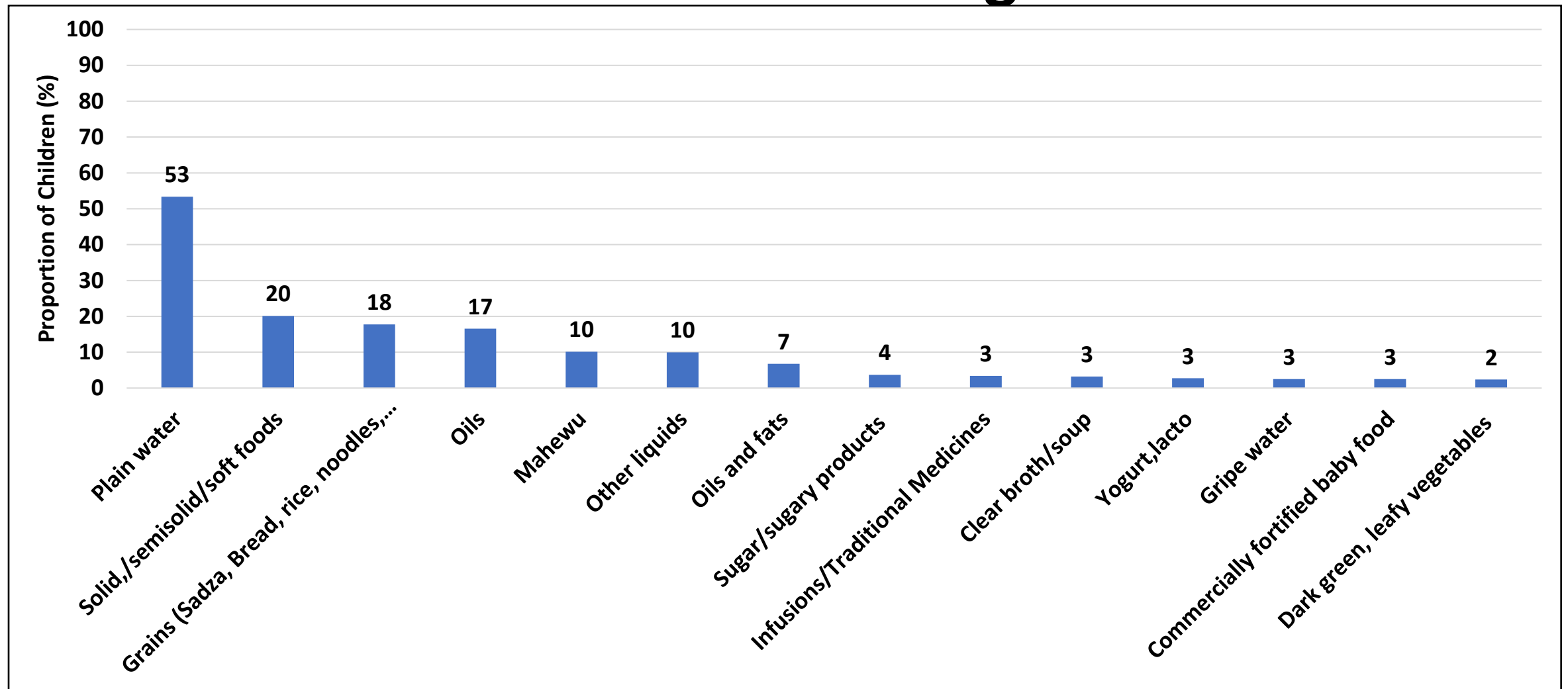
- The proportion of children who were ever breastfed in Midlands was 94%.
- The recommendation is to have children exclusively breastfed for the first 6 months and continue breastfeeding for at least 2 years.

Early Initiation of Breastfeeding



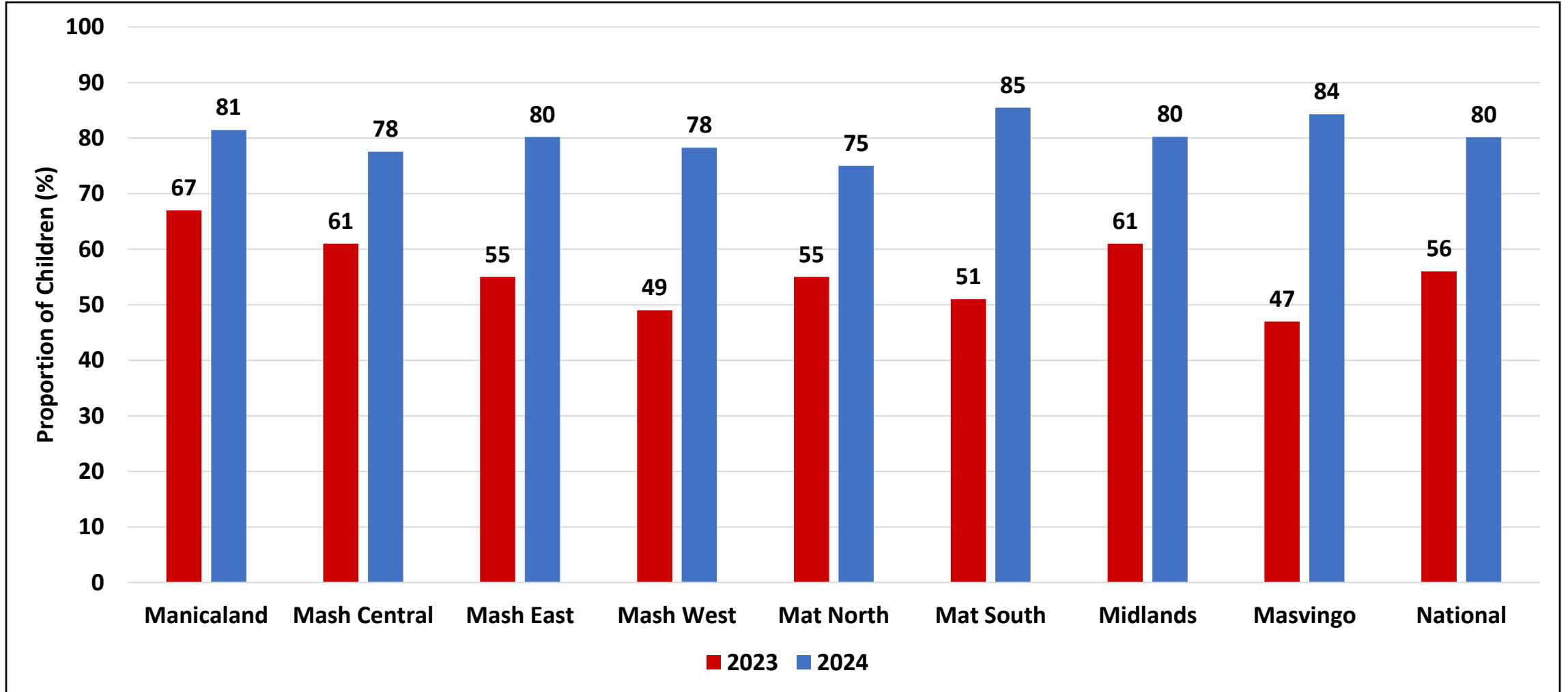
- In Midlands , 88% of children who were born were put on the breast within an hour of birth.

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



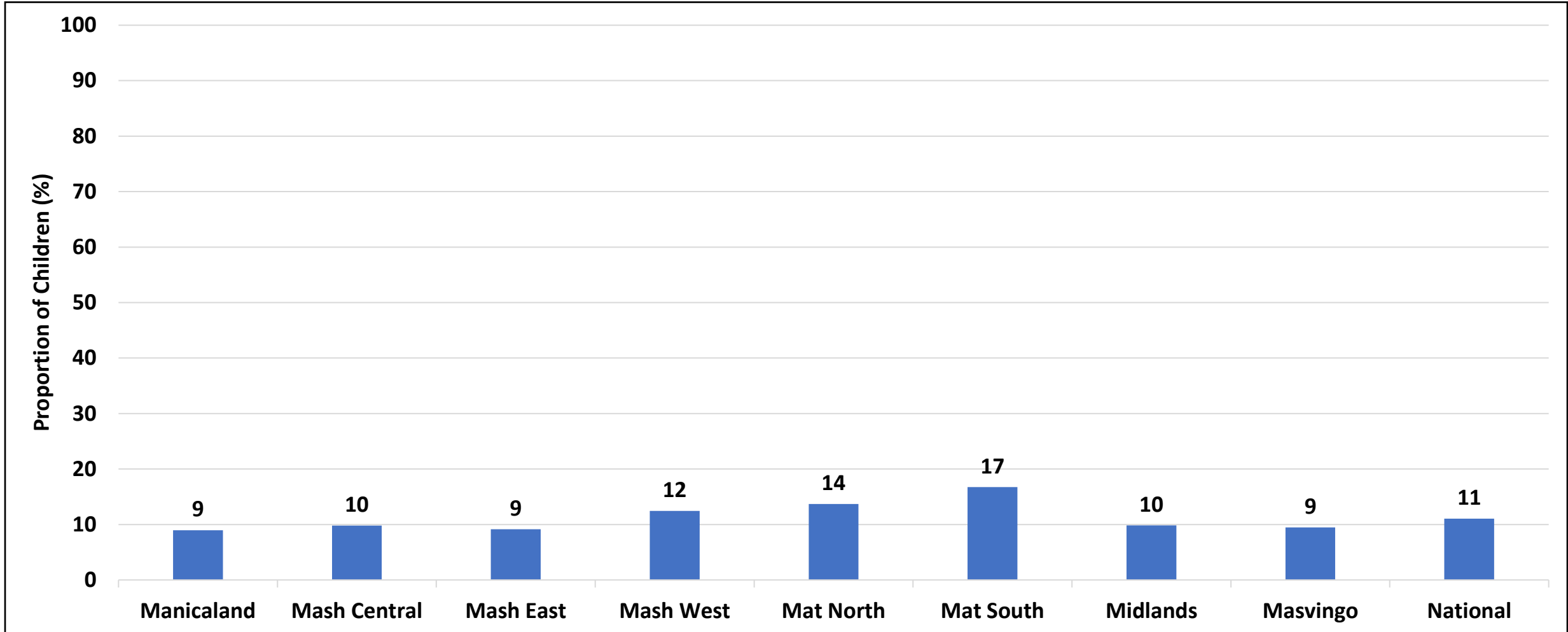
- Nationally, plain water (53%), soft foods (20%), grains (18%) and oils (17%) were the most common foods given to children less than 6 months

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.
- In Midlands province, 80% of children were breastfed beyond one year an increase from 61% in 2023.

Bottle Feeding

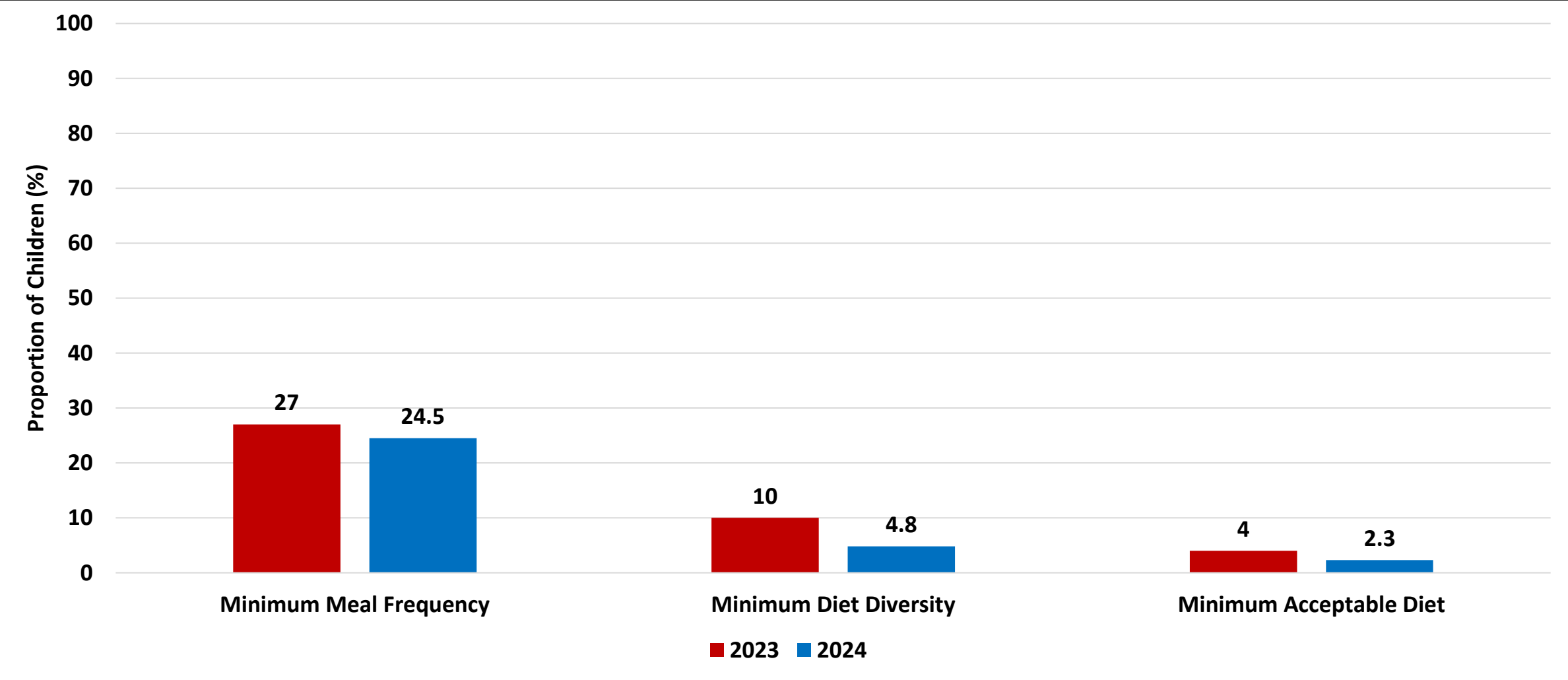


- Bottle feeding interferes with breastfeeding and predisposes infants to diarrheal diseases, especially in an environment with compromised WASH services.
- In Midlands province 10% of children below one year were being bottle fed.

Complementary Feeding

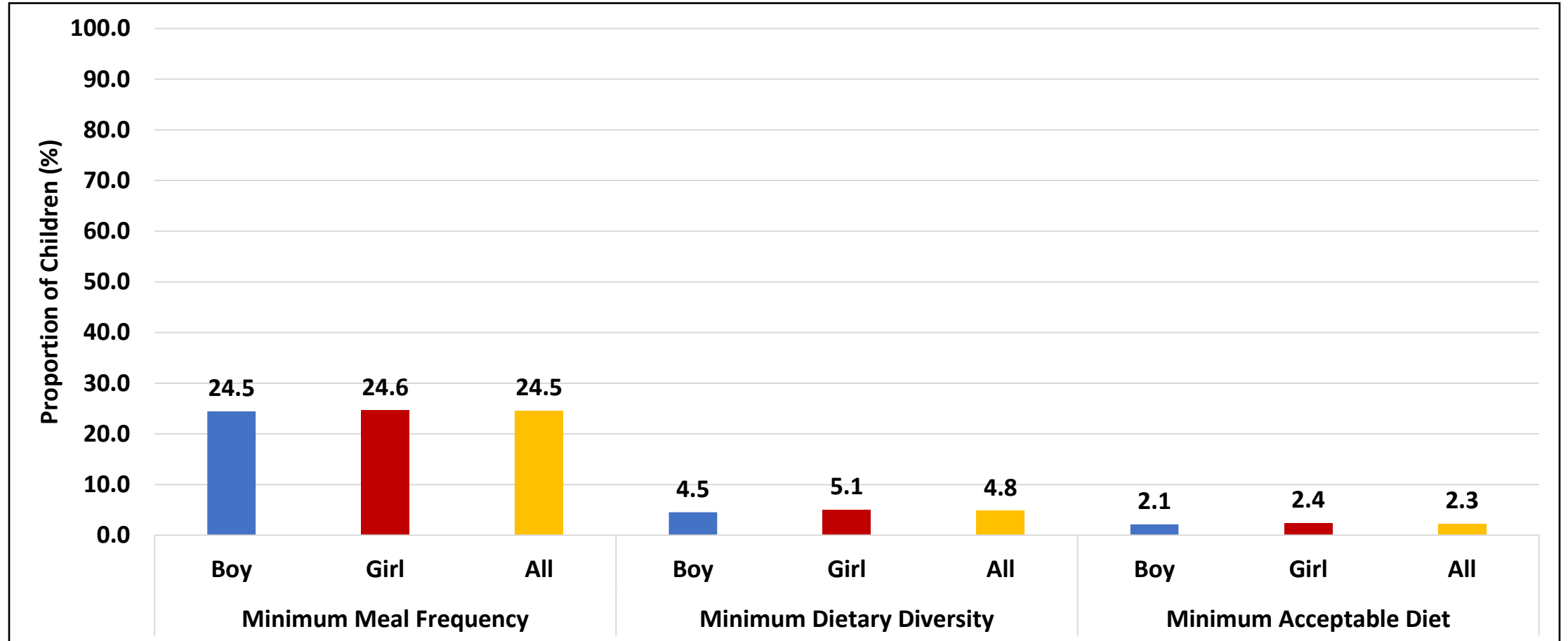
- Minimum Dietary Diversity (MDD) is a proxy indicator for adequate micronutrient density. Both breastfed and non-breastfed infants are expected to consume at least five of the seven food groups that are recommended by the World Health Organisation.
- Minimum Meal Frequency (MMF) is a proxy for a child's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



- Nationally, only 2.3% of children achieved a minimum acceptable diet, a decrease from 4% in 2023. This remains below the national target of 25%.
- Dietary diversity is also low with only 4.8% of children consuming diversified diets.

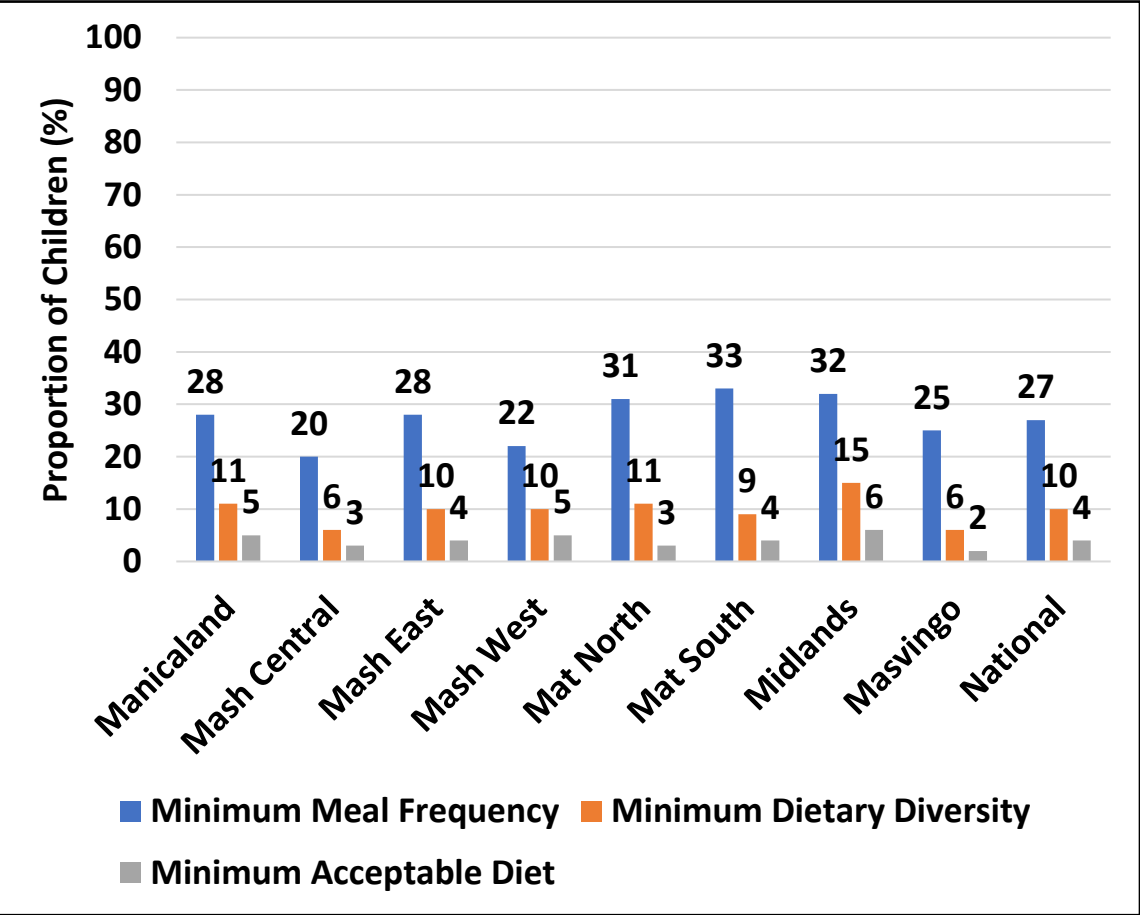
Infant and Young Child Feeding Diet Quality: By Sex



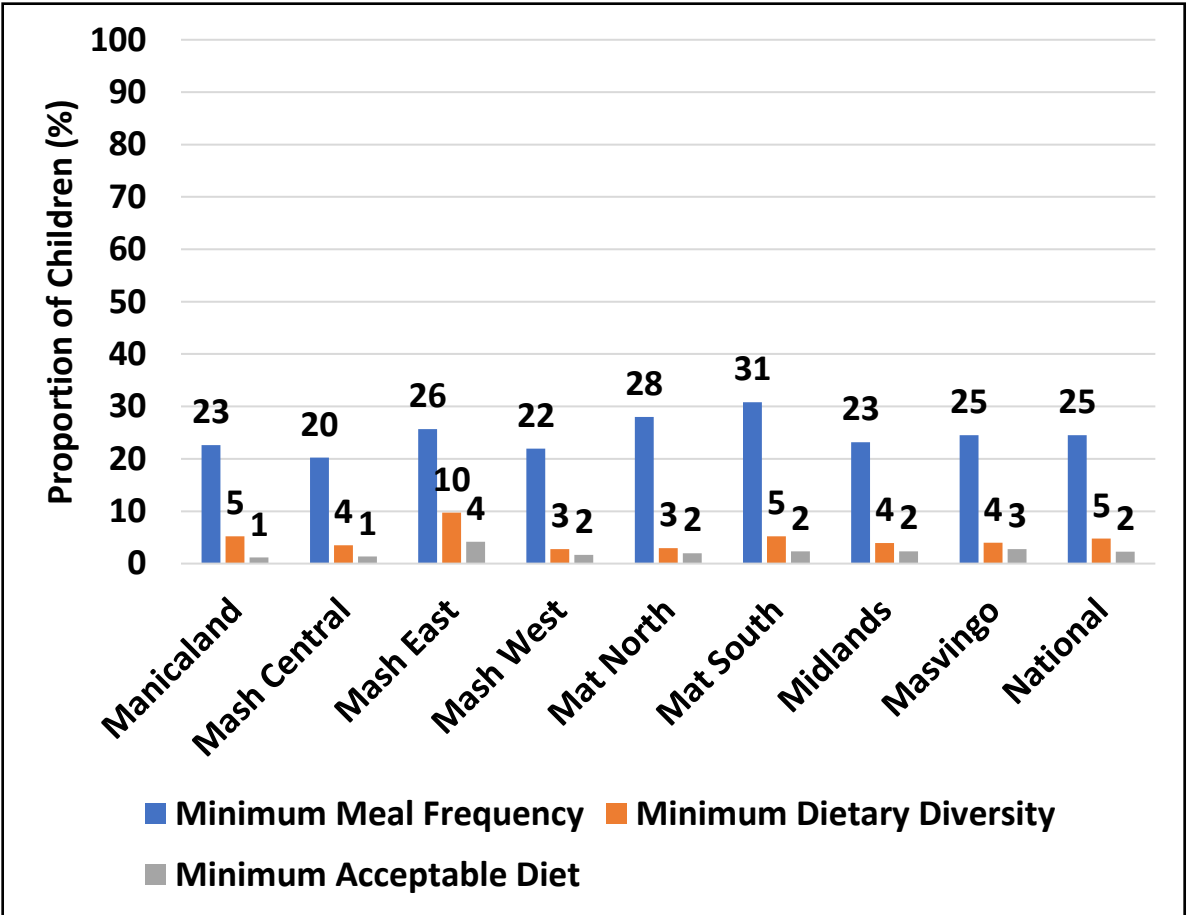
- There was no major difference on diet quality by sex.

Infant and Young Child Feeding Diet Quality

2023



2024



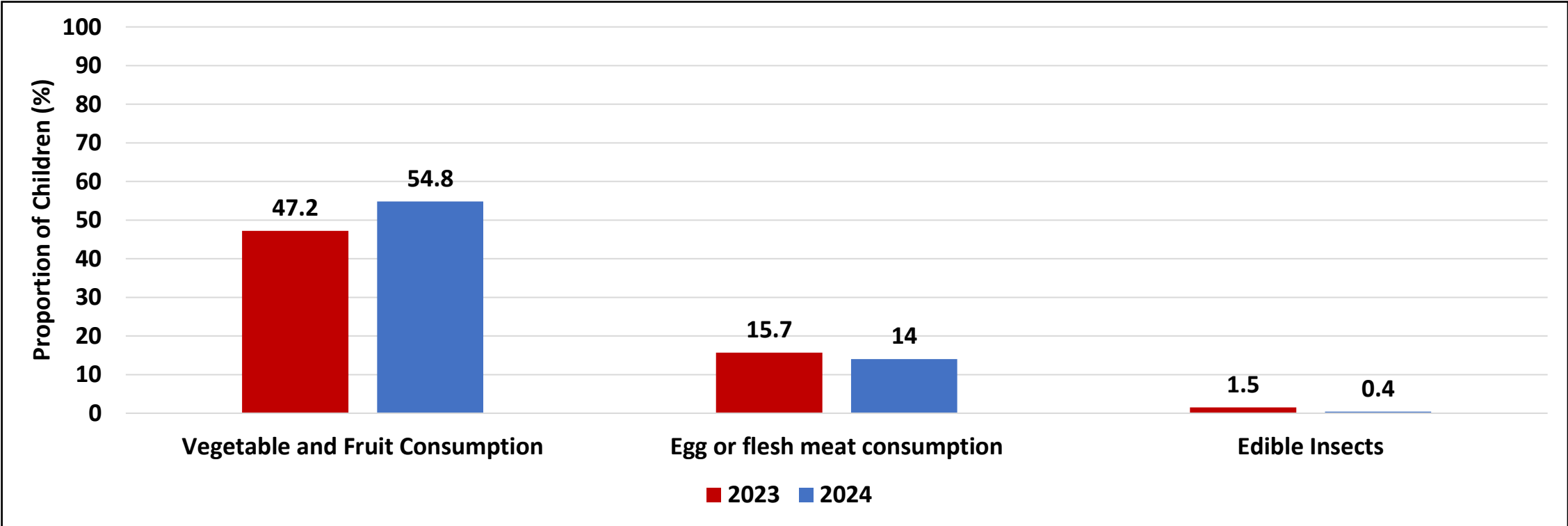
- In Midlands , only 2% of children aged 6-23 months received the Minimum Acceptable Diet, a decrease from 6% recorded in 2023.
- A Minimum Acceptable Diet indicator reflects the proportion of children who receive adequate diverse age-appropriate foods. Adequate nutrition is essential for growth and 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

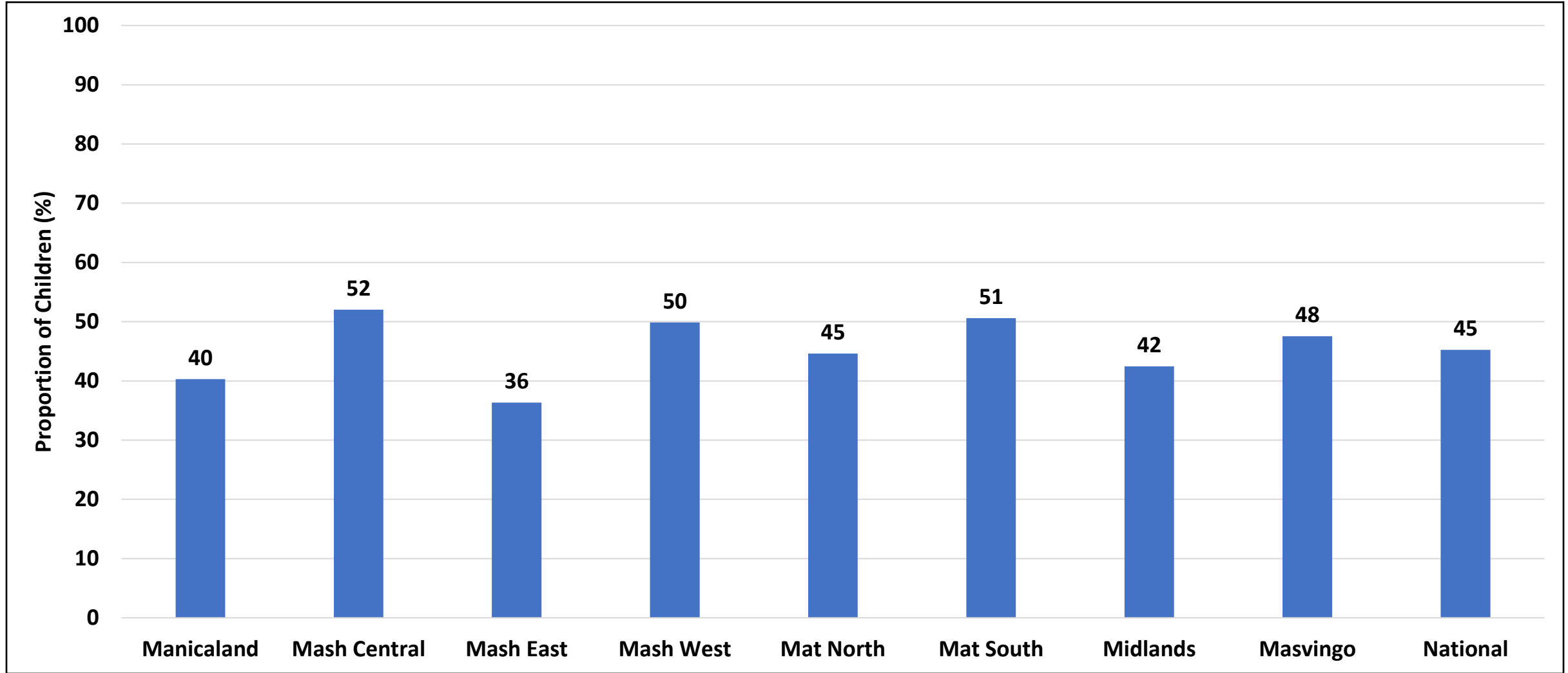
- Most of the children 6-23 months in Midlands consumed grains (92.7%), Vitamin A fruits and vegetables (40.4%) and breastmilk (41.4%).

Infant and Young Child Feeding Diet Quality Indicators by Year



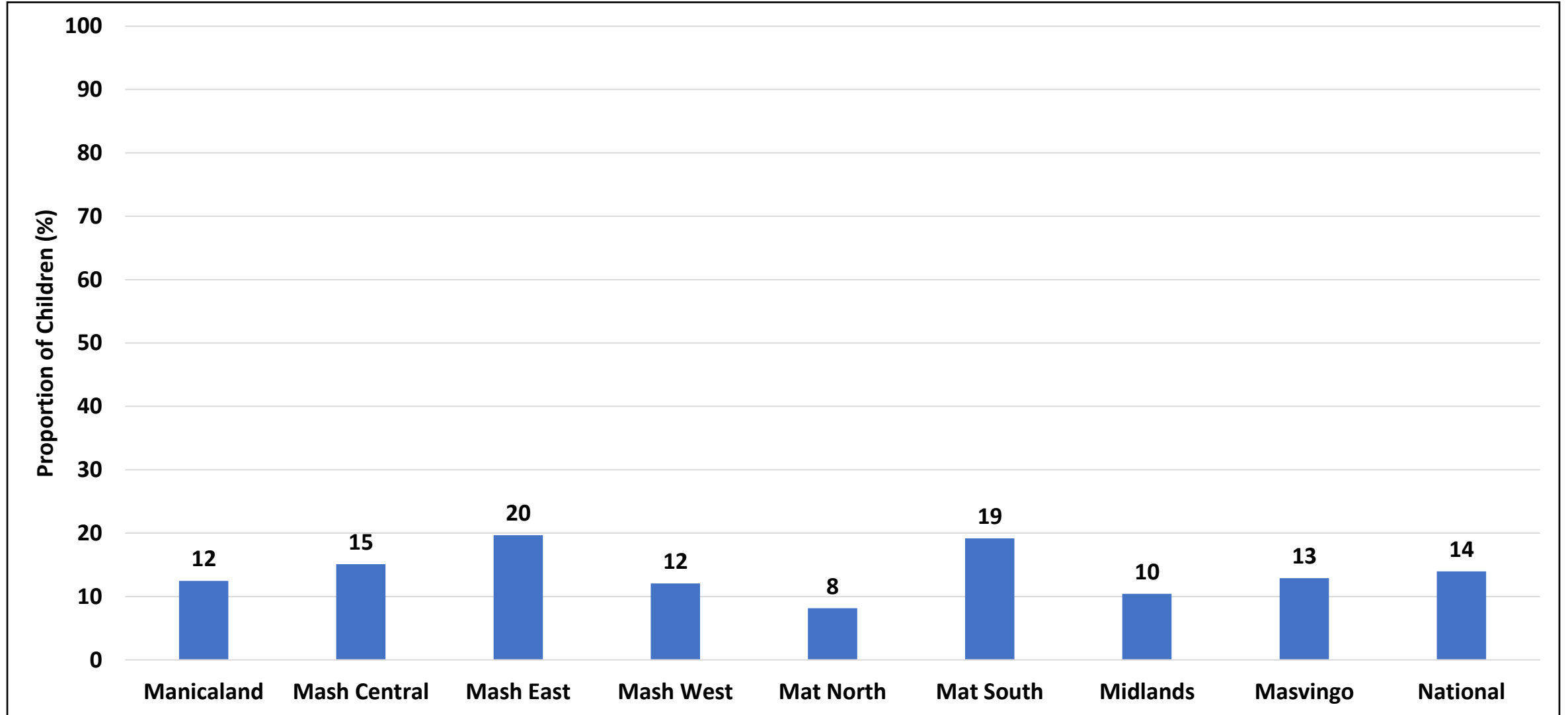
- Vegetable, fruit, egg and flesh meat consumption provides the much-needed nutrients required for optimum growth and development during the window of opportunity (first 1 000 days).
- About 55% of the children 6 to 23 months consumed vegetables and fruits 24 hours preceding the survey.
- Edible insects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

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



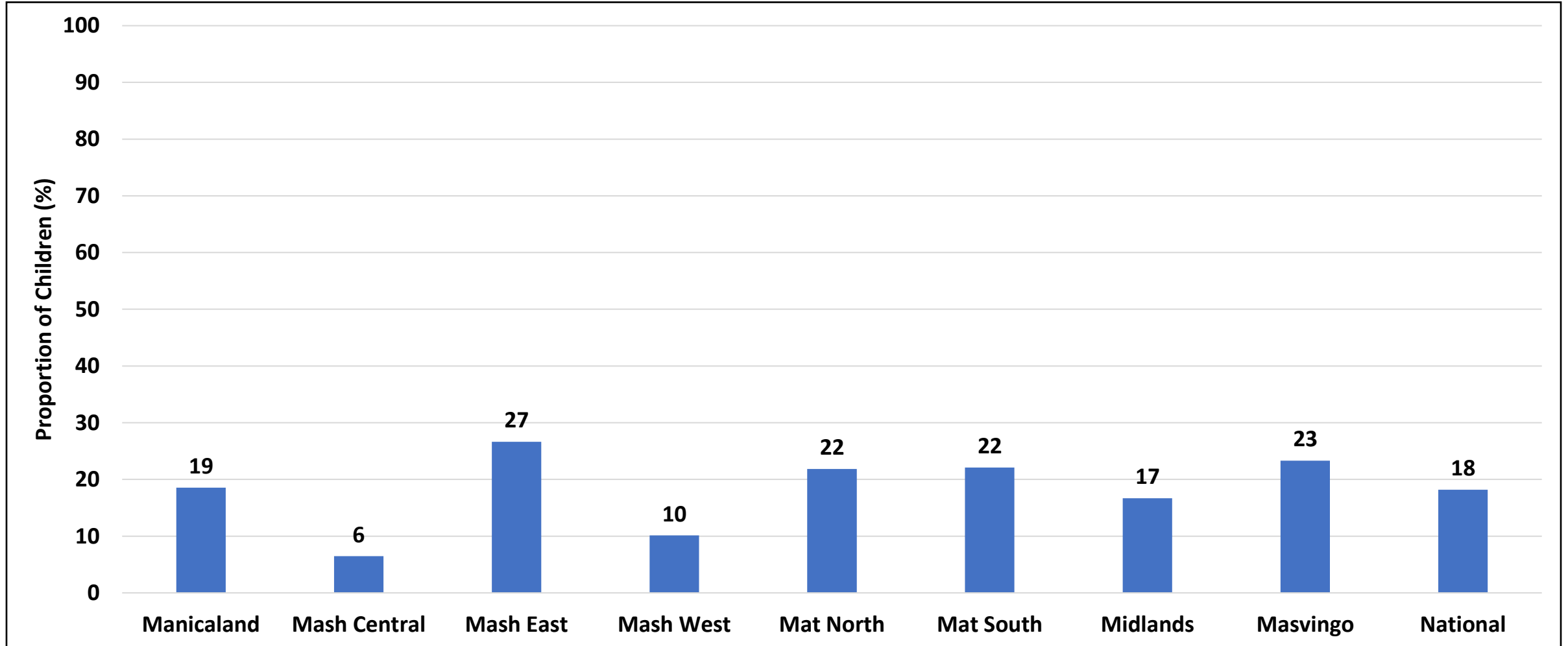
- Forty two percent of children 6-23 months in Midlands were neither consuming vegetables nor fruits.

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



- Only 10% of children 6-23 months in Midlands were consuming egg and/ flesh meat.

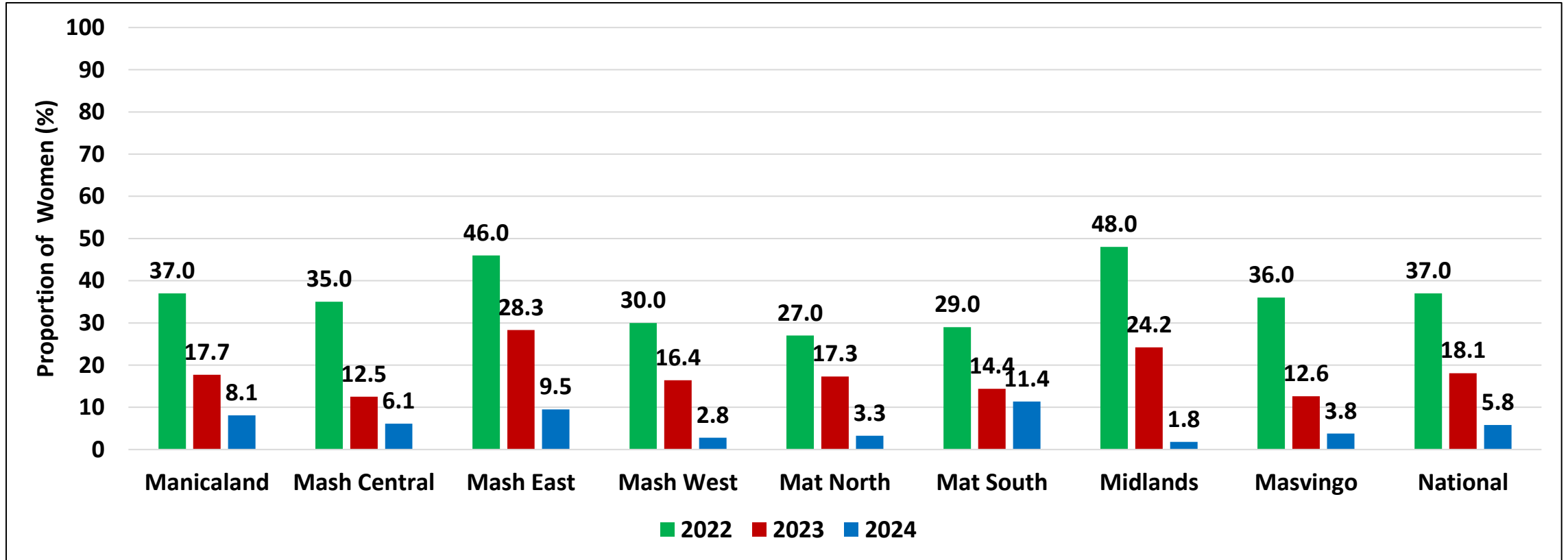
Unhealthy Food Consumption 6–23 Month (UFC)



- About of 17% of children 6-23 months in Midlands were consuming unhealthy foods.

Minimum Dietary Diversity for Women of Child Bearing Age

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 18.1% in 2023 to 5.8% 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.





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

- Women of Child Bearing Age (WCBA) because of their physiological demands of pregnancy and lactation require a more nutrient-dense diet. Requirements for most nutrients are higher for this group than for adult men.
- The results show that generally WCBA were mostly consuming foods made from grain (97.5%), dark green vegetables (54.3%), oils (39.5%), other vegetables (31.4%), condiments (16.3%) and orange fleshed vegetables (15.1%).
- Insufficient nutrient intakes before and during pregnancy and lactation can affect both women and their infants.

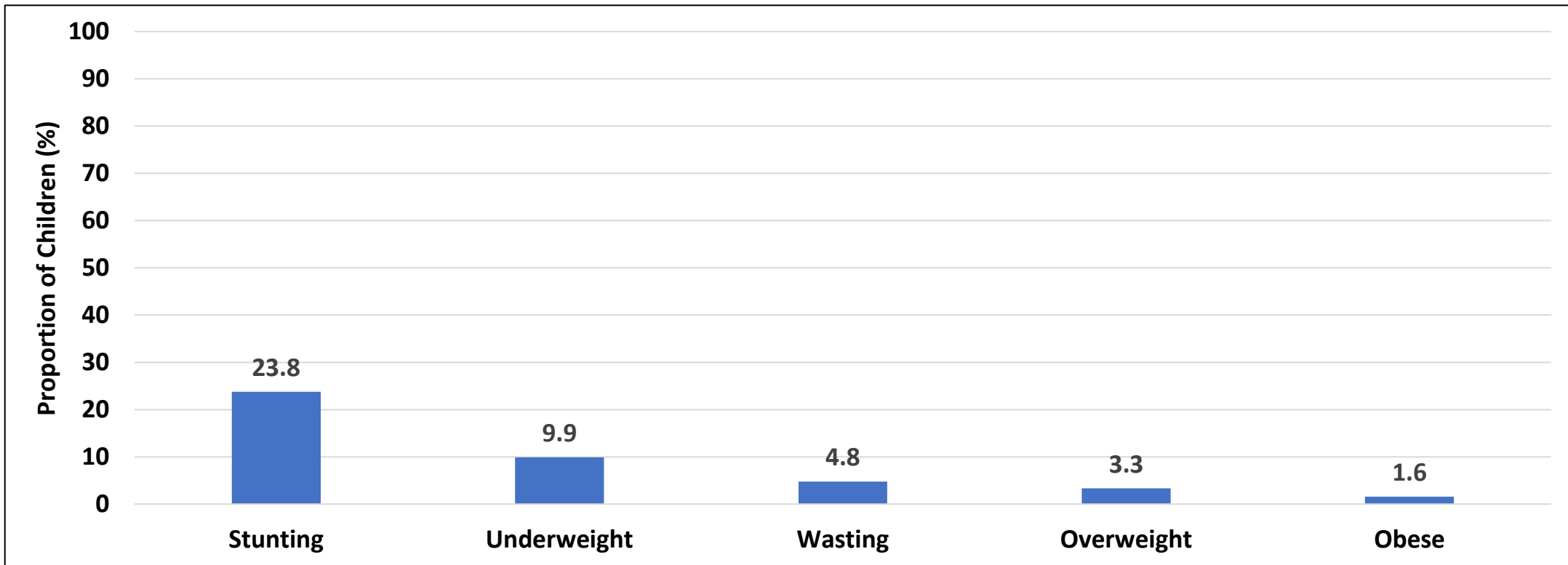
Child and Adolescent Nutrition

Child Nutrition Status

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

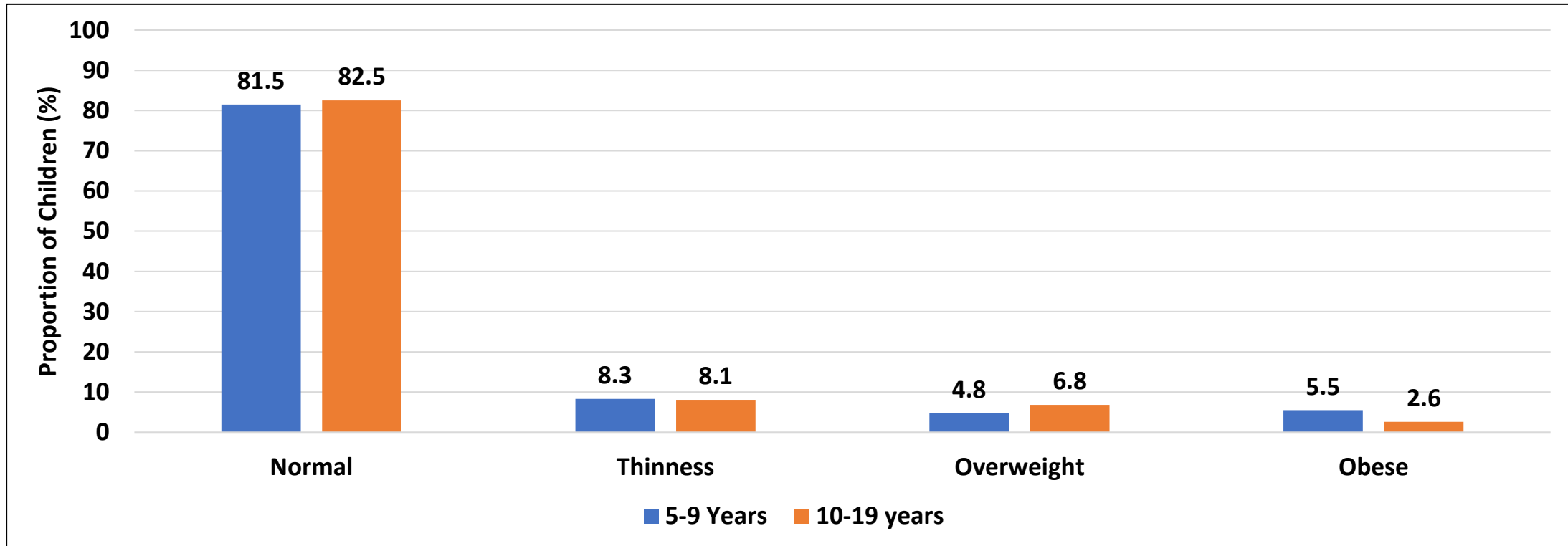
Indicator	Indicator definition (WHO standards, 2006)	National prevalence (%)	Prevalence cut-off values for public health significance
Stunting	Height/Length for age <-2 SD of the WHO Child Growth Standards median	26.5	<2.5%: Very Low 2.5-<10%: Low 10-<20%: Medium 20-<30%: High ≥30%: Very High (DeOniset al., 2019)
Global Acute Malnutrition	Weight for height <-2SD of the WHO Child Growth Standards median and/oedema	4.9	<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	1.7	0% = acceptable >0%: Unacceptable
Underweight	Weight for age <-2SD of the WHO Child Growth Standards median and/oedema	9.8	
Overweight	Weight for height >+2 SD of the WHO Child Growth Standards median	3.9	<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	2.3	

Nutrition Status of Children 6- 59 months



- Stunting prevalence (23.8%) remains high according to the World Health Organization classification.

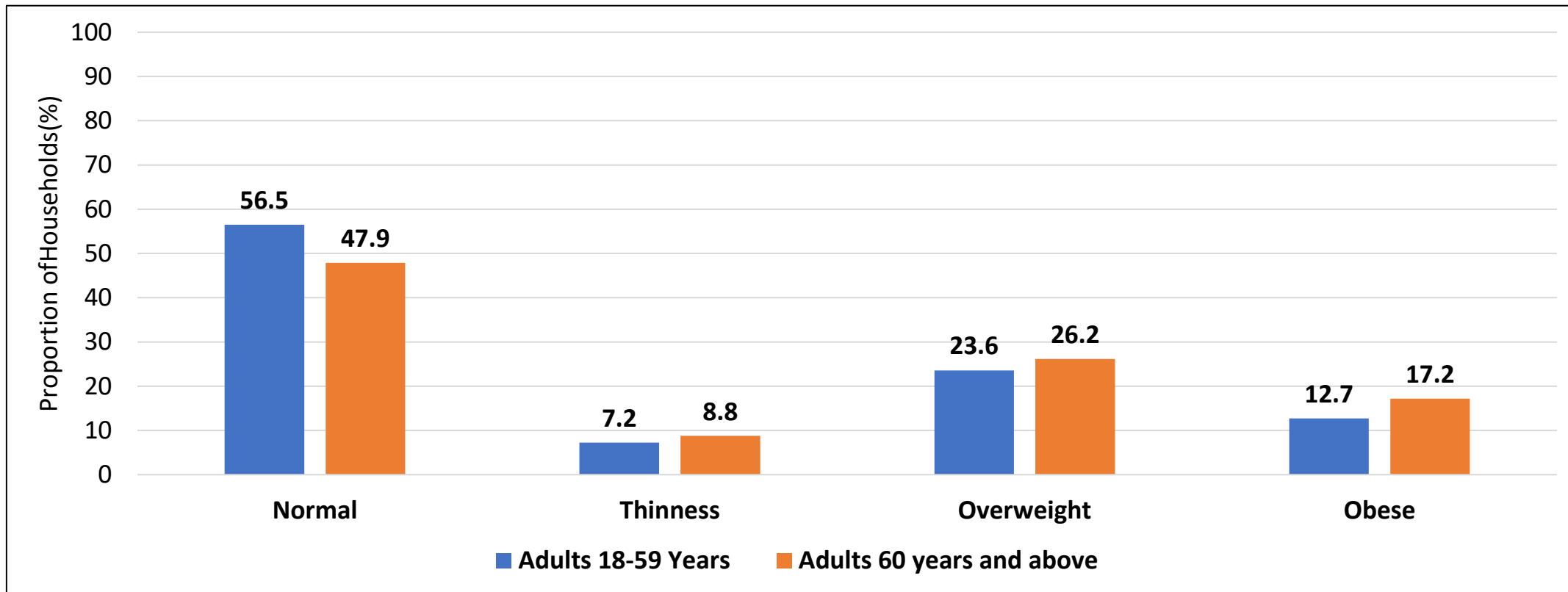
Nutrition Status Children 5-19years



- About 5.5% of children 5 to 9 years were obese and 4.8% were overweight.
- The proportion of children who had thinness amongst the 5-9 years and 10-19 years age groups was 8.3% and 8.1% respectively.

Adult Nutrition Status

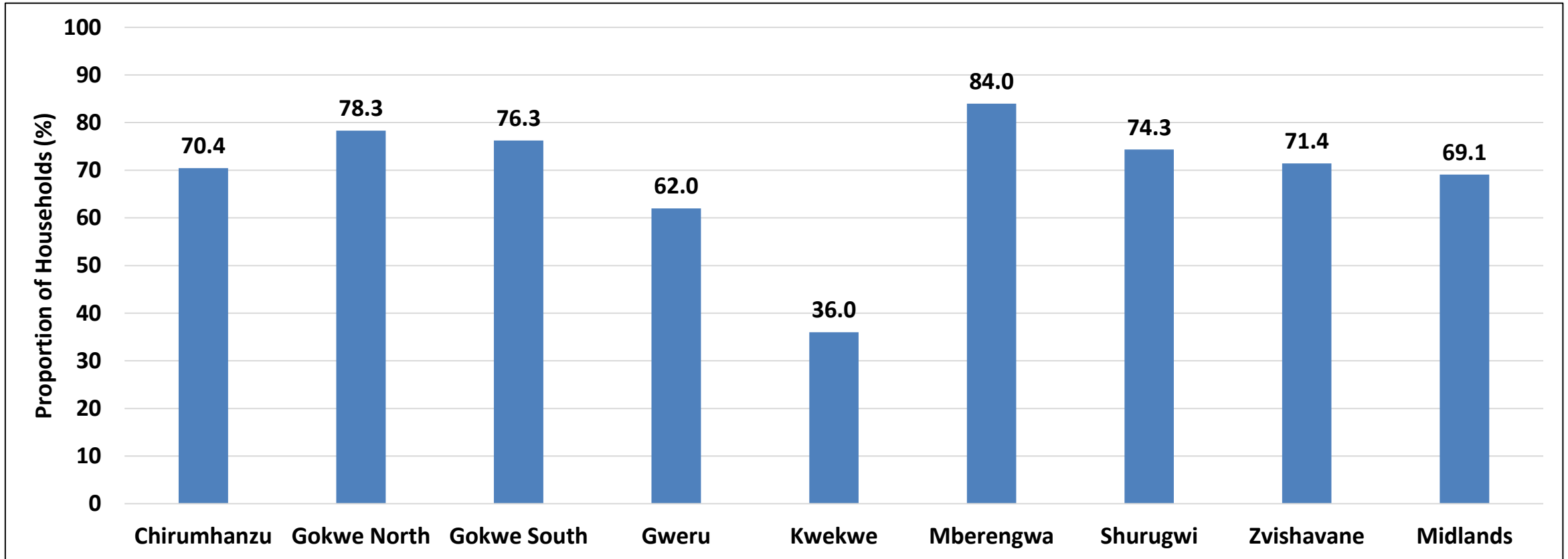
Nutrition Status of Adults



- Body mass index was used to classify adults aged 18 years and above. Having excess fat deposits in the body leads to serious health consequences such as cardiovascular disease (mainly heart disease and stroke), type 2 diabetes, musculoskeletal disorders and some cancers.
- About 12.7% of adults 18-59 years and 17.2% of adults 60 years and above were obese.

Climate Change

Perceived Household Knowledge on Climate Change



- The proportion of households that reported knowledge on climate change was 69.1%.
- Mberengwa (84.0%) had the highest proportion of households with knowledge on climate change while Kwekwe (36.0%) had the lowest proportion.

Sources of Climate-Related Information

District	Radio (%)	Government Extension Worker (%)	Friends and relatives (%)	Internet/Social media (%)	Television (%)	Other household members (%)	Environmental Workers (%)	Newspapers (%)	Other (%)	Academic journals/special publications (%)
Chirumhanzu	50.8	37.5	15.9	13.6	4.7	7.6	1.7	0.3	0.3	0.3
Gokwe North	33.7	41.3	41.7	18.3	1.7	6.7	1.7	0.3	0.0	1.0
Gokwe South	48.8	25.8	31.4	2.0	2.7	4.3	2.0	0.0	0.3	0.0
Gweru	40.0	26.0	1.7	1.0	8.3	0.7	0.3	0.0	3.7	0.0
Kwekwe	19.0	1.7	17.3	2.7	5.3	0.0	1.3	1.0	0.7	0.0
Mberengwa	36.3	36.7	26.3	23.0	6.3	1.3	1.7	5.3	0.3	0.0
Shurugwi	37.0	46.0	2.7	14.7	3.3	3.3	16.0	0.3	0.3	1.0
Zvishavane	43.2	44.5	10.3	3.0	3.3	1.3	0.3	0.7	0.7	0.0
Midlands	38.6	32.4	18.4	9.8	4.5	3.2	3.1	1.0	0.8	0.3

- Radio (38.6%), Government extension workers (32.4%) and friends & relatives (18.4%) were the most reported sources of climate related information.

Perceived Effects of Climate Change on Households

District	Reduced food diversity for children (%)	Reduced number of times children are fed (%)	Reduced food quantity for children (%)	Reduced hectarage or planted area (%)
Chirumhanzu	62.1	60.1	58.8	50.5
Gokwe North	91.3	91.3	87.3	66.7
Gokwe South	84.9	83.9	80.3	88.3
Gweru	59.3	52.3	49.3	55.0
Kwekwe	45.7	45.7	43.3	39.3
Mberengwa	51.7	63.0	50.7	47.7
Shurugwi	60.3	57.0	65.7	52.3
Zvishavane	92.4	90.7	91.0	87.0
Midlands	68.5	68.0	65.8	60.8

- Reduced food diversity for children (68.5%) was the most reported perceived effect of climate change while reduced hectarage or planted area (60.8%) was the least report perceived effect of climate change.
- Zvishavane (92.4%), Gokwe North (91.3%) and Gokwe South (84.9%), recorded the highest proportion of households which reported reduced food diversity for children.

Food Security

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

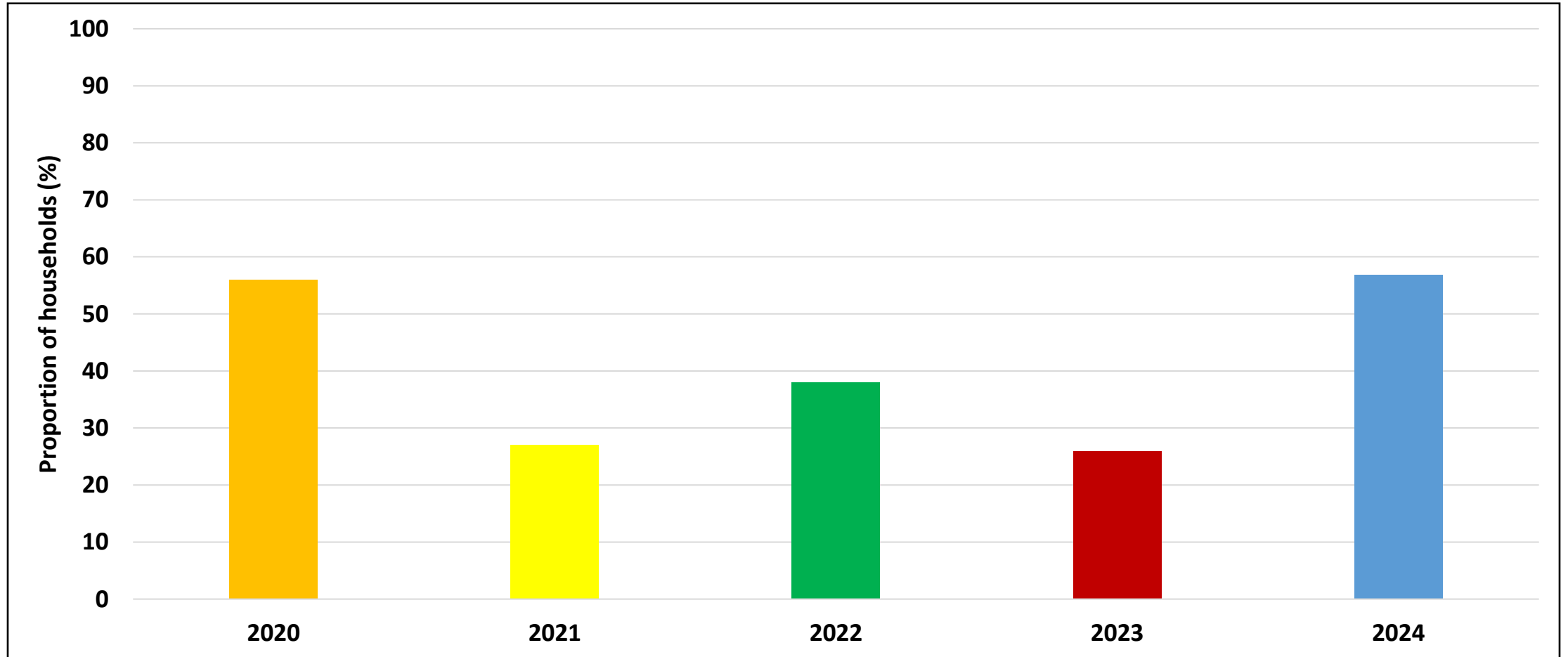
- During the peak hunger period (January to March 2025) it was estimated that approximately **60%** of the rural households will be cereal insecure.
- The 60% of rural households translated into approximately **819,984** individuals requiring a total of **30,339 MT** of cereal (Maize Grain) from the National Strategic Grain Reserves.

Cereal Insecurity by Pillars

District	Food insecurity from cereals stocks	Food insecurity from cereals stocks plus food crops	Food insecurity from cereals stocks plus food crops plus cash crops	Food insecurity from cereals stocks plus food crops plus cash crops plus remittances	Food insecurity from cereals stocks plus food crops plus cash crops plus livestock plus casual labour and remittances	Food insecurity from cereals stocks plus food crops plus cash crops plus livestock plus casual labour and remittances plus income
Chirumhanzu	83	77	77	77	65	31
Gokwe North	95	92	92	92	89	74
Gokwe South	93	93	93	93	89	67
Gweru	88	84	84	84	78	59
Kwekwe	90	83	83	82	77	61
Mberengwa	93	91	91	91	81	52
Shurugwi	82	82	82	82	74	47
Zvishavane	93	92	92	92	83	51
Midlands	90	87	87	87	80	60

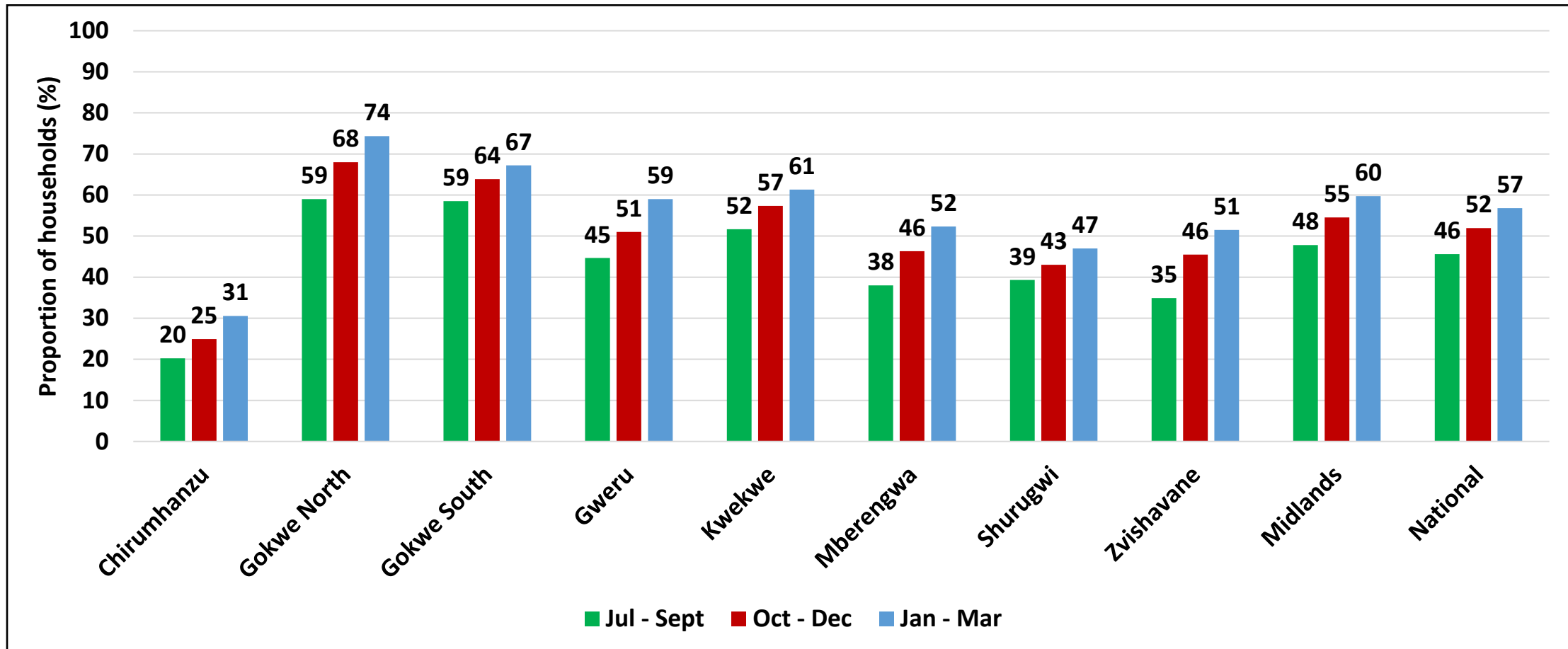
- Considering all sources of potential income, the cereal insecurity prevalence is projected to be 60% during the peak hunger in the 2024/25 consumption year.

Cereal Insecurity Trends: 2020-2024



- Generally, the household cereal insecurity has deteriorated across all provinces due to poor season performance.

Cereal Insecurity Progression by Quarter



- About 60% of the rural households were projected to be facing food access challenges in the July to September quarter.
- Gokwe North (68%) has been projected to have the highest proportion of households facing food access challenges in the July to September quarter.

Cereal Insecure Population by Quarter

Province	Jul - Sept	Oct - Dec	Jan - Mar
Manicaland	872,817	980,800	1,049,770
Mashonaland Central	589,623	664,423	728,640
Mashonaland East	751,828	854,404	914,643
Mashonaland West	596,581	697,741	787,053
Matabeleland North	346,258	393,879	427,389
Matabeleland South	250,472	291,199	327,386
Midlands	656,232	749,023	819,984
Masvingo	669,297	760,863	839,503
National	4,733,107	5,392,332	5,894,368

- Midlands was projected to have the 819,984 people cereal insecure during the peak hunger period.

Cereal Requirements (MT) by Province by Quarter

Province	Jul - Sept	Oct - Dec	Jan - Mar
Manicaland	32,294	36,290	38,841
Mashonaland Central	21,816	24,584	26,960
Mashonaland East	27,818	31,613	33,842
Mashonaland West	22,073	25,816	29,121
Matabeleland North	12,812	14,574	15,813
Matabeleland South	9,267	10,774	12,113
Midlands	24,281	27,714	30,339
Masvingo	24,764	28,152	31,062
National	175,125	199,516	218,092

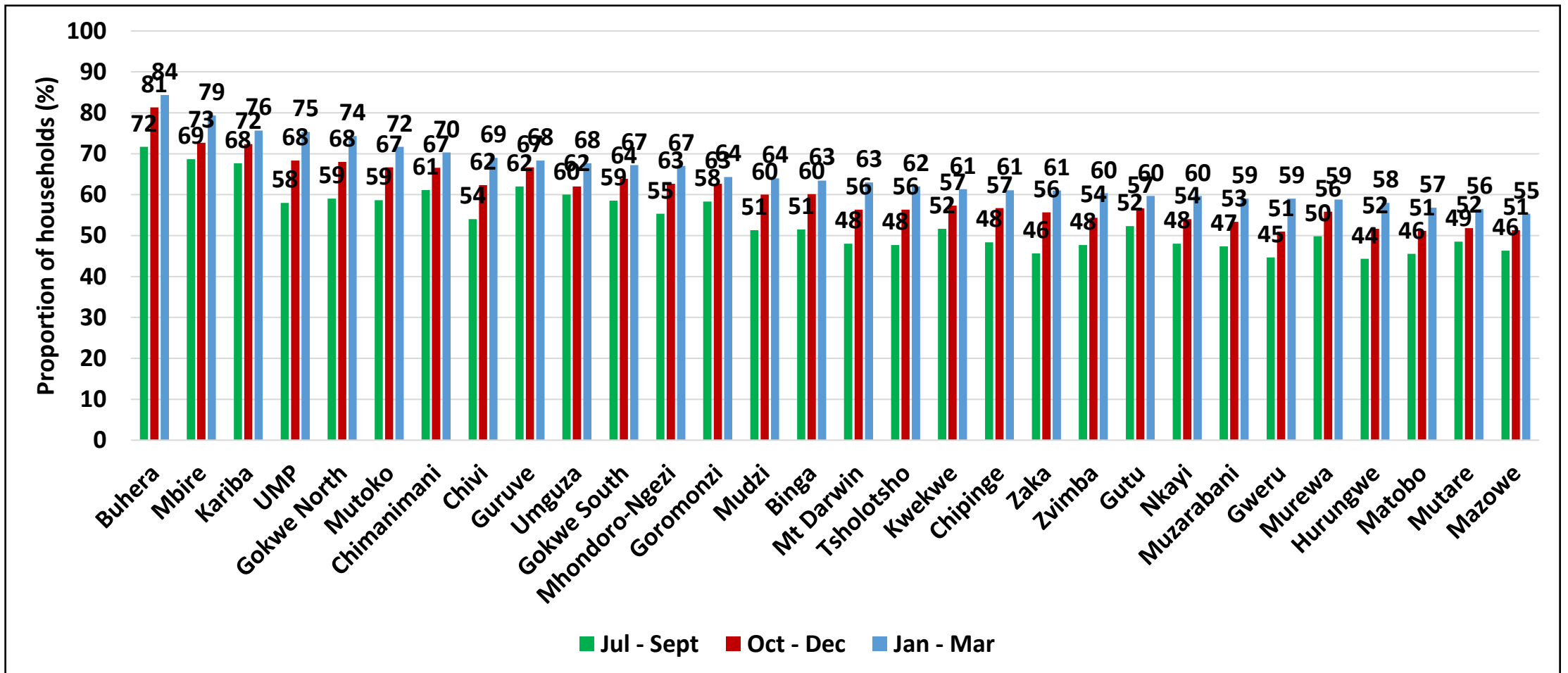
- Midlands was projected to require (30,339 Mt) of cereal during the peak hunger period.

Cereal Insecure Population by Quarter

District	Food Insecure Population		
	Jul - Sept	Oct - Dec	Jan - Mar
Chirumhanzu	19,308	23,739	29,120
Gokwe North	147,337	169,812	185,627
Gokwe South	185,859	202,852	213,472
Gweru	54,365	62,073	71,810
Kwekwe	101,816	112,983	120,865
Mberengwa	79,214	96,586	109,093
Shurugwi	38,671	42,275	46,208
Zvishavane	29,663	38,704	43,789
Midlands	656,232	749,023	819,984

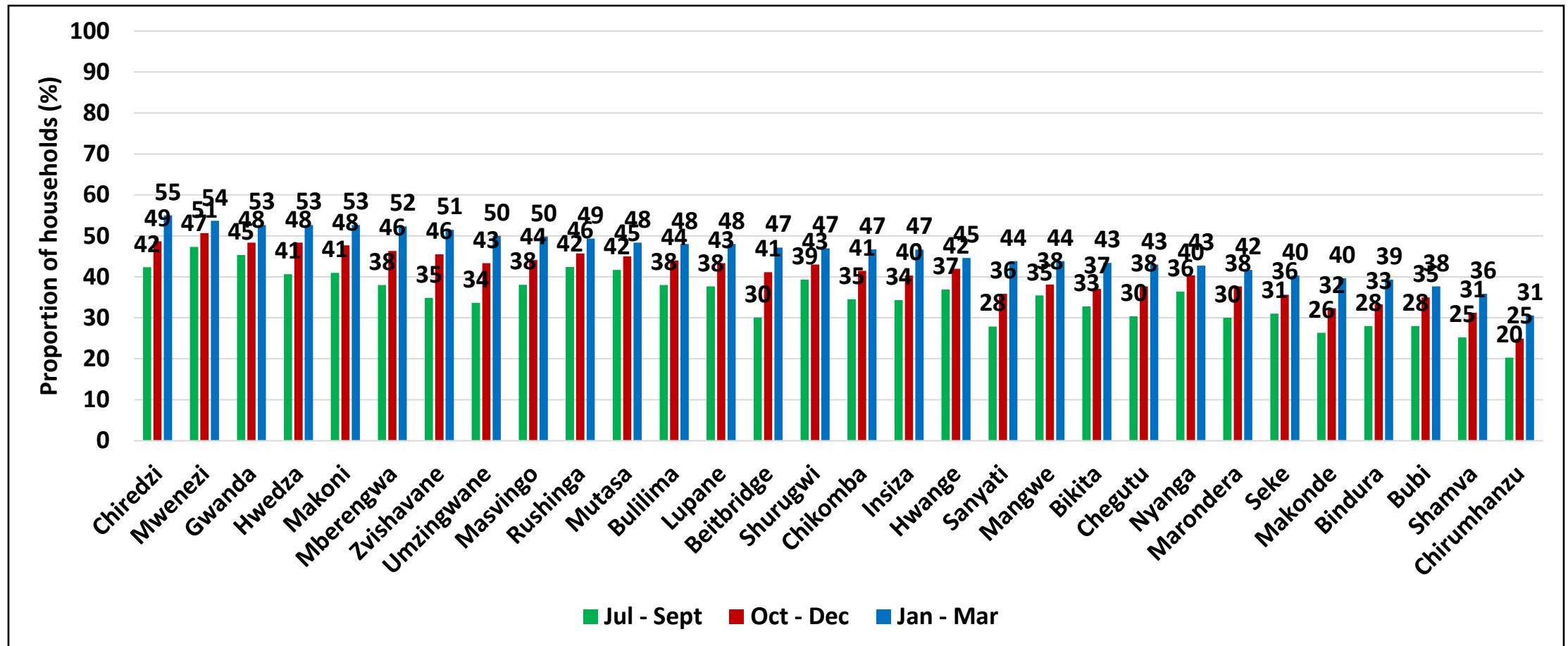
- Gokwe South (213,472) and Gokwe North (185,627) were projected to have the highest populations of cereal insecure people during the peak hunger period.

Cereal Insecurity by District (Top 30 at Peak)



- At the peak of the hunger season, Gokwe North district will have the most food insecure households (74%) followed by Gokwe South (67%) and Kwekwe (61%).

Cereal Insecurity by District (Bottom 30 at Peak)



- The least cereal insecurity prevalence was projected in Chirumhanzu (31%), Mberengwa (52%) and Zvishavane (51%) at peak hunger.

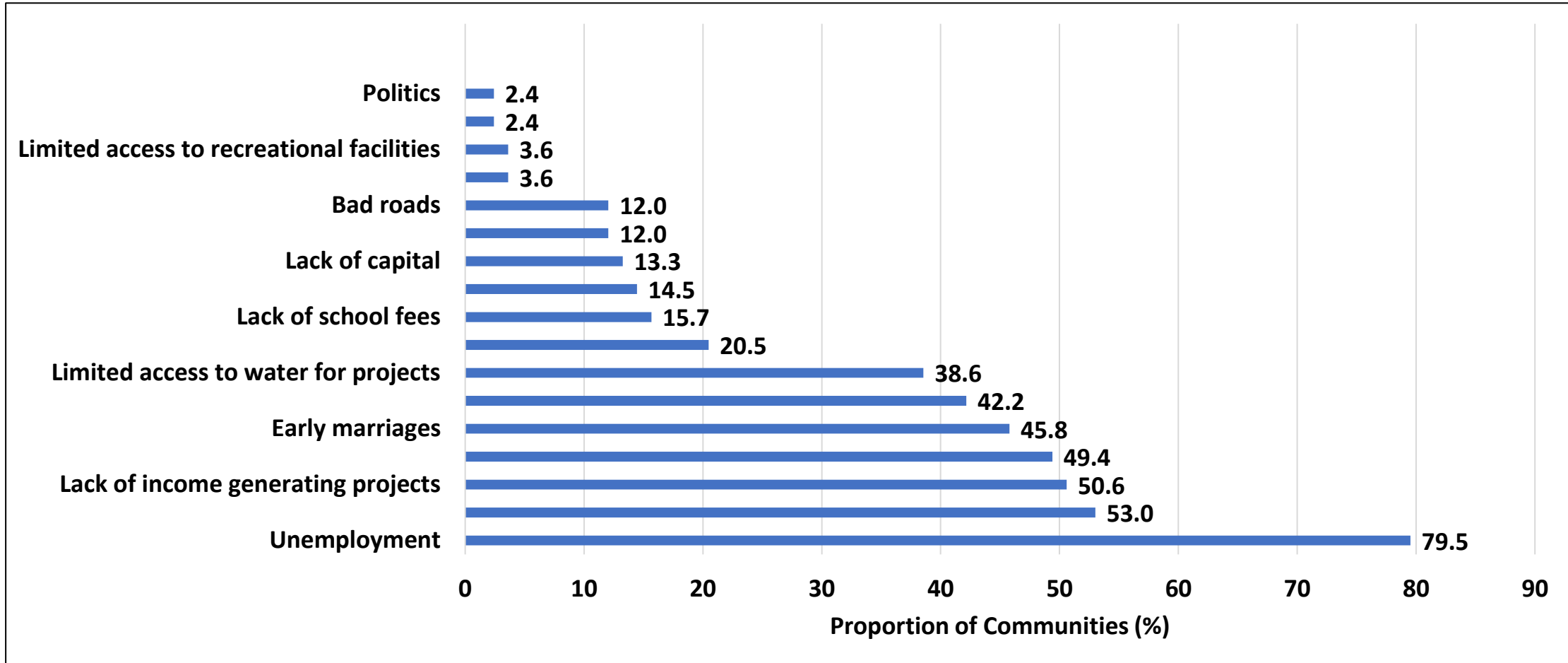
Cereal Requirements (MT) by Province by Quarter

District	Cereal Requirements		
	Jul - Sept	Oct - Dec	Jan - Mar
Chirumhanzu	714	878	1,077
Gokwe North	5,451	6,283	6,868
Gokwe South	6,877	7,506	7,898
Gweru	2,011	2,297	2,657
Kwekwe	3,767	4,180	4,472
Mberengwa	2,931	3,574	4,036
Shurugwi	1,431	1,564	1,710
Zvishavane	1,098	1,432	1,620
Midlands	24,281	27,714	30,339

- Gokwe North (6,868) and Gokwe South (7,898) were projected to have the highest cereal requirements during the peak hunger period.

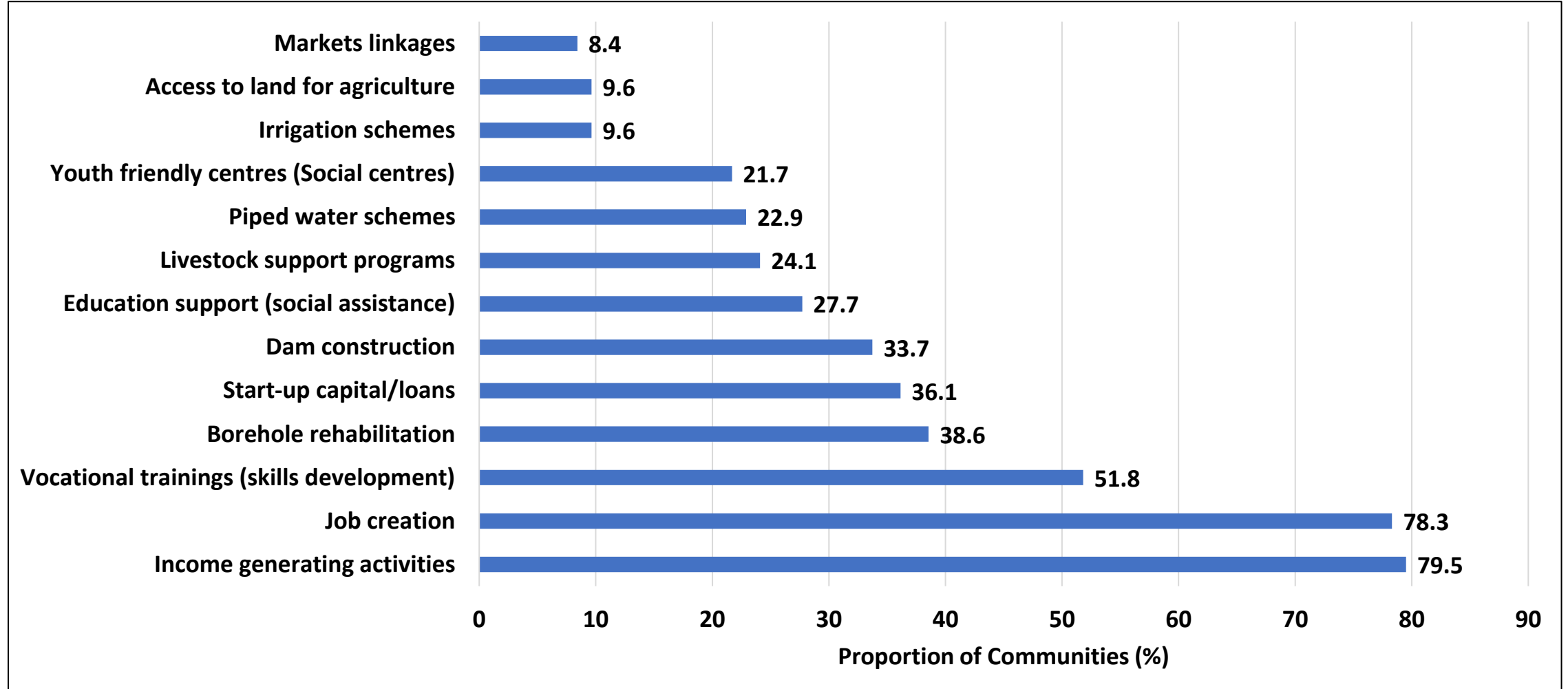
Youth

Youth Challenges



- Unemployment (79.5%), drug and substance abuse (53.0%) and lack of income generating projects (50.6%) were reported as major challenges affecting youths.

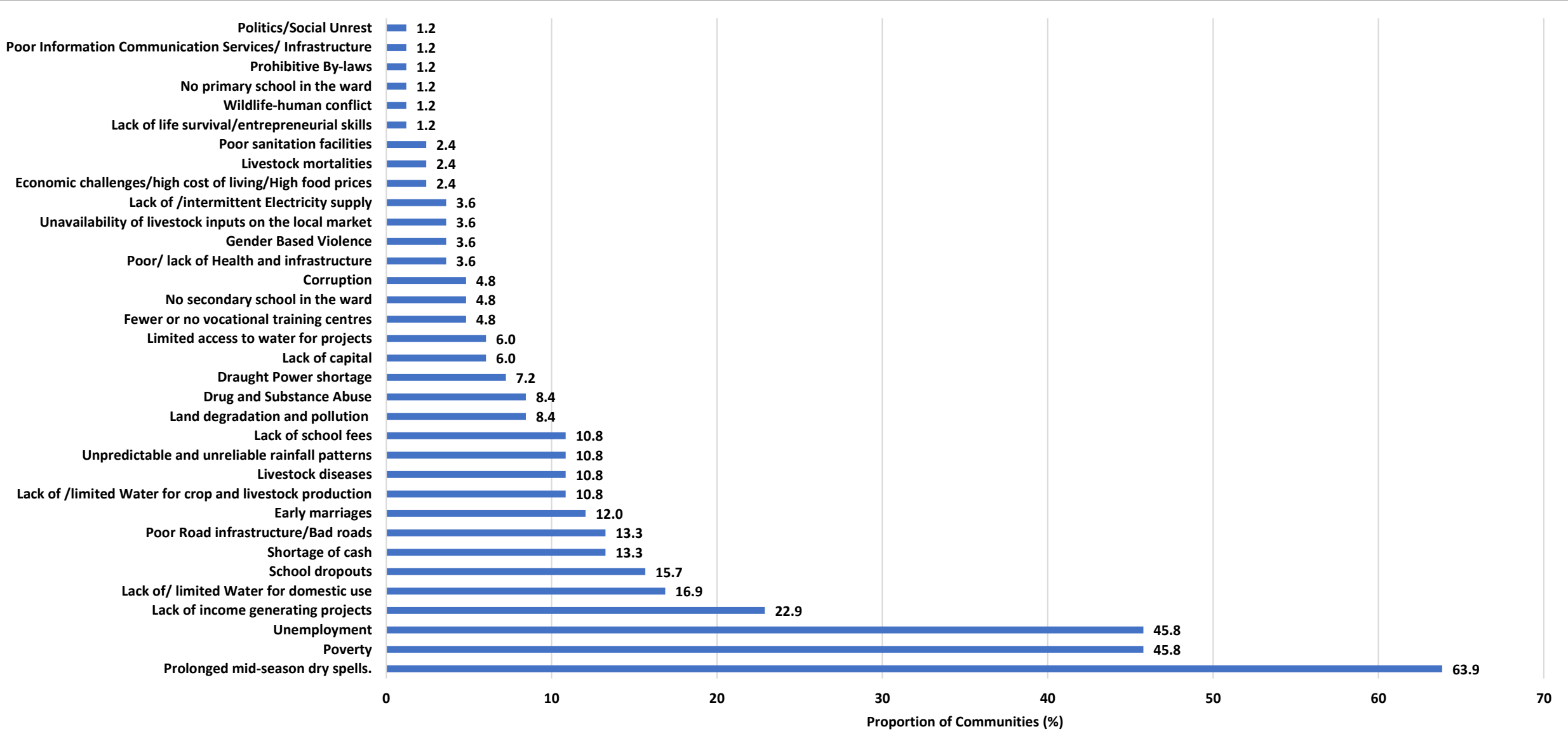
Youth Priorities



- Income generating activities (79.5%), job creation (78.3%) and vocational trainings and skills development (51.8%), were reported as the major development priorities for youths.

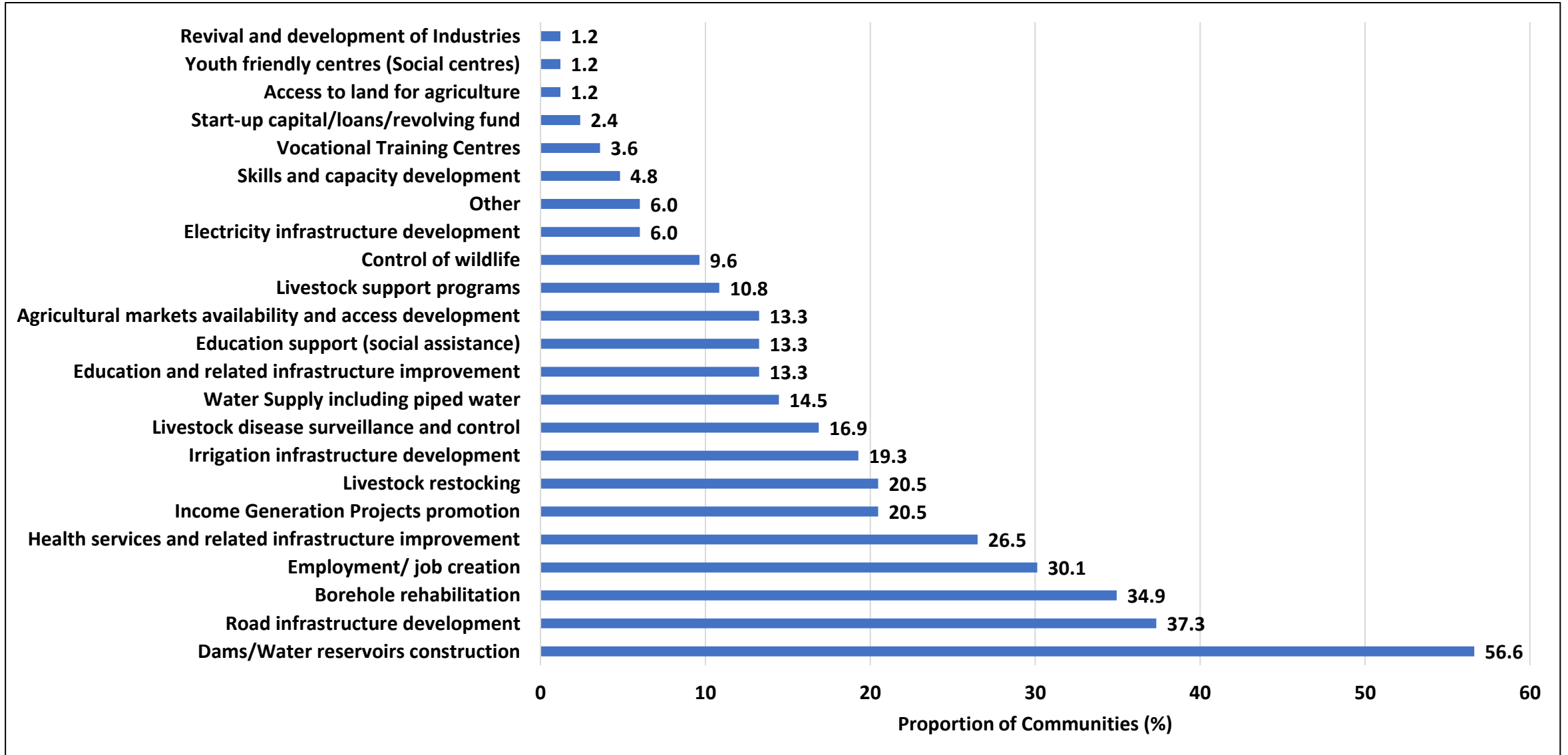
Development Issues

Community Development Challenges



- Prolonged mid season dry spells (63.9%) was ranked high followed by poverty (45.8%) and unemployment (45.8%).

Community Development Priorities



- Most communities prioritised dam construction (56.6%), road infrastructure development (37.3%) and borehole rehabilitation (34.9%).

Conclusion and Recommendations

Conclusion and Recommendations

Education

- About 21.6% of the children aged 4-19 years were not going to school at the time of the assessment. Financial challenges (9.7%) were reported to be the main reason why children were not going to school. Education is a foundation for human capital required to contribute to the country's economic agenda. The Ministry responsible for Primary and Secondary Education should devise strategies that provide universal education for all children in Zimbabwe.
- Of the 78.4% of children going to school, only 3.3 % were receiving hot meals. 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 rollout and operationalisation of the school health and nutrition programme.

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 (90%) were ever breastfed, only 20.1% of infants under six months of age were exclusively breastfed, falling short of the World Health Assembly's target of 50% by 2025. The Ministry Responsible for Health and Child Care should consider strengthening of community care groups, community synergy initiatives and attendance of ante-natal care sessions initiatives to ensure continuum of care during the window of opportunity (first 1000 days).

Conclusion and Recommendations

Infant and Young Child Feeding

- 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. In Midlands, only 2% of children aged 6-23 months received the Minimum Acceptable Diet, a decrease from 6% recorded in 2023. Additionally, children consuming unhealthy foods (17%) and those not consuming fruits and vegetables (42%) further impacts negatively on children's diet quality outcomes. Strengthening of convergence of multi sectoral efforts that promote behaviour change and sustain food and nutrition security at household level should be explored.

Water, Sanitation and Hygiene (WASH)

- The proportion of households accessing water within a distance of 1km has remained high (81%). The Government of Zimbabwe is commended for its efforts to increase access to improved water sources to all through its “ Presidential Borehole in every village “initiative.
- The proportion of households drinking surface water was high in Gokwe North (39%). The department responsible for rural infrastructure development should consider setting decentralized sustainable community stations that treat surface water and make it safe for household use.
- The proportion of households using improved sanitation facilities which are not shared with other households (Basic Services) was 49.7%. Zimbabwe should continue adopting community initiatives at household that promote construction of toilets to achieve its ambition to ensure use of improved sanitation facilities by all.

Conclusion and Recommendations

- The proportion of households (28%) that continued to practise open defecation across the provinces remains a cause for concern with Gokwe South (48%) and Gokwe North (40%) reporting the highest proportion of households. The Rural Infrastructure Development Authority, National Institute of Health Research and the Innovation hubs in local tertiary institutions should conduct exploratory studies in high prevalent 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.

Food Security

- The cereal insecurity prevalence in Midlands is projected to be 60% during the peak hunger in the 2024/25 consumption year. Gokwe South (213,472) and Gokwe North (185,627) were projected to have the highest proportion of cereal insecure people during the peak hunger period. A whole of Government approach that devise strategies across the food systems chain to address effects of climate change is recommended. The Ministry responsible for agriculture should also consider scale up construction of water bodies that support irrigated agriculture production at community level.

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